

Strengthening ICDS Services Through Program Leadership Development

Context and Purpose

The Integrated Child Development Services (ICDS) program is well designed and well placed to address the multidimensional causes of child malnutrition in India. While working with ICDS, the Integrated Nutrition and Health Project (INHP) has learned that it is so important for the Government system to have (a) coherent programme leadership; (b) quality data-analyses for differential planning and supervision; and (c) enthusiastic grass-roots functionaries to enhance nutritional outcomes. To deal with these issues, INHP designed a set of interventions to provide ICDS with new strategies for bridging the operational management gaps. One of the important strategies was *Programme Leadership Development (PLD)*, which focused on enhancing the capabilities and responsiveness of Child Development Project Officer (CDPO) and the sector supervisor, to enable them to perform in a more focused and effective manner.

Getting it Right

During the initial period of its operation, INHP had the components of system strengthening and community engagement, and the inputs were designed keeping program leadership in the backdrop. The intervention took a more structured approach as it evolved.

1. Process evolved

As part of the core areas of PLD intervention, CARE developed a set of effective processes and tools,

which contributed to building capacities of ICDS functionaries. The PLD took shape in INHP III—in a structured manner:

- **Program Content Validation:** Program design shared with all state and district authorities to incorporate their suggestions and input to ensure acceptance of PLD at all levels.
- **Program Roll-Out:** Training workshops organized with strong backing from state officials;
- **Deeper Understanding of Content by Program Leaders:** Cross-visits organized to give ICDS Program Leaders exposure to ground realities and allow participants to seek clarification on program content.
- **Handholding Support:** Ongoing support provided during block/Anganwadi Center (AWC) visits, CDPO review meetings, and convergence meetings and handholding support provided during district level reviews.
- **Review & Feedback:** Review of CDPOs' action plans by ICDS district manager and overall program monitoring at state level.

2. Driving elements of PLD

2.1. Strengthening Programme Convergence

Programme Convergence is essential to bring together ICDS and health functionaries to jointly identify issues and plan appropriate actions. The PLD emphasized this need more emphatically in setting the agenda, facilitating quality discussions,

and reviewing data from district and block monthly progress reports and field visit observations. It also helped to overcome deficits by leveraging resources (both physical and intellectual).

2.2. Supportive Supervision

Handholding supports adopted by many ICDS programme managers to strengthen their monitoring mechanisms were found useful. ICDS officers identified programmatic gaps during their joint field visits, supported Anganwadi workers (AWW) to minimize implementation gaps, and used sector forums for need-based capacity building and demonstration of infant and young child feeding to ensure quantity, quality and frequency. Under supportive supervision the underperforming Anganwadi Workers (AWWs) improved their record keeping and tracking behaviours along with effective counselling during home visits.

2.3. Data Management and Decision-making

PLD facilitated to expand the use of data from merely reporting to higher authorities to more strategic use such as for differential planning and decision-making. The 'data' to not to just report, but facts to act.

2.4. Human Resource Management

The core element of leadership is the ability of an individual to influence, motivate, and enable others to contribute towards the effectiveness and success of the programme. To do this effectively, INHP teams supported state governments and ICDS programme managers in identifying performance indicators that should be used to reward AWWs. Modular leadership training was provided at district, block, and sector levels.

The importance of differential inputs was emphasized to build up all the staff and optimize their potentials. These Good Processes resulted in healthy competition as well as cooperation among supervisors and AWWs to make efforts to improve their work.

What can go wrong?

Improving individual leadership needs continuous dialogues on critical program operational issues and guidance to find out the appropriate approach to tackle the issues, rather than a top down bureaucratic approach. There is evidence from field that if the issues are not addressed at the right time, there is a high probability of slipping back of leadership to old way of working.

1. High staff vacancies followed by frequent staff transfers affect program monitoring and supportive supervision in the field.
2. Lack of open-mindedness of ICDS managers to new concepts and sometimes resistance to apply the innovative learning from other projects.
3. Conflicting priorities in ICDS divert the attention of programme and there is no mechanism that can guard the core program interventions from being diverted in achieving the program objectives.
4. Lack of recognition for quality performance in ICDS, and conservative attitude not to value team motivation.

Desirable Environment and Evidence from Field

Factor facilitating better program convergence include:

1. Efforts for establishing convergence got impetus when the Department of Health and Family Welfare and the Department of Women and Child Development of state governments issued joint orders for establishing three-layered convergence forums/advisory committees at the state, district and block levels. Convergence forums helped in improving programme quality and coverage, and increased participation of Panchayats and community-based organizations in AWC-level activities.

