सत्यमेव जयते

NITI Aayog

Evaluation of ICDS Scheme of India

The study was sponsored with financial support of
NITI Aayog, Government of India and conducted by
Institute of Economic Growth, Delhi

February, 2020

सत्यमेव परमो धर्मः

DISCLAIMER

Institute of Economic Growth has received the grant under the Research Scheme of the NITI Aayog, 2018 to produce the document. However, NITI Aayog shall not be held responsible for findings or opinions expressed in the document prepared. This responsibility rests with Institute of Economic Growth, Delhi.

LEAD INVESTIGATORS

Dr William Joe
Population Research Centre
Institute of Economic Growth, Delhi

Dr Malavika Subramanyam
Faculty of Social Sciences
Indian Institute of Technology, Gandhinagar

RESEARCH TEAM

Aishwarya Joshi, Anupam Sharma, Nilesh Thube, Shantanu Sharma, Simrith Hundal, Jahnu Bharadwaj, Abhishek, Rakesh Kumar, Sunil Rajpal, Ruby A Singh, Saroj Kumar, Renu Sain, Varun Yadav, Ajay Kumar, Arundhati Kumari, Jyoti Saini, Harish Kumar, Kabir Pal, Varnika Jain.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

ACRONYMS AND ABBREVIATIONS

AAA	:	ASHA-ANM-AWW
AAH	:	Anna Amrutha Hastham
ACDPOs	:	Assistant Child Development Project Officer
ADC	:	Autonomous District Councils
ANM	:	Auxiliary Nurse Midwife
APIP	:	Annual Program Implementation Plan
APRIGP	:	Andhra Pradesh Rural Inclusive Growth Project
ASHA	:	Accredited Social Health Activist
ASMC	:	Anganwadi Support and Monitoring Committee
AWC	:	Anganwadi Centre
AWH	:	Anganwadi Helper
AWS	:	Anganwadi Supervisor
AWW	:	Anganwadi Worker
CAP	:	Convergence Action Plan
CAS	:	Common Application Software
CDPO	:	Child Development Project Officer
CPAP	:	Country Program Action Plans
CRM	:	Common Review Mission
CSR	:	Corporate Social Responsibility
CSS	:	Centrally Sponsored Scheme
CWC	:	Child Welfare Centre
DC	:	District Collector
DDWS	:	Department of Drinking Water and Sanitation (Under MoRD)
DEO	:	Data Entry Operator
DHFW	:	Department of Health and Family Welfare
DHS	:	District Health Society
DM&HO	:	District Medical & Health Officer
DPO	:	District Project Officer
DWCD	:	Department of Women and Child Development
ECCE	:	Early Childhood Care and Education
FLWs	:	Frontline Workers
GAIN	:	Global Alliance for Improved Nutrition
GPDP	:	Gram Panchayat Development Plan
HCM	:	Home Cooked Meal
HMIS	:	Health Management Information System
ICDS	:	Integrated Child Development Services
ICMR	:	Indian Council of Medical Research
ILA	:	Incremental Learning Approach
INCC	:	Intensive Nutrition Campaign Center
ISSNIP	:	ICDS Systems Strengthening and Nutrition Improvement Project
ITDA	:	Integrated Tribal Development Agency
IYCF	:	Infant and Young Child Feeding Practices
JAP	:	Joint Action Plan
JRM	:	Joint Review Mission
LMIS	:	Logistics Management and Information System
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MIS	:	Management Information System

MJY	:	Mahatari Jatan Yojana
MO	:	Medical Officer
MoRD	:	Ministry of Rural Development
MoWCD/WCD	:	Ministry of Women and Child Development
MPR	:	Monthly Progress Report
MRB	:	Medical Service Recruitment Board
MSG	:	Matri Sahayak Gut
NFHS	:	National Family Health Survey
NGO	:	Non-Governmental Organization
NHM	:	National Health Mission
NIPCCD	:	National Institute for Public Cooperation and Child Development
NNM	:	National Nutrition Mission
NRC	:	Nutrition Rehabilitation Centre
OFM	:	One Full Meal
OSR	:	Own Source Revenue
PD	:	Project Director
PDS	:	Public Distribution System
PHC	:	Primary Health Centre
PIP	:	Program Implementation Plan
PLM	:	Pregnant Women and Lactating Mothers
PMMVY	:	Pradhan Mantri Matru Vandana Yojana
PO	:	Project Officer
POSHAN	:	Prime Minister's Overarching Scheme for Holistic Nourishment
PRI	:	Panchayati Raj Institutions
PSC	:	Public Service Commission
PSE	:	Pre-School Education
PWH	:	Pregnant Women Hostel
RGNCS	:	Rajiv Gandhi National Crèche Scheme
RJD	:	Regional Joint Director
RWS	:	Rural Water Supply
SAM/MAM	:	Severe Acute Malnutrition/Moderate Acute Malnutrition
SAU	:	Social Audit Unit
SBP	:	Swastha Bharat Prerak
SHG	:	Self-Help Group
SIMS	:	Smart Inventory Management System
SNEHA	:	Society for Nutrition, Education and Health Action
SNP	:	Supplementary Nutrition Program
SPO	:	State Project Officer
SRG/DRG	:	State Resource Group/District Resource Group
TASC	:	Tracking of Accountability of Services at Community
THR	:	Take Home Ration
USHA	:	Urban Social Health Activist
VHNDs	:	Village Health and Nutrition Days
VHSND	:	Village Health Sanitation Nutrition Day
WCD	:	Women and Child Development (Department)
YTC	:	Youth Training Centre

PREFACE

The Integrated Child Development Services (ICDS) scheme is one of the world's largest programs for early childhood care and development. The scheme is a response to the fundamental challenges of child development in terms of a) cognitive development through pre-school non-formal education and b) physical growth by liberating childhood from the cycle of malnutrition, morbidity, reduced cognitive capacity and mortality. Through the six services offered under the ICDS: i) Supplementary nutrition, ii) Pre-school non-formal education, iii) Nutrition and health education, iv) Immunization, v) Health checkups and vi) Referral services, the Government of India aims at delivering quality nutrition, education, and health-related services to children aged 0-6 years as well as pregnant and lactating mothers.

In a country like India that still struggles with issues of malnutrition and inadequate prenatal and antenatal assistance with respect to pre-school education and health education, ICDS is necessary to ensure a basic minimum level of health and nutrition among the most vulnerable sections of its citizens. While the ICDS scheme has a wide reach across the country, there still exist some concerns with respect to implementation processes, and the delivery as well as the impact of these services. The ICDS scheme is expected to significantly contribute toward the POSHAN Abhiyaan and achieve accelerated reductions in child undernutrition. Such instrumental relevance of ICDS in child development calls for a comprehensive evaluation of the current design, processes and implementation to draw insights on its merits and potential to fulfil the scheme objectives.

As such, the implementation of ICDS varies across different States, and therefore, it is equally important to learn from State experiences and identify opportunities and challenges for enhancing coverage, efficiency and impact. This report presents the findings of the research study conducted across nine States of India in 2019. Through this mixed methods evaluation, the aim is to critically review the key processes, implementation structure, program monitoring and the motivations and engagement of the human resources under the ICDS scheme. The report provides actionable recommendations which can help in further improving the delivery of this scheme. We hope that our findings and recommendations will aid in improving governance, processes and implementation of a scheme as vital as the ICDS.

We would like to place on record the deepest appreciation for all the help and support extended to us by the NITI Aayog; senior officials and district and block level officials of the Departments of Women and Child Development (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Gujarat, Rajasthan, Uttarakhand, and Uttar Pradesh); ICDS Staff including Anganwadi Supervisors, Workers, and Helpers in the selected centres; the ICDS beneficiaries and other stakeholders at various levels of the ICDS machinery. We thank Mala Ramanathan, Sheila C Vir, Purnima Menon, Rajan Sankar, B Subha Sree, Smriti Sharma, Preetu Mishra, Tulika Tripathi, Venkatanarayana Motukuri, SV Subramanian, B Bhuvaneswari and Ishaprasad Bhagwat for their help and support at various stages of the study. We also thank Avani Kapur and her team at Accountability Initiative, Centre for Policy Research for generously contributing a detailed note on their work on the ICDS. We acknowledge their efforts and thank them for the same.

Our thanks also to the study team: Anupam Sharma, Nilesh Thube, Shantanu Sharma, Simrith Hundal, Jahnu Bharadwaj, Abhishek, Rakesh Kumar, Sunil Rajpal, Ruby A Singh, Saroj Kumar, Renu Sain, Varun Yadav, Ajay Kumar, Arundhati Kumari, Jyoti Saini, Harish Kumar, Kabir Pal, Varnika Jain, all our Local Field Investigators and IEG Administration. We especially appreciate Aishwarya Joshi's tremendous efforts in supporting several aspects of this project. We also extend our gratitude to all our friends and collaborators at IIT Gandhinagar and IEG Delhi, who have contributed to this study at various stages.

— William Joe & Malavika Subramanyam


Whats App
s

EXECUTIVE SUMMARY

BACKGROUND

Launched on 02nd October, 1975, the Integrated Child Development Services (ICDS) Scheme – the Anganwadi Services Scheme – is one of the world's largest programs for early childhood care and development. The ICDS scheme is a principal symbol of India's commitment to its children and nursing mothers. The scheme is designed as a response to the fundamental challenges of child development in terms of a) cognitive development through pre-school non-formal education on one hand and b) physical growth by liberating childhood from the vicious cycle of malnutrition, morbidity, reduced cognitive capacity and mortality.

The Integrated Child Development Services (ICDS) Scheme – the Anganwadi Services Scheme – delivers six important services to children (6 months to 6 years) as well as pregnant and lactating mothers (PLM). These services are: a) Supplementary nutrition, b) Pre-school non-formal education, c) Nutrition and health education, d) Immunization, e) Health checkups and f) Referral services. Various research studies, however, conclude that ICDS is found lacking in service delivery and has rendered only minimal impacts on child health and well-being.

The outcome-centric evaluations, although useful, but seldom offer policy insights for program restructuring. Besides, the policy intent cannot proceed very far without an in-depth understanding of governance and implementation issues in service delivery. Process evaluation, therefore, is a critical prerequisite to enhance effectiveness and attain the intended outcomes. In particular, the following five concerns warrant a broad-based assessment of ICDS services to develop actionable recommendations for reforms and restructuring.

First, despite a holistic program agenda, the ICDS is almost exclusively perceived as a scheme to tackle the widespread prevalence of undernutrition in India. The problem of undernutrition, however, is a multifactorial phenomenon that is not only affected by nutritional intake and dietary diversity, but also by equally important behavioral, socio-economic and contextual factors. Integration of some of these factors in the scheme of things entails a review of ICDS strategies, activities and scope for innovations.

Second, supplementary nutrition accounts for 47% of the total central allocation towards ICDS (Rs.19928 Crore, 2019-20). The budget, however, gets sub-optimally utilized because of a myriad of issues related to SNP production, quality, preferences, coverage and distribution. Streamlining the governance and monitoring mechanisms for supplementary nutrition emerges as a priority to ensure greater efficacy and impact of the allocated resources. This also implies that the ICDS take-home ration and hot-cooked meal should adopt a progressive view to promote dietary diversity and coverage.

Third, early childhood care and development (ECCD) or pre-school non-formal education has hitherto remained a neglected aspect of ICDS (both from financing as well as human resources perspective). Strengthening of ECCD is of high relevance as there is an increasing body of evidence demonstrating its positive impact on future learning and productivity outcomes. The effect, however, is mediated through a well-designed curricula delivered with onsite help of teacher. The quality of ECCD is thus emerging as a major parameter to evaluate the relevance of the ICDS. Furthermore, it is important that ICDS should evolve as per the changing needs and aspirations of the community, particularly in the urban settings where households are drawn toward increasingly vibrant pre-schooling environment in the private sector.

Fourth, gaps and inadequacies in ICDS financing, infrastructure and human resources have detrimental effects on service delivery. For instance, Anganwadi Centre (AWC) electrification is yet to be a mandatory aspect of AWC infrastructure. There are a large number of vacancies in posts for CDPOs and Supervisors (as of 2018-19, 30.1% of sanctioned positions for CDPOs and 27.7% of sanctioned positions for Supervisors are vacant across the country). With eroding faith of the community, there is a gradual decline in the coverage of beneficiaries under ICDS. Although, some States fare better than others but considerable inter-state variations in service delivery and infrastructure provisions implies significant heterogeneities in program placement and impact.

Finally, despite well-defined objective to achieve inter-sectoral coordination, ICDS is yet to harness the potential gains through governance reforms and convergent action. The governance issues cuts across aspects such as key ICDS services as well as major heads of financing, human resources, monitoring and infrastructure. From a convergence perspective, there are new initiatives and efforts but these are mostly peripheral concerns whereas greater resolve from the Central and State Governments is critical to address core issues in service delivery.

Guided by these fundamental concerns, this evaluation has specific objectives of reviewing the key processes in ICDS governance and implementation to identify opportunities and challenges for enhancing coverage, efficiency and impact. A mixed-methods approach involving both quantitative and qualitative data is used to arrive at the conclusions and recommendations of this report. Nine states from different regions of India (Assam, Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Gujarat, Rajasthan, Uttarakhand and Uttar Pradesh) and 18 districts (including aspirational districts) are selected for the field-based assessment. Technical support and advice of various stakeholders is also sought to comprehend the nature of the problem and the scope for improvements in ICDS service delivery. The following sub-sections present a brief summary of the key issues and main recommendations under five broad thematic areas. In concluding, a list of action points is also presented.

SUPPLEMENTARY NUTRITION PROGRAM (SNP)

Hot Cooked Meal (HCM) for Children: The concept of nutrition is distinct from hunger. It is widely perceived that the HCM served to children (3-6 years) at the Anganwadi Centers (AWCs) lacks quality and dietary diversity. The calorie norms are mostly met through cereals-based HCM. Whereas, there is a demand for inclusion of fruits, milk, milk products and eggs in the diet. In fact, states such as Andhra Pradesh have introduced milk and eggs in HCM for children. Certain other States (such as Uttarakhand) have planned for milk provision but some other States (such as Chhattisgarh) had discontinued the practice because of budgetary concerns.

Recommendation: Adequate nutrition can only be achieved with adequate budgetary allocations. The ICDS dietary norms should be revised in accordance with the caloric requirements it should specify minimum acceptable dietary diversity to include food groups such as eggs, fruits, milk and milk products. Financial norms for HCM should be revised to meet the revised minimum dietary requirements. Financial norms should introduce a budget line item for specific food group procurements and allow for adjusting inflation in food prices.

Hot Cooked Meal (HCM) Programs for Pregnant Women: Some States have launched HCM programs for pregnant women: for example, Anna Amrutham Hastam in Andhra Pradesh and Mahatari Jatan Yojana (MJY) in Chhattisgarh. The HCM program aligns well with the National Food Security Act provisions. Such programs receive positive feedback from the community but at the same time it also increases beneficiary expectations from the ICDS. Importantly, the HCM programs significantly impact work priorities and time allocation of Anganwadi Workers (AWWs) and Helpers (AWHs).

Recommendation: The HCM guidelines should provide for minimum dietary diversity necessary for nutritional well-being during pregnancy. Additional work and time requirements from AWWs and AWHs should be compensated through honorarium payments. The AWWs and AWHs should be systematically trained for meals preparation with quality and diversity. The diversity should address the aspirational value of food to make it attractive as well as nutritious. Alternative delivery mechanisms or tiffin should be introduced to deliver HCM at homes to those in the advanced stages of pregnancy.

Take Home Ration (THR) Provisioning: The THR has two forms – a) distribution of selected food grains and cereals as dry ration or b) distribution of powdered mix of selected cereals and food grains. The demand for powdered mix varies across regions and is affected by quality issues, taste preferences as well as cooking and meal preparation issues. The dry ration is preferred but higher chances of intra-household sharing can undermine the purpose and cause of THR distribution (as reported in Gujarat and Andhra Pradesh). The periodicity of THR distribution varies from weekly to monthly across States.

Recommendation: The ICDS should innovate and diversify the THR component with introduction of diverse food groups (fruits, eggs, milk and milk products) as THR variants (others being powdered mix and dry ration). The THR variants should be distributed to keep the food groups segregated and yet sufficient on a weekly basis to promote merging with existing diets and regular interaction and service utilization at the AWCs. The AWWs and AWHs should be mandated to provide THR to all identified undernourished beneficiaries (children as well as pregnant and lactating women) by ensuring distribution either at the AWCs or during home visits. Media advertisements should be planned to overcome the poor image and perception of THR. Fixed-day fixed-time should be planned for THR distribution.

THR Production Models: Centralized Production Facilities, Decentralized Production Facilities and Decentralized Self-Help Groups (SHGs) are the three main models of THR production. In the Centralized model (such as Telangana), one facility is contracted to produce and distribute THR for an entire state. In the Decentralized Production model (such as Kerala), the firms typically contracted to produce THR are scattered across multiple communities or at the Block level. In the Decentralized model (such as Rajasthan), SHGs are contracted to provide THR typically to only one or two AWCs per SHG. Quality control is usually better in centralized model because of economies of scale whereas risk of collusion and leakages is perceived to be the least in the decentralized model.

Recommendation: Adherence to technical and financial norms and conditions for THR production should be the guiding principles in determining the decentralization level of production facilities. The production facilities should adhere to standard packaging and labelling requirements along with barcoding and display of mandatory information about nutritional content. The level of decentralization and contract quantity should be estimated based on financial viability prospects based on the technical requirements. Qualification of technical bid should be a prerequisite for eligibility of the firms for THR production. Financial support may be offered to local SHGs through convergence initiative for capacity building and technical upgradation.

THR Supply Chain: THR supplies can be irregular because of delays in payments and clearance of dues. This was observed across many of the sample states. THR supplies are also affected because of environmental factors particularly in flood prone areas and/or due to storage and transportation issues. Low unit cost of THR also implies lack of funds for transportation, high risk premium (interests) and low financial viability of suppliers. The last-mile delivery in the THR supply chain lacks transparency. There is a limited role of community in receipt of THR supplies at the AWCs or in conducting essential quality checks of the product. The quality standards of THR mix is questionable because of complaints such as impurities (pebbles, insects etc.). In fact, there is widespread perception and evidence that the THR is not consumed as intended and often finds its way as cattle feed.

Recommendation: Transportation cost should be separated from the unit cost of THR to allow equitable budgetary allocations for THR across regions and geographies. Route map and designated community members should be identified for receipt and verification purposes. Fixed-day fixed-time should be planned for THR distribution. Anomalies in payment flows and disruptions should be tracked and examined by the District level officials. To reduce leakages, the THRs should be linked to beneficiary through alternative identification mechanisms (such as Aadhaar seeding). The steps in THR procurement right from tender to payments after the last mile delivery should be monitored through a logistics management and information system (LMIS). The THR production should meet minimum technical qualifications to ensure quality control.

SNP Coverage: The supplementary nutrition program (SNP) coverage in 2018-19 is estimated to be 46% for children (aged 0-71 months) and 37% for pregnant women and lactating mothers (PLM). Between 2014-15 and 2018-19, the SNP coverage among children reduced by 15.1% (from 8.29 crores to 7.04 crores) and among PLM reduced by 11.1% (from 1.93 crore to 1.72 crore). These reductions are mainly observed in Bihar and Uttar Pradesh and indicate revisions of beneficiary counts. Most of the north-eastern states have reported beneficiary numbers which are more or less equal to the total child population aged 6-71 months. However, as per

NFHS 2015-16 the coverage of SNP is much lower in these states. The report on ICDS indicators from the second ADP survey round finds that THR uptake among pregnant women and children is 46% and 37%, respectively. Besides, most do not receive sufficient quantity.

Recommendation: ICDS coverage should be estimated based on beneficiary count and population (projections) for the districts across States/UTs. The coverage should be reported at all review meetings including convergence action plan meetings. The ICDS should invest in research and capacity building institutions (particularly on nutrition) to develop technical capacity of the functionaries and also obtain vital policy insights on programmatic concerns.

ICDS PRE-SCHOOL EDUCATION

PSE component and Schooling: There is increasing aspiration among parents to send the children to pre-primary or nurseries with focus on English language skills (as reported in Gujarat and Andhra Pradesh). Private nurseries and kindergartens are perceived to be better than AWCs by beneficiaries. Parents also send children to primary school at the age of 5, thus cutting short their time at the AWC by a year or so.

Recommendation: Introduce AWC as a center for pre-primary education and place the AWCs in the continuum of education by seeking greater convergence between ICDS and School Education Departments. Nudge parents and community for uptake of AWC pre-school component through a Pre-School Certification Program with certificates/prizes jointly given by Primary School Headmaster, Sub-Centre ANM and AWC Supervisor. This certificate, countersigned by the LP school headmaster, ANM and AWW, can help with better convergence between primary schools and AWCs.

Perception on Pre-School Education: The community lacks awareness about the role of an AWC and the services offered by AWC. Moreover, the AWC have a perception of poor service delivery in terms of PSE, especially in rural Gujarat and in Rajasthan. The image of the AWC and the AWW has low community recognition as an agency.

Recommendation: Through effective public outreach and media engagements, ICDS should demonstrate greater resolve to resist the widespread perception of poor service delivery. It would be ideal to engage the Education Department to provide a teacher or resource person for the PSE component. In the absence of such initiative, the existing AWW would need additional trainings and also sufficient time for effective delivery of the PSE component. The Convergence Action Plan (CAP) should position AWC pre-school in the continuum of schooling. Wherever feasible, convergent action between ICDS, Gram Panchayat and Department of Education is necessary for AWC and School co-location. For example, in Uttar Pradesh 60% AWCs are co-located with schools compared to all-India average of 18%.

Early Childhood Care and Education: There are several other concerns associated with the ECCE component. A large indoor and outdoor space is advised by the guidelines, but this is almost never available due to a lack of proper infrastructure. Many AWCs across all sampled states, especially in urban areas, are cramped and poorly ventilated. They do not have enough space for the children to play and learn properly. Many AWCs do not have equipment like swings, sand/water areas etc. due to lack of space and/or funding. Separate interest areas and activity corners are also not available in most AWCs due to this lack of space. Modifications to learning materials for children with special needs were not observed in any of the AWCs.

Recommendation: Anganwadi Hubs can be developed by combining three to four AWCs in areas with high population density. With the pooled resources of participating AWCs, affording the rent of relatively bigger area with open space (or ground) for free play and multiple rooms for age-wise segregation of children is feasible. Other benefit of Hub centres can be the synergies created by combining the efforts of multiple workers and helpers who function together as a team and divide the work efficiently. In Delhi, in the pilot phase, 110 Anganwadi Hubs have been created by combining about 390 AWCs. Although, some urban areas have experimented with Community Hub models for AWCs in Urban areas but these require guidelines for practices/provisions.

ECCE for children below 3 years: The Draft New Education Policy 2019 takes cognizance of the learning needs of the children below 3 years of age. This includes aspects such as cognitive and emotional stimulation of the infant through talking, playing, moving, listening to music and sounds, and stimulating all the other senses particularly sight and touch. Exposure to languages, numbers, and simple problem-solving is also considered important during this period. Under ICDS, there is no clear strategy on psycho-social stimulation of children below 3 years through counselling of parents.

Recommendation: The ICDS should devise strategies to cover children below 3 years under the early childhood care and education component. Counselling material and guidelines should be developed to focus on this component with adequate arrangements for training and capacity building of the Anganwadi Workers (AWWs).

Performance and Impact of Pre-School Education: There is a growing body of evidence that quality pre-school education can have a significant short-term as well as long-term impact on learning outcomes. Despite such vast network of AWCs, there are no regular and systematic assessment of the impact of pre-school education on child schooling and well-being.

Recommendation: The ICDS should engage academic institutes, universities as well as policy research and training organizations to undertake regular assessment of the coverage of pre-school component and discern its impact on child schooling. Scientific evidence on performance should be developed as well as identification of critical areas for improvement should be identified across States/UTs.

GOVERNANCE AND CONVERGENT ACTION

Annual Program Implementation Plan (APIP) of ICDS: The ICDS APIP is limited to a few aspects that are covered under the program and has not yet expanded the scope and nature of activities. The components of the APIP are fixed and do not demonstrate piloting of alternative ideas for improving service delivery through new programs and initiatives. Although there are initiatives to improve AWC infrastructure (through tie up with MGNREGA), but several AWCs lack adequate facilities such as drinking water, toilet and electricity. Training infrastructure, particularly for the frontline workers, is also an area deserving greater policy focus across States. Digital connectivity is weak across AWCs and reporting platforms are in its infancy. The digital transformation of ICDS registers and reporting also suffers from logistical as well as capacity perspectives. There is also a need to streamline financial reporting formats across Districts and States.

Recommendation: The APIP line items across major heads should be expanded to encourage innovations in service delivery and allowance for flexi-pool options across all components. Following the guidelines issued by the Ministry of Finance (F.No.55(5)PF-II/2011 dated 6th September 2016) on flexi-funds, the ICDS should seek to set aside a flexi-fund to develop sub-scheme or component or innovation to improve nutrition health and well-being. The SNP line item should be expanded to provide details of procurements as well as transportation costs associated with different geographies. The Financial Management Report formats should be harmonized across States to allow item-wise review of key activities and expenditure utilization.

Establishing ICDS Society: The funds for the Centrally Sponsored Schemes (CSS) are released to the State treasuries for further transfer to the implementing department or agencies. However, release of funds to concerned departments through the treasury route experiences delays in disbursements for the implementing agencies. However, certain flagship programs such as the National Health Mission (NHM) have established both State Health Society and District Health Society as vertical support structures for different national and state health programs. Through this arrangement the DHSs can manage both treasury and non-treasury sources of funds. There is more flexibility in terms of fund transfer and expenditure which otherwise can cause delays in procedures and implementation. Because it is a legal entity, the DHS can set up its own office which has adequate contingent of staff and experts and can evolve its own rules and procedures for hiring the staff and experts both from the open market as well as on deputation from the Government.

Recommendation: Formation of ICDS Society at the State-level and District-level can be instrumental to expedite the flow of funds for ICDS activities. The ICDS society can be eligible to receive grants and donations from trade, industry, institutions and individuals. The society can also receive funds from disposal of assets. Formation of ICDS society can also expedite issues related to appointment of contractual staff for the various scheme-related activities. It may be noted that, Gujarat has registered State and District level ICDS Society that function under the administrative control of the Department of Women & Child Development.

Social Audit: Social audit is conducted by the intended beneficiaries and stakeholders and therefore assumes high policy relevance in monitoring of welfare programs. The ICDS services, particularly the SNP component, are widely perceived to be of poor quality and a source of corruption and leakages. Moreover, there is limited sense of community ownership because unavailability of data sharing and community review mechanisms. The ICDS has a huge beneficiary base and large-scale investment for provisioning of SNP. The nature and scale of investment is comparable to flagship programs such as the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA). Unlike ICDS, MGNREGA has established a robust social audit mechanism that provides a forum to express the needs and grievances and helps increase community participation for greater inclusiveness. The MGNREGA social audit contributes to promote transparency and accountability as well as inform and educate the people about their rights and entitlements.

Recommendation: With persistently high undernutrition, low beneficiary coverage and poor perceptions of SNP quality, it is important for ICDS to establish a social audit mechanism. Following MGNREGA, the social audit process and procedures can be developed and overseen by an independent Social Audit Unit (SAU), identified or established by the State Government to facilitate the conduct of social audit by Community Groups. Some States have formed Community-level AWC Committees with a similar mandate. For instance, ICDS Delhi has constituted Anganwadi Support and Monitoring Committee (ASMC). ICDS Assam has formed Mother's Support Group or Matri Sahayak Gut. The ICDS can strengthen such existing initiatives by developing social audit guidelines and procedures. Alternatively, the Convergence Action Plan can emphasise on possibilities of integrating key ICDS services under the MGNREGA social audit mechanism or the Village Health Sanitation and Nutrition Committees (VHSNC) for greater systemic accountability and quality assurance.

Convergence Action Plan: Following the launch of the POSHAN Abhiyaan, convergence action plan (CAP) is developed from National to the Block level for delivering nutrition related schemes. However, CAP committees at lower levels have greater focus on implementation whereas they are less empowered to fill gaps related to financial and operational challenges. Issues such as provision of drinking water, electricity, toilet or construction and refurbishments of AWCs are difficult to be resolved without specific guidelines from the Centre or the State. There are multiple data reporting structures for welfare programs in India. All different government departments targeting children have different reporting data structures. Such reporting on the same set of individuals using multiple data platforms without matching key crossover indicators results in inability for macro-level integration and convergent action.

Recommendation: Flexi-pool for CAP should be developed at the State level to facilitate infrastructure upgradation of AWCs. The guidelines issued by the Ministry of Finance (F.No.55(5) PF-II/2011 dated 6th September 2016) on flexi-funds within centrally sponsored scheme (CSS) allows States to set aside 25% of any CSS (Central and State share combined for any given financial year) as flexi-fund to be spent on any sub-scheme or component or innovation that is in line with the overall aim and objectives of the approved scheme. However, this has to be specifically implemented and States should take initiatives to present new ideas and approaches to achieve the objectives of ICDS. The CAP at the State level should assume leadership in developing guidelines and protocols for utilization of CAP Flexi-Pool and streamline role of various departments in priority issues such as school and AWC co-location, AWC utilities (electricity, drinking water and toilet facilities), AWC construction and cost-sharing norms, Gram Panchayat Development Plan (GPDP) and sectoral allocation priorities, data reporting structures, ICDS vacancies and recruitment procedures. ICDS should seek formal convergence

and collaboration with Municipal Councils and Corporations in urban areas to facilitate AWC related construction, utilities provision and maintenance on a regular basis.

Monitoring and Supervision Visits: The guidelines (F.No. 16-3/2004-ME(Pt) dated 22nd October, 2010) issued by MoWCD calls for periodic field visits ICDS Blocks / AWCs by Officials at various levels to review the program implementation. The Project and Block level ICDS functionaries are required to undertake frequent monitoring visit each month. Panchayati Raj Institutions (PRIs) are also involved in ICDS monitoring. Senior Officials from the States and the Centre are also involved in monitoring visits. The objective of the monitoring is to identify and address problems and bottlenecks in service delivery and also elicit community views and perception on effectiveness of services. Monitoring and Review Committees on ICDS are established at the National, State, District, Block and AWC level with varying composition and frequencies of meetings. The monitoring visits, however, lack policy documentation of ICDS implementation status with review and experience of key strategies, priority areas and measures for course-correction.

Recommendation: The ICDS should establish a robust monitoring mechanism and strengthen documentation and review of monitoring reports. The National Health Mission (NHM) follows such strategy and has established Common Review Mission (CRM) and Joint Review Mission for monitoring purposes. The CRM and JRM can undertake rapid field-based assessment of the implementation status of ICDS and analyse strengths and challenges with respect to governance and service delivery mechanisms. The annual CRM and JRM monitoring reports should be well-documented and available on the MoWCD website. The ICDS should partner with academic institutions across States/UTs to improve the quality of review and analysis to have an alternative independent review.

Rationalizing AWC Registers: Even in states where CAS has been introduced, AWWs have to maintain a set of 11 registers which has to regularly up-dated and reported to support program monitoring. The AWWs have to also fill up monthly and annual reporting forms. The reporting and record maintenance can be cumbersome, particularly when AWWs are being involved in increasing number of community-based events and activities. As such, the ANMs and ASHAs also maintain a record of services offered through them. Such duplication in data collection can be reduced for efficiency gains in reporting and quality improvements. This has implications for the need for uniform reporting about the same individuals too.

Recommendation: ICDS should reduce the quantum of reporting expected from the AWWs. Activities part of Register 6 (Immunization and VHND) are essentially coordinated by the MoHFW and the reporting of these indicators can be entrusted to ANMs and ASHAs, respectively. Similarly, the reporting of information in Register 7 (Vitamin-A Bi-Annual Rounds) can be assigned to the ANMs and ASHAs. In fact, dosage for immunization and Vitamin-A are supplied through the health system and streamlining the service delivery protocols can also lead to improvements in program reporting. The Register 9 (Referrals) can be discontinued for simplifying the reporting requirements. The Referrals can be treated as counselling service for health care utilization. Alternatively, if AWWs are continued to be engaged in immunization and Vitamin-A supplementation then it is reasonable to offer incentives for achievements on these key indicators.

6th Schedule Areas: As per Article 244 of the Constitution of India, the 6th Schedule deals with the administration of the tribal areas in the four north-eastern states of Assam, Meghalaya, Tripura and Mizoram. The Autonomous District Councils (ADCs) under the Sixth Schedule have authority over various legislative subjects and are entitled to receive grants-in-aid from the Consolidated Fund of India to meet development expenditure on education, health care, education, roads etc. The ADCs, however, lack financial autonomy and depend on state governments for developmental funds and for decisions regarding undertaking of developmental activities. In Assam, we observed autonomy issues hinder ICDS functioning and implementation in the area.

Recommendation: The MoWCD should set up a Committee for reviewing the status of ICDS services in 6th Schedule areas and to develop specific policy recommendations for strengthening ICDS services.

INFRASTRUCTURE

ICDS Websites: The ICDS websites of most of the States have limited information and features. The websites lack mandatory disclosures and are not regularly updated with on-going and upcoming events and notifications. Some websites displayed information regarding the ICDS objective, guidelines, and different benefits of the scheme but had limited information on access to different related data portals or spatial information regarding location of AWCs and ICDS offices and staff. Success stories of each state were also not available or updated for facilitating replication.

Recommendation: All the States/UTs should host a dynamic ICDS website with mandatory disclosures regarding ICDS services and functionaries at all levels. The website should provide information on the network of AWCs along with information on number of beneficiaries and quality check parameters related to key services of SNP and early childhood care and education (ECCE). ICDS program data and geo-spatial information on AWC location should be available to facilitate reviews. The website should also provide regular review and analysis of ICDS coverage. Additional funding provisions should be provided for website upgradation and maintenance.

ICDS-CAS: The ICDS-CAS has an individual-focus and consequently the data entry requirements are large, as reported across all sampled states where CAS was rolled out (e.g. Gujarat and Uttarakhand). Since the ICDS-CAS was launched only recently it has limited efficacy in facilitating program review and course correction. The ICDS-CAS would require substantial IT investments to create such broad-based IT infrastructure and human resources to make ICDS-CAS a widely used database for program monitoring and review. In fact, the NHM HMIS has witnessed significant IT investments over the last 10 years and has emerged as a successful pan-India network for key indicators on public health system and services. However, the ICDS suffers from issues such as heterogeneous AWW capacities and poor mobile phone networks and connectivity. In this context, digital reporting requirements without available infrastructure can be burdensome for the lower level staff.

Recommendation: Timely and sustained IT investments for strengthening the ICDS-CAS initiative are necessary. The universal sharing of ICDS data is critical to draw attention toward efficacy of ICDS-CAS. Allowing public access to selected data and indicators from the ICDS-CAS database can enhance its acceptability and demand among stakeholders. Given the issues with mobile phone connectivity issues, the ICDS-CAS can be more useful for program reviews if it integrates physical reporting from lower level to digital reporting at block level thereby reducing the burden on grass root workers until connectivity improves. This can facilitate course correction as well as substantial improvements in data quality and veracity.

Nutrition Rehabilitation Centre: The NRCs and the AWCs share a common objective of improving nutritional health. However, they are located under different line departments and have no convergence in planning for treatment of severe acute malnutrition.

Recommendation: The NRCs are located in District Hospitals (in some places at Block level) and are used by a small number of SAM cases. The NRC facilities should be established at the Block or Taluk level to improve uptake of services as this will help mothers accompanying children to remain closer to home. The AAA platform should be used to identify and refer MAM and SAM children in the nearest PHC or CHC for further action. The CAP should plan for providing resources for establishing of NRCs at block and taluk level. There should be incentives to ASHAs/AWWs for referrals and compliance with follow up for NRCs admissions to prevent relapse.

ICDS Infrastructure and Basic Facilities: At the all-India level, 86% and 69% of operational AWCs report of having drinking water facility and toilet facility, respectively. No systematic data is available on electricity connections. However, this is an essential provision in the move towards digitalization. Besides, there is no policy provision for ensuring electricity supply at all AWCs. In Rajasthan, for instance, none of the AWCs operating in own building have electricity connection. One in every ten AWC is operating in a Kutcha structure whereas every fourth AWC operates in a rented building.

Recommendation: All AWCs should be covered with electricity connection, drinking water supply and toilet facilities. The ICDS MPR should provide information on electricity connections to the AWCs. Convergent action for provision of this basic infrastructure is necessary, particularly by establishing a centralized payment mechanism at least at the District or State level for these utilities. Location of AWCs should be reviewed and co-location with schools should be encouraged for greater integration with schools.

AWC Construction and Location: There is poor provisioning of basic facilities like water, electricity, toilets, play yard, access roads. Flood prone areas, seismic zones, temperature, hilly and remote areas (like in tribal sectors in Andhra Pradesh, areas of Assam), become harder to access and deliver services in. In terms of digital infrastructure and internet connectivity, poor connectivity in rural areas also deters many other reporting requirements. Accessibility is a big issue in tribal areas, with hilltops and other hindrances making it difficult to travel to and from the AWCs. Supervisors are unable to pay visits to far-flung areas since they have no transport of their own and also have concerns over their safety in such remote areas.

Recommendation: ICDS budgeting for AWC construction should be sensitive to regional variations – storage/animal infestations, hilly areas, flood prone areas, child friendly spaces. It should take into account ecological aspects (earthquake proof construction) and climatic conditions (extreme winters etc) to develop model design (Room + Kitchen + Toilet + Playing Area). Meanwhile, the rental norms should be informed based on local conditions and desired quality of infrastructure. Convergence platform should be accessed to develop linkages with Gram Panchayat to improve transport infrastructure of villages and to facilitate ICDS service delivery and monitoring.

HUMAN RESOURCES AND FINANCING

Performance-based incentives: At the moment, some states (like Andhra Pradesh and Uttar Pradesh) have some incentives in place, but since honorarium for AWWs is not much—also, delayed in many instances—functionaries feel demotivated at times. The idea of performance grants was perceived positively by the various ICDS functionaries in all sampled states. In fact, the performance incentive can be linked to AWC indicators/Project indicators to motivate the ICDS functionaries on a collective platform. Career trajectories were also contemplated for these incentives.

Recommendation: The performance-based incentive can be offered to individuals or to the AWCs based on the performance on certain tasks or achievement of set of indicators. The Government of Uttar Pradesh has launched a performance-based incentive program for AWWs. Under this scheme, the AWWs are incentivized for achieving targets related to Aadhaar information seeding of beneficiaries, anthropometric measurements and improvements in anthropometric outcomes. This could be shared between individual beneficiaries and the reporting workers of the AWC on a 25%:75% basis. The incentive can be adjusted to 50%:50% within one week of beneficiary failure which would then require worker to undertake measurements in the AWC. Similarly, immunization coverage, follow up of NRC admitted child, etc can be incentivised for the AWW as it is for the ASHA worker under the NHM mechanisms. The Government of Delhi has also developed a scheme to incentivize AWW, Supervisor and ASMC (Anganwadi Support and Monitoring Committee aka Anganwadi Samiti) to work as a team and improve the working of their AWCs. Based on successful achievement of 10 basic criteria, the AWCs are eligible to choose from a list of items for strengthening AWC facilities and services.

ICDS Vacancies: As of 2018-19, 30.1% of sanctioned positions for CDPOs and 27.7% of sanctioned positions for Supervisors are vacant across the country. Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Karnataka and Jharkhand had more than 40% of CDPO vacant sanctioned posts. Due to large vacancies there is an increased burden of monitoring and review on the CDPOs and AW Supervisors. About 6.9% of sanctioned positions for AWWs and 7.6% of sanctioned positions for AWHs are vacant across the country. Bihar has a vacancy of 17.1% followed by Maharashtra, Telangana and Delhi which had a vacancy of more than 10% among sanctioned AWW positions. These vacant posts increase the pressure on existing functionaries, thereby reducing their capacity to complete primary tasks given in their job charts properly. Additionally, being point

of contact for other time-bound activities like Aadhaar enrolment, Jan Andolan mobilization, ration card work, election duties etc also reduces the AWWs'/supervisors' capacity to carry out assigned ICDS tasks on time and properly.

Recommendation: The State Convergence Action Plan (CAP) should include recruitments as an area for priority action. The Public Service Commissions should be active in announcing ICDS related recruitment drives with necessary budgetary approvals from the State governments. It should expedite recruitments of CDPOs and AW Supervisors to improve program implementation and monitoring. The Government of India has issued guidelines (MWCD, No.1-2/2014-CD.I, dated 15th Sep 2015) for recruiting 50% of the AWC Supervisors from existing AWWs with 10 years of experience and required education qualifications. Further, the DM/DC in all States is empowered to recruit AWC Supervisors in the Aspirational Districts (MWCD, No.11-1/2018-CD.I, dated 14th Mar 2018). Similar authority should be extended to all the DM/DC for recruitment of CDPOs from the existing AWC Supervisors with 10 years of experience and required education qualifications.

States should explore establishing recruitment board within the respective Departments of Women and Child Development. Departmental Recruitment Board for CDPO and AWC Supervisor Recruitment through State Public Service Commission (PSC) leads to delays in some States. For example, Uttar Pradesh is experiencing long delays in ICDS recruitments. Establishment of Departmental Recruitment Board can expedite recruitment process for ICDS or Program specific vacancies. In 2012, the Government of Tamil Nadu has undertaken a similar initiative and has established the Medical Services Recruitment Board (MRB) with the objective of making appointments to various categories of staff in the Health and Family Welfare Department by way of direct recruitment, in a speedy manner, keeping in view the nature, importance and essentiality of these posts. The Departmental Promotion Committees should regularly take up cases for promotions at all levels.

Capacity-building among AWWs: As suggested by the SNEHA findings - and our subsequent comparisons with on-ground findings — there is a need to concentrate on capacity building training of the functionaries. At the moment across all sampled states, apart from being overburdened and underpaid, AWWs and AWHs are also under-skilled, which often leads to a lack of motivation and job satisfaction. District functionaries have reported that ILA has many weak links in its knowledge transfer chain at the moment.

Recommendations: By providing more skill-based knowledge and following up with regular handholding and observation sessions by Supervisors, the functionaries' levels of motivation and satisfaction can be improved upon greatly. This will no doubt have a positive impact upon their ability to fruitfully contribute to the implementation of the ICDS at the grass-root level.

ICDS Financing: In 2019-20, the Central share in ICDS budget amounts to Rs.19927 crores. Honoraria (47.0%), SNP (33.9%), and salary (6.5%) jointly account for about 87.4% of the total Central assistance. About 7.5 per cent of the central assistance is allocated toward infrastructure (AWC construction, upgradation, drinking water, toilet and rent). If corresponding State share as per cost-sharing norms is included then the total ICDS budget is expected to be at least Rs.33171 crores. Although, Uttar Pradesh has a 15% share in total ICDS budget but it also accounts for 17.6% share of beneficiaries. This translates into Rs.4013 per beneficiary per year which is much lower than several other States. The expected pre-school component of the budget is 75 paise per child per day.

Recommendation: The SNP budget should be increased to allow for greater dietary diversity. A 50% increase in SNP budget implies an additional allocation of Rs. 4684 Crore by the Government of India under the Central Share for ICDS. States with low per beneficiary budgets should increase allocations toward infrastructure and human resources. The share of infrastructure expenditure should be increased by 50% for AWC construction, maintenance (drinking water, toilet and electricity) as well as development of digital reporting platforms for program data and funds management. This would imply an additional increase of about Rs.500 crore in Central share. The budget for the pre-school kit should be enhanced to provide playing and learning materials. Allocations should be provided for pre-school certification, gifts and prize distributions that are jointly conducted in collaboration with the government schools and education department.


सुनिता खटीक
आशा सहयोगिनी
8764845268
सन्तोष मिश्रा
साथिन
8432600215
भार्थी वर्ग का वि
3 वर्ष के बच
से 6 वर्ष तक
ती महिलाऐं
ी मातायें
शोरी बालिकाऐं

01.

BACKGROUND AND OBJECTIVES

1.1. INTRODUCTION

Launched on 02nd October, 1975, the Integrated Child Development Services (ICDS) Scheme – the Anganwadi Services Scheme – is one of the world's largest programs for early childhood care and development. The scheme is designed as a response to the fundamental challenges of child development in terms of a) cognitive development through pre-school non-formal education and b) physical growth by liberating childhood from the vicious cycle of malnutrition, morbidity, reduced cognitive capacity and mortality. The objectives of the ICDS scheme are (MoWCD 2019):

- to improve the nutritional and health status of children (age-group 0-6 years);
- to lay the foundation for psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- 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.

The ICDS is designed to deliver six important services to children (0-6 years) as well as pregnant and lactating mothers. These services are as follows:

- Supplementary nutrition
- Pre-school non-formal education
- Nutrition and health education
- Immunization
- Health checkups and
- Referral services

At least three of these services are delivered jointly by the Ministry of Women and Child Development (MoWCD) and the Ministry of Health and Family Welfare (MoHFW). The service package is designed to harness the potential synergies at grass root level in an integrated approach to enhance child development. The Anganwadi Centres (AWCs) have thus emerged as a vital platform for convergence in delivery of key services.

Despite considerable investments and long-running implementation of the ICDS, there is much to be attained in the sphere of child development in India. Children in India continue to suffer from a high burden of anthropometric failures (under-five stunting prevalence at 38% and underweight prevalence at 36% in 2015-16). Persistently high and widespread prevalence of child undernutrition thus remains a fundamental policy concern. The launch of the Prime Minister's Overarching Scheme for Holistic Nutrition (POSHAN Abhiyaan) has placed a renewed emphasis on child nutrition. POSHAN Abhiyaan specifically targets to reduce stunting, under-nutrition, anemia (among children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum, respectively.

The ICDS scheme is expected to significantly contribute toward the POSHAN Abhiyaan and achieve accelerated reductions in child anthropometric failure. The instrumental relevance of ICDS in child development calls for a comprehensive evaluation of the current design, processes and implementation to draw insights on its merits and potential to fulfill the scheme objectives. As such, the implementation of ICDS varies across different states, and therefore, it is equally important to learn from state experiences and identify opportunities and challenges for enhancing coverage, efficiency and impact.

1.2. STUDY OBJECTIVES

The broad objective of this assessment is to critically review the key processes, implementation structure, program monitoring and the motivations and engagement of the human resources under the ICDS scheme. The specific objectives are as follows:

- Analysis of governance and implementation concerns with focus on monitoring mechanisms,

financial and technical support to various functionaries at state, district and local level

- Assessment of positive, negative, long-term, short-term, direct, indirect and cumulative impacts of implementation mechanisms on scheme delivery and coverage
- Understanding ICDS strategies and scope for inter-sectoral coordination and convergence
- Reviewing capacity building efforts for the ICDS staff at state, district and local level and engagement of staff in implementation and planning of various services
- Documentation of views and perceptions of beneficiaries and other stakeholders on ICDS objectives and impact and also to understand the evolving aspirations of the beneficiaries in diverse settings

The key questions and concerns pertaining to efficiency, effectiveness, impact and equity are as follows:

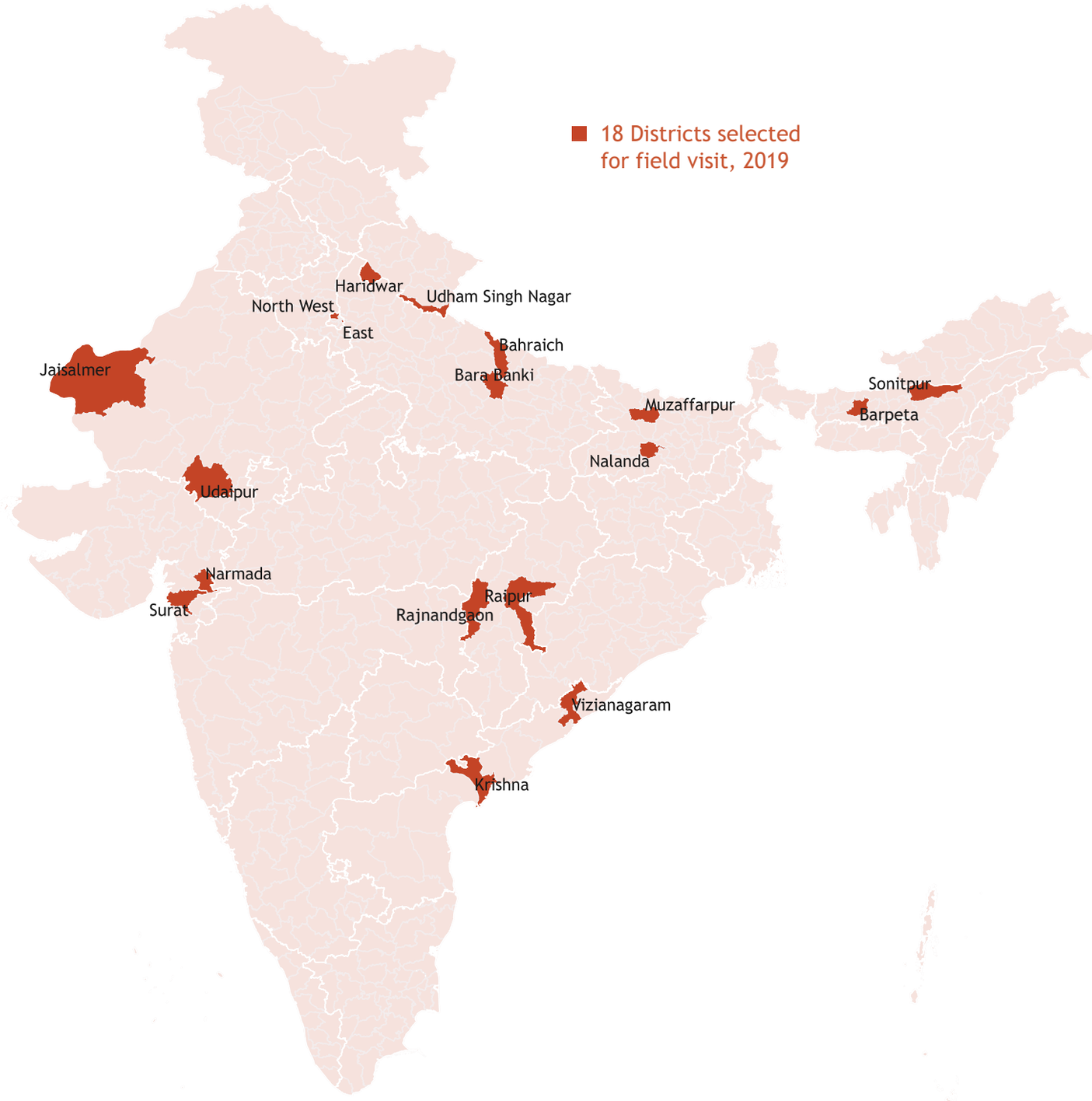
- Have the ICDS inputs and activities resulted in quality and quantity improvements in service uptake and coverage?
- Has the ICDS staff been recruited, trained, managed, and evaluated as per recommended practice, and have these steps led to quality improvements in day-to-day management of AWCs?
- Have AWCs been successfully upgraded and are AWWs able to provide a full range of maternal and child health and nutrition services?
- Have the broad objectives of ICDS been achieved or are they likely to be achieved? How much of the impact can be attributed to the implementation of the scheme?
- Are the organizational solutions favorable to the development of good governance practices? What models are available or are demanded across rural/tribal/urban areas?
- Have the ICDS benefits been received by the planned beneficiaries and did all the planned beneficiaries have access to ICDS services? How do the beneficiaries perceive the ICDS benefits?
- Are vulnerable and excluded social groups encouraged to participate in project activities and be represented in beneficiaries' organizations?
- Was there good participation of women in community events on nutrition and health?
- Is the supplementary nutrition program being implemented in the manner that it was designed? What are the barriers to effective implementation? What are local modifications made to the implementation which have improved uptake?
- What are the various components of the ICDS scheme and how do these vary in terms of planning, implementation, and performance across selected states? What are the challenges in improving uptake of these ICDS services and how do they impact scheme coverage?
- How strong is the commitment of the non-formal preschool education implementation to the plan outlined in the ICDS scheme? What is the extent of its coverage? What is not working well and why? What is working well and why? Any local innovations which were found helpful?

