

1 Integrated Child Development Services

1.1 Introduction

The ICDS is the only Government programme in the country that caters to the nutrition requirements and other health, immunization and early education needs of the most vulnerable groups of population namely children under six years of age, pregnant and lactating mothers and adolescent girls. The recent National Family Health Survey (NFHS III) (2005–2006) shows that there has not been much improvement in the nutrition status of children in the last eight years. While during the NFHS-2 (1998–1999) 47% children under three years of age were found to be under-weight this number decreased by only one percent with 46% children under three years of age being under-weight according to the NFHS-3.

This corroborates other comprehensive surveys conducted by the Government of India. The latest National Nutrition Monitoring Bureau (NNMB) data (2006–2007) show that there is a deficit of over 500 calorie in the intakes of 1–3 years old and about 700 calorie among the 3–6 years old.

It is therefore extremely important that the ICDS programme reaches out to all the target populations and that there are improvements in the quality and equity aspects of the programme ensuring greater effectiveness in dealing with the problem of malnutrition.

The following report is mainly based on data available with the Ministry of Women and Child Development, Government of India and the affidavits filed in Court by the State Governments in response to the order dated December 13th, 2006.

1.2 Universalization

The instructions of the Supreme Court have been categorical to ensure the coverage of all children below six years, all pregnant and lactating mothers and adolescent girls in all rural habitations and urban slums with all nutritional and health services of the ICDS in a phased manner latest by December, 2008. The order of the court dated November 28th, 2001 stated, “We direct the State Governments/Union Territories to implement the Integrated Child Development Scheme (ICDS) in full and to ensure that every ICDS disbursing centre in the country shall provide as under:

- (a) Each child up to six years of age to get 300 calories and 8–10 grams of protein;
- (b) Each adolescent girl to get 500 calories and 20–25 grams of protein;
- (c) Each pregnant woman and each nursing mother to get 500 calories & 20–25 grams of protein;
- (d) Each malnourished child to get 600 calories and 16–20 grams of protein;
- (e) Have a disbursement centre in every settlement”

Further, the order dated December 13th, 2006 states that “The universalisation of the ICDS involves extending all ICDS services (Supplementary nutrition, growth monitoring, nutrition and health education, immunization, referral and pre-school education) to every child under the age of six, all pregnant women and lactating mothers and all adolescent girls.”

In this section, we will review the progress on coverage of the relevant target groups, and habitations, with operational services of ICDS especially supplementary nutrition and immunisation.

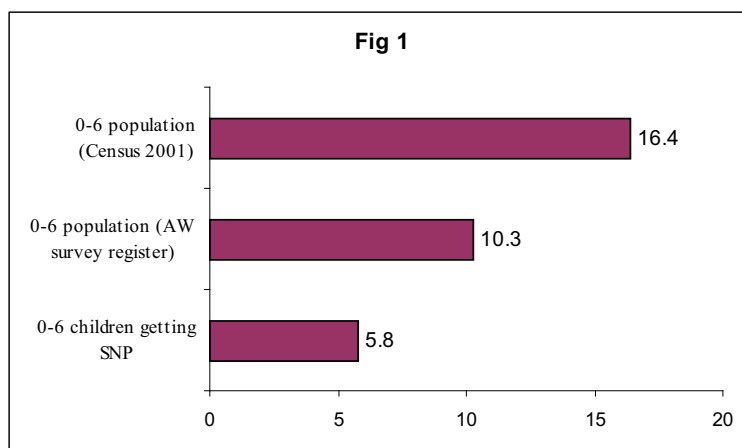
1.2.1 Universal Coverage of Beneficiaries

Supplementary Nutrition Programme

The orders of the Court have stated that the ICDS services must be made available to every child up to six years of age, every adolescent girl and every pregnant woman and nursing mother. Since projected population figures are not available for these groups of population, the number of present beneficiaries is compared with the population of these groups according to the Census 2001 and also with the population of these groups according to the survey conducted by the anganwadi workers.⁴ While the latter is more recent, the drawback is that this only covers settlements where there are existing anganwadi centres and therefore misses out on those who are not under the project area of any anganwadi. Research has also shown that some of the most vulnerable groups within the project area of the anganwadi are socially excluded and therefore not included in the anganwadi survey. These include socially ostracized dalit, adivasi, minority and disabled children, and economic groups like minorities.

a. Children under six years:

At an all India level only about half the children (56.6%) who have been identified by the anganwadi survey are beneficiaries of supplementary nutrition provision. As expected, in comparison with the population of children under six according to the Census (2001) the coverage is even poorer. While there are about 16 crore children in the 0–6 years age group according to Census 2001, the number of SNP beneficiaries is only 5.8 crores,⁵ i.e. only 35.5% children under six years of age in the country are receiving SNP under the ICDS, even if there are no leakages, leaving out about 10 crore children (~66%). Further, in the states of Assam, Bihar, Kerala and Rajasthan the percent of children getting the benefit of supplementary nutrition is less than even 40% of the eligible children who have been identified in this age group by the anganwadi survey. (as seen in the table below).



4 As on 31.09.2006, MoWCD Correspondence with Commissioners' Office

5 Status report of the ICDS, DoWCD, Government of India dated 31 March 2007

Table 1.1 Coverage of Beneficiaries under ICDS (0–6 years)

Sl. No.	State/UT	No. of children 6 months to 6 years getting SNP*	0–6 year pop. as per AW survey register**
1	Andhra Pradesh	3255815	5867191
2	Arunachal Pradesh	149241	88841
3	Assam	914369	3356205
4	Bihar	3463564	10545140
5	Chhattisgarh	1652830	2349402
6	Delhi	428922	614494
7	Goa	43726	107557
8	Gujarat	1741045	3854259
9	Haryana	1119039	1920665
10	Himachal Pradesh	347244	589178
11	Jammu & Kashmir	424768	898684
12	Jharkhand	1606592	3321359
13	Karnataka	3075047	4314630
14	Kerala	959868	2742781
15	Madhya Pradesh	3869502	6670504
16	Maharashtra	5108750	8262248
17	Manipur	259997	352352
18	Meghalaya	287773	274187
19	Mizoram	125681	136185
20	Nagaland	301539	284055
21	Orissa	3770595	4427112
22	Punjab	864528	1873831
23	Rajasthan	2594188	7093107
24	Sikkim	38620	44570

25	Tamil Nadu	1862205	4156309
26	Tripura	233427	280038
27	Uttar Pradesh	16041539	20419884
28	Uttaranchal	538644	762747
29	West Bengal	2998314	6966367
30	A & N Islands	21106	27774
31	Chandigarh	32958	81300
32	D & N Haveli	11935	13394
33	Daman & Diu	6694	32302
34	Lakshadweep	5758	
35	Pondicherry	29516	66744
	All India	58185339	102795396

*Source: Status report of the ICDS as on 31.03.2007, MoWCD, Government of India

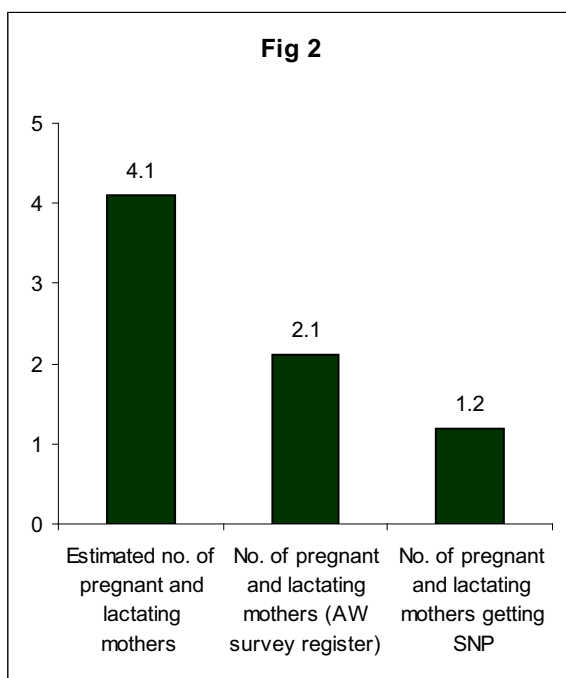
**Source: Status report of the ICDS as on 30.09.2006, MoWCD, Government of India

