

# Collaboration of Integrated Child Development Services with Self-Help Groups to Decentralize the Supply of Supplementary Feeding at Anganwadi Centers

## BACKGROUND

The Integrated Child Development Services (ICDS) program provides supplementary food to millions of women and young children in India for approximately 300 days a year at ICDS-run *anganwadi* centers (AWCs). In the mid-1970s, ICDS began supplying centrally procured raw commodities or processed foods to AWCs.

In the last decade, the Supreme Court has issued a number of orders to decentralize the procurement of commodities in ICDS food programs. As a response, ICDS began to explore new ways of providing locally grown and appropriate foods. One approach was to involve women's self-help groups (SHGs), which are run at the community level, motivated by the possibility of generating income, and highly connected to the local food supply.

From 2002 to 2007, CARE India and ICDS piloted models in Andhra Pradesh and Madhya Pradesh that engaged SHGs in selected blocks for procuring, processing, and supplying food commodities for supplementary feeding. Today, Andhra Pradesh continues this initiative in two blocks. In Madhya Pradesh, the initiative was scaled up across the entire state from 2007 to 2012, but was modified in 2012.

## APPROACHES AND METHODS FOR COLLABORATION

In four blocks of Madhya Pradesh and one block of Andhra Pradesh, CARE led the design and coordination among stakeholders. At the state level, ICDS reviewed and approved CARE's design of the model and implementation approach for each pilot block. Subsequently CARE, in consultation with district ICDS officials, identified suitable SHGs, trained SHG members, and oriented ICDS's community-level workers. CARE, ICDS, and the SHG members jointly developed role clarity, guidelines, and operating procedures for implementing the new model.

Eighteen (18) SHGs participated in Madhya Pradesh and 6 SHGs participated in Andhra Pradesh. The local ICDS officer assigned each SHG 20–30 AWCs for which it had to procure, process, and supply food. CARE trained SHGs in processing and provided groups with the equipment and working capital on a credit basis. Pricing was worked out in such a way that it fit within the prescribed ICDS cost norms, and the group members earned wage labor through the sale of the commodities. SHG members were responsible for delivering the stocks to AWCs. *Anganwadi* workers received processed food from SHGs and certified the receipts, which were used by



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SHGs to claim reimbursements from the ICDS block office on a monthly basis. This effort provided an income-generating opportunity for SHGs, as well as an opportunity to learn business and skills within their social and domestic constraints as women.

CARE and ICDS jointly monitored progress in the supply of foods and the payments from ICDS to SHGs. CARE undertook periodic process assessment and documentation efforts with support from the state government.

In scale-up areas, CARE provided state-level technical and coordination support, and helped state ICDS offices in developing training modules, procurement procedures, fund-flow practices, and food-safety mechanisms. The state government provided equipment and machinery, along with working capital. CARE and other development partners in the state supported the training and orientation of ICDS staff and SHG members on the new food model.

## KEY FINDINGS

Through this collaboration, CARE and its partners were able to innovate and demonstrate a locally sustainable model of community-managed food, funded entirely by in-country resources. State governments, especially ICDS and livelihood promotion programs, were able to find another operational approach for income generation for women groups within their own villages. Community members benefited from the provision of locally produced foods at AWCs.

CARE is no longer involved in supporting the initiative in either state. The pilot in Andhra Pradesh was scaled up to three more blocks by the state government, but now only continues as it was designed originally in two blocks in the state.

In Madhya Pradesh, the pilot was scaled to the entire state for nearly 5 years, but modified in 2012. CARE's internal assessment of the original pilot in Madhya Pradesh indicated a number of challenges to success. One was that SHG members found the processing of food to be too labor

intensive. Another challenge was that ICDS paid SHGs late in several places, which greatly affected the working capital and wage components of the intervention. Over time, several members of the SHGs dropped out from the enterprise, as their wages from ICDS were inadequate compared with what they could earn elsewhere for doing the same work. With the increased cost of inputs and no commensurate increase in cost norms in ICDS, the profitability reduced significantly and the groups could not sustain themselves. Additionally, without continued coordination by an external agency like CARE, the model proved to be unsustainable.

Using lessons learned from the pilot, ICDS was able to adapt the approach in Madhya Pradesh. In that state, SHGs still cook and provide cooked food to each AWC. Currently, in each village, ICDS gives one SHG the responsibility of procuring rice, pulses, oil, vegetables, condiments, etc., and pays this SHG wages for cooking the food daily for 3–6 year olds. ICDS also pays two to three SHGs per block for procuring and packaging pulses and dry snacks as take-home rations for mothers and young children.

## SIGNIFICANCE AND APPLICATION

In the last decade, there has been a large-scale expansion of SHGs under the National Rural Livelihood Mission. There are significant opportunities to engage SHGs and other community-based organizations with ICDS in critical activities to alleviate undernutrition. Especially when income-generation activities are included, the participation of SHGs increases drastically.

However, though procuring, processing, and supplying food commodities for supplementary feeding have the potential to offer income-generating opportunities for SHGs, the workload and drudgery involved should all be realistically addressed in planning before initiating such efforts. Profit margins for community-based groups like SHGs quickly vanish when cost norms are not indexed to inflation.

These important lessons need to be factored in the design of future schemes targeting nutrition supplements through ICDS and similar platforms involving cross-sector collaboration for longer-term sustainability.

## Led by IFPRI

### Partnership members:

Institute of Development Studies (IDS)

Public Health Foundation of India (PHFI)

One World South Asia

Vikas Samvad

Coalition for Sustainable Nutrition Security in India

Save the Children, India

Public Health Resource Network (PHRN)

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**Together for Nutrition 2014**

Working Across Sectors to Improve Nutrition in India



This Implementation Note was prepared for the *Together for Nutrition 2014: Working Across Sectors to Improve Nutrition in India* conference, held October 29–30, 2014, in New Delhi. This conference was co-hosted by POSHAN and Transform Nutrition and served as an important platform for learning and facilitating discussion around the challenging task of bringing diverse sectors together to improve maternal and child nutrition in India. For more about the conference and other papers on the topic of multisectoral convergence, please visit <http://poshan.ifpri.info/>.

### About Transform Nutrition

Transform Nutrition is a consortium of five international research and development partners funded by the UK government. Over 5 years, from 2012-2017, Transform Nutrition aims to transform thinking and action on nutrition and strengthen nutrition-relevant evidence in order to accelerate undernutrition reduction in South Asia and sub-Saharan Africa. For more information, please visit [www.transformnutrition.org](http://www.transformnutrition.org).

## ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

## ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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