1.3. METHODOLOGY

A mixed methods approach is adopted for the evaluation. For analysis and inference, the following type of data and information is used: ICDS coverage data from National Family Health Survey (NFHS 2015-16), ICDS scheme monitoring data (Monthly Progress Reports, MPR) from the ICDS Department, and qualitative data from interviews with Anganwadi workers (AWWs), community members, Accredited Social Health Activists (ASHAs), Auxiliary nurse and Midwives (ANMs), Supervisors, Child Development Project Officer (CDPO), District Project Officers, senior officials at the state level including the ICDS Department. Field visits to AWC for interviews and assessments are carried out to comprehend status of infrastructure and service delivery. The qualitative component is further supplemented by an extensive literature review.

The qualitative insights are based on assessment of nine States/UTs selected for detailed assessment of the ICDS scheme. The selection of states aimed at capturing diverse ICDS performance across geographical settings. The States/UTs are stratified into three groups (High-focus states, Hilly and North-eastern states, and other states/UTs) and are as follows: Assam, Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Gujarat, Rajasthan, Uttarakhand and Uttar Pradesh.

From each state, two districts are selected based on features such as Aspirational Districts (ADs), ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) districts or aspects related to ICDS coverage (as per NFHS 2015-16). Districts



States	District 1	District 2	States	District 1	District 2
Andhra Pradesh	Vizianagaram	Krishna	Gujarat	Narmada	Surat
Assam	Barpeta	Sonitpur	Rajasthan	Jaisalmer	Udaipur
Bihar	Nalanda	Muzaffarpur	Uttarakhand	Haridwar	Udham Singh Nagar
Chhattisgarh	Rajnandgaon	Raipur	Uttar Pradesh	Barabanki	Bahraich
Delhi	North West	East			

Note: Vizianagaram, Dhubri, Muzaffarpur, Rajnandgaon, Narmada, Jaisalmer, Haridwar, Bahraich are Aspirational Districts

demonstrating good coverage as well as those with relatively poor coverage are selected to capture intra-state variability and causes of variability in ICDS performance.

In each of the selected districts, AWCs (both in villages / urban areas) are visited by trained research staff for interviews with ICDS staff and beneficiaries. Throughout the conduct of the evaluation, the study team interacted with all relevant stakeholders at state, district and local level. Beneficiaries were involved during all phases of the evaluation process, to ensure better results and enhance ownership of the results and awareness of responsibilities. Representatives of line ministries at the state level were involved in some crucial steps of the evaluation.

Semi-structured questionnaires are developed and used for these interactions. There were separate guides made for AWWs, district-level officials, state-level officials, beneficiaries and tertiary stakeholders (like PDS suppliers, SHGs/NGOs, Gram Panchayat members). All guides were translated into the local language to be used by the Field Interviewers. Focus group discussions, small-group interviews, and field observation were also part of the data collection process. The questions were posed in an objective, non-leading manner which helped draw out detailed responses from the interviewees. Wherever possible, they were asked to provide examples, anecdotes and incidents which would help illustrate their point and help the interviewers triangulate the data obtained in subsequent interviews.

Most interviews had one primary interviewer with another observer/secondary interviewer aiding them in note-taking and/or helping with highlighting issues or questions which could be probed further. Wherever the respondents consented, audio recordings of the interviews were produced to help with transcription and analysis later on. For qualitative interviews, the sample was chosen to ensure that inputs from multiple levels and angles of the ICDS scheme can be captured in the findings. Participation was entirely voluntary and the participants were assured of the confidentiality of their statements to the study team.

For the analysis of in-depth interviews, data in the transcripts were subjected to manual textual analysis to find axial codes. These axial codes were then merged together under major themes identified by the analysts. Responses from each group of respondents were then mapped against these themes. These themes were used as a blueprint for analysis of data obtained in the subsequent states. Findings from other states were summarised and similarly mapped against these major themes to come up with the findings reported here.

The quantitative program monitoring data was sourced from the Ministry of Women and Child Development as well as relevant state departments. The information on number of beneficiaries enrolled and obtaining services under the ICDS at different administrative levels is compiled using ICDS MIS and is called 'Monthly Progressive Report (MPR)'. The MIS data is analyzed to understand program coverage, infrastructure and human resources. Also, the financial allocations are reviewed. In addition, NFHS 2005-06 and 2015-16 household survey data was analysed to understand the uptake of ICDS services.

1.4. ETHICAL CONSIDERATIONS

The study was reviewed and approved by the Institutional Ethics Committee of IIT Gandhinagar. It may be noted that anonymity of the respondents was a major concern. Our reported findings do not specify the source of suggestions, complaints and feedback to ensure that the respondents' privacy and anonymity is respected.

Confidentiality of the data gathered was also kept in mind when storing and sharing with other collaborators/analysts. The study team found that there was an implicit pressure felt by respondents to answer positively, the effect of which could not always be nullified by assuring anonymity and confidentiality. Thus, there is acknowledgement on the part of the research team that some sensitive feedback may not have made its way into the findings due to the participants' unwillingness to share it on record.

Similarly, prior notice was given to districts and AWCs in many cases. This could have had an impact on the observations and findings. For example, many AWCs prepared for the research team's visit beforehand. Besides, lack of time and a tight schedule also meant wrapping up interviews quickly sometimes, sacrificing a more thorough and nuanced gathering of data. However, questions about the major themes and areas of enquiry were prioritised in such situations.

1.5. REPORT OUTLINE

The report is organized in 10 sections. Section 1 provides the background and context of the study and lists the main objectives and approach of the evaluation. Section 2 reviews the key findings from recent studies with focus on studies mostly conducted post-2010. The review is organized under the broad thematic areas including supplementary

nutrition, human resource, infrastructure, finance and convergence. Section 3 presents insights from quantitative analysis based on National Family Health Survey (NFHS) data as well as program data obtained from the MoWCD. The NFHS based analysis aims to describe the ICDS service utilization across demographic and socioeconomic groups from a beneficiary perspective. Section 4 presents the findings on ICDS key services delivery and beneficiary perceptions about the ICDS services. The focus of the discussion is on Supplementary Nutrition Program (SNP) benefits and the pre-school education component. The beneficiary perceptions and expectations related to these components are also listed in this section. Section 5 describes some of the key issues associated with implementation and monitoring of the ICDS program. The focus is on identifying governance issues that can be reviewed from a guideline's perspective. Focus on THR production models, ICDS website and comparison with major national flagship programs is also attempted to draw parallels for mutual learning and course-corrections.

Financing and budget flows are an important part of the implementation process in ICDS. States have different structures of fund flows and this often has direct effects on the service delivery in the state.

Section 6 discusses fund flows, flexibility and financing. The issue of incentivization of ICDS staff is also discussed in some detail. Section 7 documents the issues associated with the ICDS functionaries who are the most crucial component of the program to ensure effective coverage and smooth delivery of the key services. The focus is on aspects related to training, staffing, monitoring, evaluation, time-use and incentivization of the ICDS staff. This section also discusses issues related to ICDS infrastructure.

Section 8 reviews the concept of convergence and provides evidence on convergence initiatives under the ICDS umbrella. Section 9 reviews the best practices from the States visited for evaluation. Section 10 concludes with summary of evaluation and main recommendations.


సత్యమేవ జయతే
మహిళా అభివృద్ధి మరియు శిశు సంక్షేమ శాఖ, ఆంధ్ర ప్రదేశ్ ప్రభుత్వం
సమగ్ర శిశు అభివృద్ధి పథకం
Integrated Child Development Scheme (ICDS)
బాలామృతం
BALAMRUTAM

02.

RECENT STUDIES ON ICDS

2.1. INTRODUCTION

Various studies have examined the implementation and performance of the ICDS scheme. Some of these studies are based on nationally representative survey data such as the National Family Health Surveys (NFHS), whereas others are based on ICDS program data or independent state or region-specific community surveys and interactions. A recent study by Chakrabarti et al (2019), finds that between 2006-2016, the coverage of ICDS scheme has increased, particulary among the marginalized sections. This section reviews the recent studies and reports on ICDS to document the main observations from existing evidence and to identify priority areas for action. The review is organized under the broad thematic areas as follows: a) Human resource, b) Infrastructure c) Finance, d) Knowledge and training of AWWs, e) Monitoring and evaluation of ICDS, f) Service delivery under ICDS (cooked meal and take home ration), g) Convergence with other programs, h) Impact of the scheme, and i) Research gaps.

2.2. HUMAN RESOURCE

The Anganwadi Workers (AWW), Anganwadi Helpers (AWH), Supervisors (AWS), Child Development Project Officers (CDPO) and District Program officers (DPO) are the key ICDS functionaries at the grass root level. Various studies have reviewed the situation of AWWs and challenges associated with their day-to-day functioning. A review by Gupta et al (2013) finds that enhancing educational level as well as in-service training of AWWs is an important area for focus and improvement. Besides, it is also noted that with better incentives, the AWWs can help to increase coverage of basic services such as immunization care for children (Avula et al 2012).

In 2011, the Planning Commission of India (PCI) had conducted an evaluation of the ICDS scheme. The study finds that the AWWs are overburdened, underpaid and mostly unskilled. They are overburdened because the day-to-day AWC-related work takes not less than 5-6 hours every day. Besides, they are asked to perform tasks of other agencies, with or without incentives. The AWWs being unskilled was a major concern because they did not have much idea of the growth monitoring processes and medical assistance required by malnourished children. The impact of training programs on AWWs' skill and knowledge is also weak.

Regular training and capacity building of the AWC staff is critical because they are the focal point for several important health and nutrition interventions. For instance, Avula et al (2015) find that close collaboration between all the frontline workers (FLWs) namely AWWs, ASHAs, ANMs is critical to deliver key interventions. For instance, while AWWs are instrumental to deliver the SNP component under ICDS, ANMs and ASHAs are critical for immunization and vitamin A supplementation. Given the central role of these workers and also their poverty status, it is important to motivate their work performance and reduce attrition through monetary or non-monetary incentives.

2.3. INFRASTRUCTURE

There are major infrastructure gaps in ICDS. Studies have found wide inter-state and intra-state variations in the provisioning of basic infrastructure facilities at the AWCs. For instance, based on a study in Andhra Pradesh, Helena et al (2016) find that 71% of the AWCs are in pucca buildings and around 36% are rented. Around 29% have toilets, 20% have regular water supply and 50% have a separate kitchen. Gill et al (2017) reviews the infrastructure of 400 AWCs in Amritsar, Punjab. The study finds that out of 400 AWCs, only 24% operate in own buildings. Further, only 53% AWCs have regular water supplies. A similar study from Bangalore finds that that 85% of the rural AWC and 60% of urban AWC have their own building while other centers were running in school buildings (Abhijnana et al 2019). All urban AWCs were having separate place for cooking and had better sanitation facilities.

In 2015, the NITI Aayog had conducted a rapid assessment of AWCs across 19 States/UTs. This study finds that 22.5% of AWCs did not have the required medicines for the children. 41% AWCs had either

shortage of space or unsuitable accommodation whereas 13.7% did not have safe drinking water facilities. Also, in 24.3% AWCs, problems were noticed in records maintenance. Previously, in 2011, the Planning Commission had also noted that the AWCs lack adequate infrastructure to deliver the six designated services. This deficiency has adversely affected the quality of delivery of services and hence impact of ICDS. The quality of service delivery on the demand side was evaluated based on the following indicators: Percentage of households not adequately aware of ICDS, Percentage of eligible households not availing services because of supply side inadequacies, Percentage of beneficiaries facing constraints in availing service, and Percentage of beneficiaries satisfied with delivery of services.

With the introduction of ICDS Common Application Software (ICDS-CAS), the data reporting infrastructure is undergoing major changes. A recent study on the ICDS Common Application Software (ICDS-CAS) recruited nearly 1500 AWWs and 6000+ mother-child dyads from 400+ matched pairs of villages in Bihar and Madhya Pradesh found that the CAS modules are easy to use and that the CAS dashboard enabled efficient monitoring and feedback. However, the study noted that the usage of CAS application is low, and while there may be some shifts, the application still needs to translate into stronger gains for improved service delivery for beneficiaries. In fact, nearly all the AWWs report at least one challenge in using the application (this included hardware, application and network issues. Some examples include the AWWs having to travel to submit data, lack of network in their AWC/ village, slow internet, device being slow, or issues pertaining to battery life or heating up). Greater engagement between Centre and State, transition to state ownership, investment in staff capacity at the state, and having a shared vision can facilitate faster roll-out of ICDS-CAS. Also, the effectiveness of the application itself is influenced by the overall ICDS governance as demonstrated in the differences in the roll-out of CAS in Madhya Pradesh and Bihar.

The PAISA for Nutrition Study (2019) found that most AWCs lack basic infrastructure and equipment. While a kitchen may not affect an AWC where food is cooked and served by SHGs, the lack of drinking water, hand-washing facilities, and usable toilets was striking. Several items are required at AWCs to make it functional. These can be classified into four groups – IEC posters, growth monitoring related equipment, Pre-School Education (PSE), and other AWC supplies. There are several gaps across districts, notably for weighing machines. Across both districts in one state, the availability of IEC posters, growth charts, and PSE related items was low. The availability of weighing machines in working condition for both adults and children was also low. However, some districts have better infrastructure for AWCs. These are districts where GPs use their own source revenue (OSR) for nutrition and education (typically used for AWCs).

2.4. FINANCING

Fund allocation and utilization has been yet another important component in the implementation of the scheme such as ICDS. There are two important aspects of financing: one, low financial allocations for the ICDS and, second, is the underutilization of allocated funds. Gupta and Gupta (2018) examine release and utilization of funds for ICDS Bihar for the period 2006-15 and find that Bihar was not able to utilize funds completely during 2006-08. The Planning Commission (2011) study also finds that a large part (around 60%) of budgetary allocation/spending (2008-09) is not being used for SNP. In fact, making funds available to AWC seems to be a better option than supplying SNP. Letting the SNP funds flow from State Nodal Office to the bank account of AWW directly and not through DPO/CDPO as is being done now, while the responsibility of cooking and delivery of SN may be outsourced to women-SHGs (as is the practice in some areas).

Menon et al (2016) estimate the costs of delivering two sets of nutrition related interventions at scale. The first is the set of the 10 Scaling Up Nutrition (SUN) interventions and the second is a set of 14 nutrition interventions that are encompassed in India's policy framework and also supported by recommendations from a large network of stakeholders in India, the Coalition for Food and Nutrition Security in India referred to as 'India Plus' actions. The study finds that cash transfers to women to support breastfeeding and supplementary food rations, respectively together cover >80% of the total cost estimates for scaling interventions. This is followed by health interventions (including inpatient treatment of severe acute malnutrition), counselling actions and micronutrient supplements and deworming, accounting for 4, 5 and 3% share of the total cost, respectively. The study also finds considerable variability in the costs for delivering the interventions at scale in the different states across India, with variability in cost estimates primarily driven by differences in target populations. Also, costs across states was found varying due to existing population and high fertility rates, high stunting and wasting rates (amplifying the costs for

treatment of severe acute malnutrition). This calls for increasing the level of investment in nutrition in general and ICDS in particular.

2.5. TRAINING AND KNOWLEDGE OF AWWS

Studies focusing on the infrastructure and human resource gaps often highlight the need for training and capacity building of AWWs. Chudasama et al (2015) finds that only 11% the AWWs in Gujarat have received induction training. The training programs play an important role in improving the performances of the staff working at the grass root level. This study also highlights the importance of monitoring and evaluation of AWWs to improve reporting of key indicators and to improve overall performance of the scheme.

Importance of nutritional education is highlighted by Meena and Meena (2018) in the context of its impact on undernutrition among under-five children in urban and rural areas of Bhopal, Madhya Pradesh. Such trainings are important as appropriate intervention by AWWs can provide people with appropriate skills and motivation to choose wise dietary and lifestyle choices. This study emphasizes that lack of food is not the sole cause behind malnutrition, but the lack of knowledge about feeding amount, frequency, type of food etc. contribute significantly to the poor nutritional status of the children.

Similarly, Chaturvedi and Nanjappan (2014) analyze the knowledge of infant and young child feeding (IYCF) practices among AWWs and their ability to counsel and influence care givers regarding these practices. The study was based on a sample of 80 AWWs from four districts of Gujarat and noted that AWWs with better IYCF were more effectively implementing them in counselling sessions with caregivers. This study emphasized on the need for quality interaction between the AWWs and caregivers for which a paradigm shift in training is required to strengthen communication and counselling skills of the AWWs.

2.6. IMPLEMENTATION GAPS

There are major gaps in ICDS scheme monitoring and implementation of various ICDS activities with adequate logistics support. For instance, Parmar et al (2014) observe the conduct of Mamta Day at AWCs to deliver routine immunization and growth monitoring services and finds lack of preparation in terms of emergency kits etc for the immunization sessions. The authors suggested greater support and trainings from the ANMs and the Primary Health Centre (PHC) to deliver quality health care and counselling services. With the advent of the POSHAN Abhiyaan, new ways of event planning and quality improvements have emphasized upon. One of the biggest challenges for ICDS, however, is multi-sectoral convergence particularly between the National Health Mission (NHM), Ministry of Health (MOH), and Ministry of Women and Child Development (MWCD) and also in coordination with other ministries and line departments.

There are various reports which indicates implementation gaps, including lack of uniformity, insensitivity to socio-cultural issues, lack of convergence with other programs, lack of community monitoring, and non-involvement of the local leadership and community voices in addressing the multiple determinants of under nutrition. A report by IFPRI evaluates the status of nutrition-related initiatives in Madhya Pradesh. This study throws light on how knowledge is used for nutrition policy formulation, program planning, and implementation in order to create a demand for evidence among stakeholders. According to the report strengthening and restructuring the ICDS have been important component of district action plans but how far it has been implemented in marginalized districts have been unclear. With the help of mapping exercise, the report identifies 84 actors who are important in the implementation of nutrition related programs in Madhya Pradesh.

Malik et al (2015) in their study regarding the functioning of ICDS centers in Delhi have highlighted shortcomings of AWWs in implementing the revised nutrition norms. There is a need of effective supervision at each level of health facilitates. Further challenges met by community health workers at the field are also important for smooth implementation of ICDS. State specific studies capture the stark variations in the implementation of the ICDS scheme. Kumar et al (2015) evaluate the child health care services for three to six years old in urban AWCs in Kerala. According to the study conducted with 117 AWCs, 73 were providing average services to 3 to 6 year-old children, 18 AWCs were providing poor services and only 26 AWCs were performing well. A study from West Bengal finds out that providing nutrition won't be enough, if the caregiver is not provided with adequate information on nutritional awareness and growth trajectory of the child (Dutta and Ghosh (2016). Further including eggs in the regular diet given to the children can solve protein deficiency. The study also finds gaps in implementation of pre-school education as well as nutrition and hygiene counselling.

2.7. SERVICE DELIVERY: THR AND HOT COOKED MEALS

Various studies have discussed supplementary nutrition program (SNP) components of hot cooked meal (HCM) and take-home rations (THR) under ICDS. The THR is provided to children less than 3 years as well as to pregnant women and nursing mothers. The Planning Commission (2011) finds that the awareness about the services available at AWC, entitlement of supplementary nutrition and other services is very poor both among beneficiaries and non-beneficiaries. Some studies suggest that HCM for children below 3 years is a much better form of supplementary nutrition than THR packets in terms of acceptability, consumption and effective calorie and protein content. THR is an essential part of ICDS scheme which allows access to pre-mix nutritional food easily.

Marathe et al (2015) examine the importance of THR in improving the nutritional status of children in selected districts of Maharashtra. The study indicates that in terms of regularity of the supply, cooked meals outweigh the THR packets as the overall availability of THR packets was only 53% of the total requirement. Study indicates that around 60% of the beneficiaries receive two packets of THR whereas the rest receive only one packet per month. On the other hand, the beneficiaries were receiving HCM on a daily basis. The authors also enquire about what they do with the unused THR packets and find that 79% of such respondents feed this to animals or use it for fishing, 11% throw it away whereas others mix it with other flour for consumption. This study also finds that HCM serves much better as a means of supplementary nutrition.

Vaid et al (2018) find some differences between the Indian and global recommendations for nutrient requirements. The ICMR's protein requirements exceed those of WHO, while its iron intake recommendations are lower than those of WHO. The study also notes a mix of models for the provision of THR across the country. Information on THR content, quantity, frequency of provision, and nutrient content is not uniformly available for all the states. In instances where it is available, it may be outdated. Also, it is unclear whether the states are currently meeting the THR norms specified in the national guidelines. Importantly, studies have noted wide divergence between official statistics on nutritional status, registered beneficiaries, number (norms) of days for SNP on one hand and grassroots reality with regard to these indicators on the other (Planning Commission 2011).

2.8. IMPACT OF ICDS

There are several studies which have discussed the impact of the scheme on maternal and child health indicators. Study by Clementine et al (2014) talks about operational performance, economic sustainability and social impact of a decentralized production model for India's Supplementary Nutrition Program (ICDS). This study tries to highlight the operational aspect of supplementary nutrition program where local groups are being involved in the manufacturing the products related to ICDS. A pilot unit was introduced in 2011 by the Global Alliance for Improved Nutrition (GAIN) with the UN World Food Program (WFP) as an implementing partner. The study focuses on the important component of the ICDS structure and that is supplies to the AWCs, regular supervision and support, recurrent training, preferential pricing and access to financial services. Involving self-help groups (SHGs) and decentralization makes it more local but at the same time it also makes the task of quality checks and monitoring a little complicated.

There have been mixed evidences about the ICDS program meetings its goals in India. Dixit et al (2018) examine the impact of ICDS on rural areas in India but find that the ICDS service didn't improve nutritional status in rural India. According to the authors the children who received the ICDS services were more likely to be stunted, wasted and underweight as compared with the children not availing the services. The study highlights the program was not able to reach to the target population, especially children coming under the age group of 3 years of age. One of the crucial factors highlighted by the study was importance of proper utilization of funds in successful implementation of the programs. In order to improve the scenario of child nutrition, the study suggested the shift from supplementary feeding practices to improving environmental hygiene and child feeding practices.

Mittal and Meenakshi (2016), analyze the impact of supplementary nutrition provided through ICDS on intakes of calories, proteins, vitamin-A and iron among young children in Bihar. The analysis is based on 24-hour dietary recall data collected for 320 children from four villages in rural Bihar. The study finds an increase in net intake of food by 135 calories among the children (aged 3-6 years). However, no improvement was seen in uptake of THR for children below 3 years. Parents viewed HCM differently than THR which was easier to share with other household members than cooked meals provided at ICDS center. Sarkar et al (2017) discuss the nutritional status of

AWC children of Phansidewa Block in Darjeeling, West Bengal. The data shows that stunting is a predominant problem and the elevated risks among older children indicate failure in growth and development during first 1000 days.

Sahu and Roy (2014) discuss additional opportunities for ICDS and argue for developing crèche services at AWC for under-5 children. In this regard, a study by Alderman and Friedman (2018) on an AWC-cum-crèche pilot in Madhya Pradesh finds that the scheme achieved modest impacts with modest investments in institutional capacity (there were small increases in the receipt of ECE (early childhood education) services, and equally modest increase in female labor force participation). While there were three workers (AWW, crèche worker and AWH) collaboratively delivering the services, the parents saw benefits in sending their child to the crèche so that their child is cared for, kept clean, and is provided learning and play opportunities and food when they go to work. Parents seemed more confident about sending their children as there was a third worker, and they could send their younger children with the older ones. AWWs were positive about the addition of crèche services. While some felt their workload had increased due to the addition, others felt it had decreased, as crèche workers also care for the older children when the AWW is not present and help the AWW with maintaining registers.

2.9. CONVERGENCE

Inter-sectoral convergence is essential to secure faster improvements in maternal and child health. There are various studies which have highlighted the role of inter-sectoral convergence in improving health outcomes. Kim et al (2017) undertook a qualitative assessment of the convergence experience in three selected districts of Odisha. The study finds that convergence is operationalised to a different degree at the various levels of the government health and ICDS systems, i.e. from state to district, block and frontline levels because of the varied types of functions and relationships required at the different administrative levels. For example, at the state level, the convergence task is collaboration which includes developing guidelines and meetings to discuss topics and plan and review programs and initiatives. At the district level it is coordination, planning and review meetings, data sharing, and joint training sessions. At the block the convergence degree is cooperation which occurs through planning and cooperation. For the village also, it is collaboration, achieved by delivery of services, through VHND and home visits.

Further, several mechanisms were in place to facilitate regular coordination and collaboration, such as monthly meetings convened by (and perceived as dominated by) Health, and biannual project meetings, held to plan for specific programs or activities and convened by Health but chaired by the Development Commissioner to facilitate horizontal collaboration. Other examples included the cross-sectoral coordination committee for NRHM's urban health program and the frequent cross-sectoral collaboration on guidelines for specific initiatives. Well-positioned leadership (or champions for the initiatives or issues) was seen as a key facilitator of convergence, particularly leaders involved not just in the line departments but who transcended departmental boundaries such as the Development Commissioner and the Chief Secretary. The VHND provided a common platform for FLWs to work together in delivering the ICDS and health services such as ANC, referrals, growth monitoring, and counseling. However, challenges to convergent actions remain- despite the shared goal to reduce infant and maternal mortality, DHFW focused on antenatal care services and DWCD contributes to improving maternal nutrition by providing food supplements during pregnancy, and there is little data sharing across these actions to demonstrate process towards the goal, even where common indicators exist. This resulted in discrepancies in data presentations and limitations on the extent to which there is collaboration on program monitoring. Limited supervision and lack of accountability mechanisms for the implementation process from the state to lower levels lead to repercussions. For instance, at the district level, DHFW and DWCD staff clearly identified their roles and responsibilities as applying state guidelines for programs, prioritizing services or activities based on their contexts, planning, monitoring data, allocating resources, and training block-level staff. But the Block-level staff lack direction or guidelines for intersectoral coordination from higher levels, thus it was unclear how they were expected to work together.

Village Health and Nutrition Days (VHNDs) and similar other events (like Mamta Diwas in Odisha) is one of the key evidences of convergence at the grass root level. Semwal et al (2016) discuss the performance of VHNDs in Uttarakhand. The study indicates that most of the VHNDs are not organizing any education and counselling sessions on nutrition, family planning and other health issues. Also, there are no facilities for measurement of height and weight of pregnant women. The study also highlights the poor coordination among health, ICDS, and Gram Panchayat (GP) functionaries

in implementing VHNDs. However, such studies do not necessarily cover best practices, if any.

A few studies have focused on primary health care models and how these respond to the various schemes or policies related to maternal and child health. Perry et al (2017) reviews the implementation part of various schemes and the reasons behind its success and failure. In analyzing the implementation aspect of the scheme related maternal and child health, this study tried to analyze the following changes that should have occurred after the implementation of the scheme, a) change in the population coverage of one or more evidence-based intervention, b) change in nutritional status, c) change in the incidence or in the outcome of serious, life-threatening morbidity (such as pre-eclampsia, eclampsia, sepsis, hemorrhage), d) change in mortality.

A report from the Government of Bihar, talks about the various strategies that have improved the status of inter-sectoral coordination in strengthening the implementation of grass root level schemes such as the ICDS. A scheme on Uddeepan Kendra or the Nodal AWC aims at strengthening the AWCs with special focus on the marginalized communities. Some of the important results of this initiative are a) improvement in home visits by AWWs, b) pregnant women and new mothers have been more receptive towards messages, c) data management and feedback mechanism has been improving. But on the flip-side, infrastructure continues to be a major challenge despite some improvement and similarly large community participation is necessary.

An important example of convergence is the collaboration between Ministry of Women and Child Development (MoWCD) and Ministry of Rural Development (MoRD) for the construction of AWCs with help of MGNREGA scheme. Joint guidelines between the ministries have identified a number of most backward blocks for construction of AWCs with MGNREGA workers. The guidelines specifically aim: a) to ensure that every AWC in the selected blocks have a pucca building under MGNREGA, b) to serve the objectives of pre-school, nutrition center, semi-formal public health unit, community center located in the heart of settlement, c) to support generation of human and social capital at the micro level, d) to create durable assets in rural areas and improve the infrastructure at village level, d) to provide crèche facility to MGNREGA workers.

The Planning Commission (2011) also noted that convergence of complementary services is a weak link. The coordination committees and other grassroots level institutions are ineffective in most states (coordination among providers of complementary services, such as, health facilities, safe drinking water, sanitation etc.). Also, it is ambitious to consider AWW capable to accomplish this task without adequate support from various authorities.

2.10. PAISA FOR NUTRITION STUDY

The Accountability Initiative at the Centre for Policy Research undertook process tracking study of the Supplementary Nutrition Program (SNP) within ICDS, and Vitamin A and IFA supplements in 2018-19. The study sought to answer what the current fiscal design and governance architecture of ICDS is and mechanisms to make the system more efficient and effective looking at cross-state variations and innovations in solving bottlenecks in service delivery. The study was conducted in 6 districts across 3 states and covered the entire delivery chain of supply of supplementary nutrition program (SNP) and Vitamin A and IFA. The study included a primary survey of key front-line functionaries and mid-level managers, Self-Help Groups (SHGs), and beneficiaries. Key documents such as passbooks and bills were used to verify the information particularly with respect to fund and grain flow. In addition, detailed interviews and focus-group discussions were held with a subset of functionaries. Villages were chosen at random using PPS sampling, while ensuring that every block was represented. For brevity, some of the key findings are listed as follows.

The number of SNP beneficiaries has been declining over the past five years and that the HCM was served on a daily basis. Unlike HCM, most beneficiaries reported that the THR was received in the stipulated time. The study finds that most districts do not have “active” SHGs despite the Supreme Court Guidelines. Typically, the AWW or related individuals ran the SHG to supply HCM. Most AWWs reported that there is limited incentive for SHGs to supply due to three reasons a) limited funds for transportation (only 2% SHGs reimbursed); b) delays in receipt of funds: often by more than 3 months; c) low unit costs for HCM making provision financially unviable. Honoraria to AWWs are often delayed and also the flexi-fund of Rs.1000/- per AWC is also not sensitive to beneficiary coverage.

The number of pregnant women that received any IFA was low and the numbers that consumed IFA was even lower. The receipt of Vitamin A was low as well. Part of the problem was due to delays in supply. Around 50% ASHAs and ANMs run out of stock for Vitamin A thus impacting service delivery. The availability of

Vitamin A was limited even during VHSNDs. There were gaps in the recall by beneficiaries and counselling, especially for neonatal care and breastfeeding and supplementation.

Apart from infrastructure gaps, the study also finds several vacancies in key posts. For instance, over 50% sanctioned posts for CDPO, AWS, data entry operators and statistical assistants are vacant. Under such circumstances, most of these functionaries are burdened with additional responsibility. This affects both monitoring as well as timely reporting of data and other information.

2.11. RESEARCH GAPS

Although several studies have examined the journey of ICDS and reviewed the varied dimensions of the program but still there are important issues and gaps in understanding that require further research engagement. For instance, several studies indicated that beneficiaries preferred HCM in comparison to THR but there is a need to evaluate the reasons behind people not using these pre-mixes for direct consumption. Also, there are very few studies which are studying rural and urban infrastructure separately. Only a few reports are available on inter-ministerial convergence with specific focus on ICDS.

Studies have also shown the importance of village health nutrition days another initiative to provide maternal, newborn child services at the village level. Such days provide platform for creating awareness regarding maternal and child nutrition. Often the studies suffer from sample size and sample design constraints. This restricts the scope for robust statistical or econometric analysis for policy inferences. In fact, some studies have highlighted that their results are based on one functional unit or area and consider this as a major limitation.

Research on impact of ICDS on nutritional status of children usually finds null to very small effect of the program. But these studies are usually outcome or result centric whereas not much research has explored the solutions or alternatives for strengthening service delivery under ICDS. Some studies have offered suggestions for smooth running of the program. Studies also suggest reviewing the scope for additional responsibilities like distributing financial assistance to elderly and disabled persons which is already experimented in Puducherry. New studies that focus on factors affecting implementation of ICDS as well as those documenting successful models can also prove helpful in strengthening ICDS.

03.

INSIGHTS FROM NFHS ON ICDS COVERAGE

3.1. ICDS COVERAGE PATTERNS BASED ON NFHS

3.1.1. Data and Indicators

The analysis presented in section 3.1 is based on the National Family Health Survey (NFHS 2015-16) and draws upon the draft manuscript by the study team. The NFHS sample frame is based on the Census of India 2011 and is powered to allow estimation of key indicators of ICDS coverage for each of the states and UTs by rural and urban areas separately. Data in NFHS is obtained from a two-stage stratified random sampling frame. The villages (for rural areas) and Census Enumeration Blocks (for urban areas) were served as primary stage unit. In the second stage, households were selected for survey from each cluster/village/ block on the basis of probability systematic sampling. The NFHS 2015-16 provides individual level information 699,686 females aged 15-49 years. After excluding the information on mothers having children older than 6 years, and those with missing information on child's age, a final analytic sample of 295646 children (aged 0-6 years) with complete birth history is used for the analysis.

The binary outcome variables (Yes/No) for the primary analysis are: (a) Whether mother received ICDS benefits (any) during pregnancy; (b) Whether mother received ICDS benefits (any) while breastfeeding; and (c) Any ICDS benefits received by child (below 6 years). For a comprehensive understanding, we also analysed information on specific services under ICDS as: supplementary food, health check-ups, health and nutrition education, immunization, and early child care. At household level, wealth index was taken as the proxy indicator for householdstandard of living. The wealth index was created by principal component analyses on household assets and wealth characteristics for rural and urban areas separately (IIPS, 2017). Further, households were categorised into four social groups – Scheduled Castes (SCs), Scheduled Tribes (STs), Other Backward Class (OBCs) and Others. Religion of household was classified into Hindu, Muslim and Others.

All the primary statistical analyses were performed separately for rural and urban areas. The descriptive estimates regarding service utilization across demographic and socioeconomic groups are presented via two-way cross tables. The information on birth history also allows us to infer about continuum in service utilization by identifying whether both mother (during pregnancy and breastfeeding) as well as child have received ICDS benefits. In this regard, we present estimates regarding utilization at three different points (i.e. utilization during pregnancy, utilization while breastfeeding and utilization by child) through pie diagrams. For this, sample children were classified into eight mutually exclusive groups as: (a) utilization by mothers during pregnancy, while breastfeeding and by child; (b) utilization by mothers during pregnancy and while breastfeeding; (c) utilization by mothers during pregnancy and by child; (d) utilization by mothers while breastfeeding and by child; (e) utilization by mothers during pregnancy only; (f) utilization by mothers while breastfeeding only; (g) utilization by child only; and (h) no utilization. All analyses were performed in statistical software, Stata 15 (Stata corp. 2016) taking sampling weights prescribed by NFHS.

3.1.2. Key Findings

The service utilization (any ICDS service) by mothers during pregnancy is about 20% points higher for rural areas (60.5%) than urban areas (38.8%) (Table 3.1). Even while breastfeeding, a significant gap in utilization pattern can be observed between rural (55.1%) and urban (35.6%) settings. Similar pattern emerges in case of any ICDS service received by children (under six years) as well. For instance, about 59.6% of children from rural areas are receiving ay ICDS benefits, whereas from urban areas, about 40.2% are receiving same. This rural-urban gap is also evident across all three broad services provided under ICDS for both mothers (during pregnancy and breastfeeding) (i.e. supplementary food, health check-ups and health and nutrition education) as well as for children (i.e. supplementary food, health check-up, immunization and early child Care).

Among all the broad services under ICDS, service uptake for supplementary food is highest for mothers during pregnancy both in rural (57.4%) and urban households (36.4%) areas. Similarly, supplementary food services are most popular among children as well. On the contrary, the uptake for health and nutrition education is lowest during breastfeeding. For example, in rural areas, only 41.9% of mothers during pregnancy and 38.0% of mother while breastfeeding has received health and nutrition education under ICDS. Importantly, only 42.4% of children in rural areas and 28.2% in urban areas are receiving early child care (preschool).

Across states, Chhattisgarh has the highest percentage of mothers receiving ICDS benefits during pregnancy both in rural (92.8%) as well as urban areas (73.8%) (Figure 3.1). Whereas, it was lowest in Nagaland (Rural: 11.3%; Urban 4.5%) followed by Arunachal Pradesh (Rural: 15.9%; Urban 6.0%). The service utilization by children is highest for Chandigarh (Rural: 100%; Urban 51.3%) followed by West Bengal (Rural: 82.6%; Urban 54.9%) and lowest in Arunachal Pradesh (Rural: 8.4%; Urban 7.7%). Importantly, service utilization by mothers in undernutrition burdened states like Uttar Pradesh (Rural: 44.7%; Urban 20.7%) and Bihar (Rural: 39.2%; Urban 30.8%) is very low.

Table 3.1: Utilization of ICDS services by mothers (during pregnancy and while breastfeeding) and child under six years, India, NFHS, 2016

	Rural India	Urban India
During Pregnancy		
Any Services	60.5	38.8
Supplementary Food	57.4	36.4
Health Check-up	47.3	31.6
Health and Nutrition Education	41.9	29.7
While Breastfeeding		
Any Services	55.1	35.6
Supplementary Food	53.1	33.7
Health Check-up	40.5	28.4
Health and Nutrition Education	38.0	27.6
By Child		
Any Services	59.6	40.2
Supplementary Food	53.1	35.6
Health Check-up	43.2	30.9
Immunization	44.3	28.6
Early Child Care	42.4	28.2

Source: Study Team based on NFHS 2015-16

Across social groups, mothers from scheduled caste households have significantly higher utilization of ICDS services (any) during pregnancy and breastfeeding, both in rural as well as urban areas (Table 3.2). Compared to other social groups (54.6%), the uptake for ICDS benefits (any) during pregnancy is about 10 percentage points higher for scheduled castes households (65.5%) in rural settings. This gap is relatively higher for urban areas as utilization among scheduled castes mothers during pregnancy is about 19 percentage points higher than others. Also, the magnitude of service uptake among scheduled tribes is comparable to mothers from scheduled castes. A similar utilization pattern for ICDS benefits (any) was observed among mothers while breastfeeding across social groups. Among children also, the service utilization is higher for scheduled castes (63.4%) and scheduled tribes (66.1%) in rural areas. Similar gap across social categories exist among urban children.

In rural areas, service uptake is relatively higher among mothers from middle income groups (Table 3.2). For instance, 60.8%, 65.2% and 65.7% of mothers from second, third and fourth wealth quintile are receiving any ICDS benefits respectively. On the contrary, estimates for urban areas reveal a clear

socioeconomic gradient in service utilization with higher utilization among mothers (and children) from lower income households. For example, during pregnancy, 49.8% of mothers from lowest wealth quintile have received any ICDS benefits against just 19.8% of those from highest wealth quintile. Similarly, compared to richest quintile, service utilization (any) among poorest children is about 28 percentage points higher.Compared to Hindu households, a relatively lower proportion of Muslim mothers (during pregnancy and breastfeeding) have received any benefits both in rural as well as urban areas (Table 3.2).

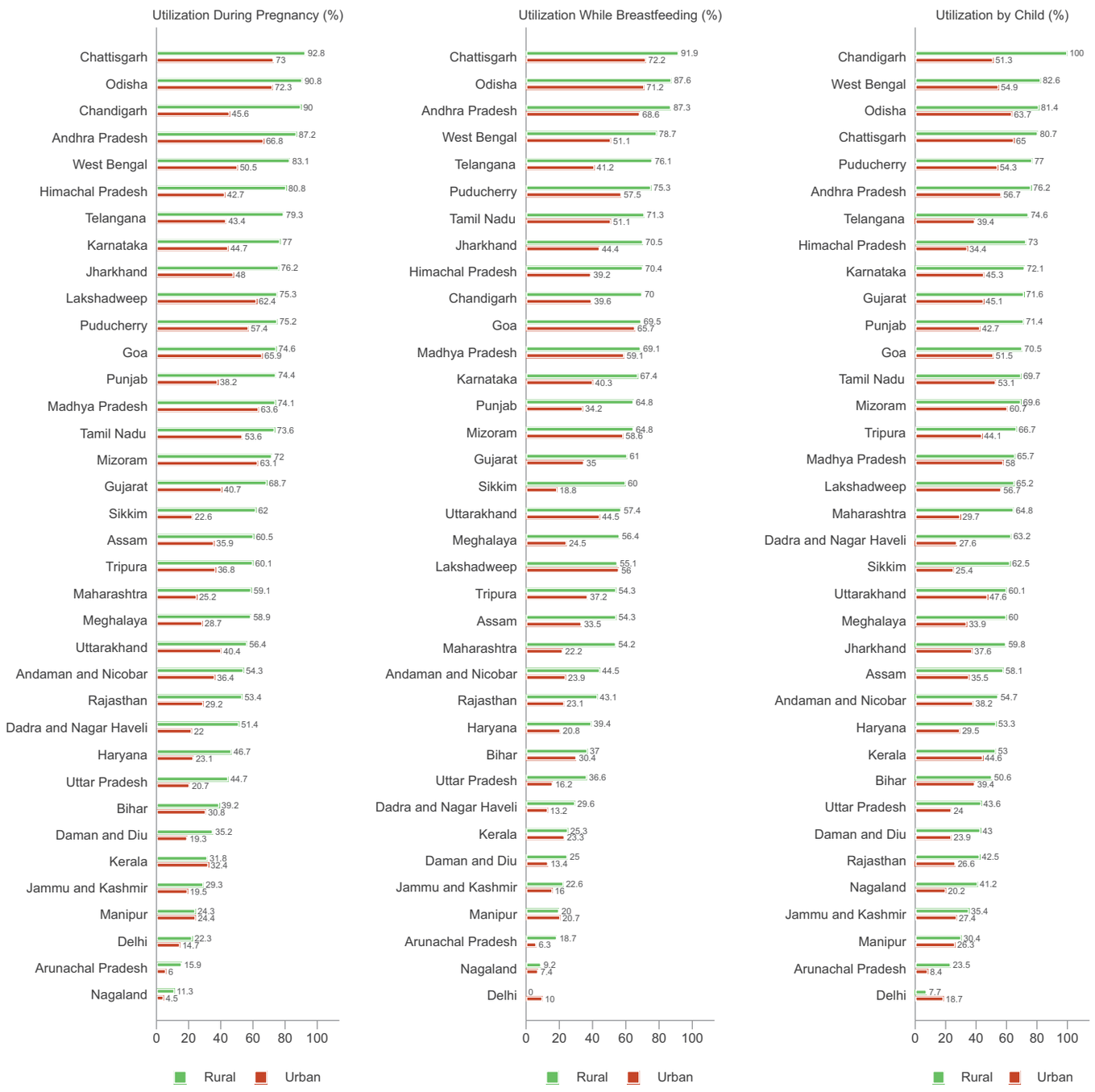
Table 3.2: Utilization of ICDS services by mothers (during pregnancy and while breastfeeding) and child under six years, India by socioeconomic background, NFHS, 2016

Rural India	During Pregnancy	While Breastfeeding	By Child
Social Group			
Schedule Caste	65.5	59.7	63.4
Schedule Tribes	68.9	64.1	66.1
OBC	57.7	52.3	56.8
General	54.6	49.4	56.7
Wealth Quintile			
Lowest	54.4	49.8	54.7
Second	60.8	55.3	59.9
Third	65.2	59.3	63.0
Fourth	65.7	60.2	63.9
Highest	57.8	52.2	57.5
Religion			
Hindu	62.1	56.7	60.7
Muslim	48.9	44.1	51.5
Others	67.5	61.3	65.1
Urban India	**During Pregnancy**	**While Breastfeeding**	**By Child**
Social Group			
Schedule Caste	46.2	42.6	47.1
Schedule Tribes	50.6	47.1	50.9
OBC	41.5	37.8	42.4
General	28.9	26.4	31.0
Wealth Quintile			
Lowest	49.8	46.3	50.6
Second	46.6	42.9	47.5
Third	38.9	35.3	39.9
Fourth	29.7	27.2	32.2
Highest	19.8	17.6	22.2
Religion			
Hindu	40.3	37.0	40.8
Muslim	34.4	31.8	38.3
Others	38.2	33.2	40.4

Source: Study Team based on NFHS 2015-16

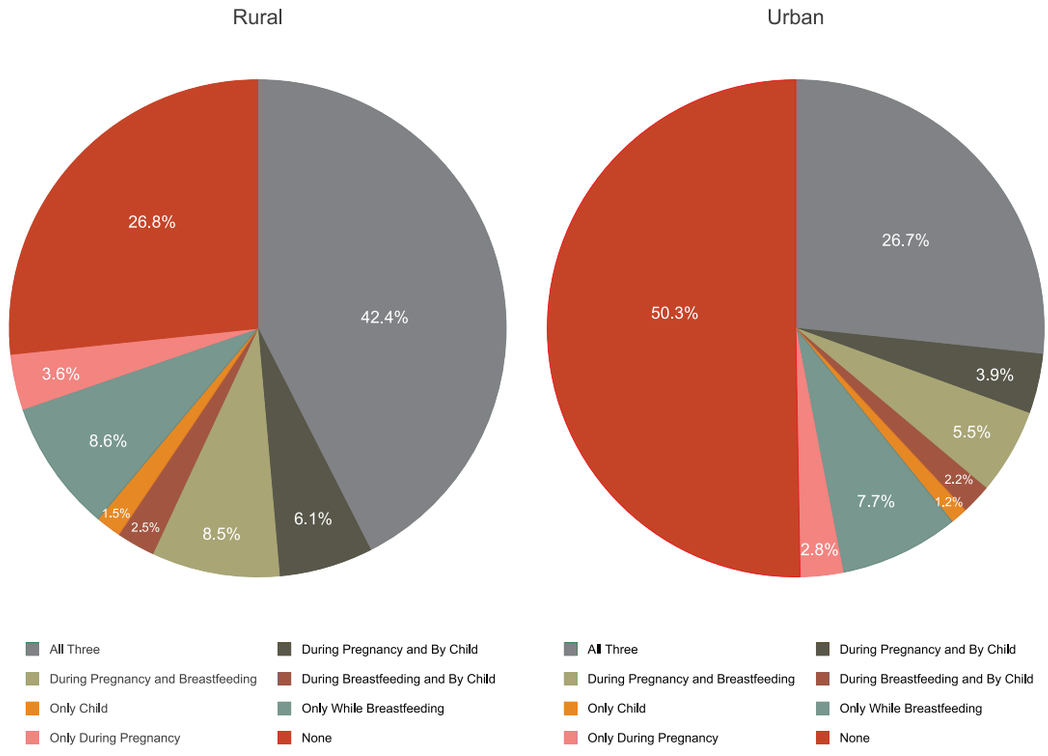
To understand the continuum in receiving ICDS benefits, Figure 3.2 shows the percentage distribution of mothers by utilization at different points of time (i.e. during pregnancy, while breastfeeding and by their children). In rural areas, about 42.4% of mothers have received benefits at all points. On the contrary, more than one-fourth are those who have not received services at any point. The proportion of mothers utilizing services only once is very low i.e. 3.6% during pregnancy, 8.6% while breastfeeding and just 1.5% who availed services only for child. Similar distributional pattern was observed in urban areas as well with more than half of mothers receiving no benefits and about 26.2% receiving services at all three points.In other words, the likelihood of continuum in service utilization is higher if mothers have started receiving benefits during pregnancy.

Figure 3.1: State-wise utilization of ICDS services by mothers (during pregnancy and while breastfeeding) and child under six years, NFHS, 2016



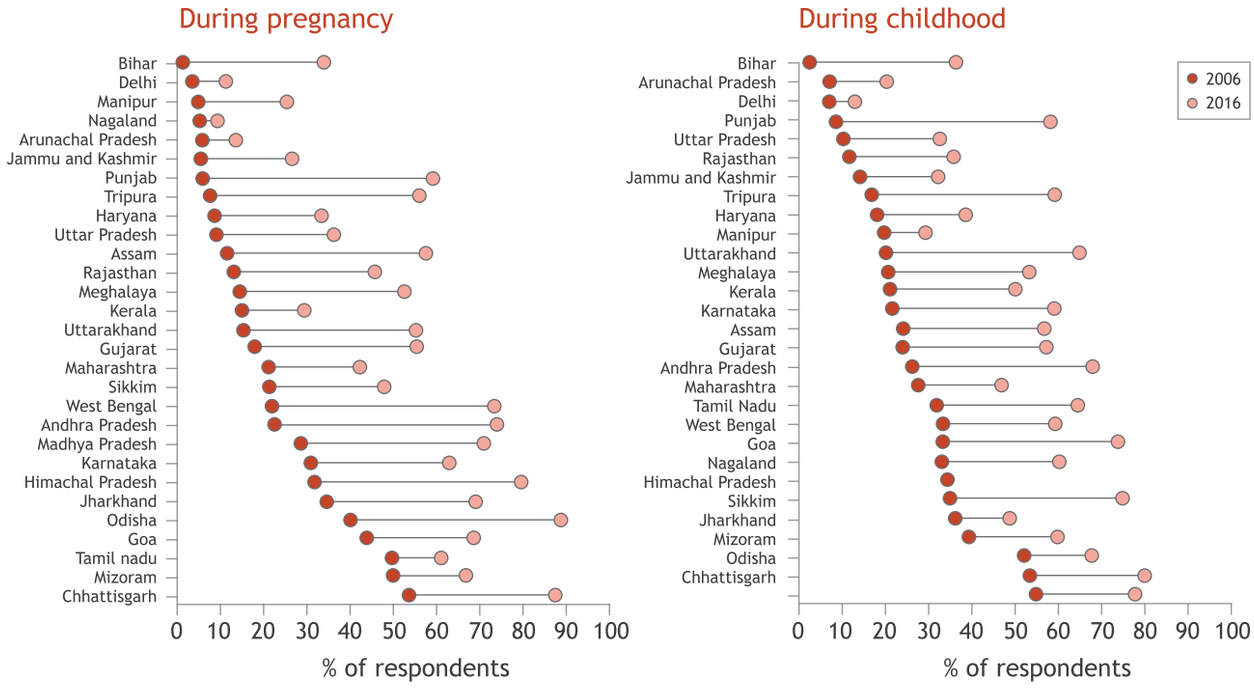
Source: Study Team based on NFHS 2015-16

Figure 3.2: Distribution (%) of mothers by utilization of ICDS services (any) during pregnancy, while breastfeeding and by their child, India, NFHS, 2016



Source: Study Team based on NFHS 2015-16

Figure 3.3: Trends in coverage of supplementary food in the Integrated Child Development Services programme during pregnancy and childhood across states of India, 2006 and 2016



Source: Suman Chakrabarti et al.


मुखौटा
दुकान का
सामान
Londax

04.

