Children's Development

Baby Steps in Odisha

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The Integrated Child Development Services scheme and maternity entitlements can play a crucial role in improving children's food and nutrition security. Both interventions are part of the National Food Security Act, though maternity entitlements have yet to be activated. Odisha has experimented with several creative policies, including initiating a maternity entitlements scheme in 2011 before the NFSA was enacted, introduction of eggs and decentralised procurement of take-home rations in the ICDS. This article, based on a field study of the two children's schemes in four districts in December 2014, reports how they perform and identifies areas for further action.

The survey was organised by the Office of the State Adviser to the Commissioners in the Right to Food Case in the Supreme Court (Odisha). The Office of the State Adviser is supported by Dan Church Aid. I thank Rajkishor Mishra (state adviser) and Naman Garg for help with the survey, Jean Drèze and Arti Ahuja for helpful comments.

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At the Tasarda (Mayurbhanj) *anganwadi*, as the auxiliary nurse and midwife (ANM) pulled out the blood pressure (BP) instrument to check a pregnant woman, the children at the anganwadi began playing "nurse": with their little fists, they pumped an imaginary BP instrument, and a short while later, squealed with laughter as they let off the pressure with a "pphssss" sound. The ANM had come for her scheduled "Mamata Divas" where pregnant and lactating mothers receive antenatal care (ANC). The endearing moment at the Tasarda anganwadi was significant because it suggested that ANC activities, such as checking BP, were regular enough for the children to have learned how to imitate them.

The Integrated Child Development Services (ICDS) scheme is the largest universal government programme that reaches children under the age of six years. The ICDS includes supplementary nutrition, preschool education (PSE), growth monitoring, immunisation, health check-ups and referral for children. In addition, there are some interventions for adolescent girls, pregnant and lactating mothers also. Given that a child's future well-being (in terms of health, nutrition and education) is determined substantially in this period, the ICDS is a very important programme. Along with maternity entitlements, mid-day meals and the public distribution system (PDS), ICDS is also one of the four pillars of the National Food Security Act (NFSA), 2013.

For a programme that is so important, there have been few reliable studies of the implementation of ICDS. An important study was the Focus on Children Under Six (FOCUS) report, prepared by the Citizen's Initiative for the Rights of Children Under Six (CIRCUS). The FOCUS report studied ICDS in six states (Chhattisgarh, Himachal Pradesh, Maharashtra, Rajasthan, Uttar Pradesh and Tamil Nadu) in 2004 and found that the ICDS was "dormant" in Chhattisgarh, Rajasthan and Uttar Pradesh, and active in the other three states. Recently, several studies have noted the activation of the services that are supposed to be provided through the ICDS scheme. Between July and December 2009, an independent evaluation of the ICDS was undertaken by the Planning Commission (Government of India 2011a, 2011b). They found that less than half of eligible children were covered by the ICDS, that anganwadi workers (AWW) were "overburdened, underpaid and mostly unskilled" and inadequate physical infrastructure adversely affected quality of service delivery.

The situation of the ICDS in Odisha was similar to the dormant FOCUS states until a few years ago (for example, see literature

cited in Government of India 2011a and Odisha Advisor's Office 2010). The Public Evaluation of Entitlement Programmes (PEEP) Survey 2013 interviewed mothers of three–six-year-old children. In Odisha, the PEEP Survey covered two districts (Sundergarh and Koraput) and found that 96% of mothers reported receiving Supplementary Nutrition Programme (SNP) regularly, 76% reported regular immunisation. The proportion of mothers who report regular growth monitoring (84%) and PSE (76%) was also high. Among the 10 states in which the PEEP Survey 2013 was undertaken, Odisha was ranked third for implementation of the ICDS (Drèze and Khera 2013). However, the sample size in the PEEP Survey was quite small and did not include interviews with AWWs or visits to the anganwadi centre (AWC).

