

Report of the Social Audit of Integrated Child Development Scheme in Brahmapur, Odisha



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- List of Anganwadi Workers
- List of VMC Members
- List of Supervisors and CDPO
- List of Citizen Monitors

Executive Summary

Integrated Child Development Scheme is one of the major food security schemes with various entitlements and integrated package of services, including supplementary nutrition, health care and pre-school education etc. Despite the noble objectives of the ICDS programme, highest number of malnourished children resides in our country. The child mortality and morbidity rate is one among the highest. This situation is attributed to the improper implementation of the scheme along with massive corruption and irregularities.

Citizen/beneficiary participation is a fundamental principle in democracy and an important aspect for the success of any public programmes beginning from preparatory stage to its implementation, monitoring and finally evaluation. Transparency, responsibility and accountability of the service providers play a vital role in achieving the desired results and outcomes of the programme. Considering that everyone has a fundamental right to be free from hunger and under nutrition is entitled to get these in a corruption free manner.

Youth for Social Development (YSD) working in areas of improving governance and service delivery, fighting corruption and enhancing accountability in the areas of PDS, ICDS and Drinking Water in Berhampur city has conducted a citizen monitoring/social audit by providing training to citizens in slums with a set of monitoring tools. On a pilot basis YSD assessed the quality of ICDS service delivery by using social audit methods in 13 slums in Berhampur city of Odisha. Trained citizen volunteers/monitors with set of inventories monitored/checked the quality, transparency and accountability of Anganwadi centres (AWCs), Anganwadi Workers (AWWs) with the participation of beneficiaries, Supervisors, vigilance monitoring committee and government officials. They also checked the available infrastructure, information, provision as per the government guideline at the AWCs.

The major findings of the social auditing are as follows

- Irregular opening of the AWCs are still a major issue. Few of the AWCs still opens only 15 days in a month.
- Quality of the food items (SNP) are average in scale of three rated by more than half (61.4%), 52.4% the beneficiaries rated quality of the food (THR) remains as average of the lactating mother and 54.2% rated the quality of health services as average in scale of three.
- 65.6% of the beneficiaries are dissatisfaction with the services provided at the AWCs. Irregularity of opening of AWC, poor quality of food items, lack of information on food items and others, poor health care services, insufficient quality of food items and no supply of medicines etc.
- Most of the (70%) of the beneficiaries replied that the AWC runs in rented house without facilities like toilet, class room, kitchen, and storage and play room.

- Most of the AWWs can't afford the charges incurred like transport, labour and can't meet the extra cost incurred due to inflation (increasing cost of fuel, vegetable, transport etc.) to maintain the AWCs.
- The remuneration provided to the AWWs are insufficient for their livelihood and insecurity in their job threat them all the time.
- Four supervisors monitoring more than 160 AWCs is a very difficult task to check the functioning of AWCs.
- Lack of sufficient staff specifically supervisors to monitor service delivery, lack of sufficient funding are the major problem on the other hand lack of sufficient cooperation from the communities and beneficiaries are another hindrances in better service delivery.
- All most all the VMC members are not aware of their roles and responsibilities. They attend the meeting for the sake of their membership and have not take part in any decision making.
- Not a single AWC have toilet and separate toilet for girls and facilities for storage of food items. 90% of the AWCs don't have space for kitchen and classroom for preschool learning, 60% of the AWCs don't have drug kit, 30% don't have drinking water facilities and play equipments and 10% don't have cooking utensils.

Section-I: Introduction

Background

Integrated Child Development Scheme is one of the major food security schemes with various entitlements and integrated package of services, including supplementary nutrition, health care and pre-school education etc. It provides a package of service not only to children below the age of six years but also to adolescent girls, pregnant and lactating mothers. The basic objective of this programme is to improve the health and nutritional status, to lay the foundation of proper psychological, physical, and social development of the child, reduce mortality, morbidity, malnutrition and school drop outs. It also aims at enhancing the capability of the mother to look after the normal health, nutrition and development needs of the child through proper community education. ICDS is the foremost symbol of India's commitment to her children – India's response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other.

Despite the noble objectives of the ICDS programme, highest number of malnourished children resides in our country. The child mortality and morbidity rate is one among the highest. This situation is attributed to the improper implementation of the scheme along with massive corruption and irregularities. The irregularities and corruption in the ICDS caught the imagination not only of ruling class but the whole of the state when rotting "Dal" are seen being served to children across the state to get profit.

Citizen/beneficiary participation is a fundamental principle in democracy and an important aspect for the success of any public programmes beginning from preparatory stage to its implementation, monitoring and finally evaluation. Transparency, responsibility and accountability of the service providers play a vital role in achieving the desired results and outcomes of the programme. Considering that everyone has a fundamental right to be free from hunger and under nutrition is entitled to get these in a corruption free manner. It has been witnessed that poor participation of beneficiaries and service providers, lack of transparency and accountability among functionaries and weak capacity and skill of the front line service providers resulted poor implementation of ICDS and failed to achieve its intended objectives.

Keeping this in mind Youth for Social Development (YSD) working in areas of improving governance and service delivery, fighting corruption and enhancing accountability in the areas of PDS, ICDS and Drinking Water in Berhampur city has conducted a citizen monitoring/social audit by providing training to citizens in slums with asset of monitoring tools designed by its research team.

The Need for Citizen Monitoring

Participation, transparency, and accountability are the pillars of good governance. Citizen participation is increasingly recognized as an essential component of good governance practices³. Accountability is fundamental in any political system. Citizens should have the right to know what actions have been taken in their name and they should have the means to force corrective actions when the government acts in an illegal, immoral, or unjust manner. Individual citizens should have the ability to have some redress when the government abuses their rights or they do not receive the public benefits to which they are entitled⁴. In this context it must be remembered that a social audit or public audit is an ongoing process through which a citizen or group of citizens can participate in the monitoring and implementation of development work. It gives any citizen the legitimacy, not just to seek information, but also to record complaints, suggestions, and demand answers in the public domain. It allows for collective evaluation, and use of the non-written mode, and mandates demystification of documents and procedures. In this circumstance this programme has been designed to facilitate citizen monitoring/social auditing of the implementation of Integrated Child Development Scheme (ICDS) in an urban setting (Brahmapur) with citizen participation and meaningful engagement with public officials. It has been witnessed that poor participation of beneficiaries and service providers, lack of transparency and accountability among functionaries and weak capacity and skill of the front line service providers resulted poor implementation of ICDS and failed to achieve its intended objectives. On the other hand there is poor technical understanding and knowledge of the frontline service providers specifically supervisors, anganwadi workers and helpers on their roles and responsibilities, knowledge on Supreme Court guidelines on right to food, good practices on health and hygienic and other programme operations.

