



# Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts



**Central Monitoring Unit (CMU) of ICDS**

**National Institute of Public Cooperation & Child Development  
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# राष्ट्रीय जन सहयोग एवं बाल विकास संस्थान

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## From the Director's Desk

Launched on 2<sup>nd</sup> October, 1975 on the occasion of Birth Day of father of the Nation Mahatma Gandhi, Integrated Child Development Services Scheme (ICDS) is a unique early child hood development programme aimed at addressing health, nutrition and developmental needs of young children and pregnant and nursing mothers. ICDS platform is viewed as a base for providing a continuum of care in a life cycle approach aimed towards impacting mother and child development. Over 38 years of its operation, ICDS has expanded from initially launched in 33 community development blocks in 1975 to cover 7076 blocks and almost all habitations across the country.

As per kind decisions of PM's National Council on India's Nutrition Challenges and subsequently recommendations of the National Advisory Council, the ICDS scheme has been restructured after putting it in Mission mode during 12<sup>th</sup> Five Year Plan. The implementation of ICDS mission is being carried out in a phased manner and after institutionalization of range of programmatic, institutional and managerial reforms focussing on decentralized manner. The ICDS Mission implementation began in first phased during the year of 2012-13 in 200 high burden districts of the country.

After implementation of ICDS Mission in 200 high burden districts, a need was felt by Task Force of Result Framework Document (RFD) of Ministry of Women and Child Development to conduct a concurrent independent evaluation of ICDS in these high burden districts of the country on specified key indicators. The task of conducting the study was entrusted by Ministry of Women and Child Development (MWCD), Government of India to Central Monitoring Unit of ICDS located at National Institute of Public Cooperation and Child Development (NIPCCD). The evaluation was carried out with the help of professionals working in various Medical Colleges, Colleges of Home Science etc.

The present report is based on empirical data collected on specified key indicators which were considered crucial for appraisal of various aspects of implementation of ICDS. It is hoped that the findings, conclusions and recommendations of the study will immensely help in improving the implementation of ICDS Programme in these 200 high burden districts.

I wish to place on record my appreciation for the efforts and hard work put in by Dr D.D.Pandey, Deputy Director for undertaking such a voluminous task efficiently and preparing the report in record time. I would like to express my hearty thanks to Shri S.K.Srivastava, Additional Director for his valuable inputs and professional advice in finalisation of the report. I am also thankful to the collaborating institutes of CMU, faculty of NIPCCD working at its Regional Centers and other project staff of CMU for their participation and contribution to the success of the project. I would also like to acknowledge the support provided by the ICDS functionaries and ICDS beneficiaries of high burden districts by unhesitatingly giving their time during the process of data collection.

**(Dr Dinesh Paul)**  
Director

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ADI	:	Average Daily Intake
AHS	:	Annual Health Survey
AG	:	Adolescent Girls
ANM	:	Auxillary Nurse Midwife
APIP	:	Annual Programme Implementation Plan
AP	:	Andhra Pradesh
AS	:	Assam
AWC	:	Anganwadi Centre
AWW	:	Anganwadi Worker
AWH	:	Anganwadi Helper
BIRC	:	Block ICDS Resource Centre
BRGF	:	Backward Region Grant Fund
CMU	:	Central Monitoring Unit
CDPO	:	Child Development Project Officer
DPO	:	District Programme Officer
DLHS	:	District level Household Survey
ECCE	:	Early Childhood Care and Education
EPC	:	Empowered Programme Committee
GOI	:	Government of India
GM	:	Growth Monitoring
HP	:	Himachal Pradesh
HCM	:	Hot Cooked Meal
HBD	:	High Burden Districts
JTC	:	Job Training Course
IAP	:	Integrated Action Plan
ICDS	:	Integrated Child Development Services
IEC	:	Information, Education and Communication
IMR	:	Infant Mortality Rate
IYCF	:	Infant and Young Child Feeding Practices
J&K	:	Jammu and Kashmir
KSY	:	Kishori Shakti Yojana
LHV	:	Lady Health Visitor

MCP Card	:	Mother and Child Protection Card
ME	:	Monitoring and Evaluation
MIS	:	Management Information System
MLALAD	:	Member Of Legislative Assembly Local Area Development
MO	:	Medical Officer
MOU	:	Memorandum of Understanding
MORD	:	Ministry of Rural Development
MoPR	:	Ministry of Panchayati Raj
MoN&RE	:	Ministry of New and Renewable Energy
MoSJ&E	:	Ministry of Social Justice and Empowerment
MoDW&S	:	Ministry of Drinking Water and Sanitation
MoHA	:	Ministry of Home Affairs
MoS&PI	:	Ministry of Statistics and Programme Implementation
MoUD	:	Ministry of Urban Development
MoE&L	:	Ministry of Employment and Labour
MoYA&S	:	Ministry of Youth Affairs & Sports
MoCA	:	Ministry of Corporate Affairs
DoPE	:	Department of Physical Education
MoC	:	Ministry of Commerce
MoTA	:	Ministry of Tribal Affairs
MoI&B	:	Ministry of Information and Broadcasting
MoF&CA	:	Ministry of Food and Consumers Affairs
MoP	:	Ministry of Petroleum
MPLAD	:	Member of Parliament local Area Development Scheme
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MP	:	Madhya Pradesh
MPR	:	Monthly Progress Report
MSDP	:	Multi Sectoral Development Programme
MWCD	:	Ministry of Women and Child Development
NE	:	North East
NGO	:	Non Government Organization
NFPSE	:	Non Formal Pre School Education
NHED	:	Nutrition and Health Education
NPC	:	National Policy for Children
NRHM	:	National Rural Health Mission
NIPCCD	:	National Institute of Public Cooperation and Child Development
NRC	:	Nutrition Rehabilitation Centre



PG	:	Post Graduate
PSE	:	Pre School Education
PHC	:	Primary Health Centre
PRI	:	Panchayati Raj Institutions
RBSK	:	Rashtriya Bal Swasthya Karyakram
RCH	:	Reproductive and Child Health
RFD	:	Result Framework Document
RTE	:	Ready to Eat
RDA	:	Recommended Dietary Allowance
RIDF	:	Rural Infrastructure Development Fund
SABLA	:	Rajiv Gandhi Scheme for empowerment of adolescent girls
SAM	:	Severe Acute Malnourished
SC	:	Scheduled Caste
SHG	:	Self Help Group
SS	:	Senior Secondary
SN	:	Supplementary Nutrition
SSA	:	Sarva Shiksha Abhiyan
THR	:	Take Home Ration
TORs	:	Terms of Reference
TN	:	Tamil Nadu
TLM	:	Teaching Learning Material
UT	:	Union Territory
UP	:	Uttar Pradesh
WB	:	West Bengal
WFP	:	World Food Programme
WHO	:	World Health Organization





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# Executive Summary





## Executive Summary

In pursuance of National Policy on Children, 1974, the ICDS Programme was launched by Government of India with major objectives of improving the nutritional and health status of children in the age group 0-6 years; laying the foundation for proper psychological, physical and social development of the child; reducing the incidence of mortality, morbidity, malnutrition, and school dropout; achieving effective coordination of policy and implementation amongst the various departments to promote child development and enhancing the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education .

Over 38 years of its operation, ICDS has expanded from 33 community development blocks and 4891 Anganwadi Centers to become universal through 7025 operational ICDS Projects and 13.38 lakhs AWCs across the country.

During 12<sup>th</sup> Five Year Plan, ICDS has been restructured and has been approved for its implementation in Mission Mode with approved budgetary provision of Rs 1,77,456 Crore ( Rs 1,23,580/- Crore as GOI share and Rs 53,876 Crore as State Share ).

Many programmatic, management and institutional reforms are being carried out in 12<sup>th</sup> Five Year Plan , which inter alia includes repositioning of AWC as a “**vibrant ECD centre**“ to become the first village outpost for health, nutrition and early learning- , maximum of six hours of AWC working, focus on under 3s, identification and management of severe and moderate underweight through community based interventions SnehaShivirs, decentralized planning and management, flexible architecture – flexibility to States in implementation for innovations, strengthening governance- including PRIs, partnership with civil society, introducing AIPs and MOUs with States/UTs etc.

Considering the price escalation, the cost norms of supplementary nutrition has been revised. Similarly, the cost norms of other existing components such as medicine kit, PSE kit, monitoring, rent of AWCs and office of CDPOs, POL, IEC , purchase of vehicles, uniform and badges, procurement of equipment's/furniture, administrative expenses have also been revised.

With a view to transform AWC into a vibrant ECD center, the package of services have also been redesigned and strengthened. The components under redesigned and strengthened package inter alia includes Early Childhood Care, Education and Development(ECCED) (Non Formal Pre-School education and Supplementary Nutrition), Care and Nutrition Counseling maternal care and counseling, care, nutrition, health & hygiene education, community based care and management of underweight children), health services (immunization and micronutrient supplementation, health check up and referral services) and Community Mobilization, Awareness, Advocacy & IEC (IEC, campaigns and drives, etc). The details of re-designed package of services under ICDS scheme are available in the Broad Framework for Implementation.



## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

There is a provision for additional human resource/technical manpower support at different levels of ICDS implementation. The government has also approved the various measures to improve human resource management inter-alia consisting of appointment and selection policy, prescribing minimum qualification of matriculation and age limit 18-35 years for appointment as AWW and AWH, separate cadre for ICDS in states/UTs, permitting states to fill up vacant posts on contract basis, opening a cluster office at a strategically located AWC for managing a cluster of 17-25 AWCs by placing one Supervisor at the cluster office, rationalizing appointment of AWWs as supervisors etc.

With a view to address the menace of malnutrition in those districts where it is prevalent most, Nutrition Counselor cum Additional Worker (per AWC) would be provided in 200 high burden districts. For other districts, a provision has been made for a link worker, as specified in the Broad Framework of Implementation.

During 12<sup>th</sup> Plan period, buildings for 2 lakh AWCs would be constructed, funding for which would be provided @RS. 4.50 lakh per unit. As a new initiative on experimental basis, 5% of the existing AWCs would be converted to AWC-cum-Crèche. Further with a view to strengthen governance, it has been decided to assign management and operation to upto 10% ICDS projects to NGOs/voluntary organisation. Management of moderately and severely undernourished children (*Sneha Shivirs*), IEC/Advocacy, promoting IYCF practices, strengthening monitoring and evaluation and MIS & ICT, grading and accreditation of AWCs and reward scheme would also be undertaken as per the broad framework for implementation.

Training and capacity building has been strengthened inter-alia consisting of Strengthening training at states levels – setting up of training cells at state levels setting up of state training institutes for ICDS (in 10 states), Strengthening of NIPCCD through Training Resource centre for ICDS, Strengthening of MLTCs and AWTCs- Monitoring and Accreditation; Revision and development of course curricula / module/training and learning materials; Up-gradation of Training facilities; Regular Training Programmes; Training need assessment and Revision of financial norms as per Broad Framework of Implementation subject to overall budgetary allocations.

The goal of the ICDS Mission is to attain three main outcomes namely; Prevent and reduce young child under nutrition (% underweight children 0-3 years) by 10 percentage point; (ii) Enhance early development and learning outcomes in all children 0-6 years of age; and (iii) Improve care and nutrition of girls and women and reducing anaemia prevalence in young children, girls and women by one fifth. Annual Health Survey (AHS) and District Level Household Survey (DLHS) will be used as baseline for measuring the outcomes of ICDS Mission.

### ICDS in High Burden Districts

Restructured ICDS is being rolled out in phased manner in the country. In year one (2012-13) of 12<sup>th</sup> Five year Plan, the restructured ICDS was rolled out in 200 high burden districts followed by additional 200 districts in the second year (2013-14 w.e.f. 1<sup>st</sup> April,





2013) including districts from special category states and NER. The remaining districts would be covered in third year (2014-15 w.e.f 1<sup>st</sup> April, 2014).