To overcome these limitations, we conducted the Odisha ICDS Survey 2014 from 11 to 20 December 2014 using a subset of the FOCUS survey instruments. However, in addition to studying the ICDS scheme, we interviewed beneficiaries of maternity entitlements under the Mamata scheme of the Government of Odisha, introduced in 2011. Odisha is among the few states that has a universal scheme for maternity entitlements. Four districts, one each from coastal (Ganjam), northern (Mayurbhanj), western (Bargarh) and southern (Koraput) Odisha were selected. Within each district, two blocks were selected; in each block, three sample and three replacement gram panchayats (GP) were randomly selected. In each GP, two AWCs were selected through random sampling.[1]

From the register at the AWC, the teams took a random sample of three mothers from the three–six-year-old enrolment list and three from the seven months to three years list. In addition to this, the team randomly sampled five women who had received all four instalments of Mamata maternity entitlements. The full sample has 147 mothers of preschool children (three–six-year age group), 146 mothers of under-three-year-old children and 233 Mamata beneficiaries from 49 AWCs.

Table 1 presents a snapshot of the improvement in the ICDS in Odisha, using data from the National Family Health Survey 2005–06 and the Odisha ICDS Survey 2014. On each of the services—SNP, PSE, immunisation, growth monitoring and health check-ups—there is a big jump. For example, from about half in 2005–06 to nearly universal for SNP; from less than one-third to 85% for PSE and so on.

1 Anganwadi Workers and Their Work Environment

AWWs are the front-line workers as far as the ICDS scheme is concerned. They play a key role in ensuring that the six ICDS are provided at the AWC. Good education and training, decent employment conditions for them are crucial to make ICDS work.

On average, AWWs were 36 years of age and had studied up to Class 11. Adivasi and Dalit AWWs made up 20% each of the sample; Other Backward Class (OBC) members were 40%. Most AWWs were getting their full salary, and they reported getting it once in every two–three months (over 70% had salary due to them). Apart from the delays, there were no major salary-related complaints. A majority (85%) of AWWs said that their salaries had improved in the past five years. They are paid between Rs 3,500 and 4,000 per month. (The state government "tops up" AWW salaries: the central government contributes Rs 3,000 and the state government has been paying an additional Rs 500 for AWWs who have not completed Class 10 and Rs 1,000 who have studied beyond Class 10.) However, AWWs at mini-AWCs—with exactly the same responsibilities as AWWs at regular AWCs—are paid only Rs 1,500–2,000 per month and do not even have a helper to assist them.

Though few AWWs report harassment (for example, 10% said they had to pay a bribe to get work done), one complaint they often had was an increase in the number of duties. This may be a result of the Right to Education Act which does not allow schoolteachers to be assigned non-teaching duties. ICDS-related paperwork had increased: on average, they maintain 28 registers, and spend nine hours a week to maintain these registers.

AWWs are able to manage the increased workload because the team of ICDS front line workers is functional in Odisha: the AWW works closely with the anganwadi helper (AWH), ANM and the accredited social health activist (ASHA). There was a clear division of tasks among them (more on this below). This means that the AWWs are in a position to fulfil their basic duties (even though, say, registers were patchily maintained) without being impossibly burdened as noted in earlier studies of the ICDS. The coming together of this team was one significant finding of the Odisha ICDS Survey. Their work was also appreciated by the community: mothers were generally positive about AWWs. About one-tenth of the mothers felt that the AWWs' motivation levels were "very" or "rather" low.

2 Services at the Anganwadi

Survey teams were instructed to reach the anganwadi during opening hours. We found that a regular routine is in place: most AWCs were open when the teams arrived and in about 70% of AWCs, the AWW were also present at the time of arrival. Three-quarters of mothers of preschool children (three–six years) said that their child attended yesterday; a higher proportion (80%) reported that the child attends regularly. However, the teams found there can be considerable variation in opening time and opening hours. On average, mothers reported that the anganwadi opens for three hours daily.

Table 1: Improvement at the Anganwadi: NFHS 3 (2005–06) vs Odisha ICDS Survey (2014)

Percentage of 0–71 Month Children Who Received from AWC	NFHS 3 (2005–06)[1] 0–71 Months	NFHS 3 (2005–06)[1] 36-71 Months	Odisha ICDS Survey (2014) 7–36 Months	Odisha ICDS Survey (2014) 6–71 Months
Any service[2]	66		99	98
Supplementary food	53		98	97
Any immunisation	42		76	54
Health check-up	43		58	53
Percentage of children who received Preschool education	–	28	-	85
Percentage of children who were weighed	–	56[3]	58	76

1 Table 46, p 73, International Institute of Population Sciences (2008).
2 Includes supplementary nutrition, growth monitoring, immunisation, health check-ups and pre-school education. For the Odisha ICDS Survey 2014, these services were received within the past six months.
3 0–59 month old children.