What is Citizen Monitoring/Social Auditing?

Citizen Monitoring/Community Social Auditing through Social Audit process is a community-based monitoring tool and an instrument to exact social and public accountability and responsiveness from service providers. However, by including an interface meeting between service providers and the community that allows for immediate feedback, the process is also a strong instrument for empowerment. The Social Audit process uses the community as its unit of analysis and is focused on monitoring at the local/facility level. It can therefore facilitate the monitoring and performance evaluation of services, projects and even government administrative units (like district assemblies, panchayats, municipalities) by the community themselves. It is a grassroots process that can be employed in rural/urban settings.

The Social Audit Process

- It is a process by which citizens (beneficiaries) participate in developmental activities from planning to implementation to monitoring to evaluation process there by empowering themselves.

- Citizens monitor and evaluate public programme at various stages
- Monitoring of quality of services and programme
- Continuous and ongoing process
- Generating a direct feedback mechanism between the service provider and user
- Checking / Verification of any programme
- Building local capacity both citizens, communities, citizen groups
- Strengthening the citizen's voice and community empowerment

Objective of the Initiative

Integrated Child Development Scheme (ICDS) is a government initiative for food security schemes with various entitlements and integrated package of services, including supplementary nutrition, health care and pre-school education etc. However, it has wider connotations and multiple objectives. Through this community-led initiative, efforts have been put forth to establish the following objectives to improve PDS services in a corruption free manner.

- ⇒ To assess/audit of implementation of Integrated Child Development Scheme (ICDS) by involving beneficiaries and service providers
- ⇒ To disseminate the findings to a wide stakeholders and constructively engage with public officials in improving ICDS
- ⇒ To come out with suggestions for policy and practice level change in the ICDS
- ⇒ To improve ICDS service and accountability in a corruption free manner among larger stakeholders

Scope and Methodology

About Brahmapur Municipal Corporation

Brahmapur Municipal Corporation, constituted in 1855, is the second largest and oldest municipality in Orissa. It covers 79.80 square kilometers housing a population of 2, 89,742 as per 2001 census. It should be noted that recent demographic data shows that Brahmapur's population has grown to nearly half a million. The city has a slum population of 97,018 in 100 pockets, which accounts for a large portion of the population (38.48%). As the second largest city in Orissa, Brahmapur is home to more than 12,000 below poverty line (BPL) families and 40,000 above poverty line (APL) cardholders who depend on PDS for food security. A recent study on urban corruption depicts PDS as the third most corrupted agency in the city.

Methodology

The citizen monitoring and auditing methodology was developed by a team of Youth for Social Development researchers. Additionally, Berhampur has been used for the community social audit process. The process of the citizen monitoring and auditing includes:

- Development of questionnaires for different stakeholders including citizens and service providers. Accordingly eight different formats were developed (Form-0 to Form-7).

Table-1.1: Monitoring Inventory Type and Sampling

Form Type	Stakeholder	Sample
Form-0	Community fact Sheet	10
Form-1	Fact sheet of Anganwadi Center (AWC)	10
Form-2	Interview with Beneficiary	393
Form-3	Interview with Anganwadi Worker (AWW)	10
Form-4	Interview with Anganwadi Supervisor	4
Form-5	Interview with Child Development Project Officer (CDPO)	2
Form-6	Interview with Vigilance Monitoring Committee (VMC) Member	10
Form-7	Profile of Citizen Monitors	19

- Training “Community Monitoring and Audit Teams” (CMATs) on PDS and social auditing standards including how to conduct the survey at different levels e.g. beneficiary, service providers, PDS shop checking etc. The table above details the sample size of the interview groups.
- Analysis of collected data through a statistical package and a publicly accessible report prepared.
- Workshops and interface meetings (public hearings) between service providers and citizens organized to disseminate reports at various levels.

Table-1.2: Details of Slum and Wards covered under the Social Audit

Name of the Locality	Ward Number	HH Sample
Ambapua	37	30
Ankooli	35	28
Dandasi Street	2	30
Dhobabandhahuda	3	37
Gramadevati Street	4	30
New Khodasing	36	30
Old Khodasing	36	30
Pandava Nagar	9	30
Phulasundari Street	13	30
Ram Nagar	4	29
Raghupati Nagar	3	29
Somanatha Nagar	16	30
Tota Street Khodasing	26	30
TOTAL	12	393

Training of Citizen Monitors

Thirty-two 'Citizen Monitors' with a general understanding of development schemes (specifically on ICDS) were selected from community groups in 13 slum regions in Berhampur Municipal Corporation. A two day extensive training workshop was organized to train citizen monitors on relevant ICDS information, such as objectives of the ICDS, service pack, provisions of Anganwadi Centre, role and responsibilities of AWW, supervisor, CDPO, VMC, accountability mechanisms at various levels and information and monitoring in ICDS centres.

The citizen monitors were trained on the basic provisions of ICDS such as standard inventory, quality and quantity of food items, preschool education, referral services, daily operational hours of AWC, information boards and records maintained in the AWCs etc. They were also trained on how to conduct interviews with beneficiaries, AWWs and vigilance monitoring committee members who checked the ICDS centres. The citizen monitors piloted the questionnaires developed for various stakeholders including beneficiaries. They were also taken to a ICDS AWW centre to demonstrate the government guidelines regarding the verification of various provisions.