ICDS SERVICES AND BENEFICIARY ASPIRATIONS

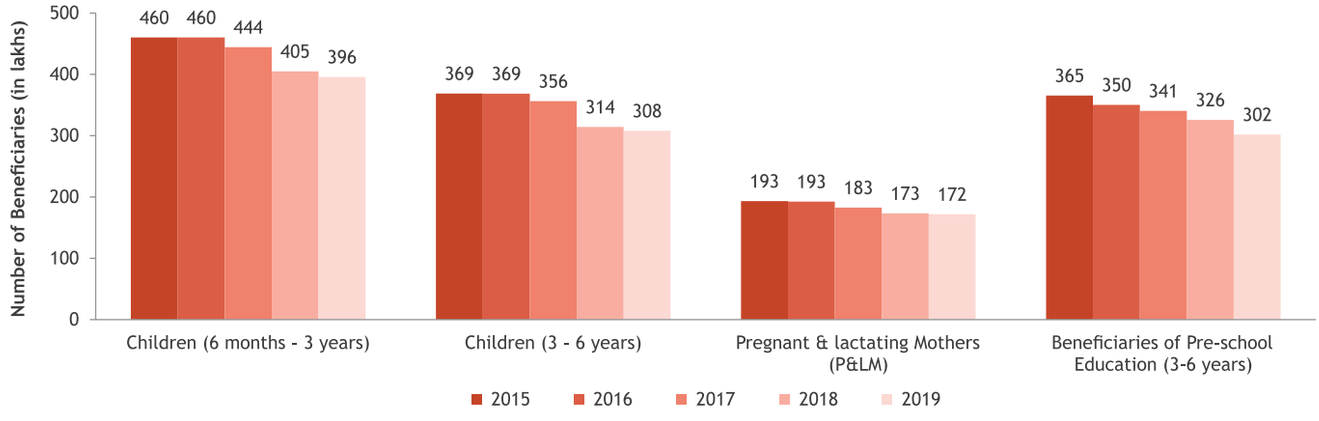
4.1. ICDS BENEFICIARIES AND COVERAGE

The information on number of beneficiaries enrolled and obtaining services under the ICDS at different administrative levels is compiled using ICDS MIS through Monthly Progress Reports (MPRs). Figure 4.1 shows the number of ICDS beneficiaries at all India level from financial year 2014-15 to 2018-19. Under the Supplementary Nutrition Program (SNP), in 2018-19, the ICDS covered a total of 39.6 million children aged 6 months to 3 years, 30.8 million children aged 3 years to 6 years and 17.2 million pregnant and lactating women. Under the pre-school education component, in 2018-19, the ICDS covered a total of 30.2 million children aged 3 years to 6 years (15.0 million girls and 15.2 million boys). However, it appears that the ICDS coverage has decreased between 2014-15 and 2018-19. The numbers for the beneficiary groups for 2014-15 under SNP are as follows: 46 million children aged 6 months to 3 years, 36.9 million children aged 3 years to 6 years and 19.3 million pregnant and lactating women. Similarly, in 2014-15, the pre-school education component covered a total of 36.5 million children aged 3 years to 6 years (18.5 million boys and 18.0 million girls).

At the national level the reduction in the number of SNP beneficiaries is 15% and 11% for children (6 months to 6 years) and pregnant and lactating women, respectively (Table 4.1). The reductions indicate revisions in the number of beneficiaries mostly reflected during 2017-18 (Figure 4.1). For child beneficiaries under SNP component, Delhi, Bihar and Uttar Pradesh show large reductions of 48%, 40% and 33% during the base period 2014-15 to recent period 2018-19, respectively. Whereas, Jammu and Kashmir and Mizoram show considerable increment of 170% and 99%, respectively. In fact, the downward revisions of the number of beneficiaries in Bihar and Uttar Pradesh jointly accounts for 80% and 75% of the total beneficiary reductions observed between 2014-15 and 2018-19.

For the comparison period 2014-15 and 2018-19, a total 28 States/UTs show a downward revision in the number of child beneficiaries (6 months to 6 years) for the SNP component. Among these, five States/UTs show a decrease of greater than 25%. During the same period, eight States/UTs show an increase in the number of child beneficiaries. In case of the pregnant and lactating women group, 25 States/UTs show a decrease in the total number of beneficiaries whereas 11 States/UTs show an increase. A reduction of over 25% is witnessed in seven States/UTs including Uttar Pradesh. Annexure Tables A1, A2 and A3 provide further details on the state-wise number and share of SNP beneficiaries 6 months to 6 years, pregnant and lactating women and pre-school education beneficiaries. Although Uttar Pradesh has highest share among States/UTs, these figures vary across beneficiary groups.

Figure 4.1: Number of ICDS beneficiaries (in lakhs), 2014-15 to 2018-19



Source: MoWCD ICDS Data

Table 4.1: Beneficiaries under the SNP component of ICDS, 2014-15 and 2018-19

State	Children (6 months to 6 years)			Pregnant and Lactating Women		
	2014-15	2018-19	% Change	2014-15	2018-19	% Change
Andhra Pradesh	2382866	2264402	-5.0	805143	654975	-18.7
Arunachal Pradesh	222956	189060	-15.2	30233	24517	-18.9
Assam	3310885	3030677	-8.5	691237	594296	-14.0
Bihar	9967439	5969856	-40.1	1716981	1404672	-18.2
Chhattisgarh	2055307	2216000	7.8	493718	493800	0.0
Goa	57419	52996	-7.7	15909	14637	-8.0
Gujarat	3185697	3104693	-2.5	757219	744902	-1.6
Haryana	1105095	839339	-24.0	316855	263553	-16.8
Himachal Pradesh	458955	398112	-13.3	102728	96365	-6.2
Jammu & Kashmir	295039	798450	170.6	92021	159609	73.4
Jharkhand	2840711	2744555	-3.4	706032	718337	1.7
Karnataka	3997286	3948737	-1.2	993802	895465	-9.9
Kerala	856427	815494	-4.8	159801	304349	90.5
Madhya Pradesh	5935835	6571443	10.7	1340084	1426266	6.4
Maharashtra	5983249	5196154	-13.2	1126895	961743	-14.7
Manipur	355176	340984	-4.0	75010	67208	-10.4
Meghalaya	440399	454119	3.1	78538	73879	-5.9
Mizoram	77974	155222	99.1	20313	28150	38.6
Nagaland	302940	278810	-8.0	62508	34366	-45.0
Odisha	3872777	3918422	1.2	793324	725129	-8.6
Punjab	937773	671496	-28.4	261844	186289	-28.9
Rajasthan	2868934	2667157	-7.0	892369	875613	-1.9
Sikkim	23288	24500	5.2	4441	5800	30.6
Tamil Nadu	2452140	2440152	-0.5	670337	732488	9.3
Telangana	1691079	1500000	-11.3	466985	400000	-14.3
Tripura	299116	332353	11.1	77264	69304	-10.3
Uttar Pradesh	18445336	12392606	-32.8	4853101	3548330	-26.9
Uttarakhand	632102	597062	-5.5	162684	177003	8.8
West Bengal	6871904	5911318	-14.0	1374924	1366355	-0.6
A & N Islands	12550	9591	-23.6	3277	2375	-27.5
Chandigarh	55806	48547	-13.0	10415	7231	-30.6
Delhi	846467	437046	-48.4	162462	114264	-29.7
Dadra & N Haveli	19725	19363	-1.8	3177	3523	10.9
Daman & Diu	6308	5150	-18.4	1103	1451	31.6
Lakshadweep	4652	3450	-25.8	1666	1148	-31.1
Puducherry	27812	26806	-3.6	9205	9157	-0.5
All India	**82899424**	**70374122**	**-15.1**	**19333605**	**17186549**	**-11.1**

Source: Estimates based on MoWCD ICDS Data

Table 4.2: SNP and pre-school education beneficiaries per operational AWC, 2001-19

Year	Operational AWCs	Beneficiaries (in lakh)		Beneficiaries per Operational AWC	
		SNP (Children & PLM)	Pre-School Education	SNP (Children & PLM)	Pre-School Education
2001-02	545714	375.10	166.56	69	31
2002-03	600391	387.84	188.02	65	31
2003-04	649307	415.08	204.38	64	31
2004-05	706872	484.42	218.41	69	31
2005-06	748229	562.18	244.92	75	33
2006-07	844743	705.43	300.81	84	36
2007-08	1013337	843.26	339.11	83	33
2008-09	1044269	873.43	340.60	84	33
2009-10	1142029	884.34	354.93	77	31
2010-11	1262267	959.47	366.23	76	29
2011-12	1304611	972.49	358.22	75	27
2012-13	1338732	956.12	353.29	71	26
2013-14	1342146	1045.09	370.71	78	28
2014-15	1346186	1022.33	365.44	76	27
2015-16	1349563	1021.30	350.35	76	26
2016-17	1354792	983.42	340.52	73	25
2017-18	1363021	892.77	325.91	65	24
2018-19	1372872	875.61	301.92	64	22

Source: MoWCD Annual Report 2018-19

The Annual Report 2018-19 of the MoWCD shows that in 2018-19 there are about 1.37 million operational AWCs in India. It may be noted that in 2018-19 about 1.9% of the total sanctioned AWCs are not yet operational. In Bihar and Jammu and Kashmir about 13% and 7% of the sanctioned AWCs are not operational. The total number of SNP and pre-school education beneficiaries are 87.5 million and 30.2 million, respectively. The beneficiaries were increasing till 2013-14 and thereafter started decreasing gradually. The average number of SNP and pre-school education beneficiaries per operational AWC is estimated to be 64 and 22, respectively.

Table 4.3 provides state-wise average number of SNP and pre-school education beneficiaries per operational AWC for 2018-19. For SNP component, child beneficiaries range from 13 per operational AWC in Andaman & Nicobar Islands to 108 per operational AWC in Chandigarh. The PLM beneficiaries range from 3 in Andaman & Nicobar Islands to 19 in Uttar Pradesh. The pre-school education beneficiaries range from 3 in both Andaman & Nicobar Islands and Puducherry to 60 in Chandigarh.

Table 4.4 compares the reported number of ICDS SNP beneficiaries (both children 6 months to 6 years and pregnant and lactating women) with respective expected populations estimated based on the population projections of India (RGI 2019). At the national level, the coverage among children (6 months to 6 years) and pregnant and lactating women is estimated to be 46% and 37%, respectively. Among children, the coverage is estimated to be highest (almost 100%) among the north-eastern states of Nagaland, Manipur, Mizoram and Arunachal Pradesh whereas it is below 20% in Daman & Diu and Puducherry. Among pregnant and lactating women, the coverage is highest in Manipur whereas it is low among all the UTs (except Lakshadweep). Among major states, Odisha has the highest coverage of 84% among children. Among pregnant and lactating women, Jharkhand, Odisha and West Bengal have about 48% coverage.

Table 4.3: Average SNP and pre-school education beneficiaries per operational AWC, 2018-19

States/UTs	Operational AWCs	SNP Beneficiaries per Operational AWC		Pre-school Education Beneficiaries (3 years to 6 years)
		(Children, 6 months to 6 years)	(Pregnant & Lactating Mothers)	
Andhra Pradesh	55607	40.7	11.8	15.4
Telangana	35634	42.1	11.2	17.9
Arunachal Pradesh	6225	30.4	3.9	15.5
Assam	62153	48.8	9.6	25.3
Bihar	99583	59.9	14.1	26.9
Chhattisgarh	51215	43.3	9.6	15.1
Goa	1262	42.0	11.6	13.3
Gujarat	53029	58.5	14.0	27.2
Haryana	25962	32.3	10.2	10.3
Himachal Pradesh	18925	21.0	5.1	5.4
Jammu & Kashmir	29599	27.0	5.4	8.9
Jharkhand	38432	71.4	18.7	32.1
Karnataka	65911	59.9	13.6	23.0
Kerala	33244	24.5	9.2	11.5
Madhya Pradesh	97135	67.7	14.7	36.5
Maharashtra	110219	47.1	8.7	23.0
Manipur	11510	29.6	5.8	15.4
Meghalaya	5896	77.0	12.5	32.7
Mizoram	2244	69.2	12.5	25.1
Nagaland	3980	70.1	8.6	36.2
Odisha	72587	54.0	10.0	28.2
Punjab	27279	24.6	6.8	10.1
Rajasthan	61974	43.0	14.1	15.7
Sikkim	1308	18.7	4.4	9.6
Tamil Nadu	54439	44.8	13.5	20.2
Tripura	9911	33.5	7.0	17.3
Uttar Pradesh	187997	65.9	18.9	21.6
Uttarakhand	20067	29.8	8.8	7.9
West Bengal	116107	50.9	11.8	23.5
A & N Islands	720	13.3	3.3	3.0
Chandigarh	450	107.9	16.1	59.8
Delhi	10897	40.1	10.5	12.3
Dadra & N Haveli	302	64.1	11.7	34.7
Daman & Diu	107	48.1	13.6	22.3
Lakshadweep	107	32.2	10.7	7.9
Puducherry	855	31.4	10.7	3.0
All India	**1372872**	**51.3**	**12.5**	**22.0**

Source: MoWCD ICDS Data

Table 4.4: Coverage estimates: (comparing ICDS beneficiaries with population*), 2018-19

States/UTs	Children (6 months to 6 years)			Pregnant and Lactating Women		
	ICDS	Population*	% Coverage	ICDS	Population*	% Coverage
Andhra Pradesh	2264402	4770045	47.5	654975	1528196	42.9
ArunachalPradesh	189060	192676	98.1	24517	58008	42.3
Assam	3030677	4327123	70.0	594296	1291259	46.0
Bihar	5969856	18183131	32.8	1404672	4989265	28.2
Chhattisgarh	2216000	3491216	63.5	493800	1086932	45.4
Goa	52996	130219	40.7	14637	42466	34.5
Gujarat	3104693	7469961	41.6	744902	2338445	31.9
Haryana	839339	3260060	25.7	263553	1057760	24.9
Himachal Pradesh	398112	704693	56.5	96365	229435	42.0
Jammu & Kashmir	798450	1848803	43.2	159609	591551	27.0
Jharkhand	2744555	5116369	53.6	718337	1482573	48.5
Karnataka	3948737	6606198	59.8	895465	2101518	42.6
Kerala	815494	3118385	26.2	304349	1033260	29.5
Madhya Pradesh	6571443	10351397	63.5	1426266	3233224	44.1
Maharashtra	5196154	12362020	42.0	961743	4024037	23.9
Manipur	340984	343094	99.4	67208	111462	60.3
Meghalaya	454119	529589	85.7	73879	182075	40.6
Mizoram	155222	157623	98.5	28150	57192	49.2
Nagaland	278810	263950	105.6	34366	79987	43.0
Odisha	3918422	4662287	84.0	725129	1498977	48.4
Punjab	671496	2811509	23.9	186289	908979	20.5
Rajasthan	2667157	10154286	26.3	875613	3074012	28.5
Sikkim	24500	57524	42.6	5800	17260	33.6
Tamil Nadu	2440152	6670858	36.6	732488	2186153	33.5
Telangana	1500000	3399802	44.1	400000	1089207	36.7
Tripura	332353	425706	78.1	69304	130806	53.0
Uttar Pradesh	12392606	28870253	42.9	3548330	8038504	44.1
Uttarakhand	597062	1262446	47.3	177003	386360	45.8
West Bengal	5911318	9568867	61.8	1366355	2847500	48.0
A & N Islands	9591	36219	26.5	2375	11866	20.0
Chandigarh	48547	112843	43.0	7231	35162	20.6
Delhi	437046	2011329	21.7	114264	621220	18.4
Dadra & N Haveli	19363	69877	27.7	3523	21668	16.3
Daman & Diu	5150	39302	13.1	1451	11956	12.1
Lakshadweep	3450	6525	52.9	1148	2229	51.5
Puducherry	26806	136175	19.7	9157	46098	19.9
All India	**70374122**	**152857147**	**46.0**	**17186549**	**46306409**	**37.1**

Source: Estimates based on MoWCD ICDS data and RGI population projections report (2019)

Note: *Population is based on estimates from the RGI population projections for 2019

4.2. SUPPLEMENTARY NUTRITION PROGRAM (SNP)

SNP Coverage: The estimated coverage for supplementary nutrition (SNP) in 2018-19 is 46% for children (aged 0-71 months) and 37% for pregnant women & lactating mothers (PLM). Between 2014-15 and 2018-19, the SNP coverage among children reduced by 15.1% (from 8.29 crores to 7.04 crores) and among PLM reduced by 11.1% (from 1.93 crore to 1.72 crore). These reductions are mainly observed in Bihar and Uttar Pradesh and indicate revisions of beneficiary counts. Most of the north-eastern states have reported beneficiary numbers which are more or less equal to the entire child population aged 6-71 months. However, as per NFHS 2015-16 the coverage is much lower.

SNP Preference and Costing: SNP lacks the necessary diversity and quality. Beneficiary preferences for food items and taste vary both between and within States. Demand for milk and eggs under SNP is noted but cannot be sustained because of low unit costs of SNP as per the ICDS norms. Some States provide dry ration whereas others supply powdered mix under take-home ration (THR). The distribution schedule also varies across States (from weekly to monthly).

THR Quality and Procurement: It is important to strike a balance between decentralization of THR supplies and economies of scale in providing quality THR. The quality standards of THR mix is questionable because of complaints such as impurities (pebbles, insects etc.). Widespread perception and evidence that the THR is not consumed as intended and often finds its way as cattle feed.

THR Distribution: THR distribution is irregular and is severely affected in flood prone areas due to storage and transportation issues. Low unit cost of THR also implies lack of funds for transportation, high risk premium (interests) and low financial viability of suppliers. The THR unit cost declines substantially once distribution-related costs are accounted for. The THR distribution should be transparent with community involvement in receipt and verification of THR supplies at the AWCs.

The field visits revealed several important issues associated with the performance of the SNP component. Beneficiaries often come at irregular times to collect the THR or they complain about the quality of the rations given, and do not accept the rations. Seasonal vegetables and greens are often expensive, and the allowance provided for the fresh produce under SNP is not enough to cover the costs for such fruits and vegetables. Beneficiaries often—willingly or otherwise—use up the THR as a part of the common rations for the family instead of only the beneficiaries consuming it. Preferences in terms of food items and flavours vary across sub-regions of a state (for instance, Gujarat). Maintenance of quality and procurement are problems within the system with no homogeneity in THR. It may be noted that many of the beneficiaries do not necessarily follow the guidelines for nutrition diversity. Children (6 to 59 months old) are also not interested in eating daliya/khichadi every day, because there is no variety in the menu.

Sometimes hot-cooked meals and THR are affected due to delayed payment by the Anganwadi Vikas Samiti or from higher up. This leads to beneficiaries not getting rations and meals on time (such as in Bihar). It is also difficult to ensure that beneficiaries are the ones consuming the dry rations for THR being given (in Bihar, for example), and not their families.

In rural Chhattisgarh, it was often observed that the children who came to AWCs were frequently accompanied by their older siblings, aged six years and above (especially where the parents were farmers and could not afford to accompany their children to the AWCs). Here, it was observed that those siblings were generally discriminated against or neglected while the distribution of SNP took place during the AWC hours. In Rajasthan, THR has not been supplied since last 6 months at AWCs due to pending payments in Jaisalmer district. Due the shortage of funding, hot meal was also not served at the AWCs. In Uttarakhand, AWWs/AWHs reported that some social groups in the village do not partake due to their practices and occupation. In project Bagwada there are two communities: Sardar and Canjad. For immunization and ANC check-ups, members of the Canjad community do not visit the AWC, which is established in the Sardar community. Canjad community also does not follow the AWWs/AWHs instructions to send their children to the AWC for ECCE.

In Delhi, a proper recipe with the each and every ingredient's quantity specified is given to the kitchen staff. According to them, the quantities specified in the recipes is more than the ration provided to them by the government. Sometimes, even the food gets delivered late. It has been observed that at some places breakfast and lunch are served together. Most of the beneficiaries leave after having lunch. Due to centralised cooking, delivery of food items to the AWC is simultaneous for breakfast and lunch. This results in children not receiving breakfast in a timely manner.

SMART INVENTORY MANAGEMENT SYSTEM, UTTAR PRADESH

Uttar Pradesh has developed a Smart Inventory Management System (SIMS) to improve distribution and monitoring of THR from procurement to last mile delivery. There are several important steps in the work flow design of SIMS which has to be implemented by the ICDS officials and the NIC. These steps are designed to improve the delivery of THR and reduce the leakages through greater participation of stakeholders in the distribution process. The specific steps are as follows:

- THR requirement or indent is prepared by the AWWs and submitted to the CDPO
- The CDPO reviews the indent and forwards it to the DPO
- The DPO further reviews the indent and submits to the Directorate
- The Directorate than places procurement order from the selected suppliers
- The suppliers are required to provide daily targets for delivery
- The supplier must ensure bar-coding and QR code on THR packets / bags
- The THR product packet is labelled with the code
- The supplier has to ensure production entry as per the proposed target
- The supplier has to load the vehicles with THR packets
- Each vehicle receives a gate pass as per the route chart which has to be shown to the ICDS officials
- The route chart has details about the AWC supervisor, AWW and AWC route and direction from the relevant ICDS Project office in the District
- The THR packets will be received at the ICDS office in the presence of ICDS officials, SDM / BDO and then stored in the warehouse
- The supplier has to supply the packets to the AWC and has to be verified by AWW and Gram Panchayat President

THR - Taste and Preference

In Andhra Pradesh, Balamrutham is the pre-mix that is given out to beneficiaries. Many of them (as well as AWWs) reported that the taste is not universally appealing, since it is sweet and can only be cooked in a limited number of ways. Beneficiaries also reported that when prepared, the pre-mix only tastes moderately alright while still hot. The taste changes when the food grows cold, which is another reason they do not prefer the pre-mix.

In Gujarat, the pre-mix THR given to the beneficiaries has brought down the instances of beneficiaries' families consuming THR instead of the ones for whom it is supplied. However, since it is sweet and can only be cooked in a limited number of ways. This is not appealing to the beneficiaries. They instead ask for dry THR.

In Bihar's Bahraich district, Take Home Ration (THR) is distributed to pregnant women and lactating mother on VHSND, Suposhan Swastha Mela, Bachpan Diwas and Godbharai and Mamata Diwas days. The study team observed during interaction with beneficiaries that they like Poshahar and its taste; 80 recipes can be made using it. AWCs distribute four packets of 1 kg each of Poshahar to beneficiaries.

In Rajasthan, THR was distributed to the beneficiaries regularly in the Udaipur district. The main issue reported in THR was that beneficiary is not always the sole consumer of it; other family members often consume it.

In Uttarakhand, THR and cooked meals are given to children aged 3 to 6 years. AWCs also provide panjiri to malnourished children. The AWCs distribute THR on days like VHSND, Poshan Diwas and Annaprashan. AWWs give 1 kg moong dal (chhilke wali), 1 kg dalia, 1 kg iodised salt, 250 gm black gram to pregnant beneficiaries. For the children, it is 1.5 kg dalia, 500 gm moong dal, 250 gm roasted gram, 1 kg suji and 100gm raisins in a month. These ration items are supplied at AWCs with help of the SHGs in the area. AWCs also provide rajma chawal one day every week for children (aged 3 to 6 years old).

In Chhattisgarh, no issue has been reported for distribution of THR. It is received and distributed timely to the beneficiaries in all the sampled districts.

4.3. EARLY CHILDHOOD CARE AND EDUCATION (ECCE)

PSE component and Schooling: There is increasing aspiration among parents to send the children to pre-primary or nurseries with focus on English language skills. Also, lack of clarity in guidelines about admission of 5-year-old children in schools often means they lose out on supplementary nutrition and/or elementary education as they have to be put either in the AWC or the primary school. Private nurseries and kindergartens are perceived to be better than AWCs by beneficiaries. Parents also send children to primary school at the age of 5, thus cutting short their time at the AWC by a year or so.

ECCE for children below 3 years: The Draft New Education Policy 2019 takes cognizance of the learning needs of the children below 3 years of age. This includes aspects such as cognitive and emotional stimulation of the infant through talking, playing, moving, listening to music and sounds, and stimulating all the other senses particularly sight and touch. Exposure to languages, numbers, and simple problem-solving is also considered important during this period. Under ICDS, there is no clear strategy on psycho-social stimulation of children below 3 years through counselling of parents. It is critical that the ICDS should devise strategies to cover children below 3 years under the early childhood care and education component. Counselling material and guidelines should be developed to focus on this component with adequate arrangements for training and capacity building of the Anganwadi Workers (AWWs).

Perception on Pre-School Education: The community lacks awareness about the role of an AWC and the services offered by AWC. Moreover, the AWC have a perception of poor service delivery in terms of SNP or PSE. The image of the AWC and the AWW has low community recognition as an agency.

AWWs alone are not skilled enough to provide the play-based, non-formal training required for children aged 0-6 years. Even though there are course books and toys now provided to the AWCs (which were observed in field visits across states), need to pay more attention on the ECCE component.

There are several other concerns associated with the ECE component. A large indoor and outdoor space is advised by the guidelines, but this is almost never available due to a lack of proper infrastructure. Many AWCs, especially in urban areas, are cramped and poorly ventilated. They do not have enough space for the children to play and learn properly. Many AWCs do not have equipment like swings, sand/water areas etc. due to lack of space and/or funding. Separate interest areas and activity corners are also not available in most AWCs due to this lack of space. Modifications to learning materials for children with special needs were not observed in any of the AWCs.

Some AWCs, like the Urban Merging Centres, divide the children into age-based groups as outlined by the ECCE guidelines. However, this is not a common practice and most AWCs cannot adhere to these guidelines due to a lack of human resource and space.

As suggested by the guidelines, some naturally-occurring materials are adapted by AWWs in their ECCE activities (observed in Chhattisgarh, for example), but this is not a common practice. More AWWs can be trained in this respect to increase these numbers. While most AWWs do follow the prescribed ECCE course book to plan their activities and align their long-, medium- and short-term goals, they often have to neglect ECCE activities due to other tasks that are expected of them (explored in detail in the state-wise findings). Using the AWW as a universal government program resource takes a toll on the ECCE component of the ICDS scheme.

There is a need to provide the parents of these beneficiaries with more information about the rationale behind play-based learning, so that they may understand that the goals of ECCE are not realised in the manner of formal teaching (rote learning, pen-to-paper methods, tests and exams etc). This is needed to shift the parents' aspirations to be more in line with the ECCE goals, so that they do not feel that play-based learning is in any way 'lesser' than formal teaching (which is often what they use to judge their child's progress).

The prominent reasons for not sending children in Anganwadis are regional differences. In Bihar for example, Seemanchal is flood-affected; Gaya, Jamui, Aurangabad are affected by poverty therefore it is highly dependent on AWCs services; the lands of North Bihar are fertile, so population there is consequently less dependent on services. Caste and familial affluence is also a major factor: uptake of services is less with upper caste children, perhaps due to food sufficiency, whereas children from resource-poor/oppressed caste families are more dependent on the ICDS for nutrition. Besides, some people assume

that services provided by AWCs are poor/not up to the mark, and hence are not willing to send their children to the AWCs.

Biggest challenge is the competition faced by AWCs in the face of private nurseries and convent schools. In Andhra Pradesh, for example, we found that parents demand same facilities, infrastructure and syllabus and this is difficult given limited funds and lack of specially trained teachers who can successfully use the play-based learning approach. This results in low attendance at AWCs especially in urban areas.

According to AWWs, most of their time goes into child activities of ECCE program and AWCs gets only 250 rupees in a month for ECCE program. They also do not get separate funds for ECCE supplies like stationery. There is no fund set aside for the ECCE program. AWCs manage expenditure for ECCE activates at their own level for teaching items, as pen pencil, crayons, notebooks etc. There is no facility for ceiling/wall fan in AWCs where the children play and learn, and during hot weather they face discomfort because of this. There is an issue with children safety because AWCs are often situated outside of the villages and parents do not want to send their children there. AWWs are often burdened with the teaching aspect, which needs formally trained teachers exclusively for 0-6 year old children. There is a need for a separate Anganwadi Teacher post. Toys and teaching aids are often in shortage. Many AWCs demand for TVs and audio-visual aids for ECCE.

In Uttar Pradesh, ECCE is being successfully run in the districts visited. The AWCs use charts, posters etc to teach children 0 to 59 months. The AWCs makes toys by hand to use in teaching. In addition, AWCs teach children about hygienic practices like washing hands before eating food, and after defecation. The English and Hindi alphabet, pictures of animals, man, and WASH pictures were on the wall in the AWCs.

In Bihar, though the ECCE activities were observed to be happening, the AWW is engaged in other activities and the work of register maintenance which affects their work adversely, especially during the working hours. In Nalanda, it was also observed that while new AWCs receive ECCE materials, old AWCs do not. There is a lack of egalitarian practices with respect to distribution of resources across AWCs. Under the Poshak Yojana, a lump sum amount of 400-500 rupees is provided to the beneficiaries to purchase a uniform/ dress for their child, but some of the parents spend the money on other things.

In Rajasthan, all the six services were available in the sampled AWCs with fluctuations in the supply side in Udaipur district. ECCE activities were also undertaken, but there was no regular supply of its materials. ECCE was well functioning in the Udaipur district. AWWs deliver ECCE services on regular basis, but the irregular supply of ECCE materials is affecting overall functioning of the program. Some firms/companies based in Udaipur have adopted some AWCs under their CSR and provided the suitable materials on regular basis for 2-3 years. At many AWCs the discontinuation of these services has been reported.

Government has taken initiatives in the past to promote ECCE. “Anganwadi Chalo Abhiyaan” was launched in to order to bring all the un-registered children to the AWC, based on the survey. With this, “Kilkari”, “Umang and Tarang” books were launched and distributed under this initiative. Also, the focus has remained to deliver all the standard services at AWCs, and to make them like private schools. Due to all these initiatives the enrolment rate has increased 3 times, as reported by supervisors. Benches, uniform and stationery (notebooks, pencils, and erasers) were being provided from the donation at many AWCs. In Jaisalmer, ECCE was not well functioning in the district. Pre-school kits have not been supplied to the AWCs for the past 3 years.

In Delhi, Aadhaar card is mandatory for enrolment in AWCs. Some parents who have migrated from villages do not have this with them. As for children (0-5 years), MCP card and birth certificate are the requisites for Aadhaar. Due to their resource-poor and uneducated background, some parents do not understand the importance of pre-school education.

4.4. OTHER ICDS SERVICES

Nutrition and Health Education: Many peripheral programs are time-bound, with the AWWs given limited time to complete the tasks. This means that they have to sacrifice time and effort spent on nutrition and health education activities. Even though AWWs and Supervisors make regular home visits, conduct VHSNDs and plan awareness activities, it is sometimes difficult to physically reach beneficiaries residing in very remote areas. Lack of hygiene at the beneficiaries’ homes also at times puts the children at risk of disease, despite the AWC being clean and hygienic. Cultural differences, especially in the case of tribal beneficiaries, can diminish the effect of nutrition and health information being disseminated.

Health Check-up: No specific barriers have been mentioned with respect to health check-up service. However, private hospitals are preferred by beneficiaries due to better hygiene in some cases.

Referral Services: In case of health emergency or health care need the AWW advises the beneficiary to consult with the ANM and ASHA. Nevertheless, there are problems in the health check-ups and referral services mainly because the AWWs are not seen as clinical persons. Instead, it would be useful to club these three aspects into a single domain of nutrition and health education and counselling.

Immunization: In Andhra Pradesh, immunization is done at the PHC for urban AWCs. AWWs and ANMs conduct home-visits (though not together). The immunization is done on time in AWCs that were observed. In Gujarat, it was reported that members of certain communities (a very small number) choose not to immunise their children due to religious and cultural beliefs.

Other Activities: In Uttar Pradesh, various activities and days like VHSND, Suposhan Swastha, Mela, NRC, Kishori and Ladli Diwas, Bachpan Diwas and Godbharai and Mamata Diwas etc are organised in Uttar Pradesh. Identification of SAM / MAM children, categorization in stunting / wasting / underweight children, antenatal checkups, distribution of IFA tablets and monitoring of their consumption, increasing awareness for institutional delivery (ex: 102 Ambulance Service, nearest hospital, monitoring Hb, growth, BMI of girls and providing IFA Blue tablets). All these services delivered on the abovementioned days and programs.

In Barabanki, 73 of 118 SAM children were promoted into green zone out of the red zone in July 2019. 260806 IFA blue tablets and 6702 packets of Poshahar were distributed among 6702 dropout school girls (11 to 14 years) in July 2019. More than two thirds of the (5243 of 7680) pregnant beneficiaries had ANC checkups. Improved anemia level was seen among 65 percent anaemic women in July 2019. More than 98 percent children were breastfed within one hour after birth in Barabanki district.

In Bahraich, 251 out of 2032 SAM children were referred to NRC, and 622 out of 8474 MAM children were referred to CHC and NRC out in month of July-2019. The number of anaemic girls in Bahraich district was found to be 1872 (11 to 14 years) in July-2019. More than 90 percent (16888 out of 18220 target beneficiaries) of the pregnant women benefited from antenatal checkups, immunization, and distribution of IFA tablets. Under VHSNDS, 52954 of 366689 children were immunized and their growth was monitored in July-2019. In the same period, 24876 children were weighed, 5577 children immunized and 50521 beneficiaries had ANC checkups, immunization and were given IFA tablets. In July 2019, 9356 girls (11 to 14 years) were given IFA tablets by Suposhan Swastha Mela.

In Bihar, every Wednesday, VHSND day is held at the AWCs where the ANMs provide health checkups, immunization, and counselling to pregnant women. NRC is not available at the block level, so parents are not interested in sending their child to the district NRC. Also, the district NRC in both Muzaffarpur and Nalanda have no proper facilities.

In Udaipur, every Wednesday VHSND day is observed at the AWCs, in which the ANMs conduct health check-ups of the pregnant women, immunization, counselling was provided to the women. There were no regular health checkups conducted in the Jaisalmer district; only immunization has been reported so far by AWWs and beneficiaries.

In Uttarakhand, the beneficiaries (women and children) are provided immunization at AWCs in Udham Singh Nagar district. AWWs organize health awareness meetings with pregnant and lactating mothers where they speak about how to take care of the baby, where they can go for their delivery etc. Usually, all the women in the area attend these meetings. Rashtriya Bal Swasthya (RBS) team visits twice a year for distribution of deworming tablets, once in February and once in November. AWCs distribute the IFA tablets among women, adolescent girls and children; they also provide ORS and zinc. AWWs/AWHs speak to the beneficiaries about consuming green vegetables throughout their pregnancy.

In Chhattisgarh, no issues have been reported related to health and medication services provided at AWCs in the sampled districts. Health services are delivered by ANMs and ASHAs on every second Tuesday, and beneficiaries are called based on their requirement and scheduled services.

4.5. BENEFICIARY ASPIRATIONS

Emphasis on qualitative inquiry; details, anecdotes, examples help understand the implementation process and the challenges associated with it better. In an administrative structure that is heavily top-down, this kind of study gives us a chance to highlight the concerns and issues faced by the field functionaries—something that does not usually take place within the ICDS since it does not have a robust feedback mechanism in place for its frontline workers. By bringing to the fore their experiences and suggestions, this study provides the government an opportunity to address these hurdles and improve the implementation of the ICDS from the bottom up.

Andhra Pradesh: AWWs were reported to be caring and helpful; cash rewards during the first pregnancy were received by all eligible interviewed beneficiaries. Quality of rations and menu diversity needs to be improved, according to the beneficiaries. Quality of ECCE and AWC infrastructure is expected to be at par with convent schools and private nurseries.

> *"I enrolled my name in AWC in 4th month, that day on wards they are providing milk and egg. Before that they gave THR to my daughter but now they are giving only milk, egg and food.*
>
> *~ ICDS Beneficiary, Andhra Pradesh*

> *"I think it will be a very good thing if they introduced teaching English at the government school or the Anganwadi School".*
>
> *~ ICDS Beneficiary, Andhra Pradesh*

Bihar: There is a low level of registration in PMMVY because of issues of proper documentation (frozen accounts of beneficiaries, birth certificate issues, Aadhaar correction, etc). As such, the beneficiaries become disinterested due to strict documentation procedure and do not register. Overall, the beneficiaries reported that they were satisfied with the ECCE program and the ICDS services provided; the nutrition education for pregnant women was especially received with enthusiasm.

Chhattisgarh: Beneficiaries reported the requirement of chicken, fish milk, fruit and eggs as a part of the supplementary nutrition. They also demand a proper toilet facility and electric fans, wherever these are not available. They also demand that a library/ collection of books should be available at AWCs.

Delhi: According to the beneficiaries, AWCs are beneficial for their kids. The food is of good quality and highly nutritious. AWWs teach children about basic etiquette and discipline; they also prepare children for primary education. This is satisfactory to the beneficiaries.

Gujarat: In relatively poor localities in urban settings parents are constantly mobile and there is no motivation for sending the kids to the AWCs. Similarly, in migrant communities and tribal belts, we see reduced uptake of the ICDS services because of this mobility.

Rajasthan: Beneficiaries have reported that they are not provided good health services at AWC. AWCs were running in school buildings, with very limited educational materials in Jaisalmer district.

Uttarakhand: The study team got a positive response from beneficiaries in Udham Singh Nagar. Most of them were housewives and agricultural workers who got married between ages 18 to 24. They had no formal education and at least two children. Their children (3 to 6 years) attend the AWCs for the benefits of the ECCE and other ICDS services like immunization, ANC check-up, supplementary nutrition and medical services. AWWs make home visits in case they are unable to attend the health check-ups. They are also referred to the hospital or dispensary if their child is seriously ill. Their children learn numbers, alphabet, and short poems and so on as part of their preschool activities. Some of the beneficiaries had awareness and knowledge about malnutrition/undernutrition. Beneficiaries understand the importance of the AWCs and its services. Women and children like the taste of THR and the hot cooked meals provided. According to the beneficiaries, there is no discrimination among the beneficiaries at the hands of the AWWs.

Uttar Pradesh: Beneficiaries reported that AWWs regularly provide them with information about various programs/schemes of government; they help beneficiaries benefit from the programs and their behaviour is reported to be good. AWCs deliver services as ANC check-up, immunization, child growth monitoring and IFA tablets, THR and daliya khichadi (hot-cooked meal) for children under 6 years. AWWs and ANMs organize awareness meetings regarding health and hygienic practices, and doctors visit the AWCs from time-to-time. Quality and taste of Poshahar is reported to be good and beneficiaries make various recipes with it like Ladoo, Mal puwa, Namkin Para, Mitha Para, Namkin Pakauri, Cake, Namkin daliya ka Chila and etc. Beneficiaries also feel that AWC reduces burden of childcare and that allows them to use their time in other productive work. There was no discrimination reported at AWC by the beneficiaries. Beneficiaries gather at AWCs and share their experience and information regarding health and others issues. The study team observed through interviews with beneficiaries that the AWWs play a significant role in referral cases.


कार्यक्रम
-2
शहरी
गोद भराई
कार्यक्रम
सेक्टर गुढ़ियारी
दिनांक 20-6-19

05.

PROCESSES, TECHNICAL SUPPORT AND MONITORING

5.1. POLICY GOVERNANCE AND MONITORING

Institutional mechanisms and processes established for interactions between the various nodal authorities and stakeholders are of critical relevance for the success of a policy or program. These key components of policy governance are to function collectively to achieve certain desirable goals and objectives in keeping with the socio-cultural norms. A review of policy governance entails analysis of problems associated with the various stakeholders (including authorities, program personnel and beneficiary) and the implementation mechanism including guidelines, monitoring mechanisms and the sociocultural context. ICDS has well planned administrative and organizational set up under the aegis of Ministry of Women and Child Development with structured program implementation and monitoring mechanisms at district, block, sector and village/ cluster level. Digital platforms are also emerging as an effective tool for monitoring of processes and impact. India has over half a billion internet users, making it one of the largest and fastest-growing markets for digital consumers. Digital technologies such as websites are widely used by the people to access various information and knowledge around several topics. Nevertheless, despite the many innovations and constant improvements being made to the ICDS system, there are certain barriers that exist in the path to making the universal reach of the ICDS a reality. As with any program, there is always room for improvement. This section reviews key issues and concerns associated with ICDS governance and service delivery.

5.2. ICDS WEBSITE OF STATES

A content analysis of the ICDS websites of all the states in India presents vital insights for mutual learning and ICDS website updation across states. We reviewed the amount of information related to the ICDS scheme on the official websites, frequency of updates, and the language of the website. These parameters are hypothesized to play crucial roles in access to ICDS related information to the people. Among the states visited as part of this study, ICDS website of Uttar Pradesh opened up in Hindi (official language of the state) when logged in for the first time. While basic information (objectives and agendas) were clearly mentioned, the updates (in terms of notices and updated information) were missing in the website. Similarly, Rajasthan had a Hindi style website (although merged with women empowerment), but with much more frequent updates. Website of Women & Child Development (WCD) of Gujarat was available in both English and Gujarati (without Google translate option) and with regular updates only in terms of notices and advertisements but not with performance budgets. On the other hand, Assam had a website (only in English) which had minimal information (the objectives and agendas) with no recent updates.

Bihar, West Bengal and Maharashtra had the most comprehensive and detailed websites of the ICDS (WCD) in terms of details, content, and regular updates. The ICDS website of Bihar was also functional with details about disclosures related to program personnel, the program components and services being delivered. While the regularity in updates in the case of West Bengal was not higher than that of many states, it included portals to services like rapid reporting system, online ISAC reporting system etc. It also had an online official login link which gives private access to the officials of ICDS. On the other hand, Maharashtra ICDS website displayed details related to the POSHAN Abhiyaan in the most comprehensive manner incorporating online dashboard details, IEC materials, and POSHAN guidelines.

Although the central WCD website had information on the contact details of all AWCs and the projects, most regional websites lack this information. Through the content analysis we can suggest that the ICDS websites of all Indian states, need to be: accessible to the localities in regional languages; regularly updated with on-going and upcoming events and notifications; comprehensive with detailed information of the objective, guidelines, and different benefits of the scheme; have access to different related portals (like CAS etc); have details of nearest AWCs and ICDS offices. Success stories of each state needs to be updated regularly making replicability easier. Official login (as in West Bengal website) could be used by officials of ICDS to access different information online.

5.3. SOCIAL AUDIT

Social audit is conducted by the intended beneficiaries and stakeholders and therefore assumes high policy relevance in monitoring of welfare programs. Following the implementation of MGNREGA, social audits are increasingly viewed as an effective tool to review strengths and weaknesses in service delivery. A social audit process involves the community for verification of program output and results vis-à-vis the reports and ground realities. Oral testimonies and evidence is obtained from the community and are compared with the official records. The social audit process is effective to understand the alignment of priorities, activities and fund utilization. The audit provides vital information on usefulness of the initiatives as well as the quality of service delivery.

MOTHER'S SUPPORT GROUP OR MATRI SAHAYAK GUT (ASSAM)

Background: With the objective that the programs and schemes focusing the development of Women & Children are implemented effectively through the Anganwadi centres, it was felt that mothers of the primary beneficiaries i.e. children below 6 years of age of the locality can be involved in management and operation of these schemes. Against this backdrop, the State Government have initiated, vide notification no. SWD.617/2011/61 dated 2nd March 2012, the constitution of 'Mother's Support Group (MSG) or Matri Sahayak Gut' in each of the AWCs in all the ICDS projects of Assam w.e.f. 1st April, 2012.

Rationale: The mothers as stakeholders will be fruitful if involved in management and supervision of the scheme, mobilization of beneficiaries and counselling.

Objectives: To involve mothers as the primary stakeholders in the management and supervision of the AWCs in addition to the Anganwadi Centre Management Committee.

Activities: Mothers of all the children registered at AWC, together form a group, designated as "Matri Mandal". This matri mandal elect 7 mothers out of their group to constitute "Matri Sahayak Gut" (MSG). The president and the secretary will be made ex-officio members of VHSNC (under NRHM), and AWCMC. The Matri Mandal meeting is to be held on 5th of each month, where MSG will discuss issues relating to AWC & performance of AWW. The secretary of MSG shall be responsible to keep record of proceedings of meetings. State resources will provide necessary funds for Matri Mandal meetings & events. Reports of performance of AWC shall be presented and discussed at Gaon Sabha, VHSNC, AWCMC meetings. Performance of AWW & AWH to be assessed on parameters relating to attendance of AWC, timely opening of AWC, provision of good quality morning snacks, hot cooked meal & THR, maintenance of growth card/registers, VHND, RI etc on scale of outstanding, good and poor, and reports shall be submitted to CDPO/DSWO through concerned supervisor by 10th of each succeeding month.

Main responsibilities of MSG

Management and supervision of ICDS scheme and mobilization of beneficiaries: The total beneficiary houses will be divided among the MSG members to share responsibility of mobilization of beneficiary for registration and availing services under AWC.

MSG members will also support AWW to organize monthly meeting of Matri Mandal and events viz. Prathom Aahar at every 2nd month, Matri Amrit quarterly and bi annual demonstration of recipes will be organise to cover 12 months of year for one event every month.

MSG members also coordinate with ASHA & AWW to ensure attendance of beneficiaries in VHND, RI, NHED and make people aware about facilities provided under ICDS through interpersonal communication & IEC via songs, street play etc.

They will advise villagers on the matters like anemia, malnutrition, ARSH, early marriage & pregnancy.

MSG members are provided training under Sensitization programs organized by ICDS supervisors, CDPOs, DSWOs by end of April, each year. The training programs are interactive and cover topics viz. supplementary nutrition, Growth monitoring & use of MCP cards, , PSE and TLM from low cost no cost materials, common health problems pertaining to that area, personal hygiene, nutritional value of different local foods, orientation to performance assessment of AWW etc.

At the end of year MSG will assess their own performance, based on attendance of matri mitra, beneficiaries in VHND, RI etc, participation of president & secretary in Gaon Sabha and AWCMC meetings. The DSWO on basis of self-assessment report submitted by MSG will recommend top 5 best performing MSG for citation and recognition by Deputy Commissioner on 15th August of each year.

Source: https://socialwelfare.assam.gov.in/portlet-innerpage/best-practices

Under MGNREGA, the social audit process and procedures are developed and overseen by a Social Audit Unit (SAU) which is an independent organization, identified or established by the State Government to facilitate the conduct of social audit by Gram Sabhas. The SAU comprises of key functionaries such as the Social Auditor, Resource Persons (State, District and Village level), District Program Coordinator and Program Officer. The key objective of the social audit is to promote transparency and accountability as well as inform and educate the people about their rights and entitlements. The social audit also provides a forum to express the needs and grievances and helps increase community participation for greater inclusiveness. The social audit process under MGNREGA is well-elaborate with guidelines and regulations around human resources, social audit team composition and trainings as well as database support for review of program procedures and output. Alternatively the ICDS could make use of the social audit recommended under the VHSND and either ways the processes would contribute to greater systemic accountability and quality assurance.

Similar to MGNREGA, the ICDS also has a huge beneficiary base and large-scale investment for provisioning of SNP. With repeated claims of poor coverage and low quality of SNP supplies it is important for ICDS to establish a social audit mechanism. The social audit can be developed independently or in convergence with MGNREGA. Some States have formed Community-level AWC Committees with a similar mandate. For instance, ICDS Delhi has constituted Anganwadi Support and Monitoring Committee (ASMC). ICDS Assam has formed Mother's Support Group or Matri Sahayak Gut. The ICDS can strengthen such existing initiatives by developing social audit guidelines and procedures.

5.4. PERFORMANCE-BASED INCENTIVE

Performance-based incentive is an important approach to motivate employees to work productively and achieve desirable goals and objectives. The performance-based incentive can be linked to individual performance on selected set of indicators. The AWWs are offered honorarium for delivery of key ICDS services. However, they can be motivated with performance-based incentives to complete certain tasks and achieve targets that are helpful for coverage or quality improvement of the ICDS. The Government of Uttar Pradesh has launched a Performance based incentive program for AWWs.

Under this scheme, AWWs will be incentivized based on their performance on a set of indicators. This scheme aims at improving both quantity and quality of efforts of AWWs by providing performance-based financial incentives to effectively increase the momentum in improving nutritional status of children in Uttar Pradesh. Following two conditions should be fulfilled to be eligible for incentives 1) Number of working days in AWCs should be at least 25, and 2) List of all the registered beneficiaries must be uploaded and updated on the website, www. lakshyasuposhitup. in. Based on the above, incentives are given on the following:

A. Aadhaar Seeding of Beneficiaries: Following is the classification for the criteria and amounts to be given as incentives (in Rupees).

% Aadhaar Seeding of Beneficiaries	Incentives (in Rs)		
	AWW	Mini AWW	Helper
> 95%	800	600	400
85% - 95%	500	350	250
75% - 85%	200	100	100

B. Height and weight Measurement of Child Beneficiaries (0-5 Years): Under this, following is the classification of activities, and criteria for incentive distribution:

- Measurement of height and weight of children aged 0 to 3 years must be done on the day of THR distribution.
- Measurement of height and weight of children aged 3 to 5 years must be done on 'Bachpan Diwas' i.e. 5th day of every month.

% Child Beneficiaries Measured	Incentives (in Rs)		
	AWW	Mini AWW	Helper
> 85%	200	150	100
70% - 85%	150	100	75

C. Improvement in Child's Nutrition Status: It is estimated that about 45 lakh children in Uttar Pradesh are undernourished out of which about 15 lakh suffer from Severe Malnutrition (SAM). Given that the probability of mortality among those suffering from SAM is much higher, it is imperative to identify and improve the nutritional

status of SAM children at the outset. For this, AWWs and other grass root level workers will be provided with monetary incentives based on the observed improvements in the nutritional status of SAM children. Following are the criteria for incentivization:

Target	Incentives (in Rs)		
	AWW	Mini AWW	Helper
From Red to Green	500	500	250
From Yellow to Green	300	300	150

The Government of Delhi has also developed a scheme to incentivize AWW, Supervisor and ASMC (Anganwadi Support and Monitoring Committee aka Anganwadi Samiti) to work as a team and improve the working of their Anganwadi. AWCs in Delhi do not follow a uniform standard of operation or service delivery. Consequently, AWCs range from those with very basic and erratic service delivery to a minority which stands out for their sincere effort and commendable engagement with the community. An incentivized approach to Anganwadi upgradation can potentially ensure uniform, systematic and informed raising of the bar across all AWCs in Delhi. In addition, the graded and phased approach is practical to implement and sustain in the long run. In this approach MoWCD incentivizes the triangular team of AWW – Supervisor – ASMC to score points for their Anganwadi and earn the upgradation of their AWC based on the points scored. By incentivizing all three stakeholders we can ensure they together feel the ownership and work as a team to uplift their AWC. Based on the scores the AWC are entitled for a set of furniture, playing set and toys as well as other learning materials.

	AWC Feature	Incentive Points
1	Room size min 225 square feet (equal of 15 ft X 15 ft), devoid of any land lord furniture (for some areas, like say JJ Clusters where pucca accommodation is not available, this criterion will have to be customized)	1
2	Clean Toilet facility (with daily cleaning)	1
3	Clean Drinking Water facility	1
4	Interior cleanliness, painted walls	1
5	Natural light and ventilation	1
6	Adequate Electrical Lighting	1
7	Working Fan	1
8	Clean, clear and safe approach to Anganwadi	1
9	Minimum 20 children (2.5 years and above) attending Anganwadi regularly (6 days a week, 3.5 hrs/day) for ECE (with regular, timely and full duration operation of Anganwadi by both Worker and Helper)	1
10	Fully functional Anganwadi Samiti (with complete membership structure and regular meetings)	1
	Total Points	**10**

Point scoring scheme: A 10/10 score earns the team AWC Upgradation

5.5. NGO AND CSR SUPPORT

In recent years, there has been increasing focus and attention on nutrition and nutrition-related sectors such as water, sanitation etc. National and international developmental agencies and partners have contributed toward improving the strategies and coverage of nutrition interventions with greater involvement of community to improve awareness, following of IYCF practices and timely health care seeking.

UNICEF has been supporting the Government of India in nutrition development through technical support for various strategies being implemented under the ICDS. In recent years, both have agreed on a five-year Country Program Action Plans (CPAP) to provide technical assistance in various initiatives of the Ministry of Women and Child Development. Besides UNICEF, several other international organizations and development partners such as the Department for International Development (DFID, United Kingdom), World Food Program (WFP), and CARE India are supporting the MWCD in achieving its objectives of nutrition development and well-being.

