



COMMUNITY INVOLVEMENT IN MANAGING ANGANWADIS

**Anganwadi Level Monitoring and Support Committees (ALMSCs)
and Mothers' Committees in Manickal Gram Panchayat, Kerala**

Panchayati Raj Institutions-Community Based Organizations Convergence Project



Aajeevika
National Rural Livelihoods Mission
Government of India



Kudumbashree
Kerala State Poverty Eradication Mission
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Kudumbashree-National Resource Organisation

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FOREWORD

This document explains the significance of Anganwadi level committees such as ALMSCs and Mothers' Committees in ensuring the effective functioning of Anganwadis in Kerala, by taking the example of Manickal Gram Panchayat in Trivandrum.

To ensure the effective functioning of the ICDS (Integrated Child Development Services) programme, the Ministry of Women and Child Development (WCD), Government of India has issued a slew of guidelines on the formation of Community-Based Monitoring Mechanisms at the grassroots. The guidelines came out in 1994, then in 2010, and then again in 2011. While the 1994 guidelines were on forming Bal Vikas Mahila Samitis (Women and Child Development Committees) at the village, block and district levels to monitor the ICDS, the 2010 guidelines included the involvement of Panchayati Raj institutions.

In 2011, the ministry came up with a five-tier monitoring and review mechanism, including at the national, state, district, block and anganwadi levels. The objective was for anganwadis to work directly with the state departments for education, health and agriculture; and access government funds and schemes, and the implementation of the ICDS scheme is monitored under the mechanism. The ALMSCs (Anganwadi Level Monitoring Support Committees) are at the foundation of this mechanism. Different states such as Tamil Nadu and Assam have also come up with their own sets of guidelines for ALMSCs.

Kerala, with its strong Panchayati Raj Institutions owing to significant efforts taken towards decentralisation, was among the front-runners in establishing these citizen based committees at the level of Anganwadis. Over a span of time, these committees saw the active involvement of ward members. Discussions around the nutrition and health of children and mothers began to acquire the centre stage in the meetings of working groups and standing committees of the Panchayats. In several instances, communities began taking the lead through initiatives such as sponsorships and fund-raisers for the repair and maintenance of Anganwadis through these committees. Mothers started contributing Re 1 each day to help with the vegetables in the meals of the Anganwadi provided to tiny tots. The Kudumbashree network of women actively participated in these committees and helped the teacher and the helper of the Anganwadi in setting up nutri-gardens. Convergence became a key pillar with an active involvement from the agriculture department, health department and programmes like Mahatma Gandhi National Rural Employment Guarantee Act to help the Anganwadi function better.



Thus, it is no surprise to see Kerala having among the lowest maternal mortality rates and infant mortality rates in the country as of date, as per the latest NFHS-5 (National Family Health Survey-5) data. Taking from Kerala's model of active citizen-based committees, Kudumbashree NRO (National Resource Organization), in tie-up with DAY-NRLM (Deendayal Antyodaya Yojana - National Rural Livelihoods Mission) has been taking efforts to activate such committees in its partner states of Meghalaya, Arunachal Pradesh, Assam, Manipur, Mizoram, Himachal Pradesh and Bihar. This is being done under the aegis of PRI- CBO Convergence Project- Panchayati Raj Institution- Community Based Organization Convergence Project.

The PRI-CBO Convergence approach is based on the premise that if institutions of the poor such as Self Help Groups and its federations and the Panchayati Raj Institutions (PRI) collaborate with each other to work for the development of the village, they can significantly enhance the livelihood and social security of the vulnerable and poor.

The following document is intended to serve as a compendium on committees that exist at the level of the Anganwadi Nutrition Centres (ANCs), taking the example of an Anganwadi in Manickal Gram Panchayat in Trivandrum. It provides information on citizen based committees like Anganwadi Level Monitoring and Support Committees (ALMSC) and Mothers' Committees. It will be useful for policy makers, field professionals, consultants, researchers and bureaucrats.



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ABSTRACT

The following document is intended to serve as a compendium on committees that exist at the level of the Anganwadi Nutrition Centres (ANCs). It provides information on citizen based committees like Anganwadi Level Monitoring and Support Committees (ALMSC) and Mothers' Committees. These two committees play a crucial role in ensuring effective and efficient service delivery by the Anganwadis. Anganwadis are child care centres established in every village of India that aim to provide supplementary nutrition, pre-school education, immunisation and health care related services to children below the age of six, pregnant and lactating women. Anganwadis operate under the flagship Integrated Child Development Services (ICDS) programme of the Government of India launched in 1975 to combat malnutrition.

The document aims to give a background on the Integrated Child Development Services Programme, Anganwadis and how they function in Kerala. It further aims to detail the formation and functioning of Anganwadi Level Monitoring and Support Committees (ALMSCs) and Mothers' Committee- both citizen-based committees. It also mentions the range of issues discussed in these committees and how they have enabled effective management of Anganwadis in Trivandrum, Kerala. These community owned and led committees have managed to create a new social environment for child rights and welfare in Kerala. The fundamental essence of these committees is that the survival, well-being and rights of children lie at the heart of the entire village's interest. In addition, the document contains information given by various stakeholders- Ward Member, Anganwadi Teacher, ICDS Supervisor and Mothers of children and also describes how these committees take decisions. The document also contains a section on what an ordinary day in an Anganwadi of Trivandrum in Kerala looks like and the role of the Gram Panchayats in Kerala in the functioning of these committees. Lastly, the document attempts to highlight that reviving such committees is absolutely essential for increasing accountability and transparency of public institutions and programmes such as ICDS, establishing convergence between Panchayati Raj Institutions and Community Based Organizations (The Self Help Group Network), and also instilling a sense of ownership among the community towards the development of its own village.

The PRI-CBO Convergence Project (Panchayati Raj Institutions and Community Based Organization Convergence Project)

Working with Citizens' Based Committees

The PRI-CBO Convergence approach is based on the premise that if institutions of the poor such as Community Based Organisations (CBO) and Panchayati Raj Institutions (PRI) collaborate with each other to work for the development of the village, they can significantly enhance the livelihood and social security of the vulnerable and poor. The term CBO refers to the Self Help Groups (SHGs) and their federations viz. the Village Organizations (VOs) and Cluster Level Federations (CLFs) in a village. The idea is to establish synergy between the Self Help Group network of women and the Local Self Governing Body in the concerned Gram Panchayat so as to increase the role and stake of women and the community as a whole in the development of their village.

It is based on Kerala's experience of Kudumbashree- the network of Self-Help-Group women (Neighbourhood Group- Area Development Society- Community Development Society) working closely with the Gram Panchayats (GPs). Influenced by Kudumbashree's experience, pilots implemented in various states have helped develop a 'Proof of Concept' for universal implementation of the convergence programme under DAY - NRLM (Deendayal Antyodaya Yojana - National Rural Livelihoods Mission).

A crucial component of the PRI-CBO Convergence project involves working with citizen-led/based committees at the level of the Gram Panchayat, ward and the level of the specific institutions- Anganwadi, School, Sub-Centre etc. These committees are composed of community members and other relevant stakeholders such as Gram Panchayat members, frontline workers etc. and undertake the task of monitoring and supervision to ensure the proper service delivery by these institutions. The concept stems from the belief that community involvement and ownership in the management and functioning of institutions will lead to increased transparency and accountability of the service providers. This includes working with Anganwadi Level Monitoring and Support Committees (ALMSCs), Mothers' Committees, Village Health Sanitation Nutrition Committees (VHSNC) etc. One way in which this is attempted is by increasing the role of community members, especially the Community Based Organization (CBO)- network of self help groups and their federations in the functioning of these committees and institutions like Anganwadis, Schools, Sub Centres etc. For Example: having the involvement of CBO members in the Anganwadi level Monitoring and Support Committee can help establish a nutri-garden in the Anganwadi with inputs based support (such as seeds) from the Agriculture Department.

Indeed, almost all guidelines pertaining to School Management Committees, Anganwadi Level Monitoring and Support Committees, Village Health Sanitation and Nutrition Committees, Village Water Sanitation Committees mandate the involvement of Self Help Group women- for the simple reason that they act as a cogent and effective pressure group. In a way, working with these citizen based committees becomes integral to ensure community ownership in issues that concern them. This also becomes an avenue for enabling convergence between the local Panchayat, the concerned committee and the CBO network to ensure services reach the most needy and vulnerable. Significantly, this is in line with the citizen's charter of the Government of India - a document which focuses on the commitment of any organisation towards its citizens in respect of standard of services provided, information disseminated, choice and consultation, among other things. Needless to say, a vigilant citizens' committee is bound to ensure the delivery of services, non-discrimination and accessibility, grievance redressal, courtesy and value for money- as the success of democracy ultimately depends on the vigour of its practice.

The project has been able to establish and train citizen based committees like Anganwadi Level Monitoring and Support Committees (ALMSC) and Mothers' Committees (a committee of the mothers enrolled in an Anganwadi, the Anganwadi teacher and helper) with the help of the concerned line department functionaries and orient the Village Organization (VO) members regarding the role and functioning of these committees. The project strives to make the CBOs emerge as the primary stakeholders in the rural development paradigm.

ACRONYMS

Acronym	Full Form
ALMSC	Anganwadi Level Monitoring and Support Committee
ANC	Anganwadi Nutrition Centre
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
CBO	Community Based Organization
CBMM	Community Based Monitoring Mechanism
CDPO	Child Development Project Officer
DPO	District Programme Officers
DPSP	Directive Principles of State Policy
ECCE	Early Childhood Care and Education
ICDS	Integrated Child Development Services
IEC	Information Education Communication
IMR	Infant Mortality Rate
JSY	Janani Surakha Yojana
LSGI	Local Self Governing Institution
MCP	Mother Child Protection Card
MGNREGS/A	Mahatma Gandhi National Rural Employment Guarantee Scheme/Act
MMR	Maternal Mortality Rate
NNMR	Neonatal Mortality Rate
NHE	Nutrition and Health Education
NFHS	National Family Health Survey
JPHN	Junior Public Health Nurse
PHC	Primary Health Centre
PHED	Public Health Engineering Department
PMMVY	Pradhan Mantri Matru Vandana Yojana
PRI	Panchayati Raj Institutions
SHG	Self Help Group
SMC	School Management Committee
VHSNC	Village Health Sanitation Nutrition Committee
VHSND	Village Health Sanitation Nutrition Day
VO	Village Organization
WCD	Women and Child Development

BACKGROUND

The Integrated Child Development Service (ICDS) Scheme is a popular flagship programme of the government, launched in 1975 with the objective of combating malnutrition. It is one of the world's largest programmes providing an integrated package of services for the holistic development of children, pregnant, lactating women and adolescent girls. ICDS is a centrally sponsored scheme implemented by state governments and union territories.

