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RESEARCH BRIEF
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Implementation of the ICDS in Chhattisgarh and Uttar Pradesh (India): a systemic study

The Integrated Child Development Services (ICDS) programme – India's flagship social welfare prescription for children (0–6 years) has achieved mixed implementation success. Considerable inter-state variation in the quality and reach of programme services remain. This study examines processes in ICDS implementation from research in two states – the densely populated Uttar Pradesh, and the newly created Chhattisgarh in central India.

The School of International Development – University of East Anglia, UK, undertook the study 'India's food security entitlements: implications for agriculture and nutrition' awarded from LANSA's first Responsive Window Call for Proposals. The study relies on qualitative methods in data generation and analysis at state level and in select districts of the states[1] in India, and identifies barriers to effective implementation and mechanisms that enable better accountability.

Methodology

Empirical data was gathered in the capital cities of Uttar Pradesh and Chhattisgarh – one district from each state and from two blocks in each district. In Chhattisgarh, fieldwork was conducted in an additional district, with a view to corroborate findings. Although there could be some intra-state programme implementation differences, many findings from the study are of a systemic nature.

We interviewed bureaucrats and officers at the state and district level; representatives of civil society organisations; ICDS staff members in the districts and below; *aanganwadi* workers and *sahikas* (helpers); representatives of complementary programmes; Non Government Organisations commissioned as contractors for the ICDS; Women's Self Help Group's commissioned by the ICDS; a range of community representatives; key informants and bureaucrats outside the states and districts.

Village women gather at a community meeting organised by the panchayat as part of the *Gunvatta Abhyan* or the ICDS quality improvement campaign.
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[1] Rural fieldwork was conducted in 1 district each of Uttar Pradesh and Chhattisgarh, and in two blocks in each district. In Chhattisgarh, a second district was the site for short fieldwork, in verifying findings.

Apart from interviews at the state and district headquarters, field-based primary data generation was focused in two blocks across each district and in six villages across the two blocks in each district. We observed various aspects of ICDS functioning across meetings held at ICDS offices and across the six villages in each district. One-off visits to other sites were made to observe aspects of programme functioning. Available secondary data was incorporated. The research contract has extended over 13 months allowing for longer-term observation.

Key findings

Uttar Pradesh

ICDS in Uttar Pradesh reveals overwhelming implementation failures as corruption and high staff absence from duty render the ICDS near dysfunctional. Apart from serving as a centre for the monthly immunisation services, few services of consequence are provided at the *aanganwadi*.

Aanganwadis are usually closed, and even if the premises are open, they are unattractive, and used by a fraction of eligible children. The supplementary nutrition components – both the Take Home Rations (THR) and the Hot Cooked Meal, are avenues for large-scale financial misappropriation. Through systemic processes, a large part of THR or *daliya* supplies are lost in leakages. Likewise, service providers – through the system – appropriate funds for cooked meals.

There is consistent evidence to indicate that *aanganwadi* workers make illegitimate monthly payments of Rs. 500 each – to be shared through representatives of the system – in lieu of *daliya* supplies. A small proportion of *aanganwadi daliya* supplies are distributed to the community. The majority is sold as cattle feed, with each bora or sack containing 20 packets of 1-kilogram *daliya* traded for Rs.200. Funds for hot cooked meals have been inconsistent and available for approximately six months in the year. *Aanganwadi* workers consistently report that they make payments of Rs. 1,000 from the Rs. 3,500 they receive each month for provisioning cooked meals. The remaining funds are commonly appropriated at the level of the *aanganwadi*.

Children wait to take away *daliya* outside the natal home (*maike*) of an aanganwadi worker. This is the aanganwadi venue. The worker is not a village resident and may come in on 2–3 days each month. The *sahika* or helper (in picture) is a village resident.
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Majority of supervisory and managerial staff reside at the state capital – Lucknow, an unreasonable commuting distance from Hardoi. This further contributes to staff absence and cripples a programme where field presence is indispensible. Staff protection by political patrons weakens bureaucratic authority over them.

In the district from Uttar Pradesh then, incentives are aligned to sustain ICDS dysfunction at the village level. This translates to the provision of negligible services at the *aanganwadi*; to the distribution of as little *daliya* as may be possible; to low child attendance; and to negligible community participation with or expectation from the system.