In recent years, several initiatives under Corporate Social Responsibility (CSR) are noted that have contributed toward strengthening of ICDS infrastructure and service delivery in various selected states. For instance, the ICDS in Maharashtra has partnered with a number of private sector companies under the CSR drive and have attempted strengthening of ICDS infrastructure and service coverage. Similarly, various donor agencies, Trusts and Foundations have come forward to support nutrition development through the ICDS apparatus. In Maharashtra, the Tata Trusts is providing technical support for Strengthening the System for Convergence training amongst frontline workers ANMs, AWWs and ASHAs (AAA). The initiative also aims to sensitize the Panchayat Raj Institution and draw attention towards convergence with ICDS and their roles and responsibilities. The Tata Trusts have also partnered with the Government of Rajasthan to combat maternal and child undernutrition. In particular, the Project Making It Happen supported by the Trusts aims at realizing this potential through optimizing implementation, utilization of services, monitoring and delivery.

5.6. THR PRODUCTION MODELS

The Supreme Court issued orders with regard to ICDS in 2001 and 2004, followed by a landmark judgment in 2006 to ensure 'universalization with quality' in a time-bound manner. The Supreme Court prescribed the minimum nutrition provision that must be guaranteed under ICDS. It further envisaged decentralization of procurement by eliminating the involvement of contractors and encouraging the engagement of local SHGs and mahila mandals in supply and distribution. The court order aimed to enhance transparency, decrease leakage, and improve quality by increasing local ownership of the program. The primary objective is to decentralise the procurement method under ICDS in order to eradicate problems of corruption and non-supply. SHGs that meet quality and infrastructure requirements are given the opportunity to produce, distribute and supply THR in line with the above-mentioned prescriptions.

Nevertheless, three models of THR production and distribution exist across India: Centralized Production Facilities, Decentralized Production Facilities and Decentralized Self-Help Groups (Flanagan et al 2018). As described by Flanagan et al (2018), in the Centralized Production Facility model (for example, Telangana), one production facility is contracted to produce and distribute THR for an entire state. These facilities procure the raw ingredients for all orders, often have in-house quality testing, and transport the THR to communities (typically at the block level). Centralized facilities can be run either by state governments or private corporations.

In the Decentralized Production Facility model (for example, Kerala), producers are typically contracted to produce THR for AWCs across multiple communities or at the Block level. These production facilities are run by SHGs who are responsible for procuring materials (in a consortium or individually) producing the THR through an automated or semi-automated process and transporting the THR to AWCs or the CDPO office. In this model SHGs may also form federations or consortia and work together for larger scale production.

The Decentralized Self-Help Group model (for example, Rajasthan), is the most decentralized model. These SHGs are contracted to provide THR typically to only one or two AWCs per SHG. SHGs procure ingredients locally and produce THR often with limited or no automation. There is limited to no quality testing done in SHG models.

There are some challenges associated with each of these models. In case of Centralized Production Facilities, it has been observed that THR is not reaching all beneficiaries, especially in rural areas. Also, corruption and poor quality are rampant in the private facilities. In case of Decentralized

Production Facilities, the key challenges are: lack of guaranteed contracts and demand from ICDS, limited management experience in SHGs; and delayed feedback from external quality testing leading to limited impact of results on THR production. In case of Decentralized Self-Help Groups, the challenges are inability of SHGs to use fortified food products and micronutrient premix in THR production; lack of mechanism to improve skills of SHGs and quality of THR; and financial viability concerns as economies of scale are not realized due to small contracts.

There are, however, a number of areas for improving the implementation of the THR production and distribution. The review by Flanagan et al (2018) suggests that all ICDS financial transactions should be made digital and all steps of THR production and distribution monitored through a logistics monitoring and information system. The contracting of firms of SHGs for THR production should meet minimum technical qualifications to ensure quality control. In view of the advantages and disadvantages of the various models, it emerges that THR production should follow a decentralized approach but the contract quantity should be adequate enough to ensure optimal production and satisfactory quality without affecting the financial viability of the firms. In this regard, supporting the development of SHGs into food-processing industry is an area for convergence of welfare programs with banking and financial system.

5.7. AWC REPORTING FORMATS

The AWWs have to maintain a set of 11 registers which has to regularly up-dated and reported to support program monitoring. The AWWs have to also fill up monthly and annual reporting forms. The Registers are supposed to be printed and provided by the State Governments. However, mostly the AWWs use simple registers available in the market and prepare rows and columns for necessary information as per the required formats. The information reported in the registers serve several purposes including helping the AWW to locate and track all women and children in AWC area. The records are helpful to identify who requires which services, who have received services and who are left out. The information reported in the register is verified by the Supervisor and is useful to prepare the monthly progress report (MPR) to understand the status, progress and performance of the ICDS. The list of registers and data recording sheets are as follows (ICDS-MIS User's Manual):

- Register 1: Family Details
- Register 2: Supplementary Food Stock
- Register 3: Supplementary Food Distribution
- Register 4: Pre-School Education
- Register 5: Pregnancy and delivery
- Register 6: Immunization & VHND
- Register 7: Vitamin-A Bi-Annual Rounds
- Register 8: Home Visits Planner
- Register 9: Referrals
- Register 10: Summaries (Monthly and Annual)
- Register 11: Weight Record of Children
- The Calendar Tool Book
- Data Transfer Sheet
- AWC Monthly Progress Report (AMPR)
- AWC Annual Status Report (AASR)

The reporting and record maintenance can be cumbersome, particularly when AWWs are being involved in increasing number of community-based events and activities. In this regard, the ICDS should consider reviewing and reducing the reporting requirements from AWWs. For example, Register 6 - Immunization and VHND is essentially coordinated by the MoHFW, thus it is only reasonable that the reporting of these indicators can be assigned to ANMs and ASHAs, respectively. As such, the ANMs and ASHAs also maintain a record of services offered through them. Such duplication in data collection can be reduced for efficiency gains in reporting and quality improvements. Similarly, the reporting of information in Register 7 on Vitamin-A Bi-Annual Rounds can be assigned to the ANM. In fact, dosage for immunization and Vitamin-A are supplied through the health system and streamlining the reporting protocols can also lead to improvements in program reporting.

Evidence from Time allocation studies (Kaur et al 2016) as well as our observations suggests that AWWs play minimal role in referral services. In fact, the referrals are only counted as an advice for visiting a qualified provider in a public health facility. Also, the AWW may not necessarily possess relevant skills and qualifications. The Register 9 on Referrals can be discontinued for simplifying the reporting requirements. The Referrals can alternatively be treated as counselling service for health care utilization.

5.8. COMPARING ICDS WITH NHM

Compared to ICDS, the NHM is of recent origin (launched in 2005) with huge budgetary allocation and serves as an important measure to improve access to maternal and child health care services, particularly in rural India. Over the years, NHM has expanded its coverage both physical (urban areas) as well as clinical (non-communicable diseases etc.). The approach toward administration and implementation of NHM, however, varies considerably from ICDS. Moreover, NHM is perceptibly more successful in achieving the underlying objectives than ICDS.

Although, both ICDS and NHM focus on grass root level service delivery by engaging community-level functionaries yet they are markedly distinct in implementation mechanisms. The NHM has established a network of District and Block level program managers who are directly appointed on a contractual basis by the State Health Society (District Health Society) under the aegis of Department of Health and Family Welfare across states/UTs. Regular and frequent review meetings and focus on NHM investments and performance are also instrumental in ensuring general social relevance. These aspects, along with greater departmental autonomy in recruitments and financial allocations have facilitated appointments at all levels without long delays or major vacancies.

The NHM has a broad scope and accordingly has included several items in the Program Implementation Plan (PIP) for budgeting and implementation whereas the Annual Program Implementation Plan (APIP) of ICDS is limited to few aspects that are covered under the program. Unlike NHM, ICDS has not demonstrated any expansion in the scope and nature of activities. For instance, the concept of untied fund under NHM for various public health facilities is well defined and implemented. Whereas, ICDS has not developed adequate provisions for such untied fund or specific line items to strengthen technical support for the program. In fact, from an analytical perspective, the NHM budget can be viewed to serve three broad expenditure needs viz. salary and honorariums, infrastructure upgradation and maintenance and drugs & logistics. In comparison, ICDS is focused on two broad expenditure needs related to salary/honorariums and supplementary nutrition. Clearly, low emphasis and resource allocations for infrastructure strengthening (including facilities for learning component) has remained a key weakness of the ICDS.

The NHM has streamlined financial reporting formats. The budgeting procedures are broad based and take into account a large number of schemes and initiatives under the umbrella of NHM. The ICDS, however, is less dynamic and is yet to envisage any new initiative under the umbrella of ICDS. The NHM, for instance, has a rigorous emphasis on upgrading the health facilities to meet the IPHS standards. The ICDS lacks initiatives to spell out adequate standards and norms for infrastructure upgradation at all levels. Training infrastructure is also an area deserving greater policy focus under ICDS.

The data reporting system – Health Management Information System (HMIS) - in NHM is streamlined with clear reporting formats matched to the data portal and adequate provision of data entry operators (DEOs) at all levels. Across States, NHM has a systematic process of data consolidation from lower health facilities to higher administrative units. The burden of data reporting on the grass root levels workers is relatively less. In contrast, the AWWs have higher burden of data reporting and maintenance of registers. There is no systematic approach toward data consolidation for in-built assessments at higher levels. The ICDS-CAS is in its infancy and suffers from logistical as well as capacity perspectives. Unlike HMIS, ICDS-CAS is not in public domain and does not facilitate wider review of program indicators at district, state or national level. There is an urgent need to upgrade the data reporting infrastructure and human resources under ICDS.

Finally, while the NHM is largely focused around maternal and child health, the ICDS is unintentionally associated with an important objective of women empowerment, particularly through its human resources as well as the SHGs model in SNP supplies. The two components of SNP and SHGs are thus inextricably linked but should be re-examined from efficiency perspective by prioritizing the envisaged goals of the ICDS.

5.9. COMPARISON WITH MGNREGA

The ICDS and MGNREGA works in convergence for the construction of AWC buildings in rural areas. The Gram Panchayat is the focal point for convergence and can facilitate various infrastructure strengthening activities through MGNREGA. The operational guidelines of MGNREGA lists other relevant departments with which the scheme converges: Ministry of Agriculture, Ministry of Forest & Environment, Ministry of Water Resources, Department of Rural Development, Department of Land Resources and Department of Drinking water and Sanitation. While such inter-departmental convergence is seen in the ICDS as well, but it seems to be stronger in the MGNREGA due to large economic importance attached with the

program. This also implies that the Gram Panchayats can have considerable leverage in strengthening the AWC infrastructure through liaison with various departments and the scope for availing funds through Gram Panchayat Development Plans. The Convergence Action Plan can emphasise on such possibilities and explore opportunities for pooling funds to enhance rural development and well-being. The MGNREGA also involves the Gram Sabha to approve of the Annual Plan and Labour Budget, which not only keeps the village administration involved in the process, but also holds them accountable. Social Audit is an important and successful feature of the MGNREGA. This can be adopted within the ICDS as well, which can help institute some accountability and quality assurance in the SNP delivered at the AWCs.

5.10. COMPARISON WITH NCS

While women in the organised sector can avail day care for their children under various Acts and Schemes, working mothers in the unorganised sector still face a problem finding adequate day care facilities for their children. This problem is compounded in urban areas, where it is difficult for working women to leave children alone at home or with neighbours due to added concerns about safety and security of the child. Thus, the erstwhile Rajiv Gandhi National Crèche Scheme (RGNCS) is an essential scheme for such mothers to be able to provide good care for their children while still being able to work and earn a livelihood. The Steering Committee on Women's Agency and Child Rights for the Twelfth Five Year Plan (2012-17) helmed by the Planning Commission suggested that the AWCs may be upgraded to AWC-cum-crèches; that norms should be revised and more flexible models be adopted for the scheme so that children can be provided with safe, nurturing, community-based spaces for their growth and development.

According to a July 2019 government press release, the now-renamed National Crèche Scheme is a Centrally Sponsored Scheme across all States/UTs "to provide day care facilities to children (age group of 6 months-6 years) of working mothers. The Scheme provides supplementary nutrition, health care inputs like immunization, polio drops, basic health monitoring, sleeping facilities, early stimulation (below 3 years), pre-school education for 3-6 yrs". It is apparent that most of these overlap with the objectives of the ICDS, and immunization, health monitoring, and ECCE are provided at AWCs in urban areas as well. While the AWCs do have robust numbers of children in attendance, there was no explicit mention of integration of the NCS into the ICDS system (at grass root level or further up the administration). In practice, these services were being provided to all children who were registered at the AWC.

A few problems, however, can be highlighted. Since the AWC does not primarily function as a crèche, the hours of its operation do not go beyond afternoon—this means that while day care is being provided to the children, they ultimately do return home after having their mid-day meal. Working parents may find this to be inadequate, since even in the unorganised sector, working hours do extend well beyond the afternoon. AWWs plan to conduct home visits in the afternoon, which means they are unable to extend their hours at the AWC for providing this extended day care. Hiring of additional staff might be needed to tackle this issue. One of the important services that the NCS is to provide is sleeping facilities, but based on our findings there is a clear lack of space in urban areas, leading to cramped and congested AWCs. This can be counterproductive to the NCS objectives. Thus, even though in essence the AWCs under the ICDS do provide some of the day care facilities envisaged by the NCS, there is a definite need for more concerted efforts to integrate the NCS with the ICDS. This will ensure that working parents in urban areas can fully avail the services of the NCS, as envisaged by the government.

5.11. PMMVY AND ICDS STRENGTHENING

Pradhan Mantri Matru Vandana Yojana (PMMVY) is a maternity benefit program implemented in all the districts of India. PMMVY aims to support pregnant and lactating women, particularly those with disadvantaged socioeconomic background, by providing partial compensation for the wage loss in terms of cash incentives so that the woman can take adequate rest before and after delivery of the first living child. The cash incentive provided would lead to improved health seeking behavior amongst the Pregnant Women and Lactating Mothers (PW&LM). Under PMMVY, a cash incentive of Rs. 5000 is provided directly to the Bank / Post Office Account of Pregnant Women and Lactating Mothers (PW&LM) for first living child of the family subject to fulfilling specific conditions relating to Maternal and Child Health.

PMMVY is implemented using the platform of Anganwadi Services scheme of Umbrella ICDS under Ministry of Women and Child Development in respect of States/ UTs implementing scheme through Women and Child Development Department/ Social Welfare

Department and through Health system in respect of States/ UTs where scheme is implemented by Health & Family Welfare Department. PMMVY is implemented through a centrally deployed Web Based MIS Software application and the focal point of implementation would be the Anganwadi Centre (AWC) and ASHA/ ANM workers.

PMMVY has a significant spillover effect on ICDS strengthening. In particular, PMMVY is required to be implemented through a centrally deployed Web Based MIS Software application and the AWCs are identified as a focal point of implementation. The eligible women desirous of availing maternity benefits are required to register under the scheme at the Anganwadi Centre (AWC) if the PMMVY is implemented through the ICDS apparatus.

This is reflected in the form of Master Data prepared for the PMMVY whereby all AWCs should map with a Village/ Town/ City and all AWCs should be reporting into a Sector which is linked to a Block / Project. Such verification process has helped to identify and digitize the actual number of AWCs. This further enables the ICDS system to be linked with escrow account and Public Financial Management System (PFMS) for the beneficiary payments.

> *"Difficulty here is… reporting has become more. Reporting in each and every aspect. Like…Earlier it was only monthly progress report was there in ICDS. Now it has become so many reports. Many schemes are there, so time to time reporting has become more and from the HOD side also, they keep asking for reporting and while making the report I have to be here in the office to submit the report, there our time is getting cut. Otherwise, if we are free from reporting we can go to the field and we can meet our goals like that.*
>
> *~ CDPO, Andhra Pradesh*

5.12. ICDS-CAS AND NHM-HMIS

The MoWCD has implemented the Information and Communication Technology enabled Real Time Monitoring System (ICT-RTM) for improving the service delivery and ensuring better supervision of schemes by deploying the Common Application Software (CAS) solution across the country covering all Anganwadi Centers (AWCs). This monitoring system is based on a common application software named ICDS-CAS available in the smart phone provided to AWWs. The ICDS-CAS is expected to improve the efficiency and effectiveness of AWWs by embedding job aids and tools in their smart phones. The ICDS-CAS would help populate the ICDS registers conveniently and also facilitate growth chart generation. This will also improve program monitoring because of real time information and alerts to various stakeholders for prompt action and decision making.

The ICDS-CAS thus has dual advantage and serves both AWW as well as the ICDS monitoring staff. Since ICDS-CAS has an individual focus, the data entry requirements are large. In comparison, the NHM-HMIS is utilized mainly for program review and course correction. The NHM HMIS has witnessed significant IT investments over the last 10 years and has emerged as a successful pan-India network for key indicators on public health system and services. The ICDS-CAS would require substantial IT investments to create such broad-based IT infrastructure and human resources to make ICDS-CAS a tool for program monitoring and review.

In its initial phases the HMIS had relied on physical reporting from lower level facilities. The data was mostly aggregated at the block or district level and forwarded to State for validation and submission. The physical reporting requirements are also limited in case of HMIS and only aggregated data is required by the system for progress reviews. However, the ICDS-CAS is based on the concept of digital entry from the AWC level. This is more challenging both from logistics (mobile and connectivity) as well as human resources (training and efficacy) perspective.

The ICDS-CAS, however, can be more useful for program reviews if it integrates physical reporting from lower level to digital reporting at block level. The universal coverage of ICDS data is critical to draw attention toward CAS. Allowing access to CAS data and making the key indicators and data accessible is another important area for CAS. The HMIS releases the data and several analytical reports and key indicators in the public domain. This also leads to course correction as well as substantial improvements in data quality and veracity.

06.

FINANCIAL ISSUES AND MANAGEMENT

6.1. ICDS FINANCIAL ALLOCATIONS

Table 6.1 and Figure 6.1 presents the ICDS budget for the year 2019-20. The budget allocated for each major item is also presented. The Central assistance for 2019-20 is Rs.1992779 lakh. Out of which, Honoraria (47.0%), SNP (33.9%), and salary (6.5%) jointly account for about 87.4% of the total Central assistance. About 7.5 per cent of the central assistance is allocated toward infrastructure and rent. Infrastructure budget includes expenditure on up gradation of AWCs, provision of drinking water and toilet facility and construction of AWCs under MGNREGA have received 4 per cent of total expenditure. The expected budget comprising of both Central assistance and proposed expenditure by State is Rs.3317195 lakhs. It may be noted that the Centre-State expected budget is estimated by combining the Central assistance with minimum expected State/UTs contribution as per the cost-sharing norms for salary, Anganwadi services (General), SNP and infrastructure. However, certain States may be allocating greater (or less) than required normative budget for ICDS.

Table 6.2 below presents the State-wise Centre-State combined expected budget for ICDS for the year 2019-20. Since there is substantial variation in number of children in the age group 6 months to 6 years across States and UTs, similar variation is visible in the proposed budget. The lowest budget is observed for Lakshadweep (206 lakh) and the highest budget is observed for Uttar Pradesh (497323

Table 6.1: ICDS budget (central share and centre-state combined), 2019-20

Budget Item	Central Share Budget, 2019-20		Centre-State Expected Budget, 2019-20	
	Rs. (in Lakh)	% Share	Rs. (in Lakh)	% Share
Salary	129083	6.5	373478	11.3
Honoraria	675728	33.9	1056289	31.8
POL / Hiring Vehicle	10944	0.5	17088	0.5
Uniform	12827	0.6	20052	0.6
Medicine Kit	12599	0.6	19687	0.6
PSE Kit	43671	2.2	68447	2.1
Rent	51674	2.6	80793	2.4
Administrative Expenses	16750	0.8	26249	0.8
SNP	936812	47.0	1493251	45.0
Training	4597	0.2	6980	0.2
Infrastructure	98094	4.9	154880	4.7
Total	1992779	100.0	3317195	100.0

Source: MoWCD ICDS Data

Note: Centre-State Expected Budget is estimated by combining the Centre share with minimum expected State/UTs contribution as per the cost-sharing norms for salary, Anganwadi service (General), SNP and infrastructure. Certain States may be allocating greater than required normative budget for ICDS.

Anganwadi Service (General) includes the following items: Honoraria, Petrol, Oil and Lubricants (POL), vehicle hiring, uniform, medicine kits, pre-school education (PSE) kit, rent, and other administrative services.

Infrastructure – This includes budget expenditure on upgradation of AWCs, provision of drinking water and toilet facility and construction of AWCs under MGNREGA.

lakhs). More than 50 per cent of total budget across Bihar, Chandigarh, Karnataka, Daman and Diu, Uttar Pradesh, Lakshadweep, Meghalaya and Nagaland is reserved for the SNP component. The highest allocations for salary are observed for Arunachal Pradesh (31.2 per cent) and Sikkim (33.5 per cent). The highest allocations for general services (excluding salary) are observed for Jammu and Kashmir (69.3 per cent). The expenditure on training is negligible. Table 6.3 presents the State-wise Centre-State combined expected budget, number of beneficiaries (both children as well as pregnant and lactating

Table 6.2: State-wise centre-state combined expected budget, ICDS 2019-20

States/UTs	Salary	AW Services (General)	SNP	Training	Infrastructure	Total (Rs. In Lakh)
A &N Islands	14.9	48.7	26.0	1.4	9.1	1566
Andhra Pradesh	13.9	35.8	40.5	0.1	9.7	147368
Arunachal Pradesh	31.2	36.6	25.5	0.8	5.9	16690
Assam	10.2	43.6	42.2	0.3	3.7	130378
Bihar	8.2	38.8	51.4	0.2	1.4	252278
Chandigarh	11.7	35.8	52.4	0.1	0.0	1615
Chhattisgarh	14.9	38.9	40.5	0.3	5.3	122719
D & N Haveli	14.4	46.2	27.3	0.0	12.1	680
Daman & Diu	8.4	32.1	59.5	0.0	0.0	315
Delhi	11.5	51.6	36.7	0.2	0.0	33780
Goa	16.0	36.6	40.1	0.2	7.0	3513
Gujarat	8.6	39.6	47.4	0.3	4.0	125743
Haryana	15.7	53.2	28.8	0.1	2.1	48713
Himachal Pradesh	16.8	55.4	25.0	0.5	2.3	34149
Jammu & Kashmir	17.4	69.3	10.8	0.3	2.2	48319
Jharkhand	13.0	35.2	50.8	0.0	1.0	105021
Karnataka	10.2	35.7	52.1	0.2	1.8	174578
Kerala	15.8	50.0	29.5	0.5	4.2	67033
Lakshadweep	0.0	46.5	53.5	0.0	0.0	206
Madhya Pradesh	8.8	36.2	45.6	0.2	9.2	254209
Maharashtra	13.6	41.7	43.0	0.2	1.5	234953
Manipur	16.8	36.7	37.5	0.5	8.5	29551
Meghalaya	10.3	23.9	55.9	0.3	9.6	22903
Mizoram	22.8	31.6	39.2	0.6	5.9	6998
Nagaland	17.6	25.8	54.4	0.5	1.7	16277
Odisha	12.1	34.4	45.2	0.2	8.0	188120
Puducherry	9.6	78.5	0.0	1.0	10.9	1220
Punjab	10.8	33.9	16.9	0.3	38.1	81044
Rajasthan	9.6	43.4	46.0	0.3	0.7	132403
Sikkim	33.5	45.0	21.0	0.4	0.1	3084
Tamil Nadu	14.3	35.1	48.3	0.3	2.0	135792
Telangana	16.1	36.4	41.7	0.3	5.5	93039
Tripura	14.6	40.3	41.8	0.4	2.8	23848
Uttar Pradesh	8.9	33.1	57.6	0.1	0.3	497323
Uttarakhand	12.5	44.0	35.0	0.3	8.2	42222
West Bengal	7.0	44.4	41.6	0.1	6.9	239809
All India	**11.3**	**38.8**	**45.0**	**0.2**	**4.7**	**3317195**

Source: MoWCD ICDS Data

Note: See Notes for Table 6.1 for budget items

mothers) and budget per beneficiary for ICDS for the year 2019-20. The budget share is the highest for Uttar Pradesh (15.0%), whereas Madhya Pradesh (7.7%), Maharashtra (7.1%), Bihar (7.6%) and West Bengal (7.2%) each have a share of over 7% in total ICDS budget. The highest numbers of beneficiaries are observed for Uttar Pradesh, Madhya Pradesh, West Bengal, Bihar and Maharashtra. The budget per beneficiary per year is the highest for Andaman and Nicobar Islands (16327) and lowest is for Chandigarh (3326). The budget per beneficiary per year for Uttar Pradesh, Bihar and Assam is around Rs. 4000.

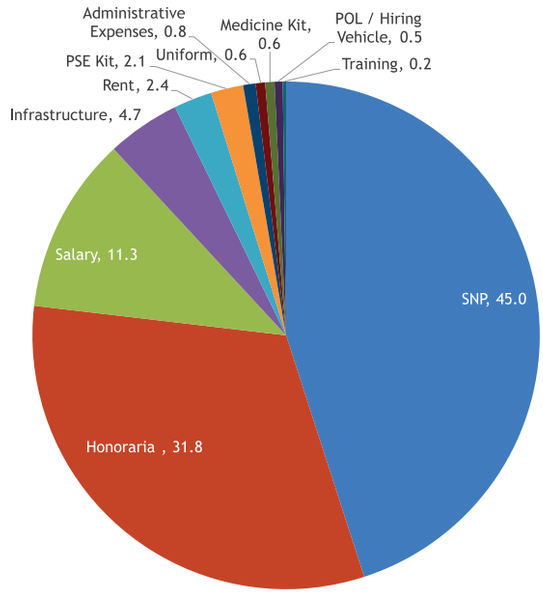
Table 6.3: State-wise ICDS expected budget share and budget per beneficiary, ICDS 2019-20

States/UTs	Expected Budget (Rs. in Lakh)	Budget Share (%)	Beneficiaries	Beneficiary Share (%)	Rs. Per Beneficiary
A & N Island	1566	0.05	9591	0.0	16327
Andhra Pradesh	147368	4.44	2264402	3.2	6508
Arunachal Pradesh	16690	0.50	189060	0.3	8828
Assam	130378	3.93	3030677	4.3	4302
Bihar	252278	7.60	5969856	8.5	4226
Chandigarh	1615	0.05	48547	0.1	3326
Chhattisgarh	122719	3.70	2216000	3.1	5538
D & N Haveli	680	0.02	19363	0.0	3511
Daman & Diu	315	0.01	5150	0.0	6108
Delhi	33780	1.02	437046	0.6	7729
Goa	3513	0.11	52996	0.1	6628
Gujarat	125743	3.79	3104693	4.4	4050
Haryana	48713	1.47	839339	1.2	5804
Himachal Pradesh	34149	1.03	398112	0.6	8578
Jammu & Kashmir	48319	1.46	798450	1.1	6052
Jharkhand	105021	3.17	2744555	3.9	3827
Karnataka	174578	5.26	3948737	5.6	4421
Kerala	67033	2.02	815494	1.2	8220
Lakshadweep	206	0.01	3450	0.0	5973
Madhya Pradesh	254209	7.66	6571443	9.3	3868
Maharashtra	234953	7.08	5196154	7.4	4522
Manipur	29551	0.89	340984	0.5	8666
Meghalaya	22903	0.69	454119	0.6	5043
Mizoram	6998	0.21	155222	0.2	4509
Nagaland	16277	0.49	278810	0.4	5838
Odisha	188120	5.67	3918422	5.6	4801
Puducherry	1220	0.04	26806	0.0	4552
Punjab	81044	2.44	671496	1.0	12069
Rajasthan	132403	3.99	2667157	3.8	4964
Sikkim	3084	0.09	24500	0.0	12586
Tamil Nadu	135792	4.09	2440152	3.5	5565
Telangana	93039	2.80	1500000	2.1	6203
Tripura	23848	0.72	332353	0.5	7175
Uttar Pradesh	497323	14.99	12392606	17.6	4013
Uttarakhand	42222	1.27	597062	0.8	7072
West Bengal	239809	7.23	5911318	8.4	4057
India	**3317195**	**100.00**	**70374122**	**100.0**	**4714**

Source: MoWCD ICDS Data

Note: See Notes for Table 6.1 for budget items

Figure 6.1: ICDS expenditure items and share (%) in Centre-State expected budget, 2019-20



Source: MoWCD ICDS Data
Note: See Notes for Table 6.1 for budget items

6.2. FINANCIAL FLOWS

Financing and budget flows are an important part of the implementation process in ICDS. States have different structures of fund flows and this often has direct effects on the service delivery in the state. This section discusses fund flows, flexibility and financing. The issue of incentivization of ICDS staff was also discussed with the respondents, and the following section presents these findings in some detail.

6.2.1. ICDS APIP Norms

The cost-sharing ratio between centre and States/UTs for various components is presented in Table 6.4. There is a greater burden of salaries on the States/UTs with legislature. This is associated with large number of vacancies of Supervisors and CDPOs. The unit costs for various components of AW services (General) as well as SNP are the same for all the States/UTs. This approach of APIP development does not allow deviation across States. The components of the APIP are fixed and do not demonstrate testing of alternative ideas for improving service delivery through new programs and initiatives. Even in case of SNP the cost norms do not account for the possible variation in transportation costs associated with geographical conditions. The APIP thus fails to integrate the local needs and requirements.

6.2.2. ICDS Financing

In 2019-20, the Central share in ICDS budget amounts to Rs.19927 crores. Honoraria (47.0%), SNP (33.9%), and salary (6.5%) jointly account for about 87.4% of the total Central assistance. About 7.5 per cent of the central assistance is allocated toward infrastructure (AWC construction, upgradation, drinking water, toilet and rent). If corresponding State share as per cost-sharing norms is included then the total ICDS budget is expected to be at least Rs.33171 crores.

Table 6.4: Cost sharing ratio between Centre and States/UTs for various components

States/UTs/ Particulars	AW Services (General)	Salaries	SNP	Upgradation of AWCs	Construction of toilets and drinking water facilities
States/UTs (with Legislature)	60:40	25:75*	50:50	60:40	60:40
NE / Himalayan States	90:10	90:10	90:10	90:10	90:10
UTs (without Legislature)	100:0	100:0	100:0	100:0	100:0

Source: MoWCD (No.14-4/2018-CD.II (e-66710) dated 25th March 2019)
Note: *Central assistance on salaries of select AWC functionaries only

The minimum expected State budgets varies from Rs.12586 per beneficiary per year in Sikkim to Rs.3827 per beneficiary per year in Jharkhand. Although, Uttar Pradesh has a 15% share in total ICDS budget but it also accounts for 17.6% share of beneficiaries. This translates into Rs.4013 per beneficiary per year which is much lower than several other States. The expected PSE component budget is 75 paise per child per day.

Budgetary allocations are inadequate vis-à-vis the expectations and requirements of the state. Poor utilization of infrastructure funds/training funds was reported in the states visited. In many cases, the budget is deemed adequate to maintain status quo, but as we approach the grass root level, we see that this is not the case. Rules, regulations and norms for flow/release of funds for infrastructure development need to be reviewed and streamlined. There is scope for convergence with GPDP.

In many states, CSR initiatives and NGO partnerships are a source of funds. Organizations adopt AWCs and beautify them and/or provide additional infrastructure. However, this is not the ideal situation since i) these funds are not perennial and can be withdrawn in the future; ii) this creates an imbalance among the AWCs in the area, where the AWCs that are not adopted are not at par with the ones that are.

State innovations in programs are tilted toward adolescents/women; not enough funds go towards other aspects of the ICDS like ECCE and referrals. Leakages also occur, for example, in Assam, where there is no flexibility to use funds that are already lying in ICDS accounts: a lot of paperwork must be done and many political hoops that have to be jumped through before these can be utilised. Currently, the Program Officer is unable to talk to the DC to be able to use these.

Rules, regulations and norms for flow/release of funds for infrastructure development need to be reviewed and streamlined. There is definitely scope for convergence with departments at the district level. For example, rent norms and allowances for electricity and sweeper services are not sufficient. There are no contingency funds made available to the functionaries, due to which they often have to pay out of their own pocket. These reimbursements are also severely delayed and this demoralises the staff.

6.2.3. ICDS Society

The formation of ICDS society is of relevance to expedite the flow of funds for ICDS activities. The ICDS does not have a Society at the State and District level. This is unlike National Health Mission (NHM) which has established both State Health Society and District Health Society as vertical support structures for different national and state health programs. Through this arrangement the DHSs can manage both treasury and non-treasury sources of funds. Under NHM the DHS is viewed as an addition to the district administrations capacity, particularly for planning, budgeting and budget analysis, development of operational policy proposals, and financial management etc. Because it is a legal entity, the DHS can set up its own office which has adequate contingent of staff and experts and can evolve its own rules and procedures for hiring the staff and experts both from the open market as well as on deputation from the Government. DHS is thus established as a facilitating mechanism for the district health administration as also the mechanism for joint planning by NHM related sectors. The DHS can receive grant-in-aid from the State Government and/or State Health Society; grants-in-aid from the Central Government, if it decides to give the whole or part of grants directly to District Society as well as grants and donations from trade, industry, institutions and individuals. The DHS can also receive funds from disposal of assets. Presently, the ICDS follows a cumbersome process for fund transfers through District or Block Development Officers. There is no flexibility in terms of fund transfer and expenditure which causes delays in procedures and implementation. Formation of ICDS society can also expedite issues related to appointment of contractual staff for the activities.

It may be noted that to facilitate the implementation of ICDS, Gujarat has registered State and District level ICDS Society that function under the administrative control of the Department of Women & Child Development. The State ICDS society Management Unit (SISMU) is responsible for implementing, monitoring, managing, supervising, and guiding the day to day functions of ICDS. Similarly, 26 District ICDS Society Management Unit (DISMU) are registered for supporting SISMU across the districts. The State ICDS Society, Gujarat, Gandhinagar has received fund from Government of Gujarat. The Integrated Child Development Services Scheme is being implemented through 26 Districts in all over Gujarat. The ICDS society conducts statutory audit through CAG empanelled auditor.

6.2.4. Financial Incentives for ICDS Functionaries

When asked about their thoughts on incentivization, not many AWWs openly admitted to wanting incentives; but this can be attributed more to their hesitation than the idea itself. When probed further,

they revealed that even though AWWs are not in the ICDS for the honorarium (which—compared to their workload is modest—to put it mildly), performance grants are definitely an appreciated idea among the functionaries; it can be linked to AWC indicators / Project indicators to motivate them on a collective platform. Career trajectories should also be considered for these incentives. Issues like pensions, health insurance and other benefits were also brought up by the functionaries interviewed.

6.2.5. Funding for Promotion of AWW and Supervisors

The position of AWC Supervisor is vacant in many situations. These are not filled and have risk of lapse. The MoWCD has issued guidelines for promotion of the eligible AWWs and Supervisors. This has also led to increasing number of contractual appointments. Also, there is shortage of skills and technical support for ECCD as well as Nutrition counselling. Needs assessment of AWC is also an important area for planning training and capacity building.

6.2.6. Scope for ICDS Flexi-pool

The APIP offers limited scope for innovations in community outreach activities and even infrastructure development. It is reasonable that within a broad framework of ICDS objectives and priorities, the States should be provided flexibility to plan and implement state specific action plans. The state PIP would spell out the strategies and activities as well as the budgetary requirements to achieve the outputs and outcomes. This will have the advantage of strengthening local planning at the district level and below.

Besides, the approval of State APIP would also imply approval of the District APIP. The ICDS flexi-pool should be particularly allowed for ICDS functionaries at the block level and below to experiment scope for a community worker or skill that can accelerate reduction in undernutrition prevalence in the country. Budget for IEC activities can also be considered under a flexi-pool approach to boost innovative practices for enhancing awareness on nutrition and health. Budget for infrastructure strengthening under ICDS can also be included under flexi-pool.

Notably, the guidelines issued by Ministry of Finance (F.No.55(5)PF-II/2011 dated 6th September 2016) on flexi-funds within centrally sponsored scheme (CSS) allows States to set aside 25% of any CSS (Central and State share combined for any given financial year) as flexi-fund to be spent on any sub-scheme or component or innovation that is in line with the overall aim and objectives of the approved scheme. However, this has to be specifically implemented and States should be encouraged to present new ideas and initiatives to achieve the objectives of ICDS.

6.2.7. ICDS Financial Management and Reports

ICDS has developed various formats for submission of utilization certificate and statement of expenditure. However, the state-level financial management reports, formats and procedures can be developed for uniformity. Such an approach is followed by the NHM which has formed Financial Management Group (FMG) that functions under the NRHM Finance Division of Ministry of Health & Family Welfare. The FMG is involved in planning, budgeting, accounting, financial reporting, internal controls including internal audit, external audit, procurement, disbursement of funds and monitoring the physical and financial performance of the program, with the main aim of managing resources efficiently and achieving pre-determined objectives.

6.2.8. CAG Audit Observations

The audit of the ICDS program was carried out for the period 2006-07 to 2010-11 to understand why it has not achieved the desired goals. A total of 2730 Anganwadi Centres from 273 project offices of 67 districts from 13 States (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh, Meghalaya, Odisha, Rajasthan, Uttar Pradesh and West Bengal were selected for the audit. The nutrition indicators from National Family Health Survey 2005-06, population of the States and funds released were the parameters used for identifying the States. The performance was measured with respect to three services: supplementary nutrition, pre-school education and nutrition and health education under the scheme. The findings indicate that the program has been unable to address the nutrition health issues and immunization coverage has remained low because of absence of the monitoring mechanisms.

Lack of planning is clearly indicated by the fact that the program did not assess the infrastructure requirements or has been indifferent to the needs of AWCs. More than 50 per cent of the buildings are built on rented lands. Also, one-fourth of the buildings are made of semi-pucca or kachcha material. It has been observed that most of these buildings do not have adequate space for the children. There are no kitchens or space for outdoor activities for the children. Lack of drinking water facilities and toilets is also observed.

The surroundings in which these AWCs are built can itself lead to a number of preventable diseases among children. It is not uncommon to come across AWCs which have inadequate utensils and non-functional equipments. Medicine kits are also not available at the centres due to lack of co-ordination among the stakeholders.

The identification of the beneficiaries and monitoring of the program is inadequate which raises question about the implementation process. Between 2006-07 and 2010-11, there was a gap of 33 to 45 per cent between the eligible beneficiaries identified and those receiving supplementary nutrition. Also, a huge proportion of children were not weighed. There were discrepancies with respect to data on nutrition reported for the children. There was a shortfall in the number of personnel trained under the State Training Action Plan. The process to procure food from the Ministry of Women and Child Development has also suffered from co-ordination failure with the Ministry being able to allocate only 78 per cent of food grains demanded by State.

The major reason for the failure of the program other than lack of co-ordination is the inability to use the funds, especially, to recruit the functionaries who could ensure smooth functioning of the program. During the period 2009-11, 53 per cent AWCs did not receive the flexi fund. The shortfall in expenditure on SNP ranged from 15 per cent to 36 per cent during 2006-11. Clearly, the average daily expenditure per beneficiary on SNP is low. The actual expenditure on salary of ICDS functionaries is very high which leaves very meager amount for other key components. Also, the fund meant for ICDS is being parked in activities such as civil deposits and personal ledger, which are not permitted under the The monitoring and assessment of services under the SNP and PSE is not adequate and has led to lapses in successful implementation of the scheme.

6.2.9. HR related Financing Issues

The AWWs usually devote more than 4 hours working for the AWC activities. The working hours increase further with additional tasks of VHNDs or in case of unrelated activities such as election commission duty or survey completion as mandated by local authorities. The AWWs also find it frustrating when deterred from primary role as AWW. The non-AWC work is a major diversion and this additional work at times has time-bound deliverables which become hindrance to ICDS work. Also, the payment for the extra work is not made on time. It is important to review the TA / DA norms for various functionaries to attend trainings and meeting. These should be timely released as often reimbursements (transport, minor repairs in AWC) take many months to reach the AWWs, which leads to them having to borrow money/continue spending out of their own pocket AWC.

Gap in salaries of the regular and contractual CDPOs or AW Supervisors is a source of discontent. For instance, in Assam, the salary of the regular CDPO is more than twice that of the contractual CDPO. Also, some of the CDPOs are working on the contractual position for considerable number of years. As a consequence of these issues, the CDPOs lack motivation to work efficiently. Also, monetary problems can serve as a hindrance in monitoring the AWC. There is also mention of statistical assistant for the CDPOs but this position is not functional.

Providing performance grant to AWWs is an appreciated idea and can be linked to AWC indicators / Project indicators. Moreover, while there is a scope for career advancement under ICDS but only a handful are able to progress from one position to a senior position (such as from AWW to AW Supervisor or from CDPO to DPO). The AWWs, AWHs and the AW Supervisors are the most vulnerable and there should be social security mechanisms for workers serving for a given duration with the ICDS. Despite guidelines from the MoWCD the progress on this front need further attention for effective and speedy implementation.

Completeness and digitization of the identification records of ICDS scheme employees and workers including the Anganwadi Workers and Helpers is necessary to improve transparency and knowledge about placements, transfer postings and facilitate timely communication of office orders. These are also necessary to ease financial payments (salaries, honoraria, and incentives). Use of PFMS should be universal for payments. All the States/ UTs are recommended to develop digital records to facilitate systematic programmatic reviews and monitoring of staff.

While time bound promotion could be explored; performance parameters need to be aligned with the program for this to be executed. There is irregularity in promotions; functionaries are promoted to Supervisor/ CDPO posts without them having the required skill set; there is also no formal procedure and guidelines for promotions in the ICDS system. This needs to be rectified as a priority. Although, procedures and norms exist across States/UTs but timely implementation is necessary to resist the notion of stagnancy in job profile. Career trajectories should be considered to attract skilled personnel toward the ICDS scheme.

6.3. STATE-LEVEL FINANCIAL ISSUES AND CONCERNS

6.3.1. Andhra Pradesh

Insufficient budgets are provided for expenses like electricity and sweeper etc. CDPOs pay out of their own funds, and sometimes these amounts go up to 25,000 INR per year with no reimbursements in sight. More funds are needed from the Centre, especially to be used for improving AWC infrastructure. Since AWC buildings are not viewed as eligible for subsided electricity under the Electricity Department rules, they cannot avail this facility and have to pay full price for power supply. This can be easily rectified by some targeted state-level convergence with the Electricity department.

ICDS funds were frozen by State government in March 2019, which led to bills and reimbursements piling up at the district and Project level. The machinery was still reeling from this in May 2019.

Reimbursements are processed on the CFMS (Comprehensive Financial Management System), but it takes 2-3 months to reach the payee, which is a significant delay. Salaries are also delayed for 2-3 months at a time. Similar delays are experienced in receiving funds for vehicles, workers' Travel Allowance, rent and electricity bills. AWWs stated that their current honorarium of 10,500 INR is low and they expect a raise. Pensions are also sought by AWWs who have dedicated their lives to the ICDS scheme.

Incentives are in place for use of CAS mobile, increasing attendance of beneficiaries, and uploading the growth monitoring data in a timely and complete manner. Other suggestions for incentivization that came from the functionaries were: ECCE activities, motivating women to attend the AWC for community building activities, stopping child marriage and abuse, rescuing abandoned children.

6.3.2. Assam

The idea of performance-based incentives was greatly welcomed by the functionaries at different levels in Assam. In fact, a similar initiative of acknowledging the works of better performing AWWs by giving small gifts and certificates had previously helped in boosting the competitiveness and confidence of the AWWs in the districts of the state.

It was reported that there was no flexibility in using previous funds of ICDS by the district level officials. Moreover, the demoralization of the department because of previous scams intensified such situation of having accumulated funds in a district. On the other hand at the State level, the functionaries used the interest accumulated on previous funds to develop model AWCs in several districts.

6.3.3. Bihar

There is a delayed allotment and receipt of funds from the state. The central government norm to allocate the money is same for all the states in which they direct implementation accordingly. But all states do not have the same capacity for implementation, wherein lies the regional inequity. "There is difference in amount of 1-2 rupees for those whose child are normal and those whose child are SAM. This is a social problem and needs social provision," as one respondent put it.

In Bihar, the beneficiaries are told to purchase the THR on their own and upon proof of purchase they are transferred the amount by ICDS. The funds are transferred to the account of Anganwadi Vikas Samiti for purchase of THR and Hot cooked meal rations. Delayed allotment of funds to the district introduces a delay in payments at different levels within the district.

CSR funds from organizations like Vedanta are used to provide for infrastructural support and renovations. Doctors for You has developed around 10 AWCs in Muzaffarpur and Seikhpura from their own funds; AXIS Bank financially supports around 500 AWCs. Britannia works on the development of education and communication in the state.

Salaries of the staff are pending and deposited in their account after the gap of 3-4 months including AWWs and AWHs. There is a need to provide increments in salary, performance-based incentives, and pensions after retirement.

6.3.4. Chhattisgarh

The ICDS department did not release any funds for AWC maintenance, and AWWs were repairing the buildings and furniture using their own money. As one AWW reported, she once received 5000 rupees around four years ago, but nothing has been given to her after that. At one AWC in Ambikapur, there was no money given for AWC building maintenance and the AWW was spending money from her own pocket for this work. She used to receive only 500 rupees annually as flexi-fund, but that has also ceased coming to her for the last two years. The annual amount allotted to AWCs for maintenance and repair has not yet reached the AWWs. AWWs are not happy with their salaries, they demand more. There are no extra benefits were given

to the functionaries for the extra work that they are asked to take up for both the ICDS requirements and for the other associated departments. Also, there is no fund allotment for maintenance of AWCs in some cases.

6.3.5. Delhi

The budget assigned to rent a place for AWCs is insufficient. Almost 5000 AWCs are functioning in rented buildings currently. The rental norms of Rs.6000/- per month do not allow renting a reasonably hygienic room for the functioning of the ICDS. Consequently, the AWCs function in slum areas with poor water, sanitation and hygiene. To overcome this constraint some of the AWCs are co-located and function as a hub thereby deriving economies of scale in financing. However, such concentration of AWCs may imply that the distance and time to reach the AWCs for some of the beneficiaries can increase.

6.3.6. Gujarat

AWWs function in areas where there is low household income and the beneficiaries come from a resource-poor socioeconomic background; lack of timely reimbursement affects their functioning as well as personal finances. Funds take a long time to get approved, and inter-departmental dynamics get in the way of smooth, quick transfer of funds in certain cases. Development funds that can facilitate the functioning of AWCs do not get used appropriately.

6.3.7. Rajasthan

There were issues reported in budget and funding: utilization of funds was very low for ECCE training in Jaisalmer district. Due to this, ECCE training was not conducted everywhere in the district. Also, due to delays in payments to SHGs, THR has not been supplied at the AWCs for the past 6 months. No hot cooked meal was provided at AWCs due to shortage of funds. Limited funding had been allotted to Jaisalmer, which makes delivering of basic ICDS services impossible when the district runs out of funds.

6.3.8. Uttarakhand

Udham Singh Nagar district sometimes faces funding issues as there are delays in budget sanctions. This problem affects the implementation of the ICDS program at the project level (Block and AWCs). Vedanta NGO helps in constructing buildings for AWCs in this district, but this is not a solution to the bigger problem.

6.3.9. Uttar Pradesh

The districts get funds from states under three categories: for district level staff management, for ICDS scheme, and for child development Pushtahar director and others expenses. There are many particulars factored into these categories, for example, wage, compensations, travel, and office expenditure, rent for offices, medical expenses, uniforms for children, computers, and office equipment.

In Bahraich, under the ICDS, 87.72 percent of the allocated budget for 2018-19 was utilized. 61.26 percent of the funds were utilized on employment compensation. 7 percent funds were used on Pariyojana office rent and on other items, and about 6.5 percent was used for uniforms for children.

In Barabanki, more than 98 percent of the allocated budget for 2018-19 was utilized. The proportion of the utilized budget was mostly spent on the employee compensation, compensation of inflation, office expenditure, expenditure on uniforms, expenditure on medical facility and others. According to DPO Barabanki, the ICDS sometimes faces issues in financing regarding particular programs and schemes. There are no funds provided for the ECCE program.

6.4. KEY ISSUES IN FINANCING

Timely release of dues/honorarium is very important to ensure that functionaries do not have to pay from their own pocket, and are not demoralized by the delays. Reimbursements should cover incidentals that are locally required and seasonally required. TA/DA norms should be revised and formalized for various functionaries to attend trainings and meetings regarding ICDS activities.

Recurring cost norms on AWC running expenses need to be formalized and paid out regularly. Rental norms should be revised in a timely manner to reflect and account for inflation and current rental trends; especially in urban areas, where renting AWC buildings is the norm (and also one of the major expenses).

CSR initiatives cannot be relied upon as the sole source of funds for beautification of AWCs. If the pilot program in Andhra Pradesh (under APRIGP) is a success, it can be replicated in other states for beautification and maintenance of AWCs. There is definitely scope for convergence with GPDP. There should be flexibility of using other accumulated funds, like interest gathered, even at the district level. As one of the functionaries pointed out, there is a need to adopt the DBT (Cash Transfer) based approach instead of equity-based approach in providing supplementary nutrition to SAM/MAM children.


क्या आप जानते हैं?
हमारे मस्तिष्क का 80% विकास
5 वर्ष की उम्र से पहले ही
हो जाता है।
1
2
3

07.

HUMAN RESOURCES AND INFRASTRUCTURE

7.1. ICDS HR AND FUNCTIONARIES

The ICDS functionaries are the most crucial component of the program to ensure effective coverage and smooth delivery of the key services. Much of the implementation and convergence process depends on these frontline workers, therefore, it is important to understand the problems of these human resources (HR), and the suggestions they have to make to improve the ICDS system. The following section discusses the key findings on aspects related to training, staffing, monitoring, evaluation and incentivization of the ICDS staff. A section on the time-use by AWWs and notes on capacity-building as reported by AWWs offers vital insights about various HR concerns and grievances.

7.1.1. ICDS Vacancies

As of 2018-19, 30.1% of sanctioned positions for CDPOs and 27.7% of sanctioned positions for Supervisors are vacant across the country. Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Karnataka and Jharkhand had more than 40% of CDPO vacant sanctioned posts. Due to large vacancies there is an increased burden of monitoring and review on the CDPOs and AW Supervisors. About 6.9% of sanctioned positions for AWWs and 7.6% of sanctioned positions for AWHs are vacant across the country. Bihar has a vacancy of 17.1% followed by Maharashtra, Telangana and Delhi which had a vacancy of more than 10% among sanctioned AWW positions.

7.1.2. HR Training and Capacity Building

With wide heterogeneities in AWW age and educational background, there are several challenges in training and capacity building efforts. Trainings are mostly centralised with uniform syllabus and style rather than innovating with local experiences and ground-up approach. For instance, language barriers make knowledge transfer harder as it might be difficult to appropriately translate or find context-specific examples for effective learning. Travelling is almost necessary for all AWWs for attending these trainings and consequently often quality control and monitoring of sessions becomes difficult and trainings end up as a formal exercise.

For example, the training on ECCE is critical but it also requires considerable time allocation which is often difficult to be worked out amidst the tight schedule of the frontline functionaries. More intensive trainings and capacity building is required for improving the data quality and report preparations. Such limitations result in slow improvements in data capture and are associated with delays in report compilation at block, district and state level. Besides, there is also a need to check language compatibility for reporting (both online and offline), especially in CAS.

Even with incremental learning approach (ILA), there is a loss of knowledge due to the chain-transfer method; by the time the module travels down the hierarchy to the AWWs, a lot of important information is lost. State and District Resource Groups (SRGs and DRGs) need to work more closely to make sure that frontline workers are able to absorb maximum amount of the contents of the modules. Additionally, modules that are centrally developed need more than language translation: they need to be translated to suit the socio-cultural milieu into which it is going to find application. This calls for higher levels of translational requirements than merely literal translation. For example, *moringa* may be an excellent resource for iron and vitamins in Chhattisgarh, but may not be available in certain Himalayan states. Therefore, mere literal translations may not serve the purpose.

Trainings need to be decentralised and localised to enable better participation from female staff. Suggestions have been made to provide the training to the candidates who are in the second, third and fourth positions in the merit list during selection for various posts and promotions. This will help channelize the functionaries' experience and energy towards the ICDS outreach, instead of giving rise to unhappiness and negative attitudes due to rejection.

