Introduction of APIP in ICDS

Learning from First Year: 2011-12

MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA
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Foreword

The Integrated Child Development Services (ICDS) Scheme has been in operation for more than 35 years since its launch in 1975. The Scheme has emerged as the main flagship programme for early childhood development and improving nutrition in the country. The Government of India has been increasing its investment on ICDS in its successive five year plans. The State Governments are also providing additional resources to strengthen the programme implementation.

While the programme is nearly universalized through the recent expansions since 2005-06, it is incumbent on all of us to ensure that the universalization happens with the desired ‘quality’ in delivery of services. This calls for a strong and effective programme implementation mechanism across the States and UTs. The Government of India, on its part, has initiated the process of strengthening and restructuring the ICDS Scheme and as part of this process, development of the Annual Programme Implementation Plan (APIP) by each of the States/UTs is considered as a key step towards stronger planning, monitoring and better ownership of the programme.

In January 2011, we had shared detailed guidelines and framework on the APIP with all States/UTs, following which we had received APIPs from 17 States/UTs in a short span of time, with limited technical support to develop the document. This shows the State Government’s commitment towards better programme planning.

I congratulate Dr. Shreeranjan, Joint Secretary (CD) for leading the APIP process since its conceptualization. I also thank him and his team for bringing out this document outlining the experiences of the first year. The APIP process needs to be further refined and improved upon following the ICDS Strengthening and Restructuring which is on the anvil. I wish that the APIP process would bring visible results on the programme outcomes as envisaged.

(Neela Gangadharan)
Preface & Acknowledgement

The ICDS Scheme provides a common package of six services through AWCs. However, the programme implementation is found to be uneven and diverse across the States/UTs, leading to varying degree of programme outcomes. But in the absence of a detailed implementation plan at the State or district level, it has not been possible to capture the programme effectiveness against the set targets or track expenditures against the physical achievements. The APIP framework in ICDS was introduced in 2011-12 to address this long-felt need to strengthen the existing implementation strategy with key focus on better programme outcomes. It is envisaged that this new approach would help both the Central Government and State/UT Governments monitor the programme performance more effectively and help take necessary course corrections.

The experience of the first year of APIP introduction, i.e. 2011-12 has been encouraging. As many as 17 States/UTs have prepared the document with requisite data analysis and information collation that require considerable efforts and focussed attention. The GoI has also given its priority on this process; development of APIPs has been included as a key indicator in the MWCD’s Results Framework Document (RFD) for 2011-12 as well as in the current year. This document has been prepared to highlight some of the key learning from the first year of APIP process. We hope it would serve as a reference document for the States and other stakeholders.

We appreciate the technical support provided to some of the States by the Development Partners for developing the State APIPs. At the central level, support received from USAID’s Vistaaar Project and DFID’s technical assistance for reviewing the State APIPs is also acknowledged. I thank Ms Rupa Dutta, Formerly Director (ICDS) for providing necessary support in processing the APIPs in the first year. Thanks are also due to the Child Development Bureau and Food & Nutrition Board for their inputs. Contribution of Dr. Saroj K. Adhikari, Assistant Director in the Ministry in developing the APIP Framework and Guidelines, reviewing the APIPs, and preparing this document is highly acknowledged. I also thank Shri Sumit Asthana and Ms Komolika Dutta, Consultants from Vistaaar Project and Dr. Sunil Babu, Sr. Consultant from DFID’s Technical Assistance to MWCD, for their support in preparing this document.

(Shreeranjan)
Chapter 1

Introduction

1.1 With a small beginning in 33 blocks in 1975, the Integrated Child Development Services (ICDS) Scheme, today, has become India’s flagship programme for the integrated development of children from pre-natal to 6 years of age. It represents one of the world’s largest and most unique programmes for early childhood development. ICDS is India’s response to the challenge of providing pre-school education to children on one hand and breaking the vicious cycle of malnutrition, morbidity, mortality, and reduced learning capacity on the other. One of the key objectives of the programme is to improve the nutritional and health status of children in the age group of 0-6 years. This objective is sought to be achieved by providing a package of six services comprising of supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-ups, and referral services, to children below 6 years and pregnant women and lactating mothers. Implemented through a network of over one million village/habitation-level Anganwadi Centres (AWCs), the programme currently covers about 7.90 crore children (6 months to 6 years) and 1.82 crore pregnant & lactating mothers (as on 31 March 2012) under its supplementary nutrition component.

1.2 Post 2005-06, the programme has been expanded rapidly to universalize its reach across all habitations and villages in the country with a focus to bring the disadvantaged sections of the society – SCs/STs, especially in the remote and far-flung areas under its ambit. However, universalization of the programme comes with the bigger challenge of ensuring quality in the delivery of services that has a direct bearing on the programme outcomes. In the recent years, reviews with the States and other stakeholders, field visits and evaluation studies have brought forth several challenges in programme implementation across the regions/States that are hindering effective quality service delivery. Most of these challenges were found to be in the areas of better programme planning and management, stronger monitoring and supervision, and giving flexibility to States in designing their own need-based interventions.

1.3 Recognizing the above, the Government of India (GoI) has initiated a series of steps for strengthening and re-structuring the ICDS Scheme with a clear focus on quality service delivery and better programme results. As a first step, the MWCD has, for the first time, introduced development of
Annual Programme Implementation Plan (APIP) in ICDS with effect from 2011-12. Unlike NRHM or SSA, both centrally sponsored schemes, the annual planning process in ICDS did not have mandate to prepare State-specific PIPs, mainly due to the fact that the scheme follows a normative approach since its inception and the States did not have much flexibility in financial planning. Funds are released to the States based on approved norms and provision of statement of expenditures/utilization certificates. However, within the prescribed norms, while several States have innovated in implementation of the programme components, sometimes with additional budget support from the State Governments or with support from the Development Partners, there have been wide variations in implementation and prioritization of the programme interventions, leading to sub-optimal programme outputs and outcomes. Absence of a comprehensive planning document both at the State and districts level capturing each and every programme component and activity has been one of the barriers in understanding these variations and their impact. The APIP has been introduced to address this long felt gap in the ICDS planning mechanisms. To begin with, States/UTs were provided with detailed guidelines (See Annex) along with templates to prepare the State level APIPs, which will finally go down to the district level.

1.4 Key objectives of the APIP in ICDS are:

a) to strengthen the existing programme management, planning and implementation to help accelerate programme outcomes as envisaged in the ICDS objectives;

b) to strengthen the existing monitoring of the programme implementation through tracking of expenditures against physical targets;

c) to acknowledge and capture the diversity across the 35 States/UTs in respect of health, nutritional needs of women and children and also pre-school needs of 3-6 year olds and their feasible responses;

d) to facilitate States to develop State specific strategies/interventions in respect of various programme components of ICDS in general and to achieve the health, nutritional and early learning outcomes through monitorable indicators; and

e) to enhance the quality of programme implementation in order to achieve ICDS universalisation with quality.

1.5 The APIPs will have details of activities with the physical and financial targets that are planned by the States/UTs during the year. It is envisaged that APIPs will help both MWCD and the State Governments monitor the programme performance more effectively and to take mid-course corrections, if any.
1.6 This document summarizes what have emerged from the first year’s experience in developing the APIPs including the key features of various programme components/activities, gaps/constraints, suggestions and innovations.
Chapter 2
Processes and Steps

2.1 The draft framework and guidelines on ICDS APIP were first prepared during mid-2009-10 by the Ministry. These were later shared with the States in December 2009 seeking their comments and views. Subsequently, these were discussed in details with the States at least three times in the review meetings and workshops held during the one year period (from December 2009 to December 2010). While many States expressed their keenness to adopt the new planning process and appreciated the efforts, some States opined that unless the States have flexibility in spending as well as additional funds as required by the States are given by the GoI, the APIP exercise will remain a ‘reporting mechanism’. A gist of comments and suggestions received from various States is presented below:

Gist of Comments/Suggestions received from the States

- Capacity of the State/district/block officials in preparing annual programme implementation plan needs to be built first by GOI through orientation trainings/workshops;
- At the initial stage, APIP process may be taken up in simple way and gradually it may be scaled up;
- State level technical resource team consisting of experts from various fields (nutrition, pre-school education, monitoring and MIS) needs to be built for helping the State Govt. in preparing the APIP;
- State specific targets for reduction in child malnutrition to be given in the APIP;
- Procurement process would definitely be streamlined through the APIP mode;
- Additional funds need to be provided for various activities that are not covered under the existing scheme, else APIP pattern would only remain a comprehensive reporting mechanism;
- Plans for ICDS training programmes may follow the existing procedure;
- Greater flexibility of spending money under various heads may be broadly allocated, as done in NRHM. Flexibility in spending money from one activities to the other be permitted;
- The PIP may be prepared and approved for once in 3 years to avoid delay in incurring expenditure within the same financial year. Mid-term appraisal can be taken by Government of India, if required.
2.2 During the same period, the Ministry was working towards developing a comprehensive proposal on strengthening and restructuring of the ICDS Scheme, as recommended by the Prime Minister’s National Nutrition Council in its meeting held on 24 Nov 2010. The APIP process was a first step in this direction wherein through the APIPs, States would be able to assess the gaps and challenges in the existing programme implementation and also would be able to plan for additional interventions as per needs and ask for additional financial support from the GoI. On 12th January 2011, Secretary, MWCD wrote to all Chief Secretaries in 35 States/UTs announcing the introduction of the APIP in ICDS and requested the States to prepare the same and submit to MWCD for review.

2.3 It was envisaged that the ICDS APIPs will be prepared following a decentralized planning process wherein the district and block officials and other key stakeholders from the line departments, especially health, education, rural development, water and sanitation, and PRI would be consulted on the respective planned activities. This would necessarily entail meticulous planning with adequate technical and hand-holding support and financial resources. Except in the 8 States (Bihar, Jharkhand, Chhattisgarh, Madhya Pradesh, Maharashtra, Rajasthan Uttar Pradesh and Andhra Pradesh) which had experience of development of PIPs as part of the preparation of the IDA assisted ICDS Project (ISSNIP), mostly with the technical support of Development Partners, the concept of APIP was new in other States and they had limited capacity in preparing the APIP. Recognizing this, the MWCD made requests to various Development Partners viz., USAID, DFID, WFP and UNICEF who are working with the ICDS programme at the State and district levels, to help the States in preparing the first APIP.

2.4 In the first year of APIP introduction, the GoI received APIPs from 16 States and 1 UT (A & N Islands), which were examined by a central team consisting of MWCD Officials and Technical Consultants. It was found that some of the APIPs were prepared professionally following the APIP framework with requisite gap and trend analysis, mostly supported by the Development Partners; the other State APIPs did not have the required analysis and it was not clear how the States proposed to improve the programme implementation. It was felt that detailed orientations of the State Core Team would have resulted better quality APIP documents.

2.5 All the APIPs were examined and summarized following a specific template outlining each of the programme components and services. Through this review, gaps/challenges identified by the States were clearly brought out (see Chapter 4). Several innovations and good practices (see...
Chapter 5) were also highlighted that were carried out by the States, mostly using their own resources. During April to Sept 2011, discussions and presentations on the APIPs were held under the chairmanship of Secretary, MWCD. A total of ten APIPs were discussed, while the other seven APIPs could not be discussed for want of time and their late receipt. Minutes of the meeting were prepared with suggestions/recommendations for the States.

<table>
<thead>
<tr>
<th>Sl. No</th>
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<td>30 March 2011</td>
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<td>9 May 2011</td>
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<td>10 May 2011</td>
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<td>11 March 2011</td>
<td>11 May 2011</td>
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<tr>
<td>5</td>
<td>West Bengal</td>
<td>11 March 2011</td>
<td>11 May 2011</td>
</tr>
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<td>6</td>
<td>Andhra Pradesh</td>
<td>March 2011</td>
<td>19 May 2011</td>
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<td>7</td>
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<td>June 2011</td>
<td>1 June 2011</td>
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<td>20 May 2011</td>
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Chapter 3

Features of State APIPs 2011-12

This section provides key features of the State APIPs in respect of various programmatic and other cross-cutting issues. It outlines the highlights and key constraints in programme implementation as identified the States during the review discussions with MWCD. In the subsequent chapters, gaps/challenges and state-specific good practices/innovations have been summarized.

3.1 State’s Nutrition Strategy

The National Nutrition Policy 1993 and the National Plan of Action on Nutrition 1995 provide for a clear institutional structure starting from national level to grassroots level. Under this, States/UTs are required to set up an apex State level Nutrition Council chaired by the Chief Minister; an Inter-Departmental Coordinating Committee headed by the Chief Secretary. States are also required to constitute District Coordination Committees and District Nutrition Councils for developing State and District Plan of Action on Nutrition.

The APIPs reveal that several States have established Nutrition Council/Mission, though some of them do not conform to the structure as envisaged in the National Nutrition Policy. Most of the States have shared their nutritional policies and action plans in their APIPs. While most states envisage achieving nutrition related Millennium Development Goals (MDGs) they did not explicitly focus on early childhood development, which is one of the primary objectives of ICDS Scheme.

States have focussed on providing ante-natal and post-natal care, prevention and management of severe and moderate malnutrition, reducing anaemia and micro-nutrient deficiencies in children, adolescent girls and women. To achieve these outcomes, states have proposed to adopt processes like supplementary nutrition, home visits, counselling, IEC campaigns, and capacity building of communities, families and individuals. Some of the states have proposed diverse approaches; for instance, Rajasthan proposes to reduce child malnutrition using an integrated life cycle approach and by creating Malnutrition Treatment Centres (MTCs) in the district hospitals in collaboration with NRHM; West Bengal is focussing on the first 1000 days of child birth to reduce Infant Mortality Rate (IMR); Gujarat is trying to expand and strengthen urban ICDS; Madhya Pradesh is developing district level
work plans; Odisha has developed an integrated nutrition operation plan focused on the most vulnerable sections in high-burden districts.

Figure 1: Govt. of Rajasthan. ICDS APIP Presentation: State’s Strategies (May 2011)

3.2 AWC Infrastructure

The AWC is considered as the first village post for health, nutrition and early learning and hence it is imperative that AWCs have their own buildings with adequate infrastructure. State-wise data indicate that there are large scale deficiencies in this regard and many AWCs do not have proper building. Except in North-Eastern States ICDS in its present format, does not have provision for construction of AWC buildings. The APIPs have highlighted various efforts of the State Governments in building the needed infrastructure for the AWCs. While some States are allocating funds for construction of AWC buildings from their own resources, many States are leveraging funds from several sources like RIDF, NABARD BRGF, MPLAD, TSP, Finance Commission, etc. However, all these remain insufficient to provide adequate infrastructure to 100% AWCs. The Government of Andhra Pradesh constructed Model AWCs with baby friendly toilets and other facilities; Government of Karnataka allocated Rs. 100 crore in FY 11-12 for construction and repair of Anganwadi buildings. Government of Uttar Pradesh has planned to construct 20,000 AWC every year with an estimated budget of Rs.3.6 lakh/AWC, with the target of constructing all AWCs by 2020. Government of Tamil Nadu has tapped resources from various
corporates as part of their corporate social responsibilities (CRS) to construct AWC buildings as well as to provide additional facilities at the AWCs. The State has also undertaken modernisation of the AWCs by providing gas stoves, pressure cookers, storage bins besides electrification. Since 2009-10, Government of Gujarat has been providing Rs. 100 crores each year from its own resources, for the construction of AWCs, with a vision that every AWC to have its own building, with facilities like electricity, fan, water, toilets by 2012.

An Anganwadi Centre in Chhattisgarh

3.4 Organisational Structure

In order to ensure effective implementation of ICDS, it is essential to have a dedicated and separate Department/ Directorate exclusively for ICDS at the State level. The APIPs revealed that though efforts are being made in this direction by some States (Tamil Nadu, Gujarat, etc), many states still function either as part of the department of social welfare or department of Women and Child Development, which often dilutes the focus needed for day-to-day monitoring and providing oversight to ICDS implementation. It was also noted that there are vacancies in the key positions in the State ICDS directorate that hamper the programme implementation.

Almost all States have reported to have constituted State level monitoring committees, which are required to be harmonized with the GoI guidelines issued on 31 March 2011.
Most States have reported devolution of powers with respect to planning and implementation of the scheme to district and project levels especially with regard to procurement of food grains, fuel, condiments, PSE kits, procurement of new WHO growth charts and even weighing scales. However, effectiveness of these arrangements or need for rationalizing the financial and other administrative powers up to the block level has not been analysed in the APIPs. In Rajasthan since October 2010, “funds, functions and functionaries of WCD have been transferred to Panchayati raj and Rural Department”; however, it was not clear whether all activities in ICDS are directly under the control of PRI department.

3.5 Human Resources

Field-level vacancies were observed at all levels especially in respect of CDPOs and Supervisors. The APIPs reveal that both recruitment and promotional policies followed by the States vary significantly. Very few States have created specific cadre of CDPOs or Supervisors. Direct recruitment of CDPOs/Supervisors is done mostly through the State Public Service Commissions, or sometimes through selection committees appointed for the purpose. AWWs recruitment is mostly done through gram sabhas/local committees with support from PRIs.

Availability of AWWs in the tribal areas has been pointed out as a matter of concern in some States (Rajasthan). Government of Madhya Pradesh and Tamil Nadu have proposed to have a second worker in identified problem AWCs/areas, where AWWs were illiterate and unable to deliver effective PSE or IYCF counselling.

Almost all States have reported several measures for the welfare of AWWs/AWHs which include additional honoraria over and above the GoI norm, Insurance schemes (AKBY) and New Pension Scheme (NPS). Government of Tamil Nadu provides DA, HRA, CCA and pension to all AWWs and AWHs from the State budget.

Some of the key constraints highlighted by the States in effective HR management are as follows:

- Involvement of political and local leaders in selection of AWWs
- Court cases in relation to recruitment resulting in delays in operationalisation of Projects/AWCs.
- Increased workload on existing functionaries as they are given additional charge for other jurisdictions and activities, affecting their ability to carry out regular work.
- Inadequate technical support in the areas of M & E, nutrition, IEC/BCC.
- Inadequate capacity building support for the districts and State programme staff
3.6 Procurement & Supply of Essential Items

Availability of essential materials is crucial to smooth functioning of the ICDS programme, especially at the AWC level. States are required to procure all recurring items like PSE kits, medicine kits etc every year, but in practice, very few states are able to do so in the absence of a detailed procurement plan with clear timelines. The APIPs reveal recurrent delays in procurement. Gaps were also observed in procurement of weighing scales, new WHO growth charts, computers/printers etc. As per the APIP template, almost all States have shared their procurement plans for 2011-2012; however, many of these plans include items (such as gas stoves, electronic gadgets – flat screen TVs, digital camera, video camera, LCD projector etc) on which no specific financial norms/allocations are presently made under the programme.

3.7 Supplementary Nutrition

Provision of supplementary nutrition is one of the key components of the ICDS to bridge the calorific gap between the recommended and average intake of children and women especially those from low income and disadvantaged communities. The APIPs have brought forth many state specific details like mechanisms for distribution of supplementary food; different menus for children and pregnant women and lactating mothers; and adherence to calorific and financial norms as per GoI guidelines. It was found that most States use local food model and procure food through District level Purchase Committees, or both procure and provide through community groups like Mothers Committees/Self Help Groups (SHGs).

In Karnataka 137 Mahila Supplementary-food Production cum Training Centres (MSPTC) consisting of 22-32 women members from vulnerable sections, have been established at Taluka Level for manufacturing and supply of supplementary food to AWCs. Madhya Pradesh has adopted a special strategy for supply of supplementary food to the villages that are cut off from the district headquarters during monsoon because of poor road communication, by sanctioning food stock for 2-3 months for such centres. Madhya Pradesh also uses the Sanjha Chulha strategy for tribal & rural areas in collaboration with Department of Tribal Development and a differential strategy for urban areas.

It is noted that States are providing different types of supplementary food as Ready to Eat (RTE) Food or Hot Cooked Meals (HCM), Take Home Ration (THR) and morning snacks/ breakfast as per the GoI guidelines. These commonly contained eggs, bananas, green or Bengal gram, khichdi, vegetables, soya nuggets and potatoes. In Uttar Pradesh seasonal fruits are given in the morning breakfast to children 3-6 yrs twice a week. Both Tamil Nadu and Uttar Pradesh also provide special Amylase rich energy foods for...
pregnant and lactating women during last trimester and first two months after delivery or severely underweight children; Gujarat gives Nutri-Candy fortified with micronutrients and vitamins to children of the 3-6 years age group and double fortified milk in 10 blocks of 6 Tribal districts through the local milk cooperative with the support of community.

### WEEKLY SN FEEDING SCHEDULE (Tamil Nadu)

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<tr>
<td>1</td>
<td>6-12 months Children</td>
<td>130gms W.F</td>
</tr>
<tr>
<td>2</td>
<td>13-24 months Children</td>
<td>130gms W.F</td>
</tr>
<tr>
<td>3</td>
<td>25-36 months Children</td>
<td>130gms W.F+NM+20gms GG/BG</td>
</tr>
<tr>
<td>4</td>
<td>37-60 months Children</td>
<td>Noon Meal+20gms GG/BG</td>
</tr>
<tr>
<td>5</td>
<td>Pregnant Women &amp; Lactating Mothers</td>
<td>160gms W.F</td>
</tr>
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| |
|--------|--------|--------|--------|--------|--------|--------|--------|
| Tuesday | 130gms W.F | 130gms W.F | 130gms W.F+NM+egg | 130gms W.F+NM+egg | 130gms W.F+NM+egg | 130gms W.F+NM+egg |
| Wednesday | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG |
| Thursday | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG | 130gms W.F+NM+20gms GG/BG |
| Friday | 130gms W.F | 130gms W.F | 130gms W.F | 130gms W.F | 130gms W.F | 130gms W.F |
| Saturday | 130gms W.F | 130gms W.F | 130gms W.F | 130gms W.F | 130gms W.F | 130gms W.F |
| Sunday | NIL | NIL | NIL | NIL | NIL | NIL |

Further there is a proposal to provide weaning food to 3-5 years children as MORNING SNACK at an additional cost of Rs.0.87 paise per day per beneficiary.

**Figure 2:** Government of Tamil Nadu - ICDS APPI Presentation May 2011

### Four Types of Energy dense Micronutrient fortified THR Premixes, as per revised feeding norms, 2009

- **Bal Bhog**
  - For children 6 m – 3 yr
  - Severely underweight children 6 m - 6 yr
  - Enriched with all the essential macro and micronutrients needed for a proper mental and physical development like iron, protein, vitamin A, Calcium, Thiamine, Riboflavin, Niacin, Vitamin C and Folic Acid etc.

- **Sukhadi**

- **Sheera**

- **Upma**

- **Pregnant women, lactating women and adolescent girls; NREGA workers (proposed)**

**Figure 3:** Government of Gujarat. ICDS APPI Presentation, July 2011.
Most of the States reported adherence to the prescribed calorific norms. States have also taken measures for testing of the food samples in the NABL accredited labs or through FNB. Government of Karnataka sends food samples from each of the 137 MSPTCs to DFRL, Mysore.

<table>
<thead>
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<th>Sl. No.</th>
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<td>Ration size</td>
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<td>Kichidi Mix</td>
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<td>Halwa Mix</td>
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<td>Snack Food</td>
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<td>25</td>
<td>3 g</td>
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Figure 4: Govt. of Andhra Pradesh. ICDS APIP Presentation: Analysis of Foods. May 2011.

During the reviews of State APIPs, State Governments were asked to develop standard protocols for management of malnourished children in consultation with the Health Department and share them with the MWCD. It was also emphasised that there is a need to review the existing delivery mechanism and adopt models which are effective and efficient. It was also suggested to explore the scope/viability to integrate supplementary nutrition with mid-day meal (MDM).
Box 2: Good Practices in Supplementary Nutrition

**Andhra Pradesh**
- Community managed and community funded centres are being started for providing full nutrition consisting of breakfast, lunch and dinner to all pregnant and lactating mothers who are members of SHGs and children below 3 yrs. This is being implemented in 7801 villages during 2010-12
- Nandi Foundation and Akshaya Patra Foundation are providing SNP in Hyderabad and Visakhapatnam

**Jharkhand**
- Interventions of the Akshaya Patra Foundation for ensuring quality and quantity of the SNP in urban areas

**Tamil Nadu**
- Old Age Pensioners (OAPs) are also provided with Hot cooked meals in ICDS Centres.

**Madhya Pradesh**
- Along with the regular supplementary nutrition to all the beneficiaries, a special provision of third meal has been introduced by the State for all severely underweight children

**Gujarat**
- *Titli Bhojan* has been introduced whereby the community provides various foods like fruits, sweets etc. to children at AWCs on occasions like birthdays, marriages etc.

