

SUMMARY OF REPORT ON ICDS, GORAKHPUR, U.P.

1. INTRODUCTION

A study of the implementation of the Integrated Child Development Services (ICDS) was undertaken in the Gorakhpur district of Uttar Pradesh between 21 February and 1 March, 2011. It consisted of visits to 35 AWCs in six development blocks of the district, a visit to the factory of M/s Great Value Foods in Maharajganj district, from which "Amylase-rich energy food" is supplied to the AWCs of Gorakhpur district, and visits to three ICDS project offices.

This study of ICDS focused attention on the following stated objectives of the programme:

- Supplementary nutrition
- Immunization
- Health check-up
- Referral services
- Pre-school education
- Nutrition and Health education

A State Government programme called 'Mahamaya Garib Balika Ashirwad Yojna', which is implemented through the AWCs, was also studied.

2. FINDINGS AND CONCLUSIONS

(All the figures quoted in this section relate to Gorakhpur district only)

2.1. 138 AWCs, sanctioned for urban slums, are yet to start functioning. The number of mini AWCs yet to start functioning is quite large – 234 out of 289. (Mini AWCs are meant for small habitations of 150-400 people.) This indicates that the reach of the ICDS to bastis and small hamlets is limited.

2.2. In the past 11 months of the current financial year the State Government has spent an amount of Rs. 5640 lakh (approx) on the purchase of food for providing supplementary nutrition through AWCs. Of this, Rs. 4879 lakh (86%) has been spent on centralised purchase of a

ready-to-eat (RTE) food called "Amylase-rich Energy Food". 14 per cent of the expenditure has been incurred at Anganwadis from funds provided by Government. The total amount made available to each AWC for this purpose is Rs. 20,000/ in 11 months (2010-11).

2.3. By procuring food from a contractor the State Government is probably violating the orders of the Supreme Court dated 7.10.2004 and 13.12.2006 in WP (C) No. 196 of 2001, though the contractor hides behind the fig leaf of being a manufacturer. Less than two years back, the contractor set up a processing plant in Bahraich district for the sole business of supplying ready-to-eat food (RTE) to AWCs in Gorakhpur and 11 other districts of eastern Uttar Pradesh. This shows that the State Government, far from phasing out contractors, is encouraging expansion of their business in ICDS.

2.4. The coverage of pregnant women and nursing mothers is poor and uneven across the 21 projects of the district. In one project –Bansgaon- the number of beneficiary women is too large - well over 8 per cent of the total population. In another project -Pali- the percentage of beneficiaries is high - 4.78 per cent of the total population. In all other projects the coverage is low. In five projects the number of beneficiaries works out to less than 2 per cent of the total population. On an average the number of pregnant women and nursing mothers should be 4% of the total population.

2.5. The per capita expenditure norm has been violated in respect of children of the age group 3-6 years. Instead of Rs. 4.00 per head only Rs.3.00 per head has been spent on supplementary nutrition between April 2010 and February 2011. Funds for cooked meals have been released at irregular intervals, leading to long periods of time when children in Anganwadis have been served only ready-to-eat food in small quantities whose calorie value may be around 100.

2.6. The quality of the cooked food is ordinary but it has the virtue of variety in menu. The quality of the RTE is similarly ordinary, but it has the disadvantage of a total lack of variety. The RTE does not seem to contain the ingredients claimed and the weaning food may not be suitable for babies.

2.7. The ready-to-eat food is produced in poor hygienic conditions. Some of the ingredients shown on the bags containing the finished product were not found in stock at the time of visit and the stock of maize was only enough to meet 25% of the daily requirement.

2.8. Storage facility at the AWC-level is either non-existent or very poor. It is not safe to store ready-to-eat food in such conditions.

2.9. Transport costs for delivery at the project headquarters (the Development Block HQ) are met by the contractor. From there to the AWC the food is transported at AWW's own cost, which she recovers by diverting part of the food.

2.10. No funds are provided for cooking costs. The AWW diverts funds meant for food items to meet the cost of cooking.

2.11. 63 per cent of the food and funds are misappropriated. An average AWW pays a bribe of up to Rs. 2000/ per month to her supervisor who shares it with her superiors.

2.12. Response to the daily Anganwadi services (pre-school education and supplementary nutrition for 3-6 year olds) is good among SC, OBC and minority communities. It is poor among upper caste Hindus. The response is generally poor among better-off families of all communities.

2.13. ICDS in Uttar Pradesh is a highly centralised programme. Virtually everything is procured by the Directorate in Lucknow. There is nothing purchased at the district level. The only exception is the small amount allotted to each AWC to purchase food items, which accounts for 14% of the total purchase of foodstuff.

All communication is top-down. The programme suffers because of lack of free flow of information. There is no scope for local initiative. The authorities rely too much on paperwork, which seems to have become an end in itself.

2.14. Control and supervision is poor. The supervisor, who is the mainstay of organizational control over the AWC-level activities, has been turned into a conduit for receiving bribes and does nothing worthwhile to further the purpose of the programme.

2.15. Beneficiary participation is token. There is a Matri Samiti in every village, but it does not function. The president of the Matri Samiti is the joint holder of the AWC bank account along with the AWW. So she is co-opted in the diversion of funds and food. The complete decentralisation of the feeding programme through local women's groups, contemplated by the Supreme Court's orders referred to above, is still a far cry in Uttar Pradesh.

2.16. Some pre-school education takes place in a small number of AWCs, but the majority of them do not provide the service regularly. Teaching aids are very few and of poor quality. There is little facility for games and play. Only four or five Anganwadis out of the 35 visited seemed to be running on a regular basis. They open between 9 a.m. and 1 p.m. and are run more or less as preparatory schools. One or two AWWs seemed to be teaching the Hindi alphabet and numbers to their charges. The better run AWCs are different from others only in respect of the regularity of some teaching. The supplementary nutrition component is not better-run, nor are these AWCs performing better in respect of immunization, health check-up and referral services. This shows that poor performance in feeding and health services has little to do with the efficiency of the AWW. The responsibility for their failure must lie at the door of functionaries at higher levels of the network.

2.17. Immunization does not always take place at the AWC, but it takes place and the AWWs maintain a record of it. The records show about 50% coverage in the AWCs visited. Distribution of IFA and Vitamin A is not regular.

2.18. Health check-up and referral services do not exist. There isn't even a scale to monitor weight. The children's weight register is not maintained.

2.19. Health and nutrition education is not provided properly and there is no co-ordination between the Health and ICDS functionaries for the purpose.

3. MAHAMAYA GARIB BALIKA ASHIRWAD YOJANA

This scheme is not part of the ICDS proper as implemented in the country as a whole. But it is an important State Government intervention for the welfare of girl children born in BPL families. It covers the first and the second girl child born to poor parents and envisages a term deposit of Rs. 21750/ which will grow to be Rs. 1 lakh by the time the child is 18. The maturity amount will be paid only if the girl remains unmarried until the age of 18. The objective is to prevent female foeticide or infanticide and child marriage and to provide some financial security to girls.

The scheme is not taking off because of the stipulation that the name of a parent must appear in the current BPL list, available with the BDO. This BPL list is so defective that it is not relied upon for the purposes of

the Public Distribution System. Because of non-inclusion of the parents' names in the BPL list, a large percentage of children who should have clearly qualified have failed to get the benefit of MGBAY. For example, the Rajpur village of Magaha Block has only SC population and most of the village is treated as eligible for receiving grains under the Antyodaya Anna Yojana which is targeted at the poorest of the poor. Yet only one of the 15 female first and second borns in the village was found eligible under Mahamaya Scheme because 14 parents did not have their names in the BPL list.

