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Good Governance Through Citizen Participation and Its Role in Improvement in Service Delivery

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Abstract

The Sustainable Development Goal 3 aspires to ensure health and well-being for all and aims to achieve universal health coverage. The Indian government has developed policies, including schemes such as the Integrated Development Child Scheme (ICDS), to improve the health care outcomes for both mother and child. However, several studies have found that the ICDS program was not particularly effective, primarily because of implementation problems. To address these issues, several initiatives have been launched with the goal of strengthening community-based mechanisms to enhance the effectiveness of the ICDS program. In this context, this paper examines the role of citizen participation by enhancing service delivery under the ICDS. The study presents a case study of Nuh district, an aspirational district in India, where a civil society organization has played a crucial role in increasing citizens' awareness of their rights, entitlements, and redressal mechanisms, empowering them to demand better service delivery. The study utilizes a combination of quantitative and qualitative research methods, including structured questionnaires, focus group discussions, and non-participatory observations. The research involved interviews with eligible household representatives and Anganwadi workers (AWWs) from ICDS centres, conducted through structured questionnaires, as well as non-participatory observations at all ICDS centres over three consecutive working days. The findings of the study underscore that improving access to information about rights and entitlements leads to increased community-based monitoring of public institutions and encourages citizens to voice their concerns through the use of redressal mechanisms. Nevertheless, a lack of trust persists in formal grievance resolution mechanisms, which prompts the community to rely primarily on informal channels to address issues. This includes raising and resolving concerns through interactions with gram sabhas, government officials, and AWWs. Nonetheless, as community involvement in local governance grows, government authorities become more responsive to certain citizen demands, ultimately resulting in enhanced service delivery. This study highlights the essential role of citizen participation in promoting accountability and better service delivery within public health programs like ICDS.

Keywords: good governance, service delivery, citizen participation, awareness, redressal mechanisms, accountability

Bonne gouvernance grâce à la participation citoyenne et son rôle dans l'amélioration de la prestation de services

Résumé

L'objectif de développement durable 3 aspire à garantir la santé et le bien-être de tous et vise à parvenir à une couverture sanitaire universelle. Le gouvernement indien a élaboré des politiques, notamment des programmes tels que le programme de développement intégré de l'enfant (ICDS), pour améliorer les résultats des soins de santé pour la mère et l'enfant. Cependant, plusieurs études ont montré que le programme ICDS n'était pas particulièrement efficace, principalement en raison de problèmes de mise en œuvre. Pour résoudre ces problèmes, plusieurs initiatives ont été lancées dans le but de renforcer les mécanismes communautaires afin d'améliorer l'efficacité du programme ICDS. Dans ce contexte, cet article examine le rôle de la participation citoyenne en améliorant la prestation de services dans le cadre de l'ICDS. L'étude présente une étude de cas du district de Nuh, un district ambitieux en Inde, où une organisation de la société civile a joué un rôle crucial en sensibilisant les citoyens à leurs droits, aux aides et aux mécanismes de recours, leur permettant ainsi d'exiger une meilleure prestation de services. L'étude utilise une combinaison de méthodes de recherche quantitatives et qualitatives, notamment des questionnaires structurés, des discussions de groupe et des observations non participatives. La recherche comprenait des entretiens avec des représentants de ménages éligibles et des travailleurs Anganwadi (AWW) des centres ICDS, menés au moyen de questionnaires structurés, ainsi que des observations non participatives dans tous les centres ICDS pendant trois jours ouvrables consécutifs. Les résultats de l'étude soulignent que l'amélioration de l'accès à l'information sur les droits et les prestations conduit à un contrôle communautaire accru des institutions publiques et encourage les citoyens à exprimer leurs préoccupations en recourant à des mécanismes de recours. Néanmoins, un manque de confiance persiste dans les mécanismes formels de règlement des griefs, ce qui incite la communauté à s'appuyer principalement sur des canaux informels pour résoudre les problèmes. Cela implique de soulever et de résoudre les problèmes par le biais d'interactions avec les Gram Sabhas, les représentants du gouvernement et les AWW. Néanmoins, à mesure que la participation communautaire à la gouvernance locale augmente, les autorités gouvernementales deviennent plus réceptives à certaines demandes des citoyens, ce qui se traduit finalement par une meilleure prestation de services. Cette étude met en évidence le rôle essentiel de la participation citoyenne dans la promotion de la responsabilité et d'une meilleure prestation de services au sein des programmes de santé publique comme l'ICDS.