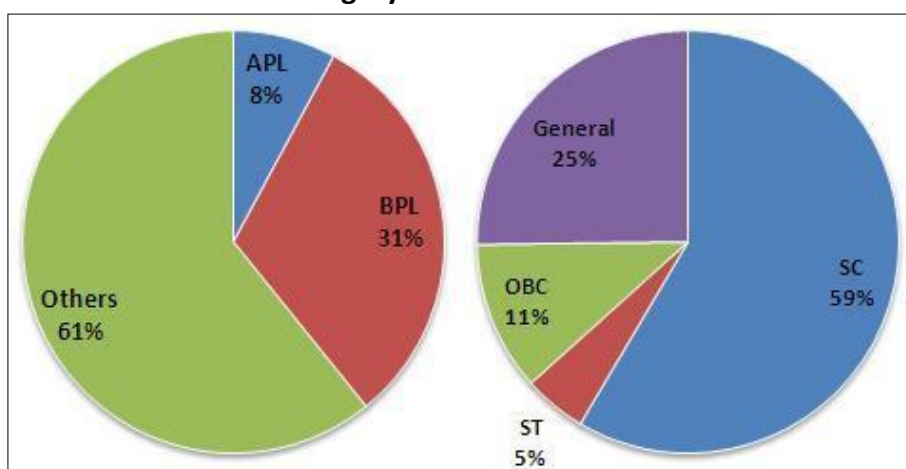
Section-II: Key Findings of Social Audit/Citizen Monitoring

Beneficiary Perspective

General Information

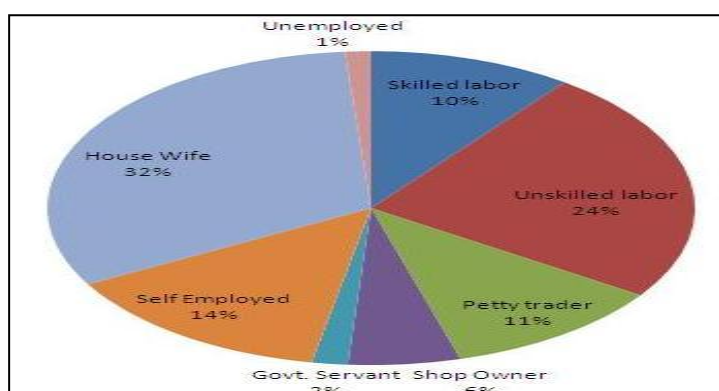
- Among the beneficiaries interviewed most of them are female (96.3%) members of the family and average age of the respondent are 26.83 years.
- Selected beneficiaries are categorised as BPL 31%, APL 8% and others 61%.
- More half of the (59%) beneficiaries are belongs to scheduled caste category, one fourth (25%) belongs to general category and 11% other back ward caste and only 5% belongs to scheduled tribe.

Chart-2.1: Category Wise Division of Households



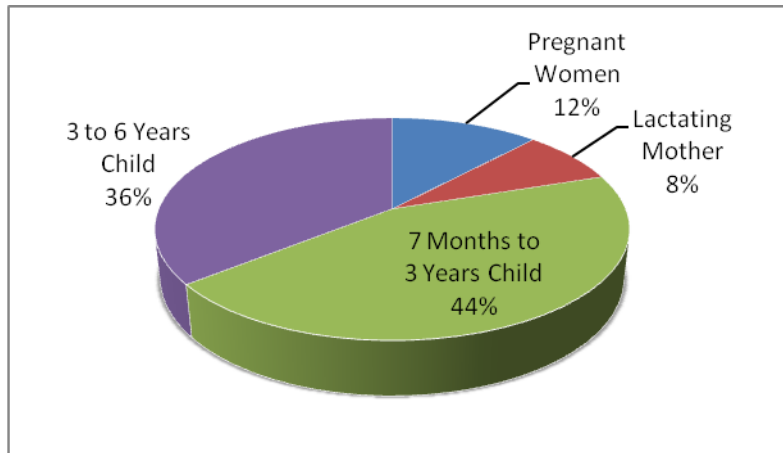
- 31.8% of the respondents have completed their primary education where as equivalent amount (30.8%) of respondents are illiterate. Less than one fifth (18.8%) have completed upper primary and only 5.6% succeeded matriculation.
- The employment scenario of the beneficiaries looks 32% are housewives, less than one fourth (24%) unskilled labour, 14% are self employed, 11% petty traders and 10% are skilled labour as the chart-2 depicts.
- The annual average income of the respondents remains at rupees 41,227.73 that means the monthly average income is rupees 3,435.58

Chart-2.2: Employment Status of the Beneficiaries



- Among the beneficiaries interviewed 44% of them are 7 months to 3 years children, 36% are 3 to 6 years children, 12% of them are pregnant women and 8% are lactating mother.

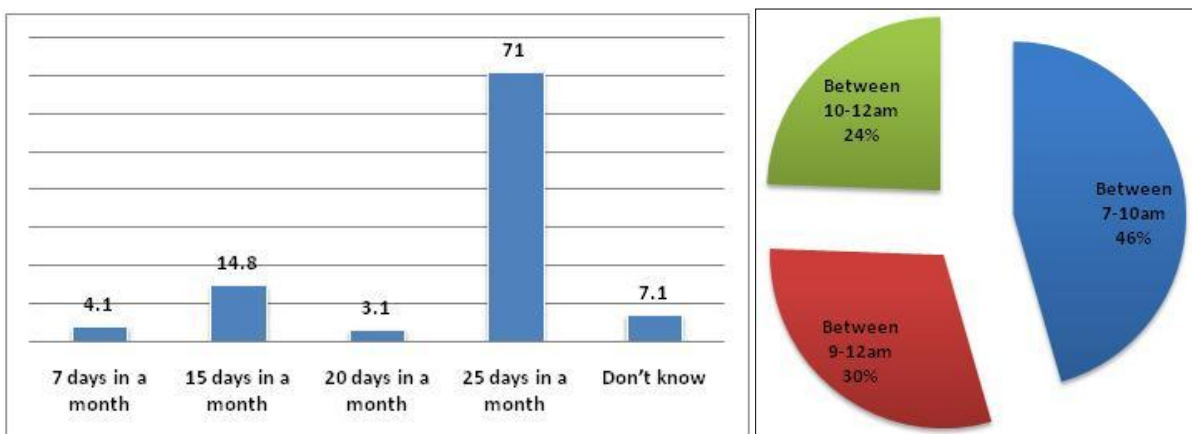
Chart-2.3: Type of Beneficiaries under ICDS



