

Privatising the ICDS? *

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Ensuring safe and healthy conditions for the reproduction of the population is obviously the most fundamental requirement of any society. So the progress of a society can be determined (and indeed is routinely judged) according to the extent to which mothers and young children experience safe, healthy and nutritious conditions of existence and childbirth. So in most countries, ensuring such conditions is seen as a most basic obligation of the state.

But India is different. In fact it is one of the few countries in the world (and perhaps the only one that prides itself on becoming an emerging giant on the world stage) in which the provision of services to ensure safe reproduction is not treated as an automatic and essential part of public service delivery, but rather as a special "scheme", and now in so-called "mission mode".

The very existence of the Integrated Child Development Scheme (ICDS) as a separate "scheme" rather than an essential element of the basic functions of government is not just an anomaly, but a reflection of the peculiar socio-political configurations prevailing in the country. Policies are still not based on the acceptance of the fundamental rights of all citizens, which the government is beholden to deliver, and if anything, the period of neo-liberalism has been one in which the state's duties have been progressively undermined in various ways.

It is true that there has been a recent upsurge of popular demands based on notions of human rights, but these movements have been successful only in limited and sporadic ways. The thrust of state policies continues to be in terms of corporatising and privatising the provision of essential services - evident now in the current attempts to privatise the ICDS.

The Integrated Child Development Services (ICDS) Scheme was started by the Government of India in 1975. It began with 33 pilot projects in different parts of the country on an experimental basis. The aims of the scheme were to improve the nutritional and health status of pregnant and lactating mothers and children in the 0-6 years age group, to reduce infant mortality, morbidity, malnutrition and school drop-out and to lay the foundations for the proper psychological, physical and social development of the child. Subsequently it was expanded to become an all-India programme run by state governments with finances from the Centre.

Many independent studies found that the ICDS was effective in combating child malnutrition and improving school enrolment. Nevertheless, the government was extremely lethargic in moving to universalise the scheme, and provided only pathetic amounts to finance it and enable it to function properly. In 2001, the Supreme Court of India, in a landmark judgment, noted that ICDS is very important in the overall development of children in India and ordered the central government to universalise the scheme to cover all children in India. The court stipulated the nutritional norms for the beneficiaries, and directed the government to give periodic reports on implementation and improvement in the functioning of ICDS.

Despite this judgement, the slow pace of expansion of ICDS, and the niggardly amounts provided to it continued, and the Supreme Court was forced to chastise the central government in several consecutive orders before a more determined attempt at universalisation took off from around 2005. By now, the ICDS has expanded to cover almost all 14 lakh defined habitations in 7076 blocks across the country.

However, notwithstanding the recognised contributions made by the ICDS programme where it functions well in improving maternal and child survival prospects and overall health, India remains a poor performer in this area. Nearly half of India's children are undernourished, so that it has the largest number of malnourished children in the world. The National Sample Survey data suggest that things may be getting worse, as calorie consumption has been declining, both on average and for the bottom half of the population. Data from the National Family Health Survey (NFHS- 3) conducted in 2005–06 indicated that nearly half of Indian children under 5 were underweight and nearly four-fifths children aged 6-35 months suffered. The prevalence of anaemia was 56 per cent among married women and 58 per cent among pregnant women. Other sources suggest that the infant mortality rate in the country as a whole was 63 per 1000 live births in 2010, more than double the Millennium Development Goal target of 30 and much higher than in neighbouring countries like China (17) and Sri Lanka (14).

So this strategy does not seem like a success - so much so that some have argued that these figures reflect the failure of the ICDS. But this is the wrong interpretation. Rather, over the entire period, very inadequate funds were expended on this programme in a broader macroeconomic context of livelihood crises and inadequate employment generation. This did not allow the ICDS programme to deliver to its potential.

This conclusion is confirmed by [a recent report of the CAG on the functioning of the ICDS](#). This was based on a performance audit that covered 2730 anganwadi centres (AWCs) in 67 districts of 13 states over 2006-07 to 2010-11, in terms of their delivery of services of supplementary nutrition, pre-school education and nutrition and health education. The main conclusions of that audit speak volumes about the niggardly treatment that the

programme has received in terms of lack of essential infrastructure and grossly inadequate resources for proper functioning.

Thus, the audit found that 61 per cent of the AWCs did not have their own building, and another 25 per cent were functioning out of kuccha/semi-pukka buildings or partially open structures. Between 40-65 per cent did not have separate spaces for cooking, storing food items or separate spaces for children's activities. 52 per cent (more than half) of the AWCs did not have their own toilets, and 32 per cent had no drinking water facility. Functioning weighing machines for children and adults were absent in 26 per cent and 58 per cent of AWCs respectively. 33-49 per cent did not have medicine kits, because state governments had not spent the money required to provide them. 53 per cent did not receive the annual flexible fund of Rs 1000 due to them. There were shortages of key staff and functionaries at all levels, ranging from moderate (19 per cent) to severe (58 per cent) relative to the targets fixed by the states.