> “Weak panchayats combined with low community awareness of entitlements and weak systems of grievance redressal contribute to poor community demand for services or control over ICDS functioning.”

Moreover, weak panchayats combined with low community awareness of entitlements and weak systems of grievance redressal contribute to poor community demand for services or control over ICDS functioning.

Chhattisgarh

Chhattisgarh is distinctly ahead of Uttar Pradesh on both ICDS reach and quality. *Aanganwadi* centres open regular hours, provide main services, and operate from better infrastructure. Chhattisgarh has inherited, by comparison, more effective systems of administration than Uttar Pradesh. It has stronger local bodies of governance, and the state-instituted reforms in the service delivery mechanisms further enhance ICDS accountability. Likewise, processes fostering decentralisation and community participation, apart from processes enhancing awareness of entitlements, improve accountability.

Chhattisgarh's commissioning of women's groups or *samuh's* for the production and delivery of THR, and the states involvement of women's groups in the supply of ingredients for *aanganwadi* cooked meals has greatly enhanced the economic stake of community members under the ICDS. The benefit to local women from ICDS contracts leads to increased competition to maintain or gain them. Competitive local politics, high awareness about public programmes and formal spaces for citizen participation, place the ICDS under substantial community observation. Moreover, competition centred on control of ICDS contracts has increased systemic checks and balances that work to improve accountability.

Evidence indicates overall positive effects of decentralisation and formal mechanisms for community participation on ICDS accountability. However, in an environment of competitive panchayat politics, local panchayat representatives may misuse power, to unfairly target *aanganwadi* workers, or other community-based representatives, who are not politically aligned to them, while also depriving certain locations of ICDS infrastructure, and hence services. There is thus a need to check unfair targeting of community-based workers, or unequal distribution of infrastructure and services that result from adversarial politics.

Implications and recommendations

This research points to the importance of **unpacking politics** and power to better understand ICDS implementation and accountability in India. It further points to the benefits of creating formal spaces for citizen participation.

Evidence from Chhattisgarh indicates that forces of **decentralisation** create dynamisms that increase community stake in the ICDS and enhance systemic checks. Unlike in Chhattisgarh where representatives of the community have significant power to influence the ICDS, in Uttar Pradesh, relative power lies with service providers and political patrons over communities. Given this, although initiatives such as the Uttar Pradesh State Nutrition Mission may catalyse some nutrition-centric action, attempts at systemic rather than one-off improvements will necessitate a wider transformation of power relations.

Institutional arrangements that do not challenge primary barriers such as systemic misappropriation of financial resources and the politics of the human resource crisis are unlikely to bring substantial improvements to ICDS functioning or change the current incentive structures that keep the village-level ICDS dysfunctional.

In Uttar Pradesh, wider efforts towards **democratisation of governance**, strengthening

Children at an *aanganwadi* wait for daliya. Between 5–10 per cent of registered children may attend. The aanganwadi opens for 1–2 hours.
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Members of a women's group (*samuh*) clean wheat as a step in preparing the supplementary nutrients distributed under the ICDS. Wheat will subsequently be ground into a powder together with lentils, sugar and oil.
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of panchayats, and strengthening of grievance redressal mechanisms would improve ICDS functioning as would efforts towards enhancing community awareness of entitlements and creating formal spaces for community participation.

While the scope for rationalisation, **training and capacity building** exists across programme components, in Uttar Pradesh, there is a need to prioritise first the consistent delivery of basic ICDS services. In Chhattisgarh, where *aanganwadi* level services are delivered regularly, there is a need to focus on the community or home-based aspects of the ICDS and to address better health and nutrition concerns of children in the 0–3 years. There is further the need to rationalise record keeping, also some checks to the decision-making process on the location of new village aanganwadis in Chhattisgarh with a view to check unequal service distribution.

Vast **financial resources** are dedicated to the Take Home Ration component of supplementary nutrition under the ICDS. There is significant scope to rethink how finances are being spent under this component. While in Uttar Pradesh, *daliya* supply seldom reach community members, in Chhattisgarh although community representatives receive the THR, it rarely serves its primary purpose – as foods complementary to breast milk for consumption by children between six months and three years of age or as supplementary nutrients for pregnant and lactating women.

Credits

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