Anganwadi, literally, a “courtyard”, is a structure which is usually government owned and caters to the needs of pregnant and lactating women, mothers and children up to the age of six. Ideally, there should be one Anganwadi Centre per 800 population as per Government Norms. There is no hard and fast rule however, as local needs, population density, whether an area is tribal dominated etc. can all play a part in deciding the actual distribution of the centres (Tata Trusts, 2020). Generally, an Anganwadi Centre is equipped with an Anganwadi teacher/ worker and an Anganwadi helper. At present, the Anganwadis as part of the ICDS come within the ambit of Mission Poshan 2.0 scheme and are supposed to provide a package of six services:

1. Supplementary Nutrition,
2. Pre-school non-formal education (Early Childhood Care and Education)
3. Immunisation
4. Health check-up
5. Nutrition and Health Education
6. Referral services.

The last four services of the Anganwadi are supposed to be provided in convergence with the Health Department with the involvement of grassroots workers such as ASHAs (Accredited Social Health Activists) and ANMs (Auxiliary Nurse Midwives). Convergence with various departments is increasingly becoming an important aspect of ICDS services, especially after the launch of Mission Poshan 2.0- an integrated nutrition support programme. “The mission seeks to address the challenges of malnutrition in children, adolescent girls, pregnant women and lactating mothers through a strategic shift in nutrition content and delivery and by the creation of a convergent eco-system to develop and promote practices that nurture health, wellness and immunity” (GOI, 2022). Mission Poshan 2.0 will bring 3 important programmes/schemes under its ambit, viz., Anganwadi Services, Scheme for Adolescent Girls and Poshan Abhiyaan.



Shoes of Tiny Tots lying outside an Anganwadi in Manickal Gram Panchayat, Trivandrum

Anganwadis as a Right

According to the United Nations “Convention on the Rights of Child”, every infant and child has the right to good nutrition. The six services supposed to be provided by Anganwadis highlight that these centres need to be looked at, not merely as a welfare scheme, but also as a means of protecting the rights of children under six years of age- including their rights to nutrition, health and joyful learning. Article 39(F) of the Indian Constitution, that falls under the Directive Principles of the State Policy (DPSP), 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”. In fact, as per the Supreme Court Judgement of 2006, settlements which have at least 40 children below 6 years of age and no Anganwadi centre in the vicinity, are entitled to “Anganwadis on demand.” The Supreme Court declared all children below the age of six years to be entitled to all ICDS services. The Government of India was directed by the court to set up fourteen lakh Anganwadis in a phased manner within two years (People’s Union of Civil Liberties vs. Union of India, 2006).

All of this brings home the idea that Anganwadis and its concomitant services are in fact a question of the rights of children- who generally have no political voice and are therefore easily neglected, unable to become a part of the mainstream discourse. Anganwadis everywhere, more so in the remote and far-flung areas of the country, have the potential of helping each child obtain good nutrition- and have often ended up becoming the only institutionalised source of care, health and nutrition in some areas. Jean Dreze, a Development Economist argues that the ‘rights perspective’ has practical implications for public policy on child development since this perspective is the foundation of the demand for “universal” child development services. “Indeed, one implication of the rights approach is that all children are entitled to certain opportunities and facilities. The main role of ICDS is to act as an institutional medium for the provision of these facilities” (Dreze, 2008)¹. Every Anganwadi Centre is staffed by an Anganwadi teacher and helper. The stated objectives of the ICDS scheme are given below:

1. To improve the nutritional and health status of children below the age of six years.
2. To lay the foundation for the proper psychological, physical and social development of the child.
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
4. To achieve effective coordination of policy and implementation among various departments to promote child development.
5. To enhance the capability of the mother to look after the normal health, nutritional and developmental needs of the child through proper community education.

¹Dreze, Jean. “Universalisation with Quality ICDS in a Rights Perspective.” *Economic and Political Weekly*, vol. 41, no. 34, 2006.

The significance of these objectives should also be seen in the light of India's alarming rank in the Global Hunger Index 2021 (101 out of 116 countries) and the recent data from NFHS (National Family Health Survey) 2019-21- with more than every third child in India under five stunted (35.5%) and 19.3% of children under five wasted.

Indicator	NFHS-5 Data (2019-21) (%)
Children under 5 years who are stunted (height for age) %	35.5
Children under 5 years who are wasted (weight for height) %	19.3
Children under 5 years who are underweight (weight for age) %	32.1

Table 1: Data on Children's nutrition status, NFHS-5, Source: NFHS-5

Anganwadi Services for Children and Mothers

Intergenerational poverty is the relentless cycle in which poverty is passed down from one generation to the next, indicating that impoverished parents have impoverished children. This cycle occurs because of the lack of resources that poor citizens receive, such as inadequate healthcare and education. According to UNICEF, ending poverty must start with children. This translates to investing in the health and education of children as well as their mothers since nutritional neglect of mothers and maternal undernourishment can lead to greater child undernourishment and also affect the health of the child in her/ his adult life (Barker, 1992)².

Thus, it becomes absolutely imperative to focus on the health of mothers-pregnant, lactating and adolescent girls who are likely to become mothers soon-more so because the latest NFHS (National family Health Survey-5) data show that the prevalence of anaemia among women aged 15-59 years has actually increased by up to 4% between 2015-16 (53.1%) and 2019-21 (57%). Keeping the health of mothers as a priority- ICDS has followed a 2 pronged approach so far, i.e. focusing on the health, education of children and focusing on counselling, nutrition aid and health of the mothers. Through Anganwadis, the scheme provides a range of services for the all-rounded development of pregnant, lactating mothers and female adolescents (potential mothers) ranging from supplementary nutrition, to health and education check-up and counselling to the provision of iron and folic acid tablets to deworming.

The State Governments/Union Territories currently provide 300 days of supplementary food to the beneficiaries in a year which entails giving more than one meal to the children from 3-6 years who visit the Anganwadi Centres. This includes

²Barker, David. *Fetal and Infant Origins of Adult Disease*. 1992

morning snacks in the form of milk/banana/egg/seasonal fruits/micronutrient fortified food followed by a hot cooked meal. For children below 3 years of age, pregnant and lactating mothers, Take Home Rations (THRs) in the form of pre-mixes/ready-to-eat food are provided. Under ICDS, apart from the above-mentioned services, for severely underweight children in the age group of 6 months to 6 years, additional food items in the form of micronutrient fortified food and/or energy-dense food as take-home ration is provided.

In addition, Growth Monitoring is an important component of the ICDS. Children are to be weighed and their height to be measured once a month to keep a check on their health and nutrition status. The data is to be used to fill growth charts and identify severely malnourished children. Children who are severely malnourished are to be given double rations, as well as a referral to the nearest health centre. In addition, each mother is to be given a unique Mother Child Protection Card (MCP) to ensure the growth of the child. The aim of Nutrition and Health Education (NHE) is to help women aged 15-45 years to look after their own health and nutrition needs. This is imparted through counselling sessions, home visits and covers issues such as infant feeding, family planning, sanitation, utilisation of health services group sessions to bring behavioural change in women regarding health.

Given below is a tabular representation of the Supplementary Nutrition programme norms for different target groups.

Category	Type of Meal	Calories (Kcal)	Protein (Gm)
Children (6 Months- 3 Years)	Take Home Ration	500	12-15
Children (6 Months- 3 Years) who are malnourished	Take Home Ration along with food supplement	800	20- 25
Children (3-6 years)	Morning Snacks and Hot Cooked Meal	500	12-15
Children (3-6 years) who are are malnourished	Take Home Ration	800	8-10
Pregnant and Lactating Mother during pregnancy and 6 months after child birth	Take Home Ration	600	18-20

Table 2: Supplementary Nutrition Programme Norms for children, pregnant and lactating women, Source: ICDS website

Other than supplementary nutrition, the scheme also has provisions for immunization, health check-ups, counselling, nutrition related advice and even referral services directing people to Primary Health Centres (PHC) as and when needed. Given below is a list of services provided by the ICDS scheme to each target group including children, pregnant and lactating women.

Services	Target Group	Services Provided by
1. Supplementary Nutrition	Children Below 6 years Pregnant and Lactating Mothers	Anganwadi Worker and Anganwadi helper
2. Immunisation	Children below 6 years Pregnant and Lactating Mothers	Auxiliary Nurse Midwife/ Medical officer
3. Health Check Up	Pregnant and Lactating Mothers	Auxiliary Nurse Midwife/ Medical officer
4. Referral Services	Children below 6 years Pregnant and Lactating Mothers	Anganwadi Worker and Anganwadi helper/ Auxiliary Nurse Midwife/ Medical officer
5) Pre-School Education	Children 3-6 years	Anganwadi Worker
6) Nutrition and Health Education	Women (15-49 years)	Anganwadi Worker and Anganwadi helper/ Auxiliary Nurse Midwife/ Medical officer

Table 3: Services provided by the ICDS scheme; Source: ICDS website

Stakeholders

Anganwadi teacher/ worker: A lady selected from the local community, who is a frontline worker in the ICDS program. She is responsible for running the centre for effective delivery of ICDS services to children and women in the community, and hence is a firsthand witness to any shortcomings that it might have. She is supposed to bring any shortcomings, including on refurbishment front to her superiors.

Anganwadi helper: A helper to the Anganwadi Teacher who is supposed to assist her in undertaking early childhood care and education, daily maintenance of the Anganwadi (cooking, cleaning, washing and other maintenance activities) and in ensuring that the needs of the children of the anganwadi are met.

