

Evaluating The Effectiveness of Social Audits in Monitoring ICDS Schemes: A Case Study of Nalgonda District, Telangana

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Abstract

The Integrated Child Development Services (ICDS) scheme is one of India's flagship welfare programs aimed at addressing the health, nutrition, and early education needs of children under six years and pregnant/lactating women. Social audits have been introduced as a participatory accountability tool to monitor the efficiency, transparency, and responsiveness of public service delivery. This research paper evaluates the implementation and effectiveness of social audits in monitoring ICDS services in the Nalgonda district of Telangana. The study adopts a qualitative case study approach, focusing on ten Anganwadi centers across rural and semi-urban regions of the district. Data was collected through semi-structured interviews with Anganwadi workers, ICDS officials, beneficiaries (primarily mothers), and Self-Help Group (SHG) members, along with an analysis of social audit reports and field observations. The findings indicate that while social audits have improved community awareness and led to minor corrections in service delivery—particularly in the quality of supplementary nutrition and documentation—several systemic challenges remain. These include inadequate community participation, political influence, lack of follow-up on audit recommendations, and insufficient training for audit facilitators. The paper concludes by recommending institutional strengthening of the social audit mechanism through regular training, digital tracking systems for compliance, and stronger integration with local governance bodies to ensure accountability and sustainability of ICDS services.

Keywords: ICDS, social audit, Nalgonda, child development, governance, accountability, Telangana

I. Introduction

The Integrated Child Development Services (ICDS) scheme, launched in 1975 by the Government of India, is one of the most comprehensive early childhood care programs in the world. It aims to address the interrelated needs of children below the age of six and women of reproductive age, especially pregnant and lactating mothers. The scheme provides a package of services including supplementary nutrition, immunization, health check-ups, referral services, pre-school non-formal education, and nutrition and health education. These services are primarily delivered through Anganwadi centers (AWCs), which serve as the grassroots platform of the ICDS framework. By integrating health, nutrition, and education, ICDS plays a critical role in reducing infant mortality, combating malnutrition, and promoting holistic development in early childhood. Over the decades, ICDS has evolved through policy expansions and financial support, but its success largely depends on effective implementation, monitoring, and community engagement. In regions like Telangana, where socio-economic disparities persist, the ICDS scheme becomes a vital intervention in promoting child welfare and empowering women. However, despite its significant reach, ICDS often suffers from implementation gaps, mismanagement of resources, and weak accountability structures, which ultimately hinder its potential impact on child and maternal health outcomes.

Social audits have emerged as vital tools to improve transparency, accountability, and citizen participation in public service delivery. By involving community members in the evaluation of government schemes, social audits create a platform where beneficiaries can question, critique, and demand reforms in program implementation. They act as a bridge between the state and the people, enhancing participatory governance and democratizing oversight mechanisms, particularly in welfare programs like ICDS.

The need to evaluate the role of social audits in the ICDS system in Nalgonda arises from persistent issues such as irregularities in food distribution, absenteeism of Anganwadi workers, poor infrastructure, and inadequate community participation. Although audits are conducted, their effectiveness in bringing systemic changes remains uncertain. Thus, this study seeks to analyze whether social audits are genuinely contributing to improved ICDS service delivery in the district.

1.4 Research Objectives

- To evaluate the structure and conduct of social audits
- To analyze the impact of social audits on ICDS service delivery
- To identify limitations and suggest reforms

1.5 Research Questions

- How are social audits structured and conducted in Nalgonda's ICDS centers?
- What is the extent of community participation in the audit process?
- To what degree have social audits improved service delivery?
- What are the limitations and gaps in the current audit framework?

Despite ICDS being a universal program, its implementation quality varies significantly across regions. This paper focuses on Nalgonda district in Telangana, known for its rural demographics and developmental challenges. The study's scope includes evaluating audit reports, engaging with key stakeholders, and assessing service delivery outcomes. The findings are expected to offer insights into the local-level functioning of social audits and contribute to enhancing accountability mechanisms in ICDS administration.

II. Literature Review

The literature on the Integrated Child Development Services (ICDS) and social audits in India highlights both the transformative potential and the structural limitations of welfare governance. This chapter critically reviews key theoretical frameworks, national and regional studies, and identified research gaps relevant to this study.

2.1 ICDS: Origin, Structure, and Goals

Launched in 1975, the ICDS program was designed to tackle the high rates of child malnutrition, morbidity, mortality, and school dropouts by offering an integrated package of essential health, nutrition, and early education services. It is operationalized through Anganwadi centers (AWCs), which are managed by Anganwadi workers (AWWs) under the supervision of the Department of Women Development and Child Welfare. The services include six key components: supplementary nutrition, immunization, health check-ups, referral services, non-formal preschool education, and nutrition and health education for mothers.