7.1.3. Staffing

Posts are lying vacant in most states, which lead to overburdened functionaries. Current numbers of vacancies are as follows: CDPOs and Supervisors (40-50%); AWW and AWH (5-10%). This is a grave concern

for the efficiency and implementation of the ICDS scheme. Supervisor positions are hugely vacant, lapsed and/or contractual. Data Entry Operators and Statistical Assistants are also missing in most states.

Existing staff is also overburdened with multiple tasks over and above their core job chart (Aadhaar work, various government schemes and campaigns, mobilizing for Jan Andolan, election duty etc.) This hardly permits the AWC supervisors and CDPOs one visit to each AWC per month. The quality of supervision thus suffers, and does not allow internal communication and AWC development. Travelling is a problem for the AWC supervisors in rural Assam and tribal areas of Andhra Pradesh. Despite such difficult geographical terrain there are limited provisions for transportation allowances.

The Public Service Commissions (PSCs) functioning can also cause delay in recruitment in states like Assam. Vacancies are then filled on contractual basis. Delayed and lesser salaries subsequently lead to mental pressure and unhappiness among these contractual staff. Long delays in hiring is also associated with the large number of Lawsuits filed against ICDS (in states like Assam) by contractual staff, that does the same work as regular staff, but has a different pay scale. As one respondent put it, ICDS administration is subjected to around "1000 (litigation) cases in 6 months".

There is also a lack of human resource for ECCE; skilled pre-school teachers are needed to deliver non-formal play-based learning to children below the age of 6, as per the ECCE framework.

Minimum salary and honoraria norms for ICDS functionaries (AWW, AWH, contractual CDPO and AWC Supervisor) should be revised. The AWW honoraria vary across States. An AWW in Bihar receives Rs.5650 per month whereas in Delhi and Andhra Pradesh she receives Rs.9678 and Rs.11500 per month, respectively. The monthly honoraria should be enhanced based on service of AWWs. Variations are also noted for contractual and regular CDPO and AWC Supervisor salaries. For instance, in Assam a contractual CDPO receives only about half of the salary of a regular CDPO. The career progression and salary/incentive issues if invested in can have positive impact of motivation of FLWs to perform better.

7.1.4. Monitoring

There is a requirement for regional level governance as well as improved governance at the project level. In Assam for example, there is limited relationship between the AWWs, Supervisors and the CDPOs. The AWWs at times prefer to call the CDPOs for help directly rather than approaching their supervisors. This is mostly because the role of supervisors is not clear to the AWWs. Office space does not exist for Supervisors.

Constant requests for data and other non-ICDS goals need to be met. This means that CDPOs and Supervisors spend more time meeting these needs than making field visits (15 days out of a month are spent doing non-ICDS work in Gujarat, for example). Data accuracy is very weak, and growth monitoring/ MIS/MPR is not digitised: this leads to a lot of inaccuracies. Added to this is the fact that there are no skilled employees or infrastructure for the digital components of monitoring in ICDS yet.

Logistics planning proves difficult: THR and SNP supplies have to be collected by the AWW from the PDS shop. This transportation is time-consuming and expensive. It also takes considerable effort to distribute THR to beneficiaries who do not/cannot come to the AWC. Homogeneity is thus needed across states, even with regard to supply. For instance, in Assam, the DPO processes demands for hot cooked meals ration in batches, and waits for them to accumulate. This leads to delays and lapses in supply.

7.1.5. Incentivization of ICDS Staff

Career trajectories should be considered: elderly AWWs working in Assam have been protesting against the retirement age. Pension scheme is to be introduced, but other benefits should also be considered for the field functionaries. Performance grant is an appreciated idea amongst the respondents; it can be linked to AWC / Project indicators. For example, in order to escalate the efforts to reduce the burden of child undernutrition at AWCs- level, Performance Linked Incentive Scheme was launched in Uttar Pradesh.

Under this scheme, AWWs will be incentivized based on their performance. This scheme aims at improving both quantity and quality of efforts of AWWs by providing performance-based financial incentives to effectively increase the momentum in improving nutritional status of children in Uttar Pradesh. The incentives are based on indicators such as Aadhaar seeding of the beneficiaries, anthropometric measurement of child beneficiaries and improvements in nutritional status of MAM and SAM children.

In fact, there are several opportunities to extend performance-based incentives for AWWs. For instance,

successful AWWs referrals and compliance with NRC admissions is an important area with objective assessment. Similarly, CAS uptake can also be further incentivized even as the monetary incentives should be met for those who have completed the CAS trainings.

7.1.6. AWW Working Hours and Time Allocations

The AWWs are expected to work for about four and half hours per day. Most of the AWWs work as per the norm though sometimes trainings, meetings and other duties increase the working hours. The AWWs, however, are required to undertake diverse activities during this period of 270 minutes. This has implications for time allocation across activities. The handbook for AWWs prepared by the National Institute for Public Cooperation and Child Development (NIPCCD) expects that an AWW would ideally spend about 270 minutes for the daily activities of the AWCs. The time allocation is expected to be 2 hours for preschool education, 30 minutes for preparation and distribution of supplementary nutrition, 30 minutes for treatment of common childhood illnesses, ailments & referrals, 30 minutes for filling up records and registers and 1 hour for making 2-3 home visits.

However, a study by Kaur et al (2016) on time allocation of selected AWWs finds considerable imbalance in terms of time allocation and program priority (Table 7.1). It is noted that the AWWs end up spending close to 90 minutes on record and register entries and allocates much lower time on preschool education. The AWW usually do not encounter cases for treatment or cases of minor illness. The AWWs spent considerably less time on home visits. In fact, considerable time is spent on other activities such as meetings as well as other unspecified (personal) tasks.

The time allocation patterns are also affected by the tasks assigned to the AWCs. For instance, in Chhattisgarh it was noted that the AWWs work more than the recommended time. There is also imbalance in time allocation across activities. In particular, a lot of time is allocated toward preparation of supplementary nutrition in Chhattisgarh. This is attributable to the implementation of Mahatari Jatan Yojana (MJY) for providing hot cooked meal to pregnant women at the AWC. However, Rajasthan does not operate any such hot cooked meal initiative; consequently the AWWs are less burdened and spend about four and half hours at the AWC.

Table 7.1: Mean time spent by AWW against recommended time per activity per day in selected AWCs in a northern city of India

Activity recommended by NIPCCD	Recommended time (minutes)		Mean time spent (minutes)	
	Minutes	% Share	Minutes	% Share
Preschool education	120	44.4	28	10
Supplementary nutrition	30	11.1	28	10
Treatment of minor illness*	30	11.1	—	—
Records	30	11.1	83	31
Home visit	60	22.2	7	3
Total (recommended activities)	270	100#	146	54#
Other activities**	—	—	70	26
Unspecified work***	—	—	54	20
Grand total	270	100	271	100

Source: Kaur et al (2016)

Note: #Total % share of time spent on recommended activities

*no case was reported during the observation period

**health education to beneficiaries, listening to their problems, meeting with ANM, MO, training at CHC, pulse polio duty, talking with other AWW on clarification of doubts, visiting other AWC

***unspecified work includes tea time, coming late to AWW, going early from centre, going out for personal work

7.1.7. HR Structure of ICDS: Insights from SNEHA Findings

A Study by the Society for Nutrition, Education and Health Action (SNEHA) demonstrates that skill and behavioral improvement training can lead to an increase in motivation and willingness to perform at an optimum level. Our findings suggest that while more or less regular training in technical knowledge (e.g. basics of nutrition, malnutrition, immunization) was reported by most AWWs, they lacked training in skill-based knowledge (e.g. effective home visits, planning, time management). This is apparent in the fact that they have to spend long hours fulfilling reporting requirements, which diminishes their efficiency as AWWs. While data duplication is definitely an effect of the lack of a smooth transition from manual to digital forms of reporting, some skill building training might also help in making better use of the time available. None of the respondents interviewed for this study explicitly reported being trained in skill-based knowledge.

In accordance with the SNEHA findings, these skills training modules must include time management, communication, giving and receiving feedback, supervision and training of trainers (ToT), so that field functionaries can build upon their skill and confidence. The SNEHA study found a measurable increase in the functionaries' levels of general motivation, conscientiousness, (decrease in) burnout, intrinsic motivation, resource availability, supportive supervision, extrinsic motivation and job satisfaction.

The SNEHA study also suggests that post trainings, regular handholding and observation sessions need to be conducted by the supervisor. This is missing in our findings from the field; AWC Supervisors are so burdened with monitoring multiple AWCs that they hardly get time to provide constructive feedback to the AWWs. We also see that there is a significant loss of knowledge down the chain through the ILA method. As suggested by the SNEHA protocol, the training methodology must then be participatory in nature, thus ensuring greater engagement and retention of learning by the trainees.

As suggested by the SNEHA findings - and our subsequent comparisons with on-ground findings — there is a need to concentrate on capacity building training of the functionaries. At the moment, apart from being overburdened and underpaid, they are also under-skilled, which often leads to a lack of motivation and job satisfaction. By providing more skill-based knowledge and following up with regular handholding and observation sessions by Supervisors, the functionaries' levels of motivation and satisfaction can be improved upon greatly. This will no doubt have a positive impact upon their ability to fruitfully contribute to the implementation of the ICDS at the grass-root level.

7.1.8. Issues in Capacity Building

There is difficulty identified in adapting to the digitization of reporting methods. Even after training, older AWWs and/or the ones who are not formally literate, find it difficult to understand and operate smart phones. In fact, these AWWs have to depend on someone from family/community to help them every day with data entry.

The ILA method is not as effective due to reduced knowledge transfer at each level. Refresher trainings need to be conducted more often. Language is a barrier sometimes, especially in remote/tribal projects. It is also suggested that the AWWs require more training on ECCE. Some administrative officials also perceive that the ICDS does not seem to take any action or interest in updating the training programs. The top-down approach to training also means travelling and staying in the district headquarters. This takes up a lot of time and effort when AWWs have to go for training. In their wake, the AWCs are run by AWHs who are not trained for this job.

Too many apps are to be updated (often with the same data). This takes a lot of time and effort from the AWWs. Data duplication also occurs because manual data reporting in registers is still expected. Frustration is reported when AWWs are deterred from primary role as an AWW due to multiple government programs that they are told to cover at the grass root level. AWWs are often demotivated and frustrated due to the delays in payment of salaries and reimbursements of various allowances. Electricity bills and other expenses remain unpaid for months; insufficient funds and slow reimbursements result in reduced efficiency. The field functionaries' morale takes a hit in such cases and affects motivation and performance.

It was suggested by respondents across multiple sampled states that the selection procedure of AWWs and AWHs be changed; that it should be done through conducting examinations that test their technical competency. The training needs should thus include locally relevant methods of operating that stem from local experiences but also form a part of capacity building that is locally relevant.

7.2. HUMAN RESOURCES FOR ICDS

The ICDS scheme is placed under the purview of Women and Child Development Department usually headed by a senior IAS officer of the Government of India. The ICDS scheme is implemented through the State/UT administration consisting of senior officials of the State governments who assume charge for day-to-day monitoring and review of various components of ICDS scheme. At the district level, the ICDS scheme is led by a District Program Officer. Each district operates the program through a defined cluster of AWCs referred to as the ICDS Projects. Each Project is managed by a Child Development Project Officer (CDPO). The CDPO is assisted by AW Supervisors who are responsible for review and reporting of information for about 25 AWCs. Each AWC has a dedicated AWW and AWH. The AWH also assumes the role of cook for the hot-cooked meal component of the ICDS. This section presents information on vacant posts (in %) of key ICDS functionaries by State/UTs in 2018-19.

Table 7.2 presents the posts vacant across the States/UTs. There are a large number of vacancies in posts for CDPOs and Supervisors. As of 2018-19, 30.1% of sanctioned positions for CDPOs and 27.7% of sanctioned positions for Supervisors are vacant across the country. There are significant inter-state variations. Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Karnataka and Jharkhand had more than 40% of CDPO vacant sanctioned posts. 50% of posts in Dadra and Nagar Haveli; and Daman and Diu are vacant, while Lakshadweep also has no CDPO in place.

The other key post which is lying vacant in majority of the States is that of supervisor. There are huge State level variations. Pondicherry has a vacancy rate of 83% followed by West Bengal which had a vacancy rate of 67% among sanctioned Supervisor positions. More than 40% of positions are vacant in Bihar, Tripura and Tamil Nadu. Among Union territories receiving 100% assistance from Central government, 50% of posts in Daman and Diu are vacant, while 100% posts are vacant in Lakshadweep.

The vacancies among AWWs and AWHs are relatively low across States but nevertheless this also hampers overall coverage and scope of the program. As of 2018-19, 6.9% of sanctioned positions for AWWs and 7.6% of sanctioned positions for AWHs were vacant across the country. Bihar has a vacancy of 17.1% followed by Maharashtra, Telangana and Delhi which had a vacancy of more than 10% among sanctioned AWW positions. As per the ICDS norms there should be one supervisor per 25 AWCs. This implies that either most of the workers at the lower levels are working without supervision or there is a lot of load on supervisors at the Centers where a higher number of posts of supervisors are vacant. Around 19% of the AWH positions are vacant in Bihar followed by 15% in West Bengal, 11% in both Tamil Nadu and Uttar Pradesh.

Figure 7.1 presents the State-wise percentage vacant posts of CDPOs/ACDPOs in 2014-15 and 2018-19. Across most of the States and UTs the numbers of vacant posts have come down. To elaborate, across Tamil Nadu, Uttarakhand and Chhattisgarh where the vacant posts of CDPOs were more than 40% in 2014-15, are below 20% in 2018-19. The number of vacant posts has increased across Lakshadweep, Dadra and Nagar Haveli; Daman and Diu, Uttar Pradesh and Karnataka. Figure 7.2 presents the State-wise percentage vacant posts of Supervisors. The vacant posts for supervisors have clearly declined between 2014-15 and 2018-19. More than 40 per cent of seats are vacant in Bihar, Tripura and Tamil Nadu. The highest increase in number of vacant seats has been reported in case of Lakshadweep. Figure 7.3 presents the State-wise percentage vacant posts of AWWs. For some of the States the number of vacant posts for AWWs have increased from 2014-15. These States are Maharashtra, Telangana and Delhi which had a vacancy rate of more than 10% among sanctioned AWW positions in 2018-19. For Bihar which has a vacancy rate of 17.1% in 2018-19, the percentage of vacant posts was as high as 25% in 2014-15. For the position of AWHs presented in figure 7.4, the vacant posts have come down for most of the States. Only exception seems to be West Bengal for which vacant posts have slightly increased to 15%.

Figure 7.5 presents the number of Operational AWCs per CDPO/ACDPO by States/UTs (2018-19). The number of AWCs per CDPO/ACDPO can vary across the States because of the demographic characteristics (population, geography, density) as well as the existing vacancies in the ICDS department. The number of AWCs per CDPO/ACDPO varies from 64 in case of Arunachal Pradesh to 640 in case of Karnataka. In major States like Rajasthan, Maharashtra, West Bengal, Uttar Pradesh and Assam the CDPOs find a high burden of AWCs for monitoring and review. This is largely due to huge number of vacancies in the department. Nevertheless, it is observed that for most of the States, the number of AWCs per CDPO/ACDPO is in range of 200 to 220. Figure 7.6 presents the number of AWCs per AW supervisor by States/UTs (2018-19). As of 2018-19, on an average there are 37 AWCs per AW supervisor in India. The number of AWCs per AW supervisor varies from 24 in case of Jammu and Kashmir to 171 in case of Puducherry. For most of the States, the number of AWCs per AW supervisor is

Table 7.2: Vacant posts (in %) of key ICDS functionaries by State/UTs, 2018-19

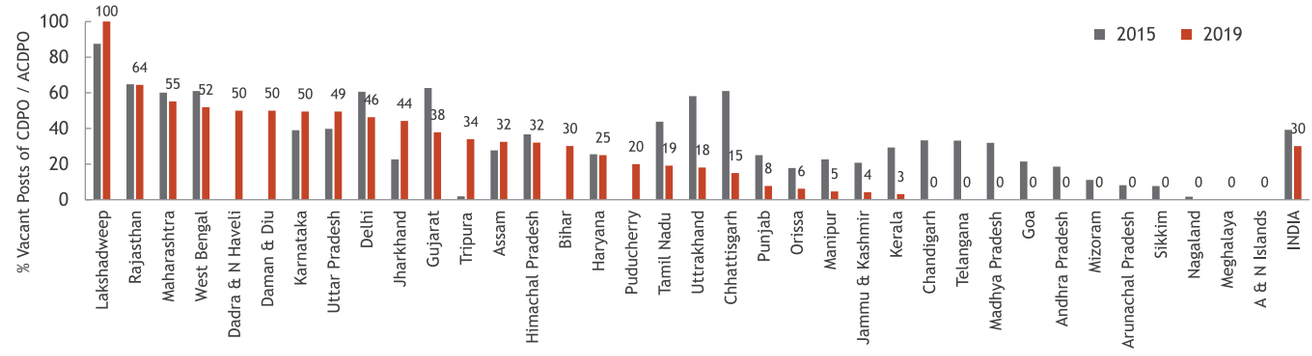
GOI Share in Salary	State/UT	CDPOs	Supervisors	AWWs	AWHs
25 Percent	Andhra Pradesh	0.0	25.7	2.7	6.4
	Bihar	30.1	48.2	17.1	19.2
	Chhattisgarh	15.0	17.0	4.8	6.6
	Goa	0.0	0.0	2.1	1.8
	Gujarat	37.8	17.4	2.7	4.9
	Haryana	25.0	15.1	2.7	2.8
	Jharkhand	44.2	30.0	2.2	2.5
	Karnataka	49.5	31.6	2.0	4.4
	Kerala	3.1	0.1	0.6	0.6
	Madhya Pradesh	0.0	0.0	1.1	1.5
	Maharashtra	55.2	22.4	14.5	7.5
	Odisha	6.2	0.0	3.7	3.3
	Punjab	7.7	11.8	1.8	3.8
	Rajasthan	64.5	36.5	4.1	4.6
	Tamil Nadu	19.1	44.0	9.8	11.2
	Telangana	0.0	17.6	13.8	7.3
	Uttar Pradesh	49.5	43.0	8.7	11.0
	West Bengal	51.9	67.0	9.9	15.3
	Delhi	46.3	10.4	13.3	1.6
	Pondicherry	20.0	85.3	0.0	0.0
90 Percent	Himachal Pradesh	32.1	9.9	0.8	1.1
	Jammu & Kashmir	4.3	1.7	7.3	7.3
	Uttarakhand	18.1	17.7	3.6	5.1
	Arunachal Pradesh	0.0	0.0	0.0	0.0
	Assam	32.5	2.9	1.8	1.4
	Manipur	4.7	9.0	10.7	4.6
	Meghalaya	0.0	0.0	0.0	0.0
	Mizoram	0.0	4.4	0.0	3.9
	Nagaland	0.0	0.0	0.0	0.0
	Sikkim	0.0	0.0	0.0	0.0
	Tripura	33.9	42.4	2.3	2.3
100 Percent	A & N Islands	0.0	10.7	0.1	0.0
	Chandigarh	0.0	0.0	0.0	0.0
	Dadra & N Haveli	50.0	22.2	0.0	5.7
	Daman & Diu	50.0	50.0	4.7	4.7
	Lakshadweep	100.0	100.0	0.0	0.0
	Total	**30.1**	**27.7**	**6.9**	**7.6**

Source: MoWCD ICDS Data

Based on information available for 1335524 AWCs

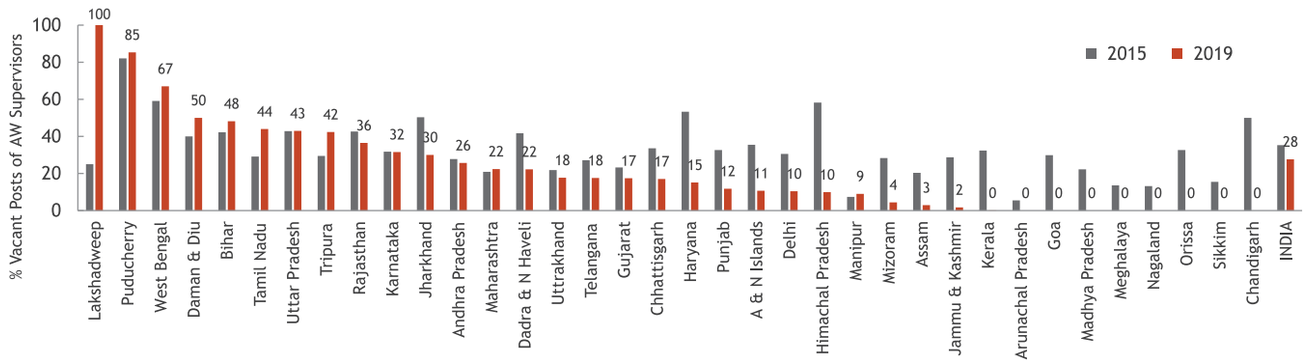
in range of 25 to 30. However, in Bihar, Uttar Pradesh, Tamil Nadu and West Bengal the number of AWCs managed by AW Supervisors is almost twice than the recommended norm. Table 7.3 presents the number of beneficiaries per CDPO, AWS, AWW and AWH by State/ UTs for 2018-19. The highest numbers of beneficiaries per CDPO, AWS, by are observed for Karnataka and Pondicherry respectively. The number of beneficiary per AWW and AWH are highest across Chandigarh. This confirms the increased burden on the CDPOs and the AW Supervisors for quality monitoring and review of the ICDS services. Given such high burden it is likely that a large number of the AWCs and beneficiary services may not be adequately reviewed and monitored.

Figure 7.1: State-wise percentage vacant posts of CDPOs / ACDPOs, 2014-15 and 2018-19



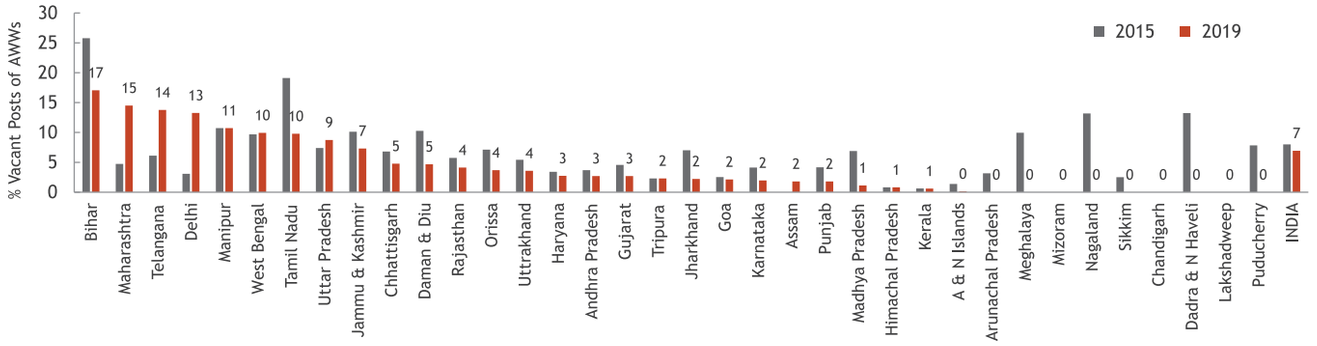
Source: MoWCD ICDS Data

Figure 7.2: State-wise percentage vacant posts of AW Supervisors, 2014-15 and 2018-19



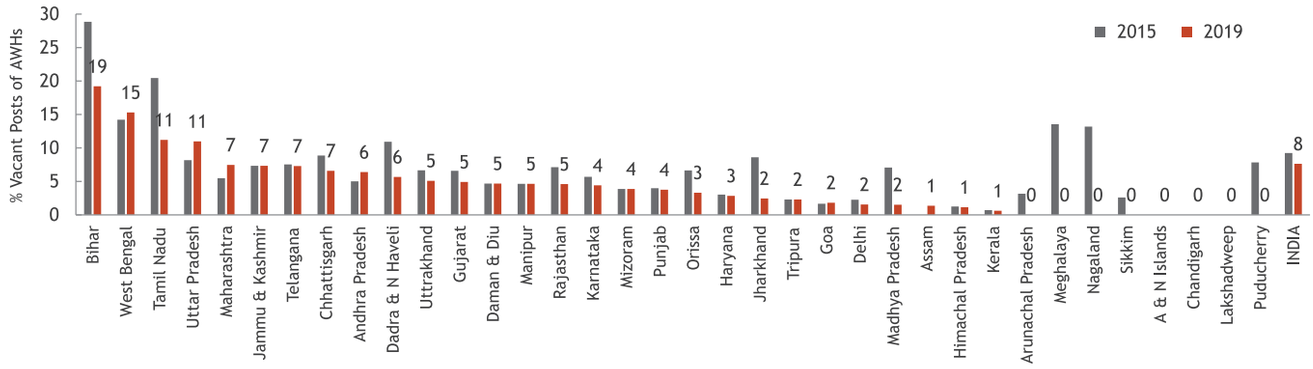
Source: MoWCD ICDS Data

Figure 7.3: State-wise percentage vacant posts of AWWs, 2014-15 and 2018-19



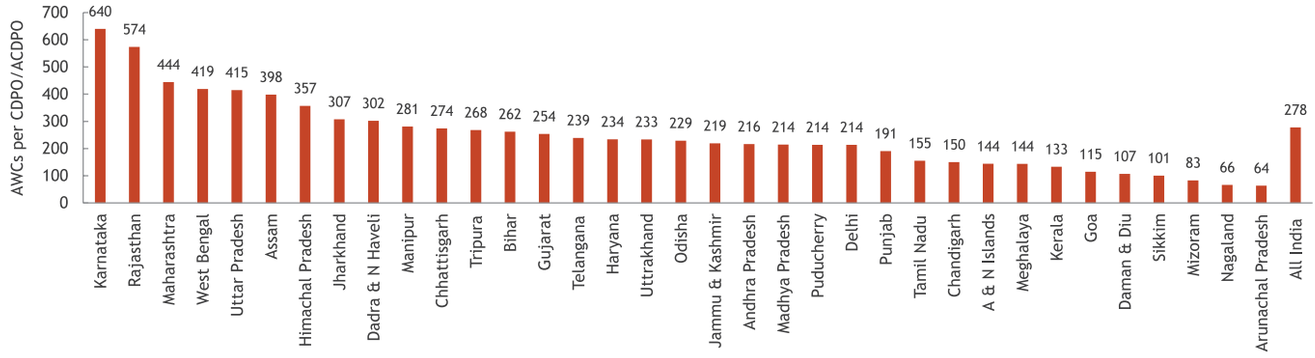
Source: MoWCD ICDS Data

Figure 7.4: State-wise percentage vacant posts of AWHs, 2014-15 and 2018-19



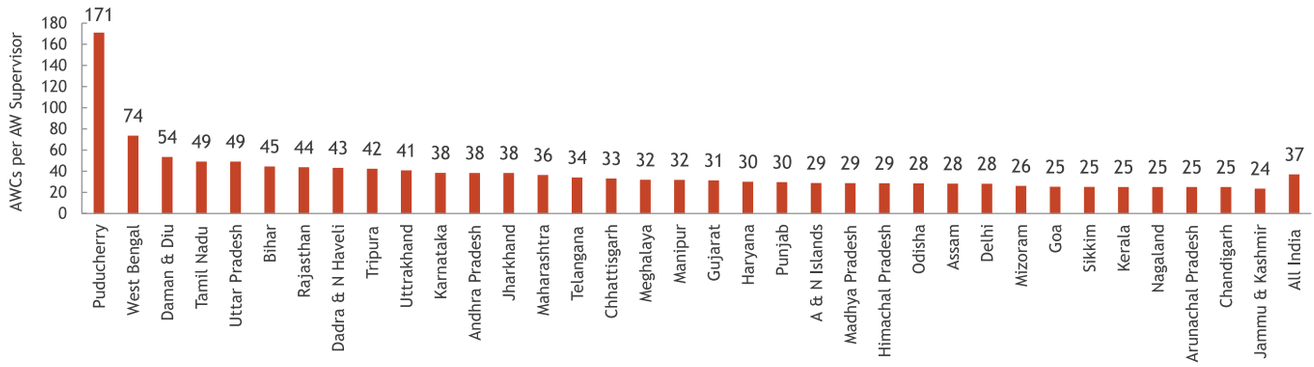
Source: MoWCD ICDS Data

Figure 7.5: Number of operational AWCs per CDPO/ACDPO by States/UTs, 2018-19



Source: MoWCD ICDS Data

Figure 7.6: Number of operational AWCs per AW supervisor by States/UTs, 2018-19



Source: MoWCD ICDS Data

Table 7.3: Number of beneficiaries per CDPO, AWS, AWW and AWH by State/UTs, 2018-19

States/UTs	Per CDPO	Per AWS	Per AWW	Per AWH
A & N Islands	2393	479	17	17
Andhra Pradesh	11359	2013	54	64
Arunachal Pradesh	2179	858	34	34
Assam	23237	1645	59	65
Bihar	19407	3297	77	85
Chandigarh	18593	3099	124	124
Chhattisgarh	14491	1751	54	62
Dadra & N Haveli	22886	3269	76	98
Daman & Diu	6601	3301	65	65
Delhi	10810	1425	58	51
Goa	6148	1353	55	55
Gujarat	18419	2275	75	79
Haryana	9936	1276	44	45
Himachal Pradesh	9330	747	26	27
Jammu & Kashmir	7097	763	32	32
Jharkhand	27703	3449	92	99
Karnataka	47031	2828	75	81
Kerala	4479	844	34	34
Lakshadweep	NA	NA	43	48
Madhya Pradesh	17655	2367	83	96
Maharashtra	24830	2036	65	68
Manipur	9956	1128	40	43
Meghalaya	12878	2854	90	114
Mizoram	6792	2132	82	85
Nagaland	5220	1970	79	79
Odisha	14648	1821	65	75
Puducherry	8991	7193	42	42
Punjab	5998	932	32	34
Rajasthan	32803	2498	60	67
Sikkim	2331	583	23	23
Tamil Nadu	9039	2861	65	72
Telangana	12752	1818	62	65
Tripura	10856	1716	41	41
Uttar Pradesh	35190	4160	92	107
Uttarakhand	9001	1573	40	55
West Bengal	26273	4615	68	72
All India	**17710**	**2359**	**67**	**74**

Source: MoWCD ICDS Data

7.3. STATE-LEVEL OBSERVATIONS ON ICDS FUNCTIONARIES

7.3.1. Andhra Pradesh

In Andhra Pradesh, the AWWs are trained when recruited, and subsequently are provided with occasional refresher trainings. More recently, the ILA modules have been introduced: 22 modules are covered with the field functionaries. Training is sometimes impeded by the fact that AWWs are not formally literate in select areas, and also that in tribal areas the language spoken differs. More technical training is needed (how to navigate the apps, how to download apps again if they get deleted due to lack space etc.). Too many apps are to be updated (CAS, NutriTask, Egg Barcoding etc); often, the same data has to be duplicated in multiple apps. Older AWWs and/or the ones who are not formally literate find it difficult to understand and operate smart phones; they have to depend on someone from family/community to help them every day with data entry. This could result in exploitation by those who help with such tasks.

Field functionaries as well as administrative officials, at the level of the block all the way up to the District level, have to undertake responsibilities for other departments (e.g. they act as Sarva Shiksha Abhiyaan officers, Aadhaar Enrolment Officers, Panchayati Special Officers during elections etc). At the District level, APD and PD both have Full Additional Charge (FAC) of more than one position/department. This burdens them excessively and results in their time and efforts being divided and none of the work being given proper attention as they have to rush through everything they do to make time for everything to be covered. Department dynamics negatively affect the PD's involvement in ICDS-related issues; a full time PD should be appointed instead of carrying on with FAC system. In terms of communication up and down the chain of command, the Commissioner has a Video Conference with field functionaries once a week to relay important instructions and convey feedback.

In tribal areas, the issue of language and lack of formal literacy act as barriers for the AWWs to properly absorbing the capacity building trainings being delivered. There is severe shortage of staff in sanctioned positions: no Block Project Assistants or District Coordinators have been appointed in the state which leads to the burden of data compilation and report creation to land upon AWWs and SUPERVISORs. Data Entry Operators are needed at project level. A minimum educational requirement of Intermediate level (12th standard) is suggested to avoid the issue of discomfort with technology and digital reporting among AWWs. Frequent one-to-one training for all cadres is deemed necessary by district level officials. More feedback sessions are also suggested. Due to the extreme heat in the region, it is strongly suggested by AWWs that AWCs remain closed for the summer for the well-being of the children and the AWW/AWH.

Not only are AWW salaries are delayed by months, the service provider at the Giri Poshan Kendra Pakaluru (satellite feeding station) has not been paid any honorarium for more than 5 months (since she started work), even though she teaches the children there and also uses her personal utensils and firewood to cook for the children. No compensation is provided for these resources either.

7.3.2. Assam

There is a shortage of staff in the block level, supervisors as well as CDPOs. There are 77 vacant CDPO posts, for which the reason listed by the state officials was that "a lot of scams happened. Almost 18 CDPOs have been working as contractual CDPOs earning a salary which is less than 50 percent that of a regular CDPO. Moreover, they reported a delay of 36 months in receiving their salary. They had informed the State through several letters, but had not received any response till the date of the interview. Despite this, they had to travel to the sites (AWCs) for monitoring and perform their work by spending money out of their pockets ("which do not seem to get filled", as one of the respondents put it).

The frustration was observed during the interviews, while they also reported the mental stress; they face for their work without pay. The state level officials reported that the delay in the recruitment process is because it is being conducted by the Assam Public Service Commission (which is another department reported to have had several scams) and that "it takes time". The State on the other hand acknowledged that it was difficult for them to motivate those working on a contractual basis. Even at the grass root level, there were several reports of AWWs who were working beyond their retirement age (who would send in their daughters-in-law to work). This creates several problems in the training processes as well as proper monitoring.

Travelling to the AWWs in rural and remote areas in Assam was found to be problematic by the Supervisors as this raised concerns related to their safety. They had to take lifts/hitch rides with strangers (mostly men) while returning from field during several late evenings. They suggested that a vehicular arrangement, especially for the Supervisors, would help them in proper monitoring.

There is no digitalization of data happening in the blocks or the districts. The district officials failed to provide proper MPR reports for the last 2 years. They have reported that the only digitalization that took place was at the state level. There was a lack of officials to do data entry or officials in the districts; as a result, proper monitoring of the districts failed.

7.3.3. Bihar

The ICDS monitoring unit has been divided into 4 levels: First, Anganwadi Vikas Samiti which consists of the AWW Member Secretary, Ward Member, Beneficiaries (the mothers who are literate; out of whom one is Adhyaksh). Second is the AWC Supervisor; the third level is CDPO, and the fourth one is DPO. DPO/CDPOs are mostly engaged in work for other departments: 50% of work they engage in is the law and order duty, and meetings with different departments. They do not get time to do their own work. AWWs are mostly engaged in managing the registers for THR, immunization, pregnancy, Bachpan Diwas, home visits to lactating pregnant sabala, *mahila mandal*, God Bharai Program, Annaprashan Diwas, Kanya Utthan Yojana, counseling, and PMMVY. Apart from this, they are also engaged in BLO duty, examination duty, health and education surveys, census, polio campaign etc. This leaves them little time to do their own work. Also, their salaries do not compensate them for this scope of work. Due to staff shortage, some of the Anganwadi Centers function without AWWs. AWHs run these centers alone, due to which the services provided are being affected. The recruitment of AWWs is in the process but, due to local political reasons the recruitment process is delayed (case in point: Muzaffarpur). Just one (or sometimes none) Data Entry Operator for the district means that it is quite difficult to manage the daily updating of records at the district and block level; this affects the data quality and management.

"Angan App" (Real Time Monitoring) is equipped with the functions of GPS and different functions. Supervisor and CDPOs enter information during their AWC visits (about attendance, food prepared or not, pictures of the children, GPS location codes, beneficiary details updated or not etc.) The app works offline as well, which helps if there are network issues which do affect the monitoring process. Discrepancies are found in manually entered data in registers in AWCs, and if the Supervisors and CDPOs do not regularly visit the AWCs, the digital recordkeeping is also not done properly by the AWWs. The same pattern of training is often followed during the ECCE training sessions with AWWs. Due to this, AWWs do not learn new things and it diminishes their skills. Also, the trainings are not organized at regular intervals. TOT training provided to the CDPOs but they are much too busy in their schedule to be able to train the Supervisors and AWWs in turn. This creates a gap in knowledge.

To help decrease stunting rates, an incentive of rupees 500 is given to the AWWs for first 6 months (of an underweight beneficiary's birth) to ensure the SAM child comes under the normal category. If the AWW maintains the growth of that child, an additional 500 rupees are given to the worker at the end of the year. At the end of two years, 1000 rupees will be given to the worker. So, the overall incentive provided to the AWWs is rupees 2000 for each of the SAM children in their care.

It has been reported that buildings and rooms are rented out at great cost for the centre, but the AWCs do not run for the whole day; instead, some of these funds can be diverted towards increasing the human resource and services of the ICDS for better utilization. Suggestions have also been made to change the selection procedure or criteria of the AWWs and AWHs through conducting exam in which their technical competency can be tested: presently, the selection of AWW and AWH is done during Gram Sabha meetings where local leaders and strongmen influence the decisions made. Local conflicts and court cases filed against factions delay the selection further. No internal exams are conducted to promote the CDPOs and DPOs either. They are in the same rank for extended periods of time, which demotivates them. Shortage of staff like Data Entry Operators, Assistant CDPOs etc. also exists, which creates extra burden on them.

7.3.4. Chhattisgarh

In Rajnandgaon, basic training for ECCE was given to AWWs under *"Sanskar Abhiyaan"*. AWWs were told about the importance of physical and mental development in early childhood. They were also taught the concept of *"Learning through Play"* and were given training on its techniques. No issues have been reported so far in this. The only problem reported was regarding the materials given for children during the training. The material is not proportionate to the strength of children enrolled at AWC.

AWWs in Raipur have received basic training initially and refresher training after every two years. They have also received training under the Polio Eradication Program. The only issue pertaining to training reported by AWWs was that they were not provided with the travelling allowance (TA). They have to a pay for their transportation. Anganwadi workers reported that

they already have a very low salary and paying for the transportation is an additional burden on them. At one AWC in Ambikapur, due to the unavailability of AWH the overall services were affected as the AWW was not able to manage everything alone.

Overall, there is shortage of human resources. Supervisors are being burdened with lot of work as they have to monitor large number of centres. At the AWW level, they have to carry out data entry and maintain around 12 different registers for beneficiaries' records. This data entry/maintenance process takes a lot of time and sometimes leads to a lot of errors. The respondents suggest that the selection procedure of AWWs and AWHs should be changed; it should be done through conducting examinations where their technical competency can be tested. No internal examinations were conducted by the WCD, Chhattisgarh to promote the CDPOs and DPOs. For a long time now, they have been serving in the same rank which affects their motivation levels.

As in Raipur district, CAS should be rolled out in other districts as well to help reduce the burden on AWWs and will bring efficiency in the monitoring process at each level.

7.3.5. Delhi

The functioning of AWCs gets disrupted due to biannual surveys. The AWWs are supposed to conduct these surveys along with other responsibilities like ECCE, THR distribution and home-visits. Thus, twice a year, almost for a month ECCE delivery schedule gets disturbed. Induction training has not been provided to some Supervisors. However, other trainings like NIPSIT, breast feeding, and trainings for 6 out of 21 dashboards have been provided.

At some places, an official WhatsApp group has been formed where everyone including the AWWS shares their live location everyday around 9:00-9:30 am. All the locations are then forwarded to the senior authorities. The Supervisors visit at least one center every day for evaluating every process associated with children and women, food and medicines. Registers are maintained for all records. With some AWWs, instructions need to be repeated multiple times and individual focus is required. Shortage of staff is definitely an issue, as every ICDS officer is managing more than one project.

A sense of dissatisfaction has been observed in ICDS staff. The contractual staff does not get any travelling allowance. Sometimes, AWWs complain about the difference in payment within the same program. For instance, ASHAs get Rs. 2 out of the Rs. 6 for distributing sanitary napkins under UDAAN scheme, which is not the case for AWWs.

7.3.6. Gujarat

The AWW is treated as a universal program resource for a number of government programs; the AWW also has to take on role of ASHA and ANM (where positions are vacant) in urban areas. This increases her burden and thus gives her less time to focus on her primary responsibility as AWW. There is a need for higher level entry qualification to deal with multiple responsibilities including paper work, online reporting which is currently inadequate.

Poor connectivity in tribal areas leads to frustration because of inability to communicate with AWWs and CDPOs. The lack of skilled personnel for operating online data entry results in delays in data flow and information.

At CDPO and district level, functionaries reported limited training for operating bureaucratic channels of communication, knowledge of how to communicate, regarding documentation and paper work. This not only prolongs many processes, but also makes the mid-level functionaries less effective as they cannot provide good quality feedback into the program.

7.3.7. Rajasthan

In Udaipur district, ICDS workers have received multiple trainings since they joined this program and no issue has been reported in trainings so far. However, no training has been conducted on record maintenance in Jaisalmer district; training on ECCE has been conducted in a few blocks only.

The monthly pay of AWW is approved by village sarpanch in Jaisalmer district. Due to this, workers are always pressurized for non-ICDS work. According to respondents, in Jaisalmer the selection of AWWs was done without any examination. The Panchayat members of the village have a lot of control and influence on AWWs to serve their own means.

The field level monitoring is done by the Supervisors in Udaipur district. Overall, there is a shortage of human resource in the district, so large numbers of AWCs are supervised by a very small cadre of supervisors. There are only 3 supervisors in the Jaisalmer district and 11 positions are still vacant. Due to this, no proper monitoring was happening in the district and ICDS services were not properly operational. It is very difficult for a single supervisor to cover 50-60 AWCs and the monitoring process become less effective. There was no regular monitoring of AWCs reported

in the Jaisalmer district. The officials at district level have reported about the funds limitations and shortage of vehicles. Distance is another deterrent factor in regular monitoring of AWCs.

Overall monitoring is done through "Rajdhara" mobile app to track location and live data.

A lack of measurable targets at DPO and CDPOs level was reported by the respondents. A need to fill the vacant positions and making performance-based incentives available to AWWs was suggested by the functionaries.

7.3.8. Uttarakhand

Udham Singh Nagar district has one DPO, and 7 out of 10 sanctioned CDPO posts are filled at present. 77 out of 85 sanctioned AWS posts are occupied right now. The DPO, CDPO and Supervisors visit AWCs regularly and check the assessment registers maintained by the AWWs there. Records of beneficiaries' information like pregnant women ANC check-ups, Poshahar distribution, growth monitoring records are maintained at the AWC. They also check the quality of hot cooked meal given to children on a regular basis. Supervisors reported visiting at least 2-3 AWCs in a day.

The AWH / AWW / Supervisor / CDPO / DPO / State-level officers have received training regarding ICDS services delivery according to their roles in the ICDS program. Most of them received induction training when they joined posts. AWWs/AWHs do not get refresher training in ECCE training and ICDS service delivery; they have not received growth monitoring training either.

The AWWs report that their workload has now increased. Earlier it was limited to providing children and pregnant women with food and checking whether they consumed it. It has now expanded to activities beyond the boundaries of the AWC. But this has also led to a vast network and connections; whenever a new birth occurs in the area, the very first thing the family does is getting their child registered with an AWC. Pregnant ladies and adolescent girls, without any hesitation or second thoughts, visit the AWWs in the first place.

7.3.9. Uttar Pradesh

Bahraich is making its program functionaries more effective by training (DPO, CDPO, AWS, and AWWs) to plan and execute their tasks correctly and consistently through the methodological, ongoing capacity building approach of ILA. District level training for the DRG has been covered 1 to 7 modules out of 21 modules of ILA. Likewise, at the block level ILA training given 1 to 7 modules of ILA to block resource group, in which there was 149 Block Resource Group (BRG) staff present and rest of the BRG staff to be trained. While at sector level, the group only covered 1 to 6 modules out of 21 modules of ILA training in 119 sectors in May 2019. Similarly, 2895 functionaries have been trained the first 7 modules of ILA out of the total 21 July 2019, and rest of the functionaries will be trained in next month of the year.

Bahraich has one DPO, one Statistical Officer, one Administrative officer and 15 CDPOs. 96 out of 103 posts for Mukhya Sevika are occupied in the district, while 1 post for Pradhan Sahayak and Kanishk Sahayak is vacant. 199 of 3094 sanctioned AWWs posts are vacant. 2394 out of 2619 AWHs posts sanctioned are currently occupied. A total of 431 posts in ICDS department are vacant in Bahraich.

In Barabanki, district level training conducted by the DRG has covered all modules of the ILA. Similarly, at the block level also all modules have been completed, for which 73-76 percent of the BRG was present. At sector level, AWWs participation was more than 99 percent in ILA modules training; one of the AWWs informed the team that she had attended various training sessions and had received 20 -23 days training in the last financial year.

Barabanki has one DPO, One Statistical Officer and one Administrative officer, and 12 CDPOs out of 16 sanctioned posts. 93 out of 112 posts of Mukhya Sevika are occupied, while 12 of the 17-post sanctioned for Pradhan Sahayak and Kanishk Sahayak are occupied. 2653 out of 2799 AWWs sanctioned posts are currently occupied and 17 Mini AWWs posts are vacant. Similarly, for the fourth-grade posts as AWHs, 2575 posts are occupied out of 2799 AWHs posts sanctioned. All 7 posts for drivers are vacant. A total 439 posts are vacant in the ICDS department in Barabanki.

The DPOs, CDPO and Supervisors in both districts regularly visit AWCs and check the assessment registers in which AWWs record the beneficiaries' information like ANC check-ups for pregnant women, SNP distribution, and growth monitoring records. They check the quality of hot cooked meal provided to children on a regular basis. Supervisors reported visiting at least 2-3 AWCs in a day. The CDPOs and DPOs have not been promoted for a long time and their pay scales are not proportionate to their experience and workload. The AWWs promoted to Supervisors are not skilled enough for this role. A departmental exam for these promotions might be a good option. AWWs also reported that they have to work on tasks for other

departments, which affects the ICDS services delivery. AWWs think that they work hard for ICDS, but do not get sufficient wages for the same.

7.4. SUMMARY OF KEY HR ISSUES

Sanctioned positions need to be filled at the earliest, especially BPAs/DCs/DEOs and CDPOs.

ILA approach leads to leakage of knowledge when transferred down the functionary hierarchy. Recruits need to have the skill set required for an increasingly digital job profile: to ensure this, a qualifying test and/or intensive digital training needs to be given before they join the ICDS. Administrative-level posts like CDPOs and Supervisors should be regularised, since regularization promises institutional memory and knowledge about the functioning of the system, as opposed to contractual hiring. This will bring some much-needed stability to the ICDS middle management. Recruitment of CDPOs and Supervisors should also be conducted annually or once in two years, through official examinations conducted by State Universities or the Secondary School Education Board, instead of through PSCs. This will save the delays in recruitments which are common currently, and will make sure that functionaries are not denied promotions by virtue of them not having been selected through the PSCs.

The Supervisor position needs strengthening, expansion and capacity development. Offices should be provided to them, and a clearer job chart will help demarcate their scope of work. We suggest that a new contractual post be instituted in the ICDS system: that of a Child Development Program Assistant (CDPA). The CDPA would be more mobile and dynamic in the field compared to the CDPO, who is more static given their reporting and management duties. The CDPA will be the CDPO's helping hand, with almost similar responsibilities as the latter, and would be well equipped with the skills of a statistical officer; this will help in data-driven monitoring at the project level.

There is much heterogeneity in AWWs' skills and trainings. There is a need for standardizing recruitment norms as well as conducting induction trainings. A better form of training needs to be devised. Too many training sessions hinder the AWC's daily functioning since the AWW has to be away for the duration of the training. Trainings can be clubbed together so that fewer days are lost. Direct trainings need to be provided to the Supervisors and AWWs in order to reduce their dependency on the CDPOs. The training program should be modified to provide regular technical training to AWWs; this is important since more and more of the reporting and recordkeeping happens online now. AWWs skills in this regard come across as poor. Most of them have only studied up till matriculation and some of them are unable to acquaint themselves with technology quickly.

Feedback and complaints from the field functionaries (AWWs, Supervisors), though raised in front of the PD and district officials (as observed in a review meeting in Andhra Pradesh, for example), are dismissed immediately as non-issues. The advice given is along the lines of achieving targets and deliverables or "if you want to save your jobs". This is a very detrimental approach to treating human resource and is harmful to the health of the ICDS structure itself. Functionaries need to be heard and their problems need to be treated as seriously as the targets that have been set by the government.

AWWs/AWHs honorarium should also be taken into consideration: it should at least be raised to a minimum subsistence level. We recommend an increase of honoraria of AWWs every 5 years on the basis of an assessment potentially based on reporting, management of registers etc. (AP and Assam have some such schemes for assessment which can be modified and replicated). We also recommend regular annual refresher training sessions for the AWWs, after which the outcome can be measured through an assessment: which in turn can contribute towards the overall assessment framework used for deciding their increase of honoraria (every 5 years). Some portions of AWWs' monthly honoraria should also be linked to a Provident Fund for increased economic security. This can actually make the position of the AWW more lucrative to educated, dynamic young people who are currently deterred from joining the ICDS due to the meagre payment and lack of pension.

Introduction of a pension scheme might also help reduce the number of such aged AWWs, a proposal has been already made about a fixed pay after retirement; proper policy guidelines regarding recruitment of full time ICDS functionaries, preferably without the involvement of PSCs.

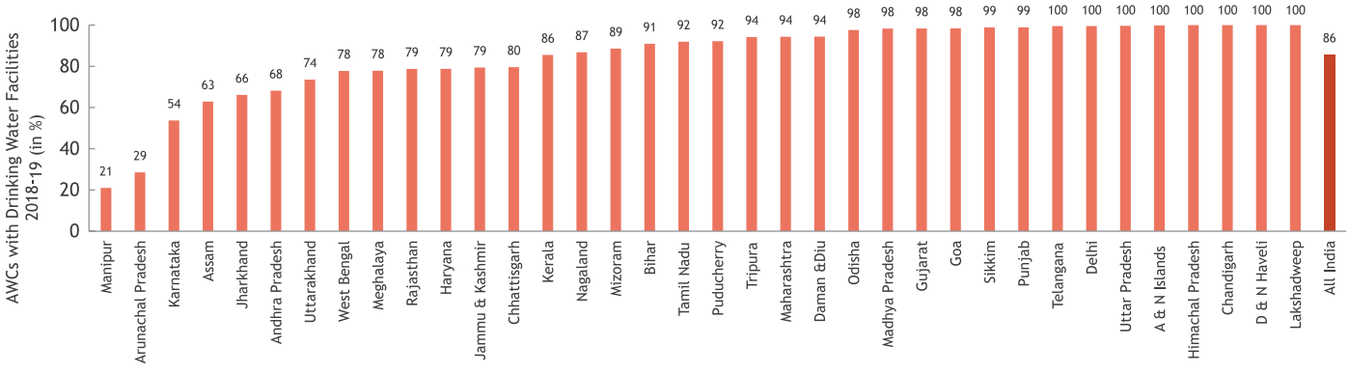
Reducing the number of apps and data duplication will save time and effort. Technical inputs and counseling in ECCE is an urgent need. Needs assessment in both these areas is an important issue to be tackled at the earliest. There is also a need to improve the ILA, as well as to update the training centers.