**Uttarakhand**
- Morning Snacks and Hot Cooked meals are prepared using various recipes of locally available food items from a Recipe Book prepared by G B Pant University.

**Bihar**
- Nutrition Distribution Implementation Committee *Poshahar Vitaran Karyanwayan Samiti* has been created by convergence of Village community and AWCs for procurement and distribution of Supplementary Nutrition.

3.8 Growth Monitoring & Promotion

As part of supplementary nutrition, each AWC is mandated to undertake growth monitoring and promotion of children through monthly/quarterly weighing of children for under-3 and 3-6 years olds respectively. Under this activity, AWWs weigh and assess the nutritional status of all infants and young children to detect growth faltering and take measures like counselling of parents, providing additional food in case of severely underweight children or making referrals to health facilities, if need be.

The APIPs reveal that most of the States have rolled out the WHO new growth standards after due training of ICDS functionaries with the help of either NIPCCD or UNICEF. Government of Uttar Pradesh reported the use of child-cum-baby weighing scales (Salter Scales) in addition to the new WHO growth monitoring charts, at all AWCs in the State.

States have also reported roll-out of the new joint Mother and Child Protection Cards (MCP) introduced for tracking and monitoring nutrition
and health services, and as a counselling tool at household level for promotion of child growth and nutrition. These are being used fully in Madhya Pradesh, West Bengal and Gujarat; Andhra Pradesh and Jharkhand have committed to start using the MCP card at the earliest. Some States like Assam, MP have re-designed the MCP card with local adaptations. During the APIPs reviews, all States were requested to ensure monitoring the effective use of the MCP cards at the AWCs.

3.9 Pre-School Education

The non-formal pre-school education component in ICDS is intended to make the 3-6 years old children at the AWCs ready for formal schooling through a process of play-way method of learning. The APIPs reveal that several States have attempted to strengthen this component in respect of its contents, curriculum, and duration and by making them more interactive and activity-based. Government of Karnataka has developed curricula in the form of ‘Chili-pili’ books to attract more children. Government of Odisha has developed a training guideline on pre-school called ‘Arunima’ in collaboration with the School and Mass Education Department. Government of Rajasthan has developed a new tool called the ‘Story Pond Kit’ which was introduced in 100 AWCs on a pilot basis in the ‘Aanchal Se Angan Tak’ districts. All States reported supply of PSE kits, as per norms. Uttar Pradesh has distributed newly designed PSE kits to the AWCs. Madhya Pradesh has provided 2 sets of PSE kits to AWCs with age appropriate TLMs (Teaching & Learning Materials) - one for children less than 3 years, and another for children more than 3 years. Rajasthan has provided milestone cards on different age group children developed for
stimulation activities by the parents. It was noted that States have taken assistance from other organisations and projects including Sarva Siksha Abhiyan (SSA) for creation and distribution of the PSE kits. Government of Gujarat has developed training module for AWWs, trainers and parents’ guides, activity books for children with UNICEF support.

Jharkhand has a large tribal population, but it was noted that there is a lack of specific training package on ECCE addressing the needs of tribal population. There is also a lack of community involvement to support AWWs in organizing joyful learning. Many States have pointed out that lack of proper infrastructure for child friendly AWCs, low level of education of AWWs, lack of ECE curriculum and modules are some of the major constraints in effective implementation of PSE component in ICDS.

**Box 3: State Innovations in Pre-School Education**

**Andhra Pradesh**
- Several workshops and training programmes organised on PSE by 2 Master Trainer Training Centres for ECCE that were identified by the State Government.
- Pre-school certificate, introduced from 2009, for children leaving AWCs

**Tamil Nadu**
- Up-gradation of AWCs as Nursery Schools and supportive training to ICDS functionaries by the Education Department.
- Up-gradation of AWCs Training Programmes was conducted to introduce the Bilingual training for AWWs and supervisors
- An awareness campaign on parenting skills focusing on early childhood stimulation, with the objective of creating awareness among both parents and members of the community on the relevance of parenting and ECD, was proposed and carried out in 2011-12.
Madhya Pradesh

- Increase in working hours of AWCs with additional honoraria to AWWs and AWHs, as well as supply of pre-cooked food under its ‘Sanjha Chulha’ initiative, has resulted in sufficient time for AWWs to devote time to joyful learning activities.
- With the technical and financial support from State Education Centre (Rajya Shiksha Kendra) 69,240 AWWs were trained on PSE and with effect from November 2009 PSE is developed in Anganwadi Nursery Centres.
- 88 model AWCs developed in each district based on BaLA (Building as Learning Aid) concept. 200 villages with low enrolment were identified in each district for developing AWCs in these villages as model centres.
- On the last Saturday of every month, a Children’s Meet (Bal Sabha) is organised at AWCs. The children present different skills learnt by them and parents are invited.

Bihar

- On every Saturday, ‘Bachpan Diwas’ is celebrated at AWCs by conducting a set of extra-curricular activities, like drawing painting, gardening, dance, reciting etc. to improve the quality of PSE.

3.10 Nutrition & Health Education (NHE)

Nutrition and health education component of ICDS Scheme is intended to build the capacities of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families. It entails creating awareness for behaviours change and promoting community participation in the programme.

APIPs reveal that almost all States observe Nutrition and Health Education days either on a fixed day or combined with the Village Health and Nutrition Day (VHND) that is organised in collaboration with health functionaries. In Jharkhand such days have included as many as 14 different activities or services, with emphasis on counselling on malnutrition. In West Bengal and Karnataka mothers’ meetings are conducted on these days. Government of Karnataka has developed an NHED handbook for AWWs, while in West Bengal AWWs use IEC materials and regular home visits to reach their stakeholders.

Most States have reported carrying out the NHE activities through observance of events like ‘Annaprashan’, ‘Mamta Diwas’, Breastfeeding week, National Nutrition week, ‘Mamta Taruni’, etc., to promote infant and young child feeding practices and create awareness about health and nutrition related messages among the communities. Demonstration of recipes that are made from the take home rations is also undertaken as part of NHE. In Uttar Pradesh campaigns like ‘Bal Swasthya Poshan Mah’ are organized every year; Madhya Pradesh celebrates ‘Mangal Diwas’ on every Tuesday with specific themes including timely initiation of complementary feeding and have BCC activities for improving health and nutritional status of women and children using charts, posters and other educational materials.. West Bengal follows
‘Positive Deviance Strategies’, to promote better nutrition behaviours among the mothers and pregnant women, which are being scaled up in backward districts.

Many States have reported adoption of IYCF strategies that included creation of IYCF modules, capacity building exercises and creation of structures like mother support groups, etc. Along with issuing instructions for regular and effective home visits, many States (AP, UP etc) have created home visit planners for AWWs, supervisory check lists, handouts, charts and other IEC materials for use during home visits. Uttar Pradesh has initiated a monitoring mechanism of joint home visits and supplied NHED kits to all operational AWCs for counselling of mothers during home visits.

<table>
<thead>
<tr>
<th>Box 4: Innovations in Nutrition &amp; Health Education</th>
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<tbody>
<tr>
<td>Andhra Pradesh</td>
</tr>
<tr>
<td>• During 2009 and 2010, the State Government organised year-long campaign on six bi-monthly themes to reach the unreached and vulnerable communities.</td>
</tr>
<tr>
<td>• ‘Samuhika Srinanthalu’ (local culture based programme) organised to promote health and nutrition issues for the pregnant women.</td>
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<tr>
<td>• ‘Balinta Darshanam’ organised through which AWWs mobilise ANMs, ASHAs and female PRI members to visit the households of lactating mothers and explain neonatal care, postnatal care and nutrition within 7 days of delivery.</td>
</tr>
<tr>
<td>• ‘Annaprasana’ – An event to counsel mothers on the importance of complementary feeding.</td>
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<tr>
<td>Tamil Nadu</td>
</tr>
<tr>
<td>• Developed varieties of IEC materials on Nutrition and Health Education.</td>
</tr>
<tr>
<td>• Bi-Monthly magazine ‘Chittukuruvi Sethi Theriyuma’ (Tamil) is circulated to all AWCs, to share experiences on good practices and NHED.</td>
</tr>
<tr>
<td>Madhya Pradesh</td>
</tr>
<tr>
<td>• Dangler Kits, Flex, boards, Pamphlets, CD, Mobile exhibition kits, Posters prepared, supplied and exhibited in special occasions like ‘Mangal Diwas’, Nutrition week celebrations, Immunisation Camps, Training programmes, Special Camps, Workshops, IEC exhibitions held at various levels (AWC, Block, District and State level) and occasions.</td>
</tr>
<tr>
<td>• Members of ‘Matri Sahayogini Samiti’ have also been trained to provide counselling to mothers.</td>
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3.11 Immunisation & Health Check-ups

In the APIPs, States were expected to outline the existing mechanisms for immunization service (including Vit-A supplementation) as well as for health check-ups of pregnant women (antenatal care) and children, which are provided through health functionaries mostly at the AWCs. It was also envisaged to know the status of supply of medicine kits during the last FY under ICDS as well as supply of IFA tablets to pregnant women.
Though most of the States have reported organizing immunisation sessions at the AWCs with the support of health mostly on the VHNDs - following the fixed-day fixed-site micro-plans, details of immunization coverage like complete immunization rates, status of convergence with health department for supply of Vitamin A, IFA tables, timely health check-ups, referrals etc have not been provided in most APIPs.

Some APIPs have recognized that a strong convergence with the Health Department is required to ensure full immunisation coverage and minimize the drop-out rates. In West Bengal, this is made through joint planning and review workshops on immunisation, and for using AWC as the outreach point while conducting immunisation in hard to reach areas. In West Bengal, immunisation sessions and health check-ups are mostly conducted at the sub-centre or PHCs, instead of holding them at the AWCs. In Tamil Nadu, IEC materials are used to widely publicize on the programme and during home visits by AWWs to bring the beneficiaries for immunisation. It was noted that Tamil Nadu had no ASHA workers (under NRHM) in the State. Government of Gujarat has innovated to create the ‘Mamta Abhiyan’ to increase mobilisation with participation of ASHAs and VHSNCs, in early identification of anaemia through Hb-testing and in improving immunisation, health check-ups, registration and tracking of pregnant women through use of computer software like the e-Mamta.

In Karnataka, the Lady Health Visitor (LHV) prepares a list of villages where health check-ups need to be conducted, on a quarterly basis and submits it to the Medical Officer, who then conducts a general check up for children, enquires about the child’s growth, monitors growth charts etc.

<table>
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<tr>
<th>Box 5: Innovations in Immunisation</th>
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<tbody>
<tr>
<td><strong>Madhya Pradesh</strong></td>
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<tr>
<td>• Under the guidelines provided by GoI ‘Measles Protection Programme Pilot Project’ was conducted in the state in 5 districts of Madhya Pradesh in December 2010.</td>
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<tr>
<td><strong>West Bengal</strong></td>
</tr>
<tr>
<td>• Immunisation in urban slums with more than 10,000 population; 4 sessions per month conducted on fixed day with support from NRHM.</td>
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### 3.12 Referral Services

Early identification of danger signs in pregnant women, and children and their timely referrals to health facilities is one of the primary services envisaged under ICDS. However, the APIPs did not provide much details on this critical service under ICDS, which is carried out in coordination with functionaries of the department of health and family-welfare.
The States have reported constraints in implementation of referral services since AWWs are not perceived to have adequate authority/competence to make referrals, and thus the beneficiaries do not comply with. States also identify absence of system of referral slips as a cause for challenges in referrals. On the ground referrals are largely done through verbal communication and this particular activity is hardly reviewed at the Block/District level. Some States have attempted to implement innovative solutions like ensuring that the cases referred by AWCs are attended by health functionaries on priority basis; organising periodical camps at the AWCs for spot medical assistance; and promoting joint home visits of the health & ICDS functionaries.

The Governments of Karnataka and Jharkhand have proposed an action plans for strengthening of referral services and implementing revised health referral forms for ICDS. The Government of Karnataka has established the ‘Bala Sanjeevini Scheme’ in 2011 for the sick and underweight children belonging to BPL families from the 0-6 year age group who are enrolled in the AWC. Under this scheme, tertiary care units have been established in 5 selected hospitals in the state, where identified malnourished children are provided required treatment. In Assam, there are special arrangements for island areas through cashless ferry boat services for obstetric emergencies.

Rajasthan has mentioned some of the following initiatives to strengthen referrals:

- **Serious cases referred to health facility during MCHN day**
- **Severely underweight children referred to Malnutrition Nutrition Centres (MTCs)**
- **AWWs trained on detection of disabilities in young children. She refers them to ANM/ MO of PHC/SC also to MTCs. Referred cases from AWCs are to be attended by health functionaries on priority basis**

### 3.13 Information, Education and Communication (IEC)

Using communication materials to create awareness about healthy child development aspects and to increase demand for ICDS services is an important approach of ICDS for creating sustainable change in the community. State APIPs have mentioned adoption of many approaches like observance of events such as breastfeeding week and nutrition week at the AWC level. Most States also reported organizing local rallies, and utilizing events like VHNDs, ‘Mangal Diwas’ and ‘Bal Swathya Poshan Mah’ for IEC activities. On such special occasions, several IEC materials like Dangler Kits, Flex, boards, Flip charts Pamphlets, Video/Audio-CDs, Mobile exhibition kits, Posters, Folders and Booklets have been produced, supplied and used at different levels.
In addition, Madhya Pradesh also celebrated International Women’s Day, ‘Kishori Balika’ week ICDS-Day, Children’s day. Assam reported organizing Child Protection Month, IDD Elimination Day & Month and Global Hand Washing Day. In Assam information was disseminated to the community through street shows/plays, cinema slides, rallies and painting competitions. West Bengal has extensively used street plays to create awareness among the masses. In Rajasthan and Uttarakhand events like ‘Annaprashan’, ‘Godhbharai’, Baby Shows and Mothers’ day were utilised to counsel beneficiaries. Andhra Pradesh conducted cradle ceremonies, naming ceremonies, ‘best husband’ and ‘best mother-in-law’ contests. Rajasthan, Odisha and Madhya Pradesh also developed calendars for communities and for all AWC activities with special messages. Assam has created a documentary film on ICDS, home visits tools and a reference manual on growth monitoring and IYCN in addition to organising events like ‘Matri Amrit Ahar’, ‘Pratham Ahar’ and ‘Matri Amrit’ for pregnant women.

States have also used communication strategies like wall paintings, hoardings, newspaper and television advertisements and campaigns on things like nutrition and pre-school education. Several States reported having in-house magazines for ICDS functionaries like ‘Indira Darshini’ in Andhra Pradesh, ‘Chittukuru Sethi Theriyuma’ in Tamil Nadu, ‘Anganwadi Samacharika’ in Madhya Pradesh, ‘Ama Agana’ in Odisha. Such publications are often used for the purposes of experience sharing on best practices, new guidelines and Nutrition and Health Education amongst AWCs.

State Governments have also used their IEC budget to create tools like Take Home Ration Cards, Kishori card for SABLA and to conduct trainings, workshops, seminars on specific themes. The state of Jharkhand received 26 different types of IEC materials only for 5 ‘Dular Districts’ supported by UNICEF and during 2010-11, the state organised ‘Anganwadi Shashaktikaran Abhiyan’ with the objective of empowering the community by involving the PRIs. West Bengal was also supported by DFID for IEC. In Madhya Pradesh AWWs and members of Community Based Organisations (CBOs) (Mahila Mandal, Matri Sahayogini Samiti, SHGs) used IPC tools to educate mothers about key health and nutrition behaviours during visit to AWCs and homes.

Some of the activities proposed by the States included qualitative assessment of key care practices; information needs assessment among rural communities; developing and adopting communication strategies with focus on IYCF outcomes. Government of Jharkhand proposed a detailed BCC strategy and action plan which focussed primarily on community involvement for demand generation.
Citizens Charter – February 2011

- Initiated during Sevottam project
- Lists services and schemes being delivered by the Directorate
- Specifies standards the beneficiaries can expect from the services
- Provides details on what to do if the services and standards are not met (grievance handling)
- Increases transparency of operation of Directorate
- Provides clarity on the individual and institutional responsibility for services being rendered
- Indicates conditions the public need to fulfill in order to avail the services
- Serves as a guide to the AWCs, field offices and all staff responsible for implementing the charter and improving the quality of service to the beneficiaries.

The charter is available in both Kannada and English on the department website at

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Box 6: Innovations in IEC

**Andhra Pradesh**
- Monthly interactive session from State to AWC level is conducted through MANA TV Channel on specific topics.

**Madhya Pradesh**
- Information about ICDS programme and IEC messages are transmitted regularly by all the 12 centres of All India Radio and Vividh Bharti programmes in MP. The programmes are based on stories, radio drama, songs, talks and discussion and have phone-in facilities so that the viewers/listeners can ask question from the expert panel.
- During last financial year Public Address systems were procured and supplied to all 453 Projects and 7 Divisional Bal Bhavans.

**Rajasthan**
- Organised Exposure Visits for grass root functionaries to other States.
- A book titled, ‘Kilol’ was developed and distributed to AWCs.

**West Bengal**
- 5 short films on infant care, new growth monitoring chart, care of AGs, IYCF practices, and a day of an AWW are under production.
- Beneficiary entitlement boards have been supplied to all AWCs.

**Karnataka**
- Citizens Charter was developed.

**Gujarat**
- SATCOM sessions are conducted with AWWs and community members on various health and nutrition topics.
- ‘Kanya Kelavani’ and School Admission Drives were conducted.
- Relevant messages were put on THR pre-mix packages.
3.14 Monitoring & Supervision

A strong monitoring and supervision mechanism informs the programme authorities on the progress and directions that the programme makes during its implementation. The APIPs have highlighted steps taken to strengthen monitoring and supervision. Specific MIS Cells have been created in some States with support from Development Partners. States like Andhra Pradesh, Madhya Pradesh, Uttar Pradesh and West Bengal have reported use of computers up to the block level; however, many of them did not have internet facility. Andhra Pradesh has introduced a wide area network (WAN) connection for entering MPR data.

<table>
<thead>
<tr>
<th>BOX 7: Innovations in Monitoring and Supervision</th>
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<tbody>
<tr>
<td><strong>Andhra Pradesh</strong></td>
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<tr>
<td>• A pilot initiated in 4 districts to develop Geographical Management Information System (GMIS)</td>
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<tr>
<td><strong>Tamil Nadu</strong></td>
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<tr>
<td>• Tamil Nadu is divided in to 8 zones and one component manager is in-charge of one zone and monitors the implementation of ICDS through field visits.</td>
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<tr>
<td><strong>Madhya Pradesh</strong></td>
</tr>
<tr>
<td>• Madhya Pradesh has initiated innovative schemes and methods for monitoring and grievance redressal such as the PARAKH programme, a call centre/helpline and SMS facility for information and grievance redressal, and mobile monitoring of SNP (as a pilot).</td>
</tr>
<tr>
<td><strong>Karnataka</strong></td>
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</table>
| • State Monitoring Unit (SMU): Done with the help of select academic institutions (KMG, Manipal; Roshini Nilaya School of Social Work, Mangalore; NIPPCD Regional Office, Bangalore). The SMU is primarily involved in visiting AWCs and AWTCs and submitting periodic visit reports.  
  • State Supervision Mission (SSM): Annual Mission comprising of 5 members from select institutions; visits ICDS projects, AWCs, MLTCs and AWTCs based on the recommendation of the consultants under SMU. The mission focuses on coverage, service delivery, records and follow-up action. The findings are shared across the levels. SSM also assesses the skills of MLTCs and AWTCs. |

Community monitoring: Many States have involved mother’s committees, SHGs and PRIs in monitoring of the AWC services to bring transparency and accountability. Odisha has created Vigilance/Surveillance Committees at the village level, popularly known as the ‘Jaanch Committee’ which randomly checks quality and quantity of supplementary food every week.

Constraints in monitoring and supervision reported by the State Governments included:
• Lack of sufficient human resources, especially at the supervisory levels
• Lack of time for the supervisory staff to conduct monitoring and supervision activities due to additional duties
• Limited capacity of staff for monitoring (data collation, analysis and interpretation for management purposes)
• Lack of mobility support for supervisory staff at different levels
• No systems for evaluation and validation of reported data;
• No systems for assessing progress against key outcome and output indicators
• Lack of ability to use data captured for programme planning
• Lack of systematic feedback mechanisms

3.15 Training & Capacity Building

Improved delivery of services under the ICDS Programme depends primarily on the capacity and skills of its staff at all levels. All States are required to prepare a State Training Action Plan (STRAP) annually to ensure regular training (job/refresher) of ICDS field functionaries. Majority of the States have established the Anganwadi Workers Training Institute (AWTCs) and with few of the also having Middle Level Training Centres (MLTCs) for imparting training to the supervisors and instructors of Anganwadi Training Centres (AWTCs). The number of AWTCs in each state varied from 15 to 20 and it is as high as 66 in Uttar Pradesh. In most States the MLTC numbers varied from 1 to 4. Of the states that reported on the status of completion of trainings against STRAP of 2010-11, most have some gap in training achievement. Karnataka showed 94% AWWs and 65% Supervisors, and Uttarakhand achieved more than 80% of their training target. Uttar Pradesh had large gaps in achievement versus what was approved in the STRAP (2010-11), and has reported that this was largely due to non-availability of budget in time. Gujarat’s APIP proposes for strengthening and expanding 6 ICDS training centres into regional model training centres under the State Nutrition Mission. During the APIP review discussions the State was asked to do this in consultation with NIPCCD and to submit a detailed proposal to the GOI separately. Tamil Nadu’s decentralised training system was also noted in the review discussions and the States of Karnataka and Madhya Pradesh were requested to take measures to clear the large number of training backlogs with NIPCCD’s help.

<table>
<thead>
<tr>
<th>Box 8: Innovations in Training &amp; Capacity Building</th>
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<tbody>
<tr>
<td><strong>Jharkhand</strong></td>
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<tr>
<td>• Organisations like UNICEF and CARE India have provided additional training support to Instructors of AWTCs.</td>
</tr>
<tr>
<td><strong>Tamil Nadu</strong></td>
</tr>
<tr>
<td>• The State does not have AWTCs. It follows a decentralised pattern of training. Each ICDS Project has one Trainer - Grade-I Supervisors are Trainers at the Project level for giving training to AWWs and AWHs.</td>
</tr>
</tbody>
</table>
Gujarat
- Carried out a need assessment study for MLTC and AWTCs to identify gaps in 2010. It revealed gaps in manpower, equipments and infrastructure and the need to enhance knowledge of instructors.

Each of the states also proposed innovative trainings for the future, some of which included the following:

- Developing and maintaining a data base of training status of individual workers
- Programme Leadership Workshop for CDPOs & DPOs
- Training on Malnutrition Management
- Up-gradation of ICDS training centres into regional model training centres (under the Nutrition Mission)
- SATCOM sessions for AWWs and community members on various health and nutrition topics

In addition to the usual trainings through AWTCs and MLTCs, frequent trainings and orientations get organized by the states on specific themes. Some of the themes indicated in different state APIPs include IYCF, iodine and other micronutrients, WHO growth standards, MCP cards, PSE, role of Mothers Committee, local PRIs, Community-based monitoring etc.

3.16 Convergence with Health and other Line Departments

Most APIP documents present ongoing interaction between departments at different levels and specially highlight convergent service delivery with the Department of Health and Family Welfare.

With Department of Health and Family Welfare

A high level of coordination with the Department of Health and Family Welfare is reported across all states, for conducting of the Village Health and Nutrition Days (VHND). Though different names are used by states the essential component of convergent service delivery on a fixed-day of the month at AWC level by the ANM, ASHA and AWWs remains common.

