Performance of *Anganwadi* Centres in Kerala: An evaluation and experiment to develop a model centre with community participation

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Performance of *Anganwadi* Centres in Kerala: An Evaluation and Experiment to Develop a Model Centre with Community Participation

T. N. Seema*

1. Introduction

Integrated Child Development Services and Decentralisation

The Integrated Child Development Scheme (ICDS) with its network of *anganwadis* covering more than 3,000 Community Development Blocks in the country is perhaps the largest women and child development programme being implemented anywhere in the world. The scheme is a typical vertical programme drawn up from above and implemented in a uniform manner throughout the country. The Department of Women and Child Development, Government of India, has drawn up strict guidelines for implementation of the programme. The Central Government also provides funds to departments of social welfare in different States for its administration. A strict system of monitoring progress has also been set up. We shall be briefly discussing some of the key features of the scheme in the subsequent paragraphs. However, even without going into details, we may indicate that serious conflicts could arise between the approach of such a vertical programme and that of the efforts for democratic decentralisation.

Democratic decentralisation involves transfer of power and resources to the lower tiers of elected representatives and ultimately to the local communities. Under such a system, the local communities and their representatives make decisions regarding local issues of services and development. The advantage of this system is that it would be possible to respond optimally to specific features of the local environment or to the local demand. As a result, there could be significant diversity in responses of different communities to apparently the same problems. The standardised vertical programme would not be able to accommodate such diversity and would insist upon uniform norms for the sake of efficiency and effective monitoring.

It is in the above context that this study assumes significance. Following the 73rd and the 74th amendments of the Constitution, a third generation *Panchayati Raj* and *Nagarapalika*

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Dr. T.N. Seema is

institutions have come into existence all over the country. Integrating the plethora of Centrally-sponsored vertical programmes to the local self-governments is an important challenge in stabilising the decentralisation process. It may be noted that the subjects of most of the schemes, ICDS in particular, fully fall within the domain of local self-governance. Our study focuses on the experience of Kerala where a major experiment is being carried out to decentralise the process of development planning. In this introductory section, we shall describe the key features of ICDS, discuss the positive contribution that decentralisation would be able to play in improving women and child care services and define the objectives.

Objectives of ICDS programme

Organised support to childcare was an objective promoted by the National Planning Committee appointed by the National Freedom Movement way back in 1939-'40. The Constitution of India affirmed the State's commitment to the welfare of children in its Directive Principles of State Policy. Based on the Directive Principles, the Central Social Welfare Board was set up, which in turn started schemes for providing care and medical attention to children and pregnant women and for setting up child welfare centres under the Community Development Blocks.

The schemes that were subsequently taken up include the Applied Nutrition Programme (1963) and the Special Nutrition Programme (1970-71) aimed at increasing nutritional awareness, encouraging food production and distribution of nutrition-rich diet. These programmes were implemented through various agencies like *balawadi, mahila mandal*, *panchayats,* and municipalities. The *balawadi* nutrition programme was started in 1970-'71 with the objective of providing nutrition-rich food to children of the 3-5 years age group from low-income families.

Though many welfare schemes for children were being implemented through various agencies and departments, a study conducted by the Planning Commission brought to light that the benefits reached only a small percentage of the target groups at the local-level. Besides, it was also observed that various health care, educational, and social welfare activities of different departments, which were all to be implemented in a co-ordinated manner, had no linking among them at the local-level.

As a response to the weaknesses brought out by the Planning Commission study, a National Policy for Children was adopted in 1974. Subsequently, in line with a new comprehensive approach to the issue, the Integrated Child Development Services (ICDS) was inaugurated in 33 blocks across the country on 2 October 1975. Spread over 22 States and the Union Territory of Delhi, 19 of the blocks were rural, 10, tribal and 4 urban. As many as 67 projects were added in 1978-'79. At present, there are more than 2,000 ICDS projects, catering to more than 12 million children below six years of age in the country.

The basic purpose of the ICDS scheme is to meet the health, nutritional, and educational needs of the poor and vulnerable infants, pre-school-aged children, and women in their child-bearing years. Its specific objectives are:

(i) improving the nutritional and health status of children in the age group of 0-6 years; laying the foundation for proper psychological, physical, and social development of the child;

(ii) reducing the incidence of infant mortality, morbidity, malnutrition, and school dropouts;

(iii) achieving effective co-ordination of policy and implementation among various government departments to promote child development; and

(iv) enhancing the capability of the mother to look after the normal health and nutritional needs of the child through proper health and nutrition education.

The scheme seeks to meet these objectives by delivering an appropriate combination of the following six basic services to children below six years of age, pregnant women, and nursing mothers.

Supplementary nutrition

Supplementary nutrition to children below six years of age, nursing mothers, and expectant mothers from low income families in accordance with the guidelines for the purpose of selection of beneficiaries. This will be given for 300 days in a year.

Nutrition and health education

Nutrition and health education to all women in the age group of 15-45 years, priority being given to expectant and nursing mothers.

Immunisation

Immunisation of all children, less than six years of age, in the project area against diphtheria, tetanus, whooping cough, typhoid, and tuberculosis. Immunisation against tetanus for all the expectant mothers. It is to be ensured that all infants staying within *anganwadi* areas are administered vaccination against BCG, DPT, Polio, and Measles before they attain the age of one year.

Health check-up

This includes antenatal care of expectant mothers, post-natal care of nursing mothers, care of newborn babies, and of children below six years of age.

Referral services

Referral of serious cases of malnutrition (children suffering from third or fourth degree of malnutrition) or illness to hospitals, upgraded PHCs/community health services or district hospitals.

Non-formal pre-school education

Non-formal education to children in the age group of 3-5 years through *anganwadis*. The

emphasis is on play and creative activities aimed at the mental and physical growth of the child.

Structure of ICDS

ICDS is a Centrally-sponsored programme implemented by the Department of Women and Child Development, Ministry of Human Resources Development of the Government of India; but the responsibility for its actual implementation rests with the State governments. Under the Directorate of Social Welfare at the State-level, ICDS projects have been set up in the blocks, with each block having one *anganwadi* centre per 1000 population. At the block-level, the Child Development Project Officer is the official-in-charge. There are supervisors who oversee the work at the *anganwadi* centres in each of the project areas while the *anganwadi* worker is responsible for the activities in each *anganwadi* centre at the unit-level. There is a helper at each centre who provides assistance in the preparation of food and childcare.

State-level	Directorate of Social Welfare	Director
Block-level	ICDS Project office	Child Development Project Officer (1 per 5 supervisors)
Project-level	ICDS Project office	Supervisors (1 per 5 AWs)
Unit-level	*Anganwadi* centre	*Anganwadi* worker (Teacher) *Anganwadi* Helper

The participation of the local community is considered an essential prerequisite for the effective implementation of the ICDS scheme. For this purpose, it has been stipulated that the *anganwadi* worker (teacher) attached to a centre should be a resident of the beneficiary area of that centre. It is also envisaged that a local people's committee should be constituted for the smooth functioning of each centre with the people's representative of the *panchayat*/municipality ward as its chairperson.

Monitoring and evaluation

Monitoring and evaluation of the ICDS scheme is carried out at various levels by the Union Ministry of Social Welfare, the All-India Institute of Medical Sciences and other medical institutions, and the State Social Welfare Department. A monthly report on the activities of each centre is prepared by the *anganwadi* worker and sent to the State Government, with a copy to the monitoring cell in the Union Social Welfare Department. The State Social Welfare Directorate has the mechanism to evaluate these reports and other statistical data provided.

ICDS in Kerala

The first ICDS project in Kerala was set up in 1975 at Vengara block in Malappuram district under the first batch of projects launched in the country. At present, more than 15,000 *anganwadi* centres are functioning in 120 ICDS blocks in the State, which has a total of 152 blocks. The remaining 32 blocks has *balawadi* centres set up by the State Government. The

Government has initiated steps to convert these *balawadi* centres also into ICDS centres. A new scheme, ICDS–III, for establishing 43 projects with World Bank assistance is also coming up.

Out of the 120 ICDS blocks in the State, 111 are in rural areas, one in tribal area and eight in urban areas. It is estimated that 10.32 lakh women and children in the State have benefited from the scheme through 15,605 *anganwadi* centres in the State in 1996-97 (Economic Review 1997, State Planning Board). In the 32 non-ICDS blocks, there are about 1.23 lakh beneficiaries under 913 feeding centres. Table 1.1 furnishes information on a few basic aspects of Kerala on a comparative basis.

Table 1.1 Basic indicators for Kerala, Japan, and India*

Indicators	Kerala	Japan	India
Life expectancy	70	80	61
Adult Illiteracy	<5 %	<5 %	52 %
GNP (US dollar)	170	35490	300
IMR	17	4	80
Energy supply: Kcal	<2000	2956	2229
Births attended by health staff (%)	92	100	33
Birth rate	17	10	29
CDR	5.9	8	10
TFR	2	1.5	3.7

Source: C.R.Soman, *Health and Nutritional Situation in Kerala*, mimeo, 1997.

*values for Japan and India are reproduced from World Development Report, 1995 and pertain to the year 1993; values for Kerala are compiled from official publications. [GNP: Gross National Product; IMR: Infant Mortality Rate (/1000); CDR: Crude Death Rate (/1000); TFR: Total Fertility Rate]

The environment in which ICDS programme is being implemented in Kerala is distinctively different from that of the rest of India. Despite its relatively low per capita income, the quality of life in Kerala has greater similarities with that of the developed countries than with that of the rest of India. Adult illiteracy in Kerala is less than 5 per cent as against 52 per cent in India as a whole. Infant mortality rate in Kerala is 17 per cent as against 80 per cent in India. While 92 per cent of births are attended by health staff in the State, the ratio is only 33 per cent elsewhere in the country. The birth rate is also much lower in the State. The sex ratio (females per 1000 males) in Kerala is also higher than unity.

It is clear that Kerala has entered a trajectory different from that of the rest of India in relation to demographic transition. While the rest of India is still on the uphill path of the population bump of high fertility and high, but declining, death rates, Kerala has crossed on to the downhill path and reached the level terrain of low fertility and low mortality. High fertility, inadequate medical services, high infant mortality, malnutrition and illiteracy, characteristics of the vicious circle of backwardness that engulf the status of women and

children in India, call for comprehensive intervention strategies which would necessarily have to be different from the strategies to be adopted in Kerala. Even within Kerala, we shall argue, there is need to adopt a flexible and diversified approach, which would be location-specific.

The social sector achievements of Kerala are the result of a rather long and complex history of public action from below and State interventions in creating social infrastructure for education and health and also for generating the demand for its services. Despite improvement in the general quality of life of women and children in the State, there remain major challenges that should be tackled if the gains of the past are to be sustained. Some of the disturbing trends that have been revealed by recent studies are summarised below.

(i) Even though, on an average, the social indicators are very high, scholars have pointed out that there are outliers to this general tendency. There exist pockets of poverty where conditions are abysmal such as among the tribesfolk and fisherfolk (John Kurien, 1992).

(ii) Though the infant mortality rate in Kerala is very low, the morbidity levels are very high giving rise to speculations of a situation of low mortality – high morbidity syndrome (Soman and Panicker, 1985; KSSP, 1991).

(iii) Contagious and poverty-related diseases like diarrhoea, typhoid, jaundice, and once-believed-to-be-eradicated malaria are on the increase (State Plan of Action for the Child in Kerala, Government of Kerala, 1995).

(iv) In the cases of infant mortality rate, birth rate, etc., there are many places in various districts, which have very high levels, despite the low average for the State as a whole (State Plan of Action for the Child in Kerala, Government of Kerala, 1995)

(v) The energy content of the food taken by the people in Kerala is lower than the national average (Economic Review-1997, State Planning Board).

(vi) Thirty per cent of pregnant women and children lower than six years of age are anaemic;21per cent of the newborn babies have lower-than-normal weight (2.5 kg).

Besides, there is a rising demand for quality pre-primary education. Owing to high levels of literacy in the State, the demand for pre-primary education is quite strong and widespread. This explains the mushrooming of private nursery schools charging hefty fees and donations for admission. It is primarily those sections of the society that cannot afford such expensive private schools who turn to the *anganwadi* centres for their services. However, the physical condition of the *anganwadi* centres that are supposed to provide scientific pre-primary education is very poor and unattractive.

There is an urgent need to reorient the ICDS in the State for addressing these issues that are specific to the State and also devise means most suitable for its socio-cultural milieu. Given the rich tradition of public action from below, it is also important to think in terms of greater community control and participation of the *anganwadis*. This line of thinking takes us away from the rigid pattern of a vertical programme to a programme that is designed in a decentralised manner.

Relevance of decentralisation

An important objective of our present study is to make an assessment of the existing physical facilities of the *anganwadis* and the quality of the services provided by them. However, it is beyond the scope of our exercise to make an impact assessment of the programmes. A large number of evaluation studies conducted by governmental, academic, and other institutions and scholars have examined the impact of the schemes on nutritional status, infant and maternal mortality, birth rate, physical growth, immunisation coverage, health awareness, and so on (NIPCCID Report, 1989 & 1992). Most of the studies have supported the claims of the considerable beneficial impact of the ICDS programme and have been the rationale for its steady expansion over the past quarter of a century. However, the reliability of many of these evaluation studies has come up for scrutiny. The conclusion of a critique of the evaluation techniques by Vandana Khullar (1998) is reproduced below:

> *"The evaluation of the ICDS conducted by NIPCCD seems to overstate the utilisation and impact of the scheme, and differences between ICDS and non-ICDS areas. The case studies examined here have pointed out some major gaps in the NIPCCD study, especially the large coverage of non-eligible beneficiaries and the relatively low coverage of eligible beneficiaries, the poor quality of record-keeping of growth charts and medical records, the scope for the reduction of paper work and lengthy reports, and finally tapping other sources (besides AWs) for data collection and comparison. In fact, the present data sources could be supplemented with both health hospital records, and door-to-door sample surveys to give best result. Existing evaluation techniques used by the government for evaluating ICDS and other similar basic needs schemes need to be revised."*

We do not question the overall beneficial impact of the scheme. Nevertheless, its impact would necessarily vary among regions and over different periods of time. The following conclusion of the study undertaken by the Directorate of ICDS, Government of Maharashtra (1990) is revealing:

> *"Briefly, available evidence leads one to conclude that the performance and impact of the ICDS programme as a whole is mixed. While there is sufficient evidence to support the fact the ICDS scheme has the potential of enhancing child survival rates as reflected.... The extent to which this potential has been realised remains debatable. Further, the outcome of studies directed to the supply side of the programme, particularly in terms of the training of workers, and the delivery of the health and nutrition education and community participation components, is particularly discouraging. While methodological limitations such as the use of small samples or unequal comparisons are one reason for divergent views about the success of the ICDS schemes (though more recent studies have used larger samples and report consistent findings), a major reason is the wide-ranging variability in performance, an aspect of the programme which has been highlighted by all the research studies. Performance variations exist at all levels – State, block and anganwadi. While this variability is, to an appreciable extent,*

> *due to the socio-cultural diversity of different regions and areas, it is in part also, a result of programme inputs."*

Given the nature of the vertical programme, the variations in inputs can occur only as result of default rather than conscious strategy. Therefore, the more important factor to be considered in explaining inter-locality differences in the effectiveness of the scheme is the socio-cultural and organisational milieu. This conclusion is an important argument in favour of more flexible approach in women and childcare services and for decentralised planning.

Through decentralised planning, the *anganwadis* could be made responsive to local requirements. Thus, for example, the type of services that are required in semi-urban areas would be very different from that in backward rural areas. It would be possible to adapt the diet to the food habits of the local population with locally available materials.

Another advantage of local-level planning is the possibility of integrating the women and childcare services with other development programmes. An integrated approach of health care, taking into consideration inter-sectoral linkages, for instance, among drinking water, sanitation, education, and local food production schemes, is vital.

The top-down approach has several limitations to ensure community participation, which would often be reduced to formal patron committees. If the beneficiaries themselves are actually involved in designing the programme, better participation could be ensured in its implementation. Community participation is important for raising local resources to improve and maintain the facilities and the quality of services. Community involvement would also reduce leakage of funds.