Studies by *Sachdeva et al. (2013)* and *Bajpai et al. (2010)* emphasize that the success of ICDS depends not only on coverage but on the quality of service delivery. While some states like Kerala and Tamil Nadu have demonstrated successful models, implementation in less developed regions, including parts of Telangana, remains uneven due to administrative, infrastructural, and personnel constraints.

2.2 Social Audits: Conceptual Overview and Legislative Basis

Social audits are participatory tools that enable citizens to review and verify the implementation of government programs. The concept gained legal standing in India with the Right to Information Act, 2005, and was institutionalized under schemes like the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). The Ministry of Women and Child Development has encouraged the adoption of similar practices in ICDS to enhance transparency and improve service outcomes.

The theoretical foundation for social audits is rooted in participatory governance and public accountability frameworks. *Paul (2002)* defines social audits as “a process of cross-verification of official records with ground realities through the active involvement of stakeholders.” Unlike financial audits, social audits focus on community validation and empower beneficiaries to raise concerns.

2.3 Social Audits in ICDS: National and State-Level Experiences

Empirical studies across Indian states show that social audits in ICDS, though recommended, are inconsistently conducted. Research by *Kumar and Singh (2016)* in Rajasthan and *Das and Sarkar (2018)* in Odisha indicates that regular social audits improve attendance of AWWs, reduce pilferage in food distribution, and increase community awareness. However, they also found that audits often remain symbolic unless backed by strong institutional support and community mobilization.

In Telangana, the state government has taken steps to integrate audit mechanisms in ICDS, especially after decentralization efforts through Panchayati Raj Institutions (PRIs) and Self-Help Groups (SHGs). However, studies focusing specifically on the efficacy of these audits in Telangana, and more so in Nalgonda, are limited and largely anecdotal.

2.4 Studies from Telangana and Nalgonda

Available district-level reviews from the Department of Women and Child Welfare indicate gaps in implementation, including irregular audits and lack of follow-up. Field reports by NGOs like MV Foundation and

Centre for Budget and Governance Accountability (CBGA) have highlighted infrastructural deficiencies, lack of audit awareness among beneficiaries, and the superficial nature of community participation. However, systematic academic evaluations of these claims, particularly using qualitative and participatory tools in Nalgonda, remain sparse.

2.5 Research Gap Identified

While numerous studies have explored the importance of social audits in welfare schemes, limited research has focused on ICDS in Telangana. Even fewer have investigated the **effectiveness** of such audits at the grassroots level using case studies of Anganwadi centers. This paper seeks to fill that gap by providing micro-level insights from Nalgonda, assessing not just the occurrence of audits but their **impact**, community engagement, and follow-up mechanisms.

III. Research Methodology

This chapter outlines the methodological framework used to explore the structure, conduct, and effectiveness of social audits in the ICDS system of Nalgonda district. It presents the research design, area of study, sampling strategy, data collection methods, analysis techniques, and ethical considerations.

3.1 Research Design

This study employs a qualitative case study approach to examine how social audits function as accountability mechanisms within the ICDS framework. A case study design enables an in-depth understanding of local realities, particularly the practices and challenges surrounding social audits in selected Anganwadi centers. The approach is exploratory in nature, aimed at capturing multiple stakeholder perspectives and lived experiences.

3.2 Area of Study

Nalgonda district, located in the state of Telangana, was selected as the study site due to its large rural population and active implementation of ICDS schemes. The district exhibits a mix of socio-economic characteristics, making it an ideal ground to assess the varied performance of Anganwadi centers. Though administrative improvements have been noted in parts of the district, issues like malnutrition, poor infrastructure, and inadequate monitoring persist, especially in backward mandals.

3.3 Sampling Strategy

A purposive sampling technique was adopted to select ten Anganwadi centers from five mandals of Nalgonda district, ensuring a mix of rural and semi-urban settings. The selection criteria included:

- Centers with recent social audit activity (within the last 3 years)
- Variation in service performance (as per ICDS reports)
- Accessibility and willingness of staff and community members to participate

Stakeholders sampled included Anganwadi workers, ICDS supervisors, mothers of beneficiary children, SHG members, local PRI representatives, and social audit facilitators.