4. WEAK LINKS

4.1. Centralization of powers at Lucknow has made the field level functionaries powerless, apathetic and devoid of initiative. The biggest danger of centralization lies in the area of purchases. It makes small sums spent per AWC attractive to rapacious private sector players and their corrupt collaborators by pooling the resources meant for 166073 AWCs spread across the State. I would call centralised purchase the weakest link.

4.2. Manufactured ready-to-eat food is difficult and unsafe to store, indifferent in taste and nutritive value, lacks variety and is easy to divert in bulk. It is supplied at the same rate as prescribed per beneficiary by the government. If we take away a modest value addition of 15% in the processing plants, the real value of supplies to the beneficiary will be reduced by the same percentage. So I will call RTE the second weakest link.

4.3. Dependence on official machinery, with only token beneficiary participation, is the third weak link. Ultimately, the mothers in a village can be said to be the beneficiaries of the programme. Until the management of the programme at AWC level is delegated to mothers' groups, diversion of resources and corruption can not be rooted out.

4.4. Poor supervision and control is the fourth weak link. Enough has been said about it in the other sections of this report.

4.5. Lack of co-ordination between the government departments concerned is the final weak link. This also has been discussed adequately already.

5. SUGGESTIONS FOR IMPROVEMENT

5.1. Before taking any other steps, the government has to demonstrate its intentions by doing away with private contracts for food supply altogether. This will send a message to the field functionaries who seem to be confused about the real intentions of their superiors at Lucknow.

5.2. Simultaneously, the entire feeding programme has to be decentralised to the village-level women's groups. The existing Matri Samitis, self help groups of women or mothers' groups formed by the community can be adopted as the vehicle of decentralisation. There should be no prescription about cooked food and 'take-home' food. There is no need to assume that women and babies at the weaning stage can not be fed cooked meals at the Anganwadi. Every community should be allowed to decide what suits it best. Advice and guidance may be provided to help the community make a decision. The assistance of CFTRI may be sought to generate alternatives from which the community can choose. *For the decentralised system to succeed, it is imperative that funds for every month are placed at the disposal of the women's group in the last week of the previous month.*

5.3. More delegation of powers will entail more supervision and control. The supervisor should be retrained to perform this function effectively. Evaluation of performance should be made in terms of programme objectives reduced to quantified targets for each AWC and for every official. The women's group which takes responsibility for feeding will need to agree to the targets. Independent audit of performance should be instituted. The performance of all officers and functionaries should be judged by quantified targets only.

5.4. Training has to be the key input. All functionaries from the district to the village level (including the women's group which is made responsible for feeding) have to be trained or retrained. It will be desirable to engage AWWs on a long-term basis to make training financially viable. Field level training programmes should also cover the ANM and the ASHA.

5.5. Field level coordination between the Health department and ICDS organisation is essential for the success of immunization, health check-up and health & nutrition education. This can be done by laying down a schedule for the ASHA's visits to the AWC and a combined visit schedule for the ANM and the ICDS supervisor.

5.6. Anganwadis need to be properly housed in their own buildings. The object of pre-school education can not be achieved without proper premises. Teaching aids and other wherewithal should be procured at the district or the project level. The economies of scale which theoretically favour centralised purchase lead to loss of control for the field functionary, apathy, supply of substandard material and lack of maintenance and replacement. AWWs should be encouraged to make their own teaching aids as well, and for this purpose some funds may be placed at the disposal of the women's group entrusted with the feeding programme.

5.7. Instead of the present token feeding programme for adolescent girls, an AWC-based health monitoring regime for adolescent girls will be more useful. The monitoring will throw up data on the basis of which corrective action can be taken by the departments concerned.

5.8. The AWCs and mini AWCs which are sanctioned but not set up yet may be made operational by the beginning of the next financial year.

5.9. To return to the theme of making the intentions of the Government clear, it will be necessary to make an example of some functionaries. Corrupt or incompetent officers and field functionaries should be severely dealt with. A system of rewards and punishment should be declared. There should be no ambiguity about what the government expects.

5.10. For the MGBAY to succeed, the problem of the defective BPL list has to be tackled. There are two ways of doing so.

- a) The government may order a revision of the BPL list and keep the applications pending if non-inclusion in the list is the only reason for impending rejection. The process will be time-consuming and expensive.
- b) The alternative is to deal with the cases in the following manner. The AWW should not be allowed to reject any case, but should submit details of all female births, with a report about the financial status of each family in terms of land holding, adult earning members and their jobs, kind of house the family lives in, and vehicles owned by family members or any other terms that the government may determine. The supervisor will check 20 per cent of the cases and certify the correctness of the statements. Based on an assessment of the facts on the basis of laid down criteria, the project office will decide eligibility. To state this proposal briefly, I

am suggesting a BPL survey of the families in which girl children have been born as a working substitute for a complete BPL survey.

This scheme needs to evolve some method of beneficiary participation too. At present the Chief Minister is taking a personal interest in the scheme; so officials are unusually sensitive to possible complaints. This may change in future and the beneficiary families may have to pay an illegal "processing fee". As soon as corruption enters the picture, the target group will change from the poor to those who can pay the "fee".

5.11. The NHRC may approach the Supreme Court for a clarification whether its ban on contractors includes manufacturers, particularly those who have turned manufacturers only to escape the ban. I have come across a report on the internet which shows that other states besides Uttar Pradesh are hiding behind this fig leaf. The relevant portion is quoted:

Such is the stranglehold of contractors that food commissioners in their December 2007 report pointed out that nine states and union territories still used private traders. Some states have come up with clever ways of bypassing court orders. Chhattisgarh calls its contractors "manufacturers".

(http://www.righttofoodindia.org/data/icds_gets_packaged_food_for_the_malnourished_savvy_soumya_mishra.pdf)

SPECIAL RAPPORTEUR'S REPORT ON THE IMPLEMENTATION OF ICDS IN THE GORAKHPUR DISTRICT OF UTTAR PRADESH

1. INTRODUCTION

A study of the implementation of the Integrated Child Development services (ICDS) was undertaken in the Gorakhpur district of Uttar Pradesh between 21 February and 1 March, 2011. It consisted of visits to 35 AWCs in six Development Blocks of the district (list at Annexure 1). The choice of AWCs was left to the District Programme Officer. A visit to the factory of M/s Great Value Foods in Maharajganj district, from which "Amylase-rich energy food" (hereafter referred to as 'ready-to-eat' or RTE) is supplied to the AWCs of Gorakhpur district, was undertaken on 22 Feb 2011. Three Block-level ICDS project offices were also visited.

This study of ICDS focuses attention on the following stated objectives of the programme:

- Supplementary Nutrition
- Immunization
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A State Government programme called 'Mahamaya Garib Balika Ashirwad Yojna', which is implemented through the AWCs, was also studied.

2. ICDS NETWORK

2.1. ICDS Projects in the District

There are 21 ICDS projects in Gorakhpur – one for each development block (total of 19) and one each for urban areas and urban slums respectively.

2.2. Anganwadis and Mini Anganwadis

There are 3803 functional AWCs against the sanctioned number of 3944. The AWCs yet to start functioning are newly sanctioned. All but three are

meant for urban slums. Only 55 mini AWCs are functional against a sanctioned number of 289. One rather odd fact concerns the Bansaon Development Block which has a population of 1.46 lakh but has 302 functioning AWCs while Gola with a comparable population of 1.43 lakh has just 146.