Many programmatic, human resource and institutional provisions have been made under restructured ICDS in high burden districts. These include rolling out of revised cost norms of Supplementary Nutrition; provision of an additional AWW cum Child Development & Nutrition Counsellor on demand by State Governments through AIPs; establishment of Block ICDS Resource Centre (BIRC) with additional three posts of Counsellor, Para Counsellor, and Outreach worker cum Helpline operator primarily in High Burden Districts

After rolling out of restructured ICDS for about a year, **a need was felt by Task force of Result Framework Document (RFD) of MWCD to conduct a concurrent independent evaluation of ICDS in these high burden districts.** Accordingly, MWCD vide its letter no 2-4/2013-ME dated 12<sup>th</sup> August, 2013 entrusted the Central Monitoring Unit of ICDS located at NIPCCD to conduct a concurrent independent evaluation of ICDS. CMU was mandated to conduct such evaluation by CMU consultants working in select institutions of CMU so as to make a third party evaluation. As per TORs given by MWCD to CMU of NIPCCD, it was requested to conduct such evaluation on major indicators like percentage of children and women and nursing mothers who are receiving supplementary nutrition with vis-à-vis the enrollment, percentage of severely undernourished children given additional supplementary nutrition and percentage of children weighted and plotted on New WHO Child Growth Charts. The study was mandated to cover 100 ICDS blocks located in two hundred high burden districts.

### Objectives of the Study

The objectives of the study were to assess the status of implementation of ICDS in terms of coverage, outreach, coordination and convergence; to assess the service delivery status particularly of supplementary nutrition, growth monitoring and use of new WHO Child Growth Standards in ICDS; to identify the gaps and problems and constraints in the implementation of ICDS programme in high burden districts and to recommend suitable mechanism /strategies for effective implementation of service delivery in ICDS

### Sample

Data were collected from **117 ICDS Projects and 585 AWCs located in 108 high burden districts of those nineteen States/UTs where these 200 high burden districts are located.**

### Data Gathering Instruments

The data were mainly collected after conducting; Interview of Anganwadi Workers; Interview of Sector/Circle Supervisors; Interview of Child Development Project Officer; Focussed Group Discussion about quality of ICDS services with Community and Community Leaders; Members of Panchayati Raj Institutions; ICDS Beneficiaries; Going through the records/registers maintained at AWC and at Project level and going through MPRs and QPRs maintained at the AWC and at the ICDS Project level.



## Process of Data Collection, Tabulation, Analysis and Summarization

The data was mainly collected by CMU consultants working in select Institutions in those 19 States/UTs where these high burden districts were located. In some cases, where there was either no CMU institution like in the States of Nagaland and Assam and CMU institution was not functioning at the moment like in Haryana and in some of those States where exceptionally high number of high burden districts were located like in UP(41) and MP(30) and in Rajasthan (20 ) and thus it was difficult to collect the data within stipulated time frame of two months by CMU institutions alone, the data were also collected by faculty members of NIPCCD and CMU Project staff working in NIPCCD HQs and its four Regional centres.

Several measures were taken to generate and collect the reliable and good quality data. Various ICDS indicators were finalised in consultation with officials and trainers of ICDS and ICDS consultants working in selected CMU Institutions located across the country.

The consultants were requested to ensure that the data is consistent and there are no missing values. Feedback on data quality was also provided by CMU officials to consultants, as and when needed, which has also helped in improving the quality and consistency of data. It was made mandatory to all consultants to share the monitoring reports with concerned ICDS Project and State officials about the major observations. Guidelines developed by CMU, NIPCCD helped the consultants in filling the data on the data capture formats.

The formats of the data were prepared in such a way that the data could be used in variety of ways for subsequent analysis. The data base was created project wise with an intention to optimally utilise the valuable empirical information for other purposes as well. The data were disaggregated at the State and Project level. The obtained data was tabulated using Excel Work sheet for its analysis. Apart from using simple statistical measures such as frequencies (f) , percentages (%) , averages (  $\mu$  ) and ranges, an attempt was also made to present the data graphically using bar diagrams, histogram, cones, cylindrical , pie , line etc.

## FINDINGS

### Infrastructure

**It was found that more than three fourth (88.55%) of AWCs were located in Pucca building.** Though all the AWCs (100%) in the UT of Daman & Diu and the State of Punjab were running in Pucca building and majority of AWCs in the States of Rajasthan(97%), Karnataka(96%),Uttar Pradesh(95%),Gujarat(95%), Uttarakhand(93%), Maharashtra(92%), West Bengal(90%), Haryana(86%), Assam(86%), Madhya Pradesh (84%)and Andhra Pradesh (80%)were located in Pucca building however, the situation needs improvement in many other States like in the States of Bihar, Jharkhand and Nagaland where considerable high number of AWCs (22.86%,33.33% and 80% respectively) were found located in Kutcha building.

**Only less than one fifth (16.41%) of AWCs were found in located in premises of primary school** .About less than half of AWCs (41.03%) were found located in the building either provided by State Government or constructed by the State Government utilizing the provisions available in various other schemes. In the State of Uttarakhand, more than 93 per cent of AWCs were found located in rent free Government buildings.

**Less than one fifth (15.38%) of AWCs were found running in rented buildings.** While in the State of Bihar, more than half of AWCs (51.43%) were located in rented buildings, about more than one third of AWCs in the States of Himachal Pradesh and Jharkhand (40% each) were found running in rented premises. About one fourth of AWCs in the State of MP and Rajasthan (25%each) were found running in rented building. Negligible percentage of AWCs (3.59%) were found running in AWWs /Helper's house.

**The location of AWCs within same village was reported in only less than half of AWCs.** All AWCs from the States of Nagaland and Assam were found located in same village followed by Himachal Pradesh(80%), Odisha(73%) and Rajasthan (63%), Maharashtra and Gujarat (60% each). Nearly half of AWCs from the States of Madhya Pradesh (50%) and Bihar(46%) were found located in same village. The location of none of the AWCs from West Bengal was found in same village.

**Less than half (44.27%) of AWCs were having availability of toilets** .Only in the UT of Daman and Diu, all (100%) AWCs were found having availability of toilets. The availability of toilets were reported from more than half of AWCs from the States of Uttarakhand (73%) followed by Gujarat and Haryana (60% each), Chhattisgarh (56%) and Odisha (53%). In none of the AWCs from the State of Nagaland, the availability of toilet was reported. In about little more than one tenth (13%) of AWCs, though toilets were found available but were not found in usable condition. Such percentage was found higher in case of State of Karnataka (30%) followed by Haryana (26%) and in UP(25%). The availability of child friendly toilets were reported in significantly higher number of AWCs (95%).

**Only 9 per cent of AWCs were having provision of separate toilet facility for boys and girls.** This needs improvement by providing such facility in all AWCs.

**A good number (61.88%) of AWCs are yet to be provided the availability of separate storage space.** Only in the State of Karnataka and UT of Daman and Diu, every eight out of ten (80%) AWCs were found having availability of adequate separate storage space, however, the situation needs improvement in the States of Nagaland where none of the AWCs were found having the adequate availability of storage space, The situation was also found worst in the States of Assam, Bihar and in UP where such percentage was reported very low with 13 per cent, 17 per cent and 19 per cent respectively.

### Personal Profile and Training Status of ICDS Functionaries

**So far as educational background of AWWs is concerned, it was found that 12.48 per cent of AWWs were below metric and about one third of AWWs were Metric (31.45%), 28per cent of AWWs were 12<sup>th</sup> pass.** About little less than one fifth (17.61%) of AWWs were



also found Graduate and 10 per cent of AWWs as Post Graduate. Though, in the State of Andhra Pradesh (86%) of AWWs were found metric, the qualification as prescribed in ICDS Mission, 2012 however, matriculation background was not reported from nearly half of AWWs (50%) from the State of Assam and Jharkhand. The maximum number of Post Graduate AWWs were found in Chhattisgarh (23%) followed by UP (23%) and MP(22%).

**The appointment status of AWWs was found satisfactory with about 97% of them in position.** Almost more than 98 per cent of AWWs in the States of Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Punjab and Rajasthan were found in position. However, the situation in UT of Daman and Diu needs improvement as 35 per cent of Posts of AWWs were found lying vacant.

**In contrast of filling up positions of AWWs, about one fourth posts (25%) of ICDS supervisors and one fifth (20%) posts of CDPOs were found lying vacant.** The vacancy position of Supervisors was found much higher in Haryana (54%) followed by UT of Daman and Diu (50%) and in UP (40%). Similarly, the vacant position of CDPOs was found higher in the State of West Bengal (50%) followed by Rajasthan (36%) and Chhattisgarh and Uttarakhand with 33 per cent each.

**84 per cent of AWWs, 87.7 per cent of ICDS Supervisors and 80.85 per cent of CDPOs have received job training.** While all AWWs(100%)in the State of Rajasthan have received Job Training , significant number of them in the States of Chhattisgarh (99%), West Bengal (98.7%), Punjab (97.6%), Nagaland (97%), Madhya Pradesh (96.26%), Jharkhand (94%), Andhra Pradesh (92.62%) Karnataka (92.48%), Haryana (92%) have received Job Training. The more number of AWWs from the States of Assam (50%), Himachal Pradesh (33%) and Odisha (30%) needs to be job trained.

**Compared to job training, the situation of refresher training was reported worst. All States were found having backlog of refresher training of AWWs, Supervisors and CDPOs.** The highest backlog of AWWs refresher training was reported from the State of Himachal Pradesh (85%).

## Service Delivery Status

### Supplementary Nutrition

- **Status of Enrolment and Actual Beneficiaries Availing Supplementary Nutrition**

**It was found that about 90 per cent of Children in the age group of 6 months to 3 years were enrolled and about 94 per cent of them were actually availing the services related to supplementary nutrition.** All of the enrolled children (100%) from the UT of Daman and Diu and the State of Nagaland and majority of them from the States of Andhra Pradesh, Jharkhand, Karnataka, Uttarakhand, Gujarat(99%) were found availing the services of SN. The situation needs improvement in the State of Assam where only 50 per cent of registered children were found availing the services of SN.

**It was found that about 74 per cent of Children in the age group of 3 years to 6 years were enrolled and about 84 per cent of them were actually availing the services related to supplementary nutrition.** Majority of the enrolled children (more than 90%) from the States of Jharkhand, Karnataka, MP, Rajasthan, Uttarakhand and Bihar were found availing the services of SN. The situation needs improvement in the State of Himachal Pradesh where only close to three fourth (70%) of registered children were found availing the services of SN.

**It was found that about 79 per cent of pregnant women were enrolled and about 94 per cent of them were actually availing the services related to supplementary nutrition.** All of the enrolled pregnant women (100%) in the State of Nagaland and majority of the pregnant women (more than 90%) from the States of Andhra Pradesh, Gujarat, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Rajasthan, UP and West Bengal were found availing the services of SN. The situation needs improvement in the State of Assam where only 50 per cent of registered pregnant were found availing the services of SN.

**It was found that about 77 per cent of lactating mothers were enrolled and about 92 per cent of them were actually availing the services related to supplementary nutrition.** All of the enrolled lactating mothers (100%) in the State of Nagaland and majority of the lactating mothers (more than 90%) from the States of Andhra Pradesh, Gujarat, Haryana, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Rajasthan, UP and West Bengal and UT of Daman and Diu were found availing the services of SN. The situation needs improvement in the State of Assam where only 53 per cent of registered lactating mothers were found availing the services of SN.

- **Status of Distribution of Take Home Ration**

**Take Home Ration (THR) to the children of 6 months to three years was being distributed in 89.57 per cent of AWCs located across the country.** All of the AWCs in the States of Bihar, Chhattisgarh, Gujarat, Jharkhand, Nagaland, Odisha and UT of Daman and Diu were found distributing THR to the children of 6 months to 3 years. Improvement is needed in the State of West Bengal where only 30 per cent of AWCs were found distributing THR to the children below 3 years of age.

