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# Implementation of ICDS in Bihar and Jharkhand

*The ineffective utilisation of available finances sanctioned by the central government to the states results in the denial of the ICDS scheme to vast numbers of children, women and adolescent girls. This article exposes the apathy of the state governments of Bihar and Jharkhand towards this scheme, particularly in terms of coverage, financial procedures and practices adopted in the appointment of personnel.*

NANDINI NAYAK, NARESH C SAXENA

The Integrated Child Development Services (ICDS) scheme was started in 1975 in 33 development blocks and a few urban areas in India [Ghosh 2004]. Currently regarded as the world's largest community-based child development programme, it aims at the holistic development of children below the age of six years, expectant and nursing mothers and adolescent girls. This involves providing a package of services comprising supplementary nutrition, immunisation, health check-ups, referral services, pre-school education and nutrition and health education. The ICDS is aimed particularly at the most vulnerable sections of the population and at disadvantaged areas such as backward rural areas, tribal tracts and urban slums.

Since 2001, the Supreme Court has been monitoring the implementation of ICDS in the context of a "public interest litigation" (PIL) on the right to food.<sup>1</sup> This PIL began with a writ petition submitted to the Supreme Court by the People's Union for Civil Liberties (PUCIL), regarding the food situation in the country. The petition pointed out that the denial of the right to food amounts to a denial of the fundamental right to life enshrined in the Article 21 of Indian Constitution. It argued that the government's gigantic food stocks should be used to enhance the food security of the people, instead of being exported or allowed to rot in the granaries of the Food Corporation of India (FCI). In response to this petition and the subsequent hearings, the Supreme Court has been issuing interim orders from time to time, particularly concerning the effective implementation of food-related schemes.<sup>2</sup>

The implementation of ICDS leaves much to be desired in many states, largely

due to the fact that it receives very low priority. This paper discusses the performance of ICDS in Bihar and Jharkhand, particularly in terms of the coverage of the scheme, the financial procedures and practices adopted in the appointment of personnel.

## Need for ICDS

As per the 2001 Census, the population of children under the age of six in India was around 16 crore – approximately 15 percent of India's total population.<sup>3</sup> A vast majority of these children live in an economic and social environment which impedes their physical and mental development. These conditions include poor environmental sanitation, disease, infection and inadequate access to primary healthcare. The ICDS envisages an effective convergence of inter-sectoral services in the anganwadi centres (AWCs), through which these services are made available.

The ICDS is a centrally sponsored scheme implemented by the ministry of human resource development. The central government is responsible for programme planning and operating costs while state governments are responsible for programme implementation and providing supplementary nutrition out of their own resources.<sup>4</sup> The expenditure for running ICDS is currently met from three broad sources. First, the funds provided by the centre under "general ICDS", used to meet expenses on account of infrastructure, salaries of ICDS staff, training, basic medical equipment, pre-school learning kits, etc. The second source is what the states allocate under their respective budgets to provide supplementary nutrition. The third is the funds provided under the Pradhan Mantri Gramodaya Yojana

(PMGY) as additional central assistance, technically to be used to provide monthly take home rations (THR) to children in the 0-3 years age group living below the poverty line and in need of additional supplementation.<sup>5</sup> Currently, the ICDS services are being provided to about 4.2 crore beneficiaries, including 3.4 crore children below six years, through a network of about 6.4 lakh AWCs.<sup>6</sup> The coverage of ICDS has steadily expanded in recent years, from 1.7 crore beneficiaries in March 1992 to 2.8 crore in June 1999 to about 4.2 crore currently. The ICDS programme is currently operational in 5,652 development blocks, i.e., in about 96 per cent development blocks in India.<sup>7</sup> Many states (including Chhattisgarh, Goa, Haryana, Himachal Pradesh, Karnataka, Manipur, Nagaland, Orissa and Tamil Nadu) have achieved complete operationalisation of sanctioned ICDS projects.<sup>8</sup>

In the states, the implementation of ICDS hinges on effective utilisation of available finances, opening of all sanctioned AWCs, recruitment of sanctioned staff and effective training prior to staff deputation for implementing the scheme. Any failure on the part of state government and administration to effect this action results in the surrender of large amounts of sanctioned finances to the centre at the end of a financial year and a denial of ICDS to vast numbers of children, women and adolescent girls.