Mots clés : bonne gouvernance, prestation de services, participation citoyenne, sensibilisation, mécanismes de recours, responsabilité

1.0 Introduction

India lags behind numerous countries in providing adequate healthcare facilities for children and mothers. The rate of malnourishment among children is very high in India; nearly 35 % of children under five years of age are stunted, and one-fourth of the world's undernourished children live in India (n.d.). Around half of the child mortality in India is due to malnourishment (Pappachan & Choonara, 2017). To improve child and mother health care and development, the Government of India has introduced the Integrated Child Development Scheme, encompassing three significant components: child health, early childhood education and better nutrition for child and mother. The ICDS program targets the poorest segment of society, promising that the government delivers critical social goods and services to all everyone, including those residing in rural and tribal areas (Prasad et al., 2007). Although ICDS guarantees a range of services for better child and mother health care, many services fail to reach the targeted beneficiaries (Planning Commission, 2011; Chanchani, 2017). While some blame the deplorable state of social service delivery on weak public institutions, others attribute it to the lack of good local governance and the absence of beneficiaries' demand for better public services due to lack of awareness (Jayanti & Chandrashekhar, 2009; Hussey, 2021; Banerjee & Duflo, 2011; Commins, 2007).

Good local governance and decentralization have the potential to greatly enhance public accountability and the delivery of services (Smoke, 2015; Manor, 2010; Kahkonen & Lanyi, 2001). Good governance encompasses the mechanisms and processes through which local citizens and groups express their interests and exercise their legal rights (UNDP, 1997). In this paper, good governance refers to the participation of people in raising their voices in various platforms[1] for improving service delivery. It is envisaged that increased citizen participation and well-informed discussions result in greater transparency and accountability, ultimately leading to improved service delivery by public institutions (Zaitul et al., 2023). In other words, citizen participation, transparency and accountability are pivotal components of good governance that drive performance improvement (Katsamunska, 2016).

The World Bank 2004 report outlines two routes to accountability or good local governance—long and short. The long route delegates authority to policymakers through citizens influencing policymakers and policymakers influencing service providers, whereas the short route links citizens directly with service providers through various choice and voice mechanisms (Chanchani, 2022). In the framework of the short route, civil society has a potential role in improving the accountability of public institutions. (Devarajan et al., 2011). In India, several initiatives by civil society have found a place in the country's rural development milieu. These initiatives are varied in nature. While some aim to improve the supply side by being directly involved in service delivery to the public (Asian Development Bank, 2010), several initiatives aim to improve the demand side through citizen participation in local governance. Such initiatives engage the rural communities in making them aware of their rights and entitlements and facilitating their access to redressal mechanisms. Awareness is essential to improving people's access to entitlements and driving them to effect change. Generating awareness entails improving people's

[1] These platforms include engagement in gram sabhas—meetings with ICDS officials—and utilizing redressal mechanisms such as submitting Right to Information (RTI) requests or using the Chief Minister's (CM) grievance portal.

knowledge about their rights by imparting relevant information. Nwanne (2006) acknowledges that while the information is not knowledge, it provides the essential raw material that can lead to knowledge and action in due course.

The Nuh district in Haryana is one of the most backward districts in India, where poverty is widespread, coupled with low literacy rates and poor indices of health and other development parameters (Mehta, 2015). ICDS is very important for improving the health outcomes in the region where the health infrastructure in Nuh is not well developed; there is only one general hospital, one gynecologist and one pediatrician for a population of 1.1 million people (Mehta, 2015). In the district, a civil society organization (CSO) launched a program to foster transparent and accountable ICDS to deliver better child health and development facilities to the entitled beneficiaries in the region. By promoting active participation among villagers, particularly beneficiaries, and raising their awareness regarding their rights and entitlements, the program aims to boost the demand for effective public institutions and channel it through legal recourse mechanisms. The overarching objective is to enhance local good governance by fostering citizen participation, increasing awareness, and implementing community-based monitoring while also leveraging redressal mechanisms to exert pressure on government and local ICDS officials. This collective effort is aimed at facilitating improved access to higher-quality child healthcare facilities within the community.

This paper examines the role of awareness and citizen participation in local governance in effectively delivering ICDS in Nuh. It attempts to unleash the differences emerging in the functioning of ICDS across experimental villages (where CSO created awareness about rights and entitlements and the use of redressal mechanisms) and control villages where such a process was not implemented. The central research questions of the study are: What is the change in the level of awareness of ICDS beneficiaries about their rights, entitlements and redressal mechanisms? Has the change in awareness led to increased monitoring of ICDS and the use of redressing mechanisms by the community, and has there been any change in the functioning of ICDS and utilization of services due to citizen participation?

2.0 Components and Process of the CSO intervention

The CSO program has three broad components, each complementing the other to increase the program's overall effectiveness. With this three-prong program input, CSO intends to bring about transparent and accountable ICDS in the intervention villages.

