Evaluating ICDS: Remedies to Policy Implementation

(Gracing it as a Rights-based approach)

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Abstract: Fate of women and children have, since ages, been kept at the mercy of big men, bureaucrats and overlords. They, not being able to 'voice' their issues, led to the deteriorating condition of this section of the population over the years and hence of the anganwadis which were supposed to be established and made well-functioning under the ICDS scheme for the betterment in lives of women and children. Recent studies show drastic figures of infant mortality and mother mortality rates; as according to NFHS-2, only 65 per cent of women access antenatal care, and less than half of all deliveries take place with skilled attendance. The maternal mortality ratio is as high as 540. About 50 per cent of women are anaemic, and the median age at marriage is 16.7 years, in spite of a law against child marriages. The infant mortality rate is 67.6 per 1,000 live births, and 45.5 per cent of children under the age of five are chronically undernourished (Sinha D., 2006). Considering these, this paper aims at questioning whether only anganwadis are the only medium to be able to provide basic healthcare facilities and pre-school facilities to target group under ICDS, or there could be other alternatives. If not, what are the necessary aims and motives to be take into consideration for aiming at ICDS as a "rights-based approach" with a "universalization with quality" feature incorporated in its implementation through these anganwadis.

***Index Terms* – ICDS (Integrated Child Development Services), Rights-based approach, Universalization with quality, anganwadis, infant mortality, maternal mortality, ante-natal care, AWW, AWH, ANM.**

I. INTRODUCTION

With its initial success in 1975 when first launched in 33 blocks, Integrated Child Development Services (ICDS) Scheme enthused the government to its expansion over the years recording to cover almost 6,500 blocks in 2004 [Sinha, D., 2006] and subsequent recent spread of the Scheme to over 7000 blocks with over 13 lakh anganwadi centres (AWCs) and mini-anganwadi centres constructed there with a total Plan Allocation of **Rs.1,03,003 crores** for the Twelfth Plan which stood at **Rs. 44,400 crores** for the Eleventh Plan. Recently, RSOC (Rapid Survey on Children 2013-14) covered 105,483 households and 5630 Anganwadi centres (AWC) leading to more than 210,000 interviews. For compiling nutritional status, measurement of height and weight of over 90,000 children aged 0-4 and over 28,000 adolescent girls aged 10-18 have been collected across all states. This survey yielded decent results that there has been an immunization coverage of over 80% in the surveyed areas as guaranteed by the number immunization card holders and other indicators like the natal care (70-80% allocating 12 hours on this duty by various AWCs), supplementary nutrition, pre-school non-formal education (as calculated by literacy rates led to meagre results of total 39% coverage of AWCs, only 50% children of the surveyed population attended the AWC Pre-school education programmes), nutrition & health education indicated by expanse of awareness programmes carried under ICDS scheme (varying from 80% for supplementary nutrition to a minute figure of 17% for benefits under ICDS to pregnant ladies), health check-up and referral services; all showed a varied results as far as health services on one hand are concerned and educational and services to pregnant and lactating women and adolescent girls, on the other hand are concerned. [ICDS website: http://icds-wcd.nic.in/icds/National_Fact%20sheet_RSOC%20_02-07-2015]. This unclear picture of the services being imparted under ICDS makes it mandatory to understand what effectively are we aiming at under this scheme instead of creating a clear dichotomy in its coverage in terms of supplementary nutrition to children in the age group of 3-6 years versus the health services to be imparted to women as a target group; pre-schooling of children in the age group 3-6 years versus those in the youth (15-24 years) and so on as proper coverage under the scheme should have included the entire population of children under age of six who constitute around 158 million of the population of India (2011 census), all adolescent girls, pregnant and lactating women instead just randomly selecting a slot to be taken charge of without running any surveys of the most deprived of the deprived. The questions that we prompt encompassing the above vague results of the ICDS scheme coverage are: whether Anganwadis are efficient enough in achieving different services as directed under the Scheme guidelines by looking at the interstate data and related success and failure stories by simultaneously identifying the causes for these loopholes in the functioning of AWCs in relation to staff, resources and supplementary services required in this context. Further this paper aims at looking at what already has been done in this context and what is pending to be done; majorly identifying the meaning and approach of the scheme in a broader perspective of rights, universalization and integration with other services and political rationale of the scheme being neglected to achieve expected results since its expansion.