## Supreme Court Orders

Since 2001, the potential of ICDS to provide effective nutrition and health services has expanded. In the PIL mentioned earlier (CWP 196/2001), the Supreme Court has issued interim orders that reinforce the mandate and importance of ICDS, which had faded somewhat between 1975 and 1990s.

The order dated November 28, 2001 gave an unprecedented boost to ICDS; with the Supreme Court stating that the scheme must be implemented in full and must be extended to each child, adolescent girl, pregnant woman and nursing mother in India. The court further stated that additional supplementary nutrition under the scheme should be made available to each malnourished child and that every settlement should have an anganwadi. The order states: "we direct the state governments and union territories to implement the Integrated Child Development Services (ICDS) in full and to ensure

that every ICDS disbursing centre in the country shall provide as under: (a) each child up to six years of age to get 300 calories and 8-10 grams of protein; (b) each adolescent girl to get 500 calories and 20-25 grams of protein; (c) each pregnant woman and each nursing mother to get 500 calories and 20-25 grams of protein; (d) each malnourished child to get 600 calories and 16-20 grams of protein; and (e) have a disbursement centre in every settlement."<sup>9</sup>

Further orders were issued in April 2004 and October 2004. These orders have significantly enhanced the potential of ICDS and helped ensure that the scheme receives the attention it deserves.

### Bihar and Jharkhand

As compared to other states, Bihar not only has higher poverty, but also a significantly higher proportion of children in the population. The children in the age group of 0-6 years account for 19.6 per cent of the population in Bihar, compared with 15.4 per cent in India as a whole (2001 Census). Though Bihar's share in India's population is one-twelfth, it accounts for one-seventh of those living below the poverty line, and one-sixth of all malnourished children. About four-fifths of children in the age group of six to 35 months in Bihar are anaemic.<sup>10</sup>

In Jharkhand, like Bihar, the share of children aged 0-6 years in the population (17.8 per cent) is higher than the national average (15.4 per cent). The proportion of anaemic children in Jharkhand is roughly the same as in Bihar. The need for effective implementation of a programme such as ICDS is clearly revealed in Table 1, which indicates the prevalence of anaemia and malnourishment in India, as per data from the National Family Health Survey (NFHS) conducted in 1998-99.

### Coverage

In Bihar, the ICDS projects are currently sanctioned in 394 out of 533 development blocks, i.e., in 73 per cent of all development blocks in the state. The ICDS projects are sanctioned for 204 of the 211 development blocks in Jharkhand. As shown in Table 2, however, less than half of the sanctioned projects have been operationalised in Bihar while the figure stands at 100 per cent for Jharkhand.

The implementation of ICDS is more complex than mere operationalisation of

ICDS projects and endemic problems in the scheme are found in both Bihar and Jharkhand. In Bihar's 183 operational ICDS projects, supplementary nutrition has been provided for 181 days a year on average,<sup>11</sup> out of the requisite 300 days for which supplementary feeding should have been provided as per the order of the Supreme Court in CWP 196/2001 dated April 29, 2004. A positive step in the implementation of ICDS was taken by the Bihar government in 2003, when the number of beneficiaries per anganwadi centre was increased from 57 to 96.<sup>12</sup> Efforts were made to ensure that field staff were conversant with these revised norms and were following the new orders at the anganwadi centres and about 12 lakh additional children were brought into the net of ICDS. However, the number of children and others who are actually being given supplementary feeding at the centres remains low. Further, no adolescent girls are being provided supplementary nutrition under ICDS in Bihar.<sup>13</sup> The complete exclusion of adolescent girls from ICDS also holds true for Jharkhand, where the coverage of the scheme is limited to children in the 0-6 years age group, pregnant women and nursing mothers. An entire section of beneficiaries entitled to the scheme is thus completely ignored by both the Bihar and Jharkhand governments.

