A study into the structural norms of ICDS and the socio-economic impact of the ICDS scheme in Bihar

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Executive Summary:

The following report is the product of a 6 week long internship done under Integrated Child Development Services (ICDS) in the Social Welfare Department of the Government of Bihar. The brief of the internship was to generate and execute a research project, with the end to assess the effectiveness of the ICDS Scheme and to find innovative solutions to overcome the challenges faced by it.

Given the limit on time and manpower, it would be impossible to assess all of the features of the ICDS scheme in this report. Any such attempt would have led to an inefficient result. After great deliberation, I chose to limit the study to the structural norms of ICDS and the socio-economic impact of the ICDS scheme in Bihar.

Methodology:

The methodology adopted was to make primary field visits to as many centres as possible in a 4 week period. The visits were organised through the office of the CDPO and as many as possible were visited each day. It needs to be noted that this introduces a selection bias based on the organisational and physical accessibility of the centres. Since this is likely to be correlated positively with quality, the findings are likely to paint a better than real picture of the AWCs. This needs to be accounted for while conducting analysis and making recommendations. The final dataset used contain observations made at 24 unique centres, spread across 5 different blocks.

Section 1: The structural norms of ICDS

The findings show that the norms of ICDS are not consistently adhered to, with no visible variation between rural and urban areas:

- The daily meal was not cooked in 3/24 centres visited and even if it was cooked, the specific instructions issued by ICDS were not followed. The AWWs justified this by saying that ingredients such as vegetables and dried fruits were far more expensive than ICDS budgeted for and hence could not be purchased due to budget constraints.
- THR registers were being maintained in 21/24 centres visited. Since only one THR day was present in the designated internship period, it was only possible to observe distribution in 2 AWCs. Both the centres had THR distribution running. However, the centres did not adhere to the quantity norms set, citing funds as the reason. They reported that the ICDS funding grossly underestimates the market price of Rice and Lentils restricting the purchasing power of the AWCs. The AWWs are hence forced to distribute proportionately less to each beneficiary since they cannot afford to do otherwise.
- With regards to PSE, the average number of children attending an AWC was 27. The quality of instruction varied significantly across AWCs mainly due to the skill level of the AWW and their attitude towards teaching.

The reasons for non-compliance can be broadly categorized as the following:
1. The AWWs/AWHs do not possess the relevant knowledge or the skills required.
2. The AWCs do not have the resources required.
3. The AWWs/AWHs do not have the incentives to do so.

To address the above stated causes, the following recommendations have been made:

- **The AWWs/AWHs do not possess the relevant knowledge or the skills required.**

A wide range of disparity was observed in the skill level of the AWWs of the various AWCs visited. The current training programme of induction, orientation and refreshers every two years does not account for this. It would be useful to try and target the weaker AWWs and offer them additional training so that standards can be maintained across the board. This can be done through the Lady Supervisors who currently visit the AWCs regularly.

- **The AWCs do not have the resources required.**

Lack of resources seems to be a pressing issue across all the blocks. The centres are underfunded with regards to Rent, THR supplies and Funds for daily meals. They do not possess basics such as mats, utensils for serving food and medicine kits. Funding needs to revised to resolve these issues.

- **The AWWs/AWHs do not have the motivation to do so.**

There is no stringent accountability system installed in the design of ICDS. A possibility is to introduce a system of financial incentives such a penalties and bonuses. It would be useful to make the AWWs accountable to the people they are employed to serve by holding regular meeting such as the "Aam Sabha" which is currently held for recruitment purposes, for the redressal of grievances.

**Section 2: The socio-economic impact of the ICDS scheme**

In the immediate run, the ICDS scheme creates economic activity through the employment it generates and the supplies demanded by the AWCs. The more significant impact however, is in the longer run. The scheme contributes to the improvement of the skill level and the quality of the workforce, inducing growth in TFP (Total Factor Productivity) and hence, GDP per capita. The long run growth rate would be unaffected but the standard of living would be much higher.

For these effects to be more pronounced, the scheme needs to be implemented effectively. It also needs to be noted that food insecurity is rarely the reason for malnourishment. The scheme needs to strengthen its Nutrition and Health education programme to address this issue.
It needs to be noted that the socio-economic impact of the AWC varies based on the location of the region. Whether it is urban or rural. The location also dictates nature of the needs that the specific AWC needs to address. As such, it would be useful to delegate some of the autonomy to the blocks/districts so that they can make context specific decisions and make a more effective use of resources provided to them. It would also be useful to consider private administration of the AWCs for efficiency’s sake, but only if complete contracts can be drawn up so that quality is not jeopardised.