Further opportunities of convergence between these two departments are also reported in the form of jointly organizing special immunization days and camps, instances of joint training for health and ICDS functionaries, use of Mother and Child Protection Cards, Malaria Control Programmes (in Odisha) Anaemia control programmes (in Madhya Pradesh), and in joint review and monitoring mechanisms through State, Block, Sector/PHC Level monitoring committees. Some states have presented approach of synchronisation of all health and ICDS supervisory sectors for effective joint planning and review. In the State of Odisha ANM and AWWs jointly
conduct a detailed Verbal Autopsy into each and every case of infant and maternal deaths.

During the APIP review meeting, Govt. of Jharkhand’s plan to engage Sahiya (ASHA under NRHM) to play a link between the community and the AWC and for organizing outreach camps for Primitive Tribal Groups were specially discussed. Madhya Pradesh was advised to ensure adequate medical supervision in use of RUTF (Ready to Use Therapeutic Food) which was piloted in two districts. The State was requested to develop a detailed protocol on community based management of severe acute malnutrition in consultation with the State Health Department and other experts and to take prior approval of the Ministry of Health and Family Welfare before initiating further pilots on RUTF.

![Functional Convergence Diagram]

**Figure 10: Govt. of Rajasthan. ICDS APIP Presentation Slide22: Convergence. May 2011**

<table>
<thead>
<tr>
<th>Box 9: Innovations in Convergence with Health</th>
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<tbody>
<tr>
<td><strong>Tamil Nadu</strong></td>
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<tr>
<td>• Every month Deputy Director (Health Services) conducts a joint review meeting with DPOs and CDPOs to review progress and to address constraints faced</td>
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<tr>
<td><strong>Madhya Pradesh</strong></td>
</tr>
<tr>
<td>• Nutrition Rehabilitation Centres are run at health institutions by DHFW with support from DWCD &amp; NGOs.</td>
</tr>
<tr>
<td>• Inter-department convergence is expected to be further strengthened with the launch of ‘Atal Bal Arogya Evam Poshan Mission’, which will serve as the umbrella for reviewing and supporting child health and nutrition activities of the two departments.</td>
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</table>
**Rajasthan**
- Malnutrition Treatment Centres have been established in all the DHs.
- ‘Kaleva Scheme’ has been launched in all the CHCs for nutritional support post delivery.

**Karnataka**
- Provision of water filters supplied through VHSCs.

**Gujarat**
- ‘Mamta Abhiyan’ is implemented in collaboration with ICDS by the department of H&FW: It includes ‘Mamta Diwas’ (VHND), ‘Mamta Mulakat’ (post natal care visit), ‘Mamta Sandarbh’ (Referral services) and ‘Mamta Nondh’ (records and reports)
- Child Development and Nutrition Centres (CDNC) have been established at District Hospitals.

**Uttar Pradesh**
- ‘Bal Swasthya Poshan Mah’: A special joint campaign is conducted bi-annually in June and December. This is focused on Vitamin A supplementation. MOs and ANMs advise mothers on breastfeeding and complementary feeding practices. About 1.05 crore children were covered in June 2010. The campaign also included the following activities: a survey to identify ICDS beneficiaries, growth monitoring, registration and counselling of pregnant women, meeting of mothers committee.

**With Department of Water Supply and Sanitation:**

In most states the Water Supply and Sanitation departments provides water facilities, toilets etc in AWCs. In Tamil Nadu these facilities are provided through the Rural Development Department; drinking water supply in Rajasthan; and toilets and hand pumps in Uttarakhand and Assam have been provided by PHED. An interesting example of convergence is in Bihar, where AWWs and AWHs act as Community level Motivators for setting up of sanitary latrine.

**With Department of Education:**

States have collaborated with the Department of education in many innovative ways, like in monitoring of drop-outs, designing of PSE kits, training of AWWs, Supervisors and CDPOs. In Madhya Pradesh, the ‘Sanjha Chulha’ programme is an example of coordination between the departments of WCD, Education and Panchayat & Rural Development. The Government of Rajasthan has taken a policy decision to co locate AWCs in nearby primary/Upper Primary Schools; 11000 AWCs were shifted to schools with one teacher working as Mentor. In Karnataka, an Activity book, ‘Chilli Pilli’, was developed by DWCD in coordination with DSERT which is available in 40,301 AWCs. *Bal Vikas Samithis* were constituted at AWCs, with the local School Headmaster designated as a BVS member. Currently, 3,748 (6%) of the AWCs are run from school premises in the state. Even in Uttarakhand some of the AWCs are operating in school premises, thereby utilising their...
infrastructure and teachers support in organising PSE sessions. In Assam, SSA has also introduced ‘Ka-Sreni’ – a system for pre-primary education for the children (4-6 years) in Primary Schools.

**EXISTING MECHANISM FOR INTERSECTORAL CONVERGENCE**

Undernutrition is a Multi – sectoral Issue. Needs convergent actions by different Key Departments

**Figure 11: Govt. of Gujarat. ICDS APIP Presentation, Convergence. July 2011**

**With Other Departments:**

In Gujarat the Tribal Development Department started the ‘Doodh Sanjeevani Yojana’ for providing double fortified milk (100ml) to each child twice a week in 10 selected blocks of 6 tribal districts. The has been implemented with the help of local dairies. The Food and Civil Supplies Department of Gujarat has also provided fortified wheat flour and fortified oil to AWCs and also Nutri-candy. The Department of Horticulture in Andhra Pradesh has given awareness on organic farming and a supply of mini-kits of green leafy vegetables to pregnant and lactating women.

In UP a State level Inter-departmental Coordination committee has been constituted under the chairmanship of Social Welfare Commissioner with the Department of Basic Education, SIFPSA, Health and Family Welfare, Panchayati Raj and UNICEF as members. Uttarakhand has a policy of joint visits, reviews and trainings.
3.17 Community Participation

Involving the community in implementation of ICDS brings more transparency and accountability in the system, enhances community ownership and thus ensures better implementation of the programme to meet community needs.

Currently community participation is reported mainly on aspects like the involvement of PRIs in recruitment of AWWs/AWHs, provision and selection of land/building for AWCs, managing procurement and distribution of SNP in some states, and mobilisation of community support to AWCs. Several state-specific innovations to enhance community participation are highlighted in the APIPs.

The PRIs extend support to AWWs for motivating mothers to attend health checkups, assisting in immunisation and counselling sessions, conducting ‘Mangal Divas’ in Madhya Pradesh. The Government of Madhya Pradesh also organised the ‘Anganwadi Sashaktikaran Abhiyan’ with the objective of empowering the community especially involving the PRIs and plans to provide training to PRI members for their involvement in ICDS implementation. West Bengal’s ‘Positive Deviance Strategy’ aims at community participation in growth promotion, and tracking and monitoring of children using community growth charts and social maps.

<table>
<thead>
<tr>
<th>Box 10: Innovations in Community Participation</th>
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<tbody>
<tr>
<td><strong>Tamil Nadu</strong></td>
</tr>
<tr>
<td>• Extensive corporate sector engagement was promoted in ICDS. Various initiatives by them include:</td>
</tr>
<tr>
<td>• Construction of AWCs and CDPO Offices</td>
</tr>
<tr>
<td>• Repair of Anganwadi Centres, donation of sites for construction of new buildings, supply of TV, provision of gas connection, electricity, hand pumps, supply of play materials vessels etc.</td>
</tr>
<tr>
<td>• Rs. 3.40 crores (2009-10) worth of materials have been mobilised through Public and Private sectors contribution for Anganwadi Centres.</td>
</tr>
<tr>
<td>• Tamil Nadu has got 25 Weaning Food Manufacturing Women Development Cooperative Societies under the control of Special Commissioner of ICDS, who is also Registrar of these 25 Cooperative Societies.</td>
</tr>
<tr>
<td>• All the Industrial Cooperative Officers have been instructed to adopt near-by AWCs and look after its minor repairs and other needs after passing a resolution at their general body meeting.</td>
</tr>
<tr>
<td><strong>Gujarat</strong></td>
</tr>
<tr>
<td>• All ICDS activities are carried out with full involvement of PRIs.</td>
</tr>
<tr>
<td>• All Gram Sabhas take place at the AWCs, and the AWWs are actively involved in it.</td>
</tr>
</tbody>
</table>
In addition most of the states have village health, sanitation and nutrition committees (VHSCs) which are involved in planning and implementation of health and nutrition related activities and in mobilising community participation. Almost all APIP(s) discuss of SHGs, Mahila Mandalas and Mothers’ Committees as channels to enhance community participation. In some states these women groups play active role in procurement, preparation and overseeing of SNP distribution. They mobilise beneficiaries to attend VHNDs and assist in celebrations, community meetings and also during immunisation sessions. In Madhya Pradesh members of the Matri Sahayogini Samiti also make home visits with the AWW.

3.18 Financial Management and Funds Flow Mechanism

APIP documents present the existing mechanism for flow of funds from State HQs to Districts/Blocks/ Sectors. A consolidated amount for Districts/Blocks/ Centre level expenditure is allocated to the respective district offices under salary components and administrative cost from Headquarters. Thereafter each State takes different routes of either having District level officers who draw amounts required for payment of salaries, meeting administrative costs and procurement of SNP, or further distribute these amounts to block-level and centre-level. Though some States did disburse all payments directly at the state level, there were others like the Government of Gujarat, where ICDS is implemented through the PRIs. Hence, all the financial transactions of the State Treasury office is done through the PLA (Personal Ledger Account) of the District Development Officer (DDO) at the District level and through PLA of the TDA (Taluka Development Officer) at the block level. In Gujarat at the district cell, financial powers lie with the DDO and DPO and at the Block level with the CDPO. In Gujarat, as all funds for IEC, flexi-funds, and contingency funds in ICDS were recently decentralised and given AWWs utilisation was found to be inadequate at the CDPO level and above. Due to this decentralization the State Directorate did not have adequate funds for carrying out a large scale IEC campaign. During the APIP discussions at GoI the state of Gujarat was suggested to explore possibility of engaging the Information and Broadcasting Department for carrying out IEC campaigns on nutrition issues.

The DDO also has delegatory powers in Andhra Pradesh, whereas this delegation is at the level of DPOs, CDPOs, and DMs in West Bengal. In Madhya Pradesh though funds for honoraria of AWWs and AWH and salary of staff are transferred to the block directly, funds for SNP are transferred to District Panchayat, which, in turn makes allocation to the Janpad Panchayat for ‘Sanjha Chulha’ (for supply of hot cooked meal through SHGs which are contracted for the purpose), contingency funds and rental of
AWC building are also passed on to the CDPO and districts are now authorised to purchase PSE kits as per the standard contents recommended by the Government of India.

In Tamil Nadu, ensuring timely payment of honoraria of AWWs/AWHs is delegated to respective Block level Officers which is in turn monitored by District level officers. While in Gujarat the Commissioner’s office provides an advance grant for 3 months to the Zila Parishad and payment to AWWs and AWHs is made through cheques.
Chapter 4

Gaps, Challenges and Suggestions

The APIPs of 2011-12 submitted by the States have brought out several gaps and challenges in the programme implementation that have hindered programme implementation. States have also made suggestions to address some of these challenges. Many of these suggestions require additional financial resources, revision in financial norms and overall flexibility in programme implementation. Below are some of the key challenges identified in the APIPs and suggestions made thereon:

4.1 Gaps and Challenges

HR related

1) Large scale vacancies – especially in supervisory cadre (CDPOs and Supervisors) and in AWWs in interior, distant, rural and tribal pockets

2) Some states have faced delays in recruitment and resulting delays in operationalization of Projects/AWCs, due to Court cases

3) Challenges have been faced while trying to remove involvement of political and local leaders in selection of AWWs.

4) In some States it has been difficult for some AWWs to cope with their job responsibilities as they are either illiterate or poorly literate.

5) Frequent load of non ICDS work has proved to be a great challenge for CDPOs, Supervisors and even AWWs.

As suggested by several States, one of the ways to address the above challenge would be to recruit additional staff to help implementation of new schemes (like SABLA, IGMSY) instead of fully relying entirely on ICDS structure on the ground.

States have also pointed to the need for flexibility in hiring contractual staff for vacant positions.

6) Inadequacy of current capacity building initiatives for ICDS officials: states point out a greater need for skill based training of functionaries on activities especially, ECCE, WHO growth monitoring charts, IYCF and MCP cards.

7) Some States point out that the frequency of refresher trainings for AWWs is inadequate and suggest for including more practical exposure to running a centre under the Supervision of the Instructor.
8) States also point out that the current travel allowance to Supervisors is inadequate and it is very often it is challenging to make supervisory visits with this level of allowance.

**Supplies**

1) There is a need for office equipments at various office levels especially at the CDPO level

2) There is a challenge of providing sufficient equipments like weighing scales (baby and adult), cooking utensils/stove and gas etc. at AWCs.

3) Supply of new WHO Growth charts and joint Mother & Child Protection Cards has been delayed in several states.

4) Most states face challenge in providing vehicles and transportation particularly for prioritised monitoring visits and conduct of community based awareness programmes.

5) Irregular and insufficient supply of PSE kits, lack of basic teaching aids and mats for seating lead to low enrolment of children.

6) Several states point out that there is a need to resolve the issues with decentralised procurement and preparation of supplementary food by SHGs since it is difficult to ensure necessary food fortification, quality monitoring and motivation of SHGs to be involved without adequate remuneration.

**AWC infrastructure**

1) Majority of AWCs do not have their own buildings. Those in rented buildings have acute space constraints.

2) Monthly rent to Anganwadi Centres is inadequate in many places.

3) AWCs need to be made child-friendly. They need more space for storage of supplies and equipments and organisation of different activities including pre-school education and NHED activities.

4) Provisions need to be made for repairs and maintenance of AWC buildings.

5) There need to be minimum infrastructure standards/specifications for PSE as it is now limited by the lack of any evaluation process on its effectiveness.

**M & E**

1) Many states require mechanisms for systematic collation and analysis of data generated through MIS.

2) There is need for M&E of training institutions.

3) Adequate and appropriate logistic support for the monitoring visits undertaken by state and district officials is lacking.
Community support

1) Community participation in AWCs activities and in monitoring performance of AWCs continues to be challenging.

2) Increasing awareness of communities about utility and importance of supplementary food to bridge calorie gap for children, mothers and adolescent girls continues to be a challenge to ensure consumption of supplementary food by intended target group.

3) Members of Mother’s Committees and other such community groups need more capacity building so as to encourage greater participation of families in ICDS and also to strengthen Behaviour Change Communication (BCC).

Convergence

1) Greater inter-sectoral convergence with line departments like Health, Education and PRI is still a challenge. Interdepartmental coordination committees must meet regularly and systematically and certain states need to create the ICDS Directorate at the state level with adequate personnel as per the staffing pattern approved by GoI.

2) There must be better coordination with Health Department for Referral System from AWC to higher level facilities since at present referral services are informal and unstructured.

3) Referral services must have referral slips, greater attention being paid to parents and more motivation for it among AWWs.

4.2 Suggestions by the States

Some of the key suggestions made by the State Governments are as follows:

- There is a need for the recruitment of additional staff for the implementation of new schemes (like SABLA, IGMSY) initiated by the GoI. It was mentioned that the proposal of introducing the 2nd Worker is being contemplated by the MWCD during the 12th Five Year Plan. (Gujarat, Tamil Nadu)

- There is a need of flexibility in staff selection and funding in the programme. This may include a society structure for facilitating greater flexibility. Such society structure will also be useful to provide flexibility in spending like allowing inter-component changes in the allocation (A.P. for strengthening convergence; M.P. and Gujarat as part of their Nutrition Mission)

- There is a need to have technical experts in nutrition, M&E and PSE at the state directorate level.

- There is a need for hiring Medical Personnel/ANMs in ICDS as appropriate as per need. This may include hiring services of private doctors at the Block level where MO position is vacant especially for health check-ups (Karnataka) and hiring ANM for periodic
immunization sessions in urban slums (funds from NRHM) (West Bengal)

- There is a need to prepare a module on Good Parenting and include in the Refresher Training Module of the AWWs. Along with this organise Good Parenting Day, twice a year. (Uttarakhand)

- There is a need to conduct a detailed resource mapping of all the Training Centres and give special training to functionaries on ECCE through specific training institutes specializing in ECCE. (Uttarakhand, Jharkhand, Andhra Pradesh and Rajasthan)

- There is a need for setting up Regional Offices of ICDS, with complete administrative structure. (Gujarat)

- There is a need to increase in SNP transportation cost, rent for AWCs (especially in urban areas) and allocation for construction of AWCs. (All states)

- There is a need to grade AWCs to inculcate a sense of competition among functionaries, spurring their motivation, leading to improved performance. Incentives can be given to the best AWCs at the project and district levels. (Uttar Pradesh)

- There is a need for an additional Anganwadi Worker to ensure proper focus on the pre-school children as all as under-3s. (Madhya Pradesh, Tamil Nadu); ASHA-Sahyogini (Rajasthan); Select 1 AWW as supervisor for 5-6 AWCs (Cluster Approach) (Jharkhand).

- There is a need to define performance standards for AWWs. (Uttar Pradesh)

- There is a need to implement a ‘practical and feasible MIS system’ for ICDS which requires less time and effort and allows analysis of key indicators for downward feedback and corrective action.

- There is a need to conduct studies on assessing the learning of children who attended PSE at AWCs. (Uttarakhand, Karnataka)

- There is a need for a age-specific course curriculum for children 3-4, 4-5 and 5-6 years. (Rajasthan, Uttarakhand, Jharkhand)

- There is a need for crèches at the AWCs for under three children. (West Bengal)

- There is a need to evaluate NHED activities for quality, content, convergence and coverage. (Rajasthan, Uttarakhand)
Box 4.1: Key observations made by MWCD during APIP Reviews

- State Governments need to develop standard protocols for management of severely malnourished children, in consultation with the Health Department and share them with the Ministry of Women and Child Development (MWCD).

- There is a need to increase the working hours of the AWCs from 4 to 6 hours, with a corresponding increase in the AWW’s honorarium.

- It was pointed out that the basic purpose of APIP process is to encourage the State Governments to devise strategies and develop context specific plans for improving service delivery in ICDS at the grassroots level. It would also inspire the States in making additional investments in terms of financial and human resources for better programme management.

- Following issues were flagged that would impact ICDS provisions in the future:
  
  a) rapid urbanization – that will have significant implication on increasing provision of ICDS in urban agglomerations; and

  b) Absolute and relative decrease in the size of 0-6 year children population (it was 71.8 lakh in Census 2001 -13.6% of total population; in Census 2011, the provisional population is 68.56 lakh - 11.2% of total population).

It would therefore be desirable that to address the second issue of declining child population having a direct impact on AWC enrolment, guidelines be formed about the sub-optimal numbers at AWCs beyond which AWCs may have to be closed or some alternative mechanisms such as merging 3-4 AWCs in one single village, home based approach, has to be put in place. State Governments have suggested that instead of population norms for opening up AWCs, number of beneficiaries may be the criteria.
Chapter 5
Innovations and Good Practices

This section outlines some of the good practices and innovations as reported in the State APIPs:

Andhra Pradesh:

- A pilot was initiated in 4 districts to develop Geographic Management Information System in collaboration with a technical agency.
- Pre-school certificates have been introduced from 2009, for children leaving AWCs.
- Monthly interactive session from State to AWC level is conducted through MANA TV Channel on specific topics.
- Andhra Pradesh has a very unique wide area network connection for entering MPR data.
- The Department of Horticulture in Andhra Pradesh has given awareness on organic farming and a supply of mini-kits of green leafy vegetables to pregnant and lactating women.

Assam:

- Special arrangements for island areas through cashless ferry boat services for obstetric emergencies.
- ‘Pratham Aahar Diwas’ initiated in the AWCs where children of 6 months are introduced with complementary food at a simple function organised for the occasion.
- ‘Matri Amrit Ahaar’ introduced with support of development partners in 5 districts to ensure that all pregnant women in the last trimester and their husbands are introduced to Health and Nutrition concepts.

Bihar:

- State is taking up construction of AWCs and CDPO offices through a NABARD loan.
- The RTMS- Resource Tracking Management System- by which DPOs and CDPOs have been given a common user group by BSNL so that they can communicate without cost and equipment provided will have GIS to track movement of the officials.
- Introduction of referral slips and budgetary provisions made for the same -in convergence with health department.
- ‘Bachpan Diwas’ is celebrated at AWCs by conducting a set of extra-curricular activities, like drawing painting, gardening, dance, reciting to improve the quality of PSE.
‘Poshahar Nigrani Samiti’ created to procure food grains locally and to monitor quality of Supplementary Nutrition Programme with participation of community.

Gujarat:

Activities undertaken by the State’s Nutrition Mission include:

- Mapping poor performing blocks and hamlets by use of IT/GIS
- Develop an online reporting system for key indicators and longitudinal nutrition surveillance system.
- Building alliances and networks (academic institutions, NGOs, corporate, cooperatives etc.) for prototyping initiatives, implementing pilot projects and dissemination of evidence.
- Annual Block level cluster survey to regularly monitor nutrition status.
- Partnership with corporate sector through CSR.
- District level review meetings: reporting through SMS and using e-gram network
- Additional support of coordinators with ICDS at district/block levels to ensure coordination between departments and implement mission activities.
- Nutrition health counselling by organising Gyan Chaupals through e-gram centres.

The State also proposed SATCOM capacity building sessions through e-gram centres which allowed for two-way interactions between the resource person and the functionaries/beneficiaries.

- The Government has provided vans for starting Mobile AWCs to address the needs of socially excluded population, mostly residing in the interior areas of the State.

- **Mamta Taruni**, a convergent scheme of health and ICDS focused on adolescent girls, which uses strategies of weighing once every 4 months, weekly distribution of IFA, biannual Vitamin A supplementation, de-worming, TT vaccination, counselling, nutrition supplementation to those weighing below 35 kgs and peer educators for Adolescent Girls.

- ‘Tithi Bhojan’ has been introduced whereby the community provides various foods like fruits, sweets etc. to children at AWCs

- ‘Doodh Sanjeevani Yojna’ for providing double fortified milk (100ml) to each child twice a week in 10 selected blocks of 6 tribal districts.
• Plantation of drumstick trees by the Forest Department and development of kitchen garden by the Panchayat Department are initiatives under ‘Nirogi Bal Varsh’ aimed at improving Vitamin A supplementation.

Karnataka:

• An intensive programme for monitoring activity of AWCs, has been initiated.
• Bal Vikas Sanitis at the AWC level to monitor the activities and decentralised implementation of the scheme.
• Bal Sanjeevani Scheme under which sick and underweight children belonging to BPL families from 0-6 years age group and are enrolled in AWC.

Madhya Pradesh:

• Special strategy for ‘cut off area planning’ during monsoon, for villages that are cut off from the district headquarters because of poor road connection. To address the problem of disruption of supply of SNP food districts sanction stock of SNP for 2-3 months for such centres.
• Expansion of Nutritional Rehabilitation Centres (NRC).
• A web enabled MIS system has been designed and piloted to reduce the problems associated with manual data transmission and support correct and timely reporting.
• Under Project Shaktiman, the cost of third meal and related expenses are borne by the state Government
• Atal Bal Arogya Evam Poshan Mission (launched 2010) – With the objective of reducing child malnutrition the Mission will experiment, pilot, replicate and upscale interventions across the state.
• Sanjha Chulha (Common Kitchen) Scheme for serving hot cooked meal to beneficiaries – food prepared by SHGs in school kitchen and distributed to AWCs.
• Rajya Shiksha Kendra provided Rs.10, 000/- per AWC for 88 AWCs in each district of MP for developing the centres into Model AWC based on BaLA (Building as Learning Aid) concept.
• For promotion of IYCF practices two IYCF Cells have been established in Medical Colleges Jabalpur & Rewa in May 2009 and are working through different strategies for the promotion of appropriate breast feeding practices.

Odisha:

• Nutrition Operation Plan (NOP): State undertook a systematic study to develop integrated evidence based nutrition operation plan with the
aim to address nutritional status of children, particularly, those from most vulnerable sections.