Table 1.1 Coverage of Beneficiaries under ICDS (0–6 years)

% children getting SNP (as a % of no. of children as per AW survey)	0-6 year population as per Census 2001	% children getting SNP (as a % of no. of children as per Census)
55.5	10171857	32.0
168.0	205871	72.5
27.2	4498075	20.3
32.8	16806063	20.6
70.4	3554916	46.5
69.8	2016849	21.3
40.7	145968	30.0
45.2	7532404	23.1
58.3	3335537	33.5
58.9	793137	43.8
47.3	1485803	28.6
48.4	4956827	32.4
71.3	7182100	42.8
35.0	3793146	25.3
58.0	10782214	35.9
61.8	13671126	37.4
73.8	308585	84.3
105.0	467979	61.5
92.3	143734	87.4
106.2	289678	104.1
85.2	5358810	70.4
46.1	3171829	27.3
36.6	10651002	24.4
86.7	78195	49.4

44.8	7235160	25.7
83.4	436446	53.5
78.6	31624628	50.7
70.6	1360032	39.6
43.0	11414222	26.3
76.0	44781	47.1
40.5	115613	28.5
89.1	40199	29.7
20.7	20578	32.5
	9091	63.3
44.2	117159	25.2
56.6	163819614	35.5
*Source: Status report of the ICDS as on 31.03.2007, MoWCD, Government of India		
**Source: Status report of the ICDS as on 30.09.2006, MoWCD, Government of India		

b. Pregnant and lactating mothers:



The coverage is even worse if we look at the number of beneficiaries among pregnant and lactating mothers. The number of pregnant women and nursing mothers is estimated to be 4% of the total population at any point in time as per ICDS Scheme guidelines.⁶ Based on 2001 Census data we can assume that there are about 4.1 crore pregnant women and nursing mothers. However, according to the anganwadi survey register only 2.1 crore pregnant women have been identified and of these about 1.2 crore women are beneficiaries of the SNP under the ICDS. Hence, currently only about 25% of the eligible pregnant women and nursing mothers are being reached out to under the SNP of the ICDS, even if there are no leakages.

Incidentally, not even all or even the majority of SNP distributed can be assumed to actually be contributing to better nutrition for expectant and nursing women, because the majority is in the form of take-home dry rations, which

research shows gets into the common household food pool, rather than be specifically allocated in the household to women.

c. Adolescent Girls:

In the case of adolescent girls too the coverage is abysmally poor. The adolescent girls are not part of the main supplementary nutrition programme of the ICDS. The ICDS reaches out to adolescent girls mainly through two programmes—the Kishori Shakti Yojana (KSY) and the Nutrition Programme for Adolescent Girls (NPAG). The KSY has been extended to cover all the blocks in the country. Although data on the number of beneficiaries under this scheme is not available, looking at the financial allocations made for this scheme by the Central Government to the State Governments/UTs for the implementation of this scheme one can make an estimate of how many girls can be covered. Under this scheme, grant-in-aid of Rs. 1.10 lakhs per block is released to the States/UTs every year for the implementation of KSY. Given that the programme is implemented in 6108 blocks, the total grant in aid released would be around Rs. 6718.8 lakhs. According to the norms for per beneficiary per day allocation of funds the amount to be allocated for adolescent girls is Rs. 2.30 of which the centre's share would be Rs. 1.15. Therefore the budget allocated is sufficient to cover 19.4 lakh girls. In comparison, as per the census of 2001, the total female population in the 11–18 year age group stands at approximately 844 lakhs.⁷ It is therefore estimated that only 2.3% adolescent girls are being covered under this scheme, even if there are no leakages. The NPAG programme on the other hand covers undernourished Adolescent Girls in the age group 11–19 years who are underweight (weight

6 This is the estimate used under the ICDS scheme itself. Vide para 28 and 29 of the ICDS Scheme quoted in para 2 of DoWCD D. O. No. 4-2/2005-CD-I dated 7 February 2005 to Secretaries in charge of the ICDS in all States/UTs, the number pregnant women and nursing mothers is estimated to be 4 per cent of the population. If we estimate the number of pregnant women (roughly the same as number of births) based on the crude birth rate of the population (population * crude birth rate), that would come to around 2 crores. Further, there would be as many lactating mothers.

7 Sixth Report of the Commissioners to the Supreme Court

< 35 kg.) where free foodgrains at 6 kg. per beneficiary per month are provided to them. However this scheme is currently available in only 51 of the 604 districts in the country.⁸ Adolescent girls continue to be an ignored section under the ICDS scheme.

1.3 Malnutrition Among Children—NFHS 3

The supplementary nutrition programme of the ICDS, along with other services such as nutrition counselling and referral health services are aimed at reducing malnutrition among children under six. The recently released data of the National Family Health Survey (NFHS 3) shows the current status of malnutrition among children under three, measured in terms of weight for age. As seen in the table below almost half (46%) children under three are underweight for their age in the country. Further, there has been almost no improvement in the percent children underweight in the eight years since NFHS 2 when it was about 47%. In Madhya Pradesh, Jharkhand, Bihar and Chattisgarh the percent of children malnourished is more than half and in Madhya Pradesh, Bihar and Jharkhand this figure has actually gone up since NFHS-2. Chattisgarh on the other hand, although still has a high rate of malnutrition has done comparatively well in the last eight years, with a fall in percent children underweight of nine percentage points. The other states where the situation of malnutrition among children under three has worsened are Arunachal Pradesh, Meghalaya, Haryana, Nagaland, Assam, Gujarat, Kerala, Sikkim and Goa.

⁸ All data related to the KSY and NPAG schemes has been quoted from the website of the Ministry of Women and Child Development, <http://wcd.nic.in>

Table 1.2 Percent of Underweight Children (under 3 years)

State/UT	Underweight Children (Under 3 Yrs)	
	NFHS-2 (%) (1998)	NFHS-3 (%) (2006)
Andhra Pradesh	38	37
Arunachal Pradesh	24	37
Assam	36	40
Bihar	54	58
Chatisgarh	61	52
Delhi	35	33
Goa	29	29
Gujrat	45	47
Haryana	35	42
Himachal Pradesh	44	36
Jammu and Kashmir	35	29
Jharkhand	54	59
Karnataka	44	41
Kerala	27	29
Madhya Pradesh	54	60
Maharashtra	50	40
Manipur	28	24
Meghalaya	38	46
Mizoram	28	22
Nagaland	24	30
Orissa	54	44
Punjab	29	27
Rajasthan	51	44

Sikkim	21	23
Tamilnadu	37	33
Tripura	43	39
U.P.	52	47
Uttranchal	42	38
West Bengal	49	44
All India	47	46

1.4 Immunisation Coverage

As mentioned above, the Supreme Court in its recent order on December 13th, 2006 directed that ALL the services of ICDS must be universalised. Here we look at the immunisation coverage based on the data of the National Family Health Survey (NFHS-3) of 2005–2006 and also compare it with NFHS-2 (1998–1999) to assess the improvement in coverage in the last eight years. At an all India level the percent of children who have received all recommended vaccines is as low as 44%, showing little improvement of 42% coverage seen during NFHS-2. Looking at the state-wise performance it is seen that the coverage is very low in the states like Bihar, Jharkhand, Rajasthan and Uttar Pradesh and the north-eastern states Assam, Meghalaya and Arunachal Pradesh. What is also worrying is that in better performing states like Tamil Nadu, Kerala, Andhra Pradesh and Gujarat the coverage under immunisation has actually fallen during the eight years since NFHS-2.

