Management Perspectives of **ICDS Program**

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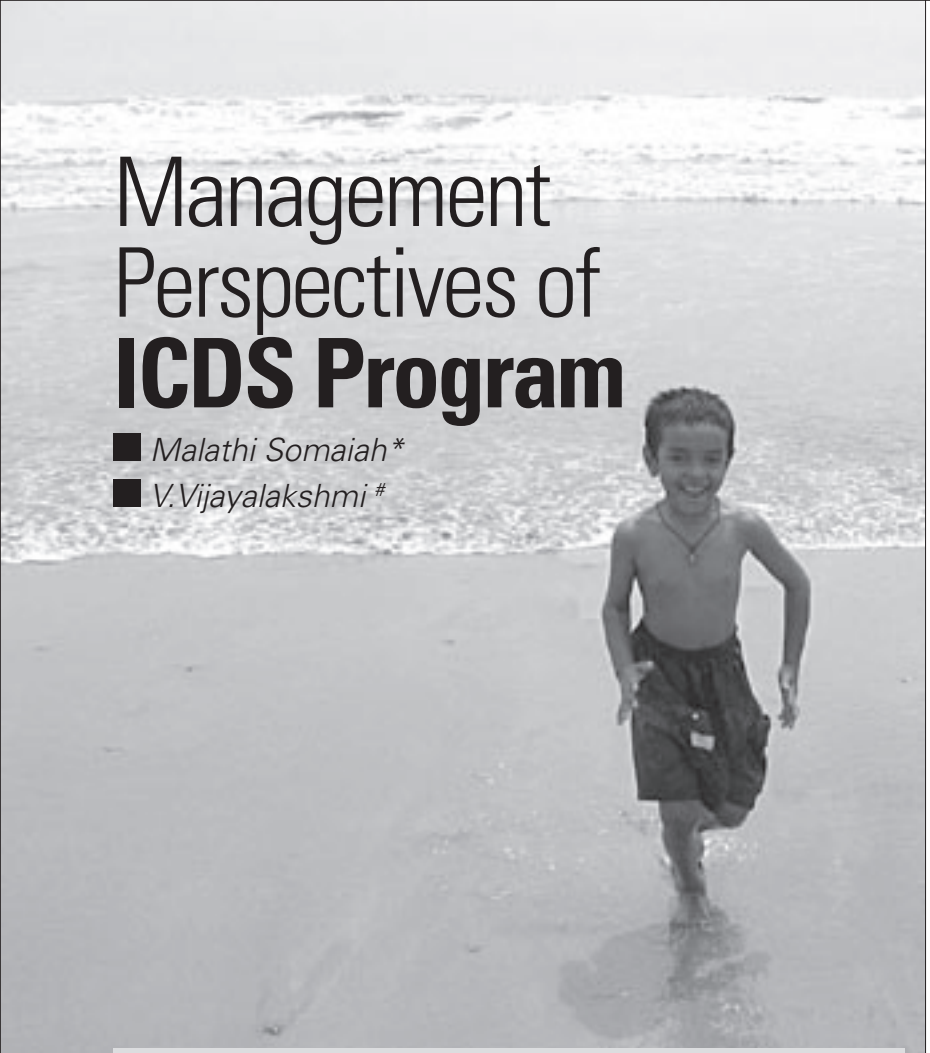

Abstract

The Integrated Child Development Services (ICDS) was launched in 1975 by Government of India. In Karnataka, the programme covered one project in 1975 (33 in the country) and currently has 185 projects with 40,031 centres in operations. The focus of ICDS is to improve the nutrition and health status of pre-school children (3-6 years), pregnant and nursing women below poverty line.

The single window delivery package of ICDS is Anganwadi center, which is managed by an Anganwadi worker with her helper. UNICEF, besides providing appropriate interventions in the implementation of ICDS activities has commissioned a number of social assessment studies in some states of India, to identify the areas of improvement. IIMB conducted UNICEF funded study of Social Assessment of ICDS in Karnataka during 2003-05. This paper is the analytical summary of the empirical study carried out in the four districts of Karnataka.

