

2.21 Decentralisation of ICDS Supplementary Nutrition Programme: Ensuring timely and quality nutrition to all beneficiaries in Odisha

The Department of Women and Child Development (WCD), Government of Odisha, has undertaken decentralisation of the Integrated Child Development Services (ICDS) supplementary nutrition programme in the state to streamline and strengthen the programme and ensure 'universalisation with quality' in a time-bound manner. The initiative reaches out to all beneficiaries with a standard weekly menu, meeting the protein and calorie norms within the allocated ration cost, removing contractors and encouraging women Self-Help Groups (SHGs) in adherence with the Supreme Court directive. Results from a social audit indicate that 71% of the respondents felt that the menu chart was being followed.

Rationale

ICDS has six main components: Supplementary Nutrition, Immunisation, Health Check-up, Referral Services, Non-formal Pre-school Education, and Nutrition and Health Education. The first component, Supplementary Nutrition Programme (SNP), involves the supply of food materials to Anganwadi Centres (AWCs) across the country to ensure adequate nutrition for children aged 0-6 years, pregnant and lactating mothers and senior citizens. However, the implementation of this programme suffered due to pilferage, corruption and inordinate delays in supply. Further, under this centralised system, Anganwadi Workers (AWWs) did not have any control over the quantity and quality of food supply. Poor quality of grains was a frequent concern and the supply of rice stock for three months at one go created problems of storage.

The Supreme Court issued orders with regard to ICDS in 2001 and 2004, followed by a landmark judgment in 2006 to ensure 'universalisation with quality' in a time-bound manner. The Supreme Court prescribed the minimum

nutrition provision that must be guaranteed under ICDS. It further envisaged decentralisation of procurement by eliminating the involvement of contractors and encouraging the engagement of local SHGs and *mahila mandals* in supply and distribution.

In recognition of this issue and heeding the Supreme Court order, the Government of Odisha took the necessary steps in April 2011 to reform and revitalise the ICDS system through decentralisation. In the new system, all materials except rice and wheat would be procured locally by AWWs to reduce chances of pilferage during transmission. In addition, the system was devised in a manner that allowed greater involvement of the community in actual implementation.

Objective

The primary objective of the initiative is to decentralise the procurement method under ICDS in order to eradicate problems of corruption and non-supply.



Image 1: Storing of Take-Home-Rations (THR) by Sanjeevani SHG, Bhubaneswar

Key Stakeholders

The key stakeholders of the project are: WCD Department at the State level; Collector, District Administration, Child Development Programme Officer (CDPO) and District

Social Welfare Officer at the district level; Supervisor, *Jaanch* Committee, Mother's Committee, AWWs and women SHGs at the village level; and the beneficiaries including children aged 0-6 years, pregnant and lactating mothers and adolescent girls and senior citizens.

Table 1: Key stakeholders in the ICDS decentralisation initiative

Administrative Level	Stakeholder	Roles and Responsibilities
State	Department of Women and Child Development, Government of Odisha	Conceptualisation and implementation of the scheme Monitoring and evaluation Financial facilitation Training and capacity building
District	Collector, District Administration	Monitoring and evaluation
	Child Development Programme Officer (CDPO)	Financial facilitation Implementation support
	District Social Welfare Officer	
Village	Supervisor	Coordination of the work of 20–25 AWCs Effective implementation at the grassroots level and monitoring of the work of AWWs
	Jaanch Committee	Based on population and number of AWCs, each village has 2-3 Jaanch Committees Members usually include a well-educated person like a headmaster, a disabled person, members of a local SHG and the president or secretary of a school management committee Grassroots-level monitoring and approval of expenses related to the scheme
	Mothers' Committee	Grassroots-level monitoring
	Anganwadi Workers (AWWs)	Planning and implementation of the scheme at respective AWCs Local procurement of food materials Maintenance and handling of funds
	Women SHGs	Take-home ration (THR) production and supply and morning snacks (MS) supply
Beneficiaries	Children at AWCs aged 0–6 years	
	Pregnant and lactating mothers	
	Adolescent girls in nine districts	
	Senior citizens	

Source: OneWorld Foundation India, 2014

Implementation strategy

In early 2011, before undertaking the decentralisation of ICDS, the Government of Odisha held consultations with the primary stakeholders, including AWWs, Panchayati Raj Institutions (PRIs) and officials from WCD and other related departments. Thereafter, it took a series of steps, as is presented in *Table 2*.