Each AWC covers a population of around 1000 and has an AWW and an AWH. There is one worker for each mini AWC, which covers a population of about 400. The AWW is paid a sum of Rs 1700/ per month as honorarium while the AWH and the mini AWC worker receive Rs. 850/ per month. It appears from Press reports that the latest Union budget provides for increasing these emoluments to Rs. 3000/ and Rs. 1500/ respectively. This will be a welcome step and increase the stakes for the workers.

As for housing AWCs, there is a State Government order whereby each primary school sets aside a room for one Anganwadi. This order has been implemented in Gorakhpur. Still, nearly half the AWCs continue to be located in private homes, mostly the homes of AWWs. There is no proper storage facility in AWCs. Since most of the food supplied in Uttar Pradesh is still packaged, the quality of storage becomes very important.

Cooking utensils, water containers and food and water dispensing equipment are grossly inadequate. There is no provision of funds for meeting the cost of cooking. No weighing scales for monitoring the weight of children are available in any AWC. Pre-school teaching aids are inadequate, damaged and of very poor quality. Hardly any toys are available.

In short, AWCs are extremely ill-equipped for the duties they are required to perform.

2.3. ICDS Organization

There is a Directorate of Child Development Services and Nutrition at the State HQ. At the district level there is an officer exclusively in charge of ICDS and designated District Programme Officer (DPO). For every ICDS project there is a Child Development Project Officer (CDPO). Under the CDPO there are a number of Supervisors, called 'Mukhya Sewika'. Each supervisor is supposed to monitor the activities of about 20 AWCs, but in actual practice the number of supervised AWCs works out to 25 or more, that is, if all posts of supervisors have been filled which is seldom the

case. On the whole, the workload at this level is heavy. As we shall see later, the supervisors solve the problem by doing as little as possible.

2.3. Delegation of Powers

The ICDS in Uttar Pradesh is a highly centralised programme. All purchases are made at the State HQ – even almirahs, utensils, buckets, teaching aids and toys. There is no financial power in the hands of the district and sub district level officers. The bulk of food is also centrally procured from manufacturers of RTE. The only delegation of financial powers is to the AWC which is supposed to receive Rs. 4000/ per month to spend on the purchase of food items necessary for the hot meals required to be served to children attending the Anganwadi (children of the age-group 3-6 years). To put this delegation in perspective, the total amount released to the district for hot meals in the past 11 months of this financial year is Rs. 760.60 lakh whereas the cost of RTE, centrally procured and delivered to the district during the same period, is 4878.50 lakh. Even this limited financial delegation for hot meals is of recent origin and has been forced upon the government by a Supreme Court order.

2.4. Information Flow, Monitoring and Supervision

With such a centralised system, it is no wonder that all information flow is top-down. Circulars originate mostly at State HQ, but sometimes also at the district office. There is no regular flow of information from the bottom up. Even this system could work if there was adequate supervision and monitoring. The Government of India has issued detailed guidelines for this purpose. A schedule of supervisory visits is laid down as follows:

- a) Supervisor – 50 per cent of the AWCs under her charge every month.
- b) CDPO – every AWC twice a year
- c) DPO – at least 15 per cent of the AWCs in each Block each year
etc.

In all the AWCs I visited, the Supervisor had occasionally signed the registers maintained at the centre but seldom recorded a word of advice, guidance or warning. Rarely, the CDPO had recorded a piece of general advice such as “Ensure better attendance”. There is no evidence of a DPO having visited the AWCs this financial year. The performance of supervisors and AWWs is not recorded and monitored.

I feel that there is no proper job description for the post of supervisor beyond the dictionary meaning of the title. During the field visits I did not see any kind of rapport between the supervisors and the AW workers.

I also noticed that though supervisors seemed to know the AWW by name, they were not equally familiar with the AWC. One of them lost her way twice and had to ask her way to the AWC after she had managed to lead us to the village (her CDPO was not much better). It is likely that some supervisors just sit at home and ask AWWs to bring their registers for signature. Not in one instance did I find any supervisor making a remark on one of the registers. I suspect that it would make no difference to the programme if the government were to withdraw all the supervisors. If anything, it may lead to an improvement in performance. (Please refer to paragraph 3.7)

During my visits I formed the impression that the CDPO played the most crucial role in the success or failure of the programme. Where the CDPOs were effective and motivated, it was reflected in the working of at least some AWCs. I myself found it easier to cover twice as many AWCs in my field visits in areas where the CDPO was familiar with his area and knew his job.

An example of a dishonest officer is the CDPO of Pipraich. In one of the centres in her area I decided to call on some pregnant women who had last received 1800 gm of RTE on 5 February and nothing thereafter. At the first house I went to the CDPO asked me to wait outside while she went in to fetch the woman who, she claimed, was usually in purdah. The woman, when she did appear, was far from shy and told me all she had been taught. But on further inquiry it turned out that she had suffered a miscarriage some time back and had not visited the AWC in several months. It was painful for her to be questioned about the matter as it became embarrassing for me to question her. So we moved to the next house some distance away. Even as we approached the house, a man was seen carrying a small bag into the house. This bag was soon produced to me as evidence of regular supply of RTE. I noticed that it contained about 500 gm of RTE. I asked the woman why she had so much left after 16 days whereas the ration was issued for 12 days. She said she did not take it herself, but the children in the household did. The AWC in this particular village was filled with school children from the neighbouring primary school. These children were asked to recite rhymes to show that pre-school education was taking place. To cap it all, this officer brought along a supervisor to pay the bill for our lunch at a roadside 'dhaba'!

An example of an incompetent officer was the CDPO of Sardarnagar who did not know her way around her jurisdiction and made me drive about 50 kilometres to visit just three AWCs. Both she and her supervisor lost their way twice. During my visit to her office her clerk said that the RTE stocks for February, 2011 had not been received whereas she maintained that they had been received and distributed.

Happily, the other four CDPOs, whose areas I visited, appeared to know their areas and their job and this has made a difference in spite of all the constraints under which they function.

2.5. Client Involvement

There is a 'Matri Samiti' (Mothers' Committee) for each AWC. The President of this committee holds a joint account with the AWW and funds for hot meals are credited to this account by the CDPO. In 35 centres visited I could meet only one President of the Committee and came across a solitary proceeding of the meeting of one such committee. Clearly, the committees are not functioning at all well. The reason is not far to seek. There just isn't enough money, or enough autonomy, for the members to feel enthusiastic about the programme.

2.6. Records at AWCs

There are far too many registers maintained at the AWC. The following 17 different registers are maintained:

- a) Attendance Register for AWW and AWH
- b) Cash Book for Hot Meal component
- c) Stock and Distribution Register for Hot Meal component
- d) Register for applications under MGBAY
- e) Inspection Register
- f) Receipt and Distribution Register for RTE used as Weaning Food
- g) Similar Register for RTE meant for other beneficiaries
- h) Survey Register
- i) Immunization Register
- j) Weight Register
- k) Attendance Register for children aged 7 months-3 years
- l) Similar Register for children aged 3-6
- m) Attendance Register for pregnant women
- n) Similar register for nursing mothers
- o) Similar register for adolescent girls
- p) Register to record the minutes of the meetings of the Matri Samiti

q) Daily Diary

It is too much paper work for one AWW. Far from streamlining procedures, the plethora of records only serves to create the impression that paper work is what matters. The number can be easily reduced to four or five.

3. FEEDING PROGRAMME

3.1. Beneficiaries and Scales of Rations

The beneficiaries of the feeding programme, cautiously called supplementary nutrition, are children between the ages of 6 months and 6 years, pregnant women, nursing mothers and adolescent girls. In each AWC only 3 girls are provided food at any time, therefore one will be justified in treating it as tokenism not worth the effort of following up.