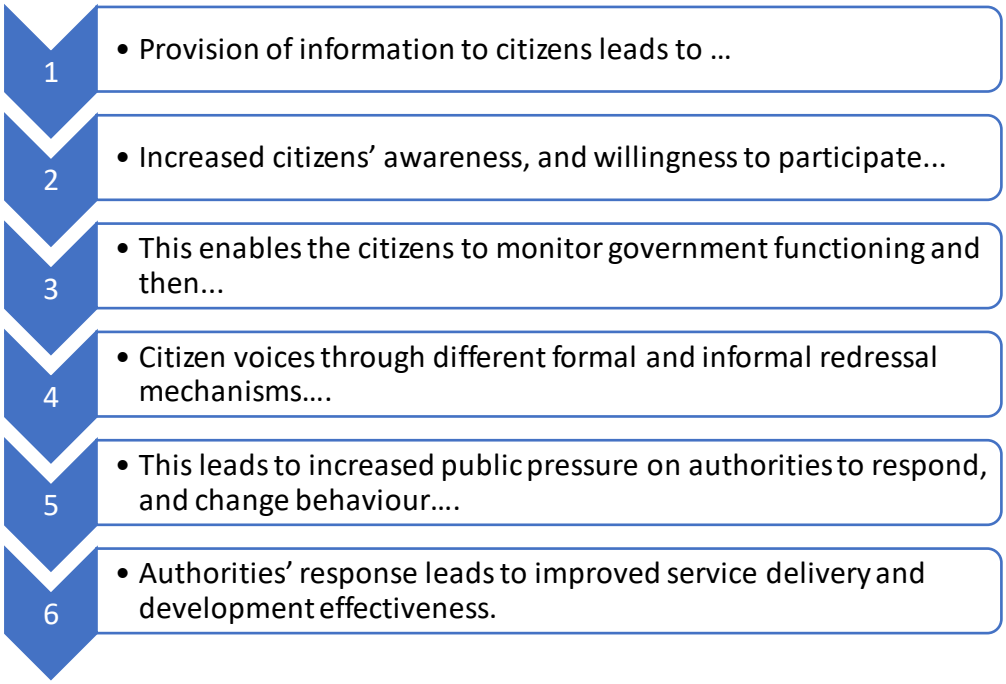
The program's first, most salient component is classroom (training) sessions conducted with a selected group of people from each one of the intervention villages. Typically, six to seven trainees are selected from each village, including males and females. Trainees will become change agents in the villages by mobilizing fellow villagers and monitoring local government officials. As such, the CSO carefully selects them based on their levels of motivation, community-mindedness, and time available for participation. During the training sessions, the CSO's field trainers teach trainees their legal and constitutional rights, entitlements under ICDS and several grievance redressal methods. The second component incentivizes trainees to disseminate newly acquired knowledge and skills to their fellow villagers. CSO trainers support trainees in conducting knowledge-sharing activities for their peers and other villagers in both formal and informal settings. The third component is channelling the newly created demand through recourse mechanisms. CSO trainers

demonstrate to trainees how to use grievance redressal methods when ICDS services are dysfunctional. For example, trainers often assist trainees in writing complaint letters and filing the Right to Information (RTI) applications to authorities. After successfully utilizing such methods, trainees are encouraged to mentor non-trained villagers so they can also use these redressal methods. Both education and training of the citizens are crucial in empowering them to participate effectively in local governance. Disadvantaged groups and citizens are particularly unable to participate in the good governance process, except in elections (Jun, 1999).

In addition, the program also created awareness about the benefits of child care and development facilities provided by ICDS, such as timely vaccination, child nutrition, preschool education, etc. Therefore, the program's role goes beyond mere dissemination of knowledge and creating awareness and demand for effective implementation of ICDS; it is also about utilizing services and demonstrating channelling demand by the community through legitimate redressal mechanisms. When villagers comprehend the advantages of the services offered by ICDS and possess knowledge about community-based mechanisms for ensuring the efficient operation of local institutions, the anticipation is that they will actively oversee the delivery of public social services by making the most of these mechanisms. This, in turn, paves the way for the establishment and accessibility of improved child healthcare facilities within the villages.

Figure 1 explains the theory of change and underlying process of citizen engagement and good governance.

Figure 1. Process of citizen engagement in good governance.



Note: Adapted from Bhargava (2015).

3.0 Methodology

The study is based on primary data sources from the Nuh district of Haryana. The CSO has intervened in 314 out of 441 villages in the Nuh district of Haryana. We randomly selected ten percent of the villages (32) from the villages where the civil society has implemented its program. Half of the experimental villages (16 villages) were selected as control villages from Nuh, where the CSO did not intervene. The control villages selected for the study were ensured to be comparable based on the observed similarity in the socio-economic conditions (occupational pattern and distribution of household caste and religion). In both types of villages, a baseline survey was conducted during January and March 2016 (prior to the implementation of the program), and the endline survey was undertaken during August and November of 2019[2]. The instruments included a dataset on 20 randomly selected households per village through a structured questionnaire, focus group discussions with villagers and AWWs and non-participant and participant observations of ICDS centres for three consecutive days. The final sample for the first round of the survey (baseline) comprised 960 households. In the second round of the survey (endline), responses from 804 households were compared due to the attrition rate.

