

A Review of Expenditure and Services of ICDS in Karnataka

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INTRODUCTION

- **Criticality of early childhood**
 - Impact of nutrition, health, physical, cognitive, and psycho-social devt
 - To economic returns, and more importantly, ensuring equitable outcomes
- **Early Childhood starts from conception**
- **Importance of holistic, multi-intervention ECD interventions –**
 - Positive impacts such as on school enrolments
- **ICDS and India's advantage** - multi-dimensional and addresses inter-generational effects of poverty and malnutrition

INTRODUCTION

- **ICDS was started in 1975**
 - Adopts a life-cycle approach
 - Caters to children between 0-6 years

- **Services**
 - Supplementary Nutrition
 - Immunization
 - Health Check-ups & Referrals
 - Health and Nutrition Education
 - Pre-school Education

- **We examined the quality of services in relation to the budget and expenditures on the ICDS**

METHODOLOGY

- **100 AWCs (25 per district)**

District	Rural	Urban	Total
Bellary	25	0	25
Chamrajnagar	24	1	25
Haveri	25	0	25
Bangalore Urban	0	25	25
Total	74	26	100

- **Mixed methods – observations, interviews, FGDs and survey, covering multiple stakeholders**
- **Analysis of budgets across five years (2009-10 to 2014-15) and expenditure tracking for one year (2014-15)**

PERFORMANCE OF ANGANWADIS

PARAMETERS
NUTRITION
HEALTH
EDUCATION
FACILITIES & FUNCTIONING

NUTRITION

SL NO	VARIABLE	PERCENT	COMMENTS
1.	REGULARITY IN RECEIVING SNP	98.2 % (Parents) 97.8 % (P&L women) 100%(Adolescents)	Though beneficiary responses were largely positive, 36% AWWs reported delays (majority in Haveri) Need to see if AWWs are undertaking special efforts to ensure that SNP service is not disrupted
62.	QUALITY	94.7 % (Parents) 92.3 % (P&L women) 91.8 % (Adolescents)	Differs among beneficiaries in satisfaction Parents of children receiving Take Home Rations more unsatisfied Common complaint was about nutri-mix

NUTRITION

SL NO	VARIABLE	PERCENT	COMMENTS
3.	SUFFICIENCY	92.6 % (Parents –of children receiving HCM) 64.4 % (Parents –of children receiving THR) 54.7 % (P&L women) 55.9 % (Adolescents)	Group most dissatisfied – P&L women Dissatisfaction may be related to understanding of SNP May also indicate the need to revise quantity norms based on developmental age/stage
4.	FOOD MENU DISPLAYED	55 % AWCs	Raises questions of accountability
5.	CYLINDER / UTENSILS PRESENT	98 % AWCs (Cylinders) 93 % AWCs (Utensils)	Despite good performance in this area, budgetary problems pointed out by AWWs

HEALTH

SL NO	VARIABLE	PERCENT	COMMENTS
1.	BENEFICIARIES' KNOWLEDGE ABOUT IMMUNIZATION	100 % (Parents) 99.2 % (Pregnant women)	However many reported having this knowledge from visits PHCs
2.	IMMUNIZATION CAMPS CONDUCTED	71 % (AWW reported monthly camps)	(APIP 2015-16 states that a 'fixed immunization day' method of every Thursday at all AWCs has been adopted for AWCs)
3.	REGULARITY OF HEALTH CHECK UPS	86.6 % (Parents) 86.0 % (P&Lwomen)	Significant difference found in regularity of health check-ups across urban and rural centres More rural centres than expected show irregularity in health check-ups

EDUCATION

SL NO	VARIABLE	PERCENT	COMMENTS
1.	PSE INFRASTRUCTURE	Separate space for PSE -87 % AWCs Five or more PSE materials present – 38% AWCs	Dist wise differences were present with fewer centres in Bellary and Bangalore having adequate PSE material
2.	PSE	conducted daily – 85 % Parents agreed 3 hours or more on PSE daily - 15	Avg time spent on PSE - 1 hour 40 mins against a norm of 3.5-4 hours
3.	SATISFACTION WITH PSE	63.7 % (Parents)	Parents dissatisfied with PSE due to overemphasis on nutrition
4.	ECCE DAYS CONDUCTED	77 % (AWW) 64.6 % (Parents) 46.1 % (P&L women)	

EDUCATION

SL NO	VARIABLE	PERCENT	COMMENTS
5.	VHND CONDUCTED	53 % (AWWs conducted monthly)	Most AWCs in Bellary were not conducting VHND
6.	HAVING KNOWLEDGE OF VHND	45 % (Parents) 55.7 % (P&L women)	An even smaller proportion of the sample reported it was conducted once a month
7.	HOME VISITS CONDUCTED	87.7 % (parents) 83.2 % (P&L women) 68.2 % (Adolescents) 99 (AWW)	A large portion of the beneficiaries reported that home visits were conducted at least once in 45 days Average duration – 15-30 minutes