There is irregularity in promotions; functionaries are promoted to AWS/CDPO posts without them having the required skill set; there is also no formal procedure and guidelines for promotions in the ICDS system. This needs to be rectified as a priority. Digital validation and referencing of AWW/AWH/AWC is needed to ensure better data accuracy. While time bound promotion could be explored; performance parameters need to be aligned with the program for this to be executed. Career trajectories should be considered. Old AWWs working in Assam have been protesting against the retirement age. Pension scheme is to be introduced, but other benefits should also be considered for the field functionaries. Performance grant is an appreciated idea among the respondents; it can be linked to AWC/Project indicators. Incentives can be given to ASHAs/AWWs for referrals and compliance with NRC admissions; CAS uptake motivation and incentives need to align with the aspirations of the AWWs.

7.5. AWC INFRASTRUCTURE

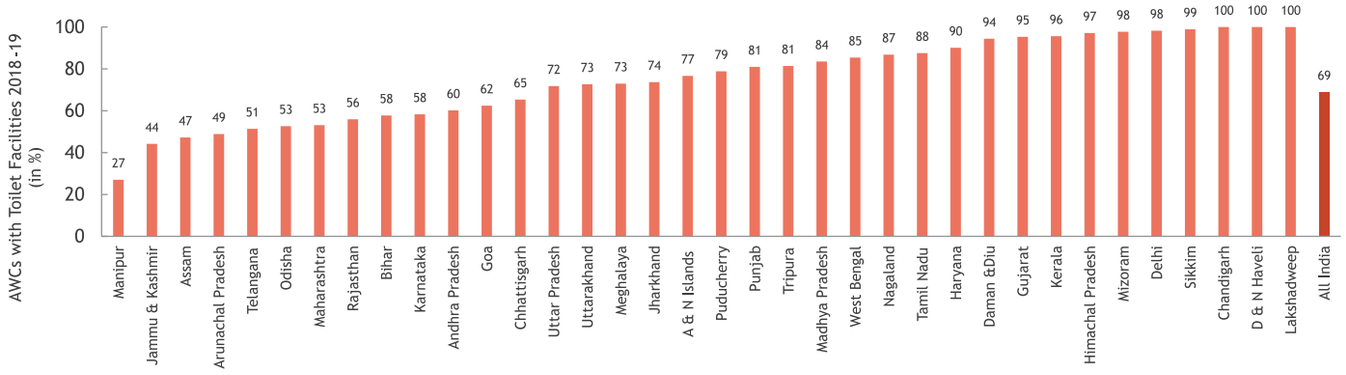
Availability of drinking water facility and toilet facility is a basic requirement of the AWCs. Figure 7.7 and 7.8 present the status of drinking water facility and toilet facility across operational AWCs of various States/UTs for the year 2018-19. At the all-India level, 86% and 69% of operational AWCs report of having drinking water facility and toilet facility, respectively. Availability of drinking water facility is the lowest across Manipur (21%), Arunachal Pradesh (29%) and Karnataka (54%). Eight States/UTs, including Uttar Pradesh, report 100% coverage of drinking water facility. Across 11 States/UTs the availability varies from 50% to 80%. Availability of toilet facility at AWCs is much neglected aspect across States/UTs. In Manipur, only 27% of the operational AWCs report of having a toilet facility. 19 States/UTs have less than 80% coverage of toilet

Figure 7.7: Percentage operational AWCs with drinking water facilities by States/UTs, 2018-19



Source: MoWCD ICDS Data

Figure 7.8: Percentage operational AWCs with toilet facilities by States/UTs, 2018-19



Source: MoWCD ICDS Data

facility. Table S4 (Annexure 2) provides information on changes in coverage of drinking water facility and toilet facility between 2015-16 and 2018-19. At the all-India level, there is a 20-percentage point and 16 percentage point increase in availability of drinking water facility and toilet facility across operational AWCs, respectively. Bihar reports highest change of 70 percentage point in provisioning of drinking water facility at AWCs (from 20.5% in 2015-16 to 90.9% in 2018-19). Telangana also registers remarkable increment from 40% in 2015-16 to almost cent percent coverage of drinking water facility in 2018-19. Chhattisgarh and Uttarakhand also report considerable improvement but still more than one-fourth of the operational AWCs in these States lack drinking water facility. Nagaland, Manipur, Odisha, Punjab, Arunachal Pradesh and Meghalaya report negative change in drinking water availability. Besides, Assam, Jharkhand, Uttar Pradesh and Puducherry report lack of coverage expansion of drinking water facility across AWCs between these years. Change in toilet facility coverage needs further attention even among States with highest progress such as Jharkhand, Madhya Pradesh, Telangana and West Bengal (over 30 percentage point increase since 2015-16).

Table 7.4 shows the distribution of AWCs (with required data) by type of building or place for functioning. In 2018-19, 43.5% of the AWCs were functioning from government building, 26.6% from rented spaces, 17.8% from school, 5.3% from Gram Panchayats whereas remaining 6.8% were functioning in other community areas including open space. Between 2015-16 and 2018-19, there is a gradual increase in the share of AWCs with own government buildings. However, there is a small reduction in the use of school premises for AWCs. The proportion of AWCs operating in Kutcha structures have reduced from 19.3% to 10.9%. Most of these Kutcha structures are in rented AWCs. Table 7.5 reports the state-wise distribution of AWCs by type of building or structure used for operations in 2018-19. Over 90% of the AWCs in Arunachal Pradesh (mostly Kutcha structures), Mizoram and Tripura are operating from government buildings. In Jammu and Kashmir and Delhi most of the AWCs are operating from rented structures. In Uttar Pradesh about 60% of the AWCs are operating in school premises. In Odisha, Punjab, Rajasthan, Telangana, and Uttarakhand over 25% to 30% AWCS are functioning from schools. In Haryana and Punjab about 20% to 25% AWCs are located within GP building premises. In Meghalaya and Maharashtra, 7.9% and 3.6% of the AWCs, respectively, operate in open community spaces.

Table 7.4: Type of building or place for AWCs, India 2015-16 to 2018-19

Type of Building/Place for AWC (in %)		2015-16	2016-17	2017-18	2018-19
Government Building	Kutcha	0.0	0.2	0.2	1.8
	Pucca	30.8	34.2	35.7	41.6
Rented (at AWW/AWH House)	Kutcha	2.0	2.4	2.3	1.9
	Pucca	4.9	2.3	2.3	3.3
Rented (at Others House)	Kutcha	13.2	13.6	5.1	6.0
	Pucca	13.2	11.2	16.4	15.4
Community Space (School)	Kutcha	0.4	0.5	0.6	0.6
	Pucca	20.7	21.1	21.7	17.2
Community Space (Gram Panchayat)	Kutcha	0.3	0.4	0.4	0.2
	Pucca	4.8	5.1	5.3	5.1
Community Space (Other)	Kutcha	2.7	2.8	2.8	0.4
	Pucca	6.2	5.3	6.4	6.1
Community Space (Open Space)	Kutcha	0.6	0.6	0.6	0.0
	Pucca	0.2	0.3	0.3	0.3
All AWCs (with data)	%	100.0	100.0	100.0	100.0
	N	1245642	1256090	1268822	1335524

Source: MoWCD ICDS Data

Table 7.5: State-wise distribution of building or place for AWCs, 2018-19

States/UTs	Government Building	Rented House	School	Gram Panchayat	Others
Andhra Pradesh	33.5	48.0	9.5	2.9	6.2
Arunachal Pradesh	93.2	6.1	0.5	0.3	0.0
Assam	63.7	18.9	17.4	0.0	0.0
Bihar	26.2	61.3	4.0	8.5	0.0
Chhattisgarh	66.9	26.1	2.5	1.8	2.7
Goa	11.2	59.6	23.0	2.0	4.3
Gujarat	78.8	14.1	1.1	0.7	5.3
Haryana	41.2	25.5	9.2	24.2	0.0
Himachal Pradesh	10.7	49.6	16.5	1.9	21.3
Jammu & Kashmir	2.6	96.4	0.9	0.1	0.1
Jharkhand	56.4	36.4	3.3	1.6	2.3
Karnataka	60.0	17.0	6.8	2.3	14.0
Kerala	68.9	25.0	1.3	2.3	2.5
Madhya Pradesh	71.8	27.3	0.3	0.1	0.5
Maharashtra	53.1	18.6	15.2	0.0	13.1
Manipur	39.3	28.3	5.1	12.1	15.2
Meghalaya	44.6	3.4	25.0	19.1	7.9
Mizoram	98.7	1.3	0.0	0.0	0.0
Nagaland	75.7	19.3	0.0	0.0	5.0
Odisha	24.7	21.8	25.8	10.2	17.5
Punjab	5.2	12.0	28.5	21.9	32.4
Rajasthan	42.0	17.1	30.3	6.4	4.2
Sikkim	72.3	18.2	1.0	0.9	7.6
Tamil Nadu	79.1	13.5	2.3	2.8	2.3
Telangana	29.1	35.6	26.9	0.9	7.5
Tripura	94.3	2.9	0.0	0.0	2.7
Uttar Pradesh	15.2	12.2	60.4	12.2	0.0
Uttarakhand	13.7	37.9	26.1	13.3	9.0
West Bengal	47.0	17.5	12.3	2.6	20.6
A & N Islands	23.6	31.7	1.1	32.7	10.8
Chandigarh	29.8	62.2	0.2	4.2	3.6
Delhi	0.4	99.4	0.0	0.1	0.2
Dadra & N Haveli	51.3	48.0	0.7	0.0	0.0
Daman & Diu	74.5	16.7	0.0	3.9	4.9
Lakshadweep	25.2	74.8	0.0	0.0	0.0
Puducherry	43.2	52.0	0.4	3.6	0.8
All India	**43.5**	**26.6**	**17.8**	**5.3**	**6.8**

Source: MoWCD ICDS Data

7.6. ICDS INFRASTRUCTURE

Infrastructure is important for the AWCs and the ICDS system overall to function. This includes both, physical infrastructure like buildings, electricity, water, storage, supplies etc., as well as digital infrastructure like CAS, state-wise apps for growth monitoring, data and voice network/connectivity, and technical know-how. The following section discusses findings with respect to these aspects of the ICDS.

7.6.1. AWC Infrastructure and Basic Facilities

At the all-India level, 86% and 69% of operational AWCs report of having drinking water facility and toilet facility, respectively. No systematic data is available on electricity connections. Besides, there is no policy provision for ensuring electricity supply at all AWCs. In Rajasthan, for instance, none of the AWCs operating in own building have electricity connection. One in every ten AWC is operating in a Kutcha structure whereas every fourth AWC operates in a rented building.

Gram Panchayat: Recognition of link between AWCs and PRIs is weak at the higher levels of ICDS administration. Currently the linkages with MGNREGA Work Plan are weak as a consequence the developmental funds available with the GPs that can facilitate the functioning of AWCs do not get used appropriately.

AWC Requirements: It is common to observe that the toilets are located outside the AWCs. Also, there are a number of requirements related to availability of running water inside the AWC, fences around the AWC premises, more (and better toys) for children, uniforms for children and AWW and AWH training centers at taluka level.

7.6.2. Urban AWCs

AWC Clusters and economies of scale: since there is often no space available in certain neighbourhoods for the AWC, clustering is done wherever space is found. However, this increases distance for beneficiaries. Economic cost to the beneficiaries is increased because of this clustering and having to pay for transport to be able to access to it. Poor rental norms and abysmal conditions of AWCs in urban slums result in sub-par conditions for AWCs to function in often cramped and improperly ventilated.

Office space of Supervisors/CDPOs: Proper office space is needed for these functionaries; no vehicle is available to them even when they have 2-3 blocks under them, which are often far-flung. They then have to hitchhike and this gives rise to monitoring and safety issues in remote areas and states like Assam.

Training infrastructure for AWWs: Training often happens out-of-state, which leads to a lack of proper monitoring and quality control. Distance is an issue for the functionaries to travel for these trainings. Such training locations that are out of state have implications for women workers who are burdened by gendered responsibilities on the home front, and lack the ability to negotiate new spaces and mechanisms of reaching there.

Urban Conundrum: The ICDS suffers from lack of administrative and logistics structures in urban areas for AWCs. The lack of identified space for functioning of AWCs is due to lack of regulatory mechanisms on where and how to set it up in urban areas. Inability therefore to identify persons responsible for this is a major concern although to some extent Urban Local Bodies do facilitate but specific regulations are needed to overcome this weakness of ICDS in urban areas. Although, some urban areas have experimented with Community Hub models for AWCs in Urban areas but these requires guidelines for practices/provisions.

The Community Hub models can undermine the distance norms but have other benefits. There is considerable migration among poor parents in urban areas. In relatively poor localities in urban settings parents are constantly mobile and there is no motivation for sending the kids to the AWCs. This also leads to less attendance for AWCs. There are even greater existential threats to AWCs from private nursery school operators in urban areas. Parental aspirations in urban areas match with social positioning in private nurseries. AWCs have to position themselves in that market. There is the perception among the beneficiaries that AWWs are not as qualified and knowledgeable as the private teachers and are not qualified to educate their children. As a consequence, there is desired social mobility, obtained by sending children to private nurseries.

7.6.3. Rural AWCs

There is poor provisioning of basic facilities like water, electricity, toilets, play yard, access roads. Flood prone areas, seismic zones, temperature, hilly and remote areas (like Dalaivalasa in Andhra Pradesh) become harder to access and deliver services in.

In terms of digital infrastructure and internet connectivity, poor connectivity in rural areas also deters many other reporting requirements.

E-governance for program data and financial flows is seen in Uttar Pradesh and Bihar for example, where the CAS Dashboard enables everything to be digitally monitored; especially areas like funding.

Funding challenges also arise, like lack of funding for AWCs, and issues with other departments over land and construction of AWCs (like in Gujarat). Inter-departmental squabbles exacerbate issues.

ICDS should seek greater convergence and collaboration with the Gram Panchayats in rural areas to facilitate AWC related construction and maintenance activities on a regular basis. For instance, the convergence efforts at this level in rural areas warrants a minimum resource commitment toward social sector expenditure related to AWCs under the Gram Panchayat Development Plan (GPDP). The procedures (technical and financial) to facilitate convergence should be streamlined to recognize a) convergence in terms of different type of work contributions for a particular activity and b) financial pooling across funding source to facilitate completion of a particular activity.

7.6.4. Tribal AWCs

Accessibility is a big issue in tribal areas, with hilltops and other hindrances making it difficult to travel to and from the AWCs. Supervisors are unable to pay visits to far-flung areas since they have no transport of their own and also have concerns over their safety in such remote areas.

Infrastructure is often in shambles, with the salaries of contractual employees remaining unpaid for months. Often times, these employees have no way to raise complaints or provide feedback to the district/state administration.

Language, cultural beliefs and customs differ, which may affect the uptake of services in the area (like in Andhra Pradesh, where the tribal population did not think of a high IMR as a cause for concern). Mobilizing community is difficult in such cases. AWWs are often not formally literate in these areas, which makes it harder to teach them how to operate smart phones.

7.6.5. AWCs in 6th Schedule Areas

As per Article 244 of the Constitution of India, the 6th Schedule deals with the administration of the tribal areas in the four north-eastern states of Assam, Meghalaya, Tripura and Mizoram. The Autonomous District Councils (ADCs) under the Sixth Schedule have authority over various legislative subjects and are entitled to receive grants-in-aid from the Consolidated Fund of India to meet development expenditure on education, health care, education, roads etc. The autonomy is expected to offer greater opportunity for economic development and ethnic well-being. However, they lack financial autonomy as these ADCs significantly depend on state governments for developmental funds and for decisions regarding undertaking of developmental activities. In Assam, we observed autonomy issues hinder ICDS functioning and implementation in the area. One way to alleviate this issue would be to merge the ICDS department with Governor's office in order to ease the flow of funds and streamline process.

7.6.6. Ecological Aspects of Infrastructure

Regional variations like issues with storage space, areas or AWCs being prone to animal infestations can have an adverse effect on the implementation of the scheme. Hilly areas, flood prone areas have their own set of issues like accessibility, natural disasters and safety concerns for the beneficiaries as well as the field functionaries.

It is important that the ICDS budgeting for AWC construction should be sensitive to regional variations – storage/animal infestations, hilly areas, flood prone areas, child friendly houses. It should take into account ecological aspects (earthquake proof construction) and climatic conditions (extreme winters etc) to develop model design (Room + Kitchen + Toilet + Playing Area). Meanwhile, the rental norms should be informed based on local conditions and desired quality of infrastructure.

7.6.7. ICDS CAS

CAS has been rolled out in many states in conjunction with other state-based apps (like 'NutriTask' and 'Rajdhara'). However, some problems continue to plague this software rollout. AWWs often have trouble using smart phones and/or navigating the apps; poor network connectivity in tribal/remote areas makes uploading data very difficult. Troubleshooting is a big problem due to lack of technical know-how: e.g. app gets deleted accidentally, or the phone malfunctions. Added to this, sometimes AWWs' family members use up their mobile data packs on personal use, leaving no data for actual work. AWWs who are not formally literate cannot operate the phone/app and depend on someone from their village to help

them upload and sync data, which leads to delays/ no-shows on the app. This accrues memos in their names, even though they are doing their task of growth monitoring and recording on time. The need of the hour is to develop apps with critical inputs from the field functionaries themselves, so that the technology actually aids them in carrying out their tasks—instead of them being subservient to the app or smart phone because they have been kept out of the design and brainstorming process.

CAS uptake should be motivated and incentivized as the trainings and refreshers vary in intensity. Also, AWWs who are less comfortable with mobile phones pick up the application on their owAndhra Pradesh has implemented CAS. Here it was noted that older and illiterate AWWs have difficulty in operating the app. This leads to incomplete records and thus penalization of the AWW despite having carried out growth monitoring. Some of the AWWs also complain about the pace of training. On the other hand, there is a tendency for complacency due to reliance on apps. Also, there should be more frequent training for the AWWs as things are new and forgettable. These issues call for strengthening or establishing District Training Centres with adequate staff for regular training and capacity building of various ICDS functionaries. Also, the trainings should be Projector LCD based. The trainings should be followed up with digital connectivity across areas.

While a lot of monitoring and supervision is done digitally, network issues hinder smooth, real-time reporting. With a shift toward digital reporting ICDS-CAS, availability of electricity is a basic requirement for the AWCs. However, poor connectivity in tribal areas leads to frustration because of inability to communicate with AWWs and CDPOs. As a consequence, even though online uploading of information and photos are a welcome move but it is difficult to achieve because of IT issues. Limited training for operating bureaucratic channels of communication, knowledge of how to communicate and documentation as well as paper work can lead to poor quality feedback from mid-level officials into the program. This calls for improved governance at Project level. In particular, the AWC Supervisors needs strengthening, expansion and capacity development. In some cases (such as in Assam), there is limitation of understanding the relationships among the AWW, supervisors and the CDPOs, the AWWs at times prefer to call the CDPOs for help rather than their supervisors.

7.7. STATE-LEVEL OBSERVATIONS ON ICDS INFRASTRUCTURE

7.7.1. Andhra Pradesh

With respect to physical infrastructure, in 2017-2019, 10,000 buildings for AWCs were reportedly built in partnership with MGNREGA; incomplete buildings were also sought to be completed. If the PRI has space available, it provides rent-free buildings to the ICDS for AWCs. A pilot program under APRIGP is testing out beautification of AWCs in 12 mandals. No separate toilets for girls exist in the AWCs. Hilltop and tribal areas have accessibility issues; Supervisors find it tough to reach, often having to make the journey on foot. In urban areas, Urban Merging Centres have been created as a response to the beneficiaries' aspirations of sending their children to convent schools and private nurseries.

The transportation of the THR supply from the PDS shop to the AWC is to be paid for by the AWC and is often times expensive for her. Reimbursements, if at all made, are severely delayed.

NutriTask app has issues with interface, uploading etc. Apps often get deleted from the AWWs phones and they have to go down to the Sector office to get them restored.

CAS has been rolled out in entire state. However, CAS smart phones tend to get damaged quickly, and no replacement is made by the government. Hence, AWWs have to buy new phones from their personal funds. Laptops have been promised to the CDPOs and Supervisors, but they are yet to receive the same. District officials have also encouraged AWWs to take the help of relatives and young community members to upload the data on CAS and NutriTask. However, this does not address the issue of capacity building in AWWs, and increases their dependence on others for a vital growth monitoring process.

Network connectivity is a huge issue, especially in tribal/hilltop areas. Faster network operators are needed, instead of BSNL which is the only choice currently. At a review meeting the district officials responded to this complaint by field functionaries by dismissing it as a non-issue, adding "data can be uploaded offline and synced later". But this is not a proper solution since this means the AWW has to travel every day to the place where she does get network (often many kilometres away).

7.7.2. Assam

The infrastructure of many of the sampled urban AWCs visited was extremely poor. The AWWs failed to get a proper rented place in the urban areas: the reason stated was the irregularity in receiving the rent grant from the government. The local people did not prefer renting out their compounds to the AWC as there is no guarantee/security of being paid rent. As a result, the AWCs rely on temple spaces and verandas of benevolent localities to conduct their AWC activities temporarily. It was also reported by the state officials that the funds only cover the construction of AWCs but there were no specific funds for the maintenance of the AWCs.

Most of the tribal AWCs which were prone to floods and rains remained in poorer conditions despite several notices to the higher authorities of the system. They then receive support from the tribal community members in terms of shelter and food.

The weighing machines received from the State government were not well-functioning and did not give accurate measurements. "The entire goal of ICDS fails when you fail to record their accurate weight and height", as pointed out by one of the respondents.

7.7.3. Bihar

There are no proper offices for DPO & CDPOs; almost half of the AWCs run in school buildings & community halls where basic amenities like toilets and drinking water facilities are not available. No meeting halls are available either, so they totally depend on the district office for these venues. No storage rooms are available for ICDS materials; all of which are kept in the CDPOs office. The rent rates as per ICDS guidelines are not sufficient, in which case it is very difficult to manage the building or room and necessary facilities for the sanctioned amount in urban areas. Only wiring is available at some AWCs, electricity connection is unavailable. Also, there is no support provided from the local community in any form (by the Gram Panchayat and the local leaders), whether for buildings, funds and basic amenities. No funds come from the ICDS for electricity bills. Functionaries suggest that the ICDS develop its own infrastructure (buildings), revise the ICDS guidelines with respect to rent rates, provide the administrative cadre with their own offices, and provide storage rooms.

CAS is fully operational in 6 districts. However, in 11 districts only 1st phase of CAS training is completed. In Muzaffarpur, the first phase of CAS training has been completed, and topics covered under the training were mostly related to survey entries and the handling of the app, e.g. how to operate the CAS mobile app, real time monitoring, mobile surveys, how to feed in the details of pregnant and lactating mothers, and the home visit app. Nalanda district still does not have an operational CAS.

7.7.4. Chhattisgarh

AWWs reported that infrastructure at AWCs certainly needs improvement: the storage space constraint has been an issue at every AWC. AWWs use their own funds even for repair work needed at the AWCs. The jars/ boxes for storing dal, flour, spices etc. are purchased by AWWs and no reimbursements for these expenses have been made to them. All the AWWs demand new, better quality toys for students. Government has distributed LPG gas cylinders to few AWCs, but other AWCs are waiting for the same. In sampled AWCs in Rajnandgaon district, there was no provision of lights and fans.

CAS has been rolled out in Raipur district but the quality is quite compromised, as reported by AWWs. At the time of the survey, AWWs were facing problems of smart phones hanging and issues related to validity of the SIM cards. CAS has not been rolled out in Ambikapur and Rajnandgaon districts.

7.7.5. Delhi

Lack of infrastructure is one of the major barriers for optimum execution. It has been reported that very small areas are available to rent out for AWC buildings. At most of the centres, weighing machine for infants (0-11 months) is not available. They have been asked by the higher authorities to share them with the nearby AWCs. The maximum rent amount assigned is very less (Rs.6000 per AWC) and the owners generally do not agree to include water and electricity charges in it. Hence, a very confined area is available for AWC activities. Though the proposal of hub centres is under implementation, finding a larger area is difficult as most of the 22 square yard area is taken up by the families residing there already. Even schools do not agree to rent out their classrooms.

7.7.6. Gujarat

In urban areas, rented AWCs are very congested and often need to be shifted elsewhere. This means that the AWC often does not remain in the community anymore, but further away depending on where there is place found. This runs the risk of discouraging some beneficiaries from commuting all the way to the AWC. Some of these AWCs are "smart AWCs" which have

TVs as digital teaching aids: this came across as an aspiration among AWWs who did not run smart AWCs. There is a lack of identified space for functioning of AWCs due to lack of regulatory mechanisms on where and how to set it up in urban areas. This leads to an inability to identify persons responsible for this. To some extent Urban Local Bodies do facilitate the process, but regulations are needed since functioning of AWCs is weakened because of this.

Online uploading of information and photographs is a welcome move, but it is difficult to achieve because of IT issues like the lack of know-how among AWWs about operating smart phones, connectivity issues etc. However, informal platforms of reporting and monitoring, like WhatsApp, are used widely in a move towards digitalization of the scheme.

7.7.7. Rajasthan

In Jaisalmer district, services at AWCs are very limited due to the irregular monitoring and geographical constraints in the district. On the demand side, major constraints are shortage of drinking water, and limited distribution of raw materials for food preparation. The supply side barriers are shortage of vehicles for regular monitoring, long distance between AWCs, very limited fund allocation, unavailability of workers, and frequent changes in human resources at district and block level. All the sampled AWCs in Jaisalmer district had no proper infrastructure. AWCs are run in school campuses mostly, and are given small rooms in a corner without any maintenance at all. GPs have constructed AWC building in many villages but the quality and location of the buildings has remained compromised similarly. In Udaipur district, Vedanta Zinc International has adopted around 270 AWCs in Girwa block. All the adopted centres have good physical and digital infrastructure. LED televisions, solar lights, water connection, necessary stationery, sitting benches and water purifiers are provided there. The motive has remained to bring AWCs up to the level of private schools by providing all the necessary infrastructure and design. They have adopted many other AWCs in other blocks in the district.

The average distance from one GP to other is around 30 kms, which is a big hurdle for the district officials to regularly visit AWCs. The shortage of vehicles is also reported there. Distribution of Iron supplements and other related materials; regular monitoring of AWCs by supervisors; distribution of hot cooked meal for 3-6 years children; distribution of THR; and regular attendance of beneficiaries at AWCs are all affected due to the great distances.

CAS is fully operational in Udaipur district. AWWs were given the training of CAS and supervisors are always available in case of any issues that arise in operating CAS for the AWW. In training, mainly the areas covered were e.g. how to operate CAS, data entry, registrations, real time monitoring etc. The AWWs who were less qualified or who never used smart phone reported facing a problem in operating CAS initially. CAS was not introduced in the sampled blocks in Jaisalmer district.

7.7.8. Uttarakhand

The study team observed that the infrastructure was poor at one of the AWCs in Udham Singh Nagar district. The team witnessed ceiling was falling in, the walls of the AWC building were not plastered and there was no facility for electricity and fans in the AWC. There is no vehicle facility in many blocks, and where it is available, the sanctioned vehicle fare is very low. According to CDPOs, there is not enough space in CDPO Bhawan, and the rooms are very small. Infrastructure of AWCs is a big concern during monsoon. There is a need for more facilities such as more swings, other than just toys; this will bring AWCs at par with a typical play school.

CAS is helpful for AWWs to the maintain records and it saves them time while maintaining and comparing manual records. However, AWWs are expected to maintain both digital and manual records, which is a tedious task to undertake. Most of the AWWs have received CAS training for feeding beneficiary records into the software.

7.7.9. Uttar Pradesh

There are a total of 3094 functional AWCs in Bahraich. Only 1135 AWCs function in own buildings, while 1581 AWCs run in primary school premises, 139 AWCs in Panchayat Bhawan. 38 AWCs in the village and 201 AWCs in urban areas have rented buildings. Safe drinking water is available in 2966 AWCs. 2873 AWCs have toilet facility. Beside this, the study team visited Lalpur and Pawhi AWCs observed that there was no toilet for 0-59-month-old children, and while electricity connection was present, electric fans were not. Space for sitting and playing was insufficient in the AWCs.

There are a total of 3052 functional AWCs in Barabanki. Only 705 AWCs have their own buildings, while 1624 AWCs in primary school premises, and 359 AWCs in Panchayat Bhawan. 9 AWCs in religious places, 2 AWCs are in open space and 353 AWCs are rented. Safe

drinking water is available in all AWCs in the district. 2946 AWCs have toilet facility; only 1151 AWCs have kitchen facility, and 1312 AWCs have proper storage facility. 2457 AWCs have adequate indoor space for preschool children, 2636 AWCs have adequate outdoor space for preschool children, while both adequate outdoor and indoor space for preschool children is available in 2470 AWCs. All AWCs are running in pucca and semi pucca houses. The study team saw that the sampled AWCs had well-maintained rooms and separate kitchen room and storerooms. They also had toilet and a safe drinking water facility.

CAS is used extensively by AWWs in Bahraich and Barabanki districts. CAS reduces the burden of maintaining of the physical register for the AWWs who use it. CAS keeps records of all their beneficiaries: pregnant women, SAM and MAM children, identification of red and yellow grade children, calculation of when pregnant women's due date etc.

Implementation of CAS in Bahraich district: More than 92% AWCs (2855 AWCs out of 3094 AWCs) have received devices with the block wise inventory sheet with IMEI numbers. TSU Team and Block Transformation Officers provide technical support to blocks in registering all devices. 100% of these devices have been unboxed, verified and distributed batch-wise along with username and password to the Anganwadi Workers (AWWs) with the labelling done on all of them. More than 97% of the devices have been configured and used at least once. Helpdesks have been set up at block level itself in order to provide immediate response to any bug found. More than 90% of the AWWs are currently feeding the beneficiary list onto their devices. More than 80% of the AWWs were found to be happy to have a smartphone as this is the first one they have ever operated. AWWs have been capturing data with CAS in Bahraich since December 2018.

Implementation of CAS in Barabanki district: More than 95% AWWs (2924 AWCs out of 3052 AWCs) have received devices with the block wise inventory sheet with IMEI numbers. TSU Team and Block Transformation Officers provide technical support to blocks in registering all devices. 100% of these devices have been unboxed, verified and distributed batch-wise along with username and password to the Anganwadi Workers (AWWs) with the labelling done on all of them. More than 97% of the devices have been configured and used at least once. More than 98% of AWWs are currently feeding beneficiary records into devices. More than 98 % AWWs trained through four phase of training. In some projects, 100% AWWs are trained in CAS.

7.8. KEY ISSUES IN ICDS INFRASTRUCTURE

The merging of urban AWCs in the form of Urban Merging Centres (UMCs) in states like Andhra Pradesh seems to have garnered good feedback from beneficiaries. 3 AWCs are merged, and the children are divided into age-groups like in a nursery/private school: nursery, LKG, UKG. Each AWW takes up teaching one group and thus they learn according to their age. Some Smart AWCs (like in Gujarat) also have TVs that are used as teaching aids. These ideas can be implemented in urban areas to align with beneficiary aspirations. However, distance and commuting time should be kept in time when clustering AWCs. AWCs need more toys and educational aids. Also, mats, fans, chairs, hand towels, hand wash, first aid kits need to be provided to each AWC to ensure that physical infrastructure is in place for the ECCE component to be carried out properly. If the material cannot be provided, at least funds for the same should be budgeted for. A competitive program can be created for beautification of the AWC with the help of the PRI. The prize will be instituted by State Govt for the concerned PRI and AWC.

The policy makers should lay special emphasis on the AWCs located in the flood prone areas. The state level officials reported of successful mobile AWCs during the floods. Some of these initiatives could be expanded to other localities which are minimally but still affected by floods and rains; proper monitoring and quality check in delivery and the products is required.

Conveyance for Supervisors is needed to access remote areas and projects. However, as one Supervisor pointed out, even mopeds/scooters will not be of much use in hilly areas since the journey up to the hilltop has to be made by foot due to lack of roads and accessibility. This requires longer-term planning and convergence with other relevant departments- geographic inaccessibility is a challenge in remote areas which potentially affect the delivery of services across departments.

Network connectivity issue needs to be resolved at the earliest. Some sort of partnership with private network operators who have stronger connectivity in these areas can be one solution. Otherwise the field functionaries have to spend hours every week travelling down to areas with good reception just to upload and sync their data. This leads to unnecessary waste of effort, time and money which the functionaries can use more productively by working on other aspects of the ICDS.


भगवान

08.

CONVERGENCE AND CONVERGENT ACTION

8.1. CONCEPT OF CONVERGENCE

The National Nutrition Strategy (NITI Aayog 2017) emphasises on strengthening convergence of State/ District Implementation Plans for ICDS, National Health Mission (NHM) and Swachh Bharat Abhiyaan and similar other programs for jointly addressing the different determinants of undernutrition. The Aspirational Districts Program also calls for convergence between different schemes and interventions across difference governance levels. Convergence efforts essentially seek to draw upon synergies in implementation of government schemes. Further, convergence can ensure greater complementarity between public initiatives (Centrally Sponsored Schemes) and the private efforts of a household. For this purpose, convergence action plans are developed and executed across States and Districts.

As such, convergence is identified as a critical theme in organizational theory and is mostly referred to as through concepts such as integration, collaboration, coordination and cooperation[1] (Axelsson and Axelsson 2006, Garrett and Natalicchio 2011, Kim et al 2017). Convergence, however, can be viewed from an operational perspective as – peripheral convergence and core convergence. The former refers to convergence in execution of activities or services requiring minimal resource commitments of the concerned line departments. The latter, however, involves planning and decision-making for joint implementation of selected processes and procedures warranting substantial pooling of financial and non-financial resources of the concerned line departments. Convergence thus emerges as a multi-dimensional concept having both vertical and horizontal layers.

[1] Kim et al (2017) define these terms as follows: "Integration: the highest-order of relationships with shared structures or merged sectoral remits. Collaboration: enhancing one another's capacity and sharing of some resources or personnel to facilitate strategic joint planning and action on certain issues, while maintaining sectoral remits. Co-ordination: altering one's activities to achieve a common purpose; interactions are often unstructured or based on a loose goal-oriented agreement and working together on certain issues while maintaining sectoral remits. Cooperation: sharing or exchanging information or resources only; continuing to work in separate sectors with little communication or strategic planning on issues".

The vertical layers are identified as follows: Policy layer, Implementation layer and Action layer. The policy layer involves highest levels of decision-making at the national-level or State-level and quintessentially deals with conceptualizing the policy and outlining the principles, norms and guidelines for policy execution. The implementation layer is responsible for steering and executing the plan and requires effective stewardship to overcome roadblocks and supervision in rolling out the initiatives. The action layer is concerned with the functional part of undertaking activities or delivering services as mandated by the guidelines or as improvised by the program leaders.

Each of these layers is surrounded by horizontal concerns viz. priorities, resources and capacities. Convergence requires a set of common developmental priorities or objectives of two or more ministries or line departments or grass-root level functionaries. Inability to identify a common objective disallows commitment to devise policies that can harness the convergence potential of two or more departments across any vertical layer. Attitudes and inherent attributes of the functionaries or the concerned departments are instrumental in fostering convergent action.

But despite consensus on needs and priorities, resource constraints can emerge as a significant barrier for convergence. The resources are both financial as well as non-financial including human resource (technical or managerial) and can be experienced at each of the vertical layers. Finally, variations in capacities at each level can decelerate the progress and even dilute the impact of convergence initiatives. These capacities are reflected in gaps in planning and logistics at the highest levels to elementary aspects such as variations in training and implementation capacities across line departments and grass-root level functionaries.

8.2. PERIPHERAL AND CORE CONVERGENCE

Peripheral convergence refers to synergies in execution of activities or services requiring minimal resource

commitments of the concerned line departments, particularly at the local level. Mostly the grass-root level functionaries of the line departments including the ICDS, NHM, Panchayati Raj (implementing MGNREGA or various welfare schemes), and Education come together to collaborate on goals of their respective departments as well as those of the ICDS.

The following are some areas that illustrate peripheral convergence:

1. Convergence Action Plan: Following the launch of the POSHAN Abhiyaan, convergence action plan (CAP) is developed from National to the Block level for delivering nutrition related schemes. The CAP committee is responsible for carrying out all the work related to convergence such as plan development, conducting periodic review, work coordination, monitoring and evaluation, identifying gaps and suggesting measures to fill the gaps. However, CAP committee at lower levels have greater focus on implementation whereas they are less empowered to fill gaps related to financial and operational challenges. Issues such as provision of drinking water, electricity, toilet or construction and refurbishments of AWCs are difficult to be resolved without specific guidelines from the Centre or the State.
2. AAA Community-based Events: Planning of community-based events led by ANMs, AWWs and ASHAs (AAA) has brought about significant expansion in coverage of basic health and nutrition services as well as increasing the frequency of delivering behaviour change communication and awareness services. The AAA platform – mainly led by NHM - is an important example of peripheral convergence that requires minimal resource commitments of various line departments. The Village Health and Nutrition Day (VHND) is planned under various localized forms (such as Mamata Divas) in a fixed day - fixed site format and delivers key services like immunization. The AAA also undertake home visits and conduct growth monitoring and health and nutrition counselling.
3. Kitchen Gardens (Nutri-Garden): Widespread uptake of kitchen garden initiative across AWCs is observed in several States (including Andhra Pradesh, Assam, Chhattisgarh, and Gujarat). The kitchen garden is often developed in convergence with MGNREGA, Department of Horticulture or through Corporate Social Responsibility (CSR) initiatives. The kitchen gardens are mostly developed in the AWC premises, or on a patch of community land in the village. The produce is used for the Hot Cooked Meals (HCM) at the AWC to improve the quality and diversity of the meals.
4. Linkages with SHGs: Health layering is supported through several Women-SHGs platform with technical and financial support from government or donor agencies. These initiatives are widespread in Bihar and Uttar Pradesh. These initiatives actively engage the community health workers (AAAs) to improve knowledge and utilization of ANC, PNC services and family planning methods, delivery under supervision of health professionals, consumption of micronutrients, dietary supplements, timely breastfeeding and vaccination of children. The CAP guidelines also call for greater involvement of SHGs and Cluster Federations in VHSNDs to strengthen convergence and monitoring and management of nutritional status of women and children.
5. Gram Panchayat Development Plans (GPDP): Minor works for AWC building (such as refurbishments or boundary wall construction etc) as well as efforts for provision of drinking water and toilet facility at the AWCs is considered under GPDP. However, the GP priorities vary across States and are also shaped by the State-specific guidelines on work priorities and resource allocations. The GP President and other Elected Representatives (ER) are also expected to actively participate in community-based events.

The following are some aspects that outline efforts toward core convergence:

1. AWC and School co-location: Co-location of AWCs within the premises of Government Primary School is noted across several States and is very common in Uttar Pradesh. However, greater efforts are needed to ensure convergence of human resources from the education department and ICDS department, particularly the school teachers and AWWS, respectively. The two departments have to also resolve the issue with age overlaps of students and beneficiaries (5-6 years old are eligible for both school admission and ICDS pre-school education component).
2. AWC building construction: Collaboration between ICDS and MGNREGA is critical for construction of AWCs. Besides, the GPs play an important role in allocation of land for the AWC construction. However, the construction requires operational guidelines both from the Centre and the State while deciding upon resource allocations. Although, the

MGNREGA convergence guidelines have allocated up to Rs.5 Lakh for AWC construction but the implementation has to be actively pursued at the State and District level whereby additional cost has to be borne by the State. It may be noted that the GPs alone may not be empowered enough to undertake such activities. Also, it is important interpret that the cost-sharing ratios defined for Centre-State funds (usually 60:40 for most states) is not necessarily to be met at each and every point of action. For instance, these can be operationalized at District or Block levels for AWC construction. Besides, the Central Government guidelines allow using alternative sources of funds (such as the State Finance Commission, Fourteenth Finance Commission, Scheduled Castes Sub Plan or Tribal Sub Plan) but State action is equally important in facilitating funds utilization on these activities. The pace of AWC construction is accordingly affected by these various intricacies associated with guidelines interpretations and fund allocations.

3. Milk provision for children at AWCs: States have displayed commitment to introduce milk item in the ICDS food menu for children. For instance, Mukhyamantri Amrit Yojana in Chhattisgarh aimed at providing 100 ml milk to children at the AWCs. However, the scheme was discontinued. A clear coordination mechanism between the State government (both Finance and ICDS departments) as well as the milk union is critical to ensure success of such initiatives.

4. Electricity, Drinking Water and Toilet Facilities: Electricity, drinking water and toilet facilities are among the basic provisions necessary in an AWC. However, its provision varies considerably across States. The ICDS Department in Rajasthan, for instance, does not have a formal arrangement with the Department of Power or the GPs for installing electricity connection to AWCs. Whereas, in Gujarat there is a centralized payment mechanism for settlement of AWC electricity charges. Similarly, in Andhra Pradesh free power is provided to SC/ST households, but since AWC buildings cannot be classified under this scheme, the initiative to provide AWCs with free power in collaboration with the Electricity Department did not pan out. Besides, several AWCs operate in rented buildings without appropriate piped water connections or provisions. The AWW and AWH are expected to make these arrangements. Toilet construction and maintenance is the weakest link in the infrastructure facilities for the AWC. While the GPs usually are able to support toilet construction but maintenance and solid waste disposal remains a major challenge.

5. ICDS Recruitments: Recruitments of CDPOs and AW Supervisors is mostly the responsibility of the Public Service Commission of the respective States. A significant proportion of these positions are left vacant for years altogether leading to added responsibility and burden among the existing staff for managerial work of the ICDS. For example, in Uttar Pradesh, despite requests from the ICDS department, these delays in recruitment can also occur due to delays in funding approvals for the vacant positions and time-consuming recruitment procedures including litigations.

8.3. INSIGHTS FROM FIELD VISITS

8.3.1. Andhra Pradesh

At the village and block level, we see convergence in the form of kitchen gardens, which are run in collaboration with MGNREGA, CSR initiatives etc. MGNREGA helps with their construction, while CSR initiatives distribute plant seeds and “nutri-baskets” to AWCs and community members (in projects like Gantyada and Bhogapuram). Akshay Patra scheme is run in urban areas to supply hot cooked meals to AWCs. AAA convergence happens at grass root (PHC) level for immunization days, VHSNDs etc. Convergence with MGNREGA and fast-tracking by State has helped construct buildings for AWCs in many districts. Also, convergence with departments like RWS, Education, and PRI is sought for building AWCs. AAA (ANM, Anganwadi worker and ASHA) convergence meetings happen quarterly at Mandal level. AAA team has house visits to malnourished and anaemic beneficiaries. They are referred (if necessary under SAM/MAM categories) and are provided Balsanjeevni. ASHA goes along for deliveries. In the urban areas, good amount of support was reported to be given by the Municipal Council for AWCs. ITDA PO trains AWWs in ECCE in tribal areas and hilltop projects.

> *“Children from the AWCs are sent to class 1 in various schools. For some schools if rooms are vacant, they give to the AWCs. In some schools the interested primary teachers give training to the AWWs.*
>
> *~ CDPO, Andhra Pradesh*

> *The AWCs are on rent, for urban and we don't have our own buildings. We have to pay according to what the owner's demands. When the budget is not on time, the AWW has to pay and then she runs through trouble. They family, husband beats her saying why will you pay. At least for rent and honorarium we need to have the budget in time. How long will the workers wait for their pay?*
>
> *~ CDPO, Andhra Pradesh*

With respect to convergence around AWC construction, Panchayat Raj Department contributes 50,000 rupees among the 7.5 lakh sanctioned per building. They also provide utensils and electricity meters. But there are problems with taking responsibility as in-charge of the building construction, with a lot of delays due to bureaucracy and paperwork/ red tape issues. A respondent commented that "A building sanctioned in 2017 will get handed over in 2021." Rural Water Supply (RWS) Department builds toilets though no separate toilets for children are provided. Education Department provides with vacant classrooms for AWCs. The School Headmasters guide the AWWs. After 5 years, the children join the schools. Revenue Department helps with gathering sites for buildings. Civil supplies are procured from the same department.

At the district and state level, some examples of convergence do come through: Chaitanya Rathams (community awareness -mobiles/vehicles) and Gana Jatras (community roadshows) planned in collaboration with the District Collector Vizianagaram, the Pregnant Women's Hostel in Salur in convergence with the ITDA. District Collector (Vizianagaram) calls convergence meetings every Monday with ICDS and Health, where PD, MO and others are present. The District Medical and Health Officer (DMHO) reported reviewing the 42 health indicators for the district in these convergence meetings, after which a joint action plan (JAP) is drawn. Immunization day is arranged by the Health Department; ANM visits the centre frequently. There is a good amount of support for ICDS activities from the Vizianagaram DC. Convergence was also found between WCD and the Police and CWCs with regard to running One Stop Centres, Ujjwala homes and Swadhar homes in urban areas (especially in Vijayawada).

8.3.2. Assam

Convergence with Health Department was reported to be strong at the block and the ground level, while at the district level the emphasis was reflected only on paper or was found to be superficial. However, the custom of regular monthly review meetings of convergence exists at the district level.

The field workers (even at the block level) relied much on data collected by other departments (mostly Health). The past scams of and related to the Department of Social Welfare (of which ICDS is a major component) has led to demoralization of the Department in and around the government system. This was also reflected in the conversations with several AWWs and functionaries at higher levels, when they mentioned how they (ICDS) have been looked down upon by functionaries of other departments in several occasions and events. This clearly lowered their confidence and affected their reliance on their own outputs.

The same was reflected in the interviews with the Health Department officials. They mentioned that they believe that the data collected by the ICDS to be inaccurate. They also pointed out inefficiency in the work done by ICDS functionaries and acknowledged poor convergence at different levels. The Health Department suggested looking at ICDS "not as a scheme but as a Mission like the NHM".

It was reported that service delivery for adolescent girls were irregular compared to what is mentioned in the ICDS guidelines. Ground level interviews suggested a low emphasis from ICDS on this population for around 5 years of time. Apart from the health resources (iron tablets) there is an irregularity in the delivery of all other services. This irregularity was also seen in the functioning of the AWCs and one reason for this was lack of attendance. The AWCs failed to provide hot-cooked meals for a long time, for which the children stopped coming to avail other services from the AWCs.

The involvement of a Management Committee (MC) (headed by the Sarpanch and the AWW) eases out the decentralized process of THR procurement. Timely supply in the funds to the MCs would ensure timely distribution of the THR. The ICDS did not actively take part on the special days (VHSND etc) as part of convergence. They merely provided with the space and the initiatives were taken by the Health Department.

It was reported that too many AWCs were proposed and built previously (around 10-15 years back) in the

urban areas; the state level officials suggested that these need to get cut down in the present day, as monitoring and maintaining them was quite difficult.

The state does not hold any financial power in the 6th schedule areas (the tribal council has autonomy). The ICDS could not review the service delivery in those areas. Surprisingly, the tribal council had only released the funds for the hot-cooked meals, but not for the THR. The State also acknowledged that it was not able to provide LPG connections in the AWCs. The state team reported a break in the supply process where accessibility is poor because of geographical and topographical variations. Different mechanisms of service and resource delivery should be applied in these regions.

Because of the ongoing NRC scheme (National Register of Citizens), almost 90% of the AWWs were involved in NRC related work in the last year, which affected the ICDS service delivery to a great extent (in terms of providing almost all the services to beneficiaries). Almost 80% of the supervisors were also involved in such NRC-related activities which hindered their monitoring and review work of ICDS.

8.3.3. Bihar

The ICDS is the parental department that approaches other departments for collaboration in the state. The stakeholder departments are Health, Education, MoRD (consisting of the MGNREGA that constructs the buildings for AWCs), Public Health Engineering Department and Agriculture Department. Besides, some of the schemes where convergence happens are directly implemented through the Directorate and their cooperation, like Kanya Utthan Yojana, Poshak Yojana. Here, a template is prepared for the convergence as per the guidelines of the central government, the "State Convergence Action Plan": 16 line departments are identified for the convergence and roles and responsibilities are decided. The "Nutrition Action Plan" for Poshan Abhiyaan is implemented by Health Department.

Under the initiative, responsibilities are decided for every SAM child case: the ANMs, ASHAs, AWWs and AWHs are to identify the family of the child and mentor them. Presently, there are approximately 2.5 lakh workers and 7.5 lakh SAM children in the state. Each worker is responsible for 2-3 SAM children; they concentrate purely on the child, observe their growth, and counsel the family. Two approaches are adopted: first, SAM children are identified at the time of delivery, and second at the AWC or later.

Kanya Utthan Yojana is a scheme in convergence with Education Department. In this scheme, an amount is provided for the girl child in each stage. 1000 rupees at birth, 2000 rupees at the age of one year, 1000 rupees after Aadhaar card is made, 2000 rupees if she is enrolled in school, 5000 and 10000 rupees if she passes 10th and 12th standard respectively, and 25000 rupees if she graduates. The total amount provided to the girl child is 55000 rupees. This scheme also bridges gap in the supplied materials: central government provides pre-school education kits, but not on a regular basis. UNICEF (supporting partner) develops the guidelines, checklists, and provides technical support.

At the ground level, Gramin Vikas Vibhag helps build the AWCs under MGNREGA scheme, but not on a large scale. Access to basic amenities like toilet and safe drinking water is negligible, and does not get any support from the Rural Department. Education Department helps enrol the children in schools, and for the "Kanya Utthan Scheme".

With the support of Health Department, under National Nutrition Mission campaign "Poshan Mela" is celebrated in all blocks; participation and community involvement is satisfactory. However, there is a lack of interest from other departments, combined with an overload of work for the ICDS functionaries, which leads to less-than-satisfactory levels of convergence at the district and block level.

8.3.4. Chhattisgarh

All health-related services are delivered by ANMs at AWCs. The AWW has a list of beneficiaries based on their health requirement or schedule. Accordingly, she calls beneficiaries at her center once a month and health services are provided by ANM as needed.

The AWWs reported that they have to do the work of other departments as well as their own, and they are not provided with any compensation for this extra work. Many a times they have to pay for their transportation, too. Very often, their time is used up in Election duty and other panchayat work, leaving no time for ICDS tasks.

In Raipur, there was an issue with maintenance in an AWC: there was no boundary wall at the AWC and the AWW has even requested at Panchayat to build it, but nothing has been done so far. The toilet was also broken at the AWC, with no repair work taking place.

In Ambikapur district, all the standard health services are given on second Tuesday of the month by ANM

and ASHA at AWCs. Panchayat has made steel slabs for THR storage and AWC; they have also arranged for milk and protein powder to be distributed to malnourished children at the AWC. In another AWC however, convergence with Panchayat is not so great: the water source was far from AWC and it was difficult for the AWH to bring water to the AWC. The AWW has requested the Panchayat to solve this issue multiple times, but it has not been resolved yet.

8.3.5. Delhi

In Delhi, as it is an urban setting, space comes at a premium. The ICDS in Delhi has envisaged cluster AWCs which merge across smaller AWCs, which enables pooling of rent and space to enable better infrastructure and functioning of AWCs.

The ICDS scheme converges with the Health and Education Departments. AWWs help with the verification and documentation of children for the admission process in schools. Some workers also maintain contact with the doctors, ANMs, ASHA workers and refer children and women to hospitals and dispensaries.

Many of the AWCs have a Committee (samiti) of 12 representatives including a Chairperson, MLA, social worker, beneficiaries, ANM, AWW, AWH, and ASHA. But the frequency of these meetings has decreased over the time. Moreover, the committee members keep on changing due to people shifting to other places.

8.3.6. Gujarat

In Gujarat specifically, at the district and block level other line departments were reported to not take the ICDS and its officials seriously. They allegedly treat the ICDS as a 'lesser' department, not treating the requests from officials in the same pay grade with enough respect and urgency. This has a negative effect on the functionaries' morale when it comes to convergence with other departments.

In urban areas, better convergence with Municipal Corporations is needed to ensure that AWCs do not have to wait indefinitely for basic maintenance work and support from the authorities. Currently, linkages with MGNREGA Work Plan are weak in the state.

Multiple copies of the same information are collected by AWW, ANM and ASHA. This leads to duplication and sometimes even mismatch of data. Added to this is the fact that all data needs to also be manually entered into 11 registers: this means a lot of time spent keeping records.

