# Monitoring and Supervision of ICDS

# A Concurrent Evaluation

**Central Monitoring Unit**

**National Institute of Public Cooperation and Child Development**

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# CHAPTER - I

# INTRODUCTION

The most valuable asset of a nation is its children, therefore, the responsibility to invest in children and their overall well being lies with the nation only.

The constitution of India itself provides a framework for care and protection of women and children. **Article 47** of the Directive Principles of State Policy States that "The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the state shall endeavor to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health."

Recognizing the need for early intervention to ensure the development of young child's body, mind and intellect to its maximum potential, the Government of India started Integrated Child Development Services (ICDS), a centrally sponsored scheme which is a step towards responding to the child's needs in a comprehensive and holistic perspective.

## 1. Integrated Child Development Services (ICDS)

The Integrated Child Development Services scheme (ICDS) launched on 2nd October 1975, on an experimental basis in 33 ICDS blocks, has been gradually expanded to 6284 till 2008. ICDS is India's response to challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children. It responds to the inter-related needs of children below 6 years of age, pregnant women, lactating mother and adolescent girls in a comprehensive manner.

### *1.1 Objectives*

i) To improve the nutritional and health status of children below the age of six years;

ii) To lay the foundation for proper psychological, physical and social development of the child;

iii) To reduce the incidence of mortality, morbidity and malnutrition and school drop out;

iv) To achieve effective coordination of the policy and implementation among various Departments to promote child development; and

v) To enhance the capability of the mother to look after normal health and nutritional needs of the child through proper nutrition and health education.

### *1.2 Beneficiaries*

i) Children below 6 years,
ii) Pregnant and Lactating women,
iii) Adolescent Girls
iv) Other Women in the age group 15-45 years

### *1.3 Services*

Towards achieving the above objectives, a package of integrated services comprising Supplementary Nutrition, Immunization, Health Check-up, Referral Services, Nutrition and Health Education and Non-formal Pre- school Education is provided in a comprehensive and cost effective manner to meet the multi-dimensional and interrelated needs of children. Anganwadi Centre is the focal point for delivery of services. Immunization and health-check up are provided at the Anganwadi through the net work of health services in the project area. The beneficiaries and services under the ICDS Scheme are given below.

**Services and Beneficiaries Under ICDS**

| **Services** | **Beneficiaries** | **Services Rendered by** |
|---|---|---|
| i) Supplementary Nutrition * | Children (6 months to 72 months); | Anganwadi Worker and Helper |
| | Pregnant women and Lactating mothers. | -do- |
| ii)Growth Monitoring | Children Birth to 6 months | AWW/Helper |
| iii) Immunization ** | Children below 6 years; | ANM/MO |
| | Pregnant Women | ANM/MO |
| iv) Health Check-up** and Referral Services | Children below 6 years;<br>Pregnant women and Lactating mothers. | Health Functionaries |
| v) Pre-School Education | Children in the age group of 3-6 years | AWW/Helper |
| vi) Nutrition & Health Education | Women in age group of 15-45 Years | AWW/ANM/MO |

*Adolescent Girls under Kishori Shakti Yojana (KSY) are also eligible.

**AWW assists ANM in identifying the beneficiaries

### *1.4 Pattern*

ICDS is a Centrally-sponsored Scheme implemented through the State Govt/UT Administration with 100% financial assistance for all inputs other than supplementary nutrition which the States were to provide out of their own resources. However, many States were not providing adequate funds for supplementary nutrition in view of the resource constraints. It has, therefore, been decided, from 2005-06, to support States upto 50% of the financial norms or 50% of the expenditure incurred by them on supplementary nutrition, whichever is less. Supplementary nutrition is to be provided to the beneficiaries for 300 days in a year as per norms laid down.

### *1.5 Supplementary Nutrition Norms*

On an average, the effort should be to provide daily nutritional supplements to the extent indicated below:

| **Beneficiaries** | **Calories (Cal)** | **Calories (Cal) Revised*** | **Protein (g)** | **Protein (g) Revised** |
|---|---|---|---|---|
| Children 6 months – 72 months | 300 | 500 | 8-10 | 12-15 |
| Severely malnourished children on medical advice after health check-up (double than above) | 600 | 800 | 16-20 | 20-25 |
| Pregnant & Lactating (P & L) Mothers / Adolescent Girls (under KSY) | 500 | 600 | 20-25 | 18-20 |

*Revised in 2008-09

### *1.6 Financial Norms for Supplementary Nutrition*

In order to improve the quality of Supplementary Nutrition, the financial norms as revised are as under:

| **S.No.** | **Beneficiaries** | **Existing (per beneficiary per day; w.e.f. 19.10.04)** | **Revised (per beneficiary per day)** |
|---|---|---|---|
| (i) | Children(6 months to 72 months) | Rs. 2.00 | Rs. 4.00 |

| (ii) | Severely malnourished children (6 months-72 months) | Rs. 2.70 | Rs. 6.00 |
|---|---|---|---|
| (iii) | Pregnant women & nursing Mothers/Adolescent girls (under KSY) | Rs. 2.30 | Rs. 5.00 |

### *1.7 Coverage*

The ICDS scheme has been expanded to 6284 Projects upto September 2008, out of which 6120 have become operational. Total number of operational AWC is 10,23,307. The State-wise number of sanctioned and operational ICDS Projects/AWCs is given in **Annexure I.**

### *1.8 Beneficiaries*

Currently, services under the scheme are being provided to about 830.90 lakh beneficiaries, comprising of about 89.84 million children and about 14.75 million pregnant and lactating mothers. State-wise details of ICDS beneficiaries, as on are given in **Annexure II.**

### *1.9 Administrative & Organizational Set Up*

The Ministry of Women and Child Development is responsible for budgetary control and administration of the Scheme at the Centre. At the State level, Department of Social Welfare, Women & Child Development or the Nodal Department, as may be decided by the State Government, is responsible for the overall direction and implementation of the programme.

The Administrative Unit for the location of an ICDS Project is a Community Development Block in the rural areas, a Tribal Development Block in pre-dominantly tribal areas and ward(s) or slums in urban areas.

### *1.10 ICDS Team*

The ICDS team comprises of the Anganwadi Worker (AWW), Anganwadi Helper, Supervisors and Child Development Project Officers (CDPOs). In larger rural and tribal projects, Additional Child Development Project Officers (ACDPOs) are also part of the ICDS Team. The Anganwadi Worker and Helper are the grassroots level functionaries responsible for delivery of services at the Anganwadi level. They are honorary workers from the local community and are paid monthly honoraria. The CDPOs/ACDPOs is responsible for implementation of the Scheme at the project level.

### *1.11 Training of Personnel*

The training of ICDS functionaries is the most crucial component in ICDS Programme. The success of this programme depends on the effectiveness of frontline workers in empowering community for improved child care practices as well as effective inter-sectoral service delivery. Training of functionaries at all levels has been built into the programme. The National Institute of Public Cooperation and Child Development (NIPCCD) has been designated as an apex institute for training of ICDS functionaries.

Training of Child Development Project Officers is conducted by NIPCCD and its Regional Centers. Training of Supervisors and Anganwadi Workers is organized by selected organizations/State Training Institutes called the Middle Level Training Centres and the Anganwadi Workers Training Centres established in the States.

### *1.12 Linkages with Other Programmes*

Since the ICDS programme is based on the strategy of an intersectoral approach to the development of children, coordination of the efforts of different programmes and Departments at all levels is necessary. For ICDS to achieve its objectives, an effective synergy at the central level is required between the Ministry of Women and Child Development, Ministry of Health & Family Welfare, Rural Development, Agriculture and Department of Drinking Water Supply, to meet the requirements of health, sanitation, drinking water etc. Similarly, synergy is necessary between different Departments in the States also.

At National Level, a Coordination and Advisory Committee has been set upto ensure coordination amongst all the concerned Departments/ Ministries and to give advice from time to time on better delivery of services.

Instructions have also been reiterated to all State/UTs to activate the Coordination Committees at all levels (State, District, Block and Village Level) and hold meetings at regular intervals.

### *1.13 Impact of ICDS*

A number of evaluation studies conducted on implementation of ICDS revealed that there has been a significant impact of the scheme which can be viewed by reduction in the incidence of morbidity and mortality malnutrition levels and school dropouts.

# CHAPTER - II

## Monitoring and Supervision of ICDS Scheme

Monitoring and supervision play an important role in achieving the desired objectives through a systematic process of keeping track of the performance and progress of a programme by continuously reviewing the flow of inputs and outcome indicators. The process also helps in introducing mid-course corrections and modifications whenever necessary. The term 'monitoring' has come into greater circulation in planning and management terminology in recent years by shifting the focus from inputs to results and outlays to outcomes. Monitoring is a valuable tool and a continuous process, with both the project implementation and outcome indicators to be monitored on a regular basis, and includes availability of a plan of action, continuous or periodical feedback/information on actual performance vis-à-vis the desired objectives with planned course of action, identification of deviations and giving information and signal on deviations.

### 2.1 Existing Monitoring System

The ICDS Scheme envisages an inbuilt system of monitoring through regular reports and returns flowing upwards from Anganwadi Centre to Project Headquarters, District Headquarters, State Headquarters and finally to the Government of India, Ministry of Women & Child Development. Till 1992, the social components of the Scheme were being monitored by NIPCCD and the health components were being monitored through a Central Technical Committee in AIIMS which was wound up in 1999 for certain administrative reasons. At present, the Monitoring and Evaluation Unit in the Ministry of Women & Child Development receives monthly and annual reports from the States.

### 2.2 New Monitoring set up for ICDS Scheme

The existing monitoring mechanism is not adequate and does not capture all the aspects of implementation of the Scheme especially the qualitative assessment of ICDS. However, it has not yet succeeded in making significant dent in prevalence of underweight among children. The Govt. of India has, therefore, decided to set up a **regular monitoring and supervision mechanism** of ICDS Scheme through

NIPCCD and technical Institutions in states, in addition to the existing M&E Unit in the Ministry of Women & Child Development, with the following broad objectives:

***Objectives***

i) to identify the strengths and weaknesses of the already existing monitoring system

ii) to determine the strategy to be adopted to develop effective monitoring mechanism at all levels;

iii) to study convergence of services provided under other schemes of the department;

iv) to analyze the services delivered under the ICDS at all levels

v) to identify the bottlenecks/problems of the scheme and initiate action for corrective measures;

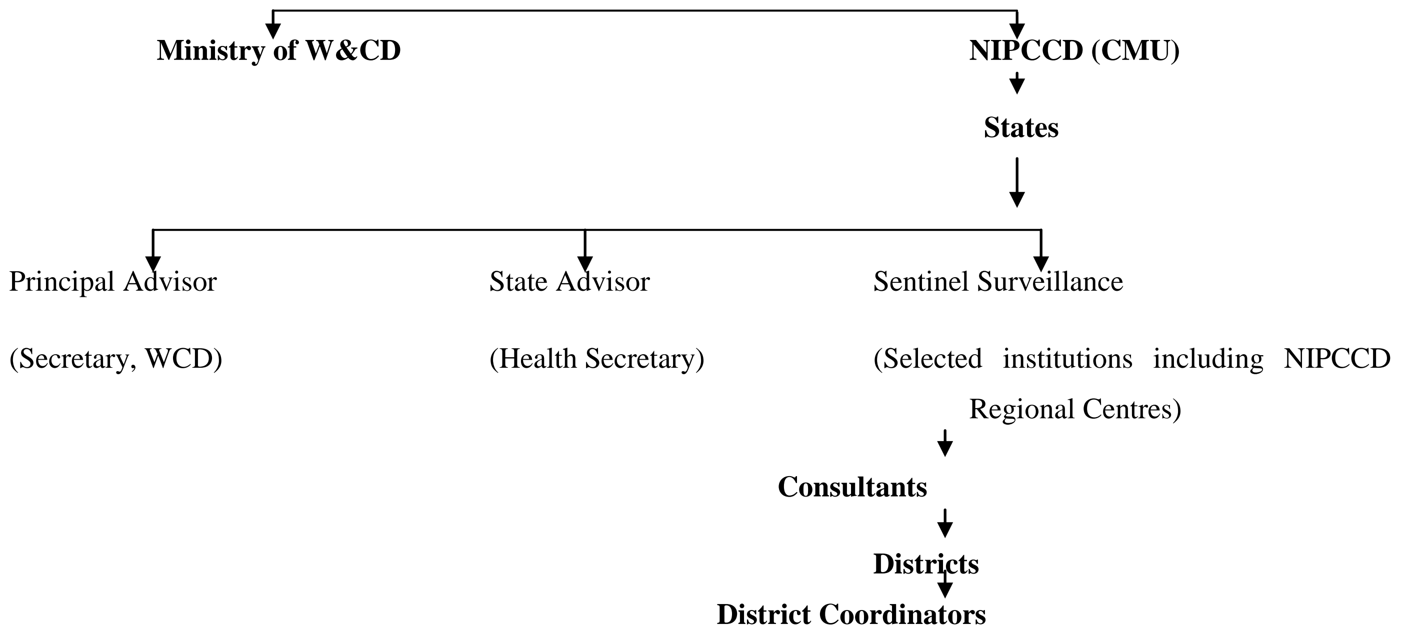
vi) to test the accuracy of the data received at the national level;

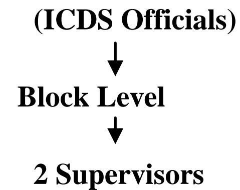
vii) to prepare detailed recommendations for improving the efficiency and effectiveness of the scheme; and

viii) to document some of the Best Practices at the state level.

The new Monitoring and Supervision set up has a three-tier system, i.e. Monitoring at National level, State level and Community level. The same is depicted in the Flow Chart given below.

**NEW MONITORING SYSTEM**






### *2.2.1 National Level Monitoring*

National level monitoring of the ICDS scheme is being done by the **Central Monitoring Unit (CMU)** set up at NIPCCD Headquarters. The tasks completed so far include

i) ***Reporting & Monitoring***: A strong strategy has been evolved by the CMU to have constant and effective reporting and monitoring of the services. Reliability of data is verified through test checks/visits. Quarterly Progress Report (QPR) & Annual Progress Report (APR) Performa's have been developed to get a regular flow of information from selected Institutions. Performa for QPR is at **Annexure III &** Performa for APR is at **Annexure IV**.

ii) ***Organization of Theme Based Workshops:*** Theme based workshops on specific aspects of the programme based on the qualitative feedback received from the consultants and proactive State Directors and functionaries of ICDS were planned to be conducted by the CMU, in order to strengthen certain components of the scheme. During 2007-09 Four Workshops on Introduction of New WHO Child Growth standards in ICDS' have been organized by CMU. These workshops was participated by the representatives of NIPCCD regional offices, Directors of ICDS, Collectors and CDPOs.

iii) ***Research:*** CMU has carried out/ coordinated two research studies and may outsource research studies pertaining to the problems of the areas in the states through different studies is required.

**Tasks Ahead**

*i)* ***Cross State Sharing Workshops:*** As qualitative data has been received by CMU *r*egular workshops are now planned to be conducted by the CMU with a view to share best practices in the implementation of ICDS, which have done good work on some aspects of the programme. ICDS

Consultants approved by CMU would visit other States to participate in these workshops so that during their assessment reports they would suggest changes required in their respective States.

ii) ***Review Meetings:*** Review meetings would be organized with the States in April, 2009 to June 2009 to review & monitor state-wise qualitative reports received from Lead Institutes.

iii) ***Visits of the Officials*:** The senior officials from the Ministry of Women & Child Development, GOI and NIPCCD would visit the States and Projects to have meeting with the senior officials of the States (e.g. Chief Secretaries and Ministers In-charge of SW) in the States where performance is not up to the mark.

iv) ***Supervision Mission*:** While continuous monitoring would be an ongoing process, this would be supplemented by ***two Central Supervision Missions*** to the States. A core team of two officials from the Department, two faculty members of NIPCCD and outside experts will have supervision Mission in the select States once in a year to analyze the impact of the scheme at the field level. The approach would be holistic with emphasis on assessing both the quantitative and qualitative aspects of the implementation of the scheme. The team is expected to pin-point the areas of concern, both in the programme implementation and also in the social scenario in the States. These areas of concern would be focus of monitoring till these are assessed to be suitably rectified by a future supervision mission. It will also prepare a report along with the recommendations to strengthen the monitoring mechanism at the centre.

v) ***Induction of Personnel:*** The CMU would be responsible for hiring a team of personnel/staff with requisite educational/technical/professional qualifications and experts on contractual basis for accomplishment of the desired task such as development of MIS at the Central level as well as at the State/District levels.

vi) ***Consolidation of Data***: The CMU would be responsible for identifying the major problem areas in implementing the scheme to bring out a consolidated data.

vii) ***Preparation of Guidelines/Instructions:*** The CMU would also be responsible for preparing the guidelines/instructions on the implementation of ICDS scheme, from time to time.

viii) ***Capacity Building:*** Provision of imparting training/specialized training would be one of the roles of CMU. It will analyze the requirement of training to the ICDS functionaries as well as of other core team at all levels. If need be, specialized training institutions will be contracted. The core teams carrying out monitoring of the scheme will also be trained in MIS.

***ix) Concurrent Monitoring & Evaluation:*** On the basis of factual feedback from the State Monitoring Units (SMUs) small booklet containing update information on the performance of the scheme at a glance will be brought out six monthly or yearly. A system of concurrent evaluation of ICDS (of outcomes and nutritional status of children) at the national level through external agencies/professional bodies and also in each State/UT at the end of every three to five years would be established. Evaluation of NGO run ICDS Projects vis-à-vis those run by State Governments would also be taken up. Issue/area specific operational research studies and periodic social assessment would be introduced to make mid-course corrective actions.

### *2.2.2 Secondary and Primary Level Monitoring*

The monitoring and supervision of the ICDS Scheme at secondary and primary level involved (i) state level monitoring; (ii) district level monitoring; (iii) project level monitoring; and (iv) community level monitoring. At the State level, various tasks relating to supervision and monitoring of the scheme are being undertaken with help of selected academic Institutions viz. Community Medicine Department of Medical Colleges, Home Science College and School of Social Work.

### *2.3 Selection of Institutions*

States with 25 Districts or less, had a single Institution attached to them; States having more than 25 and up to 50 Districts had two Institutions and States having more than 50 Districts had three Institutions attached to them. States having peculiar problems related to ICDS or if the State situation warranted would had one additional Institution attached. For the States having more than two Institutions, one of the Institutions acted as lead Institution which was responsible for collecting, compiling and analyzing the data of all Institutions in the respective State for sending it to CMU. The lead Institution, selected was generally located in the capital of the State so as to have easy access and coordination with State departments. Forty two Institutions in 25 States/UTs were finally selected for the Monitoring and Supervision of ICDS at the State Level (Table 1). Of the 10 states/UTS where suitable academic Institutions were either not available or were not willing to participate in the activity NIPCCD Staff/Staff of CMU was deputed for field visits and data collection. The details of selected institutions are given in **Annexure V**.

**List of Selected Institutions**

| S.No. | Name of State | No. of Districts | Proposed No. of Institutions selected | No. of Institutions selected |
|---|---|---|---|---|
| 1 | Andhra Pradesh | 23 | 2 | 2 |
| 2 | Arunachal Pradesh | 15 | 1 | 0 |
| 3 | Assam | 23 | 3 | 1 |
| 4 | Bihar | 37 | 3 | 3 |
| 5 | Chhattisgarh | 16 | 2 | 2 |
| 6 | Goa | 2 | 1 | 1 |
| 7 | Gujarat | 25 | 2 | 1 |
| 8 | Haryana | 19 | 1 | 1 |
| 9 | Himachal Pradesh | 12 | 1 | 1 |
| 10 | Jammu & Kashmir | 14 | 2 | 2 |
| 11 | Jharkhand | 22 | 2 | 2 |
| 12 | Karnataka | 27 | 3 | 2 |
| 13 | Kerala | 14 | 1 | 1 |
| 14 | Madhya Pradesh | 48 | 3 | 3 |
| 15 | Maharashtra | 35 | 3 | 3 |
| 16 | Manipur | 9 | 1 | 1 |
| 17 | Orissa | 30 | 3 | 3 |
| 18 | Punjab | 17 | 1 | 1 |
| 19 | Pondicherry | 4 | 1 | 1 |
| 20 | Rajasthan | 32 | 3 | 0 |
| 21 | Tamil Nadu | 30 | 2 | 2 |
| 22 | Uttaranchal | 13 | 2 | 1 |
| 23 | Uttar Pradesh | 70 | 4 | 3 |
| 24 | West Bengal | 18 | 2 | 2 |
| 25 | Chandigarh | 1 | 1 | 1 |
| 26 | Dadar & Nagar Haveli | 1 | 1 | 0 |
| 27 | Daman & Diu | 1 | 1 | 0 |
| 28 | Delhi | 9 | 1 | 1 |
| 29 | Andaman & Nicobar | 2 | 2 | 1 |
| | Total | 554 | 51 | 42 |

***Tasks to be carried out by the selected Institutions***

The selected Institutions would carry out the following tasks:

(i) Collate and analyze the data and reports received from the Districts and State Headquarters on the performance of ICDS Scheme on pre-determined set of indicators.

(ii) Collect data through field visits to selected ICDS Projects in the area assigned to it and furnish the data/reports to the lead Institution for the State.

(iii) Every Institution shall:

a) Visit the ICDS Projects
b) Launch Supervision Missions
c) Monitor Anganwadi Workers Training Centers/MLTCs.

The details of above mentioned tasks are as under.