Objectives

The foregoing discussion provides a background for our study. Kerala is today in the forefront of States in the matter of administrative reforms for effective decentralisation. It would not be an exaggeration to claim that from a purely administrative reform point of view, the decentralisation process in the State has been transformed into a major mass campaign for local-level democracy with involvement of all sections of the people. The State Government decided in July 1996 to earmark 35 to 40 per cent of the Ninth Five-Year Plan for projects and programmes drawn up by the local self-governments. The plan funds were made available to the Local Self-Government Institutions (LSGIs) mostly in the form of grant-in-aid, thereby ensuring maximum autonomy to the local communities in determining their plans and plan priorities. The People's Plan Campaign attempted to popularise procedures for planning and plan implementation that would ensure transparency and people's participation. The campaign programme launched in August 1996 provided tremendous opportunities for transforming the *anganwadi* centres in each village or town area into local centres for the benefit of the needy women and children in the locality, through active participation of the beneficiaries, people's representatives, volunteers, and workers. The procedure envisaged the following course in respect of incorporating *anganwadis* in the People's Planning process.

(i) The new local bodies, especially *grama panchayats*, may include *anganwadis* in

their plans and schemes for pre-school education and development of women and children. The plan funds of the local bodies may be utilised to supplement the ICDS scheme funds.

(ii) *Anganwadi* teachers/workers would be ideal health workers and community organisers to work among the vulnerable sections of the society. Their services were being utilised even earlier for local-level health education and immunisation programmes, socio-economic surveys, etc., on a voluntary basis.

(iii) The activities of the anganwadis may be vertically integrated with the other activities of the *panchayat*/municipalities in the field of development of women and children.

We shall attempt to analyse the experience of *anganwadis* during the first two years of the decentralised planning in the State. Specifically, the objectives of the study are the following:

(i) To make a critical assessment of the infrastructural facilities of the *anganwadis* in the State and the quality of services that are being provided;
(ii) To examine the socio-economic background of *anganwadi* workers and helpers, their training and service conditions;
(iii) To assess the level of public participation in the running of *anganwadi* centres;
(iv) On the basis of the above enquiry, to formulate a decentralised strategy for revitalisation of *anganwadis* with a view to integrating them fully in the process of local development; and
(v) To initiate steps to develop a model *anganwadi* in one or two villages and document the experiment.

Section scheme

In Section 2, we discuss the area of study and the method we have followed to collect information. The infrastructural facilities available to *anganwadis*, the programmes to be implemented through them and the services that they perform are dealt with in Section 3. In Section 4, we make a survey of the staff position of *anganwadis* and the extent of participation of the local community in their activities.

An evaluation of the performance of *anganwadis* under the people's participatory planning process launched in the State is attempted in Section 5. The experiments conducted in the two *panchayats* to develop an alternative model for *anganwadis*, the problems involved and the prospects for implementation of the alternative model are discussed in Section 6. The summary and conclusion of the study is presented in the final section.

2. Area of Study and the Method of Research

As earlier stated, the study involves assessment of the existing *anganwadi* infrastructure and services, critical examination of the decentralised planning process with reference to women and child care sector, and formulation of model *anganwadi* projects that could be adapted by the local self-governments. It was realised that the objectives could not be met by following the traditional field enquiry techniques alone. Therefore, while utilising field-survey-based data and secondary data, we also adopted participatory approach in critically evaluating the process of decentralised planning and drawing up experimental model projects. Adoption of such a participatory approach was facilitated by the fact that the principal investigator was an active participant in the People's Planning campaign and also a district-level office-bearer of one of the major *anganwadi* workers' unions. In this section, we discuss the nature of our enquiry and the method of study.

For the field study, 15 *panchayat*s were purposively selected, two from Thiruvananthapuram district and one from each of the other districts. Vallakadavu ICDS project in Thiruvananthapuram Corporation was also included in the study to represent urban areas. Four of the *panchayat*s were outside ICDS programme and were covered by the *balavadi* scheme of the Rural Development Department. The *panchayat*s were selected taking into consideration the micro-level planning activities that had already been initiated by various organisations/groups, particularly Kerala *Sasthra Sahitya Parishat* (KSSP). The list also included five *panchayat*s taken up by KSSP under its *Panchayat* Level Development Project (PLDP) implemented with support from Kerala Research Programme for Local Level Development (KRPLLD).

The list of *panchayat*s selected is given in Table 2.1.

Four of these 16 *panchayat*s (4-Muthukulam, 5-Kumarakam, 7-Pallippuram and 8-Madakkathara) did not complete the institutional survey fully and hence are excluded from the data analysis.

As may be seen in Table 2.1, the study areas are distributed among all the three major geographical regions of Kerala: viz. highland, midland, and coastal plain. For the sake of analysis, the selected *panchayat*s have been classified into five groups:

(i) Rural South ICDS (Amboori, Kudappanakunnu, Klappana, Mezhuveli,)
(ii) Rural North ICDS (Mayyil, Vallikkunnu, Akathethara)
(iii) Highland ICDS (Nedungandam, Thariyode)
(iv) Urban ICDS (Vallakkadavu)
(v) *Balavadi* (Onchiyam, Peelikkode)

Some of the population characteristics of the selected *panchayat*s are given in Table 2.2. The population ranges from 10,236 in Thariyode to 36,969 in Nedumkandam (excluding Pallipuram, which is not considered). There are wide variations in terms of geographical area also, ranging from 7.69 sq.m. in Kudappanakunnu to 49.47 sq.m. in Amboori.

Table 2.1 Revised list of *panchayat*s for field study

District	*Panchayat*	Geographical Division	Scheme	Region
1.Thiruvananthapuram	Vallakkadavu[?]	Coastal	ICDS	Urban
	Amboori	Midland	ICDS	Rural South
	Kudappanakunnu	Coastal	ICDS	Rural South
2.Kollam	Klappana	Coastal	ICDS	Rural South
3.Pathanamthitta	Mezhuveli	Midland	ICDS	Rural South
4.Alappuzha	Muthukulam	Coastal	ICDS	Rural South
5.Kottayam	Kumarakom[?]	Coastal	*Balavadi*	Rural South
6.Idukki	Nedumkandam	Highland	ICDS	Highland
7.Ernakulam	Pallippuram	Coastal	ICDS	Rural South
8.Thrissur	Madakkathara[?]	Midland	Balavadi	Rural South
9.Palakkad	Akathethara	Midland	ICDS	Rural North
10.Malappuram	Vallikkunnu	Coastal	ICDS	Rural North
11.Kozhikkode	Onchiyam[?]	Coastal	*Balavadi*	Rural North
12.Wayanad	Thariyode	Highland	ICDS	Highland
13.Kannur	Mayyil	Midland	ICDS	Rural North
14.Kasargod	Peelikkode[?]	Coastal	*Balavadi*	Rural North

The density of population is the highest in Kudappanakunnu with 4,360 persons and the lowest in Thariyode with 143 persons per sq.km. Thariyode has tribal population, which constitutes 22 per cent of the total. Amboori also has a significant proportion (6 per cent) of tribal population. The proportion of SC population is the highest in Mezhuveli with more than 21 per cent.

There are significant differences not only in the work participation rates but in the occupational patterns among the selected *panchayat*s as well. Perhaps, per capita own tax revenue of the *panchayat*s may be considered an indicator of the relative levels of their economic development. Amboori is the most backward with per capita tax revenue of Rs 4.74. In contrast, Akathethara stands at the other extreme with per capita tax revenue of Rs 44.18.

The institutional survey constituted the most important source of information for our study. A three-part questionnaire was prepared for this purpose. Part I consisted of questions on institutional facilities to be collected mostly from the various records maintained at the *anganwadi*. Part II and Part III consisted of questions on socio-economic and capability status of *anganwadi* workers (teachers) and helpers respectively.

The number of *anganwadis*/*balavadis*/pre-primary schools in the selected *panchayat*s and the number of institutions covered by the survey are given in Table 2.3. The surveys were undertaken after *panchayat*-level general body meetings of *anganwadi*/*balavadi*/ pre-primary workers organised under the auspices of the *grama panchayat*s. The survey format and

Table 2.2 Population characteristics of the selected *panchayat*s

Panc-hayat	Total Popul-ation	Area sq.km	Density	Litera-cy rate	SC %	ST %	Per Capita Tax revenue	Work Partici-pation Total	Work Partici-pation Female
Amboori	16335	49.47	330.20	84.41	6.20	5.99	4.74	33.30	13.49
Kudappa-nakunnu	33534	7.69	4360.73	95.43	10.68	0.06	22.04	30.27	13.77
Klappana	21114	17.49	1207.20	89.09	8.12	0.00	8.85	33.81	21.85
Mezh-uveli	14121	14.44	977.91	96.02	21.48	0.01	20.21	28.68	11.50
Muthu-kulam	19933	11.58	1721.33	94.90	9.96	0.08	Na	25.60	12.50
Kumar-akom	22232	51.67	430.27	96.00	4.59	0.40	Na	37.72	25.45
Nedum-kandom	36969	71.95	513.82	91.00	6.22	0.38	Na	34.00	13.00
Pallipp-uram	41100	16.66	2466.99	93.34	8.40	0.13	20.67	31.69	13.50
Madakk-athara	20964	25.04	837.22	89.34	8.42	0.00	35.46	35.70	21.24
Akathe-thara	21514	23.00	935.39	86.61	10.37	0.09	44.18	33.87	19.92
Vallik-kunnu	35517	25.14	1412.77	88.41	8.17	0.01	12.77	26.71	10.35
Onchiyam	24856	8.72	2850.46	92.73	1.49	0.10	24.93	24.53	9.36
Thariyode	10236	71.17	143.82	84.41	2.05	22.35	19.83	39.58	22.32
Mayyil	25223	33.08	762.48	88.93	5.39	0.00	Na	31.49	1 8.27
Peelik-kode	21210	26.77	792.30	88.88	5.53	0.01	Na	37.70	29.90

the questionnaire were explained in detail in these meetings and *anganwadi* teachers were given the responsibility of filling up the questionnaire and returning the same to the *grama panchayat*. Several workshops were organised for discussing various aspects of the study with *anganwadi* workers, resource persons of selected *panchayat*s, and people's representatives. They served to highlight the day-to-day problems confronted by *anganwadis* and to discuss solutions for them.

In the light of the deliberations, a centre for the development of an ideal *anganwadi* was decided upon; namely the centre in the Kudappanakunnu *panchayat* of Thiruvananthapuram district. A handbook for use in block-level training of the taskforce members in charge of social welfare in local bodies was also prepared.

Besides data collected through a large number of evaluation studies of ICDS programme, many of which were conducted by our project team, we have also made extensive use of

information available with the State Planning Board relating to social welfare projects and the pattern of their financing. Another source of information that we have made extensive use of is the *panchayat* development reports produced by local bodies as part of the People's Planning Campaign.

Table 2.3 Number of institutions covered by the survey

District	*Panchayat*	No. of *anganwadis* in the *panchayat*	*Balavadi* / Pre-primary Schools	No. of Institutions which responded
Thiruvananthapuram	Vallakkadavu	9		4
	Amboori	14		14
	Kudappanakunnu	31		15
Kollam	Klappana	19		18
Pathanamthitta	Mezhuveli	21		21
Idukki	Nedumkandom	30		30
Palakkad	Akathethara	21		20
Malappuram	Vallikkunnu	33		33
Kozhikode	Onchiyam	N.A.	4	4
Wayanad	Thariyode	15		15
Kannur	Mayyil	25		25
Kasargod	Peelikkode	N.A.	10	10
Total				209

N.A = Not Applicable

3. Infrastructure, Programmes, and Services: An evaluation

We attempt here to evaluate the existing physical facilities of the *anganwadis* and the services currently being provided by them, based on the data collected through a sample survey, information available in the *panchayat* development reports, and the opinions expressed by representatives of *panchayats* at a State-level workshop held in October 1997. Table 3.1 presents the distribution of the *anganwadis* in our sample by the period of their establishment. Almost all of them were established after 1976 when the ICDS scheme was introduced. Only one of the *balavadis* in our sample had been in existence before 1970. The *anganwadis* in the State were not formed by transforming any existing institutions such as traditional pre-primary educational centres. They were all newly introduced ones in the State. Of the 191 centres for which information was available, about 55 per cent were established during the 1990s. While about 66 per cent of the *anganwadis* in the rural south were established before 1990, 64 per cent of the *anganwadis* in the rural north and 76 per cent of the *anganwadis* in the highlands came up only during the 1990s.

Table 3.1 Distribution of anganwadi centres by year of establishment

Area	Before 1970	1971-'80	1981-'90	1991 & after	Total
Rural South	0	3	35	20	58
Rural North	0	0	27	47	74
Urban	0	4	0	0	4
High land	0	1	9	32	42
Balavadi	1	3	4	5	13
Total	1	11	75	104	191

As per the national norm, an *anganwadi* is to be established for every 1,000 population or, say, around 200 families. Table 3.2 provides information on the average number of families and population in the service area of the *anganwadis*. The average population in the service area of *anganwadis* was around 994 in our sample. In the highlands, it was only 867. Wide difference was observed in family size between the south (4.35) and the north (5.89). Surprisingly, in our urban sample, the average family size was 5.64, which was higher than the overall sample average of 4.82.

Table 3.2 Average number of families, population, and family size in the service area of the *anganwadis*

Area average	No. of families	Total population	Average family size
Rural South	241.49	1050.78	4.35
Rural North	183.19	1079.84	5.89
Urban	188.00	1061.25	5.64
High land	219.42	867.22	3.95
Balavadi	199.12	910.60	4.57
Total	206.24	993.93	4.82

Women aged between 15-44 years and children constitute the target population of the *anganwadis*. On an average, there were 259 women aged between 15 and 44 in the service area of the *anganwadis*. Of them, 59 (23 per cent) were pregnant women and 74 (29 per cent) feeding mothers.

Building facilities

Inadequate infrastructural facilities seem to be the major constraint to effective functioning of *anganwadis*. Building facilities reckoned in terms of space and the nature of construction are unsatisfactory by Kerala norms. Nearly one-sixth of the buildings had only thatched roof and another 13 per cent were covered by asbestos or tin sheets (Table 3.3). As many as 28 per cent of the buildings were of mud floor (Table 3.4); the plinth area of 33 per cent of the buildings was less than 10 sq.m. Another 38 per cent of the buildings were of the area 11 to 20 sq.mt (Table 3.5)

Table 3.3 Distribution of *anganwadi* buildings by roof material

Area/Type	Thatched roof	Asbestos/ Tin sheet	Tile	Cement	Others	Total
Rural South	14	10	36	2	0	62
Rural North	13	4	56	4	1	78
Urban	2	1	1	0	0	4
High Land	3	11	25	2	1	42
Balavadi	1	0	7	6	0	14
Total	33	26	125	14	2	200

Table 3.4 Distribution of *anganwadi* buildings by floor materials

Area/Type	Mud	Cement	Others	Total
Rural South	17	40	0	57
Rural North	24	47	1	72
Urban	0	3	0	3
High Land	11	29	1	41
Balavadi	0	14	0	14
Total	52	133	2	187

Table 3.5 Distribution of *anganwadi* buildings by plinth area

Area/Type	1-10 sq.m.	11-20 sq.m.	21 sq.m. or above	Total
Rural South	18	15	8	41
Rural North	18	21	20	59
Urban	0	2	0	2
High Land	11	15	8	34
Balavadi	0	1	6	7
Total	47	54	42	143

Nearly 28 per cent of the *anganwadis* had their own buildings; 17 per cent functioned either in the buildings of other government departments or those of the *panchayat*; 41 per cent of the buildings were rented; and 15 per cent were temporarily provided by the people in the locality or through other means. Such local provisioning was prominent in the rural north project areas. Nearly one-third of the *anganwadi* buildings were locally sponsored or obtained through similar means. The proportion of own buildings (51.1 per cent) was the highest in the highland project areas.