**So far as distribution of Take Home Ration (THR) to pregnant and nursing mothers is concerned, it was found that 84 per cent of AWCs were distributing the same.** Though all AWCs (100%) from the States of Gujarat, Jharkhand, Odisha and Rajasthan and majority of them (more than 90%) from the States of Bihar, Chhattisgarh, Maharashtra and UP were found distributing THR to pregnant and nursing mothers, however, improvement is alarming in the State of West Bengal where none of the AWC and in the UT of Daman and Diu where only 20 per cent of AWCs were distributing THR to pregnant and nursing mothers.

- **Status of Distribution of Morning Snacks**

**So far as the distribution of morning snacks is concerned, it was found that 83.76 per cent of AWCs were distributing morning snacks.** Though, all AWCs(100%) in the States of Assam, Chhattisgarh, Odisha, Punjab, Rajasthan, UP, Uttarakhand and West Bengal and UT



of Daman and Diu were found of distributing morning snacks, however, improvement is needed in the States of Jharkhand (27%) and in Nagaland where only 40 per cent of AWCs reported of distributing morning snacks.

- **Status of Distribution of Hot Cooked Meal**

**The distribution of Hot Cooked Meal was found in majority (92.65%) of AWCs.** Though all AWCs (100%) in the States of Assam, Chhattisgarh, Nagaland, Odisha, Rajasthan, UP, Uttarakhand, West Bengal and UT of Daman and Diu and more than 90 per cent of AWCs from the States of Gujarat, Karnataka, MP, Maharashtra and Punjab were found distributing HCM to children 3 to 6 years of age, however, the situation needs improvement in the States of Haryana and Himachal Pradesh where about more than (30%) of AWCs (34%) were found of not distributing HCM to children.

- **Acceptability of Supplementary Nutrition**

**Acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority (89.06%) of the AWCs.** Acceptability of SN was found in all AWCs (100%) located in the states of Andhra Pradesh, Assam, Haryana, Jharkhand, Odisha, Rajasthan and UT of Daman and Diu, and in majority of AWCs (more than 90%) in the States of Gujarat, Karnataka, MP, Maharashtra, Punjab and West Bengal .

- **Distribution of Adequate Quantity of Supplementary Nutrition**

**The distribution of adequate quantity of SN was found in substantial number (86%) of AWCs located across the country.** It was found that all AWCs (100%) in the States of Gujarat, Jharkhand, West Bengal and UT of Daman and Diu were providing adequate quantity of SN. The distribution of adequate quantity of SN was not found in as many as 44 per cent of AWCs in the State of Bihar and in 40 per cent of AWCS in the State of Nagaland.

- **Interruption in Supplementary Nutrition**

**No interruption during past six months in distribution of supplementary nutrition was found in more than half (63%) of AWCs.** The highest interruption was found in the States of Odisha and Uttarakhand (86% each) followed by Punjab (75%), UP(57%) and in Maharashtra and MP (36% each).

- **Availability of Cooking and Serving Utensils for Supplementary Nutrition**

**The availability of utensils for serving of supplementary nutrition was found adequate in little more than two third (67.52%) of AWCs.** Though, all AWCs (100%) in the States of Jharkhand, Odisha and UT of Daman and Diu were found having adequate availability of serving utensils, however, such availability was not found in any of the AWCs located in the State of West Bengal.

Similar trend of availability of adequate utensils for serving SN was also found in case of adequate availability of cooking utensils of supplementary nutrition. **The availability of adequate number of utensils for cooking of SN was found in more than two third (69.23%)**

**of AWCs.** Though, all AWCs (100%) in the States of Jharkhand, Odisha and UT of Daman and Diu were found having adequate availability of cooking utensils, however, such availability was not found in any of the AWCs located in the State of West Bengal.

- **New WHO Child Growth Standards**

**The availability of New WHO Child Growth standards charts was found in 72.65 per cent of AWCs.** Though, all AWCs (100%) in the States of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana and Odisha and majority of AWCs (more than 90%) in the state of Karnataka were found having availability of New WHO Child Growth standards charts, however, the availability of New WHO Child Growth standards charts was not found in any of the AWCs in the state of Nagaland and in substantial number of AWCs in the State of UP and UT of Daman and Diu (80% each).

**So far as weighing of children (0-6 months) as per New WHO Child Growth standards is concerned, it was found that 92.47 per cent of Children (0-6 years) of age were weighed according to New WHO Growth Standards.** All children were being weighed (100%) as per New WHO Child Growth standards in the States of Andhra Pradesh and Himachal Pradesh. More than 90 per cent of children were being weighed as per New WHO Child Growth standards in the States of Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Maharashtra, Odisha, Punjab and Rajasthan.

**It was found that only 67.86 per cent of AWWs were having adequate skills of Weighing Children.** The States where substantial number of AWWs (more than 50%) were found lacking weighing skills were in the UT of Daman and Diu (80%) followed by States of Assam and Bihar (60% each) and Uttarakhand (54%) .

**It was observed that little more than half (56.75%) of AWWs were able to accurately plot the weight on the New WHO Child Growth charts.** The States where substantial number of AWWs (more than 50%) were found lacking plotting skills were in the UT of Daman and Diu (80%) followed by States of Assam (67%) , Bihar (60%) , and Uttarakhand (67%) .

**The status of organization of Counseling Sessions based on Growth Monitoring shows that altogether only half (50.77%) of AWWs organized counseling sessions with mothers on growth monitoring.** While none of the AWWs from the State of Nagaland was found organizing counselling sessions, only 15 per cent in UP, 20 per cent each of them in Assam, West Bengal and UT of Daman and Diu were found of organizing such sessions.

**About three fourth children were found in normal zone.** The prevalence of underweight was recorded in only about 4 per cent of children.

**So far as immunization of children is concerned, it was found that about three fourth children were being immunized** and immunization camps were mainly being organized at AWCs.



- **Nutrition and Health Education**

**It was found that majority (84.96%) of AWCs conducted NHEd sessions in last three months.** Though, all the AWCs (100%) in the States of Andhra Pradesh, Haryana, Odisha, Punjab and West Bengal were found organizing NHEd Sessions on various themes, however, none of the AWC from the State of Nagaland and 40 per cent of AWCs from the UT of Daman and Diu were not conducting any NHEd Sessions. Most discussed topics during NHEd sessions were Nutrition and Health care of Infants/ Children (24%) followed by personal hygiene/sanitation/environmental hygiene (17%) and Immunization(14%).

- **Organisation of Breast Feeding and Nutrition Week**

**Significant (92.94%) number of ICDS projects were found celebrating breast feeding week & nutrition week.** All ICDS Projects (100%) located in the States of Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Punjab, Uttarakhand, West Bengal and UT of Daman & Diu were found celebrating breast feeding week & nutrition week .

- **Organisation of Village Health and Nutrition Day**

**It was found that 64.71 per cent of ICDS projects were organising village health and nutrition day.** Though in the States of Andhra Pradesh, Assam, Jharkhand, Odisha and Uttarakhand and UT of Daman& Diu, all ICDS projects were found organising VHND, however only one third (33%) of them in the State of Haryana and Himachal Pradesh were found organizing VHND.

- **Organisation of Nutrition Exhibition**

**It was reported that only little less than one third (32.94%) of ICDS projects organise the Nutrition Exhibition.** Though organisation of such event was reported from all ICDS Projects in the State of Jharkhand and in substantial number of ICDS Projects (60 to 70%) in the States of MP and Odisha, however, such activity was found missing in all ICDS Projects of the States of Haryana, Assam Andhra Pradesh , UP , Uttarakhand and in Nagaland.

- **Organisation of Demonstration Sessions**

**The organization of demonstration sessions by CDPOs was found in sizable number (81.20%) of ICDS projects.** State specific data stipulates that demonstration sessions were being organised in all ICDS projects of the states of Andhra Pradesh, Himachal Pradesh, Jharkhand, Nagaland, Odisha, Uttarakhand, West Bengal and UT of Daman & Diu. Though, organisation of such session was found in majority (more than 90%) of ICDS projects in states of Karnataka, Madhya Pradesh and in Uttar Pradesh. However, the state of Chhattisgarh was found lagging behind due to organisation of such sessions in half of the ICDS projects.



- **Health Check Up**

**The data on health check-up of children shows that about half (46%) of the AWCs conducts health check up** on monthly basis. All AWCs (100%) located in the States of Jharkhand and Odisha were found conducting health check up on monthly basis, Majority of the AWCs (93%) in the state of Haryana were conducting monthly health checkup. The health checkup was not at all conducted in 23.76 per cent of AWCs during last six months. None of the AWCs in the state of Nagaland conducted health check up of children in last six months.

The data on the status of ante -natal check up of pregnant women shows that about little more than half (51%) of the AWCs conducted first ante natal check-up of pregnant women mostly in the third month of their pregnancy. Majority of the AWCs (90% and above) were found conducting ante- natal check up of pregnant women in the third month of their pregnancy in the states of Jharkhand and Chhattisgarh. Though, in the state of Nagaland and Odisha, all (100%) AWCs were found conducting ante- natal check up of pregnant women in the first month and fifth month of their pregnancy respectively.

- **Referral Slips**

**The availability of referral slips was found in little less than one third (29.40%) of the AWCs.** Though, all (100%)the AWCs in the state of Haryana were having availability of referral slips however, none of the AWCs from the States of Andhra Pradesh, Bihar, West Bengal and UT of Daman & Diu were having availability of referral slips.

- **Medicine Kit**

**The data reveals that the availability of medicine kit was found in 55.73 per cent of AWCs.** The medicine Kit was available in all the AWCs (100%) located in the states of Andhra Pradesh, Haryana and UT of Daman &Diu, however, medicine kit was not found available in any of the AWCs in the state of Odisha. The availability of medicine kit was very low (less than 10%) in the states of Bihar, Chhattisgarh and Uttar Pradesh.

- **Mother and Child Protection Card**

**The maintenance and timely updation of MCP card was reported in sizeable number (84.27%) of the AWCs.** Though, all the AWCs (100%) located in the states of Andhra Pradesh, Assam, Haryana, Jharkhand, Odisha, West Bengal and UT of Daman & Diu were maintaining and timely updating MCP card. Further, though majority (more than 85%) of AWCs in the states of Gujarat, Karnataka, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand were found maintaining and timely updating MCP card, however only half of the AWCs in the state of Maharashtra were properly maintaining and timely updating MCP card.

- **Non Formal Pre School Education**

**It is evident from the data that (71%) of children(3-6 years) of the total population were enrolled for pre-school education under ICDS and about 72 per cent of them were actually attending pre-school education activities.** All of the enrolled children (100%) from State of West Bengal and significant (more than 80%) number of children from the States of Andhra Pradesh, Chhattisgarh, Bihar, Haryana,Karnataka, Madhya Pradesh, Nagaland, and UT of Daman & Diu were found attending pre-school education activities. The situation needs

improvement in the State of Uttar Pradesh where only little more than 50 per cent of registered children were found attending pre-school education.

**It was found that 58.12 per cent of AWCs were having adequate availability of PSE Kit for children.** Though, all AWCs (100%) in the States of Andhra Pradesh, Haryana and Jharkhand and majority of AWCs (more than 85%) in the states of Assam, Chhattisgarh, Himachal Pradesh and Punjab were found having availability of PSE Kit, however, the availability of PSE Kit was not found in any of the AWCs in the state of West Bengal.

**The data further reveals that only little more than one fourth (27%) of AWWs had prepared the low cost teaching and learning material used in conducting pre- school education.** Majority of AWWs in the state of Odisha(93%) had prepared the low cost teaching and learning material for pre- school education. However, none of AWWs in the states of Nagaland and West Bengal were found preparing low cost TLM.

## Monitoring and Supervision

- **Monitoring Visits**

**The data reveals that little more than two third (67.5%) of CDPOs were visiting the AWCs to monitor and supervise them.** The states where all CDPOs (100%) were visiting AWCs for monitoring and supervision were Andhra Pradesh, Assam, Haryana, Jharkhand, Nagaland and UT of Daman & Diu.