4.0 Awareness and Citizen Participation in Local Governance in Nuh

Given the poor child health indices and lack of infrastructure in Nuh (Mehta, 2015), the role of the local institution ICDS becomes crucial to improve the child health care situation (Prasad et al., 2007). For improvement in the functioning of ICDS, the government of India has already introduced several mechanisms to strengthen community involvement. Under ICDS, the AWW must be recruited from the same village/ward or nearby villages. Apart from central, state and district-level monitoring committees, the villagers, including gram panchayat, Accredited Social Health Activist workers, and beneficiaries, can also be involved in monitoring the functioning of ICDS. In 2011, the government mandated the constitution of Bal Vikas Mahila Samiti, comprising community members towards strengthening the community-based monitoring mechanism of the ICDS centre. However, a lack of awareness of the entitlements often leads to low community involvement in local governance activities (Berner et al., 2011).

The CSO program imbibed the importance of the facilities provided by the ICDS and increased awareness about the scheme and its entitlements. It is argued that more information and awareness result in more robust community-based monitoring mechanisms (Dhungana et al., 2016). More awareness should lead to increased demand for the services and receipt of due entitlements that improve child health and development. The following sub-section section outlines awareness and community-based monitoring of ICDS services.

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[2] The village selection is carried out through a random stratification process, encompassing both intervention and non-intervention villages from the Nuh district. This process is designed to ensure the representation of all three categories of ICDS beneficiaries: lactating mothers, pregnant mothers, and women with children aged 0–6. The objective is to comprehensively cover the implementation of all ICDS services. To achieve this, a minimum of twenty beneficiaries are selected from each village. The decision to choose twenty beneficiaries per village is based on findings from a pilot study conducted before the baseline survey. This preliminary study indicated that, by selecting twenty beneficiaries randomly, we can achieve a likelihood of over 90% of including all types of beneficiaries within a village. Recognizing that attrition of beneficiaries may occur in the final round of the survey (endline survey), we maintain the practice of selecting twenty ICDS beneficiaries from each village.

4.1 Changing Awareness about ICDS Services

ICDS mandates a wide range of services, including supplementary nutrition, preschool education, vaccination, health referral services, and health checkups (Dhingra & Sharma, 2011). The AWWs are the most critical functionaries in implementing the ICDS. They visit homes and provide training, referral services and immunization to pregnant women, lactating mothers, and children. They play a crucial role in promoting a child's growth and development.

To understand the extent of awareness regarding the roles and responsibilities of Anganwadi workers, a questionnaire was administered to households eligible for ICDS (lactating mothers, adolescent women, women with children aged 0–6). The results revealed that the households in the experimental villages had a higher awareness regarding the presence of Anganwadi workers in their village (see Table 1).

Table 1: *Awareness of Anganwadi Worker and ICDS Services*

	Experimental villages			**Control villages**			DID
	Baseline	Endline	Difference	Baseline	Endline	Difference	
Awareness about AWW*	69.5%	94.8%	25.30%	62.2%	70.3%	8.10%	17.2%
	Awareness of the following activities under ICDS						
Home visits by AWW**	66.9%	86.7%	19.80%	52.2%	55.5%	3.30%	16.50%
Supplementary nutrition*	51.4%	72.2%	20.80%	43.0%	47.8%	4.80%	16.00%
Vaccination	43.1%	61.8%	18.70%	40.1%	47.5%	7.40%	11.30%
Referral services	20.8%	33.4%	12.60%	23.6%	33.6%	10.00%	2.60%
Health checkups	8.3%	10.2%	1.90%	9.1%	10.3%	1.20%	0.70%
Preschool education*	64.6%	68.9%	4.30%	62.5%	63.0%	0.50%	3.80%

Note: DID: Difference in difference[3]
* P value <0.001; ** P value < 0.01 (the statistical significance between experimental and control respondents)
Source: Primary data

The improvement over the past two years was nearly 25%. In contrast, the increase in awareness levels was merely 8% in the control villages. During the baseline

[3] "Difference-in-differences" analysis entails assessing the temporal disparities in outcomes between experimental and control groups. This method quantifies the net changes in outcomes that occur in the experimental group compared to the control group, both before and after the implementation of a treatment or intervention. In essence, it measures the significant variations in outcomes between the treatment and control groups that arise during the pre-treatment and post-treatment periods. In its simplest form, this technique involves observing an outcome variable for one group before and after exposure to a treatment, while a second group (the control group) experiences the same outcome without exposure to the treatment. Comparing the change in the outcome variable in the treatment group to the change in the outcome in the control group provides a measure of the treatment's effect.

survey, there was a low awareness rate among almost fifty percent of beneficiaries in the region, including both experimental and control villages. The higher illiteracy rate, inadequate connectivity, and limited infrastructure in the region primarily contributed to the lack of awareness regarding fundamental rights and entitlements among the local population (Mehta, 2015). Following the intervention by the CSO, a noticeable enhancement in awareness regarding various critical facilities under ICDS was observed. This improvement was particularly pronounced in terms of knowledge about supplementary nutrition, vaccination, and home visits by AWWs. Though positive, there was relatively less improvement in awareness regarding health checkups, referral services and preschool education. The primary reason for the lack of awareness regarding all aspects of ICDS is the informal method of information dissemination. The trainees organized impromptu meetings with beneficiaries in the villages with little prior notice, and many beneficiaries were informed about the meeting just 15 minutes before it took place[4]. Moreover, a few of the sampled beneficiaries noted that they received incomplete information from fellow villagers. To address this issue, it is imperative that formal meetings are organized with sufficient advance notice, clearly specifying the date, time, and duration, preferably with 5–7 days of anticipation. Overall, the formation of a group of trainees from the villages by the CSO has proven to be beneficial in enhancing awareness about entitlements under ICDS.