Service Delivery (time, quality, quantity)

- The average distance of the Anganwadi Centre from the beneficiaries’ home remains at 330 metres.
- Less than three fourth (71%) of the beneficiaries replied that the AWC is opening twenty (25) days in a month, less than one fifth (14.8%) replied it opens fifteen (15) days in a month and only 4.1% reported the centre opens only seven (7) days in a month.
- In the day of opening of AWC less than half (46%) of the beneficiaries replied that the centre opens between 7 am in the morning to 12 noon, 30% of the beneficiaries replied the AWC opens in between 9am in the morning to 12 in the afternoon and less than one fourth (24%) replied it opens in between 10am in the morning to 12 noon.

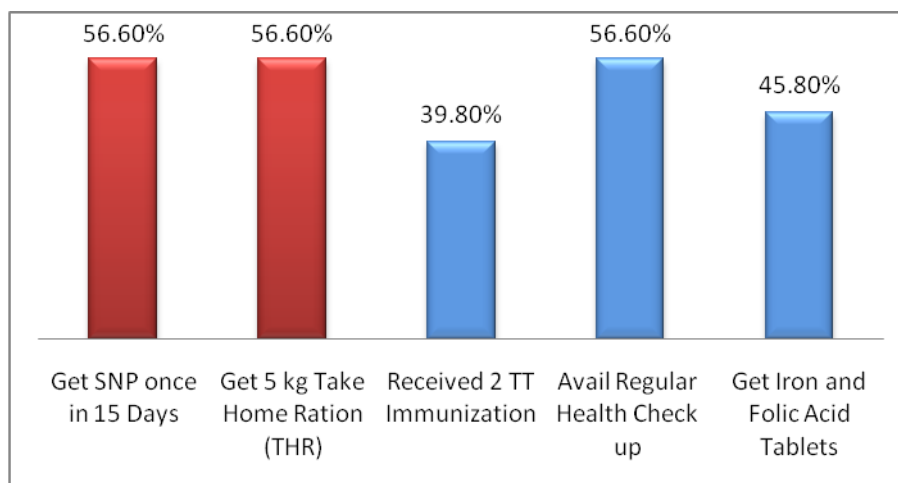
Chart-2.4: Opening Days and Time of AWCs in a Month



Pregnant Women/ Lactating Mother

- More than half (56.6%) of the pregnant women/lactating mother get SNP once in fortnight (once in 15 days) from your Anganwadi Center and 38.6% get SNP once in a month.
- More than half (56.6%) of the pregnant women/lactating mother gets five (5) kilograms of take home ration (THR) when they get and 37.3% get THR 4.250 kilograms.
- 61.4% of the pregnant women/lactating mother assessed the quality of food being provided in the Anganwadi Center are average,30.1% replied as good quality of food items where as only 8.4% replied as poor quality of food
- 39.8% of the pregnant women/lactating mother have received two (2) immunizations (T.T.) and 38.6% have received one (1).
- More than half (56.6%) pregnant women/lactating mother avail health check up service from Anganwadi Center.
- Less than half (45.8%) of the pregnant women/lactating mother get iron and folic acid tablets from the Anganwadi Center and are getting thirty (30) tables in a month.
- More than half (54.2%) of the pregnant women/lactating mother reported quality of health service as average, 21.7% reported poor and 24.1% report as good quality.
- Only more than one third (36.1%) of the pregnant women/lactating mother satisfied with the service delivered in the AWC.

Chart-2.5: Access to SNP, THR and Health Care Services

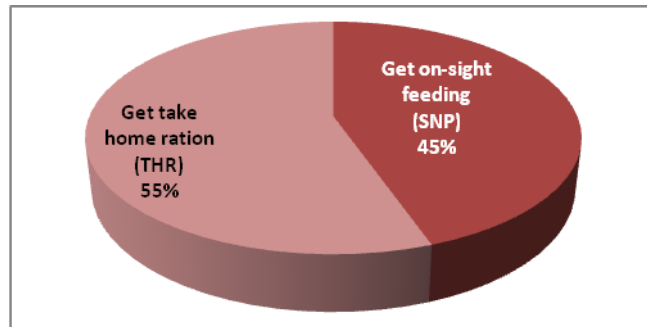


New Born to Six Years Children

- Most of the (87.1%) children's status during the social audit was normal weight category, only 9% were underweight and 3.1% are malnutrition.
- Among the total children 55% (185) get the take home ration (THR) and 45% (149) get on-sight feeding (SNP).

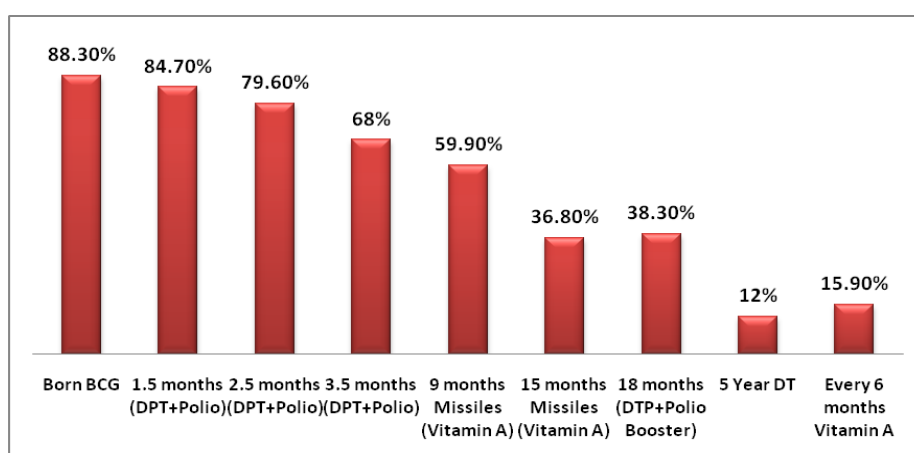
- Among the THR beneficiaries 51.4% get their food once in fortnight (once in 15 days), 29.2% get their THR once in a month.
- Less than half (47%) of the THR beneficiaries get 3.4 kilograms of in a month, 23.4% get 5 kilograms of food.