- **Monitoring Methods of AWCs**

For monitoring and supervision of AWCs **little more than half (56.41%) of CDPOs were found using checklist as a monitoring method.** All the CDPOs in the states of Assam, Jharkhand and Uttarakhand were found using checklist as one of the method of monitoring and supervising the AWCs. Further, MPR was used for monitoring and supervising AWCs by about half (50.43%) of CDPOs. Though in the state of Jharkhand all(100%) CDPOs and majority (80%and above) of CDPOs in the states of Bihar and Madhya Pradesh were found using MPR as monitoring and supervision tool.

- **Awareness about Five-Tier Monitoring System**

**Only little more than half (57.45%) of CDPOs were found aware of Five-tier monitoring system of ICDS.** Though, in the states of Chhattisgarh and Uttar Pradesh,majority (more than 75%) of CDPO were found aware of five-tier monitoring system, however, none of the CDPOs in the states of Assam, Gujarat, Nagaland, West Bengal and UT of Daman and Diu were aware of five-tier monitoring system.

- **Revised MIS Guidelines**

**It was found that little more than half (58%) of the ICDS projects have received revised MIS guidelines and formats.** Though, in the states of Andhra Pradesh, Assam, Chhattisgarh, Madhya Pradesh and Punjab all of the ICDS projects have received revised MIS guidelines and formats, however, adoption of such guidelines was not found in any of the ICDS project located in the states of Odisha, West Bengal and UT of Daman & Diu.

- **Revised Records & Registers**

**It was found that less than half (44%) of the ICDS projects have received revised records and registers.** Though, all ICDS projects in the states of Andhra Pradesh, Assam, Madhya Pradesh and Nagaland have received such revised records and registers. However, none of the ICDS projects in the states of Odisha, West Bengal and UT of Daman & Diu were found having received revised records and registers.

### Information, Education and Communication

**The data reveals that 72.65 per cent of ICDS Projects were conducting IEC activities.** Though in all ICDS Projects (100%) located in the States of Andhra Pradesh, Haryana, Himachal Pradesh, Odisha, Punjab and UT of Daman & Diu were found organising IEC activities, however, such activities were found missing in ICDS Projects of the state of Nagaland .

**The organisation of awareness rallies on different aspects of ICDS was found only in less than half (45%) of ICDS Projects.** Though all ICDS Projects located in the States of Andhra Pradesh, Chhattisgarh and Jharkhand organise such rallies, however, such status was reported poor in the States of UP and Punjab, where only about one fourth of ICDS projects organise such events. Organisation of awareness rallies were reported in one third of ICDS Projects from the States of Haryana and Himachal Pradesh.

- **Involvement of Community**

**The involvement of community was found in only less than half (43.59%) of the AWCs located across the country.** Though community involvement in various activities of ICDS was found in all AWCs located in the States of Jharkhand and Nagaland and in substantial number of AWCs in the States of Gujarat (85%), Chhattisgarh(77%) Haryana (73%) and in UT of Daman and Diu (80%), however, such involvement was not found remarkable in the States of UP(14%), Uttarakhand (26%) and in Assam (20%).

### Conclusions and Recommendations

Based on the findings of the study, following broad conclusions and recommendations may be drawn up;



### Physical Set Up

Various aspects such as building status in terms of Pucca / kutcha building, location of Anganwadi Center in terms of distance from beneficiary's habitat, availability of safe drinking water, indoor/outdoor space provisions etc were taken into account for assessing the physical set up of the AWC. It is remarkable to note that **though substantial number of AWCs (about close to ninety per cent) were found located in Pucca building, however marginal number of those AWCs which were located in Kutcha building needs to be replaced by Pucca building** from the financial provisions available either under restructured ICDS or by leveraging the funds from BRGF, Area Development Programme, MSDP, RIDF, MGNREGA, 13<sup>th</sup> Finance Commission, MLALAD, MPLAD etc. There is also a need to ensure the availability of toilets. **Concerted efforts are also needed to locate the AWC within the village and to provide toilets in convergence with Total Sanitation Programme as only less than half of AWCs were found located within same village and more than half of them were not having functional toilets.**

### Personal Profile and Training

**It is evident from the findings of the study that not only better qualified women have been joining the cadre of AWWs but there has been an intense competition being faced by them to become AWWs.** This conclusion is based on the finding that about one third of AWWs were Metric as specified in ICDS Mission and about one third of them were 12<sup>th</sup> pass. Little less than one fifth of AWWs were also found Graduate and 10 per cent of AWWs as Post Graduate. In view of this changing trend, due to presence of more educated work force as AWWs, there is a persistent need for rewarding them with more suitable monetary incentives and promotional avenues.

**Strengthening human resources, particularly at the managerial and supervisory level of CDPOs and Supervisors respectively needs proper consideration.** The conclusion is based on the finding that though sizeable number ( more than 95 per cent ) of AWWs were in position, however they were not getting proper guidance and supervision either due to non filling of about one third positions of CDPOs and Supervisors or due to lack of guidance and organization of actual demonstration sessions by them. It was found that only marginal number of CDPOs and Supervisors monitor the AWCs with the help of check list /MPRs and organise the demonstration sessions on various essentials like MCP card, revised MPRs and registers etc.

**Substantial number of ICDS functionaries have received job training, however there is a need to focus more on refresher training.** The conclusion is based on the fact that though majority of ICDS functionaries have received job training but majority of them have not yet further undergone through periodical refresher training as a result many of them were not aware with various recent interventions introduced in ICDS. It was found that many of the ICDS functionaries received the job training a decade earlier when lots of new interventions in ICDS were not introduced and thus they need refresher training in the light of new components of restructured ICDS like Sneha Shivirs, taking care of children of special needs, IYCF, NRCs etc.



**Categorical instructions are required to be issued to emphasize the need for undergoing refresher training by all ICDS functionaries.**

### Service Delivery

The study reveals that **majority of ICDS beneficiaries (children below six years of age and pregnant and lactating women) were not only enrolled but were also actually availing the benefits of supplementary nutrition.** The distribution of various types of supplementary nutrition (THR, Hot Cooked Meal and Morning Snacks) as per norms (prescribed under ICDS Mission) to various types of ICDS beneficiaries was observed in majority of the AWCs. During the focused group discussions, **community satisfaction with the quality of supplementary nutrition was also observed.** Despite of community satisfaction over quality of supplementary nutrition and distribution of supplementary nutrition as per norms envisaged in ICDS Mission, **interruption in supply of supplementary nutrition needs to be removed in many of the high burden districts.**

**Though the status of supplementary nutrition was quite satisfactory, despite of interruption, however, in the absence of proper delivery of IEC interventions for Behavior Change, it is difficult to improve the nutritional indicators in high burden districts.** The conclusion is based on the fact that only marginal number of ICDS Projects were found organising nutrition exhibition and distribution of IEC Material. Such services were found not getting due attention in the States like Uttar Pradesh, MP, Rajasthan and Bihar, where significantly more than half of high burden districts ( 108 out of 200 districts ) are located.

**Health Check Up needs to be done in continuous and comprehensive way .**The conclusion is based on the fact that though health check up of children and pregnant women were being carried out in majority of AWCs but in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. The conclusion is based on the fact that comprehensive health check up taking care of all its aspects (like recording weight, height, checking eyes, worm infestation, anemia, vitamin A deficiency, oedema etc) in case of children was not found in any of the AWC. Similarly, comprehensive health check up taking care of all its aspects ( like taking weight, measuring blood pressure, urine examination, blood examination, measuring pulse rate, checking oedema, checking fetal movement etc) etc) in case of pregnant women was found missing in all of the AWCs taken in the study. The practice of minimum three ante natal check up of pregnant women was only found in half of the total AWCs taken in the study. **It is recommended that health check up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services ) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children upto 6 years of age using Aganwadis as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK. **Referral services are also recommended to be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

Though substantial number (more than 90 per cent ) of children were being weighed according to New WHO Child Growth Standards, however there is a need to impart specialized sensitization and practical training on Use of New WHO Growth Charts to ICDS functionaries. The conclusion is based on the fact that accuracy of weighing and plotting on New WHO Child Growth Standards was observed in only half of AWWs . Further, in the absence of non organisation of counselling sessions based on Growth Monitoring by AWWs, the weighing and plotting exercise is of no use.

### Monitoring and Supervision

Though rigorous monitoring and on the spot guidance by CDPOs and Supervisors are required to take corrective measures , however, in line with earlier evaluations of ICDS , this was again found quite weak. It was found that in none of the ICDS project, the monitoring was being performed as per norms envisaged in guidelines issued by MWCD, GOI. Very few CDPOs were found approving monitoring visits plans of Supervisors and only half of them were found aware about five tier monitoring system introduced by MWCD, GOI much earlier in 2010. **The supervisory staff needs to be properly instructed to do the same and as per the provisions contained in Five Tier Monitoring System introduced by MWCD, GOI in this regard.**

### Information, Education, Communication and Community Mobilization

Community participation in implementation of ICDS was found marginal. The conclusion is based on the fact that majority of the CDPOs were found unaware about various provisions contained in restructured ICDS for community involvement. Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.

# Introduction







The children are our precious resources. The development of any nation on social index and economic prosperity largely depends on the physical, mental and social well-being of this most supremely important asset as enumerated in National Policy on Children, 1974 and subsequently reaffirmed by its updated version in National Policy on Children 2013<sup>1</sup>, developed in harmony of Child Development approaches under 12<sup>th</sup> Five Year Plan.

The policy lays down that the State should provide adequate services to children both before and after birth and through the period of growth so as to ensure their survival and development. The policy resolution also enjoins on the State that it should progressively increase the scope of its minimum basic services (like comprehensive health inputs, supplementary nutrition services for preventing deficiencies in children, expectant and nursing mothers, nutrition education of mothers and non-formal education to pre-school children) so that within a reasonable time, all children in the country are provided conditions for their optimal growth.

As a follow-up of these measures contained in the National Policy Resolution, the **Integrated Child Development Services**, popularly known as ICDS was evolved in 1975 by Government of India with the major objectives of:

- **Improving** the nutritional and health status of children in the age group 0-6 years;
- **Laying** the foundation for proper psychological, physical and social development of the child;
- **Reducing** the incidence of mortality, morbidity, malnutrition, and school dropout;
- **Achieving** effective coordination of policy and implementation amongst the various departments to promote child development; and
- **Enhancing** the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The above objectives are sought to be achieved through delivery of integrated package of six basic services - health care (immunisation, referrals, health check-ups, nutrition and health education), nutritional supplementation and early childhood education (stimulation activities for children of 0-3 years and non-formal pre-school activities for children 3-6 years) so as to benefit the children from pre-natal stage to the age of six years and to pregnant and lactating mothers.

The concept of providing a package of services is based primarily on the consideration that the overall impact would be much larger if the different services are provided in an integrated manner.

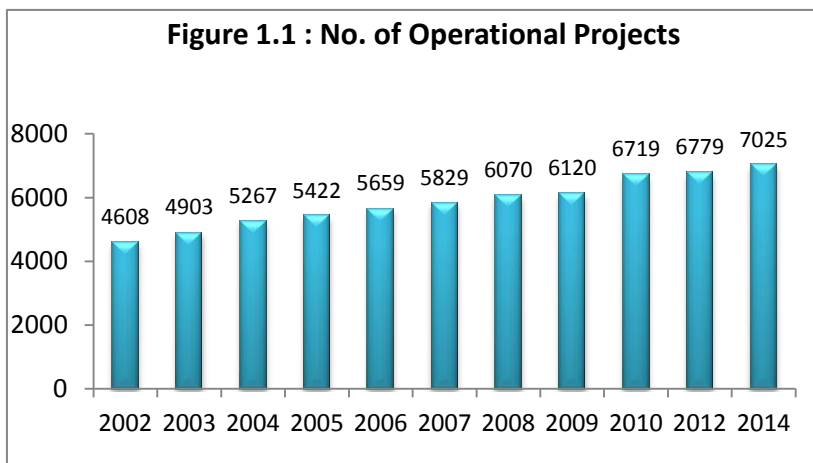
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<sup>1</sup> National Policy on Children, 2013 adopted by Government of India on 26<sup>th</sup> April, 2013

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As ICDS takes a holistic view of the development of the child and attempts to improve his/her both pre and post-natal environment, so besides benefitting children in the formative years(0-6 years) , women between 15-45 years of age are also covered by the programme, as these are child-bearing years in the life of a women and her nutritional and health status has a bearing on the development of the child.