***(i) Visit to ICDS Project :***

i) It is essential for the Consultants to have comprehensive and accurate information about the functioning of urban, rural and tribal ICDS projects in the State in which they are located so as to make qualitative and quantitative assessment of ICDS correctly. In order to provide assessment report of the ICDS projects it was decided that Consultants would visit at least 10% of Districts, one Project and five Anganwadi Centers every quarter on rotational basis, make assessment, test the accuracy of data (on sample basis) based on progress reports and furnish to CMU detailed recommendations for improving efficiency and effectiveness of ICDS Scheme. Such visits would also enable the Consultants to identify the projects where the Central Mission teams could visit.

ii) During the visit to ICDS project, the Consultants collect baseline information about the project area as also the system of delivery of package of services, coverage of the target group, problems faced by the project functionaries in the delivery of services, support they receive from the local community etc.

iii) In the interest of coordination and economy of time and effort, as far as possible, visit to ICDS project and visit to AWTC/MLTC for purposes of monitoring should be combined. The initial visits to ICDS projects has been undertaken preferably in projects where IMR, Malnutrition and other indicators are poor as per district/state data record.

iv) The Consultants have also prepared a comprehensive report about the ICDS project visited by them relating to quality aspects of projects visited.

The Performa being used by the Consultants to collect information from the ICDS projects during their visit is given at **Annexure - VI.** The data received from Consultants have been analysed and given in Chapter – 3.

***2.4 Financial Support to Selected Institutions***

i). Each Institution including Lead Institution has engaged maximum three Consultants for which NIPCCD is providing funds @ Rs. 6000/- per Consultant per annum, up to Rs. 30,000/- per annum for field visits, state visits and monitoring, and Rs. 1.00 lakh per annum for space and utility & other services.

ii). The funds were released by NIPCCD to each institutions. First installment representing about 50% of total entitlement for year has been released in or around October. Remaining 50% will be released on receipt of audited statement of accounts and Statement of Expenditure (SOE) by 15 March 2009.

# CHAPTER – III

# DATA ANALYSIS AND RESULTS

The selected institutions deputed their consultants and consultants made visits to ICDS projects for monitoring visits. We are receiving regular monitoring data on quarterly basis now and the data of 418 AWCs furnished by 92 consultants till the month of February have been compiled and presented in this chapter. The list of ICDS projects is placed at **Annexure I**.

## 3.1 Child Development Project Officers

During the monitoring visits information related to various aspects of implementation of ICDS scheme was sought from the Child Development Project Officers. Analysis of the information received from CDPOs is given in following paragraph

### 3.1.1 Baseline Information

***(i) Supplies to Anganwadi Centers***

The interview with 92 CDPOs revealed that the supply of materials to AWC was not upto the mark (Table-3.1). The data showed that PSE kit A & B was supplied by 55 CDPOs, MPR Forms by 74 CDPOs and Growth Charts by 71 CDPOs to AWWs. The supply of Referral slip and NHED kit at AWC was reported by only 26 CDPOs each in all states which clearly shows unsatisfactory mechanism of supply of material to AWC and needs to be monitored at the state level. The status of supplies of both PSE kit and NHED kit was reported nil in Jharkhand as compared to Kerala which had reported supply of all material to AWC. The supply of weighing scales showed a good response (82 out of 92) in all states except for Rajasthan where weighing scales were available in half of the AWCs visited. No weighing scales were found in the AWCs of Punjab (3) and Gujarat (1) on visit. The availability of medicine kit was poor in almost all states except Andhra Pradesh wherein all the 9 CDPOs interviewed responded that they have supplied medicine kit.

**Table 3.1 : Supplies to Anganwadi Centers as Reported by CDPOs**

| S. No. | Name of the State/UTS | No. of CDPOs Intervie-wed | PSE Kit -A &B | Weighing Scales | Growth Chart Register | Utensils | Referral Slips | MPR forms | Medicine Kit | NHED Kit |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Andhra Pradesh | 9 | 6 | 7 | 7 | 7 | 4 | 8 | 9 | 5 |
| 2 | Assam | 5 | 3 | 5 | 5 | 5 | 0 | 5 | 2 | 1 |
| 3 | Chhattisgarh | 2 | 2 | 2 | 2 | 2 | 0 | 2 | 0 | 0 |
| 4 | Delhi | 3 | 3 | 3 | 0 | 0 | 1 | 2 | 3 | 0 |
| 5 | Goa | 1 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 1 |
| 6 | Gujarat | 1 | 1 | 0 | 1 | 1 | 1 | 1 | 1 | 1 |
| 7 | Haryana | 3 | 3 | 3 | 2 | 1 | 1 | 1 | 1 | 0 |
| 8 | Himachal Pradesh | 3 | 1 | 3 | 3 | 2 | 2 | 2 | 2 | 0 |
| 9 | Jammu & Kashmir | 6 | 4 | 5 | 5 | 6 | 0 | 4 | 0 | 0 |
| 10 | Jharkhand | 3 | 0 | 3 | 3 | 3 | 0 | 3 | 1 | 0 |
| 11 | Karnataka | 5 | 4 | 5 | 4 | 4 | 2 | 2 | 4 | 1 |
| 12 | Kerala | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 13 | Madhya Pradesh | 6 | 3 | 6 | 4 | 4 | 3 | 6 | 1 | 3 |
| 14 | Maharashtra | 6 | 2 | 6 | 6 | 4 | 3 | 5 | 5 | 1 |
| 15 | Orissa | 5 | 3 | 5 | 3 | 5 | 1 | 5 | 4 | 1 |
| 16 | Punjab | 3 | 1 | 0 | 1 | 1 | 0 | 2 | 1 | 0 |
| 17 | Rajasthan | 6 | 2 | 3 | 3 | 4 | 1 | 6 | 5 | 1 |
| 18 | Tamilnadu | 6 | 6 | 6 | 6 | 5 | 0 | 3 | 3 | 4 |
| 19 | Uttar Pradesh | 7 | 1 | 7 | 4 | 5 | 1 | 4 | 4 | 1 |
| 20 | West Bengal | 5 | 3 | 5 | 4 | 4 | 2 | 5 | 3 | 2 |
| 21 | A&N Islands | 3 | 3 | 3 | 3 | 3 | 0 | 3 | 3 | 0 |
| 22 | Chandigarh | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 1 | 1 |
| **Total** | | **92** | **55** | **82** | **71** | **70** | **26** | **74** | **57** | **26** |

***(ii)*** ***CDPOs Office as a*** **Resource Center**

As per the instructions of MWCD, CDPOs Office in the states acts as resource centers. The reading material related to ICDS is supplied to CDPOs for their reference and use. The same is utilized by CDPOs/ other functionaries for planning NHED session for the functionaries as well as community. Therefore, the availability of reading material/ manuals/ books is important.

The availability of ICDS reading material at CDPOs office was enquired from 92 CDPOs, out of which 51 (55.4%) CDPOs reported that manual/booklets were available with them (Table 3.2). The least availability (33.3%) was

reported by CDPOs of Jharkhand and Rajasthan in comparison to all the CDPOs of Chandigarh, Andaman Nicobar Islands, Gujarat, Goa and Delhi who possessed manual/booklets. It was observed that PSE kit and the Compilation of Guidelines issued by the Ministry of Women and Child Development was available in only half (55.4% and 52.2%) each of the projects which showed that reading material do not reach all. The material/booklet on SHG was available with 41.3 percent CDPOs.

**Table 3.2 CDPO Office as a Resource Center**

| Sl. No. | Name of the State/UTs | No. of CDPOs interviewed | Manual /Booklets | | Guidebook of AWW | | Monitoring Manual | | of on Guidelines | | PSE Kit Material | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 7 | 77.8 | 7 | 77.8 | 6 | 66.7 | 7 | 77.8 | 7 | 77.8 |
| 2 | Assam | 5 | 0 | 0 | 2 | 40 | 4 | 80 | 1 | 20 | 1 | 20 |
| 3 | Chhattisgarh | 2 | 0 | 0 | 2 | 100 | 2 | 100 | 2 | 100 | 2 | 100 |
| 4 | Delhi | 3 | 3 | 100 | 2 | 66.7 | 0 | 0 | 1 | 33.3 | 2 | 66.7 |
| 5 | Goa | 1 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 |
| 6 | Gujarat | 1 | 1 | 100 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Haryana | 3 | 0 | 0 | 2 | 66.7 | 0 | 0 | 1 | 33.3 | 1 | 33.3 |
| 8 | Himachal Pradesh | 3 | 2 | 66.7 | 3 | 100 | 2 | 66.7 | 3 | 100 | 3 | 100 |
| 9 | Jammu & Kashmir | 6 | 3 | 50 | 5 | 83.3 | 3 | 50 | 2 | 33.3 | 3 | 50 |
| 10 | Jharkhand | 3 | 1 | 33.3 | 1 | 33.3 | 1 | 33.3 | 1 | 33.3 | 0 | 0 |
| 11 | Karnataka | 5 | 4 | 80 | 4 | 80 | 4 | 80 | 3 | 60 | 4 | 80 |
| 12 | Kerala | 3 | 0 | 0 | 1 | 33.3 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13 | Madhya Pradesh | 6 | 4 | 66.7 | 4 | 66.7 | 2 | 33.3 | 3 | 50 | 3 | 50 |
| 14 | Maharashtra | 6 | 4 | 66.7 | 3 | 50 | 4 | 66.7 | 0 | 0 | 3 | 50 |
| 15 | Orissa | 5 | 3 | 60 | 2 | 40 | 3 | 60 | 2 | 40 | 2 | 40 |
| 16 | Punjab | 3 | 0 | 0 | 1 | 33.3 | 0 | 0 | 1 | 33.3 | 1 | 33.3 |
| 17 | Rajasthan | 6 | 2 | 33.3 | 2 | 33.3 | 2 | 33.3 | 4 | 66.7 | 1 | 16.7 |
| 18 | Tamilnadu | 6 | 5 | 83.3 | 5 | 83.3 | 5 | 83.3 | 4 | 66.7 | 5 | 83.3 |
| 19 | Uttar Pradesh | 7 | 4 | 57.1 | 3 | 42.9 | 4 | 57.1 | 4 | 57.1 | 4 | 57.1 |
| 20 | West Bengal | 5 | 3 | 60 | 4 | 80 | 3 | 60 | 5 | 100 | 4 | 80 |
| 21 | A&N Islands | 3 | 3 | 100 | 3 | 100 | 3 | 100 | 2 | 66.7 | 3 | 100 |
| 22 | Chandigarh | 1 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 | 1 | 100 |
| | **Total** | **92** | **51** | **55.4** | **58** | **63** | **50** | **54.3** | **48** | **52.2** | **51** | **55.4** |

| Continued……. Table 3.2 CDPO Office as a Resource Center | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Sl. No. | Name of the State/UTs | No. of CDPOs interviewed | NHED Kit Material | | Booklet on SHG | | MPRs & MIS | | Musical Instrument | | Records & Register | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 4 | 44.4 | 6 | 66.7 | 7 | 77.8 | 5 | 55.5 | 9 | 100 |
| 2 | Assam | 5 | 2 | 40 | 0 | 0 | 2 | 40 | 0 | 0 | 5 | 100 |
| 3 | Chhattisgarh | 2 | 0 | 0 | 2 | 100 | 2 | 100 | 0 | 0 | 2 | 100 |
| 4 | Delhi | 3 | 0 | 0 | 2 | 66.7 | 3 | 100 | 0 | 0 | 3 | 100 |
| 5 | Goa | 1 | 1 | 100 | 0 | 0 | 1 | 100 | 0 | 0 | 1 | 100 |
| 6 | Gujarat | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Haryana | 3 | 0 | 0 | 1 | 33.3 | 0 | 0 | 0 | 0 | 3 | 100 |
| 8 | Himachal Pradesh | 3 | 2 | 66.7 | 2 | 66.7 | 3 | 100 | 2 | 66.6 | 3 | 100 |
| 9 | Jammu & Kashmir | 6 | 0 | 0 | 1 | 16.7 | 3 | 50 | 0 | 0 | 4 | 66.7 |
| 10 | Jharkhand | 3 | 0 | 0 | 1 | 33.3 | 2 | 66.7 | 0 | 0 | 3 | 100 |
| 11 | Karnataka | 5 | 2 | 40 | 3 | 60 | 4 | 80 | 1 | 20 | 4 | 80 |
| 12 | Kerala | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 100 |
| 13 | Madhya Pradesh | 6 | 1 | 16.7 | 3 | 50 | 3 | 50 | 1 | 16.7 | 6 | 100 |
| 14 | Maharashtra | 6 | 3 | 50 | 3 | 50 | 2 | 33.3 | 1 | 16.7 | 2 | 33.3 |
| 15 | Orissa | 5 | 0 | 0 | 2 | 40 | 2 | 40 | 1 | 20 | 5 | 100 |
| 16 | Punjab | 3 | 1 | 33.3 | 1 | 33.3 | 0 | 0 | 0 | 0 | 2 | 66.7 |
| 17 | Rajasthan | 6 | 0 | 0 | 4 | 66.7 | 2 | 33.3 | 0 | 0 | 5 | 83.3 |
| 18 | Tamilnadu | 6 | 4 | 66.7 | 3 | 50 | 4 | 66.7 | 0 | 0 | 5 | 83.3 |
| 19 | Uttar Pradesh | 7 | 0 | 0 | 1 | 14.3 | 3 | 42.9 | 0 | 0 | 5 | 71.4 |
| 20 | West Bengal | 5 | 2 | 40 | 3 | 60 | 3 | 60 | 0 | 0 | 5 | 100 |
| 21 | A&N Islands | 3 | 1 | 33.3 | 1 | 33.3 | 3 | 100 | 0 | 0 | 3 | 100 |
| 22 | Chandigarh | 1 | 1 | 100 | 0 | 0 | 1 | 100 | 0 | 0 | 1 | 100 |
| | **Total** | **92** | **24** | **26.1** | **39** | **42.4** | **50** | **54.3** | **11** | **11.9** | **79** | **86** |

Further, it was heartening to note that records and registers were available with 85.9 percent CDPOs but availability of MPRs and MIS Performa were reported by half of the CDPOs (54.3%) which could hamper the reporting system. Musical instrument for use by functionaries was available with only 11.9 percent CDPOs office in State of Andhra Pradesh, Haryana, Karnataka, Madhya Pradesh, Maharashtra and Orissa.

### 3.1.2 Monitoring and Supervision of Anganwadi Centres

***(i) Visits of AWCs by CDPOs***

Monitoring and Supervision of AWCs by CDPOs and Supervisor is an inbuilt component of ICDS programme. It helps AWWs in proper functioning and reporting. Monitoring visits of CDPOs/Supervisors as reported by CDPOs is given in (Table 3.3).

Most of the CDPOs (88.0%) reported regular visits to the projects. Only one CDPO from Delhi and Punjab out of the 3 interviewed in each state reported regular visits to the AWCs. The visits to AWC were reported by 2 out of 3 CDPOs from Kerala, Haryana, and Himachal Pradesh. 68.5 percent CDPOs reported having of checklists for Monitoring and Supervision of AWC.

**Table 3.3 Visit to AWCs and Monitoring Mechanism**

| S. No. | Name of the State/UT | No. of CDPOs interviewed | CDPO visit regularly | | CDPOs having checklists for monitoring and Supervision of AWCs | | Monitoring of Mechanism by CDPO | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | Interview during visits | | Use checklist | | Observation | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 9 | 100.0 | 5 | 55.6 | 6 | 66.7 | 2 | 22.2 | 8 | 88.9 |
| 2 | Assam | 5 | 4 | 80.0 | 2 | 40.0 | 4 | 80.0 | 2 | 40.0 | 5 | 100.0 |
| 3 | Chhattisgarh | 2 | 2 | 100.0 | 2 | 100.0 | 2 | 100.0 | 2 | 100.0 | 2 | 100.0 |
| 4 | Delhi | 3 | 1 | 33.3 | 1 | 33.3 | 3 | 100.0 | 1 | 33.3 | 3 | 100.0 |
| 5 | Goa | 1 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 |
| 6 | Gujarat | 1 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 3 | 2 | 66.7 | 1 | 33.3 | 1 | 33.3 | 1 | 33.3 | 3 | 100.0 |
| 8 | Himachal Pradesh | 3 | 2 | 66.7 | 2 | 66.7 | 0 | 0.0 | 2 | 66.7 | 1 | 33.3 |
| 9 | Jammu & Kashmir | 6 | 6 | 100.0 | 5 | 83.3 | 1 | 16.7 | 2 | 33.3 | 6 | 100.0 |
| 10 | Jharkhand | 3 | 3 | 100.0 | 3 | 100.0 | 2 | 66.7 | 2 | 66.7 | 2 | 66.7 |
| 11 | Karnataka | 5 | 5 | 100.0 | 4 | 80.0 | 2 | 40.0 | 2 | 40.0 | 3 | 60.0 |
| 12 | Kerala | 3 | 2 | 66.7 | 2 | 66.7 | 1 | 33.3 | 0 | 0.0 | 3 | 100.0 |
| 13 | Madhya Pradesh | 6 | 6 | 100.0 | 3 | 50.0 | 5 | 83.3 | 4 | 66.7 | 6 | 100.0 |
| 14 | Maharashtra | 6 | 6 | 100.0 | 4 | 66.7 | 4 | 66.7 | 4 | 66.7 | 5 | 83.3 |
| 15 | Orissa | 5 | 5 | 100.0 | 3 | 60.0 | 1 | 20.0 | 2 | 40.0 | 4 | 80.0 |
| 16 | Punjab | 3 | 1 | 33.3 | 3 | 100.0 | 0 | 0.0 | 2 | 66.7 | 2 | 66.7 |
| 17 | Rajasthan | 6 | 6 | 100.0 | 6 | 100.0 | 4 | 66.7 | 3 | 50.0 | 5 | 83.3 |
| 18 | Tamilnadu | 6 | 5 | 83.3 | 6 | 100.0 | 2 | 33.3 | 5 | 83.3 | 3 | 50.0 |
| 19 | Uttar Pradesh | 7 | 6 | 85.7 | 2 | 28.6 | 4 | 57.1 | 2 | 28.6 | 3 | 42.9 |
| 20 | West Bengal | 5 | 4 | 80.0 | 4 | 80.0 | 4 | 80.0 | 3 | 60.0 | 5 | 100.0 |
| 21 | A&N Islands | 3 | 3 | 100.0 | 3 | 100.0 | 0 | 0.0 | 3 | 100.0 | 3 | 100.0 |
| 22 | Chandigarh | 1 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 |
| **Total** | | **92** | **81** | **88.0** | **63** | **68.5** | **48** | **52.2** | **46** | **50.0** | **74** | **80.4** |

**(ii) *Monitoring Mechanism***

On asking about the mechanism of Monitoring of AWCs, CDPOs reported that either interview through daily visits (52.2%), use of checklist (50.0%) or observation (80.4%) was adopted by them for monitoring during their visit (Table 3.3). Though the availability of checklist for monitoring and supervision was reported by 68.5 percent CDPOs, but use of checklist for monitoring was reported only by half (50%) of them. However, 80.4 percent CDPOs said that they observed the functioning of AWWs during visits. Monitoring by Observation was reported by the CDPOs of Assam, Delhi, Haryana, Jammu & Kashmir, Kerala, Madhya Pradesh, West Bengal and Andaman & Nicobar Islands. The CDPO's of Chhattisgarh, Goa and Chandigarh reported monitoring using all the above three methods.

***(iii) Guiding supervisors for planning visit***

As a good practice, 81.5 percent CDPOs helped their supervisors plan the monitoring visits to AWC where as 15.2 percent supervisors plan their own visits (Table 3.4). The reason cited by those CDPOs who do not plan visits of supervisors included lack of time (3.2%).

**Table 3.4 Planning Visits for Supervisors**

| S. No. | Name of the State/UTs | No. of CDPOs interviewed | Reasons for not planning Supervisors' visits by CDPO | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | No. of CDPOs planning visits of supervisors | | Supervisors plan their visits | | Lack of time | |
| | | | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 7 | 77.8 | 2 | 22.2 | 0 | 0.0 |
| 2 | Assam | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 3 | Chhattisgarh | 2 | 2 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 4 | Delhi | 3 | 2 | 66.7 | 1 | 33.3 | 0 | 0.0 |
| 5 | Goa | 1 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 1 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 3 | 2 | 66.7 | 1 | 33.3 | 0 | 0.0 |
| 8 | Himachal Pradesh | 3 | 2 | 66.7 | 0 | 0.0 | 1 | 33.3 |
| 9 | Jammu & Kashmir | 6 | 6 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 10 | Jharkhand | 3 | 3 | 100.0 | 1 | 33.3 | 0 | 0.0 |
| 11 | Karnataka | 5 | 4 | 80.0 | 0 | 0.0 | 0 | 0.0 |
| 12 | Kerala | 3 | 2 | 66.7 | 0 | 0.0 | 1 | 33.3 |
| 13 | Madhya Pradesh | 6 | 5 | 83.3 | 1 | 16.7 | 0 | 0.0 |
| 14 | Maharashtra | 6 | 5 | 83.3 | 1 | 16.7 | 1 | 16.7 |
| 15 | Orissa | 5 | 3 | 60.0 | 2 | 40.0 | 0 | 0.0 |
| 16 | Punjab | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 |

| 17 | Rajasthan | 6 | 4 | 66.7 | 1 | 16.7 | 0 | 0.0 |
|---|---|---|---|---|---|---|---|---|
| 18 | Tamilnadu | 6 | 6 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 19 | Uttar Pradesh | 7 | 4 | 57.1 | 3 | 42.9 | 0 | 0.0 |
| 20 | West Bengal | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 1 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 |
| **Total** | | **92** | **75** | **81.5** | **14** | **15.2** | **3** | **3.26** |

***(iv) Guidance to Functionaries***

The main objective of supervision and monitoring is to improve the functioning of AWCs. The corrective measures as suggested by CDPOs/Supervisors during their monitoring visits helps AWWs in improving their services. Almost all the CDPOs (91) except for one reported they provide on the spot guidance to AWWs which help in improving their working and utilization of services (Table 3.5). Guidance to AWWs was provided by either giving instructions (33.6%), demonstration of growth monitoring (18.4%) by giving suggestions (28.6%) and by writing in supervision register (6.6%) and by conducting Mother's meetings/ Bal Vikas Samitis (6.6%), 19.8 % CDPO's informed that they guided AWW's in maintaining proper records and registers.