For pregnant women and nursing mothers RTE is provided twice a month for twelve days at a time at the rate of 150 gm per person per day. The cost of the RTE supplied is Rs. 32.95/kg. So the cost of the quantity supplied works out to Rs. 4.94 per meal, which is almost the same as the rate of Rs 5.00 prescribed by the Government of India.

For children in the age group 6 months-3years RTE (as weaning food) is similarly supplied twice a month for 12 days at a time at the rate of 125 gm per child per day, which costs Rs. 3.95 or nearly the same as the prescribed norm of Rs. 4/.

The arithmetic is slightly more complicated for food supplied to children in the age group 3-6 years. For morning snacks they are given 50 gm of RTE on 4 days of the week and locally procured puffed rice and roasted Bengal gram on two days of the week. For 25 days of the week they are given a cooked mid day meal. For the mid day meal and the morning snacks of puffed rice and gram an amount of Rs. 4000/ is provided to each Anganwadi every month, irrespective of the number of children. Out of this amount Rs. 794/ is meant for snacks and Rs. 3206/ for cooked meals (Khichri and Dalia on alternate days and Poha on Saturdays). The per-child norm is Rs.4/ but it is difficult to work out the complicated arithmetic that goes up to make up this amount from three different kinds of food. I have tried to work out the rate from the figures of Sardarnagar ICDS project which receives the highest quantity of RTE among the blocks visited. Thus

Cost of RTE per child – 50 gm @ 32.65/kg = Rs. 1.63
 Per child share of Rs. 4000/ = Rs. 3.20 per child per day
 Total 4.83/day
 This is higher than the prescribed rate of Rs.4/.

There is a provision for allowing higher rations to severely malnourished children, but it exists only on paper as far as Gorakhpur is concerned. There is no record of severely malnourished children at all.

3.2. How reliable is the identification of beneficiaries?

From the above it will be seen that the government is observing the norms in principle. However, there are a number of internal inconsistencies in the figures which make the identification of beneficiaries suspect. If the beneficiaries have not been correctly identified, the observance of norms will be rendered meaningless.

Development Block	Population	Allotment of RTE
1. Charganwa	1,63,484	2283 bags
2. Pipraich	1,59,200	2607
3. Gagaha	1,55,283	2326
4. Sardarnagar	1,53,588	2792
5. Gola	1,43,061	2154
6. Sahjanwan	1,31,529	2058

Table 1 shows that there is no correlation between population and the quantity of RTE allotted. Sardarnagar with a population of 10000 fewer souls than Charganwa has been given 500 bags more. The major cause of the discrepancy is the allotment for pregnant women and nursing mothers. For Charganwa it is 373 bags whereas it is 843 bags for Sardarnagar, 827 bags for Pipraich and 692 bags for Gagaha.

At the AWC level the figures do not always add up. Take the example of Bhati Rawat in Sahjanwan development block. The figures in table 2 tell their own story.

Category of Beneficiary and their numbers	RTE Allotted	Allotment per beneficiary
63 Children of age group 3-6	2 bags	32 gm (norm 50 gm)
72 Children of age group 7m-3y	8 bags	111 gm (norm 125 gm)
28 Women	3 bags	107 gm. (norm 150 gm)

It seems that the main problem area is identification of pregnant and nursing women. Going by rule of thumb, 4% of any population is likely to comprise pregnant and nursing women. On this basis all development blocks in Gorakhpur district except four should have a beneficiary population of between 6000 and 6500 pregnant and nursing women and two largest blocks, Campierganj and Jangal Kaudiya, should have 9000 and 8000 respectively. Two smallest blocks, Pali and Sahjanwan, should have 4900 and 5300 respectively. These population-based numbers may be taken as 'normal'. When we work back the population of such beneficiaries on the basis of RTE allotted, and compare it with the 'norm' (population-based estimates), the following picture emerges.

- Two blocks have higher than normal beneficiary population. Bansaon has 12760 against a population-based estimate of about 6000. Pali has 5866 against the estimated 4900.
- Five blocks – Sahjanwan, Brahmapur, Charganwa and Barhalganj and Jangal Kaudiya– have abnormally low numbers. Their number of beneficiaries is 50 to 70 per cent lower than normal. Other blocks have numbers below the normal but not as low as these five.
- There are only two blocks whose figures, though lower than normal, are within 20% of the population based estimates and are, therefore, acceptable– Campierganj and Sardarnagar.

Identification of child beneficiaries is much better in comparison. On an average, children of age-group 6m-6yr registered under ICDS works out to 13% for the projects visited, which is acceptable.

3.3. Frequency, Quantity and Quality of Feeding

Frequency

Things look much better on paper (vide paragraph 3.1) than they are on the ground. In the very first AWC I visited, I was made conscious of the gap between records and reality. The AWW claimed to have served RTE snacks in the morning but there was no evidence of children having eaten it, unless these children were so clean as to have dropped nothing on the floor and cleaned their plates so thoroughly as to leave no trace of the RTE. The AWW could not show a sample of the RTE. She said she

had the stocks at home, which was conveniently too far away. One of the pregnant women supposed to have been issued 1.8 kg of RTE regularly had miscarried several months back and had not visited the centre on the date she was supposed to have received the RTE. The children with whom the AWW made a great show of her teaching methods were too old to be attending an AWC and obviously came from the neighbouring primary school. Though 60 children were supposed to be present, there was a response only about half the time when I called out names. In the next AWC I asked the AWW (a Muslim) to name just one pregnant woman from her own community without looking at her register. She failed. All the AWCs in Sahjanwan Block had received 2 bags of RTE each for morning snacks. The figures shown in Table 2 are from a village in that Block.

As regards cooked meals, each AWC was to have received 44,000/ for the period April 2010 to February 2011 @ 4000/ per month. The actual receipts are as follows;

19.5.2010 – Rs. 8000

8.7 2010 – 4000/

1.11. 2010 – 4000/

4.1.2011 – 4000/

Total: 20,000/ or 45% of the promised funds.

Thus the actual expenditure per child has been reduced to Rs. 3/ per child instead of the intended Rs. 4.83 worked out in paragraph 3.1. It is futile to expect performance from the AWCs if the funds are so little and so irregular.

The RTE is centrally purchased, so one would expect it to be more predictable. Such is not the case. In the Sahjanwa project RTE for January was received only by 27 January. For February it was received by 14 February but was yet to be distributed when I visited the project office on 23 February.

The feeding is obviously irregular and consequently we have to conclude that the records maintained at the AWCs are just so much fiction.

Quantity

To take up cooked meals first, I did not see Poha (a preparation of beaten rice and potatoes cooked in oil) served. Poha is served only on Saturdays.

On Saturday I happened to be in Sardarnagar project area where no AWC had funds left for serving hot meals. But I did see and taste Khichri and Dalia. For an average group of 50 children 2.5 kg of rice and 750 gm of cow pea dal was used for Khichri, with a tiny quantity of mustard oil. The Dalia consisted of about 2.5 kg of raw Dalia, about 800 gm of sugar (one enterprising AWW gave me the exact quantity – 775 gm), and a small quantity of mustard oil. No vegetables or condiments were used in the Khichri, not even turmeric powder. Salt was the only seasoning used. The Dalia was cooked in water. To my untrained eye, the calorie provided by each meal could not be more than 200 for each child.