Table 3.6 Distribution of *anganwadi* buildings by type of ownership

Area/Type	Own Building	Rented	*Panc-hayat*	Govt	Locally Sponsored	Others	Total
Rural South	17	34	2	11	1	0	65
Rural North	8	30	0	14	14	12	78
Urban	0	4	0	0	0	0	4
High Land	23	14	0	6	0	2	45
Balavadi	9	2	1	0	0	1	13
Total	57	84	3	31	15	15	205

There is one project office for every project area, which was co-terminous with the area of the community development block. The project office was the nodal centre for supply of food materials, venue for various conferences and the seat of the project supervisors who supervised the *anganwadis* in each *panchayat*. Therefore, distance between the *anganwadi* and the project office could be an important factor influencing its efficiency and recurring expenses. About 28 per cent of the *anganwadis* were within 10 km from the project office. It was seen that 72 per cent of the *anganwadis* in the rural north and 60 per cent of the *anganwadis* in the highland were located more than 10 km away from the project office.

As many as 25 per cent of the *anganwadis* did not even have a single spacious airy room. Only 44 per cent had verandah. Only 11 per cent had electricity connection and 28 per cent had open space for children's recreation (Table 3.7).

Sanitary conditions

The sanitary conditions in the *anganwadis* were not generally satisfactory. Only 30 per cent of the *anganwadis* had latrine. The corresponding proportion was 15 per cent in the case of project areas in the rural north. Only three per cent of the *anganwadis* had bathrooms.

Only around 3 per cent of the *anganwadis* had tap water facility. Thirty-five per cent had their own wells. The rest had to depend on public wells or other sources. Surprisingly, only around one-third of the *anganwadis* had protected vessels for storing drinking water. Dependency of *anganwadis* on common wells and other sources was relatively high in the rural north and highland project areas, than in rural south project areas.

Table 3.7 Distribution of *anganwadis* according to availability of space, electricity, and playground facilities

Area	Number of *anganwadi* centres where				
	No. of *anganvadi* centres	Spacious & airy rooms are available	Verandah exists	Electricity is available	Playground is available
Rural – South	65	49	24	11	15
Rural-North	78	54	45	9	23
Urban	4	1	2	0	2
High land	45	38	8	2	13
Balavadi	14	11	13	1	4
Total	206	153	92	23	57

Though feeding was an important activity of the *anganwadis*, only 54 per cent of them had separate kitchen; only 4 per cent were fitted with high efficiency smokeless *choolahs*. Thirty per cent did not have the number of minimum cooking utensils required. Similarly, more than half of the *anganwadis* did not have separate place to serve food or storeroom to keep food materials (Table 3.8).

Table 3.8 Distribution of *anganwadis* by kitchen facilities

Area/ Type	Facilities available							
	Separate kitchen	Smokeless *choolah*	Stove	Cooking utensils plates	Eating room	Store	Separate kitchen not available	Total
Rural–South	42	7	2	50	42	35	23	65
Rural-North	33	0	4	57	52	34	45	78
Urban	3	0	0	2	4	2	1	4
High-land	27	2	2	27	43	25	18	45
Bala-vadi	7	0	0	8	6	5	7	14
Total	112	9	8	144	147	101	94	206

Weighing machine for children is an essential instrument for preparing growth charts and monitoring the health of the children. Surprisingly, 22 per cent of the *anganwadis* reported that they did not have weighing instruments for children. Only a handful of the *anganwadis* had weighing machine for adults. On an average, an *anganwadi* had 3 benches and a table.

However, nearly one-fourth of them did not have a chair for use of the teacher. Only half the total number had blackboards. In terms of these facilities, the project areas in the rural south were relatively well endowed (Table 3.9).

Table 3.9 Distribution of *anganwadis* by availability of furniture and equipment

Area/ Type	First aid box	Weighing instrum-ents for children	Weighing instrum-ents for adults	Avg. No.of benches	Avg. No. of tables	Avg.No. of chairs	Avg.No. of black boards	Avg. No.of toys
Rural–South	51	59	2	4.28	1.07	0.94	1.01	5.93
Rural-North	74	67	1	2.51	0.94	0.62	0.25	1.68
Urban	4	4	0	5.5	1	0.75	0.50	9.75
High-land	40	45	0	4.54	1.15	0.95	0.53	0.53
Bala-vadi	0	8	1	3.85	0.92	4.42	0.57	2.28
Total	169	183	4	3.66	1.02	0.77	0.58	2.96

Nutrition programme

As we have seen, the nutrition programme for children and pregnant and lactating mothers is one of the most important services provided by the *anganwadis*. Almost everywhere, the afternoon diet provided to the pre-school children consisted of rice gruel and grams. The evening ration provided to children as well as to pregnant and lactating mothers is supposed to be more varied in content with wheat, raggee, and other cereals and grams and groundnut. The beneficiaries were allowed to take the food home. In many places, a custom had evolved of providing raw food materials to the beneficiaries to be taken home for preparing food. Detailed information is provided in Tables 3.10 to 3.14 regarding the number of persons (i) belonging to the different beneficiary categories, (ii) enrolled under the nutrition programme, and (iii) who actually have been provided food.

On an average, there were 5.82 pregnant women and 6.54 feeding mothers per *anganwadi* service area. The average number of pregnant women or feeding mothers was higher in the rural north and the highland areas than in the rural south areas. More than three-fourths of the pregnant women and feeding mothers were enrolled for the Supplementary Nutrition Programme (SNP). But as may be seen from Table 3.10 and 3.11, only around 64 per cent of the enrolled women were actually serviced by the *anganwadis*. The ratio was the lowest in the highland project areas, at around 47 per cent. The rural south project areas appeared to be doing better in terms of coverage.

Tables 3.12, 3.13, and 3.14 give details regarding child beneficiaries in the ICDS programme in our sample. On an average, there were 8.24 infants aged between 6 months and 1 year,

Table 3.10 Average number of pregnant women beneficiaries per *anganwadi*

Area / Type	No. of centres	Pregnant women				
		No. of persons in the beneficiary category	No. enrolled as per SNP register	No. who received SNP in Nov. 1997	Enrolled as percentage of beneficariary category	Actual beneficiaries as percentage of enrolled
Rural-South	65	5.27	4.08	3.16	77.42	77.45
Rural-North	78	6.60	4.64	2.97	70.30	64.01
Urban	4	5.75	4.75	4.75	82.61	100.00
High land	45	6.70	5.95	2.75	88.81	46.22
Balavadi	14	1.28	0.57	0.00	44.53	0.00
Total	206	5.82	4.48	2.81	76.98	62.72

Table 3.11 Average number of feeding mother beneficiaries per *anganwadi*

Area / Type	No. of Centres	Feeding mothers				
		No. of persons in the beneficiary category	No. enrolled as per SNP register	No. who received SNP in Nov.1997	Enrolled as percentage of beneficariary category	Actual beneficiaries as percentage of enrolled
Rural-South	65	5.81	4.37	3.38	75.22	77.35
Rural-North	78	7.28	4.82	3.33	66.21	69.09
Urban	4	7.00	6.25	6.25	89.29	100.00
High land	45	7.34	6.86	3.27	93.46	47.67
Balavadi	14	3.07	1.78	0.00	57.98	0.00
Total	206	6.54	4.94	3.16	75.54	63.97

23.33 children aged between 1 and 3 years, and 28.35 children aged between 3 and 6 years per *anganwadi*. Of them, 72 per cent in 6 months to 1 year category, 86 per cent in 1 year to 3 years category, and 78 per cent in 3 years to 6 years category were enrolled in the SNP register. But, only 66 to 69 per cent of the enrolled were actually provided food at the *anganwadis*.

Regarding the number of pregnant women, feeding mothers or children in the different age groups in the service area of the *anganwadi*, it is likely that the data are under-estimates. One

Table 3.12 Average number of infant beneficiaries (between 6 months and 1 year of age) per *anganwadi*

Area/ Type	No. of Centres	No. of children aged between 6 months and 1 year				
		No. of persons in the beneficiary category	No. enrolled as per SNP register	No. who received SNP in Nov.1997	Enrolled as percentage of beneficariary category	Actual beneficiaries as percentage of enrolled
Rural-South	65	7.33	5.10	3.06	69.58	60.00
Rural-North	78	9.74	6.70	4.54	68.78	67.76
Urban	4	10.25	9.25	9.25	90.24	100.00
High land	45	8.53	7.04	3.22	82.53	45.74
Balavadi	14	2.64	1.07	0.00	40.53	0.00
Total	206	8.24	5.94	3.57	72.09	60.10

Table 3.13 Average no. of child beneficiaries (between 1 year and 3 years of age) per *anganwadi*

Area/ Type	No. of centres	Children aged between 1 year and 3 years				
		No. of persons in the beneficiary category	No. enrolled as per SNP register	No. who received SNP in Nov. 1997	Enrolled as percentage of beneficariary category	Actual beneficiaries as percentage of enrolled
Rural-South	65	21.30	14.11	10.67	66.24	75.62
Rural-North	78	29.28	19.51	12.81	66.63	65.66
Urban	4	45.00	40.75	34.50	90.56	84.66
High land	45	21.18	13.34	9.20	62.98	68.97
Balavadi	14	0.35	0.71	0.00	na	0.00
Total	206	23.33	15.59	10.90	66.83	69.92

condition for enrolment in the SNP register was that the beneficiary should belong to Below Poverty Line (BPL) group or to such other underprivileged sections of the society. The observed high proportion of enrolment was probably an indicator of the fact that the total population in the different categories was underestimated. However, what is of relevance to our discussion is the ratio of actual beneficiaries to the total beneficiaries eligible for enrolment.

The data showed that around 40 per cent of the eligible population was not being serviced. There is reason to doubt if the statement of actual beneficiaries itself is inflated. As we noted in the previous section, a major point of contention between the local bodies and the Social Welfare Department is related to the actual number of beneficiaries. Many local bodies claimed that the figures for beneficiaries were inflated to claim higher rations and better service conditions.

Table 3.14 Average no. of child beneficiaries (between 3 years and 6 years of age) per *anganwadi*

Area / Type	No. of centres	Children aged between 3 years and 6 years				
		No. of persons in the beneficiary category	No. enrolled as per SNP register	No. who received SNP in Nov. 1997	Enrolled as percentage of beneficariary category	Actual beneficiaries as percentage of enrolled
Rural-South	65	24.75	18.08	14.62	73.05	80.86
Rural-North	78	35.36	28.62	17.98	80.94	62.82
Urban	4	42.00	37.75	30.50	89.98	80.79
High land	45	27.00	20.52	12.61	76.00	61.45
Balavadi	14	6.46	6.78	1.71	104.95	25.22
Total	206	28.35	22.22	14.88	78.37	66.97

As per the SNP scheme, 250 days of feeding or around 22 days of feeding per month is envisaged. However, the data collected in our sample survey showed that the actual feeding during November 1997 was only of 15.5 days. In 31 per cent of the *anganwadis*, the number of feeding days was less than 10. It may be remembered that there was a severe disruption of the nutritional programme due to closure of the World Food Programme assistance during the reference period.

Table 3.15 Average number of feeding days per anganwadi in November 1997

Area	Avergae No. of feeding days in a month (Nov. 1997)	No.of centres where feeding days in the month are		
		<10	10-20	21-30
Rural South	17.52	16	3	46
Rural North	11.32	32	27	19
Urban	16.00	1	2	1
High land	17.44	10	5	30
Balavadi	15.21	-	-	-
Total	15.498	59	37	96

Table 3.16 Quality of food stuff received under SNP

Area	No. of centres	Centres which reported quality as				
		Very poor	Poor	Good	Satisfactory	Very good
Rural South	65	0	8	24	29	0
Rural North	78	0	0	32	44	0
Urban	4	0	3	0	1	0
High land	45	0	0	14	30	0
Balavadi	14	0	0	6	5	0
Total	206	0	11	76	109	0

As regards the quality of food, the majority of the *anganwadi* teachers felt that it was satisfactory and a substantial number considered it good. How much of this opinion was due to the practice of official reporting could not be assessed. Many of the *panchayat* development reports had criticised the quality of food. The major problem faced by the *anganwadi* workers was related to the quantity of food materials provided and the problems related to transportation. It was a common allegation that the quantity of materials received was less than that was due. In our questionnaire, we had asked the respondents to make a descriptive statement of the problems that they faced in implementing the nutrition programme. The major problems identified by the teachers are listed below.

(i) Poor quality of food materials from ration shop
(ii) Difficulties in transporting food materials from ration shop
(iii) Delay in delivery of food materials from the ration shop
(iv) Reduction in quantity issued from the ration shop, by way of underweighing
(v) Financial problems in advancing money to ration shop
(vi) Delay in supply of SNP quota
vii) Reduction in quantity from SNP quota
viii) Quality of food materials from SNP
(ix) Storage problems
(x) Cooking difficulties

Whatever be the limitations of the feeding programme, it was undoubtedly one of the most important services catering to the most vulnerable sections of the society. Our data did not furnish any clue to conclusions on the nutritional impact of the programme. The data on the nutritional status of the beneficiaries of *anganwadis* indicated that nearly 60 per cent of the children have normal nutritional status. Around 30-33 per cent were only mildly malnourished (grade 1) and less than 10 per cent moderately malnourished (grade 2) [Table 3.17].

Health programmes

Immunisation constitutes one of the most important components of the health programmes of the *anganwadis*. However, 68 per cent of them had not conducted any vaccination camp during January-November 1997. A small minority of around 9 per cent had organised, on the other hand, more than 6 vaccination camps during the same period (Table 3.18). Around 31 per cent of the *anganwadis* did not have any medical stocks that were within the expiry date in November 1997.

Table 3.17 Nutritional status of children in *anganwadis*

Area / Type	No. of centres	Children aged below 1 year of			Children aged 1-2 years			Children aged 3-6 years		
		Normal weight	Grade1	Grade2	Normal weight	Grade1	Grade2	Normal weight	Grade1	Grade2
Rural South	65	67.66	29.14	3.29	63.67	31.23	5.10	65.06	33.95	3.99
Rural North	78	65.22	28.86	5.92	56.51	32.33	11.17	57.82	33.49	8.69
Urban	4	31.43	34.29	34.29	33.95	36.42	9.63	31.91	41.13	26.95
High land	45	56.70	33.67	9.63	50.33	36.89	12.78	56.97	35.46	7.57
Balavadi	14	90.45	9.55	0.00	96.73	3.27	0.00	100.00	0.00	0.00
Total	206	63.72	29.84	6.44	57.19	32.81	10.01	58.85	33.88	7.27

Table 3.18 Distribution of anganwadis by the number of vaccination camps (January-November 1997)

Area / Type	No. of centres	No. of centres with vaccination camps in the range of			
		0	1 - 5	6 - 10	>10
Rural South	65	35	14	2	14
Rural North	78	59	15	1	3
Urban	4	0	0	4	0
High land	45	33	11	1	0
Balavadi	14	13	0	0	1
Total	206	140	40	8	18

Table 3.19 gives the distribution of *anganwadis* by the number of children who were vaccinated. In nearly half the number of *anganwadis*, more than 50 children were given vaccination during 1997. There were only 21 *anganwadis* (or around 10 per cent of the sample) which had no children vaccinated during the period.