The two main components of SNP are Morning Snack (MS) and Hot Cooked Meal (HCM) provided to 3-6 year olds in AWCs and Take-Home Rations (THR) provided to the remaining beneficiaries. The revised norms and entitlements under both these components are described in detail in *Table 3*.

Both these components are highlighted and showcased at every AWC with the help of pictorial charts. In most cases, MS and HCM are prepared and provided to the children at the site; in some cases, MS is supplied by SHGs. In the case of THR, *chhatua* (a form of fortified dry food) has been prescribed as a high-protein, high-calorie provision, in addition to eggs. The guidelines also prescribe regular supply of THR every 15 days, as well as a standardised weight and colour of the food packet for each beneficiary. For example, the yellow packet is prescribed for mothers and the red packet is for children falling under the severe acute malnutrition (SAM) category. SHGs that meet quality and infrastructure requirements are given the opportunity to produce, distribute and supply THR in line with the above mentioned prescriptions.

Table 2: Steps undertaken for decentralisation of ICDS in Odisha

Reform	Rationale
All procurement, except for rice and wheat, are carried out locally at the village level. Rice and wheat will be procured from the Food Corporation of India (FCI), as per the Centre's guidelines.	To prevent transmission loss and eliminate the existing contractor system To address the problem of inadequate checks on quality and quantity To avoid spoilage of food materials resulting from storage of supplies for 1-3 months
Joint accounts will be opened for each AWC in the names of the AWW and a ward member. In furtherance of this, approximately 1.5 lakh accounts were opened within a month.	To enable higher accountability wherein beneficiaries and interested parties have direct access to the key implementing stakeholders
A pre-decided menu chart will be provided, indicating the type of morning snack and hot cooked meal served on each day of the week.	To address the problem of existing guidelines for the meals served (such as the use of 5gm of oil in the preparation of a meal) not being properly followed due to the intention of satisfying fixed nutritional requirements To enable easier monitoring by officials, as they can cross-check the meals/snacks being served according to the day on which they make the visit
Only e-transfers will be permitted for all fund transactions under the system.	To prevent pilferage of funds To streamline the fund flow system
A new grassroots body called Jaanch Committee will be formed.	To engage active participation of the community in monitoring the programme To assess the needs of each AWC and support procurement strategies
Renewed and rigorous efforts will be undertaken to train all the community stakeholders in accordance with the new guidelines.	To make people fully aware of the entitlements of children for adequate nutrition under ICDS To save time, the cascading training of trainers (ToT) model was not selected, and instead video guides were used continuously for a period of six months, followed by refresher and person-to-person trainings as needed.

Source: OneWorld Foundation India, 2014

Table 3: Revised feeding norms as of 2013

Beneficiary	THR type	Hot Cooked Meal (3-6 yrs children)		Morning Snacks (3-6 yrs children)	
6 months to 3 Years	Two boiled eggs per week + Chhatua one packet (Net 1.700 kg) every 15 days	Monday & Thursday	Rice and dalma (dal cooked with vegetables)	Monday & Thursday	Sprouted gram (moong and sugar)
Pregnant women and lactating mother	Two boiled eggs per week + Chhatua one packet (Net 2.125 kg) every 15 days	Tuesday	Rice and soya chunk curry	Tuesday	Chuda ladoo (chuda + sugar / jaggery)
Severely malnourished children (6 months-3 yrs.)	Two boiled eggs per week + One packet of Rasi ladoo of 100 gms once in a month + Chhatua one packet (Net 2.550 kg) every 15 days	Wednesday Friday & Saturday	Rice and egg curry	Wednesday Friday & Saturday	Chuda ladoo (chuda + sugar / jaggery)
Severely malnourished children (3-6 years.)	One packet of Rasi ladoo of 100 gms once in a month + Chhatua one packet (Net 1.700kg) every 15 days + HCM + MS	The revised ration cost is applicable to the entire State. The additional cost for 15 districts borne from the State Plan.			