ICDS Supervisor: An ICDS supervisor has the responsibility of overseeing, monitoring and managing 20, 25 and 17 Anganwadi workers in Rural, Urban and Tribal project areas respectively. She is supposed to collate any common concerns and present it to higher ups. An ICDS Supervisor in Kerala generally oversees all the Anganwadis in one Gram Panchayat. A Gram Panchayat in Kerala generally has 25 Anganwadis. She is also a member of the Anganwadi Level Monitoring and Support Committee (discussed in detail later). The ICDS Supervisor undertakes periodic visits to the Anganwadis and maintains a good rapport with the Anganwadi teacher and helper and the Panchayat and Ward members. She is in charge of ensuring that the service delivery of all the Anganwadis within her jurisdiction is smooth and takes up issues to the CDPO, when and if needed.

Child Development Project Officer: A block level government functionary who has overall charge of an ICDS project and is responsible for planning and implementation of the ICDS services in his/her project area. For example, in the case of refurbishment, if it comes to their attention that certain Anganwadi centres are in poor condition, then the CDPO is supposed to visit the centres, and take appropriate actions to remedy them. These include assessing the degree of dilapidation and the initial recommendations of works to be carried out.

Source: SOP For Refurbishment of Anganwadi Centres, Tata Trusts

The effective functioning of Anganwadis is important for India to tackle malnutrition. However, many Anganwadis across the country lie decrepit and dilapidated, often locked, and sometimes even without a roof. For instance, in several states like Uttar Pradesh, Chhattisgarh and Maharashtra, 42% of the surveyed Anganwadis did not even have basic clean drinking water facilities (POCUS, 2016). Another 2019 survey found that in some states, not many people use the services of Anganwadis and that there is no provision of early childhood education at the Anganwadi (Jaccha Baccha Survey, 2019).

One way to tackle the issue of non-functional Anganwadis is by activating Citizens' based committees. Anganwadi level citizens' based committees can play an effective role in ensuring that Anganwadis function well and deliver on their promised services. There are primarily two citizens' based committees that exist at the level of Anganwadis- (i) ALMSC (Anganwadi Level Monitoring and Support Committee) and (ii) Mothers' committees- a committee of the mothers enrolled in an Anganwadi, the Anganwadi Worker and Helper. These committees are governed, managed and run by community members as well as frontline workers act as a forum for deliberation, discussion for the administration of Anganwadis, in addition to acting as monitoring mechanisms. The upcoming section will discuss what these committees are in greater detail as also their structure.

Anganwadi Level Monitoring and Support Committee (ALMSC) and Mothers' Committee

What are ALMSCs

ALMSC is a committee formed at the level of Anganwadis and is meant to act as a mechanism to monitor and support the affairs of the Anganwadi. It is tantamount to a Community Based Monitoring Mechanism (CBMM), although its functions aren't merely restricted to monitoring. For example, something as small as a child's birthday celebration to as big as repairing the roof of the Anganwadi can be discussed in an ALMSC. Just to illustrate: Decisions pertaining to the repair of the ceiling fan, adding vegetables in the diet of the kids at the Anganwadi, the colour to be used for painting the walls of the Anganwadi- all have taken place in ALMSCs.

Thus, the ALMSC primarily acts as a forum for information dissemination and exchange, and is constituted to ensure the efficient and effective functioning of the Anganwadis. ALMSCs are chaired by the Ward Member/ the Village Council Chairman and are convened by the Anganwadi teacher. These committees are supposed to have members from women groups, grassroot health officials like ASHAs and the community at large- such as parents of the children enrolled, retired government workers/ teachers. Given below is the composition of ALMSC in detail.

Composition of the Anganwadi level Monitoring and Support Committee

- Composition- An ALMSC largely consists of the following members:
 - Gram Panchayat/ Ward member- Chairperson
 - Anganwadi Worker- Convenor
 - Mahila Mandal- 2 Members on rotation
 - ASHA- (Accredited Social Health Activist)
 - SHG/ CBO Representatives- 2
 - Community (Teacher/ Retd. Govt Officials/ Parents of Children Attending AWC)-2
 - ICDS Supervisor (as per Kerala Guidelines)
 - JPHN- Junior Public Health Nurse (as per Kerala Guidelines)
- Needless to say, the Ward member, Anganwadi Worker and ICDS Supervisor are absolutely crucial to the success of the ALMSC. The community members and Self Help Group women also play a significant role in ensuring the quality of discussion and issues taken up in the ALMSC meetings.
- The meeting of ALMSC is chaired by the ward member and convened by the Anganwadi Teacher.

Source: F.NO. 16-8, Government of India, Ministry of Women and Child Development

The committee meetings can be monthly or purpose based. There is a general orientation given to all Anganwadi Workers and Helpers for the first time when an Anganwadi is established as part of the ICDS programme/ new staff is recruited. This is then repeated annually in the form of refreshers. The training for ALMSC formation and functioning is a part of this training. In addition, each Anganwadi is supposed to maintain a separate register for ALMSCs. This is one of the 21 registers to be maintained by the Anganwadi. The ALMSC register is supposed to record and maintain the agenda and minutes of the ALMSC meeting whenever it takes place. The proceedings, discussion points and the final decision- all are duly to be recorded by the Anganwadi teacher. A copy of the minutes and agenda is to be sent to the CDPO (Child Development Project Officer).

In the past, guidelines on developing community based monitoring mechanisms were issued centrally in 1994 to ensure the monitoring of the ICDS scheme at the grass roots level by the community itself, the CBMM envisaged the constitution of Bal Vikas Mahila Samitis (Women and Child Development Committees) at the Village, Block and District levels. In 2010, the Ministry of Women and Child Development issued guidelines on the monitoring of the Anganwadi Centres by officials from various levels and also envisaged the involvement of PRIs (Panchayati Raj Institutions) in the monitoring of Anganwadi activities.

This led to the creation of a 5-tier monitoring and review mechanism for Anganwadis in 2011. The monitoring mechanisms started from the central level and went right down to the Anganwadi level (National, State, District, Block, Anganwadi)- with an objective of strengthening the coordination and convergence with the line departments as also to see the progress made in the implementation of the scheme. The Anganwadi Level Monitoring and Support Committee (ALMSC) lies at the foundation of this 5 tier committee.

Monitoring Mechanism Initiated for the ICDS Programme as per the 2011 Guidelines



Source: F.NO. 16-8, Government of India, Ministry of Women and Child Development

Roles and Responsibilities of an ALMSC

- Check the functioning of the Anganwadi Centre on a regular basis
- Ensure the coverage of all eligible beneficiaries as against the surveyed population
- Review the status of supplementary food to all children and mothers for at least 21 days in a month
- Review the Nutritional Status of children from 0-3 years and 3-6 years, weigh them and ensure the availability of World Health Organizations' new growth charts and joint mother and child protection cards
- Review the functioning of non formal Pre School Education (PSE)- activities per day, use of local learning tools and play materials, organisation of parents meet etc.
- Ensure the participation of Anganwadi Worker in the Village Health Sanitation Nutrition Committee Meetings
- Ensure participation of at least one of the members (other than the Anganwadi worker, ASHA and Auxiliary Nurse Midwife) on the monthly VHND (Village Health Nutrition Day). Ensure that it is well organised and well attended and that all due services are rendered on that day
- Review facilities available at the Anganwadi Centre in light of established norms (infrastructure, clean water, functioning toilet, play area, pre-school education, medicine kits, cooking utensils etc.)
- The committee may consider ways of locally strengthening the Anganwadi Infrastructure mobilising resources from the community/ other schemes
- Attend to any local disputes related to the Anganwadi worker/ centre and resolve any such disputes amicably; flag disputes to the Gram Panchayat and Block level monitoring committees
- Interact with the Anganwadi Worker/ ICDS Supervisor to understand reasons for any shortfall in services provided at the Anganwadi Centre and find ways to locally strengthen or correct shortfalls; formally document and resort unresolved issues to the Block level monitoring Committee, with a copy to the CDPO/ Medical Officer Primary Health Centre/Gram Panchayat as appropriate and concerned
- Other than this the ALMSCs can also ensure that there is a Village Child development plan included in the Village health sanitation nutrition plan made by the Village Health Sanitation Nutrition Committees (VHSNCs)

Source: F.NO. 16-8, Government of India, Ministry of Women and Child Development

Functions performed by Anganwadi Level Committees

Based on the table above, the roles and responsibilities of Anganwadi Level Monitoring and Support Committees can broadly be categorized into three headings given below:

1. Quality Monitoring
2. Community Participation
3. Ensuring Transparency and Accountability

Quality Monitoring

This is in fact a crucial function of the Anganwadi level committees. The tasks range from checking the quality of the food being served to the children in the Anganwadi (from 3-6 years of age) to ensuring the proper conduct of the classes for the children as part of the early childhood care and education (ECCE) component of the Anganwadi. Furthermore, ensuring the quality of the Take Home Rations (THR) for pregnant and lactating mothers, the growth and development of the child and of the mother, ensuring the participation of Anganwadi worker in the Village Health Sanitation Nutrition Committee (VHSNC) Meetings, reviewing the nutritional status of children from 0-3 years and 3-6 years, weighing them and ensuring the availability of growth charts and joint mother and child protection cards - all are the primary responsibility of these committees. In addition, review of the facilities available at the Anganwadi Centre in light of established norms (infrastructure, clean water, functioning toilet, play area, pre-school education, medicine kits, cooking utensils etc.) is also a major task of the committee.

Community Participation

Community Participation is the primary objective of having citizen based committees at the Anganwadi- the idea is for the community to take the ownership and lead in issues concerning their own children. ALMSCs and mothers' committees (explained in the next section) are forums to ensure community participation. When mothers of the children, pregnant mothers, community members, self help group members, ward member of the Panchayat, Anganwadi teacher and worker, ASHAs and ANMs, ICDS Supervisors- all come on the same forum to discuss the functioning of the anganwadis- the ensuing discussions and deliberations are bound to be inclusive because of the sheer number of stakeholders involved.