Table 3.19 Distribution of *anganwadis* by the number of children vaccinated

Area	No. of Centre	Centres according to the number of vaccinated				
		0	1-9	10-50	51-100	>100
Rural South	65	5	3	20	34	3
Rural North	78	6	7	24	27	14
Urban	4	0	0	4	0	0
High Land	45	5	5	18	12	5
Balavadi	14	5	1	7	1	0
Total	206	21	16	73	74	22

There existed also a wide variation among the centres in respect of the number of children who underwent medical examination. The data for January-November 1997 are presented in Table 3.20. In nearly one-third of the *anganwadis*, no medical examination was undertaken. On the other extreme, there were nearly 19 per cent of the *anganwadis* where more than 50 children were given medical examination. Some of the children were even referred to hospitals for detailed medical examination. Around 18 per cent of the *anganwadis* had undertaken such referral services (Table 3.21)

Table 3.20 Distribution of *anganwadis* by the number of children who underwent medical examination

Area / Type	No. of centres	Centres according to the number of vaccinated				
		01-9 children	10-50 children	51-100 children	>100 children	children
Rural South	65	19	7	28	10	1
Rural North	78	24	13	25	13	3
Urban	4	0	0	1	3	0
High Land	45	25	3	11	6	0
Balavadi	14	13	0	1	0	0
Total	206	81	23	66	32	4

Table 3.21 Distribution of *anganwadis* by the number of children referred to specialist medical examination

Area / Type	No. of centres	No. of centres with children with illness sent for specialist examination in the range of				
		0 children	1-5 children	6-10 children	>10 children	Not known
Rural South	65	57	7	1	0	0
Rural North	78	61	17	0	0	0
Urban	4	0	0	0	0	4
High Land	45	33	9	1	2	0
Balavadi	14	0	0	0	0	14
Total	206	151	33	2	2	18

Medical camps for pregnant women were not common. If the *balavadis* were excluded, it was seen that in 78 per cent of the cases, no medical examination camps were organised for pregnant women. Significantly, more than 10 monthly medical examination camps were organised for them in 15 *anganwadis*, particularly those in the rural south areas (Table 3.21).

Government medical doctors served 46 per cent of the *anganwadis*. Surprisingly, private doctors were involved in 19 per cent of the cases. Other PHC workers also served the *anganwadis* together with medical doctors or independently. The *balavadis* did not provide any services to adult women. It was surprising that medical check-ups were not carried out in the urban centres (Table 3.22).

Table 3.22 Distribution of *anganwadis* by the number of medical examination camps for pregnant women

Area / Type	No. of centres	No. of centres which held medical examiation camps for pregnant women in the range of				
		0 children	1-5 children	6-10 children	>10 children	Not known
Rural South	65	44	9	1	11	0
Rural North	78	65	5	4	4	0
Urban	4	4	0	0	0	0
High Land	45	37	8	0	0	0
Balavadi	14	0	0	0	0	14
Total	206	150	22	5	15	14

Table 3.23 Distribution of *anganwadis* by type of medical personnel

Area / Type	No. of centres	No. of centres where medical examination for pregnant women has been conducted by				
		Govt. doctor	Private doctor	Other health worker	PHC worker	Not known
Rural South	65	46	19			0
Rural North	78	41	17	6	14	0
Urban	4	0	0	0	0	4
High Land	45	9	2	1	9	24
Balavadi	14	0	0	0	0	14
Total	206	96	38	7	23	42

It was seen that in 80 per cent of the centres, there had not been any instance of underweight children born during the period under survey. This positive aspect could be attributed partly to the services provided by the *anganwadis* to pregnant women.

Health Education

It was seen that only 13% of the *anganwadis* failed to organise any health education programmes during January-November 1997. Nearly 14 per cent of them organised at least a programme each every month (Table 3.24).

Table 3.24 Distribution of centres by the number of low birth weight children

Area / Type	No. of centres	No. of centres with children of low birht weight in the range of				
		No. children	1-5 children	6-10 children	>10 children	Not known
Rural South	65	57	7	1	0	0
Rural North	78	61	17	0	0	0
Urban	4	0	0	0	0	4
High Land	45	33	9	1	2	0
Balavadi	14	0	0	0	0	14
Total	206	151	33	2	2	18

Table 3.25 Distribution of *anganwadis* by number of health education programmes conducted

Area	No. of centres	Centres where the number of women who attended the programmes were in the range of			
		No programme	10 or less programme	More than 10 programmes	Not applicable
Rural South	65	12	24	29	0
Rural North	78	9	38	31	0
Urban	4	0	4	0	0
High Land	45	4	28	13	0
Balavadi	14	0	0	0	14
Total	206	25	94	73	14

The health education meetings were fairly well-attended, leaving aside 25 *anganwadis* where no programmes were organised. It was seen that more than 50 women participated in the meetings in one-third of the cases. Usually, Health Department staff also attended the programmes.

Anganwadi workers and supervisors are supposed to make periodic visits to beneficiary families. The data presented in Table 3.27 show that in around half of the cases, the number of houses visited in the year was less than 50, a number that could not be considered satisfactory by any standard. It is also seen from the Table 3.28 that in 72 per cent of the *anganwadis*, the supervisors did not visit any family in their respective service areas. In the case of CDPO, the proportion of centres with zero family visits went up to 93 per cent (Table 3.29).

The officials of the Health department are supposed to visit *anganwadis*. In the following Tables 3.30, 3.31, and 3.32, we present the distribution of *anganwadis* by periodicity of the visit by the key officials of the Health Department namely ALM, LHV (Lady Health Visitor), and MO (Medical Officer).

Table 3.26 Distribution of *anganwadis* by the number of women who participated in health education programmes

Area / Type	No. of centres	Centres where the number of women who attended the programmes were in the range of				
		0 children	1-50 children	51-100 children	>100 children	Not applicable
Rural South	65	12	27	6	20	0
Rural North	78	9	38	10	21	0
Urban	4	0	4	0	0	0
High Land	45	4	33	3	5	0
Balavadi	14	0	0	0	0	14
Total	206	25	102	19	46	14

Table 3.27 Distribution of *anganwadis* by the number of families visited by *anganwadi* worker

Area / Type	No. of centres	No. of centres where the families visited by the anganavadi worker was in the range of				
		<25	26-50	51-100	>100	Not applicable
Rural South	65	1	23	16	26	0
Rural North	78	22	23	22	11	0
Urban	4	1	0	3	0	0
High land	45	20	14	9	2	0
Balavadi	14	0	0	0	0	14
Total	206	44	60	50	38	14

Table 3.28 Distribution of *anganwadis* by the number of families visited by anganwadi supervisors

Area / Type	No. of centres	No. of centres where the families visited by the anganavadi worker was in the range of				
		0	1-10	11-50	>50	Not applicable
Rural South	65	32	22	10	1	0
Rural North	78	64	14	0	0	0
Urban	4	3	0	1	0	0
High land	45	40	3	2	0	0
Balavadi	14	0	0	0	0	14
Total	206	139	39	13	1	14

The ALM is the most common visitor to the *anganwadis*, say once in a fortnight. But, it may be noted that there were 36 *anganwadis* (20 per cent) where no ALM ever visited during 1997 (Table 3.30). The LHV normally visits the *anganwadis* once a month. But, Table 3.30 shows that no LHV visited 82 (43 per cent) *anganwadis* during the year. In the case of medical officers, the number of non-visited *anganwadis* went up to 120 (63 per cent) (Table 3.32).

Table 3.29 Number of centres in which families were visited by CDPO or ACDPO

Area / Type	No. of centres	No. of centres where the families visited by the CDPO was in the range of	No. of centres where the families were visitedbyACDPO	Not applicable
Rural South	65	9	0	0
Rural North	78	1	4	0
Urban	4	0	0	0
High land	45	2	0	0
Balavadi	14	0	0	14
Total	206	12	4	14

Table 3.30 Distribution of *anganwadis* by the number of visits by ALM

Area / Type	No. of centres	No. of centres where the visits by health dept. officials(ALM) has been in the range of				
		0	1-10	11-25	>25	Not applicable
Rural South	65	5	26	30	4	0
Rural North	78	17	28	30	3	0
Urban	4	0	0	3	1	0
High land	45	14	20	11	0	0
Balavadi	14	0	0	0	0	14
Total	206	36	74	74	8	14

Table 3.31 Distribution of *anganwadis* by the number of visits by LHV

Area / Type	No. of centres	No.of centres where the visits by health dept. officials(LHV) has been in the range of			
		0	1-10	>10	Not applicable
Rural South	65	16	34	15	0
Rural North	78	41	35	2	0
Urban	4	4	0	0	0
High Land	45	21	23	1	0
Balavadi	14	0	0	0	14
Total	206	82	92	18	14

Table 3.32 Distribution of *anganwadis* by number of visits by MO

Area / Type	No. of centres	No.of centres where the visits by health dept. officials(MO has been in the range of			
		0	1-10	>10	Not applicable
Rural South	65	28	23	14	0
Rural North	78	58	19	1	0
Urban	4	0	4	0	0
High Land	45	34	11	0	0
Balavadi	14	0	0	0	14
Total	206	120	57	15	14

Pre-school education

The pre-school education programme is an essential component of the *anganwadi* activities. On an average, there were around 30 children to be covered for each *anganwadi*. Nearly, 84 per cent of them were actually provided pre-school education. But it was also reported that in the month of November 1997, no pre-school programmes were organised in 26 per cent of the *anganwadis* (Table 3.33).

Table 3.34 provides information on the distribution of *anganwadis* that were not involved in some of the important educational activities included in the scheme. It is evident that story-telling was the most popular educational activity. Only in 11 cases were such activity undertaken. In contrast, 59 per cent of the centres undertook clay modelling and 60 per cent took up painting or cardboard form making as an activity.

Table 3.33 Distribution of *anganwadi* centres by coverage of pre-school education programme

Area / Type	No. of centres	Avg. No.of children to be covered	Avg.No.of prov-ided with pre-school education	No. of pre-school programs conducted in a month (Nov.1997)		
				0	1-10	>10
Rural South	65	29.01	22.43	11	38	16
Rural North	78	34.14	26.50	25	46	7
Urban	4	33.33	31.33	-	-	-
High land	45	30.02	19.24	5	25	15
Balavadi	14	20.92	23.71	13	0	1
Total	206	29.48	24.64	54	109	39

Table 3.34 Distribution of *anganwadis* by selected educational activities taken up

Area / Type	No. of centres	Story-telling	Painting	Clay modelling	Cardboard forms making	Group play	Others
Rural South	65	1	16	32	19	3	19
Rural North	78	5	23	55	28	19	40
Urban	4	-	-	-	-	-	-
High land	45	3	7	22	9	6	9
Balavadi	14	2	11	13	11	3	8
Total	206	11	57	122	67	31	76

4. *Anganwadi* Personnel and Community Participation

Having reviewed the facilities and services of the *anganwadis*, we now examine the status, capabilities, and workload of the *anganwadi* personnel. We have already described the staffing pattern of the *anganwadis* and their responsibilities. Our survey covered the *anganwadi* workers (teachers) and the helpers who are directly responsible for organising the activities of each centre. The supervisory staff has not been covered in our survey. Each *anganwadi* is supposed to have a local patrons' committee, which is envisaged, as a forum to ensure local-level participation and support in the activities of the centre.

Anganwadi teachers

Anganwadi teachers are the key actors in the running of the scheme. All teachers are women. Nearly 90 per cent of them are permanent workers. Only half of them stay within the operational area of the centre, implying that the rest have to spend considerable time travelling to the centre everyday. Nearly 40 per cent of them have more than 10 years of work experience. It is seen from Table 4.1 that the experience profile of the teachers in the rural south is higher than that of the rest; while only 43 per cent have less than 10 years of experience in the rural south centres, the corresponding proportion is 63 in the case of rural north and 71 in the case of highlands. This corresponds to our finding in the previous section that the centres in rural north and the highlands were the ones established more recently, mostly during the 1980s.

Table 4.1 Distribution of *anganwadi* centres by residence, tenure, and experience of teachers

Area / Type	No. of centres	No of centres where teachers are stay within the operational area	No of teachers in the permanent category	No of years of experience		
				<10	11-20	>20
Rural South	65	40	62	27	38	0
Rural North	78	36	70	49	22	7
Urban	4	1	4	1	3	0
High land	45	22	39	32	10	3
Balavadi	14	11	10	6	7	1
Total	206	110	185	115	80	11

There is only one case, that too in the *balavadi*, where the educational qualification of the teacher was below SSLC. Seventeen per cent of them were pre-degree holders and five per cent degree holders. Thirty-two per cent of the *anganwadi* teachers were aged below 30 years. It was also seen that the age profiles in rural north and highland areas were lower and the educational profile better than in rural south. As we have seen, the former were relatively new entrants into the occupation (Table 4.2).

Table 4.2 Distribution of *anganwadi* centres by age and educational status of teachers

Area / Type	No. of centers	Age			Educational qualification				
		<30	31-50	>50	Below SSLC	SSLC	PDC	Degree	Others
Rural South	65	11	51	3	0	55	7	2	1
Rural North	78	32	45	1	0	49	21	6	0
Urban	4	1	1	2	0	3	1	0	0
High land	45	18	25	2	0	30	13	2	0
Balavadi	14	4	6	4	1	10	3	0	0
Total	206	66	12	12	1	147	45	10	3

Almost all the *anganwadi* teachers have received training under the ICDS programme. Only 4 per cent of them reported that they had not participated in any of the training programmes. Sixty-six per cent of them had undergone basic work training and 55 per cent orientation progammes. Three-fourths had attended refresher courses. The proportion of *anganwadi* teachers who had attended basic work training was higher in rural south.

Table 4.3 Distribution of *anganwadi* centres, participation of *anganwadi* teachers in training programmes

Area / Type	No. of centres	No. of teachers who participated in training programmes			
		Work training	Refresher training	Orientation training	None
Rural South	65	46	47	25	1
Rural North	78	44	26	50	6
Urban	4	4	3	4	0
High land	45	32	24	35	1
Balavadi	14	9	1	0	0
Total	206	135	101	114	8

The caste distribution of *anganwadi* teachers is given in Table 4.4. The representation of the backward and Scheduled Castes was higher than their share in population and in the government service sectors. Only less than 50 per cent of the *anganwadi* teachers were from the forward communities. Thirty-six per cent of them belonged to the Other Backward Castes and 17 per cent from Scheduled Castes.

Around 77 per cent of the *anganwadi* teachers were married and had the principal responsibility of upkeep of their families (Table 4.5).

The salary from the *anganwadi* was the only source of personal income for 94 per cent of the anganwadi teachers (Table 4.6). The monthly honorarium of *anganwadi* teachers was only Rs 500 until 1996. In 1997, it was raised to Rs 763 per month; 15 per cent of them, however, reported monthly incomes of less than Rs 500. It is also seen that the family incomes of 75

per cent of the *anganwadi* teachers were below Rs 1000 per month. In other words, a majority of the *anganwadi* teachers themselves belonged to the below poverty line category.

Table 4.7 compares data on various activities performed by Anganwadis.

Table 4.4 Community-wise distribution of *anganwadi* teachers

Area/ Type	No. of centres	No. of teachers who belong to			
		Sch.castes	Sch.tribes	OBC	Others
Rural South	65	17	1	23	24
Rural North	78	6	0	25	47
Urban	4	1	0	2	1
High land	45	8	0	15	22
Balavadi	14	1	0	10	3
Total	206	33	1	75	97

Table 4.5 Marital status of *anganwadi* teachers

Area/Type	No. of centers	No. of teachers who are			
		Married	Un married	Widow	Not reported
Rural South	65	58	6	1	0
Rural North	78	56	19	2	1
Urban	4	3	1	0	0
High land	45	34	9	1	1
Balavadi	14	8	6	0	0
Total	206	159	41	4	2

Table 4.6 Distribution of *anganawadi* teachers by income and asset status

Area / Type	No. of centres	No. of workers according to family incomepm			No. of workers whose families have no landed Property	No. of workers with own monthly income			No. of workers who do not have any other sources of income
		<Rs 1000	>Rs 1000	Not repo-rted		<Rs 500	>Rs 500	Not repo-rted	
Rural South	65	54	9	2	5	12	47	6	63
Rural North	78	49	18	11	17	7	64	7	71
Urban	4	3	0	1	1	1	3	0	4
High land	45	38	5	2	5	3	40	2	42
Balavadi	14	12	2	0	5	7	7	0	13
Total	206	156	34	16	33	30	161	15	193

Table 4.7 Distribution of *anganwadi* teachers by the hours spent in selected educational activities

Area/ Type	No of centres	Story-telling				Painting				Clay modelling				Cardboard forms making				Group play				Otheres			
		0	1-25	>25	Not repor-ted	0	1-25	>25	Not repor-ted	0	1-25	>25	Not repor-ted	0	1-25	>25	not repor-ted	0	1-25	>25	Not repor-ted	0	1-25	>25	Not repor-ted
Rural South	65	1	56	1	7	16	43	1	5	32	28	0	5	19	41	1	4	3	56	1	5	19	40	2	4
Rural North	78	5	69	1	3	23	45	0	10	55	20	0	3	28	45	0	5	19	58	0	1	40	30	5	3
Urban	4	-	-	-	4	-	-	-	4	-	-	-	4	-	-	-	4	-	-	-	4	-	-	-	4
High-land	45	3	42	0	0	7	37	0	1	22	20	0	3	9	35	0	1	6	37	1	1	9	27	9	0
Bala-wadi	14	2	11	1	0	11	3	0	0	13	1	0	0	11	3	0	0	3	11	0	0	8	5	1	0
Total	206	11	178	3	14	59	128	1	20	122	69	0	15	67	124	1	14	31	162	2	11	76	102	17	11

Table 4.8 presents certain interesting aspects of extra-occupational involvement of *anganwadi* teachers. Twelve per cent of them were elected representatives in local bodies. Thirty-six per cent were members of various women's organisations; only a few were politically active and 38 per cent claimed membership in trade unions.