4.2 Citizen Participation Through Community-based Monitoring and Use of Redressal Mechanism

Awareness and training of people are vital for citizen participation in local governance and for improving the functioning of public institutions (Berner et al., 2011). Citizens must possess an awareness of their rights and entitlements prior to engaging in the monitoring of public institutions' activities. This includes attending and actively participating in local meetings, such as those in the gram sabha and with government officials. Redressal mechanisms are additional tools for improving the accountability of local public institutions (Asian Development Bank, 2010; Agarwal, 2013). There are both formal and informal ways of redressal mechanisms, such as meeting with the Child Development Project Officer (CDPO)[5], writing to the CDPO, filing for the RTI or writing to the CM window in Haryana[6]. The CSO not only created a platform to improve the public's awareness about the services of ICDS and its benefits but also about the use of redressal mechanisms in case they find any lack of implementation of services of ICDS. In this sub-section, we investigate the extent of citizen participation in local governance through their engagement in the monitoring of ICDS, their participation in meetings, awareness about the redressal mechanism, and measures undertaken to improve the functioning of ICDS services.

In terms of monitoring by the community and beneficiaries, the results reveal that around 35% of the experimental villages (compared to 9% in the control villages)

[4] Many respondents pointed out that the meeting was convened with insufficient prior notice, and as a result, a significant number of them did not stay for the entire 2-hour duration. The majority of respondents attended the meeting for a duration ranging from 45 minutes to 1 hour.

[5] The CDPO is the main link between government administration and functionaries of ICDS and oversees the AWW in the delivery of ICDS services, and CDPO is the government representative for ICDS)

[6] CM Window is a grievances redressal, and monitoring system in Haryana implemented since December 25, 2014, in all districts and all departments of Haryana as a flagship programme of Haryana. These grievances are registered at the CM Window counters online, and the citizens get the short message service (SMS) on his/her mobile phone with the grievance registration number.

were involved in monitoring the functioning of ICDS during the last 2017 and 2018 (see Table 2). It is important to note that most of the monitoring was restricted to the provision of food at Anganwadi Centre (AWC)[7] and infrastructure availability at AWC more than many other equally important aspects for child development, such as the quality of infrastructure.

Table 2. *Monitoring of ICDS by Community*

2017 and 2018		**Experimental villages**	**Control villages**
Monitoring of ICDS (Y/N)		38%	7%
Activities monitored (Among the ones monitoring ICDS)	Meal provisions at AWC	98%	92%
	Opening hours	12%	6%
	Activities by AWWs*	15%	10%
	Infrastructure available at ICDS	35%	36%
	Infrastructure Quality	20%	15%

* Including any activity such as vaccination, home visit, referral services etc.
Source: Primary data.

Citizen participation was more comprehensively explored through their engagement in meetings involving the community, AWW, and CDPO. During these meetings, citizens raised concerns related to the operation of the ICDS program. They also communicated their issues by writing to the CDPO or utilized the redressal mechanism, such as submitting requests under the RTI Act. The findings indicated that in both sets of villages, namely the experimental and control groups, shortcomings existed in the execution of the ICDS. Approximately 85% of community members in the experimental villages and 61% in the control villages reported issues with the implementation of ICDS (see Table 3).

Nonetheless, a notable disparity emerged as a substantial proportion of respondents (38%) in the experimental villages—in contrast to a mere 7% of community members in the control villages—voiced concerns about the ICDS implementation during local meetings. Many individuals in the control villages appeared to be uninformed about the channels available to express their concerns, whereas beneficiaries in the experimental villages exhibited a greater awareness of redressal mechanisms, enabling them to raise issues on various platforms. In the experimental villages, 58% of beneficiaries were cognizant of their ability to utilize formal redressal mechanisms such as the RTI, Chief Minister's grievance window, or writing to the CDPO, compared to only 16% of beneficiaries in the control villages. This indicates a positive impact of the CSO work in the villages.

[7] The focal point for all activities under the ICDS is the Anganwadi Centre

Table 3: *Tools and Mechanisms Used by the Community Related to ICDS Functioning*

2017 and 2018	Experimental villages	Control villages
Problems identified in ICDS functioning	85%	61%
Issues raised in village meetings*	38%	7%
Written to Government Officials, including CDPO	20%	2%
Filed Right to Information or approached CM window	2%	0%

* Meetings including gram panchayat meetings and meetings involving AWW, community and government official.