**Table 3.5 Guidance Provided by CDPOs to AWWs**

| S. No. | Name of the State/UT | No. of CDPOs interviewed | No. of CDPOs provide on the spot guidance to AWWs | | Method of Guiding AWWs | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | By giving instruction | | Demonstration (GM/SN) | | By giving suggestion | | Maintenance records & register | | Conducting mother meetings/ Bal vikas samiti meetings | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 9 | 100.0 | 2 | 22.2 | 3 | 33.3 | 3 | 33.3 | 1 | 11.1 | 1 | 11.1 |
| 2 | Assam | 5 | 5 | 100.0 | 4 | 80.0 | 1 | 20.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3 | Chhattisgarh | 2 | 2 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 4 | Delhi | 3 | 3 | 100.0 | 1 | 33.3 | 1 | 33.3 | 0 | 0.0 | 2 | 66.7 | 0 | 0.0 |
| 5 | Goa | 1 | 1 | 100.0 | 1 | 100.0 | 1 | 100.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 |
| 6 | Gujarat | 1 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 2 | 66.7 | 0 | 0.0 | 0 | 0.0 |
| 8 | Himachal Pradesh | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 2 | 66.7 | 0 | 0.0 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 6 | 6 | 100.0 | 1 | 16.7 | 2 | 33.3 | 1 | 16.7 | 1 | 16.7 | 1 | 16.7 |
| 10 | Jharkhand | 3 | 3 | 100.0 | 1 | 33.3 | 2 | 66.7 | 1 | 33.3 | 1 | 33.3 | 0 | 0.0 |
| 11 | Karnataka | 5 | 5 | 100.0 | 3 | 60.0 | 1 | 20.0 | 2 | 40.0 | 2 | 40.0 | 1 | 20.0 |
| 12 | Kerala | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 1 | 33.3 | 1 | 33.3 | 0 | 0.0 |
| 13 | Madhya Pradesh | 6 | 6 | 100.0 | 4 | 66.7 | 1 | 16.7 | 0 | 0.0 | 2 | 33.3 | 0 | 0.0 |

| 14 | Maharashtra | 6 | 6 | 100.0 | 2 | 33.3 | 0 | 0.0 | 3 | 50.0 | 1 | 16.7 | 2 | 33.3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 15 | Orissa | 5 | 5 | 100.0 | 3 | 60.0 | 1 | 20.0 | 2 | 40.0 | 1 | 20.0 | 1 | 20.0 |
| 16 | Punjab | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 2 | 66.7 | 0 | 0.0 | 0 | 0.0 |
| 17 | Rajasthan | 6 | 6 | 100.0 | 1 | 16.7 | 1 | 16.7 | 0 | 0.0 | 2 | 33.3 | 0 | 0.0 |
| 18 | Tamilnadu | 6 | 6 | 100.0 | 4 | 66.7 | 2 | 33.3 | 4 | 66.7 | 1 | 16.7 | 0 | 0.0 |
| 19 | Uttar Pradesh | 7 | 7 | 100.0 | 3 | 42.9 | 1 | 14.3 | 0 | 0.0 | 1 | 14.3 | 0 | 0.0 |
| 20 | West Bengal | 5 | 4 | 80.0 | 1 | 25.0 | 0 | 0.0 | 3 | 75.0 | 1 | 25.0 | 0 | 0.0 |
| 21 | A&N Islands | 3 | 3 | 100.0 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 1 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| **Total** | | **92** | **91** | **98.9** | **31** | **33.6** | **17** | **18.4** | **26** | **28.6** | **18** | **19.8** | **6** | **6.6** |

Two CDPOs from Tamil Nadu informed that they demonstrated preparation of recipes used for supplementary nutrition to the AWWs. Whereas only 19.8 percent CDPOs reported guiding AWWs in maintenance of proper record and register, it was a matter of concern that Mothers meetings/Bal Vikas Samiti meetings were not being conducted by majority of CDPOs. Only 6.6 percent CDPOs from the states of Andhra Pradesh, Jammu & Kashmir, Karnataka, Maharashtra, Tamil Nadu, Orissa reported conducting the meetings.

***(v) Assessment of Performance***

The assessment of AWCs was done regularly by 90.2 percent CDPOs (Table 3.6). Different methods were used by CDPOs for assessing the performance of AWWs. Observing the activities of AWWs (61.4%) and checking records and registers (60.2%) were the two major methods of assessment.

Assessment through performance indicators such as cleanliness, behaviour, punctuality, was reported by 14.5 percent CDPOs. Interacting with the community beneficiaries is (37.3 %) was also used as one of the important methods of assessing the performance of AWWs. Some of the CDPOs used indicators like attendance of children in AWC (12.0 %) record keeping and coordination with other departments (10.8 %). 8.4 percent CDPOs reported use of checklist followed grading system (6.0%)

**Table 3.6 Assessment of AWWs as Reported by CDPOs**

| S.No | | No. | % |
|---|---|---|---|
| 1 | No. of CDPOs interviewed | 92 | |
| 2 | No. of CDPOs Assessing to AWCs | 83 | 90.2 |
| **Methods used to Assess the Performance of AWCs** | | | |
| 1 | Observation on delivery & Services | 51 | 61.4 |
| 2 | Use of Checklist | 7 | 8.4 |

| 3 | Checking Record & Register | 50 | 60.2 |
|---|---|---|---|
| 4 | Interacting with Community/ Beneficiaries | 31 | 37.3 |
| 5 | Grading AWWs | 5 | 6.0 |
| 6 | Performance of AWWs (cleanliness, Behaviour, Punctuality) | 12 | 14.5 |
| 7 | Attendance of children at AWC | 10 | 12.0 |
| 8 | Co-ordination with Other Departments | 9 | 10.8 |

***(vi) Strength and Weaknesses of Functionaries***

The quality of services provided by either the AWWs or the Supervisors depend on their capabilities and skills to provide services, which in turn is affected by the strength and weaknesses possessed by the worker in delegating their job responsibilities.

The CDPOs were asked to define the strengths and weaknesses of their AWWs/Supervisors. The same as reported by 79 CDPOs out of 92 interviewed as depicted in (Table 3.7). Some of the strengths of AWWs and Supervisors highlighted by CDPOs included sincerity/ adjustable/dedication (25.3 % AWWs; 24.1% supervisors); hard working (22.8 % AWWs; 25.3% Supervisor) and good rapport with community (17.7% AWWs;5.1%supervisors). 12.7 percent supervisors were reported to be supervising AWC regularly and promoting activities at AWCs. Well trained/educated as strength was reported in 10.1 percent AWW as compared to only 8.9 percent supervisors. With regards to weaknesses, a long list was reported by the CDPOs (Table 3.8) which highlighted the fact the AWWs (11.4%) and supervisors (6.3%) were not punctual. 7.6 percent AWWs and 6.3 percent supervisors were either not qualified or not knowledgeable. Lack of motivation/ overwork stress was reported by 11.4 percent AWWs and 5.1 percent supervisors. Lack of proper training was reported in 8.9 percent AWWs and 3.8 percent supervisor. 8.9 percent AWWs were reported to be sluggish in maintaining records. Irregular supervision was done by 12.7 percent supervisors as reported by CDPOs.

**Table 3.7 Strengths of AWWs & Supervisors as Reported by CDPOs**

N = 79

| S.No. | Strengths | AWWs | | Supervisors | |
|---|---|---|---|---|---|
| | | No. | % | No. | % |
| 1 | Sincerity/ Adjustable/ Dedicated/ Obedient | 20 | 25.3 | 19 | 24.1 |
| 2 | Hardworking | 18 | 22.8 | 20 | 25.3 |
| 3 | Good rapport with community | 14 | 17.7 | 4 | 5.1 |
| 4 | Good Co- ordination | 9 | 11.4 | 15 | 19.0 |

| 5 | Well trained/ experienced/ educated | 8 | 10.1 | 7 | 8.9 |
|---|---|---|---|---|---|
| 6 | Regular Visit | 0 | 0.0 | 10 | 12.7 |
| 7 | Efficient in delivery of services | 7 | 8.9 | 1 | 1.3 |
| 8 | Maintenance of Records | 3 | 3.8 | 0 | 0.0 |
| 9 | Good communication skills | 5 | 6.3 | 1 | 1.3 |
| 10 | Provide Guidance | 0 | 0.0 | 2 | 2.5 |

### Table 3.8 Weakness of AWWs & supervisors as reported by CDPOs

N = 79

| No. of AWWs and Supervisors | | | | |
|---|---|---|---|---|
| Weakness of AWW and Supervisors as reported by CDPOs | AWWs | | Supervisors | |
| | No. | % | No. | % |
| | 2.6(b)1(a) | | | |
| 1- Not Punctual | 10 | 12.7 | 6 | 7.5 |
| 2 -Less Qualified / Less knowledgeable | 7 | 8.9 | 5 | 6.3 |
| 3 -Overwork Stress/ lack of motivation | 17 | 21.5 | 8 | 10.1 |
| 4 -Weak in Community Participation | 6 | 7.6 | 3 | 3.8 |
| 5 -Lacks in record keeping | 12 | 15.2 | 9 | 11.3 |
| 6- Lacks in proper Guidance | 0 | 0.0 | 12 | 15.1 |
| 7-Not functional (Some are not functional) | 2 | 2.5 | 3 | 2.5 |
| 8-Non availability of facilities | 1 | 1.3 | 0 | 0.0 |
| 9-Family responsibilities | 2 | 2.5 | 1 | 1.2 |
| 10-Low honorariums | 9 | 11.4 | 4 | 5.0 |
| 11- Lacks Training | 0 | 0.0 | 3 | 3.8 |
| 12- Not proper Co-ordination | 0 | 0.0 | 1 | 1.2 |
| 13- Political pressure/ interference | 2 | 2.5 | 0 | 0.0 |
| 14- Poor leadership qualities | 2 | 2.5 | 2 | 2.5 |

***(vii) Continuing Education of Functionaries***

CDPOs being responsible for the overall functioning of the ICDS programme have the responsibility of providing continuing education to AWWs and supervisors of their projects. Most of them provide continuing education during the sectoral meeting or the monthly pay days.

It was encouraging to note that 78.3 percent CDPOs organized continuing education sessions for AWWs and supervisors in their projects with the aim to provide information on recent developments in the field. Frequency of organizing continuing education session as reported CDPOs by was once a month (76.3%) once in two month (8.3%) once a quarter (4.2%) and twice a year (5.6%). The information that the session was organized after 2 years received from one CDPO out of 6 CDPOs from Tamil Nadu was discouraging (Table 3.9).

**Table 3.9 Frequency of Organizing Continuing Education Session**

| SE | Name of the State/UT | No. of CDPOs interviewed | No. of Projects organized continuing education | | Frequency of organizing Continuing Education Session | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Once in a month | | Once in a two month | | Once in three months | | Once in 6 months | | Once in a year | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 8 | 88.9 | 5 | 62.5 | 2 | 25.0 | 0 | 0.0 | 1 | 12.5 | 0 | 0.0 |
| 2 | Assam | 5 | 4 | 80.0 | 4 | 75.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 3 | Chhattisgarh | 2 | 2 | 100.0 | 2 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 4 | Delhi | 3 | 1 | 33.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 |
| 5 | Goa | 1 | 1 | 100.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 1 | 1 | 100.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 3 | 3 | 100.0 | 1 | 33.3 | 0 | 0.0 | 2 | 66.7 | 0 | 0.0 | 0 | 0.0 |
| 8 | Himachal Pradesh | 3 | 3 | 100.0 | 2 | 66.7 | 0 | 0.0 | 0 | 0.0 | 1 | 33.3 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 6 | 5 | 83.3 | 4 | 80.0 | 1 | 20.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 10 | Jharkhand | 3 | 2 | 66.7 | 2 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 11 | Karnataka | 5 | 5 | 100.0 | 4 | 80.0 | 1 | 20.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 12 | Kerala | 3 | 1 | 33.3 | 0 | 0.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 13 | Madhya Pradesh | 6 | 4 | 66.7 | 2 | 50.0 | 0 | 0.0 | 0 | 0.0 | 1 | 25.0 | 0 | 0.0 |
| 14 | Maharashtra | 6 | 6 | 100.0 | 3 | 50.0 | 0 | 0.0 | 1 | 16.7 | 0 | 0.0 | 1 | 16.7 |
| 15 | Orissa | 5 | 5 | 100.0 | 4 | 80.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 16 | Punjab | 3 | 3 | 100.0 | 2 | 66.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 33.3 |
| 17 | Rajasthan | 6 | 5 | 83.3 | 4 | 80.0 | 1 | 20.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 18 | Tamilnadu | 6 | 5 | 83.3 | 3 | 60.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 20.0 |
| 19 | Uttar Pradesh | 7 | 3 | 42.9 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 20 | West Bengal | 5 | 1 | 20.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 3 | 3 | 100.0 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 1 | 1 | 100.0 | 1 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Total | | **92** | 72 | 78.3 | 55 | 76.3 | 6 | 8.3 | 3 | 4.2 | 4 | 5.6 | 3 | 4.2 |

The topics covered during continuing education session related to different services provided at the AWC are given in (Table 3.10).The table reveals that sessions on breastfeeding, care of pregnant and lactating mother were discussed by maximum number (23.6%) of CDPOs followed by practical demonstration in PSE activities and immunization (16.7%), HIV/AIDS (9.7%) and supplementary nutrition (13.8%). The least information (1.4%) was given on topics like mortality rate, locally available foods, low cost recipes and importance of savings.

**Table 3.10 Topics Covered during Continuing Education Session**

**N=72**

| S.No. | **Topic** | No. of Projects | % |
|---|---|---|---|
| 1 | Breast Feeding/ Pregnant Women/ Lactating Mothers | 17 | 23.6 |
| 2 | Female Foeiticide | 2 | 2.8 |
| 3 | Kishori Shakti Yojna/Balika Samridhi yojna/Ladli | 12 | 16.6 |
| 4 | Morbidity /Mortality | 5 | 6.9 |
| 5 | HIV/AIDS | 7 | 9.7 |
| 6 | Child Marriage | 2 | 2.8 |
| 7 | Supplementary Nutrition | 10 | 13.8 |
| 8 | Growth Monitoring | 3 | 4.2 |
| 9 | Services Provided Under ICDS | 9 | 12.5 |
| 10 | PSE activities/ Practical Demonstration | 12 | 16.7 |
| 11 | Locally available foods | 1 | 1.4 |
| 12 | Adolescent girls Nutrition | 2 | 2.8 |
| 13 | Record Keeping/Surveys | 7 | 9.7 |
| 14 | Safe drinking water/Diarrhea/Sanitation | 7 | 9.7 |
| 15 | Iodine deficiency | 2 | 2.8 |
| 16 | Diarrhea/ sanitation | 5 | 6.9 |
| 17 | Nutrition Education | 17 | 23.6 |
| 18 | Low cost recipes | 1 | 1.4 |
| 19 | Balika samridhi yojna | 4 | 5.6 |
| 20 | Mental Health | 4 | 5.6 |
| 21 | Immunization | 12 | 16.7 |
| 22 | Diabetes | 2 | 2.8 |

### 3.1.3 PRI Involvement and IEC Activities

***(i) PRI Involvement***

ICDS has been envisaged and conceptualized as a community based programme PRIs play an significant role in making ICDS as a widely accepted programme therefore he involvement of PRIs in implementation of ICDS has been well accepted. During the visits it was observed that 68.5 percent CDPOs involved PRIs in different activities of AWC (Table 3.11).

**Table 3.11 Involvement of PRIs in Implementation of ICDS**

| S. No. | Name of the State/UTS | No. of CDPOs interviewed | Involving PRIs | | Involving of PRIs for Quality Improvement | |
|---|---|---|---|---|---|---|
| | | | No. | % | No. | % |
| 1 | Andhra Pradesh | 9 | 3 | 33.3 | 6 | 66.7 |
| 2 | Assam | 5 | 5 | 100.0 | 5 | 100.0 |
| 3 | Chhattisgarh | 2 | 2 | 100.0 | 2 | 100.0 |
| 4 | Delhi | 3 | 0 | 0.0 | 0 | 0.0 |
| 5 | Goa | 1 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 1 | 1 | 100.0 | 0 | 0.0 |
| 7 | Haryana | 3 | 2 | 66.7 | 1 | 33.3 |
| 8 | Himachal Pradesh | 3 | 3 | 100.0 | 3 | 100.0 |
| 9 | Jammu & Kashmir | 6 | 1 | 16.7 | 3 | 50.0 |
| 10 | Jharkhand | 3 | 2 | 66.7 | 3 | 100.0 |
| 11 | Karnataka | 5 | 4 | 80.0 | 4 | 80.0 |
| 12 | Kerala | 3 | 2 | 66.7 | 3 | 100.0 |
| 13 | Madhya Pradesh | 6 | 1 | 16.7 | 1 | 16.7 |
| 14 | Maharashtra | 6 | 5 | 83.3 | 5 | 83.3 |
| 15 | Orissa | 5 | 3 | 60.0 | 3 | 60.0 |
| 16 | Punjab | 3 | 3 | 100.0 | 3 | 100.0 |
| 17 | Rajasthan | 6 | 6 | 100.0 | 2 | 33.3 |
| 18 | Tamilnadu | 6 | 4 | 66.7 | 5 | 83.3 |
| 19 | Uttar Pradesh | 7 | 7 | 100.0 | 5 | 71.4 |
| 20 | West Bengal | 5 | 5 | 100.0 | 5 | 100.0 |
| 21 | A&N Islands | 3 | 3 | 100.0 | 3 | 100.0 |
| 22 | Chandigarh | 1 | 1 | 100.0 | 0 | 0.0 |
| **Total** | | **92** | **63** | **68.5** | **62** | **67.4** |

The involvement of PRIs was stated by almost all CDPOs belonging to Assam, Chhattisgarh, Gujarat, Himachal Pradesh, Punjab, Rajasthan, Uttar Pradesh, West Bengal, Andaman & Nicobar Islands and Chandigarh. In the States of Delhi, Goa there was no involvement of PRIs reported by the CDPOs who were interviewed.

The CDPOs were further probed to give their views on involvement of PRIs in improving the quality of services in ICDS. It was heartening to note that 67.4 percent CDPOs accepted the fact that PRIs should be involved with ICDS activities to improve its quality. While all the CDPOs of Assam, Chhattisgarh, Himachal

Pradesh, Jharkhand, Kerala, Punjab, West Bengal and Andaman & Nicobar Islands supported the view of involving PRIs in bringing quality improvement in ICDS. The CDPOs of Delhi, Goa, Gujarat and Chandigarh did not

responded positively to the idea of involvement of PRIs. Involvement of PRIs was not much appreciated by the states of Andhra Pradesh (33.3%) Madhya Pradesh and Jammu & Kashmir (16.7%) each.

***(ii) IEC Activities***

IEC activities need to be organized regularly at the project level for which sufficient funds are available with State Government as well as at project level. (Table 3.12) reveals the Status of IEC activities in the States. 59 (64.1 %) out of 92 CDPOs reported organizing IEC activities regularly. No information regarding IEC activities was given by CDPOs of Delhi and Goa in comparison to the States of Chhattisgarh, Goa, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Punjab and A&N Islands, where all CDPOs Interviewed reported organizing IEC activities.

Out of 59 CDPOs who reported organization of IEC activities, the IEC Funds were utilized by only 48 CDPOs. The States of Assam, Delhi, Goa, Gujarat, and Kerala did not utilize any IEC funds (Table3.12). Majority of IEC funds were utilized for preparation of different training materials like pamphlets/wall board, slogan/wall writings, organizing NHED during Breastfeeding Week/ Nutrition Week, and Community Meeting etc. One CDPO each from the States of Himachal Pradesh and Madhya Pradesh reported that the funds were utilized as per the action plan provided by the Health Department. 47.9 and 25 percent CDPOs spent IEC funds on preparing pamphlets/wall board and organizing NHED during breastfeeding week respectively. Out of all CDPOs who reported utilization of funds (Table 3.12).

The CDPOs were further asked about the type of activities conducted under IEC and the responses are listed in (Table 3.13)

**Table 3.13 Type of IEC Activities Conducted by CDPOs**

**N=59**

| S.No | IEC Activities | No. | % |
|---|---|---|---|
| 1 | NHED | 50 | 84.7 |
| 2 | Celebration of Breastfeeding week | 13 | 22.0 |

| | and nutrition week | | |
|---|---|---|---|
| 3 | Involvement of PRIs | 2 | 3.4 |
| 4 | Mahila Jagriti Shivir/Ksy/Mahila Mandal | 7 | 11.9 |
| 5 | Distribution of Communication Material | 1 | 1.7 |

84.7 percent CDPOs reported organizing NHED sessions under IEC, Mahila Jagriti Shivir /KSY /Mahila Mandal meetings for women and adolescent girls,(11.9%) campaigns during Breastfeeding/ Nutrition week were (22.0%) organized as IEC activities. Only one CDPOs reported distribution of IEC funds for celebration of nutrition week. Only one CDPO reported distribution of communication material as IEC activity.