II. ICDS: THE NOTION OF 'INTEGRATION', 'RIGHTS-BASED APPROACH' AND A 'UNIVERSAL COVERAGE WITH QUALITY'

ICDS-Integrated Child Services

It becomes important to understand as to what we essentially mean by the Integrated Child Services because the remedy to the inefficient implementation lies in understanding the exact meaning of integrated services which John M. Davis puts in his book, 'Integrated Children's Services (2011)' as " Integration occurs when different services become one, where resources become shared/focused or where a unified one-stop shop model is achieved by amalgamating services."; which he later advocates is achieved

by the clarity of responsibilities, proper coordination and cooperation between the agencies providing these services to the target group; otherwise it leads to problems like corruption, under-coverage and improper implementation of the benefits of the scheme to the beneficiaries.

ICDS: As the RIGHTS-Based Approach

As Jean Dréze in his 2006 article on ICDS, claims that ICDS is not just a welfare scheme, but a means of protecting the rights of children under six-including their right to nutrition, health and joyful learning; he then identifies it as a "RIGHTS-Based Approach"; i.e., more than just being a "RESOURCE-Based Approach"; essentially implying that it is not just important to identify entitlements of the children and women under consideration and making them available to them, but also to change people's perceptions of what is due to Indian children, to put forth children's and women's issues of rights as a political agenda, to act as an institutional medium for the provision of the 'opportunities and facilities' to develop in a healthy manner and in conditions of freedom and dignity, to ensure strong monitoring and redressal mechanisms so that people are able to claim their entitlements, to put in place legal safeguards for children's rights. (Dréze, J., 2006). A further rigorous 'Rights-based perspective' was highlighted by Dr. Dipa Sinha in her article of 2006 on ICDS that "*State must be obligated to a firm conviction that every mother and child has a right to health and well-being and that this is non-negotiable, a change in the existing social norms that allow the violation of the rights of mothers and children, action on the rights of mothers, adolescent girls and children*" [Sinha, D., 2006].

ICDS: A UNIVERSAL Coverage Scheme with Quality

"Universalization with quality" essentially means that every settlement should have a functional anganwadi, ICDS should be extended to all children under the age of six years (and all eligible women), the scope and quality of these services should be radically enhanced. (Dréze, J., 2006). As an extension to this definition, it must be the state's obligation to ensure that all mothers and children have access to basic healthcare and nutrition (Sinha, D., 2006).

This, then, leads us to the discussion of the Anganwadis and mini-anganwadis as a framework or medium imparting the services under ICDS to the vulnerable section.

III. ANGANWADIS: TO THINK A WAY AHEAD…

The only institution at the village level that is responsible for the health and well-being of mothers, children and adolescent girls is the Anganwadi Centre (Sinha, D., 2006).

A well-furnished functional anganwadi is supposed to be located in a spacious and neat space and should be well furnished with proper equipments ensuring enhanced pre-school learning of kids in the age group of 3-6 (especially), like charts, toys and other tools of day care services like proper cooking utensils, a medical kit etc. Along with these, there must be proper records to be maintained for regular immunization, deworming, growth monitoring, micronutrient supplementation and health check-ups. Proper monthly meetings to be conducted between the mothers and the anganwadi workers (AWWs) and helpers (AWHs) and proper routinely monitoring of such meetings and immunization and health checkups must be done by the supervisors (Dréze, 2006). This also demands for proper training of the AWWs and AWHs in training institutes and roles separation to be exercised by the AWWs and ANMs (Auxiliary Nurse Midwife) in terms of ensuring proper pre-school facilities to children and health facilities to mothers and children and adolescent girls; respectively but deeply integrated and coordinated departments. (Sinha, D., 2006)

However, such well-equipped functional anganwadis are rare to be found in all districts of India except a few exceptions like those of Kerala, Tamil Nadu, etc. still having certain disparities inter-districts and in some other indicators.