The committee may consider ways of locally strengthening the Anganwadi by mobilising infrastructure resources from the community/other schemes. Anganwadis in Kerala have been taking to crowd-funding, sponsorships for introducing new kinds of toys and games for children of the Anganwadis, have been contributing vegetables in the vegetable basket kept in the premises of the Anganwadi on a daily basis to ensure a rich, nutritious diet for the children, have been collaborating with youth clubs to get new water-filters for the Anganwadi- so on and so forth. More details have been discussed in the subsequent sections.

Ensuring Transparency and Accountability

In any rights system, there are three major elements: The rights holders and their rights, the duty bearers/ service providers and their obligations, and the agents of accountability (Dreze, 2008). ALMSCs (Community Based Monitoring Mechanism), within this framework, can be considered the agents of accountability. The children and mothers can be considered the rights holders; and finally the ICDS functionaries- right from the teacher, worker to the CDPO officer and the District Programme Officer can be considered the duty bearers. The task of the agents of accountability (ALMSC) is to make sure that those who have the duty (ICDS functionaries) carry out their obligations (delivery of Anganwadi services) to those who have the rights (children and mothers).

The fundamentals of grassroots democracy are based on transparency and accountability. Transparency of the services and accountability of the service providers/ duty bearers to the right holders. These committees help ensure just that by bringing the service providers and right holders on the same forum.

The committee can interact with the Anganwadi Worker/ ICDS Supervisor to understand reasons for any shortfall in services provided at the Anganwadi Centre and find ways to locally strengthen or correct shortfalls; formally document and resort unresolved issues to the Block level monitoring Committee, with a copy to the CDPO/ Medical Officer Primary Health Centre/Gram Panchayat as appropriate and concerned. Further it can attend to any local disputes related to the Anganwadi worker/ centre and resolve any such disputes amicable; flag disputes to the Gram Panchayat and Block level monitoring committees

What are Mothers' Committees

Mothers' Committee is a committee of pregnant and lactating mothers, mothers of the kids enrolled in the Anganwadi and the Anganwadi teacher and helper. It is an informal association not backed by any statute/ government order per se. These committees double up as forums to disseminate information on various schemes and provide information on neonatal, antenatal, maternal health, hygiene and sanitation. They also discuss issues around adolescent health care, health care of children.

There is no format or guidelines which the Mothers' Committees in Kerala follow to meet and discuss, the process of discussion and deliberation is rather organic and most of the times, the meetings are purpose-based and they meet at least once a month. If the Anganwadi Teacher finds it important to discuss certain issues with the mothers, she asks for such a meeting to be conducted. It is as simple as that. Many mothers feel that there are benefits of being associated with the Mothers' Committee- both for themselves and for their kids.

Mothers' committees have been discussed at a greater length in the subsequent sections.

Why the need for such committees

To what extent is the participation of the community, especially women, required in the management of Anganwadis, given that these institutions are meant to provide services to their own children and to them. One would argue that increased involvement of the community in institutions meant to provide public services is bound to lead to increased transparency and accountability- the two pillars of grassroots democracy. Scholars have argued that the deprivation of women is ultimately linked not only to the lower status of women, but also to the fact that women often lack the power to influence the behaviour of other members of society and the operations of social institutions (Sen & Dreze, 2005). Seen in this context, citizen based committees actually become forums for these women to actually shape the operations and functioning of institutions like Anganwadis, health sub-centres, schools etc.

While the composition of ALMSCs and Mothers' committee may seem to be different, their fundamental idea remains the same - to act as a bridge between service providers/duty bearers and right holders. ALMSCs are formal committees backed by



Chart Papers and Drawings of Anganwadi kids stuck on a wall in an Anganwadi in Manickal Gram Panchayat

a government order involving wide-ranging stakeholders such as the Panchayat ward member, ASHA, Anganwadi Teacher, Worker, a few parents, Self Help Group women etc. thus making it the go-to platform for fund-raisers, administration related issues etc. That is not the case with the Mothers' committee- which is rather informal in nature and needs based- doubling up as a mechanism to obtain and disseminate information, discuss the need of kids and the extent of intervention needed for each kid to grow- literally and figuratively. It also acts as space for mothers to know what to consume and what not, for a woman to understand her body and her health requirements, especially during pregnancy. Thus, such committees actually can help achieve the objectives of Anganwadis and the services they provide in a far more effective way.

Anganwadi Level Committees in Kerala

Kerala's trajectory with large advances in literacy, health-related indices of welfare such as mortality rates, land redistribution, economic justice through minimum wages and social security, and demographic breakthroughs is well known and documented (Desai, 2007). Notwithstanding that, it will be useful to go through the marked improvement in some of these indices over time and also with respect to India. At present, Kerala ranks the highest in the country when it comes to development indicators, with around near universal literacy among both males and females (96.2%)³ as well as performs well with respect to various health indicators, given below:

Indicator	Kerala (NFHS-5)	India (NFHS-5)
Neonatal Mortality Rate (Number of deaths during the first 28 completed days of life per 1000 live births in a given year or other period)	3.4	24.9
Infant Mortality Rate (Number of deaths of infants before reaching the age of 1 year per 1000 live births in a given year or other period)	4.4	35.2
Under-Five Mortality Rate (Number of deaths before reaching the age of 5 years per 1000 live births in a given year or other period)	5.2	41.9

Table 4: Mortality Rates- Kerala and India; Source: NFHS- 5

The Maternal Mortality Rate (MMR) (number of maternal deaths during a given time period for one lakh live births during the same time period) in Kerala is the least in the country with 30 per one lakh live births as opposed to the national MMR of 103 as per the Sample Registration System (SRS) data 2017-19.

³As per the Household Social Consumption Survey conducted by National Sample Survey (NSS) - from July 2017 to June 2018

Similarly prior to the implementation of the ICDS programme in 1975 and the institutionalisation of Anganwadis in every village, Kerala's Infant Mortality Rate was as high as 63 per 1000 live births (1972) based on the Sample Registration System (SRS) data. This has come down to 6 in 2019 as per SRS.

Thus, along with other reforms that have taken place as part of the political economy in Kerala, it wouldn't be too far to suggest that effective performance delivery by Anganwadis has also been a pertinent factor. Interestingly, conversations with various Anganwadi Teachers and Helpers indicate that the establishment of Anganwadi Level Monitoring and Support Committees as well as Mothers' Committees have played a key role in the functioning of Anganwadis. In fact, many have gone as far as calling these the "Backbone of Anganwadis in Kerala". The sections given below details insights gathered from conversation with various stakeholders at Manickal Gram Panchayat, Trivandrum in Kerala.

A Day in an Anganwadi

What does a day in an Anganwadi in Manickal Gram Panchayat, Trivandrum look like?

A usual day at the Anganwadi in Kunnida village, Manickal Gram Panchayat, Trivandrum begins at 9 AM, with the Anganwadi Teacher and helper preparing the room- sweeping it, arranging the small orange plastic chairs neatly in a row, dusting the table, toys and shelves and ensuring that the chart papers and posters on the walls are all in order for the Kuttighal (Tiny tots) to learn from.

The children meanwhile start strolling in by 9:30-10:00 AM, some jumping and skipping, holding their mothers' hands, excited for what the day has in store for them; others yawning, rubbing their eyes, trying to shake the sleep off. As they remove their tiny footwear to enter the premises of the classroom, the smell of coconut oil and Daliya (broken wheat) wafts through the air. Daliya Upma is being prepared in the kitchen as part of their morning snack- but that will have to wait. Different things are prepared on different days as part of the Anganwadi menu. Some days it's hot ragi (millets) upma, while a few other days it is Kanji. The attendance, morning prayers and a routine hygiene check up of the nails, teeth and hair- all are due.

And so the children stand in a queue, some holding each other's hands, others blinking their eyes, while some others staring at the colourful chart papers struck around on the walls of the Anganwadi. After their round of health check up, with neatly combed hair, they all sit around in a circle for the first lesson of the day. Then classes begin based on certain themes. In most cases, these themes are given by the Department of Women and Child Development as part of pre-school education (early childhood care and education). News is read out to them, they are shown pictures and asked to describe what the pictures depict, they are told stories, they are asked to allocate things and figure out what can be termed small, what can be termed large based on the size, shape etc.

The Department of Women and Child Development also comes up with monthly themes to enable learning- for example body parts, nature, birds, animals, trees etc. March month's theme is Audio-Visual. So the tiny tots are asked to spell out the purpose of TV and radio and asked

to choose which device involves which sense- auditory/ visual etc. While some kids grasp it in one go, others are a bit slow, but all of them have the space to learn and grow.

This Anganwadi centre at Manaikal Gram Panchayat, with a fully equipped store room cum kitchen and a colourful main room, is just one among the 3,061 Anganwadis in Kerala functioning as part of the Integrated Child Development Services Scheme started in 1975. Perhaps the largest national programme for the development of mothers and children in the world, the ICDS scheme is meant to provide six services comprising: (i) Supplementary nutrition ; (ii) Pre-school non-formal education (early childhood care and education); (iii) nutrition & health education; (iv) immunisation; (v) health check-up; and (vi) referral services to more than 675.07 lakh children and 156.73 lakh Pregnant and Lactating Mothers supplementary nutrition. All the children in the age group 6 months to 6 years, Pregnant Women and Lactating Mothers are eligible for services under Anganwadi Services.

After the daily lessons and interactive activities using IEC (Information Education Material), the children are offered their lunch- green gram and rice today with spinach. The spinach has been added by a decision taken by the Mothers' committee (A committee of mothers of the children enrolled in the Anganwadi and the Anganwadi staff- both the teacher and helper) - each mother contributes Rs 1 everyday for a nutritious meal for her child . The amount collected by all the mothers is put together and each day a new vegetable is added to the Anganwadi lunch to make the meal more nutritious.

Finally, after a sumptuous meal of green gram, spinach and rice, the children are sleepy. It's 2 PM. Afternoon sun, mellow breeze and full stomachs, the perfect combination for a good siesta. The Teacher and the helper remove the chairs and set them aside and roll out a large mat for all the children to sleep on. Meanwhile, they start cleaning the kitchen and the utensils. It's 3:00 PM now. The sleepy children are woken up by the sound of a bell. They wake up gradually, rubbing their eyes- some without any fuss, while others a bit cranky, some others refusing to budge. They are asked to form a queue. Their hair is combed and shirts are tucked in, if needed. Then they go to the tiny washroom, each one waiting for her/his chance to wash up and use the toilet. The day is finally coming to an end. It's 3:30 PM. The Kuttighal are asked to wear their shoes and put on their bags, as they wait for their parents. The parents start coming to pick their kids up and each of them begins to leave one by one.