Ensuring full coverage of immunisation is a joint responsibility of the ICDS and the health department. While the anganwadi workers of the ICDS have role in motivating families to get their children immunised, the immunisation will not be possible unless the ANM visits the village regularly and there is adequate supply of the vaccines.

Table 1.3 Immunization Coverage

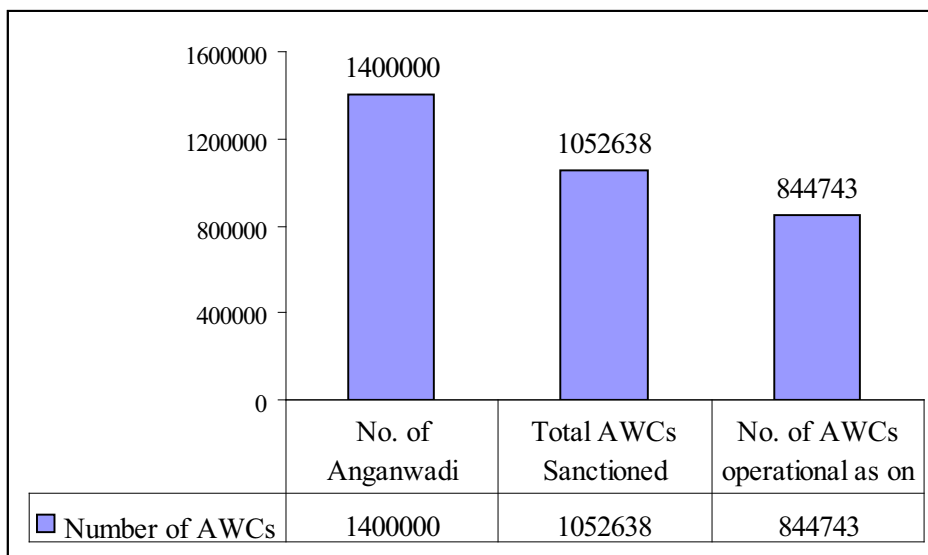
State/UT	Immunization Coverage (% of 12–23 months children who have Received all recommended vaccines)	
	NFHS-2 (%) (1998)	NFHS-3 (%) (2006)
Andhra Pradesh	53	46
Arunachal Pradesh	21	28
Assam	17	32
Bihar	12	33
Chhatisgarh	22	49
Delhi	-	63
Goa	83	79
Gujrat	53	45
Haryana	63	65
Himachal Pradesh	83	74
Jammu and Kashmir	57	67
Jharkhand	9	35
Karnataka	60	55
Kerala	80	75
Madhya Pradesh	23	40
Maharashtra	78	59
Manipur	0	47
Meghalaya	-	33
Mizoram	-	46
Nagaland	-	21
Orissa	44	52
Punjab	72	60
Rajasthan	17	27

Sikkim	47	70
Tamilnadu	89	81
Tripura	-	50
Uttar Pradesh	20	23
Uttranchal	41	60
West Bengal	44	64
All India	42	44

1.5 Universal Coverage of Habitations

The Supreme Court in various orders directed the Government of India and the State/UT governments to ensure not only that every child, adolescent girl and woman of required eligibility be covered, it also requires the scheme to be geographically universalised, or in other words that there is an anganwadi centre in every habitation.⁹ Accepting the submissions to the Supreme Court by the Commissioners that this would require at least 14 lakhs anganwadi centres,¹⁰ in the judgement of December 13th, 2006 it was stated that “Government of India shall sanction and operationalize a minimum of 14 lakhs AWCs in a phased and even manner starting forthwith and ending December 2008. In doing so, the Central Government shall identify SC and ST hamlets/habitations for AWCs on a priority basis.” However, the progress on the ground has been slow and unsatisfactory.

Table 1.4: Status of the Operation of AWCs—All India



Source: Status report of the ICDS as on **31.03.2007**, MoWCD, Government of India

9 See order dated 28.11.2001 and order dated 13.12.2006

10 6th report of Commissioners and Letter to the Supreme Court from the Commissioners dated 19 July 2006 give details of how the figure of 14 lakh was arrived at.

Currently, the Government of India has sanctioned 10.5 lakhs anganwadi centres, of which 1.02 lakh centres were sanctioned in December 2006. Therefore, an additional 3.5 lakhs centres have to be sanctioned for the Court order of 14 lakhs anganwadi centres to be implemented. With the latest budget (2007–2008) not making an allocation for these additional centres, it is impossible for 14 lakhs centres to be sanctioned and made operational by the end of 2008, as directed by the Court.

While there has been an increase in the number of anganwadi centres in the last two years, albeit not at a sufficient rate, the process of operationalising these centres has been very slow. Further the Supreme Court in its order dated July 9th, 2007 directed that, “The backlog has to be cleared immediately and the centres which have been sanctioned up to September, 2006 shall be made operational and functional by July 15th, 2007 in the case of all States except the State of U.P. where the last date is fixed to be July 31st, 2007. Those centres which have been sanctioned up to January, 2007 shall be made functional by September 30th, 2007.”

The table below therefore looks at the status of operationalisation of anganwadi centres that were sanctioned up to September 2006. The 1.2 lakhs anganwadi centres that were sanctioned after this period are not looked at here as the deadline for operationalisation of these as set by the Supreme Court is September 30th, 2007, and therefore there is still time.

Table 1.5 Status of Operationalisation

S.no	State/UT	No. of anganwadi centres sanctioned as on September 2006 (Phase I expansion)	No. of anganwadis operationalised	% of anganwadis operationalised	Source
1	Andhra Pradesh	66101	61761	93.4	As on March 2007*
2	Arunachal Pradesh	3037	3037	100.0	
3	Assam	32075	31796	99.1	As per Affidavit filed in July/ Aug 2007
4	Bihar	80528	80101	99.5	
5	Chhattisgarh	29437	28498	96.8	
6	Goa	1012	1012	100.0	As on March 2007*
7	Gujarat	41484	40888	98.6	As per Affidavit filed in July/ Aug 2007
8	Haryana	16359	16359	100.0	
9	Himachal Pradesh	18248	18248	100.0	
10	Jammu & Kashmir	18772	17767	94.6	
11	Jharkhand	30854	30854	100.0	
12	Karnataka	51614	51478	99.7	
13	Kerala	28651	27980	97.7	As on March 2007*
14	Madhya Pradesh	59324	59324	100.0	As per Affidavit filed in July/ Aug 2007
15	Maharashtra	74990	73996	98.7	
16	Manipur	4501	4501	100.0	
17	Meghalaya	3179	3162	99.5	As on March 2007*
18	Mizoram	1592	1592	100.0	As per Affidavit filed in July/ Aug 2007
19	Nagaland	3035	2770	91.3	As on March 2007*
20	Orissa	37480	36527	97.5	

21	Punjab	17421	17216	98.8	As per Affidavit filed in July/ Aug 2007
22	Rajasthan	46862	46809	99.9	
23	Sikkim	988	988	100.0	
24	Tamil Nadu	45726	45726	100.0	As on March 2007*
25	Tripura	6094	6122	100.5	As per Affidavit filed in July/ Aug 2007
26	Uttar Pradesh	137557	137798	100.2	
27	Uttaranchal	7792	7747	99.4	As on March 2007*
28	West Bengal	74640	70230	94.1	As per Affidavit filed in July/ Aug 2007
29	A & N Islands	621	621	100.0	As on March 2007*
30	Chandigarh	329	329	100.0	As per Affidavit filed in July/ Aug 2007
31	Delhi	4428	4425	99.9	As on March 2007*
32	Dadra & N Haveli	215	138	64.2	
33	Daman & Diu	97	97	100.0	
34	Lakshadweep	74	74	100.0	
35	Pondicherry	688	688	100.0	

* From Status of ICDS Report, March 2007, Ministry of Women and Child Development, Government of India. Note: Some states are showing more than 100% operationalisation because these have already started the process of operationalising the anganwadi centres that were sanctioned after September 2006.