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The Integrated Child Development Services (ICDS) is a visionary scheme, providing interventions in nutrition, health and education concerned with the holistic development of children. The Development objective is to accelerate the pace of improvement in the nutrition and health status of pre-school children, including children under 3 years of age and pregnant and nursing women, focusing on households with income below the poverty line. Government of India launched ICDS in 1975. Initially, the program covered 33 projects in the country, (one in Karnataka). The one project of Karnataka in 1975 consisted of 100 Anganwadi Centres (AWCs), which increased to 185 projects, with 40,031 centers in operation by 2003. Of 185 projects, with 40,031 centers, 35,898 are located in rural areas, 151 in urban areas and 3252 in tribal areas.

The National Policy on Education and the program of action of 1992 places a great deal of importance on Early Childhood Care and Education. (ECCE). ECCE is a crucial input as a feeder and support program for primary education and a support service for working women of the disadvantaged sector of the society. One of the programs under ECCE has been the integrated child development services (ICDS), currently the biggest program of early childhood development covering children of 0-6 years and pregnant and lactating mothers of the disadvantaged sector of the society.

The program of action emphasizes the need for the system of monitoring and evaluation of the ICDS programs where professional institutions and expert bodies will be involved to carry out independent and objective evaluation in order to identify the gaps and problems in its implementation.

ICDS is centrally sponsored through the department of Women and Child Development (DWCD) in the Ministry of Human Resources Development, Government of India, administered by the State Governments. Anganwadi Centres (AWCs), which are village based early child development centres, are the focal point for delivering ICDS services. AWCs are often located in small rented rooms or in open courtyards and are staffed by a locally recruited woman, the anganwadi worker (AWW) and a female helper (AWH). Government of India and the State share the cost of the program. Government of India provides training and operating cost including salaries, equipment, supplies, petrol and oil expenses and medical kits. The state Governments meet the cost of supplementary food.

ICDS is a multi purpose intervention that addresses early child development in a holistic, integrated way. It has six major components:

- Supplementary nutrition
- Immunization
- Health check ups
- Referral services
- Pre-school non formal education
- Nutrition and health education.

The major objectives of ICDS program are as follows:

- To improve the nutritional and health status of the children in the age group of 0-6 years.
- To lay foundation for proper psychological, physical and social development of the child.
- To reduce the incidence of child mortality, morbidity, malnutrition and school dropouts.
- To achieve effective coordination of policy and implementation amongst various departments to promote child development; and
- To enhance the capability of mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The AWC, managed by the Anganwadi worker (AWW) with her helper (AWH), is the single window for delivery of the entire package of services offered by the program. On an average, an AWC covers a population of 1,000 (700 in rugged terrain and tribal tracts). It caters to children below 6 years and women in the reproductive age group (15-45 years) especially pregnant women and lactating mothers. Since 1990s, a special program to addressing the needs of adolescent girls (11-18 years) has been included in ICDS program. The ICDS package of services are enumerated in Table A:

Many evaluation studies have been conducted by organizations and individuals to assess the effectiveness of ICDS programme, (NIPCCD, 1984-85, 1991-92, Tandon, 1989, Nutrition foundation of India – 1988, Coonam PS, Mohan 1985. Mathew A, 1994, Carie, Amer, Gibbons, Micheal, 1994, IIRM, Jaipur, Meera Sansthan, Jodhpur, 1996 etc.) The scope of many of these studies is restricted to small/specific regions and confined to a study of selected components of the ICDS. The only detailed report at the national level is that of NIPCCD (1992) based on a sample of 100 ICDS projects (54 rural, 28 tribal and 18 urban projects).

A concurrent evaluation of ICDS by NCAER (1996), the report prepared in 2001, was another major nation-wide study. The study was undertaken

Table A

Beneficiary	Services
Children 6-12 months & 1 – 3 years	SNF, Health check up, Immunization, Referral, growth promotion, vitamin A drops, iron-folic supplement.
3-6 years	SNF, health check up, immunization referral, growth promotion, vitamin A drops, iron-folic supplement and non-formal pre-school education
Pregnant women Lactating Mothers	Health check up Immunization Referral Growth promotion Vitamin A tablets Iron-folic supplement Nutrition and health education Antenatal and postnatal care
Adolescent girls (11-18 years)	Supplementary nutrition Health check up Referral Growth promotion Vitamin A tablets Iron-folic supplement Nutrition & Health education Literacy recreation and Skill development

on behalf of Department of Women and Child Development (DWCD). The findings reported in 2001 are preliminary and represent the first phase of the nationwide evaluation. The completed study is expected to provide useful policy lessons.

