

**DR. N. C. SAXENA, COMMISSIONER,
AND HARSH MANDER, SPECIAL COMMISSIONER OF THE HON'BLE
SUPREME COURT**

IN THE CASE: PUCL Vs UOI & ORS. WRIT PETITION (Civil) No. 196 of 2001

19 July 2006

To
The Hon'ble Supreme Court of India

Update on the Universalization of ICDS: Clarifications and Recommendations

Almost five years ago (on 28 November 2001), the Honorable Supreme Court issued an interim order calling for the universalization of ICDS, in the sense that (1) every habitation should have a functional ICDS centre (Anganwadi), and (2) ICDS services should be extended to all children upto the age of six years, all pregnant or nursing mothers, and all adolescent girls. This order was reiterated and extended on 29 April 2004 and 7 October 2004, along with further directions on ICDS.

We are concerned that very little progress has been made towards the implementation of these orders. In the 2004-05 financial year, the Government of India sanctioned the opening of 1.88 lakh new Anganwadi Centres towards implementation of the above quoted orders. It is a matter of concern that these Anganwadi Centres have not so far been operationalised¹. The Hon'ble Court may seek an explanation from the Ministry of Women and Child Development, Government of India, in this regard.

In fact, the Government of India has not only failed to implement aforementioned orders of the Hon'ble Court, but challenged the basic principles of universalization outlined in these orders. The aim of this note is to clarify some key issues and present recommendations for further orders.

A. Number of AWCs required

1 There has been some confusion about the number of Anganwadis (AWCs) required to universalize ICDS. We emphasise at the outset that what really matters is not the number of AWCs, but full coverage of all children and eligible women. Nevertheless, a clarification on this is in order.

2 In earlier hearings of the Honorable Supreme Court (29 April and 7 October 2004), the Hon'ble judges accepted the petitioner's submission that universalization of ICDS would require 14 lakh AWCs at the very least. As it turns out, this figure is quite conservative. Yet it has never been accepted by the Government of India.

¹ This matter has been raised in Section 1.4 of the VI Report submitted to the Hon'ble Court in December 2005.

3 In a letter dated 23 January 2006, addressed to the Commissioners, the GOI rejected the figure of 14 lakhs, claiming that it was based on a survey of drinking water facilities², whereby any population cluster of at least 250 persons counts as a separate “habitation”. The letter gives the impression that 14 lakh AWCs would correspond to providing one AWC for every cluster of 250 persons (“the figure of 14 lakh habitations has been worked out on the basis of a population size of 250 for the purpose of providing safe drinking water, under the Accelerated Water Supply Programme”). This is not the case: with a population/AWC ratio of 250, the number of AWCs required would be far higher. It can infact be argued that the requirement of AWCs will stand at more than 40 lakh AWCs in the event that the population norm is amended to ‘one AWC for every cluster of 250 persons’.

4 The figure of 14 lakhs is infact based on official norms (applicable at that time) for the creation of AWCs. This norm states that there should be one AWC “for every 1,000 population”. It is based on the notion that an AWC cannot serve more than 1,000 persons (about 200 households). Indeed, since most AWCs have a single worker, even 1,000 persons is a high cut-off. The implication of this norm is that habitations with a population of 1,000 or less (above a “minimum threshold”) should have one AWC, those with a population between 1,000 and 2,000 should have two AWCs, and so on.³ The figure of 14 lakhs is based on this interpretation of the official norm.

5. In a report to the Government of India submitted in October 2004, the National Advisory Council presented independent calculations of the number of AWCs required for universalization, based on the same norm combined with a “minimum threshold” of 100 persons. The NAC estimates suggest that 14 lakh AWCs are required in rural areas alone, and another 3 lakhs in urban areas. These calculations were based on the 6th All India Educational Survey (AIES). The abovementioned calculations, based on the 6th AIES are presented in the Annexure.