### Staff Appointments

Vacancies in the sanctioned posts are a serious problem in ICDS. The ICDS staffing position in Bihar and Jharkhand is shown in Table 3. In Bihar, only 4 per cent of anganwadi worker and anganwadi helper posts are vacant. This is because positive

steps towards filling vacancies were taken in 2003, when the state government delegated powers of selection of anganwadi workers and anganwadi helpers to the gram panchayats. Figures available for 350 of the 393 ICDS projects, however, reveal that of the sanctioned supervisors' posts, a mammoth 85 per cent lie vacant. Further, in 18 per cent of these 350 ICDS projects, not a single supervisor has been appointed, which virtually amounts to non-operationalisation of these ICDS projects. Of the child development project officer (CDPO) posts, 21 per cent lie vacant in Bihar.<sup>14</sup>

It is pertinent to note that in Bihar, 58 per cent of the anganwadi workers in place require training.<sup>15</sup> The anganwadi staff can be operational only after they are trained. The state government has solely been relying on institutional training and although the number of selected training centres (including 46 NGOs) has increased in the recent past, the number of trainees is so huge that it will take years before all new staff can be trained.

In Jharkhand, with regard to the appointments made against sanctioned posts for

**Table 3: Staffing Position for ICDS**

Posts	Vacancies as Per Cent of Sanctioned Strength	
	Bihar	Jharkhand
CDPO	22	51
Lady supervisor	84	42
Anganwadi worker	4.1	3.6
Anganwadi helper	4.8	4.9

Note: \* Data for the 152 "old" ICDS projects operationalised till 2003-04.

Source: Correspondence of the governments of Bihar and Jharkhand with the office of the commissioner to the Supreme Court in CWP 196/2001.

**Table 1: Nutrition Data for Bihar and Jharkhand (Per cent)**

	Jharkhand	Bihar	India
Proportion of women with anaemia	72.9	63.4	51.8
Proportion of children aged 6-35 months who are malnourished	82.4	81.3	74.3
Proportion of children underweight	54.3	54.4	47

Source: National Family Health Survey 1998-99 (see <http://www.nfhsindia.org>).

**Table 2: Implementation of ICDS in Bihar and Jharkhand**

	Number of Development Blocks	Number of ICDS Projects		Proportion of Blocks Where ICDS Project Is (Per Cent)	
		Sanctioned	Operational	Sanctioned	Operational
Bihar	533	394	183	73.9	34.3
Jharkhand	211	204	204	96.6	96.6

Source: Annual Report 2003-04, department of women and child development, ministry of human development, government of India. Also <http://www.bihar.nic.in> and correspondence of the office of the commissioner of the Supreme Court (CWP 196/2001) with the governments of Bihar and Jharkhand.

the 152 projects sanctioned till 2003-04, 46 per cent of the CDPO posts, 49 per cent of the supervisor posts, 3.5 per cent of the anganwadi worker posts and 4.5 per cent of the anganwadi helper posts lie vacant in the state. In the 52 newly operational ICDS projects, 11.5 per cent of the CDPO posts, 30 per cent of the anganwadi worker posts and 35 per cent of the anganwadi helper posts lie vacant. Of much concern is the fact that in the 52 "new" projects, not a single supervisor has been appointed.<sup>16</sup> Nonetheless, a positive move with regard to appointments is that for the 7,728 anganwadi centres of the new ICDS projects, the recruitment of anganwadi workers and helpers has been done by the gram sabhas.

In both Bihar and Jharkhand, the entire staff of ICDS (including CDPOs, supervisors, anganwadi workers and helpers) get their salaries only twice in a year. This is a highly demotivating factor for the staff. It also gives ICDS staff an excuse for not doing their duties and encourages petty corruption.