Nevertheless, the scheme has certainly made visible impact and established itself as an agent of change in the community. This is evident in the increasing grass-root level demand for AWCs that prompted a revision to ICDS norms sanctioning new centres.
**Acknowledgements:**

The findings and observations used in the writing of this report were obtained during the course of a 6 week internship with the Directorate of ICDS. I would like to thank first of all, Dr. Praveen Kishore, the director of ICDS for creating the opportunity.

I would also like to thank Miss Abha Prasad and Mr. Pradeep Joseph for their organisational support during the whole process, for answering the questions put to them patiently, for always being available and doing beyond the needful. I would also like to thank the support staff at the ICDS office.

Thanks should also be forwarded to the CDPO’s of all the blocks visited: Rashmi Chaudhari of Fatuha-Daniyawa, Anjana Kumari of Masaurhi, Madhumita Kumari of Patna Sadar !, Nikhran Praveen of Patna Sadar 5 and Dr. Rubi Kumari of Phulwari Sharif and their lady supervisors for their organisational support. And of course, the process would be incomplete if it wasn't for all the Workers and the Helpers at the Anganwadi centres who never failed to welcome warmly and answer all the questions put to them.
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Section 2: The socio-economic impact of the ICDS scheme

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Section 1

The structural norms of ICDS
1.1 Introduction:

The Integrated Child Development Services (ICDS) scheme, launched in 1975 is one of the world’s largest programmes dedicated to early childhood development. With the intention of “providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other”, it is the foremost symbol of India’s commitment to its children.

In order to accomplish this rather grand goal, ICDS has outlined 5 comprehensive objectives which together should serve the purpose of the scheme:

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

Under the current design of the programme, these objectives are sought to be achieved through the following package of services:

1. Supplementary nutrition
2. Immunisation
3. Health check-up
4. Referral services
5. Pre-school non-formal education
6. Nutrition and Health education
7. SABLA
8. IGMSY

The following table summarises the target group for each of these programmes and the entity through which these services are rendered:

<table>
<thead>
<tr>
<th>Service</th>
<th>Target group</th>
<th>Delivered through</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary Nutrition</td>
<td>Children below 6 years and Pregnant women/Lactating mothers</td>
<td>Anganwadi Centre</td>
</tr>
<tr>
<td>Immunisation</td>
<td>Children below 6 years and Pregnant women/Lactating mothers</td>
<td>Public Health Infrastructure under the Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>Health check-up</td>
<td>Children below 6 years and Pregnant women/Lactating mothers</td>
<td>Public Health Infrastructure under the Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Referral services</td>
<td>Children below 6 years and Pregnant women/Lactating mothers</td>
<td>Public Health Infrastructure under the Ministry of Health and Family Welfare</td>
</tr>
<tr>
<td>Pre-school non-formal education</td>
<td>Children between 3 to 6 years of age</td>
<td>Anganwadi centre</td>
</tr>
<tr>
<td>Nutrition and health education</td>
<td>Women (15-45 years)</td>
<td>Anganwadi centre</td>
</tr>
<tr>
<td>SABLA</td>
<td>Adolescent girls</td>
<td>Anganwadi centre</td>
</tr>
<tr>
<td>IGMSY</td>
<td>Pregnant women/Lactating mothers</td>
<td>Anganwadi centre</td>
</tr>
</tbody>
</table>

From the previous table, we can see that the Anganwadi centres (AWCs) are the point of delivery for 5 out of the 8 services under the ICDS scheme. As such, it is clear that the smooth running of these centres is critical to the success of the scheme. A good understanding of how well these centres are run can therefore help us assess their level of success and improve on their shortcomings, increasing effectiveness.

To this end, in this section we shall first clearly outline the norms and protocols that ought to be followed by each of the centres. Second, design and implement a research strategy to see if norms are being followed. Third, present the findings. And finally, analyse these findings make realistic recommendations based on them.
1.2 The Norms:

With regards to general running, the following is expected of each of the centres:

- For a board to be hung up, indicating the presence of the centre and it to have basic details (such as: centre number, centre name, Anganwadi Worker(AWW) name and Anganwadi Helper(AWH) name)
- For the AWW to be present and in designated uniform
- For the AWH to be present and in designated uniform
- For the list of all the beneficiaries of the AWC to be displayed

The following is the list of services that are rendered through the AWCs:

1. Supplementary nutrition
2. Pre-school non-formal education
3. Nutrition and Health education
4. SABLA
5. IGMSY

While the first three services have existed since the conception of ICDS, both SABLA and IGMSY are new additions to the scheme.

