



# Uddeepan Strategy

*Bringing Change in  
Integrated Child Development Services in Bihar*

November 2015



Sector Wide Approach to Strengthening Health (SWASTH) in Bihar, Government of Bihar Initiative  
Supported by Department for International Development (DFID), UK

Bihar Technical Assistance Support Team (BTAST)



Knowledge product  
developed by





The background of the entire page is a photograph of several women sitting on the floor in a community meeting. They are looking down at papers or documents they are holding. The women are dressed in traditional Indian attire, including colorful saris. The setting appears to be an indoor space with a tiled floor and some red plastic chairs visible in the background.

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## ABOUT THIS PROGRAMME REPORT

The programme report has been developed to describe the functioning of Uddeepan Strategy in Bihar. It draws from the internal reports developed by BTAST, including *A note on Uddeepan Strategy* and *Report on functionality of the Uddeepan Kendra*, which have been extensively referred to in this document. Information from the ground was also gathered through a field trip that was conducted in the Dagarua block of Purnea district, Bihar. This included some in-depth semi-structured personal interviews and focus group discussions.

## SECTOR WIDE APPROACH TO STRENGTHENING HEALTH (SWASTH)

Government of Bihar Initiative Supported by DFID, UK

The SWASTH programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services, particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening & human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.



A photograph of three women sitting on a tiled floor, looking at a document. The woman on the left is wearing a red sari. The woman in the middle is wearing a black and white patterned sari. The woman on the right is wearing a red sari. They are all looking at a document that is open on the floor. The woman on the right is pointing at the document with her right hand. The woman in the middle is holding a green pen. The woman on the left is holding a small box. The background is a tiled floor with some shoes and a small object on it.

## SUMMARY

*Persistent child undernutrition has been a significant challenge in India, despite the country's recent economic progress. The Integrated Child Development Services (ICDS) scheme, which has been the government's large scale response to the issue since 1975, has faced many challenges and its strengthening continues to be one of the key items on the agenda of policy influencers in India.*

*Given the larger challenges faced in Bihar, Sector Wide Approach to Strengthening Health (SWASTH) in collaboration with the Government of Bihar has introduced an innovative strategy called-the Uddeepan Strategy. The strategy involves the strengthening of an Anganwadi Centre (AWC) at the Gram Panchayat level that acts as a resource centre hub -called the Uddeepan Kendra, or the Nodal Anganwadi Centre (n-AWC). These centres serve as a hub for a cluster of 8-10 AWCs in the particular catchment area and provide mentoring support to the Anganwadi Workers (AWWs) through an additional worker-Uddeepika.*

*This programme report describes the strategy, its components and the process. It also presents some of the early learning lessons emerging from the programme implementation.*



## INTRODUCTION

The World Health Organization (2014)<sup>i</sup> estimates that currently one out of every seven children is underweight in developing countries, and the prevalence in South Asia is particularly high due to the large population in this region. The *HUNGaMA Survey*<sup>ii</sup> conducted across 100 focus districts of India found that 42% of the children were underweight and 59% were stunted. Undernutrition is responsible for high levels of child mortality and impaired cognitive development.

According to the World Bank (2015)<sup>iii</sup> estimates, under-five mortality rate in India is 48 per 1,000 live births. Malnutrition is estimated to be responsible for nearly 45% of all deaths in children under five globally<sup>iv</sup>. Poor nutrition can also have inter-generational effects, particularly among vulnerable groups. Apart from these direct impacts, undernutrition can perpetuate poverty due to individual productivity losses and can affect a country's overall economic development.

In India, the nutritional status varies across states with some of the highest rates of underweight being reported in Bihar (37%) and Jharkhand (42%)<sup>v</sup>. The *Annual Health Survey* (AHS) showed that only 37% of the children in Bihar are breastfed within one hour of birth and just 31% are exclusively breastfed for at least six months. Under Five Mortality Rate (U5MR) is as high as 70 per 1,000 live births<sup>vi</sup>. Compared to other states, Bihar has low human development index value of 0.36<sup>vii</sup>. There exist large variations in children's nutritional status within Bihar.