Further, in order to better address the concern for women and for girl child, interventions have also been designed for adolescent girls seeking to break the inter-generational cycle of nutritional disadvantage. The adolescent girls therefore have also been brought under the ambit of ICDS services.



After traversing a momentous path from its launching in 1975 with 33 projects on experimental basis, the ICDS scheme over the time has now been extended to 7025 operational ICDS Projects with 13.38 lakh AWCs (as on January 2014) located across all 35 States/ Union Territories in the country.

Hon'ble President, while launching the Information, Education and Communication campaign against Malnutrition on November, 11th, 2012 made it a point that in the Twelfth Five Year Plan, the ICDS has emerged as a powerful instrument for more inclusive growth relying on the Anganwadi centre as the first outpost of health, nutrition, early learning and convergence of key services at the community level. ICDS thus, is a unique programme encompassing the main components of human resource development namely health, nutrition and education. It is perhaps the only country wide programme in the world functioning on a large scale, requiring multi sectoral operations and inter-sectoral linkages for its operation<sup>2</sup>.

The programme has been restructured and strengthened by putting it in mission mode and by allocating substantial amount of Rs 1,77,456 Crore ( Rs 1,23,580/- Crore as GOI share and Rs 53,876- Crore as State Share) reaffirming the commitment of the Government towards expanding and strengthening of ICDS programme.

<sup>2</sup>Speech of Hon'ble President of Union of India on the occasion of launching of IEC Campaign against malnutrition on 19<sup>th</sup> November, 2012.

### ICDS Philosophy and Approach

ICDS, which is more than 38 years old now, is primarily based on the philosophy of convergence as ICDS functionaries are tuned to seeking and obtaining services from other government programmes implemented at the field level. Like out of six ICDS services, three health-related services namely Immunisation, Health Check-Up and Referral Services are being delivered through public health infrastructure i.e. through sub centers, Primary and Community Health Centres under the Ministry of Health and Family Welfare.

It has been the endeavour of the Government of India to ensure that delivery of these health-related services is made through effective convergence with the National Health Mission (NHM – NRHM and NUHM) and Rashtriya Bal SwasthyaKaryakram (RBSK), a Child health screening and early intervention service being administered by Union Ministry of Health and Family Welfare. Similarly, under Multi Sectoral Development Programme (MSDP), the Ministry of Minority Affairs is supporting the construction of AWCs in minority concentrated districts. The Pre-School Education component of ICDS is being continuously strengthened by the financial resource support from Sarva Shiksha Abhiyan (SSA), a programme being run by Department of Elementary Education and Literacy, Ministry of Human Resource Development, Government of India.

There are also other many ministries, which supports the ICDS programme by one way or other. These ministries mainly includes MoRD<sup>3</sup>, MoPR<sup>4</sup>, MoN&RE<sup>5</sup>, MoSJ&E<sup>6</sup>, MoDW&S<sup>7</sup>, MoHA<sup>8</sup>, MoS&PI<sup>9</sup>, MoUD<sup>10</sup>, MoE&L<sup>11</sup>, MoYA&S<sup>12</sup>, MoCA<sup>13</sup>, DoPE<sup>14</sup> of MoC, MoTA<sup>15</sup>, MoI&B<sup>16</sup>, MoF&CA<sup>17</sup>, MoP<sup>18</sup>, etc

<sup>3</sup> Under the scheme of Mahatma Gandhi National Rural Employment Guarantee Act of Ministry of Rural Development, the construction of AWC is allowed. Similarly, under RIDS scheme, construction of AWC is allowed.

<sup>4</sup> Members of the Panchayati Raj Institutions are required to monitor the ICDS activities. They are the members of different monitoring committees envisaged under the scheme

<sup>5</sup> MNRE assists ICDS by installing Biomass Community Cook Stoves in AWCs under the scheme of Clean Energy Fund.

<sup>6</sup> Mainly assists AWWs in prevention and detection of early childhood disabilities.

<sup>7</sup> The ICDS has to converge with TSC for the purpose of providing potable water and construction of toilets

<sup>8</sup> Under Integrated Action Plan, construction of AWC is allowed

<sup>9</sup> Construction and maintenance of AWCs are allowed under MP Local area development Funds

<sup>10</sup> Under two sub schemes of JNNURM (BSUP and IHSDP), the construction of AWCs are allowed.

<sup>11</sup> ICDS has to converge with Skill Development Centres for imparting vocational courses to AGs under SABLA

<sup>12</sup> NYKs have to organize NHED sessions as envisaged under ICDS

<sup>13</sup> MoCA has issued guidelines for undertaking various initiatives under CSR activities, which includes activities concerning ICDS too.

<sup>14</sup> DoPE has issued guidelines for undertaking various initiatives under CSR activities, which includes activities concerning ICDS too.

<sup>15</sup> Runs scheme of voluntary efforts to support child development initiatives

<sup>16</sup> Generation of awareness through print and electronic media

<sup>17</sup> As per draft food security bill introduced in Parliament, meal free of charge has to be distributed by AWCs

<sup>18</sup> Provision has been made under Rajiv Gandhi National Power Scheme to provide electricity in AWCs

### Administrative and Financing Pattern

ICDS is a centrally sponsored scheme extended by the Union Government to States under Article 282 of the Constitution. The funds are provided to the States/UTs under two categories of ICDS General for meeting out operational costs and Supplementary Nutrition .

The sharing pattern of supplementary nutrition cost between Government of India and of State Governments is 50:50 ( except NE States where it is 90:10), while for other operational costs, it is either 90:10<sup>19</sup> or 75:25<sup>20</sup> .

The Government of India has allowed the states to have operational flexibility by approving Annual Programmer Implementation Plan (APIP) by Empowered Programmer Committee (EPC) and as a result, different States/UTs have adopted different organisational systems and management practices for the integrated delivery of package of services.

### Coverage and Population Norms

The administrative unit for the location of ICDS Project is coterminus with a Community Development Block in the rural areas, a Tribal Development Block in predominantly tribal areas and a group of ward(s) or slums in the urban areas population or could opt for one ICDS Project only. The guidelines for setting up AWCs as per revised population norms are as under;

**Table 1.1: Population Norms for Setting up Anganwadi Centres**

Nature of ICDS Project	Population Norms for setting up of AWCs
Rural/Urban	400-800 - 1 AWC
	800-1600 - 2 AWCs
	1600-2400 - 3 AWCs
	Thereafter in multiples of 800 , one AWC
Tribal/Riverine/Desert/Hilly and other difficult areas	300-800 - 1 AWC

Mini Anganwadi Centres (Mini AWCs) can also be set up to cover the remote and low populated hamlets/villages. Further, till the year 2005, only one of the six services of ICDS was being provided in Mini AWCs. However, it has now been decided to provide all six services under ICDS from Mini AWCs also. The Government of India has also designed a new scheme of Anganwadi on Demand under which rural communities and slum dwellers are now entitled to an Anganwadi on Demand (not later than three months from the date of demand)in cases where a settlement has at least 40 children under six but no AWC. The existing guidelines of ICDS scheme also envisage that in the selection of ICDS Project in rural areas, priority will be given,

<sup>19</sup> Medicine and Pre School Education Kit, Administrative expenses of AWC/Mini AWC, Funds for IEC/IYCF at Project and AWC, rent of AWC/Mini AWC, Monitoring and Evaluation, Purchase of Vehicle for NE region, Equipment's /Furniture of AWCs, Flexi Funds, Weighing Scales, honorarium of AWW/ Mini AWW etc

<sup>20</sup> Administrative Expenses at State, District and Project Level, IEC/IYCF at District level, Rent at Project level, POL, Equipment's/Furniture at State, District and Project Level, Uniform and Badges to AWW , ECCE day, Grading and Accreditation, Construction, Maintenance and Upgradation of Buildings of AWC, SnehaSivirs and Crèches, Children with Special Needs and Funds for Additional AWW and Link Worker.

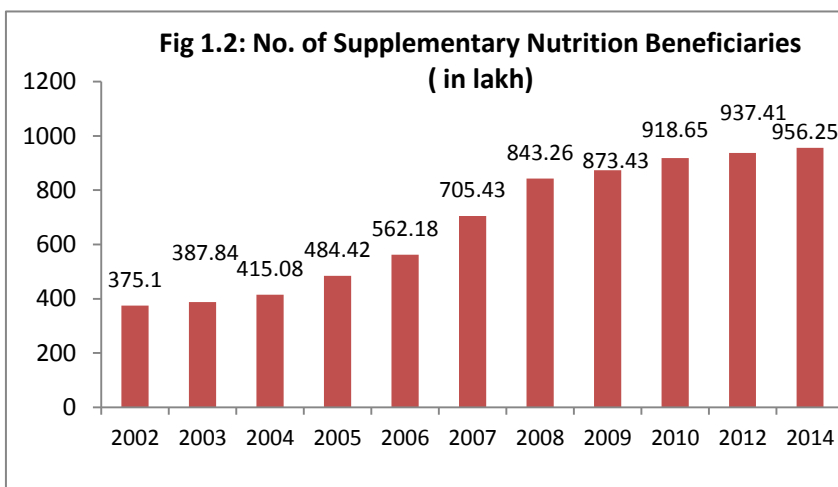
## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts-A Report

inter alia, to areas predominantly inhabited by tribes, particularly backward tribes and Scheduled Castes. The guidelines for setting up MAWCs as per revised population norms are as under:

**Table 1.2: Population Norms for Setting up Mini Anganwadi Centres**

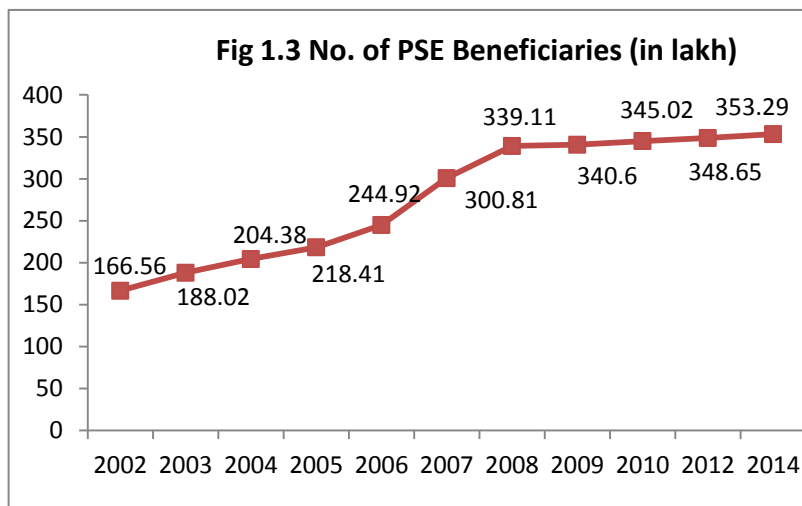
Nature of ICDS Project	Population Norms for Setting up of MAWCs	
Rural/Urban	150 - 400	- 1 MAWC
Tribal/Riverine/Desert/Hilly and other difficult areas	150 - 300	- 1 MAWC

The States/ UTs have been requested to ensure the registration of all eligible beneficiaries in accordance with the applicable guidelines and norms. It has been reiterated time and again that these norms are only indicative in nature and thus should not be construed to imply either an upper or a lower limit for registration. All eligible beneficiaries who come to Anganwadi Centre have to be registered and provided services under the Scheme.