SABLA, designed to benefit adolescent girls is still in the process of implementation, with the programme currently being piloted across only 12 of the 38 districts. IGMSY, designed on the other hand has not been implemented at all. As such, it is both not feasible and not sensible to attempt to analyse their effectiveness, prompting us to restrict our research domain to the first three functions.

1. Supplementary Nutrition:

The system of Supplementary Nutrition takes two forms:

a. The meals cooked for children during the course of the day:

One of the functions of the AWCs is to provide the lunch for the children attending the AWCs, according to the following menu:

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Khichdi</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Rasiyav</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Khichdi</td>
</tr>
<tr>
<td>Thursday</td>
<td>Halwa</td>
</tr>
<tr>
<td>Friday</td>
<td>Pulav</td>
</tr>
<tr>
<td>Saturday</td>
<td>Khichdi</td>
</tr>
</tbody>
</table>
With regards to this, we shall observe:

- Whether the appropriate meal is being cooked or not
- Whether it follows the instructions set by ICDS, with regards to quantity, quality and the ingredients to be used.

b. The Take Home Ration (THR):

Under the current norms, the following quantities of Rice and Lentils are to be distributed to the respective beneficiaries on the 15th of every month:

<table>
<thead>
<tr>
<th>Group</th>
<th>Rice</th>
<th>Lentils</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children between 6 months and 3 years of age (40) Malnourished</td>
<td>2.5 kilos</td>
<td>1.25 kilos</td>
</tr>
<tr>
<td>Severely malnourished</td>
<td>4 kilos</td>
<td>2 kilos</td>
</tr>
<tr>
<td>Pregnant women/ Lactating mothers (16)</td>
<td>3 kilos</td>
<td>1.5 kilos</td>
</tr>
</tbody>
</table>

We shall look into:

- Whether a board with THR norms displayed
- Whether the THR registers are being maintained properly
- Whether the THR is being distributed according to the guidelines set

2. Pre-School non-formal education:

Non-formal education is the activity that should take up most of the time during the course of an Anganwadi day. The nature of this is outlined in an ICDS booklets titled “Udaan 1” and “Udaan 2” which are distributed to all the centres. The syllabus includes numbers, alphabet, songs and rhymes. It is expected that the non-formal education that the children receive at the AWC prepares them for school. We shall look into:

- How many children actually attend the AWC and in the designated uniform
- Whether the booklets are present in the centre
- Whether teaching is being carried out properly

3. Nutrition and Health education:

Targeted towards women aged 15-45, it is meant to be carried out on the Sunday of every week, according to the following time table set by ICDS:
<table>
<thead>
<tr>
<th>Day</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Saturday</td>
<td>Taking care during Pregnancy</td>
</tr>
<tr>
<td>Second Saturday</td>
<td>Taking care of a new-born baby</td>
</tr>
<tr>
<td>Third Saturday</td>
<td>Complementary feeding for babies older than 6 months</td>
</tr>
<tr>
<td>Fourth Saturday</td>
<td>For Adolescent girls</td>
</tr>
</tbody>
</table>

We shall look into:

- Whether the respective itinerary was adhered to at the centres visited on the Sunday preceding or not
1.3 Methodology:

While the ICDS MPR database is a valuable source for large quantities of data, it contains little information relevant to the focus of this section, leaving primary research as the only option. Therefore, all the information required will be collected by making field visits.

The state of Bihar has around 48338 AWCs, spread across 38 different districts. For the sake of feasibility, the domain of field visits will be restricted to Patna district. The plan was to visit as many centres as possible in first 4 weeks of the internship, setting aside 2 weeks to catalogue the findings, analyse them and write up the report.

In both rural and urban areas, the AWCs are relatively hard to find. For this reason, any field visits had to be conducted with the support of the organisational staff i.e. either the CDPO for the block or one of the lady supervisors. The field visits were hence organised through the office of the CDPO with the support of Miss. Abha Prasad.