- A team of NOP Consultants include a BCC Consultant (one in 15 high burden districts) along with a State Programme Monitoring Unit has been set up.
- Consultants have been placed in all the 30 districts, with support from development partners, to facilitate convergence between Health & ICDS.

Rajasthan:

- Malnutrition Treatment Centres established in all District Hospitals through NRHM. State has adopted use of WHO child growth norms for case identification.
- Special programme for anaemia control among Adolescent Girls.
- Kaleva Scheme: Scheme for providing meals for 2 days to mothers post delivery covering all the CHCs.

Tamil Nadu:

- Extensive corporate sector engagement was promoted in ICDS. Various initiatives by them include:
  - Construction of AWCs and CDPO Offices
  - Repair of Anganwadi Centres, donation of sites for construction of new buildings, supply of T.V, provision of gas connection, electricity, hand pumps, supply of play materials vessels etc.
  - Rs.3.40 crores (2009-10) worth of materials have been mobilised through Public and Private sectors contribution for Anganwadi Centres.
- Guidelines on what the Rs.1000 flexi fund per AWC can be used for have been developed.
- Eggs are being given from 1989 onwards to the children up to 15 years (Initiated under the Noon meal programme in 1982). 1-2 year children are also given egg from 2007 onwards. The Introduction of 3 eggs per week, to the children, beside Noon-Meal supply; alternative supply of banana for the non egg eating beneficiaries, increased quantity of weaning food supply to achieve the financial norms have helped the State to advance towards achieving of its nutritional goals.
- Old Age Pensioners (OAPs) are also provided with hot cooked meals in ICDS Centres.
- An awareness campaign on parenting skills focusing on early childhood stimulation, with the objective of creating awareness among both parents and members of the community on the relevance of parenting and ECD, was proposed and carried out in 2011-12.
Uttar Pradesh:

- Survey of ICDS Beneficiaries to identify potential beneficiaries of PSE has been initiated.
- Hot Cooked Food Scheme: Hot cooked food is distributed to children 3-6yrs at the AWCs through Mothers Committees and SHGs. It is being piloted in 5 districts.
- *Mission Poshan*, launched for the period 2006-12, focuses on accelerating efforts to reduce malnutrition. A selected package of services focusing on PLW and children up to 1 yr of age was designed and delivered. It defines daily, weekly, biannual activities for severely malnourished children and facilitates AWWs and AWHs in taking appropriate actions. It shifts focus from centre based counselling to family based counselling.

West Bengal:

- 7 Districts are identified as focus for development of infrastructure
- Positive Deviance Strategy – *Keno Parbo Na* implemented in 4 districts, Integrated Management of SAM also piloted in these districts.
- Special efforts in Maoist affected Districts.
Annexes
INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME

Framework for Development of the State Annual Programme Implementation Plans (APIPs)

MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA
www.wcd.nic.in
January 2011
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Chapter One
CONTEXT AND OBJECTIVES

1.1 The Integrated Child Development Services (ICDS) Programme is India’s primary response to the nutritional and developmental needs of the children below six years, pregnant women and nursing mothers. Implemented through a network of over one million village-level Anganwadi Centres (AWCs), staffed by Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs), it currently reaches around 7.28 crore children\(^1\) and about 1.6 crore pregnant and nursing mothers (March 2010). The programme has since become the world’s largest and unique early childhood development programme.

1.2 The ICDS Programme has remained in the forefront of the efforts of the Government of India (GoI) and the State Governments to achieve the child nutrition related Millennium Development Goal (MDG1)\(^2\). The Government of India has committed to achieve the nutrition MDG of halving underweight rates from 54% to 27% between 1990 and 2015, and to achieving the education MDG of universal primary education (MDG2) and the Education For All goal of expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. GoI is also committed to reducing infant and child mortality and improving maternal health outcomes (MDGs 4 and 5). Since malnutrition is closely linked to all of these MDGs, the interventions under the ICDS programme are expected to contribute towards achievement of each of these longer-term goals.

1.3 Despite several achievements that the ICDS scheme has witnessed during its three decades of implementation, there remain some major challenges with regard to the high burden of child malnutrition in the country. The NFHS-3 (2005-06) reveals that about 43 percent children below five years in the country are still underweight (as per the WHO New Growth Standards; <−2SD) and out of these, about 16 percent are severely malnourished (<−3SD). At the country level, child malnutrition has barely declined at all in a decade and anaemia among women and children has actually risen.

1.4 During the 11\(^{th}\) Five Year Plan the GoI has taken several measures to strengthen the implementation of ICDS Programme. In order to increase accessibility of the ICDS services to all households in the country, especially those belonging to disadvantaged and weaker sections in the community, the GoI has embarked upon massive expansion of the programme since 2006-07 to reach out to about 14 lakh habitations in the country. As per the order of the Supreme Court, the GoI has already sanctioned 7073 projects and 13.56 lakh AWCs (August 2009) and the programme has been nearly universalized across the villages and habitations in the

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1 Supplementary Nutrition beneficiaries 6 months to 6 yrs old children
2 MDG1: Eradicate extreme poverty and Hunger. Target 2: Halving the proportion of people who suffer from hunger. Indicator 4: Prevalence of underweight children under 5 years of age.
country. Provision has also been made for sanction of AWCs on demand basis by the States. Population norms for opening up of the AWCs in rural, urban and tribal areas have been revised. Financial norms of various interventions/activities under the scheme including that for training and capacity building of the ICDS functionaries, have been revised upwardly with effect from April 1, 2009. Honorariums of AWWs and AWHs have been revised since April 2008. Nutritional (calorific) norms for the supplementary food to the children below six years and pregnant and lactating mothers have also been revised. The challenge before the programme authorities is now to harmonize the geographical expansion along with an improved implementation strategy in order to accelerate better and visible programme outcomes.

1.5 The 11th Five Year Plan has envisaged ‘increased coverage in ICDS to ensure rapid universalization; changing the design; and planning the implementation in sufficient details that the programme objectives are not vitiated by the design of implementation. Besides, all its original six services have to be delivered fully for the programme to be effective: (i) supplementary nutrition, (ii) immunization, (iii) health check-ups, (iv) health and nutrition education, (v) referral services, and (vi) non-formal pre-school education’ (Planning Commission, 2008).

1.6 The NFHS-3 results show wide variations in the nutritional status of the children below five years and other health and nutritional parameters across the States and regions. While several States were able to reduce the level of child malnutrition significantly over the last seven years, some have already reached the MDG level of 27%, but the problem remained acute in many other States, affecting the country’s overall nutritional status. It is well known that malnutrition is a multidimensional problem and various determinants affect the nutritional status of children including food security, educational level of parents, water and sanitation, diseases, and many other socio and demographic factors. Through a common package of six services across the 35 States and UTs, the ICDS programme follows an integrated approach for the holistic developmental of the children below six years as well as health and nutritional needs of the pregnant women and nursing mothers. It is imperative to know how effective is the existing implementation strategy in addressing the varying needs of children and women. It has been often found that service delivery mechanism in ICDS varies significantly across States, districts and blocks. But in the absence of a detailed implementation plan at the State or district level, it has not been possible to capture the programme effectiveness against the set targets or track expenditures against the physical achievements. Though ICDS is a ‘centrally sponsored scheme’, wherein the GoI provides 90 per cent of the total programme cost to the States/UTs with effect from April 2009 (except the cost for supplementary nutrition, which is 50:50 between GoI and States, and 90:10 in NE States), the basic responsibility for implementing the programme rests with the State Governments. The role of State Governments in monitoring the programme implementation is, therefore, paramount. Till now, the GoI has been releasing funds to the States/UTs under ICDS without having any State specific detailed
implementation plan (except that for training programmes), but based on the utilization certificates and monthly/quarterly progress reports.

1.7 In view of the growing concern over the programme not being able to achieve its core objectives, it has been felt that there needs to be a paradigm shift in the programme’s annual planning in order to improve and strengthen the existing implementation mechanisms. The existing annual planning process in ICDS that is currently followed by the State Governments needs re-structuring and standardization, by bringing in clear focus on the programme ‘outcomes’ rather than on ‘outlays’ as was envisioned by the then Finance Minister of India during his annual budget speech on 28 Feb 2005.3

1.8 The MWCD now contemplates to introduce a comprehensive annual planning process through the development of an Annual Programme Implementation Plan (APIP) by each of the States/UTs every year. The APIP will have all details of activities with their physical and financial targets that are planned by the States/UTs during the year. It is envisaged that the APIPs will help both MWCD and the State Governments monitor the programme performance more effectively and to take mid-course corrections, if any.

1.9 This planning process is also critical to translating the vision of the Prime Minister of India, articulated in his letter to the State Chief Ministers, dated 9 January 2007. Urging that the ICDS programme be closely monitored, he stated that “proper implementation of the programme critically depends on political will, decentralized monitoring and meticulous attention to day-to-day operational issues. Otherwise, problems like irregular functioning of Anganwadi centres (AWCs), inability to provide hot, cooked food and leakage of food material meant for infants, will persist....... We are in the process of universalizing ICDS. But I am afraid, unless we take stock of the present position and remove the lacunae; universalization will mostly remain on paper and will not help our children secure a brighter future. The core objective of the ICDS Scheme in the 11th Plan should be universalization with quality.”

1.10 This document outlines a broad structure of the annual programme implementation plan with necessary templates for providing requisite information under various components of the programme. The States/UTs are required to examine the prescribed format of the APIP including various physical targets and the total funds requirement. Processes and timelines that are to be followed for the preparation of the PIP are also discussed in the document.

3 “I must caution that outlays did not necessarily mean outcomes... We shall also ensure that programmes and schemes are not allowed to continue indefinitely...without an independent and in-depth evaluation...” (Ministry of Finance, Government of India, Outcome Budget 2005–06, http://finmin.nic.in/reports)
1.11 **OBJECTIVES:** Specific objectives of the proposed annual programme implementation plan framework in ICDS are:

a) to strengthen the existing programme management, planning and implementation to help accelerate programme outcomes as envisaged in the ICDS objectives;

b) to strengthen the existing monitoring of the programme implementation through tracking of expenditures against physical targets;

c) to acknowledge and capture the diversity across the 35 States/UTs in respect of health, nutritional needs of women and children and also pre-school needs of 3-6 year olds and their feasible responses;

d) to facilitate States to develop State specific strategies/interventions in respect of various programme components of ICDS in general and to achieve the health, nutritional and early learning outcomes through monitorable indicators; and

e) to enhance the quality of programme implementation in order to achieve ICDS universalization with quality.
Chapter Two

Processes and Timelines

2.1 The APIPs of the ICDS programme will be prepared following a decentralized planning process wherein the district and block officials and other key stakeholders from the line departments, especially health, education, rural development, water and sanitation, and PRI would be consulted on the respective planned activities that are to be taken up with support from these departments during the year. While preparing the PIP, it is imperative to assess the existing gaps in programme implementation at various levels. Attempt should be made to rationalize various efforts of the State Governments to address the problem of child under-nutrition and early childhood education outcomes and reflect the same in the PIP. E.g. for the construction of AWC buildings, States may leverage funds from different sources, and to provide potable water to AWCs, coordination with the water and sanitation department would be necessary.

2.2 The following processes are suggested for the preparation of the APIP at the State level:

Step 1: Formation of a Steering Committee at the state level under the chairpersonship of Secretary (WCD)/Social Welfare) comprising members (Secretaries/Directors) from line departments, Planning Department, selected District Collectors, Regional Director of NIPCCD, representative from the MWCD, GoI;

Step 2: Formation of a core team for the preparation of PIP comprising of key programme officials from the ICDS Department/Directorate (including Finance and Accounts Officer), Representatives from Health, PHE, Panchayat & RD, Horticulture Mission, FNB Officials, selected District Programme Officials (ICDS), selected Instructors of Training Centres (AWTCs/MLTCs), NGOs and representatives of the development partners who are working with ICDS in the state.

Step 3: Constitution of a core team for drafting the PIP (Hire consultants if required/Seek support of INGOs/Development partners) (If required Seek external support for orientation and training of Core team members. Budgetary provisions can be made for such external support out of other training/monitoring fund).

Step 4: To collect all necessary information for the PIP from existing ICDS documents

Step 5: To access and use NRHM State PIP for common information compiled by them and whether ICDS requirements have been adequately projected and given priority. Preferably there should be separate template for requirement and services under NRHM for AWC.

Step 6: To consult district/state plans of drinking water mission/ Panchayat /BRGF plans and horticulture mission plan focusing on infrastructure, facilities and nutrition thrust in the plan.

Step 7: Include plans of development partners, nutrition and ECE interventions utilizing AWCs by NGOs, Universities and others (if any) in the district/state plan

Step 8: Hold consultations with all stakeholders (at least thrice) to discuss, assess and identify gaps in the existing implementation mechanism in respect of six services in ICDS and all other cross-cutting issues like programme management, financial management, IEC, M & E, Training etc.; Give special emphasis on cut off area planning and special requirements of migrants, mobile AWCs. Special mention needs to be made for contingency plan for
disaster, conflict areas and inaccessible areas if any. Special emphasis on linking activities to output to outcome to impact needs to be given in the results framework.

Step 9: Prepare the draft APIP and submit to MWCD

2.3 Since the APIP will be prepared for the first time following some uniform structures and processes, necessary orientation of the core team members would be organized at the state level. The MWCD would facilitate these orientation programmes. If required, States may seek external support for orientation and training of core team members. Budgetary provisions may accordingly be made for such external support.

2.4 States need to initiate the process of preparation of the APIP during the month of October so that the draft APIP is made available to the MWCD by the end of December. During Jan-Feb in the next year, State Governments would make presentation on the APIPs to a designated Committee in the MWCD, who would review and approve the same. The Committee would also review the progress of implementation of the State APIPs on half yearly basis for any mid-course corrections.
Chapter Three
ANNUAL PROGRAMME IMPLEMENTATION PLAN (APIP)
A Broad Framework

SECTION I: SITUATION AND GAP ANALYSIS

In this section, an in-depth situation and gap analysis of existing health and nutrition status of women and children along with analysis of related socio-economic conditions prevailing in the State would be presented. Also, constraints/bottlenecks in the existing programme implementation in ICDS that will have linkage in the subsequent sections while describing the programme strategies to address these issues, will be highlighted.

The following issues are suggested to be included in this section:

a) Provide socio-economic and demographic profile of the State:
   a) population- rural/urban/tribal; SC/ST breakup
   b) child population (based on census and ICDS household survey register)
   c) districts, blocks (Rural/Urban/Tribal)
   d) No. of villages/habitations un reached or difficult to reach villages
   e) Female literacy rate etc. (rural, urban and tribal breakup)
   f) Rural connectivity: All weather, seasonal road

b) Describe State’s Nutrition Policy (if any) briefly – Whether State Nutrition Action Plan has been devised, if so, its broad contours;

c) Existing mechanism of inter-sectoral convergence at different levels of programme implementation with health and other related departments;

d) Nutrition and Health Status of Women and Children in the State (use relevant indicators from ICDS MIS data/DLHS-3/NFHS-3 surveys) including status of Infant and Young Child Feeding (IYCF) indicators

e) History of ICDS in the State: Geographical and population coverage; Year wise expansion of ICDS in the State

f) State’s financial contribution to ICDS implementation including on supplementary nutrition food, in addition to Central Govt’s support (provide last two years data)

 g) Infrastructure status of all operational AWC Buildings (own/rented; pucca/kuccha etc) - State’s plan for construction of AWC buildings using funds from RIF/NABARD, MPLAD/BRGF and other development partner sources etc.; potable water supply and child friendly toilets at the AWCs; smokeless chulhas, medicine supply in health sub centres, renewable energy sources etc.

h) Status of operationalization of blocks/AWCs/Mini-AWCs against sanctioned;

i) Trends in coverage of beneficiaries for supplementary nutrition and pre-school education, separately (use last five years aggregated data based on ICDS MPRs);

j) Training infrastructure – AWTCs, MLTCs

k) Major gaps/constraints in programme implementation (highlight specific districts/blocks which need special focus and in which areas).

l) Status of inter departmental coordination and convergence (particularly with Health, drinking water, sanitation and Panchayat)
SECTION 2: VISION STATEMENT

In this section, State may describe its vision for the development of children and women aligned with the core objectives of the ICDS Programme. Also, describe summary of the strategies that are proposed to address the child under nutrition and early childhood education issues in the State during the reporting year.

SECTION 3: ORGANIZATIONAL STRUCTURE OF ICDS PROGRAMME MANAGEMENT AT THE STATE AND DISTRICT LEVEL

a) Insert an organizational chart of the State Directorate (with a brief of major roles/responsibilities for each key position) and District Cells
b) Describe office infrastructure at State/District/Block level;
c) Indicate whether there is a separate WCD Directorate/Department – if not, existing arrangements for ICDS programme management;
d) Indicate whether there is any Committee/Task Force on ICDS constituted by the State Govt; If yes, give brief details on constitution and powers of such Committees/Task Force;
e) Devolution of powers at the State/District/Block levels (both administrative and financial, such as decentralized procurement of PSE kits at the district level; procurement of food grains at the district/block level etc).

SECTION 4: ANNUAL ACTION PLAN - PROGRAMME COMPONENTS

4A Human Resources

a) Describe the State’s recruitment processes for different field functionaries – Adherence to the guidelines of the GOI.
b) Indicate whether specific cadre for CDPOs/Supervisors exists, if not, any action plan on having a separate cadre in ICDS;
c) State’s promotional policy for the field level functionaries (AWWs/Supervisors/CDPOs) vis-a-vis GOI’s Guidelines;
d) Manpower positions/vacancies at all levels up to AWC level - Plan for filling up the vacancies; Indicate constraints, if any (e.g. (legal problems, administrative constraints etc);
e) State’s additional contribution for honoraria of AWWs and AWHs
f) Describe the extent of LIC coverage for AWWs and any other welfare measures for the AWWs/AWHs and plan for FY.

Table # 01: Manpower Positions

<table>
<thead>
<tr>
<th>Functionaries</th>
<th>Sanctioned</th>
<th>In-position</th>
<th>Timeline for filling up vacancies</th>
<th>Salary/ Honoraria per month</th>
<th>Estimated budgetary requirement for the FY</th>
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<tr>
<td>State level</td>
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<td>Position 1</td>
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<tr>
<td>Functionaries</td>
<td>Sanctioned</td>
<td>In-position</td>
<td>Timeline for filling up vacancies</td>
<td>Salary/ Honoraria per month</td>
<td>Estimated budgetary requirement for the FY</td>
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<td><strong>Block level (all positions)</strong></td>
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<td>CDPO</td>
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<td>ACDPO</td>
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<td>Supervisors</td>
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<td><strong>AWC level</strong></td>
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<td>AWWs</td>
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<td>AWWs (mini AWCs)</td>
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<td>AWHs</td>
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<tr>
<td>Additional Worker (if any) provided by the States</td>
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<td><strong>TOTAL</strong></td>
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4B: **Procurement of Materials and Equipment**

a) Status of supply of equipment, furniture, utensils, weighing scales, *dari*, storage box, computers/printers etc at different levels. Provide information on:-
   - No. and percentage of Blocks having functional computers and printers;
   - No. and percentage of District Offices having functional computers/printers;
   - No. of functional vehicles at State, district and block levels;
   - No. and percentage of AWCs (against total operational) having functional baby and adult weighing scales (separately)

b) Requirements during the FY:
Table # 02: Procurement of Materials and Equipment

<table>
<thead>
<tr>
<th>Items</th>
<th>No. available in working condition</th>
<th>No. to be procured during the year</th>
<th>Estimated budgetary requirement (Rs.)</th>
<th>Timeline of supply during FY (Tentative Date)</th>
<th>Means of Verification (MPRs/UCs)</th>
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<tbody>
<tr>
<td>State level</td>
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<td>Item 01</td>
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<td>Block level</td>
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<td>AWC level</td>
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<td>Item 01</td>
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</table>

4C: Delivery of Services at AWCs

C1: Supplementary Nutrition (SN)

i. Existing mechanism for procurement and distribution of SN (as per Supreme Court’s Order and GOI’s revised budget norms) – Local food model, distribution through SHGs/Mahila Mandals, etc

ii. Use the following templates to provide basic information about supplementary food:

A. Type of Supplementary Nutrition provided:

<table>
<thead>
<tr>
<th>Type of food</th>
<th>6 months to 3 years (Items in detail)</th>
<th>3 years to 6 years (Items in detail)</th>
<th>P &amp; L Women (Items in detail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take Home Ration (THR)</td>
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<tr>
<td>Morning Snacks</td>
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<tr>
<td>Hot Cooked Meal</td>
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</table>

B. Per unit cost of supplementary nutrition provided (including State share)

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Unit cost per beneficiary/day (Rs.)</th>
</tr>
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<tbody>
<tr>
<td>Children 6 months to 6 years</td>
<td></td>
</tr>
<tr>
<td>Pregnant &amp; Lactating Mothers</td>
<td></td>
</tr>
<tr>
<td>Severely undernourished children</td>
<td></td>
</tr>
</tbody>
</table>
iii. Adherence to calorific norms as prescribed by GoI and quantity per child/women per day – analysis of food samples for nutritive value and their results during the last year;

iv. No. of AWCs with feeding interruption for more than 1 month during the last year;

v. Total and average beneficiary coverage per AWC by rural-urban-tribal category as on 31st March (Children 6 months to 6 yrs; P & L women) and gaps in coverage (against surveyed child population). If available, SC and ST coverage data to be mentioned.

vi. Special strategy for cut off area planning during monsoon (no. of districts, blocks and AWCs)

vii. Any differential strategy for tribal and urban areas in collaboration with Deptts of Tribal/Urban Development?

viii. Any differential strategy for rural areas in collaboration with SHGs promoted by Rural Development department?

ix. Expenditure on supplementary nutrition during previous two years – Budgetary allocation and actual expenditure incurred (GoI and State Shares separately)

x. Quantum of food commodity approved for Wheat based Nutrition Programme (WBNP) and lifted and requirement for the FY.

xi. Estimated budgetary requirements for the FY;

<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>Population as per AWW’s survey register</th>
<th>No. of beneficiaries (as on.....)</th>
<th>Target for current FY</th>
<th>Unit cost</th>
<th>Budgetary requirement for current FY (Rs. Lakh)</th>
<th>Means of verification (MPRs/Ucs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6 months – 3 yrs</td>
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<tr>
<td>Children 3-6 yrs</td>
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<tr>
<td>Pregnant Women</td>
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<tr>
<td>Lactating mothers (with children below 6 months)</td>
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<td>TOTAL</td>
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</table>

xii. Growth monitoring and promotion:

Provide information for:

- No. and percentage of AWCs using WHO New Growth Charts
- Percentage of AWCs using new Mother and Child Health Cards/any other tools for counselling
Table # 04: Growth Monitoring/Promotion and Children’s Nutrition Status

<table>
<thead>
<tr>
<th>Age Group</th>
<th>No. of children as enrolled at AWCs (as on ......)</th>
<th>No. of children weighed (as on ......)</th>
<th>Nutrition Status (as per WHO New Growth Standards)</th>
<th>Means of Verification (MPRs/ASRs)</th>
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</thead>
<tbody>
<tr>
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<td>(a) Normal (in %) (b) Moderately underweight (in %) (c) Severely underweight (in %)</td>
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<tr>
<td>Below 3 yrs</td>
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<tr>
<td>Boys</td>
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<tr>
<td>Girls</td>
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<td>Total</td>
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<td>3-5 yrs</td>
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<td>Boys</td>
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<td>Girls</td>
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<td>Total</td>
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</table>

C2: Pre-School Education (PSE)

a) Describe if State has developed any policy/guidelines/curricula for pre-school education and pre-school kits in ICDS

b) Provide information on number and percentage of AWCs (against total operational) having received PSE kits during the previous year

c) Specific interventions on pre-school education made during recent years; whether any training on PSE for AWWs/Supervisors conducted; etc

d) Mention the strategy for children 6 months-3 years for early childhood development stimulus. Mention the strategy for preparing 3-6 children for school readiness.

e) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments

f) Contents of PSE Kits and supply positions during previous two years;

g) No. of children who have graduated from AWCs to formal Primary Schools during the last FY.