50 gm of RTE is served as morning snack. This would account for 200 calories according to the contractor's claim. Even if we accept the figure uncritically, the total calorie intake will still be 100 calorie less than the prescribed quantity. However, 50 gm of RTE per child is not even supplied to the AWCs in many cases, as I have shown above. What I saw being served as snack was about 30 gm of RTE or a fistful of puffed rice with a few grains of roasted Bengal gram thrown in.

I verified the actual delivery of RTE to pregnant and nursing women in only three cases in one village where the AWW's claim of regular distribution of rations was found to be very dubious. I have to concede that the sample was too small for arriving at a conclusion. However, my analysis under paragraph 3.2 may be referred to in this connection. If the supply of RTE meant for women is so low in so many blocks, the result can only be inadequate coverage or fewer calories or both.

The total quantity of weaning food allotted to the district is enough for an average of 70 children per centre. The distribution among blocks is also comparatively even. The smallest quantity allotted has gone to Gola – 1204 bags, but even that is enough for 66 children. If the allotted RTE is distributed properly, the quantity of food per child will be adequate.

Quality of Food

I tasted the Khichri and the Dalia cooked in a number of AWCs. The food was ordinary in taste. Very little dal and no vegetables were used in the preparation of the khichri, so its nutritional value may be suspect. As for Dalia, it contained only broken wheat and sugar and was probably deficient in protein. However, the nutritional merit of cooked food lies in the use of primary ingredients. It also has the merit of variety from day to day.

As far as I could ascertain, the principal ingredients of RTE, other than weaning food, are wheat, sugar and soya flour. It does not contain all the ingredients shown on the package. Its nutritional value is uncertain and the effect of poor storage on RTE is not known. Its taste is rather ordinary and it lacks variety altogether.

I collected a sample of the RTE meant for children aged 3-6 years from one of the centres. A sample of soy flour, used in the manufacture of weaning food, was supplied by the management of the RTE factory. I sent these samples to the State Analyst at Lucknow. His report is attached (Annex 3). This report confirms my suspicion that ingredients shown on the bags are not actually used and the quality of RTE is suspect. It is surprising that the Directorate of Child Development Services and Nutrition at Lucknow has found nothing wrong with the samples every DPO is supposed to send him every month from actual supplies

Procurement of Food

Procured food largely consists of RTE supplied by M/s Great Value Foods, New Delhi, who have a factory in the neighbouring district of Maharajganj. The total quantity of RTE procured for Gorakhpur district was 55202 bags in February, each bag containing 25 kg. The approximate value of this quantity of RTE is Rs. 440 lakh.

The following items are purchased at the Anganwadi-level – rice, beaten rice, dalia, dal, sugar, Bengal gram, potatoes, onions and salt. Government did not release funds for the purpose in February. However, if we take the average of funds released in the past 11 months of this financial year, the monthly average outlay on such purchases will be Rs.69.15 lakh for the district as a whole

Thus 86.4 % of the funds have been spent on RTE.

Ready-to-eat Food (RTE)

The processed food supplied as RTE is known by the grand-sounding name "amylase-rich energy food". The expression is used by the directorate while placing orders and the officers at the field level call the RTE by that name. Less reverent villagers and Anganwadi staff call it Panjiri (a preparation of roasted Atta and powdered sugar which is traditionally used as 'prasad' in pujas), which is what it tastes like. The meaning of amylase-rich is still unclear to me. My consolation is that it

was equally unclear to the officials none of whom could even spell the word for me in Roman letters. The officers of M/s Great Value Foods did not do much better. Even their chemist could not enlighten me. So I will just list the ingredients as they are shown on the bags. On the bags containing weaning food the contents are noted as follows:

Wheat Atta – 34%
 Sugar – 25%
 Soya powder – 18%
 Rice – 12%
 Maize – 5%
 Hydrogenated vegetable oil – 5%
 Vitamins and minerals – 1%

On the bags containing RTE for women and children aged 3-6 years the following ingredients appear:

Wheat Atta – 32%
 Sugar – 30%
 Soya powder – 22%
 Ragi – 5%
 Maize – 5%
 Hydrogenated vegetable oil – 5%
 Vitamins and minerals – 1%

RTE meant for use as weaning food, RTE for women and the same for children are packed in three different-coloured bags for convenience of handling. All three types are also differently priced. It is not clear why the RTE for women and that for children aged 3-6 should be priced differently from each other when their ingredients are identical.

The accountant of the supplying company gave me the prices as follows:

“Weaning – 31.64574/kg
 Green - 32.94839/kg
 Children – 32.64695/kg”

I have reported the prices as such lest I should make a mistake trying to work them into prices per bag, quintal or tonne. I assume that the accountant was not being funny but was anxious to help me work out the correspondence between the norms of expenditure fixed by the

Government of India and the price of 125 or 150 gm of the company's products.

Copies of two supply orders placed by the Directorate for February, 2011 are placed as Annexure 2. A peculiar feature of the two orders is the confusion between the units of measure. Sometimes bags of 25 kg have been mentioned, and then the total weight has been mentioned in tonnes. Sometimes 'tonnes' has been specified when one can see that 'bags' is meant. Sometimes no measure has been mentioned at all. But this is not the reason for placing these supply orders with this report. The reason is a Supreme Court order dated 7 October, 2004 in WP (C) of 2001 which directs as follows:

"Contractors shall not be used for supply of nutrition in Anganwadis and preferably ICDS funds shall be spent by making use of village communities, self help groups and Mahila Mandals for buying of grains and preparation of meals."

By an order dated 13 December 2006 in the same case the Supreme Court directed the State Chief Secretaries to indicate " a time-frame in which decentralisation of the supply of SNP through local communities shall be done."

It seems that the Government of Uttar Pradesh is violating the orders of the Supreme Court by continuing to source 86 % of ICDS food from a private contractor, disguised as a manufacturer.

Visit to the RTE factory

The management of the RTE factory was kind enough to allow me to visit their factory. It is an old flour mill, which has been taken over and modified for the manufacturing of RTE. The remodelled unit has been running for less than two years. Before that supplies used to come from the firm's factory at NOIDA. The fact that a complete processing unit has been set up 5 or 6 years after the Supreme Court orders referred to above tells of the government's determination to continue the practice of sourcing processed food from private suppliers.

The factory was a flour mill and that is what it remains in terms of manufacturing environment. It has none of the cleanness and attention to hygiene that one would expect in a factory whose product is going to be eaten out of the container. The container in this case is a gunny bag and the method of packaging and storage is the same as in a flour mill. The

mill was running at the time of my visit and I was shown around. Essentially, it consists of a roaster, a grinder, some dispensers and a mixing unit. There is an apology for a laboratory which only checks moisture content. The factory is supposed to be regularly inspected but the supplier has too much clout for officers to want to meddle with him. On the whole, a most unusual place in which to produce what 6 month-olds will be consuming.

The daily capacity of the mill was stated to be 400 MT. Against this, the raw material inventory on 22.2.2011 was as follows (rounded figures):

- 1) Wheat – 497 MT
- 2) Sugar – 203 MT
- 3) Maize – 8 MT
- 4) Hydrogenated oil – 27 MT
- 5) Soya seed – 63 MT
- 6) Soya flour – 183 MT
- 7) Vitamins and minerals – 62 MT

The stock of maize was only sufficient to meet 25% of the daily requirement, which is surprising since it is used in the manufacture of both weaning food and other RTE. There was no Ragi in stock. An officer told me that they were manufacturing weaning food on that date and so Ragi was not really needed. But there was no rice in stock either. Rice is required for the manufacture of weaning food. The chemist then clarified that the soya flour also contained powdered rice. What did they use for producing RTE for which soya flour was needed but not rice? Why did the RTE bags show 'soya powder' whereas the stock only mentioned soya flour? If they used soya flour, why were they stocking soya seed? There was no answer to any of these questions. It is possible that the firm is using defatted soya flour and increasing the fat content of baby food by adding some soya seeds. It is also possible that the soya seeds are the only difference between the weaning food and other RTE. I asked to see the stock of vitamins and minerals. The factory manager pointed to a large covered pile which, however, was found to contain soya flour. He said the stock of vitamins and minerals was also somewhere about and that he would give me a sample. In the event, he gave me a sample of soya flour and no sample of vitamins and minerals.