6. Updated calculations based on the 7th AIES have also been made. In keeping with ICDS norms, it is assumed for the purpose of these calculations that a full-fledged Anganwadi Centre will be opened for a population of 300 persons and above. The calculations are fully consistent with the NAC figures, based on the 6th AIES. They imply

²It may be brought to the notice of the Hon'ble Court that this has also been stated by the then Department of Women and Child Development, Government of India in its affidavit submitted to the Supreme Court in November 2004 and in subsequent correspondence sent to the Commissioners' Office.

The Commissioners have raised this matter in section 1.5 of the VI Report submitted to the Hon'ble Court in December 2005.

³ Sometimes the norm of “one AWC per 1,000 population” is interpreted to mean that the average population/AWC ratio in a particular area (e.g. an ICDS Project) should be 1,000. But this interpretation is not acceptable, since it would imply that the population/AWC ratio is much larger than 1,000 in some of the larger habitations, to “compensate” for a ratio below 1,000 in habitations that have a population below 1,000 and yet are large enough to deserve a separate AWC. In this connection it is worth noting that 80% of rural settlements in India have a population below 1,000 (7th All India Educational Survey).

that 14 lakh AWCs are required for universal coverage in rural areas alone, based on existing norms.

B. Revised norms

5 So far we have “accepted” the official norm whereby each AWC is assumed to serve up to 1,000 persons (or 200 households). As mentioned earlier, however, this norm is quite conservative. A habitation of 1,000 persons would typically have around 150-160⁴ children below the age of six, aside from 35-40 pregnant or nursing mothers⁵ and 75-80 adolescent girls⁶. Needless to say, it is impossible for a single Anganwadi worker to provide effective services to such a large number of women and children. Even if a second worker is appointed in each AWC, as recommended by the National Advisory Council (among others), providing effective services to such large numbers would be a challenging if not impossible task.

6 The need to revise existing norms for the creation and placement of AWCs has been acknowledged by the GOI. An Inter-Ministerial Task Force was constituted for this purpose and the Task Force submitted its report in 2006. Unfortunately, the recommendations of this Task Force are not geared to the universalization of ICDS, but only to the “rationalisation” of ICDS norms. The Task Force noted, quite rightly, that the existing norm of “one AWC per 1,000 population” was ambiguous, and failed to specify, for instance, the minimum population threshold for creation of a separate AWC as well as the population threshold beyond which a habitation would be entitled to a second AWC. To address this problem, the Task Force suggested a revised norm whereby habitations with a population between 500 and 1,500 would have a single AWC, and 1,500 would be the threshold population for placement of a second AWC.

7 While this revised norm is perhaps an improvement over the earlier norm in terms of clarity, it does not take us closer to universalization at all. In fact, ironically, the proposed norms imply a *dilution* of entitlements in many situations. To illustrate, consider an area with five villages, two with a population of 400 and three with a population of 1,400. Under the existing norm, as interpreted here, this area would be entitled to eight AWCs (one AWC in each of the two small villages and two AWCs in each of the three larger villages). Even under a more conservative interpretation of the existing norm, whereby the population/AWC ratio should be 1,000 “on average”, this area would be entitled to five AWCs (since the total population is 5,000). However, under the proposed new norms, these five villages would be entitled to three AWCs only.

8 Looking at this from another angle, the proposed new norms assume that a single AWC would be adequate for habitations with a population up to 1,500. This is clearly not

⁴ This figure is based on the 2001 Census of India.

⁵ The number of pregnant and nursing mothers in the total population is estimated to be 4% vide para 28 and 29 of the ICDS Scheme quoted in para 2 in the DoWCD DO Number 4-2/ 2005-CD-I dated 7 February 2005 to Secretaries in charge of the ICDS in all States and UTs.

⁶ This figure is based on the 2001 Census of India.

tenable, since a habitation of 1,500 would have more than 225 children below the age of six on average – much more than a single AWC can possibly handle.

9 There is, in short, an urgent need to reexamine these norms and to formulate new norms geared to the universalization of ICDS, in the sense that the creation and placement of AWCs as per these norms would ensure that all children are within convenient reach of an AWC (or of a mini-Anganwadi, in the case of habitation below the minimum threshold).