Table # 05: Pre-school Education

<table>
<thead>
<tr>
<th>No. of AWCs providing pre-school education (as on .....)</th>
<th>No. of children 3-6 yrs as per AWW’s survey register (as on ......)</th>
<th>No. of 3-6 yrs children attended PSE for at least 16 days in the previous month (as on......)</th>
<th>Target for the FY</th>
<th>Estimated budget requirement for PSE Kits (@Rs. 1000 per kit per AWC per year)</th>
<th>Means of Verification (MPRs/ASRs/Ucs)</th>
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</table>
C3: Nutrition and Health Education

a) Describe State’s strategy on nutrition and health education: Organization of breastfeeding and nutrition weeks, celebration of ‘annaprasans’, ‘mangal divas’ etc.

b) Status of implementation of national guidelines on infant and young child feeding practices;

c) Existing mechanism for counselling of mothers on nutrition and health issues by AWWs/Supervisors during home visits; Availability and use of NHED kits (if any).

d) NHED sessions during VHND/NHD - use of IEC materials (tools) during NHEDs and home visits, separately;

c) Monitoring mechanism
   - Possibility of involving ASHA and ANM in NHED/ Home visits
   - Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments

C4: Immunization

a) Current immunization coverage rates (based on DLHS-3/ICDS MPRs) in the state;

b) Existing mechanism for immunization service (including Vita A supplementation) – such advance planning with health, its implementation and joint monitoring, etc.

c) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments

Table # 06: Immunization

<table>
<thead>
<tr>
<th>No. of AWCs received and provided Vita A during last year</th>
<th>No. of children below 24 months (As on ......)</th>
<th>No. of children who completed 12 months during the last year and were fully immunized as per routine immunization schedule during last year</th>
<th>Target for the FY (Estimated no. of children aged 12 months who will be fully immunized during the year)</th>
<th>Means of Verification (MPRs/ASRs)</th>
</tr>
</thead>
</table>

C5: Health Check-ups

a) Describe existing mechanism for health check-ups of pregnant women (antenatal care) and children;

b) Supply and composition of medicine kits during the last FY;

c) Status of coverage of at least three ANC check-ups of the pregnant women during the last year.

d) Supply of IFA tablets to pregnant women through RCH-II – No. of AWCs provided IFA during last year;

e) Strategy to improve health check-ups during the FY.

f) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments;

g) Any linkage with AYUSH.
### Table # 07: Health Check-ups

<table>
<thead>
<tr>
<th>No. of AWCs operational (As on.....)</th>
<th>No. of AWCs received medicine kits during previous year (As on ......)</th>
<th>Target for the FY (# AWCs)</th>
<th>Estimated budget requirement for Medicine Kits (@Rs. 600 per kit per AWC per year)</th>
<th>Means of Verification (MPRs/ASRs/Uccs)</th>
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Note: Except Medicine kits, no cost is involved for health check-ups in ICDS. All services provided by Health.

### C6: Referral Services

- a) Existing mechanism for referral services (with health)
- b) Constrains in effective referral services
- c) Strategy to improve this component during the FY.

**NOTE:** Physical targets cannot be fixed. No specific allocation for this service.

### 4D. Observance of Nutrition and Health Days

- a) Mechanism for observance of monthly nutrition and health days (NHDs) – Existing planning and schedule and monitoring; Convergence with NRHM – Village Health and Nutrition days;
- b) Summary of activities that are taken up during the NHDs;
- c) Whether support received from community/PRIs for observance of nutrition and health days;
- d) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments.

### Table # 08: Nutrition and Health Days

<table>
<thead>
<tr>
<th>No. of AWCs operational (as on.....).</th>
<th>Average no. of AWCs reported conducting monthly NHDs during the previous year;</th>
<th>Percentage of AWCs conducted NHDs during the previous year</th>
<th>Target for the FY (# AWCs to be covered for monthly NHDs)</th>
<th>Means of Verification (MPRs/ASRs)</th>
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### 4E. Information, Education and Communication (IEC)

- a) Describe activities carried out under IEC component during last year;
- b) List out the IEC materials that have been developed;
- c) Details of campaigns organized on nutrition and pre-school education;
- d) Describe activities that are planned during the current year.
4G. **Monitoring and Evaluation**

a) Describe existing monitoring and supervision mechanism at different levels (reporting, field visits, review meetings, feedback system etc)

b) Constraints in monitoring and supervision (human resources, capacity building, mobility of functionaries etc)

c) Any assessment/evaluation studies carried out by the State Govt. during last two years – *brief details*

d) Whether the State has rolled out revised MIS as prepared by the MWCD

e) State’s strategy to improve the existing MIS.

f) Community monitoring mechanism.

g) Structured feedback mechanism.

4G. **Training and capacity building**

As per the existing procedure, States are required to prepare a State Training Action Plan (STRAP) outlining the following:

a) Training status of functionaries who are in-position and assessment of training backlogs (separately for job and refresher training) as on 1 April of the FY – Mechanism for assessing backlogs of training (computerized roster/records at district/block level);

b) Training needs assessment of ICDS functionaries in view of working with PRI system.

c) Describe available training resources in the state (AWTCs/MLTCs/SRCs etc) – Sanctioned and operational AWTCs/MLTCs and their details including training
status of Instructors. Indicate whether capacity of the training centres has been reviewed during the FY.

d) Detailed training calendar – Training Centre wise;

e) Monitoring and supervision mechanism – Quality checks;

f) Review of performance during the last two years as per the QPRs and approved STRAPs; Give reasons for not achieving the targets in previous 2 years (if performance is less than 80% of the STRAP Targets).

g) Proposal for ‘other training’ activities should include rationale for the same and their expected outcomes;

h) Financial requirements for the FY.

A summary of the STRAP highlighting key features may be enclosed in the PIP Document.

4H Convergence with Line Departments

a) Existing mechanism for convergence and coordination with line departments including health, education, water and sanitation, horticulture, rural development Panchayat Raj, Deptt. of AYUSH etc.

b) Status of joint planning with health at district/block/village levels;

c) Joint visits/review with health and other departments; Joint training between ASHA/ AWW/ANMs/Supervisors;

<table>
<thead>
<tr>
<th>Table # 11: Convergence</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of blocks that have developed micro plans for VHNDs with health</td>
</tr>
<tr>
<td>No. of sector meetings attended by health staff</td>
</tr>
</tbody>
</table>

4I Community Participation and Involvement of PRIs

a) Provide existing mechanism for community participation and involvement of PRIs in the implementation of ICDS programme in respect of the following:

- recruitment of AWWs/AWHs
- supplementary food distribution,
- regularity of opening of AWCs
- observance of VHNDs
- immunization
- construction of AWCs
- mobilization of community support to AWC,
- awareness generation on health and nutrition issues, etc.

b) Percent of AWCs participated in at least one Gram Sabha meeting during last year;
c) Percent of AWCs received any support from the Panchayat/Community based organizations (SHGs, *Mahila Mandals*, Mother’s committee etc)/NGOs. Briefly describe the type of supports received from PRIs during the previous year.

d) Percent of monthly Gram Panchayat meetings attended by AWWs.

e) Percent of Bi-monthly *Panchayat Samiti* meetings attended by ICDS staff.

f) No. of districts where the *Zilla Parishad* have reviewed ICDS programme implementation during the last year.

**4J Financial Management and Funds Flow Mechanism**

a) Describe existing mechanism of funds flow from State HQs to Districts/Blocks/Sectors; Provision of separate accounts; Delegation of powers etc;

b) Steps taken to ensure timely payment of honoraria of AWWs/AWHs; funds flow to ensure delivery of supplementary nutrition uninterrupted;

c) State’s plan for establishing Society structure under ICDS up to District level; if possible;

d) Provide detailed minor head-wise break-ups of allocation for different programme activities;

e) Attach statement of expenditure (SOE) of previous year with trend analysis.
## Key Points
*(Must be addressed in APIP)*

<table>
<thead>
<tr>
<th>Issues</th>
<th>Points</th>
</tr>
</thead>
</table>
| Physical/Geographical Coverage (Universalization) | • Mapping of habitations/villages  
• Trend analysis of registration of beneficiaries (over last 3 years)  
• Attendance efficiency  
• Coverage of SC/ST/Minority groups to address social exclusion |
| Operationalization of Projects and AWCs          | • Timelines  
• Provision of all services at AWCs                                                                                                     |
| Manpower position at all levels                  | • Vacancies  
• Actions proposed/timelines                                                                                                               |
| Material Resources (component-wise)              | • Gaps  
• Replacement rate of key materials e.g. PSE kit, Medicine kit, weighing scales etc.  
• Actions proposed/timelines                                                                                                               |
| Delivery of Six Services                         | • Current status  
• Strategy for improvement, etc                                                                                                             |
| Supplementary Nutrition                          | • Current methods of delivery  
• Type of food/adherence to calorific norms  
• Feeding efficiency  
• Monitoring mechanism                                                                                                                      |
| Convergence                                      | • Existing mechanism of convergence with health and line departments  
• Joint planning for immunization, health check-ups and referral services  
• Observance of nutrition and health days                                                                                                   |
| Monitoring & Supervision Mechanism               | • Social audit if any  
• Public display/hearing, if any                                                                                                             |
| Proposed flexible model                          | • Likely innovations proposed  
• Replicable intervention, if any and proposal for scaling up;                                                                                   |
| Additional support required from GOI             | • Physical – component-wise  
• Financial – component-wise                                                                                                                     |
| Expected achievement during the year             |                                                                                                                                              |
### Chapter Four

**SUMMARY OF ACTION PLAN**

*Physical Targets and Financial Estimates*

(Note: Interventions/activities in col. 3 are only *indicative*, not *exhaustive*. Please refer to the SOE Format prescribed by GOI)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Programme Component</th>
<th>Interventions/Activities</th>
<th>Unit</th>
<th>Norm</th>
<th>Timline (Date)</th>
<th>Target Physical</th>
<th>Target Financial (Rs. Lakh)</th>
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*Note: Interventions/activities in col. 3 are only *indicative*, not *exhaustive*. Please refer to the SOE Format prescribed by GOI*
Framework for development of ICDS Annual Programme Implementation Plan (APIP)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Programme Component</th>
<th>Interventions/Activities</th>
<th>Unit</th>
<th>Norm</th>
<th>Timeline (date)</th>
<th>Target</th>
<th>Physical</th>
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**GRAND TOTAL**

* GOI provides cost of construction of AWC Buildings only in N-E States. Other States are expected to leverage funds from various programmes/RIF for construction of AWC building. Cost of such constructions need not be included in the budget above.
Chapter Five
ADDITIONAL INFORMATION

All additional information related to the ICDS implementation may be given in annex.

- Names, addresses and contact nos. (with email IDs) of key Programme Officials (State/District level)
- ICDS Website URL
- Mechanism for redressal of grievances
- Relevant data on ICDS (including programme component wise expenditures during last three years)
- Brief details of support received from the Development Partners in ICDS (brief description of their interventions on nutrition and pre-school components of ICDS);
- Arrangement for protections from elements/harsh natural conditions like snow fall, high temperature, and monsoon (cut off area planning)
- Any Other.
D.O.No.15-1/2009-WBP

January 12, 2011

Dear,

As you may be aware, the Ministry has been contemplating development of Annual Programme Implementation Plans (APIPs) for the ICDS Scheme by each of the States/UTs. In a recent meeting of the National Nutrition Council chaired by Hon’ble Prime Minister held on 24th November, 2010, the Ministry has been given the go-ahead for initiating preparation of the State APIPs from 2011-12 onwards as a first step towards strengthening and restructuring the ICDS programme. Since this is a new beginning, States/UTs will prepare the APIP on key issues/points relating the programme in the first year.

The key objective of this process is (i) to strengthen the existing programme management, planning and implementation to help accelerate better programme outcomes as envisaged in the ICDS objectives; (ii) to strengthen the existing monitoring of the programme implementation through tracking of expenditures against physical targets; (iii) to acknowledge and capture the diversity across the 35 States/UTs in respect of health, nutritional needs of women and children and also pre-school needs of 3-6 years olds and their feasible responses; and (iv) to facilitate States to develop State specific strategies/interventions in respect of various programme components of ICDS in general and to achieve the health, nutritional and early learning outcomes through monitorable processes and indicators.

A draft APIP framework with requisite templates has been developed by the Ministry. It has been shared with the States in December 2009 and was discussed in the review meetings in June, 2010 and, later, in the special consultations on 16th and 21st December, 2010 with the selected States/UTs. This has been revised by incorporating comments given by the States (copy enclosed). This is available at the MWCD’s website; wcd.nic.in. The APIP inter-alia, includes a detailed financial management plan along with minor heads for different programme components/activities that are used by the State Government/UT Administrations.
I request you to kindly instruct the State Secretary to initiate the work for preparation of State APIP for 2011-12 and submit the draft by 20th March, 2011. The State Government would be separately requested to present the details of draft APIP before a designated Committee under my chairmanship sometimes in April 2011.

In case of any clarification on APIP, you may ask the State Secretary to feel free to contact the team led by Dr. Shreeranjan, Joint Secretary(CDN), MWCD.

With regards,

Yours sincerely,

Encl: As above

(D.K. Sikri)

To
Chief Secretaries (35 States/UTs)
Dear

Kindly refer to the agenda item on the proposed PIP Framework and Action Plan for the recently held review meeting on ICDS during 5 and 8 December 2009 under the Chairmanship of Secretary (WCD). A copy of the draft working paper on the proposed State Annual Programme Implementation Plan (APIP) framework for the ICDS Programme was circulated to all of you and the issues were briefly discussed. A copy of the said document is available in the Ministry’s website (www.wcd.nic.in - child development section) which may be downloaded.

2. The PIP framework is proposed to strengthen the existing implementation strategy and to address the challenges in an effective manner through improved and quality delivery of services to the targeted beneficiaries. We envisage and hope that the new approach would help both the Central Government and State/UT Governments monitor the programme performance more effectively and help take necessary course corrections.

3. It would be highly appreciated if you kindly send your comments/suggestions on the draft PIP framework latest by 15 January 2010 positively to enable us finalize the document and drawing an action plan for its early roll out. You may indicate your willingness to embark upon the proposed PIP mode of implementation approach from the FY 2010-11. Any facilitation required in this regard from the MWCD may also be indicated.

4. It is considered essential that the States such as Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh that are contemplated to be covered for select districts under the proposed World Bank assisted ICDS-IV Project must embark upon PIP exercise for the entire State including both high/non-high burden districts.

Seasons Greetings and a very happy and fruitful NEW YEAR.

With warm regards

Yours sincerely,

(Dr. Shreeranjan)

To
Secretaries in charge of ICDS Programme (35 States/UTs)

Copy: Directors in charge of ICDS Programme (35 States/UTs)
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 26 April 2011 to discuss the State ICDS APIP with Govt. of Jharkhand – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
Asstt. Director
Tel/Fax: 011-2336 2376, 2336 8202

To

Dr. Rajeev Arun Ekka
Secretary
Deptt. of Social Welfare & WCD
Govt. of Jharkhand
Project Bhawan, HEC, Sector III
Dhurwa, Ranchi 834 004
Jharkhand

Copy to:
Director
Directorate of Social Welfare & WCD
Govt. of Jharkhand
Engineering Hostel, Dhurwa
Ranchi 834 004, Jharkhand

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/JTA/US (CD-I)/US (CD-II)
Minutes of the Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Jharkhand held on 26 April 2011

A meeting to discuss the first State ICDS APIP for 2011-12 submitted by Govt. of Jharkhand was organized under the Chairmanship of Secretary (WCD) on 26 April 2011 (Venue: Shastri Bhawan, Secretary’s Chamber). Dr. Rajiv Arun Ekka, Secretary (Social Welfare & WCD), Govt. of Jharkhand made a power-point presentation on the State APIP for 2011-12 outlining current situation of women and child health and nutrition indicators in the State and key programmatic issues relating to ICDS implementation. The presentation on the State APIP was the first in the series of meetings that have been planned for all other States.

2. The meeting was attended by Dr. Shreeranjan, Joint Secretary; Ms Rupa Dutta, Director (ICDS); Shri Gulshan Lal, Dy. Secretary (ICDS); Ms Kumkum Marwah, Joint Technical Adviser, Food & Nutrition Board, Dr. Saroj K. Adhikari, Asstt. Director and Shri Tapan Kapoor, Consultant.

3. Initiating the discussion, Secretary (WCD) outlined the key objectives and purpose of the APIP in ICDS Programme that has been introduced by the Government of India in January 2011. The APIP document while delineating the programme action plan during the year, will attempt to bring focus on how the existing delivery mechanism can be strengthened and whether the State Govt proposes any alternate delivery system for better results.

4. The ICDS APIP of the State has brought forth several shortcomings and challenges in the current implementation of the programme viz. (i) absence of an ICDS Directorate at the state level with adequate personnel as per the staffing pattern approved by GoI; (ii) large number of vacancies at the state, district and project level; (iii) poor AWC infrastructure (only 30% AWCs having own building); (iv) lack of district level ICDS cells and Middle level Training Centres (MLTCs); (v) lack of district level MIS mechanism; and (vi) State’s policy on management of large number of severely acute malnourished (SAM) children (currently through Malnutrition Treatment Centres in convergence with Health, but it only caters to 5% SAM children).

5. Following major issues emerged during the discussion:

i. The State of Jharkhand faces the major challenge of child malnutrition. It has the second highest number of underweight children (56.5% below 5 yrs: NFHS-III) in the country after Madhya Pradesh and as well as second highest number of SC, ST and OBC population. Almost 70% children 6-59 months and women are found to be anaemic in the State.
ii. It was observed that since the creation of the State in 2000, the Directorate of Social Welfare and Women and Child Development has not been fully established and it does not have a separate ICDS cell. State has also not constituted any Committee or Task Force for ICDS at the State level. Following the 31 March 2011 guidelines of GoI, State was requested to form monitoring and review committees at State and other levels with representation of MPs and MLAs.

iii. Though there is almost no vacancy of AWWs, 41% CDPO posts and 46% Supervisor posts are lying vacant. State has proposed to fill up these vacancies within 4 months, i.e. by 31 July 2011. It was noted that the draft promotional policy of ICDS field functionaries has been tabled for consideration by the State Govt.

iv. Against a total sanctioned 38,432 AWCs, 122 AWCs are yet to be operationalized. All 204 projects are operational. State was requested to provide certification of coverage of all habitations and villages under ICDS. The AWWs in the State are selected through Gram Sabhas and the selection process has been decentralized.

v. State provides supplementary nutrition (SN) using a local food model that has been formulated with the help of Food & Nutrition Board and partner agencies. There is a system of decentralised procurement and distribution of food wherein funds are directly transferred to the joint account of AWW and President of Mata Samiti (Mothers Group). The Mata Samiti and members of PRIs are actively involved in monitoring the procurement and distribution of SN. The State was requested to improve Take Home Ration (THR) facility as per norms and address deficiencies in respect of nutritional quality of hot cooked meal.

vi. It was pointed out by the State Govt that there still exists lack of awareness about the entitlements of supplementary nutrition among the community that leads to less participation in the programme. Figures on grade III and IV children appeared to be underreported through ICDS MIS.

vii. The State Govt. aims to initiate preparation of energy dense fortified food on a pilot basis to be distributed as THR for pregnant and lactating women and children 6 mths-3 yrs.

viii. It was observed that the pre-school education component needs strengthening given the fact that the State has a large tribal population. The APIP has identified several gaps in delivery of PSE: lack of specific training package on ECCE, lack of community involvement to support AWWs in organizing joyful learning, lack of infrastructure for developing child friendly AWCs, lack of convergence with SSA, irregular and insufficient
supply of PSE kits and lack of curriculum and modules. During 2011-12, State Govt proposes to address several of these gaps and an action plan on ECCE has been developed.

ix. State has adopted WHO New Growth Standards. Training of all field functionaries are completed with the help of NIPCCD and UNICEF. UNICEF has supplied WHO Growth Charts to all Districts and AWCs. It was noted that the joint MCP card has been re-designed according to the state specific needs and NRHM has agreed to print and supply these cards for entire state. State was requested to share the revised MCP Card and indicate the timeline for its distribution across the State.

x. State follows a community based approach of treating the child malnutrition. For severely underweight children and those suffering from illnesses, 7 malnutrition treatment centres (MTCs) were initiated in 4 districts (UNICEF supported). With the help of NRHM, MTCs have now been established in all districts during 2009-10.

xi. It was observed that there is a strong convergence with NRHM. The State has adopted IYCF strategy, implemented in convergence with NRHM and with technical support from UNICEF. In 2009-10. NRHM provided funds for 202 block level trainings for the frontline workers on IYCF, and also printed 10,000 IYCF training modules.

xii. State plans for engaging Sahiyya (ASHA under NRHM) to play a link between the community and the AWC for demand generation and also regulated supply of services. Also, outreach camps for Primitive Tribal Groups or PTG Camps in convergence with NRHM are planned to be organized to delivers essential health services in tribal areas.

xiii. State has issued orders for AWWs to compulsorily take up home visits for counselling of mothers. Supervisors have been given targets of visiting the AWCs on monthly basis for supporting AWWs on counselling of mothers through home visits.

xiv. State has achieved 59.7% full immunization coverage in 2009 from just 8.8% during NFHS-II (98-99). Immunization sessions are organized during VHNDs. However, current coverage data from MPRs are not mentioned in the APIP document.

xv. During 2010-11, State organized ‘Anganwadi Shashaktikaran Abhiyan’ with the objective of empowering the community especially involving the PRIs. It focused on disseminating the “Dual Strategy” implemented with support of UNICEF, as best practice. State has proposed a detailed BCC strategy and action plan primarily focuses on community involvement for demand generation.
xvi. In the State, PRI has come into existence during December 2010. State plans to provide training to PRI members for their involvement in ICDS implementation. It has been proposed to involve PRIs in various activities in ICDS. In this regard, the State was requested to refer to monitoring and supervision guidelines issued by GOI in Oct 2010 and on 31 March 2011 for engagement of PRIs in ICDS implementation.

6. Secretary (WCD) suggested that the State Govt. may develop a detailed protocol on treatment of malnourished children especially of the severely acute underweight children in consultation with the Health Department and Domain Experts and share the same with the GoI.

7. State Govt was requested to submit a detailed action plan (which is missing in the APIP document) delineating all key programme activities with timelines and physical targets, proposed to be taken up during 2011-12. The action plan may, inter alia, include activities that are not financed by GOI but will be funded through the State budgets or development partners. The targets may be split into four quarters.

8. Secretary (Social Welfare), Govt of Jharkhand complemented the MWCD for its new initiative of APIP in ICDS that has helped the programme authorities to look into the various programme aspects in minute details and will enable them to strengthen the implementation of ICDS in the State.
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 9 May 2011 to discuss the State ICDS APIP with Govt. of Rajasthan – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
Asstt. Director
Tel/Fax: 011-2336 2376, 2336 8202

To
Shri Sudarshan Sethi
Principal Secretary
Depert. of Women and Child Development
Govt. of Rajasthan
Secretariat, Jaipur 302 001

Copy to:
Depert. of Women & Child Development
Govt. of Rajasthan
2 Jal Path, Gandhi Nagar
JAIPUR 302 015

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Rajasthan held on 9 May 2011

A meeting to discuss the first State APIP in ICDS for 2011-12 submitted by Govt. of Rajasthan was organized under the Chairmanship of Secretary (WCD) on 9 May 2011 (venue: Shastri Bhawan, Secretary’s Chamber). Shri Sudarshan Sethi, Principal Secretary (WCD), Govt. of Rajasthan and his team made power point presentation on the State’s ICDS APIP 2011-12 outlining the current situation of women and child health and nutrition indicators in the State, State’s new initiatives and key programmatic issues relating to ICDS implementation. *List of participants is annexed.*

2. Initiating the discussion, Secretary (WCD) outlined the key objectives and purpose of the APIP in ICDS Programme that has been introduced by the Government of India in January 2011. He hoped that through the APIP process, the State Govt. will be able to bring into focus new emerging issues in ICDS implementation including suggestion for alternate delivery mechanisms for better results, wherever required. Secretary (WCD) also suggested that the State Govt. may try to prepare innovative menu of supplementary food that is distributed at the AWCs. He cited example of a food model presentation by Prof. Susanta K. Roy of Amity University at the IFFCO Foundation on 29 April 2011. He emphasized that the ICDS Scheme must run well and it should accelerate and produce better and visible results.