3.4 Data Collection Methods

Multiple qualitative tools were used to gather data:

- Semi-Structured Interviews: Conducted with Anganwadi workers, ICDS officials, and mothers to understand the implementation of services and audit responses.
- Focus Group Discussions (FGDs): Organized with SHG members and local women to capture collective experiences and levels of participation in the audit process.
- Observation: Direct observation of Anganwadi centers helped assess infrastructure, attendance, and documentation practices.
- Document Review: Analysis of social audit reports, action taken reports, and service registers to compare reported and observed outcomes.

Each tool was designed to elicit detailed, open-ended responses to understand both processes and perceptions.

3.5 Data Analysis

Thematic analysis was used to interpret the data. Responses from interviews and FGDs were transcribed, coded, and categorized into themes such as:

- Nature and frequency of audits
- Community participation
- Outcomes and corrective actions
- Barriers to effective audits

Patterns were identified across different centers and respondent categories to ensure analytical depth.

3.6 Ethical Considerations

Ethical protocols were followed throughout the study. Informed consent was obtained from all participants. Identities were anonymized to protect privacy. The purpose of the study was explained clearly to each respondent, and participation was entirely voluntary. No data was collected from minors or vulnerable individuals without guardian permission.

IV. Results and Analysis

Table-1

Frequency of Audits	Frequency	Percent (%)
None	28	28.0
Once	42	42.0
Twice	20	20.0
More than twice	10	10.0
Total	100	100.0

The data reveals that a significant proportion of respondents—28%—reported that no social audits had been conducted in their Anganwadi centers over the past two years. Additionally, 42% indicated that audits occurred only once, while 20% experienced two audits during this period. Only 10% of centers reported having more than two audits. This indicates a substantial gap between the mandated frequency of audits and actual implementation. The infrequent and inconsistent nature of audits undermines their intended purpose of ensuring transparency and improving service delivery. Regular audits are critical to identify lapses, engage the community, and initiate corrective measures. The findings suggest a need for institutional mechanisms to enforce timely and standardized social audits across all ICDS centers in the district.

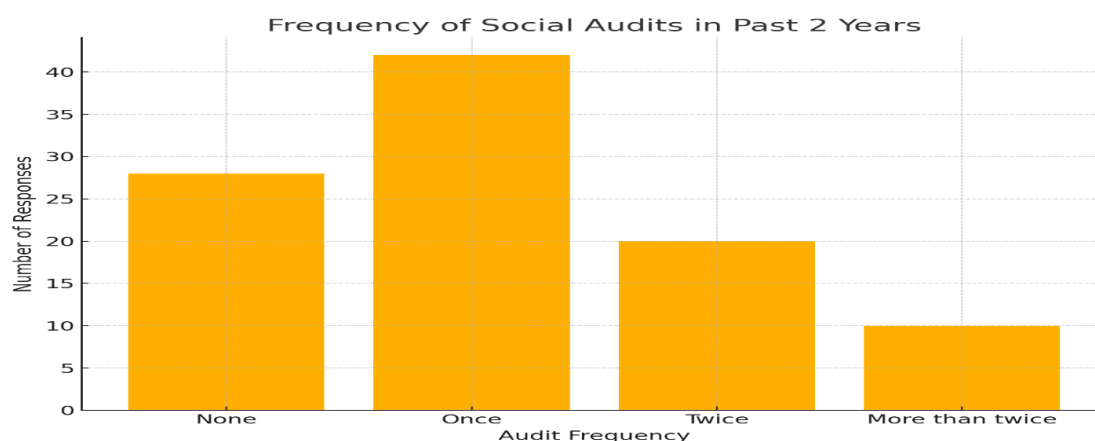
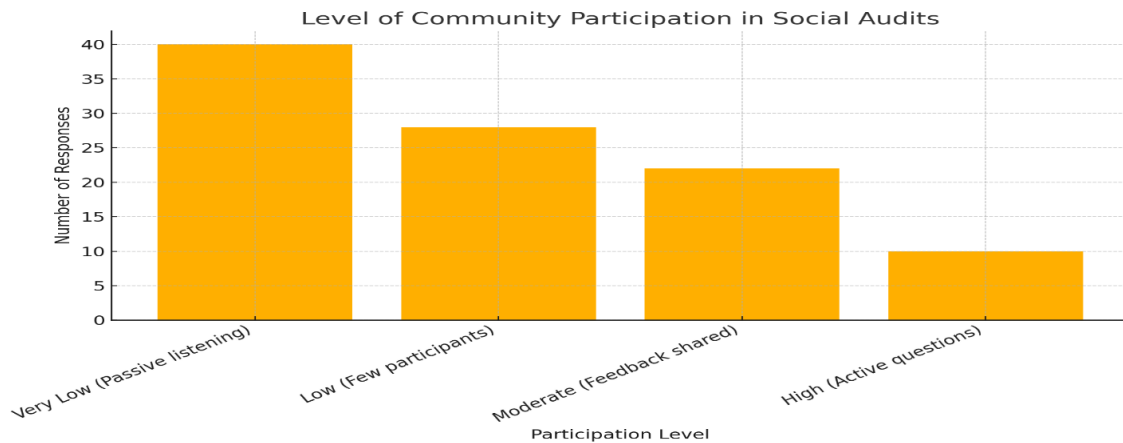