10 As a starting point for the formulation of improved norms, “one AWC for 100 children” may be a useful rule of thumb. This is based on the following assumptions: (1) each AWC has two Anganwadi workers; (2) each worker can handle up to 40 children, and (3) about 80 per cent of enrolled children actually use ICDS services. This benchmark would correspond to a population/AWC ratio of around 700 (instead of the present 1,000). It is worth noting that this is already the official norm for tribal areas. The adequacy of this norm, however, is conditional on the appointment of a second Anganwadi worker in each AWC.

C. Time frame of universalization

11. On two occasions (29 April 2004 and October 2004), the Honorable Supreme Court directed the Government of India to specify the time frame within which ICDS would be extended to all children below six, to all adolescent girls and to all eligible women. The order of 7 October 2004 is worth quoting on this:

By Order dated 29.4.2004, the Government of India was directed to file within three months an affidavit stating the period within which it proposed to sanction the remaining number of AWCS... It is most unfortunate that instead of three months, nearly six months have expired, the Government of India has still not filed the affidavit... In absence of the affidavit, we could have straightway issued directions for the sanction of the remaining AWCS... but having regard to the totality of the circumstances, we grant one final opportunity to the Central Government to file affidavit within a period of two weeks... We make it clear that if the affidavit is not filed, this Court will be left with no option but to issue directions for implementation...

12 We regret to state that in spite of such clear orders, the Government of India did not undertake to universalize within a stipulated time-frame and instead proceeded to contest the meaning of universalisation as directed by the Honorable Supreme Court.

13 Following on this, the Court may wish to proceed with specifying its own time frame for universalization of ICDS. Considering the gigantic nature of this task, a time frame shorter than two years would be unrealistic. On the other hand, extending the time frame much beyond two years would be doing a grave injustice to Indian children, who need to

be urgently protected from malnutrition and ill health. We would suggest one year for extending ICDS to all SC/ST hamlets, and three years for universal coverage.⁷

D. Social Equity

14. The Ministry of Women and Child Development in its letter dated 7 July 2006 has briefly clarified the coverage of SC/ ST beneficiaries under the scheme. We would like to draw the attention of the Honorable Court to the fact that the coverage of SC/ST children has been far from satisfactory, given that the percentage of undernourished children in the SC/ST population is far higher than the percentage of undernourished children in the population as a whole⁸. It is also a matter of concern that despite clear orders no clear action has been taken to implement the scheme in slums. The Honorable Court may therefore issue appropriate orders for coverage of all SC/ ST children and all SC/ST hamlets under the ICDS within a year.

15. Orders may also be issued to ensure coverage of all children living in slums, all disabled children and all children of migrant workers within the same time frame. The Ministry of Women and Child Development may please be directed to ensure that children of migrant workers be extended services under the ICDS with no requirements of any documents.

E. Scope of universal services

146. Before concluding, we draw the attention of the Court to the need for an important clarification about the scope of universalization in terms of services provided. The order of 28 November 2001 refers specifically to the extension of the Supplementary Nutrition Programme (SNP) to “each child under six years of age, each adolescent girl, each pregnant woman and each nursing mother”. However, the spirit of the order was clearly to call for the universalization of all essential ICDS services (nutrition, health and pre-school education), not just SNP. Indeed, good nutrition is not just a question of food intake, let alone “supplementary” food intake. It also requires a whole range of other enabling conditions such as appropriate breastfeeding and weaning, protection from communicable diseases, safe drinking water, nutrition education, etc. Further, the aim of ICDS is not just to ensure good nutrition but also to safeguard related rights of the child, such as the right to health and pre-school education. While ICDS alone cannot guarantee that these rights are fulfilled (for instance, safe drinking water is outside the scope of ICDS), it does bring them within the realm of possibility by providing an integrated bundle of essential services to children under six. The whole strategy of “integrated services” would collapse if the universalization of ICDS were to be reduced to

⁷ A very similar time frame was suggested by the National Advisory Council in its earlier recommendations to the Government of India, submitted in [October] 2004.