In such contexts, well-designed programmes that have a large outreach are key to improving the status of the large number of malnourished children. The Government of India introduced the Integrated Child Development Services (ICDS) in 1975, under the aegis of the Ministry of Women & Child Development that reaches out to children 0-6 years old, pregnant women and lactating mothers through over a million village-based crèches called Anganwadi Centres (AWCs) across the country. ICDS aims to address the issues of child malnutrition and morbidity by providing supplementary food, pre-school education and primary health care. Anganwadi Workers (AWWs) and Anganwadi Helpers have been the frontline workers of the programme who provide these services to local

communities on a daily basis. However, ICDS has faced several challenges over the years as some major components such as infrastructure, basic amenities and training still require considerable strengthening across the country. Due to the operational issues, not just the quality of services but also the coverage of ICDS has been problematic.<sup>viii</sup>

In addition to the challenges experienced by the ICDS system generally in the country, studies on the ICDS operations in Bihar reflect the state level implementation challenges such as:

- a) absenteeism of *Sevikas* (Anganwadi Workers) and *Sahayikas* (Anganwadi Helpers);
- b) low presence of children in pre-school education;
- c) lack of knowledge and capacity among *Sevikas*;
- d) inadequate supervision of Anganwadi *Sevikas* by the ICDS supervisors and the Child Development Project Officers (CDPOs) due to increased workforce;
- e) lack of awareness and capacity of *Sevikas* and helpers to perform functions like organisation of the Village Health, Sanitation and Nutrition Days (VHSNDs), Bachpan Diwas and growth monitoring.

### NUTRITIONAL STATUS OF CHILDREN IN BIHAR



**37% CHILDREN ARE BREASTFED WITHIN ONE HOUR OF BIRTH**



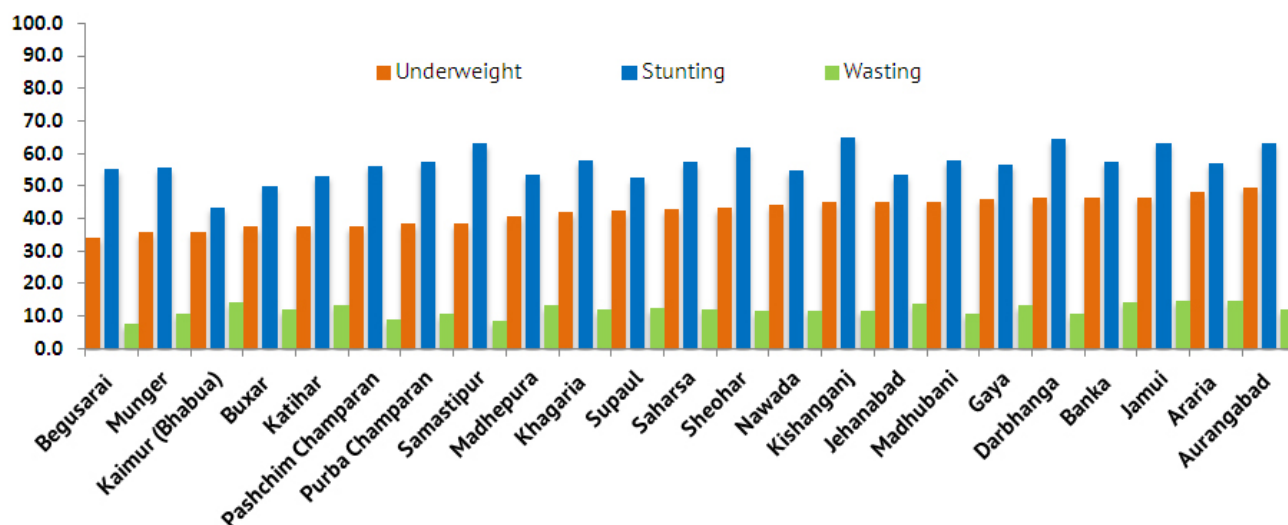
**31% CHILDREN ARE EXCLUSIVELY BREASTFED FOR AT LEAST SIX MONTHS.**



**THE UNDER FIVE MORTALITY RATE (U5MR) CONTINUES TO BE AS HIGH AS 70 PER 1000 LIVE BIRTHS**

*Source: Annual Health Survey 2012-2013; Registrar General and Census Commissioner, India*

## STATUS OF UNDERNUTRITION AMONG U5 CHILDREN IN SELECTED DISTRICTS IN BIHAR



(Source: HUNGaMA Survey Report - 2011)



The Udeepan Strategy was designed by the Bihar Technical Assistance Support Team in collaboration with ICDS in Bihar, to be piloted in 1731 Anganwadi Centres across 9 districts including Araria, Banka, Jamui, Kishanganj, Madhubani, Madhepura, Purnea, Sheohar, and Supaul.

