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**REPORT ON THE STATE OF PREPAREDNESS
OF THE INTEGRATED CHILD DEVELOPMENT
SERVICES PROJECTS**

(JULY—OCTOBER, 1976)

PROGRAMME EVALUATION ORGANISATION

PLANNING COMMISSION

GOVERNMENT OF INDIA

NEW DELHI

March, 1978

FOREWORD

The evaluation of the Integrated Child Development Services (ICDS) Projects, taken up by the Programme Evaluation Organisation in July, 1976, conceived two phases of field work. The first phase, aimed at understanding the state of preparedness for the implementation of the Scheme, was completed in October, 1976.

The Report on the State of Preparedness of the Integrated Child Development Services Projects, prepared in August, 1977, was meant primarily to guide the officers connected with the implementation of the Scheme. The Report has since been discussed in the meeting of the Technical Advisory Committee of the Study consisting of the representatives of the Ministries of Education and Social Welfare and Health and Family Welfare and experts from medical, nutrition, and allied fields. The main findings of the Study were discussed also in an Inter-Departmental meeting of the Secretaries of the concerned Ministries with the Planning Commission. The Report was finalised in the light of the observations and suggestions received. As the Report is based on the data collected from the field during July-October, 1976, the later developments are not reflected in it. The second round of the Study is in progress and the next Report will reflect the position of the ICDS Projects as prevalent in 1977-78.

There is a persistent demand for the findings of the Study from various Departments of the Central and State Governments and other organisations interested in the area of child development. It is hoped that the publication of this Report will enable all concerned to implement the programme with added vigour and effectiveness.

The ICDS Evaluation Study was launched by my predecessor Shri R.K. Dar and was carried out by 24 field teams under the Project Evaluation Officers. The details of the design of the study and the instruments of observation were developed in the Social Development Division of the Programme Evaluation Organisation at Headquarters. Dr. (Mrs.) Tara Gopaldas assisted in the First Phase of the Study from June, 1976 to May, 1977 particularly on the aspects concerning nutrition and health. Active cooperation of the supporting staff which has made this Study a success is appreciated.

NEW DELHI,

March, 1978

S.M. SHAH

Chief

Programme Evaluation Organisation

PREFACE

The Evaluation Study of the Pilot Projects for the Integrated Child Development Services Scheme visualises two rounds of field observations—the first round being concerned with generating the baseline information and assessing the ‘State of Preparedness’, while the second round would seek to determine the impact of the working of the Projects. The present Report seeks to present for internal use by the Project authorities and the administrators at the Project, District/State/Central levels, the general results of the Baseline observations. It was felt that the presentation of a comparative picture and the situation prevailing in different Projects would be of value at this stage itself. The second round observations are expected to be made very shortly and would seek to correlate at household and beneficiary levels, the changes which may have taken place in the intervening period; the household data would be computer processed and utilised in that context, for both the rounds.

Another object of presenting this Report at this stage is to enable discussion to take place on our first observations. The Project authorities as well as administrators at various levels are invited to make comments on any aspects, so that their observations may enrich our findings in the final round.

It would be appropriate to acknowledge the work done by the PEO field teams and the Headquarters Group in the Social Development Division of the PEO, alongwith the supporting statistical and typing staff. Dr. (Mrs.) Tara Gopaldas, who functioned as Consultant for this Project, played a significant role in designing of the Study and the preparation of the Report, and her contribution is gratefully acknowledged.

NEW DELHI,
June 30, 1977

R.K. DAR

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SUMMARY OF FINDINGS

At the time of sanction of the pilot ICDS Projects, PEO was requested to undertake an independent evaluation.

2. The design of the study provides for the present Report on the 'State of Preparedness' as after one year of operation of the scheme, for which field work was done during July-Oct. 76, and a final report also containing an assessment of the overall impact of the projects, after a repeat round in the mid-1977.

3. A great deal of effort has undoubtedly been put in for getting the ICDS Projects off the ground. The Anganwadi Workers have been appointed and trained in large numbers, there is increasing awareness of the potentials of the projects, a start has been made on monitoring, and various agencies have been assigned definite tasks. The experience in implementation, planning, and control operations, during the first year, however, shows that the Projects are still facing serious teething problems, and it would be unrealistic to be optimistic about the state of organisation of the Programme till certain basic preliminary tasks are successfully performed.