There is a need to find out the extent to which institutions of ICDS are able to implement the projects successfully. UNICEF, besides providing appropriate interventions in the implementation of ICDS activities, has commissioned a number of social assessment studies in some states of India in order to identify the areas of improvement. The study of Social Assessment of ICDS in Karnataka was conducted by Indian Institute of Management Bangalore (IIMB) with UNICEF funding during 2003-05.

Objective of the study :

- To review the social infrastructure consisting of cultural, educational and political conditions prevailing in the chosen districts for effective delivery
- To identify major stakeholders/ beneficiaries of the ICDS program
- To study attitudes, values and beliefs of stakeholders about nutrition, pre-schooling and mothers.
- To obtain information about the existing practices and accessibility/ adequacy / quality of services/ intervention and
- To explore the current capacity of ICDS projects, utilization including institutional capacity to serve the targeted beneficiaries or stakeholders.

Sampling Design

Four Districts were selected from 4 revenue divisions in Kolar (Bangalore division), Dharwar (Belguam division), Gulbarga (Gulbarga Division and Mysore (Mysore division). Two projects were selected from each of these selected districts, they are: Begepalli and Malur in Kolar district, HD Kote and Nanjangud in Mysore District, Hubli Dharwar (Urban) and Navalgund from Dharwad District, Sedam & Jevargi from Gulbarga district. Altogether eight projects were selected which included one tribal and one urban project to capture their uniqueness. In each of the project 30 AWCs were selected. Thus, altogether data was collected from 241 AWCs in the study.

Data Collection tools

The components considered for the social assessment study are – Social analysis and Institutional Analysis. Social analysis examined the functioning of ICDS and its relevance to different stakeholders. Major components included, AWWs activities, acceptance and assimilation of the program components, knowledge gained and transferred by AWWs, assessment of perception, attitudes, values of different stakeholders and integration with other institutional structures within the village. In each selected AWC, data from AWW, AWH, and selected members of grampanchayat were collected (through questionnaire) by directly visiting each of the AWCs. The questionnaire designed were pilot tested and modified after receiving the feedback from AWWs and AWHs. Since most of the grassroot level functionaries (AWW & AWH) are local people and well versed with state language i.e. Kannada, the questionnaires were translated to Kannada.

In each of the 241 AWCs visited, the field staff conducted a PRA exercise by mobilizing the beneficiaries and stakeholders of the respective AWC. The members present in the PRA meeting included parents, some older siblings of pre-school children, ANMs, gram panchayat members, members of self help groups (SHG). The field staff were provided exclusive training to conduct PRAs. Two of the senior members of the study team from IIMB actually conducted two PRA meetings in each of the taluks chosen for the study. While the field staff observed these PRA meetings, they were also given additional inputs to conduct future PRA meetings. Besides, another three more PRA meetings conducted by the field staff were observed by the senior members of the study team and necessary feed back was provided to the field staff after the meetings. These inputs were extremely helpful to the field staff to gain competence to conduct subsequent PRA meetings.

Institutional analysis included direct contact and interaction with, Joint Director of DWCD; Deputy Director in DWCD selected districts, program officers of selected district, CDPOs/ACDPOs of selected districts, supervisors and officials of panchayat raj institutions. The sampling frame for the institutional analysis consisted of Secretary, DWCD, Director and Jt. Director (ICDS), Dy.Directors/Asst. Director of the selected districts, program officers, CDPOs, ACDPOs, Supervisors and functionaries of Panchayat Raj Institutions, through a structured questionnaires, as well as field information, formal and informal interaction, interaction with district and taluk level officials, focus group discussions and stakeholders workshop.

Participatory Rapid Appraisal (PRA): The expectation of stakeholders and beneficiaries from the ICDS program was captured through a PRA exercise conducted in each of the 241 AWCs. The tools used included opinion mapping, social mapping, wealth

Table 1:

Distribution of AWCs Across Population (Consolidated)

Location of AWCs									
Within Village	Outskirts	School Premises	SC / ST Colony	Temple	Community Hall	Post Office	Others	Total	%
15	3	2	7	2	2	0	1	32	13.28
35	5	20	8	2	1	0	1	72	29.88
36	8	16	4	1	2	1	1	69	28.63
13	4	3	6	2	1	0	1	30	12.45
20	4	5	5	2	1	0	1	38	15.77
119	24	46	30	9	7	1	5	241	100

Table 2.