3. It was noted that there are several shortcomings and challenges in the current implementation of ICDS in the state, viz. large number of manpower vacancies at the CDPO/Supervisory levels; low community demand for supplementary food due to lack of awareness about its utility and importance; lack of equipments at AWCs (only 39% AWCs are having baby and adult weighing scales); weak NHED component, lack of community based monitoring mechanisms etc. The State is yet to operationalise all sanctioned AWCs (gap: 2030 AWCs and 1683 Mini-AWCs).

4. Following major issues emerged during the discussion:

   i. The ‘vision statement’ of Government of Rajasthan in the APIP document identified ICDS as the “*chief contributor in realizing the Millennium Development Goals particularly the MDG-1 (eradicating extreme poverty and hunger), MDG-4 (reduction in the infant and child mortality rate) and MDG-5 (improving maternal health and reducing maternal mortality rate).*” It was pointed out that the vision statement essentially needs to focus on the early childhood development which is the primary objective of the ICDS Scheme, and not on the MDGs.

   ii. It was observed that the State has made positive progress with respect to several indicators relating to women and child health & nutrition, but still it faces the major challenge of high prevalence of child malnutrition. About 40% children
below 5 years are underweight and about 80% children are anaemic (NFHS-3: 2005-06). State Govt was requested to make all-out efforts to address these issues and ensure strengthened implementation of the ICDS programme through better service delivery and convergence with health and other departments.

iii. The APIP document has captured the current status of ICDS programme implementation in the State and also highlighted gaps and problems in respect of key programme components. Based on the identified gaps/constraints, the State has proposed several activities through a log-frame matrix and categorized the activities proposed against the gaps as ‘strengthening ongoing activities’ and ‘new activities’. However, the document does not provide any details of additional funds that may be required to address these identified gaps or how these funds would be mobilized.

iv. It was observed that the State Govt. has made several new initiatives using State funds/through development partners, to supplement some of the gaps in the existing ICDS implementation and its strengthening, viz. ASHA-Sahayogini - a third community worker at each AWC for counselling & assistance on health & nutrition issues at the doorstep of the families of children up to 3 years and pregnant and lactating mothers; establishment of Malnutrition Treatment Centres (MTCs) established in all District Hospitals through NRHM; Anchal Se Angan Tak programme in 7000 AWCs in 7 districts to promote early childhood care practices; sector alignment for effective convergence between ICDS and Health for quality service in 15 districts; Kaleva Scheme for providing meals for 2 days to mothers post delivery covering all the CHCs; etc. It was suggested that effectiveness of these initiatives may be evaluated through third party agencies and the findings/evidences be shared with the GoI.

v. State was requested to fill up the vacancies of CDPOs (34% gaps) and Supervisors (18%) on a priority basis. It was also noted that about 61% AWCs do not have baby and adult weighing scales. The State was directed to ensure procurement and supply of all essential items during 2011-12. It was also informed that the State could use the ICDS M&E budget (@ Rs. 500 per AWC per year) for the purchase of weighing scales [Ref. M & E Guidelines No. 16-1/2009-ME dated 11 May 2009].

vi. Distribution of supplementary food in the State is done through both centralized (through manufacturers in 177 Projects) and decentralized systems of delivery (SHGs/Mahila Mandals in 127 Projects) with different menus for children and P & L women. State was requested to ensure adherence to GoI guidelines in providing supplementary nutrition.

vii. Data inconsistency was found in the beneficiary figures of supplementary nutrition and pre-school education, which the State was requested to get validated.

viii. It was pointed out that the State had a high rate of malnutrition among children 1-5 years of age (36.8%; NFHS-III, 2005-06). The State was asked to develop protocols on management of undernourished children in consultation with health and domain experts. The existing system of referral of severely malnourished children
to the Malnutrition Treatment Centers (MTCs) established in all district hospitals within the State, should be optimally and effectively utilized.

ix. It was noted that the State Govt. has developed strong inter-departmental convergence and linkages with NRH and SSA. The State’s initiative of sector alignment to bring about better convergence among the health and ICDS departments and the appointment of ‘Sathins’ (community volunteers) with the objective of creating awareness and empowering women on various issues of social relevance, were appreciated.

x. It was suggested that the Mini-AWCs opened in the desert and tribal areas could be converted into full AWCs to provide the entire range of ICDS services to these backward areas. The need for the State to develop a focused action plan to improve services to cut-off areas was emphasised. The possibility of mobile AWCs/mobile teams in these areas could also be explored.

xi. It was observed that the State had a large number of frontline workers (Precheta, Sathin, Sahyogini), which necessitated role clarity of each of these workers to avoid duplication and overlap between them. It was further suggested that the State may think of rationalising the number of frontline workers in the State.

xii. It was noted that the State was carrying out a pilot wherein Nursery Trained Teachers would be appointed as additional employees in 500 AWCs. Further details on this pilot/model were requested from the State.

xiii. The State’s initiative of moving towards decentralized implementation of the scheme by transferring the Women & Child Development department till the district level to Panchayati Raj for functional participation and monitoring by PRIs was noted. State was requested to provide details on this new arrangement and feedback of this initiative.

5. The State Govt. was requested to submit a detailed action plan delineating all key programme activities with timelines and physical targets, proposed to be taken up during 2011-12. The action plan may, inter-alia, include activities that are not financed by GOI but through the State budgets or development partners. The targets may be split into four quarters.

6. Principal Secretary (WCD), Govt. of Rajasthan appreciated the new initiative of APIP stating that it has helped the programme authorities to review and reflect on the various initiatives and progress made by the State and develop a focused vision on the next steps required to be carried out by the State.
Annex: List of Participants

MWCD, GoI
1) Shri D.K. Sikri, Secretary
2) Dr. Shreeranjan, Joint Secretary
3) Ms Rupa Dutta, Director (ICDS)
4) Shri Gulshan Lal, Dy. Secretary (ICDS)
5) Ms Kumkum Marwah, Joint Technical Adviser (FNB)
6) Dr. Saroj K. Adhikari, Asstt. Director
7) Shri Tapan Kapoor, Consultant

Deptt. of WCD, Govt of Rajasthan
1) Shri Sudarshan Sethi, Principal Secretary
2) Shri Srimaur Meena, Chief Accounts Officer
3) Dr. Mukta Arora, Coordinator (Nutrition Cell)
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 11 May 2011 to discuss the State ICDS APIP with Govt. of West Bengal – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
Asstt. Director
Tel/Fax: 011-2336 2376, 2336 8202

To

Mrs. Rinchen Tempo
Principal Secretary
Dept. of WCD and Social Welfare
Government of West Bengal
Writers Building
Kolkata - 700 001

Copy to: Director, Department of WCD & Social Welfare, Govt. of West Bengal, Salt Lake City, Kolkata

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of West Bengal held on 11 May 2011

A meeting to discuss the first State APIP in ICDS for 2011-12 submitted by Govt. of West Bengal was organized under the Chairmanship of Secretary (WCD) on 11 May 2011 (Venue: Shastri Bhawan, Secretary’s Chamber). Mrs. Rinchen Tempo, Principal Secretary, Social Welfare, Govt. of West Bengal made power-point presentation on the State’s annual implementation plan for ICDS during 2011-12 outlining the current health and nutrition situation of women and children in the State, State’s new initiatives and key programmatic issues relating to ICDS implementation. List of participants is annexed.

2. Initiating the discussion, Secretary (WCD) outlined the key objectives and purpose of introducing the development of APIP in ICDS since 2011-12. He hoped that through the APIP process, the State Govt. will be able to (i) bring into focus new emerging issues in implementation of the ICDS Scheme; (ii) capture the diversity within the State; and (iii) suggest whether the existing programme design is sufficient to achieve the programme objectives, and if not, then what alternate delivery mechanism would be required. In response, Principal Secretary (Social Welfare), Govt of West Bengal opined that the development of ICDS APIP gave an opportunity to them to look into in those areas in details, like PSE, IEC etc, hitherto, which were not given adequate attention. She suggested that an additional Anganwadi Worker is the need of the hour to ensure proper focus on the pre-school children as all as under-3s and the State may be given the flexibility of spending by inter-component changes in the allocation. She also asked for enhancing the existing rents of the AWCs, which are found to be very low, especially in urban areas.

3. It was noted that the success of the ICDS programme has been impeded by several shortcomings and challenges in the current implementation of ICDS in the state, as pointed out in the APIP document. Some of these are: persistent large vacancies at supervisory and CDPO/ACDPO levels; court cases in relation to recruitment resulting in delays in operationalization of Projects/AWCs; lack of own AWC buildings (only 18% AWCs located in own building); constraints in ensuring participation of working mothers; prevalence of low cost private institutions causing outflow of children even under 2 yrs; lack of PSE training and PSE kits; gaps in advocacy and awareness; etc.

4. Following major issues emerged during the discussion:
   i. It was noted that out of total 576 sanctioned projects, 414 projects (72%) were operational (as on January 2010); 160 additional projects sanctioned under phase 3 expansion are yet to be operationalized. There is also a gap of
5249 AWCs which are to be made operational. State Govt. was requested to expedite the operationalization of all pending projects and AWCs in a time bound manner, with intimation to MWCD.

ii. The State Govt. was requested to conduct a rationalization exercise on the number of sanctioned AWCs in State along with their population coverage and attendance of beneficiaries. Details of infrastructure at AWC level may also be provided to the GoI.

iii. The State Govt. has introduced accreditation of AWCs in selected districts for relative ranking of ICDS centers on a 10 point scale against delivery of ICDS services for provisioning better service delivery. It was pointed out that the MWCD is working on a uniform system of accreditation of AWCs across the country. The State was requested to share their strategy and learning on this.

iv. It was noted that the State does not have any provision of Take Home Ration (THR) under the supplementary nutrition component. Morning snacks in the form of boiled egg is provided to each child (1 egg to severely malnourished child, and ½ egg to each of the other children) and hot cooked meal (khitchdi, vegetables, soya nuggets) are served to children 3-6 years of age through spot feeding. Pregnant & Lactating mothers also served hot cooked food at the centre with ½ boiled egg every day. It was pointed out under this arrangement, distribution of supplementary food to the under three children, who often do not come to AWCs with their mothers, would remain a matter of concern.

v. The State Govt. sought clarifications whether the moderately malnourished children (as per the WHO New Growth Charts) are also eligible for SNP at Rs. 6 per child. The budget for SNP would escalate due to increase in number of severely malnourished children because of introduction of WHO New Growth Standards.

vi. It was suggested that the State may relook at the budgetary requirement for SNP in 2011-12, that has been estimated as Rs. 866 crore and is found to be on much higher side in comparison to the last year’s utilization.

vii. The State is following an integrated management of the severely acute malnourished (SAM) children in collaboration with the Health Department. Plans are underway to establish 40 Nutrition Rehabilitation Centres (NRCs) across the state under the NRHM. Clear roles have been outlined for AWW in identifying, referring, counselling and following up the SAM cases. State Govt. was requested to devise a protocol for management of SAM jointly with the Health Department and share the same with the MWCD.

viii. The State proposes to scale up its ‘Positive Deviance’ approach (identified as one of the best practices in ICDS) jointly with DHFW and UNICEF in the
backward districts of the State for improving the nutritional status of under-3s. The approach entails intensive community mobilization, nutritional counselling and child care sessions focusing on improved community understanding and need for accessing ICDS services, importance of growth monitoring and promotion and child care practices viz. Ten essential nutrition interventions, etc.

ix. It was noted that immunization sessions and health check-ups are mostly conducted at the sub-centre or PHCs, instead of holding them at the AWCs. Only in hard to reach areas immunization sessions are conducted at the AWCs and NRHM provides Rs.100 per session. Medicine kit, Vitamin A and IFA tablets are supplied to all AWCs.

x. The State Govt. was requested to ensure implementation of the two recent guidelines on monitoring and supervision, issued by MWCD in Oct 2010 and March 2011.

5. The State Govt. was requested to submit a detailed action plan delineating all key programme activities with timelines and physical targets, proposed to be taken up during 2011-12. The action plan may, *inter-alia*, include activities that are not financed by GOI but through the State budgets or development partners. The targets may be split into four quarters.
Annex

List of Participants

MWCD

1) Shri D.K. Sikri, Secretary
2) Ms Rupa Dutta, Director
3) Shri Gulshan Lal, Dy. Secretary
4) Shri H.S. Nanda, Dy. Secretary
5) Dr. Saroj K. Adhikari, Asstt. Director
6) Shri Surendra Singh, Asstt. Technical Adviser, Food & Nutrition Board

Govt of West Bengal

Mrs Rinchen Tempo, Principal Secretary, Social Welfare

---

1 Joint Secretary (Dr. Shreeranjan) could not attend the meeting due to his official pre-occupation outside Delhi.
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 11 May 2011 to discuss the State ICDS APIP with Govt. of Madhya Pradesh – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
Asstt. Director
Tel/Fax: 011-2336 2376, 2336 8202

To

Shri B.R.Naidu
Principal Secretary (WCD)
Women & Child Development Department
Govt. of Madhya Pradesh
Secretariat, Vallabh Bhawan
Bhopal - 462 001

Copy to: Shri Anupam Rajan, Commissioner, Directorate of Women & Child Development, Govt. of Madhya Pradesh, IInd Block, 4th Floor, Paryawas Bhawan, Jail Road, BHOPAL – 16

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Govt of Madhya Pradesh held on 11 May 2011

A meeting to discuss the first State APIP in ICDS for 2011-12 submitted by Govt. of Madhya Pradesh was organized under the Chairmanship of Secretary (WCD) on 11 May 2011 (Venue: Secretary’s Chamber, Shastri Bhawan). Shri B.R. Naidu, Principal Secretary (WCD), Govt. of Madhya Pradesh and his Team consisting of Shri Anupam Rajan, Commissioner (WCD) made a power point presentation on the State APIP for 2011-12 outlining the main challenges that the State was facing and the key initiatives it was undertaking to address these challenges. List of participants is annexed.

2. Initiating the discussion, Secretary (WCD) outlined the key objectives and purpose of the APIP in ICDS Programme that has been introduced by the Government of India in January 2011. The APIP document while delineating the programme action plan during the year, may also attempt to bring focus on how the existing delivery mechanism can be strengthened and whether the State Govt proposes any alternate delivery system for better results.

3. The ICDS APIP of the State has brought forth several shortcomings and challenges in the current implementation of the programme, viz. (i) some geographical/population pockets still remain uncovered due to a number of factors; (ii) about 75% AWCs are operating from improvised buildings that do not provide sufficient/suitable space for storage of supplies and equipments, organization of different activities including pre-school education and NHED activities; (iii) staff vacancies in supervisory cadres (CDPOs and Supervisors); (iv) about one in every ten AWWs in the State is either illiterate or has schooling below V standards, making it difficult for her to cope up with her job responsibility; (v) low level of knowledge among women about infant and young child feeding and caring practices; (vi) management of large number of severely acute malnutrition (SAM) children; (vii) low enrolment of children in PSE at AWCs; and (viii) lack of inter-sectoral convergence.

4. Following major issues emerged during the discussion:
   
i. The State of Madhya Pradesh faces a major challenge of malnutrition with about 60% children (NFHS-3, 2005-06) below five years of age being underweight and approximately 7 lakh children (as per State’s own estimate) 0-6 years are severely underweight. In addition, it has a high Scheduled Tribe (ST) population (20.3%: Census 2001) and faces the challenge of extending ICDS services to them, especially those living in isolated and hard to reach pockets.
   
ii. It was observed that while on the whole, nutrition indicators and coverage had improved over the years (since NFHS-3 survey), indicators for complementary feeding had shown limited improvement indicating a strong need to improve IYCF practices among beneficiaries.
   
iii. Against a total sanctioned 78,929 AWCs, all AWCs were operational. The State was requested to provide certification of coverage of all habitations and villages under
ICDS. In turn, the State requested the GOI to consider its request for the establishment of AWCs on demand. A proposal with this request is pending with the GOI.

iv. It was pointed out that SNP beneficiary figures had improved over the years and the quality of SNP delivery had improved with the introduction of the *Sanjha Chulha system* in the state, where the food is prepared by SHGs in school kitchen and distributed to AWCs. The State was requested to develop and share the protocols for the *Sanjha Chulha Scheme* with the GOI.

v. It was observed that the State has not constituted the Monitoring & Review Committees at the State and other levels with representation of MPs and MLAs as per the 31 March 2011 Guidelines issued by GOI. The State was requested to form these committees and also ensure monitoring visits to ICDS project/AWCs as per the recommended protocols.

vi. It was noted that the State has initiated some innovative schemes and methods for monitoring and grievance redressal, such as the PARAKH program, a call centre/helpline and SMS facility for information and grievance redressal, and mobile monitoring of SNP (as a pilot). The State has also recently initiated a web based MIS which would allow it to receive regular MIS data online, helping it to strengthen efficiency in data flow, analysis and feedback. The web based MIS would be used for tracking severely malnourished children.

vii. The objectives of the State’s *Atal Bal Arogya Evam Poshan Mission* (launched in 2010) having benchmarks of critical indicators, were appreciated. The Mission had allocated Rs. 88 crore during the financial year towards improving the health and nutritional status of children across the State. The Mission is expected to facilitate and improve convergence between health, ICDS and other related departments.

viii. The State has renovated old AWCs into child friendly model AWCs using *Rajya Shiksha Kendra’s* contribution of Rs.10,000 per AWC for 88 AWCs in each district of MP for developing the centres into Model AWC based on BaLA (*Building as Learning Aid*) concept. Altogether 4400 AWCs (88 x 50) have been developed as model centres across the state. This was appreciated by the Secretary (MWCD), who asked them to also review PSE materials developed by the States like Tamil Nadu and Rajasthan, which would help them further strengthen their PSE component. It was noted that in the large cities in the State, the State Govt. has also enlisted community contribution in setting up toy banks.

ix. It was pointed out that training of functionaries in the State remains a major gap. The lack of sufficient number of training centres led to large backlogs. It was suggested that the State may develop a proposal to improve the training programmes in consultation with NIPCCD Regional Centre at Indore. State may also consider non-institutional training models through development of master trainers at the district level.

x. In view of the lack of requisite communication skill of AWWs, the State has proposed to have a second worker in identified problem AWCs/areas, where AWWs were illiterate and unable to deliver effective PSE or IYCF counselling. It was shared that a second worker pilot would be tried out by the GOI in 200 districts and if found feasible, it would be considered for further scaling up. Till then, the GOI would not be able to support the second worker proposal made by the GoMP.
xi. It was noted that the State has placed details of AWCs on its website and has outlined a daily timetable of activities for the AWWs. It was suggested to the State that it could explore the possibility of increasing the working hours of the AWC, in view of the doubling of the honorarium of the AWWs.

xii. To address the issue of large number of severely acute malnourished children, the State has proposed to carry out a pilot in 2 districts on use of ready to use therapeutic food (RUTF) in two districts, viz., Khandwa and Sheopur. The funds for this pilot would be coming from the Atal Bal Mission. It was made clear to the State Government that administration of RUTF could be undertaken under medical supervision. Therefore, the State may first develop a detailed protocol on community based management of severely acute malnourished children in consultation with the State Health Department and Experts and take prior approval of the Ministry of Health before initiating the pilot on RUTF.

xiii. It was pointed out that the State has adopted and started using the New WHO Growth Standards for growth monitoring of children from March 2010. However, proper recording and reporting to Directorate of WCD could only start from December 2010 onwards. The new MCP Card too has been adopted by the State; however, the data on its use was not available. The State was requested to monitor the effective use of the MCP cards at the AWC.

xiv. It was suggested that the gap in availability of weighing scales in the State could be overcome by purchasing weighing scales using the available ICDS M&E budget. It was further suggested that the Govt. of Madhya Pradesh’s proposal of a school uniform for children at the AWC be supported by the State’s own funds.

xv. It was indicated that certain issues were common across states such as the need for an increase in SNP transportation cost, rent for AWCs (especially in urban areas) and allocation for construction of AWCs. These are under consideration by the GOI and proposals for the same would be put forward by the GOI to the Planning Commission for inclusion in the 12th FYP.

xvi. Good practices from other States were shared with the State Team, such as the decentralised training model of Tamil Nadu, the appointment of Medical Officers at the district level under ICDS, a ‘doctor on call’ system, etc. The State was asked to take them into consideration while developing the State Action Plan.

xvii. It was observed that the APIP process has helped the State review its current strengths and weaknesses and come up with a focused action plan. It was indicated that in due course, the APIP process would allow for greater flexibility among the States to address context specific issues and needs.
Annex
List of Participants

MWCD
1) Shri D.K. Sikri, Secretary
2) Shri Sudhir Kumar, Addl. Secretary
3) Dr. Dinesh Lalroria, NCPCR
4) Ms Rupa Dutta, Director
5) Shri Gulshan Lal, Dy. Secretary
6) Shri H.S. Nanda, Dy. Secretary
7) Shri Surinder Singh, Asstt. Technical Adviser, FNB
8) Ms Mohin Kak, Technical Consultant
9) Dr. Saroj K. Adhikari, Asstt. Director

Govt of Madhya Pradesh
1) Shri B.R. Naidu, Principal Secretary (WCD)
2) Shri Anupam Rajan, Commissioner (WCD)
3) Shri Akshaya Shrivastava, Joint Director (ICDS)
4) Dr. Tiwari, Consultant
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 19 May 2011 to discuss the State ICDS APIP with Govt. of Andhra Pradesh – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
Asstt. Director
Tel/Fax: 011-2336 2376, 2336 8202

To

Smt M. Chaya Ratan,
Spl. Chief Secretary
Department of Women, Children, Disabled and Senior Citizens
Govt. of Andhra Pradesh Secretariat,
Room No. 210, L Block,
Hyderabad- 500 022

Copy to: Ms. Usha Rani, Commissioner, Directorate of Women Development and Child Welfare, Govt. of Andhra Pradesh, Vengalrao Nagar, Ameerpet, Behind Sarathi Studio, Hyderabad-500 022

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Andhra Pradesh held on 19 May 2011

A meeting to discuss the first State ICDS Annual Programme Implementation Plan for 2011-12 submitted by Govt. of Andhra Pradesh was held under the Chairmanship of Shri D.K. Sikri, Secretary, Ministry of Women and Child Development (MWCD) on 19 May 2011 (Venue: Shastri Bhawan, Secretary’s Chamber). Mrs. M.Chaya Ratan, Spl. Chief Secretary, Women Development and Child Welfare Department, Govt. of Andhra Pradesh made a power-point presentation on the State’s annual implementation plan for ICDS during 2011-12 outlining the current health and nutrition situation of women and children in the State, State’s own initiatives and key programmatic issues relating to ICDS implementation. List of participants is annexed.

2. Initiating the discussion, Secretary, MWCD outlined the key objectives and purpose of introducing the development of APIP in ICDS since the current financial year of 2011-12. He hoped that through the APIP process, the State Govt. would be able to (i) bring into focus new emerging issues in implementation of the ICDS scheme; (ii) capture the diversity within the State; and (iii) suggest whether the existing programme design is sufficient to achieve the programme objectives, and if not, then what alternate delivery mechanism would be required.

3. The APIP document has brought forth some of the key shortcomings and challenges in the current implementation of ICDS in the State, viz., (i) vacancies in supervisory cadre and in AWCs in interior rural and tribal pockets; (ii) involvement of political and local leaders in selection of AWWs; (iii) lack of weighing scales for timely growth morning; (iv) lack of transportation at sector level for prioritized home visits and conduct of community based awareness programmes; (v) lack of good ECCE policy, etc.