Table-2

Level of Participation	Frequency	Percent (%)
Very Low (Passive listening)	40	40.0
Low (Only a few participants)	28	28.0
Moderate (Limited feedback shared)	22	22.0
High (Active questions raised)	10	10.0
Total	100	100.0

The data shows that community participation in social audits is generally weak. A large proportion—40%—reported very low participation, where beneficiaries were passive listeners rather than active contributors. Another 28% noted low involvement, with only a few participants present during the audit process. Moderate participation, where some feedback was shared, was reported by 22% of respondents. Only 10% observed high participation characterized by active questioning and engagement. This indicates that the democratic potential of social audits is not being fully realized. Barriers such as lack of awareness, social hierarchy, and limited facilitation likely contribute to this low involvement. Strengthening community mobilization and training can significantly enhance the participatory nature of social audits in the ICDS framework.



V. Discussion

The findings of the study indicate that while social audits have been introduced as accountability mechanisms within the ICDS system in Nalgonda, their implementation remains irregular and largely superficial. Most Anganwadi centers reported either no audits or a single audit over a two-year period, falling short of the intended frequency. Where audits did occur, tangible improvements in service delivery were noted only when there was sustained follow-up and community involvement. However, such instances were the exception rather than the norm. The general lack of community participation—especially among mothers, SHG members, and marginalized groups—reveals a gap between the design and ground-level execution of social audits.

These results align with existing literature on social audits in welfare schemes. Studies from Rajasthan, Odisha, and parts of Andhra Pradesh have shown similar patterns of audits being reduced to formalities unless backed by strong institutional and community support. Unlike Kerala and Tamil Nadu, where audits are better integrated with decentralized governance structures, Telangana's ICDS audits appear to lack systemic enforcement and accountability mechanisms. The absence of public disclosure of findings, combined with political shielding of non-compliant workers, echoes findings from earlier research by Das and Sarkar (2018) and Kumar and Singh (2016).

Social audits, when conducted meaningfully, can serve as powerful tools of grassroots reform and community empowerment. In this study, where SHGs and trained facilitators were actively involved, there was a notable improvement in service quality. These instances demonstrate the latent potential of social audits to democratize monitoring, build trust in public institutions, and improve outcomes for children and mothers. They also provide a platform for beneficiaries to directly voice grievances, thereby enhancing transparency and citizen engagement.

However, the findings also highlight a deep tension between community agency and structural bottlenecks. While some respondents showed willingness to participate, systemic issues like low awareness, lack of technical knowledge, caste and gender-based exclusions, and inadequate audit training hindered effective engagement. Furthermore, the absence of institutional mandates to implement audit recommendations neutralizes the voices of those who do participate. Unless audit findings are followed by clear, time-bound corrective actions, the credibility of the entire process is undermined. Bridging this gap requires more than procedural reforms—it demands a shift in power dynamics and a commitment to genuinely participatory governance.

VI. Conclusion and Recommendations

The study concludes that while social audits have the potential to enhance accountability in ICDS implementation, their current form in Nalgonda district lacks structural strength and consistency. The audits are infrequent, participation is limited, and follow-up actions are often absent. In places where community members—especially SHGs and trained facilitators—played a proactive role, there were measurable improvements in service delivery. However, these cases were exceptions rather than the norm. For social audits to evolve into effective tools of democratic accountability, they require institutional support, regular monitoring, and an enabling environment that encourages beneficiary participation.

To strengthen the process, it is recommended that community members receive regular training on audit procedures and their rights under ICDS. Digital dashboards should be developed to track and publicly display audit findings and corrective actions. Local NGOs can be involved for independent facilitation and monitoring. Additionally, grievance redressal systems should be made more accessible and responsive. For policymakers in Telangana, integrating audits more closely with Panchayati Raj Institutions and allocating budgeted support for audit facilitation can significantly improve outcomes. Future research could explore comparative audit

performance across districts and assess the quantitative impact of social audits on nutrition and health indicators to provide evidence-based policy insights.

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