3.5. Transport, Storage and Distribution

The cost of transporting the RTE to Project HQ (the Block HQ) is borne by the supplier. The material is transported from the project office to the

AWC by the AWW, making her own arrangements. Often two or more AWWs pool resources to minimise cost. The average cost of transport comes to Rs. 75/ per month. This goes up if the material has to be lifted in more than one batch. There is a small provision of Rs. 3.04 lakh in the district budget to meet transport costs to AWCs. This works out to Rs. 80/ per centre per year. Even this small amount lies entirely unspent. It seems that the AWW is routinely expected to take care of transport costs, though it obviously means that she has to divert cash or RTE to be able to do so.

Storage at the AWC is either non-existent or poor. RTE may be getting damaged without proper storage. At the project office some storage is available in every case.

The RTE stock at the project HQ is supposed to be verified by the local SDM. In the three project offices I visited, I found that the SDM had verified the stock only once in just one project in all the 11 months of this fiscal.

RTE is not properly measured during distribution. 80-gramme measures are supposed to have been supplied to AWCs many months back, but these were nowhere to be seen. Food for cooking is not measured. RTE is distributed to female beneficiaries for 12 days at a time twice a month. Weaning food is also distributed in the same manner. Children aged 3-6 are supposed to attend the Anganwadi 25 days in a month. They are to receive 50 gm of RTE as morning snacks and a cooked meal at mid day. Because of irregular and inadequate release of funds this service is frequently interrupted for long periods of time.

3.6. Community-wise Response

It was observed that schedule castes, Other Backward Classes and Muslims showed much greater participation in the feeding programme than upper caste Hindus. In the Brahmin-dominated village of Patoha (Gola Project), for example, only 8 Brahmin children are registered whereas the number of scheduled caste children is 46, even though the Brahmins constitute 66% of the population and the SC population is less than 30%. Response among comparatively well-off families is also poor. The better-off people in the rural areas send their children to private pre-primary schools. These children automatically fall outside the coverage of the feeding programme.

Since poverty is not the only reason why children are malnourished, health and nutrition education becomes critical to the fight against

malnutrition for families that do not participate in the feeding programme as such.

3.7. Leakages of Food and Funds

It seems to be common knowledge that a large part of the cash and the RTE is diverted. An average AWW has to pay anything up to Rs.2000/ to her supervisor every month and the amount is shared at every level up to the district HQ. Up to half of the RTE is sold as cattle feed and the proceeds are appropriated by the AWW. The going rate for this 'cattle feed' is Rs. 200-225 per bag (Note that the government has paid an average of Rs. 803/ bag for it). The AWW also misappropriates Rs. 2000/ from the allotment for hot meals, giving a small share to the President of the Matri Samiti. From information gathered, I have worked out the extent of the diversion of food and funds to be 63 per cent.

What follows (the italicized portion of this paragraph) may kindly be kept entirely confidential to protect my informants. Smt. Asha Singh, DPO of Gorakhpur, joined in the district only two months back. She seems a sincere worker. When I told her about a study which found that most AWWs in Uttar Pradesh had to pay a monthly bribe to their superiors, she did not react at first. But once assured of complete confidentiality she told me that R.2000/ per month had to be paid by every AWW in the time of her predecessor-in-office. This money was shared at every level and a part of it went to the District Collector himself. She said that she started hot cooked meals for the first time barely two months back, with indifferent success so far.

On 28 Feb and 1 March I stayed in a village in the neighbouring Deoria district. I noticed that the local AWC, which is located in the primary school premises, did not open on either day. I approached the AWW through an intermediary. She did not come out to speak to me but her husband agreed to talk. He maintains the records for his wife, so I presume that he knew the facts. From what he told me, it would seem that the AWW has to pay Rs.1500/ out of every 4000/ received for hot meals to her supervisor. In addition, she pays Rs. 500/ every month when she receives the RTE. The supervisor collects the money from her and threatens her with removal and worse when a payment is delayed. She gives one bag from each allotment of RTE to the village Pradhan for use as feed for his cows and sells a further 6 bags as cattle feed. She serves no cooked meals. However, she distributes 7 bags of RTE among children, pregnant women and nursing mothers.

The government's procedure appears sound. Funds are transferred by cheque into the bank account of the AWC. There is no handling of cash at any level except the AWC. In addition, the AWW has to maintain 17 registers to keep track of the resources and their disposal. It is clear, however, that the system has failed to stop the diversion of funds and RTE. I think the procedure has become part of the problem rather than the solution. Paper work does not serve the purpose for which it was designed; instead it protects the wrongdoer who is good at paperwork.

4. PRE-SCHOOL EDUCATION

4.1. Purpose and Content of Education

The purpose of pre-school education is to prepare children for primary school. The AWC is also the place where mothers can send their 3 or 4 year-olds for care during a good part of the day, freeing older girl children for attending school. The children develop their cognitive abilities by learning to distinguish colours and shapes. They are taught to recite and act out rhymes. They are educated in personal hygiene. Last but not least, they are engaged in games and play.

Most of the children I came across had not received much pre-schooling. They were not very good at identifying shapes and colours. Their personal hygiene was mostly poor. Some of them had learnt a few rhymes but not well. The impression the children left on me was that most of the Anganwadis did not function regularly. Only four or five Anganwadis out of the 35 visited seemed to be running on a regular basis. They open between 9 a.m. and 1 p.m. and are run more or less as preparatory schools. One or two AWWs seemed to be teaching the Hindi alphabet and numbers to their charges. The better run AWCs are different from others only in respect of the regularity of some teaching. The supplementary nutrition component is not better-run, nor are these AWCs performing better in respect of immunization, health check-up and referral services. This shows that the poor showing of feeding and health services is little to do with the efficiency of the AWW. The responsibility for their failure must lie at the door of functionaries at higher levels of the network.

4.2. Teaching Aids

Teaching aids are procured centrally at Lucknow. Every AWC had some in their stock. They were invariably of poor quality and damaged. In every AWC the number of aids was enough for half a dozen children and

no more. There were few toys. The AWWs had not attempted to make their own teaching aids. Even in the AWCs where some teaching seems to take place, teaching aids are not used. Facilities for game and play are non-existent. Most Anganwadis are so cramped for space that there is barely enough room to seat the children on the floor. Only one AWC out of 35 had some low benches, donated by a private firm.

5. IMMUNIZATION

There was positive response by and large when I enquired about immunization of children and TT injections for pregnant women. But the records show only about 50 per cent coverage in the AWCs visited. It was a common complaint that supply of IFA tablets for pregnant women and adolescent girls is very irregular. Vitamin A supplement is provided to pregnant women and to children but at irregular intervals. The ANM and the ASHA seldom visit the AWC. The mutual dependence of the AWW and the ANM/ASHA takes the form of copying from each other's records. The ANM depends on the AWW for the list of children. The AWW depends on the ANM for updating her immunization register when immunization takes place away from the AWC, which is often the case. The AWC is yet to develop as a centre where all the services converge. Because of lack of space at the AWC or for lack of effort on the part of the departments concerned, the objective of integrating services has not materialised. The government of India has prescribed joint visits by the functionaries of Health Department and ICDS at various levels but they have not been put into practice in Gorakhpur.