As seen in the table above all the states have complied with the orders of the Supreme Court and have almost completed the process of universalisation. This is also the case with the states of Bihar, Orissa, Rajasthan, Himachal Pradesh and Kerala, states to which, notice of contempt was issued by the Supreme Court in the order dated August 25th, 2007.

However, the problem now remains at the level of the Government of India, which has to sanction another 3.5 lakhs AWCs (up to now 10.5 lakhs AWCs have been sanctioned) to comply with the order of the Court (dated December 13th, 2006) that at least 14 lakhs anganwadi centres must be operationalised by December 2008. The Government of India must be asked to present to the Supreme Court a detailed roadmap, along with time frame on how it proposes to sanction and operationalise 14 lakhs anganwadi centres. It is also important that the Government of India allocate the required amount of funds for the universalisation of ICDS to 14 lakhs centres and for all services to be provided to all the eligible beneficiaries.

According to an estimation made in the Sixth Report of the Commissioners, the procedures adopted for the recruitment of personnel, finalisation of locations of anganwadi centres and training of staff alone are anticipated to take over a year to complete. It was hence recommended that to the extent possible, administrative procedures be taken up simultaneously rather than sequentially to prevent delays in the expansion of the ICDS. The Government must seriously consider this recommendation in order to comply with the order of the Supreme Court to sanction and operationalise 14 lakhs anganwadi centres by December 2008.

1.6 Finances for ICDS

ICDS is a Centrally-sponsored Scheme implemented through the State Governments/UT Administrations with 100% financial assistance for inputs other than supplementary nutrition which the States were to provide out of their own resources. From 2005–2006, it has been decided to extend support to States up to 50% of the financial norms or 50% of expenditure incurred by them on supplementary nutrition, whichever is less. This Central assistance has been proposed to ensure that supplementary nutrition is provided to the beneficiaries for 300 days in a year as per nutritional norms laid down under the Scheme.¹¹

The cost of supplementary nutrition varies depending upon recipes and prevailing prices. However, the Central Government issues guidelines regarding cost norms from time to time. The latest (since October 19th, 2004) are as under:¹²

	Revised Rates
(i) Children (6 months to 72 months)	Rs. 2.00 per child/ per day.
(ii) Severely malnourished Children (6 months to 72 months)	Rs. 2.70 per child/ per day.
(iii) Pregnant women and Nursing mothers/Adolescent Girls (under KSY).	Rs. 2.30 per beneficiary per day.

Further, the Supreme Court in its order dated December 13th, 2006 states that:

“All the State Governments and Union Territories shall fully implement the ICDS scheme by, inter alia,

- (i) allocating and spending at least Rs. 2/- per child per day for supplementary nutrition out of which the Central Government shall contribute Rs. 1/- per child per day.

11 <http://wcd.nic.in/>

12 *ibid.*

- (ii) allocating and spending at least Rs. 2.70 for every severely malnourished child per day for supplementary nutrition out of which the Central Government shall contribute Rs. 1.35 per child per day.
- (iii) allocating and spending at least Rs. 2.30 for every pregnant women, nursing mother/adolescent girl per day for supplementary nutrition out of which the Central Government shall contribute Rs. 1.15.”

Expenditure for SNP under ICDS: in relation to present beneficiaries

Since the central government releases funds to the states for SNP based on the expenditure of states for this purpose, it is more important to look at expenditure rather than allocations on SNP. In this section we look at the actual amount that was spent on SNP in the year 2006–2007.

Table 1.6 Per beneficiary per day expenditure on SNP: 2006–2007

State/ Union Territory	Expenditure on SNP in 2006–2007 (Rs. in lakhs)**	Total no. of SNP beneficiaries (women and children)*	Per beneficiary per day expenditure***
Andhra Pradesh	20830.23	4103963	1.69
Chandigarh	211.75	40345	1.75
Chhattisgarh	7017.56	2096058	1.12
Dadra & N Haveli	88.43	13955	2.11
Daman & Diu	63	8392	2.50
Goa	303.58	54485	1.86
Gujarat	7781.86	2042347	1.27
Hary'ana	7273.83	1405833	1.72
Jammu & Kashmir	2811.91	522958	1.79
Karnataka	19116.76	3752367	1.70
Lakshadweep	77.64	7516	3.44
Madhya Pradesh	17159.58	4724630	1.21
Manipur	1778.5	314597	1.88
Meghalaya	2092.65	341873	2.04
Mizoram	1365.21	154963	2.94
Nagaland	1798.71	349376	1.72
Orissa	7977.99	4494394	0.59
Rajasthan	15722.1	3252132	1.61
Sikkim	521.77	46182	3.77
Tamil Nadu ^	6235	2384946	0.87
Tripura	1711.9	271947	2.10
Uttar Pradesh	79421.07	19345747	1.37

*Source: Status report of the ICDS as on 31.03.2007, MoWCD, Government of India

** Source: MoWCD Correspondence with Commissioners Office

*** Per beneficiary per day expenditure is calculated as (total expenditure on SNP#/no. of beneficiaries)/ 300 since SNP is to be provided for 300 days in a year.

^ The figure for Tamil Nadu is misleading because this state spends on SNP also from a separate programme called the Puratchi Thalaivar M.G.R Nutritious meal programme under which cooked noon meal is provided for children in the age group of 2+ to 4+ for which Rs. 10756.21 lakhs was spent in the year 2005–2006

As can be seen in the table most states (for which data is available) are spending less than the norm of Rs. 2/- per beneficiary per day. (the actual amount would be even lower considering that the norm for SNP for pregnant and lactating mothers is Rs. 2.30 per day). Orissa is spending the least i.e. Rs. 0.59 per day per beneficiary. Uttar Pradesh, Madhya Pradesh, Gujarat and Chattisgarh are also spending much lower than the norm (less than Rs. 1.50 per day per beneficiary). Since the expenditure data up to March 2007 is not available for all the states, the average spending at an All India level cannot be estimated with respect to 2007–2008. However looking at the previous year it is seen that the total expenditure reported by the States on SNP for the year 2005–2006 was Rs. 2142.70 crores, while the total number of beneficiaries as on 31.3.06 was 5.6 crores. Therefore, it is seen that on an average only Rs. 1.27 was spent per beneficiary per day on SNP in the year 2005–2006 while the norms for spending on SNP is Rs. 2/- per beneficiary (Rs. 2 for children under six and even more for pregnant and lactating mothers, adolescent girls and malnourished children). (for state wise details of expenditure in 2005–2006 see Annexure 2). This low expenditure on SNP per beneficiary per day could mean one or more of the following: (1) the actual number of beneficiaries are lower than what is being reported by official statistics, (2) the quality of SNP being supplied is poor, (3) there are gaps in the supply of SNP; SNP is not being supplied regularly everyday.

1.6.2 Utilisation of SNP funds

This dichotomy between allocation and expenditure obviously means that the amount allocated for SNP is actually not being utilised. In the year 2005–2006 of the Rs. 2818.63 crores allocated by states/UTs and the Government of India for the provision of supplementary nutrition Rs. 2142.7 crores was spent, i.e. about 76% of the funds were utilised. (Such an analysis could not be done for the year 2006–2007 because data was available only on expenditure and not allocation). The states of Chhattisgarh, Bihar, Delhi, Tripura, Kerala, Punjab, Uttaranchal, Gujarat and Arunachal Pradesh utilised even less than 60% of the funds that were allocated for SNP. The states/UTs that spent all the amount allocated (or even more) were the states (UTs) of Lakshadweep, Nagaland, Manipur, Tamil Nadu, Chandigarh, Mizoram, Himachal Pradesh, Pondicherry, Haryana, A & N Islands, Karnataka, Dadra & N.Haveli, Daman & Diu and Sikkim.