⁸ According to data from the National Family Health Survey II, the percentage of undernourished children in the total population stands at 47%. The corresponding figures for the SC and ST populations stand at 53.5% and 55.9% respectively.

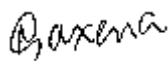
supplementary nutrition. Thus, it is essential to affirm that universalization of ICDS applies to all essential services and not just SNP.

F. Concluding Recommendations

In the light of these observations, we advise the Honorable Supreme Court to take the following steps:

1. Reassert the figure of 14 lakhs AWCs as a benchmark estimate of the minimum number of AWCs required for universalization of ICDS, based on existing norms.
2. Direct the Government of India to raise the number of AWCs to 14 lakhs within three years.
3. Direct the Government of India to formulate improved norms for the creation and placement of AWCs, in the light of this report, and in consultation with the Commissioners. The improved norms should be consistent with universalization in the sense that implementation of these norms would ensure convenient access to an Anganwadi (or mini-Anganwadi, as the case may be) to all children and eligible women.
4. Clarify that universalization of ICDS involves extending all ICDS services (not just supplementary nutrition) to all children below the age of six, all pregnant or lactating women, and all adolescent girls.
5. Direct Chief Secretaries of all State Governments/UTs to submit affidavits to the Honorable Supreme Court with details of all habitations with a majority of SC/ST households, the availability of AWCs in these habitations, and the plan of action for ensuring that all these habitations have functioning AWCs within two years.
6. Direct Chief Secretaries of all State Governments / UTs to submit affidavits to the Honorable Supreme Court on the steps that have been taken with regard to the interim order of this Court of October 7th, 2004 directing that “contractors shall not be used for supply of nutrition in Anganwadis and preferably ICDS funds shall be spent by making use of village communities, self-help groups and Mahila Mandals for buying of grains and preparation of meals”. Chief Secretaries of all State Governments / UTs must also commit to a time-frame within which the decentralisation of the supply of SNP through local community efforts will be made.

Sincerely,



Dr. N.C. Saxena



Harsh Mander

Annexure

Number of AWCs Required for Universalisation of ICDS⁹

| | Number of AWCs Required in 'Scheduled Tribe Dominated Habitations' | Number of AWCs Required in Other Habitations | Total |
|--|--|--|------------------|
| Andhra Pradesh | 11,244 | 79,619 | 90,862 |
| Arunachal Pradesh | 2,204 | 273 | 2,477 |
| Assam | 9,662 | 42,007 | 51,669 |
| Bihar^a | 25,053 | 142,628 | 167,680 |
| Goa | - | 1,178 | 1,178 |
| Gujarat | 14,136 | 37,854 | 51,990 |
| Haryana | - | 21,734 | 21,734 |
| Himachal Pradesh | 867 | 16,516 | 17,383 |
| Jammu & Kashmir | 2,178 | 14,381 | 16,559 |
| Karnataka | 3,570 | 59,971 | 63,541 |
| Kerala | 282 | 31,450 | 31,732 |
| Madhya Pradesh^a | 47,373 | 84,078 | 131,451 |
| Maharashtra | 13,855 | 84,101 | 97,956 |
| Manipur | 2,130 | 1,576 | 3,705 |
| Meghalaya | 5,818 | 113 | 5,932 |
| Mizoram | 902 | 27 | 929 |
| Nagaland | 2,470 | - | 2,470 |
| Orissa | 26,213 | 48,154 | 74,367 |
| Punjab | - | 23,846 | 23,846 |
| Rajasthan | 14,086 | 69,661 | 83,746 |
| Sikkim | 257 | 1,084 | 1,342 |
| Tamil Nadu | 1,572 | 64,720 | 66,291 |
| Tripura | 3,431 | 3,351 | 6,782 |
| Uttar Pradesh^a | 2,685 | 278,668 | 281,353 |
| West Bengal | 11,591 | 109,497 | 121,088 |
| Delhi | 23 | 1,355 | 1,378 |
| Other Union Territories^b | 674 | 1,290 | 1,964 |
| India (Rural) | 202,276 | 1,219,130 | 1,421,405 |

^a "Undivided".