Source: 'Tackling under nutrition – issues and strategies – case study from Odisha' by Secretary, Women and Child Development Department, Government of Odisha

Funds for procurement of food materials are transferred directly into the joint accounts of AWWs. For all remaining expenses, (such as expenses of hygiene kits), the funds flow from the state to the CDPO at the district level and then finally to AWWs. This system helps procurement of food material by the AWWs locally in consonance with the new model, while other materials can be procured at the district level. There is a state-level management information system (MIS), which can be accessed by users at each administrative level. E-transactions for transfer of funds are carried out by banks via e-FMS (Electronic Fund Management System). In addition, the state department has a Treasury Management System for management of funds.

Training and capacity building of community stakeholders have been crucial elements of effective decentralisation. Video recordings of all the guidelines with detailed explanations were prepared on CDs and circulated. These also included recipe demonstrations, as in cookery shows. The CDs were played on fixed dates of the month before key implementation stakeholders at all Gram Panchayat headquarters and at the CDPO's office. This exercise was repeated every 7-10 days and consistently pursued for a period of six months. The CDs are now played as required for refresher training. One-on-one trainings have been undertaken for Jaanch



Image 2: THR – Yellow packets for mothers and Blue packets for children (0-3 years)

Committees and Mothers' Committees. A participatory learning appraisal has also been conducted for SHGs and community members.

To increase awareness about the initiative, the Government of Odisha published relevant information in newspapers and pamphlets. As part of its Information, Education and Communication (IEC) campaign, *kala jathas* (repertoire

of folk arts) were roped in with a fixed script about ICDS provisions. These were then interpreted and enacted for villagers in their local language and chosen art form.

Resources Utilised

Funds for the ICDS programme are shared by the Central government and the State government as per ICDS norms. Post-decentralisation, there has been no extra cost for start-up or maintenance, and it has been running on existing budgets.

Infrastructure is the key requirement for the ICDS programme as it is needed for conducting classes and activities for anganwadi children, preparing meals and storing two to four weeks' worth of food materials for HCM, MS and THR. However, this requirement has not been completely met yet. Findings of an audit by the Voice for Child Rights Odisha (VCRO)¹ found out that only 52% of the surveyed AWCs had their own buildings.

District level offices, led by the CDPO, also require adequate facilities such as computers and operators to avoid any delay in processing procurement and fund plans. They have also been given vehicles to facilitate their work.