The ICDS provides six services through the anganwadi. Tables 2 and 3 report on the state of these services at the AWC, and are discussed below in some detail.

Table 2: Anganwadi Centre

Number of enrolled children (average)	
Under three years	31
Toddlers (three–six years)	23
Toddlers present on average on the last working day (as per AWW)	18
Toddlers present at the time of the arrival of the investigators	11
Average credit into AWC account in the past six months	Rs 12,843
Proportion (%) of AWCs reporting delays in receiving funds	
Always/frequently	31
Sometimes	49
Rarely/Never	20
AWWs (%) who reported that they had to put in own funds	71
Proportion (%) of AWWs reporting	
ANM visited in the last month	96
Fixed schedule for ANM visit	83
Visit is helpful	88
Proportion (%) of AWWs reporting ASHA appointed	92
Work with ASHA (where appointed)	96
Met ASHA at least once a month in the past three months	94
Physical infrastructure of anganwadi	
Own building	46
Toilet	15
Separate space for cooking	31
Separate space for playing	29
Safe drinking water	49
Storage space	27
Electricity	14

Table 3: Access to ICDS Services among Under-Three Children and Preschool Children

	Under-Three-Year-Old Children	Preschool Children (Three–Six Years)
Caste group of respondent (%)		
SC	17	18
ST	38	39
OBC	37	34
Other	9	10
Proportion (%) of mothers who		
Live in the same hamlet as the AWC	75	76
Say they/their child find it difficult to reach the AWC	23	13
Number of eggs received in the past seven days	1.5 (2.0)[1]	2.4
Proportion of mothers who say that the AWC is "very" or "quite" important for their child's well-being	91	91
Regularity of other ICDS services		
Supplementary nutrition, within past week	65	92 (85[2])
Preschool education	Not applicable[3]	90
Immunisation within past three months	62	54
Growth monitoring within past month	83	76
Health check-up within past month	59	–
Deworming within past six months	62	60
Proportion (%) of mothers, who perceive an improvement over past five years in		
Infrastructure	35	37
Parents' interest	78	82
AWWs' training	66	65
Inspection and monitoring	65	68
Total number of respondents	148	147

1 Average without Bargarh (see text for explanation).
2 Reference period is "Yesterday or today" among those who attended yesterday.
3 25 under-three year olds were going to the AWC.

Supplementary Nutrition Programme: At all AWCs, a hot meal is cooked by the AWH and/or AWW for preschool children. Wherever appointed, the AWH has the main responsibility for preparing the hot-cooked meal. In addition to this, the AWH plays an important role in bringing the three–six-year-old "preschool" children to the AWC from their homes. As far as SNP is concerned, the main tasks of the AWW include helping the AWH, purchasing eggs, dal and other ingredients, distributing take-home rations (THR) and maintaining records.

Hot cooked food is provided as per the weekly menu and includes eggs thrice a week (Wednesdays, Fridays and Saturdays). On average, mothers reported that their child had received 2.4 eggs in the past week at the anganwadi. There is also a provision for serving a morning snack at the AWC—only two-thirds of the mothers of preschool children said that their child gets the morning snack regularly.

In almost all cases, vegetables and dals are bought locally by the AWW and AWH, whereas the grain (rice) is supplied by the Child Development Project Officer's (CDPO) office. In April 2011, the Government of Odisha put in place a system for decentralised procurement of vegetables and dals, whereby money is transferred into the joint account of the AWW and a GP member for the provision of hot cooked meals.[2] Since the account is jointly held with a panchayat member, panchayati raj institutions and members are also involved in the running of the ICDS. This has been combined with putting in place village *jaanch* (monitoring) committees and mother's committees. The system appeared to work reasonably well, though the accounting practices need to be tightened (see discussion on corruption below).