INHP good Processes

1. Sensitize program leaders about the need for regular review meeting.
 - a. Facilitate sector and pre-sector meetings to develop meeting agenda.
 - b. Use Nutrition and Health day at block and district level with opportunities for convergence.
 - c. Demonstrate how to conduct an effective meeting.
2. Sensitize district-level ICDS and Health officials on common issues related to H&N service delivery, supplies, and converge.



Output following intervention

1. Government mandated convergence forums/committees leading to structured convergence with better participation from all departments.
2. Improved program quality and converge.
3. Increased PRI and CBO involvement in AWC-level activities and NHDs.

2. Supportive supervision is one of the most important mechanisms for leadership support and guidance to subordinate staff to perform their work in a more effective manner. As one DPO said *"it breaks the hierarchy in the system and creates positive working environment. Now CDPOs are focusing on differential planning for each sector so that identified gaps are filled with joint efforts and least conflict."*

ICDS officers identified programmatic gaps during their joint field visits, supported AWWs through hand holding to minimize the gaps and used sector forums to demonstrate innovative techniques.

CDPOs helped supervisors in identifying key issues to be reviewed at sector meetings. Besides focusing on Supplementary Nutrition Program (SNP) CDPOs and supervisors now pay equal attention to aspects such on vaccine availability and supply status, and plan their tour as per the grading indicators of AWCs to provide support to weak AWWs. Program leadership sharpened these focus in providing guidance to their staff on data and report analysis, attention to Grade I and II children, quality supervisory field visits, structured sector meetings, home visits.

INHP Good Processes

1. Conduct structured capacity building of program leaders in using Supportive Supervision tools and techniques
 - a. Demonstration of counseling techniques to AWW by CDPO/Supervisor during critical home visits.
2. Sensitize program leadership about the need to give regular feedback/encouragement to team members.
3. Demonstrate qualitative data review to ICDS and Health workers to plan productive field visits.



Output Following Intervention

1. Formation of AWW peer support groups
 - a. Visible changes in performance of under-performing AWWs.
 - b. Use of innovative technique for behaviour change communication at the right time to support child nutrition.
2. Use of joint field visits to identify and minimize programmatic gaps.

3. One of the critical components of PLD is the use of data for decision-making. For improving the performance program leaders should necessarily understand data and analyse them to assess progress and make meaningful decisions. The tools and techniques are essential for the program leaders to become confident in their use. Program review with data analyses considerably help improve the monitoring and problem solving ability of the program managers.

INHP Good Processes

1. Conduct structured and ongoing training for program leaders on tools and techniques of data collection, data validation, and decision making analysis
 - a. Provide handholding support in the regular use of data analysis to identify critical areas and make differential plans.

Output Following Intervention

1. Improved project management, monitoring and problem solving abilities.
2. Confident use of tools and techniques.
3. Shift in focus to identifying critical areas and making differential plans.

4. The core element of leadership is the ability of an individual to influence, motivate and enable others to contribute towards the effectiveness and success of the program. Timely appreciation and recognition of good performance by DPOs at all forums helped change the attitude of non-performing staff. The ICDS leaders at district, block, and sector level make a difference when they coach their staff in ongoing forums to bridge the knowledge gap. Joint visits, demonstration of quality home visits, cross validation of records

during sector meetings, sharing of directives and timely communication were some coaching mechanisms which ICDS adopted to build capacities. The institutionalization of award and reward systems in several states further helps to raise the morale and motivation of the ICDS staff.

Some Key factors for facilitating human-resource management include recognition of efforts, and presentation of awards on various national and international days.

INHP Good Practices

1. Institutionalize formal and informal H&R management system
 - a. Coach program leaders on how to give performance feedback.
 - b. Build capacities of program leaders to develop clear performance parameters.
2. Train and handhold program leaders in building capacities of team members.

Output following intervention

1. Improved morale and motivation of ICDS staff due to institutionalization of R&R systems
 - a. Improved attitudes of non-performing staff due to timely feedback and recognition of good performance by CDPO and DPO.
2. Regular coaching by ICDS leaders at district, block, and sector level improved performance, management of field staff.

Ideas for the future:

The replication of PLD is possible with the following

- The component should be integrated into the strategies of the programme from the programme's inception stage.
- PLD should not be seen as a separate action; rather should be an inherent component of implementation strategy.
- Contextual and locally relevant programme planning should be promoted at each level.
- The feedback mechanism (intra- and inter-department) should be in place to assess progress and operational impediments.
- Adaptation or adoption of program leadership training module and good practices in ICDS senior program managers training program.
- Documentation of processes and results should be carried out at every level for reference and assessment.



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