Table 1.7 Status of Utilisation of SNP Funds 2005–2006

States/UTs	Allocation (Rs. in crores)	Expenditure (Rs. in crores)	% Utilisation
Lakshadweep	0.08	0.60	802.66
Nagaland	9.53	20.08	210.72
Manipur	6.70	13.29	198.48
Tamil Nadu	35.70	57.78	161.85
Chandigarh	1.41	2.17	154.15
Mizoram	6.65	10.06	151.28
Himachal Pradesh	10.50	14.54	138.48
Pondicherry	2.51	3.35	133.44
Haryana	30.56	40.46	132.38
A & N Islands	3.11	4.01	129.06
Karnataka	109.79	127.19	115.85
Dadra & N Haveli	0.69	0.69	100
Daman & Diu	0.57	0.57	100
Sikkim	5.44	5.44	100
Uttar Pradesh	494.45	459.16	92.86
West Bengal	132.32	118.45	89.52
Maharashtra	249.64	206.77	82.83
Jammu & Kashmir	26.92	21.90	81.34
Jharkhand	157.12	127.11	80.9
Assam	66.00	53.38	80.87
Rajasthan	159.52	123.32	77.31
Andhra Pradesh	117.95	88.46	75
Meghalaya	32.01	22.79	71.19
Goa	4.46	3.15	70.74

Orissa	121.78	76.22	62.58
Madhya Pradesh	154.20	94.58	61.34
Chhattisgarh	119.46	71.30	59.69
Delhi	15.34	8.40	54.72
Bihar	347.80	189.89	54.6
Tripura	14.47	7.84	54.15
Kerala	89.27	47.03	52.69
Punjab	47.06	24.36	51.76
Uttaranchal	33.66	15.23	45.25
Gujarat	200.41	81.99	40.91
Arunachal Pradesh	11.56	1.13	9.81
Total	2818.63	2142.70	76.02
Apart from actual expenditure, committed liability of Rs. 1032.59 Lakhs in the year 2005–2006 has been reported by Arunachal Pradesh.			
Source: MoWCD Correspondence with Commissioners Office. (See available data for 2006–2007 in Annexure 4)			

1.6.3 Allocations Required

While the data on state/UT contributions is not available for 2006–2007, the budget released by Government of India for this year is about Rs. 1520 crore works out to a contribution of Rs. 0.71 per beneficiary per day, still below the norm of Rs. 1/- per beneficiary per day.¹³ Further, considering that according to the norms of the government each anganwadi centre is to cater to a total of 100 beneficiaries comprising of 80 children and 20 pregnant and lactating mothers the following calculation is made:¹⁴

- No. of operational centres: 8.4 lakhs
- No. of beneficiaries to be catered to (according to norms):¹⁵
8.4 lakhs*100 = 8.4 crore
- No. of days SNP is to be provided: 300 days

13 Here, the per day per beneficiary allocation is calculated on the basis of 7.05 crore beneficiaries which is the no. of beneficiaries (children + women) as on 31.03.2007

14 The Supreme Court in its order dated October 2004 states that “all the State Governments/Union Territories shall allocate funds for ICDS on the basis of norm of one rupee per child per day, 100 beneficiaries per AWC and 300 days feeding in a year, i.e., on the same basis on which the Centre make the allocation”. (October 7th, 2004).

15 If the ICDS were to be universalised to cover all children under 6, all pregnant and lactating mothers and all adolescent girls, then the norm of 100 beneficiaries per anganwadi centre would be an underestimate, and the required funds for SNP would be even higher.

- Required minimum allocation by Government of India for SNP (in 2006–2007):
8.4*300 = Rs. 2520 crores
- Required allocation in 2007-08 if 10.4 lakhs AWCs are operationalised:
10.5*300 = Rs.3150 crores
- Required if 14 lakhs AWCs are operationalised according to Court orders:
14*300 = Rs. 4200 crores

Further, each state government would have to spend an equal amount to be able to eligible for such a contribution from the Government of India. (See Annexure 4 for state-wise details)

While the previous sections look at the allocation and expenditure of funds in relation to the existing number of beneficiaries, there is also a need to estimate the amount of funds required should the ICDS services be universalised to cover every child under six. The funds allocated by State/UT Governments for supplementary nutrition are hugely inadequate to cover all children under six years of age. It may be noted that the amounts allocated are nowhere near adequate even for the 0–6 year old population of the States, which is only one of the 4 broad groups of beneficiaries that the ICDS is intended to cater to. If, for the purpose of analysis, the entire fund for SNP is regarded as an SNP fund for 0–6 year olds alone, then the shortfall of funds is to the tune of 71% of funds that should have been allocated as per norms. It may be emphasised that if allowance is made for rightful beneficiaries of the other three categories, namely pregnant women, nursing mothers and adolescent girls, the magnitude of the shortfall will shoot up further by several counts.

Table 1.8 Shortfall of SNP funds with reference to the 0–6 population

	0–6 population as per 2001 Census (figures in crores)	Amount required to be allocated for the 0-6 population (in Rs. crores)#	Amount allocated in 2005-2006 (in Rs. crores) (Centre + State)*	% Shortfall
Total	16.38	9829.17	2818.63	71.3
# Required funds = (total 0-6 year old population) (Re.2 per child per day) (300 days).				
* Source: MoWCD Correspondence with Commissioners Office				

(See Annexure 5 for state-wise details)

1.7 Banning Of Contractors for SNP

The October 7th, 2004 order of the Supreme Court states, "...contractors shall not be used for supply of nutrition in Anganwadis and preferably ICDS funds shall be spent by making use of village communities, self-help groups and Mahila Mandals for buying of grains and preparation of meals."

In terms of the supply of supplementary nutrition, it is to be observed that widely varying systems of procurement and supply of supplementary nutrition are adopted by different States. Broadly, there are three kinds of sources of supply of SNP (or raw material for SNP) that is seen: (1) Contractors/Manufacturers/Wholesale Dealers who

are given contracts based on open tenders, (2) Self Help Groups or procuring through locally formed committees at the level of the AWC, block or district and (3) co-operative societies or government undertakings such as state Civil Supply Corporations. Some states such as Maharashtra, Sikkim and Uttar Pradesh have indicated that they are working towards a system where contractors are not used for the supply for SNP in compliance with Supreme Court orders. Of the 25 states/UTs for which data is available, Chandigarh, Daman&Diu, Madhya Pradesh, Mizoram, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and Utaranchal are still using private traders/contractors for the supply for SNP, in defiance of the Supreme Court orders.

Table 1.9 System of Procurement, Storage And Distribution Of SNP

State/UTs	Contractors/Manufacturers/ Wholesale Dealers	SHGs/Local Procurement	Co-operative Societies/Govt. Undertakings/Marketing Federations
Andhra Pradesh			(in 159 projects)
Assam			
Bihar			
Chandigarh			
Chhattisgarh		w.e.f 1.4.2007	
Daman & Diu			
Delhi			
Goa			
Gujarat			
Haryana		w.e.f 31.12.2006	
Jharkhand			
Lakshadweep			
Madhya Pradesh	directed districts to stop using contractors once existing contracts expire		
Maharashtra			
Manipur		w.e.f 29.12.2006	
Meghalaya		district level committees	
Mizoram			
Orissa			
Punjab			
Rajasthan			
Sikkim			

Tamil Nadu	35% weaning food outsourced on annual tender basis		
Uttar Pradesh		in 20 blocks, to be expanded in a phased manner	
Uttaranchal			WFP
West Bengal			
*Source: MoWCD correspondence with Commissioners Office and affidavits of State Governments to Supreme Court			

1.8 Coverage of SC/ST hamlets

Supreme Court order dated October 7th, 2004 states that “all SC/ST habitations should have an anganwadi as early as possible. Further, until the SC/ST population is fully covered, all new anganwadis should be located in habitations with high SC/ST populations”. The ICDS guidelines envisage that in the selection of projects in rural areas priority consideration will be given, inter-alia, to areas predominantly inhabited by SC and ST populations. Further, in response to the order of the Supreme Court letters have been sent to all state governments from the Government of India instructing them to adhere to these guidelines and ensure that areas with majority SC/ST populations be selected for setting up of new AWCs. (Letters No. 4-2/2005 CDI dt. 4 July 2005; D.O. No. 4-2/2005-CD-1 dt. 7 February 2005; No, 14-1/2004-CD-1 (VoL II), dt. 10 January 2007). However there is no system of verifying this as the data is not disaggregated on caste basis.