### 3.1.4 Additional Tasks / Assignments of CDPOs and Supervisors

ICDS Functionaries at the project/village level are given many other responsibilities in addition to their own responsibilities from time to time. 69 CDPOs out of 92 visited reported being involved in additional tasks/assignments related to their own department as well as other Ministries/ departments such as Health and Family Welfare, Rural Development, Food and Civil Supplies and Education etc. Implementation of Schemes /Acts, Poll duty, Surveys/Census reporting, Training activities and additional charge of other projects were stated as some of the additional tasks/ assignment by CDPOs The state wise details are presented in Annexure VII Summary of additional tasks/different activities is given below in (Table 3.14).

**Table : 3.14 Additional Tasks/ Assignments as Reported by CDPOs**

**N=69**

| S.No. | Activity | No. | % |
|---|---|---|---|
| 1 | Poll duty | 24 | 34.7 |
| 2 | Welfare Scheme, MWCD & Other Deptt. | 41 | 59.4 |
| 3. | Survey/Census reporting | 12 | 17.3 |

| 4. | Additional Charge | 21 | 30.4 |
|---|---|---|---|
| 5. | Health Activity (Pulse Polio) | 18 | 26.0 |
| 6 | Training Activities | 11 | 15.9 |

The above data revealed that CDPOs are spending a lot of time in activities other than ICDS which hampers their working in ICDS. The CDPOs reported that they were acting as Protection Officers of Domestic Violence Act, Member of Balak Samraidhi Samiti, Programme Block Project Implementation Officer and Child Labour Officer in addition to their own job responsibilities. Some of the CDPOs were also involved in distributing Ration Cards, Rice under BPL, Supervising food quality under MDM.

A large number of the CDPOs (24) from the states of Assam , Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Karnataka, Madhya Pradesh, Maharashtra and Orissa reported poll duty. Duties during pulse polio days were given to 26% CDPOs. Implementation of various welfare schemes/Acts (59.4%) Survey/Census work (17.3%), Additional charge (30.4%) and Training activities (15.9%) were also reported as additional duties by CDPOs of all states.

### 3.1.5 Innovations and Best Practices in ICDS Project

Presently State Govt. has taken up many initiatives at the State level by introducing innovations in ICDS. These are introduced in the form of different schemes/programmes at project level on pilot basis out some times through out the State. Involvement of CDPOs was also observed in different programmes implemented either by State Govt. or any other agency in the project. Table 3.15 details or different State initiated schemes/ programmes. 37 CDPOs reported their involvement in State Govt. initiatives. The different schemes/ programmes introduced at State Level included Child and Women Protection Programme (20) in 10 States, Involvement of NGOs, Municipal Corporation and Rotary Club (7) in Tamil Nadu, Orissa, Andhra Pradesh, Karnataka, Mission Shakti Microfinance activities (6) in the States of Orissa and Madhya Pradesh, and Tamilnadu, ladli scheme (2) in Andhra Pradesh and Delhi.

The innovation/best practices are being practiced by ICDS functionaries especially CDPOs so as to improve the nutritional status of children and women. During monitoring visits, 45 CDPOs reported that they have adopted innovations and best practices in their projects. The details are depicted in (Table 3.16). These are practiced by involvement of schools, NGOs and Mahila Mandals by 17 CDPOs. Assistance of school principals for registering Adolescent Girls for supplementary nutrition was taken by one CDPOs of Delhi. Total sanitation campaign was

adopted by 18 CDPOs and community participation was elicited by 17 CDPOs for wall painting of the centres. Innovations and best practices adopted by one CDPO of Jammu & Kashmir resulted in increase in immunization coverage and decrease in morbidity/mortality. CDPOs from Karnataka, Tamilnadu and Jharkhand encouraged AWW to perform better by giving them appreciation awards/star grading, Focussed group discussion contacting elected representative for seeking their cooperation in implementing ICDS.

### 3.1.6 Problems Faced by CDPOs in Implementation of ICDS Services

For proper implementation of the programme, it is essential that physical facilities and supplies are adequate. The same was not seen during the visits. The CDPOs were asked to explain the problems faced by them if any, in Implementing the programme in their projects and also to give specific suggestions for improvement. The same is given in Tables (3.17 & 3.18).

**Table : 3.17 Constraints/Problems in Implementation of ICDS as Reported by CDPOs**

| S.No. | Problems/Constraints | No. | % N=84 |
|---|---|---|---|
| 1. | Lack of Support from Subordinate | 14 | 16.6 |
| 2. | Lack of Proper Infrastructure<br>(office space,Telephone,AWC) | 50 | 59.5 |
| 3. | Shortage of Staff | 21 | 25.0 |
| 4. | Unavailability/delay in Supplies/Material | 36 | 42.8 |
| 5. | Lack of Funds | 22 | 26.1 |
| 6 | Lack of Community Participation | 14 | 16.6 |
| 7 | Additional work responsibility | 31 | 36.9 |
| 8 | Inadequate Training | 14 | 16.6 |
| 9 | Low honorarium/Irregular Salary | 15 | 17.8 |
| 10 | Political Interference | 7 | 8.3 |
| 11 | No vehicle | 38 | 45.2 |

The constraints/problems faced were reported by 84 CDPOs out of 92 interviewed (Table 3.17). It may be noted that more than half (59.5%)of the CDPOs have reported lack of proper insfrastructral facilities which include temporary /Rented CDPOs office, no facility for telephone or inadequate toilet and water facility either at AWC or in their office. In addition lack of proper buildings of AWC was also reported. 42.8 percent CDPOs were of the view that delivery of services was being affected due unavailability or delay in supplies and material. The unavailability of weighing machines, PSE kits, NHED kits and irregular supply of supplementary nutrition was mentioned by them. The improper monitoring and supervision was reported by 45.2 percent CDPOs due to lack of vehicle CDPOs find it very difficult to visit AWC which were at distant / far away places from their place of office 16.6 percent CDPOs mentioned problems like lack of support from subordinates, inadequate training of functionaries and lack of community participation in the ICDS programme. 36.9 percent CDPOs reported that they were unable to perform their duties regularly and properly due to additional work/tasks assigned to them. Political interference (8.3%), low honorarium/irregular salary (17.8%) and lack of funds (26.1%) were also some of the major problems/constraints reported for improper implementation of the ICDS programme.

**3.1.7 Suggestions given by CDPOs to improve the services of ICDS**

The major suggestions given by CDPOs for improving implementation of ICDS programme include proper infrastructural facilities at project level and as well as AWC level (33.6%).Convergence of services (66.6%) especially the services provided by Health department. The coordination with health department is required in delivery of services related to health check-up, immunization and referral. 61.9 percent CDPOs suggested that adequate supply of material may improve the delivery of services. The responses of 71.4 percent CDPOs depicted that community needs to be involved in the delivery of services so as to improve their participation in the programme. Increase in honorarium of AWWs was suggested by 25.0 percent CDPOs so that they are more committed to their work. The filling up of vacant posts so as to improve staff position was one of the suggestion given by (29.7%)one third of CDPOs which seems to be a matter of concern. 15.1 percent CDPOs were of the view that there is a need for strict monitoring supervision of services. These they suggested can be done by involving PRIs and Mahila Mandals.

To bring about change in the knowledge, attitudes and practices of community especially women, it is essential that they are provided complete and latest information imparted through Nutrition and Health Education. More than half (58.3%) of the CDPOs viewed NHED as an important factor in improving ICDS.

Some of the suggestions given by CDPOs to improve the services of ICDS are given in the Table 3.18

**Table 3.18 : Suggestions for Quality Improvement of ICDS**

**N=84**

| **S.No.** | **Suggestions** | **No** | **%** |
|---|---|---|---|
| 1 | Proper Infrastructure | 40 | 33.6 |
| 2 | Monitoring and Supervision by Community/ Mahila Mandal/ PRIs | 18 | 15.1 |
| 3 | Filling up of Vacant Posts | 25 | 29.7 |
| 4 | Adequate Supplies/Material | 52 | 61.9 |
| 5 | Vehicle/Transport | 28 | 33.3 |
| 6 | Training | 14 | 16.6 |
| 7 | Increase in Honorarium | 21 | 25.0 |
| 8 | Nutritional and Health Educational | 49 | 58.3 |
| 9 | Convergence of Services | 56 | 66.6 |
| 10 | Community Participation | 60 | 71.4 |

### 3.1.8 Training Need Assessment

The Consultants during the visits were required to identify training requirements of ICDS functionaries. The consultants identified that all ICDS functionaries i.e. CDPOs, supervisors and AWWs including PRIs are required to be given different types of training (Table 3.19)

**Table 3.19 : Training Need Assessment Identified by Consultants**

| S.No | Type of Training | CDPOs | | Supervisors | | AWWs | | PRIs | |
|---|---|---|---|---|---|---|---|---|---|
| | | No. | % | No. | % | No. | % | No. | % |
| 1. | Job Training | 16 | 30.8 | 16 | 29.6 | 13 | 31.0 | - | - |
| 2. | Refresher | 26 | 50.0 | 24 | 44.4 | 15 | 35.7 | - | - |
| 3. | Skills Training | 19 | 36.5 | 24 | 44.4 | 19 | 47.6 | - | - |
| 4. | Sensitization workshops | - | - | - | - | | | 28 | 77.7 |

Consultants suggested that training needs of functionaries include Job training for 30.8 percent CDPOs, 29.6 percent Supervisors and 31.0 percent AWWs, and refresher training for CDPOs (50.0%); Supervisors 44.4 percent and AWWs (35.7%) ; so that they are well aware of the recent developments in the field, regularorientation / skill training on different subjects /areas was suggested by consultants. These include CDPOs (36.5%), Supervisors (44.4%) and AWWs (47.6%) and supervising skills were recommended to be given to functionaries based on their job responsibilities. Keeping in view the involvement of PRIs it was also suggested worth while to orient/sensitize PRIs (77.7%).

**Table 3.20 : Views of the CDPos About the Quality of Training Imparted to AWWs / Supervisors**

| S.No | Views of CDPOs | No. | % |
|---|---|---|---|
| 1. | Adequately Trained | 65 | 78.3 |
| 2. | Needs improvement quality | 18 | 21.6 |
| 3. | Regular Refesher Training | 52 | 62.6 |
| 4. | Increased duration of Training | 45 | 54.2 |

Training and supervision are integral part of the ICDS system. Inadequacy in Training was stated by CDPOs as one of the constraints in implementation of ICDS therefore views of CDPOs were solicited on improving the quality of training of AWWs/Supervisor (Table 3.20) As stated the above table 78.3 percent CDPOs were of the view that the functionaries were adequately trained where as 21.6 percent CDPOs were not satisfied by the training being imparted to them. A large number of CDPOs (62.6%) suggested regular refresher training to all the functionaries so as to apprise them to recent developments and changes for improvement in the functioning. In addition to above suggestion, increase in duration of training was also suggested by more than half of the CDPOs (54.2%) so that enhancement of skills in delivery of services is emphasized during training.

## 3.2 Anganwadi worker

The Anganwadi worker is one of the key functionaries responsible for smooth delivery of services at the AWCs level. In all 418 AWWs were interviewed for qualitative assessment of ICDS. The background information collected is as under;

### 3.2.1 Information about AWWs

***(i) Educational Qualification***

As seen from Table – 3.21; 15.1 percent were graduates, 36.4 percent of the AWWs were educated up to upper higher secondary, 29.2 percent were matriculate and 14.8 percent were below matric. It was heartening to know that 4.5% were holding post graduate degree.

**Table 3.21: Educational Qualification of Anganwadi Workers**

| Sl. No. | Name of the State/UTs | No. of AWWs interviewed | Educational Qualification | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Below Matric | | Matric | | 10 + 2 | | Graduation | | Post Graduation | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 1 | 6.7 | 5 | 33.3 | 5 | 33.3 | 4 | 26.7 | 0 | 0.0 |
| 2 | Assam | 29 | 11 | 37.9 | 14 | 48.3 | 3 | 10.3 | 1 | 3.4 | 0 | 0.0 |
| 3 | Chhattisgarh | 10 | 0 | 0.0 | 4 | 40.0 | 1 | 10.0 | 2 | 20.0 | 3 | 30.0 |
| 4 | Delhi | 15 | 1 | 6.7 | 2 | 13.3 | 3 | 20.0 | 6 | 40.0 | 3 | 20.0 |
| 5 | Goa | 5 | 1 | 20.0 | 2 | 40.0 | 2 | 40.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 1 | 20.0 | 1 | 20.0 | 3 | 60.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 2 | 18.2 | 8 | 72.7 | 1 | 9.1 | 0 | 0.0 | 0 | 0.0 |
| 8 | Himachal Pradesh | 14 | 0 | 0.0 | 5 | 35.7 | 7 | 50.0 | 2 | 14.3 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 30 | 1 | 3.3 | 11 | 36.7 | 15 | 50.0 | 2 | 6.7 | 1 | 3.3 |
| 10 | Jharkhand | 15 | 0 | 0.0 | 8 | 53.3 | 5 | 33.3 | 2 | 13.3 | 0 | 0.0 |
| 11 | Karnataka | 26 | 6 | 23.1 | 2 | 7.7 | 15 | 57.7 | 3 | 11.5 | 0 | 0.0 |
| 12 | Kerala | 15 | 0 | 0.0 | 2 | 13.3 | 11 | 73.3 | 2 | 13.3 | 0 | 0.0 |
| 13 | Madhya Pradesh | 33 | 2 | 6.1 | 3 | 9.1 | 16 | 48.5 | 7 | 21.2 | 5 | 15.2 |
| 14 | Maharashtra | 30 | 8 | 26.7 | 13 | 43.3 | 6 | 20.0 | 3 | 10.0 | 0 | 0.0 |
| 15 | Orissa | 25 | 1 | 4.0 | 8 | 32.0 | 6 | 24.0 | 9 | 36.0 | 1 | 4.0 |
| 16 | Punjab | 15 | 0 | 0.0 | 7 | 46.7 | 7 | 46.7 | 1 | 6.7 | 0 | 0.0 |
| 17 | Rajasthan | 30 | 21 | 70.0 | 2 | 6.7 | 4 | 13.3 | 1 | 3.3 | 2 | 6.7 |
| 18 | Tamilnadu | 30 | 1 | 3.3 | 7 | 23.3 | 22 | 73.3 | 0 | 0.0 | 0 | 0.0 |
| 19 | Uttar Pradesh | 27 | 0 | 0.0 | 1 | 3.7 | 8 | 29.6 | 14 | 51.9 | 4 | 14.8 |
| 20 | West Bengal | 17 | 0 | 0.0 | 10 | 58.8 | 4 | 23.5 | 3 | 17.6 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 4 | 26.7 | 5 | 33.3 | 5 | 33.3 | 1 | 6.7 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 1 | 16.7 | 2 | 33.3 | 3 | 50.0 | 0 | 0.0 | 0 | 0.0 |
| **Total** | | **418** | **62** | **14.8** | **122** | **29.2** | **152** | **36.4** | **63** | **15.1** | **19** | **4.5** |

Among all states Chhattisgarh reported to have maximum percentage (30.0%) of postgraduate AWWs followed by Delhi (20.0%), Madhya Pradesh (15.2%) and Uttar Pradesh (14.8%). The educational qualification of AWWs from Rajasthan seemed to be poor in comparison to above states as 70.0 percent of AWWs were below matric.

***(ii) Status of Training***

The status of training of AWWs as reflected in Table - 3.22 shows that 96.7percent AWWs were trained. In order to deliver the services properly, AWWs on recruitment are provided induction training till the time job training (one month course) is conducted or them.

**Table 3.22 Status of Training of Aganwadi Workers**

| Sl. No. | Name of the State/UTs | No. of AWWs | No. of AWWsTrained | | Type of Training | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Induction | | Job Training | | Refresher | | Other Training | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 15 | 100.0 | 5 | 33.3 | 15 | 100.0 | 9 | 60.0 | 0 | 0.0 |
| 2 | Assam | 29 | 24 | 82.8 | 1 | 3.4 | 22 | 75.9 | 14 | 48.3 | 10 | 34.5 |
| 3 | Chhattisgarh | 10 | 10 | 100.0 | 2 | 20.0 | 10 | 100.0 | 8 | 80.0 | 3 | 30.0 |
| 4 | Delhi | 15 | 15 | 100.0 | 5 | 33.3 | 14 | 93.3 | 14 | 93.3 | 2 | 13.3 |
| 5 | Goa | 5 | 5 | 100.0 | 0 | 0.0 | 5 | 100.0 | 5 | 100.0 | 1 | 20.0 |
| 6 | Gujarat | 5 | 5 | 100.0 | 1 | 20.0 | 4 | 80.0 | 5 | 100.0 | 5 | 100.0 |
| 7 | Haryana | 11 | 11 | 100.0 | 6 | 54.5 | 5 | 45.5 | 11 | 100.0 | 2 | 18.2 |
| 8 | Himachal Pradesh | 14 | 12 | 85.7 | 9 | 64.3 | 12 | 85.7 | 12 | 85.7 | 1 | 7.1 |
| 9 | Jammu & Kashmir | 30 | 30 | 100.0 | 1 | 3.3 | 29 | 96.7 | 15 | 50.0 | 0 | 0.0 |
| 10 | Jharkhand | 15 | 15 | 100.0 | 10 | 66.7 | 11 | 73.3 | 12 | 80.0 | 2 | 13.3 |
| 11 | Karnataka | 26 | 26 | 100.0 | 10 | 38.5 | 17 | 65.4 | 10 | 38.5 | 2 | 7.7 |
| 12 | Kerala | 15 | 15 | 100.0 | 0 | 0.0 | 15 | 100.0 | 10 | 66.7 | 1 | 6.7 |
| 13 | Madhya Pradesh | 33 | 31 | 93.9 | 23 | 69.7 | 26 | 78.8 | 20 | 60.6 | 0 | 0.0 |
| 14 | Maharashtra | 30 | 29 | 96.7 | 27 | 90.0 | 14 | 46.7 | 27 | 90.0 | 6 | 20.0 |
| 15 | Orissa | 25 | 24 | 96.0 | 24 | 96.0 | 23 | 92.0 | 12 | 48.0 | 2 | 8.0 |
| 16 | Punjab | 15 | 15 | 100.0 | 6 | 40.0 | 11 | 73.3 | 11 | 73.3 | 1 | 6.7 |
| 17 | Rajasthan | 30 | 30 | 100.0 | 20 | 66.7 | 22 | 73.3 | 11 | 36.7 | 1 | 3.3 |
| 18 | Tamilnadu | 30 | 30 | 100.0 | 4 | 13.3 | 27 | 90.0 | 15 | 50.0 | 9 | 30.0 |
| 19 | Uttar Pradesh | 27 | 26 | 96.3 | 13 | 48.1 | 23 | 85.2 | 12 | 44.4 | 2 | 7.4 |
| 20 | West Bengal | 17 | 16 | 94.1 | 6 | 35.3 | 12 | 70.6 | 10 | 58.8 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 14 | 93.3 | 0 | 0.0 | 13 | 86.7 | 4 | 26.7 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 6 | 100.0 | 6 | 100.0 | 6 | 100.0 | 6 | 100.0 | 0 | 0.0 |
| Total | | 418 | 404 | 96.7 | 179 | 42.8 | 336 | 80.4 | 253 | 60.5 | 50 | 12.0 |

As high as 80.4 percent had undergone job training. In the States of Andhra Pradesh, Chhattisgarh, Kerala and Chandigarh all (100.0%) AWWs had undertaken job training. It was observed that the AWWs from states of Goa, Kerala and Andaman and Nicobar Island did not undergo induction training programme but had undertaken job training (Table – 3.22).

After a gap of two years, AWWs are given refresher training so as to apprise them with recent developments. It was encouraging to know that in addition to job training (80.4%), 60.5 percent AWWs had received Refresher training also. All AWWs from the states of Goa, Gujarat, Haryana and Chandigarh had undergone job as well as Refresher training programme which shows the concern of states for good delivery of services. Lower coverage of Refresher training was reported from state of Andaman and Nicobar Islands (26.7%), Karnataka (38.5%) and Uttar Pradesh (44.4%).12.0% AWWs reported that they were given other type of skill trainings in addition to their basic training.

***(iii) Place of Residence of AWW***

As per the guidelines, the AWW should preferably be a local women i.e., from the same village / area as being local makes her more acceptable to the community and she is able to seek maximum support from the community. It was encouraging to note that these guidelines were being followed by most of the states. Table – 3.23 showed that 83.0 percent of the AWWs belonged to the same village and locality. In the States of Chhattisgarh, Haryana, Himachal Pradesh, Maharashtra and Uttar Pradesh, all AWWs were from same village but same was not true for Delhi as only 26.7percent belonged to same locality/ area.