Children lined up to use the Anganwadi toilet after their afternoon nap at an Anganwadi in Manickal Gram Panchayat

“ALMSCs are the Backbone of Anganwadis”

The ICDS team comprises of the Anganwadi Workers, Anganwadi Helpers at the Anganwadi level, ICDS Supervisors at the Gram Panchayat level, the Child Development Project Officers (CDPOs) at the block level and finally the District Programme Officers (DPOs) at the district level. Anganwadi Worker, a lady selected from the local community, is a community based frontline honorary worker of the ICDS Programme . She is also an agent of social change, mobilising community support for better care of young children, girls and women. Besides, the medical officers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) form a team with the ICDS functionaries to achieve convergence of different services. The ALMSC provides a forum for all these members to come on the same platform and discuss issues relating to the administration of the Anganwadis. The red box below gives an idea of the structure functioning and roles and responsibilities of an ALMSC.

In Kerala, ALMSCs are considered to be the Backbone of Anganwadis. In fact, ICDS Supervisors, CDPO (Child Development Project Officers), Anganwadi Teachers and even Ward members- all have been unanimous in emphasising the significance of ALMSCs in ensuring the functioning of Anganwadis. According to an ICDS supervisor of Manickal Gram Panchayat, Trivandrum, “Anganwadis would cease to exist if not for ALMSCs. They are the backbone of Anganwadis. All crucial decisions pertaining to the governance of Anganwadis are taken by ALMSCs. How will we achieve anything without discussion?”

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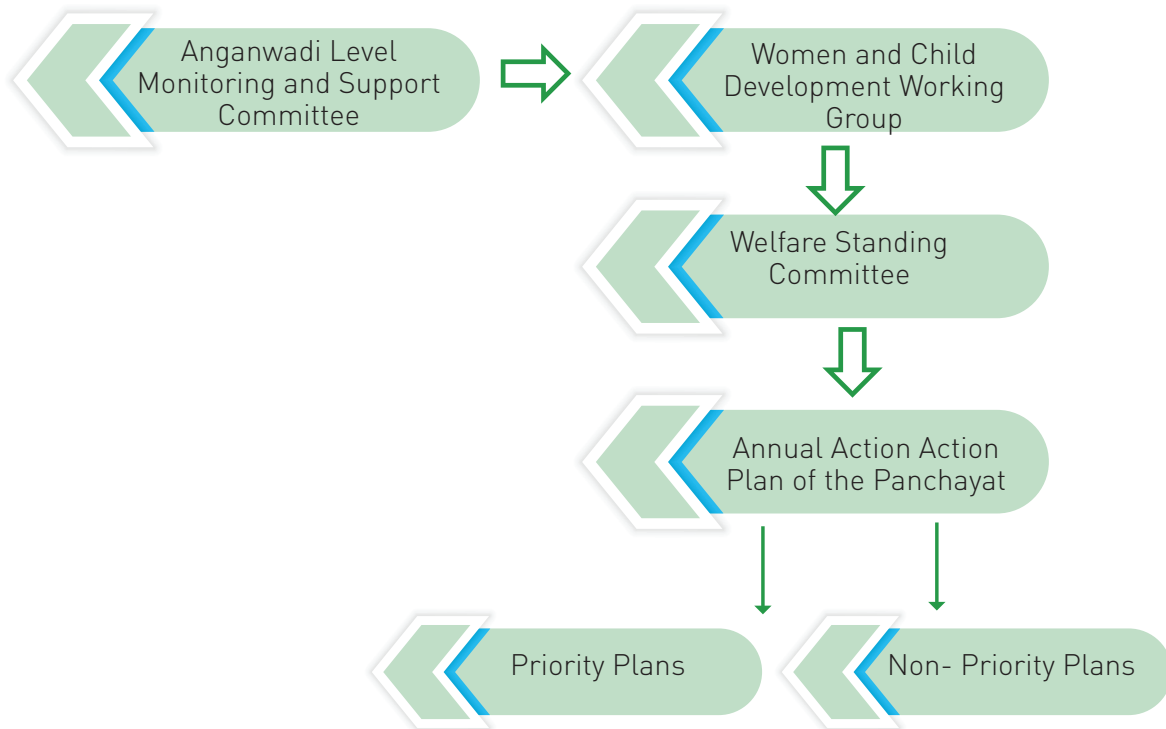
• *ICDS Supervisor, Manickal GP, Trivandrum*

Role Played by Gram Panchayats in ALMSCs

Administrative and Financial

Decisions taken by Anganwadis level committees are wide ranging- such as getting funds approved for the installation of a new water filter in the Anganwadi premises , adding vegetables in the vegetable basket kept in the premises of the Anganwadi etc., all decisions are taken in ALMSC, and also duly recorded in the minutes register. The Ward member, who chairs these committees plays an integral role in the working of the committee- by acting as a lynchpin between the ALMSC and the Panchayat Working Group in Kerala (Women and Child Working Group). The roles of the Panchayat with respect to their support for Anganwadis can be classified broadly into two types:

Ward Member- ALMSC Chairperson



Flow Chart indicating how decisions made in ALMSCs become a part of the Panchayat's Annual Action Plan during the Planning Process

Given above is a diagrammatic representation of how decisions made in the ALMSC involving funds reach the Panchayat's Annual Action Plan. In this context, it is important to note that Anganwadis are a transferred institution as part of decentralisation efforts in Kerala and come within the purview of the Gram panchayats directly.

Administrative Role

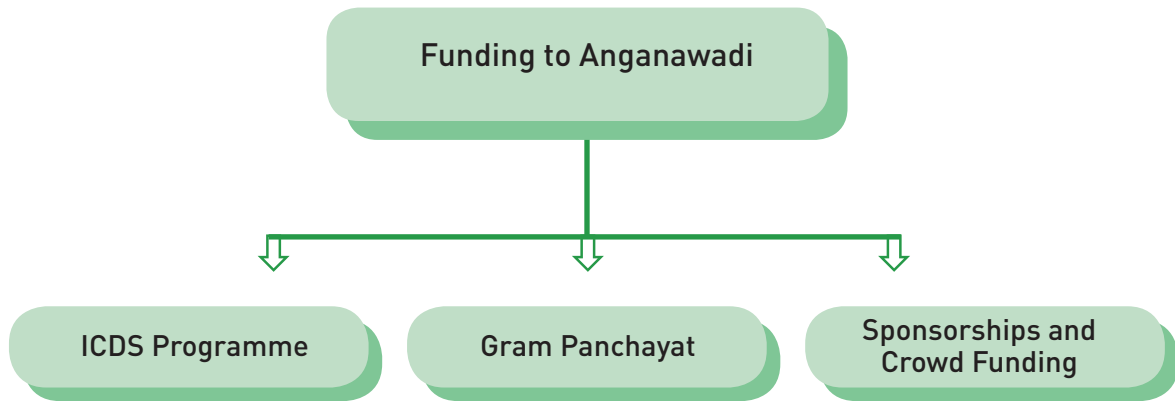
Gram Panchayats (Local Self Governing Body) offer support related to the administration of the Anganwadis and also are crucial for the preparation of the annual action plan. This is done through the ALMSC and involves support both in terms of ensuring that the basic requirements of the Anganwadis (toilet, roof, drinking water facility, functional kitchen, room etc.) as well as in terms of taking some important decisions such as reopening of the Anganwadis. During the annual plan preparation process, the following procedure is followed:

1. The ALMSCs decide the needs of the Anganwadis- maintenance, infrastructure needs, furnishings, nutritional requirements after extensive deliberation and discussion. After this, the ward member (The chairperson of the ALMSC) submits these requirements in a meeting with the Women and Child Development Working Group of the Panchayat.

2. From the Women and Child Development Working group (the convener of the Women and Child Development Group is the ICDS Supervisor), it goes to the Development Seminar, where it is extensively discussed. From here, the requirements go to the Welfare Standing Committee of the Panchayat.

3. It is after it reaches the Welfare Standing Committee of the Panchayat, that the requirements take the shape of an annual plan. Panchayats group the plans based on the priority of the requirement. Priority plans are grouped together under one head (such as an impending collapse of a building roof, or urgent infrastructural needs) and non-priority plans are grouped together under one head (maintenance plans such as furniture etc. which can wait for a bit longer).

Financial Role



Funding through the ICDS Programme

Certain funds to the Anganwadis come from the ICDS programme. These funds largely include the amount for training of Anganwadi teachers and helpers, their salary, information education communication (IEC) material etc.

Funding through Panchayats

Other funds come directly from the Panchayats (Take Home Ration/ Supplementary nutrition, building, infrastructure related funds, games, kitchen equipment etc.). In the context of Kerala, the Panchayat (local self governing body) is also responsible for the funding of Amrutham mix (nutrient mix made for children, pregnant and lactating mothers of Anganwadis by Kudumbashree Micro Enterprise units- each mother and child is given 500 grams of it).

Further, the Panchayats have an annual budget made and a plan for Anganwadis as part of which they chalk out the number of children, pregnant and lactating mothers in each Anganwadi, their nutrition requirements and accordingly allocate a budget for the Amrutham nutrient mix.

The annual plan also has details of the kind of projects and activities to be undertaken in Anganwadis in the Panchayat. Based on this the Panchayat makes planned budgetary allocation. Information inputs for this annual plan is routed through the Anganwadi Level Monitoring and Support Committees of each Anganwadi.

Apart from this, ALMSC also becomes a forum to discuss certain urgent needs which can't go through the proper mechanism because of lack of time. In such instances, the Panchayat directly takes it up. If the Panchayat doesn't have planned allocations for it, it pays for the refurbishment/ repair/ emergency using its own funds if needed. As per the ward member of Manickal Gram Panchayat, Ms. Vijaya Kumari, "in case the planned fund doesn't meet the requirements of the Anganwadi or is yet to arrive, we use the Panchayat's own source funds. But we do not delay releasing funds in such cases as it would be akin to compromising on the health and nourishment of the children- a non-negotiable."