Reasons for absence of children to the preschool (Consolidated Eight taluks)							
	<500	500-1000	1000-2000	2000-3000	>3000	Total	Percentage
Private Schools in the village	1	9	7	11	18	46	16.31
English	3	14	19	10	12	58	20.57
Kannada	1	1	0	3	1	6	2.13
Van Facility	1	1	5	5	3	15	5.32
English	1	1	4	2	1	9	3.19
Kannada	3	6	4	1	1	15	5.32
Fear of contacting diseases	4	4	4	1	2	15	5.32
Problem of Drinking water	7	3	4	3	3	20	7.09
Distance of Centre from residence	0	0	3	0	1	4	1.42
Inferior quality of the mid day meal	4	4	4	2	1	15	5.32
Facilities to take care of children at home	8	25	26	13	18	1	0.35
Place to sit	6	7	1	3	2	19	6.74
No benches or planks	5	2	3	2	2	14	4.96
No good building	5	5	2	4	2	18	6.38
No facilities to play	4	5	5	2	2	18	6.38
Proximity to main road	3	7	5	5	1	21	7.45
Total	49	97	96	79	50	282	100.00

ranking, resource map and Venn diagram. The information collected through these tools were analyzed to capture the opinion of stake holders on various activities of AWC and how different activities were ranked in terms of importance of the stakeholders.

The present paper is an assessment of ICDS functioning on the basis of the Karnataka Social Assessment Study findings during 2003-2005 by IIMB study. The assessment is from management perspective and considers the extent of effectiveness in terms of the impact of training on functionaries, inter-sectoral linkages, infrastructural facilities, self-help groups (SHGs) and the involvement of Panchayati Raj Institutions. The paper specifically looks at issues of planning resources, logistics and coordination of different components of ICDS. For a successful implementation of ICDS, different functionaries and departments working at the village level have to come together for increasing the operational efficiency of AWCs. Some of the crucial departments are health, education, gram panchayat and the community. The existence or otherwise of their support and participation will determine the effectiveness of the ICDS programs in the respective villages. Besides, one section of

this paper exclusively deals with the current status of pre-school education, problems thereon and methods and strategies to over come these problems. This aspect has been widely analyzed in this paper from a management perspective.

The findings of the study on Social Assessment of ICDS in Karnataka are broadly classified under the major service components namely, pre-school, distribution of SNF/ARF, health check up and immunization, community participation. Other aspects considered in the assessment are , the infrastructural facilities, inter-sectoral linkages and the role of PRIs.

The study, in all respects revealed inefficient management. As indicated by many respondents, pre-school is the weakest component in the ICDS program. Since the AWWs have to spend a lot of time on various added responsibilities other than ICDS activities (assisting ANMs in administering polio drops, Stree Shakti activities etc). AWWs stated to have insufficient time to concentrate on the pre-school activity. Stree Shakti, which has considerable political patronage in rural Karnataka, is considered to be more important. AWWs are to assist the women of the village in bank transactions. Since many of the women are illiterate, AWWs have to assist them in filling in the correct challan and depositing the money. The preschool activity which is to be conducted at least for two-hours a day was rarely seen in the AWCs visited by the study team. The unsatisfactory condition of pre-school activity was found in a substantial number of AWCs. There has been a considerable demand from the parents that the AWC should provide reading and writing skills as part of the preschool activities. The presence of other private schools offering English and Kannada medium education, provide reading and writing skills at the pre-school level. This has encouraged the parents to demand similar services from the ICDS. Many of the AWWs, who are to be recruited from the community/village were found to be commuting 4-12 kms to attend AWCs. This resulted (in most cases) incomplete and inefficient performance, either due to delayed arrival or being absent.

Education Department , which is expected to work in coordination with ICDS especially on the pre-school education component, is found to lack the expected coordination. One of the core objectives of the pre school is to inculcate habit of schooling among children of 3-6 years. If this habit is reinforced, it should result in low or no dropout in the primary school. Mid-day meals are introduced in the primary school to check school dropout. It is recommended that all the AWCs should be located in the school building in order to provide the desirable linkages to school education.