Source: Primary data

However, it is essential to note that only a small percentage of community members (20% in the experimental and 2% in the control villages) actually employed any formal redressal mechanism, such as filing an RTI or petitioning the district office. One contributing factor is the non-political or passive approach of the CSO, which primarily focuses on increasing awareness about these mechanisms and assisting citizens in drafting letters and submitting RTIs but does not accompany villagers to government offices. Even though 58% of the experimental village residents were aware of formal redressal mechanisms, many villagers remained sceptical about the efficacy of filing formal complaints. This scepticism is largely rooted in their perception that relevant authorities have yet to address their previous grievances. Upon closer examination, it becomes evident that villagers found it more convenient to voice their concerns during village assemblies (gram sabhas) or in direct discussions with visiting government officials rather than resorting to formal complaints.

In summary, the results indicated a higher level of citizen participation in the governance process in the experimental villages compared to the control villages. However, formal mechanisms, such as filing official grievances and corresponding with the CDPO regarding service issues, were underutilized, while informal mechanisms, such as raising and resolving issues within gram sabhas and other community meetings, were preferred by the majority. An overview of the matters discussed during village meetings, as well as the complaints and RTIs submitted, disclosed that a substantial majority, 93% in the experimental and 95% in the control villages, predominantly focused their issues and complaints on meal provisions and supplementary nutrition. More surprisingly, there were no complaints about vaccination and health checkups in the experimental and control villages. A lack of interest in health outcomes was a cause of concern as the district is faring very poor in terms of significant health parameters, including child and mother mortality.

5.0 Transforming Infrastructure, Facilities and Service Transparency within ICDS Centres

This section explores the change in the availability of infrastructure and facilities at ICDS centres, the provision of meals, and the display of services for more transparency. For effective and efficient functioning, ICDS centres require some

basic infrastructure. There is a direct relationship between the availability of infrastructure in the centres and the quality of services provided to the beneficiary populace (Dhingra & Sharma, 2011). As is evident from Table 4, there has been an improvement in the condition of ICDS centres over time. In the experimental villages, new arrangements were made in the form of separate buildings or alternative arrangements, including centres operating in chaupals, government complexes, schools, panchayat houses, etc. Better conditions of ICDS centres in the experimental villages could be attributed to community-based monitoring. Nevertheless, when it comes to other facilities, there has been only a slight improvement in the drinking water and toilet facilities in ICDS centres. The absence of these crucial facilities often hinders the ability of Anganwadi Workers to prepare meals and ensure that children adhere to the prescribed schedule at the AWC throughout the day. The community has taken proactive steps by submitting RTI applications and registering complaints during gram sabha meetings and discussions with the CDPO regarding the inadequate toilet and drinking water facilities. Conversations with AWWs and the CDPO revealed that various government departments are responsible for providing these services. They have engaged with the relevant authorities, who have assured them that these essential facilities will soon be made available in the villages where the complaints originated[8].

The overarching objective of the ICDS is to provide nutrition to children between the ages of 0 to 6 years and impart pre-literacy skills so that children are adequately ready to enter formal school. Teaching aids at the ICDS centres aim to improve children's cognitive abilities. Preschool kits, Information, Education and Communication (IEC) materials, growth charts, and medicine kits are some materials that need to be available in ICDS centres. Field observations yielded that in the experimental villages, there has been an increase in the availability of materials (see Table 4). Contrarily, in the case of control villages, the availability of materials remained the same or marginally increased over the same period.

Displaying the facilities provided by ICDS centres plays a crucial role in increasing the awareness level among the Community regarding the benefits of the scheme. The ICDS centres are mandated to display the list of services the centre can offer. The survey results clearly demonstrate a significant enhancement in the presentation of AWC facilities, encompassing services, immunization information, and contact details of officials, in the experimental villages in comparison to the control villages (see Table 4). This improved display of services, immunization schedules, and official contact information plays a crucial role in fostering greater awareness and transparency at the local (village) level, thereby contributing to the enhancement of good governance.

[8] One of the study's limitations is that it was conducted within two years of theCSO intervention. The ICDS program involves multiple services and requires coordination among various government departments, including those responsible for water supply and food distribution. This complexity occasionally results in delays in the CDPO's efforts to ensure the provision of certain services. A significant outcome of the CSO's intervention is that it has prompted the identification of issues related to dysfunctional services, leading to engagement with the relevant government departments in the experimental villages. Consequently, results are anticipated within the coming months. However, since no complaints or issues were raised in the control villages, the likelihood of similar improvements occurring there remains low.