**Table – 3.23: Place of Residence of Anganwadi Workers**

| Sl. No. | Name of the State/UTs | No. of AWWs interviewed | AWW belong to the same village | |
|---|---|---|---|---|
| | | | **No.** | **%** |
| 1 | Andhra Pradesh | 15 | 12 | 80.0 |
| 2 | Assam | 29 | 27 | 93.1 |
| 3 | Chhattisgarh | 10 | 10 | 100.0 |
| 4 | Delhi | 15 | 4 | 26.7 |
| 5 | Goa | 5 | 3 | 60.0 |
| 6 | Gujarat | 5 | 2 | 40.0 |
| 7 | Haryana | 11 | 11 | 100.0 |
| 8 | Himachal Pradesh | 14 | 14 | 100.0 |

| 9 | Jammu & Kashmir | 30 | 28 | 93.3 |
|---|---|---|---|---|
| 10 | Jharkhand | 15 | 14 | 93.3 |
| 11 | Karnataka | 26 | 23 | 88.5 |
| 12 | Kerala | 15 | 12 | 80.0 |
| 13 | Madhya Pradesh | 33 | 27 | 81.8 |
| 14 | Maharashtra | 30 | 30 | 100.0 |
| 15 | Orissa | 25 | 21 | 84.0 |
| 16 | Punjab | 15 | 10 | 66.7 |
| 17 | Rajasthan | 30 | 26 | 86.7 |
| 18 | Tamilnadu | 30 | 21 | 70.0 |
| 19 | Uttar Pradesh | 27 | 27 | 100.0 |
| 20 | West Bengal | 17 | 6 | 35.3 |
| 21 | A&N Islands | 15 | 14 | 93.3 |
| 22 | Chandigarh | 6 | 5 | 83.3 |
| Total | | 418 | 347 | 83.0 |

### 3.2.2 Physical Infrastructure of AWCs

Data was collected on different aspects concerning physical set up of AWCs i.e., the kind of building/ place from where the AWC was being run, its overall condition and location, availability/ adequacy of indoor and outdoor space in AWCs etc.

#### (i) Type of Building

Table – 3.24 give details about the type of building in which the AWCs were located. Out of the 418 AWCs visited, 303 (72.5%) were located in *pucca* buildings, 19.1 percent were in *semi pucca* structures and 7.2 percent were in kutcha building. Very few (1.2%) AWCs were running in open.

There is no denial of the fact that AWCs should have sufficient indoor and outdoor space for group activities of children. Ideally each AWC should have sufficient covered floor area to accommodate children to sit on for different types of individual and group activities. Other than this, it should have sufficient space for display of work of children as well as chart's, posters and pictures for learning activities.

**Table 3.24: Type of Building of AWCs**

| Sl. No. | Name of the State/UTs | No. of AWs | Type of building | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Kutcha | | Semi Pucca | | Pucca | | Open Space | |
| | | | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 1 | 6.7 | 5 | 33.3 | 9 | 60.0 | 0 | 0.0 |
| 2 | Assam | 29 | 3 | 10.3 | 3 | 10.3 | 23 | 79.3 | 0 | 0.0 |

| 3 | Chhattisgarh | 10 | 0 | 0.0 | 0 | 0.0 | 10 | 100.0 | 0 | 0.0 |
|---|---|---|---|---|---|---|---|---|---|---|
| 4 | Delhi | 15 | 0 | 0.0 | 1 | 6.7 | 14 | 93.3 | 0 | 0.0 |
| 5 | Goa | 5 | 0 | 0.0 | 0 | 0.0 | 5 | 100.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 0 | 0.0 | 2 | 40.0 | 3 | 60.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 0 | 0.0 | 0 | 0.0 | 11 | 100.0 | 0 | 0.0 |
| 8 | Himachal Pradesh | 14 | 0 | 0.0 | 3 | 21.4 | 11 | 78.6 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 30 | 5 | 16.7 | 10 | 33.3 | 15 | 50.0 | 0 | 0.0 |
| 10 | Jharkhand | 15 | 6 | 40.0 | 1 | 6.7 | 8 | 53.3 | 0 | 0.0 |
| 11 | Karnataka | 26 | 0 | 0.0 | 4 | 15.4 | 21 | 80.8 | 1 | 3.8 |
| 12 | Kerala | 15 | 2 | 13.3 | 3 | 20.0 | 10 | 66.7 | 0 | 0.0 |
| 13 | Madhya Pradesh | 33 | 2 | 6.1 | 10 | 30.3 | 21 | 63.6 | 0 | 0.0 |
| 14 | Maharashtra | 30 | 0 | 0.0 | 6 | 20.0 | 24 | 80.0 | 0 | 0.0 |
| 15 | Orissa | 25 | 1 | 4.0 | 4 | 16.0 | 20 | 80.0 | 0 | 0.0 |
| 16 | Punjab | 15 | 0 | 0.0 | 7 | 46.7 | 8 | 53.3 | 0 | 0.0 |
| 17 | Rajasthan | 30 | 4 | 13.3 | 6 | 20.0 | 20 | 66.7 | 0 | 0.0 |
| 18 | Tamilnadu | 30 | 1 | 3.3 | 11 | 36.7 | 18 | 60.0 | 0 | 0.0 |
| 19 | Uttar Pradesh | 27 | 0 | 0.0 | 1 | 3.7 | 23 | 85.2 | 3 | 11.1 |
| 20 | West Bengal | 17 | 2 | 11.8 | 2 | 11.8 | 12 | 70.6 | 1 | 5.9 |
| 21 | A&N Islands | 15 | 3 | 20.0 | 1 | 6.7 | 11 | 73.3 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 0 | 0.0 | 0 | 0.0 | 6 | 100.0 | 0 | 0.0 |
| Total | | 418 | 30 | 7.2 | 80 | 19.1 | 303 | 72.5 | 5 | 1.2 |

Information was thus gathered in respect of availability of indoor and outdoor space and is presented in Table- 3.25. It shows that majority of AWCs (77.5%) had sufficient indoor space available to them. Lack of space was observed in majority of AWCs 60.0 percent of percent Andhra Pradesh, West Bengal (41.2%), and Jharkhand (40.0%).

**Table 3.25: Availability of space**

| Sl. No. | Name of the State/UT | No. of AWs Observed | Outdoor Space | | | | Indoor Space | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Available | | Available but inadequate | | Available | | Available but inadequate | |
| | | | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 4 | 26.7 | 8 | 53.3 | 6 | 40.0 | 9 | 60.0 |
| 2 | Assam | 29 | 21 | 72.4 | 8 | 27.6 | 21 | 72.4 | 8 | 27.6 |
| 3 | Chhattisgarh | 10 | 10 | 100.0 | 0 | 0.0 | 10 | 100.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 3 | 20.0 | 3 | 20.0 | 12 | 80.0 | 3 | 20.0 |
| 5 | Goa | 5 | 4 | 80.0 | 1 | 20.0 | 5 | 100.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 3 | 60.0 | 0 | 0.0 | 5 | 100.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 10 | 90.9 | 0 | 0.0 | 11 | 100.0 | 0 | 0.0 |
| 8 | Himachal Pradesh | 14 | 12 | 85.7 | 1 | 7.1 | 13 | 92.9 | 1 | 7.1 |
| 9 | Jammu & Kashmir | 30 | 23 | 76.7 | 0 | 0.0 | 30 | 100.0 | 0 | 0.0 |
| 10 | Jharkhand | 15 | 8 | 53.3 | 3 | 20.0 | 9 | 60.0 | 6 | 40.0 |
| 11 | Karnataka | 26 | 16 | 61.5 | 5 | 19.2 | 22 | 84.6 | 3 | 11.5 |
| 12 | Kerala | 15 | 14 | 93.3 | 0 | 0.0 | 15 | 100.0 | 0 | 0.0 |

| 13 | Madhya Pradesh | 33 | 19 | 57.6 | 5 | 15.2 | 24 | 72.7 | 9 | 27.3 |
|---|---|---|---|---|---|---|---|---|---|---|
| 14 | Maharashtra | 30 | 26 | 86.7 | 4 | 13.3 | 26 | 86.7 | 4 | 13.3 |
| 15 | Orissa | 25 | 16 | 64.0 | 2 | 8.0 | 19 | 76.0 | 1 | 4.0 |
| 16 | Punjab | 15 | 14 | 93.3 | 0 | 0.0 | 13 | 86.7 | 0 | 0.0 |
| 17 | Rajasthan | 30 | 11 | 36.7 | 3 | 10.0 | 13 | 43.3 | 4 | 13.3 |
| 18 | Tamilnadu | 30 | 25 | 83.3 | 5 | 16.7 | 24 | 80.0 | 6 | 20.0 |
| 19 | Uttar Pradesh | 27 | 20 | 74.1 | 5 | 18.5 | 18 | 66.7 | 5 | 18.5 |
| 20 | West Bengal | 17 | 13 | 76.5 | 4 | 23.5 | 9 | 52.9 | 7 | 41.2 |
| 21 | A&N Islands | 15 | 15 | 100.0 | 0 | 0.0 | 15 | 100.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 3 | 50.0 | 2 | 33.3 | 4 | 66.7 | 2 | 33.3 |
| **Total** | | **418** | **290** | **69.4** | **59** | **14.1** | **324** | **77.5** | **68** | **16.3** |

As regards outdoor space, 69.4 percent AWCs had open space for children to do play activities. All the AWCs of Chhattisgarh and A& N Islands had sufficient outdoor space in comparison to Delhi where only 20.0 Percent of AWCs had sufficient outdoor space for play activities of children.

### (ii) Availability of Other Amenities

Providing clean and safe drinking water has emerged as a major challenge in all AWCs across the country especially in remote and far- flung rural and tribal areas. Table- 3.26 reveals that drinking water facilities were available in majority (79.2%) of the AWCs. All the AWC in states of Gujarat, Madhya Pradesh and Chandigarh had drinking water facilities. Still 21percent AWCs were without the facility of drinking water. The worst condition was observed in Assam where only 34.5 percent AWCs had drinking water facilities. Table – 3.26 also shows that tap water (39.7%) and hand pump (27.5%) were the two main sources of drinking water in majority of AWCs. In addition 8.1percent AWCs depended upon well water; 1.4 percent on river water and 1.0 percent on pond water.

**Table 3.26: Availability of Drinking Water at AWCs**

| Sl. No. | Name of the State/UTs | No. of AWs Observed | Drinking Water | | Source of drinking water | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Tap | | Handpump | | Pond | | River | | Well | |
| | | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 12 | 80.0 | 12 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 2 | Assam | 29 | 10 | 34.5 | 1 | 10.0 | 8 | 27.6 | 0 | 0.0 | 0 | 0.0 | 1 | 3.4 |
| 3 | Chhattisgarh | 10 | 8 | 80.0 | 2 | 25.0 | 5 | 50.0 | 0 | 0.0 | 0 | 0.0 | 1 | 10.0 |
| 4 | Delhi | 15 | 13 | 86.7 | 13 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 5 | Goa | 5 | 4 | 80.0 | 4 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 5 | 100.0 | 2 | 40.0 | 3 | 60.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 5 | 45.5 | 3 | 60.0 | 1 | 9.1 | 0 | 0.0 | 0 | 0.0 | 1 | 9.1 |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | Himachal Pradesh | 14 | 13 | 92.9 | 10 | 76.9 | 3 | 21.4 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 30 | 28 | 93.3 | 24 | 85.7 | 1 | 3.3 | 0 | 0.0 | 0 | 0.0 | 3 | 10.0 |
| 10 | Jharkhand | 15 | 13 | 86.7 | 0 | 0.0 | 9 | 60.0 | 1 | 6.7 | 0 | 0.0 | 3 | 20.0 |
| 11 | Karnataka | 26 | 23 | 88.5 | 9 | 39.1 | 7 | 26.9 | 1 | 3.8 | 1 | 3.8 | 5 | 19.2 |
| 12 | Kerala | 15 | 13 | 86.7 | 1 | 7.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 12 | 80.0 |
| 13 | Madhya Pradesh | 33 | 33 | 100.0 | 22 | 66.7 | 7 | 21.2 | 0 | 0.0 | 4 | 12.1 | 0 | 0.0 |
| 14 | Maharashtra | 30 | 23 | 76.7 | 12 | 52.2 | 8 | 26.7 | 1 | 3.3 | 0 | 0.0 | 2 | 6.7 |
| 15 | Orissa | 25 | 16 | 64.0 | 4 | 25.0 | 10 | 40.0 | 0 | 0.0 | 0 | 0.0 | 2 | 8.0 |
| 16 | Punjab | 15 | 14 | 93.3 | 8 | 57.1 | 6 | 40.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 17 | Rajasthan | 30 | 12 | 40.0 | 4 | 33.3 | 8 | 26.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 18 | Tamilnadu | 30 | 28 | 93.3 | 19 | 67.9 | 5 | 16.7 | 1 | 3.3 | 1 | 3.3 | 2 | 6.7 |
| 19 | Uttar Pradesh | 27 | 24 | 88.9 | 0 | 0.0 | 24 | 88.9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 20 | West Bengal | 17 | 15 | 88.2 | 4 | 26.7 | 9 | 52.9 | 0 | 0.0 | 0 | 0.0 | 2 | 11.8 |
| 21 | A&N Islands | 15 | 13 | 86.7 | 13 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 6 | 100.0 | 5 | 83.3 | 1 | 16.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| **Total** | | **418** | **331** | **79.2** | **172** | **52.0** | **115** | **27.5** | **4** | **1.0** | **6** | **1.4** | **34** | **8.1** |

In Goa, all the AWCs were provided with water from tap. Table- 3.27 depicts the availability of toilet facility at the AWCs. The data shows that only half of the AWC (50.2%) had toilet facilities. In Rajasthan & Orissa only 16.7 percent and 12.0 percent AWC respectively had toilet facility, which shows a grim picture and needs to be addressed.

**Table 3.27: Availability of Toilet Facility at AWCs**

| Sl. No. | Name of the State/UT | No. of AWs Observed | Toilet Facility | |
|---|---|---|---|---|
| | | | No. | % |
| 1 | Andhra Pradesh | 15 | 9 | 60.0 |
| 2 | Assam | 29 | 7 | 24.1 |
| 3 | Chhattisgarh | 10 | 7 | 70.0 |
| 4 | Delhi | 15 | 13 | 86.7 |
| 5 | Goa | 5 | 2 | 40.0 |
| 6 | Gujarat | 5 | 2 | 40.0 |
| 7 | Haryana | 11 | 5 | 45.5 |
| 8 | Himachal Pradesh | 14 | 8 | 57.1 |
| 9 | Jammu & Kashmir | 30 | 19 | 63.3 |
| 10 | Jharkhand | 15 | 6 | 40.0 |
| 11 | Karnataka | 26 | 20 | 76.9 |
| 12 | Kerala | 15 | 11 | 73.3 |

| 13 | Madhya Pradesh | 33 | 18 | 54.5 |
|---|---|---|---|---|
| 14 | Maharashtra | 30 | 14 | 46.7 |
| 15 | Orissa | 25 | 3 | 12.0 |
| 16 | Punjab | 15 | 8 | 53.3 |
| 17 | Rajasthan | 30 | 5 | 16.7 |
| 18 | Tamilnadu | 30 | 19 | 63.3 |
| 19 | Uttar Pradesh | 27 | 15 | 55.6 |
| 20 | West Bengal | 17 | 5 | 29.4 |
| 21 | A&N Islands | 15 | 10 | 66.7 |
| 22 | Chandigarh | 6 | 4 | 66.7 |
| **Total** | | **418** | **210** | **50.2** |

## 3.2.3 Services Provided at AWC

### 3.2.3.1 Supplementary Nutrition

The supplementary nutrition programme under ICDS aims to bridge the calorie and protein gap in children and women thereby improving their nutritional status and preventing malnutrition.

(a) *Selection of Beneficiaries*

Based on the guidelines issued from time to time by the Ministry of Women and Child Development, Government of India in context for selection of beneficiaries, Supplementary Nutrition is provided to children below 6yrs of age and to pregnant & nursing mothers. Information was collected on the selection criteria of beneficiaries for supplementary nutrition being adopted by the states and the same has been depicted in Table – 3.28. Responses were received from 361 out of 418 AWWs interviewed. It can be stipulated that in only 21.7 percent AWC there was 100.0 percent coverage of children for supplementary nutrition i.e., all those present at AWC were provided supplementary nutrition. Supplementary nutrition was reported to be given as per ICDS norms by (80.9%) i.e., children 3-6 years and pregnant and lactating mothers. All the AWWs from the states of Goa, Gujarat and West Bengal reported following the ICDS norms for selection of beneficiaries. 19.1 percent AWWs reported that they did not follow any specific guidelines for selection of supplementary beneficiaries.

**Table 3.28: Criteria for selection of beneficiaries**

| Sl. No. | Name of the State/UT | No. of AWs Interviewed | No. of AWs responded | As per ICDS norms | | No Specific Criteria | |
|---|---|---|---|---|---|---|---|
| | | | | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 14 | 13 | 92.9 | 1 | 7.1 |

| 2 | Assam | 29 | 25 | 20 | 80.0 | 5 | 20.0 |
|---|---|---|---|---|---|---|---|
| 3 | Chhattisgarh | 10 | 10 | 10 | 100.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 15 | 13 | 86.7 | 2 | 13.3 |
| 5 | Goa | 5 | 5 | 5 | 100.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 5 | 5 | 100.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 9 | 6 | 66.7 | 3 | 33.3 |
| 8 | Himachal Pradesh | 14 | 12 | 4 | 33.3 | 8 | 66.7 |
| 9 | Jammu & Kashmir | 30 | 27 | 13 | 48.1 | 14 | 51.9 |
| 10 | Jharkhand | 15 | 14 | 10 | 71.4 | 4 | 28.6 |
| 11 | Karnataka | 26 | 21 | 18 | 85.7 | 3 | 14.3 |
| 12 | Kerala | 15 | 14 | 10 | 71.4 | 4 | 28.6 |
| 13 | Madhya Pradesh | 33 | 31 | 23 | 74.2 | 8 | 25.8 |
| 14 | Maharashtra | 30 | 23 | 22 | 95.7 | 1 | 4.3 |
| 15 | Orissa | 25 | 25 | 21 | 84.0 | 4 | 16.0 |
| 16 | Punjab | 15 | 15 | 12 | 80.0 | 3 | 20.0 |
| 17 | Rajasthan | 30 | 30 | 30 | 100.0 | 0 | 0.0 |
| 18 | Tamilnadu | 30 | 26 | 19 | 73.1 | 7 | 26.9 |
| 19 | Uttar Pradesh | 27 | 18 | 16 | 88.9 | 2 | 11.1 |
| 20 | West Bengal | 17 | 17 | 17 | 100.0 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 0 | 0 |  | 0 |  |
| 22 | Chandigarh | 6 | 5 | 5 | 100.0 | 0 | 0.0 |
| **Total** |  | **418** | **361** | **292** | **80.9** | **69** | **19.1** |

66.7 percent AWWs in Himachal Pradesh and 51.9 percent in Jammu and Kashmir were states which were not following any specific criteria in comparison to all the AWWs from the states of Goa, Gujarat, West Bengal and Chandigarh who reported following the ICDS norms for selection of beneficiaries while enrolling beneficiaries under the ICDS scheme.

(b) *Type of Food Provided & Acceptability*

It has been observed that states were either providing cooked food or Ready- To- Eat (RTE) food. In some states both cooked food and RTE was being served to children as supplementary nutrition. Table- 3.29 shows that 58.6 percent AWWs provided cooked meals and 9.3 percent AWWs distributed RTE food. 30.9 percent AWWs provided both cooked food & RTE as supplementary nutrition. Practice of providing cooked meals was more prevalent (100.0% coverage) in Delhi, Goa, Gujarat, Jammu & Kashmir and West Bengal where as states of Rajasthan and Karnataka were providing both cooked meals as well as RTE. In Andhra Pradesh 93.3 percent of food items were RTE, also some of the projects in Andhra Pradesh provided modified therapeutic foods as well.

**Table 3.29: Type of food given to beneficiaries**

| Sl. No. | Name of the State/UTs | No. of AWs Interviewed | Type of food | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Cooked | | RTE | | Both | |
| | | | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 0 | 0.0 | 15 | 100.0 | 0 | 0.0 |
| 2 | Assam | 29 | 18 | 62.1 | 0 | 0.0 | 6 | 20.7 |
| 3 | Chhattisgarh | 10 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 13 | 86.7 | 0 | 0.0 | 2 | 13.3 |
| 5 | Goa | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 9 | 81.8 | 0 | 0.0 | 2 | 18.2 |
| 8 | Himachal Pradesh | 14 | 12 | 85.7 | 0 | 0.0 | 2 | 14.3 |
| 9 | Jammu & Kashmir | 30 | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 10 | Jharkhand | 15 | 6 | 40.0 | 2 | 13.3 | 7 | 46.7 |
| 11 | Karnataka | 26 | 0 | 0.0 | 0 | 0.0 | 26 | 100.0 |
| 12 | Kerala | 15 | 10 | 66.7 | 0 | 0.0 | 5 | 33.3 |
| 13 | Madhya Pradesh | 33 | 11 | 33.3 | 11 | 33.3 | 11 | 33.3 |
| 14 | Maharashtra | 30 | 29 | 96.7 | 0 | 0.0 | 1 | 3.3 |
| 15 | Orissa | 25 | 18 | 72.0 | 1 | 4.0 | 6 | 24.0 |
| 16 | Punjab | 15 | 5 | 33.3 | 0 | 0.0 | 10 | 66.7 |
| 17 | Rajasthan | 30 | 0 | 0.0 | 0 | 0.0 | 30 | 100.0 |
| 18 | Tamilnadu | 30 | 25 | 83.3 | 0 | 0.0 | 5 | 16.7 |
| 19 | Uttar Pradesh | 27 | 2 | 7.4 | 10 | 37.0 | 15 | 55.6 |
| 20 | West Bengal | 17 | 17 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 15 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 5 | 83.3 | 0 | 0.0 | 1 | 16.7 |
| **Total** | | **418** | **245** | **58.6** | **39** | **9.3** | **129** | **30.9** |

The details of the recipes prepared by the AWWs, standard measure for food distribution and availability of serving utensils is given in **Annexure – VIII - X**.

