

Children under six — out of the spotlight

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Universalisation of the Integrated Child Development Services should be a priority to safeguard the child's right to nutrition, health, and pre-school education.

THE DRAFT Approach Paper to the 11th Plan, prepared by the Planning Commission, has been discussed and criticised from various perspectives. However, little attention has been paid to its worst blind spot: the situation of children, particularly those below the age of six years.

The facts are well known. About half of all Indian children are undernourished, more than half suffer from anaemia, and a similar proportion escapes full immunisation. This humanitarian catastrophe is not just a loss for the children concerned and their families, and a violation of their fundamental rights, but also a tragedy for the nation as a whole. A decent society cannot be built on the ruins of hunger, malnutrition, and ill health.

Yet one is at a loss to find any serious discussion of these issues in the Approach Paper. Patient search uncovers a little "box," tucked away in the section on Sarva Shiksha Abhiyan, where children under six are finally mentioned. The box (two paragraphs) begins with the grand statement that "development of children is at the centre of the 11th Plan" but does not give any inkling of what this actually implies. Instead, it essentially confines itself to the startling suggestion that anganwadis (child care centres) should "concentrate on inculcating good health and hygienic practices among the children."

The anganwadi scheme, officially known as the Integrated Child Development Services (ICDS), is the only major national scheme that addresses the needs of children under six. As things stand, only half of these children are registered under the ICDS. The Common Minimum Programme (CMP) clearly states that the United Progressive Alliance Government will "universalise ICDS to provide a functional Anganwadi in every settlement and ensure full coverage for all children." This step is also required for compliance with recent Supreme Court orders (*PUCCL vs Union of India and Others, Civil Writ Petition 196 of 2001*). It would be natural, therefore, to expect the universalisation of the ICDS to be one of the top priorities of the 11th Plan. None of this, however, finds mention in the Approach Paper.

The main argument for universalising the ICDS is that it is an essential means of safeguarding the rights of children under six — including their right to nutrition, health, and pre-school education. These rights are expressed in Article 39(f) of the Indian Constitution, which directs the state to ensure that "children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity." If we take children's rights seriously, an institutional medium is required to provide these "opportunities and facilities." That is the main role of the ICDS centre or anganwadi.

Apathy towards the ICDS in official circles appears to be linked to a perception that this programme is ineffective, if not useless. It is easy to provide superficial support for this claim by citing horror stories of idle anganwadis or food poisoning. These horror stories, however, are not

a fair reflection of the general condition of the ICDS. Indeed, recent evidence suggests the ICDS is actually performing crucial functions in many States, and that there is much scope for consolidating these achievements.

A recent survey of the ICDS, initiated by the Centre for Equity Studies, sheds some light on these issues. The survey was conducted in May-June 2004 in six States: Chhattisgarh, Himachal Pradesh, Maharashtra, Rajasthan, Tamil Nadu, and Uttar Pradesh. It involved unannounced visits in a random sample of about 200 anganwadis as well as detailed household interviews.

Among mothers with a child enrolled at the local anganwadi, more than 90 per cent said it opened "regularly." This is consistent with direct observation: nearly 80 per cent of the anganwadis were open at the time of the investigators' unannounced visit. Similarly, 94 per cent of the mothers interviewed stated supplementary nutrition was being provided at the anganwadi. Even pre-school education, the weakest component of the ICDS, was happening in about half of the anganwadis visited. More than 70 per cent of the mothers felt the ICDS was "important" for their child's welfare.

This is not to deny that the quality of the ICDS needs urgent improvement in many States. But recognising the need for quality improvements is not the same as dismissing the ICDS as a non-functional programme. The survey does not provide any justification for this defeatist outlook.

In fact, the survey findings highlight the enormous potential of the ICDS. This potential is well demonstrated in Tamil Nadu, where child nutrition has been a political priority for many years. Every sample anganwadi in Tamil Nadu had an effective feeding programme, and almost all the sample mothers were satisfied with the quality as well as the quantity of the food. Other basic services were also in good shape. For instance, 97 per cent of the mothers interviewed in Tamil Nadu reported that children were being "weighed regularly," and 86 per cent said useful educational activities were taking place at the anganwadi. Every single child in the Tamil Nadu sample had been immunised, fully so in a large majority of cases. Perhaps the best sign of real achievement in Tamil Nadu is the fact that 96 per cent of the mothers considered the ICDS to be "important" for their child's well being, and half of them considered it to be "very important."

While Tamil Nadu is an exemplary case of effective action in this field, it is important to note that "success stories" are not confined to this particular state. Maharashtra, for instance, seems to be rapidly catching up with Tamil Nadu. To illustrate, the proportion of mothers who stated that the local anganwadi "opened regularly" or that their child was regularly weighed or that immunisation services were available at the anganwadi, was above 90 per cent in each case. Much as in Tamil Nadu, 93 per cent of the mothers interviewed in Maharashtra considered the ICDS to be important for their child's well being. A large majority (60 per cent) also viewed the anganwadi worker as "a person who can help them in the event of health or nutrition problems in the family." While there were also areas of concern, notably the pre-school education programme, Maharashtra's experience clearly shows that Tamil Nadu's achievements can be emulated elsewhere.

In the northern States, the condition of the ICDS varied a great deal, from relatively encouraging in Himachal Pradesh to very poor in Uttar Pradesh (the usual "basket case" as far as public

services are concerned). Even in the lagging States, however, the strong potential of the ICDS clearly emerged in villages with an active anganwadi. It is also important to note that these States have largely reaped as they sowed. Consider for instance the "supplementary nutrition programme." There is much evidence that the best approach here is to combine nutritious, cooked food for children aged 3-6 years with well-designed "take-home rations" (together with nutrition counselling) for younger children. Yet many States are not even trying to take these simple steps to improve the nutrition component of the ICDS. For instance, in Rajasthan and Uttar Pradesh, children aged 3-6 years get the same bland "ready-to-eat" food (*panjiri* or *murmura*) day after day, and younger children get nothing at all. It is no wonder that mothers interviewed in these States were often dissatisfied with the programme.

Similar remarks apply to other hurdles that have plagued the ICDS in the northern States — lack of funds, under-staffing, poor infrastructure, erratic supervision, inadequate training, centralised management, among others. These shortcomings are curable, and their persistence essentially reflects a lack of political interest in the well being and rights of children. In sharp contrast to Tamil Nadu, where child health and nutrition are lively political issues, the ICDS is at the rock bottom of policy concerns in the northern States.

It is against this background of political indifference to children under six that the CMP commitment "to provide a functional Anganwadi in every settlement" was so important. In pursuance of this commitment, the National Advisory Council formulated detailed recommendations on the ICDS in November 2004, along with cost estimates and a proposed time frame for universalisation. These recommendations have been amplified and improved in a number of recent documents, such as the reports of the Commissioners of the Supreme Court and the concluding statement of a convention on "children's right to food" held in Hyderabad in April 2006. Unfortunately, this wave of creative advice appears to be falling on deaf ears. It is certainly not reflected in the draft Approach Paper to the 11th Plan. An opportunity is being missed to rectify the catastrophic neglect of children under six in public policy and economic planning.

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