Table 4: *Infrastructure, Availability of material for Preschool Activities*

	Experimental villages			**Control villages**			
	Baseline	Endline	Difference	Baseline	Endline	Difference	DID
Infrastructure at ICDS							
Maintained building	72%	100%	28.00%	73%	93%	20.00%	8.00%
Drinking water facilities	73%	80%	7.00%	67%	73%	6.00%	1.00%
Toilet facilities	60%	75%	15.00%	60%	70%	10.00%	5.00%
Availability of material for preschool activities							
Preschool kits	43.0%	66.2%	23.20%	48.1%	52.6%	4.50%	18.70%
IEC/training materials	38.2%	52.1%	13.90%	33.4%	38.8%	5.40%	8.50%
Medicine kits	37.9%	45.4%	7.50%	40.2%	40.2%	0.00%	7.50%
Growth charts	48.0%	55.2%	7.20%	37.5%	40.2%	2.70%	4.50%
Scale	42.4%	45.8%	3.40%	33.8%	35.9%	2.10%	1.30%
Display facilities at the ICDS centre							
Services	46%	73%	27.00%	40%	43%	3.00%	24.00%
Immunization list	83%	96%	13.00%	86%	86%	0.00%	13.00%
Phone number of officials	20%	53%	33.00%	26%	30%	4.00%	29.00%
Meal and its quality							
Proportion of households from where children are visiting ICDS regularly	51.6%	86.9%	35.30%	58.4%	70.7%	12.30%	23.00%
Proportion of children getting meals regularly	61.2%	61.6%	0.40%	56.0%	54.3%	-1.70%	2.10%
Perception of the quality of the meal is good	47.9%	70.8%	22.90%	63.9%	60.8%	-3.10%	26.00%

Source: Primary data.

Another objective of the ICDS is to improve the nutritional and health status of pregnant women, lactating mothers and children up to six years of age. In doing so, nutritious meals are provided at the centres for all beneficiary segments. The meals provided are cooked hot within the centres' premises. Data from the field suggests that there has been a considerable increase in households receiving quality meals in the experimental villages. Concerning the regularity of meals provided to children, there is scope for improvement. As is evident from Table 4, the regularity of meal provisions has improved slightly in the experimental villages. However, in contrast, there was a marginal decrease in the percentage of households receiving the same in the control villages. AWWs have highlighted that meal preparation depends on government ration supplies, which have been irregular for an extended period. Beneficiaries have voiced their concerns about this issue during visits by the CDPO, and ongoing discussions with the food supply department were in progress to address these complaints.

A glance at the human resources at the ICDS centres reveals that AWWs and Anganwadi helpers (AWHs) positions were filled in all experimental and control villages. The non-participatory observation revealed that attendance of AWWs and AWHs was more sporadic in control villages as compared to experimental villages. In 2017 and 2018, the CDPO visited the experimental villages ten times as compared to three times in the control villages. The trainees in the experimental villages requested the CDPO to meet the villagers whenever they or their fellow villagers notice anomalies in the functioning of AWC. A better attendance of AWW and AWHs in the experimental villages was due to citizen participation and more visits by CDPO to the ICDS centres of the experimental villages. In summary, the findings underscore a substantial enhancement in service provision and increased transparency within the experimental villages, with only a few isolated exceptions. Complaints have been registered specifically for the dysfunctional elements of the Integrated Child Development Services, and it is anticipated that these issues will soon lead to the overall improvement of all ICDS services in the experimental villages, thanks to citizen engagement in local governance.

6.0 Utilization of ICDS Services by Eligible Households

AWC services are of great importance. In India, a study by Saxena & Srivastava (2009) found that children in rural areas, lacking coverage by AWCs, exhibit higher rates of undernourishment. It is vital to increase higher utilization of services by ICDS, especially in the rural area of Nuh, where most people are poor and there is a lack of basic health facilities across the district (Mehta, 2015). In terms of utilization of childcare services, the results revealed that there has been an increase in the number of households sending children to ICDS in both the experimental and control villages. However, the proportionate change was higher in the experimental group compared to the control villages due to increased citizen participation in local governance (see Table 5). Furthermore, there was a noticeable increase in the number of women receiving pregnancy-related guidance and availing themselves of supplementary nutrition in the experimental villages. This indicates a significant and tangible shift in the percentage of individuals who are accessing and making use of the benefits provided by the ICDS scheme in the experimental villages.

Table 5: *Utilisation of ICDS Services*

Among the eligible households	**Experimental villages**			**Control villages**			
	Baseline	Endline	Difference	Baseline	Endline	Difference	DID
Proportion of households sending children regularly to ICDS*	51.6%	76.9%	25.30%	58.4%	62.7%	4.30%	21.00%
Proportion of households that got their child immunized	30.0%	49.8%	19.80%	40.1%	41.3%	1.20%	18.60%
Antenatal care for pregnant women**	42.6%	60.0%	17.40%	44.3%	47.9%	3.60%	13.80%
Received advice during pregnancy*	52.1%	75.0%	22.90%	54.0%	58.0%	4.00%	18.90%
Received supplementary food/tablets**	32.0%	60.7%	28.70%	35.2%	41.1%	5.90%	22.80%

* P value <0.001; ** P value < 0.01 (the statistical significance between experimental and control respondents)
Source: Primary data.