Chart-2.6: Percentage of children getting THR and SNP



- More than one third of (36.2%) the children get morning snacks at the AWC and most of them (81.2%) get hot cooked meal.
- Most of the (80.5%) children get their SNP regularly. More than half of the children (52.4%) get average quality of food, more than one third (33.5%) get good quality of food and only 14.1% of the children get poor quality of food items.
- More than half of the (56.6%) beneficiaries weighted once in a month in the Anganwadi centre and 26.6% complained they were never weighted in the AWC.
- More than half of the children (52.1%) never get any advice regarding the growth of their child after get weighted.
- More than half of the children get the immunization dose in the AWC those are born BCG (88.3%), 1.5 month (DPT+Polio) (84.70%), 2.5 months (DPT+Polio) (79.6%), 3.5 months (DPT+Polio) (68%).

Chart-2.7: Access to health care facilities in AWCS



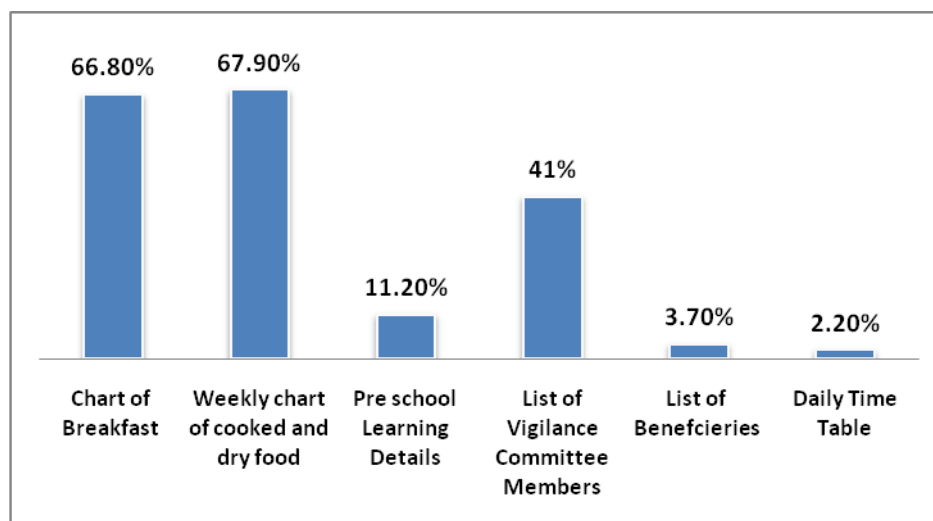
- Less than half of the (45.8%) of the beneficiaries assessed the quality of health care services provided at the AWC are average, more than one third of (33.5%) them replied the quality as poor and only 20.7% rated quality as good.

- Surprisingly 65.6% of the beneficiaries are dissatisfied with the quality of service provides at the AWC.
- Among the problems faced at the AWC are irregularity of opening of AWC, poor quality of food items supplied at the centre, information on food items and other are not available the centre, health care services are also poor, insufficient quality of food items and no supply of medicines etc.

Infrastructure, Information and Records Available

- Surprisingly most of the (70.7%) beneficiaries reported the AWC runs in rented house, less than one fourth (22.9%) report AWCs runs on municipality and other government building; only 6.5% responded any other locations of AWC.
- All the beneficiaries have knowledge on the opening time of the AWC.
- More than half of the beneficiaries (55.22%) replied that the AWC opens in the morning 10-12 and 44.78 replied AWC opens in the morning 6-9.
- More than half (66.6%) of the respondents find a sign board in front of the AWC and 68.25 find an informative board inside the AWC.
- Chart of breakfast (66.8%), weekly chart of cooked and dry food (67.9%), list of VCM (41%) are the major information available at the AWC, but surprisingly limited information available for Pre School learning chart (11.2%), List of beneficiaries (3.7%), daily time table (2.2%).

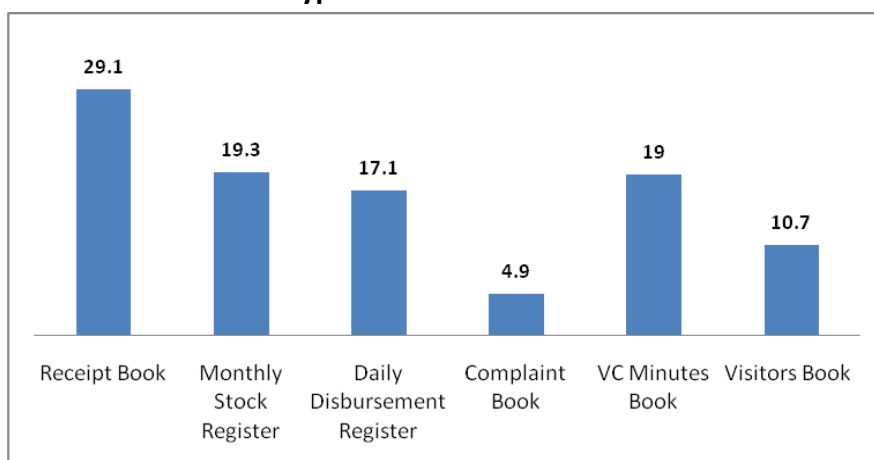
Chart-2.8: Information at the Informative Board at the Anganwadi Centre