As could be observed from the table, large number of AWCs are located with a population of less than 2000 (70%). Only about 21% of AWCs are located in the school premises while 45% are located in the village.

As can be seen from the table, the presence of private schools and teaching through medium of English have been the main reasons for absence of children to the preschool. Due to the introduction of mid-day meal scheme in all the government primary schools, parents tend to put their children in the first grade by manipulating the date of birth. Thus, under aged children are taken away from the AWCs and admitted to local primary schools. When parents were further probed on this issue during the PRA discussion the following reasons for absence of children surfaced.

- Many working parents leave home at 8 am advising the children to go to AWC at 9 am. After the parents leave home, children do not go to AWC.
- Teachers at AWC insist on cleanliness and hygiene.
- AWH does not volunteer to fetch the children.
- Parents apathy
- Parents feel that AWC is meant only for feeding
- Some children attend convent/ private English medium schools
- Lack of commitment and motivation of AWWs
- Anxiety that SNF may not be good and children may fall ill.

Parents apathy towards low quality of pre-school education, lack of imparting PSE which includes oral skills, language skills, games, environmental learning and lack of emphasis on reading and writing, are the factors contributing to low emphasis on pre-school education in ICDS program.

Distribution of supplementary nutrition food is one of the core services of the ICDS activities. The grass root level workers, (AWWs), the supervisors and CDPOs (taluk level functionaries) who responded to the questionnaires, identified a number of problems in this area. Major issues identified are as follows:

- Lack of supply of SNF/ARF in many centers during April-June every year (the reason cited is that the current year financial budget not being sanctioned and the tender process is yet to begin).

- Lack of storage facilities in many AWCs.
- In few centers, number of beneficiaries found to be more than the quota available to that center (both mothers and children). The allotted quantity is prepared and distributed to all the beneficiaries.
- The ARF powder is infected and sometimes it is distributed without proper cleaning.
- Specific amount paid to AWH for fuel is either not sufficient or has been misused. Lack of fuel to cook is the major limitation mentioned by many AWWs and AWHs.
- There is no provision in ICDS program to transfer the registration of a pregnant woman from the village where she is registered to another village where she delivers the baby and is under post-natal care. As a result pregnant women, who move from villages of registration to villages of delivery, are denied SNF during the critical months of their pregnancy.

Linkage with health department

Lack of proper coordination between DWCD (in charge of ICDS program) and Health department is an indication of inefficient management both on the part of ICDS functionaries and health department functionaries. This lack of coordination was explicit from the fact that many children are not getting the timely immunization as per the health norms. While polio administration, which is in a mission mode, is successful, the immunization program is not. The polio administration is as per the target with the able cooperation of ANMs and AWWs. When it comes to immunization, there is a lack of cooperation of the health department, health camps are not conducted regularly. The health department officials state lack of transportation to visit AWCs is a major hurdle. Besides the health manpower available in the PHCs and PHUs are fully occupied with OPD in the morning and are not able to visit AWCs. It is evident that AWCs do not work in the afternoons and it has not been possible to motivate AWWs to arrange health camps in the afternoons. It is important to note that a number of volunteers, ANMs and NGOs are mobilized for a polio program which is non- medical in nature. When it comes to immunization, AWWs have no option but to depend exclusively on the heath personnel of the department. As could be observed from table-3, health officers more frequently visit village with higher population than those with less than 500 population. Infrequent visits by medical officers and para medical staff to AWCs as well as ignoring `AWCs' referral note given to parents from the respective villages at the PHCs when they visit, indicate the lack of coordination/meaningful linkage between Health Department and DWCD.

An analysis of infrastructural facilities revealed that many AWCs do not have proper building. 63% of AWCs (of 241) were functioning in the old building, 21% of the AWCs were found to be donated (free). Of the other 40 AWCs covered in the study, 10 were found to be functioning in community hall and others were rented, or functioning in primary schools. About 3 AWCs were found to be functioning in private houses.

The status of AWC building was worse in Hubli-Dharwad urban project. Of the 30 AWCs under study, only 7% were found to be functioning in their own building and 13% in community hall. As many as 47% of AWCs are functioning in donated lands. Many AWCs were found to be located in temples and mosques, which creates a problem for space as well as lack of kitchen and storage facilities. Some of the related tables are presented below:

Among the eight AWCs located in rented buildings, DWCD pays rent for 5 centres, AWWs for 2 centres and Gram Panchayat for one center.