After 4 weeks of field visits, the final number of AWCs visited was 27 but a full set of observations was made only in 24 of them (across 5 out of 20 blocks). This will form the dataset that will be used for analysis here on. The sample contains equal number of centres from rural and urban areas. However, the selection of which AWCs were visited was not done randomly.

This process of organisation essentially determined what centres would get visited, introducing selection bias. For instance, which blocks could be visited was decided based on the availability the CDPO and of spare manpower in the block at that particular time. On the day of the visit, to make the most effective use of time, as many centres as possible were visited in each block. To this end, it was the most accessible centres that were visited and these were usually clustered round each other.

Therefore, if either organisation or physical accessibility of a centre are at all correlated with its quality, the findings are skewed. Logic dictates that this correlation would be positive hence, we need to assume that the findings obtained present a better picture than what should be expected of an average AWC across Bihar. Therefore, any further analysis or recommendations based on these findings need to be adjusted accordingly.
1.4 Findings:

The findings from the field research are displayed below, using the same framework outlined under sub section 1.2: Norms.

General running:

- For a board to be hung up, indicating the presence of the centre and it to have basic details (such as: centre number, centre name, Anganwadi Worker (AWW) name and Anganwadi Helper (AWH) name)
  - 22/24 centres had a board displayed.

- For the AWW to be present and in designated uniform
  - 21/24 AWWs present
  - 18/21 AWWs in uniform

- For the AWH to be present and in designated uniform
  - 20/24 AWHs present
  - 11/20 AWHs in uniform
• For the list of all the beneficiaries of the AWC to be displayed
  ➢ 9/24 centres had a list of beneficiaries displayed

Supplementary Nutrition:

The meals cooked for children during the course of the day:

• Whether the appropriate meal is being cooked or not
  ➢ Cooking done in 21/24 centres
  ➢ 21/21 centres cooked correct meal

• Whether it follows the instructions set by ICDS, with regards to quantity, quality and the ingredients to be used.
  ➢ Centres used less vegetables or dried fruit than prescribed, citing their higher price as the reason.
The Take Home Ration (THR):

- Whether the THR registers are being maintained properly
  - 21/24 centres had the register present
  - 21/21 had registers with 56 THR beneficiaries

- Whether the THR is being distributed according to the guidelines set
  - Since there was only one THR distribution day in the designated period, it was possible to observe THR distribution in only two AWCs. Both the centres had the process running by the AWW whilst the AWH monitored the children. However, neither of the centres followed the norms set for the quantities set with the reason being that the funds received by them much underestimate the price of rice (Rs. 40 vs. Rs 55 per kilo) and lentils (Rs. 15 vs. Rs 25 per kilo). Therefore, the Anganwadi centres cannot afford to adhere to the prescriptions set. Furthermore, neither of the centres seemed to be using the weighing machine distributed specifically for the weighing of grain since it was much easier to measure using volume/weight designated containers.

- Whether a board with THR norms displayed
  - 15/24 centres had the norms displayed

![AWW distributing THR to a beneficiary](image)
Pre-School non-formal education:

- How many children actually attend the AWC and in the designated uniform
  - The Average number of children in an urban AWC (27) is slightly lower than that in a rural AWC (28)
  - The uniform compliance rates are the same in both, at around 65%
  - Wide range of variation in both attendance and uniform levels.

- Whether the booklets are present in the centre
  - 21/24 centres visited had the booklet handy.
Whether teaching is being carried out properly

- Children in all the centres visited were quite vocal and seemed to know the rhymes and songs prescribed. However, there seems to be a wide range of disparity in the skill level exhibited by both children within the same AWC and between children of different AWCs. The variation appears to be a product of the attitude of the AWW towards teaching. While one AWW took it quite seriously and went as far as setting the children homework, another AWW seemed to be under the impression that it is only necessary to teach the children the rhymes and the songs but not the numbers and the alphabet.

**Nutrition and Health education:**

- Whether the respective itinerary was adhered to at the centres visited on the Sunday preceding or not
  - 17/24 AWWs claimed to have adhered to the guidelines

**Additional Observations:**

- Only one of the centres had utensils for the children to eat the meal in. The children brought their own plates/bowls in the rest.
- Many of the AWWs reported that the children take their meal home and eat it there as opposed to eating it at the centre. This calls into question whether they get the full benefit of the meal or not.
- Only 13/24 centres had their growth charts present and filled in the last few months.
- Only 3/24 centres had all the three weighing machines they were supposed to. Most of the centres reported the adult scales as being either problematic or broken.
- Only 4/24 AWCs visited had toilet facilities.
- Only 2/24 centres visited had a play area.
- 21/24 centres visited had feasible access to water.