> *"There is Rural development department, like if we need to construct a building for Anganwadi , MGNREGA grant will be used for that, so we need support from Rural development and WCD. Then there is health department which works with ICDS like two sides of a coin. Both of them can't function without each other. There is education department, for pre-schooling for kids. There is agriculture department, for kitchen gardening. Food and civil supply, food and consumer affairs, for the supply and distribution of food. So there is a live interaction with every department.*
>
> *~ State Program Officer, Gujarat*

> *"When we need some construction to be done or water supply needs to be obtained. We speak to the committee members about such needs, and ask them to provide their funds for it, since we don't have the funds for it. We tell them it would be good if they can get it done, since it is for their own village. And we tell the related branch officers to follow up about it; we don't go through the Magistrate. We speak to them directly.*
>
> *~ CDPO, Gujarat*

8.3.7. Rajasthan

In Udaipur district, convergence of ICDS was mainly found with Health Department, PRI, and Education Department. At ground level, the Panchayat has supported ICDS to build and regular maintenance of AWCs. No convergence activities or support from the DDWS has been reported so far. Very often, AWWs are given village related work e.g. MGNREGA survey, Aadhaar card enrolment, ration card work: which affects ICDS service delivery. Overall, in Jaisalmer the convergence activities were not as strong as in Udaipur. The distance between villages and the Block Office remains a challenge.

According to a CDPO, Health Department is only able to deliver immunization out of all the desired services in Jaisalmer district. Some schools often cut the electricity connection for room given to the AWC. Convergence with GPs is very poor; if they construct

building for AWCs it is always of very poor quality, or is situated near a dumping ground/cremation grounds, or very far from village. There should be instructions and checks and balances from the top level authorities so that convergence can be made stronger.

8.3.8. Uttarakhand

In Uttarakhand, ICDS is in convergence with other department/institution like Health and Education Departments, and PRI. Coordination with Panchayati Raj at the sampled AWCs in Udham Singh Nagar was good and it seems to be helping a lot in service delivery. At many AWCs, the Panchayati Raj has provided water facilities, toilet facilities, dustbins etc. The Gram Pradhan participates in AWC activities and meetings. The Education Department helps the AWCs by enrolling girls who have dropped out of school on behalf of AWCs. The department of Health also supports the ICDS goals in this district.

The sense of solidarity that stems from communities enables strong bonds within them. This works to creation of grass roots level demand among beneficiaries and also a sense of ownership and pride. Such systems tend to create an environment for better system functioning, be it ICDS or any other such scheme for communities.

8.3.9. Uttar Pradesh

The district administration in Uttar Pradesh has a good system of convergence in place to address issues such as stunting, wasting, underweight and anemia in children age 0-6 years, pregnant and lactating women, adolescent girls and boys under Poshan Abhiyaan. In order to make a "Malnutrition free Bahraich", the ICDS in the district has been converging with departments like PRI, MoRD, Health, Education, NRLM, Department of Electricity, Department of Food and Civil Supplies, and WCD. The programs under which this convergence happens are: Pradhan Mantri Matru Vandana Yojana (PMMVY), Schemes for Adolescents Girls under MoWCD; Janani Suraksha Yojana, National Health Mission, Anemia Mukt Bharat, Indradhanush under MoHFW; Swachh Bharat Mission of DDWS; Public Distribution System of Ministry of Consumer Affairs, Food and Public Distribution; MGNREGA; and Urban Local bodies through Ministry of Housing and Urban Affairs under Poshan Abhiyaan. Other convergence activities include Suposhan Swasthya Mela, Community Based Events (Funded and Non-funded), Mukhyamantri Suposhan Ghar, Model VHSNDs and etc.

Under convergence strategies in Bahraich, 99326 household of malnourished children have been recognised by Rural Department. 130849 families of malnourished children were provided ration card by Department of Food and Civil Supplies. They are targeting 100% issuance of these cards to all such families within the next 6 months. 2844 out of 3094 AWCs (around 91 %) have drinking water facilities provided by Jal Nigam under Panchayati Raj. Meanwhile 1053 villages are free from open defecation, and 102493 malnourished children households now have toilets made by Panchayat Raj. 607 out of 3094 AWCs have electricity connections. Apart from the above departments, there is convergence with development partners in the district as well.

In the district of Barabanki, Panchayati Raj has constructed toilets for 41662 households of malnourished children, and 2056 villages are free from open defecation. 2737 AWCs facilitated with safe drinking water with help of Panchayati Raj. The Gram Pradhan participated in 1043 VHSND/Suposhan Melas, and 1664 VHSND review meetings were held in the last month of the year. 33868 job cards have been issued for the household of malnourished children. In addition, SHGs held discussions on the subject of health and nutrition in 956 villages in the district. Department of Food and Civil Supplies issued 63309 ration cards for household of malnourished children. 147225 boys and 65724 girls (6 to 12 class children) received four IFA tablets; 150502 boys and 60547 girls (6 to 12 class children) has been given health education in the last month. There are 73 SAM children referred to CHC, 2074 women have anemia, and 5242 women have had ANC check-up in the last month of the year in the district.


ICDS
ICDS

09.

SUCCESS STORIES AND BEST PRACTICES

9.1. BEST PRACTICES ACROSS STATES

Despite several challenges before the ICDS, many States have made local innovations and modifications to the implementation process and achieved positive results at the grass root level. These innovations come in many forms: convergence with other departments, service delivery in remote areas, and responding to local challenges. Some of these success stories are also documented by the MoWCD and the National Institute for Public Cooperation and Child Development (NIPCCD). This section discusses some of the success stories and best practices based on the local innovations. Before proceeding further, however, it is useful to report the three important community-based events recommended under the ICDS ISSNIP Guidelines (No.17-1/2013-WBP, 30th Jul, 2014) to promote and support behaviour change to improve maternal and child nutrition across all the States/UTs.

Celebration of Forthcoming Motherhood

The related traditional event in Madhya Pradesh is celebrated by the name of 'Godbharai', whereas in Andhra Pradesh it is known as 'Samoohika Sreemanthalu'. The States may like to give a suitable nomenclature to the event. Typically, this is celebrated in the seventh month of pregnancy, and also marks the event after which a lady departs for her maternal home for delivery. While this is traditionally celebrated at home with a few relatives in attendance, we may use the existing traditional practices and rituals prevalent in the community to add cultural flavour to the celebration by having it publicly, such as at the AWC, and inviting a wider participation, particularly by other pregnant women more or lesser advanced in pregnancy. Elders could also be invited for blessing the women by offering flowers, vermilion (sindoor), coconut, bangles etc, according to local tradition, and being sensitive to religious and community sentiments. An elderly woman from the community may be requested to perform the lead role. The pregnant women may then be honoured and provided with necessary information for ensuring the remaining antenatal care, a safe birth, a plan to act swiftly in case of a medical emergency, information about caring for the birth of a healthy baby at birth, preparing for the next conception, and details of various entitlements available for the woman and her family and to make use ANC services provided by ICDS. It may also include discussion on the importance of health, hygiene, adequate rest and positive family support.

Celebrating Initiation of Complementary Feeding

The initiation of complementary feeding in children six months of age is an important cultural event and a critical point from a nutrition perspective. When a child attains six months of age, breast milk is no longer enough to meet its nutritional needs and complementary foods should be included in the diet of the child. This period of transition from exclusive breastfeeding to complementary feeding along with breastfeeding from 6 to 24 months of age is a very vulnerable period, as it is the period when malnutrition starts in many infants. In order to highlight its relevance, a function celebrating the initiation of complementary feeding for children on the attainment six months of age is organized. In this event, the mothers are provided with knowledge about Infant and Young Child Feeding (IYCF) practices, immunization schedule and care during sickness. The event is celebrated with enthusiasm and mothers advised about the variety of culturally prevalent appropriate food items that can be added in child's diet. Existing cultural practices is weaved into the organization of the event to make it more lively and acceptable to the community. An elderly family member or community leader is invited for blessing the child and feeding her/him the first bite/spoon of complementary food. The mother is then provided information on IYCF, including a small demonstration on the preparation of complementary foods. She will also be taken through the key messages of feeding and caring practices outlined in the Mother and Child Protection Card

for children 6-12 months. This event, is currently, celebrated in a number of States within ICDS using different nomenclatures such as “Annaprashan” or ‘Kheer khilai’. The project will support this activity by streamlining and standardizing the tasks and messages to be conveyed during this event, along with finances to facilitate these tasks.

Celebrating Coming of Age - Getting Ready for Pre-School at AWC

One important milestone in a child’s life is the beginning of the pre-school, when s/he leaves the home for her/his first experience of institutional care and learning. To celebrate this event, it is proposed to organise a celebration for all children turning three years of age who will start attending pre-school sessions at the AWC. The event will include an assessment of the child’s attainment of major developmental milestones (cognitive, motor and socio-emotional), as detailed out in the Mother and Child Protection Card. The child will be given a gift which may include items such as crayons, painting book, picture book and other play materials/toys. Additionally, the child’s weight will be recorded and medical check-up done to update her/his records at the AWC. Information will also be provided to the mother, and other household members about the importance of early childhood care and education (ECCE) and stimulation for the optimal growth of the child. The event will be a celebration of the child’s entry into the larger world beyond home.

Nutri-Garden or Kitchen-Garden

The convergence action plan guidelines (No. PA/19/2018-CPMU dated 2nd November 2018) under the POSHAN Abhiyaan has emphasised on development of Nutri-Garden across AWCs. The aim of this initiative is to encourage local availability of diversified vegetables and fruits for HCM in AWCs. It is recommended that the practice of ‘Nutri-Garden’ should be adopted by all concerned Ministries & Departments including Panchayati Raj, Horticulture Departments and MoWCD). The concept of Nutri-Garden is adopted across the States. In Assam, Kishori Samooh (under SABLA) and Adolescent girl clubs (under UNICEF supported child protection program) are entrusted with the responsibility to develop and maintain kitchen gardens. Cooking demonstration and recipes contest are also held to teach the adolescents and Matri Sahayak Gut (MSG) members about preserving nutrients to combat malnutrition among children below five years.

9.1.1. Andhra Pradesh

Anna Amrutha Hastham (AAH)

The Government of Andhra Pradesh with an aim to reduce Infant Mortality Rate (IMR), low birth weight, Maternal Mortality Rate (MMR) and anaemic condition among pregnant women, is providing One Full Meal (OFM) under Anna Amrutha Hastham (AAH) for pregnant and lactating women in all Anganwadi Centres (AWCs). The OFM consists of rice, dal with leafy vegetables/sambar, vegetables, eggs and 200 ml milk for a minimum of 25 days in a month. Along with the meal, IFA tablet is provided to the beneficiaries. The food items are procured from Civil Supplies Department/Oil Federation and Village Organizations (VO) / Self Help Groups (SHGs) at the rates approved by DPC. The amount is transferred into VOs account by CDPOs. A five-member committee is constituted with VO President as Chairperson and one member of the VO involved in procurement, one representative each from Pregnant and Lactating Women and AWW as members to monitor the attendance, quality of food, hygiene and also to mobilize beneficiaries for availing the OFM.

Akshayapatra Foundation (Visakhapatnam)

Akshayapatra Foundation is supplying nutritious food to all categories of beneficiaries in four ICDS Projects in and around Visakhapatnam. The recipes provided by the foundation include - rice khichadi, sweet pongal, dalia, rice kheer, vegetable khichadi and sweet dalia. The snacks such as boiled chick peas (25 gms) for four days and boiled eggs for two days in a week are provided to all categories of beneficiaries.

Garbhini Stree Vasathi Gruha

The Integrated Tribal Development Agency (ITDA) has established hostels for pregnant women in tribal areas to improve institutional births coverage and help reduce the maternal and infant deaths in the region. The Pregnant Women Hostels (PWH) are developed in Salur and Gumma Laxmipuram mandals. Most of the services (physical infrastructure, breakfast and dinner, transport) are funded and provided by the Tribal Department and the Health Department (ANMs, medical supplies). Services provided here are: 3 meals, evening snacks, milk, eggs, 24x7 ANMs observation, yoga, TV, life skills classes (by a local NGO), medical assistance, a vehicle to take the beneficiaries to the Salur CHC/hospital for delivery. One attendant per beneficiary can stay at the hostel with them throughout the 2-3 months of their stay. Even their small children are allowed to stay with them to encourage them to

come to the hostel. The ICDS supplies ration for the lunch. The ICDS AWWs help in community mobilization and particularly aim to convince high-risk cases to come to the hostel. The AWW also accompanies the pregnant women (with ASHA and ANM) to the hostel. The ICDS Sector supervisors and CDPOs also visit the beneficiaries.

Nutri TASC (Tracking of Accountability of Services at Community)

A tool for name-based tracking of registered beneficiaries under ICDS services has been developed by the Department of Women Development and Child Welfare, Government of Andhra Pradesh. The aim is to ensure follow-up of pregnant women, lactating mothers, children below one year and malnourished children below five years for availing nutrition services. The Nutri-TASC has been developed to track maternal and child nutrition services; facilitate and follow up health services; ensure close follow-up of every high-risk pregnant women; ensure special care and supervised feeding of malnourished children below five years, adolescent girls and pregnant women.

9.1.2. Assam

Matri Amrit Ahar

Matriamrit aims to encourage institutional delivery. It is introduced by an NGO (NEDSF) with support from UNICEF and Department of Social Welfare in five districts of Assam, namely Morigaon, Kamrup, Barpeta, Goalpara and Darrang. Pregnant women in last trimester are provided nutritious food like locally available fruits, pulses etc. Information about care to be taken during pregnancy is disseminated. AWWs and other health functionaries counsel pregnant women during this event.

Group Supervision in Difficult Areas

Given the complex geography of Assam, AWCs located in these areas are not easily accessible for regular supervision by Anganwadi Services functionaries (Supervisors, CDPOs and DSWO). Group Supervision was initiated to address this challenge. The objective was to cover all the AWCs in difficult blocks/ areas for regular supervision and ensure effective implementation of ICDS services.

9.1.3. Bihar

Aangan – App-Based Monitoring of AWCs

For effective monitoring of Anganwadis in Bihar, a mobile app-based software – 'Aangan' – was developed. This app was first initiated in 4000 Anganwadi centres in Patna district, and was further escalated to monitor 91677 Anganwadis in total in Bihar. This app is developed for allied CDPOs and AWS (Anganwadi Supervisors) for manual inspections and monitoring of Anganwadi centers. This application facilitates real time monitoring by uploading application and details online which is further stored on a web based served. This data can be further utilized by several administrators and program related officers to understand the intricacies. The online app-based monitoring through mobile phones by AWS broadly aims to bring transparency and accountability in the system. Further, the app-based monitoring ensures timely monitoring and inspections of AWCs with its correct GPS coordinates. In addition, this also provides flexibility to AWS to forward other relevant information issues by uploading photographs and other visual evidences. Higher level authorities could get timely ground-level updates on interventions and situation of AWCs. The application while working in offline mode as well, avoids any delays pertaining to internet and network problems. This app supports Android smart phones with minimum 2 GB RAM.

9.1.4. Chhattisgarh

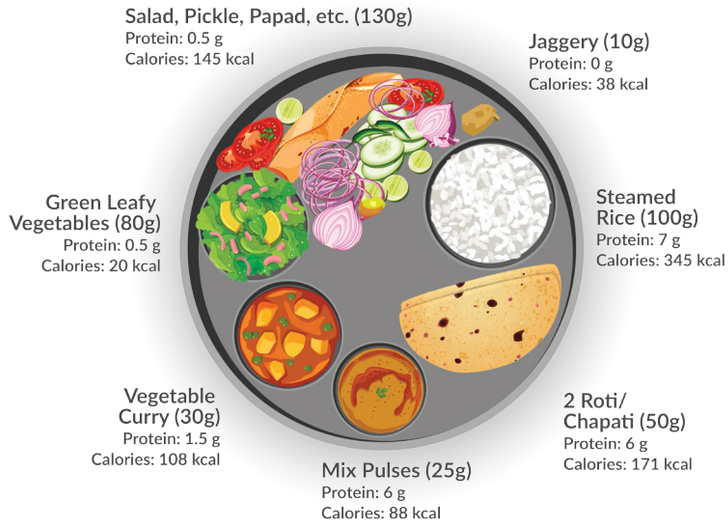
Sanskar Abhiyaan: Focusing on Early Childhood Care and Education

A campaign - 'Sanskar Abhiyaan' was launched in whole states to address the child hood care needs for those between 3 to 6 years old and primarily focus on preventing developmental delays among them. This campaign includes capacity building, resource development, environment creation, monitoring mechanism and effective delivery components to address holistic development of children i.e. physical, cognitive, language, creative, social, early and emergent literacy and early numeracy. As a result, an outstanding public participation and successful achievement of goals of the program was observed in overall state. This was followed by development of several 'Vibrant ECD Centres' with number of advocacy sessions which led to massive increase in awareness.

Vajan Tyohar: Generating data base of Nutrition Status of Children

There was immediate requirement of a proper mechanism for identifying the burden and magnitude of undernutrition among children. To address this, state wide 'VajanTyohar' was organized for growth assessment activities among children up to 5 years.

Figure 9.1: MJY Aakarshak Thali (Nutritious Plate)



Source: Based on MJY guidelines, Government of Chhattisgarh

This was done mainly to identify underweight and stunting prevalence among children. Furthermore, active blood screening of out of school adolescent girls (11-18 years) was done to assess the level of anemia.

Innovations under POSHAN Abhiyaan

1. Utilizing the platform of local media to reach-out the tribal communities. Puppet show, Nukkad Natak and Kala Jattha's are organized to spread the message of optimal nutrition and good practices around hygiene of young children.
2. Haat Bazar Activities, often regarded as life line of the tribal belt, are organized to educate and sensitize community on EBF (Early Breastfeeding), complementary feeding, hand washing and anemia prevention.
3. Enhancing the reach of messages of POSHAN Abhiyaan to communities. For this, multiple POSHAN Raths were flagged off to spread messages importance of first 1000 days, Poshtik Aahar, Hand washing, Toilet Usage and Anemia prevention.
4. Celebrating local state festivals like kamar chatt, Teeja Pola with integrating POSHAN messages with a message 'Har Tyohar POSHAN Tyohar'.
5. Organizing POSHAN Workshops, Seminars and Debate competition to engage young adolescents at school and community level to enhance their awareness on anemia and its prevention.

Mahatari Jatan Yojana

In 2016, the Government of Chhattisgarh launched an integrated maternal spot-feeding program known as the Mahtaari Jatan Yojana (MJY). Spot feeding of Hot Cooked Meal (HCM) along with ready-to-eat mix distribution under MJY can improve maternal nutrition. MJY has the following objectives:

1. Special care and support to pregnant women
2. Nutrition and health education
3. Full immunization services
4. IFA distribution and consumption
5. Precautions and safe practices for adoption during pregnancy
6. Safe and institutional births related information
7. Information on various schemes coordinated by the health or other departments

MJY provides a platform to deliver various health and nutrition interventions by allowing increased contacts and interaction between the pregnant women and grass root level service providers including the Anganwadi workers and ASHAs. The MJY coverage has increased significantly since the launch of the scheme.

A nutritious meal for a pregnant mother contains adequate energy, protein, vitamins and minerals to meet the additional demands for maternal and foetal growth and blood volume expansion. Under MJY, all the pregnant women registered with the Anganwadi Centres receive hot cooked meal every day for six days in a week from first trimester till delivery along with ready to eat take home ration.

The HCM comprises of two wheat-based flatbread (50 gm), rice (100 gm), mix pulse preparation (25 gm), vegetable curry (30 gm), green leafy vegetable preparation (80 gm), salad, pickle, papad etc. (130

gm) and jaggery (10 gm). Overall, the HCM provides 914 Kcal and 21 gm protein and is prepared at a cost of Rs. 9.50 per beneficiary. The HCM is prepared by the Anganwadi Worker (AWW) and Helper (AWH). The ingredients for the HCM are supplied through women self-help groups (WSHGs). The food is provided in a hygienic environment and with availability of clean drinking water. Quality of the food served to the pregnant women is ensured by the AWW and supporting supervision by Anganwadi supervisors.

Phulwari Scheme

To eradicate undernutrition and malnutrition among children of age 6 months to 3 years, the Government of Chhattisgarh has launched "Phulwari Scheme". Under this scheme, the children will be allowed to stay in a crèche for six to seven hours per day. During their stay, they will be provided a cooked meal, snacks with high protein and high energy mixture "sattu". They will also be provided boiled eggs and iron supplements, twice in a week. Jan Swasthya Sahyog (JSS) a non-profit organization for health professionals at Bilaspur, Chhattisgarh has tied up with other organizations such as Panchayat Raj Institutions and Integrated Child Development Scheme (ICDS) Centres to implement the "Phulwari Scheme".

Phulwari is the first scheme in the nation which has been opened with the help of Gram Panchayats and Mitanins of Health Department in Chhattisgarh. In Phulwari centres, no government employees or workers have been appointed. Instead, mothers of the children enrolled in Phulwari themselves attend the children and serve meal to them in rotation.

9.1.5. Delhi

Creation of AWC Hubs

Anganwadi Hubs are centers where about three to four Anganwadis have been combined in areas with high residential density to give the look and feel of a play school. With the combined resources of participating Anganwadis, it was possible to rent relatively bigger area with open space (or ground) for free play and multiple rooms for age-wise segregation of children. Other benefit of Hub centres are the synergies created by combining the efforts of multiple workers and helpers who function together as a team and divide the work efficiently. Hubs are serving as a more spacious and vibrant ECCE centres. In the pilot phase, 110 Anganwadi Hubs have been created by combining about 390 Anganwadis.

Anganwadi Support and Monitoring Committee

Inspection of Delhi Anganwadis reflected a near collapse of delivery systems. In fact, it was observed that the Anganwadi centers were plagued with a range of severe problems including rampant truancy, fake beneficiary data, closed centers which barely can be said as functional ones, poor quality of meals and rooms without natural light and ventilation. Given these observations, the situation seems to be unmanageable. However, the sheer numbers of Anganwadis in Delhi made official inspections and supervision an onerous task.

Delhi Government's policy of decentralization by empowering citizens to expect better services from the government and to partner with the government to help improve these services, was the sought intervention in Delhi Anganwadis. Anganwadi Support and Monitoring Committee (ASMC) or Anganwadi Samiti was notified whereby the local community and families of beneficiaries are mobilized to volunteer as committee members. Delhi Government placed an advertisement in city newspapers seeking educated housewives, social workers and general public to apply for the voluntary positions.

Training of AWWs on Implementation of ECCE

A cascade model was worked out for maximum coverage and high level of involvement of all functionaries. In this model Supervisors and CDPOs go through extensive ECCE training and also train to be trainers. After which Supervisors, under the guidance of their CDPOs, train their Workers. ECCE training involves training in the new curriculum for Pre School Education.

9.1.6. Gujarat

Doodh Sanjeevani Yojana

It is an initiative of State Government of Gujarat to tackle malnourishment in three talukas of Surendaranagar district. Under the Yojana, the primary school children in these three districts will get milk with their midday meal. Doodh Sanjeevani Yojana was launched and implemented to improve the nutrition level in children in tribal areas of central and eastern Gujarat.

Micronutrient Fortified Extruded Blended Food as THR

Initiative/best practices by State of Gujarat include providing supplementary food as micronutrient

fortified extruded blended food as Take Home Ration to all the children under 6 years, adolescent girls, pregnant and lactating mothers. All registered beneficiaries receive energy dense extruded fortified blended Ready to Cook food Bal-Bhog, Sukhadi, Sheera and Upma packets free of cost from their respective AWCs. The cost sharing for Supplementary nutrition program for Take Home ration given to the beneficiaries at AWCs is 50:50 of GOI and GOG. Further, State Government of Gujarat is providing energy dense fortified supplementary nutrition to adolescent girls fully funded by the State. All adolescent girls from every AWC receives free of cost supplementary nutrition.

Mata Yashoda Award

The Government of Gujarat has introduced Mata Yashoda Award for Best Anganwadi Worker and Helper Award Scheme which consists of various citation & cash awards to strengthen the services & motivate AWW and AWH in the state since 2007- 08 for exemplary work done by them. The State level award for AWW and AWHs is Rs. 51,000/- and Rs.31,000/- respectively; District level is Rs. 31,000/- and Rs.21,000/- respectively.

Mobile Anganwadis

It is an innovative scheme of the Gujarat. A total of 36 Mobile Anganwadis have been started in all districts of Gujarat State wherein, beneficiaries of NREGA scheme, children of Agariya - migrant workers from Balmandir - crèches facilities (6 months to 6 years), pregnant women, nursing mothers and adolescent girls are provided supplementary nutrition.

LPG Gas Connection, Stoves and Cooker for Anganwadi Centres

In order for supplementary nutrition to be provided every day at the Anganwadi Center and in order to save the AWW and AWH from harmful exposure of the smoke from chulha, Gujarat Government is providing gas connection along with Stove and an idli cooker at

Third Meal

Third Meal as 'Carry Away Meal' in form of ladoo is given to the moderate and severely underweight children of 3 - 6 years (yellow and orange zone according to New WHO Child Growth Standard) for increasing Calorie and Protein. Third meal would have shelf-life of at-least two days so that child can consume at any time after going home.

Intensive Nutrition Campaign Center (INCC)

In order to reduce the prevalence of Under-nutrition in Gujarat, Department of Women and Child Development have started Intensive Nutrition Campaign Center (INCC) known as Ghanishth Poshan Abhiyaan. INCC is a camp based approach of 30 working days which is planned considering the prevalence of moderate and severe underweight children in anganwadi center. Total number of 7021 INCC centers have been completed all over Gujarat in which 112841 children have been admitted of which 51286 children has shown improvement in their nutritional status. Total budget for one INCC for 20 children for 30 days is Rs. 27000.

9.1.7. Rajasthan

Social Behaviour Change Strategy to Fight Undernutrition

Department of Women and Child Development, Government of Rajasthan has developed a SBCC framework and strategy to improve mother and child nutrition outcomes in the state. The Behaviour Change strategy builds upon a life-cycle approach, synergising health, nutrition, care and maternity protection messaging across the first 1000 days, adolescence and a multi-departmental convergence. The SBCC interventions proposes a roadmap for multi- sectoral responses to Behaviour Change through convergence of ongoing programs within the state steered by other departments such as Health, Rural Development, Panchayati Raj, Education and Food and Civil Supplies.

Praveshotsav (Anganwadi Chalo Abhiyaan)

The Department of Women and Child Development, Government of Rajasthan has taken various initiatives in making AWCs first point of contact for all kind of service delivery related to pre-school Education, Health and Nutrition & Empowerment of Women. Initiatives such as Praveshotsav, Toy Bank, Shikhshan Samagri, Parinda, Community Participation etc. have been taken towards this end.

Nanda Ghar Yojana

In order to increase the community participation in Anganwadi Services, Government of Rajasthan has initiated Nanda Ghar Yojana. It is encouraged to adopt one or more AWCs for the period of five years. Support may be provided in regard to repair of AWCs, Kitchen, and construction of toilets, kitchen garden and boundary wall. They may also support in providing SNP,

protein mix food, contributions of fruits, vegetables to enrich quality of Supplementary Nutrition at AWCs. The donors may like to provide piece of land as per the standard requirements, bear entire expenditure on construction of building and its boundary wall or they may construct building boundary wall on the piece of land provided by the Government.

Rajdharaa App

It is a mobile application which enables ICDS functionaries to conduct real-time monitoring of AWCs and submit their observations/feedback along with the time, date and GPS stamp of the concerned AWC. This application generates different kinds of reports which help ICDS officials in planning and executing their monitoring process. The monitored AWCs are highlighted in red colour and green colour in this mobile application as per their status. It also provides project/block wise lists of AWCs, and the name and contact numbers of AWWs, AWHs, and ASHAs.

9.1.8. Uttarakhand

Mukhyamantri Bal Poshan Abhiyaan

Under this state-level scheme, all the identified undernourished and severely undernourished children will be provided energy dense meals cooked from regional food including Amaranth, corn, and black soybeans. The identification of these energy-rich ingredients is done in Pantnagar University. These ingredients - which are rich in energy – are being prepared by women in registered Self-Help Groups (SHGs). This scheme aims to effectively escalate reductions in the burden of Severe Acute malnutrition in the state.

Spandan Kendra

Given the difficult geographical and spatial position of the state, government has identified one AWC as 'Spandan Kendra' in every ten AWCs. These centres will serve as exclusive spots to create awareness regarding nutrition and diet-related information among program beneficiaries. These centres are also being developed as Information, education and Communications (IEC) Centres. Along with this, these centres will also communicate to beneficiaries regarding the benefits of exclusive breastfeeding.

Mukhyamantri Aanchal Amrit Yojana

Launched by state government, Mukhyamantri Aanchal Amrit Yojana aims to reduce the burden of undernutrition among children. Under this scheme, children aged 3 to 6 years across all the AWCs in the state will be provided with scented and flavoured milk (or milk powder) by Dairy Federation, Haldwani at least four times in a week.

9.1.9. Uttar Pradesh

Activity Calendar

In Uttar Pradesh, an activity-calendar based approach is used to ensure timely delivery of services and interventions by grass-root level workers. The AWWs are supposed to follow activity calendar prepared by official at the state level. This provides uniformity in tasks and avoids any confusion pertaining to program related activities. A sample monthly calendar specifying daily activities to be performed by AWWs is provided below. Date-wise specific activities are mentioned such as meeting with state-, project- and district-level officials on 1st, 2nd and 4th day of the month. In addition, specific days for VHSND, Suposhan Swasthya Melas, Annaprashan Diwas, and Laadli Diwas are mentioneImportantly, it gives a before-hand information and hence time to prepare for up-coming activities at AWCs and to carry out tasks timely.

Smart Inventory Management System

Uttar Pradesh has developed a Smart Inventory Management System (SIMS) to improve distribution and monitoring of THR from procurement to last mile delivery. There are several important steps in the work flow design of SIMS which has to be implemented by the ICDS officials and the NIC. The steps are designed to improve the THR distribution and reduce leakages through greater participation of stakeholders in the distribution process.

Poshan Doot

In a given village, an elderly woman who has been actively participating in the nutrition related activities in the village is made the "Poshan Doot". She voluntarily visits homes of pregnant and lactating woman, adolescent girls and young children and provide health & nutrition related counselling to these beneficiaries, thus spreading awareness among the community. A significant change in such communities was observed wherever such "Poshan doots" were selected from within the community.


ऊँट चला

10.

SUMMARY AND ACTION POINTS

10.1. SUMMARY OF KEY FINDINGS

Launched on 02nd October, 1975, the Integrated Child Development Services (ICDS) Scheme – the Anganwadi Services Scheme – is a principal symbol of India's commitment to its children and nursing mothers. The scheme is designed as a response to the fundamental challenges of child development in terms of a) cognitive development through pre-school non-formal education; b) physical growth by liberating childhood from the vicious cycle of malnutrition, morbidity, reduced cognitive capacity and mortality. Despite decades of ICDS investments, there is much to be attained in the sphere of child development in India. As such, the institutional and implementation mechanisms vary across states, and therefore, it is critical to draw upon state experiences to identify key constraints and major opportunities for learning, impact and efficacy. With this motivation, this evaluation entails a qualitative assessment of the key processes, implementation structure, program monitoring and the motivations and engagement of the human resources under the ICDS scheme. It also documents the beneficiary perception and expectations with the key ICDS services. The main findings of the evaluation are as follows:

10.1.1. ICDS Coverage

As per the NFHS 2015-16 survey, 59.6% of children from rural areas and 40.2% of children from urban areas are receiving at least one of the ICDS services. The service utilization (any ICDS service) by mothers during pregnancy is about 20% points higher for rural areas (60.5%) than urban areas (38.8%). Even while breastfeeding, a significant gap in utilization pattern can be observed between rural (55.1%) and urban (35.6%) settings. Among all the key services under ICDS, service uptake for supplementary food is highest for mothers during pregnancy both in rural (57.4%) and urban households (36.4%) areas. Similarly, supplementary food services are most popular among children as well. On the contrary, the uptake for health and nutrition education is lowest.

Across states, Chhattisgarh has the highest percentage of mothers receiving ICDS benefits during pregnancy both in rural (92.8%) as well as urban areas (73.8%). Whereas, it was lowest in Nagaland (Rural: 11.3%; Urban 4.5%) followed by Arunachal Pradesh (Rural: 15.9%; Urban 6.0%). The service utilization by children is highest for Chandigarh (Rural: 100%; Urban 51.3%) followed by West Bengal (Rural: 82.6%; Urban 54.9%) and lowest in Arunachal Pradesh (Rural: 8.4%; Urban 7.7%). Service utilization by mothers in undernutrition burdened states like Uttar Pradesh (Rural: 44.7%; Urban 20.7%) and Bihar (Rural: 39.2%; Urban 30.8%) is very low.

In rural areas, service uptake is relatively higher among mothers from middle income groups. Whereas estimates for urban areas reveal a clear socioeconomic gradient in service utilization with higher utilization among mothers (and children) from lower income households. It is also noted that the likelihood of continuum in service utilization is higher if mothers have started receiving benefits during pregnancy.

10.1.2. Supplementary Nutrition Program

As per the ICDS Program data, the estimated coverage for supplementary nutrition program (SNP) in 2018-19 is 46% for children (aged 0-71 months) and 37% for pregnant women & lactating mothers (PLM). Between 2014-15 and 2018-19, the SNP coverage among children reduced by 15.1% (from 8.29 crores to 7.04 crores) and among PLM reduced by 11.1% (from 1.93 crore to 1.72 crore). These reductions are mainly observed in Bihar and Uttar Pradesh and indicate possible revisions of beneficiary counts. Most of the north-eastern states have reported beneficiary numbers which are more or less equal to the entire child population aged 6-71 months. But the NFHS 2015-16 estimates reveal that the coverage is much lower.

SNP lacks the necessary diversity and quality. Beneficiary preferences for food items and taste vary both between and within States. Demand for milk and eggs under SNP is noted but cannot be sustained because of low unit costs of SNP as per the ICDS norms.

Some States provide dry ration whereas others supply powdered mix under take-home ration (THR). The distribution schedule also varies across States (from weekly to monthly).

It is important to strike a balance between decentralization of THR supplies and economies of scale in providing quality THR. The quality standards of THR mix is questionable because of complaints such as impurities (pebbles, insects etc.). Widespread perception and evidence that the THR is not consumed as intended and often finds its way as cattle feed.

THR distribution is irregular and is severely affected in flood prone areas due to storage and transportation issues. Low unit cost of THR also implies lack of funds for transportation, high risk premium (interests) and low financial viability of suppliers. The THR unit cost declines substantially once distribution-related costs are accounted for. The THR distribution should be transparent with community involvement in receipt and verification of THR supplies at the AWCs.

10.1.3. Early Child Care and Education

There is increasing aspiration among parents to send the children to pre-primary or nurseries with focus on English language skills. Also, lack of clarity in guidelines about the admission of 5-year-old children in schools often means they lose out on supplementary nutrition and/or elementary education as they have to be put either in the AWC or the primary school. Private nurseries and kindergartens are perceived to be better than AWCs by beneficiaries. Parents also send children to primary school at the age of 5, thus cutting short their time at the AWC by a year or so.

The community lacks awareness about the role of an AWC and the services offered by AWC. Moreover, the AWCs have a perception of poor service delivery in terms of SNP or PSE. The image of the AWC and the AWW has low community recognition as an agency. AWWs alone are not skilled enough to provide the play-based, non-formal training required for children aged 0-6 years. Even though there are course books and toys now provided to the AWCs greater focus on ECCE is critical.

There are several other concerns associated with the ECE component. A large indoor and outdoor space is advised by the guidelines, but this is almost never available due to a lack of proper infrastructure. Many AWCs, especially in urban areas, are cramped and poorly ventilated. They do not have enough space for the children to play and learn properly. Many AWCs do not have equipment like swings, sand/water areas etc. due to lack of space and/or funding. Separate interest areas and activity corners are also not available in most AWCs due to this lack of space. Modifications to learning materials for children with special needs were not observed in any of the AWCs.

10.1.4. Other ICDS Services

Immunization services are mostly performed during VHSNDs. Even though AWWs and Supervisors make regular home visits, conduct VHSNDs and plan awareness activities, it is sometimes difficult to physically reach beneficiaries residing in very remote areas. Many peripheral programs are time-bound, with the AWWs given deadlines to complete the tasks. This means that they have to sacrifice time and effort spent on nutrition and health education activities. In case of health emergency or health care need, the AWW advises the beneficiary to consult with the ANM and ASHA. Nevertheless, there are problems in the health check-ups and referral services mainly because the AWWs are not seen as a clinical person. It would be instead useful to club these three aspects into a single domain of nutrition and health education and counselling.

10.1.5. Beneficiary Aspirations

Beneficiaries have reasonable expectations regarding quality of THR and menu diversity. In Chhattisgarh, there is a higher demand for inclusion of chicken, fish, milk, fruit and eggs as a part of the supplementary nutrition. The quality of ECCE as well as infrastructure of AWC has not evolved as per the development of facilities in private sector schools and nurseries.

They also demand a proper toilet facility and electric fans at the AWCs.

10.1.6. ICDS Infrastructure

In 2018-19, 86% and 69% of operational AWCs in India reported availability of drinking water facility and toilet facility, respectively. Availability of drinking water facility is the lowest across Manipur (21%), Arunachal Pradesh (29%) and Karnataka (54%). Eight States/UTs, including Uttar Pradesh, report 100% coverage of drinking water facility. Across 11 States/UTs the availability is between 50% to 80%. Availability of toilet facility at AWCs is much neglected aspect across States/UTs. In Manipur, only 27% of the operational AWCs report of having a toilet facility. 19 States/UTs have less than 80% coverage of toilet facility.

In 2018-19, 43.5% of the AWCs were functioning from government building, 26.6% from rented spaces, 17.8% from school, 5.3% from Gram Panchayats

whereas remaining 6.8% were functioning in other community areas including open space. Between 2015-16 and 2018-19, there is a gradual increase in the share of AWCs with own government buildings. Over 90% of the AWCs in Arunachal Pradesh (mostly Kutcha structures), Mizoram and Tripura are operating from government buildings. In Jammu and Kashmir and Delhi most of the AWCs are operating from rented structures. In Uttar Pradesh about 60% of the AWCs are operating in school premises. In Odisha, Punjab, Rajasthan, Telangana, and Uttarakhand over 25% to 30% AWCS are functioning from schools. In Haryana and Punjab about 20% to 25% AWCs are located within GP building premises. In Meghalaya and Maharashtra, 7.9% and 3.6% of the AWCs, respectively, operate in open community spaces.

Since there is often no space available in certain neighbourhoods for the AWC, clustering is done wherever space is found. However, this increases distance for beneficiaries. Economic cost to the beneficiaries is increased because of this clustering and having to pay for transport to be able to access to it. Poor rental norms and abysmal conditions of AWCs in urban slums result in sub-par conditions for AWCs to function in often cramped and improperly ventilated.

Proper office space is needed for the ICDS functionaries; no vehicle available to them even when they have 2-3 blocks under them, which are often far-flung. They then have to hitchhike and this gives rise to monitoring and safety issues in remote areas and states like Assam. Training often happens out-of-state, which leads to a lack of proper monitoring and quality control. Distance is an issue for the functionaries to travel for these trainings. Such training locations that are out of state have implications for women workers who are burdened by gendered responsibilities on the home front, and lack the ability to negotiate new spaces and mechanisms of reaching there.

The ICDS suffers from lack of administrative and logistics structures in urban areas for AWCs. The lack of identified space for functioning of AWCs is due to lack of regulatory mechanisms on where and how to set it up in urban areas. Inability therefore to identify persons responsible for this is a major concern although to some extent Urban Local Bodies do facilitate but specific regulations are needed to overcome this weakness of ICDS in urban areas. Although, some urban areas have experimented with Community Hub models for AWCs in Urban areas but these requires guidelines for practices/provisions.

There is poor provisioning of basic facilities like water, electricity, toilets, play yard, access roads. Flood prone areas, seismic zones, temperature, hilly and remote areas become harder to access and deliver services in. In terms of digital infrastructure and internet connectivity, poor connectivity in rural areas also deters many other reporting requirements. Accessibility is a big issue in tribal areas, with hilltops and other hindrances making it difficult to travel to and from the AWCs. Supervisors are unable to pay visits to far-flung areas since they have no transport of their own and also have concerns over their safety in such remote areas.

It is important that the ICDS budgeting for AWC construction should be sensitive to regional variations – storage/animal infestations, hilly areas, flood prone areas, child friendly houses. It should take into account ecological aspects (earthquake proof construction) and climatic conditions (extreme winters etc) to develop model design (Room + Kitchen + Toilet + Playing Area). Meanwhile, the rental norms should be informed based on local conditions and desired quality of infrastructure.

10.1.7. ICDS Human Resources

As of 2018-19, 30.1% of sanctioned positions for CDPOs and 27.7% of sanctioned positions for Supervisors are vacant across the country. There are significant inter-state variations. Maharashtra, Rajasthan, Uttar Pradesh, Delhi, Karnataka and Jharkhand had more than 40% of CDPO vacant sanctioned posts. In case of Supervisors, West Bengal has large rate of 67% in sanctioned positions. More than 40% of sanctioned positions are vacant in Bihar, Tripura and Tamil Nadu. As per the ICDS norms there should be one supervisor per 25 AWCs. This implies that either most of the workers at the lower levels are working without supervision or there is a lot of load on supervisors and CDPOs where a large number of posts are vacant. Also, as of 2018-19, 6.9% of sanctioned positions for AWWs and 7.6% of sanctioned positions for AWHs were vacant across the country. Bihar has a vacancy of 17.1% followed by Maharashtra, Telangana and Delhi which had a vacancy of more than 10% among sanctioned AWW positions.

With wide heterogeneities in AWW age and educational background, there are several challenges in training and capacity building efforts. Trainings are mostly centralised with uniform syllabus and style rather than innovating with local experiences and ground-up approach. For instance, language barriers make knowledge transfer harder as it might be difficult to appropriately translate or find context-specific examples for effective learning. Travelling is almost necessary for all AWWs for attending these trainings

and consequently often quality control and monitoring of sessions becomes difficult and trainings end up as a formal exercise.

Existing staff is also overburdened with multiple tasks over and above their core job chart (Aadhaar work, various government schemes and campaigns, mobilizing for Jan Andolan, election duty etc.) This hardly permits the AWC supervisors and CDPOs one visit to each AWC per month. The quality of supervision thus suffers, and does not allow internal communication and AWC development. Travelling is a problem for the AWC supervisors in rural Assam and tribal areas of Andhra Pradesh. Despite such difficult geographical terrain there are limited provisions for transportation allowances.

The AWWs are expected to work for about four and half hours per day. Most of the AWWs work as per the norm though sometimes trainings, meetings and other duties increase the working hours. The AWWs, however, are required to undertake diverse activities during this period of 270 minutes. This has implications for time allocation across activities. However, time allocation of selected AWWs finds considerable imbalance in terms of time allocation and program priority. It is noted that the AWWs end up spending close to 90 minutes on record and register entries and allocates much lower time on preschool education. The AWW usually do not encounter cases for treatment or cases of minor illness. The AWWs spent considerably less time on home visits. In fact, considerable time is spent on other activities such as meetings as well as other unspecified (personal) tasks.

There is difficulty reported in adapting to the digitization of reporting methods. Even after training, older AWWs and/or the ones who are not formally literate, find it difficult to understand and operate smart phones. In fact, these AWWs have to depend on someone from family/community to help them every day with data entry. The ILA method is not as effective due to reduced knowledge transfer at each level. Refresher trainings need to be conducted more often. Language is a barrier sometimes, especially in remote/tribal projects. It is also suggested that the AWWs require more training on ECCE. Some administrative officials also perceive that the ICDS does not seem to take any action or interest in updating the training programs. The top-down approach to training also means travelling and staying in the district headquarters. This takes up a lot of time and effort when AWWs have to go for training. In their wake, the AWCs are run by AWHs who are not trained for this job.

10.1.8. ICDS Financing and Budgetary Allocations

The Central assistance for 2019-20 is Rs.1992779 lakh. Out of which, Honoraria (47.0%), SNP (33.9%), and salary (6.5%) jointly account for about 87.4% of the total Central assistance. About 7.5 per cent of the central assistance is allocated toward infrastructure and rent. Infrastructure budget includes expenditure on up gradation of AWCs, provision of drinking water and toilet facility and construction of AWCs under MGNREGA have received 4 per cent of total expenditure. The expected budget comprising of both Central assistance and proposed expenditure by State is Rs.3317195 lakhs. It may be noted that the Centre-State expected budget is estimated by combining the Central assistance with minimum expected State/UTs contribution as per the cost-sharing norms for salary, Anganwadi service (General), SNP and infrastructure. However, certain States may be allocating greater (or less) than required normative budget for ICDS.

Budgetary allocations are inadequate vis-à-vis the expectations and requirements of the state. Poor utilization of infrastructure funds/training funds was reported in the states visited. In many cases, the budget is deemed adequate to maintain status quo, but as we approach the grass root level, we see that this is not the case. Rules, regulations and norms for flow/release of funds for infrastructure development need to be reviewed and streamlined. There is scope for convergence with GPDP.

The APIP offers limited scope for innovations in community outreach activities and even infrastructure development. It is reasonable that within a broad framework of ICDS objectives and priorities, the States should be provided flexibility to plan and implement state specific action plans. The state PIP would spell out the strategies and activities as well as the budgetary requirements to achieve the outputs and outcomes. This will have the advantage of strengthening local planning at the district level and below.

ICDS has developed various formats for submission of utilization certificate and statement of expenditure. However, the state-level financial management reports, formats and procedures can be developed for uniformity. ICDS Financial Management Group (FMG) should be effective across States to for planning, budgeting, accounting, financial reporting, internal controls including internal audit, external audit, procurement, disbursement of funds and monitoring the physical and financial performance of the program, with the main aim of managing resources efficiently and achieving pre-determined objectives.

The CAG audit (2012) noted that failure of the program other than lack of co-ordination is the inability to use the funds, especially, to recruit the functionaries who could ensure smooth functioning of the program. There are problems in utilization of flexi-funds, shortfall in expenditure on SNP and low average daily expenditure per beneficiary on SNP. The actual expenditure on salary of ICDS functionaries is very high which leaves very meager amount for other key components. Also, the fund meant for ICDS is being parked in activities such as civil deposits and personal ledger, which are not permitted under the program. The monitoring and assessment of services under the SNP and PSE is not adequate and has led to lapses in successful implementation of the scheme.

The AWWs usually devote more than 4 hours working for the AWC activities. It is important to review the TA/DA norms for various functionaries to attend trainings and meeting. These should be timely released as often reimbursements (transport, minor repairs in AWC) take many months to reach the AWWs, which leads to them having to borrow money/continue spending out of their own pocket AWC. Gap in salaries of the regular and contractual CDPOs or AW Supervisors is a source of discontent. Providing performance grant to AWWs is an appreciated idea and can be linked to AWC indicators/Project indicators.

Completeness and digitization of the identification records of ICDS scheme employees and workers including the Anganwadi Workers and Helpers is necessary to improve transparency and knowledge about placements, transfer postings and facilitate timely communication of office orders. These are also necessary to ease financial payments (salaries, honoraria, and incentives). Use of PFMS should be universal for payments. All the States / UTs are recommended to develop digital records to facilitate systematic programmatic reviews and monitoring of staff.

10.1.9. Governance Issues and Gaps

Convergence action plans are developed and executed across States and Districts. But despite consensus on needs and priorities, resource constraints emerge as a significant barrier for convergence. The resources are both financial as well as non-financial including human resource (technical or managerial) and can be experienced at each of the vertical layers. Finally, variations in capacities at each level decelerate the progress and even dilute the impact of convergence initiatives. These capacities are reflected in gaps in planning and logistics at the highest levels to elementary aspects such as variations in training and implementation capacities across line departments and grass-root level functionaries.

Three models of THR production and distribution exist across India: Centralized Production Facilities, Decentralized Production Facilities and Decentralized Self-Help Groups. In the Centralized Production Facility model, one production facility is contracted to produce and distribute THR for an entire state. In the Decentralized Production Facility model, producers are typically contracted to produce THR for AWCs across multiple communities or at the Block level. In the Decentralized Self-Help Group model, SHGs are contracted to provide THR typically to only one or two AWCs per SHG. It is noted that all steps of THR production, distribution and payments should be monitored through a logistics monitoring and information system. The THR production should meet minimum technical qualifications to ensure quality control.

The formation of ICDS society is of relevance to expedite the flow of funds for ICDS activities. The ICDS does not have a Society at the State and District level. This is unlike National Health Mission (NHM) which has established both State Health Society and District Health Society as vertical support structures for different national and state health programs. Through this arrangement the DHSs can manage both treasury and non-treasury sources of funds. There is no flexibility in terms of fund transfer and expenditure which causes delays in procedures and implementation. Formation of ICDS society can also expedite issues related to appointment of contractual staff for the activities.

Similar to MGNREGA, the ICDS also has a huge beneficiary base and large-scale investment for provisioning of SNP. With repeated claims of poor coverage and low quality of SNP supplies it is important for ICDS to establish a social audit mechanism. Some States have formed Community-level AWC Committees with a similar mandate. For instance, ICDS Delhi has constituted Anganwadi Support and Monitoring Committee (ASMC). ICDS Assam has formed Mother's Support Group or Matri Sahayak Gut. The ICDS can strengthen such existing initiatives by developing social audit guidelines and procedures.

Performance-based incentive is an important approach to motivate employees to work productively and achieve desirable goals and objectives. The performance-based incentive can be linked to individual performance on selected set of indicators. The AWWs are offered honorarium for delivery of key

ICDS services. However, they can be motivated with performance-based incentives to complete certain tasks and achieve targets that are helpful for coverage or quality improvement of the ICDS. The Government of Uttar Pradesh has launched a Performance based incentive program for AWWs.

Although the central WCD website had information on the contact details of all AWCs and the projects, most regional websites lack this information. The ICDS websites of all Indian states were not regularly updated with on-going and upcoming events and notifications. Some websites displayed information regarding the ICDS objective, guidelines, and different benefits of the scheme but had limited information on access to different related portals or location related information of AWCs and ICDS offices. Success stories of each state are also not available or updated for facilitating replicat

In recent years, there has been increasing focus and attention on nutrition and nutrition-related sectors such as water, sanitation etc. National and international developmental agencies and partners have contributed toward improving the strategies and coverage of nutrition interventions with greater involvement of community to improve awareness, following of IYCF practices and timely health care seeking. The ICDS should identify priority areas for funding support or technical engagement of such development partner or CSR initiatives.

The AWWs have to maintain a set of 11 registers which has to regularly up-dated and reported to support program monitoring. The AWWs have to also fill up monthly and annual reporting forms. The reporting and record maintenance can be cumbersome, particularly when AWWs are being involved in increasing number of community-based events and activities. In this regard, the ICDS should consider reviewing and reducing the reporting requirements from AWWs.

Performance grants are definitely an appreciated idea among the functionaries; it can be linked to AWC indicators / Project indicators to motivate them on a collective platform. Career trajectories should also be considered for these incentives. Issues like pensions, health insurance and other benefits were also brought up by the functionaries interviewed.

The Annual Program Implementation Plan (APIP) of ICDS is limited to few aspects that are covered under the program. Unlike NHM, ICDS has not demonstrated any expansion in the scope and nature of activities. For instance, the concept of untied fund under NHM for various public health facilities is well defined and implemented. Whereas, ICDS has not developed adequate provisions for such untied fund or specific line items to strengthen technical support for the program. Low emphasis and resource allocation for infrastructure strengthening (including facilities for learning component) has remained a key weakness of the ICDS. The ICDS should further streamline financial reporting formats. The ICDS lacks initiatives to spell out adequate standards and norms for infrastructure upgradation at all levels. Training infrastructure is also an area deserving greater policy focus under ICDS. The ICDS-CAS is in its infancy and suffers from logistical as well as capacity perspectives. Unlike HMIS, ICDS does not facilitate quick review of program indicators at district, state or national level. There is an urgent need to upgrade the data reporting infrastructure and human resources under ICDS.