### Use of Finances in Bihar

With regard to finances, being a poor state, Bihar finds it difficult to arrange for state funds, but what is unfortunate is the fact that even funds provided by the central government are not fully utilised due to procedural bottlenecks. Funds released to Bihar under ICDS (general) stood at Rs 1,755 lakh in 2003-04<sup>17</sup> and Rs 7,408 lakh in 2004-05. The release of funds from the state budget stood at Rs 2,713 lakh and Rs 8,753 lakh in 2003-04 and 2004-05 respectively. Of the funds released by the state government in 2003-04, Rs 160 lakh remained unutilised. Under the additional central assistance for supplementary nutrition made from the PMGY, Rs 3,626 lakh were allocated by the government of India in 2003-04 as well as in 2004-05. Of the PMGY funds released in 2003-04, Rs 224 lakh remained unutilised.<sup>18</sup>

With the increase in the number of beneficiaries per anganwadi in Bihar, a larger number of children were brought into the net of ICDS and a higher budget provision for supplementary nutrition (SNP) was required. However, in field visits to Vaishali district it was found that there is often no arrangement for SNP in the AWCs, despite sufficient funds having been made available to the district by the state government to last for at least four

months. A move has been made by the Bihar government to check interruptions in SNP supply to anganwadis, and vide an order of the government it was decided that the moment a stock register is submitted by anganwadi workers to the 'mukhia', they will be entitled to another advance.

Other problems at the AWCs however persist. In many centres, there is a complete absence of materials as basic as utensils for cooking and feeding. Secondly, many centres are run in tiny 'kucha' huts where hardly 20 children can sit. This is because of a limit of Rs 25 on the monthly rent for ICDS premises, which needs to be enhanced to at least Rs 100 per month. In AWCs in Sewanan, Karauna, Ammain, Nairu A and Nairu B of the Jahanabad ICDS project, further problems related to inadequate premises were evident. For instance, the centres there had inadequate ventilation and the smoke from the 'chulha' was hurting children's eyes.

With regard to financial procedure, Bihar suffers from an excessive centralisation. The rule 35 of the third schedule of rules of executive business in Bihar provides that all new plan schemes, and even the ongoing plan schemes exceeding Rs 25 lakh, are to be brought before the cabinet. There is no such parallel provision in the transaction of business rules neither in the central government nor in any state government. The whole process is time consuming, resulting in delays in release of funds ranging from four to six months. Doing away with this rule in itself will expedite financial releases, giving more time to the field staff to spend and then claim second instalments. The present practice of requiring each scheme with an outlay of more than Rs 25 lakh to seek the approval of the empowered committee needs an amendment. Seeking of cabinet opinion should be restricted to only new schemes and approval for continuing

schemes should be needed only once in five years.

### Monitoring and Supervision in Bihar

In Bihar, the CDPOs are required to inspect at least 50 per cent of the centres under their jurisdiction every month. This is not being observed for want of supervision or vehicles. Sometimes, even when there are vehicles, these are requisitioned for law and order, or stay idle for want of timely release of POL/maintenance funds.

The problem of "supervision in absentia" or the complete absence of supervision clearly emerges when one looks at the registers of the AWCs. It is unfortunate that anganwadi registers frequently reveal that the weight of children is not recorded properly. Further, there is no understanding of how to check whether malnutrition is decreasing or increasing.

Creative ways of plugging this lack of supervision are needed. The government needs to consider giving a travel allowance to CDPOs, to allow them to hire vehicles or use their own car. Most CDPOs and supervisors in the state are young, and could be asked to learn riding motor bikes and mopeds. There could be a government scheme for sanction of interest-free loans to them for buying mopeds, and staff members could be asked to take advantage of this scheme. Dependence on public transport or other people's vehicles is one major reason why the visits of supervisors and CDPOs to AWCs are so inadequate.