- The centres had received a Play/Study kit for the children containing slates and other such material more than a year ago but all of the centres had exhausted their supplies and now the children brought their own materials.
- The centres had received a Medicine kit last year but 22/24 centres reported having exhausted all the supplies.
- A cane was visible in 9/24 centres visited. When enquired, all of the AWWs said they only use it as a deterrence mechanism but never for punishment.
1.5 Analysis:

The general pattern that seems to emerge from the findings is that for whatever the reason, the structural norms of ICDS are not adhered to consistently by any of the centres. There appears to be no systematic variation in the level of compliance across rural and urban areas. The reasons for non-compliance can be broadly categorized as the following:

1. The AWWs/AWHs do not possess the relevant knowledge or the skills required.
2. The AWCs do not have the resources required.
3. The AWWs/AWHs do not have the incentives to do so.

Note: The list of reasons above is not mutually exclusive. Sometimes, it may be the case that any two of these or even all three are in action.
1.6 Recommendations:

The AWWs/AWHs do not possess the relevant knowledge or the skills required:

A high level of disparity was observed between the skill level of the AWWs of the various AWCs visited. Within the ICDS training structure, it is mandatory for all the AWWs/AWHs to receive induction training and job orientation training before they begin their service. Once in service, they receive refresher training once every two years. To address this disparity, it is suggested that the frequency of the refresher training is increased if not for all the staff at least for those identified as being in need of it. This identification of the weaker AWWs can be done by the Lady Supervisor during their visits. This should help create a workforce that is well equipped to carry out their functions, improving the quality of ICDS services.

The AWCs do not have the resources required:

Every centre visited claimed to be overstretched for resources in one way or another. With this in view, the following pressing needs should be addressed:

- Very few AWCs had a toilet or a play area. The AWWs, especially in the urban areas, seem to be struggling finding reasonable space within the given budget. The allowance for rent needs to be revised in accordance with rising costs.
- The centres need to be provided with plates/bowls to serve the daily meal.
- The centres need to be provided with mats.
- The Play/Study kits need to be replenished.
- The Medicine kits need to be replenished and appropriate channels need to be established to be able to do this regularly.

The AWWs/AWHs do not have the incentives to do so:

There appears to be no stringent system of accountability installed in the current design of ICDS. Although centres are frequently visited by the Lady Supervisor or the CDPO with the purpose of reviewing their quality, for an AWW, there no consequences unless an AWC is terribly run. It might be of use to introduce a system of penalties and bonuses to incentivise the AWW to increase the standards maintained.

Another channel through which the auditing of the centres can be done is by involving the wider community. “Aam Sabhas”, the community wide meetings are currently conducted when recruiting new AWWs/AWHs. The community members seem to take this opportunity to present their grievances to the CDPO. It would be useful to have such community wide meetings specifically designed to address any issues that may arise at regular intervals attended by the CDPO if possible, Lady Supervisor if not, to make the Anganwadis more accountable to the community they serve and acquire feedback from the grass-root level.
Section 2

The socio-economic impact of the ICDS scheme
2.1 Introduction:

The Integrated Child Development Services (ICDS) scheme, launched in 1975 is one of the world’s largest programmes dedicated to early childhood development. With the intention of “providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other”, it is the foremost symbol of India’s commitment to its children.

In order to accomplish this rather grand goal, ICDS has outlined 5 comprehensive objectives which together should serve the purpose of the scheme:

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5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education

Under the current design of the programme, these objectives are sought to be achieved through the following package of services:

1. Supplementary nutrition
2. Immunisation
3. Health check-up
4. Referral services
5. Pre-school non-formal education
6. Nutrition and Health education
7. SABLA
8. IGMSY

The following chart depicts how the ICDS scheme benefits an individual, during their life:
The ICDS scheme has been running for 37 years now. There are 81,829 AWCs running under the ICDS scheme. Its beneficiaries total to 35 million across Bihar. Consequently, the programme has had far reaching effects beyond its intended beneficiaries, extending into the wider economy/society.