Ward members have also ensured that the issues discussed in the committees are brought to the attention of different working groups and standing committees of the Panchayat and become part of the larger discourse in Ward Sabhas and other such avenues of public participation. This has in turn ensured that the health and nutrition of women and children in Kerala become political issues with due attention being given to them- for the success of a democracy lies in what ends up becoming a part of the discourse and narrative. Indeed, participation of Ward members in these committees has ensured that child nutrition and women’s health continue to remain political issues.

Sponsorships and Crowd-Fundings

Several times, to meet various kinds of miscellaneous needs- such as the repair of a ceiling fan or for the celebration of the retirement of an Anganwadi Teacher, the ALMSC decides to go for crowd-funding and sponsorship options. Crowd-funding is undertaken by the entire community, and it acts as an avenue for community involvement in Anganwadis. This helps develop a rapport between the Anganwadi Worker and the community whereby the latter helps to address the concerns of the Anganwadi Worker but also holds her accountable. Crowd-funding also helps to develop ownership of the community towards the Anganwadi and its right holders- the children and the mothers. Other than this, sponsorships by local youth clubs and political groups is also a highly popular option.

ANGANWADI IN KERALA: SOURCE OF FUNDING	
Through ICDS Programme	Through the Panchayat
<ul style="list-style-type: none"> • Training material • Information Education Communication Material for the kids, pregnant and lactating mothers • Training equipment • Salary/ Revenue 	<ul style="list-style-type: none"> • Infrastructure • Furniture • Supplementary Nutrition • Electricity • Toilet facilities • Water facilities • AmruthamMix • Maintenance of the Anganwadi • Toys/Games
<p>Crowd funding and sponsorship options are also popular, especially to meet small emergency needs</p>	



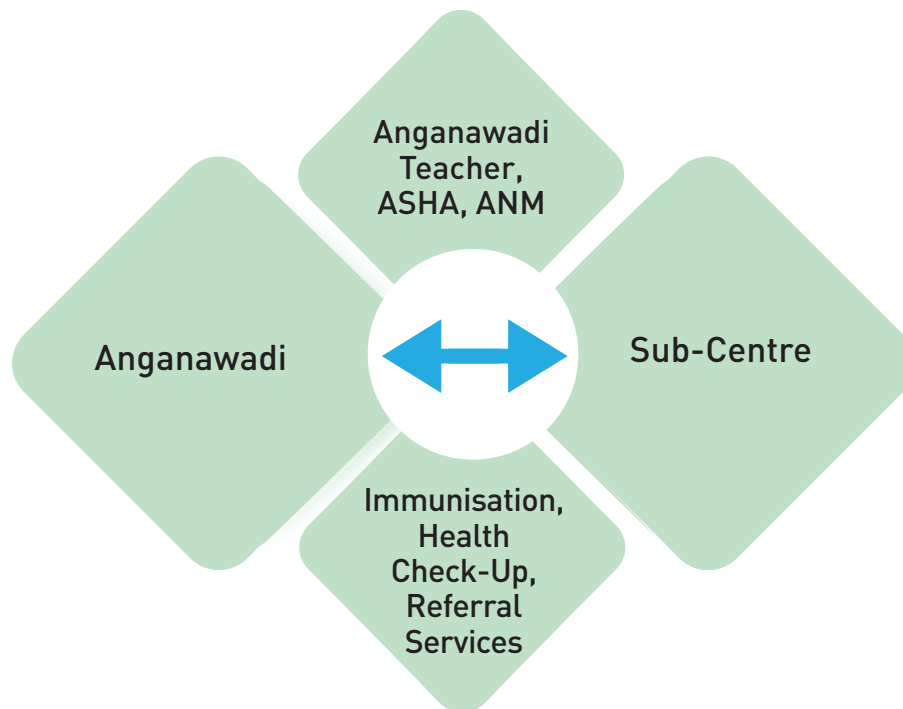
Chart papers describing wild animals and fruits and vegetables stuck on a wall in an Anganwadi in Manickal Gram Panchayat

Role played by Health Centres in Anganwadis in Kerala

Three of the six services provided by Anganwadis- namely Immunisation, Health Check-up and Referral Services are delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare. The Primary Health Centres (PHCs) and Sub-Centres of the three tier public health infrastructure are important to ensure effective service delivery by the Anganwadis. Keeping this in mind, the ASHA (Accredited Social health Activities), ANM (Auxiliary Nurse Midwife) and the Anganwadi teachers in Kerala have a strong relationship and keep in touch regarding the health and growth of the children- such as recording of weight, immunisation, management of malnutrition, treatment of diarrhoea, deworming, distribution of simple medicines etc.

In Kerala, ASHAs attend all ALMSC meetings, and if needed, even the meeting of the mothers' committee to assess the growth of the child and see if the pregnant, lactating mothers and adolescents are in need of any health based support and counselling. Village Health Sanitation Nutrition Days (VHSNDs)- meant for health check up and counselling of Anganwadi children, mothers and adolescents- mandated by The Ministry of Health & Family Welfare are not celebrated separately per se because these kinds of interlinkages between the Sub-Centres and the Anganwadis

exist institutionally. According to testimonials from the Anganwadi teacher, and ASHAs, the relation between the Anganwadis and the sub-centres is such that “convergence is natural and institutionalised and health check ups take place on a weekly/fort-nightly basis. So there is no need to take out a day every month for such check ups. Although, we do celebrate such days to promote the spirit of community health,” one of the ASHAs in Manickal Gram Panchayat said. Given below is a brief description of the three services and their details, based on the information available on the website of the Ministry of Women and Child Development.

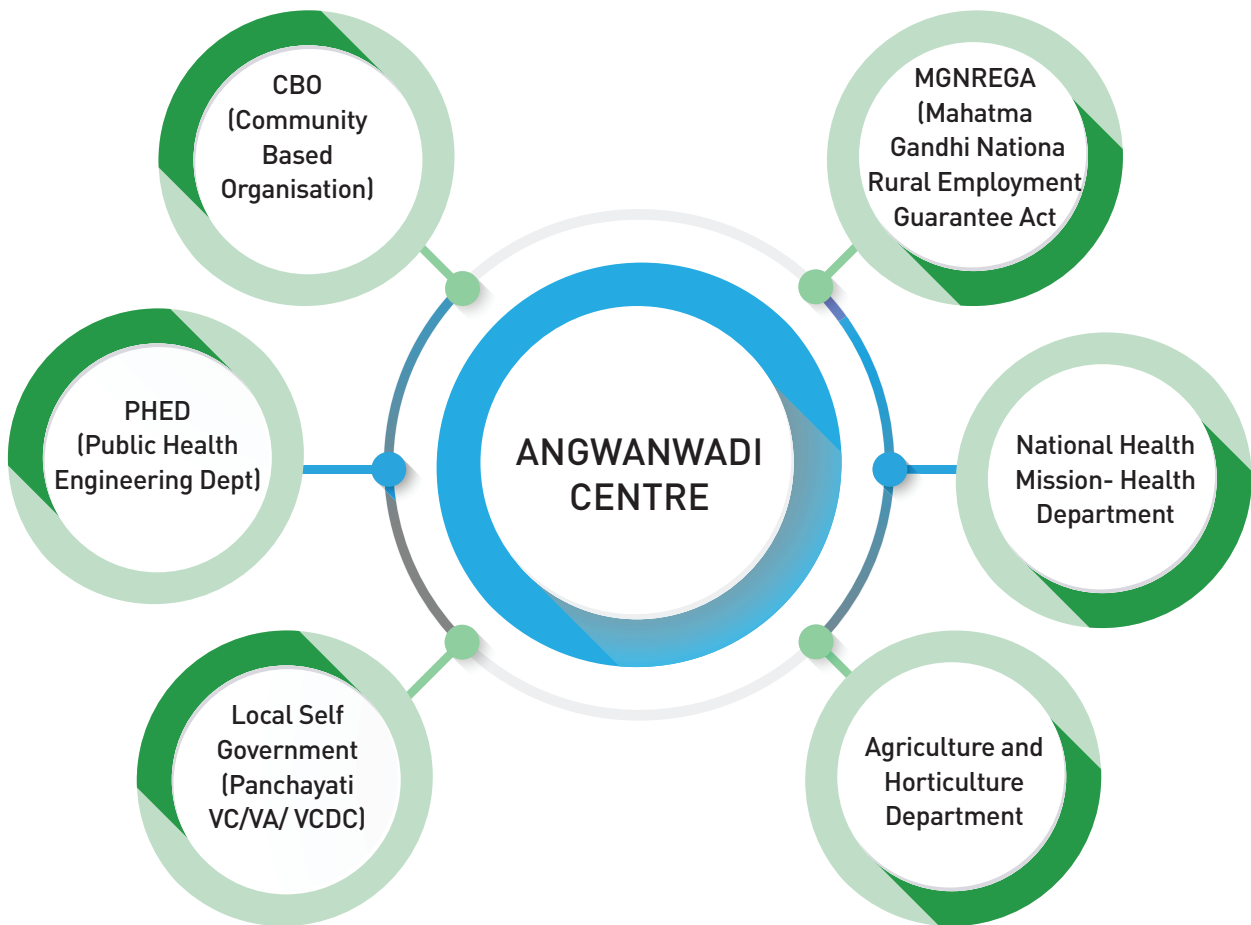


Immunisation: Immunisation of pregnant women and infants protects children from six vaccine preventable diseases-polio, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunisation of pregnant women against tetanus also reduces maternal and neonatal mortality.