- Surprisingly 67.9% respondent find it difficult to get information on ‘whom to’ ‘how to’ and ‘where to’ complaint in case of any difficulty.
- More than half of the beneficiaries (67.6%) do not have any knowledge of maintenance of various types of records at AWCs.
- Among those who know the records available more than 29% replied about the receipt book, 19% each have knowledge on monthly stock register and vigilance

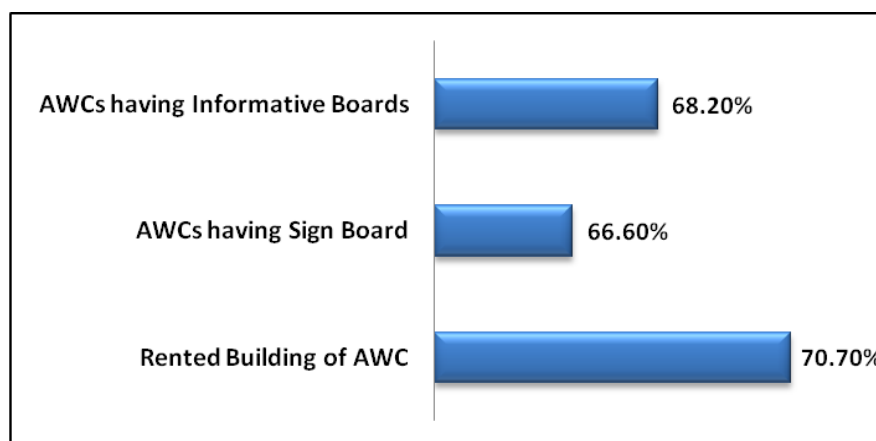
committee minutes book and 17% have knowledge on daily disbursement register and only 4.9% have knowledge on complaint book.

Chart- 2.9: Type of records maintained at AWC



- Responding to a question on making of false entries on the AWC registers more than half (51%) of the beneficiaries said no and more than one fourth (25.8%) responded no idea and less than one fourth (23.2%) responded reported yes there are false entries.
- More than half (62.4) of the beneficiaries feel the information available in AWC is sufficient for their needs.

Chart-2.10: Available Information at AWCs



Transparency, Accountability, Grievance and Monitoring Mechanism

- More than half of (50.6%) the respondent have find access to the list of beneficiaries at the AWC and 73.3% of the beneficiaries have not found any information regarding the stock position for THR available at the AWC.
- Only less than half (45.8%) of the beneficiaries have seen CDPO’s visit to the AWC.
- 78.6% reported the presence of AWW when visit to the AWC and 80.4% reported the well behavior of the AWW to the beneficiaries.

- Surprisingly more than half of the (53.2%) beneficiaries are not aware of vigilance monitoring committee exists for the AWC.
- 13.7% (54) of the respondent are the members of vigilance monitoring committee (VMC)
- Among the VMC members 42.6% (23) have involved actively in monitoring ICDS programme in their locality.
- 91.9% of the respondents didn't find any discrepancies in the ICDS operations.
- Those who have find any discrepancies among them only 3.3% complained against those discrepancies.
- Surprisingly only 10.4% of the beneficiaries have knowledge on where to complaint in case of any corrupt practice found.
- Only 3.3% of the respondents have complained against AWW/Supervisor, among them 84.6% don't know what happened to their complaints and only 15.4 reported no action taken to their complaints.
- Unexpectedly only 8.7% of the respondents have knowledge on right to information among them only 4.6% have used RTI to get information from the CDPO.
- Only less than one third (31.6%) of the respondent are satisfied with the service delivered under ICDS.

Anganwadi Worker's Perspective

- Most of the AWWs replied that they are maintaining all records in the AWC. All the 10 AWWs interviewed maintain bill book, receipt and ledger book, stock register, and 9 of AWWs maintain daily register, beneficiary list and growth chart etc. They also maintain HC and bank register.
- All most all the AWWs follow the government orders and also pass the orders to the beneficiaries.
- Only two among 10 AWWs can afford the charges incurred like transport, labour and other charges.
- Seven out of ten AWWs reported the frequency of visit of the Supervisor is two times in a month and three AWWs reported it is monthly once.
- All most all the AWWs attend the VMC meeting and maintain the minute's book.
- Surprisingly only two AWWs are aware of the Supreme Court guidelines on right to food.
- Most of the AWWs are unable to meet the extra cost incurred to maintain the AWCs.
- The budget provided by the government is insufficient to maintain the AWCs more than 7 AWWs replied.
- Most of the AWWs replied that increasing cost of the fuel and food items burdens them, work load at the centre and insufficient infrastructure are the major difficulties they face to run the AWCs.

- All most all the AWWs reported that they get full cooperation from the communities they operate.
- Among the major suggestions to run the AWC efficiently all most all the AWWs demanded that they should be provided with a separate building with all the facilities like space for kitchen, preschool education, toilet, electricity and children's play, secondly all the eligible beneficiaries should get the food items, thirdly provision should be made to supply good quality of food items and sufficient budget to meet the inflation situation.
- The remuneration they get are insufficient for their livelihood and they can't afford their service at a very low wage rate on the other hand insecurity in their job threat them all the time.

Supervisor's Perspective

- Three supervisors monitoring AWCs in selected slums in Berhampur were interviewed by the citizen monitors.
- All of them know their roles and responsibilities as to monitor whether all the services of ICDS reach or not to the beneficiaries, checking the documents and at AWCs and discussion with the Vigilance Monitoring Committee and visit all the AWCs once in a month to guide and assist the AWW in their tasks and also help CDPO in better management of ICDS.
- All of the supervisors know their powers and duties as checking timely opening of AWCs, check provision of nutritional food, preschool, SNP, spot feeding, immunization, health check up of pregnant women and baby are working following proper guideline checking records and registers. Checking the AWC once in a month, observe activities and AWWs performance are the major duties. Among the powers they can ask for explanation to the AWWs and stop their salary for any violations or misappropriation.
- Once in a month is the frequency of the visit of the supervisors to the AWCs. They spend 20 day in the field in a month. They report to the supervisor after their visit to the AWCs.
- All of them check the stock position and all the records during their visit to the AWCs. They take action whenever they found any malpractice.
- All of them suggested that the AWWs need complete training on management of AWCs.
- Building for AWC and the increase in the remuneration to the AWWs are the two important suggestions provided by the supervisors.