For children under three years of age, there is a provision THR. The THR includes two packets of *chhatua* (roasted mix of wheat, dal, groundnut and sugar) each month and two eggs a week. Women's self-help groups supply chhatua. Mothers reported getting, on average, 1.6 packets of chhatua in the past 30 days, and 1.5 out of their entitlement of two eggs in the past one week.[3]

Mothers of younger and older children were happy with the SNP: 87% reported that it was regular and 90% said that they were very satisfied or somewhat satisfied with the quality of the food provided. An important reason for the regularity is that mothers were aware of their child's entitlements. For instance, only 4% mothers (of preschool children) did not know that their child was entitled to eggs at the AWC. Among mothers of younger children in Bargarh where eggs were not being distributed, nearly two-thirds were not aware of the provision of eggs.

Preschool Education: AWWs have the sole responsibility for undertaking PSE activities (such as teaching child songs). These PSE activities have become relatively regular: more than 90% of mothers of preschool children (that is, three–six-year olds) said that some PSE activity had taken place within the last week, though some mothers complained that not enough was done. The expectation among mothers that the AWC should not be only about dal–rice and eggs was encouraging to see.[4]

At each AWC, the teams requested children to sing a song—at more than three-quarters of AWC, children were able to sing a rhyme. (Some AWWs said that there were 12 songs, one for each month, in *Arunima*, a book provided to them by the state government.) However, toys and other PSE material was sorely lacking—for example, less than one-third of AWCs had toys and about half had pictoral charts. Often, it was not clear if these were being used.

Growth Monitoring, Immunisation and Maternal Health: For other services, such as growth monitoring, immunisation and antenatal health check-ups, the main responsibility lies with the ANM and the ASHA. The AWW and AWH support and assist them in these activities. ASHAs were appointed in 90% of the AWCs. Over 80% of AWWs said that the date for the visit of the ANM was fixed. The schedule was adhered to at nearly all AWCs: only two AWCs reported that the ANM had skipped one month's visit.

Mothers confirmed that these activities are taking place: 94% of mothers of children under three years and 83% of mothers of preschool children said that they had a Mamata card, and between 54% and 78% (of under-three children and preschool children) of these cards were fully maintained according to the investigators. Another one-fifth of the cards were partially maintained. Between 62% and 76% mothers said that their child had been weighed in the past month. About 60% of mothers said they had received deworming medicine in the past six months. Health referral services continue to be weak or non-existent. Quite likely, this is because the public health services have not been activated in the same way as the ICDS.

Further confirmation of these activities comes from the fact that while the survey teams were in the field, they met ANMs at the AWC conducting these activities, including antenatal check-ups for pregnant women, and when mothers were able to tell the survey teams what their child's weight was when they were asked (not systematically). In fact, activation of these services was one of the most impressive achievements in the ICDS in Odisha. It was quite heartening to see this team of four women: AWW, AWH, ANM and the ASHAs working together at many centres.

Overall, mothers were highly appreciative of the services provided there. Over 90% said that the AWC was very important for their child's well-being. When asked why they felt that way, apart from the provision of eggs (even otherwise clueless fathers knew about eggs), mothers mentioned preschool activities, that her child formed the habit of going to the AWC, that her child enjoyed being with other children, etc. Because of regular weighing of her child at the AWC, a young mother in Ganjam was able to consult a doctor as her younger child's weight had caught up with the older child's weight.

3 Mamata: A Scheme for Maternity Entitlements

The Government of Odisha is among a handful of states in India to launch universal maternity entitlements for the first two pregnancies. Odisha's Mamata scheme provides Rs 5,000 as maternity entitlements, that is, a cash transfer. There are some conditions, for example, registration with the AWW and getting a Mamata card, one antenatal check-up, iron/folic acid tablets, one tetanus vaccination and one counselling session for the first instalment, registration of child's birth and immunisation for the next instalment and so on.[5] As mentioned earlier, at the sample AWC, we selected five mothers who were supposed to have got all four instalments by random sampling, from the Mamata Tracking Register maintained at the anganwadi. Table 4 presents the main findings.