## THE UDDEEPAN STRATEGY

In order to help strengthen the ICDS scheme, SWASTH in collaboration with the Government of Bihar introduced the Uddeepan Strategy. This is SWASTH's flagship intervention that was launched in 2014, by the Government of Bihar with the financial support of the Department of International Development (DFID, UK), and technical support of Bihar Technical Assistance Support Team (BTAST) across nine priority districts in the state. The strategy was designed by BTAST in consultation with the ICDS officials in Bihar.

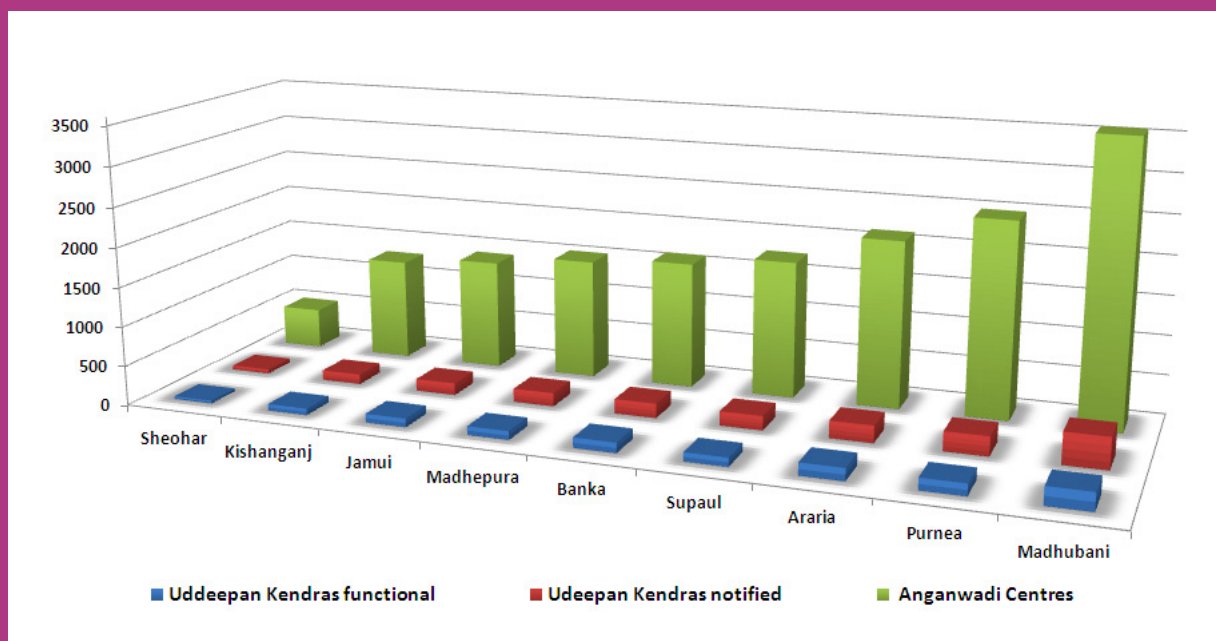
The strategy involves the strengthening of an AWC at the Gram Panchayat level that acts as a resource centre hub called the Uddeepan Kendra, or the Nodal Anganwadi Centre (n-AWC). These centres serve as a hub for a cluster of 8-10 AWCs in the particular catchment area and provide mentoring support to the AWWs through an additional worker - Uddeepika. The aim of the strategy is to improve the quality of ICDS scheme by strengthening the Uddeepan Centres to become model centres that other AWCs would

emulate, and building capacities of AWWs so that they are able to provide better and regular services. The Uddeepan Strategy also places special emphasis on the inclusion of Mahadalit communities or the poorest among dalits. The following are the specific objectives of the Uddeepan Strategy:

- Providing technical input to the AWWs
- Promoting peer learning processes
- Building capacities of the AWWs through handholding support on a regular basis
- Creating an institutionalised system of supportive supervision at Panchayat level
- Demonstrating a culture of teamwork
- Encouraging community interaction and participation

The Uddeepan Strategy was first introduced in the Kishanganj district and progressively in the other eight priority districts of Purnea, Araria, Madhepura, Supaul, Madhubani, Jamui, Banka and Sheohar.