CDPO's Perspective

- CDPO is the overall in charge of implementation of ICDS programme a block and urban area. She is responsible for effective implementation of ICDS and the health

and nutritional growth of women and children. She is the coordinator to the sub-divisional office and district office.

- Once in three months (every quarter) is the frequency of her visit to the Anganwadi centre. She report to the sub-collector and District Social Welfare Officer (DSWO) after her visit. She also report to the district collector.
- She visits ten (10) days in every month in the field and sometimes it is more if required. She interacts with the beneficiaries during her field visit.
- She never meets any vigilance monitoring committee member and also don't know their effective functioning.
- Lack of sufficient staff specifically supervisors to monitor service delivery is one of the major problem and lack of sufficient cooperation from the communities and beneficiaries are another hindrances in better service delivery.

VMC Members Perspective

- Citizen monitor's interviewed total nine members of Vigilance Monitoring Committee.
- Most of members recommended by the AWW and local elected representative.
- All of them replied that they are not aware of their roles and responsibilities as attend the meeting of VMC for the sake of their membership.
- 66% of the members attend the meeting and the 55% reported meeting generally held once in a month.
- Most of the VMC members have no knowledge of verify allotment, lifting, quantity stored and quality of items through register verification and sample checking.
- Only 11% replied that they attend the grievances by the beneficiaries and only 10% of the VMCs complained about corrupt practices in ICDS.
- Most of the VMC suggested that the AWWs need building, good quality food items, regular preschool education, and utilisation of allotted funds in a proper way.

Status of Anganwadi Centre (AWC)

- Out of 10 AWCs monitored by the citizen monitors eight (8) runs on rented building, one (1) in community building and one (1) in private Veranda.
- All 10 AWCs have sign board in front of the building and also informative boards on programme, entitlements inside the centre.
- All the 10 AWCs disclosed information in Odiya language on chart of breakfast, weekly chart of cooked and dry food, but 8 shops have disclosed information on list of beneficiaries and daily time table
- All the 10 AWCs have weighing machines.
- Eight AWCs are maintaining receipt book, 10 AWCs maintaining monthly stock register, daily disbursement register but unfortunately only 4 AWCs have complaint registers.

- All the 10 AWCs have minutes book for the vigilance monitoring committee and only 8 AWCs have visitor register. All most all the registers are filled except the minute's book of Vigilance Monitoring Committee members in eight (8) AWCs.
- In nine AWCs the AWW and helper was present during the visit of the citizen monitors.
- Only in four (4) AWCs have information on 'where to', 'whom to' and 'how to' complaint in case of any problem.

Table-2.1: Facilities available at AWCs

Facilities Available	No of AWCs	% (Percentage)
Drug Kit	4	40
Weighing Scales	10	100
Play Equipment	7	70
Cooking Utensils	9	90
Separate Kitchen Shed	1	10
Drinking Water facilities	7	70
Toilet	0	0
Separate Toilet for Girls	0	0
Storage Room	0	0
Separate Hall for Pre School Learning	1	10

Results of Community Public Hearing

Youth for Social Development also conducted Community Sensitization and Public Hearing on ICDS Services in collaboration with the Child Development Project Officer (CDPO) Berhampur, Urban-2 during May June, 2012 in selected slums in Berhampur city. The main purpose of the program is to sensitize communities on service delivery of ICDS programme (AWC), to understand the roles and responsibilities of AWWs, to raise awareness on grievances and to interface between beneficiaries and service providers to bring transparency and accountability, improve services and achieve community participation on ICDS. Beneficiaries of ICDS (women and children), service providers (CDPO, supervisor, AWW and helper) participated in the meeting.

Major Issues Observed/Discussed

1. Irregularity of supply of cooked food in most of the slums
2. Irregularity of home visits by the AWW in few slums
3. Irregularity in health check up and weight measurement
4. Irregularity in immunization and supply of medicine
5. Insufficient awareness among beneficiaries about the facilities/services provided by the AWC/ICDS
6. Information on service provision in AWCs are not available in the centre and not disseminated to intended beneficiaries and communities

7. Include additional eligible beneficiaries under the ICDS
8. Irregularity in supply of food items suspects of corruption ate the ground level that should be checked

Section-III: Conclusions and Policy implications

Conclusion

- Irregularities in opening of the AWCs are still a major issue where 29% of the beneficiary's responded irregularity in opening of AWCs and more than half responded AWCs open only 15 days in a month.
- SNP has been supplied to the lactating mother once in a month one third of (37.3%) the beneficiaries complained. The quality of the food items are average in scale of three rated by more than half (61.4%) of the lactating mother.
- Surprisingly only 36.6% are satisfied with the health check up services at the AWC. Only half (56.6%) of the lactating mother access health check up services from the AWC and 54.2% rated the quality of health services as average in scale of three. These poor services related to no supply of iron and folic acid tablets, irregular health check up etc.
- Surprisingly 65.6% of the beneficiaries shown their dissatisfaction on the services provided at the AWCs. Irregularity of opening of AWC, poor quality of food items, lack of information on food items and others, poor health care services, insufficient quality of food items and no supply of medicines etc.
- 29.2% of new born baby to six years children get their (THR) once in a month despite provisions for once in forth night. More than half of (52.4%) the beneficiaries rated quality of the food remains as average in a scale of three similarly 45.8% rated health care services as average.
- Most of the (70%) of the beneficiaries replied that the AWC runs in rented house without facilities like toilet, class room, kitchen, and storage and play room. There is lack of information disclosure in most of the AWCs like list of beneficiaries, preschool learning details, and daily time table.
- Grievance information has not been disclosed at the AWC. 67.9% find it difficult where to complain in case of any difficulty on the other hand beneficiaries (67.6%) do not have any knowledge of maintenance of various types of records at AWCs. Allegation of false entries has been made by 49% of the respondent in the records available at AWCs.
- More than half of the beneficiaries have no knowledge on VMC at the AWCs and 55% of the beneficiaries have not seen visit of CDPO to the AWCs. Most of the beneficiaries (89.6%) have no knowledge on where to complaint in case of any corrupt practices.
- Most of the AWWs can't afford the charges incurred like transport, labour and can't meet the extra cost incurred due to inflation (increasing cost of fuel, vegetable, transport etc.) to maintain the AWCs and also the budget provided by the government is insufficient for smooth running of the AWC.