Table 4.8 Membership of *anganwadi* teachers in political and social organisations

Area / Type	No. of centres	No. of workers who are elected representatives of local bodies	No. of workers who are members of		
			Women's organisations	Political parties	Trade unions
Rural South	65	9	25	1	25
Rural North	78	11	12	0	45
Urban	4	0	1	0	2
High land	45	3	31	1	8
Balavadi	14	2	6	1	0
Total	206	25	75	3	80

At present, there are four unions of *anganwadi* staff in the State. *Anganwadi* Workers and Helpers Association affiliated to CITU with a membership of around 15,000 is the strongest of the four. The influence of another union, *Anganwadi* Staff Association, is relatively strong in the districts of Kottayam, Ernakulam, and Thiruvananthapuram. *Anganwadi* Staff Federation has following in Kollam, Pathanamthitta, and Thiruvananthapuram districts. The fourth one, *Anganwadi* Workers and Helpers Union, is confined largely to Thiruvananthapuram district. The major demands raised by the unions are the following:

(i) Regularise the services of *anganwadi* workers and helpers as government employees.
(ii) Introduce promotion system, so that upward mobility is possible from helper to worker and from worker to supervisor.
(iii) Introduce minimum wages linked to cost of living index.
(iv) Grant medical leave, maternity leave, pension, and other fringe benefits.
(v) End privatisation of *anganwadis*.
(vi) Give special wages for extra duties.
(vii) Improve infrastructure facilities, diet, and equipment of the *anganwadis*.

Despite the poor income earnings, *anganwadi* teachers reported a relatively high level of job satisfaction: 46 per cent reported 'very high' level of job satisfaction. Almost every employee felt that the parents of their wards respected her profession.Other sections in the community had also recognised their services and acknowledged their services with great regard (Table 4.9).

Table 4.10 reflects the priorities suggested by the *anganwadi* teachers regarding the remedial measures to be adopted to improve the conditions of *anganwadis*. Despite their pitiable income conditions, only 27 per cent gave the highest priority to improvement of their own income; 45 per cent gave the highest priority to the building facility. The need for inclusion of nutritious items in the children's diet and improvement of the toy inventory in the institutions also were among the reported priority items.

Table 4.9 Distribution of *anganwadi* teachers by levels of job satisfaction

Area/ Type	No. of centres	No. of workers who have reported level of job satisfaction as					No. of teachers who reported that parents do not give them respect	Feedback on respect shown by others		
		Very poor	Poor	Mode-rate	High	Very High		Not at all	To some extent	Very much
Rural South	65	1	1	13	13	35	0	2	10	32
Rural North	78	0	2	26	13	31	2	1	17	27
Urban	4	0	2	1	1	0	0	0	0	0
High land	45	1	0	19	6	17	0	0	8	13
Bala-vadi	14	0	0	4	2	8	0	0	1	8
Total	206	2	5	63	35	91	2	3	36	80

Table 4.10 Priority given by *anganwadi* teachers to remedial measures

Area	No. of centres	No. of teachers who have reported the highest priority for						
		Building facility	Impro-vement of food	Toy mak-ing	Increase in wages	Train-ing	Improve-ment in health activities	Others
Rural South	65	38	8	2	13	2	1	0
Rural North	78	30	1	5	36	1	1	0
Urban	4	1	1	0	2	0	0	0
High land	45	20	2	2	3	2	2	14
Balavadi	14	4	4	1	2	0	3	0
Total	206	93	16	10	56	5	7	14

Anganwadi helpers

Compared to the teachers, a slightly higher percentage (57 per cent) of the helpers was found to be staying within their operational areas. Eighty-five per cent of them belonged to the permanent category. The average work experience of the helpers was significantly lower than that of the teachers. Only 25 per cent had more than 10 years of work experience. The proportion of new entrants was higher in rural north and the highlands.

Table No. 4.11 Residence status, tenure, and experience of *anganwadi* helpers

Area / Type	No. of centres	No of centres in which helpers stay within the operational area	No of Helpers in the permanent category	No of years of experience		
				<10	>10	Not reported
Rural South	65	43	57	29	29	7
Rural North	78	37	69	56	11	11
Urban	4	3	4	0	4	0
High land	45	23	39	35	6	4
Balavadi	14	12	6	10	2	2
Total	206	118	175	130	52	24

No remarkable difference is observed in the age profile as between the *anganwadi* teachers and the helpers. However, there is a sharp contrast with reference to educational qualifications. While all the *anganwadi* teachers had SSLC or higher educational qualification, 62 per cent of the helpers had educational qualification below SSLC. There was hardly any helper with educational qualification higher than SSLC (Table 4.12).

Table 4.12 Distribution of *anganwadi* helpers by educational status

Area / Type	No. of centres	Age				Educational qualification				
		<30	31-50	>50	Not reported	Below S.S.L.C	S.S.L.C	Pre-Degree	Degree	others
Rural South	65	13	47	4	1	42	21	0	0	2
Rural North	78	21	51	1	5	42	33	0	0	3
Urban	4	0	1	3	0	3	1	0	0	0
High land	45	17	25	1	2	30	15	0	0	0
Balavadi	14	5	4	2	3	6	4	1	0	3
Total	206	56	128	11	11	123	74	1	0	8

Unlike the *anganwadi* teachers, nearly 40 per cent of the helpers had not undergone any training or orientation programme. Only 25 per cent had the benefit of some on-the-job training. However, 35 per cent of them had participated in orientation programmes.

Among those who furnished the information, the proportion of helpers belonging to the forward castes was 42 per cent, very similar to the proportion among *anganwadi* teachers. The proportion of Scheduled Castes and Scheduled Tribes among the helpers was 28 per cent, 11 percentage points above that among the teachers.

Table 4.13 Participation in training

Area/ Type	No. of centres	No. of Helpers who participated in training programmes			
		Job training	Refresher training	Orientation training	None
Rural South	65	21	16	27	5
Rural North	78	15	9	6	50
Urban	4	4	4	4	0
High land	45	11	5	34	15
Balavadi	14	1	0	0	12
Total	206	52	34	71	82

Table 4.14 Distribution of *anganwadi* helpers by community status

Area / Type	No. of centres	No. of Helpers who belongs to				
		Sch.castes	Sch.tribes	OBC	Others	Not reported
Rural South	65	25	2	2	17	19
Rural North	78	8	0	31	29	10
Urban	4	1	0	1	1	1
High land	45	7	4	9	21	4
Balavadi	14	0	1	9	3	1
Total	206	41	7	52	71	35

Table 4.15 Distribution of *anganwadi* helpers by income and asset status

Area / Type	No. of centres	No. of helpers whose family income per month is			No.of helpers who have no family property	No.of helpers with monthly own income of				No. of helpers who do not have any other source of income
		<Rs 1000	>Rs 1000	Not reported		<Rs 300	Rs 300-500	>Rs 500	Not reported	
Rural South	65	58	1	6	12	2	59	0	4	61
Rural North	78	58	6	14	16	1	72	0	5	73
Urban	4	4	0	0	1	0	3	0	1	1
High land	45	42	0	3	2	2	39	1	3	42
Balavadi	14	12	0	2	2	8	4	0	2	12
Total	206	174	7	25	33	13	177	1	15	189

The economic status of the *anganwadi* helpers was significantly lower than that of the teachers. Almost all the helpers earned less than Rs 500 per month and hardly anybody had any significant alternative source of income. The proportion of helpers whose family income was above Rs 1000 per month was negligible. Until recently, the monthly allowance of helpers was only Rs 300. It has since been revised to Rs 460.

Seventeen of the helpers in our sample (10 of them belonging to rural northern region) were elected representatives of local bodies. In terms of union members or membership in women's organisations, the involvement of helpers was relatively low compared to that of the teachers (Table 4.16).

Table 4.16 Distribution of *anganwadi* helpers by membership in organisations

Area / Type	No. of centres	No. of helpers who are elected representatives	No. of Helpers who are members of		
			Women's organisations	Political parties	Trade unions
Rural South	65	7	17	1	18
Rural North	78	10	12	0	43
Urban	4	0	0	0	2
High land	45	0	21	1	7
Balavadi	14	0	4	0	0
Total	206	17	54	2	70

Local participation

According to the ICDS scheme, *anganwadi* centres should be run with the active participation of the communities concerned, particularly the mothers. In Table 4.17, the extent of involvement of mothers in some of the activities of the centre is indicated. It was seen that in 58 per cent of the centres, mothers were involved in the arts festivals of the children. In 42 per cent of the centres, old people of the locality had been interacting with the children. Only in 7 per cent of the cases, no meeting of the mothers was held during the past one year. In 16 per cent of the cases, more than 10 such meetings were held.

Formal local-level patrons' committees existed in 86 per cent of the centres. Of the 12 activities listed, on an average, each patrons' committee was involved in organising 3.73 activities (Table 4.18). The involvement of the local committees was higher in the highland areas. Surprisingly in a majority of the centres, no awareness classes were conducted under the ICDS project.

As may be seen from Table 4.19, the level of local community participation was the highest in the meetings of the mothers. Twenty-two per cent of the centres failed to report the number of mothers who participated in such meetings. In 33 centres, more than 50 mothers attended the meetings on an average. In contrast, the number of centres that got local participation was 41 per cent in the preparation of food; 59 per cent in the case of vaccination camps, and 86 per cent in the case of maintenance of buildings. Very little local-level partici-

pation was observed in the organisation of camps for pregnant women or conduct of study tours for children. In nearly 40 per cent of the centres, members of the local community were involved in organising cultural programmes for children.

Table 4.17 Participation of mothers

Area / Type	No. of centres	No. of centres where art festivals of mothers and children are organised	No. of centres where help of old people from the locality was sought for interacting with children	No. of mothers' meetings held (Mathrusangamam)		
				0	1-10	>10
Rural South	65	37	31	3	54	8
Rural North	78	40	33	2	58	18
Urban	4	1	0	1	3	0
High land	45	39	18	2	37	6
Balavadi	14	2	5	6	7	1
Total	206	119	87	14	159	33

Table 4.18 Local-level committees

Area/ Type	No. of centres	No. of centres where local level patrons' committees have been formed	Average no. of of activities in which local level committees have co-operated (out of the 12 prescri-bed activities)	No. of awareness classes conducted under ICDS project		
				0	1-10	>10
Rural South	65	50	3.26	32	29	4
Rural North	78	73	3.33	45	30	2
Urban	4	1	-	-	-	-
High land	45	45	4.86	20	22	3
Balavadi	14	9	4.42	13	1	0
Total	206	178	3.73	110	82	9

Table 4.19 Local Community participation in the activities of *anganwadis*

Area / Type	No. of centres	No. of participants in mothers meetings					No. of people who helped in preparation of food					No. of participants in vaccination camps					No. of volunteers in building maintenance				
		0	1-10	11-50	> 50	Not reported	0	1-10	11-50	> 50	Not reported	0	1-10	11-50	> 50	Not reported	0	1-10	11-50	> 50	Not reported
Rural South	65	8	20	25	12	0	20	37	7	1	0	33	19	13	0	0	61	4	0	0	0
Rural North	78	18	24	19	16	1	36	37	4	0	1	44	27	5	0	2	64	10	3	0	1
Urban	4	3	1	0	0	0	4	0	0	0	0	1	3	0	0	0	4	0	0	0	0
High land	45	4	6	28	5	2	13	18	14	0	0	32	11	2	0	0	35	7	3	0	0
Balavadi	14	12	1	1	0	0	12	2	0	0	14	12	2	0	0	0	13	1	0		14
Total	206	45	52	73	33	3	85	94	25	1	1	122	62	20	0	2	177	22	6	0	1

Table 4.19: (continued)

Area / Type	No. of centres	No. who helped in organising medical camps for pregnant women					No. of people who helped the conduct of cultural programmes of mothers					No. of people who co-ordiated in the organis-ation of children's arts meet					No. of adults who acc-ompanied children's study tours				
		0	1-10	11-50	> 50	Not repo-rted	0	1-10	11-50	> 50	Not repo-rted	0	1-10	11-50	> 50	Not repo-rted	0	1-10	11-50	> 50	Not repo-rted
Rural South	65	45	14	6	0	0	49	15	1	0	0	38	24	2	0	1	60	4	1	0	0
Rural North	78	67	7	3	0	1	64	8	5	0	1	58	11	7	1	1	61	12	4	0	1
Urban	4	4	0	0	0	0	4	0	0	0	0	0	4	0	0	0	4	0	0	0	0
High land	45	39	6	0	0	0	26	12	7	0	0	18	7	20	0	0	40	3	2	0	0
Balavadi	14	13	1	0	0	0	13	0	1	0	0	13	0	1	0	0	14	0	0	0	0
Total	206	168	28	9	0	1	156	35	14	0	1	127	46	30	1	2	179	19	7	0	1

5. *Anganwadis* under People's Planning

In the preceding sections, we discussed some of the serious problems faced by mothers and children, with regard to services rendered through *anganwadis*, such as the following: inadequacy of building facilities; poor quality and composition of the diet; lack of teaching aids and recreational facilities for children; inadequate quality of services in general; leakage and wastage of resources; lack of community participation; inadequate worker motivation and poor service conditions of the *anganwadi* personnel.

To what extent has the decentralisation process in the State addressed these issues? Answers to these questions form the focus of study in the present section. It may be noted that the *Panchayati Raj* Act in the State bestows on the local self-governments important responsibilities with regard to childcare services including:

(i) implementation of programme for providing nutritional diet to pre-school children,

(i) implementation of child welfare programmes, and

(iii) control and supervision of *anganwadis*.

We shall first examine the extent to which women and child care services have been incorporated into the planning process. We shall then examine the outcome as reflected in the annual plan of the local bodies for 1997-'98, the steps taken to improve the performance and finally their impact on the annual plan for the year 1998-'99.

Social welfare sector and the planning process

As we have already noted in the introductory section, the distinguishing characteristic of the decentralisation programme in Kerala has been the high level of autonomy that has been assigned to the local bodies. Nearly 80 per cent of the devolution of funds is in the form of grant-in-aid. The local bodies are free to draw their own priorities. However, in order to ensure transparency and participation, an elaborate procedure has been laid down. The procedures provide opportunities for local interest groups to intervene actively in the planning process and influence the allocation of funds. We shall briefly review the planning process with special reference to the social welfare sector.

The first step in the decentralisation of the planning process was the identification of the felt needs of the people. It was accomplished by convening the *grama sabhas*, ensuring maximum participation of people, especially women and other weaker sections of the society. The discussions in the *grama sabhas* were organised in groups of 25-50 persons, one for each development sector in addition to one group for SC/ST development, and one for women's development. Given the large size of *grama sabhas* in the State, the organisation of sector-wise group discussion made it possible for the maximum number of persons to participate in the deliberations in a meaningful manner. One of the suggested subject groups in the *grama sabha* was the one on the social welfare sector, including women and childcare services. A semi-structured questionnaire with reference to the social welfare sector, particularly *anganwadi*s, was provided to the resource persons who were to facilitate the discussions.

Thus, the *grama sabhas* provided opportunity for ordinary beneficiaries to express their opinion regarding the functioning of the *anganwadis* and to suggest solutions.