6. HEALTH CHECK-UP

This service does not exist. There isn't even a weighing scale to monitor the children's weight. I understand that weighing scales have now been purchased (centrally at the directorate, needless to add) and are in the process of being distributed among AWCs.

7. REFERRAL SERVICES

In the absence of health check-up this service can not exist.

8. NUTRITION AND HEALTH EDUCATION

For some reason the job is left to the AWW alone, who performs it once in the bluest of blue moons. In fact this service is second in importance to only supplementary nutrition. It should be the joint responsibility of AWW, ASHA, ANM and ICDS Supervisor. As rural incomes improve,

the feeding programme will lose its importance and nutrition education will become more and more important. If the administration is able to marry the local knowledge and acceptability of the AWW with the skill of the ANM, this component of ICDS will have a greater chance of success.

9. SUMMARY OF FINDINGS AND CONCLUSIONS

(All the figures quoted in this section relate to Gorakhpur district only)

9.1. 141 AWCs, nearly all meant for urban slums, are yet to start functioning. The number of mini AWCs yet to start functioning is quite large – 234 out of 289 (81%). This indicates that the reach of the ICDS to small hamlets and bastis is limited.

9.2. In the past 11 months of the current financial year the State Government has spent an amount of Rs. 5640 lakh (approx) on the purchase of food for providing supplementary nutrition through AWCs. Of this Rs. 4879 lakh (86%) has been spent on centralised purchase of a ready-to-eat food called "Amylase-rich Energy Food". 14 per cent of the expenditure has been incurred at Anganwadis from funds provided by Government.

9.3. By procuring food from a contractor the State Government is probably violating the orders of the Supreme Court dated 7.10.2004 and 13.12.2006 in WP (C) No. 196 of 2001, though the contractor hides behind the fig leaf of being a manufacturer. Less than two years back, the contractor set up a processing plant in Bahraich district for the sole business of supplying ready-to-eat food to AWCs in Gorakhpur and 11 other districts of eastern Uttar Pradesh. This shows that the State Government, far from phasing out contractors, is encouraging expansion of their business in ICDS.

9.4. The coverage of pregnant women and nursing mothers is poor and uneven across the 21 projects of the district. In one project –Bansgaon- the number of beneficiary women is too large: well over 8 per cent of the total population. In another project-Pali- the percentage of beneficiaries is high: 4.78 per cent of the total population. In all other projects the coverage is low. In five projects the number of beneficiaries works out to less than 2 per cent of the total population. (On an average, the number of pregnant women and nursing mothers should be around 4% of the total population.)

9.5. The per capita expenditure norm has been violated in respect of children of the age group 3-6 years. Instead of Rs. 4.00 per head only Rs.3.00 per head has been spent on supplementary nutrition between April 2010 and February 2011. Funds for cooked meals have been released at irregular intervals, leading to long periods of time when children in Anganwadis have been served only ready-to-eat food in small quantities whose calorie value may be around 100.

9.6. The quality of the cooked food is ordinary but it has the virtue of variety in menu. The quality of the RTE is similarly ordinary, but it has the disadvantage of a total lack of variety. The RTE does not seem to contain the ingredients claimed and the weaning food may not be suitable for babies.

9.7. The ready-to-eat food is produced in poor hygienic conditions. Some of the ingredients shown on the bags containing the finished product were not found in stock at the time of visit and the stock of maize was only enough to meet 25% of the daily requirement.

9.8. Storage facility at the AWC-level is either non-existent or very poor. It is not safe to store ready-to-eat food in such conditions.

9.9. Transport costs for delivery at the project headquarters (the Development Block HQ) are met by the contractor. From there to the AWC the food is transported at AWW's own cost, which she recovers by diverting part of the food.

9.10. No funds are provided for cooking costs. The AWW diverts funds meant for food items to meet the cost of cooking.

9.11. 63 per cent of the food and funds is misappropriated. An average AWW pays a bribe of up to Rs. 2000/ per month to her supervisor who shares it with her superiors.

9.12. Response to the daily Anganwadi services (pre-school education and supplementary nutrition for 3-6 year olds) is good among SC, OBC and minority communities. It is poor among upper caste Hindus. The response is generally poor among better-off families of all communities.

9.13. ICDS in Uttar Pradesh is a highly centralised programme. Virtually everything is procured by the Directorate in Lucknow. There is nothing purchased at the district level. The only exception is the small amount

allotted to each AWC to purchase food items, which accounts for 14% of the total purchase of foodstuff.

All communication is top-down. The programme suffers because of lack of free flow of information. There is no scope for local initiative. The authorities rely too much on paperwork, which seems to have become an end in itself.

9.14. Control and supervision is poor. The supervisor, who is the mainstay of organizational control over the AWC-level activities, has been turned into a conduit for receiving bribes and does nothing worthwhile to further the purpose of the programme.

9.15. Beneficiary participation is token. There is a Matri Samiti in every village, but it does not function. The president of the Matri Samiti is the joint holder of the AWC bank account along with the AWW. So she is co-opted in the diversion of funds and food. The complete decentralisation of the feeding programme through local women's groups, contemplated by the Supreme Court's orders referred to above, is still a far cry in Uttar Pradesh.

9.16. Some pre-school education takes place in a small number of AWCs, but the majority of them do not provide the service regularly. Teaching aids are very few and of poor quality. There is little facility for games and play. Only four or five Anganwadis out of the 35 visited seemed to be running on a regular basis. They open between 9 a.m. and 1 p.m. and are run more or less as preparatory schools. One or two AWWs seemed to be teaching the Hindi alphabet and numbers to their charges. The better run AWCs are different from others only in respect of the regularity of some teaching. The supplementary nutrition component is not better-run, nor are these AWCs performing better in respect of immunization, health check-up and referral services. This shows that poor performance in feeding and health services has little to do with the efficiency of the AWW. The responsibility for their failure must lie at the door of functionaries at higher levels of the network.

9.17. Immunization does not always take place at the AWC, but it takes place and the AWWs maintain a record of it. The records of AWCs visited show about 50% coverage. Distribution of IFA and Vitamin A is not regular.

9.18. Health check-up and referral services do not exist. There isn't even a scale to monitor weight. The children's weight register is not maintained.

9.19. Health and nutrition education is not provided properly and there is no co-ordination between Health and ICDS functionaries for the purpose.

10. MAHAMAYA GARIB BALIKA ASHIRWAD YOJANA

This scheme is not part of the ICDS proper as implemented in the country as a whole. But it is an important State Government intervention for the welfare of girl children born in BPL families. It covers the first and the second girl child born to poor parents and envisages a term deposit of Rs. 21750/ which will grow to be Rs. 1 lakh by the time the child is 18. The maturity amount will be paid only if the girl remains unmarried until the age of 18. The objective is to prevent female foeticide or infanticide and child marriage and to provide some financial security to girls.

The scheme is not taking off because of the stipulation that the name of a parent must appear in the current BPL list available with the BDO. This BPL list is so defective that it is not relied upon for the purposes of the Public Distribution System. I found that many children, who should have clearly qualified, have failed to get the benefit of the scheme because of the defective BPL list. At Jangal Dhusad in Charganwa Block I was told that only 23 BPL families had been identified from a population of 11000, with a sizeable SC and OBC population. If this is true, it is the most telling argument against using the existing BPL list. There is no way a population of 11000 in any part of India can have only 23 BPL families, much less an eastern UP village with a sizeable SC/OBC population. The Rajpur village of Magaha Block has only SC population and most of the village is treated as eligible for receiving grains under the Antyodaya Anna Yojana. Yet, only one of the 15 female first and second borns was found eligible under Mahamaya Scheme. To cut a long story short, the scheme will succeed only if the BPL list is redrawn or bypassed.