Overall, the results of the study outline that improvement in the awareness of ICDS beneficiaries about their rights, entitlements and redressal mechanisms is crucial as most of the beneficiaries in the underdeveloped regions are still unaware of it. Women and children are the primary beneficiaries of ICDS, and in Nuh, women's literacy (36%) is almost half compared to that of men's (70%) (Mehta, 2015). Due to low literacy rates and limited access to communication resources, many beneficiaries in this region remain uninformed about the full spectrum of entitlements offered under the Integrated Child Development Services program. Additionally, there is a need to raise awareness among beneficiaries regarding the monitoring of ICDS functions. The Government of India has mandated the participation of Panchayati Raj Institution members in the oversight of AWC and has prescribed the establishment of Bal Vikas Mahila Samiti, comprising community members to reinforce the community-based monitoring of AWC. It is worth noting that, in our sampled villages in Nuh, although some PRI members are involved in ICDS monitoring, Bal Vikas Mahila Samiti has yet to be formed.

Following knowledge-sharing initiatives by Civil Society Organizations, trainees, and others, there has been an increased initiation of monitoring activities for AWCs by certain individuals. As monitoring of AWC activities gains prevalence in these villages, it has resulted in more frequent discussions on pertinent issues, the writing

of letters (complaints) to CDPOs, and the utilization of RTI by villagers in the experimental villages. Consequently, government officials, including CDPOs, are making more frequent visits to the experimental villages, leading to increased dialogue among community members, AWWs, and CDPOs. This surge in monitoring and interaction has also brought about heightened transparency in the experimental villages, where detailed lists of services, immunization schedules, and contact information for relevant officials are prominently displayed. This, in turn, has fostered greater awareness of entitlements among local community members.

In a nutshell, the results reveal that higher awareness levels among the respondent population and relatively more use of grievance redressal mechanisms in experimental villages result in the acknowledgement of the presence of Anganwadi workers in the respective villages. However, there is still a need to build awareness among inhabitants regarding these workers' specific roles and responsibilities to ensure that they discharge their duties more effectively. It also led to improved citizen participation in improving local governance through citizen monitoring and use of redressal mechanisms. Higher awareness among the population and more monitoring and use of redressal mechanisms can positively impact the strengthening of the infrastructural setups and improve public officials' accountability stake.

7.0 Conclusions

The paper attempts to understand citizen participation in local governance and its role in improving the functioning of ICDS. The reconnaissance study was conducted in 48 villages (32 experimental and 16 control villages). The instruments included a dataset of 20 randomly selected households per village, focus group discussions and non-participant and participant observations of ICDS. A quasi-experimental double difference method was adopted to examine the influence of different information levels on the functioning of the ICDS scheme and redressal mechanisms, citizen participation in local governance and utilization of child health and development facilities.

The results reveal that improving access to information about rights and entitlements and providing the community with tools to demand accountability from service providers does play a role in improving the local governance and performance improvement of ICDS. Before CSO's intervention, citizens in the selected region were generally ignorant of their fundamental rights and entitlements under the ICDS scheme. Upon gaining more knowledge and a better understanding, some individuals united to assert their rights through direct engagement with local service providers or by resorting to redressal mechanisms. Some of the direct trainees also become members of committees such as Panchayati raj institutions. It helped in the better functioning of ICDS centres in the experimental villages as these members closely monitored the functioning of ICDS centres in their village and took up the matter with the officials as and when required.

The civil society role is pivotal in good governance as it can help in mobilizing communities, increasing participation of marginalized communities by making them aware of their rights and entitlements and building capacities of citizens to raise issues to hold government accountable. However, democratic governance can work when citizens are responsible for themselves and demonstrate a reasonable commitment to their community. It is found that most people raise issues about their entitlements and are not bothered much about health outcomes. People generally monitor and raise issues more on meal provision and infrastructure and less on

vaccination and health outcomes. Furthermore, there still needs to be more faith in formal redressal mechanisms. There is a trust deficit in formal mechanisms portrayed by relatively less use of RTI/CM window, which is primarily due to a lack of accessibility, less faith, and a lengthy process. The effective operation of ICDS is further complicated by the engagement of multiple government departments, including education, health, women, and child development, as well as water and food supply entities. Enhanced coordination among these various departments is crucial for improving the overall efficiency of ICDS. The officials involved in the functioning of ICDS at the local level, including AWWs and CDPO, operate under considerable constraints such as limited resources, time, etc. The government functionary does respond to some demands of the citizens with an increase of community involvement in the local governance. There is a requirement to influence the supply side through the provision of regular training to Anganwadi workers and supervisors on budget utilization and services provided under ICDS, which can improve their responsiveness to demands raised by the local community.

Despite improvement in the functioning of ICDS in the experimental villages, the intervention also has some limitations. The process of transformation through awareness is slow. Only some people who were informed about their rights and entitlements by the CSO have raised their voices against the government service delivery mechanism. It may be because many trainees need to thoroughly understand the improved benefits of better childcare facilities through ICDS. It was also found that trainees filed complaints only once and did not follow up with the government officials further. Towards this, it is vital to improve leadership skills among some citizens that influence the regularity with which they interact with local officials and demand good governance. It is equally important to motivate people through exposure visits to the district officials and create opportunities for ordinary citizens to interact with local and district officials. The moderated platforms where citizens, local officials and policymakers can interact and discuss the issues regarding the program's implementation result in better functioning of the public institution.

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