After the identification of the felt needs in the *grama sabhas*, the next step in the planning process was to make an objective assessment of the problems in relation to the resource potential of the locality. A series of participatory studies was undertaken in every *grama panchayat* and municipality, the most important of which was on the collection of secondary data. No attempt was made to collect primary data because of the time constraint. Instead, the relevant secondary data available in the various registers and records at the local-level offices of different line departments were identified and collected in a common data format drawn up for the whole State. The various anganwadi registers proved to be one of the most important sources of secondary information. A systematic review of the ongoing schemes was also undertaken. The officials of the Social Welfare Department were supposed to provide a draft review report.

The outcome of the above exercises was a development report for each *panchayat* and municipality. Every development report contained a separate chapter on social welfare sector with particular reference to *anganwadis*. After a brief description of the present status of the *anganwadis*, an analysis of the problems and the possible solutions followed. We summarise below in Table 5.1 the key problems identified by the *panchayats* in our sample. The Table provides a frequency distribution of the problems in the order of priority.

Table 5.1 Distribution of problems of the *anganwadis* by the order of priority

Problems	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
No own land or building	8	3	2		
Lack of sanitary facilities, drinking water, electricity etc.	2	2	2	6	1
Lack of toys and teaching aids.		6	2	2	1
Other problems related to preprimary education		2		1	
Inadequacy of proper diet		1	2	1	4
Problems related to health programmes	1	1	1	2	1
Inadequate number of anganwadis	4		2		
Poor service conditions of anganwadi workers			3	2	5
Inadequate training			1	1	3

The single most important problem of the *panchayats* was the lack of adequate building facilities. All the four non-ICDS *panchayats* complained of the lack of *anganwadis* as the most serious problem. It would appear that inadequate facilities for sanitation, drinking water and electricity constitute the second most important problem. In other words, even in the Kerala condition, the present infrastructural facilities of the *anganwadis* are inadequate and require significant upgradation.

The lack of toys and teaching aids and problems related to pre-primary education constitute the next important group of felt needs. Almost of equal significance are the problems related to health programmes. It is significant to note that all the ICDS *panchayats* have stated that the poor service conditions of *anganwadi* staff are a major hindrance to motivating them.

The development reports were discussed at seminars organised in every *grama panchayat* and municipality. More than three lakh persons, consisting of representatives from *grama sabhas*, elected representatives, local leaders of political parties, line department officials, local experts, etc., participated in the development seminars. As in the *grama sabhas*, discussions at the development seminars were organised in small subject-wise groups. There was a separate subject group for discussing the chapter on social welfare. The group was to make recommendations concerning the projects for the sector.

A taskforce was elected by the group to prepare the projects. Sector-wise taskforces constituted at the grassroot-level were supposed to highlight the recommendations and suggestions that emerged from the development seminars. There was a separate taskforce for the social welfare sector with an officer of the Social Welfare Department, preferably the *anganwadi* supervisor as its convenor.

By the end of March, with the presentation of the annual State budget, the plan allocation to each local body was announced. The plan allocation for each of the local bodies was separately indicated in the State budget, with broad guidelines regarding sectoral allocations to be made by the local body. While 40-50 per cent of the plan allocation to the rural local bodies was to be invested in the productive sectors and 30-40 per cent in the social sectors, 10-30 per cent of plan allocation might be spent on roads and other public works including energy. Greater emphasis was paid to social sectors in the guidelines for allocation to the urban local bodies: 40-50 per cent was to be earmarked for social sectors including slum improvement while roads and other infrastructure could be allocated up to 35 per cent. The expenditure towards the *anganwadi* projects had to be included in the services sector.

Block and district *panchayats* were supposed to start preparation of their annual plans only after *grama panchayats* had drafted their plans. The sequential ordering of the processes was made in order to ensure that the plans of the various tiers were integrated and the plans of the higher tiers did not overlap, but complemented those of the lower tiers. Special emphasis was laid on the importance of integrating the different Centrally-sponsored poverty alleviation programmes, being implemented through the community development blocks, with the block *panchayat* plans.

The experience of the People's Plan campaign has underlined the vital importance of detailed preparation and training for ensuring the success of local-level planning. Seven rounds of training at the State-level, four rounds at the district and block-level, and two rounds at the *panchayat* and municipality-level were organised. There would hardly be any parallel for the training/empowerment programme of the People's Campaign in terms of the scale of participation as well as the diversity of topics covered within such a short period. From the second round of training, the mother and child care sector received special attention both in the handbooks and in the classes.

The projects and plans drawn up by the local bodies were scrutinised by a committee of experts consisting of officials and non-officials and their recommendations forwarded to the District Planning Committee which had to formally approve the plan. There was a separate technical expert committee for the social welfare sector. A convenor of this subject committee invariably was a CDPO.

Review of the first Annual Plan (1997-'98)

The projects related to mother and childcare services taken up by the local bodies may be broadly divided into three types:

(i) projects for construction of new buildings or improvement of the existing buildings
(ii) nutrition projects to supplement the existing programmes
(iii) other types of projects, the most important of which included those related to pre-primary education like supply of toys and teaching aids and training to *anganwadi* workers.

In Table 5.2, we give the distribution of the number of projects in these three categories and the pattern of their financing.

Table 5.2 Anganwadi projects in the first Annual Plan (for 1997-'98) (Rs Lakh)

1997-'98	*Anganwadi* buildings	%	Other *anganwadi* programmes excluding nutrition	%	Nutrition	%	Total	%
No of projects	365		536		56		957	
Total outlay (Rs Lakh)	618.52	100	369.98	100	77.17	100	1056.78	100
Sources of funds								
State plan assistance	296.99	48.01	234.89	63.49	48.26	62.53	580.13	54.43
Internal funds	38.71	6.26	32.81	8.87	3.52	4.56	75.05	7.04
State-sponsored schemes	38.91	6.29	21.89	5.92	9.36	12.13	70.16	6.58
Centrally-sponsored schemes	119.11	19.25	16.33	4.41	8.63	11.18	144.07	13.52
Loan from co-op. institutions	8.00	1.29	0	0	0.09	0.12	8.09	0.76
Loans from fin.institutions	3.05	0.49	0	0	0	0	3.05	0.29
Voluntary Contributions	71.70	11.59	35.85	9.69	5.33	6.9	112.88	10.59
Beneficiary contributions	27.87	4.51	15.81	4.27	1.79	2.32	45.47	4.27
Others	14.28	2.31	12.41	3.35	0.2	0.26	26.88	2.52

There were 957 *anganwadi*-related projects, of which 365 were related to buildings. The outlay on *anganwadi* buildings was Rs 6.19 crore or 58 per cent of the outlay. Next in importance came the *anganwadi* programmes other than nutrition with 536 projects and Rs 3.70 crore. There were only 56 nutrition projects with an outlay of Rs 0.77 crore.

The financing pattern of the *anganwadi* projects shows that the State plan assistance and State-sponsored schemes constituted only 54 per cent of the outlay. Understandably, the expected finance from financial institutions was not very significant. It is unlikely that even the limited amount indicated would actually have been realised. Given the poor income and asset position of the beneficiaries, only 4 per cent of the outlay was expected from them. More than 10 per cent of the outlay was to be met through voluntary labour and donations. There has been a conscious attempt to integrate the *anganwadi* projects with Centrally-sponsored schemes, particularly for construction of the *anganwadi* buildings. Most significantly, Rs 75 lakh was set apart from the own funds of the local bodies for the *anganwadi* projects.

However, the outlay on the 957 *anganwadi* projects came to only Rs 10.66 crore or 0.61 per cent of the total outlay on local body plans. In terms of State assistance, the expected expenditure on anganwadi projects was only Rs 5.8 crore or 0.77 per cent of the total grant-in-aid given to local bodies. It cannot be claimed that the local bodies gave high priority for the *anganwadis*. By and large, the district *panchayats* did not take up any project for *anganwadi* at all. The *anganwadi* projects were largely limited to the *grama panchayats* and municipalities. Even among the *grama panchayats*, our analysis shows that only 65 per cent had taken up such projects, which meant that those *grama panchayats* that had taken up *anganwadi* projects had more than one project each!

It must be cautioned that our definition of the mother and childcare services has been very narrow and that it does not cover projects taken up in the Women Component plan, "special programmes for rural women and children", and miscellaneous social welfare projects. A significant proportion of them was likely to have been related to the *anganwadis*.

On a close perusal of the projects in our sample *panchayats*, we observed that sufficient emphasis was not given to improving the quality of services other than the supply of toys and teaching aids. Not much effort went into integrating the mother and childcare services with the other plan programmes either. For the sake of uniformity, it had been enjoined that each project proposal would be prepared in the following uniform format.

Introduction : explaining the necessity and relevance of the project;

Objectives : in well-defined (as far as possible in quantitative/measurable) terms;

Beneficiaries : criteria proposed to be followed in selecting beneficiaries or benefiting areas;

Activities : technical analysis and time-frame of all project activities;

Organisation : agencies and their role in implementing the project activities;

Financial analysis : investment needed for each activity and identification of source of funds;

Net Benefits : analysis of likely direct and indirect benefits and costs; and

Monitoring : details of the proposed monitoring mechanism.

Though most of the projects complied with the prescribed structure, the following major deficiencies were noted when the projects were examined at the study workshop held in November 1997. The detailed drawings and estimates of the buildings were not included. The building designs were in the traditional mode and it did not appear that much thinking had gone into the designing of an optimal structure. Similarly, nutritional projects did not attempt to scientifically study the nutritional impact of the supplementary programmes. There were serious weaknesses with respect to financial analysis also. The organisational aspects of the projects were also found lacking. The monitoring system lacked role clarity.

Rectification measures

The situation required, therefore, serious remedial measure. It was evident that if the *anganwadis* were to receive sufficient attention in the local plans, a serious effort had to be made to involve the beneficiaries and the *anganwadi* staff themselves in the planning process. Demand for greater consideration had to be raised in the *grama sabhas* and seminars. The taskforces on social welfare needed to be more active for this purpose. It was decided to organise district-level conventions of the *anganwadi* workers for giving them orientation training for formulation and implementation of plans. A special handbook was prepared for this purpose. More than 20,000 *anganwadi* staff participated in 22 one-day conventions organised at the different centres.

An attempt was also made to increase the capability of members of the taskforces. A State-level faculty training course was organised with representation from all the districts. An important preparatory work for this training was the production of a 'Planning Guide for Mother and Child Development Sector' (*Asoothranasahayi-Mathru-sishu Vikasana Mekhala*). The handbook had the following 10 chapters besides an annexure of 10 model projects:

Challenges of development and strategy of decentralised planning; People's Planning and mother – child care services; Towards the second annual plan; Integrated mother-child development – an approach; How to prepare a review report on status of mother-child care services; Towards an integrated programme for mother-child care services; How to prepare projects; Plan Implementation-general directions; Financial procedures and Implementation of mother-child development projects

It also contained an annexure on model projects.

The handbook included a large number of suggestions for projects that could be taken up by local bodies. Many of the projects had been thrown up by the workshop. The important suggestions are listed below:

Supplementary nutrition

(i) Providing locally available foodstuff for supplementary nutrition: A chart of locally available foodstuff may be prepared for distribution in the *anganwadis* as part of the supplementary nutrition programme. For example; *kanji* (rice gruel) and green gram on two days, eggs on the next two days, milk on the other two days, and so on.

(ii) Distribution of foodstuff through Maveli stores and Neethi stores: Procurement and supply of the foodstuff to the *anganwadis* may be entrusted to the public distribution outlets like Maveli stores and Neethi stores, which are subsidised by the Government.

(iii) Therapeutic food distribution: In those *anganwadi* areas where the children suffer from severe malnutrition, therapeutic food (balanced diet including extra nutrition) may be prepared with the help of PHC doctors or nutritionists.

(iv) Food packets for children under three years: Instead of feeding at the *anganwadi*, local *panchayats* may supply food packets containing locally available nutritious materials such as rice or wheat plus green gram plus *kalkhand* powdered into a mixture to the needy children for cooking and serving by their mothers in their homes.

(v) Camps for testing anaemia of children and mothers: Medical camps may be organised with the help of the local PHC for finding out the level of anaemia among pregnant women, nursing mothers, adolescent girls, and children under 6 years of age.

(vi) Study of the children's level of nutrition: Mothers are to be given awareness training on the process of a child's growth, the ways to nurture them properly through Growth Charts showing expected standard, age-weight measurement of children.

(vii) Mothers' committees for distribution of food: Committees or groups of beneficiary mothers may be formed and entrusted with the job of preparation and distribution of nutritious food.

Pre-school education

(i) Production of outdoor play equipment: Workshops may be held for training local carpenters and masons in the production of outdoor play equipment for children such as seesaw, slider, and swing.

(ii) Making of toys for children: Local carpenters and women's groups may be entrusted with the production of toys for children.

(iii) Supply of training aids for children: Projects for supply of chart paper, colours, crayons, clay, and other materials for modelling, etc., for children may be taken up with the help of local bodies.

(iv) Compilation of folk songs, stories and play forms: Songs, stories, play forms, etc., to be used for training in the anganwadis may be compiled by holding workshops of elderly women and men. Documentation of these materials may also be organised.

(v) Library for *anganwadis*: A library with children's books and magazines may be set up for the *anganwadis*.

(vi) Audio-visual units for *anganwadis*: Audio-visual aids for teaching such as tape re-

corder, TV, and VCR may be procured by the *panchayat* and circulated among the *anganwadis*.

(vii) Resource persons for pre-school education: A team of resource persons may be formed at the *anganwadis* who would be able to handle the classes as well as provide practical training to young *anganwadi* teachers.

(viii) Resource centre for continuing education for *anganwadi* teachers: A resource centre may be set up at the *panchayats* to cater to the training and quality improvement needs of the *anganwadi* and pre-school teachers.

(ix) Sports and cultural competition: Children's festivals and sports-cultural competitions for *anganwadi* children may be organised at the *panchayat*-level. Children's Day (14 November) may also be made an occasion for holding such festivals.

Primary health care

(i) Vaccination: Medical camps may be held in backward areas inviting local people for propagating vaccination and promoting acceptance of inoculation techniques.

(ii) Medical Camps / Survey: Early-detection medical camps for identifying deformities and diseases among children and women may be conducted. Special projects for tackling morbidity among women and children also could be taken up.

(iii) Rehabilitation of Handicapped Children: A special scheme for rehabilitation and training of children with various deformities may be introduced.

(iv) Special health schemes for adolescent girls and pregnant mothers: Medical examination of adolescent girls, remedial action for anaemia, health education, creation of awareness about ante-natal and post-natal care of women are some of the programmes that may be organised at the *panchayat* / ward-level.

Improvement of infrastructural facilities

Construction of new buildings for *anganwadis*; construction of toilets/latrines; providing drinking water; construction of playgrounds, parks; maintenance and beautification of *anganwadi* premises; electrification; production of smokeless choolah; construction of compound wall.

Women's Empowerment

(i) Formation of neighbourhood groups of women with a view to improving their leadership skills.

(ii) Providing employment opportunities for women through training and preparation of nutrition foods for *anganwadi* children, production of toys and pre-school kits for children.

(iii) Selected *anganwadis* can be developed as counselling and guidance centres for women and information centre for women.

(iv) *Anganwadis* can also be developed as the meeting place of women of the locality / neighbourhood groups of the area and can be used for organising cultural activities, reading room, and library for women.

More than 10,000 copies of the Planning guide/handbook were printed and project clinics were organised at the block-level. The project clinic consisted of workshops of one or two days for the members of the taskforces. After a critical review of the projects of the previous year, the proposals for the second year were considered. The draft project proposals were scrutinised by the resource persons. Two or three presentations based upon the selected chapters in the handbook were planned. All the participants were provided with a copy each of the handbook.