Table 4: Maternity Entitlements in Odisha

Average number of Mamata beneficiaries per AWC	22
Proportion (%) of mothers of children in seven months to three years age group who were on the Mamata list	67
Among mothers who ought to have received all four instalments, proportion (%) who reported	
All four instalments are due	9
Some instalments are due	14
Only last instalment is due	4
All four instalments have been received	72
Average amount received (among those who had got all four instalments)	Rs 4,722
Problems reported by respondents (%)	
Opening a bank account	13
Meeting conditionalities	12
Delays	20
Corruption	9
Uses of cash transfer, as reported by respondents (%)	
Health	74
Food	64
Saved	36
Celebration	9

Coverage: The Mamata scheme is supposed to be a universal scheme. According to the registers at the anganwadi, out of 1,544 enrolled children in the seven months to three years age group, 1,035 mothers had got Mamata benefits, that is, two-thirds of mothers who had a child in the past three years were on the list of the Mamata scheme. The scheme appears to have taken root in the state.

We spoke to 233 mothers, that is, about one-fifth of the 1,035 beneficiaries. Nearly one-third were illiterate, and on average, they had five years of schooling. Boys marginally outnumbered girls (120 vs 111) among beneficiary children. About one-third each were Adivasis or belonged to "other backward castes"; 20% were Dalits and the rest were from the general caste or other groups. We did not come across any serious complaints of social discrimination.

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A large number of mothers reported having used the money for food-related expenses for herself or the child (64%) and health-related expenses (74%). About one-third said that they had saved the money.

Schedule of Payments: As per the official schedule, the first instalment is due in the sixth month of the pregnancy, the second (Rs 1,500) when the child is three months old; the next two instalments, Rs 1,000 each, are due when the child is six months and nine months old respectively. Awareness about the payment schedule was low. In many cases, the amount had not been credited as per the official schedule. One-fifth of the respondents reported delays.

Awareness and Corruption: Only 11 (that is, 5%) beneficiaries were unaware of being on the beneficiary list. Among those who were aware of being on the list, 14 (7%) had not got any money. Even though all payments are made through bank accounts, out of 233 respondents, about 10% had corruption-related complaints. Seven percent of the respondents reported having to pay someone to get the money. Similarly seven percent of respondents had not received any money, even though according to the AWW's records she had received all the instalments. The teams found several cases of erroneous transfers—for example, some instalments were credited twice, clubbing of several instalments and so on. In some cases, recovery of the excess amount had also been initiated. Among those who had received all instalments, on average, they got 6% less than the full amount.

Few respondents reported problems related to opening bank accounts (13%), meeting conditionalities, for example, registering with the ANM, antenatal check-ups, etc, associated with each instalment (12%).

4 Discussion

The level of functionality achieved in the ICDS in Odisha is remarkable because as recently as 2009, when anganwadis opened, the main activity was providing supplementary nutrition (Government of India 2011a). A study in 2009 in seven districts found that the "Take Home Ration under Supplementary Nutrition Programme is found to be the only activity that is going on everywhere. Sometimes the team felt that ICDS centre has been turned into distribution centre of the THR. On the other hand there is massive irregularities and corruption found in SNP (both THR and Spot Feeding) almost everywhere" (sic) (Advisor's Office 2010). Today, there appears to be a regular routine, which extends beyond providing hot cooked food to some PSE activities as well as growth monitoring and immunisation.

This has been achieved, partially at least, because of the coming together of a team of four workers (AWW, AWH, ANM and ASHA), with the AWW playing a key role. What remains a puzzle is how they were convinced to perform their duties regularly, when in neighbouring states (for example, Jharkhand) even today the AWW can be difficult to trace. Anecdotal evidence suggests that AWCs opened more or less regularly even earlier. In recent years, several factors have helped to build on that initial momentum: one, the work is to be done locally, which makes it possible for the AWW to do it regularly; two, initially, the workload was quite negligible—with few children enrolled and lack of monitoring or public pressure, it may have appeared to be an easy job. Three, as monitoring and public pressure increased the workload, salaries and work conditions also improved (for example, the appointment of helpers, working with the ANM). Finally, and unfortunately, the scope for keeping the "leftover" from the AWC account (amounting to about 20% of the monthly salary) is likely an important part of the story of the activation of the ICDS in Odisha.