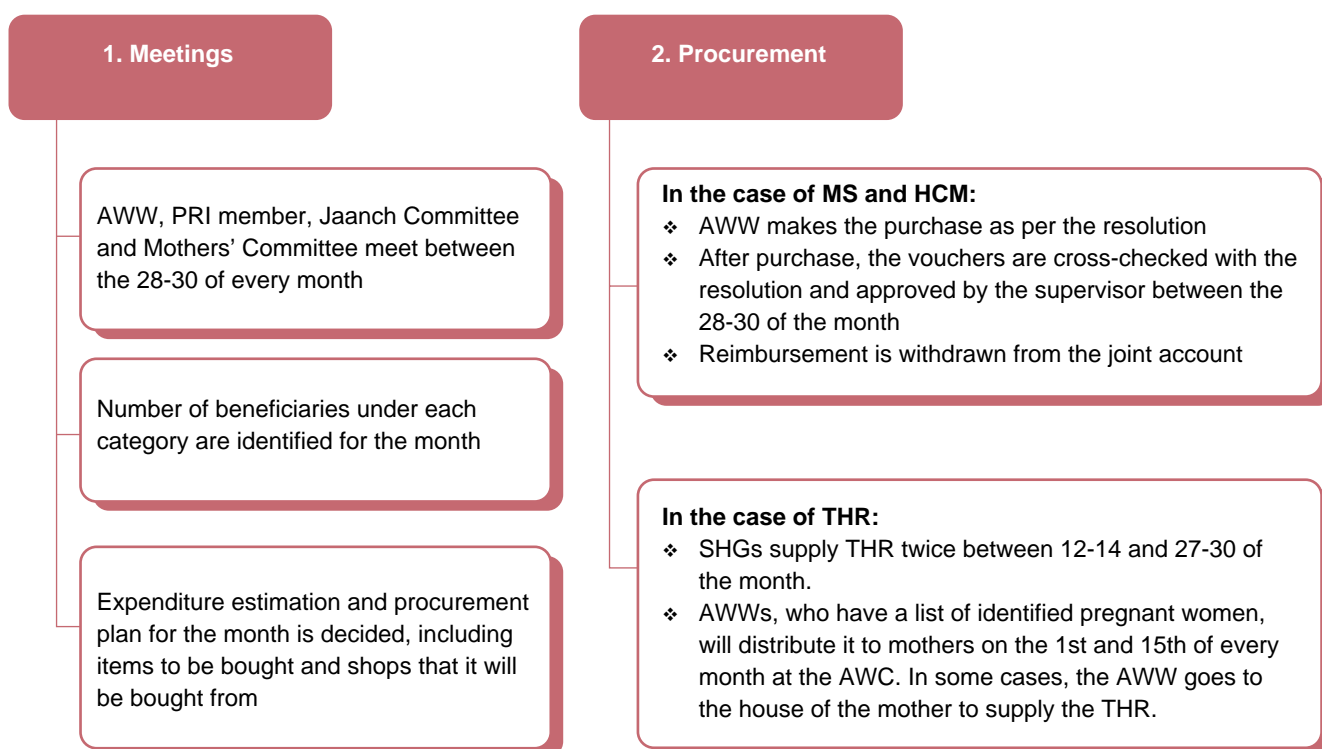


Image 3: Entitlement chart displayed at AWC in Jagannath leprosy colony, Bhubaneswar

Impact

Improved functioning of the ICDS in Odisha: The decentralisation initiative is seen to be serving its objective of streamlining and strengthening the ICDS programme. A social audit carried out in late 2011 indicated that 71% of the respondents felt that the menu chart was being followed. During village-level discussions, 57% said that their children were getting cooked food on

Figure 1: Process flow for planning and distribution under SNP



Source: OneWorld Foundation India, 2014

¹ Voice for Child Rights Odisha (VCRO). 'A Study on Status of Service Delivery of SNP & Pre-Schooling Education under Integrated Child Development Scheme (ICDS)'. 2011.

a regular basis; 36% beneficiaries said that they were getting THR regularly as per norms; and 6% were getting it regularly but not as per norm. On the functionaries' front, 37% of the respondents said that they were getting funds regularly; 54% said that it was not regular; and 45% of the AWW respondents had a good opinion of the decentralisation of procurement. The elimination of contractors and middlemen to a great extent has also contributed to greater transparency and efficiency.

Empowerment of SHGs: The social audit also showed that the decentralisation had empowered women SHGs and given a new source of income to 917 SHGs in Odisha (as of March 2014). The revised menu and supply of chhatua instead of rice and dal has ensured that nutrition was provided to the targeted beneficiary, i.e., pregnant and lactating mothers and their children up to three years of age, and not taken away for consumption by the entire family.