Studies conducted by government in evaluation of the ICDS by government indicate that there is not much difference in ICDS and non-ICDS areas in terms of nutritional status of children. It was found that the non-ICDS areas had 31% normal children as compared to 35% normal children in ICDS areas. Moreover, non-ICDS areas recorded 3% more children suffering from severe malnutrition and there was not a major difference in the percentage of pregnant women being vaccinated with tetanus toxoid, i.e., 7% (Khullar, V., 1998). This evidently shows that there is huge gap between what is promised and is imparted under the ICDS scheme given the budgetary and manpower allocation to the 'project'. Plausibly, there is a caste, class and gender stigma attached to such acquired results.

Therefore, it could well be argued that 'There is a danger in indiscriminate expansion of the scheme without addressing its qualitative aspects' (Khullar, 1998). This brings us to addressing the question that whether anganwadis are the efficient and the only efficient medium in encompassing the facilities and services under ICDS. As we can see there are not major differences in the status of malnourishment and other related data in areas with or without ICDS coverage, basically with or without anganwadis' setups but there is another set of interstate differences which support the otherwise front. As an analysis conducted by Bipasha Maity in her paper, 'Interstate Differences in the Performance of Anganwadi Centres under ICDS Scheme' that some states are doing quite well in terms of knowledge index (indicating proper training of AWWs, ANMs and AWHs), services index(for referral services, pre-school facilities, immunization, women education on health and nutrition etc.) and infrastructure index (measuring proper separate spaces allocated to AWCs and health care centres) and in turn 'child development index",

namely Goa and Madhya Pradesh doing well in first index , Goa did pretty well in infrastructure index as well while Andhra Pradesh did well in services index and awareness index among the backward classes mothers of small children about the services imparted by the ICDS Scheme (SCs, STs) was found to be highest in Andhra Pradesh and least in J&K and West Bengal with SCs having lower index that those of STs in specially Andhra. Nevertheless, Kerala has been on decent performance over the years [Maity, B., 2016]. All these figures of better child development indices in Andhra Pradesh, Kerala and Goa are paralleled by the declining trends of Infant Mortality Rates (IMRs). In Andhra, IMR declined from 46 to 39 per live 1000 births from 2010 to 2012 while there was only a 2-point decrease in West Bengal. [http://pib.nic.in].

So, it is not that anganwadis are waste and other alternatives need to be searched but it is the case that their efficiency needs to be established by proper resource allocation. As scholars like Khullar and Maity identify that there are not only problems in proper implementation of the services under the scheme but also in evaluation and monitoring of the scheme which leads to varied results as in documents and in reality (see **Table 1**: recent scenario of ICDS coverage taken directly from http://icds-wcd.nic.in).

IV. WHAT IS ALREADY DONE…

It is not that nothing has been done up till now to benefit the target group under ICDS. there have been certain positive developments made under the UPA government of 2004, though afterwards there wasn't much weightage given to this scheme's functionings and entitlements.

1. In 2001, the Supreme court held government accountable for ensuring the expansion of ICDS in every particular hamlet with an immediate effect along with ensuring a universal coverage to each and every child below 6 years of age, every pregnant woman and lactating mother and every adolescent girl, prioritizing those belonging to SC/ST hamlets. [Sinha, D., 2006].
2. In UPA government then, held the responsibility of providing a functional anganwadi in every settlement and ensuring full coverage to all children, to itself, under the national common minimum programme 2004-06[Sinha, D., 2006].
3. A two-fold increase in per child expenditure under the scheme and corresponding guidelines of increasing financial budgetary allocation for the programme came to be identified as a major concern of National Advisory Council [Sinha, D., 2006].
4. Recently, it's been collaborated with the National Rural Drinking Water programme as with the convergence between ICDS Scheme and Department of Drinking Water Supply it will be ensured a proper supply of water in the AWCs which will enable a better availability of mid-day meals and healthy and safe drinking water to children enrolled there.[http://icds-wcd.nic.in, issue dated 1/12/2011].