4. Observations on different aspects of the present state of organisation of these projects are recorded in the following paragraphs:

(a) There was inadequate understanding by the ICDS Project authorities of the inter-se priorities among the different components of the scheme—Health, Nutrition and Education. There seems to be clear over-emphasis on the last of these three aspects, possibly owing to the circumstance that the implementing departments/training institutions have traditionally been dealing mainly with women and child social welfare activities.

(b) Means of effective coordination between the CDPOs, MOs (PHCs), and BDOs have not been satisfactorily worked out. The role of health staff in the implementation of the ICDS Scheme has not yet been clearly understood. Besides, the attitude of the medical and health staff towards the programme have not been oriented for ensuring coordinated functioning along with other agencies, for delivery of the total package of services to the target groups.

(c) Survey and household enumeration in assigned Project area has not been systematically undertaken, with the result that the exact size, composition, and other characteristics of the target groups have not yet been determined; consequential programme planning, in terms of actual requirements in each area, has not proceeded in respect of staff, equipment, materials, finances, etc.

(d) In the absence of these basic Surveys, and lack of critical equipment, like weighing scales and printed growth charts, the identification of children, nutritionally-at-risk, who would be eligible for supplementary nutrition and special health care, has not been feasible so far.

(e) At the same time, the most inaccessible and vulnerable group of children, i.e., the 'below threes' who require the most attention in terms of the health and nutritional services have hardly been reached yet.

(f) There are still many gaps in staffing, particularly of health personnel, possible because of a low priority being given to this aspect by the State Health departments.

(g) The training contents and choice of institutions need to be reviewed in terms of suitability of job training in relation to their job performance.

(h) Funds have not been earmarked by the State Governments separately for supplementary nutrition in the ICDS Project areas despite this being an essential pre-condition. Apparently, Annual Plan provisions in 1976-77 did not take the Project requirements specifically into account.

(i) Most capital items, except for weighing machines and refrigerators, have been received. There is a major gap in supply of usable items, particularly of essential medicines, and vaccines required for immunisation work.

(j) The composition of coordination committees is predominantly official and male dominated. It is also noticed that there was a considerable time-lag in their constitution.

(k) Involvement of women, which is an essential component for the success of the programme, is conspicuously absent. Accommodation for the Anganwadis is usually of poor quality.

(l) It is also apparent that mere provision of funds would not be adequate, unless it is followed-up with an actual system of purchase of local food commodities, which would provide the main support for the nutrition component. At present, there is a major reliance on WFP or CARE food, which is contrary to the concept of the scheme. Lack of basic data on the size and composition of target population is a major deficiency in the feeding programme. The existing food delivery system does not guarantee nutrition for the 'below threes', nutritionally-at-risk, and pregnant and lactating women. A sound delivery system needs to be developed.

(m) Release of funds and appointment of health staff are perceptibly slow and halting. The AWWs who are expected to play a major role with regard to the immunisation programme, are not health-oriented. Depending upon the severity and incidence of childhood disease, it is suggested to work out a differential sequencing of immunisation schedule.

(n) The pre-primary education, for a thin segment of target population of 3 to 5 + years, is the main activity. It is necessary that the much needed Health and Nutrition Education is developed and the various activities under the ICDS receive right type of attention.

5. While a great deal of timely information is being obtained under the monitoring system which

has been set up, in the absence of a realistic time schedule and sequencing of supplies and delivery of services to the target/vulnerable groups, the system does not throw light on such aspects as: the strength and weaknesses of the infrastructure of health, nutrition, education, and drinking water supply and whether needs and costs of upgrading them have been worked out and adequately provided for whether the rules of different functionaries have been clearly laid down and the required inter-relationships have been established in the different Project areas, whether a specific rule has been assigned to voluntary agencies in the implementation and mobilisation of local participation. Requirements following from the observations in foregoing paragraphs on different items of critical value in the organisation of Projects at the present stage, also need to be picked up by the monitoring system.