UDDEEPAN FUNCTIONALITY STATUS, OCTOBER 2015





## THE PROGRAMME COMPONENTS AND PROCESS

The establishment of the Uddeepan Kendras and the appointment of Uddeepikas have followed a rigorous process and involves a set of components which are laid down below.

### *Selection of Uddeepan Kendras*

The n-AWC to be upgraded as an Uddeepan Kendra was identified based on predefined criteria that were developed by the Directorate of ICDS and BTAST together. These include:

- The Uddeepan Kendra should be centrally located so that it is easily accessible to the AWWs
- It should be located in a government building
- It should have adequate space for conducting meetings and organising the ICDS initiatives such as the VHSNDs, National Health Education Days (NHEDs), etc.
- Availability of the ICDS scheme

### *Upgradation and Procurement*

The identification of an n-AWC to be upgraded as an Uddeepan Kendra is followed up by infrastructure upgradation at the centre which includes any repairs and painting, procuring essential material like water filter, *dari* (rugs), chart papers, chairs, tables, barrels for water-storage, teaching and learning materials, shelves, mirror and nail cutter.

### *Recruitment of Uddeepikas*

The State Society for Ultra Poor & Social Welfare with support from BTAST developed detailed guidelines for the selection of Uddeepikas. Human resource agencies were hired to undertake the recruitment process of Uddeepikas. Through widely publicised advertisements in local newspapers, eligible candidates were asked to apply to the jobs in a prescribed format. The minimum qualification for selection of an Uddeepika was Class XII qualification or an under-graduate degree from any board or council recognised in India, having scored at least 55% marks.



**Nand Kishore, District Programme Officer, ICDS, Purnea**

*"Uddeepikas are a role model for not just the Anganwadi workers but for the whole community. On one hand, they inspire the Anganwadi Workers to work better and on the other, the community honours her education and leadership qualities."*

An Uddeepika selection committee was set up and chaired by the ICDS District Programme Officer (DPO). Other committee members included the CDPO as the secretary, an officer from Scheduled Caste and Scheduled Tribe community and a non-government organisation (NGO) representative, both nominated by district level officers. This selection committee is responsible for announcing the names of the selected candidates, preparing and terminating the contracts, as per need.

Shortlisted candidates were called for an entrance test which assessed them for their Hindi language skills, aptitude and understanding, and reasoning and problem solving skills in relation to women and child development. An initial list of all the selected candidates was prepared and displayed at the office of the DPO. Any clarifications or objection from any candidates arising from this were resolved by the District Selection Committee before the final list was submitted to the Nutrition Monitoring Unit (NMU) at the state level. A final Panchayat-wise list

was then displayed at the office of the DPO. The selected candidates were informed through a written confirmation and the contract was signed by the DPO. An Uddeepika receives an honorarium of Rs. 5,000 per month.

### *Training and Capacity Building*

The concept and practice of capacity building is one of the major components of the Uddeepan Strategy. Uddeepikas draw from their education and training for mentoring the AWWs on issues related to nutrition, health and hygiene. This knowledge is expected to percolate down to the community through the AWWs.

The CDPO, Lady Supervisor and officials from BTAST who are trained at the state level in turn train Uddeepikas at the district level. Newly recruited Uddeepikas are provided six days of on-the-job training to induct them on a variety of topics such as the ICDS, symptoms of malnutrition, and care, supervision and reporting mechanism of the ICDS, Bachpan Diwas, social audit, NHED and VHSND. A subsequent round of training for two days is held at a later stage.

At the district level, it is the DPO who is the nodal officer responsible for planning, organising and monitoring of training in consultation with NMU. Uddeepikas also receive ongoing support and guidance from the CDPO



**Rajni Gupta, Child Development Project Officer, ICDS, Dagarua, Purnea**

*"I am responsible for ensuring coordination between the Lady Supervisor, Uddeepika and Anganwadi Worker. I try to make the Uddeepikas understand that their role is not to monitor but provide handholding support to Anganwadi Workers. Also, I keep regular updates of the field activities."*

and Lady Supervisor. The CDPO guides the Uddeepika during monthly meetings and cluster meetings. Similarly Lady Supervisors interact with Uddeepikas during cluster meetings and provide the required inputs. Thus, there is continued capacity building for Uddeepikas.