This section attempts to discern and catalogue the wider socio-economic effects of the ICDS scheme stretching across the short, the medium and the long run (in sub-section 2.3). Sub-section 2.4 shall focus on analysing these findings and making any pertinent recommendations based on them. In Section 1, the framework for analysis was to segregate the norms based on the relevant service and study them there on. However, since each service whether intended or otherwise has effects on various groups of people and since each individual is influenced by various services of ICDS through their life time, it is not feasible to adopt the same structure for this section. Instead, we shall segregate the effects of ICDS scheme based on the stakeholder group affected. We shall then use the conclusions from this micro level analysis to build macro-level conclusions.
2.2 Methodology:

The intended consequences of the ICDS scheme are rather well documented and readily available, in the form of the objectives of the scheme. They also tend to be rather well measured so, any data required to this end can be obtained through secondary research into either ICDS issued publications or the ICDS MPR database.

The unintended consequences of the programme however are both harder to define and to measure. The intention is to identify these by-products and measure them, even if only in relative terms. This will require a more rounded view of the programme which can only be obtained by observing the programme the grass-root level i.e. the immediate community of the Anganwadi centre.

As a part of the methodology for section 1 (outlined in sub-section 1.3), it was necessary to make field visits to the AWCs. The research required for section 2 will also be conducted simultaneously. This implies that the findings are subject to the same selection bias(introduced by organisational and physical accessibility) outlined earlier (sub-section 1.3). However, while it was possible to speculate the direction of the selection bias on the findings in section 1, the same cannot be done here. This remains a strong limitation of the methodology adopted.

The information in this case was obtained by interacting with all those available around the AWC. This includes: the AWWs, the AWHs, the parents of the children, other community members. The effects are however, much more proliferated and this needs to be accounted for in the analysis.

The findings will be presented according to the stakeholder groups outlined below:

1. The children (both past and present)
2. The pregnant women/ lactating mothers
3. The families of these children/ women
4. The employees of ICDS (both office and frontline)
5. Members of the wider community
2.3 Observations:

1. The children (both past and present)

   - **With regards to Health:**

     If implemented perfectly, the ICDS scheme should dramatically reduce the levels of malnutrition, morbidity and mortality in children. However, as noted earlier in sub-section 1.4, the norms of the programme are not strictly adhered to which limits its effectiveness. With regards to the meal served at the AWC, the quantities of vegetables and dry fruits prescribed by the menu are not used due to budget constraints. This makes the meal unbalanced in dietary terms and diminishes its nutritional value. The quantity of Take Home Ration (THR) provided is also condensed due to budget constraints. Despite these limitations, it is undeniable that the presence of the ICDS scheme helps alleviate these problems. This contributes significantly to the early physical development of a child and has positive consequences for their health as an adult.

   - **With regards to Education:**

     Due to the lack of a testing system, it is not possible to quantitatively measure the quality of the pre-school non-formal education received by the children that attend the AWC. However, as noted previously (sub-section 1.4), there seems to be a wide range of disparity between the skill level exhibited by both within the children of the same AWC and among children of different AWCs. This seems to be due to the differences in the attitudes of the AWWs towards teaching. For instance, in one of the centres visited the children were being given home work to practice the alphabet which was then marked by the AWW. In another centre, on the contrary, the AWW seemed to be under the impression that it was not necessary that the children be taught alphabet but only songs and rhymes. This highlights the importance of having well-trained AWWs running the centres.

     Most of the AWWs maintained having enrolled children beyond the Anganwadi age into a school nearby. While it was reported that this was more problematic in the rural areas where schools are further away, it was nevertheless done. In this instance, the attendance of an AWC seems to both prepare a child for and establish the mechanism for school enrolment. Assuming it is followed through to a reasonable standard, this could work to dramatically increase the capability of the child and enhance their prospects.

2. The pregnant women/ lactating mothers

   A means to an end, with the end being child development, the THR scheme for pregnant women/lactating mothers contributes to the improvement of their health.
This is further boosted by the nutrition and health education service of the ICDS scheme.

3. The families of these children/ women

With the young children of the household at the AWC, the mothers are now free to engage in economic activity and turn to employment. Similarly, the older siblings are free to go to school and get educated. This contributes to both the general welfare of the household and the child in the long term.

4. The employees of ICDS (both office and frontline)

The scheme employs: 38 DPOs, 544 CDPOs, 3825 Lady Supervisors and 91677 AWWs/AWHs. This is a total of 96084 jobs created due to the scheme.