The number of beneficiaries being benefitted from ICDS has been continuously increasing from 375.10 lakh in the year of 2002 to 956.52 lakh till January 2014.

Similarly, beneficiaries under Non-Formal Pre-School Education have increased from 166.56 lakh in the year of 2002 to 353.29 lakh up to January 2014.



### Restructured and Strengthened ICDS

Over 38 years of its operation, ICDS has expanded from 33 community development blocks and 4891 Anganwadi Centers to become universal through 7076 approved ICDS Projects and 14 lakhs AWCs across the country with final phase of universalization approved in 2008-09. The rapid universalization, however, resulted into some programmatic, institutional and management gaps that needed redressal.

Taking note of this and as per kind instructions of Hon'ble Prime Minister's National Council on India's Nutrition Challenges and recommendations of Inter Ministerial Group, the broad framework of Implementation of Restructured ICDS was formulated. Accordingly, the proposal to strengthen and to restructure the ICDS scheme through a series of Programmatic, Management and Institutional reforms, changes in financial norms including putting ICDS in mission mode was considered and approved by Government of India for continued implementation of ICDS scheme in the 12<sup>th</sup> five Year Plan. The restructured ICDS, inter alia has the approved budgetary provision of Rs 1,77,456 Crore ( Rs 1,23,580/- Crore as GOI share and Rs 53,876/- Crore as State Share ).

**During 12<sup>th</sup> Five Year Plan period and under the strengthened and restructured ICDS scheme**, programmatic, management and institutional reforms are being carried out, which inter alia includes repositioning of AWC as a "vibrant ECD centre" to become the first village outpost for health, nutrition and early learning, maximum of six hours of AWC working, focus on under 3s, identification and management of severe and moderate underweight through community based interventions Sneha Shivirs, decentralized planning and management, flexible architecture – flexibility to States in implementation for innovations, strengthening governance-including PRIs, partnership with civil society, introducing APIPs and MOUs with States/UTs etc. Considering the price escalation, the cost norms of supplementary nutrition has been revised. Similarly, the cost norms of other existing components such as medicine kit, PSE kit, monitoring, rent of AWCs and office of CDPOs, POL, IEC, purchase of vehicles, uniform and badges, procurement of equipment's/furniture, administrative expenses have also been revised.

With a view to transform AWC into a vibrant ECD center, the package of services have also been redesigned and strengthened. The components under redesigned and strengthened package inter alia includes Early Childhood Care, Education and Development(ECCED)(Non Formal Pre-School education and Supplementary Nutrition), Care and Nutrition Counseling maternal care and counseling, care, nutrition, health & hygiene education, community based care and management of underweight children), health services (immunization and micronutrient supplementation, health check up and referral services) and Community Mobilization, Awareness, Advocacy & IEC (IEC, campaigns and drives, etc). the details of re-designed package of services under ICDS scheme are available in the Broad Framework for Implementation.

There is a provision for additional human resource/technical manpower support at different levels of ICDS implementation. The government has also approved the various measures to improve human resource management inter-alia consisting of appointment and selection policy, prescribing minimum qualification of matriculation and age limit 18-35 years for appointment as

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AWW and AWH, separate cadre for ICDS in states/UTs, permitting states to fill up vacant posts on contract basis, opening a cluster office at a strategically located AWC for managing a cluster of 17-25 AWCs by placing one Supervisor at the cluster office, rationalizing appointment of AWWs as supervisors etc.

With a view to address the menace of malnutrition in those districts where it is prevalent most, Nutrition Counselor cum Additional Worker (per AWC) would be provided in 200 high burden districts. For other districts, a provision has been kept for a link worker, as specified in the Broad Framework of Implementation. The incentives proposed for link workers including ASHA workers under NRHM would be linked to outcomes.

During XIIth Plan period, buildings for 2 lakh AWCs would be constructed, funding for which would be provided @RS. 4.50 lakh per unit. In addition and separately, the Planning commission would issue directives to State Governments and concerned line Ministers for mandatory allotment of funds from state resources as well as leverage funds under BRGF, MSDP, RIDF, IAP, MGNREGA, 13<sup>th</sup> Finance commission, ACA, MLALAD and other similar schemes for the construction of AWC buildings.

Further, in order to ensure safe and secure place for children and other beneficiaries visiting AWCs, it has been decided that the maintenance cost of AWC building @ Rs. 2000 per AWC per annum would be provided to all AWCs which are housed in a government building. This provision will not be applicable to rented AWC buildings.

As a new initiative on experimental basis, 5% of the existing AWCs would be converted to AWC-cum-Crèche. Further with a view to strengthen governance, it has been decided to assign management and operation to upto 10% projects to PRIs and separately to NGOs/voluntary organisation. Management of moderately and severely undernourished children (*Sneha Shivirs*), IEC/Advocacy, promoting IYCF practices, strengthening monitoring and evaluation and MIS & ICT, grading and accreditation of AWCs and reward scheme would also be undertaken as per the broad framework for implementation.

Training and capacity building has been strengthened inter-alia consisting of Strengthening training at states levels – setting up of training cells at state levels setting up of state training institutes for ICDS (in 10 states), Strengthening of NIPCCD through Training Resource centre for ICDS, Strengthening of MLTCs and AWTCs- Monitoring and Accreditation; Revision and development of course curricula / module/training and learning materials; Up-gradation of Training facilities; Regular Training Programmes; Training need assessment and Revision of financial norms as per Broad Framework of Implementation subject to overall budgetary allocations.

The goal of the ICDS Mission would be to attain three main outcomes namely; i) Prevent and reduce young child under nutrition (% underweight children 0-3 years) by 10 percentage point; (ii) Enhance early development and learning outcomes in all children 0-6 years of age; and (iii) Improve care and nutrition of girls and women and reduce anaemia prevalence in young children, girls and women by one fifth. Annual Health Survey (AHS) and District Level



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Household Survey (DLHS) will be used as baseline for measuring the outcomes of ICDS Mission.

### ICDS in High Burden Districts

Restructured ICDS is being rolled out in phased manner in the country. In year one (2012-13) of 12<sup>th</sup> Five year Plan, the restructured ICDS was rolled out in 200 high burden districts followed by additional 200 districts in the second year (2013-14 w.e.f 1<sup>st</sup> April, 2013) including districts from special category states and NER. The remaining districts would be covered in third year (2014-15 w.e.f 1<sup>st</sup> April, 2014).

So far as first phase of rolling out of restructured ICDS in high burden districts is concerned, the MWCD along with participation of Planning Commission has prepared a list of 200 high burden districts in the country (Annexure-1). The list of these 200 high burden districts has been prepared on the basis of ranking and mapping of all districts on selected indicators concerning nutritional status so as to facilitate the intervention of informed programme strategies and improved targeting.

In order to generate the ranking of the districts, a mix of direct indicators (under nutrition and anaemia from DLHS-2) and relevant proxy indicators affecting the maternal and child nutrition (from DLHS-3) were used to generate rankings of districts based on a weightage average.

Weightage for direct indicators of under nutrition and anaemia is kept at 25% each and thus the direct indicators together comprise of 50% weightage. The remaining four proxy indicators have been assigned the weightage of 12.5 % each and thus these four proxy indicators together comprise of remaining 50 % weightage (**Table- 1.3**).





**Table1.3  
(Weightage for Direct and Proxy Indicators)**

Indicators		Weightage	Source of Data <sup>21</sup>	Reference Period
<b>Direct Indicators(DI)</b>				
<b>DI<sub>1</sub></b>	Children under 6 years underweight (Moderate and Severe)(%)	25.00 %	DLHS-2	2002/03
<b>DI<sub>2</sub></b>	Anaemia among Pregnant Women (moderate) aged 15-44 Years (%)	25.00 %	DLHS-2	2002/03
<b>Proxy Indicators(PI)</b>				
<b>PI<sub>1</sub></b>	Children (12-23 Months) fully Immunized (BCG, 3 doses of DPT, and Polio and Measles) (%)	12.50 %	DLHS-3	2007/08
<b>PI<sub>2</sub></b>	Children (age 6 months above) exclusively breastfed)(%)	12.50 %	DLHS-3	2007/08
<b>PI<sub>3</sub></b>	Percentage of Girls marrying before completing 18 years)	12.50 %	DLHS-3	2007/08
<b>PI<sub>4</sub></b>	Mothers who had at least 3 Ante – Natal care visits during the last pregnancy (%)	12.50 %	DLHS-3	2007/08

In order to calculate the composite index, weighted average based on the assigned weights (mentioned above) was calculated. The 200 districts with highest composite index are then shortlisted for the purpose using formula;

$$\bar{x} = \frac{\sum_{i=1}^n w_i x_i}{\sum_{i=1}^n w_i},$$

$$\bar{x} = \frac{w_1 x_1 + w_2 x_2 + \dots + w_n x_n}{w_1 + w_2 + \dots + w_n}.$$

where,

$\bar{x}$  represents the composite index for each district

$x_i$  represents the value of the i-th indicator (i=1,2,3.....n) in %

$w_i$  represents the assigned weightage for i-th indicator (i=1,2,3.....n)

<sup>21</sup>Data from District Level Household Survey (DLHS) – 2 conducted during 2002-2003 was taken for two direct indicators (DI<sub>1</sub> and DI<sub>2</sub>) for the 593 districts across the country. Data from District Level Household Survey (DLHS) – 3 conducted during 2007-2008 was taken for remaining four proxy indicators (PI<sub>1</sub>, PI<sub>2</sub>, PI<sub>3</sub> and PI<sub>4</sub>) for the 573 districts across 32 States / UTs (except Andaman & Nicobar Islands, Nagaland and Chandigarh). Few districts were created post the two surveys and therefore these districts have not been considered as a part of this process. Further, some districts that were created between the two surveys have been identified and the data pertaining to proxy indicators is available whereas the data pertaining to direct indicators (high weightage) is not available. For such districts the value of direct indicators pertaining to their parent districts (from which they have been bifurcated) has been taken into account while preparing the composite index. In the final list 3 such districts namely, Jamtara, Barnala and Mewat fall within the category of 200 high burden districts.

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts-A Report

Many programmatic, human resource and institutional provisions have been made under restructured ICDS in high burden districts. These include;

- Rolling out of revised cost norms of Supplementary Nutrition<sup>22</sup> in first phase of Restructured ICDS
- Provision of an additional AWW cum Child Development & Nutrition Counsellor on demand by State Governments through APIPs<sup>23</sup> ( **Annexure -2** ) .
- Establishment of Block ICDS Resource Centre (BIRC) in 10 per cent of ICDS projects located primarily in High Burden Districts
- Recruitment of staff under the ICDS Mission beginning with 200 high burden districts in the first year (2012–13)
- Starting of tracking progress on key outcomes-with an analysis of high burden districts

### Concurrent Independent Evaluation of ICDS in High Burden Districts

**Restructured ICDS was rolled out in these 200 high burden districts in the year of 2012-13. After rolling out of restructured ICDS for about a year, a need was felt by Task force of Result Framework Document (RFD) of MWCD to conduct a concurrent independent evaluation of ICDS in these high burden districts.**

Accordingly, MWCD vide its letter no 2-4/2013-ME dated 12<sup>th</sup> August, 2013 entrusted the Central Monitoring Unit of ICDS located at NIPCCD to conduct an concurrent independent evaluation of ICDS. CMU was mandated to conduct such evaluation by CMU consultants working in select institutions of CMU so as to make a third party evaluation. As per TORs given by MWCD to CMU of NIPCCD, it was requested to conduct such evaluation on major indicators

<sup>22</sup>[Rs6.00 per beneficiary per day for children (6-72 months), Rs 9.00 per beneficiary per day for severely underweight children (6-72 months) and Rs7.00 for pregnant and Nursing Mothers]

<sup>23</sup>The Additional AWW cum Nutrition and Care Counsellor is the prime worker for Pregnant and lactating mothers and children under three years and is mainly responsible for ensuring the promotion, protection and support of optimal infant and young child feeding practices, especially early and exclusive breastfeeding for the first six months of life; contributing to the operationalisation of the National Guidelines on Infant and Young Child Feeding (MWCD 2006) and effective implementation of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act), IMNCI; ensuring services at family level for nutrition counselling; monitoring and promotion of young child growth and development; ensuring full usage and compliance of new joint Mother and Child Protection Card; supporting community based child care arrangements and linkages with child care provisions; coordinating with ASHA and ANM for health related services for under 3 children and the like



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like percentage of children and women and nursing mothers who are receiving supplementary nutrition with vis-à-vis the enrollment, percentage of severely undernourished children given additional supplementary nutrition and percentage of children weighted and plotted on New WHO Child Growth Charts. The study was mandated to cover 100 ICDS blocks located in two hundred high burden districts.