## UDDEEPAN FUNCTIONALITY STATUS AS ON 31ST OCTOBER 2015

District	Total Uddeepikas recruited	Total no. of functional Centres upgraded	Total no. of Uddeepan Centres	Procurement done at Uddeepan Centres
Araria	157	157	83	73
Banka	129	129	165	130
Jamui	110	110	98	83
Madhubani	227	225	116	145
Sheohar	36	28	12	11
Supaul	112	0	86	175
Kishanganj	83	80	85	45
Purnea	149	149	123	246
Madhepura	110	108	88	68
<b>Total</b>	<b>1113</b>	<b>986</b>	<b>856</b>	<b>976</b>

### *Awareness Generation, Information and Education*

The ICDS scheme strongly emphasises on creating awareness among the community on appropriate feeding and caring practices. The AWWs are the leading agents through whom ICDS aims to disseminate messages for awareness generation, information and education. They have the responsibility of sensitising the community on health, hygiene, feeding and caring practices. However, excessive workloads have often affected their ability to also work on sensitising the community. The AWWs in the selected Gram Panchayats where the Uddeepan Strategy has been introduced now receive support from the Uddeepikas during home visits.

The Uddeepika accompanies the AWWs and meets pregnant women and lactating mothers to counsel them on various health and nutrition issues. For example, while lactating mothers are advised on the importance of breastfeeding for the first six months and the need for initiating complementary feeding after six months or the necessity for handwashing before preparing food, pregnant women are advised rest for at least two hours in a day, eating green vegetables, regular weight checks, consumption of

iron-folic acid tablets, importance of institutional delivery and so on.

Uddeepikas also help the AWWs counsel mothers of malnourished children on the importance of consuming nutritious food. In case children are severely malnourished, they are advised to visit the nearest Primary Health Centre (PHC).

### *Strengthening Local Communities*

One of the criteria for applying for the post of an Uddeepika is that the candidate should belong to the same Gram Panchayat of the service area. Uddeepikas are therefore local women who work with the AWWs (also local women) to strengthen the ICDS scheme locally. Thus, the programme works on aspects of creating local ownership for the AWCs, and strengthening the capacities and knowledge of existing human resources who can contribute to sustainable positive outcomes.

### *Community Participation*

The Uddeepan Strategy aims to increase participation of community through meetings, VHSNDs and social audits. The community is invited to attend meetings

at the Uddeepan Kendra. It is the Uddeepikas who are responsible for arranging one community meeting every month at their respective Uddeepan Kendras. Uddeepikas and AWWs discuss various issues on health, nutrition and sanitation. The meeting also provides a platform where the community gives its feedback and expresses any grievances related to ICDS.

The VHSND initiatives are designed for providing health services at the AWCs on Wednesdays and Fridays, which are fixed days for immunisation. The Uddeepikas orient the AWWs to plan and organise the VHSNDs and ensure maximum community participation. These days are also used for generating awareness on nutrition, health and sanitation. Uddeepikas also coordinate with health functionaries for effective delivery of quality services.

Social audit is yet another event which sees community participation at the Uddeepan Kendra. The Uddeepikas plan with the AWWs on how to organise a social audit. A social audit is conducted twice a year where the community has open access to reports and records of the AWC. Social audits enhance the accountability and transparency of the ICDS scheme. The community members are encouraged to express their opinions on the services received from the AWCs.

### *Peer Learning*

Meetings for the cluster of 8 – 10 AWCs that come under the purview of each Uddeepan centre in a Gram Panchayat are organised regularly. These have been designed to encourage cluster-wise networking and peer

learning. It provides a formal platform for knowledge sharing, exchange, discussions and debates. The cluster meeting is held every week at the Uddeepan Kendra and is chaired by the Uddeepika, and all the AWWs from the cluster are expected to attend it.

The cluster meeting is pre-arranged where the DPO issues a letter instructing the CDPOs to confirm their presence along with the Lady Supervisors in the meeting. It has a clear objective of improving the AWC and the quality of its services through knowledge sharing.

Cluster meetings encourage cross learning between Uddeepikas and the AWWs, and among the AWWs themselves. Here, the AWWs share their field experiences and challenges faced by them during the delivery of the ICDS scheme. Similarly Uddeepikas discuss their observations from their visits to the AWCs in the cluster. Thus, meetings provide a space for setting goals, reviewing the milestones and undertaking necessary measures to overcome challenges. Also, it gives an opportunity to Uddeepikas to establish themselves as peer leaders, thereby improving their acceptability. A cluster roster is prepared at the block level finalising the day of the meeting and ensuring the presence of the Lady Supervisor.