OVERALL FUNCTIONING OF AWC

SL NO	VARIABLE	PERCENT	COMMENTS
1.	OWN BUILDINGS	74 %	
2.	SIZE (Less than 600 sqft)	60 %	Only 4 in Bangalore met size norms, and 50% AWCs in other dists
3.	HAVING WATER	46 %	Bellary and Haveri had more than 50% AWCs without water, though most AWCs were in own buildings/ government premises
4.	HAVING WATER FILTERS	52 %	Bangalore (16) highest; Bellary (9) least – may be due to community background
5.	HAVING ELECTRICITY	70%	Significant difference among urban and rural centres – may be due to rent norms
6.	HAVING TOILETS (usable)	29 %	

WORKER SERVICE CONDITIONS

SL NO	VARIABLE	PERCENT	COMMENTS
1.	FEELING OVERWORKED	49 % AWWS	16 workers reported no time to carry out ICDS related work
2.	TRAINING RECD	98 %	Despite lack of adequate budget, this is a positive sign
3.	VISIT BY SUPERVISOR / CDPO	79 % (Supervisor) 78 % (CDPO)	Bangalore, Bellary and Chamrajnagar also had shortage of supervisors Difficulties in supervision related to terrain / transport problems / traffic
4.	SUPPORT RECEIVED	15 % (from supervisor) 10 % (from CDPO)	Important examine the forms of support required and training for supervisors / CDPOs for the same

BUDGET & EXPENDITURE

- **Budgets bottom-up, yet top-down in some sense, as strictly determined by inflexible norms**

UNIT COSTS	DESCRIPTION
Food norms	Very rigid food norms which includes transportation costs (at 10 paisa per child)
Rent norms	Low fixed costs for rent, no room for advances or security deposits
Contingency/Flexi funds	Rigid norms for what can be classified as a flexi fund
Maintenance	Costs to renovate fixed at Rs. 50000/- per AWC (based on TPs discretion; lack of control by CDPOs)
Miscellaneous expenses	No room for other expenses including LPG transportation, electricity etc

- **These findings also consistent with key issues at Anganwadi centres**

CONSIDERATIONS FOR REVISION OF ICDS

- **Need for focus and prioritization**

- Critical focus on target group of 0-6 years
- Minimise duplication of efforts (e.g., health)
- Focused spending on critical components rather than spreading it too thin
- Address the emphasis on SNP at the cost of other services

- **Reorganise the administrative mechanisms and structure**

- Status and burden of the AWW – recognise her role as a professional caregiver
- Importance of additional worker – to address broadly the two different target groups with different needs (i.e., 0-3 years; 4-6 years)
- Support mechanisms for the worker – better training for their roles; mentoring by higher officials
- Reduction of the burden of record keeping, which is largely a bureaucratic issue of control / efficiency

CONSIDERATIONS FOR REVISION OF ICDS

- Planning that prioritises the child – decentralisation / flexibility / empowerment of frontline worker and community
- **Realistic Budgeting Practices**
 - Flexibility in budgeting practices - understanding the difference having unit costs for estimation and guidelines (ranges) for expenditure
 - Incidental costs that have to be covered

THANK YOU

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- Provide autonomy and flexibility to the districts and district level officials and staff (i.e., anganwadi workers)
 - Ensure greater accountability through involvement of community, by improving their capacity to participate and knowledge about the scheme
 - Address manpower related concerns such as shortages, salary delays and workload of district staff as well as anganwadi workers on a priority basis
 - Examine the feasibility and effectiveness of appointing two workers per anganwadi centre, with clearly specified and differentiated roles
 - Improve capacity of supervisors and CDPOs to better monitor, manage and support workers and build morale and bring about improvements in performance.

DISTRICT WISE DIFFERENCES

Variable	Bellary	Score	Chamrajnagar	Score	Haveri	Score	Bangalore	Score
Fail to meet size norms	15	-1	12	-1	12	-1	21	-1
Lack water facilities within premise	17	-1	8		16	-1	13	-1
Lack water filters	16	-1	11	-1	12	-1	9	-1
Do not have toilets/in usable condition	19	-1	17	-1	23	-1	15	-1
Fail to meet PSE timing norms	24	-1	24	-1	15	-1	22	-1
Fail to regularly update records	19	-1	3		23	-1	3	
Not serving food according to menu	9	-1	9	-1	8		12	-1
Do not have immunization camps weekly	25	-1	21	-1	21	-1	23	-1
Do not organise VHND once a month	18	-1	8		10	-1	11	-1
TOTAL		-9		-6		-8		-8

DISTRICT WISE DIFFERENCES

Variable	Bellary	Chamrajnagar	Haveri	Bangalore
Own buildings	1			
Size norm				-1
Water facilities		1		
Usable toilets			-1	
Adult weighing scales			-1	
Food quality			1	
PSE timing			1	
Have at least 5 PSE material	-1			
Record maintenance			-1	
VHND	-1			
MIS Training	-1			
Supervisors' visit			1	
TOTAL	- 2	+1	0	-1