These constraints and shortages obviously affected the AWCs' indicators of performance. 33 to 47 per cent of children were not regularly weighed for monitoring their growth (usually because machines were not available). 33 to 45 per cent of eligible children and mothers did not receive supplementary nutrition. Pre-school education kits were not available at all in 41 to 51 per cent of AWCs. Since few state governments bothered to monitor the programme properly, they were not even aware of these limitations.

The CAG Report shows that paucity of resources has played a big role in preventing the ICDS from delivering as expected. That is why many of its recommendations refer to making sure that central and state governments provide sufficient resources to ensure the required infrastructure, facilities, kits and nutrition supplements.

What the CAG audit does not talk about - but what may be an even greater limitation - is the inherent design of the ICDS not as regular public provision but as a "scheme" that therefore does not have to treat the anganwadi workers and helpers as regular public workers. Indeed, even though they are responsible for so many different but essential services, they are not even designated as workers who must get minimum wages. Instead, they are provided pathetically small monthly "honoraria" of pitiful amounts well below the legal minimum wages. This not only degrades the actual workers - it also devalues the programme itself and reduces its chances of success.

Consequent on the CAG audit, the central government promised in 2012 that it would take up all the recommendations and also noted that "ICDS strengthening and restructuring has been proposed in the Twelfth Plan". But recent straws in the wind suggest that its intentions may be somewhat different. Instead of more public resources, careful monitoring to ensure quality services and professionalising the services by making

the workers regular public employees, the central government is apparently proposing a model that effectively privatises the AWCs and undermines the entire system.

Thus, in late 2012 the Ministry of Women and Child Development (the nodal Ministry for ICDS) produced a document that suggested that ICDS move into "Mission mode", requiring changes in institutional, infrastructural, management and delivery systems. The idea of a Mission is itself problematic: it implicitly suggests a short term programme that would be wound up after achieving some stated targets. But, as noted at the start, these services are essential and continuing requirements that are to be met in any society, which is why they must be seen as regular public functions that *cannot* be simply abandoned once certain predetermined goals are reached.

So this very conception may be flawed. But even within this flawed conception, if the aim is at least to reach the minimum infrastructure requirements as soon as possible, then the plan is sadly lacking in ambition. Despite the huge backlog in proper buildings for AWCs, funds are allocated for only 15 per cent (200,000). The rest are supposed to manage by scrounging around for funds from other schemes or persuading local bodies to provide a building.

Meanwhile, the document has nothing to say on the most critical feature of the wages and working conditions of the staff, without whom the programme cannot be expected to function better. Instead the existing completely unjust and less efficient system of treating them as non-regular workers is to persist. Indeed, there is a further thrust to make all the workers contractual.

An important proposed shift is to move away from providing supplementary nutrition to providing mainly "nutritional education and counselling". This is a strange strategy indeed in a situation where nearly three-quarters of the Indian population have calorie intake below the minimum norms of 2200 KCal per day in rural and KCal 2100 per day in Urban India, and where the worst effects are felt by women and small children.

The current ICDS programme already has a provision for 10 per cent of AWCs being run by private parties, i.e. NGOs. At present, there are only 67 such projects all over the country and the experience with these has mostly been disappointing. Despite this, the Mission Document makes a strong push for more private involvement. So in addition to the "mandatory" handing over of 10 per cent of the centres to NGOs, an additional 10 per cent of the centres must be handed over to Panchayati Raj Institutions. And these agencies must be given flexibility to re-appropriate the budgetary provisions from one head to another according to their own priorities.

An even more worrying proposal is to hand over the supply of supplementary nutrition to NGOs, in the name of 'community participation'. In the wake of the revelations

of NGO fraud in Maharashtra, and the evidence of huge increases in asset bases of NGOs like ISKCON and Naandi Foundation that had started supply for ICDS and Mid Day Meal Scheme a few years earlier, this is surely an invitation for private profiteering on the back of this supposedly public scheme.

All these moves towards privatisation are not seen as necessary because there are many plausible arguments about the greater efficiency or accountability of private providers. Rather, they result from the unwillingness of the central government to put its money where its mouth is, and actually provide the minimum financial resources necessary to run this programme in the manner it should be. So it cannot provide these essential social services even in the manner taken for granted in almost all other countries, including some much poorer ones. What will it take to shame the government into meeting this most basic obligation to society?

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