### *Social Inclusion*

The ICDS programme seeks to promote equity and social inclusion of marginalised communities. The Uddeepan Strategy, in coherence with this aim, gives high priority to developing practices that will improve the participation of historically marginalised groups. In the context of





Bihar, there is a need to not only extend ICDS scheme to the Mahadalit communities, but also to involve them in the participatory processes (discussed above) so that it instils a sense of ownership and encourages demand for the ICDS scheme.

The Uddeepikas encourage the AWWs and work with them to draw village maps and identify the Mahadalit households within it. Through supportive supervision Uddeepikas also encourage the AWWs to prioritise home visits to the Mahadalit communities. Also, in Bihar, as there is a limit on the number of households that can benefit from the Anganwadi nutrition services, there is need to ensure that Mahadalits are not excluded. Uddeepikas therefore help sensitise the AWWs to give preference to Mahadalit communities who need the ICDS benefits the most.

### Monitoring and Evaluation

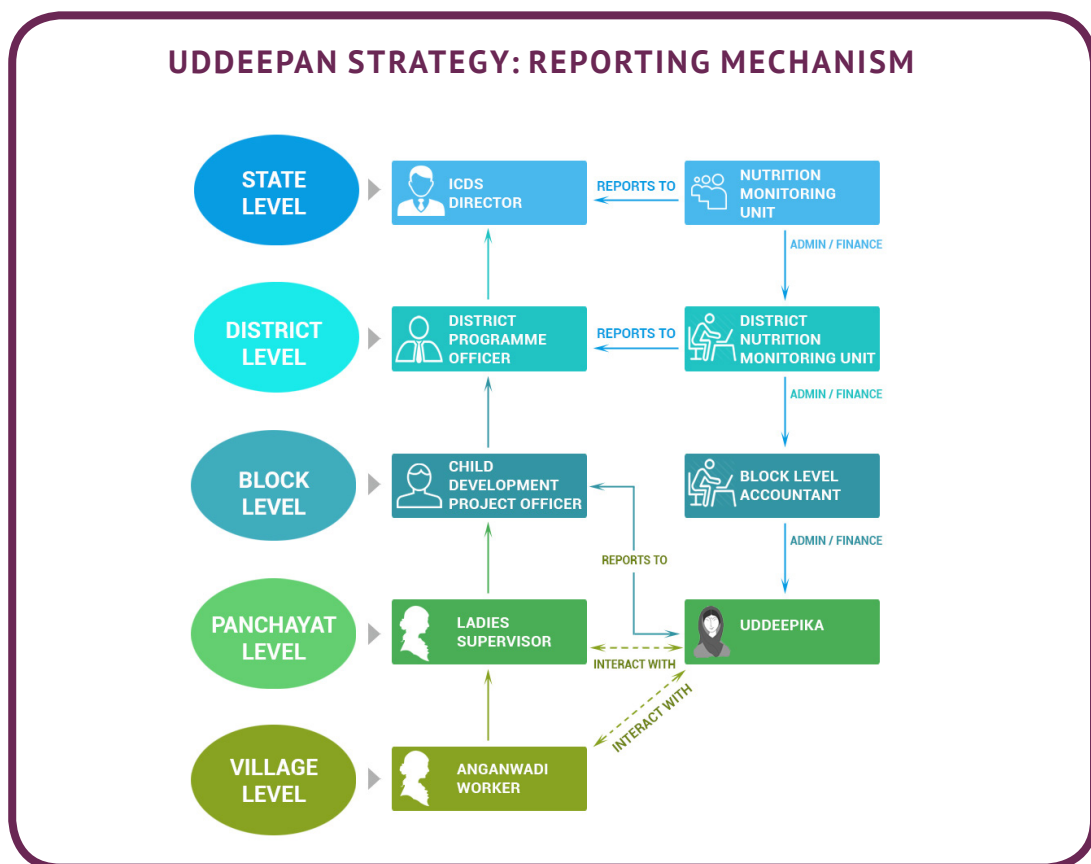
The Uddeepan Strategy has a strong focus on monitoring and evaluation. It has a vertical system of

reporting where data is collected and collated at all the levels-- field, block, district and state.

At the field level Uddeepikas maintain reports on the profile of each AWW, cluster meeting, field visits and monthly progress. All of these reports have prescribed formats which need to be duly filled in and submitted to the CDPO.