11. WEAK LINKS

11.1. Centralization of powers at Lucknow has made the field level functionaries powerless, apathetic and devoid of initiative. The biggest danger of centralization lies in the area of purchases. It makes small sums spent per AWC attractive to rapacious private sector players and their corrupt collaborators by pooling the resources meant for 166073 AWCs spread across the State. I would call centralised purchase the weakest link.

11.2. Manufactured ready-to-eat food is difficult and unsafe to store, indifferent in taste and nutritive value, lacks variety and is easy to divert in bulk. It is supplied at the same rate as prescribed per beneficiary by the government. If we take away a modest value addition of 15% in the processing plants, the real value of supplies to the beneficiary will be reduced by the same percentage. So I will call RTE the second weakest link.

11.3. Dependence on official machinery, with only token beneficiary participation, is the third weak link. Ultimately, the mothers in a village can be said to be the beneficiaries of the programme. Until the management of the programme at AWC level is delegated to mothers' groups, diversion of resources and corruption can not be rooted out.

11.4. Poor supervision and control is the fourth weak link. Enough has been said about it in the other sections of this report.

11.5. Lack of co-ordination between the government departments concerned is the final weak link. This also has been discussed adequately already.

12. SUGGESTIONS FOR IMPROVEMENT

12.1. Before taking any other steps, the government has to demonstrate its intentions by doing away with private contracts for food supply altogether. This will send a message to the field functionaries who seem to be confused about the real intentions of their superiors at Lucknow.

12.2. Simultaneously the entire feeding programme has to be decentralised to the village-level women's groups. The existing Matri Samitis, self help groups of women or mothers' groups formed by the community can be adopted as the vehicle of decentralisation. There should be no prescription about cooked food and 'take-home' food. There is no need to assume that women and babies at the weaning stage can not be fed cooked meals at the Anganwadi. Every community should be allowed to decide what suits it best. Advice and guidance may be provided to help the community make a decision. The assistance of CFTRI may be sought to generate alternatives from which the community can choose. *For the decentralised system to succeed, it is imperative that funds for every month are placed at the disposal of the women's group in the last week of the previous month.*

12.3. More delegation of powers will entail more supervision and control. The supervisor should be retrained to perform this function effectively. Evaluation of performance should be made in terms of programme objectives reduced to quantified targets for each AWC and for every official. A women's group which takes responsibility for feeding will agree to the targets. Independent audits of performance should be instituted. The performance of all officers and functionaries should be judged by quantified targets only.

12.4. Training has to be the key input. All functionaries from the district to the village level (including the women's group which is made responsible for feeding) have to be trained or retrained. It will be desirable to engage AWWs on a long-term basis to make training financially viable.

Field level training programmes should also cover the ANM and the ASHA.

12.5. Field level coordination between the Health department and ICDS organisation is essential for the success of immunization, health check-up and health & nutrition education. This can be done by laying down a schedule for the ASHA's visits to the AWC and a combined visit schedule for the ANM and the ICDS supervisor. There should be a system of correctly identifying pregnant women and nursing mothers in which both departments should be involved.

12.6. Anganwadis need to be properly housed in their own buildings. The object of pre-school education can not be achieved without proper premises. Teaching aids and other wherewithal should be procured at the district or the project level. The economies of scale which theoretically favour centralised purchase lead to loss of control for the field functionary, apathy, supply of substandard material and lack of maintenance and replacement. AWWs should be encouraged to make their own teaching aids for which some funds may be placed at the disposal of the women's group entrusted with the feeding programme.

12.7. Instead of the present token feeding programme for adolescent girls, an AWC-based health monitoring regime for adolescent girls will be more useful. The monitoring will throw up data on the basis of which corrective action can be taken by the departments concerned.

12.8. The AWCs and mini AWCs which are sanctioned but not set up yet may be made operational by the beginning of the next financial year.

12.9. To return to the theme of making the intentions of the Government clear, it will be necessary to make an example of some functionaries, particularly at the most critical level of CDPO. Corrupt or incompetent officers and field functionaries should be severely dealt with. A system of rewards and punishment should be declared. There should be no ambiguity about what the government expects.

12.10. For the MGBAY to succeed, the problem of the defective BPL list has to be tackled. There are two ways of doing so.

- a) The government may order a revision of the BPL list and keep the applications pending if non-inclusion in the list is the only reason for impending rejection. The process will be time-consuming and expensive.
- b) The alternative is to deal with the cases in the following manner. The AWW should not be allowed to reject any case, but should submit details of all female births, with a report about the financial status of each family in terms of land holding, adult earning members and their jobs, kind of house the family lives in, and vehicles owned by family members or any other terms that the government may determine. The supervisor will check 20 per cent of the cases and certify the correctness of the statements. After an assessment of the facts on the basis of laid down criteria, the project office will decide eligibility. The DPO will make an ex post facto sample check of the correctness of the selection of beneficiaries. To state this proposal briefly, I am suggesting a BPL survey of the families in which girl children have been born as a working substitute for a complete BPL survey.

This scheme needs to evolve some method of beneficiary participation too. At present the Chief Minister is taking a personal interest in the scheme; so officials are unusually sensitive to possible complaints. This may change in future and the beneficiary families may have to pay an illegal "processing fee". As soon as corruption enters the picture, the target group will change from the poor to those who can pay the "fee".

13. RECOMMENDATIONS TO THE COMMISSION

Some conclusions are inescapable. First, a rapacious private sector is riding on the back of the ICDS to a captive rural market with the help of the government machinery in a naked display of crony

capitalism. Second, there is a lot of leakage and the implementation of the programme is riddled with corruption. Third, the target groups – young children, pregnant women and nursing mothers - are getting very little out of the programme.

I sincerely believe that this is a fit case for strong intervention by the NHRC and that the Commission's intervention can make a real difference to the lives of some 8 million women and 30 million children in Uttar Pradesh. I will be so bold as to suggest that the Commission may take up these three issues with the Chief Minister of UP at the Chairman's level. In Uttar Pradesh the Chief Minister is the only person who can change things quickly and decisively. I will also venture to suggest that the Commission should be prepared to raise the issues before the Supreme Court with reference to the SC's orders on the subject, should a recommendation to the Chief Minister fail to bear fruit.

There is another reason why the NHRC may consider approaching the Supreme Court. The apex court may be approached for a clarification whether its ban on contractors includes manufacturers, particularly those who have turned manufacturers only to escape the ban. I have come across a report on the internet which shows that other states besides Uttar Pradesh are hiding behind this fig leaf. The relevant portion is quoted:

Such is the stranglehold of contractors that food commissioners in their December 2007 report pointed out that nine states and union territories still used private traders. Some states have come up with clever ways of bypassing court orders. Chhattisgarh calls its contractors "manufacturers".

(http://www.righttofoodindia.org/data/icds_gets_packaged_food_for_the_malnourished_savvy_soumya_mishra.pdf)

Post Script

There is a news item in the April 11 issue of the Hindi Daily 'Dainik Jagaran' which shows that an Assembly Committee has reached the same conclusions as this report regarding misappropriation of funds and diversion of RTE. A press clipping is attached as Annexure 4.