As far as Acceptability of food is concerned 80.9 percent AWWs reported that food is acceptable to community. 5.0 percent children reported as it is partially acceptable and 7.7 percent beneficiaries did not like the food distributed at AWC. Children from states of Gujarat, Jharkhand, Tamil Nadu and West Bengal reported 100 percent acceptability; least satisfied beneficiaries were from Rajasthan (36.7%). Five AWWs (16.7%) reported that women and children like to eat locally available cooked food and not RTE (Table – 3.30).

### Table 3.30: Acceptability of Food Among Beneficiaries as Reported by AWWs

| Sl. No. | Name of the State/UTs | No. of AWs Observed | Acceptability of food | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | Acceptable | | Not Acceptable | | Partially Acceptable | |
| | | | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 11 | 73.3 | 1 | 6.7 | 3 | 20.0 |
| 2 | Assam | 29 | 23 | 79.3 | 1 | 3.4 | 0 | 0.0 |
| 3 | Chhattisgarh | 10 | 9 | 90.0 | 1 | 10.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 9 | 60.0 | 2 | 13.3 | 4 | 26.7 |
| 5 | Goa | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 9 | 81.8 | 2 | 18.2 | 0 | 0.0 |
| 8 | Himachal Pradesh | 14 | 13 | 92.9 | 0 | 0.0 | 1 | 7.1 |
| 9 | Jammu & Kashmir | 30 | 23 | 76.7 | 6 | 20.0 | 1 | 3.3 |
| 10 | Jharkhand | 15 | 15 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 11 | Karnataka | 26 | 18 | 69.2 | 2 | 7.7 | 6 | 23.1 |
| 12 | Kerala | 15 | 15 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 13 | Madhya Pradesh | 33 | 31 | 93.9 | 0 | 0.0 | 2 | 6.1 |
| 14 | Maharashtra | 30 | 25 | 83.3 | 1 | 3.3 | 4 | 13.3 |
| 15 | Orissa | 25 | 24 | 96.0 | 1 | 4.0 | 0 | 0.0 |
| 16 | Punjab | 15 | 11 | 73.3 | 1 | 6.7 | 3 | 20.0 |
| 17 | Rajasthan | 30 | 11 | 36.7 | 13 | 43.3 | 6 | 20.0 |
| 18 | Tamilnadu | 30 | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 19 | Uttar Pradesh | 27 | 22 | 81.5 | 2 | 7.4 | 3 | 11.1 |
| 20 | West Bengal | 17 | 17 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 15 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 6 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| | **Total** | **418** | **347** | **80.9** | **33** | **7.7** | **33** | **5.0** |

The quality of food was checked and tasted by the consultants who visited AWCs for monitoring. Out of 418 AWC visited, quality of food was checked in 332 AWC. It may be mentioned that 70.2 percent found the quality of food to be good followed by 25.6 percent who found quality of food as average and 4.2 percent as poor. Consultants from Gujarat, Kerala, and Andaman & Nicobar Islands were completely satisfied (Table- 3.31) with the quality of food. The poor quality of food was observed in few AWCs of the states/ UTs of Delhi (13.3 %), Himachal Pradesh (12.5%), Jammu and Kashmir (14.3%), Madhya Pradesh (6.5%), Orissa (5.0%), Rajasthan (10.3%) and Karnataka (5.6%).

**Table 3.31 Quality of Food (As Reported by Consultants)**

| Sl. No. | Name of the State/Uts | No. of AWs Observed | No. of AWCs in which food was tested | Quality of food | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Good | | Average | | Poor (non-acceptable) | |
| | | | | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 13 | 12 | 92.3 | 1 | 7.7 | 0 | 0.0 |
| 2 | Assam | 29 | 18 | 15 | 83.3 | 3 | 16.7 | 0 | 0.0 |
| 3 | Chhattisgarh | 10 | 9 | 6 | 66.7 | 3 | 33.3 | 0 | 0.0 |
| 4 | Delhi | 15 | 15 | 8 | 53.3 | 5 | 33.3 | 2 | 13.3 |
| 5 | Goa | 5 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 3 | 3 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 8 | 4 | 50.0 | 4 | 50.0 | 0 | 0.0 |
| 8 | Himachal Pradesh | 14 | 8 | 4 | 50.0 | 3 | 37.5 | 1 | 12.5 |
| 9 | Jammu & Kashmir | 30 | 28 | 21 | 75.0 | 3 | 10.7 | 4 | 14.3 |
| 10 | Jharkhand | 15 | 11 | 8 | 72.7 | 3 | 27.3 | 0 | 0.0 |
| 11 | Karnataka | 26 | 18 | 12 | 66.7 | 5 | 27.8 | 1 | 5.6 |
| 12 | Kerala | 15 | 11 | 11 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 13 | Madhya Pradesh | 33 | 31 | 26 | 83.9 | 3 | 9.7 | 2 | 6.5 |
| 14 | Maharashtra | 30 | 26 | 22 | 84.6 | 4 | 15.4 | 0 | 0.0 |
| 15 | Orissa | 25 | 20 | 4 | 20.0 | 15 | 75.0 | 1 | 5.0 |
| 16 | Punjab | 15 | 11 | 5 | 45.5 | 6 | 54.5 | 0 | 0.0 |
| 17 | Rajasthan | 30 | 29 | 11 | 37.9 | 15 | 51.7 | 3 | 10.3 |
| 18 | Tamilnadu | 30 | 21 | 20 | 95.2 | 1 | 4.8 | 0 | 0.0 |
| 19 | Uttar Pradesh | 27 | 18 | 10 | 55.6 | 8 | 44.4 | 0 | 0.0 |
| 20 | West Bengal | 17 | 16 | 15 | 93.8 | 1 | 6.3 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 14 | 14 | 100.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 4 | 2 | 50.0 | 2 | 50.0 | 0 | 0.0 |
| **Total** | | **418** | **332** | **233** | **70.2** | **85** | **25.6** | **14** | **4.2** |

(C) *Source of Supplementary Nutrition Supplied*

The supplementary nutrition in ICDS is being provided at the state level. Some of the State Governments procure food from other agencies like CARE and WFP. Table- 3.32 outlined the sources of procuring supplementary nutrition in the AWCs visited by the consultants. The available data revealed that in majority 92.9 percent projects, the supplementary nutrition is provided by State government and other sources mentioned by the AWWs were WFP (2.6%), CARE (1.1%) and various state level NGOs (3.4%). Food of WFP is distributed in the states of Jammu & Kashmir, Karnataka and Kerala.

**Table 3.32: Source of Supplementary Nutrition Supplied at AWCs**

| Sl. No. | Name of the State/UT | No. of AWs Interviewed | No. of AWs responded | Type of food provided to the AWCs | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | State Govt. | | CARE food | | WFP Food | | Others* | |
| | | | | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 15 | 13 | 86.7 | 0 | 0.0 | 0 | 0.0 | 2 | 13.3 |
| 2 | Assam | 29 | 7 | 4 | 57.1 | 0 | 0.0 | 0 | 0.0 | 3 | 42.9 |
| 3 | Chhattisgarh | 10 | 10 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 10 | 6 | 60.0 | 0 | 0.0 | 0 | 0.0 | 4 | 40.0 |
| 5 | Goa | 5 | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 7 | 5 | 71.4 | 0 | 0.0 | 0 | 0.0 | 2 | 28.6 |
| 8 | Himachal Pradesh | 14 | 13 | 13 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 30 | 30 | 26 | 86.7 | 3 | 10.0 | 1 | 3.3 | 0 | 0.0 |
| 10 | Jharkhand | 15 | 14 | 13 | 92.9 | 0 | 0.0 | 0 | 0.0 | 1 | 7.1 |
| 11 | Karnataka | 26 | 26 | 19 | 73.1 | 0 | 0.0 | 7 | 26.9 | 0 | 0.0 |
| 12 | Kerala | 15 | 14 | 13 | 92.9 | 0 | 0.0 | 1 | 7.1 | 0 | 0.0 |
| 13 | Madhya Pradesh | 33 | 33 | 32 | 97.0 | 0 | 0.0 | 1 | 3.0 | 0 | 0.0 |
| 14 | Maharashtra | 30 | 28 | 28 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 15 | Orissa | 25 | 23 | 23 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 16 | Punjab | 15 | 14 | 13 | 92.9 | 1 | 7.1 | 0 | 0.0 | 0 | 0.0 |
| 17 | Rajasthan | 30 | 30 | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 18 | Tamilnadu | 30 | 30 | 30 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 19 | Uttar Pradesh | 27 | 27 | 26 | 96.3 | 0 | 0.0 | 0 | 0.0 | 1 | 3.7 |
| 20 | West Bengal | 17 | 17 | 17 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 14 | 14 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 6 | 6 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| Total | | 418 | 378 | 351 | 92.9 | 4 | 1.1 | 10 | 2.6 | 13 | 3.4 |

* SHG, Local purchase Pvt. Company etc.

(d) *Community Contribution/ Support for Supplementary Nutrition*

ICDS has been envisaged and conceptualized as a community based programme. The support provided by community for supplementary nutrition is reported in Table-3.33. AWWs stated that they got community support in the form of providing water/ water filter for children (6.1%), utensils for cooking (5.0%), food items (19.2%) and fuel (0.6%). Community/ Mothers also help AWWs in cooking/distribution of supplementary nutrition (11.9%). It was observed that more than half (57.2%) of the community members were not contributing anything. The community participation component needs to be strengthened as far as ICDS programme is concerned.

**Table 3.33 Community Contribution/Support for Supplementary Nutrition**

| Sl. No. | Name of the State/UT | No. of AWs Intervi-ewed | No. of AWs respo-nded | Contribution | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Provided water /water filter | | Provided utensils | | Provided ration/ food items | | Provided fuel | | Cooking /distribution of food | | None | |
| | | | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 15 | 2 | 13.3 | 1 | 6.7 | 0 | 0.0 | 0 | 0.0 | 1 | 6.7 | 11 | 73.3 |
| 2 | Assam | 29 | 21 | 2 | 9.5 | 2 | 9.5 | 5 | 23.8 | 2 | 9.5 | 9 | 42.9 | 1 | 4.8 |
| 3 | Chhattisgarh | 10 | 5 | 0 | 0.0 | 0 | 0.0 | 1 | 20.0 | 0 | 0.0 | 4 | 80.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 13 | 0 | 0.0 | 2 | 15.4 | 2 | 15.4 | 0 | 0.0 | 1 | 7.7 | 8 | 61.5 |
| 5 | Goa | 5 | 4 | 1 | 25.0 | 0 | 0.0 | 3 | 75.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Gujarat | 5 | 5 | 0 | 0.0 | 0 | 0.0 | 4 | 80.0 | 0 | 0.0 | 1 | 20.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 11 | 0 | 0.0 | 0 | 0.0 | 1 | 9.1 | 0 | 0.0 | 8 | 72.7 | 2 | 18.2 |
| 8 | Himachal Pradesh | 14 | 11 | 1 | 9.1 | 0 | 0.0 | 3 | 27.3 | 0 | 0.0 | 0 | 0.0 | 7 | 63.6 |
| 9 | Jammu & Kashmir | 30 | 22 | 1 | 4.5 | 1 | 4.5 | 4 | 18.2 | 0 | 0.0 | 0 | 0.0 | 16 | 72.7 |
| 10 | Jharkhand | 15 | 15 | 1 | 6.7 | 0 | 0.0 | 6 | 40.0 | 0 | 0.0 | 2 | 13.3 | 6 | 40.0 |
| 11 | Karnataka | 26 | 23 | 3 | 13.0 | 0 | 0.0 | 6 | 26.1 | 0 | 0.0 | 1 | 4.3 | 13 | 56.5 |
| 12 | Kerala | 15 | 11 | 1 | 9.1 | 0 | 0.0 | 3 | 27.3 | 0 | 0.0 | 2 | 18.2 | 5 | 45.5 |
| 13 | Madhya Pradesh | 33 | 33 | 0 | 0.0 | 2 | 6.1 | 1 | 3.0 | 0 | 0.0 | 1 | 3.0 | 29 | 87.9 |
| 14 | Maharashtra | 30 | 27 | 1 | 3.7 | 0 | 0.0 | 5 | 18.5 | 0 | 0.0 | 0 | 0.0 | 21 | 77.8 |
| 15 | Orissa | 25 | 24 | 1 | 4.2 | 1 | 4.2 | 1 | 4.2 | 0 | 0.0 | 2 | 8.3 | 19 | 79.2 |
| 16 | Punjab | 15 | 11 | 0 | 0.0 | 0 | 0.0 | 7 | 63.6 | 0 | 0.0 | 0 | 0.0 | 4 | 36.4 |
| 17 | Rajasthan | 30 | 30 | 3 | 10.0 | 0 | 0.0 | 6 | 20.0 | 0 | 0.0 | 3 | 10.0 | 18 | 60.0 |
| 18 | Tamilnadu | 30 | 22 | 2 | 9.1 | 5 | 22.7 | 8 | 36.4 | 0 | 0.0 | 1 | 4.5 | 6 | 27.3 |
| 19 | Uttar Pradesh | 27 | 20 | 2 | 10.0 | 0 | 0.0 | 1 | 5.0 | 0 | 0.0 | 6 | 30.0 | 11 | 55.0 |
| 20 | West Bengal | 17 | 17 | 1 | 5.9 | 2 | 11.8 | 1 | 5.9 | 0 | 0.0 | 1 | 5.9 | 12 | 70.6 |
| 21 | A&N Islands | 15 | 14 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 14 | 100.0 |
| 22 | Chandigarh | 6 | 6 | 0 | 0.0 | 2 | 33.3 | 1 | 16.7 | 0 | 0.0 | 0 | 0.0 | 3 | 50.0 |
| **Total** | | **418** | **360** | **22** | **6.1** | **18** | **5.0** | **69** | **19.2** | **2** | **0.6** | **43** | **11.9** | **206** | **57.2** |

(e) *Storage & Cooking Facility*

Another important aspect of Supplementary Nutrition is storage and cooking facility. A total of 185 AWWs (44.3%) reported to have space for storage among the 418 interviewed. Table-3.34 Proper cooking facility was available in only AWCs 211 AWC (50.5%) which is a matter of concern as according to the guidelines cooked meals are to be provided to children at the AWCs. If proper cooking facilities are not available the norm for providing hot cooked meal to children cannot be complied with.

**Table 3.34: Availability of Space of Storage and Cooking**

| Sl. No. | Name of the State/UTs | No. of AWs Observed | Separate space for Storage | | Cooking Facility | |
|---|---|---|---|---|---|---|
| | | | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 3 | 20.0 | 3 | 20.0 |
| 2 | Assam | 29 | 16 | 55.2 | 9 | 31.0 |
| 3 | Chhattisgarh | 10 | 8 | 80.0 | 7 | 70.0 |
| 4 | Delhi | 15 | 8 | 53.3 | 7 | 46.7 |
| 5 | Goa | 5 | 4 | 80.0 | 2 | 40.0 |
| 6 | Gujarat | 5 | 4 | 80.0 | 3 | 60.0 |
| 7 | Haryana | 11 | 5 | 45.5 | 4 | 36.4 |
| 8 | Himachal Pradesh | 14 | 1 | 7.1 | 3 | 21.4 |
| 9 | Jammu & Kashmir | 30 | 8 | 26.7 | 28 | 93.3 |
| 10 | Jharkhand | 15 | 5 | 33.3 | 5 | 33.3 |
| 11 | Karnataka | 26 | 23 | 88.5 | 21 | 80.8 |
| 12 | Kerala | 15 | 9 | 60.0 | 11 | 73.3 |
| 13 | Madhya Pradesh | 33 | 7 | 21.2 | 16 | 48.5 |
| 14 | Maharashtra | 30 | 9 | 30.0 | 17 | 56.7 |
| 15 | Orissa | 25 | 3 | 12.0 | 4 | 16.0 |
| 16 | Punjab | 15 | 5 | 33.3 | 8 | 53.3 |
| 17 | Rajasthan | 30 | 12 | 40.0 | 12 | 40.0 |
| 18 | Tamilnadu | 30 | 25 | 83.3 | 28 | 93.3 |
| 19 | Uttar Pradesh | 27 | 9 | 33.3 | 4 | 14.8 |
| 20 | West Bengal | 17 | 11 | 64.7 | 7 | 41.2 |
| 21 | A&N Islands | 15 | 9 | 60.0 | 10 | 66.7 |
| 22 | Chandigarh | 6 | 1 | 16.7 | 2 | 33.3 |
| | **Total** | **418** | **185** | **44.3** | **211** | **50.5** |

(f) *Interruption in Food Distribution*

The AWWs were also asked about the regularity in supply distribution during past 3-6 months of supplementary nutrition given to the beneficiaries. Table- 3.35 shows that total of 95 AWWs reported (22.7%) interruptions in food distribution during past 3-6 months. The main reasons for interruption of food distribution stated were shortage of supply (88.4%) and lack of proper storage facility (5.3%).

### Table 3.35 Interruption in Food Distribution at AWC

| Sl. No. | Name of the State/UTs | No. of AWWs Interviewed | Interruptions during past 3-6 months | | Causes of interruption | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | Shortage of supply | | Storage of items | |
| | | | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 2 | 13.3 | 2 | 100 | 0 | 0 |
| 2 | Assam | 29 | 25 | 86.2 | 25 | 100 | 0 | 0 |
| 3 | Chhattisgarh | 10 | 1 | 10 | 1 | 100 | 0 | 0 |
| 4 | Delhi | 15 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | Goa | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Gujarat | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7 | Haryana | 11 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Himachal Pradesh | 14 | 4 | 28.6 | 4 | 100 | 0 | 0 |
| 9 | Jammu & Kashmir | 30 | 8 | 26.7 | 7 | 87.5 | 1 | 12.5 |
| 10 | Jharkhand | 15 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 | Karnataka | 26 | 7 | 26.9 | 7 | 100 | 0 | 0 |
| 12 | Kerala | 15 | 1 | 6.7 | 1 | 100 | 0 | 0 |
| 13 | Madhya Pradesh | 33 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14 | Maharashtra | 30 | 6 | 20 | 6 | 100 | 0 | 0 |
| 15 | Orissa | 25 | 20 | 80 | 16 | 75 | 4 | 20 |
| 16 | Punjab | 15 | 2 | 13.3 | 2 | 100 | 0 | 0 |
| 17 | Rajasthan | 30 | 2 | 6.7 | 2 | 100 | 0 | 0 |
| 18 | Tamilnadu | 30 | 4 | 13.3 | 4 | 100 | 0 | 0 |
| 19 | Uttar Pradesh | 27 | 5 | 18.5 | 5 | 100 | 0 | 0 |
| 20 | West Bengal | 17 | 8 | 47.1 | 8 | 37.5 | 0 | 0 |
| 21 | A&N Islands | 15 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22 | Chandigarh | 6 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total** | | **418** | **95** | **22.7** | **90** | **88.4** | **5** | **5.3** |

(g) *Problems regarding Supplementary Nutrition*

Though supply and distribution of Supplementary Nutrition was reported to be satisfactory still out of 418 AWC visited, 204 AWWs were facing some problems related to supply and distribution of supplementary nutrition. These were irregular supply of food material (27.0%), non availability of cooking space (26.0%), unsatisfactory quality of food material (10.8%) and financial constraints (14.2%) as shown in Table 3.36.

**Table 3.36: Problem/Observation Regarding Supplementary Nutrition**

N=204

| Sl. No. | Problems/Observations | No. | % |
|---|---|---|---|
| 1 | No separate Kitchen/No cooking facility | 53 | 26.0 |
| 2 | Irregular Supply of Food Material/ Inadequate supply/No supply | 55 | 27.0 |
| 3 | No Storage & Fuel Facility | 6 | 2.9 |
| 4 | Provision of hot water for children Grade II malnutrition | 9 | 4.4 |
| 5 | Poor quality of food material | 35 | 17.2 |
| 6 | No intervention for Grade II malnutrition | 2 | 1.0 |
| 7 | Unclean surroundings | 4 | 2.0 |
| 8 | Non cooperation by PRIs | 5 | 2.5 |
| 9 | Financial constraints | 29 | 14.2 |
| 10 | No regular monitoring | 5 | 2.5 |
| 11 | Transportation problem | 1 | 0.5 |

### 3.2.3.2 Growth Monitoring

Regular weighing of the children, recording of the weight on a growth chart and giving advice to the mother based on growth curve is called “Growth monitoring”. Success of Growth Monitoring depends on the extent to which weighing scales; Growth charts etc. are available at the AWCs and the skills of AWWs in providing counseling and support to the mothers. Thus type of scale used for weighing children and accuracy of plotting growth curve was assured and assessed.

The data on availability of scales, type of scales etc. was collected from 418 AWWs and is depicted in Table- 3.37. The data revealed that out of the total 418 AWCs visited three fourth i.e., (72.0%) had Salter scale/ Spring Balance. Other scales used for similar purpose were Weighing Pan (5.3%), Bar Scale (4.1%), Weighing Machine/ Weighing Balance (11.5%) and MUAC tape (0.5%) no scales were available in 12.4 percent AWCs.

It may be note that in Chhattisgarh, Delhi, Gujarat and West Bengal weighing scales (Salter Scale) were available in each AWC. MUAC tape was used for growth monitoring in 2 AWC in Jammu & Kashmir.