V. BUT WHERE DO THE SYSTEM LACK…

It has been one of the major concerns that the rights of children (especially in the age group 0-6 years) and those of their mothers and women have never been an issue or make through the bold lines in the manifestos of the political parties during elections. The major reason behind this is the status of women in the Indian Economy and that there is a notion that such investments seldom result in fruitful outcomes with an immediate effect and there is always believed to be funds crunch with the government (which is not a real case), meaning that the news flashed that there has been an increased growth of GDP in the previous quarter fetches the political party with more number of votes in the next election as compared to the decline in MMRS or IMRS over the previous quarters. Moreover, women hardly preside over important positions in various governmental organisations and political parties due to their poor educational and health conditions, and that they hardly mobilise themselves into 'pressure groups'; on one hand due to fear on the other due to them being engrossed in household errands and are themselves unaware of their rights and opportunities awaiting them; so, their voices tend to remain doomed.

Even if we ignore the funds as a problem and assume that there are enough resources to get the desired 17 lakh well-functioning AWCs [Sinha, D., 2006], then arises the problem of proper allocation of functions.

This problem can be mingled into a two-way streak: Both as a "Demand-side" problem as well as "Supply-side" problem.

Demand-side difficulties are identified as the lack of awareness among the target group due to lack of 'Awareness Generating programmes' (as shown earlier by Maity's (2016) analysis awareness index was low among women of small children in major parts of the country). We often tend to overlook the fact that there could be trust related issues in even informed group of women related to security of their children due to which they tend to abstain their kids and themselves from the enrolment process. Due lack of awareness certain women when even told vaguely about the services tend to ignore the benefits and fell only themselves and their fate responsible for the miserable health conditions of their child, and do not identify State's role in imparting healthcare and educational facilities nearby them.

Supply-side difficulties are any fold. First of all, as mentioned earlier, insufficient supply of resources makes it tedious to achieve required results in such limited supply to achieve both educational and health facilities to a diverse group of individuals from different castes, classes and gender and age.

Secondly, to provide with efficient supply of the ICDS services, an efficient and diversified body of staff of AWW, AWHs and ANMs assigned different roles to play, must be recruited. It is also advocated often that it is preferable to recruit this body from within the village and from the women labour force to generate trust and required ease among women to talk about their grievances.

Thirdly, though these staff members are recruited, often their menial payrolls and high workloads of registering every single detail of the resources allocated to the services provided and monthly routines of meeting and immunisation, discourage them to continue to work in the AWCs as these women do have their own families to run and support financially and in chores. The last known pay-check to an AWW was Rs 5000 while to AWH was Rs 1000 and they were only identified as 'honorary' or part-time workers (see

table 1), though directly working under the scheme as functionaries under the Ministry of Women and Child Development [EPW article, June 8, 2013].

Fourthly, often instances of corruption has been seen taking places in AWCs but ignored due to lack of supervision and monitoring by supervisors who being located in urban areas hardly care about the sentiments of the village folk.

VI. REMEDIES TO POLICY IMPLEMENTATIONS…

The Demand-side problems can be easily curbed by investing in creating pressure groups and agencies who will hold regular seminars generating trust and awareness among the most backward classes and castes by teaching them about the necessities of these services and how they can avail them. This also should become a governmental as well as a community-based exercise to do so in creating a social environment wherein women can take out time from household chores to get health check-ups and antenatal care during and after pregnancy and ensure that their kid is enrolled in the nearby anganwadi [Sinha,2006]

To curb the supply-side problem, proper mobilisation of resources must be ensured. Proper training institutes need to be set up to induce a proper learning among the ANMs and AWWs, respectively, on nutrition and education related issues. A better collaborative medium through supervisors need to be ensured so that there are no cases of disjoint functionings and improper provision of services to the women and children due to lack of coordination of women enrolled as ANMs and as AWWs. Functions of the AWWs and ANMs need to be separated, with a specialised person to provide pre-school education and another worker to take charge of health

and nutrition aspects. Coordination between the health and education departments is required for maximum efficiency. Also, it is important to set clear goals, so that achievements can be assessed and work given direction. [Sinha, D., 2006]