- The remuneration provided to the AWWs are insufficient for their livelihood and they can't afford their service at a very low wage rate on the other hand insecurity in their job threat them all the time.
- Four supervisors monitoring more than 160 AWCs is a very difficult task to check the functioning of AWCs including all records, stock, and service delivery and meet beneficiaries and monitor the performance of the AWWs. All most all of them are not aware of the child rights and Supreme Court guideline on right to food and ICDS.
- Once in a month is the frequency of the visit of the supervisors to the AWCs. They spend 20 day in the field in a month. Insufficient staff, budget, basic infrastructure to the AWCs are the major issues they highlighted the hurdles in efficient functioning of AWCs.
- CDPO highlighted lack of sufficient staff specifically supervisors to monitor service delivery, lack of sufficient funding are the major problem on the other hand lack of sufficient cooperation from the communities and beneficiaries are another hindrances in better service delivery.
- All most all the VMC members are not aware of their roles and responsibilities. They attend the meeting for the sake of their membership and have not take part in any decision making.
- Surprisingly not a single AWC have toilet and separate toilet for girls and facilities for storage of food items. 90% of the AWCs don't have space for kitchen and class room for preschool learning, 60% of the AWCs don't have drug kit, 30% don't have drinking water facilities and play equipments and 10% don't have cooking utensils.

Community Suggestions

- Regular and timely opening of Anganwadi centre is one of the major suggestions by the communities.
- Provision of own building with all infrastructure storage space, toilet, kitchen and classroom.
- Regular supply of food items with good quality of SNP and THR to all the intended and eligible beneficiaries at the community level.
- Regular preschool education to all children (3 to 6 years) with toys, books, uniform and quality trained teacher.
- Regular health checks up with health care and referral services to all the eligible and intended beneficiaries of the AWCs.
- Mandatory disclosure all information including sign board, informative board, daily time table, food chart (cooked, dry food and breakfast), preschool learning chart, beneficiary list, list if members of vigilance monitoring committee.
- There should be stringent monitoring by the supervisor, CDPO and the vigilance monitoring committee to ensure proper implementation and compliance to government guidelines at the AWCs.

- A grievance cell/helpline must be established to make it easier for the beneficiaries to complain in case of any problems, misappropriation and corruption and also to address the complaints. A grievance redress mechanism should be set up to address the complaints on a regular basis.

Annexure

List of Anganwadi Workers

Sl. No	Region	Ward No.	Name of the AWW	Name of the AWC
1	Urban-I	37	Basanti Padhy	Ambapua
2	Urban-I	36	Pramodini Jena	Khodasingi (New)
3	Urban-I	36	Satyabhama Dalai	Khodasingi (Old)
4	Urban-I	26	Anita Nahak	Khodasingi (Tota Sahi)
5	Urban-I	35	Sasmita Nayak	Ankuli
6	Urban-I	16	Bidulata Behera	Somanatha Nagar
7	Urban-II	9	Ratnamala Rao	Pandaba Nagar
8	Urban-II	3	Sabitri panigrahi	Raghupati Nagar
9	Urban-II	2	Gitanjali Maharana	Jagabandhu Sahi
10	Urban-II	3	Jochhan Mahapatro	Dhobabandha Huda
11	Urban-II	4	Sanjukta Mohapatro	Pichipichia Nagar
12	Urban-II	4	Kamini Kumari Sahu	Gramadevati Sahi
13	Urban-II	13	K.Sanjuta Patro	Phulasundari Sahi

List of VMC Members

Ward No.	Name of the Member of VMC	Name of the AWC
37	Sanjaya Dash and Jyoti Das	Ambapua
36	-	Khodasingi (New)
36	Bilash Das and Laxmi Sethi	Khodasingi (Old)
26	Kuni Mahankuda	Khodasingi (Tota Sahi)
35	Mamata Nayak	Ankuli
16	-	Somanatha Nagar
9	Gouri Mrudungia	Pandaba Nagar
3	Krushna Chandra Maharana	Raghupati Nagar
2	Mangaia Kumar Naik	Jagabandhu Sahi
3	Anita Padhi	Dhobabandha Huda
4	Manika Padhi	Pichipichia Nagar
4	Jyoschna Das	Gramadevati Sahi
13	Sanju Ghadei	Phulasundari Sahi

List of CDPO and Supervisors

Name of the Official	Designation	Region
Dr. Bidhuprava Rath	CDPO	Urban-II
Mrs. Subhasree Patro	CDPO	Urban-I
Mrs. Sunilprava Rath	Supervisor	Urban-II
Mrs. Manjulata Tripathy	Supervisor	Urban-II
Mrs. Premabati Das	Supervisor	Urban-I
Mrs. Srimati Panda	Supervisor	Urban-I

List of Citizen Monitors

Ward No	Name of the Citizen Monitor	Name of the AWC
37	Jyoti Das	Ambapua
36	Kalpalata Das	Khodasingi (New)
36	Chitta Ranjana Das	Khodasingi (Old)
26	Salini Patro	Khodasingi (Tota Sahi)
35	Mamata Kumari Das and Banita Das	Ankuli
16	Saira Banu	Somanatha Nagar
9	Rameswari Sathu and Dharabahi Naik	Pandaba Nagar
3	Banita Behera	Raghupati Nagar
2	Bhagya Naik	Jagabandhu Sahi
3	Sujata Das	Dhobabandha Huda
4	Kajala Jena	Pichipichia Nagar
4	Suprabha Das	Gramadevati Sahi
13	Kanya Kumari Das and Deepti Das	Phulasundari Sahi