Table 4: Number of beneficiaries as of March 2014 in Odisha

Beneficiary	Number
Pregnant Women & Lactating Mothers	7,84,474
Senior Citizens	27,96,211
Emergency Feeding Programme (including senior citizens, physically challenged and others)	2,00,000
Children (6 months to 6 years)	38,43,906

Source: Department of Women and Child Development, Government of Odisha

Table 5: Number of AWCs and number of districts/projects covered year-wise in Odisha

Year		Number
March'11	Districts / Projects*	30 / 338
	No. of AWCs	71,134
March'12	Districts / Projects*	30 / 338
	No. of AWCs	71,134
March'13	Districts / Projects*	30 / 338
	No. of AWCs	71,306
December '13	Districts / Projects*	30 / 338
	No. of AWCs**	71,306

* includes 20 urban projects ** includes 10,216 mini AWCs

Source: Department of Women and Child Development, Department, Government of Odisha

Key Challenges

Some of the main challenges faced in effective decentralisation of the ICDS programme relate to capacity building at the ground level. There was apprehension and resistance on the part of AWWs and PRIs for opening bank accounts as they were unfamiliar and unsure of such a system. Also, AWWs were initially concerned about being overburdened by the responsibility of procurement. These perceptions have, however, changed after seeing the benefits and efficiency of the system in ensuring timely and good quality procurement. Also, identifying SHGs and assuring them of the advantages of investing in the production of THR was not an easy task. Consistent efforts by district administrators in selecting suitable SHGs, based on the fixed criteria given in the guidelines, helped in taking the initiative forward.

In some cases, the lack of infrastructure has also caused difficulty in storing food supplies, maintaining hygienic standards and providing separate areas for cooking and for children to play. Although all AWCs are operational, several do not have dedicated buildings. Efforts have been made in the past two years to address this gap on a priority basis by setting up AWCs in school buildings where possible and undertaking construction en masse.

Last but not the least, since rice for AWCs and wheat for THR is supplied by the Food Corporation of India, the earlier problems of non-supply, poor quality and delay in lifting and transporting these two commodities still persist.

Replicability and Sustainability

Social sustainability of the initiative is high, owing to the successful run of the community-driven model that has been institutionalised for the SNP. Following the success



Image 4: Children take morning snack of sprouted gram at the AWC in Jagannath Leprosy Colony, Bhubaneswar

of Jaanch Committees in SNP, the system will now also be extended to other components of ICDS on a trial basis to induce more community participation in implementation.

Long-term sustainability requires the state administration to create an enabling environment. For the purpose of introducing reforms, support for this initiative was garnered from the apex to the grassroots level and the required trust to be invested in grassroots functionaries.

The replication of this model requires a strong administrative thrust in identifying the context-relevant loopholes in the system, as was done in the case of Odisha. Training and capacity building of the community is also an essential factor for the smooth deployment of the model, which has demonstrated that procuring food materials at ration rates may be difficult but is possible, and that contractors can

be removed from the supply chain of SNP with beneficial results in terms of effective implementation.

Conclusion

Going forward, it would be important to broaden the focus of ICDS by complementing the supplementary nutrition programme with home-based nutrition. This must also involve identification of vulnerable families where children are more prone to SAM. Moreover, while local procurement has improved in most parts after the shift towards greater decentralisation within the ICDS in Odisha, it is important to address specific difficulties in the procurement of rice and wheat through requisite administrative reform.

Fact Sheet

Theme	Health
Nodal Implementing Agency	Department of Women and Child Development, Government of Odisha
Geographical Coverage	All districts of Odisha State
Target Groups	Aganwadi children (3-6 years), pregnant and lactating mothers and children up to 3 years of age, adolescent girls in nine districts of Odisha and senior citizens of the state
Years of Implementation	2011 - Present





पांच बीमारियों से अपने शिशु को बचायें। सिर्फ एक टीका तीन बार लगवायें

पांच जन्मखेवा बीमारियों से सुरक्षा दिलवायें:

- डिप्थीरिया
- काली खासी
- टेटनस
- हेपेटाइटिस-बी
- हिब

सही समय सही टीका, आशीर्वाद स्वस्थ ज़िन्दगी का

पेटावेलेट टीका*		
1! कोले ३	2! कोले ४	3! कोले ५




The National Rural Health Mission (NRHM), Haryana, has launched the Indira Bal Swasthya Yojana (IBSY) as a preventive health scheme to screen all children accessing public health and education facilities. Haryana is the only state to have a such a preventive healthcare measure comprehensively covering its under-18 population.