The gains in the implementation of ICDS are largely on account of creative policymaking in the field of child nutrition in Odisha. Simple measures such as providing uniforms for the ANM, AWW, AWH and ASHA as well as anganwadi children helps create an environment of seriousness associated with, say, schooling or at health centres. Another example is decentralised procurement for items required for Supplementary Nutrition Programme (SNP). Instead of routing funds through the CDPO's office, the money goes straight into a joint account operated by the AWW and a GP member. This has freed AWWs from the tyranny of CDPOs, a common complaint elsewhere. Along with decentralised devolution of funds, the state has also introduced a model of decentralised procurement for THR. The most common form of THR is powdered mixes such as chhatua. Though such mixes can be reasonably nutritious, one problem has been keeping out commercial interests which will come primarily for the profit. The decentralised procurement model in Odisha where the standardised mix is prepared by self-help groups shows one way of surmounting that concern. The most interesting initiative as far as nutrition is concerned, of course, has been the introduction of eggs as THR. It is more nutritious than chhatua and given that its shelf life is longer than most other foods with comparable nutritive value, it can be given as THR.

Political and administrative will is partly responsible for the observed improvement. Two examples that demonstrate this can easily be given. First, enhanced budgets for the ICDS: for example, the per child allocation has increased from Rs 2/child/day in 2008 to Rs 4 in 2009, and is currently at Rs 6 and the salary top-up given by the state government. Second, the government official in charge of the programme (Secretary, Women and Child Development) enjoyed a long stint in the same department (from 2010 to 2014). This allowed her to build a fuller understanding of the challenges and to put in place adequate systems (for example, decentralised procurement, computerisation, staff training for computer use) to deal with those challenges.

Obviously, things are far from perfect. Two areas of serious concern in the functioning of the ICDS emerged clearly in our survey: poor physical infrastructure and corruption.

The most basic physical infrastructure is still sorely lacking: less than half of the sample anganwadis were running in their own building.[6] One-fifth were operating from the AWW or

AWH's house and another 30% were running in a village "club" or a school room (Table 2). The lack of a dedicated physical space impeded the functioning of the centre in many ways–preschool activity (for example, the use of pictorial charts) could not always be conducted, the lack of storage space for AWC equipment (such as weighing scales, registers, etc), also caused inconvenience. Sometimes this meant that these activities were not conducted in the manner that they should be. For instance, among children who were at an anganwadi which had its own building, 94% were able to sing a song. This proportion was much lower (61%) among children whose anganwadi did not have its own building. Only 30% AWCs had a functional kitchen. When there was no kitchen, the AWH cooked in the open or at their homes.[7]

We did not investigate misappropriation of funds in a direct manner but it seems that tighter accounting practices would help. While SNP was the most regular service provided at the AWC, there remains scope for siphoning off money. The per child per day norm is Rs 6 for hot cooked meals, which is credited into the account of the AWW, jointly held with a ward member. AWWs are required to submit accounts for hot cooked food and the morning snack to the CDPO on a monthly basis. It is not clear whether these are verified in any way.

As per the records, on average, 23 children in the three–six-year age group were enrolled at the AWC. According to the AWW, 18 were present on the previous working day. (The attendance register also recorded the same number.) This suggests that, on average, each day the SNP allocation for at least five children remains unused. This comes to Rs 750 per month, assuming that SNP is allocated for 25 working days, that is, just over one-fifth of the funds for hot cooked meals remain unused.[8] We did not check if the balance remains in the account or if it is used, how. In the absence of regular monitoring, it is likely that some of it ends up being misappropriated.

There were some complaints that cash for children's uniforms had not been distributed; even in the distribution of chhatua there appears to be some scope for cheating (for example, by distributing fewer packets than what people are entitled to).