In the order of December 13th, 2006 it was stated that “the Central Government shall identify SC and ST hamlets/habitations for AWCs on a priority basis”. Further this order also stated, “Chief Secretaries of all State Governments/UTs are directed to submit affidavits with details of all habitations with a majority of SC/ST households, the availability of AWCs in these habitations, and the plan of action for ensuring that all these habitations have functioning AWCs within two years.”

However, only some of the state governments had this information in the affidavits submitted to the Court (as seen in the table below).

Table 1.11 Coverage of SC/ST habitations

State	No. of SC/ST habitations	No. with AWC	No. without AWC
Bihar	25522	22289	3233
Uttar Pradesh	31808	28482	3326
Tamil Nadu	9760	8817	943
West Bengal	13993	9367	4626
Madhya Pradesh	17153	12985	4168
Gujarat		10026	
Goa		251	
Assam		8818	
Orissa		4167 (in 9 districts)	

From the table above it seems that in the states for which data is available majority of SC/St habitations have been covered under the ICDS scheme. However, this data is insufficient and in future data must be collected by the governments to understand the availability of AWCs in SC/ST habitations and also the no. of SC/ST beneficiaries among all beneficiaries.

1.8.1 Coverage of Girls

Similarly disaggregated data on the basis of the sex of the beneficiaries of SNP must also be collected. Currently this is available only for pre-school beneficiaries, and this shows that 49% of the pre-schoolers under ICDS are girls. (for details see Annexure 6)

1.9 Summary of Compliance

The table below summarises the status of compliance vis-à-vis some of the important orders of the Supreme Court in relation to ICDS. The Hon'ble Court passed orders in relation to the ICDS on November 28th, 2001, April 29th, 2004, October 7th, 2004 and December 13th, 2006 are looked at. Based on the report above, the following table summarises the status of compliance vis-à-vis each of the major orders that were passed.

Table 1.12 Status of Compliance

Order	Status of Compliance
Have a disbursement centre in every settlement (Nov. 2001); Increase the no. of AWCs to 14 lakhs (Oct. 2004 and Dec. 2006)	Presently 10.4 lakhs AWCs sanctioned. An additional 3.5 lakhs centres must be sanctioned and operationalised by December 2008
Operationalise all AWCs immediately (April 2004), Operationalise 14 lakhs AWCs by December 2008 (Dec 2006)	Currently most of the sanctioned anganwadis have been operationalised. In order to meet the deadline set by the Court to sanction and operationalise 14 lakh AWCs by December 2008, 3.5 lakhs more anganwadis must be sanctioned and the process of operationalisation of new centres needs to be quickened.
All SC/ST habitations to have an AWC; (Oct 2004) SC/ST habitations to be given priority, (Dec 2006)	SC/ST Habitation survey is yet to be conducted in most states. Field reports suggest that many SC/ST habitations do not have an AWC.
Cover every child, pregnant and lactating mother and adolescent girl (Nov. 2001; Dec 2006)	Presently, One-third of children under six, one-fourth of pregnant and lactating mothers and only 2.3% adolescent girls being covered under SNP.
All the State Governments/Union Territories shall allocate funds for ICDS on the basis of norm of one rupee per child per day, 100 beneficiaries per AWC and 300 days feeding in a year, i.e., on the same basis on which the Centre make the allocation. (Oct. 2004). Allocations later increased to Rs. 2 per day for children under-6 (Dec 2006) The Dec 2006 order also states that the allocated amount must be spent.	Shortfall to the tune of Rs. 1200 crore (to be shared on a 50-50 basis between Government of India and State Governments) for SNP based on the norm of 100 beneficiaries per AWC, this increases manifold when estimates are made for universalisation to cover every child (as directed by the Court in other orders). Further, utilisation of funds in 2005-06 has been 76% and the amount actually spent per day per beneficiary is Rs. 1.27. (against the norm of Rs. 2)
ICDS services not be restricted to BPL families (Oct. 2004)	Instructions to this effect sent to all state governments from MoWCD vide letter no: 19-5/2003-CD-1 (Pt) dated 29.11.2005 and again reiterated in letter dated 7.3.2006.
The vacancies for the operational ICDS shall be filled (Oct 2004)	As on 30.09.2006, of the 8048 CDPO posts sanctioned, only 5406 were in position (37.3% positions vacant); of 41739 sanctioned posts of supervisors, only 25085 were filled (39.9% posts vacant) and of the 946060 posts of AWWs sanctioned, 769582 were in position (18.6% vacant)1.
Cover Slums under ICDS (Oct. 2004)	Presently, One-third of children under-6, one-fourth of pregnant and lactating mothers and only 2.3% adolescent girls being covered under SNP.

Contractors not to be used for supply of SNP (Oct 2004)

Contractors still in use openly or indirectly in many states

1.10 Quality of ICDS

While the above sections look at the outreach of ICDS services in terms of number of habitations and beneficiaries reached and the financial allocations and expenditures on ICDS, it is also important to look at the quality of the provision of these services. Extending coverage under ICDS is not enough and a radical improvement in the quality of ICDS services is also required. The real objective should be “universalisation with quality and equity”. The quality of ICDS varies a great deal between different states, and sometimes even between different Anganwadis within the same state. The quality of AWCs is seen on the basis of reports of some field studies.

1.10.1 Physical Infrastructure

It is seen that in terms of physical infrastructure such as the buildings AWCs are located in, availability of toilet and drinking water facilities, weighing scales, medicine kits, pre-school education material etc. the anganwadi centres in the country are very poorly equipped. For instance, according to a Rapid Facility Survey of ICDS conducted by NCAER, more than 40% AWCs (Anganwadi Centres) across the country are neither housed in ICDS building nor in rented buildings. Only one-third of the anganwadis are housed in ICDS building and another one-fourth are housed in rented buildings. As regards the status of anganwadi building, irrespective of own or rented, more than 46% of the anganwadis were running from pucca building, 21% from semi-pucca building, 15% from kutcha building and more than 9% running from open space.¹⁶ Further, the survey data reveals that more than 45% anganwadis have no toilet facility and only 39% anganwadis reported availability of hand-pumps.

1.10.2 Outreach to Children under 3¹⁷

The ICDS has been weak in addressing the needs of children below the age of three years, when this is exactly that stage of the life-cycle where malnutrition is most likely to set in, and its consequence most grave and enduring and in many cases irreversible. If ICDS is to seriously impact on child malnutrition, it needs to focus on management of severe malnutrition in the 0–3 age group. Supplementary nutrition, for this age group, should be not just foodgrain, as is the case in many parts of the country, but specially prepared weaning foods made from nutritious locally grown food appropriate for this age-group.

This in turn means that the bulk of the activities of the AWC should focus on the families in the community. The training and supervision of the AWW should prepare her to make regular, focused, structured home visits. These visits would be to homes with expectant mothers, infants and young children, especially in critical periods such as the last trimester of pregnancy, the day of delivery, the first month after birth, 6–9 months and 9–12 months. In these visits, she would attempt to educate and build capacities of families regarding infant and young feeding practices, newborn care and the nutrition needs of women. To be able to make such regular home visits and provide breastfeeding support and nutrition counseling, there should be two anganwadi workers in every anganwadi centre.