Table .3

Visits by Health Personnel (Consolidated Eight Taluks)

		Population	<500	500-1000	1000-2000	2000-3000	>3000	Total
Health Visitor (female)	Visits per year		63	116	233	130	166	708
Nurse (Female)	Visits per year		401	576	1026	356	754	3113
Presence of birth attendants	Yes		9	27	29	8	10	83
	No		23	45	38	22	29	83
Health Officer	Visits per Quarter		28	55	59	16	44	157
		Total	524	819	1385	532	1003	202
		Grand total						4263

Table 4. Building status of AWCs with reference to population Consolidated (Eight Taluks)

Population Range	<500	500-1000	1000-2000	2000-3000	>3000	Total	%
Own	10	49	54	19	19	151	62.66
Rented	2	3	1	1	3	10	4.15
School	1	5	3	0	0	9	3.73
Private House	4	2	1	1	3	11	4.56
Community Hall	4	1	3	1	1	10	4.15
Free/Donated	11	12	7	8	12	50	20.75
Total	32	72	69	30	38	241	100.00
Who pays the rent?							
AWW	1	0	0	0	1	2	
DWCD	1	2	1	0	1	5	
Panchayat	0	0	0	0	1	1	
Total	2	2	1	0	3	8	

Table 5. Building status of AWCs with reference to their location

Consolidated	Within the village	Outskirts	School Premises	SC/ST Colony	Temple	Community Hall	Post Office	Total	%
Own	73	21	36	21	0	0	0	151	62.66
Rented	7	1	0	2	0	0	0	10	4.15
School	1	0	8	0	0	0	0	9	3.73
Private House	6	0	0	1	0	0	0	7	2.90
Community Hall	4	0	0	1	0	5	0	10	4.15
Free/Donated	27	2	2	6	9	2	6	54	22.41
Total	118	24	46	31	9	7	6	241	100.00
Who pays the rent?									
AWW	2	0	0	1	0	0	0	3	
DWCD	5	0	0	0	0	0	0	5	
Panchayat	1	0	0	0	0	0	0	1	
Total	8	0	0	1	0	0	0	9	

One major concern is the construction of buildings for AWCs. Once the funds are sanctioned to Zilla Parishad (ZP), for the construction of AWCs, the engineering section of ZP outsources this activity to a contractor identified by the elected representative. The location of the site, transfer of ownership of the land/site to ZP/DWCD (in case of the land donated by a member of the community), the space utilization of the land for AWC is not discussed with the concerned CDPO (at taluk level) or DD (at district level). There have been cases of the owner, after donating the land for ICDS activity, refused to hand over the completed building over to the CDPO/DD concerned. This is because of absence of a gift deed from the donor. In some instances, identified by the study team during their field visit, buildings built are not as per the requirement of CDPOs and some are in such depilated conditions, that it is risky for the children to sit there. Irrespective of the condition of the building (or status of completion) ZP releases the entire cost of construction to the contractor without checking with the CDPO even when CDPO refuses to take over the building as they are unusable. The study team found inconsistent /improper planning in AWC construction in many districts. ZP, TP or GP generally decide the location without consulting CDPOs (at taluk level) or DD (at the district level) who are in charge of ICDS

program. The buildings of AWCs are shrouded with 3 major issues (a) lack of coordination between PRIs and ICDS officials (b) lack of supervision or monitoring the construction of AWCs by CDPOs and DDs and (c) absence of gift deed of land donated for AWC construction.

Lack of transportation facilities poses a major limitation for the timely monitoring of the ICDS activities. While some CDPOs complained about lack of jeep (in working condition) or has a jeep but lack of resources for fuel purchases or non availability of driver, few other CDPOs stated their inability to use the jeep allocated to them. Many a times, local politicians or taluk Panchayat (TP) officials borrow the jeep for their use. Vehicle repair is another problem. CDPOs and DDs have to undergo a long bureaucratic process to get a sanction for the same. The supervisors' major complaint was distance between two AWCs and lack of transportation, which hinder their monitoring activity. They are not able to visit all the centers assigned to them within a month because of transportation problem, large number of centers and too much of administrative functions. Though lack of transportation is mentioned as the major problem, DWCD officials were not found to consider it seriously.