Review of the Annual Plan for 1998-'99

What has been the impact of the above interventions on the local plans? It is seen that there has been a dramatic increase in the number of projects from 957 in 1997-'98 to 4,538 in 1998-'99. The outlay on *anganwadi* projects increased from Rs 10.66 crore to Rs 39.99 crore. The State plan assistance devoted to *anganwadi* projects increased from Rs 5.8 crore to Rs 25.36 crore. The share of the *anganwadi* projects in the total outlay of the plans of the local bodies rose from 0.61 per cent to 2.09 per cent. The increase in the share of plan assistance was even more dramatic: from 0.77 per cent to 3.02 per cent (Table 5.3)

The nature of projects also underwent a significant change. Though the number of *anganwadi* building projects and the outlay on them more than doubled, their share in the total outlay declined from 58 per cent to 32 per cent and in the plan assistance from 57 per cent to 21 per cent between 1997-'98 and 1998-'99. This has been primarily due to of the sharp increase in the number of the nutrition projects from 56 to 1,286. Rs 19.36 crore is the total outlay on the nutrition projects for the year 1998-'99. The nutrition programme in *anganwadis* was being financed by the World Food Programme. The foreign aid was withdrawn with effect from 1998-'99. It was since decided that the nutritional programme had to be financed through local plans. A provision was made in the State budget for direct support to the nutrition programmes during the first half of the financial year. Thereafter, the programme had to be financed by the local bodies. Accordingly, the local bodies had prepared 1,286 projects with an outlay of Rs 19.36 crore. The State Government provided only Rs 15 crore towards the nutrition programme for the first six months. Though there were lapses on the part of some of local bodies, many of the projects aimed at providing better diet than what was mandated.

The miscellaneous *anganwadi*-related projects included proposals for enhancing the honorarium of *anganwadi* teachers in order to compensate for the additional work that they performed for mobilising women for the *grama sabhas*. The local bodies were permitted to provide an extra allowance of Rs 100 per month to the *anganwadi* teachers. In fact, this was the only case in which recurring salary expenditure was being met from the plan funds

Table 5.3 *Anganwadi* projects in the Annual Plan for 1998-'99

1998-'99	*Anganwadi* buildings	%	*Anganwadi* Others	%	Nutrition	%	Total	%
No of projects	1172		2080 (Rs Lakh)		1286.02		4538	
Total outlay (Rs Lakh)	1291.05	100	772.08	100	1936.02	100	3999.08	100
Sources of funds								
State plan assistance	532.72	41.26	593.82	76.92	1409.82	72.82	2536.36	63.42
Internal funds	70.41	5.45	57.83	7.49	178.15	9.20	306.38	7.66
State-sponsored schemes	65.37	5.06	34.72	4.50	258.57	13.36	358.66	8.97
Centrally-sponsored schemes	507.38	39.30	35.70	4.62	27.72	1.43	570.80	14.27
Loan from co-op. institutions	1.41	0.11	0	0	0	0	1.41	0.04
Loans from fin.institutions	5.86	0.45	0	0	0	0	5.86	0.15
Voluntary Contributions	64.72	5.01	29.70	3.85	14.66	0.76	109.08	2.73
Beneficiary contributions	33.30	2.58	16.95	2.20	13.62	0.70	63.87	1.60
Others	9.86	0.76	3.31	0.43	33.48	1.73	45.55	1.17

The financial analysis of the projects also showed a distinct improvement. There was a sharp reduction in the beneficiary contribution from 4.27 per cent to 1.6 per cent. The share of voluntary contribution also declined. Therefore, the share of the State plan assistance increased in the project finance. Perhaps, this was a more realistic approach to project financing.

The quality of projects also showed remarkable improvement. Many of the *anganwadi* buildings came to be designed better than earlier. The projects paid greater attention to the organisational and monitoring aspects. There were more projects that attempted to improve the quality of services. Many of the suggestions for improvement that were made (listed in the previous section) have been taken up as projects for 1998-'99 by a large number of local bodies.

Though the mother-child care services are rapidly getting integrated with local-level planning, integration of *anganwadi* as an institution to the *panchayat* set-up has been tardy. Formally *anganwadis* are transferred to local bodies and the local bodies are legally entitled to assign to the *anganwadi* staff additional duties such as preparation of beneficiary list, formation of self-help groups and convening of *grama sabhas*, without disrupting their main

work. There had been isolated instances where some of the local bodies, insensitive to the work in the *anganwadis*, assigned the staff for various other duties, thus causing disruption to their work in the *anganwadis*. Instead of correcting these deviations, the response of the Social Welfare Department has been to ban the *anganwadi* staff from taking up any duty assigned by the local bodies. This has given rise to serious tension and strain. There has also been departmental resistance to innovative ideas and programmes in the name of adherence to Central Government guidelines.

6. An Alternative Model

A review of the experience of decentralised planning in Kerala with reference to ICDS projects revealed the following positive trends:

(i) Mother and child health care services have become an important area of concern for local self-governments. Almost all the *panchayats* have taken up projects relating to these services and earmarked substantial funds.

(ii) The anganwadi teachers have tended to play an increasing role in local government planning, particularly in the convening of *grama sabhas*. The potential of the *anganwadi* centre to play an important role in integrating several health, education, and gender-related programmes has also come to light.

As against these positive features, a few issues that should be of concern to the advocates of decentralised planning have also been noticed. The first set of issues is related to serious problems that may arise when a centralised vertical programme such as ICDS is devolved on to the local bodies. We have already noted the disruption of the feeding programme due to blocking of the flow of funds and the delay in the finalisation of the local plans. Equally important have been the problems related to the quality of the projects. The projects, overall, have been stereotyped and often lacked an integrated perspective.

In such a context, identification of cases in which sincere efforts have gone into the making of projects that are capable of serving as models for emulation assumes special importance. One of the objectives for this study project has been to develop a model for an *anganwadi* in the context of decentralised planning in Kerala. In this section, we discuss an alternative concept of *anganwadi* that has been developed in Kudappanakkunnu *panchayat* - one of the project areas, which we took up for the experimental study. However, we failed to develop the experiment to its full potential due to the rigidity of the ICDS, a Centrally-sponsored programme. The experiment had rather a demonstration effect and similar programmes are now being taken up in other *panchayats*. We also refer to the case of Vallikkunnu *panchayat,* another project area in the present study.

Kudappanakkunnu *grama panchayat*

Kudappanakkunnu *panchayat*, a semi-urban area lying adjacent to Thiruvananthapuram Corporation, has an area of 7.7 sq.km. and a population of 33,534 persons as per 1991 census. Though agriculture has rapidly been declining due to a variety of reasons such as degeneration of water resources, land reclamation for non-agricultural purposes, and shift of the agricultural workers to non-agricultural employment, 431 cultivators and 2,057 agricultural workers remain in the *panchayat*. Among the labour force, construction workers, headload workers, and other such informal sector labourers form the majority.

Model Anganwadi at Kudappanakkunnu

Kudappanakkunnu *panchayat* is situated in a rural area, which is being urbanised rapidly. The population comes mainly from middle class families settled in housing colonies and poor

families belonging to the Scheduled Caste communities living in a few settlement colonies. A crèche for babies under the control of Social Welfare Department, a pre-primary school run by the Parent Teachers' Association of Kudappanakkunnu L.P. School, 31 *anganwadi* centres under ICDS, and a privately-run nursery school constitute the spectrum of pre-primary institutions in the *panchayat*.

The middle and the higher income families send their children to English-medium nursery schools in the nearby city. Nevertheless, the pre-primary institutions in the *panchayat* have a good number of pupils. However, the functioning of these institutions was not found satisfactory according to the development report prepared by the *panchayat* and presented at the Development Seminar held in December 1996. The conclusion drawn in the development report was that the level of pre-primary education in the *panchayat* could be improved only by reforming the functioning of the *anganwadi* centres.

The poor status of the *anganwadi* centres was discussed in the *grama sabha* meetings held earlier in November 1996. In the Development Seminar that followed, discussions for improving the infrastructural facilities of the *anganwadis* were taken up. In the Pathirappally ward of the *panchayat* with a population of 3,000, three *anganwadi* centres were operating, though two of them had less than 10 children each. These *anganwadi* centres were operating in the side veranda of two houses provided free of charges by their owners. It was felt that one *anganwadi* centre which had a higher attendance should be strengthened. Based on this suggestion, which had come up from the local people, a proposal to merge the three *anganwadi* centres into one centre with proper facilities was considered by the *panchayat*. A project proposal was formulated under the guidance of Dr Latha Bhasker, a resident of the *panchayat* who was working as State Programme Officer in the Social Welfare Department.

Construction work

It was decided to construct a new building for the *anganwadi* in the 15 cents of land owned by the *panchayat*. The *panchayat* authorities desired to have cost-effective, child-friendly techniques in the construction work and approached the renowned architect, Mr Laurie Baker. Mr. Baker provided them a beautiful plan for the *anganwadi* building with a lot of free space and structures for playing, taking into consideration the needs for mental and physical development of small children. An estimate of Rs 3.5 lakh was approved for the building, for a plinth area of 1600 sq.ft. A local-level beneficiary committee took up the responsibility for construction and accomplished it with the help of engineers and workers from COSTFORD, a voluntary construction agency. Apart from the local people's representatives, *anganwadi* teachers also worked as members of the construction committee. Owing to the perseverance of the construction agency and the beneficiary committee members, the structural work except water and electricity connection could be completed by August 1998.

Hurdles and ahead

Though the *panchayat* could take steps in a time-bound manner to build the infrastructure for a model *anganwadi*, some unexpected hurdles came up at the completion stage of the activities. The Child Development Project Officer of the Social Welfare Department, who is in

charge of the *anganwadi* operations, raised an objection against the clubbing of the three *anganwadi* centres, citing that this issue had not been discussed with the department. The department took the position that since ICDS was a Centrally-sponsored scheme, the norm of one *anganwadi* per 1000 population fixed by the Government of India could not be changed arbitrarily for one *panchayat*. Though the department imposed no official ban, the administrative hurdles on the way of the merger of the centres dampened the spirits of the *anganwadi* teachers. The *panchayat* president, who was an *anganwadi* teacher herself, found it difficult to antagonise the Social Welfare Department. Her stance halted the finishing of the building work also.

Meanwhile, the State Planning Board and the Social Welfare Department brought out a handbook for the projects in the social welfare sector under the People's Plan programme. It was envisaged in the handbook that *anganwadi* centres could be integrated based on the local-level situation in order to improve their functioning. Against this background, the Panchayat President submitted an application to the Social Welfare Department for permission to club the three *anganwadi* centres in the Pathirappally ward of the *panchayat*, considering the special socio-economic profile of the area. In view of this special consideration, the department gave permission for starting the model *anganwadi* centre at Pathirappally. The new *anganwadi* centre was inaugurated in February 1999.

Sixty-five children have been admitted in the new *anganwadi* centre at the pre-school level. The three teachers and the three helpers who had been working in the three erstwhile centres are now posted in the new centre and with their help, three divisions of creche and three class divisions are functioning. However, the centre has so far not been able to develop into a common facility for integrating the health and education activities of the women and children in the area.

As part of the study project, three workshops of the *anganwadi* workers were organised in the *panchayat*. The first one was held in June 1997 to finalise the concept of model *anganwadi*. The second and the third workshops were held in April 1998 and September 1998 to discuss the modalities of the functioning of the new anganwadi centre. The Principal Investigator participated in all the three workshops. A contribution of Rs 3000 was made out of the study project funds towards the cost of electrical fans and other materials installed at the new *anganwadi* centre.

The experience of the model *anganwadi* centre in the Kudappanakunnu *panchayat* cannot be replicated everywhere in Kerala. That the clubbing of *anganwadis* would constitute a violation of the Central Government norm of one *anganwadi* centre per 1000 population, is not the only problem; the fact is that most of the *panchayats* do not have *anganwadi* centres to cater to the local requirement, a situation which calls for alternative approaches. For example, another *panchayat* in which the study was conducted, Vallikkunnu, was found to be deficient in the number of *anganwadi* centres to the tune of 10, reckoned in terms of the local requirements and population norms of ICDS.

Clubbing of non-contiguous *anganwadi* centres may also create problems of access for the beneficiary families. However, it would be advisable in urban and semi-urban areas similar

to Kudappanakkunnu, where the eligible beneficiaries are comparatively small in number, to club small units that are not viable into a single common facility, which would be able to provide improved benefits to the community. At the same time, it would not be advisable to club the *anganwadi* centres in more than one ward. The criterion for such clubbing should be the betterment of facilities for the beneficiaries and meeting the demand of the local people.

Although the Kudappanakkunnu *panchayat* had taken the initial lead in the implementation of a project for the construction of the model *anganwadi* centre, its efforts in related activities that are necessary for a model *anganwadi* to really materialise were found inadequate. A model *anganwadi* should be aiming not only at providing better physical infrastructure for the centre but also taking steps in the direction of providing scientific and attractive pre-primary education, supplying of highly nutritious food for the needy and developing the *anganwadi* as the local centre in the ward for cultural recreation of women and children. The *panchayat* has to plan for determined and meaningful intervention in utilising the tremendous opportunities provided by the decentralised planning process underway if this goal has to be realised.

Other models emerge

The Vallikkunnu *panchayat* in the Malappuram district has made great strides in transforming the functioning of the *anganwadi* centres, fully utilising the opportunities offered by People's Planning. The representatives from this *panchayat*, who had participated in the workshop held in November 1997 as part of our KRPLLD study project, showed great enthusiasm in adopting the suggestions which came up in the workshop in the preparation of *panchayat* plan projects. In the first year's plan, projects related to *anganwadis* were not included due to non-participation of *anganwadi* centres and non-intervention of *panchayat* authorities in local plan participation.

However, in the second year (1998-'99), two workshops were organised in the *panchayat* for *anganwadi* teachers and people's representatives to discuss the projects related to the functioning of anganwadis. The Principal Investigator had participated in both the workshops on the invitation of the *panchayat* authorities. The proposals for *anganwadi* projects to be included in the second and third year plans were discussed and finalised at the workshops. A clear direction on the integration of the project activities in the areas of health, education, and women's development in the annual plan with the *anganwadi* projects was worked out. The *panchayat* decided to buy children's toys and distribute them to the *anganwadi* centres. The *panchayat* took a resolution to develop all the *anganwadi* centres into model *anganwadis*.

The condition of the anganwadi centres in the coastal areas of the Vallikkunnu *panchayat* with high population density was deplorable. The panchayat decided to construct new buildings for the centres or to shift them to unused government buildings like fishery school and the L.P. School. This step helped in improving the quality of functioning of these *anganwadis*. The *panchayat* started providing supplementary nutritious diet consisting of milk, eggs, fruits, and pulses. Other projects taken up for implementation include supply of furniture for the *anganwadis* and holding of awareness classes at mothers' meet in the *anganwadis*.

The most important feature of the intervention of the *panchayat* is the linking up of other activities in the *panchayat* with the *anganwadi* functions. Medical examination and health awareness camps, continuing education programmes for neo-literates, mobile library programme in the field of women's development, bicycle training for girls and other general awareness programmes were sought to be organised in the anganwadi centres, thus making the centres a common place of interaction of the local community. Under the moving library project, girls trained in cycle riding take books from the *panchayat* library and distribute them to women at the local *anganwadi* centres. This brings the local residents who are not direct beneficiaries of the *anganwadis* also to the centres for borrowing of books who in turn develop interest in the functioning of the centres. In addition, the *panchayat* has taken up other projects like smokeless choolah for *anganwadi*, sanitation, and procurement of land for *anganwadis*.

It is the concept of the model *anganwadi* generated by the present study that inspired the Vallikkunnu *panchayat* authorities to take initiatives for developing the *anganwadi* centres in the *panchayat*. It is true that the lack of enthusiasm on the part of ICDS project supervisors at the initial stages caused some problems in its implementation. However, later, they also came to accept the initiatives taken by the *panchayat*. The *anganwadi* workers of the area vouch for the fact that decentralisation has helped in getting the services of the Health Department officials more frequently for the *anganwadis*. Since only 40 per cent of the plan funds can be spent for the services sector, the *panchayat* has not been able to provide buildings for all the anganwadi centres in the first two years. However, the *panchayat* authorities and the ICDS staff are determined to achieve the goal of transforming all the *anganwadi* centres into model *anganwadis* by the end of the Ninth Five-Year Plan.