4. Following major issues emerged from the discussions:
   i. Till 2002-03, the State had 351 projects and 55,133 AWCs; after 2007-08, 36 additional projects have been sanctioned by GoI. As on January 2011, 387 projects and 80,894 (74842 main + 6052 mini) AWCs were operational. Gap: 10,413 AWCs (11.4% as against sanctioned 91,307 AWCs).
   ii. It was pointed out by the State Govt. that availability of AWWs in the tribal areas is a matter of concern due to high attrition. The State proposes to review the minimum qualification for recruiting tribal girls as AWWs, who will be given intensive training to ensure quality service delivery.
iii. It was observed that the beneficiary coverage under SNP has increased, but the calorie deficiency was underlined to the State, which as informed is compensated through increase in served quantity. It was also proposed that the State may review the current menu of SNP and propose changes as considered appropriate.

iv. It was observed that the infrastructure continues to be a major constraint in the State. **Spl. Chief Secretary** confirmed and stated that no money has been provided by the MLAs for the construction of AWCs. State’s efforts are now directed to engage with the Corporate Sector under their Corporate Social Responsibility to seek support for the construction of AWC buildings. She proposed a National Level Workshop for the corporate sector to mobilise resources for infrastructure and other interventions in ICDS.

v. **Secretary (WCD)** inquired about the model AWC in the State and was informed that the 90 such AWCs have been constructed with sourcing of bricks from the local manufacturers wherever available. It was suggested to replicate the same by availing the NABARD funding.

vi. It was noted that the State Govt has undertaken several new initiatives to strengthen IEC/BCC component of the ICDS programme that includes live interaction with AWWs and all ICDS Functionaries through MANA TV once in a month (since May, 2010); campaign mode approach on six key concerns to reach the unreached and vulnerable communities; celebration of local events/occasions e.g., “Balintharalu”, “Annaprasana”, “Srimanthalu”, ‘Cradle Ceremony’, naming ceremony’, best husband contest”, best mother-in-law contest’, etc.

vii. The State has formulated AWC wise action plans with targets. State has also adopted five protocols to improve delivery of services, viz. fixed Nutrition and Health Day, prioritized home visits, supportive supervisory visits, structured sector meeting, and commodity supply chain management.

viii. Self-appraisal and accreditation of AWCs based on their capabilities and thereby identify their training needs has also been initiated as a pilot in Nalgonda district. State was requested to share the learning form the pilot with the GOI.

ix. **Spl. Chief Secretary** expressed her concern on the quality of data under the current MIS. She reinforced the idea of developing a GMIS in the State with encouraging results from the pilot. She also mentioned about maintenance of on-line tour diaries for better monitoring of AWCs. **Secretary (WCD)** assured the State of all the support from GOI but only when the fundamental of the programme implementation is in place like infrastructure, equipments, and the likes. With regard to specific proposal on GMIS, **Secretary (WCD)** reiterated that the State must evaluate the cost benefit and must ensure that the fundamental requirements for programme implementation are in place.

x. **Secretary (WCD)** shared with the State the survey undertaken by National Institute of Nutrition in Madhya Pradesh which identified about 7 lakh malnourished children in the State. He emphasised on the need to develop an action plan and protocol to
address the problem of malnutrition in the State. He emphasised to the State to explore other possibilities like *Velegu* Model which is on a pilot basis, and its scale up.

xi. It was noted that the community monitoring mechanism is not functional in the State. The State needs to set up Monitoring Committees up to the village level and engage with the PRIs, as per the guidelines issued by GOI on 31 March 2011.

xii. State’s urban AWC are not performing well in comparison to those in rural areas. It was proposed that the staff-MOs/LHVs/DEOs available may be monitored and evaluated for their performance.

5. It was suggested that the State may review the APIP and provide an action plan to achieve the targets and outcomes for itself with timeframe, for instance procurement of weighing scales, implementation of new WHO Growth Standards and joint Mother & Child Protection Cards, etc. Secretary (WCD) emphasised on the need for a clear action plan to address the malnutrition in the State.

6. The State informed that the department did not receive budget for 2nd and 3rd quarters of 2010-11 due to internal financial commitments of the State. This resulted in interruptions in provision of SNP. It was emphasised to the State that such interruptions are not acceptable and must immediately be intimated to GoI so that, corrective measures can be taken.

7. Spl. Chief Secretary, Govt of AP complemented the MWCD for its new initiative of APIP which has helped the programme authorities to look into the various programme aspects in minute details and enable them to address them in a timely manner.
Annex
List of Participants

Ministry of Women and Child Development, Govt of India

1) Shri D.K. Sikri, Secretary (Chair)
2) Dr. Shreeranjan, Joint Secretary (Child Development)
3) Ms Rupa Dutta, Director (ICDS-CD-II)
4) Shri Gulshan Lal, Dy. Secretary (ICDS-CD-I)
5) Shri H.S. Nanda, Dy. Secretary (ICDS-Trng & ME)
6) Shri Surendra Singh, Asstt. Technical Adviser, FNB
7) Ms Mohini Kak, Consultant
8) Shri Sumit Asthana, Consultant
9) Shri Tapan Kapoor, Consultant

Govt of Andhra Pradesh

1) Mrs M. Chaya Ratan, Special Chief Secretary, Women Development and Child Welfare
F.No.15-4/2011-WBP (TN)
Government of India
Ministry of Women & Child Development
(ICDS APIP Cell)

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Janpath, New Delhi 110 001

15 July 2011

Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 10 May 2011 to discuss the State ICDS APIP with Govt. of Tamil Nadu – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
Asstt. Director
Tel/Fax: 011-2336 2376, 2336 8202

To

Tmt. Meenakshi Rajagopal
Principal Secretary/Spl. Commissioner
Directorate of ICDS
Govt. of Tamil Nadu
1, Pammal Nallathambi Street
Periyar Nagar, Tharamani
CHENNAI 600 113

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting held on 10 May 2011 to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Tamil Nadu

A meeting to discuss the first State ICDS Annual Programme Implementation Plan for 2011-12 submitted by Govt. of Tamil Nadu was held under the Chairmanship of Shri D.K. Sikri, Secretary, Ministry of Women and Child Development (MWCD) on 10 May 2011 (Venue: Shastri Bhawan, Secretary’s Chamber). Mrs. Meenakshi Rajagopal, Principal Secretary & Special Commissioner (ICDS), Govt. of Tamil Nadu and her Team made power-point presentation on the State’s annual implementation plan for ICDS during 2011-12 outlining the current health and nutrition situation of women and children in the State, State’s own initiatives and key programmatic issues relating to ICDS implementation. List of participants is annexed.

2. Initiating the discussion, Secretary, MWCD outlined the key objectives and purpose of introducing the development of APIP in ICDS since the current financial year of 2011-12. He hoped that through the APIP process, the State Govt. would be able to (i) bring into focus new emerging issues in implementation of the ICDS scheme; (ii) capture the diversity within the State; and (iii) suggest whether the existing programme design is sufficient to achieve the programme objectives, and if not, then what alternate delivery mechanism would be required. Secretary and Principal Secretary, Social Welfare and ICDS, Govt of Tamil Nadu both opined that the existing programme design is adequate to deliver quality services, however, it needs continuous strengthening both programmatically and operationally, with additional resources support, wherever required.

3. Review of the State APIP and its discussion during the presentation, reveals that the State has established a good model of ICDS implementation through a strong mechanism of delivery of all services, including that of supplementary nutrition and PSE components through additional and innovative activities/efforts by the State Govt. The State has also undertaken strong welfare measure for the AWWs/AWHs including provision of DA, HRA, CCA etc. The working hours of AWWs are from 8 am to 3.30 pm (7 ½ hours). These features in implementation of ICDS are found to be unique in the country. The State offers many good lessons/practices for other States.

4. Following major issues emerged during the discussion:
   (i) All 54,439 AWCs including 4940 mini AWCs are in operation under the sanctioned 434 projects across 32 districts in the State. Out of the 434 projects, 385 (89%) are rural, 47 (11%) are urban and only 2 are tribal projects. However, it was noted that against the sanctioned positions of 434 CDPOs and 1693 Supervisors, 310 (71%) and 1461 (86%) are in position respectively. The State Govt. was requested to take immediate actions to fill up all the vacant positions with intimation to the GoI.
(ii) All AWCs are functioning from *pucca* buildings, with 30,933 AWCs are located in State Govt. owned premises. Potable drinking water is supplied to 19,923 AWCs, baby friendly toilet facility in 26,432 AWCs; smokeless *chulla* and gas connection in 14,950 AWCs and electricity connection has been given to 10,742 AWCs. It was noted that new AWC buildings have been constructed through District Administration funds, MLACD, MPLAD and other funds through Rural Development and Panchayat Raj Department (through various schemes such as BRGF, RIDF, Hill area Development programme and through public contribution). The State Govt. has also mobilized funds from several Corporate Organizations for construction of AWCs.

(iii) The State has also taken steps to modernise the existing AWCs by providing gas stoves, pressure cookers, storage bins etc., besides electrification. Silver plates and tumblers, cooking vessels, mats, and wooden floor benches have been supplied to AWCs in hilly region. Additional funds for the purpose are being provisioned in the States budget with the target of covering 10,000 AWCs per year.

(iv) Special welfare measures for the AWWs/AWHs taken by the State Govt. that is unique in the country, were appreciated. It was noted that the AWWs/mini-AWWs are paid a special time scale of pay per month and currently they are getting a sum of Rs. 4450/- and Rs. 3290/- respectively. An additional amount of Rs. 3123/- for AWWs; Rs. 2647/- for Mini AWWs; and Rs.2043/- for AWHs is being met by State Govt. AWWs are also eligible to get HRA, CCA at the applicable rates, medical allowance of Rs.100/- p.m. Further they are being paid annual increment @ 3% on the Basic Pay + Grade Pay.

(v) As per the State’s own monitoring data, it was found that 0.03% children (6-36 months) are in grade III & IV, 1.34% in grade II and 33.61% are in grade I, with 65% are in normal category. It is mentioned in the APIP document that after the roll out of WHO New Growth Standards that is expected in July 2011 the number of severely malnourished children would increase to the tune of 6.4%. State was requested to develop standard protocols for management of malnourished children in consultation with the Health Department.

(vi) It was noted that boiled eggs are being given to the children up to 15 years across the State from 1989 onwards. It was initiated under the Noon Meal Programme (NNP) launched by the State Govt. in 1982. Introduction of 3 eggs per week to the children, besides the noon-meal supply; alternative supply of banana for the non egg eating beneficiaries, increased quantity of weaning food supply to achieve the financial norms have helped the State to advance towards achieving its nutritional goal.

(vii) Weaning food containing amylase activity is provided as supplementary nutrition for 300 days in a year to children in the age group of 6 months to 3 years and pregnant women & lactating Mothers. 3880 MTs of weaning food is procured every month from 25 Weaning Food Manufacturing Women Cooperative Societies and the balance requirement (if any) which the 25 Co-
operative Societies are unable to manufacture at present, is procured from two private manufacturers selected through open tender.

(viii) It was noted that old age pensioners are also provided with hot cooked meals at the AWCs.

(ix) The State Govt. spends on supplementary nutrition @ Rs. 5.14 per 6-36 months children, Rs. 7.50 per 6-36 months severely malnourished children and Rs. 6.32 per P & L women, which are over and above the GoI norms of Rs. 4, 6 and 5 respectively. An additional amount of Rs. 600 crore is spent by the State Govt to bridge the nutritional gap. It was observed that there was still short fall in meeting the prescribed calorific norms except for the children in the age group of 2-3 years. The State Govt was requested to take necessary actions to provide additional nutrition to the other beneficiary categories as well.

(x) It was noted that there is no ASHA worker (under NRHM) in the State. Home visits are made by the AWWs and AWHs to bring the beneficiaries to AWCs/PHCs for immunization of children. At the AWC level, periodical health check-ups are conducted every month. Children are referred to the nearby PHC/Urban Health Centre for health check-ups. During the village health and nutrition days (VHNDs) and special camps, weight monitoring activity for children, adolescent girls and pregnant women takes place, in addition to immunization of pregnant women (T.T injection) and IFA tablets distribution. Medicine Kits at AWCs are supplied every year, through the Tamil Nadu Medical Services Corporation.

(xi) The State Govt. suggested for a second AWW, which is required due to introduction of new schemes like SABLA and IGMSY, and also to strengthen the pre-school activities etc. The additional worker may be paid a consolidated pay of Rs.2000/- per month on part-time basis and they may be designated as Pre-school Teacher. The additional financial requirement for the 2nd Worker in all 54,439 AWCs will be Rs.130.66 crore per annum. It was mentioned that the proposal of introducing the 2nd Worker is being contemplated by the MWCD during the 12th Five Year Plan.

(xii) It was noted that the State Govt has taken several initiatives in respect of pre-school component with the active support of Sarva Siksha Abhiyan (SSA) and involvement of subject Experts. Pre-School learning process through AWCs has been modified with innovative techniques like, activity based learning. Additional efforts include up-gradation of AWCs as Nursery Schools for which supportive training was given to the ICDS functionaries by the Education Department. The State also conducted an awareness campaign on parenting skills focusing on early childhood stimulation for 0-3 year olds and ECE for 3-6 year olds in two phases. The key objective of the campaign was to create awareness among both parents and members of the community on the relevance of parenting and ECD. The same campaign has been proposed to be carried out in 2011-12 also. The State Govt. was suggested to carry out an evaluation of the PSE initiatives to measure their outcomes.
The State Govt stated that following the order of GoI on revised staffing pattern in ICDS (vide Lr. No: F.14-9/2005 CD-I, MWCD, dated: 8.5.2009), posts of Medical Officers which were earlier allowed under the Scheme, have not been filled up. Secretary (WCD) suggested continuing with the Medical Officers under ICDS which has been an intensive component for quite some time.

The State Govt. asked for additional HR support in the form of one ‘Junior Assistant cum Computer Operator’ in all the 434 Block Offices, 31 District Offices and 4 posts for State Headquarters on a consolidated pay of Rs.12000/- per month (annual cost requirement Rs. 675.36 lakh; out of which GoI share will be Rs.606.82 lakh). It was pointed out that under the existing approved norms, additional posts are not permitted. However, such suggestions are noted and would be considered while doing the restructuring and strengthening of ICDS that the MWCD is currently working on.

It was noted that the State has a decentralized training system wherein regular trainings of AWWs/AWHs are imparted at the district/block levels through the CDPOs/Supervisors themselves. The State has established a State Training Institute (STI) within the ICDS Directorate for training of CDPOs and Trainers of AWWs/AWHs. In order to sustain the training activities at the STI, the State has proposed an estimated requirement of Rs. 28.70 lakh (GoI Share: Rs. 25.833 lakh) towards salary/honoraria of the STI Staff, which are not sanctioned under the existing ICDS training norms/staffing pattern. It was suggested that the matter would suitably be examined in the State’s Training Action Plan for 2011-12.

State Govt was requested to ensure implementation of the two recent guidelines on monition and supervision, issued by MWCD during Oct 2010 and March 2011.

The State Govt. was requested to submit a detailed action plan delineating all key programme activities with timelines and physical targets, proposed to be taken up during 2011-12. The action plan may, inter-alia, include activities that are not financed by GOI but through the State budgets or development partners. The targets may be split into four quarters.
Annex

List of Participants

Ministry of Women and Child Development, Govt of India
1) Shri D.K. Sikri, Secretary (Chair)
2) Shri Sudhir Kumar, Additional Secretary
3) Dr. Shreeranjan, Joint Secretary (Child Development)
4) Ms Rupa Dutta, Director (ICDS-CD-II)
5) Shri Gulshan Lal, Dy. Secretary (ICDS-CD-I)
6) Shri H.S. Nanda, Dy. Secretary (ICDS-Trng & ME)
7) Dr. Saroj K. Adhikari, Asstt. Director (WB & ME)
8) Shri Surendra Singh, Asstt. Technical Adviser, FNB
9) Shri Tapan Kapoor, Consultant

Department of ICDS, Govt of Tamil Nadu
1) Shri Mohan Pyare, Secretary
2) Ms Meenakshi Rajagopal, Principal Secretary/Special Commissioner (ICDS)
3) Shri G. Ravindranath Singh, Deputy Director (ICDS)
4) Shri S. Kirubanandan, Chief Accounts Officer

Special Invitee:
Ms Sukanya Bharatram, Member, NCPCR
F.No.15-7/2011-WBP (Kar)
Government of India
Ministry of Women & Child Development
(ICDS APIP Cell)

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28 July 2011

Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 1 June 2011 to discuss the State ICDS APIP with Govt. of Karnataka – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
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To
Secretary (WCD)
Department of Women & Child Development
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Copy: Dr. Shamla Iqbal, Director, Directorate of Women & Child Development, M.S.Building, Dr.B.R.Ambedkar Veedhi, Bangalore -560 001

Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Karnataka held on 1 June 2011

A meeting to discuss the first State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 submitted by Govt. of Karnataka was held under the Chairmanship of Secretary, Ministry of Women and Child Development (MWCD), Govt of India (GoI) on 1 June 2011 (Venue: Shastri Bhawan, Secretary’s Chamber). Dr. Shamla Iqbal, Director, Deptt of Women and Child Development, Govt of Karnataka made power-point presentation on the State’s annual implementation plan during 2011-12 outlining the current health and nutrition situation of women and children in the State, State’s priorities, own initiatives and key programmatic issues relating to ICDS implementation. List of participants is annexed.

2. Initiating the discussion, Secretary, MWCD outlined the objectives and purpose of introducing the APIP in ICDS from the current financial year 2011-12. He hoped that through the APIP process, the State Govt. would be able to (i) bring into focus new emerging issues in implementation of the ICDS scheme; (ii) capture the diversity within the State; and (iii) suggest whether the existing programme design is sufficient to achieve the programme objectives, and if not, then what alternate delivery mechanism would be required. He desired that the APIP may be discussed and presented before the Chief Secretary of the State so that critical issues regarding ICDS implementation and child malnutrition are brought to the notice of the highest authority in the State Govt.

3. The first State APIP document for the FY 2011-12 submitted by Govt of Karnataka was found to be in order and prepared as per the APIP guidelines of GoI (the document has been developed with technical support from an external agency). The document contains an exhaustive situation and gap analysis on current women and child health and nutrition issues in the State. Each of the ICDS programme components has been analysed based on the programme MIS and other data sources. The APIP document has captured some of the key gaps in existing programme implementation and accordingly proposed an action plan for 2011-12. Section 5 of the document has outlined summary of 21 activities against which an additional amount of Rs. 2.96 crore during 2011-12 has been sought from the GoI. In addition, the State Govt. has proposed an additional amount of about Rs. 35 crore for procurement of materials and equipment at different levels. The State has not proposed any alternate delivery mechanism.

Note: In terms of analysis, presentation and providing information on programmatic aspects, the State ICDS APIP submitted by Govt. of Karnataka is found to be the ‘best’ among all the APIPs received from other States till date.

4. The State APIP document has identified several gaps and challenges in the current implementation of the programme, viz. (i) manpower vacancies at all levels - engagement of CDPOs and Supervisors on Non-ICDS activities; (ii) 46% AWC do
not have their own buildings - construction of AWCs done by PRI are often delayed and not effective. No provision for repairs and maintenance of AWC buildings. (iii) MIS not systematic resulting in difficulty to collate and analyse data. Quality of data is unreliable and there is very limited involvement of community in monitoring activities at AWCs; (iv) Travelling allowance to Supervisors is very low for supervisory visits to 25 AWCs each month, affective its effective implementation. (v) Nutrition & health education sessions are not conducted regularly especially in interior villages as required, due to non-availability of transport; (vi) referral service is informal and unstructured; (vii) no minimum infrastructure standards/specification for PSE. Effectiveness of PSE activity is limited due to lack of any evaluation process on its effectiveness, lack of basic teaching aids such as slates and mats for seating are not available in all AWCs; etc.

5. Following major issues emerged during the discussion:

(i) While presenting the demographic profile of the State, the State Govt highlighted two important issues that would impact ICDS provisions in the future, viz., (a) rapid urbanization - that will have significant implication on increasing provision of ICDS in urban agglomerations; and (b) absolute and relative decrease in the size of 0-6 year children population (it was 71.8 lakh in Census 2001 -13.6% of total population; in Census 2011, the provisional population is 68.56 lakh - 11.2% of total population). Secretary (WCD) desired that to address the second issue of declining child population having a direct impact on AWC enrolment, guidelines need to be formed about the sub-optimal numbers at AWCs, beyond which AWC may have to be closed or some alternative mechanisms such as merging 3-4 AWCs in one single village, home based approach, etc, has to be put in place. State Govt. suggested that instead of population norms for opening up AWCs, number of beneficiaries may be the criteria.

(ii) It was noted that all sanctioned 185 ICDS Projects have been operationalized and almost all 63,377 sanctioned AWCs are also operational in the State. The average number of AWCs per project in the state is found to be as high as 343. Raichur district has the maximum 527 AWCs per project. It was informed by the State Govt. that proposal for bifurcation of such projects has been made.

(iii) In terms of SNP beneficiaries per AWC, the average number of beneficiaries for 6 months to 6 years children has fallen gradually over the years, while it has remained fairly constant for pregnant women & lactating mothers. In case of PSE, the average number of children per AWC has fallen from 32 in Mar-05 to 27 in Mar-11.

(iv) It was noted that the State has 137 Mahila Supplementary Productions-cum-Training Centres (MSPTC) at taluka level for manufacturing and supply of SNP food items to all 185 projects across the State. Each MSPTC consists of 22-32 women members from vulnerable sections, who are provided training by an organization called ‘Krishti’. The State Govt. was requested to review the sustainability and viability of such arrangement for regular supply of SNP by ensuring some reasonable profits to the SHG members.
(v) It has been stated that calorific norms for SNP prescribed by GOI per child/woman per day are adhered to. In this regard, State has established a mechanism of regular sample checks from each of the 137 MSPTC through DFRL, Mysore. The report provides information on protein and energy value of the sample measured. In addition, from each of the 185 Projects, one raw food sample chosen randomly by CDPO is sent to FNB, Chennai. This test is more elaborate covering general, physical and chemical analysis.

(vi) It was observed that the State has adopted an “Integrated Approach for PSE” and developed its own curriculum for provision of PSE, with support from DSERT with financial assistance from UNICEF in the form of an activity bank of “Chili-pilli” books.

(vii) The State has pointed out that the current monitoring data collection process and preparation of monthly progress reports (MPRs) is a hugely time and effort consuming exercise. Comparison of projects/districts by analyzing key indicators is difficult to accomplish without a proper IT system in ICDS. There is hardly downward feedback due to which corrective action is seldom taken. DPOs/CDPOs/Supervisors’ time primarily goes in attending scheduled meetings, collating data and handling additional responsibilities, due to which they are unable to dedicate appropriate time for field work of monitoring and supervision of ICDS itself. The State Govt. requested the GoI to implement a ‘practical and feasible MIS system’ for ICDS, to which it was pointed out that the revised MIS devised by the GoI would be launched soon. The State Govt. should also ensure implementation of monitoring and supervision guidelines issued in October 2010.

(viii) It was noted that to strengthen community participation, State has put in place a Bal Vikas Samiti (BVS) Monitoring Mechanism at each of the AWCs to monitor the activities of the centres. It was suggested that the State must ensure implementation of the guidelines issued by GoI on 31 March 2011 on the formation of monitoring committees in ICDS at all levels up to the village level.

(ix) State has provided detailed procurement plan for 2011-12 at different levels with a budget of Rs. 34.99 crore. However, it was noted that the plan includes mostly additional items (electronic gadgets – flat screen TVs, digital camera, video camera, LCD projector office equipments, internet connection, furnitures vehicles, 2 wheelers for Supervisors, water filter etc), that are not allowed under the existing ICDS norms. The State Govt. was requested to segregate the admissible recurring (e.g. PSE kits, medicine kit etc) and non-recurring items (e.g. weighing scales, utensils, etc) from the new items that may be financed by the State Govt.

(x) The State has emphasized the need for opening up of crèches at the AWCs for 0-3 year olds.

(xi) It was suggested that the State make take measures to clear the large number of training backlogs of Supervisors through NIPCCD, Bengaluru and also ATI, Mysore, along with the existing MLTCs.
The State has introduced a *Bala Sanjeevini Scheme* in 2011 for the sick and underweight children belonging to BPL families from 0-6 years age group enrolled in AWC. Under this scheme tertiary care units have been established in 5 selected hospitals in the state. The identified malnourished children are provided required treatment. Allocation of Rs 50,000 per case for neo-natal problems and Rs 35,000 per case for other children has been made by the State Govt.