**Table 3.37 Type of Scale Available at AWCs**

| Sl. No. | Name of the State/UTs | No. of AWWs interviewed | Salter Scale /Spring Balance | | Weighing pan | | Weighing machine/weighing balance | | Bar scale/Beam | | MUAC Tape | | Not available (Any scale) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 11 | 73.3 | 0 | 0.0 | 0 | 0.0 | 1 | 6.7 | 0 | 0.0 | 3 | 20.0 |
| 2 | Assam | 29 | 27 | 93.1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 6.9 |
| 3 | Chhattisgarh | 10 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 4 | Delhi | 15 | 15 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 5 | Goa | 5 | 4 | 80.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 20.0 |
| 6 | Gujarat | 5 | 5 | 100.0 | 0 | 0.0 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 8 | 72.7 | 0 | 0.0 | 2 | 18.2 | 0 | 0.0 | 0 | 0.0 | 1 | 9.1 |
| 8 | Himachal Pradesh | 14 | 9 | 64.3 | 0 | 0.0 | 2 | 14.3 | 0 | 0.0 | 0 | 0.0 | 3 | 21.4 |
| 9 | Jammu & Kashmir | 30 | 18 | 60.0 | 0 | 0.0 | 4 | 13.3 | 1 | 3.3 | 2 | 6.7 | 5 | 16.7 |
| 10 | Jharkhand | 15 | 11 | 73.3 | 1 | 6.7 | 3 | 20.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 11 | Karnataka | 26 | 24 | 92.3 | 0 | 0.0 | 5 | 19.2 | 0 | 0.0 | 0 | 0.0 | 1 | 3.8 |
| 12 | Kerala | 15 | 13 | 86.7 | 0 | 0.0 | 4 | 26.7 | 0 | 0.0 | 0 | 0.0 | 1 | 6.7 |
| 13 | Madhya Pradesh | 33 | 31 | 93.9 | 1 | 3.0 | 1 | 3.0 | 0 | 0.0 | 0 | 0.0 | 2 | 6.1 |
| 14 | Maharashtra | 30 | 27 | 90.0 | 2 | 6.7 | 3 | 10.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 15 | Orissa | 25 | 23 | 92.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 8.0 |
| 16 | Punjab | 15 | 6 | 40.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 9 | 60.0 |
| 17 | Rajasthan | 30 | 14 | 46.7 | 1 | 3.3 | 2 | 6.7 | 0 | 0.0 | 0 | 0.0 | 15 | 50.0 |
| 18 | Tamilnadu | 30 | 0 | 0.0 | 3 | 10.0 | 12 | 40.0 | 15 | 50.0 | 0 | 0.0 | 0 | 0.0 |
| 19 | Uttar Pradesh | 27 | 9 | 33.3 | 1 | 3.7 | 3 | 11.1 | 0 | 0.0 | 0 | 0.0 | 8 | 29.6 |
| 20 | West Bengal | 17 | 17 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 14 | 93.3 | 13 | 86.7 | 1 | 6.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 5 | 83.3 | 0 | 0.0 | 1 | 16.7 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| **Total** | | **418** | **301** | **72.0** | **22** | **5.3** | **48** | **11.5** | **17** | **4.1** | **2** | **0.5** | **53** | **12.7** |

Table- 3.38 reflects the accuracy in plotting the weight as observed/ examined by the consultants. It was reported in 385 AWCs out of 418 visited. During the visit, it was seen that only 60.3 percent AWWs accurately plotted the weights on the growth charts. All the AWWs from the states of Chhattisgarh, Gujarat and West Bengal were perfect in plotting weights. Low skills were observed in AWWs of Delhi (13.3%), Punjab (25.0%), and Rajasthan (30.0%). It was observed that AWWs from Madhya Pradesh (12.5%) and Orissa (4.2%) were using Mother child protection card for plotting weights.

It was discouraging to note that 10.9 percent AWWs did not plot weight accurately and more over in 20.0 percent AWC, growth charts/ registers were not available. 46.7 percent AWWs of Rajasthan and 38.5 percent of Himachal Pradesh did not accurately plot the weight in growth chart which reflects the poor skills of AWWs. It is recommended that training in growth monitoring may be imparted to them. Further, it may be observed from Table- 3.38 that 76.6 percent AWWs organized counseling sessions with mothers after plotting and interpreting the growth curve. It may be mentioned that until counseling of mothers is conducted, the growth monitoring is meaningless. Andhra Pradesh, Goa and Tamil Nadu were states where cent percent (100.0 %) Counseling was reported in comparison to Rajasthan (36.7%) and Jammu & Kashmir (40.0%).

**Table 3.38 Accuracy in plotting the weight as observed/examined by the Consultants /Faculty Members**

| S. No. | Name of the State/UTs | No. of AWWs Interviewed | Observed | Accuracy in Plotting | | Not Accurate | | Using MCPC Cards | | Growth Charts are not maintained . | | AWWs organising Counseling sessions | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 15 | 12 | 80.0 | 2 | 13.3 | 0 | 0.0 | 1 | 6.7 | 15 | 100.0 |
| 2 | Assam | 29 | 24 | 10 | 41.7 | 5 | 20.8 | 0 | 0.0 | 9 | 37.5 | 14 | 48.3 |
| 3 | Chhattisgarh | 10 | 10 | 10 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 10 | 100.0 |
| 4 | Delhi | 15 | 15 | 2 | 13.3 | 0 | 0.0 | 0 | 0.0 | 12 | 80.0 | 13 | 86.7 |
| 5 | Goa | 5 | 5 | 2 | 40.0 | 0 | 0.0 | 0 | 0.0 | 3 | 60.0 | 4 | 80.0 |
| 6 | Gujarat | 5 | 5 | 5 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 5 | 100.0 |
| 7 | Haryana | 11 | 10 | 5 | 50.0 | 0 | 0.0 | 0 | 0.0 | 5 | 50.0 | 8 | 72.7 |
| 8 | Himachal Pradesh | 14 | 13 | 7 | 53.8 | 5 | 38.5 | 0 | 0.0 | 1 | 7.7 | 14 | 100.0 |
| 9 | Jammu & Kashmir | 30 | 27 | 9 | 33.3 | 0 | 0.0 | 0 | 0.0 | 12 | 44.4 | 12 | 40.0 |
| 10 | Jharkhand | 15 | 15 | 11 | 73.3 | 0 | 0.0 | 0 | 0.0 | 4 | 26.7 | 14 | 93.3 |
| 11 | Karnataka | 26 | 24 | 22 | 91.7 | 1 | 4.2 | 0 | 0.0 | 1 | 4.2 | 23 | 88.5 |
| 12 | Kerala | 15 | 15 | 9 | 60.0 | 3 | 20.0 | 0 | 0.0 | 3 | 20.0 | 14 | 93.3 |
| 13 | Madhya Pradesh | 33 | 32 | 24 | 75.0 | 1 | 3.1 | 4 | 12.5 | 3 | 9.4 | 32 | 97.0 |
| 14 | Maharashtra | 30 | 28 | 20 | 71.4 | 3 | 10.7 | 0 | 0.0 | 5 | 17.8 | 24 | 80.0 |
| 15 | Orissa | 25 | 24 | 13 | 54.2 | 4 | 16.7 | 1 | 4.2 | 6 | 24.0 | 22 | 88.0 |
| 16 | Punjab | 15 | 12 | 3 | 25.0 | 0 | 0.0 | 0 | 0.0 | 9 | 75.0 | 8 | 53.3 |
| 17 | Rajasthan | 30 | 30 | 9 | 30.0 | 14 | 46.7 | 0 | 0.0 | 7 | 23.3 | 11 | 36.7 |
| 18 | Tamilnadu | 30 | 18 | 17 | 94.4 | 1 | 5.6 | 0 | 0.0 | 0 | 0.0 | 30 | 100.0 |
| 19 | Uttar Pradesh | 27 | 26 | 11 | 42.3 | 3 | 11.5 | 0 | 0.0 | 12 | 44.4 | 14 | 51.9 |
| 20 | West Bengal | 17 | 17 | 14 | 82.4 | 0 | 0.0 | 0 | 0.0 | 3 | 13.6 | 14 | 82.4 |
| 21 | A&N Islands | 15 | 14 | 14 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 14 | 93.3 |

| 22 | Chandigarh | 6 | 6 | 3 | 50.0 | 0 | 0.0 | 0 | 0.0 | 3 | 50.0 | 5 | 83.3 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Total** | | **418** | **385** | **232** | **60.3** | **42** | **10.9** | **5** | **1.3** | **99** | **25.7** | **320** | **76.6** |

### 3.2.3.3 Pre-School Education (PSE)

The Pre- school education component in ICDS has been envisaged as a vital component to ensure a holistic development of children before going into formal education system. Further there has been a growing awareness among the parents about the crucial significance of the pre-school years (2 to 6 years) as development of a child's personality takes place in these years. The need for pre-school education is also considered most pronounced in case of children from disadvantages society. Data during monitoring visits was collected in respect of PSE activities conducted at AWC, method for PSE and quality of PSE activities.

Table – 3.39 shows the responses of 262 AWWs in providing services related to PSE. PSE was being imparted by almost all Anganwadi workers as per schedule except 6.9 percent. 37.8 percentage of AWWs followed time table provided by the state institution in comparison to 6.9 percent AWWs who did not follow any schedule of activities. Majority of the AWWs from West Bengal, Chandigarh, Andhra Pradesh and Himachal Pradesh followed schedule Weekly theme based schedule was followed by 8.4 percent AWWs of Assam (22.2%) Karnataka (23.8%) Kerala (60.0%), Madhya Pradesh (23.1%) and Rajasthan (14.8%) where as monthly schedule was followed by 3.8 percent AWWs of Madhya Pradesh. Different methods were being used by AWWs in conducted PSE activities which included play way method (32.0%), use of charts/posters (9.2%). In the State of Orissa PSE activities, module based on the lines of Arunima project (State Govt. initiative) was adopted.

## Table 3.39 Time Table & Methods used for PSE Activities

| S. No. | Name of the State /UTS | No. of AWWs Interviewed | No. of AWWs Responded | Time Table Methods used for PSE Activities | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Time -Table given by State Institution Education CDPO | | Primary level time table | | Mothly Schedule follow | | Weekly theme based | | No schedule | | Chart/ Posters | | Through play way method/ role play | |
| | | | | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 8 | 6 | 75.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 25.0 | 0 | 0.0 |
| 2 | Assam | 29 | 18 | 6 | 33.3 | 0 | 0.0 | 0 | 0.0 | 4 | 22.2 | 0 | 0.0 | 1 | 5.6 | 7 | 38.9 |
| 3 | Chhattisgarh | 10 | 8 | 2 | 25.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 6 | 75.0 |
| 4 | Delhi | 15 | 10 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 3 | 30.0 | 7 | 70.0 |
| 5 | Goa | 5 | 4 | 2 | 50.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 25.0 | 0 | 0 | 1 | 25.0 |
| 6 | Gujarat | 5 | 4 | 2 | 50.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Haryana | 11 | 5 | 4 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 40.0 | 0 | 0.0 | 1 | 20.0 |
| 8 | Himachal Pradesh | 14 | 12 | 2 | 40.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 16.7 | 0 | 0.0 | 0 | 0.0 |
| 9 | Jammu & Kashmir | 30 | 21 | 10 | 83.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 4.8 | 2 | 9.5 | 15 | 71.4 |
| 10 | Jharkhand | 15 | 12 | 4 | 19.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 8.3 | 0 | 0.0 | 4 | 33.3 |
| 11 | Karnataka | 26 | 21 | 6 | 28.6 | 0 | 0.0 | 0 | 0.0 | 5 | 23.8 | 3 | 14.3 | 1 | 4.8 | 6 | 28.6 |
| 12 | Kerala | 15 | 10 | 2 | 20.0 | 0 | 0.0 | 0 | 0.0 | 6 | 60.0 | 0 | 0.0 | 0 | 0.0 | 2 | 20.0 |
| 13 | Madhya Pradesh | 33 | 26 | 8 | 30.8 | 1 | 3.8 | 1 | 3.8 | 6 | 23.1 | 0 | 0.0 | 5 | 19.2 | 9 | 34.6 |
| 14 | Maharashtra | 30 | 9 | 1 | 11.1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 2 | 22.2 | 4 | 44.4 | 4 | 44.4 |
| 15 | Orissa | 25 | 17 | 6 | 35.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 11 | 64.7 |
| 16 | Punjab | 15 | 4 | 2 | 50.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1 | 25.0 | 1 | 25.0 | 1 | 25.0 |
| 17 | Rajasthan | 30 | 21 | 14 | 66.6 | 0 | 0.0 | 0 | 0.0 | 1 | 4.8 | 1 | 4.8 | 5 | 23.8 | 8 | 38.1 |
| 18 | Tamilnadu | 30 | 20 | 15 | 75.0 | 1 | 5.0 | 1 | 5.0 | 0 | 0.0 | 1 | 5.0 | 0 | 0.0 | 2 | 10.0 |
| 19 | Uttar Pradesh | 27 | 12 | 9 | 75.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 3 | 25.0 | 0 | 0.0 | 0 | 0.0 |
| 20 | West Bengal | 17 | 15 | 15 | 100.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 21 | A&N Islands | 15 | 0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 22 | Chandigarh | 6 | 5 | 4 | 80.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| **Total** | | **418** | **262** | **126** | **48.0** | **2** | **0.8** | **2** | **0.8** | **22** | **8.4** | **18** | **6.9** | **24** | **9.2** | **84** | **32.0** |

In order to assess the quality of PSE activities conducted by AWWs the observation were made by the consultants (Table-3.40). Most of the AWWs were performing /organizing activities satisfactorily (62.7%) so as to benefit children.11.9 percent AWWs were not performing up to the mark

**Table 3.40 : Quality of Pre-School Education as Observed by Consultants**

| S.No. | Observation | Number | % N=375 |
|---|---|---|---|
| 1 | Availability of PSE material (charts, Poster, Toys) | 57 | 13.6 |
| 2 | Non-availability of PSE material | 17 | 4.0 |
| 3 | Organising Pre-school Activities (satisfactorily) | 257 | 62.7 |
| 4 | Pre-school activities( not satisfactory) | 50 | 11.9 |
| 5 | Poor attendance of children | 27 | 6.4 |
| 6 | Use of innovative methods | 12 | 2.8 |
| 7 | Formal education | 10 | 2.3 |
| 8 | Children enjoying activities | 5 | 1.1 |

Performance of AWWs in organizing PSE activities depend largely on availability of educational material with AWWs. It was observed that charts and posters and toys were available with 13.6 percent AWWs as compared to 4.0 percent who reported non-availability of education material. In 6.4 percent Anganwadi Centers there was poor attendance of children during Pre school hours. It was good to note that 2.8 percent AWWs were using innovative methods for imparting pre-school education, 2.3 percent AWWs were found to be imparting formal education to Pre- school children which is not required to be done by AWWs.

### 3.2.3.4 Health Check-up and Immunization

ICDS programmes lay great emphasis on health services with the aim to improve the health of children and women through preventive measure. These include health check-up, Immunization and Referral Services. The Health Check-up is done for children up to 6 years and pregnant and lactating women. The Health Services at AWCs are provided in coordination with health department, therefore

convergence of ICDS and health is required at all levels. Table 3.41 gives the observation of 410 consultants on status of health services and Immunization at the AWC.

**Table 3.41: Status of Immunization, Health Check-up and Referral Services as Observed by Consultants**

| **Observation** | **Number** | **%** |
|---|---|---|
| Immunization Coverage | | **N=280** |
| Good | 170 | 41.1 |
| Satisfactory | 156 | 38.0 |
| Unsatisfactory | 84 | 20.4 |
| Low/Unavailability of vaccines | 130 | 31.7 |
| Maintenance of records and registers | 240 | 58.5 |
| Health Checkup done regularly | 160 | 57.1 |
| Referral Services available/ children referred | 236 | 84.2 |
| No Referral/ Not Satisfactory services | 164 | 58.5 |

The services were rated as good by 41.1, percent a satisfactory by 38.0 and not satisfactory by 20.4 percent consultants. 31.7 percent consultants reported unavailability/ delay in supply of vaccine which could hampers the immunization activities. More than half (58.5) of the AWWs were reported to maintain records and registers of immunization. In few of the centers, it was observed that records were also maintained for ANMs who were immunizing the children.

### 3.2.3.5 Referral Services

Referral as a service was available in the states but it was observed that very few referrals/no referrals (13.9) were being made by AWWs. Health Check-up was taken up in all the AWC visited, though it was observed that it was not done in the manner as envisaged in the scheme. It was being done on regular basis. The health check-up were provided by VHN/MCD or MCH personnel.

This might be due to lack of coordination among Health Department, ICDS Department or due to presence of various other private health facilities which community might be available. However, AWWs should be encouraged to make referrals.

The availability of referral slips at AWCs were reported in only 19.4 percent AWC (Table 3.42) which is a matter of great concern. There were no referral slips available in any of the centers in the States /UTs of Chandigarh, Delhi, Goa, Haryana and Kerala. Sixty percent AWC (9 out of 15) Andaman & Nicobar Islands reported availability of referral slips followed by 40.7 percent in Uttar Pradesh, 36.4 percent in Madhya Pradesh and 35.7 percent in Himachal Pradesh.

**Table 3.42 Availability of Referral Slips at AWCs**

| Sl. No. | Name of the State/UT | No. of AWWs Interviewed | Referral slips available | |
|---|---|---|---|---|
| | | | No. | % |
| 1 | Andhra Pradesh | 15 | 1 | 6.7 |
| 2 | Assam | 29 | 1 | 3.4 |
| 3 | Chhattisgarh | 10 | 0 | 0.0 |
| 4 | Delhi | 15 | 0 | 0.0 |
| 5 | Goa | 5 | 0 | 0.0 |
| 6 | Gujarat | 5 | 1 | 20.0 |
| 7 | Haryana | 11 | 0 | 0.0 |
| 8 | Himachal Pradesh | 14 | 5 | 35.7 |
| 9 | Jammu & Kashmir | 30 | 8 | 26.7 |
| 10 | Jharkhand | 15 | 5 | 33.3 |
| 11 | Karnataka | 26 | 3 | 11.5 |
| 12 | Kerala | 15 | 0 | 0.0 |
| 13 | Madhya Pradesh | 33 | 12 | 36.4 |
| 14 | Maharashtra | 30 | 6 | 20.0 |
| 15 | Orissa | 25 | 1 | 4.0 |
| 16 | Punjab | 15 | 1 | 6.7 |
| 17 | Rajasthan | 30 | 6 | 20.0 |
| 18 | Tamilnadu | 30 | 7 | 23.3 |
| 19 | Uttar Pradesh | 27 | 11 | 40.7 |
| 20 | West Bengal | 17 | 2 | 11.8 |
| 21 | A&N Islands | 15 | 9 | 60.0 |
| 22 | Chandigarh | 6 | 2 | 33.3 |
| **Total** | | **418** | **81** | **19.4** |

### 3.2.3.6 Community support

Local women/SHGs are required to assist the AWWs in promotion of services in the community and strengthening these services by way of extending help to AWWs in better coverage and utilization of services at the Anganwadis. Table 3.43 gives the information on meetings with local women groups/SHGs being organized by AWWs. It revealed that out of 418 AWWs, 339 (81.1%) organized meetings with local women groups/SHGs. Only 36.7 percent AWWs from Jammu & Kashmir and 46.7 percent from Orissa organized meeting with local women. The AWWs of Jammu & Kashmir and Orissa are required to be encouraged to conduct the meetings. These meeting are generally organized for imparting nutrition and health education to mothers/community.

**Table 3.43 No. of AWW Organise meeting with local Women Groups/SGHs**

| Sl. No. | Name of the State/UT | No. of AWWs Interviewed | No. of AWW Organise meeting with local Women Groups/SGHs | |
|---|---|---|---|---|
| | | | No. | % |
| 1 | Andhra Pradesh | 15 | 15 | 100.0 |
| 2 | Assam | 29 | 28 | 96.6 |
| 4 | Chhattisgarh | 10 | 10 | 100.0 |
| 5 | Delhi | 15 | 15 | 100.0 |
| 6 | Goa | 5 | 4 | 80.0 |
| 7 | Gujarat | 5 | 5 | 100.0 |
| 8 | Haryana | 11 | 8 | 72.7 |
| 9 | Himachal Pradesh | 14 | 14 | 100.0 |
| 10 | Jammu & Kashmir | 30 | 11 | 36.7 |
| 11 | Jharkhand | 15 | 15 | 100.0 |
| 12 | Karnataka | 26 | 23 | 88.5 |
| 13 | Kerala | 15 | 14 | 93.3 |
| 14 | Madhya Pradesh | 33 | 25 | 75.8 |
| 15 | Maharashtra | 30 | 28 | 93.3 |
| 17 | Orissa | 25 | 23 | 92.0 |
| 18 | Punjab | 15 | 12 | 80.0 |
| 19 | Rajasthan | 30 | 30 | 100.0 |
| 20 | Tamilnadu | 30 | 28 | 93.3 |
| 21 | Uttar Pradesh | 27 | 23 | 85.2 |
| 23 | West Bengal | 17 | 14 | 82.4 |
| 24 | A&N Islands | 15 | 15 | 100.0 |
| 25 | Chandigarh | 6 | 6 | 100.0 |
| **Total** | | **418** | **366** | **87.6** |

### 3.2.3.7 Nutrition and Health Education

Nutrition and Health education (NHEd) is another very essential service of ICDS scheme. It is meant for effective transmission of certain basic health and nutrition messages to enhance the level of awareness of the community at large particularly that of mothers about the needs of their children and her capacity for provide care for protection and development to the children within the family takes into account. NHED is provided to all women in the age group of 15-45 years, though priority is given to expectant and nursing mothers and malnourished children.

(i) *Themes/Topics covered during NHED session*

The Table-3.44 details out the topics/themes covered during NHED sessions, training materials/aids and methods used for disseminating the information. The information on above Para mention was elicited from AWWs.