16 Main results of the Rapid Facility Survey of Infrastructure at Anganwadi Centres conducted by NCAER is available at <http://wcd.nic.in>

17 This section draws heavily from “Promises to Keep: ICDS at Crossroads”, Harsh Mander

Then one anganwadi worker would be able to provide the much need focus on children under three, pregnant and lactating women which are mainly community based services while the other can provide pre-school education and other centre based services required for children in the 3–6 years age group.

1.10.3 Preschool

The Supreme Court in order dated December 13th, 2006 states that all services of the ICDS are to be universalised. This includes pre-school for children in the age group of 3–6 years. According to the Status Report of the ICDS as on 30.09.2006 (MoWCD) enrolment in pre-school at the anganwadi is on an average 36.4 children per centre. This would roughly be around 50% of eligible children under an AWC (since each AWC would cover about 150 children under six, it is assumed that those in 3–6 age group would be around 75). Even in centres where pre-school is supposed to be provided, field studies show that in reality nothing much happens. For instance, the FOCUS report states that “The FOCUS survey suggests that, where early childhood education is provided at the anganwadi, such activity is sporadic and limited. Tamil Nadu and Himachal Pradesh were the only states with a fairly active educational component in ICDS...86% of the mothers in Tamil Nadu, and 74% in Himachal Pradesh, said that educational activities were taking place at the Anganwadi. In the sample as a whole, however, the corresponding proportion was only 47%.” Here again the presence of two anganwadi workers becomes crucial to ensure that both the age groups of children under three and children in the 3–6 years age group are provided essential services.

1.10.4 Training

The Nationwide Evaluation of ICDS Survey by NCAER showed that though about 84% of the functionaries reported to have received training, the training was largely pre-service training. In-service training remained largely neglected. The current training given to the anganwadi worker does not equip her to perform the multiple (all equally important) tasks of growth monitoring, nutrition counseling, pre-school education etc.

1.10.5 Exclusion

There are very few systematic studies of the precise degree of social exclusion, the groups that tend to be structurally excluded, and the reason on barriers that result in these denials. There is rich anecdotal data, including that which is reported to the Commissioners, such as of dalit children being refused access to ICDS feeding, or the boycott by upper-caste families of ICDS centres run by dalit AWCs or even helpers. Further, certain categories of children such as disabled children or migrant children do not figure in the design of the ICDS programme. These groups obviously need special provisions and there is no mention of this in any guidelines. There hasn't even been a disability survey conducted by most anganwadi centres.

Evaluation of ICDS by NIPCCD,

Ministry of Women and Child Development

Infrastructure

Availability of sanitation facilities is most crucial for reducing mortality and morbidity in rural and tribal areas. Data from the study showed that only 31% of the households had toilet facilities. Sewage/drainage system was reported in 30% of villages under regular ICDS Projects whereas 27% of villages of those projects, which were assisted by World Bank, were having such facilities. Out of ten villages, 4 (40%) of projects covered by NGOs had these facilities also. While around 41% of Anganwadis had toilet facilities, 17% of these facilities were not found to be in good condition and 59% AWCs were even deprived of this amenity.

It was found that educational facility of lower primary school (class I-V) existed in nine out of 10 villages (90%). Middle school (VI-VIII) facility was available in 61% of villages whereas high schools were functioning in 39% of sample areas.

About 97% Anganwadi Centres in urban areas, 93% in rural areas and 74% in tribal areas were connected by roads. Primary Health Centres and sub-centres were available in 29% and 43%, respectively, in Anganwadi areas. Data thus reveals that accessibility to important services of health was limited.

Data also revealed that around 89% of rural project areas, 94% urban and 68% of the tribal project areas had telephone facilities. Another interesting information was availability of LPG in 72% of the Anganwadi areas.

Hand pumps and tap water were the main sources of water in majority of the Anganwadi Centres, thereby bringing home the point that ICDS programme has succeeded, to a large extent, in arranging safe drinking water for the children attending Anganwadis in collaboration with Public Health Engineering Department of State Governments.

It was gratifying to note that majority of the Anganwadi Centres were located in pucca buildings. It reflects that efforts have specially been made in housing Anganwadi Centres in pucca buildings. However, space was found to be a problem in most of the Anganwadi Centres in urban areas. Adequate outdoor and indoor space and separate space for storage was available in only 44, 36% and 39% Anganwadi Centres. This situation was found to be little better in rural and tribal areas. Overall, about 49% of the Anganwadi Centres had inadequate space for outdoor and indoor activities and 50% had no separate space for storage of various materials. Around half (49.0%) of the rural and tribal (50.6%) projects and 40% of urban projects had adequate cooking space separately.

Most of the AWCs (60.3%) were found to be easily accessible to children as they were brought either by their parents/siblings/older ladies of the locality to the Anganwadi Centres. Helpers mainly concentrated in bringing newly admitted children to Anganwadis.

Weighing scales were available in 97% Anganwadis of World Bank-assisted ICDS Projects, followed closely by NGO run projects (95.3%) and 85% of regular ICDS projects. Around 89% of them were in working condition also.

Non-availability of the kits in 44% of the Centres is a matter of concern and this aspect needs to be looked into

by the programme implementors carefully. Availability of adequate number of cooking and serving utensils in the Anganwadi Centres is of paramount importance for the success of the nutrition programme. The study revealed that cooking utensils were available in 61.8% of rural, 49.2% of urban and 65.9% of tribal projects.

Profile of Functionaries

It was gathered that 15% positions of Child Development Project Officers (CDPOs), 48% of Assistant Child Development Project Officers (ACDPOs) and about 18% of Supervisors were vacant in the surveyed projects. However, the position with regard to the appointment and availability of AWWs and Helpers has been quite satisfactory. The training status has been quite satisfactory. It was observed that Arunachal Pradesh was the only State where 50% CDPOs were untrained. In other states, by and large, training of functionaries has been highly satisfactory.

Selection of AWWs

It was found that around 80% of the Anganwadi Workers belonged to the same village/locality. However, wide variations were observed on this aspect between projects supported by World Bank, NGO operated and regular ICDS.

Data on age of AWWs depicts that about 66% of AWWs were 35 years and above. Percentage of AWWs in regular and World Bank assisted ICDS projects was evenly divided in the age-group 35–45 years while 30% of AWWs were in the age-group 25–35 years.

62% of the AWWs had work experience over 10 years whereas 28% of them had experience of more than five years. Majority (43.2%) of the AWWs were matriculate, 23% Higher Secondary and about 10% graduates. There were hardly any illiterate workers, their percentage being around one only.

Supervisors

It was found that direct, promotion from amongst AWWs and deputation from line departments and contractual appointment of Supervisors under World Bank Scheme was carried out in States like Uttar Pradesh. In 25 States of India, supervisors were promoted to the post of CDPO/ACDPO. Policy of reservation of seats was existing in 21 States and seven States did not adopt any such policy. A large majority of the supervisors were above the age of 35, either graduates or post graduates and possessed experience of more than 10 years. This is a positive sign as ICDS seems to be managed by experienced and qualified supervisors.

Child Development Project Officers (CDPOs)

xiv) Data show that 21 states had exclusive cadre of CDPOs whereas 10 states had a joint cadre comprising deputation, promotion and contract. In all, 25 states had adopted the policy of promotion of Supervisors to the post of CDPOs/ACDPOs. Mode of recruitment in terms of reservation was reported to be followed as per orders of State Governments issued from time to time.

Though the guidelines of the scheme envisages that CDPO should preferably be a female, yet it was observed that about one-third (32.7%) of CDPOs were males.

Most of the CDPOs (48.3%) were in the age group 45–55, followed by 33% in the age group 35–45. It was found that 57% CDPOs were post graduate with only 6% being undergraduates. About 31% of CDPOs were having less than 3 years of experience which was reflective of frequent transfers of this category of functionary in some States.