### Objectives of the Study

The objectives of the study were to:

- To assess the status of implementation of ICDS in terms of coverage, outreach, coordination and convergence;
- To assess the service delivery status particularly of supplementary nutrition , growth monitoring on new WHO Child Growth Standards in ICDS;
- To identify the gaps and problems and constraints in the implementation of ICDS programme in high burden districts and
- To recommend suitable mechanism /strategies for effective implementation of service delivery in ICDS

### Research Questions

Though the study broadly covers to enumerate all aspects of ICDS in terms of inputs (infrastructure, human resource, capacity building etc) and process based (service delivery, monitoring, community participation etc) indicators, however, some of the specific research questions (related to direct and proxy indicators considered for selection of 200 high burden districts) which have been answered in the study are as under;

- What is the extent of coverage of children 6 months to 3 years and 3 years to 6 years by supplementary nutrition in ICDS in high burden districts?
- What is the extent of coverage of pregnant women and lactating mothers by supplementary nutrition in ICDS in high burden districts?
- What is the status (in terms of % of AWCs distributing THR, Morning Snacks, and HCM) of supplementary nutrition in ICDS in high burden districts?
- What is the status (in terms of % of AWCs distributing adequate quantity and quality) of supplementary nutrition in ICDS in high burden districts?
- What is the status of availability of New WHO Child Growth Standards in ICDS in high burden districts?








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- How many AWWs (in terms of %) in high burden districts can weigh the children accurately, can plot the weight of the child accurately, can interpret the growth charts accurately and can counsel the mothers/care givers based on plotting of the weight on new WHO Child Growth Standards?
- How many children (in terms of %) are weighted according to New WHO Child Growth Standards in ICDS?
- How many AWWs (In terms of %) are aware about the functioning of Nutrition Rehabilitation Centers in high burden districts?
- What is the frequency of health check up of children and pregnant mothers in ICDS in high burden districts?
- What aspects of health check up (recording weight, infestation, anaemia etc) are being covered in ICDS in high burden districts?
- How many AWCs (in terms of %) are having availability of referral slips in high burden districts?
- How many AWCs (in terms of %) are organising NHED session in ICDS in high burden districts?
- How many AWCs (in terms of %) are maintaining MCP card in high burden districts?



# Study Design

-  Sample
-  Sampling flow chart
-  Data Collection
-  Data Analysis
-  Data Summarization



This chapter presents the design and procedures used in the study. The chapter consists of following sub sections:

- Sample
- Sampling flow chart
- Data Collection
- Data Analysis
- Data Summarization

### Sample

The study was to be conducted in 200 high burden districts of the country. The list of these 200 high burden districts (issued in regard to rolling out of restructured ICDS in phase one in 200 high burden districts of the country) was given by MWCD to CMU of NIPCCD vide its letter no 2-4/2013 –ME dated 12<sup>th</sup> August, 2013 .

It was noted that these 200 high burden districts are located across nineteen States/Union Territories of the country (**Annexure - 1**). These high burden districts were mainly located in the State of Uttar Pradesh (41) followed by their location in the States of Madhya Pradesh(30), Maharashtra and Rajasthan (20 each ), Bihar (17), Gujarat (15), Chhattisgarh (9), Punjab, Odisha, Haryana, Uttarakhand and Jharkhand (5 each) Karnataka (4), Himachal Pradesh , Assam ,Andhra Pradesh and West Bengal (3 each), Union Territory of Daman and Diu (2) and Nagaland (1).

The study was to be conducted in 100 ICDS blocks as per TOR given by MWCD to CMU of NIPCCD. In order to select these 100 ICDS blocks, it was decided to first select 100 high burden districts (a total of fifty per cent of 200 high burden districts) as **First Study Units (FSUs)**. In order to select these 100 high burden districts out of total of 200 high burden districts in the country, it was decided to select fifty per cent of high burden districts in the sample out of total number of high burden districts located in each of these nineteen States/UTs. For selecting these fifty per cent of the districts, Stratified Random Sampling was adopted. These fifty per cent of high burden districts from each of these nineteen States/UTs were selected by forming geographical strata representing all possible geographical region of the State. However, in some of the State/UT, where formation of geographical strata was not possible due to selection of one district only in the sample or due to location of all high burden districts in the state in one geographical region of the state, Purposive sampling was also adopted.

At the second stage of sampling, one ICDS Project from each of these 100 High Burden Districts was selected purposively. Thus 100 ICDS Projects were taken as **Second Study Units (SSUs)**.

At the third stage of the sampling, five AWCs were selected from each of these 100 ICDS projects. Care was taken to select one AWC from each circle/sector of the ICDS Project. In order to ensure the fair representation of AWCs which were selected for their in depth study, it was kept in mind not to choose more than two AWCs from same supervisory circle of ICDS Project. Thus 500 AWCs were selected for the purpose of the study. These AWCs were taken as **Third Study Units (TSUs)**.

*Here, it is to mention that apart from these 100 ICDS Projects and 500 AWCs, the data were also collected from some additional ICDS Projects and AWCs within the stipulated time frame of the study by the deployed team members of the data collection.*

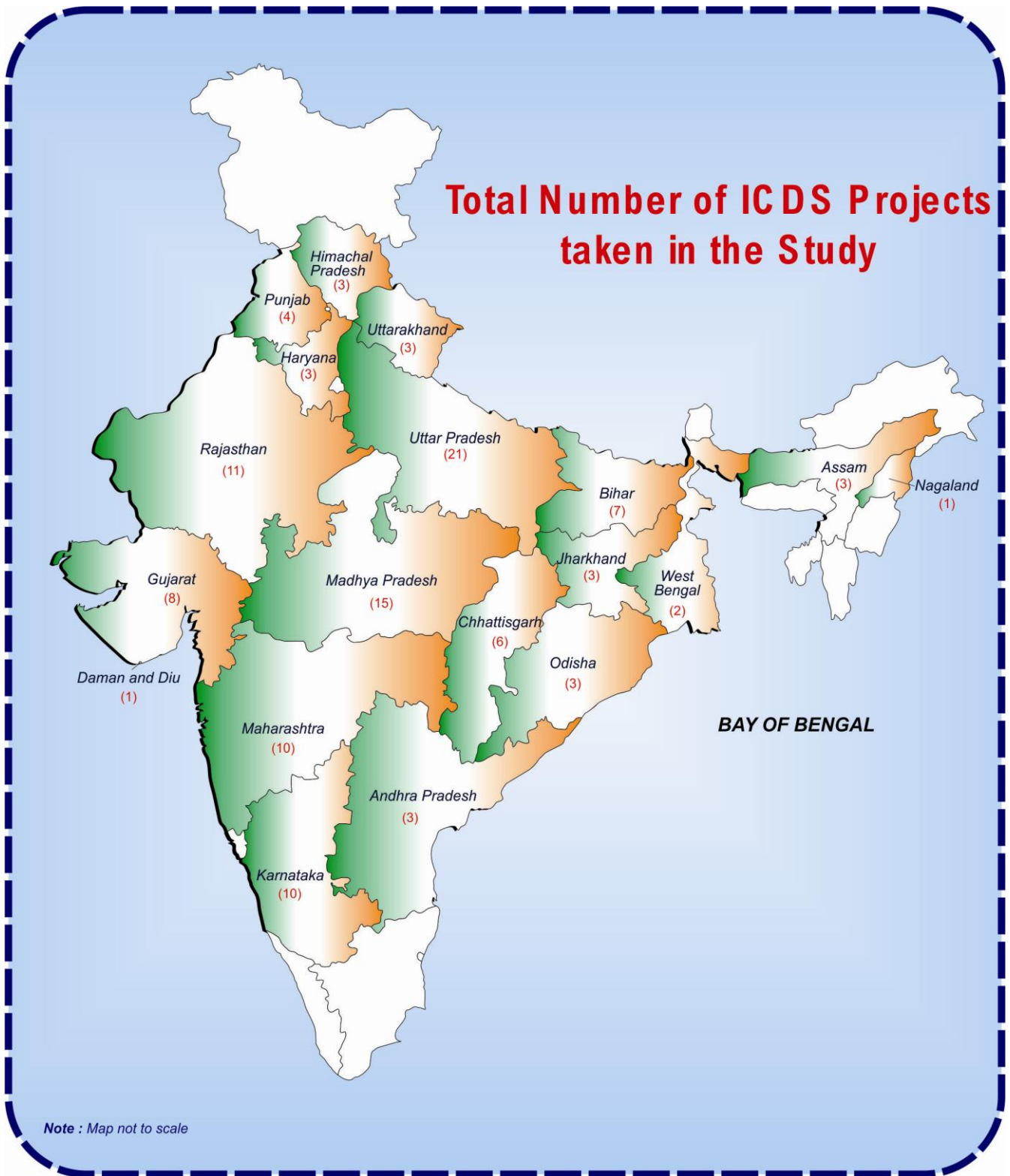
Thus in total data were collected from 117 ICDS Projects, 585 AWCs located in 108 high burden districts across all of those nineteen States/UTs where these 200 high burden districts are located.

The details of the sample delineating total number of high burden districts, number of high burden districts selected in the sample (FSU) , number of ICDS blocks (SSU) and number of AWCs (TSU) selected in the sample of the study is given in **Table 2.1**.