Gram Panchayats can have considerable leverage in strengthening the AWC infrastructure through liaison with various departments and the scope for availing funds through Gram Panchayat Development Plans. The Convergence Action Plan can emphasise on such possibilities and explore opportunities for pooling funds to enhance rural development and well-being. Social Audit is an important and successful feature of the MGNREGA. This can be adopted within the ICDS as well, which can help institute some accountability and quality assurance in the SNP delivered at the AWCs.

The ICDS-CAS thus has dual advantage and serves both AWW as well as the ICDS monitoring staff. Since ICDS-CAS has an individual focus, the data entry requirements are large. In comparison, the NHM-HMIS is utilized mainly for program review and course correction. The NHM HMIS has witnessed significant IT investments over the last 10 years and has emerged as a successful pan-India network for key indicators on public health system and services. The ICDS-CAS would require substantial IT investments to create such broad-based IT infrastructure and human resources to make ICDS-CAS a tool for program monitoring and review.

As per Article 244 of the Constitution of India, the 6th Schedule deals with the administration of the tribal areas in the four north-eastern states of Assam, Meghalaya, Tripura and Mizoram. The Autonomous District Councils (ADCs) under the Sixth Schedule have authority over various legislative subjects and are entitled to receive grants-in-aid from the Consolidated Fund of India to meet development expenditure on education, health care, education, roads etc. The autonomy is expected to offer greater opportunity for economic development and ethnic

well-being. However, they lack financial autonomy as these ADCs significantly depend on state governments for developmental funds and for decisions regarding undertaking of developmental activities. In Assam, we observed autonomy issues hinder ICDS functioning and implementation in the area.

10.2. KEY ACTION POINTS

Supplementary Nutrition Program

1. Revise the ICDS dietary norms to consider dietary diversity to include food groups such as eggs, fruit, milk and milk products
2. Revise the ICDS financial norms to include the dietary diversity requirements
3. Specialized training to AWW and AWH to manage the dietary diversity requirements
4. Ensure separation of dietary variants to enable dietary integration at user level
5. AWW and AWH should be compensated for the additional work and time requirements due to hot cooked meal (HCM) for pregnant women
6. Change the timing of distribution of THR to a weekly basis where it is currently not. Plan fixed-day and fixed-time schedule for distribution
7. Provide THR to all identified undernourished beneficiaries (children as well as pregnant or lactating women) either at AWCs or through home visits
8. A logistic management and information system (LMIS) should be developed for ICDS to track both receipt at AWC and the last mile THR delivery to beneficiaries
9. The level of decentralization and contract should be based on technical requirements for THR production and quality checks. The THR should adhere to standard packaging and labelling practices along with barcoding and display of mandatory information about nutritional content
10. A separate budgetary allocation for transportation costs of THR based on regions and geographies should be made
11. The ICDS should invest in capacity building of institutions for nutrition research to obtain vital policy insights on programmatic concerns
12. Improve identification of program beneficiaries and develop digital record of ICDS beneficiaries for streamlining budgeting and planning

Early Child Development and Pre-School Education

13. Revise the ICDS financial norms to include the pre-school education requirements including learning materials as well as training and capacity building of AWC staff
14. Develop a pre-school certification program to link AWC's pre-school component to primary schools using inter-departmental convergence mechanisms
15. ICDS should aim for co-location of AWCs with primary schools for greater local level convergence
16. Devise strategies to cover children below 3 years under the early childhood care and education component.
17. Counselling material and guidelines should be developed to focus on psycho-social development of children below 3 years
18. Develop capacities of Anganwadi Workers (AWWs) for ECCD component through trainings and capacity building workshops
19. ICDS should seek a teacher for the pre-school component in convergence mode through funding support from Panchayati Raj or Education department
20. The ICDS guidelines should be revised to allow for AWCs hubs by combining 3-4 AWCs in areas with high population density, such as urban areas

Basic Infrastructure facilities

21. Universal coverage of drinking water supply, toilet facilities and electricity connection at all AWCs and mini-AWCs
22. Revise the ICDS financial norms for infrastructure upgradation. Seek support of developmental partners for construction and refurbishments.
23. Monitor and document through ICDS-MPR the availability of basic infrastructure at AWC such as drinking water supply, toilet facilities and electricity connection
24. Integrate physical reporting form AWCs to digital reporting at block level for ICDS-CAS mechanism
25. Provide mobile internet connectivity charges to support ICDS CAS reporting. Ensure mobile portability and offline data entry features in CAS.
26. Develop the ICDS websites of States/UTs to provide mandatory disclosures including MPR indicators as well as geo-spatial location of AWCs and ICDS offices. Highlight success stories of each

state through the website to allow for replication elsewhere.

27. The financial norms for AWC construction should be sensitive to regional variations in storage/ animal infestations/hilly terrain/flood prone areas and child friendly spaces
28. Provide playing area or yard for physical activities and games for children

Human Resources

29. Complete digital records of ICDS functionaries for identification, performance reviews, monitoring plan and timely release of payments through digital financial management system
30. Provide for performance-based incentives for achievement of target indicators through measurement and monitoring to AWCs on a sharing basis with beneficiaries
31. Authorize DM/DC in all States (and not merely in aspirational districts) for recruitment of CDPOs from existing AWCs with appropriate experience and AWC supervisors from AWWs through special drives
32. Develop mechanisms to expedite recruitment of key ICDS functionaries through ICDS society or via Departmental recruitment board. Also review the progress of Departmental Promotion Committees.
33. Training and capacity building of AWWs/AWHs for meals preparation and nutrition counselling to improve quality and diversity
34. Training programs should adhere to minimum technical (including computers and projectors) and space requirements for training venue
35. Devise tools and apps to assist monitoring by ICDS functionaries (including supervisors, block and district level officials)

Financing Aspects

36. Increase the ICDS budget to allow for dietary diversity, infrastructural requirements and maintenance. APIP should develop line items for SNP sub-components including transport.
37. Devise interest-based penalties and compensation for delays in release of Central or State share toward ICDS program liabilities including salary disbursals
38. Increase allocation for improvements in pre-school education kits for locally relevant playing and learning materials
39. The financial guidelines for APIP development should be expanded to allow for increasing the scope of the line items to encourage innovations in service delivery with a flexi-fund for sub-schemes
40. ICDS policy should be revised to allow for an ICDS society at the state and district level along the lines of the NHM to expedite the flow of funds for ICDS activities
41. Provide incentives to AWW to follow up on NRC rehabilitated children to prevent relapse of SAM and MAM children
42. Provide incentives to AWW and AWH for achievement of immunization coverage and performance on other micronutrients coverage such as Anemia or Vitamin A
43. Provide incentives for Aadhar information seeding of beneficiaries and regular anthropometric measurements. Incentivize home visits for these purposes

Convergence Issues

44. Allow state level authorities to develop guidelines and protocols for utilization of CAP platform at state level to address all state level issues
45. Enable CAP committees to develop guidelines for social audit of ICDS through MGNREGA or VHSNC audit mechanisms or ICDS based AWC monitoring committees
46. Review and revise the number of registers to be maintained by ICDS functionaries by reducing those directly related to health services such as immunization and referrals. Alternatively, these services may be incentivized for improving coverage and effectiveness
47. Plan media and community level engagements to promote ICDS services and receive feedback for scheme improvements
48. Seek convergence with municipal corporations/ councils in urban areas to facilitate AWC and school co-location as well as utilities provision and maintenance
49. ICDS should establish CRM and JRM along the lines of NHM for review of ICDS. To do so, it should partner with academic institutions to ensure independence of the review processes. Annual CRM and JRM reports should be made available in public domain
50. Set up an Expert Committee on the status of ICDS service delivery in 6th Schedule Areas

REFERENCES

Antier Clementine et al (2014). Production of fortified food for a public supplementary nutrition program: performance and viability of a decentralized production model for the Integrated Child Development Services Program, India. Asia Pac J Clin Nutr. Vol 23 . 20-28.

Avula, R., S. S. Kim, S. Chakrabarti, P. Tyagi, N. Kohli, S. Kadiyala, and P. Menon. 2015. Delivering for Nutrition in Odisha: Insights from a Study on the State of Essential Nutrition Interventions. POSHAN Report No 7. New Delhi: International Food Policy Research Institute

Bhagat VM, Choudhari SG, Baviskar SR, Mudey AB. Availability and Utilization of Anganwadi Services in an Adopted Urban Area of Wardha. *Online J Health Allied Scs*. 2015;14(4):4. Available at URL: http://www.ojhas.org/issue56/2015-4-4.html

Bhavesh Bariya, Patel Neha A, Nayak Sunil (2017). Utilization of Supplementary Nutrition Food Packets by Pregnant and Lactating Mothers in Urban Areas of Valsad, Gujarat. Health line Journal . Vol 8(2). 42-46.

Bihar Technical Assistance Support Team (2015). Uddeepan Strategy ; Bringing Change in Integrated Child Development Services in Bihar.

Biswas Sukanta, Dasgupta Samir, Ghosh Pramit (2018). Quality of Village Health and Nutrition Day Sessions in North 24 Parganas District, West Bengal, India. Vol 17(2). 8-11.

Bose, V., S. Batra-Dua, S. Menon, S. Mathur, G. Sharma, and K. Chauhan. 2014. A Landscape Analysis of Nutrition Initiatives in Madhya Pradesh: Policies, Actors and Networks. IFPRI: Delhi, India.

Chakrabati Suman et al (2019). India's Integrated Child Development Services program; equity and extent of coverage in 2006 and 2016. Bulletin World Health Organization. 270-282.

Deewan et al (2015). Can we rely solely on conventional measures to estimate under nutrition among under fives? Indian journal of community health. Vol 27(3). 361-365.

Desai Sonalde and Vanneman Reeve (2015). Enhancing Nutrition Security via India's National Food Security Act: Using an Axe instead of a Scalpel? India Policy Forum. 67-113.

Dixit Priyanka, Gupta Amrita, Dwivedi Laxmi Kant (2018). Impact Evaluation of Integrated Child Development Services in Rural India: Propensity Score Matching Analysis. Sage open publication. 1-7.

Flanagan, K. F., Soe-Lin, S., Hecht, R. M., & Schwarz, R.K. (2018). THR Production and Distribution Models- Challenges and Opportunities for Improvement. Policy Brief 4. Pharos Global Health Advisors.

G Abhijnana et al (2019). Comparing infrastructure of anganwadi centres under integrated child development services of urban and rural Bangalore: a cross sectional study. International Journal of Community Medicine and Public Health. Vol 6(10). 4510-4515.

Gandhi et al (2015). Assessment of maternal and child health services during the Mamta days in urban areas of Surat City. International journal of medical science and public health. Vol 5(6). 1199-1203.

Gill et al (2017). Assessment of basic infrastructure in aganwadi centers under integrated child development services scheme in district Amritsar of Punjab. International Journal of Community Medicine and Public Health. Vol 4(8). 2973-2976.

Gupta A, Gupta SK, Baridalyne N (2013). Integrated Child Development Scheme : A journey of 37 years. Indian journal of community health. Vol 25(1).

Helena Kanta et al (2014). Challenges in implementing ICDS scheme- A study about facilities available in Anganwadi Centers of Greater Visakhapatnam Municipal Corporation, Andhra Pradesh. Indian Journal of Maternal and Child Health. Vol 16(2).

https://wcd.nic.in/sites/default/files/icds_scheme.pdf

Kathuria et al (2014). Republic of India: Institutional Arrangements for Nutrition in India An Assessment of Capacity. Report no ACS8021. SASHN SOUTH ASIA.

Kim et al (2017). Understanding the role of intersectoral convergence in the delivery of essential maternal and child nutrition interventions in Odisha, India: a qualitative study. BMC public health. 17:161. 1-12

Kosec, Avula et al (2015). Predictors of Essential Health and Nutrition Service Delivery in Bihar, India: Results from Household and Frontline Worker Surveys. Global Health: Science and Practice. 3(2). 255-273.

Malik et al (2015). An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India. International journal for quality in health care. Vol 27(3). 201-206.

Marathe et al (2015). Is 'take home ration' really improving the nutritional status of children? A study of supplementary nutrition for under 3 children in four districts of Maharashtra. Journal of Community nutrition and health. Vol 4(1). 15-18.

Meena and Meena (2018). Effect of nutrition education intervention on under nutrition among under five children in urban and rural areas of Bhopal district, Madhya Pradesh. International Journal of community medicine and public health. Vol 5(10). 4536-4542.

Menon, P., N. Kohli, M. Pradhan, N. Pradhan, S. Cyriac, and M. Priyadarshi. 2014. The Challenge of Child Undernutrition in Uttar Pradesh: Findings from a Situation Assessment. POSHAN Report No 3. New Delhi: International Food Policy Research Institute.

Mittal Nitya and Meenakshi J.V. (2016). Does the ICDS improve the quality and quantity of Children's diets? Some evidence from rural Bihar. Working paper no 257. http://www.cdedse.org/working-paper-frameset.htm.

Mittal Nitya and Meenakshi J.V. (2016). Utilization of ICDS services and their impact on child health outcomes, evidence from three east Indian states. http://www.cdedse.org/working-paper-frameset.htm.

Perry et al (2017). Comprehensive review of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal and child health rationale, methods and database description. Journal of Global Health. Vol 7(1).

Rao N and Kaul V (2017). India's integrated child development services scheme: Challenges for scaling up. Child: Care, health and development report.

Rao Veena S (2016). Under-nutrition in India- A forgotten national nutrition policy without a national program. Proc Indian Natn Sci Acad 82(5). 1367-1379.

Ruia et al (2018). An analysis of integrated child development scheme performance in contributing to alleviation of malnutrition in two economically resurgent states. Indian Journal of Community Medicine. Vol 43(1). 44-48.

RV Bhavani and Parasar Rohit (2018). Food Distribution Value Chain under the Integrated Child Development Services. IDS Bulletin. Vol 49(1). 73-90.

Sarkar M et al (2017). Nutritional status of anganwadi children of phansidewa block of Darjeeling district of West Bengal, India. Vol 7(2). 170-174.

Schwarz, R. K., Briskin, E. A., Flanagan, K. F., Dodd, N., Soe-Lin, S., & Hecht, R. M. (2018). ICMR and ICDS Guidelines; THR Formulation and Composition – Challenges and Opportunities for Improvement.Policy Brief 2. Pharos Global Health Advisors.

Schwarz, R. K., Flanagan, K. F., Soe-Lin, S., & Hecht, R. M. (2018). ICDS programmatic governance, accountability and performance management, and quality assessment – Challenges, and Opportunities for Improvement. Policy Brief 3. Pharos Global Health Advisors.

Semwal V.D, Bijalwan Rajeev, Rawat Poonam (2016). Qualitative Assessment of Village Health Nutrition Day in the Selected Areas of Uttarakhand. International Journal of Social Science and Humanities Research. Vol 4(3). 565-569.

Sivakumar (2015). Child Care Services for three to six years old children in urban aganwadi's in Kozhikoze corporation in Kerala- An evaluation study. National Journal of Community Medicine. Vol 6(2). 318-322.

Tyagi Asha Ram and Pradhan Sambit (2015). Assessment of Nutritional status of children under 5 years of age attending rural and urban aganwadi centers of Jabalpur district. National Journal of Community Medicine. Vol 6(4). 587-591.

UNICEF Report (2013). Improving Child Nutrition: The achievable imperative for global progress.

Yousafzai Aisha K and Aboud Frances (2014). Review of Implementation process for integrated nutrition and psychosocial stimulation interventions. Annals of the New York Academy of Sciences (1308). 33-45.

A1.

ANNEXURE 1: SUPPLEMENTARY TABLES

Table S1: Number of SNP beneficiaries (children, 6 months to 6 years), 2014-15 to 2018-19

States	2014-15	2015-16	2016-17	2017-18	2018-19	% Share (2018-19)
Andhra Pradesh	2382866	2631659	2575806	2361549	2264402	3.22
Arunachal Pradesh	222956	226323	206669	189060	189060	0.27
Assam	3310885	3310885	3310885	3562673	3030677	4.31
Bihar	9967439	9892618	9892618	4940640	5969856	8.48
Chhattisgarh	2055307	2055307	1963485	2013902	2216000	3.15
Goa	57419	58719	57584	56630	52996	0.08
Gujarat	3185697	3269470	3141989	3104693	3104693	4.41
Haryana	1105095	996751	924226	883607	839339	1.19
Himachal Pradesh	458955	449511	449087	427449	398112	0.57
Jammu & Kashmir	295039	295039	845074	731676	798450	1.13
Jharkhand	2840711	2961485	3180362	2634116	2744555	3.90
Karnataka	3997286	3997286	3997286	4036695	3948737	5.61
Kerala	856427	874831	699638	747654	815494	1.16
Madhya Pradesh	5935835	5526328	6291588	6607796	6571443	9.34
Maharashtra	5983249	5940882	5585804	5312961	5196154	7.38
Manipur	355176	355176	355176	340984	340984	0.48
Meghalaya	440399	468579	476923	489738	454119	0.65
Mizoram	77974	109179	80360	155222	155222	0.22
Nagaland	302940	292059	289575	287537	278810	0.40
Odisha	3872777	3823385	3823385	3918422	3918422	5.57
Punjab	937773	945504	888728	671496	671496	0.95
Rajasthan	2868934	2781462	2744718	2616106	2667157	3.79
Sikkim	23288	25316	25316	30500	24500	0.03
Tamil Nadu	2452140	2452506	2448525	2394243	2440152	3.47
Telangana	1691079	1574455	1518128	1457408	1500000	2.13
Tripura	299116	299116	314957	344859	332353	0.47
Uttar Pradesh	18445336	19126779	16043369	14334752	12392606	17.61
Uttarakhand	632102	684721	663207	607332	597062	0.85
West Bengal	6871904	6631338	6462646	6117637	5911318	8.40
A & N Islands	12550	12781	12065	10568	9591	0.01
Chandigarh	55806	53188	50770	47506	48547	0.07
Delhi	846467	697158	697158	451407	437046	0.62
Dadra & N Haveli	19725	19379	19008	19363	19363	0.03
Daman & Diu	6308	6308	6308	5150	5150	0.01
Lakshadweep	4652	4652	4652	3450	3450	0.00
Puducherry	27812	28781	26398	26936	26806	0.04
All India	82899424	82878916	80073473	71941717	70374122	100.00

Source: Estimates based on MoWCD ICDS Data

Table S2: Number of SNP beneficiaries (pregnant and lactating women), 2014-15 to 2018-19

States	2014-15	2015-16	2016-17	2017-18	2018-19	% Share (2018-19)
Andhra Pradesh	805143	728068	724841	611035	654975	3.81
Telangana	466985	419525	385044	362781	400000	2.33
Arunachal Pradesh	30233	29757	26112	24517	24517	0.14
Assam	691237	691237	691237	683549	594296	3.46
Bihar	1716981	1662181	1662181	1163378	1404672	8.17
Chhattisgarh	493718	493718	453704	455626	493800	2.87
Goa	15909	15853	16077	15050	14637	0.09
Gujarat	757219	809268	754890	744902	744902	4.33
Haryana	316855	287802	277457	263976	263553	1.53
Himachal Pradesh	102728	101161	100913	97867	96365	0.56
Jammu & Kashmir	92021	92021	102464	133140	159609	0.93
Jharkhand	706032	660264	798312	758842	718337	4.18
Karnataka	993802	993802	993802	1055470	895465	5.21
Kerala	159801	162595	188560	259178	304349	1.77
Madhya Pradesh	1340084	1470362	1402205	1443235	1426266	8.30
Maharashtra	1126895	1105541	997423	1004602	961743	5.60
Manipur	75010	75010	75010	67208	67208	0.39
Meghalaya	78538	86292	81896	82802	73879	0.43
Mizoram	20313	24388	20530	28150	28150	0.16
Nagaland	62508	56514	49441	46165	34366	0.20
Odisha	793324	785918	785918	725129	725129	4.22
Punjab	261844	259331	243014	186289	186289	1.08
Rajasthan	892369	881413	871058	866794	875613	5.09
Sikkim	4441	5396	5396	6000	5800	0.03
Tamil Nadu	670337	655427	667409	665067	732488	4.26
Tripura	77264	77264	67804	71074	69304	0.40
Uttar Pradesh	4853101	4934881	4186266	3882027	3548330	20.65
Uttarakhand	162684	181738	179248	169495	177003	1.03
West Bengal	1374924	1333887	1289849	1320684	1366355	7.95
A & N Islands	3277	3157	2806	2621	2375	0.01
Chandigarh	10415	8323	8732	7653	7231	0.04
Delhi	162462	144362	144362	115543	114264	0.66
Dadra & N Haveli	3177	3209	2998	3523	3523	0.02
Daman & Diu	1103	1103	1103	1451	1451	0.01
Lakshadweep	1666	1666	1666	1148	1148	0.01
Puducherry	9205	9934	9189	9245	9157	0.05
All India	**19333605**	**19252368**	**18268917**	**17335216**	**17186549**	**100.00**

Source: Estimates based on MoWCD ICDS Data

Table S3: Number of pre-school education beneficiaries (3 years to 6 years), 2014-15 to 2018-19

States	2014-15	2015-16	2016-17	2017-18	2018-19	% Share (2018-19)
Andhra Pradesh	941753	952957	956881	864685	855131	2.83
Telangana	639138	320435	681911	665194	639373	2.12
Arunachal Pradesh	113011	113933	103884	96623	96623	0.32
Assam	1801441	1801441	1801441	1888756	1569370	5.20
Bihar	2416088	2331123	2331123	2681885	2681885	8.88
Chhattisgarh	880233	880233	801953	854260	772690	2.56
Goa	20917	21226	20095	19690	16763	0.06
Gujarat	1580094	1505347	1430720	1443193	1443193	4.78
Haryana	398895	353511	318160	291548	268189	0.89
Himachal Pradesh	149861	139275	138406	128168	102703	0.34
Jammu & Kashmir	300126	300126	300126	439005	262336	0.87
Jharkhand	1247550	1234533	1234533	1234533	1234533	4.09
Karnataka	1760253	1760253	1760253	1518127	1518127	5.03
Kerala	444283	442838	342843	386035	380920	1.26
Madhya Pradesh	3029398	3104200	2904788	3696416	3547742	11.75
Maharashtra	2822502	2823063	2780859	2552687	2531845	8.39
Manipur	179522	179522	179522	177583	177583	0.59
Meghalaya	187563	205476	211773	218986	192624	0.64
Mizoram	934907	872588	872588	56334	56334	0.19
Nagaland	140325	146396	144060	144241	144209	0.48
Odisha	1535738	1549474	1549474	2047340	2047340	6.78
Punjab	391036	376458	354587	275968	275968	0.91
Rajasthan	1088980	968244	987811	967701	971413	3.22
Sikkim	11671	11487	11487	12500	12500	0.04
Tamil Nadu	1108348	1019285	1104546	632304	1102356	3.65
Tripura	152204	152204	159952	189854	171907	0.57
Uttar Pradesh	8309581	7681641	6811940	5852814	4057703	13.44
Uttarakhand	230615	217971	201010	181925	157706	0.52
West Bengal	3325069	3256562	3244627	2889710	2723302	9.02
A & N Islands	3882	3973	3557	2791	2168	0.01
Chandigarh	29285	29052	27699	25809	26906	0.09
Delhi	351177	262732	262732	139298	134234	0.44
Dadra & N Haveli	10621	10107	10165	10475	10475	0.03
Daman & Diu	2643	2643	2643	2388	2388	0.01
Lakshadweep	2292	2292	2292	843	843	0.00
Puducherry	2994	2285	1862	2197	2596	0.01
All India	**36543996**	**35034886**	**34052303**	**32591866**	**30191978**	**100.00**

Source: Estimates based on MoWCD ICDS Data

Table S4: Availability of drinking water and toilet facility across States/UTs, 2015-16 to 2018-19

States / UTs	Drinking Water Facility			Toilet Facility		
	2015-16	2018-19	Change	2015-16	2018-19	Change
Andhra Pradesh	43.2	68.2	25.0	37.3	60.2	22.9
Arunachal Pradesh	29.4	28.5	-0.9	50.5	48.9	-1.6
Assam	62.9	62.9	0.0	47.2	47.2	0.0
Bihar	20.5	90.9	70.4	35.9	57.8	21.9
Chhattisgarh	33.1	79.6	46.5	42.1	65.3	23.3
Goa	88.0	98.4	10.4	53.3	62.4	9.2
Gujarat	96.4	98.4	1.9	64.0	95.3	31.3
Haryana	46.3	78.8	32.6	64.3	90.1	25.8
Himachal Pradesh	86.8	100.0	13.2	88.2	97.1	8.9
Jammu & Kashmir	44.1	79.4	35.3	44.1	44.2	0.0
Jharkhand	66.1	66.1	0.0	30.4	73.7	43.3
Karnataka	39.6	53.7	14.2	54.6	58.3	3.7
Kerala	66.0	85.5	19.5	76.5	95.6	19.1
Madhya Pradesh	93.8	98.3	4.5	47.2	83.5	36.3
Maharashtra	54.8	94.3	39.5	54.1	53.1	-1.0
Manipur	24.5	21.0	-3.5	31.5	27.1	-4.5
Meghalaya	78.3	77.9	-0.4	73.4	73.0	-0.4
Mizoram	75.2	88.6	13.4	79.9	97.7	17.9
Nagaland	100.0	86.8	-13.2	100.0	86.8	-13.2
Odisha	99.4	97.6	-1.8	46.0	52.6	6.6
Punjab	100.0	98.9	-1.1	68.0	80.9	13.0
Rajasthan	51.0	78.8	27.8	26.3	55.9	29.6
Sikkim	71.5	98.9	27.4	83.6	98.9	15.3
Tamil Nadu	82.3	91.9	9.6	76.4	87.5	11.2
Telangana	40.2	99.5	59.3	21.3	51.4	30.1
Tripura	87.7	94.2	6.5	81.4	81.4	0.0
Uttar Pradesh	99.7	99.7	0.0	71.8	71.8	0.0
Uttarakhand	29.3	73.6	44.2	65.7	72.7	7.0
West Bengal	55.3	77.7	22.4	45.1	85.4	40.3
A & N Islands	69.2	99.9	30.7	57.5	76.7	19.2
Chandigarh	100.0	100.0	0.0	100.0	100.0	0.0
D & N Haveli	88.7	100.0	11.3	48.7	100.0	51.3
Daman &Diu	90.7	94.4	3.7	87.9	94.4	6.5
Delhi	60.6	99.6	39.0	90.9	98.3	7.4
Lakshadweep	100.0	100.0	0.0	100.0	100.0	0.0
Puducherry	92.2	92.2	0.0	78.8	78.8	0.0
Total	65.7	85.7	19.9	52.8	68.9	16.1

Source: Estimates based on MoWCD ICDS Data

Table S5: THR production and distribution models

State	Majority model	Producer	THR product
A & N Islands		SHG	Khichdi
Andhra Pradesh	Centralized (public) facility	Telangana Foods (Public centralized facility)	Balamrutham (Weaning Food), Eggs
Arunachal	Centralized (private) facility	Private manufacturer	Cereal based weaning food, Kheer, Soya base fortified biscuits.
Assam		NGOs	Rice, White Peas
Bihar		At AWCs by AWHs	Rice, Pulse, Soya Chunk, Egg
Chandigarh		SHG	Weaning foods
Chattisgarh		SHG	
D & N Haveli		AWC	Hot cooked meals
Daman & Diu	Centralized (private) facility	Private Agency	'Swabhiman' scheme, 7.5 kg of ration.
Delhi		SHG	Panjiri , Weaning Food
Goa	Centralized (private) facility	Private Agency (supply of food grains is done by Dept. of WCD)	Dry Fruit grain, jaggery, Gram dal, Rice, Salt, ghee watana, green & black chick peas, ragi
Gujarat		Gujarat Cooperative Milk Mkt Fed	Ready to Eat Balbhog
Haryana	Centralized (public) facility	State Govt. Micronutrient fortified	Fortified Panjiri, Bharva Prantha, Meetha Dalia, Aloo Purii, Meetha Chawal, Pulao & Gulgule/Saviea
Himachal Pradesh	Centralized (private) facility	Private Agency (HP Coop. Milk Producer Ltd, HP Civil Supplies Corp & ALMSCs)	Foritifed Panjiri, Rice Pularo, Fottified Biscuit, Sweet Dalia
Jammu & Kashmir	Centralized (private) facility	Private Agencies	Cooked Rice
Jharkhand	Centralized (private) facility	Private Agency	Fortified Panjiri Food, Khichdi, Sweet and Salty Upma
Karnataka		Mahila Supplementary Nutrition Production & Training centre	Nutrimix Powder (Ragi/Wheat/Rice, Jaggery, G.nut, Green Gram, Bengal Gram,) Milk Powder
Kerala	Decentralized production facilities	SHG (Kudumbashree Mission)	THR – Amrutham Nutrimix for children (6-36 months)
Lakshadweep		Panchayat Department	Prepared from (RTE- Rice, Green gram, bengal grams)
Madhya Pradesh	Centralized (public) facility	MP State Agro Industries Devp. Corp. Ltd. (GoMP)	Bal Aahar-Mixture of wheat soyabean, channa, makka aata, sugar, soya oil Khichdi mix, instant Soya barfi/ laddu mix
Maharastra		SHGs	Balahar, upma, Sukhadi, Sheera, Sevai
Manipur	Centralized (private) facility	Manufacturer	Supplementary Weaning food, Sangam Kheer

State	Majority model	Producer	THR product
Meghalya	Centralized (private) facility	Manufacturer	Fortified Atta, cereal based weaning food, Pulse, based RTE, Suji Halwa RTE
Mizoram	Centralized (private) facility	Private Agency	RTE- Milk Cereals, Energy dense fortified foods
Nagaland		NGOs	Ready to cook food
Odisha	Decentralized production facilities	SHG consortiums	Chatua- wheat, Bengal gram, kalla channa, G.nut, sugar, rasi laddu
Puducherry	Centralized (private) facility	Private agency	Micro nutrient Fortified Food supplements
Punjab	Centralized (public) facility	State Coop. Milk Producer Federation Ltd.	Panjiri
Rajasthan	Decentralized SHG	SHGs	Baby mix (Cereal Pulse Based , Weaning Food)
Sikkim	Centralized (public) facility	Govt. Run EFPP Plant	In powdered form, Ready to Eat (Paushtik Aahar-Cereal Pulse based Micronutrient Fortified)
Tamil Nadu		SHGs	Complementary food- Sathumavu (Amylase rich Weaning Food)
Telangana	Centralized (public) facility	Telangana Food, Hyderabad (Govt)	Balamrutham -powder consists of roasted wheat , Bengal Gram, Milk powder, Eggs, Sugar & oil
Tripura		SHG	Row Rice, Row Masoor Dal, Row Eggs and Row Soyabean
Uttar Pradesh	Centralized (private) facility	Private Agency	Micronutrient Fortified weaning food, Meetha & Namkeen Dalia, Laddu premixes
Uttarakhand		SHGs	Dalia, Suji, Daal, Cholai, Mungfali dana, Bhuna Channa, Jaggery, Chura
West Bengal		SHG	Paustik Powder/Paustik Laddu

Source: Flanagan, K. F., Soe-Lin, S., Hecht, R. M., & Schwarz, R.K. (2018). THR Production and Distribution Models- Challenges and Opportunities for Improvement. Policy Brief 4. Pharos Global Health Advisors

A2. ANNEXURE 2: STATE-SPECIFIC ISSUES, BEST PRACTICES AND RECOMMENDATIONS

ANDHRA PRADESH

Issues

- Balamrutham is the pre-mix which is not universally appealing. Further, taste changes when the food grows cold.
- Low attendance in urban areas due to lack of quality services.
- Hilltop and tribal areas have accessibility issues; Supervisors find it tough to reach, often having to make the journey on foot.
- NutriTask app has issues with interface, uploading etc. Apps often get deleted from the AWWs phones and they have to go down to the Sector office to get them restored.
- Sometimes training becomes difficult for AWWs, who are not formally literate in certain areas, major difficulty arises in tribal regions where spoken language is also different.
- Field Functionaries and Administrative officials are burdened with additional responsibilities which effect their overall performance.
- Severe shortage of staff such as Block Project Assistants or District Coordinators.
- Insufficient budgets are provided for expenses like electricity and sweeper etc.
- AWWs expect a raise in their current honorarium.
- Delay in providing honorarium to service providers of Giri Poshan Kendra Pakaluru (satellite feeding station).
- In spite of incentive in place, delay in honorarium demotivates the AWWs to perform well.
- Delay in the construction of Anganwadi Centers in spite of collaboration with Panchayati Raj department.
- Quality of rations and menu diversity needs to be improved.

Best Practices

- Anna Amrutham Hastam for pregnant women in Andhra Pradesh.
- Andhra Pradesh have introduced milk and eggs in HCM for children.
- Akshayapatra Foundation is supplying nutritious food to all categories of beneficiaries in four ICDS Projects in and around Visakhapatnam.
- Nutri TASC tool for name-based tracking of registered beneficiaries under ICDS services has been developed by the Department of Women Development and Child Welfare, Government of Andhra Pradesh.
- *Garbhini Stree Vasathi Gruha*: The Integrated Tribal Development Agency (ITDA) has established hostels for pregnant women in tribal areas to improve institutional births coverage and help reduce the maternal and infant deaths in the region.

Recommendations

- Specific review should be undertaken and program guidelines should be developed for the smooth functioning of Anganwadi centers located in urban areas.
- Frequent one-to-one training for all cadres is required. More feedback sessions are also suggested.
- A minimum educational requirement is necessary to avoid the issue of discomfort with technology and digital reporting among AWWs.
- The share of infrastructure expenditure should be increased for AWC construction and maintenance (drinking water, toilet and electricity).
- Additional work and time requirements from AWWs and AWHs should be compensated through honorarium payments.

- AWCs should be introduced as centers for pre-primary education and continuum of education by seeking greater convergence between ICDS and School Education Departments.

ASSAM

Issues

- Travelling across AWCs is a major problem for the AWC supervisors in rural Assam.
- Given the complex geography of Assam, AWCs located in these areas are not easily accessible for regular supervision by Anganwadi Services functionaries.
- As community workers find it difficult to commute in interior sections, proper office space is required which should be nearby the field.
- The AWWs fail to get a proper rented place in the urban areas: the reason stated was the irregularity in receiving the rent grant from the government.
- Shortage of staff in the block level, supervisors as well as CDPOs.
- There are AWWs who were working beyond their retirement age.
- There was a lack of officials to do data entry or officials in the districts; as a result, proper monitoring of the districts failed.
- No flexibility in using previous funds of ICDS by the district level officials.
- Previous scams have intensified accumulated funds in the districts.
- Autonomy issues in 6th Schedule areas hinders ICDS functioning and implementation in the area.
- The field workers (even at the block level) relied much on data collected by other departments (mostly Health).
- The past scams related to the Department of Social Welfare (of which ICDS is a major component) has led to demoralization of the Department and the system related to them.
- The ICDS did not actively take part on the special days (VHSND etc) as part of convergence.

Best Practices

- Matri Sahayak Gut (Assam): it focuses on the development of Women & Children and implemented effectively through the Anganwadi centres.
- Mothers of all the children registered at AWC, together form a group, designated as “Matri Mandal”.
- Widespread uptake of kitchen garden initiative across AWCs.
- AWWs were reported to be caring and helpful; cash rewards during the first pregnancy were received by all eligible interviewed beneficiaries.

Recommendations

- The MoWCD should set up a Committee for reviewing the status of ICDS services in 6th Schedule areas and to develop specific policy recommendations for strengthening ICDS services in these States.
- Vehicle should be provided to ICDS functionaries for smooth commutation between far off districts.
- Appoint more AWC Supervisors in difficult to access geographical areas
- Formation of ICDS society will be helpful in issues related to appointment of contractual staff for the various scheme-related activities.
- Develop digital records to facilitate systematic programmatic reviews and monitoring of staff.
- Flexibility should be provided to plan and implement state specific action plans.

BIHAR

Issues

- Beneficiaries are not receiving rations and meals on time.
- Difficult to ensure that beneficiaries are the ones consuming the THR and not their families.
- There is a low level of registration in PMMVY because of issues of proper documentation because of which people don’t want to register.
- Beneficiary coverage varies across geographies. For instance, areas coming under flood prone region are more dependent on AWCs in comparison to region which are less affected and have better agricultural production.
- Uptake of services is less among households from the Forward Castes.
- The rental norms are lower compared to the desirable quality of AWC infrastructure.

- Several AWCs run in school buildings and community halls where basic amenities like toilets and drinking water facilities are not available. There are no proper offices for DPO and CDPOs
- Multiple duties are provided to AWWs which is out of their scope of work.
- Recruitment is delayed due to political pressure.
- Less number of data entry operator which leads to hampering in maintaining of data.
- Selection of AWW and AWH is done during Gram Sabha meetings where local leaders and strongmen influences the decision.
- There is a delayed allotment and receipt of funds from the state.
- Salaries of the staff are pending and there is a delay of 3-4 months including AWWs and AWHs.
- Access to basic amenities like toilet and safe drinking water is negligible, and does not get any support from the Rural Department.

Best Practices

- Take Home Ration (THR) is distributed to pregnant women and lactating mother on VHSND, Suposhan Swastha Mela, Bachpan Diwas and Godbharai and Mamata Diwas days.
- To help decrease stunting rates, an incentive of rupees 500 is given to the AWWs for first 6 months (of an underweight beneficiary's birth) to ensure the SAM child comes under the normal category. This process is followed till 2 years.
- CSR funds from organizations like Vedanta are used to provide for infrastructural support.
- Doctors for You has developed around 10 AWCs in Muzaffarpur and Sheikhpura from their own funds; AXIS Bank financially supports around 500 AWCs. Britannia works on the development of education and communication in the state.
- Most comprehensive and detailed websites of the ICDS (WCD) in terms of details, content, and regular updates. It was also functional with details about disclosures related to program personnel, the program components and services being delivered.

Recommendations

- Should establish a social audit mechanism.
- The ICDS should establish a robust monitoring mechanism and strengthen documentation and review of monitoring reports.
- Change the selection procedure or criteria of the AWWs and AWHs through conducting exam in which their technical competency can be tested.
- Registration and identification of beneficiaries and ICDS officials should be strengthened.

CHHATTISGARH

Issues

- Siblings of the children were generally discriminated or neglected at the time of supply of nutritional meals at the Anganwadi centers.
- Need to improve provision of proper toilets and electric fans.
- Travelling allowance was not provided to Anganwadi workers and they had to pay from their own pocket.
- There is shortage of staff. Supervisors are being burdened with lot of work as they have to monitor large number of centres.
- Untrained AWW staff leads to issues in the proper data entering.
- Discontinuation of Mukhyamantri Amrit Yojana due to lack of coordination between state and center.
- Panchayats are not coordinating in the construction of Anganwadi Centers.

Best Practices

- Mahatari Jatan Yojana (MJY) in Chhattisgarh for pregnant women.
- Panchayat has made steel slabs for THR storage and AWC; they have also arranged for milk and protein powder to be distributed to malnourished children at the AWC.

Recommendations

- The AWWs and AWHs should be mandated to provide THR to all identified undernourished beneficiaries (children as well as pregnant and lactating women) by ensuring distribution either at the AWCs or during home visits.
- Rules, regulations and norms for flow/release of funds for infrastructure development need to be reviewed and streamlined.

- A clear coordination mechanism between different departments should be improved so that in future schemes like Mukhyamantri Amrit Yojana should not get discontinued.
- Provide additional incentive to AWW / AWH for hot cooked meal program

DELHI

Issues

- Due to centralized cooking, delivery of food items to the AWC is simultaneous for breakfast and lunch. This results in children not receiving breakfast in a timely manner.
- A proper recipe with the each and every ingredient's quantity specified is given to the kitchen staff. According to them, the quantities specified in the recipes is more than the ration provided to them by the government.
- In Delhi, Aadhaar card is mandatory for enrolment in AWCs. Some parents who have migrated from villages do not have this with them which creates a barrier in making the scheme largely available.
- AWCs in Delhi do not follow a uniform standard of operation or service delivery.
- It has been reported that very small areas are available to rent out for AWC buildings.
- At most of the centres, weighing machine for infants (0-11 months) is not available.
- The functioning of AWCs gets disrupted due to biannual surveys. Due to which they get overburdened.
- The budget assigned to rent a place for AWCs is insufficient.
- AWCs functions in slum areas with poor water, sanitation and hygiene.
- Many of the AWCs have a Committee of 12 representatives including a Chairperson, MLA, social worker, beneficiaries, ANM, AWW, AWH, and ASHA. But the frequency of these meetings has decreased over the time.

Best Practices

- Creation of anganwadi hubs by combining three to four anganwadi centers in areas of high density to give the look and feel of play school.
- AWWS shares their live location everyday around 9:00-9:30 am. All the locations are then forwarded to the senior authorities.
- AWWs help with the verification and documentation of children for the admission process in schools.
- The Government of Delhi has also developed a scheme to incentivize AWW, Supervisor and ASMC (Anganwadi Support and Monitoring Committee aka Anganwadi Samiti) to work as a team and improve the working of their Anganwadi.

Recommendations

- Formation of ICDS Society at the State-level and District-level can be instrumental to expedite the flow of funds for ICDS activities.
- Adequate nutrition can only be achieved with adequate budgetary allocations. The ICDS dietary norms should be revised such that along with caloric requirements it should specify minimum acceptable dietary diversity to include food groups such as eggs, fruits, milk and milk products.
- The ICDS should innovate and diversify the THR component with introduction of diverse food groups (fruits, eggs, milk and milk products) as THR variants (others being powdered mix and dry ration).
- Fixed-day fixed-time should be planned for THR distribution.

GUJARAT

Issues

- Pre-mix THR is not appealing to the beneficiaries. They ask for dry THR.
- Members of certain communities (a very small number) choose not to immunize their children due to religious and cultural beliefs.
- In relatively poor localities in urban settings parents are constantly mobile and there is no motivation for sending the kids to the AWCs.
- In migrant communities and tribal belts, we see reduced uptake of the ICDS services because of the continuous mobility.
- Due to lack of funding for AWCs, and issues with other departments over land there has been delay in construction of AWCs.
- AWW are involved in other programs as well, which increases her burden and thus gives her less time to focus on her primary responsibility as AWW. They spent 15 days out of a month for doing non-ICDS work.

- The lack of skilled personnel for operating online data entry results in delays in data flow and information.
- At CDPO and district level, functionaries reported limited training for operating bureaucratic channels of communication. This negatively effects the effectiveness of the mid -level officials.
- AWW also has to take on role of ASHA and ANM (where positions are vacant) in urban areas.
- In urban areas, rented AWCs are very congested and often need to be shifted elsewhere.
- Funds take a long time to get approved, and inter-departmental dynamics get in the way of smooth, quick transfer of funds in certain cases.
- Development funds are not used properly.
- Lack of funding for AWCs, and issues with other departments negatively impact the construction of AWC.
- At the district and block level other line departments were reported to not take the ICDS and its officials seriously which has a negative effect on the functionaries' morale when it comes to convergence with other departments.
- Multiple copies of the same information are collected by AWW, ANM and ASHA. This leads to duplication and sometimes even mismatch of data.

Best Practices

- Doodh Sanjeevani Yojana is an initiative of State Government of Gujarat to tackle malnourishment in three talukas of Surendaranagar district. Under the Yojana, the primary school children in these three districts will get milk with their midday meal.
- Supplementary food is provided as micronutrient fortified extruded blended food as Take Home Ration to all the children under 6 years, adolescent girls, pregnant and lactating mothers.
- The Government of Gujarat has introduced Mata Yashoda Award for Best Anganwadi Worker and Helper Award Scheme which consists of various citation & cash awards to strengthen the services & motivate AWW and AWH in the state.
- A total of 36 Mobile Anganwadis have been started in all districts of Gujarat State wherein, beneficiaries of NREGA scheme, children of Agariya - migrant workers from Balmandir - crèches facilities (6 months to 6 years), pregnant women, nursing mothers and adolescent girls are provided supplementary nutrition.
- Gujarat has registered State and District level ICDS Society that function under the administrative control of the Department of Women & Child Development.

Recommendations

- ICDS should reduce the quantum of reporting expected from the AWWs.
- State Convergence Action Plan should include recruitments as an area for priority action. As skilled manpower will ultimately help in smooth running of the program.

RAJASTHAN

Issues

- Beneficiary is not the sole consumer of the THR, sometimes their family consume as well.
- In Jaisalmer, ECCE was not well functioning in the district. Pre-school kits have not been supplied to the AWCs for the past 3 years.
- THR has not been supplied since last 6 months at AWCs due to pending payments in Jaisalmer district.
- Beneficiaries have reported that they are not provided good health services at AWC.
- No quality testing is being done of the ingredients supplied by local self-help groups.
- There was problem of electricity connection in the Anganwadi buildings.
- AWCs were running in school buildings, with very limited educational materials in Jaisalmer district.
- No formal arrangements with the Department of Power or the GPs for installing electricity connection to AWCs.
- Sarpanch of the village provide salaries to AWW which make them obliged to perform outside their scope of work.
- Shortage of staff and need for incentive based remuneration was noticed.
- More than 40% of CDPO sanctioned posts are vacant.
- CDPOs have a high burden of reviewing AWCs in their respective districts.

- Utilization of funds was very low for ECCE training in Jaisalmer district.
- No hot cooked meal was provided at AWCs due to shortage of funds.
- Limited funding had been allotted to Jaisalmer, which makes delivering of basic ICDS services impossible when the district runs out of funds.
- AWWs are given village related work e.g. MGNREGS survey, Aadhaar card enrolment, ration card work: which affects ICDS service delivery.
- Gram Panchayats are not providing enough support in the construction of good anganwadi centers. Often their quality of work is not up to the mark.

Best Practices

- Anganwadi Chalo Abhiyaan" was launched in to order to bring all the un-registered children to the AWC.
- "Kilkari", "Umang and Tarang" books were launched and distributed under this initiative.
- The Tata Trusts have partnered with the Government of Rajasthan to combat maternal and child undernutrition. In particular, the Project Making It Happen supported by the Trusts aims at realizing this potential through optimizing implementation, utilization of services, monitoring and delivery.
- State has developed a Hindi style website (although merged with women empowerment), with much more frequent updates.
- In order to increase the community participation in Anganwadi Services, Government of Rajasthan has initiated Nanda Ghar Yojana. It is encouraged to adopt one or more AWCs for the period of five years.
- Rajdharaa App is a mobile application which enables ICDS functionaries to conduct real-time monitoring of AWCs and submit their observations/ feedback along with the time, date and GPS stamp of the concerned AWC.
- Department of Women and Child Development, Government of Rajasthan has developed a SBCC framework and strategy to improve mother and child nutrition outcomes in the state.

Recommendations

- Location of AWCs should be reviewed and co-location with schools should be encouraged for greater integration with schools.
- The ICDS MPR should provide information on electricity connections to the AWCs.

UTTARAKHAND

Issues

- For immunization and ANC check-ups some social groups do not send their children in the AWC located in the area of each other's community.
- Infrastructure of AWCs is a big concern during monsoon. There is a need for more facilities such as more swings, other than just toys; this will bring AWCs at par with a typical play school.
- AWWs are overloaded with other administrative duties.
- Udham Singh Nagar district sometimes faces funding issues as there are delays in budget sanctions.
- CSR initiatives cannot be relied upon as the sole source of funds for beautification of AWCs.

Best Practices

- AWCs also provide panjiri to malnourished children. They provide rajma chawal one day every week for children (aged 3 to 6 years old).
- In Uttarakhand, ICDS is in convergence with other department/institution like Health and Education Departments, and PRI.
- Vedanta NGO helps in constructing buildings for AWCs in Udham Singh Nagar district.
- The Education Department helps the AWCs by enrolling girls who have dropped out of school on behalf of AWCs.
- Mukhyamantri Bal Poshan Abhiyaan, under this state-level scheme, all the identified undernourished and severely undernourished children will be provided energy dense meals cooked from regional food including Amaranth, corn, and black soybeans.

Recommendations

- Activities part of Register 6 (Immunization and VHND) are essentially coordinated by the MoHFW and the reporting of these indicators can be entrusted to ANMs and ASHAs, respectively and need not to be given to AWWs. This will also avoid duplicity of data.

- All the States/UTs should host a dynamic ICDS website with mandatory disclosures regarding ICDS services and functionaries at all levels

UTTAR PARDESH

Issues

- Sometimes hot-cooked meals and THR are affected due to delayed payment by the Anganwadi Vikas Samiti or from higher up.
- It is estimated that about 45 lakh children in Uttar Pradesh are undernourished out of which about 15 lakh suffer from Severe Malnutrition (SAM).
- The CDPOs and DPOs have not been promoted for a long time and their pay scales are not proportionate to their experience and workload.
- Service utilization by mothers in undernutrition burdened states like Uttar Pradesh (Rural: 44.7%; Urban 20.7%) is low.
- Electric fans were not working. Space for sitting and playing was insufficient in the AWCs.
- In Uttar Pradesh about 60% of the AWCs are operating in school premises.
- The AWWs promoted to Supervisors are not skilled enough for this role.
- There are 40% of CDPO vacant sanctioned posts.
- Due to large vacancies there is an increased burden of monitoring and review on the CDPOs and AW Supervisors.
- Delays in recruitment occurs due to delays in funding approvals for the vacant positions and time-consuming recruitment procedures including litigations.
- Issues in financing of particular programmes and schemes.
- There are no funds provided for the ECCE programme.
- Uttar Pradesh has a 15% share in total ICDS budget but it also accounts for 17.6% share of beneficiaries. This translates into Rs.4013 per beneficiary per year which is much lower than several other States.
- Poor utilization of infrastructure funds / training funds was reported.
- Greater efforts are needed to ensure convergence of human resources from the education department and ICDS department, particularly the school teachers and AWWS, respectively.

Best Practices

- Uttar Pradesh has developed a Smart Inventory Management System (SIMS) to improve distribution and monitoring of THR from procurement to last mile delivery.
- The AWCs use charts, posters and handmade toys to teach children 0 to 59 months.
- AWCs teach children about hygienic practices like washing hands before eating food, and after defecation.
- Quality and taste of Poshahar is reported to be good and beneficiaries make various recipes with it like Ladoo, Mal puwa, Namkin Para, Mitha Para, Namkin Pakauri, Cake, Namkin daliya ka Chila and etc.
- The Government of Uttar Pradesh has launched a Performance based incentive programme for AWWs. Under this scheme, the AWWs are incentivized for achieving targets related to Aadhar information seeding of beneficiaries, anthropometric measurements and improvements in anthropometric outcomes.
- Under convergence strategies in Bahraich, 99326 household of malnourished children have been recognised by Rural Department. 130849 families of malnourished children were provided ration card by Department of Food and Civil Supplies.
- In the district of Barabanki, Panchayati Raj has constructed toilets for 41662 households of malnourished children, and 2056 villages are free from open defecation. 2737 AWCs facilitated with safe drinking water with help of Panchayati Raj.
- SHGs held discussions on the subject of health and nutrition in 956 villages in the district.
- Uttar Pradesh has developed a Smart Inventory Management System (SIMS) to improve distribution and monitoring of THR from procurement to last mile delivery.

Recommendations

- A departmental exam should be conducted for the promotions for supervisor's post, so that qualified person will be appointed.
- The share of infrastructure expenditure should be increased by 50% for AWC construction and maintenance (drinking water, toilet and electricity).

NOTES

NOTES

INSTITUTE OF ECONOMIC GROWTH
University Enclave
University of Delhi (North Campus)
Delhi 110 007, India

Fax: +91-11-27667410
Phone: +91-11-27666364
Email: system@iegindia.org