

## **Innovation: ICDS Scorecard**

### ***Background:***

The Anganwadi Center (AWC) is a focal point of delivery for Integrated Child Development Services (ICDS). An efficient delivery of these services is attributed to availability of sound infrastructure, logistics supply, prescribed and updated records at AWCs. Existing research on the availability of these inputs at various AWCs (Anganwadi Centers) in urban areas indicated that only 20% of AWCs situated in Delhi had a toilet facility in place, <sup>1</sup>weighing machine for adults and children in working condition was available in only 38.2% AWCs in Amritsar<sup>2</sup> and only 55% of Anganwadi workers (AWW) have maintained records properly in Aurangabad<sup>3</sup>. In urban informal settlements the situation is further worsened by lack of space, poor water and sanitation services and the lack of adequate supervision in such areas. Given such a context, scorecards serves as a tool for improved monitoring and illustrate evidence for systems inputs, processes and outcomes in a comprehensive manner.

Use of a scorecard demonstrates a way to fill important gaps in the health service delivery system. In a study conducted in Afghanistan, the balanced scorecard has helped stakeholders to focus on specific areas for improvement. The system, donors and implementing agencies made it a priority to improve tuberculosis care and recordkeeping, health-worker training and knowledge, laboratory capacity, drug availability and use of clinical guidelines. Scorecard has been used as a monitoring tool in several other studies<sup>4 5</sup>

### ***Steps / Processes:***

**Scorecard development:** The Anganwadi scorecard was developed as a rapid assessment tool. The components for this tool were derived from the Integrated Child Development Services (ICDS)

---

<sup>1</sup> Malik A, Meenakshi B, Rustagi N, Taneja DK: An assessment of facilities and services at Anganwadi centers under the Integrated Child Development Service scheme in Northeast District of Delhi, India, International Journal for Quality in Health Care, 2015, 27(3), 201–206 doi: 10.1093/intqhc/mzv028

<sup>2</sup> Gill KP, Devgun P, Mahajan SL, Kaur H, Kaur A: Assessment of basic infrastructure in anganwadi centres under integrated child development services scheme in district Amritsar of Punjab. Int J Community Med Public Health 2017;4: 2973-6.

<sup>3</sup>Thakare M, Kuril BM, Doible MK et al: A study of functioning of Anganwadi centres of urban ICDS block of Aurangabad city. Indian J Prev Soc Med. 2011; 42:253–58.

<sup>4</sup> Mutale et al :Application of Balanced Scorecard in the Evaluation of a Complex Health System Intervention: 12 Months Post Intervention Findings from the BHOMA Intervention: A Cluster Randomised Trial in Zambia, PLoS ONE 2014., 9, 4, e93977

<sup>5</sup> Khan MM, Hotchkiss DR, Dmytraczenko T, Zunaid Ahsan K.: Use of a Balanced Scorecard in strengthening health systems in developing countries: an analysis based on nationally representative Bangladesh Health Facility Survey, Int J Health Plann Manage. 2013 28(2):202-15. doi: 10.1002/hpm.2136. Epub 2012 Aug 9.

**This document has been compiled by SNEHA (Society for Nutrition, Education & Health Action)**

monitoring and supervision report (NIPPCD report 2013-14). A scorecard was finally designed by placing 14 components adopted from the original tool under 3 broad categories of infrastructure, logistics and documentation. Availability of each component was defined by 3 measurable criteria, scored on a scoring system of 0-2 (2=desirable 0= acceptable and 1=not acceptable). To make it applicable for program setting, these criteria were discussed extensively and modified further based on expert opinions provided by various stakeholders such as Child Development Project Officers (CDPOs), senior staff from program implementation groups and the monitoring and evaluation team at SNEHA.

**Data collection and analysis:** Data collection was done by a team of 9 assessors from SNEHA along with 6 ICDS supervisors over a period of 2 months (July-August 2018). Each AWC was visited by one assessor accompanied by a supervisor of the respective ICDS beat. Information regarding the availability of different elements was gathered using three methods namely observation, interview with AWW and review of records. Scores were calculated for all components and categories based on the scoring criterion were then converted into percentages. The AWC was categorized into four grades (High = above 75%, Medium = 51%-75%, Low = 26%-50%, Very low = 0%-25%).

**Challenges and Solutions:**

Initial resistance and non-cooperation from the Supervisors was a huge challenge. Furthermore, most of the Anganwadi registers were incomplete which led to fear and anxiety among the Sevikas. Due to this, the team at SNEHA was forced to independently carry out the survey for a day as the Supervisors refused to be a part of the activity. The CDPO had to hold joint meetings with the SNEHA team and the ICDS Supervisors to explain the purpose of the scorecard tool and instructed the Supervisors to complete the survey in a joint effort with SNEHA. The survey was then carried out successfully without any further delay. The scorecard data collection helped in getting more buy in for this process from the Aanganwaadi Sevikas. After sharing the results of the scorecard with the CDPO, growth monitoring and grade calculation training was organized for all the Aanganwaadi Sevikas as this was a major gap which was found.

*The contents of this document can be copied or used by anyone so long as they credit SNEHA as below:*

**©Innovation: ICDS Scorecard. SNEHA (Society for Nutrition, Education and Health Action), Mumbai. June 2019.**

**Website: [www.snehamumbai.org](http://www.snehamumbai.org)**

**Phone: +91 22 2661 4488 / +91 22 2660 6295 / +91 22 2661 4476**

**This document has been compiled by SNEHA (Society for Nutrition, Education & Health Action)**