Moving away from the issues of mobility, service rules for staff need to be in place. In Bihar, service rules for supervisors were drafted, but not finalised. There is an urgent need to consider circulating these draft rules, with promotion opportunities for good anganwadi workers. The government may also consider circulating these draft rules among stakeholders so as

**Table 4: Allotment Released under Supplementary Nutrition under ICDS**  
(Rs)

Financial Year	Source	Budgetary Provision	Allotment Released	Expenditure Committed
2002-03	State SNP	5,99,32,000	4,77,76,440	4,25,90,440
	PMGY (SNP)	11,38,80,000	7,51,00,500	4,11,56,074
	Total	17,38,12,000	12,28,76,940	8,37,46,514
2003-04	State SNP	17,88,72,000	16,17,36,000	11,39,67,568
	'General'		18,81,25,000	29,95,16,200
	PMGY (SNP)	37,23,00,000	7,51,00,500	6,72,24,000
	Total	55,11,72,000	42,49,61,500	48,07,07,768
2004-05	State SNP	39,44,62,000	30,21,81,000	14,56,93,100
	'General'		30,24,62,000	29,63,50,200
	PMGY (SNP)	37,23,00,000	82,56,000	14,22,88,700
	Total	76,67,62,000	61,28,99,000	58,43,32,000

Source: Department of social welfare, women and child development, government of Jharkhand.

to take their views into account before finalising them. The service rules for CDPOs should also be drafted, with adequate promotion opportunities for supervisors.

### Use of Finances in Jharkhand

The implementation of ICDS in Jharkhand is generally better than in Bihar, as illustrated in Table 2. Of the 211 development blocks in Jharkhand, 204 have ICDS projects. Till the 2003-04 financial year, 152 of these 204 projects sanctioned were operational. In the 2004-05 financial year a move has been made to operationalise the remaining 52 projects.<sup>19</sup>

There has nonetheless been poor utilisation of finances over the years. After the withdrawal in August 2002 of CARE, which was looking after the entire nutrition programme of ICDS for the state Rs 7.5 crore were released to the Jharkhand government under PMGY for the feeding programme in 2002-03, but expenditure was reported to be only Rs 1.9 crore. In the subsequent financial year (2003-04), the government of India had made a budgetary provision of Rs 37.3 crore out of PMGY funds for ICDS feeding, but not a single paisa was released by the social welfare department well into the financial year. As a result of this, about 80 per cent of the allocation was surrendered by the social welfare department. It is important to note that the PMGY (nutrition) funds lapse on non-utilisation in the financial year for which they are sanctioned, and thus a vast number of beneficiaries were denied supplementary nutrition due to the sheer apathy of the state government. Though the utilisation of PMGY (nutrition) funds by the Jharkhand government was marginally better in 2004-05, the state government still surrendered more than 60 per cent of the funds available.

### Supplies of Materials in Jharkhand

The funds under ICDS for the food component of the scheme are best spent in a decentralised manner by making village committees (self-help groups, 'mahila mandals', etc) buy grain and other ingredients and prepare meals for the village children. In Jharkhand, however, the district purchase committees are responsible for purchases. The system of district purchase committees needs to be wound up in a phased manner, with clear directions that all projects should transfer to village

groups. Unfortunately, rather than decentralise further to the villages, the state government seems to be under pressure to centralise the purchase system through a state level contractor. This must be avoided since it will lead to massive state level corruption and give bad name to ICDS, besides resulting in delays and poor quality of food. It will also deprive thousands of women's self-help groups of a legitimate source of livelihood and cause massive interruptions in nutrition to children. The success of mahila mandals and self-help groups in operationalising AWCs in several districts, such as East Singhbhum and Lohardaga, has clearly demonstrated that decentralisation is the best option.<sup>20</sup>

It may be relevant to mention here that meetings have been convened by the government of Jharkhand where it was decided that the ICDS feeding programme should be handed over to village level women's groups, as with mid-day meals in primary schools (these are prepared by local mothers' groups). However, despite this clear recommendation, the release of PMGY funds to the districts remained pending for a substantial period of time in the government machinery.

The above-mentioned meeting, chaired by the development commissioner, also listed many irregularities that take place when district level contractors supply nutrition to the project godowns. These include: the actual content and weight of packets supplied by contractors is less than the prescribed norm; supply is erratic and irregular; there are frequent complaints of black-marketing and profiteering; goods of inferior quality are supplied to projects; and other grains are mixed in 'sattu', which is to be made only out of gram.