Health Check-ups: This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staff, include regular health check-ups, recording of weight, immunisation, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

Referral Services: During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

Services that can be provided in an Anganwadi in convergence with the relevant Schemes, Institutions and Departments



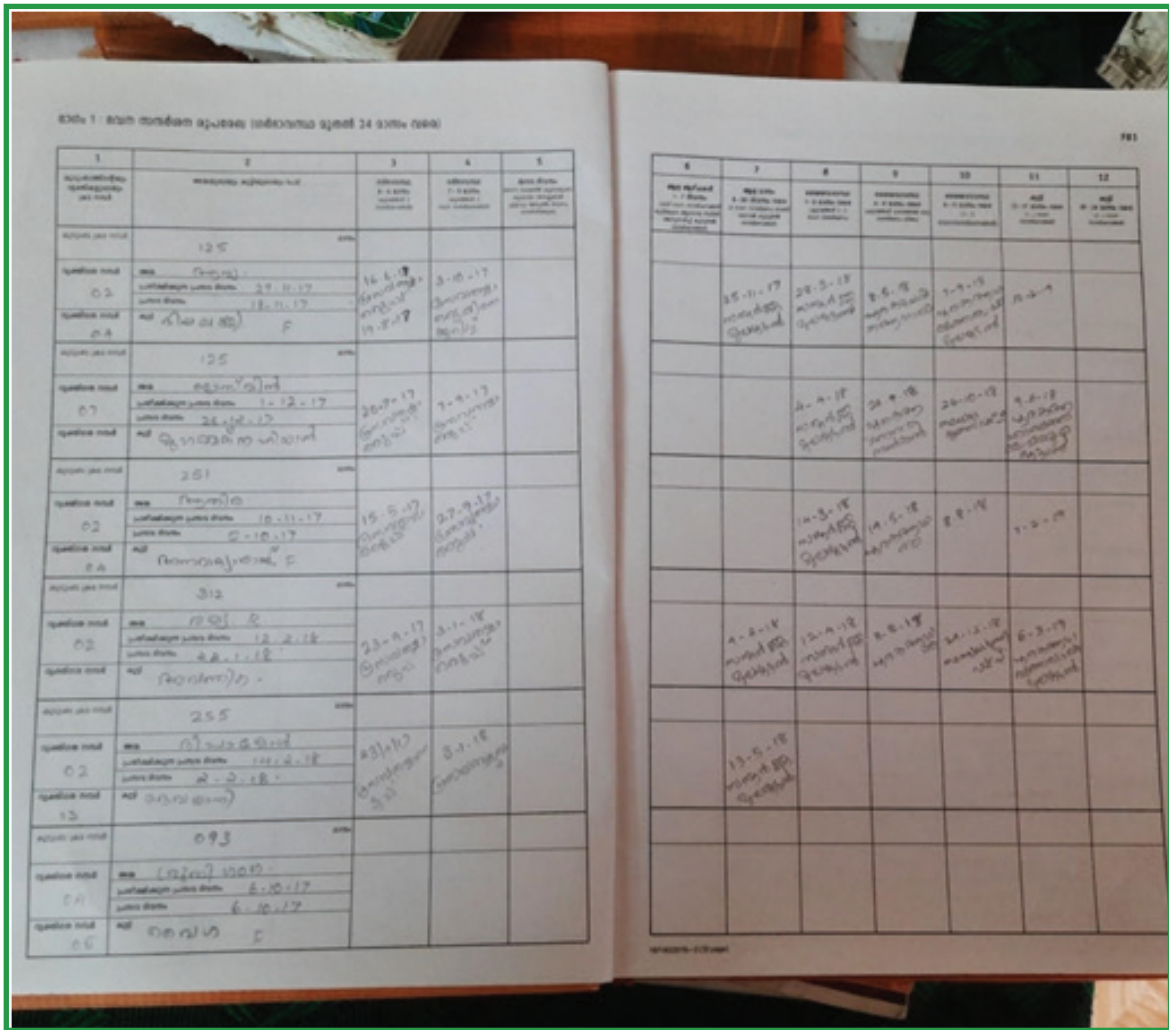
- 1. Health/NHM:** Issues relating to micronutrient supplementation and fortification, immunisation, management of severely malnourished children, health related service delivery at AWC at VHND- immunisation, antenatal check-ups of pregnant women, supply of Vitamin A, deworming and IFA (Iron and Folic Acid) Tablets, Referral Services, health Check-ups, functioning of VHSNCs (Village Health Sanitation and Nutrition Committees).
- 2. PHED (Public Health Engineering Department) :** Provision of water and sanitation facility at the Anganwadi Centred in convergence with JJM (Jal Jeevan mission)
- 3. Local Self Governments/ Panchayats:** Involvement of LSGIs and the community in overseeing and coordinating the delivery of services at the AWC and also for the provision of infrastructure, land and other tools at the Anganwadi Centre (using own source funds/ 15th Finance Commission untied funds)

4. **Agriculture and Horticulture:** To create kitchen garden/ nutri-gardens/ vegetable plantations- with the seeds, fertilisers, manure, trainings provided by the Agriculture Department and Horticulture Department
5. **MGNREGS:** For renovation/ building the Anganwadi Centre, Land preparation for nutri-garden etc.
6. **CBO:** Through systems like the ALMSC, the CBO can monitor, ensure crowd funding and sponsorships and take community driven initiatives (like celebration of the birthday of poor kids, anniversaries of parents, vegetable sourcing for nutri gardens, ensuring that the early childhood care and education bit is taken care of, preparation of vermicompost, organic manure, support the Anganwadi staff and liaison with departments and stakeholders)

Registers to be maintained by an Anganwadi

- 1) Family Details Register
- 2) Pregnancy and Delivery Register
- 3) House Visit Register
- 4) Comprehensive Register
- 5) Half Yearly Vitamin Register
- 6) Immunisation and Village Health Nutrition Day Register
- 7) Register to Record Children's Weight
- 8) Growth Chart
- 9) Attendance Book
- 10) Daily Diary
- 11) Mothers' Meeting Register
- 12) Social Issues Register
- 13) Assets Register
- 14) Medicines Kit Register
- 15) PMMVY (Pradhan Mantri Matru Vandana Yojana) Register
- 16) Old-Age Friendly register

- 17) Visitors Diary
- 18) Inspection Register
- 19) ECCE (Early Childhood Care and Education) Register
- 20) ALMSC (Anganwadi Level Monitoring and Support Committee) Register
- 21) Nutritional Food Collection and Distribution Register



Picture of a register maintained by Manickal Gram Panchayat



A Mini toilet for kids in an Anganwadi in Trivandrum



Anganwadi campus at Manickal Gram Panchayat, Trivandrum. Potatoes can be seen lying in a tray, mothers keep putting different vegetables in the tray turn by turn

Issues Discussed in Anganwadi Level Committees: ALMSCs and Mothers' Committee

Mothers' Speak

There is no format or guidelines which the Mothers' Committees in Kerala follow to meet and discuss, the process of discussion and deliberation is rather organic and most of the times, the meetings are purpose-based and they meet at least once a month. If the Anganwadi Teacher finds it important to discuss certain issues with the mothers, she asks for such a meeting to be conducted. It is as simple as that. Many mothers feel that there are benefits of being associated with the Mothers' Committee- both for themselves and for their kids.

For instance, Simina, a mother and a home worker (who worked as a school teacher earlier) has her children going to the Anganwadi. She sends her kids to the Anganwadi for early childhood care and education, so that they can mingle with other kids and learn how to exist socially in a group. She specifically emphasises the need of sending kids to Anganwadis because of increased isolation in the post covid era. "There is so much my kids have lost by not going to Anganwadis during the Covid-era. These spaces are so important to inculcate the values of sharing, participating in groups, and making friends. Tremendous co-incidental learning takes place in the Anganwadis. Nowadays, my kids themselves ask me to take them to the Anganwadis. During discussion with other mothers and the Anganwadi teacher, I am able to assess how my child is behaving, how she is eating, how she is performing in class etc." Simina says. "For any Anganwadi to function effectively, there should be discussions, sharing and information dissemination. Such things I can only learn if I join and participate regularly in forums like the Mothers' committee. How can we learn such things sitting at home?" she adds.

For many mothers, such a committee acts as a forum to discuss the issues of their own children i.e. what can be done for the physical, social and cognitive development of the kids- the kind of food they should be given to eat, their height, weight, participation in the Anganwadi classes etc.

In addition to the mothers, other women who are interested in the health and the well-being of the kids enrolled in the Anganwadi can also join. They discuss issues ranging from dissemination of information on schemes such as Pradhan Mantri Matru Vandana Yojana (PMMVY), Janani Suraksha Yojana, maternal health to the reasons behind a child's lack of interest etc. "For us, it is like a nutrition class. We get information on health, hygiene, and how to meet the nutrition needs of our kids. In addition, we also discuss how various physiological aspects of our kids can be improved" says Soumya, a mother in an Anganwadi at Manickal Gram Panchayat, Trivandrum.

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- Simina, a mother at an Anganwadi in Kerala

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Soumya also works as a bus conductor. She has a 4 year old girl, Divya enrolled in the Anganwadi. Interestingly, Soumya also went to the same Anganwadi as a kid as Divya. In fact at least 7 mothers who were a part of the mothers’ committee attended the same Anganwadi as kids. “Anganwadis have improved a lot from our times,” Soumya adds. This makes a unique case of Anganwadis actually enabling inter-generational development of kids. Speaking about this, Jalaja Teacher, the teacher at the Anganwadi in Manickal Gram Panchayat says, “I have been teaching in this Anganwadi for the past 39 years now. I have seen the children I have groomed become competent professionals, doctors, army officers. Now their children come to me in the Anganwadi. It gives me immense happiness to see them grow into successful people. I also feel happy that I have an identity as a teacher now. The Community members call me Jalaja teacher and a lot of respect comes with the term.”

However, as much as she enjoys shaping the minds of young children, Jalaja Teacher also adds that the work becomes too hectic. She is often overburdened with the work given by the Panchayat and the department. Programmes for old people are also given to Anganwadis which makes the work burdensome.

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- Jalaja Teacher, Teacher at an Anganwadi in Manickal Gram Panchayat, Trivandrum

Speaking about the significance of forums such as the Mothers' Committee and ALMSC, Jalaja teacher explains that the ALMSC is the backbone of the Anganwadi system (an oft-repeated claim). “Whatever decisions are taken in the ALMSC, are reflected in the Gram Panchayat project through the Ward Sabha. It also helps make the Ward Sabha a more participative forum.” According to her, the Mothers' Committee performs the function of giving awareness to mothers and to spread awareness on different convergence programmes and to come up with innovative ideas.