At the block level, the CDPOs maintain a database on information about the Uddeepika and compile block level monthly reports which are submitted to the DPO. Similarly at the district level it is the DPO who gathers data and information from the Monthly Progress Reports (MPRs) received from the block level and submits it to the state.

It is at the state level that the data is reviewed and discussed in the monthly meetings at the ICDS Directorate. An independent evaluation is also being undertaken to assess the actual impacts of the programme.



## EMERGING LESSONS

Although the programme is still underway and an independent impact evaluation has been commissioned, in the mean time the following programmatic learning is emerging:

### *Home visits are more regular*

Uddeepika have been successful in instilling confidence in the AWWs to regularly counsel women on a one-to-one basis through home visits. Previously, excessive workloads would prevent the AWWs from making regular home visits. Now with support from Uddeepikas, the AWWs have prioritised home visits as part of their responsibilities.

### *AWWs improve their skills and confidence*

Most AWWs have been working for the ICDS scheme for more than a decade and are entrenched in traditional ways of working. There was low acceptance in acquiring new knowledge and

reluctance about preparing growth monitoring charts and maintaining registers, amongst several of them. This called for ongoing one-to-one supportive supervision and mentoring, which was difficult for Lady Supervisors to provide as they are responsible for 30 to 40 centres.

The role of the Uddeepikas has been to guide the AWWs on proper method of weighing and recording weight for effective plotting on the growth chart.

After the provision of handholding support, it is being seen that Uddeepikas are increasingly able to encourage the AWWs to not only prepare growth monitoring charts and reports, but also improve the quality of their work. Project functionaries have also noted changes in the patterns of counselling conducted by the AWWs. Inter-personal communication skills have been improving and this is encouraging specific households to access services. For instance, several households are now aware of the importance of weighing pregnant mothers and babies and are seeking such care.

### *Pregnant women and new mothers seem more receptive to messages*

Uddeepikas along with AWWs have been counselling and advising pregnant women on the importance of having institutional deliveries. They provide birth-preparedness advice and emergency contact numbers to pregnant mothers. With the joint efforts of the Uddeepika, AWW, Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM), more women seem to express the inclination to opt for institutional deliveries. The project officials have noted that as a result of the concerted counselling and home visits from Uddeepikas and AWWs, breast-feeding practices among the community are improving.

### *Data management and feedback mechanism are improving*

Project functionaries who work closely with the Uddeepikas note that after the Uddeepan



**Nirjala Devi, who is in her third trimester**

*"I have been asked to take rest for two hours during the day and sleep for at least eight hours during the night. I have also been advised to increase the frequency and quantity of food. I have increased my intake of green vegetables and fruits. I am becoming a mother for the second time and I will definitely choose institutional delivery."*





(From left to right) Jyoti Kumari, an Uddeepika, with beneficiaries Gunja Devi and Pinki Devi, who are in their third trimester of pregnancy. While Gunja is becoming a mother for the second time, Pinki is experiencing pregnancy again after a previous miscarriage. Talking about their experiences, Gunja and Pinki say:

*"We were asked to consume iron-folic acid syrup each day and take adequate rest. We take the syrup regularly. We will choose institutional delivery at the nearest health care centre. We know that the ASHA and ANM are there to help us during labour the pain. We also know that vehicles are available for taking us to the nearest health centre."*

Strategy was introduced, the cluster meetings, peer-interactions and the handholding support from the Uddeepikas has helped AWWs fill the registers and reports on time, improved the accuracy of data, and encouraged timely submission of monthly reports.

This has helped to collate and store data at higher levels, i.e. block, district and state. A more regular and timely reporting has also helped the feedback mechanisms to improve.

### *Infrastructure continues to be a challenge despite some improvements*

Although many AWCs operate from permanent buildings, there are several others that are based in temporary structures. The lack of permanent structures is a significant problem as it is difficult to display charts and store equipment. Many AWWs are yet to have basic facilities like toilets, drinking water sources, or playing space for children on the premises. For instance, in the Dagaru block of Purnea District in Bihar,

four temporary structures had to be chosen to be Uddeepan Kendras, as there were no permanent buildings. The Uddeepan Strategy aims for other AWCs to emulate the Uddeepan Kendra and gradually improve their standards of service delivery. But in the absence of permanent structures, the process of such transformation is very difficult.

The ICDS delivery is also affected if auxiliary centres do not have suitable infrastructure. Under referral services, the AWW refers malnourished children to the nearest Nutrition and Rehabilitation Centre (NRC). It has been noted that some blocks like Dagarua do not have an NRC which hampers the referral services. The next possible option is to refer a malnourished person to the closest PHC in the absence of the NRC.