The Panchayat Raj Institutions (PRIs) which were evolved to facilitate rural development are found to be functioning with political clout. They are extremely indifferent to the ICDS activities, which is the backbone of rural development. When the study team interviewed them, neither the ZP (at district level) nor the TP (at taluk level) nor the GP (at village level) evinced any interest about ICDS program. The ZP officials (right from the President) consider it important for DD, Programme Officer and CDPOs to attend the monthly meetings at ZP whether their presence is required or not. Many a times these functionaries are asked to share some information or the target achieved and it just takes five minutes and that would be the last item in the agenda. Their presence is required more for information sharing rather than participating in decision making. For this small input, a whole day of the functionary is wasted in the meetings. During the interaction with CDPOs by the study team, the CDPOs/DDs expressed their reluctance to attend meetings at TP/ZP as it is a waste of time. The ZP never listens to the suggestions /appeals made by CDPOs/DDs however relevant or reasonable they are. DDs have failed to convince the ZP of the futility of CDPOs attending monthly meeting at the ZP office.

The grampanchayat (GP) of a village (of a taluk with predominant tribal population) was found to be wielding power in that village. The land allotted to building constructed specifically for AWC was temporarily closed for major repairs. Even after 18 months of completion of the repairs, AWC was not handed over to the respective AWW & AWC was found to be functioning in a room, which is to function as the post-office. One corner was AWC and in another corner was the post office. AWW expressed her difficulties of conducting PSE and other AWC activities in that post-office.

The CDPO, DD of the respective taluk and district had in no way have been successful in influencing GP to help in retrieving the AWC building. The community members also expressed their inability to influence GP to return. This is the classic case of mismanagement of GP power and lack of efficient management of ICDS officials with PRI.

The indifference of PRIs is further strengthened by the fact that TP lacks any information system of the taluk about the ICDS program. ZP lacks any information about ICDS program at district level and GPs are indifferent to ICDS activities unless they are interested community member in the welfare of the village.

The TPs visited by the study team were found to be completely lacking in information system regarding ICDS program, be it the status of AWC buildings, budget for ICDS, number of grass root level functionaries in the taluk, number of Primary schools, number of health camps held, number of (and status of) primary health centers and primary health units or sub centers. They directed the team members to respective departments (Education, Health etc) rather than they providing it from their offices. ZPs also have not collected these information. Thus, the purpose of establishing PRIs does not seem to serve the purpose.

The ICDS program when analyzed from a management perspective, revealed the incompetence of all concerned with it from the grass root level worker (AWW) to the district level officials (DD). The major areas of incompetency are as follows:

- Poor imparting of pre-school education
- Little or no toys and meager teaching aids at AWCs
- Insufficient training imparted to AWWs to conduct pre-school activity.
- Poor distribution of SNF/ARF (in terms of quality, quantity, timely distribution and storage facilities)
- Poor coordination with Health

Table. 6. Ranking of Activities according to importance by the Stakeholders

	General - Six Taluks						Urban	Tribal
	Southern Karnataka			Northern Karnataka				
Activities of ICDS	Bagepalli	Malur	Nanjangud	Jeevargi	Navalgund	Sedam	Hubli Dharwad	HDKote
Supplementary Food (SNF+ARF)	8	8	7	1	1	1	1	3
Pre school	7	4	5	7	2	3	7	2
0-3 children	3	7	4	6	5	6	6	6
Pregnant women	4	1	6	5	4	5	5	7
Nursing Mothers	5	5	8	2	3	4	2	8
Adolescent Girls	6	6	1	3	6	2	3	1
Mahila Mandali	2	3	2	8	8	8	8	4
Stree shakti	1	2	3	4	7	7	4	5
Note: Ranking is in descending order where number 1 is highest and 8 is lowest.								

department and Education department

- Inhabitable AWC buildings
- Lack of transportation hindering CDPOs and supervisors' monitoring of AWWs
- Poor management information system
- PRIs not functioning in compliance with the activity mapping of ICDS program (Karnataka Gazette, 2004).

Normally Anganwadi Centers are positioned by the local community as Food Distribution centers, even though AWCs perform many other related functions. This issue was probed in detail in each of the PRA workshops conducted by the study team. During the PRA exercise, the stakeholders ranked the various activities of ICDS in all the Anganawadis studied. These rankings is consolidated in the following table (Table 6). As can be seen from this table, all the AWCs in Northern Karnataka consider supplementary food as highest and working with Mahila Mandal is lowest. Some of the Southern Karnataka Regions have ranked services for pregnant women, adolescent girls and Sri Shakthi as highest and surprisingly have ranked supplementary food as low in terms of importance.