Profile of Beneficiaries

Expenditure on different services has gone up more than three times (from 144.00 crore during 1990–1991 to 452.36 crore during 2004–2005) in 15 years. The scenario is similar to the number of beneficiaries under various services—all categories of beneficiaries have gone up three times during the period under reference.

Target Population in Sample Households

Data indicate that 0.83% of children in households covered under the study are handicapped. Out of these children, 55.56% children have been receiving benefits from ICDS programme.

Maximum percentage of beneficiaries were from backward classes (29.6%) followed by scheduled castes (26.3%). Differences between representation of other castes and that of scheduled tribes was meagre (21.4% and 20.4%, respectively).

It was found that 55% of them were landless while another 28% owned land which was less than one hectare. It was found that less than 8% possessed land holding between one and two and above two hectares. Those who possessed land more than four hectares were residing in hilly, desert and tribal areas.

Six out of ten families of beneficiaries were nuclear while joint family constituted one-third of all types of families. Data demonstrated that in urban areas 62% families were nuclear while this type of family constituted almost similar percentage in rural (59.0%) and tribal (59.8%) projects. Increasing trend of extended families was seen in regular ICDS projects (7.03%) and drastic reduction in other categories of projects (4.12% in World Bank projects and 4.80% in NGO-run projects).

Six out of ten families (59.7%) conformed to the national figure in respect of size of families (up to 5 persons), followed by 36% of households having family members between six and ten. Another interesting finding is that households with 11 and above family members constituted 4%. Normal belief is that urban households are nuclear and smaller in family size but the data revealed that even urban ICDS projects also recorded family size between six and ten (32.7%).

A little over 60% families under World Bank assisted ICDS projects (62.48%) had monthly income less than Rs. 2000/- per month, followed by NGO-run projects (51.41%) and regular ICDS projects had this share with 47% of households. Income of households was analysed as per location of projects in rural, tribal and urban areas. It revealed that a little over half (52.8%) tribal families had income less than Rs. 2000/-, followed by rural families (49.5%). Forty per cent urban families belonged to this income group. Four out of ten families in urban projects had also income ranging between Rs. 2000/- and Rs. 4000/- per month, followed by rural (32.1%) and tribal projects (30.4%).

Main Occupation of Sample Households

One-fourth of heads of households (25.7%) had non-agriculture labour as main occupation, maximum being in urban areas (36.4%), followed by heads of households in rural areas (24.2%) and tribal areas (21.9%). It was interesting to know that a little over one-third of respondents of tribal projects (34.3%) were cultivators who constituted 27% in rural ICDS projects. Cultivators in urban projects were those who lived on fringe of urban areas and went to adjoining villages for cultivation were of negligible percentage (3.4%). Percentage of self employed and agricultural labourers was almost equal (16.0%). Self employed were mostly blacksmiths, carpenters, cattle grazers, potters, shoe makers, weavers, petty shop keepers etc. Around 12% were in service—Government, semi-government, private companies etc.

Coordination in ICDS

Project level Coordination Committee

More than 70% projects of rural and tribal areas were having Coordination Committee at the project level, whereas urban projects (83%) were having Coordination Committee at project level. So far as existence of Coordination Committee at project level by type of management is concerned, regular ICDS projects and projects supported by World Bank were having lesser number of Coordination Committees as compared to the projects run by NGOs. In urban regular ICDS projects more than 80% CDPOs, Supervisors and health functionaries reported adequate coordination at their level. In NGO-run projects, coordination at CDPO level was somewhat adequate but at the field/village level, it was not up to the mark. The situation is similar to tribal projects too. Coordination with health department was somewhat lacking at field/village level especially in tribal areas. By and large coordination at project level was found to be satisfactory. A little over two-third (68%) CDPOs were of the view that meeting of Coordination Committee was effective whereas about one-fifth (21%) found it very effective. The Research team found that around 73 per cent CDPOs had reported adequate coordination between ICDS and health functionaries. But remaining 27% mentioned inadequate coordination.

Source: “Three Decades of ICDS – An Appraisal”, Ministry of Women and Child Development, Government of India, 2007 available at: www.wcd.nic.in

1.11 Recommendations

a) Universalisation

- Government of India must operationalise at least 14 lakhs anganwadis by December 2008 and present to the Supreme Court a plan for putting up these additional centres. This plan should include details of how all rural habitations and urban slums are proposed to be covered.
- A simple procedure for setting up an “anganwadi on demand” must be put in place so that an AWC is sanctioned and operationalised within three months of such a demand being made, in accordance with the order of the Supreme Court dated 13th, December 2006.

b) Equity

- AWCs in SC / ST hamlets – Universalisation must ensure that all habitations with majority SC/St population are provided with an anganwadi centre on a priority basis. The state governments must get

conducted through District Collectors a survey of habitations with majority SC/ST population and ensure availability of anganwadi centres in all of these.

- Special provisions should be made for the inclusion of marginalized children in ICDS, including differently-abled children, street children, and children of migrant families. For instance, migrant children should be entitled to admission at the nearest Anganwadi without any requirement of permanent residence in that area. Simply the presence of a child of the appropriate age group should be sufficient to qualify the child for admission to all services of the anganwadi.
- Monitoring data of the ICDS should be disaggregated on the basis of sex, SC, ST and disability. A disability survey must be conducted at regular intervals and ways of including disabled children in the ICDS programme must be worked out. The data should also be provided separately for urban and rural areas.
- Severe malnutrition: Rehabilitation facilities (e.g. Nutrition Rehabilitation Centres) should be available at the PHC level for children suffering from Grade 3 or 4 malnutrition, and their mothers. Anganwadi workers should be responsible for identifying such children and referring them to rehabilitation facilities. Financial provision should be made to support these children's families during the period of rehabilitation. Also, these children should be entitled to enhanced food rations under the Supplementary Nutrition Programme. ICDS and the Health Department should be jointly responsible for the prevention of severe malnutrition and hunger deaths.

c) Supplementary Nutrition Programme

- Make adequate budget allocations for the ICDS programme so as to be able to provide SNP to every child under six, every pregnant and lactating mother and every adolescent girl.
- Cost norms: A provision of at least Rs. 3/- per child per day (at 2006–2007 prices) should be made for SNP in the 3–6 age group. This is similar to the current norms for mid-day meals in primary schools (two rupees per child per day, plus 100 grams of grain). To achieve this norm, central assistance of at least Rs 1.50 per child per day would be required. The cost norms should be adjusted for inflation every two years using a suitable price index.
- Children under three should be provided with take-home rations (or hot cooked and mashed food where they are able to come to the centre every day)
- Hot cooked meal for children in the 3–6 year old age group: Children in the 3–6 year age group should be provided a hot cooked meal at the anganwadi centre everyday. The SNP so provided should be age-appropriate, culturally appropriate, nutritious and locally procured.

d) Second Anganwadi Worker

A major effort should be made to extend ICDS services to all children under the age of three years, without affecting the entitlements of children in the 3–6 age group. In particular, this would involve posting a second Anganwadi worker in each Anganwadi (see below). Her primary responsibility would be to take care of children under three as well as pregnant or nursing mothers. This new focus would also involve giving much greater attention to “infant and young child feeding”, nutrition counselling, ante-natal care and related matters.

e) Right to information

All ICDS related information should be in the public domain. The provisions of the Right to Information Act, including pro-active disclosure of essential information (Section 4), should be implemented in letter and spirit in the context of ICDS. All agreements with private contractors (if any) and NGOs should be pro-actively disclosed and made available in convenient form for public scrutiny. All AWCs should be sign-posted and the details of ICDS entitlements and services should be painted on the walls of each Anganwadi. Social audits of ICDS should be conducted at regular intervals in Gram Sabhas and/or on “health and nutrition day”.

Note: For Commissioners’ recommendations on ICDS also see special report on ICDS “Update on compliance of orders related to ICDS and some further recommendations”, from Commissioners to the Supreme Court, dated 30 August 2007.