A holistic and equal opportunity scenario must be constructed to achieve a better reach of the programme benefits with proper spacing to be set aside for the construction of well-equipped anganwadis. An urgent need of *'Creating Joyful Anganwadis'* [EPW article, June 8, 2013] ensuing in parents sending their children to anganwadis. This would require proper treatment of the AWWs, ANMs and AWHs as the government employees to be able to avail the perks such as gratuity, provident funds, pensions as other workers of the organised sector enjoy. [EPW article, June 8, 2013]. Identifying the rights of women and children along with the AWWs, ANMs and AWHs as the major political agenda as it has been seen over the years there hasn't been a major expansion in budgetary allocation towards ICDS.

Even the CDPOs (Child Development Project Officer) or the supervisors must be directly held accountable for poor functioning of the AWCs under them.

A major integration of the ICDS kind of schemes can be achieved by collaborating with existing policies which have appeared to be successful over the past like the MGNREGA (2005) as ICDS could generate immense job opportunities; simultaneously benefitting both the schemes and in turn employment inclusive growth as on one hand ICDS will ensure better future generation being created and women who are seen as reserve army of labour are in a better condition to participate in labour force leading to a rise in GDP and MGNREGA would ensure proper employability conditions of the various degrees of people working at the AWCs.

Another improvement can be made by digitizing the AWCs so as to enable e-governance and proper central government monitoring of the scheme can take place.

VII. Conclusion

In all, this paper while evaluating ICDS in three respects namely- integration, rights based approach and a universal coverage approach - sees through the inter-scheme and intra-scheme integration analysing beneficial and desired results are achieved when there is proper cooperation and collaboration of the functionaries and the models of the different schemes; Rights of women and children must be protected considering it to be a major political agenda and ensuring universal coverage of the benefits of the ICDS scheme to all backward and most deprived of the deprived sections of the society. This would require curbing both demand and supply side problems of the ICDS Scheme.

It is high-time, that we identify a trade-off between the equitable growth versus pareto-superiority and optimize the fund allocation taking into consideration importance of both approaches economic as well as human development as the direction of causation is still not established.

Figures and Tables

Table 1 Recent Scenario of ICDS Coverage

All India Status of ICDS Scheme as on 31.3.2015

	ICDS Projects & Anganwadi Centres (AWCs)	No. of Projects	No. of AWCs/ Mini-AWCs
1:	Sanctioned	7075	1400000
	Operational	7072	1346186
		(99.96%)	(96.16%)

2: Beneficiaries

Type of beneficiaries	No. of AWCs providing SN/ PSE	Number of beneficiaries	Average beneficiary per AWC
Supplementary Nutrition (SN)			
0-3 years	1258166	46017364	37
3-6 years	1258166	36882060	29
Pregnant & Lactating Mothers	1258166	19333605	15
Total (2.i.)	1258166	102233029	81
Pre-School Education (PSE)			
Boys (3-6 years)	1253248	18545840	15
Girls (3-6 years)	1253248	17998156	14
Total (2.ii.)	1253248	36543996	29
Gap in beneficiaries for supplementary nutrition [children (3-6 years)] and pre-school education beneficiaries:			338064

3 Vacant positions

Name of the ICDS Functionaries	Sanctioned by GOI	Sanctioned by State Govt.	In-position	Vacant
CDPOs/ACDPOs	9047	8451	5495	2956
Supervisors	55187	50408	35735	14673
Honorary Workers				
AWWs	1400000	1350821	1287851	62970
Helpers	1283150	1283150	1164541	118609

4 Nutritional Status of Children

Target Group	Normal	Moderately under nourished	Severely under nourished	Total weigh
Children < 6 years	84435712	18102598	1778432	84316742
	76.42%	21.47%	2.11%	

CDPOs : Child Development Project Officer
AWWs : Anganwadi Workers
Helpers : Anganwadi Helpers

Source: *HTTP://ICDS-WCD.NIC.IN*

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