The sort of creative policy ideas mentioned earlier need to be devised for reducing corruption (for example, publicly displaying the bank account statement). With the constitution of village jaanch committees, mothers' committees as well as involvement of panchayat members, the means for community monitoring may get strengthened. Public pressure has quite likely played an important role in some of the improvement (for example, pressure through the media in 2011 led to the implementation of decentralised procurement for the SNP, and has made a difference). Ultimately, the findings point to the possibility of improvement in children's programmes in a relatively short span of time, with political and administrative will and public pressure.

NOTES

1 Replacement AWCs were visited when the sample AWC was closed and unlikely to open on the day of the team's visit (for example, the worker at one mini-AWC was away for her own wedding). This happened in five anganwadis out of 49 sample AWCs. Two anganwadis in Hinjilicatu Block (Ganjam) had to be replaced because the AWWs were attending a sector meeting at the CDPO's office. The AWCs were open, but there were no children at the time of the arrival of the team. In the replacement GP, the AWH were present with some children. In the light of the ongoing training in the block, the block was replaced, and the team worked in Digapahandi Block.

2 The move towards decentralised procurement was in response to a scam involving supply of poor quality of dal through a centralised mechanism. See *Orissa Diary* (2011a) and *Orissa Diary* (2011b).

3 The average number of eggs in the past week is two (leaving out Bargarh where THR eggs were not being distributed due to an objection from the AWWs union). Less than one-tenth (8%) of the respondents said that they had received no chhatua packet in the past one month. Out of 24 mothers who reported that their child had been classified as malnourished, only 10 reported getting extra "red" chhatua packets.

4 Though, admittedly, most mothers associated anganwadis with food. About two-thirds of the mothers were able to associate with AWC with preschool education activities.

5 Details of the conditions can be found online at http://wcdodisha.gov.in/node/46.

6 According to the Government of India (2011a) study, 54% of AWCs had their own centres. Where centres existed, they were in reasonable condition, though many were in need of minor repairs (for example, damaged flooring). Only half had drinking water facilities and three-quarters had a functional baby weighing scale. Toilets were hardly being used in the few AWCs where they existed. Survey data from 2009 suggests that things have become worse. If the older data is reliable and comparable, the decline in the indicators of physical infrastructure could be on account of the substantial increase in the number of AWCs in 2010–11.

7 However, the lack of a kitchen did not affect the number of eggs children got adversely.

8 In fact, we found that attendance on the day of the visit was lower. At the time of the team's arrival at the AWC, there were on average 11 children at the AWC. This number often increased, as the team arrived while children were still trickling in. If we assume that 15 children eat every day, then the money for eight children is left over, that is, Rs 1,200 per month. Further, on average, AWWs reported getting Rs 12,843 over the past six month to run the AWC (including money for uniforms), which also suggests that the leftover may be higher.

REFERENCES

Advisor's Office (2010): "Study on Compliance of Supreme Court's Orders on Universalisation with Quality," unpublished report.

Citizen's Initiative for Rights of Children Under Six (2006): "Focus on Children Under Six," New Delhi: Right to Food Campaign.

Drèze, Jean and Reetika Khera with the PEEP Team (2013): "A Peep into Another India," *Outlook*, 24 March, available online http://www.outlookindia.com/article/Water-For-The-Leeward-India/289801, last accessed on 6 January 2013.

Government of India (2011a): *Evaluation Study on Integrated Child Development Services (ICDS),* Vol 1, PEO Report No 218, Programme Evaluation Organization, Planning Commission, New Delhi: Government of India, available online at http://planningcommission.nic.in/reports/peoreport/peoevalu/peo_icds_v1.pdf

— (2011b): *Evaluation Study on Integrated Child Development Services (ICDS),* Volume 2, PEO Report No 218, Programme Evaluation Organization, Planning Commission, New Delhi: Government of India, available online at http://planningcommission.nic.in/reports/peoreport/peoevalu/peo_icds_v2.pdf

Orissa Diary (2011a): "Orissa Vigilance Submits Preliminary Report on Dal Scam," 5 February, available online at http://www.orissadiary.com/CurrentNews.asp?id=24412, last accessed on 6 January 2011.

— (2011b): "Congress, BJP Seek Orissa CM's Resignation over Dal Scam," 6 February, available online at http://www.orissadiary.com/CurrentNews.asp?id=24422, last accessed on 6 January 2011.

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