RECOMMENDATIONS

Based on the data collected from 241 AWCs and the in depth interaction with the concerned functionaries of the ICDS and PRI institutions, the following recommendations have emerged.

- Computerization in CDPOs and DDs offices are necessary. They should be trained in the use of computer.
- As far as possible locate AWCs in the school premises (primary schools) of the villages in future.
- AWCs to be built with proper toilet facilities, storage facilities, kitchen and drinking water.
- Clean drinking water must be made available (within ½ km distance to AWCs) .
- Necessary toys, charts, play materials need to be supplied to all AWCs to strengthen the pre-school component. AWWs can persuade some of the community members/ villagers to contribute for these materials.
- The AWCs functioning in religious places (temples, mosques) to be shifted to the more desirable buildings.
- The additional time spent by AWWs in the activities of Stree Shakti groups are coming in the way of preschool activity. This should be taken away from the job profile of AWWs.
- Need for effective coordination between education department and ICDS functionary at grass root level (AWWs), taluk level (supervisors and CDPOs) and district level (DDs/Ads). Mutual dissemination of information is necessary for effective management.
- Need for better coordination between ICDS functionaries and Health department. The medical officers of PHCs should ensure periodical visits to AWCs in their

taluks, immunization status from the ANMs and LHVs regularly. AWWs referrals should be acknowledged. Maintaining a complete informative record by ANM/LHV and MO of PHC and AWWs of AWCs are necessary.

- PRIs should develop better and effective linkages with ICDS functionaries. ZPs should identify the shortfalls in ICDS activities through ZPs and CDPOs and accordingly take actions.
- AWWs and supervisors must ensure effective community participation. In this regard, Stree Shakti groups may prove to be useful.
- AWWs must be brought under some form of disciplinary procedures to eliminate undesirable practices.
- Supply of standing scales to weigh pregnant women be made available in all AWWs.
- When two AWCs are merged in one center, it gets crowded and results in the absence of the workers of one center. Besides, when the nearby AWC is merged with the distant one, it causes problems for children to commute. It also substantially reduces the quality of services. Therefore, it is recommended that only one AWC should be housed in a building.
- Better vehicles and budget for diesel be provided.
- ZP should work closely with CDPOs to ensure quality of construction of AWCs.
- Transfer of land to ICDS should be ensured through proper deed/ document before construction.
- Supervisors and CDPOs require better transportation to facilitate a wider coverage of AWCs for monitoring in a given period of time. Supervisors are assigned AWCs, which are in the same catchment area or route to enable them to monitor AWCs better.
- Telephone facilities for supervisor require urgent attention by DWCD.
- The TP offices require a well planned Management Information System (MIS) designed. The same holds true for offices of DDs and CDPOs.
- MIS designed not only about numbers of PHCs, PHUs, schools etc, but also, must include the status of the facilities available and how they support the ICDS program.

Conclusions

ICDS is a comprehensive program with the aim of integrating related government departments in providing supportive services to the programs. For it to continue and sustain as one of the largest outreached community based programs, effective inter-sectoral linkages with more active role of PRIs, improved infrastructure and effective management by DDs and CDPOs are necessary.

The management of both physical and social infrastructure in a planned manner calls for urgent changes in the way ICDS is currently administered. Quality of time spent by supervisors who are the critical manpower in this program needs to be looked into. The emphasis on participation of families of disadvantaged sectors of the society needs to be deliberately catered to. While the services are delivered at the grassroots level its quality needs to be improved and sustained. This refers to the quality of preschool education, the type of SNF and ARF served, the efforts made to reach the pregnant and lactating mothers are of great concern to the program. The existing norms to open one AWC in a tribal area need to be flexible in order to reach a large number of tribal women and children. Periodical monitoring and evaluation of the program as part of implementation needs to be looked into. There has been tremendous conflict at the village level between the elected representatives and the program functionaries. It is desirable that the elected representatives are trained to understand their role and accountability as representatives of the community and be a bridging gap between the ICDS program and the stakeholders.

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