#### *Community meetings need larger participation*

The Uddeepan Strategy encourages community participation through community meetings. However, participation in these meetings continues to be low as most members are occupied with agriculture-related activities throughout the year. The opportunity cost of participating in such meetings is high for the poorer communities which cannot afford to forego regular income. Communities usually take greater interest in the ICDS scheme when they receive tangible benefits. And by its nature supplementary nutrition sees greater participation when compared to other services such as immunisation, health check-ups, referral services, pre-school education etc.

#### *Cluster meetings tend to not have full attendance*

While some AWCs are located close to the Uddeepan Kendra, others are located at a distance of more than 2 km. In difficult terrains, AWWs find it inconvenient to travel long distances for attending cluster meetings on a weekly basis. Personal reasons such as pregnancy and marriage also affect attendance rate. The success of the cluster meetings is dependent on peer processes and learning, which is difficult without

an adequate number of participating AWWs. In view of this, the ICDS related staff is considering reducing the frequency of the meetings for improving the attendance rate. Reducing the number of cluster meetings could also retain the interest of the AWWs as there may be more experiences and learnings to share as a result of the longer gaps.

#### *Processes need further streamlining and strengthening*

Although the Uddeepan Strategy was rolled out in several districts, the progress of upgradation and procurement has varied across districts. Bureaucratic procedures can also affect the progress of the project. With regard to recruitment of Uddeepikas, in some areas a few posts continue to remain vacant due to absence of educated women in those areas.

In addition, to keep Udeepikas and other project functionaries up-to-date, frequent refresher trainings are needed apart from on-the-job training received from resource teams or the Lady Supervisors, CDPO, etc. These would be useful in reviewing the key concepts, introducing new concepts and equipping Uddeepikas to tackle field challenges.

#### *Uddeepikas face challenges as new entrants in the ICDS implementation*

The AWWs have been the flag bearers of the ICDS scheme over the last few decades. As most of the Uddeepikas are younger than the AWWs, many of them have been initially hesitant in accepting their advice and suggestions. The CDPO has often played a key role in building a rapport between Uddeepikas and the AWWs in such cases. Uddeepikas, in addition, are also counselled and advised on how to gain the confidence of the AWWs for increasing their acceptability among them. It is also important to enhance the knowledge and capacities of Uddeepikas in such a way that the AWWs can trust them as repositories of knowledge.



## SUSTAINABILITY AND REPLICABILITY

The project's sustainability is dependent on ability and resource capacities of the state Government to adopt and integrate the Uddeepan Strategy as a part of the ICDS programme. To rigorously assess impacts, a longer project cycle and an independent evaluation are needed. At the same time, this intervention which has been operational for more than a year in the state of Bihar, shows some positive changes emerging even at this nascent stage.

In terms of sustainability, the Uddeepan Strategy has promoted community participation through meetings, VHSNDs and social audits. A strong bottom-up approach and two-way information flow guarantees exchange of knowledge at all levels. This exchange has facilitated changes in project planning from time to time. Eventually a sense of ownership among the community members is expected to lead to a demand for quality ICDS.

Also, the Uddeepan Strategy has involved state level policymakers since the inception of the project, received approval on project design and implementation strategy from the Social Welfare Department and shared its experience and learning with different stakeholders including the

state, district and project officials as well as other agencies like non-government organisations, private organisations, educational institutions, etc. Also, the intervention has a well-planned and rigorous monitoring system. This enables the project functionaries to reassess and plan from time to time.

The Uddeepan Strategy is an innovative solution that can be replicated in other states. Although, replication in terms of implementation would largely depend on financial, technical and political support received by the programme, a strong possibility of concept replication<sup>ix</sup> by different states can be envisaged. Replication in terms of introduction of additional human resources to provide mentoring support for AWWs in the ICDS programme to strengthen existing capacities is possible. This would provide not only the much required additional support at the AWC level but also help improve the quality of service delivery.

Universalisation of the ICDS programme targets “to reach the unreached in each and every habitation of the country” (Ministry of Women & Child Development; Undated: 12). This would necessitate restructuring of the ICDS system through improvements in infrastructure and capacity building of human resources. The Uddeepan Strategy would be an apt innovation that could be integrated as a part of this restructuring.

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## ACKNOWLEDGEMENTS

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