It was suggested that the State must develop an action plan with a timeline to tackle the problem of child malnutrition and also develop necessary protocols for management of the severe cases in consultation with the Health Department. The State may look into the Rajasthan model of Nutrition Rehabilitation Centres that is found to be working well to manage the severely malnourished children.

It was noted that based on objectives of the *Sevottam* model, developed by GOI for ensuring quality in public service delivery, the State has conducted a pilot *Sevottam* Project in ICDS in 2 districts during 2010-11. The State has sought additional funds of Rs. 1.40 crore during 2011-12 to continue with the project for improving service quality in ICDS.

The following activities as proposed in the APIP under various components were agreed to, budgets of which are within the existing ICDS budgetary norms:

a. Improving quality of PSE through implementation of Child Progress Card  
b. Increasing AWC visibility and feedback to parents through *Bal Mela* in October each year  
c. Augmentation of IEC activities and training programmes to empower women and children  
d. Implementation of revised Health Referral Form for ICDS referral service  
e. Integrated Public Grievance Redressal mechanism for ICDS  
f. Implementation of beneficiary tracking cards and THR cards  
g. State wide Implementation of accreditation system in ICDS Projects-Phase II

It was suggested that the additional budgets sought for other activities such as on *Sevottam* Project that are not currently under the permissible ICDS norms, may be arranged from the State Govt Budget.

The State Govt requested for advance release of honoraria of AWWs/AWHs in the first quarter of the FY, based on the March progress report, in order to ensure timely payment of the same to AWWs/AWHs.
Annex

List of Participants

Ministry of Women and Child Development, Govt of India
1) Shri D.K. Sikri, Secretary (Chair)
2) Shri Sudhir Kumar, Additional Secretary
3) Dr. Shreeranjan, Joint Secretary
4) Ms Rupa Dutta, Director
5) Shri Gulshan Lal, Dy. Secretary
6) Dr. Saroj K. Adhikari, Asstt. Director
7) Shri Tapan Kapoor, Consultant

Dept of Women and Child Development, Govt of Karnataka
1) Dr. (Ms) Shamla Iqbal, Director (WCD)
2) Ms Ishrath Afza Begum, Dy Director (ICDS)
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 8 July 2011 to discuss the State ICDS APIP with Govt. of Gujarat

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

(Dr. Saroj K Adhikari)
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To

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Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Gujarat held on 8 July 2011

A meeting to discuss the first State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 submitted by Govt. of Gujarat was held on 8 July 2011 under the Chairmanship of Shri D.K. Sikri, Secretary, Ministry of Women and Child Development (MWCD) (Venue: Shastri Bhawan, Secretary’s Chamber). Ms. Sunaina Tomar, Secretary, Department of Women and Child Development, Govt of Gujarat and her Team made a power-point presentation on the State’s annual implementation plan for 2011-12 outlining the current health and nutrition situation of women and children in the State, State’s priorities, initiatives and key programmatic issues relating to programme implementation. List of participants is annexed.

2. Initiating the discussion, Secretary, MWCD asked the State Government whether the State felt that universalisation has improved the effectiveness of the programme. He emphasized that it is important to measure the impact of universalisation in terms coverage of the ICDS programme with respect to (a) whether the number of beneficiaries has increased, (b) whether daily attendance of children has improved; and (c) whether the distance travelled by the beneficiaries to reach the Anganwadi Centres (AWCs) has decreased. In response, Secretary, DWCD, Govt. of Gujarat stated that since universalisation of ICDS, beneficiary figures have actually increased, especially among the pregnant and lactating women. On the other two aspects, though the relevant information was not readily available with the State Team, they would be able to obtain the information from GIS mapping that is being carried out in the State. The GIS mapping would provide detailed information regarding programme’s outreach and whether the travel distance for beneficiaries has decreased, while the programme MIS would provide information on actual attendance of children at AWCs.

4. The State ICDS APIP document for FY 2011-12 reflects a strong intent of the State Govt. to address the challenge of child malnutrition. A series of measures are being carried out by the State Govt. to improve the supplementary nutrition component of ICDS. However, efforts to improve the pre-school component need to be strengthened. The IEC component of the programme also seems to be weak, with no innovative IEC/BCC activity proposed in the PIP and expenditure on IEC being much below what is budgeted. The current focus of the State seems to be on improving the programme through strengthening AWC infrastructure, supplementary nutrition component and monitoring and supervision. The State has launched a Nutrition Mission to facilitate these issues and is also exploring
partnerships with corporates, cooperatives, and academic institutions for the improvement of the programme. *The State has not proposed any alternate delivery mechanism.*

5. The APIP document has identified several gaps and challenges in the current implementation of the programme, viz. (i) poor nutritional status despite no food insecurity and ample wage opportunities (44.6% children below 5 yrs are underweight; of these 18.7% are severely malnourished, NFHS-3 (2005-06)); (ii) poor IYCF indicators; (iii) issues in decentralised procurement and preparation of SN by SHGs – difficulties include, ensuring necessary food fortification, quality monitoring and motivating SHGs to contribute without any remuneration; (iv) inflexibility in terms of fund transfer and expenditure due to the lack of Society structure; (v) no corresponding increase in the number of sanctioned posts at various levels despite expansion in projects in the State, thus affective the management of the programme; (vi) inadequate training infrastructure to handle the high load of training; (vii) engagement of AWWs with non ICDS work; and (viii) no flexibility in recruitment procedures of staff.

6. Following major issues emerged during the discussion:

(i) It was noted that all sanctioned 336 projects under ICDS were operational and almost all sanctioned AWCs (50,226) were operational (49,926) with a gap of only 300 AWCs as on May 2011, which were also in the process of getting operationalized.

(ii) Under the State Nutrition Policy, following strategies have been identified to address the challenge of child malnutrition:

- Universalise AWC coverage and track all children
- Focus on children under 2
- Focus on mothers and out of school AGs
- Increase coverage of beneficiaries through THR
- Counselling and home visits
- Strengthen capacity building of staff
- Extend partnerships with public and private sector (construction of AWCs and provision of gas connections through CSR, partnership with home science colleges for capacity building and monitoring support)
- Child friendly model AWCs; and
- Expand and strengthen urban ICDS

(iii) It was observed that 28164 (57%) AWC are having own building, 11091 (22.5%) are in rental buildings, 1042 (2.1%) are in Primary School Building and 9041(18.3%) are in other buildings (Panchayat Bhawan, AWW/AWH’s home, etc). 63% AWCs are provided with supply of drinking water, 22% are having kitchen, 69% having toilet and 100% AWCs are provided with cooking gas connection with stove and idli cooker. The State has made a 2012 vision of having own building with facilities like electricity, fan, water, toilets etc. for every AWC. It was noted and appreciated that since 2009-10, State Govt is providing Rs. 100 crore each year for construction of
AWCs at the unit cost of 3 lakh per AWC building from its own resources. It was also noted that about 50% AWCs (22504) have been built in partnership with Reliance, Tribal sub-plan, Red Cross, Ayogan Mandalas etc.

(iv) It was noted that the number of supplementary nutrition beneficiaries across all categories have increased over the years, with a maximum increase visible in the numbers of pregnant and lactating mothers. The percentage increase in number of beneficiaries from 2009-10 to 2010-11 is 13.36% for children 6 months-3 years, 11.64% for children 3-6 years of age, 50.80% for P& LW, and 139.35% for adolescent girls (due to expansion of Gujarat AG scheme and introduction of SABLA).

(v) Key indicators on health and nutrition in the State are found to be somewhat inconsistent with the State’s economic growth. 41% children below three years are underweight, 45% children below 6 months are exclusively breastfed, 80% children (6 – 35 months) are anemic and about 61% pregnant women are also anemic. All these indicate a strong need to work towards the 10 primary focus areas identified by the State, viz., initiation of breastfeeding within 1 hr of birth, exclusive breastfeeding upto 6 months, introduction of complementary feeding at 6-9 months, three expected IYCF practices, stools safely disposed, Vitamin A supplementation (0-35 mths), reduction of anemia among AGs, use of iodized salt, management of diarrhea, and management of severely acute malnourished children.

(vi) The State Govt. pointed out that one of the biggest barriers preventing the focus on under 3’s is the work load of the AWWs. The focus of the AWW is primarily on the provision of SNP and, additionally, on the formation and management of SHGs (Sakhi Mandalas), giving her very little time and motivation to carry out home visits and nutrition and health counseling. The responsibility of creating and managing SHGs had been placed on the AWWs by the Dept. of RD, which is also a political priority area for the State. To address this issue and to ensure greater focus on home visits and nutrition and health education and counseling by the AWWs, the State has proposed to increase the working hours of the AWCs from 4 to 6 hours. This would correspond to an increase in her honorarium. Furthermore, the State has initiated a number of community awareness activities such as, healthy mother show, healthy baby show, cleanest house, healthy girl competitions at the village level.

(vii) The State also pointed out that those Supervisors who have been promoted from AWWs are unable to perform their duties of supervision and monitoring and there is need to re-look at the promotional policy.

(viii) It was observed that the current nutrition data available with the State is over 5 years old, from the NFHS-III, 2005-06 survey. Secretary (WCD) recommended that the State may undertake a nutrition survey with the help of NIN, so that updated nutritional data is available with the State.
(ix) It was noted that the State has initiated the process of individually tracking the health and nutrition status of each child in the State through the e-Mamta software, developed jointly with the Dept. of Health and Family Welfare. It was suggested that in addition to the software it was important to develop and institutionalize a feedback mechanism/system wherein the information collected through e-Mamta are used to improve service delivery at the field level. It is therefore essential to ensure that the data generated be effectively used by ICDS Supervisors and CDPOs for taking prompt corrective actions.

(x) The State raised the issue of lack of adequate management and supervisory staff at the State and District levels. This has made it difficult to manage the programme effectively and efficiently. A request was made by the State to the GoI to re-look into the staffing pattern at the State Directorate and District Levels, taking into consideration the fact that the programme has expanded significantly, and a large number of schemes/programs such as SABLA have also been added to their portfolio. In this regard, the State Govt. suggested setting up of Regional Offices of ICDS, with complete administrative set up.

(xi) It was noted and appreciated that the State placed significant emphasis on building AWC infrastructure, providing Rs.100 crore annually for construction of AWCs, and Rs.10 crore annually for maintenance of the existing centres.

(xii) It was observed that the State’s efforts with respect to ECE has been limited, and need to strengthen focus on this component was emphasized.

(xiii) The State puts forward a request for sanctioning 25 AWCs in urban slum areas, with the objective of strengthening ICDS functioning in urban areas.

(xiv) The State’s additional contribution to SNP was appreciated. Besides incurring the 50% expenditure of the supplementary nutrition food as per the GOI guidelines, the State has spent an additional amount of Rs. 155.53 crore. During the current FY, the State has made provision for an additional amount of 221.91 crore for nutrition to AGs in other than SABLA districts, Dhoodh Sanjeevani Yojana, and providing fruits to children at AWCs.

(xv) It was noted that the State is carrying out some new innovative activities such as provision of mobile ICDS vans to reach unreached areas as identified through GIS mapping and as per identified need; cookery recipe shows demonstrating how THR could be used to prepare different delicious dishes; SATCOM capacity building sessions through e-gram centres which allowed for two-way interactions between the resource person and the functionaries/beneficiaries.

(xvi) The State Govt. stressed upon the need to improve and strengthen the existing training centres in ICDS. A training needs assessment carried out by the State revealed gaps in manpower, equipments and training infrastructure and in
knowledge of the Instructors. The State has proposed to upgrade 6 ICDS training centres into regional model training centres under the State Nutrition Mission, by providing adequate and appropriate training materials, equipments, supportive job aids and building the capacities of the Training Instructors. It was suggested that the State should develop such proposal for strengthening and expanding their training centres in consultation with NIPCCD and submit it to the GoI separately, for allocation of additional funds, as and when required.

(xvii) It was stated that all funds for IEC, flexi-funds, and contingency funds in ICDS in the State are given directly to the AWWs to spend. The funds were earlier under the control of the CDPO but were recently decentralized and given to the AWWs since utilization was found to be inadequate at the CDPO level. The result was that the State Directorate did not have the requisite funds for carrying out large scale IEC campaigns. It was suggested that the DWCD explores engaging the Information and Broadcasting Department for carrying out IEC campaigns on nutrition issues.

(xviii) The State was in the process of setting up a State ICDS Society to allow for greater flexibility in financial management. Resources generated through fundraising and corporate engagement would be managed through the Society. It was suggested that the Society be named as ‘State Nutrition Society’ and not ‘State ICDS Society’ as the term ‘State ICDS Society’ would wrongly imply that the society was being formed under the ICDS programme.

(xix) The State emphasized the need for greater flexibility in staff selection and funding in the programme. It stated that introduction of the Society model, similar to NRHM, would allow them greater flexibility to act, innovate and better utilize funds.

(xx) The State requested the MWCD to relook at the staffing norms for the ICDS programme, as existing norms did not allow for recruitment of a DPO in districts with less than 5 blocks. It was clarified that this information was outdated, and that existing norms allowed for the recruitment of a DPO in districts with less than 5 blocks. A copy of the order was shared with the State.

(xxi) It was suggested that the State must ensure implementation of the guidelines issued by GoI on 31 March 2011 on the formation of ICDS monitoring committees at all levels up to the village level.

(xxii) It was suggested that the State may provide a detailed action plan with timelines as well as a detailed procurement and information on the existing supply status of essential items such as availability of computers and printers at district and block officers, number of functional vehicles at State, district and block levels, number and percentage of AWCs (against total operational) having functional baby and adult weighing scales (separately) etc.
(xxiii) It was suggested that the State must develop an action plan with a timeline to tackle the problem of child malnutrition and also develop necessary protocols for management of the severe cases in consultation with the Health Department.

In the end, Secretary, MWCD outlined the objectives and purpose of introducing the APIP in ICDS from the current financial year 2011-12. He said that through the APIP process, it is hoped that the State Govt. would be able to (i) bring into focus new emerging issues in implementation of the ICDS scheme; (ii) capture the diversity within the State; and (iii) suggest whether the existing programme design was sufficient to achieve the programme objectives, and if not, then what alternate delivery mechanism would be required. He suggested that the State may relook at the APIP from this light and focus on: (a) what will need to be done if the ICDS Programme has to make a dent on malnutrition, (b) how will IYCF practices in the State be improved, (c) what ECE issues exist in the State and how will they be addressed, (d) what strategy will be adopted to address the issue of SAM/MAM, (e) what linkages with health would need to be improved and how, and (f) how can the programme management and supervision be strengthened. Secretary, DWCD, Govt of Gujarat agreed to work out their plan accordingly. She complemented the MWCD for the APIP effort that gives an opportunity to look into the programmatic and operational issues in micro details.

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Annex

List of Participants

Ministry of Women and Child Development, Govt of India
1) Shri D.K. Sikri, Secretary (Chair)
2) Dr. Shreeranjan, Joint Secretary
3) Ms Rupa Dutta, Director
4) Shri Gulshan Lal, Dy. Secretary
5) Dr. Saroj K. Adhikari, Asstt. Director
6) Ms. Mohini Kak, Consultant

Deptt of Women and Child Development, Govt of Gujarat
1) Ms. Sunaina Tomar, Secretary
2) Ms Anilaben Shah, State Program Officer
3) Ms Preetu Mishra, Consultant (Nutrition)
Subject: Review of ICDS Annual Programme Implementation Plan (APIP) for 2011-12: Minutes of the Meeting held on 8 July 2011 to discuss the State ICDS APIP with Govt. of Uttar Pradesh – Reg.

A copy of the minutes of the above cited meeting is enclosed herewith for information and necessary action.

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Copy also to: PPS to JS (S)/Dir (RD)/DS (GL)/DS (HSN)/JTA/US (CD-I)/US (CD-II)
Minutes of the Review Meeting to discuss the State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 with Government of Uttar Pradesh held on 8 July 2011

A meeting to discuss the first State ICDS Annual Programme Implementation Plan (APIP) for 2011-12 submitted by Govt. of Uttar Pradesh was held on 8 July 2011 under the Chairmanship of Secretary, Ministry of Women and Child Development (MWCD) (Venue: Shastri Bhawan, Secretary’s Chamber). Principal Secretary, Department of Women and Child Development, Govt. of Uttar Pradesh and his Team consisting of Director (ICDS), made a power-point presentation on the State’s proposed annual implementation plan during 2011-12 outlining the current health and nutrition situation of women and children in the State, State’s priorities, own initiatives and key programmatic issues relating to ICDS implementation. List of participants is annexed.

2. Initiating the discussion, Secretary, MWCD outlined the objectives and purpose of introducing the APIP in ICDS from the current financial year 2011-12. He hoped that through the APIP process, the State Govt. would be able to (i) bring into focus new emerging issues in implementation of the ICDS scheme; (ii) capture the diversity within the State; and (iii) suggest whether the existing programme design is sufficient to achieve the programme objectives, and if not, then what alternate delivery mechanism would be required. Secretary, MWCD also pointed out that the basic purpose of the APIP process is to encourage the State Governments to devise strategies for improving the service delivery in ICDS at the grassroots level. It would also inspire the States in making additional investments in terms of financial and human resources for better programme management etc. He also stated the importance of bigger States like Uttar Pradesh performing well with a clear plan to address the challenge of malnutrition as well as ECE component. He assured the State Govt. of all the possible assistance to ensure better implementation of the ICDS scheme. However, the Secretary underlined the need for State’s commitment (both financial and programmatic) to the issues of women and children as seen in the other States.

3. Review of the first State APIP document for the FY 2011-12 submitted by Govt. of Uttar Pradesh reveals that though the document contains sections on situation and gap analysis on current women and child health and nutrition issues in the State, it lacks in-depth analysis. The APIP needs to provide comprehensive ICDS programme monitoring data which is imperative for performance analysis over the years. Although the APIP covers activities undertaken in the past year and innovations/new interventions proposed for this year, it does not clearly state how all the ongoing interventions will be rolled out in the current year. It also does not adequately highlight activities that can increase the outreach and service quality of mandated activities such as home visits and VHNDs. The State has not proposed any alternate delivery mechanism.

4. The State APIP document has identified several gaps and challenges in the current implementation of the programme, viz. (i) absence of current data on malnutrition; (ii) manpower vacancies at all levels; (iii) majority of AWC do not have their own buildings; (iv)
need for training of functionaries on new activities like WHO Growth monitoring, IYCF and others (iv) need to define performance standards for AWW; (v) need for basic infrastructure like utensils, stove, gas, weighing scales; (vi) referral service constrained by lack of infrastructure in remote health facilities; etc.

5. Following major issues emerged during the discussion:

(i) All sanctioned 897 projects are operational. Against the sanctioned 166,073 AWCs, 159,998 are operational (gap: 6075). Mini AWCs: sanctioned - 22186; operational: 14525; (gap: 7661). The State has assured that all AWCs would be made operational by 31 August 2011.

(ii) It was highlighted by the State Govt. that between NFHS-2 (1998-99) and NFHS-3 (2005-06), level of child malnutrition has been reduced from 52% to 41.6% in the State. The State has set the target to reduce malnutrition rate by 2% in the current FY.

(iii) The State has proposed for setting up four Technical Resource Cells on nutrition, PSE, M & E and IT at the State Directorate to act as resource centres for functionaries from state level to the AWC level. The functionaries proposed for these cells include 2 nutrition specialists, 2 PSE experts, 1 M&E expert, 1 Systems Administrator supported by 4 operators. All posts would be contractual, initially for a year, but could be extended for longer periods based on demonstration of results. Proposed Budget for these technical cells for the FY (2011-12) is Rs.28.80 Lakh. It was clarified that additional funds for such support would be considered in the proposed restructuring of ICDS programme that the MWCD is currently working on.

(iv) On the issue of human resources in ICDS, it was observed that the field level manpower vacancies are significant with almost 37% posts of Supervisors reported vacant. Similarly, the posts of DPO (21%), CDPOs (29%), Mini AWWs (52%) and others are vacant that are affecting service delivery and monitoring and supervision. The issue was deliberated in detail and it was noted that the State is facing the challenge of processing of huge number of applications (in lakhs) for the post of Supervisors. It was recommended that the State may identify alternative ways (contractual recruitment, delivery through NGOs etc) to ensure all functionaries are in place for delivery of services in each of the AWCs. GOI norms allow 10% of the projects to be implemented by NGOs.

(v) It was noted that the number of AWCs have almost doubled since the universalisation of ICDS. The State Govt. was suggested to analyze the gains due to the universalization with respect to increased number of beneficiaries, increased attendance per day, reduced travel distance between homes and AWCs, etc.

(vi) It was observed that against a total number of 1.88 lakh AWCs (including mini-AWCs), only 17,982 AWC buildings have been constructed by the State Govt. The State Govt. plans to construct remaining AWCs by 2020, with a target of 20,000 AWCs every year at an estimated unit cost of Rs. 3.6 lakh per AWC building. It was noted that about 2/3rd of AWCs are currently functioning from school buildings.
of the remaining, a large number are operating from Panchayat Buildings (10,074), Govt. buildings (9131), homes of AWWs/AWHs (6759), and others (19,462). In view of these large numbers, it was suggested that the State may review the options of co-locating the AWCs in schools; secondly, operating from rented premises; and lastly, construction on cluster wise basis.

(vii) It was observed that the number of beneficiaries receiving supplementary nutrition food and pre-school education shows an increasing trend over the past 5 years. However, the percentage increase is much greater for supplementary nutrition that for pre-school education.

(viii) The State Govt. was requested to provide details of pre-school activities including the State’s policy on the ECE if the same has been devised.

(ix) Supplementary nutrition food is distributed through SHGs/Mothers Committee. The State proposes to review the delivery of hot cooked meal by disbursing payments directly to the Mothers’ Committee. The AWWs will not be part of this delivery mechanism. Secretary, MWCD expressed the need to review the existing delivery mechanism and adopt models which are effective and efficient. It was also suggested to explore the scope/viability to integrate supplementary nutrition with mid-day meal (MDM), if any.

(x) It was noted that the State has launched a programme called Mission Poshan for the period 2006-12. It focuses on accelerating efforts to reduce malnutrition. A selected package of services focusing on pregnant and lactating women and children up to 1 year of age has been designed and delivered. It defines daily, weekly, biannual activities for severely malnourished children and the actions for the AWWs in taking remedial steps. It shifts focus from centre based counseling to family based counseling.

(xi) It was noted that the State has distributed WHO New Growth Charts and Joint MCP Cards to all AWCs. The State has developed an online reporting system that is being implemented in all the project blocks.

(xii) The State Govt. was requested to ensure implementation of the two recent guidelines on monition and supervision, issued by MWCD during Oct 2010 and March 2011.

(xiii) It was suggested that the State must develop an action plan with a timeline to tackle the problem of child malnutrition and also develop protocols for management of the severe cases in consultation with the Health Department. The State may look into the initiatives of other states like Rajasthan model of Nutrition Rehabilitation Centres (NRCs) that is found to be working well to manage the severely malnourished children.
Annex

List of Participants

Ministry of Women and Child Development, Govt of India
1) Shri D.K. Sikri, Secretary (Chair)
2) Dr. Shreeranjan, Joint Secretary
3) Ms Rupa Dutta, Director
4) Shri Gulshan Lal, Dy. Secretary
5) Shri H S Nanda, Dy. Secretary
6) Dr. Saroj K. Adhikari, Asstt. Director
7) Shri Surendra Singh, ATA (FNB)
8) Shri Sumit Asthana, Consultant

Dept. of Women and Child Development, Govt. of Uttar Pradesh
1) Shri Balvinder Kumar, Pr. Secretary (WCD)
2) Shri Devendranath Verma, Director (ICDS)
3) Shri Abhay Jaiswal, Addl Director (Finance), ICDS
4) Shri Santosh Kumar, Dy Director, ICDS
5) Dr. S.S. Jha, Consultant (AMS), DWCD, Govt. of UP
6) Shri Manish Banoudha, Research Officer, ICDS