The Mothers sitting with their kids in the foyer of the Anganwadi in Trivandrum



Jalaja Teacher helping the kids after their afternoon nap

What are the Kinds of Issues taken up by ALMSCs and Mothers' Committees in Kerala?

Generally, it is the convenor of an ALMSC- the Anganwadi Teacher who calls for a meeting after checking the availability of the ward member. Once the date and time is fixed, everyone is intimated the same. The kinds of issues taken up by ALMSCs and Mothers' committees are wide-ranging. Some of them are illustrated below to give the reader an idea about the kind of issues taken up:

1. Celebration of Events

The survival and well-being of children should ideally lie at the heart of the community's interests. ALMSC becomes a space for the discussion of such issues. Oftentimes, decisions to celebrate the birthday of a child from a relatively weak economic background or the anniversary of the parents' of such a child are taken in ALMSCs. All the members and parents pitch in and help make the day a special one for the birthday girl/ boy. It also helps foster a sense of belonging among the kids as they start looking at Anganwadis as spaces that are for and of them. The retirement of an Anganwadi teacher/ helper/ the ward member/ ICDS Supervisor is celebrated with pomp and show- such decisions also take place in the Anganwadis. In fact, decisions such as who will be replacing the Anganwadi Teacher and Helper, when and if they go on a leave also take place in these ALMSCs. Other than this, the ALMSC meets to take decisions on significant events like the celebration of Children's Day, Republic Day, Independence Day, Gandhi Jayanti etc. as well.

2. Forum for Information Dissemination

The ALMSCs also act as spaces for dissemination of information on schemes such as Pradhan Mantri Matru Vandana Yojana (PMMVY), Janani Suraksha Yojana (JSY), the kind of nutrition pregnant and lactating mothers should have, the kind of hygiene they should practise, what should be had by the kids etc. Any new scheme such as the Smart Anganwadis programme, Chayam programme in Kerala (to revamp existing anganwadis to make them child-friendly and bring them on a par with the smart anganwadis) is discussed before implementation. For instance, what should be the design and colours of the walls painted? What are the new guidelines of a child and women helpline released by the central and state government? Etc. Here, the role of the Mothers' Committee also assumes enormous significance. It is the mothers who take the issues ahead as they are the primary stakeholders when it comes to the health and nutrition of their kids.

	ഗുണഭോക്താക്കൾ	ഭക്ഷണ വിധി രേഖ്യം	തോളവ് (ദൈനംദിനം)
1	ഗർഭിണികൾ	ഗോതമ്പ്, എണ്ണ, ഉപ്പു	ഗോതമ്പ് - 100 ഗ്രാം റിസോ 25 റിവസം (THR)
2	മുലയൂട്ടുന്ന കുഞ്ഞുകൾ		എണ്ണ } 10 ഗ്രാം റിസോ ഉപ്പു } 25 റിവസം
3	മേൽമൂർച്ഛിതർ	തരിശു തൃശ്ശിരിപ്പു	3 Kgs (6 PACKET) റിസോ (THR)
4	മൂന്നാം വയസ്സിലുള്ളവർ	തരിശു, ചുവർ, ഗോതമ്പ്, എണ്ണ, ഉപ്പു	തരിശു - 60 ഗ്രാം ചുവർ - 15 ഗ്രാം ഗോതമ്പ് - 70 ഗ്രാം ഉപ്പു, എണ്ണ 10 ഗ്രാം റിസോ (കുട്ടികൾക്കുള്ള പ്രത്യേക റിസോ പാക്കറ്റ്)

Picture of a Menu Chart of the meals provided in an Anganwadi in Manickal Gram Panchayat, Trivandrum

3. Maintenance of the Anganwadis

This is one of the most fundamental tasks of the ALMSC. Be it the construction of boundary walls, water shortage during summer seasons, concerns around the safety and security of children, getting more games and toys and learning material for the kids, repair of a leaky roof ceiling, getting a separate store room built to keep stocks of food etc. - all fall within the purview of the discussions. For instance, in the Anganwadi that was visited in Manickal Gram Panchayat, they deliberated on the need to have more facilities in the Kitchen such as a water filter. This was discussed in the ALMSC with the ward member, the ward member took the issue to the Gram Panchayat and funds were allocated to get a water filter fixed in the kitchen.

In situations when the nature of demand is urgent and such that it can be met through crowdfunding, it is met through community contribution and sponsorship options through youth clubs and political parties. For instance, the ceiling fan was not working in the Anganwadi at Manickal GP, they discussed it in the ALMSC and the ALMSC collectively decided to go for sponsorships and reached out to youth clubs and political parties at the local level. The money was collected by the residence association of the particular area and details were written in the register maintained by the ALMSC. The Anganwadi Teacher presented the fund details to everyone and the ALMSC collectively took stock of the funds remaining.



Kitchen cum Store Room, Anganwadi at Manickal Gram Panchayat, Trivandrum

4. Core Services of the Anganwadi

Anganwadis as part of the ICDS programme are mandated to provide a total of 6 services. These services can be considered the *raison d'être* of the Anganwadi. ALMSCs can play and have played an instrumental role in ensuring that the delivery of these services:

1. Supplementary Nutrition,
2. Pre-school non-formal education (Early Childhood Care and Education)
3. Immunisation
4. Health check-up
5. Nutrition and Health Education
6. Referral services.

For instance, Early Childhood Care and Education (ECCE) has prominently featured as a point of discussion in the Mothers' Committees and even the ALMSCs. In several Anganwadis of Trivandrum, as told by the ICDS Supervisor, there was a lack of play material/ games- essential to cultivate and induce a learning environment for children. This issue was brought up as an issue in the ALMSC meetings. In most of these cases, crowdfunding and sponsorships were looked at as an option to meet the needs of the children- a classic case of community ownership.

In yet another example of the community and mothers taking the lead in Anganwadi's functioning, the mothers' committee decided that all mothers would contribute Rs 1 each day to ensure that more vegetables are added in the daily Anganwadi meals of the kids. Not only this, a basket was kept in the compound of the Anganwadi, and every day community members and mothers dropped vegetables in the basket. These vegetables were used to ensure that proper meals were given to both the kids and the mothers as part of supplementary nutrition. Mothers' committee has also acted as a forum for health and nutrition counselling, check-ups (ASHAs attend the mothers' committee meetings as and when needed) and even referral services.

Thus, the range of issues discussed in the Anganwadi is quite wide. More importantly, forums such as ALMSCs and Mothers' Committee have helped ensure better functioning of the Anganwadis. Women's agency has played a significant role in the success story of Anganwadis. Women have helped make health and nutrition of children political issues and have demanded transparency from public institutions.

Conclusion

This document explains the significance of Anganwadi level committees such as ALMSCs and Mothers' Committees in ensuring the effective functioning of Anganwadis in Kerala, by taking the example of Manickal Gram Panchayat in Trivandrum. It describes how an ordinary day in Manickal Gram Panchayat looks like- with sufficient opportunities for children to learn and grow. It talks about the formation, composition, guidelines and functioning of both these committees, the issues discussed in these forums and how such committees enable quality monitoring, community participation, transparency and accountability. ALMSCs in their operation and composition are bound by the central guidelines of 2011 and other subsequent government orders issued at the state level. Mothers' committees in Kerala, whereas, are informal forums for mothers and the Anganwadi teachers to discuss issues of their health and nutrition as well as of their children.

Both these committees play an instrumental role in enabling convergence with different schemes and departments like health, agriculture, MGNREGS as well as in the management of Anganwadis, both in terms of funding and administration. Owing to decentralisation and devolution of funds, functions and functionaries in Kerala, Gram Panchayats- the Local Self Governing Bodies - have emerged as key entities in the rural development paradigm and have participated extensively in the discussions of these committees.

Ward members have also ensured that the issues discussed in the committees are brought to the attention of different working groups and standing committees of the Panchayat and become part of the larger discourse in Ward Sabhas and other such avenues of public participation. This has in turn ensured that the health and nutrition of women and children become political issues with due attention being given to them- for the success of a democracy lies in what ends up becoming a part of the discourse and narrative. Indeed, participation by Ward members in these committees has ensured that child nutrition and women's health continue to remain political issues- thus it's not a surprise to see Kerala having among the lowest maternal mortality rates and infant mortality rates in the country. This is also captured by one of the ward members in Manickal Gram Panchayat- Ms Vijaya Kumari's remarks "in case the planned fund doesn't meet the requirements of the Anganwadi or is yet to arrive, we use the Panchayat's own source funds. But we do not delay releasing funds in such cases as it would be akin to compromising on the health and nourishment of the children- a non-negotiable."

Similarly, discussions with mothers in the mothers' committees showed that Anganwadis in Kerala have helped alleviate inter-generational poverty to an extent. From the Angawadi teacher talking about how the children she taught in the Anganwadi went on to become officers in the Army, teachers, bank officials etc. to mothers talking about their children going to the same Anganwadi that they themselves went to as kids, all conversations indicated how right-holders' perception of institutions like Anganwadis has also visibly changed for the better over a period of time.

Initiatives of ALMSCs and Mothers' committee include celebrating festivals, birthdays of children, crowdfunding, sponsorships for repair of a leaking roof or a water filter, contributing Re 1 everyday to help with the vegetables for the meals prepared in an Anganwadi etc. Although, the covid-19 pandemic and the ensuing lockdown did jeopardise the functioning of the Anganwadis and these committees, hope lies in the fact that some of these ALMSCs met immediately before the Anganwadis reopened and discussed how to ensure the attendance of children.

Lastly, the idea of this document has been to convey that the effective functioning of such Anganwadi Level Committees- both Mothers' Committees and ALMSC- is absolutely essential for increasing accountability and transparency of public institutions and programmes such as ICDS, establishing convergence between Panchayati Raj Institutions and Community Based Organizations (The Self Help Group Network), and also instilling a sense of ownership among the community towards the development of its own village.

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Aajeevika
National Rural Livelihoods Mission
Government of India



Kudumbashree
Kerala State Poverty Eradication Mission
Government of Kerala

Kudumbashree-National Resource Organisation