The uniformity of rations supplied across ICDS projects is also a matter of concern when there is a centralised supply of food. Food habits vary from district to district. Thus, allowing decentralised procurement and mixing of food helps to ensure that an acceptable mix of food, with the requisite amount of calories and proteins, reaches each beneficiary. At present the ration prescribed does not have the requisite quantity of nutrients. Moreover, puffed rice, which is currently supplied, is not popular everywhere in Jharkhand, and nor does it have a good retention capacity for long-term storage. Its calorific value is also low.

Next we come to the scale of food rations. According to the instructions from the Supreme Court (also supported by the

government of India) malnourished children, pregnant women, nursing mothers and adolescent girls are to get enhanced rations, but these orders are not being followed in Jharkhand. Since the state does not suffer from financial problems of deficit faced by other poor states, there is no justification for denying enhanced rations to potential beneficiaries who are malnourished. However, adequate publicity needs to be undertaken after revising the entitlements so as to minimise the risk of leakages. Apart from revising entitlements to a level where they should already be according to the orders of the Supreme Court, the government of Jharkhand will have to ensure additional outlays for supplementary nutrition.

In Jharkhand, CARE was supplying nutrition materials to the entire state up to July 2002. After that, there were huge interruptions in feeding. The first budget allotment after July 2002 was issued only in January 2003, for two months. During the 2003-04 financial year the allotment was issued only in September and then in November, in all for three months. As it takes time for district authorities to invite tenders, in most districts there was no feeding between May and December 2003. There is no clear reason why such lapses have taken place. This raises questions regarding the financial procedures in the state. Budgetary sanction for a continuing scheme should ideally not require an approval from the finance department. To use the example of Uttar Pradesh, once the budget gets the approval of the governor, departments are free to spend money on the continuing schemes without waiting for any financial sanction, not even from the administrative department. A district-wise break-up is issued by the department and even ministers are not troubled at this stage.

The implementation of the non-food components of ICDS in Jharkhand presents a picture as poor as that for the food component, as is indicated for instance by the facilities available at the anganwadi centres. While medical kits have not been supplied to any anganwadi centres anywhere in the state, a drinking water source is available only in 35 per cent of anganwadi centres.<sup>21</sup>

### Putting ICDS in Context

Limiting ourselves to a discussion of the implementation of sanctioned ICDS projects, it is clear that the problems appear at several levels. Further to the

operationalisation of these projects, financial allocations need to be effectively utilised, vacancies need to be filled and staff need to be trained and given vision. Very importantly, the programme needs to be given priority and effectively supervised.

In its objectives and original structure, the ICDS set out to achieve laudable goals. Since 2001, the vision of the scheme has been strengthened by the interim orders of the Supreme Court. The poor administrative arrangements for implementation of ICDS in Bihar and Jharkhand are especially unfortunate, given the fact that many other poor states have managed to get the scheme off the ground. Procedural corrections are critically required for positive change. **PPW**

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## Notes

- 1 People's Union for Civil Liberties vs Union of India and Others, Civil Writ Petition 196 of 2001 (CWP 196/2001). N C Saxena was appointed as the commissioner of the Supreme Court to monitor the implementation of the interim orders of the court.
- 2 The schemes being monitored by the Supreme Court in CWP 196/2001 are: ICDS, midday meals, Sampurna Gramin Rozgar Yojana, Targeted Public Distribution System, Antyodaya Anna Yojana, National Family Benefit Scheme, National Maternity Benefit Scheme, Annapurna and the National Old Age Pension Scheme. For further details, see [www.righttofoodindia.org](http://www.righttofoodindia.org).
- 3 Census data cited in this paper are from the census website (<http://www.censusindia.net>).
- 4 *Annual Report 2003-04*, Department of Women and Child Development, Ministry of Human Resource Development, p 16.
- 5 Fifth Report of the Commissioner of the Supreme Court in CWP 196/2001, August 2004.
- 6 *Annual Report 2003-04*, Department of Women and Child Development, Ministry of Human Resource Development, p 17.
- 7 Administratively, districts are divided into revenue blocks and development blocks. An ICDS "project" pertains to the ICDS programme being run in a particular development block. All anganwadi centres in the development block come under the purview of the ICDS project of that particular development block. At present, not all development blocks in the country have an ICDS project.
- 8 *Annual Report 2003-04*, Department of Women and Child Development, Ministry of Human Resource Development, Annexure X, p 101.
- 9 Order of the Supreme Court dated November 28, 2001 in CWP 196/2001. The full text of the order is available at [www.righttofoodindia.org](http://www.righttofoodindia.org).
- 10 National Family Health Survey 1998-99 (see <http://www.nfhsindia.org>).
- 11 Correspondence of the commissioner's office with the government of Bihar.
- 12 Vide letter no 1564 dated November 21, 2003 issued by the Bihar government.