All the AWWs reported that they organized Nutrition and health education with the support of supervisors, helpers/community. Table-3.44 depicts information concerning the theme/topics covered during NHED session. The above tables clearly shows that 74.5 percent AWWs organized nutrition and health education as topics like Care of children, followed by 4.7 percent on anaemia. Personal hygiene and environmental sanitation was covered by 29.0 percent AWWs immunization and health care of pregnant women was discussed by 17.4 and 15.2 percent AWWs. Data also suggests that topics related to women empowerment were covered through sessions on legal rights (10.9%) family planning (20.3%) and small scale entrepreneurship (34.5%). Immunization on emerging diseases like HIV/AIDS was also given to mothers by 69.4 percent AWWs.

In order to popularize ICDS the community 10.9 percent AWWs have reported informing community about the Importance and services of ICDS and PSE (20.3%). Very few AWWs provided information topics infant mortality (7.2%) and disaster Management (10.9%) which shows that the interest of AWWs in sharing important knowledge and information with their beneficiaries.

**Table 3.44 Themes/Topics covered during NHED session**

N= 275

| **Theme/topic** | **No.** | **%** |
|---|---|---|
| Nutrition & Health Care of Infants | 205 | 74.5 |
| Anaemia | 13 | 4.7 |
| Perconal Hygiene & Environmental sanitation | 80 | 29.0 |
| Health Care of Pregnant Women | 42 | 15.27 |
| Legal rights /insurance scheme/during | 30 | 10.9 |
| Immunization | 48 | 17.45 |
| Common Illnesses | 20 | 7.2 |
| HIV/AIDS | 19 | 69.4 |
| Infant Mortality | 20 | 7.2 |
| Family Planning | 90 | 32.7 |
| PSE | 56 | 20.3 |
| ICDS | 30 | 10.9 |
| Small Cale entrepreneurship | 95 | 34.5 |
| Disaster Management | 30 | 10.9 |

*(ii) NHEd Methods/Teaching Aids*

AWWs were asked about various methods and teaching aids/material used by them during NHED sessions with mothers. It is important to mention that mostly the sessions were covered through lecture-cum-discussion (70.1%) and interpersonal contact as a method to talk to mothers (Table- 3.45)

**Table 3.45 Methods and Teaching Aids used by AWWs**

| Sl. No. | Methods and Aids/material | No. | % N=275 |
|---|---|---|---|
| 1 | Lecture-cum-discussion | 127 | 48.1 |
| 2 | Demonstration | 27 | 9.8 |
| 3 | Use/Charts/toys/Posters/Banners/Pamphlets | 112 | 40.7 |
| 4 | Bal Swasthya Guide/Guide | 10 | 3.8 |
| 5 | Booklet for pregnant and Nursing mothers | 4 | 1.5 |
| 6 | Puzzles | 29 | 10.5 |
| 7 | Booklets | 24 | 8.7 |
| 8 | Flip charts | 36 | 13.0 |
| 9 | Books/Guides | 14 | 5.0 |

The Table – 3.45 shows that 40.7 percent used charts/posters with mothers to impart education to mothers individually or in groups. Data also reflects that AWWs used teaching aids/material like demonstration of recipes (9.8%) use of guide, booklets (5.0%) puzzles/pamphlets, banners (0.5%). Visual aids like flip cards/flipcharts/flash cards (13.0%).

Education and communication aids were found to be grossly inadequate in AWCs. Oral conversation was observed as the most common method used by AWWs with the mothers.

*(iii) Availability of Training Material for NHEd*

The Data in Table – 3.46 reflects the adequate training material was available in 42.1 percent AWC where as in 30.7 percent no training material was found. Though in 27.2 percent AWCs material was available but was inadequate.

**Table 3.46 Availability of training material for NHEd at AWCs as observed by Consultants/Faculty member**

| Sl. No. | Name of the State/UT | No. of AWWs Observed | No. of AWWs in which Training material was observed | Availability trainig material for NHED | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Adequate/ good | | Inadequate | | Not Available | |
| | | | | No. | % | No. | % | No. | % |
| 1 | Andhra Pradesh | 15 | 15 | 6 | 40.0 | 3 | 20.0 | 6 | 40.0 |
| 2 | Assam | 29 | 21 | 11 | 52.4 | 4 | 19.0 | 6 | 28.6 |
| 4 | Chhattisgarh | 10 | 9 | 4 | 44.4 | 4 | 44.4 | 1 | 11.1 |
| 5 | Delhi | 15 | 14 | 8 | 57.1 | 5 | 35.7 | 1 | 7.1 |
| 6 | Goa | 5 | 5 | 4 | 80.0 | 0 | 0.0 | 1 | 20.0 |
| 7 | Gujarat | 5 | 5 | 3 | 60.0 | 1 | 20.0 | 1 | 20.0 |
| 8 | Haryana | 11 | 9 | 4 | 44.4 | 3 | 33.3 | 2 | 22.2 |
| 9 | Himachal Pradesh | 14 | 14 | 4 | 28.6 | 5 | 35.7 | 5 | 35.7 |
| 10 | Jammu & Kashmir | 30 | 22 | 5 | 22.7 | 3 | 13.6 | 14 | 63.6 |
| 11 | Jharkhand | 15 | 15 | 9 | 60.0 | 4 | 26.7 | 2 | 13.3 |
| 12 | Karnataka | 26 | 22 | 10 | 45.5 | 10 | 45.5 | 2 | 9.1 |
| 13 | Kerala | 15 | 12 | 6 | 50.0 | 4 | 33.3 | 2 | 16.7 |
| 14 | Madhya Pradesh | 33 | 31 | 13 | 41.9 | 9 | 29.0 | 9 | 29.0 |
| 15 | Maharashtra | 30 | 29 | 15 | 51.7 | 3 | 10.3 | 11 | 37.9 |
| 17 | Orissa | 25 | 22 | 6 | 27.3 | 7 | 31.8 | 9 | 40.9 |
| 18 | Punjab | 15 | 14 | 6 | 42.9 | 4 | 28.6 | 4 | 28.6 |
| 19 | Rajasthan | 30 | 30 | 10 | 33.3 | 13 | 43.3 | 7 | 23.3 |
| 20 | Tamilnadu | 30 | 28 | 14 | 50.0 | 4 | 14.3 | 10 | 35.7 |
| 21 | Uttar Pradesh | 27 | 25 | 13 | 52.0 | 4 | 16.0 | 8 | 32.0 |
| 23 | West Bengal | 17 | 16 | 2 | 12.5 | 10 | 62.5 | 4 | 25.0 |
| 24 | A&N Islands | 15 | 11 | 4 | 36.4 | 1 | 9.1 | 6 | 54.5 |
| 25 | Chandigarh | 6 | 6 | 1 | 16.7 | 1 | 16.7 | 4 | 66.7 |
| Total | | 418 | 375 | 158 | 42.1 | 102 | 27.2 | 115 | 30.7 |

*(iv) Observation of NHEd Activities*

As is evident from Table 3.47, the NHEd activities conducted by AWWs are found to be good/ satisfactory by 102 consultants out of 168 and unsatisfactory by 66. The availability of training material was observed in 128 AWC.

**Table 3.47 Observations of Consultants/Faculty Members on NHEd activities**

N=168

| Sl. No. | **Observations** | **No.** | **%** |
|---|---|---|---|
| 1 | Good/ Satisfactory | 102 | 60.7 |
| 2 | Not Satisfactory | 66 | 39.3 |
| 3 | Teaching aids/ Material | 128 | 76.2 |
| 4 | Non availability of Teaching aids | 40 | 23.8 |
| 5 | Improper Infrastructure | 9 | 5.4 |
| 6 | Low Attendance | 18 | 10.7 |
| 7 | Require Guidance & Support | 9 | 5.4 |

9 consultants were of the view that there should be proper infrastructure for conducting NHEd session.

## 3.2.4 Problems/Difficulties faced by AWWs in delivery of Services

The AWWs were asked to explain about the difficulties/problem faced by them in delivery of services. It may be observed from Table 3.48 that the major problems reported by AWWs was lack of facilities (95.7%) which included infrastructure facilities, No/lack of toilets / drinking water facilities, cooking or fuel facility, cooking utensils etc. Inadequate supply of material by 53.3 percent was reported by only 13.1 percent which reflects that the delivery of mechanism related to materials and supplies needs monitoring. Low honorarium was reported by 13.5 present AWWs which in turn may result in low motivation of the worker. 7.1 and 12.0 percent AWWs reported low attendance of children at AWC and lack of community participation respectively. The low attendance at AWCs could be result of many private/ local nursery school mushrooming in the area. Parents like to send their children to nursery schools rather than to AWCs. Another important issue which is required to be addressed is of coordination among departments. Though a low percentage (9.2%) of AWWs have reported lack of coordination with Health and other departments, still it requires to be addressed. 14.2 percent AWWs were having problem related to excess workload which could be of their own department or scheme/programmes of any other departments.

**Table: 3.48 Problems/Difficulties faced by AWWs in delivery of Services**

**N=281**

| Sl.No. | Problem/Constraints | No. | % |
|---|---|---|---|
| 1 | Lack of Facilities | 269 | 95.7 |
| 2 | Lack of Funds | 37 | 13.1 |
| 3 | Inadequate Supply of Materials | 100 | 53.3 |
| 4 | Low Honorarium | 38 | 13.51 |
| 5 | Low attendance of Children | 20 | 7.1 |
| 6 | Lack of Coordination | 26 | 9.2 |
| 7 | Excess Workload | 40 | 14.2 |
| 8 | Lack of Community Support | 34 | 12.0 |

The information was received on Guidance and support from Child Development Project Officers/supervisors. The information was sought from 313 AWWs. The type of guidance provided by CDPOs included suggestions on improving the utilization of services (84.3%) conducting mothers meeting/campaigns of social issues, kishori literacy camps (17.5%) continuing education sessions (35.2%) and monitoring and supervision (9.5%) of ICDS programme (Table-3.49). It was heartening to note that the majority of the AWWs (84.3%) said that CDPOs were always guiding them for improving the delivery of services at AWC, which could be achieved either by increasing the attendance of children at AWC or by providing adequate supplies and material and monitoring the services. A satisfactory achievement was reported by 35.2 percent. AWWs who thought of upgrading their knowledge either through continuing education sessions or on one to one basis during monitoring. Though suggestions after 9.5 reported monitoring and supervisions of records and stocks/supplies percent AWWs it may not be comprehended that others was not doing so. 9.9 percent AWWs had reported that CDPOs guided them in solving their official problems as well as personal. In addition they felt that they were a moral support for them.

**Table 3.49: Guidance and Support from Services for Improvement**

N=313

| Sl.No. | Suggestions | No. | % |
|---|---|---|---|
| 1 | Improved utilization of services | 264 | 84.3 |
| 2 | Mothers meeting/campaigns | 55 | 17.5 |
| 3 | Continuing education of functionaries | 99 | 35.2 |
| 4 | Problem solving | 28 | 9.9 |
| 5 | Monitoring and supervision | 27 | 9.6 |

# CHAPTER - IV

# CONCLUSIONS

## 4.1 Child Development Project Officer

### Supplies to Anganwadi Centres

- The Status of supplies of both PSE and NHED kit was poor in most of the States.
- There was no supply of PSE of NHED kit in the State of Rajasthan, Punjab and Uttar Pradesh.
- The supply of weighing scales showed good responses in all States except Rajasthan, Punjab and Gujarat.
- The availability of medicine kit was poor in almost all State except Andhra Pradesh.

### CDPO Office as Resource Center

- The availability of reading material (manual/booklets) was found to be average. The least availability of reading material was found in Chandigarh, Andaman & Nicobar Islands, Gujarat, Goa and Delhi
- The maintenance of records and register was found to be satisfactory in all States
- The availability of MPRs and MIS performance was poor which could hamper the report system

### Monitoring and Supervision of AWCs

- For monitoring of AWCs, CDPOs used different methods i.e. through regular visits, use of checklist and observation.
- In Goa, Chattisgarh and Chandigarh, CDPOs were using all the three method.
- In the States of Assam, Delhi, Haryana Jammu & Kashmir, Kerala, West Bengal and Andaman & Nicobar Islands monitoring was being done by observation only.

## Assessment of Performance

- **The assessment of AWCs was done regularly by 90.2 percent CDPOs.**
- **Methods used for assessment of performance included punctuality was interacting with the beneficiaries, attendance of children in AWC read keeping and surprise visits.**

### *Guiding Supervisors for Planning Visit*

- 81.5 (percent) CDPOs helped their supervisors plan the monitoring visit to AWC.
- Few of them were not planning visit due lack of time, vacant post of Supervisor, or Supervisor Plan their own visits.
- Guidance to functionaries was provided through use is instructions, demonstration of growth monitoring, supplementary nutrition and by giving suggestions for improvement.
- The mother and child protection card were used by only one CDPOs from Madhya Pradesh for providing guidance.
- Mothers meeting/balvikas samiti meeting were not being conducted by majority of CDPOs.

### *Strengths and Weakness*

- Some of the strength of AWWs and supervisors highlighted by CDPOs included sincerity/adjustable dedication. Co-operative nature a good rapport with community as well as well educated knowledgeable.
- Weakness included lack of motivation/over work/stress, lack of proper training, irregular supervision, continuing education of functionaries
- 78.3 percent were providing continuing continuing education to AWWs and supervisors.

### *IEC Activities*

- The IEC activities were organized regularly.
- Noinfornation regarding IEC activities was given by CDPOs of Delhi, Goa in Comparison to the States of Chattisgarh, goa, Gujarat, Haryana, Himachal Pradesh Jharkhand, Punjab and Andaman & Nicobar Islands where organizing IEC activities regularly.
- Different types of IEC activities organized included Mahila Jagriti Shivir and Women and Adolescent Girls, Campaigns during Breastfeeding/nutrition week.
- The States of Assam, Delhi, Goa, Gujarat, Kerala did not utilized any IEC funds.

- The IEC funds were utilized for preparation of different training materials pamphlets/wall board, slogans/wall writing organizing NHED during breast-feeding week nutrition and community meeting etc.
- Topic of continuing education session. The topics covered during continuing education session related to different services provided
- Maximum number of sessions on demonstration on PSE activities immunization, HIV/AIDS and supplementary nutrition. The topic like mortality rate, locally available food, low cost recipes and importance of savings.

### *PRI Involvement and IEC Activities*

- ICDS has been envisaged and conceptulised as a community based programme The improvement of PRIS was stated by almost all CDPOs belonging to Assam, Chattisgarh, Gujarat, Himachal Pradesh, Punjab, Rajasthan, Uttar Pradesh, West Bengal, Andaman & Nicobar Islands Chandigarh & Kerala, PRI members were involved in bringing quality improvement in ICDS.
- In States of Delhi, Goa there was no involvement of PRIS reported by the CDPOs.

### *Scheme/Programmes*

- State Government has taken up many initiatives at the state level by introducing innovation in ICDS.
- The different scheme/programmes introduced by state level included child and women protection programme in 10 States.
- Municipal Corporation Rotary Club/Mission Shakti and Micro finance activities and Ladli Scheme.

### *Innovations and Best Practices*

- The innovation/best practices were being practiced by ICDS functionaries 45 CDPOs out of 92 have adopted innovation & best practices.
- Increase immunization coverage and decrease in morbidity/mortality were reported by CDPOs from Karnataka

#### *Additional Tasks/Assignments of CDPOs and Supervisors*

- ICDS functionaries at the project village level are given many other responsibilities in addition to their own responsibilities.

- Additional task/assignments related to their own department as well as other ministries/departments such as Health and Family Welfare, Rural Development Food and Civil Supplies and Education etc.
- For proper implementation of the programme it is essential that physical facilities and supplies are adequate. It may not be noted that half of the CDPOs reported lack of proper infrastructural facilities, no facility for telephonic or inadequate toilet and water facility either at AWC on in their office.
- The unavailability of weighing machines, PSE kits, NHEd kit and irregular supply of Supplementary Nutrition.
- The improper monitoring and supervision was due to lack of vehicle

Lack of support from subordinate, inadequate training of functionaries and lack of community participation add to slow improvement in the ICDS programme.

## *4.2 Anganwadi Workers*

### *Information about AWWs*

- Majority of AWWs were literate 15.1 percent graduate and 4.5 percent AWWs were postgraduate. Among all States Chhattisgarh reported maximum number of educated AWWs that included 30.0 percent post graduate. AWWs
- None were below matric.
- As high as 80.4 percent had undergone job training. Andhra Pradesh, Chattisgarh, Kerala and Andaman & Nicobar Islands cent percent (100.0%) AWWs were trained.
- 60.5 percent AWWs had received Refresher Training
- AWWs should preferably be from same village/locality. It is to be noted that 83 percent of AWWs belonged to same village/locality.

### *Physical Infrastructure of AWCs*

- Out of the 418 AWCs visited, 303 (72.5%) were located in *pucca* building and very few (1.2%) AWCs were running in open.
- Majority of AWCs (77.5%) had sufficient indoor and outdoor (69.4%) space available to them. However, lack of indoor space was observed in States like Andhra Pradesh (60.0%), followed by West Bengal (41.2%).
- Jharkhand (40.0%) and Delhi were only 20.0 percent of AWCs had outdoor space. Chattisgarh emerged as State with cent percent (100%) sufficient availability of both indoor as well outdoor space.

- Despite all efforts still 21 percent of AWCs were without drinking water facility. Worst condition was observed in Assam where only 34.5 percent AWCs had drinking water facility. But all the AWCs in States of Gujarat, Madhya Pradesh and Chattisgarh had proper facilities infact all the Anganwadis in Goa were provided tap water.
- Only half of the AWC (50.2%) had toilet facilities. 86.7 percent AWCs at Delhi reported toilet facility.

**Services provided at AWC**

*Supplementary Nutrition*

- Supplementary Nutrition was found more than satisfactory among 418 AWCs visited.
- 80.9 percent beneficiaries were being selected as per ICDS norms
- 92.9 percent were receiving food supplied is a State Government besides this 2.6 percent were receiving support from WFP and 1.1 percent (Jammu & Kashmir and Punjab) from CARE.
- Practice of providing cooled meal was more prevalent (100.0%) in Delhi, Goa, Gujarat, Jammu & Kashmir and West Bengal where as States like Rajasthan and Karnataka were providing both cooked foods as well as RTE.
- As far as acceptability of food is concerned 80.9 percent AWWs and 70.2 percent consultants found it to be acceptable.
- A total of 185 AWWs (44.3%) reported to have space for storage and only 50.5 percent reported proper cooking facility, which is a matter of concern.
- Though the programme was running successfully, the major cause of interruption of Supplementary Nutrition was shortage of supply (94.7%) and lack of proper storage facility (5.3%).
- As regards community support, it was reported to be poor in all States. It was reported that more than half (57.2%) community members were not contributing anything.

## Growth Monitoring

- Success of growth monitoring depends on the extent to which weighing scales; growth charts etc. are available. The data revealed that 70.3 percent AWCs had salter scale/spring balance. Chattisgarh, Delhi, Gujarat and West Bengal reported cent percent (100.0%) availability of salter scales.
- Monitoring Status of Punjab was worst as only one third (33.3%) AWCs had weighing scales and one fourth (25..0%) AWWs were accurate enough to plot growth curves.

### *PSE*

- Data during monitoring visits was collected in respect of PSE activities conducted at all the AWWs were providing services related to PSE.
- Different methods were being used included play way method (28.6%), role play (9.2) etc.

### *Health Check-up and Immunization*

- Health Check-up and Immunization Services were rated as good by 60.7 percent consultant
- Majority (85.7%) of the AWWs were reported to maintenance proper of records and registers of immunization.

### *Referral Services*

- The availability of referral slips at AWCs was reported in only 19.4 percent AWC and no slips were available in any of the centers in States/Uts of Chandigarh, Delhi, Goa, Haryana and Kerala, which is matter of great concern.

### *Community Support*

- 81.1 percent local women/SHGs were attending meeting being organized by AWWs. These meeting are generally organized for imparting nutrition and health education to mothers/community.

### *Nutrition and Health Education*

- NHED is another very essential service of ICDS scheme. 74.5 percent AWWs organized nutrition and health education sessions.
- In order to popularize the ICDS in community 10.9 percent AWWs have reported informing about the importance and services of ICDS.
- The most prevalent methods used by them during NHEd sessions with mothers were lecture-cum-discussion (70.1%).
- Data reflected that the NHEd materials were grossly inadequate in AWCs to conduct the activities smoothly.

### *Problems/difficulties faced by AWWs*

- The major problem reported by AWWs was lack of facilities (95.7%) these were mainly lack of infrastructure and improper drinking water and toilet facilities. Other problems listed were lack of funds (13.1%), excess workload (14.2) and lack of community support (12.0%).

### *Support Guidance*

- 37.4 percent AWWs received guidance and support from supervisors/CDPOs on record keeping followed by NHEd session (18.0%), Health and nutrition, which also. However, 19.8 percent AWWs did not receive any specific guidance and support from their respective supervisors/CDPOs.

## SUGGESTIONS

The major suggestions for improving implementation ICDS programme include:

- Proper infrastructural facilities at project level as well as AWC level
- Convergence of services with health department for health check-up, immunization and referral
- Increase in honorarium of AWW
- Filling up of vacant position
- Strict monitoring and supervision of delivery of services
- Regular supply and quality to supplementary nutrition programme to be assessed
- Proper Growth Monitoring and functional weighing scales
- Ensuring supply of medicine kit and vaccines at AWC
- PSE/NHED kits to be made available
- Availability of vehicle for monitoring
- Village level involvement of PRIs for village level monitoring

To bring out change in the knowledge attitudes and practices of community it essential that complete and latest information is imp