^b Andaman & Nicobar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep, Pondicherry.

* For details of the calculations, see explanatory note below.

⁹ Based on deliberations of the National Advisory Council, October 2004 and February 2005

Table 2: Number of Anganwadi Centres (AWCs) Required in Urban Areas to Universalise ICDS *

| | Urban Population as per 2001 Census | Estimated Urban Population, September 2004 | No of AWCs Required |
|--|-------------------------------------|--|---------------------|
| Andhra Pradesh | 20,503,597 | 21,311,034 | 21,311 |
| Arunachal Pradesh | 222,688 | 228,380 | 228 |
| Assam | 3,389,413 | 3,515,291 | 3,515 |
| Bihar | 8,679,200 | 9,093,692 | 9,094 |
| Chhattisgarh | 4,175,329 | 4,365,333 | 4,365 |
| Goa | 668,869 | 687,457 | 687 |
| Gujarat | 18,899,377 | 19,705,345 | 19,705 |
| Haryana | 6,114,139 | 6,394,871 | 6,395 |
| Himachal Pradesh | 594,881 | 615,037 | 615 |
| Jammu & Kashmir | 2,505,309 | 2,587,139 | 2,587 |
| Jharkhand | 5,986,697 | 6,218,793 | 6,219 |
| Karnataka | 17,919,858 | 18,603,630 | 18,604 |
| Kerala | 8,267,135 | 8,543,882 | 8,544 |
| Madhya Pradesh | 16,102,590 | 16,848,533 | 16,849 |
| Maharashtra | 41,019,734 | 42,676,931 | 42,677 |
| Manipur | 570,410 | 588,461 | 588 |
| Meghalaya | 452,612 | 466,108 | 466 |
| Mizoram | 441,040 | 452,135 | 452 |
| Nagaland | 352,821 | 361,411 | 361 |
| Orissa | 5,496,318 | 5,713,885 | 5,714 |
| Punjab | 8,245,566 | 8,551,794 | 8,552 |
| Rajasthan | 13,205,444 | 13,860,437 | 13,860 |
| Sikkim | 60,005 | 61,819 | 62 |
| Tamil Nadu | 27,241,553 | 28,214,438 | 28,214 |
| Tripura | 543,094 | 557,746 | 558 |
| Uttar Pradesh | 34,512,629 | 36,394,382 | 36,394 |
| Uttaranchal | 2,170,245 | 2,242,013 | 2,242 |
| West Bengal | 22,486,481 | 23,115,950 | 23,116 |
| Delhi | 12,819,761 | 13,282,816 | 13,283 |
| Other Union Territories^a | 1,708,159 | 1,764,587 | 1,765 |
| India (Urban) | 285,354,954 | 297,023,332 | 297,023 |

^a Andaman & Nicobar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Lakshadweep, Pondicherry.

* For details of the calculations, see explanatory note below.

Explanatory Note

(1) Estimates for Rural Areas

For rural areas, AWC requirements for "Tribal" and "Other" habitations have been estimated using the central norm of one AWC per 700 and 1000 population, respectively. For instance, in Other habitations, it is assumed that one AWC is required in habitations with population below 1000, two are required in habitations with population between 1000 and 2000, and so on. Habitations with a population below 150 have been ignored (Supreme Court proceedings envisage that tiny habitations will be served by "extension counters").

Data on the size distribution of "habitations" on 30th September 1993 were obtained from the Sixth All India Educational Survey (Statistical Tables V6 and V8). After calculating AWC requirements in 1993 based on the above norms, the estimates were updated to 2004 by assuming that requirements are proportional to population. State-specific population growth rates (three-year average centred at 2001) were taken from the Sample Registration Bulletin, October 2003.

(2) Estimates for Urban Areas

For each state, urban population in 2004 has been estimated by combining 2001 Census figures with SRS estimates of population growth (Sample Registration Bulletin, October 2003). AWC requirements were then calculated by applying the central norm of one AWC per 1,000 population.