5. Members of the wider community

- The Grocers:

  There is a boost in the demand for their services due to the AWC needing rice and lentils for the Supplementary Nutrition Programme. In rural areas where vendor options are limited and transport difficult, the effect is quite local. In urban areas on the other hand, supplies are bought from large markets so it is harder to trace a specific beneficiary.

- The Vegetable vendors:

  There is a boost in the demand for their services due to the AWC needing vegetables for every meal. This effect is localised in both rural and urban areas.

- The Tailors:

  Demand for their services increases due to the uniform requirements placed on the AWWs, AWHs and the children of the AWC. Demand however, is rather cyclical based on when government funds are distributed.
2.4 Analysis:

The findings summarised in sub-section 2.3 outline the micro level benefits of the ICDS scheme. Building on these effects, we can analyse how the existence of the ICDS Scheme influences the macro economy in both the short and the long run.

In the immediate run, the ICDS scheme increases economic activity. This could be due to the mothers that are now able to work, the demand created by the AWC for supplies (Groceries, Vegetables, Uniforms etc.) or direct employment by ICDS of Office/Frontline workers. These direct effects, through the multiplier induce a more than proportionate increase in GDP. As mentioned in findings, it is important to note that the effect may vary in nature in rural and urban areas even if the implementation design is exactly the same.

It needs to be noted that since the programme is funded through tax revenue, the required increase in taxes to finance the scheme also need to be taken into account. In this case, since the tax system is progressive and the programme targets those with lower incomes, it is also highly redistributive in nature.

The main benefits of ICDS however, are accrued overtime through the supply-side, structural changes it induces. If implemented properly, the scheme could remarkably reduce the incidence of malnutrition, morbidity and mortality in children allowing for proper physical development. The pre-school non-formal education aspect of the scheme aids early cognitive development and increases enrolment into schools, boosting literacy rates. As such, the scheme would work to improve the quality and skill level of the workforce. This would result in TFP (Total Factor Productivity) induced economic growth in the short run. With the appropriate institutional structure, this could increase the pace of innovation hence making growth last into the medium run. However, there is no reason to believe that the higher rate of growth would persist into the long run. Nevertheless, the level of standards of living would be much higher. While these effects are extremely difficult to isolate and measure, there is no disputing their existence.

There has been a recent revision in ICDS norms owing to grass-root level demand for AWCs for more centres. The revised norms are as follows:

<table>
<thead>
<tr>
<th>Population</th>
<th>Anganwadi presence</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>1 AWC</td>
</tr>
<tr>
<td>1200</td>
<td>1 AWC and 1 Mini AWC</td>
</tr>
<tr>
<td>1600+</td>
<td>2 AWC</td>
</tr>
</tbody>
</table>

This is evidence that the scheme is making visible impact. The AWC seems to have established itself as a strong part of the community and has been identified as an agent for change.
2.5 Recommendations:

In order to maximise the socio-economic impact of the scheme, the scheme need to be implemented properly and all its prescriptions adhered to. The recommendations for this have been covered earlier in sub-section 1.6. Simultaneously the revisions to the ICDS scheme need to be considered:

- Food insecurity is rarely the cause for malnutrition. While the current programme does seek to educate mothers on the importance of nutrition, the rigour with which this is done needs to be strengthened. The programme should also aim to educate both parents and children on the importance of a balanced diet.

Once successful implementation is achieved, the structure can be built on to improve the quality of the services provided, moving towards a pre-schooling system. This would focus on the all-round physical, cognitive and creative development of a child and would require a new range of norms and tools to fit this purpose.

**Moving beyond the current design:**

An analysis of the socio-economic impact of the scheme (sub-section 2.4) shows us that the same services can have asymmetric effects across different spaces, in this case rural and urban. Furthermore, centres in different locations have different starting points based on the economic status of their region. With this in mind, perhaps more autonomy should be delegated to the districts and the blocks on how the centres should be run as it would result in more appropriate services being rendered and hence a more efficient design.

Also, with efficiency as the main concern, perhaps private administration of the AWCs can be considered. This would involve contracting out the running of the AWC to private entities. However, this should only be considered if detailed and specific contracts can be drawn up. Failure to do so would raise the issue of residual rights and can jeopardise quality.
References:

As outlined in the methodology, the main source of the information has been primary field research. The supplementary information has been extracted from the following sources:

- http://wcd.nic.in/icds.htm
- http://www.icdsbih.gov.in/
- http://www.newconceptinfosys.com/dsw_demo/