A comparative picture of the *anganwadi*-related projects taken up by the Kudappanakkunnu and the Vallikkunnu *panchayats* in the annual plans for 1997-'98 and 1998-'99 is given in the appendix tables to this section.

Appendix Table 6.1 Kudappanakkunnu *grama panchayat*: *Aganwadi*-related projects in the annual plans for 1997-'98 and 1998-'99

Sl. No.	Year	Name of Project	Target	Cost Estiamte	State Govt. Plan Grant	Own Funds	Voluntary Contribution, Labour	Cen tral Assista-nce
1	1997-98	*Anganwadi* community hall	Construction of *angawadi* commun-ity hall	Rs 3,00,000	Rs 1,12,325	Rs 1,67,675	Rs 20,000	-
1	1998-99	Supplementary nutrition	Providing supple-mentary nutirition diet for children and mothers	Rs 3,09,45	Rs 2,24,765	Rs 84,693	- -	
2	"	Building for *anganwadi*	Constructioin of building for *anganwadi* at Harvipuram	Rs 16,000	-	Rs 2,00,479	-	Rs 47,000

Appendix Table 6.2 Vallikkunnu *grama panchayat*: *Anganwadi*-related projects in the annual plans for 1997-'98 and 1998-'99

Sl. No.	Year	Name of Project	Target	Cost Estimate	State Govt. Plan Grant	Own Funds	Voluntary Contribution, Labour	Central Assista-nce
1	1997-98	Women's mobile library	Setting up mobile library for women	Rs.41,800	Rs.36,000	-	Rs. 5,200	-
2	1998-99	Toys and teaching *anganwadis*	Providing toys and teaching aids for *anganwadis*	Rs.70,000	Rs. 16,600	Rs. 3,400	Rs. 30,000	-
1	1998-99	Distribution of toys	Distribution of children's toys for 33 *angawadis*	Rs.16,600	Rs. 16,600	-	-	-
2	"	Noon Meal	Providing free noon meal to children in 33 *anganwadis*	Rs.2,45,000	Rs.1,00,000	Rs. 73,000	Rs. 72,000	
3	"	Thatched roof	Providing thatched roof for *anganwadi* sheds in 11 *angan-wadis*	Rs.22,880	Rs. 11,000	-	Rs. 11,880	
4	"	Awareness programme	Conducting of awar-eness programmes for parents about child care and detec-tion of deformities in early childhood	Rs. 17,400	Rs. 16,500	-	Rs. 1,400	

continued

5	“	Incentive for *anganwadi* tachers	Providing incentive of Rs100 each to the *anganwadi* workers who who take part in the surveys and other people’s plan activities	Rs. 39,600	Rs. 20,000	Rs. 19,600	-	
6	“	Providing utensils	Providing utensils for 4 new *anganwadis*	Rs. 5,900	Rs. 5,000	Rs. 900	-	
7	1998-99	Health edcuation	Conducting health care classes and medical examination camps for the local community at the *anganwadi* centres	Rs. 62,200	Rs. 60,000	-	Rs. 2,200	
8	“	Mobile library	Setting up of mobile library at the *anganwadis* using the services of local girls trained in cycling	Rs. 80,000	Rs. 60,000	-	Rs. 20,000	

7. Summary and Conclusions

The Integrated Child Development Scheme (ICDS) is a Central programme implemented through the State Government, designed to meet the health, nutritional, and educational needs of the poor and vulnerable infants, pre-school aged children, and women in their child-bearing years. It seeks to realise these objectives by delivering an appropriate combination of six basic services to children below six years of age, pregnant women, and nursing mothers. (i) Supplementary nutrition, (ii) nutrition and health education, (iii) immunisation, (iv) health check-up, (v) referral services, and (vi) non-formal pre-school education.

At present, more than 15,000 *anganwadi* centres are functioning under 120 ICDS projects in the State. The remaining 32 blocks out of the 152 blocks have *balavadis* set up by the State Government. Steps are on to incorporate these *balavadi* centres also in the ICDS scheme.

Objectives

The environment in which the ICDS programme is being implemented in Kerala is distinctively different from that of the rest of India, since this State has already entered a trajectory different from that of the rest in demographic transition. Therefore, there is need for flexible approach in providing women and children services that would be in keeping with the specific needs in the State as a whole as well as in the different regions.

The great advantage of the new decentralisation process in the State is that it would be possible under it to respond optimally to specific features on demands of the local environment. Decentralisation also makes it possible to integrate women and childcare services with the other development programmes. An integrated approach of health care services with the other development programmes is needed. An integrated approach of health care taking into consideration inter-sectoral linkages among drinking water supply, sanitation, education and local food production is vital. Further, if the beneficiaries are actually involved in designing the programme itself, their better participation in its implementation can be ensured. Community participation is important for raising local resources to improve and maintain the facilities and the quality of services.

Out attempt in the present study has been to assess the existing infrastructure of, and the services rendered by, *anganwadis*. It is a critical examination of the ongoing decentralised planning process in the State with reference to women and childcare sector; and formulation of model *anganwadi* projects for guidance of the local self-government.

Since it was realised that these objectives could not be fulfilled by following the traditional field enquiry techniques alone, we supplemented them with secondary data and resorted to the participatory approach in evaluating the process of decentralised planning and drawing up experimental model projects. Adoption of such participatory approach was facilitated by the fact that the Principal Investigator was a very active participant in the People's Planning campaign and a district-level office-bearer of one of the major *anganwadi* workers' unions. For the field study, purposive selection of 15 *panchayats* was made, two from Thiruvananthapuram district and one from each of the other districts. An institutional survey

of all the *anganwadis* in the selected *panchayats* and socio-economic survey of *anganwadi* workers and helpers were carried out.

Problems of infrastructure and services

Inadequate infrastructural facilities are a major constraint in the effective functioning of anganwadis. The building facilities in terms of space and nature of construction are unsatisfactory. About one-sixth of the buildings had only thatched roof and another one-eighth had roofs of asbestos or tin sheets. More than one-fourth of the buildings had only mud flooring. The plinth area of nearly one-third of them was grossly inadequate, less than 10 sq.m.

More than one-fourth of the *anganwadis* had own buildings, another 25 per cent did not even have a single spacious and airy room. Only 44 per cent had verandah. Surprisingly, hardly 11 per cent had electricity connection. In terms of recreational facilities, the condition of the *anganwadis* was quite unsatisfactory, with only 28 per cent of them having some playing space. Again, hardly 30 per cent had latrine facility. Bathroom and piped water facilities were available only in 3 per cent of the *anganwadis*. However, more than one-third of them had own wells. The rest depended on public wells or other sources for drinking water. Surprisingly, only around one-third of the *anganwadis* had covered vessels for storing drinking water.

Weighing machine is an essential instrument for preparation of growth charts of children for monitoring their health. Surprisingly, 22 per cent of the *anganwadis* reported that they did not have weighing machine for adults. On an average, an *anganwadi* had more than three benches and a table each. However, nearly one-fourth of them did not have a chair for use of the teacher. Only a half had blackboards.

The coverage of services in terms of actual beneficiaries as a percentage of enrolled beneficiaries falls short of target. The ratio of pregnant women was two-thirds, of feeding mothers only marginally higher, for children between 6 months to 1 year three-fifths, and for children between 1 and 3 years and between 3 and 6 years 70 per cent. The quality of services was also found to be far from satisfactory. The actual number of days of feeding in November 1997 was only 15.5. Most of the *panchayat* development reports criticised the quality of diet. However, our field data on nutritional status pointed out that nearly 60 per cent of children had normal nutritional status.

It was observed that two-thirds of the *anganwadis* had not conducted any vaccination camp during January–November 1997. In November 1997, around 31 per cent were found to have no stocks of medicines that were within the expiry date. In nearly half the *anganwadis*, more than 50 children were given vaccination during 1997. There were only 21 *anganwadis* or around 10 per cent of the sample, in which no children were vaccinated during the period.

In nearly one-third of the *anganwadis*, no medical examination was conducted during the period. However, in nearly one-fifth of the *anganwadis*, more than 50 children were given medical examination. Some of the children were even referred to hospitals for detailed medical examination by around one-fifth of the *anganwadis*.

Medical camps for pregnant women were not common. Even if the *balavadis* are excluded, it is seen that in 78 per cent of the cases no medical examination camps were organised for pregnant women. It was seen that one-eighth of the *anganwadis* failed to organise any health education programmes during January-November 1998. Only 14 per cent organised at least one programme every month. It was also reported that in November 1997, no pre-school programmes were organised at all in 26 per cent of the *anganwadis*.

The *anganwadi* workers and supervisors are supposed to make periodic visits to beneficiary families. It was seen that in around half the cases, the number of houses visited by an *anganwadi* worker during the year was less than 50, which cannot be considered satisfactory by any means; in 72 per cent of the *anganwadis* the supervisors did not visit any family in their respective service areas. The ALM is the most common visitor to the *anganwadi*, say once in a fortnight. But it may be noted that there were 36 *anganwadis* (20 per cent) in which no ALM ever visited during 1997. The LHV normally visits the *anganwadi* once in a month. LHV had visited only 82 *anganwadis* (43 per cent) during the current year.

Problems of *anganwadi* personnel

Anganwadi workers were found to be either matriculates or of higher qualifications. Most of them, more than 90 per cent, were below the age of 50 years. Forty per cent had more than 10 years of experience. All had received training as part of the ICDS programme.

The age and experience profile of *anganwadi* helpers was found to be similar to that of *anganwadi* teachers except for the educational qualifications. Nearly two-thirds of the helpers were below-matriculates; there was hardly anyone who had qualification higher than matriculation.

The workload of the *anganwadi* staff was heavy if their house visits were also included. More than three-fourths of the *anganwadi* teachers were married and were housewives too. The salary from the *anganwadi* was the only source of personal income for 94 per cent of the *anganwadi* teachers. The monthly honorarium of *anganwadi* teachers was only Rs 500 until 1996. Currently, it is Rs 763 per month. It was also seen that the family income of 75 per cent of the *anganwadi* teachers was below Rs 1,000 per month. In other words, a majority of the *anganwadi* teachers themselves belonged to the below-poverty-line category. Economic status of helpers was even lower than that of the teachers with almost all of them earning less than Rs 500 per month.

In 85 per cent of the centres, formal and local-level patron committees were in existence. However, of the 12 activities listed, on an average, each patron committee was involved in organising only 3.73 activities a year. Community participation was more formal than real.

Review of the decentralised planning process

The results of the first year programme of the decentralised planning process could not be considered satisfactory. The outlay on the 957 *anganwadi* projects came to only Rs 10.66 crore, or 0.61 per cent of the total outlay of the local body plans. In terms of State assistance,

the expected expenditure on *anganwadi* projects was only Rs 5.8 crore or 0.77 per cent of the total grant-in-aid given to local bodies.

The projects related to mother and child care services taken up by the local bodies may be divided broadly into three categories: (i) projects for construction of new buildings or improvement of the existing buildings (ii) nutrition projects to supplement the existing programmes, and (iii) other types of projects. Sufficient emphasis does not seem to have gone into improving the quality of services. Supply of toys and teaching aids did, of course, take place. Nor was there much effort in integrating the mother and childcare services with the other plan programmes.

The main reason for these shortcomings was two-fold: (i) sufficient capability for planning mother and child care services had not been created at the grassroots-level and (ii) no sufficient intervention had gone into the planning process by interest groups related to this sector. In order to ensure transparency and participation, an elaborate planning procedure had been laid down. The procedures had provided opportunities for local interest groups to actively intervene in the planning process and influence allocation of funds.

We discussed the rectification methods that were carried out. District-level conventions of the *anganwadi* workers were organised with a view to orientating them towards the process. A special handbook was prepared for this purpose. More than 20,000 *anganwadi* staff participated in the 22 one-day conventions organised at the different centres.

An attempt was also made to increase the capability of members of the taskforce. A State-level faculty training was organised with representation from all districts. An important preparatory work for this training was the production of a 'Planning Guide for Mother and Child development Sector'. The handbook included a large number of suggestions for preparing projects that could be taken up by the local bodies. More than 10,000 copies of the plan guide handbook were printed and project clinics were organised at the block-level. The project clinic consisted of workshops of one or two days for the members of the taskforces. After critical review of the projects of the previous year, the proposals for the second year were considered. The draft project proposals were scrutinised by the resource persons in each *panchayat*.

What has been the impact of the intervention on the local plans? It was observed that there was a dramatic increase in the number of *anganwadi*-related projects from 957 in 1997-'98 to 4,538 in 1998-'99. The outlay on *anganwadi* projects increased from Rs 10.66 crore to Rs 39.99 crore. The State plan assistance devoted to *anganwadi* projects increased from Rs 5.8 crore to Rs 25.36 crore. The share of the *anganwadi* projects in the total outlay of the plans of the local bodies rose from 0.61 per cent to 2.09 per cent. The increase in the share of plan assistance was even more dramatic, from 0.77 per cent to 3.02 per cent. The quality of projects also seemed to have improved significantly.

One of the objectives of this study project has been to develop a model for *anganwadi* in the context of decentralised planning in Kerala. Kudappanakkunnu panchayat, one of the project areas, was taken up for the experimental study. However, we failed to develop the experi-

ment to its full potential due to the rigidity of the rules of ICDS, which is a Centrally-sponsored programme. However, the experiment had a demonstration effect and similar programmes have now been taken up in other *panchayats*.

Based on the suggestion from the local people made at the *grama sabhas*, a proposal to merge the three *anganwadi* centres in the Pathirappally ward into one centre with proper facilities was approved by the *panchayat*. A local-level beneficiary committee took up the responsibility for construction and accomplished the task with the help of engineers and workers from COSTFORD, a voluntary construction agency. However, the work was stalled when the Social Welfare Department of the State Government took a position against the clubbing of anganwadis on the ground that ICDS was a Centrally-sponsored scheme, whose norms of one anganwadi per 1,000 population fixed by the Government of India could not be changed arbitrarily for one *panchayat*. Later, the issue was taken up with the State Government and considering the special socio-economic conditions of the area, the Department gave permission for starting the model *anganwadi* centre at Pathirappally. The new anganwadi centre was inaugurated in February 1999.

Though the Kudappanakkunnu *panchayat* had taken the initial lead in the implementation of a project for the construction of the model *anganwadi* centre, its efforts in related activities which were necessary for a model *anganwadi* were found wanting. A model *anganwadi* aims not only at providing better physical infrastructure for the centre but also steps in the direction of providing scientific and attractive pre-primary education, supply of highly nutritious food for the needy and developing the *anganwadi* as the local centre for cultural recreation of women and children.

The Vallikkunnu *panchayat* in the Malappuram district has made great strides in transforming the *anganwadi* centres, fully utilising the new opportunities offered by the People's Planning campaign. The most important feature of the intervention of the *panchayat* is the linking up of *anganwadi* activities with other activities of the *panchayat*. The medical examination camps and awareness camps planned in the health sector, continuing education programmes for neo-literates, mobile library programme in the field of women's development, bicycle training for girls and other general awareness programmes were sought to be organised at the *anganwadi* centres, thus making the centres the meeting place for interaction of the local community. Under the mobile library project, girls trained in cycle riding take books from the *panchayat* library and distribute them to women at the local *anganwadi* centes.

Problems of integrating vertical departmental programmes with decentralised planning

Though the mother-child care activities were rapidly getting integrated with local-level planning, integration of *anganwadi* as an institution with the *panchayat* set-up has been tardy. Formally, *anganwadis* have been transferred to *panchayats* as an institution; local bodies are also entitled to assign *anganwadi* staff, additional duties such as preparation of beneficiary list, formation of self-help groups and convening of *grama sabhas* without disrupting their principal duties. Isolated instances have come to notice, however, in which some local bod-

ies, insensitive to the volume of work in the *anganwadis*, assigned the staff indiscriminatory for other duties. Instead of correcting these deviations, the response of the Social Welfare Department has been to ban the *anganwadi* staff from taking up any work assigned by local bodies. The stance of the Department has given rise to serious tensions and strain between local bodies and *anganwadis*. Resistance to innovative ideas and programmes in the guise of adherence to Central Government guidelines is also experienced as an obstacle to progress.

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