- 13 Correspondence of the commissioner's office with the Bihar government. Figures as on January 2005.
- 14 The organisational structure of an ICDS project is as follows: One CDPO is typically appointed per ICDS project. He or she has to oversee the implementation of the ICDS project in the block. Depending on factors such as number of AWCs and area to be covered, several supervisors' posts are sanctioned per ICDS project. Supervisors report to the CDPO. Anganwadi workers are appointed for each anganwadi, and they report to the supervisors. Anganwadi helpers assist anganwadi workers.
- 15 Correspondence of the commissioner's office with the Bihar government. Figures as on January 2005.
- 16 Correspondence of the commissioner's office with the government of Jharkhand. Figures as on April 2005.
- 17 *Annual Report 2003-04*, Department of Women and Child Development, Ministry of Human Resource Development, Annexure XI, p 103.
- 18 Correspondence of the commissioner's office with the government of Bihar.
- 19 Correspondence of the commissioner's office

- with the government of Jharkhand.
- 20 The use of decentralised groups will also enable the state to receive oil from CARE worth about Rs 9 crore, which will be made available to the state only when mixing is done at the village level and not by a centralised contractor.
- 21 Correspondence of the commissioner's office with the government of Jharkhand. Figures as on April 2005.

## References

- GoI (2000): *Integrated Child Development Services: A Compendium of Guidelines*, Department of Women and Child Development, Ministry of Human Resource Development, Government of India.
- (2001): *Convention on the Rights of the Child: India: First Periodic Report*, Department of Women and Child Development, Ministry of Human Resource Development, Government of India.
- (2005): *Economic Survey 2004-05*, Ministry of Finance, Government of India, New Delhi.
- Ghosh, Shanti (2004): 'Child Malnutrition', *Economic and Political Weekly*, October 2.

## TAMIL NADU

# ICDS with a Difference

*Tamil Nadu's noon meal programme has evolved via the successful intervention of twin pressures – political will that ensured budgetary provision for the programme and the widespread demand for it from below. Several nutrition-oriented programmes have now expanded to cover groups such as pregnant and nursing mothers, old age pensioners, widows and the destitute. The need is now to create a "nutrition literate" populace, i.e., foster an awareness of non-food factors that in several ways influence behaviours and attitudes related to food.*

ANURADHA KHATI RAJIVAN

Combating hunger and reducing the prevalence of malnutrition are a goal common to many national plans and is now part of the internationally accepted development goals, drawing from the Millennium Declaration. A specific target under the Millennium Development Goals is to "halve, between 1990 and 2015, the proportion of people who suffer from hunger". From a human development perspective, good health and nutrition are inherently valuable, contributing to physical and cognitive development, facilitating educational attainment and overall well-being, and expanding human capabilities for present and future generations. Even

from a more limited economic growth perspective, better nutrition decreases the incidence of non-communicable diseases and healthcare costs, reduces loss of work-time due to absenteeism and improves productivity.

While nutrition-oriented programmes operate in many countries, they often suffer from low coverage, resource limitations and inadequate focus on many critical non-food factors – protected water, sanitation, women's status, political commitment, among others. Over 150 million children under age five in the developing world are underweight, reflecting the status of the population as a whole. While income poverty has declined steadily in most countries, malnutrition