**Table 2.1**  
**Number of High Burden Districts, ICDS Projects and AWCs Taken in the Sample**

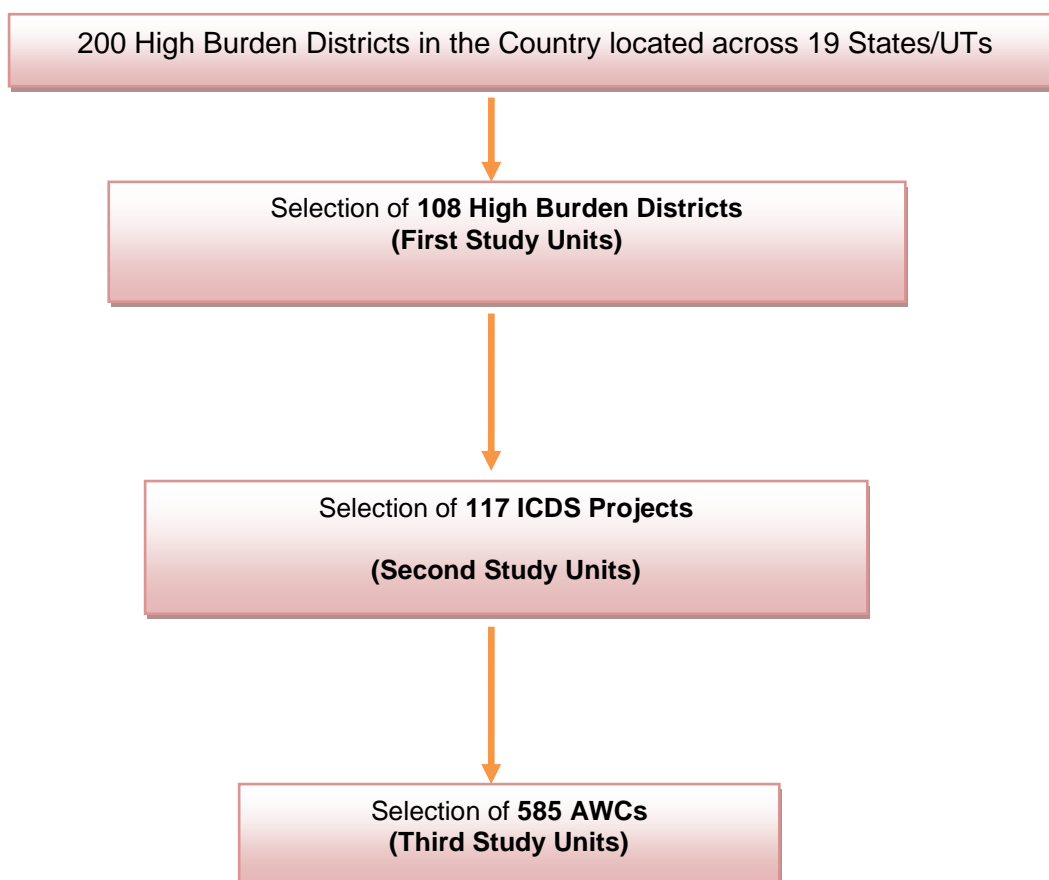
S.No.	State/Union Territory	Total Number of High Burden Districts	Total Number of Districts Taken in the Sample (First Study Units)	Total Number of ICDS Projects Taken in the Sample (Second Study Units)	Total Number of AWCs Taken in the Sample (Third Study Units)
1	Andhra Pradesh	3	1	3	15
2	Assam	3	3	3	15
3	Bihar	17	7	7	35
4	Chhattisgarh	9	6	6	30
5	Daman and Diu	2	1	1	5
6	Gujarat	15	8	8	40
7	Haryana	5	3	3	15
8	Himachal Pradesh	3	3	3	15
9	Jharkhand	6	3	3	15
10	Karnataka	4	4	10	50
11	Madhya Pradesh	30	15	15	75
12	Maharashtra	20	10	10	50
13	Nagaland	1	1	1	5
14	Odisha	6	3	3	15
15	Punjab	6	4	4	20
16	Rajasthan	20	10	11	55
17	Uttar Pradesh	41	21	21	105
18	Uttarakhand	6	3	3	15
19	West Bengal	3	2	2	10
<b>Total</b>		<b>200</b>	<b>108</b>	<b>117</b>	<b>585</b>





MAP-2.1

## Sampling Flow Chart



## Data Collection Process

As per TOR given by MWCD, GOI to CMU of NIPCCD, the data was mainly collected by CMU consultants working in select Institutions in those 19 States/UTs where these high burden districts were located. These consultants have considerable research and training experience in ICDS .In some cases, where there was either no CMU institution like in the States of Nagaland and Assam and CMU institution was not functioning at the moment like in Haryana and in some of those States where exceptionally high number of high burden districts were located like in UP(41) and MP(30) and in Rajasthan (20 ) and thus it was difficult to collect the data within stipulated time frame of two months by CMU institutions alone, the data were also collected by faculty members of NIPCCD and CMU Project staff working in NIPCCD HQs and its four Regional centres.

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The data collection teams were given two types of data gathering instruments developed and field tested by CMU of NIPCCD. The members of the data collection teams were required to collect the data after conducting;

- Interview of Anganwadi workers
- Interview of Sector/Circle Supervisors
- Interview of Child Development Project Officer
- Focussed Group Discussion about quality of ICDS services with
  - Community and Community Leaders
  - Members of Panchayati Raj Institutions
  - ICDS Beneficiaries
- Going through the records/registers maintained at AWC and at Project level
- Going through MPRs and QPRs maintained at the AWC and at the ICDS Project level

With the help of both of these schedules, the required data were gathered on the broad indicators as listed in **Table 2.2**.

**Table 2.2**  
**List of Broad Indicators**

Core Component	Indicator
<b>Delivery of Services</b>	
<ul style="list-style-type: none"> <li>• <b>Supplementary Nutrition</b></li> </ul>	<ul style="list-style-type: none"> <li>• Type of Supplementary Nutrition Food Supply ( HCF, RTE, Both, THR)</li> <li>• Acceptability of Food</li> <li>• Quality of Supplementary Nutrition</li> <li>• Quantity of Supplementary Nutrition</li> <li>• Interruption in Supplementary Nutrition</li> <li>• Reasons of Interruption</li> <li>• Community Support for Supplementary Nutrition</li> <li>• Availability and Adequacy of Utensils</li> <li>• Recording and Reporting System</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Growth Monitoring and Promotion</b></li> </ul>	<ul style="list-style-type: none"> <li>• Availability of Growth Monitoring Charts</li> <li>• Growth Monitoring on New WHO Child Growth Standards</li> <li>• Availability and Type of Weighing Scales</li> <li>• Accuracy in Plotting on Growth Charts</li> <li>• Correct Determination of Age of Children</li> <li>• Organisation of Counselling Sessions</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Health Check-Up</b></li> </ul>	<ul style="list-style-type: none"> <li>• Health Check-Up Status of Children</li> <li>• Maintenance of Children's Health Cards</li> <li>• Ante Natal Check-Up Status of Pregnant Women</li> <li>• IFA Supplementation of Pregnant Women</li> <li>• Early Registration of Pregnancy</li> <li>• Supply of Medicine Kit</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Immunization</b></li> </ul>	<ul style="list-style-type: none"> <li>• Immunisation of Pregnant Women against Tetanus</li> <li>• Immunisation Status of Children</li> </ul>
	<ul style="list-style-type: none"> <li>• Availability of Referral Slips</li> </ul>

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

<ul style="list-style-type: none"> <li>• <b>Referrals</b></li> </ul>	<ul style="list-style-type: none"> <li>• Number of Cases referred in Last One Month of Making Visit</li> <li>• Number of Cases Attended by Medical and Para Medical staff</li> <li>• Follow-Up Action</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Nutrition and Health Education</b></li> </ul>	<ul style="list-style-type: none"> <li>• Organisation of NHED Sessions</li> <li>• Attendance of Medical and Para Medical staff in NHED Sessions</li> <li>• Topics Covered in NHED Sessions</li> <li>• Methods and Use of Conventional and Non- Conventional Media</li> <li>• Beneficiaries Perception about NHED Sessions</li> <li>• Supply of NHED Kit</li> <li>• Availability of ICDS Resource Material in the Office of the CDPO</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Non-Formal Pre-School Education</b></li> </ul>	<ul style="list-style-type: none"> <li>• Number of Children enrolled for PSE</li> <li>• Number of Children Attending PSE</li> <li>• Number of Children Actually Present on the Day of visit</li> <li>• Programme Planning by AWW</li> <li>• Methods of PSE</li> <li>• Availability of PSE Material</li> <li>• Role of Helper in PSE</li> <li>• Preparation of Low Cost Teaching Learning Material</li> <li>• Supply of PSE Kit</li> </ul>
<b>Infrastructure</b>	<ul style="list-style-type: none"> <li>• Type of Building of AWC</li> <li>• Ownership of Building</li> <li>• Availability and adequacy of Outdoor Space</li> <li>• Availability and adequacy of Indoor Space</li> <li>• Availability of Kitchen</li> <li>• Availability of Storage Space</li> <li>• Availability and Working Condition of Toilets</li> <li>• Source of Drinking Water</li> </ul>
<b>Personal Profile of ICDS Functionaries (AWW, Supervisor and CDPO)</b>	<ul style="list-style-type: none"> <li>• Educational Background of AWW, Supervisor and CDPO</li> <li>• Local Area Belongingness</li> <li>• Mode of Recruitment of CDPO</li> <li>• Status of Filled Up Posts of ICDS Functionaries</li> <li>• Engagements of ICDS functionaries in Non-ICDS Tasks</li> </ul>
<b>Training Status of ICDS Functionaries</b>	<ul style="list-style-type: none"> <li>• Status of Job Training of ICDS Functionaries (AWW, Supervisor and CDPO)</li> <li>• Status of Refresher Training of ICDS Functionaries ( AWW, Supervisor and CDPO)</li> </ul>
<b>Services to Adolescent Girls</b>	<ul style="list-style-type: none"> <li>• Number of Girls Enrolled for Supplementary Nutrition</li> <li>• IFA Supplementation for Adolescent Girls</li> <li>• Deworming of Adolescent Girls</li> <li>• Imparting NHED/Counselling on Reproductive Health Education</li> </ul>
<b>Maintenance of Records and Registers</b>	<ul style="list-style-type: none"> <li>• Maintenance of Records and Registers</li> </ul>
<b>Community Mobilisation and Information, Education and Communication</b>	<ul style="list-style-type: none"> <li>• Involvement of Panchayati Raj institutions</li> <li>• Organisation of IEC Activities</li> <li>• Utilisation of IEC Funds</li> </ul>



	<ul style="list-style-type: none"> <li>• Organisation of Advocacy and Awareness Camps</li> <li>• Type of Community Support</li> <li>• Observance of Special Days (Breast Feeding Day/VHND Day etc)</li> <li>• Organisation of Continuing Education Sessions</li> <li>• Attendance of Para Medical Staff in Continuing Education Sessions</li> <li>• Topics of Continuing Education Sessions</li> </ul>
<b>Continuous and Comprehensive Monitoring and Supportive Supervision</b>	<ul style="list-style-type: none"> <li>• Use of Different Monitoring Tools (Check List, MPR Forms, Observations, Interview)</li> <li>• Frequency of Monitoring Visits</li> <li>• Planning of Supervisors Visit by CDPO</li> <li>• Performance Assessment Tools of AWW</li> <li>• Methods adopted for Supportive Supervision and Providing Guidance</li> </ul>

### Data Collection

Blended mix of both quantitative and qualitative data on indicators listed above was collected mainly by CMU consultants working in selected institutions located across the country, CMU Project Staff and other faculty members of NIPCCD.

### Ensuring Data Quality

Several measures were taken to generate and collect the reliable and good quality data. Various ICDS indicators, as presented in **Table 2.2**, were finalized in consultation with policy makers, practitioners, officials and trainers of ICDS and ICDS consultants working in selected and lead Institutions located across the country.

The consultants were requested to ensure that the data is consistent and there are no missing values. Feedback on data quality was also provided by CMU officials to consultants, as and when needed, which has also helped in improving the quality and consistency of data. It was made mandatory to all consultants to share the monitoring reports with concerned ICDS Project and State officials about the major observations. Guidelines developed by CMU, NIPCCD helped the consultants in filling the data on the data capture formats. Despite best efforts, some inconsistencies and missing data are observed while coding the data at the national level of CMU, NIPCCD.

Raw data as presented in the document are essentially based on data provided by consultants working in select and lead institutions. Thus the accuracy and truthfulness of the data rest with them. The CMU of NIPCCD has only provided professional support for coding, analysis, interpretation of data and generating and disseminating the report findings.

### Data Analysis

The formats of the data were prepared in such a way that the data could be used in variety of ways for subsequent analysis. The data base was created project wise with an intention to optimally utilise the valuable empirical information for other purposes as well. The data were disaggregated at the State and Project level.

### Summarizing the Data

The obtained data was tabulated using Excel Work sheet for its analysis. Apart from using simple statistical measures such as frequencies (f) , percentages (%) , averages ( $\mu$ ) and ranges, an attempt was also made to present the data graphically using bar diagrams, histogram, cones, cylindrical , pie , line etc.

# Infrastructure of AWCs







**Chapter-3**  
**Infrastructure of AWCs**

In the present chapter, an attempt has been made to analyze various input indicators of Infrastructure in terms of type of building, condition of surroundings, availability of safe drinking water, toilet facilities, built in space, availability of cooking area etc. These facilities have important bearing on the delivery of services and overall well-being of women and children.

**Type of Building**

• **Type of Building of AWCs**



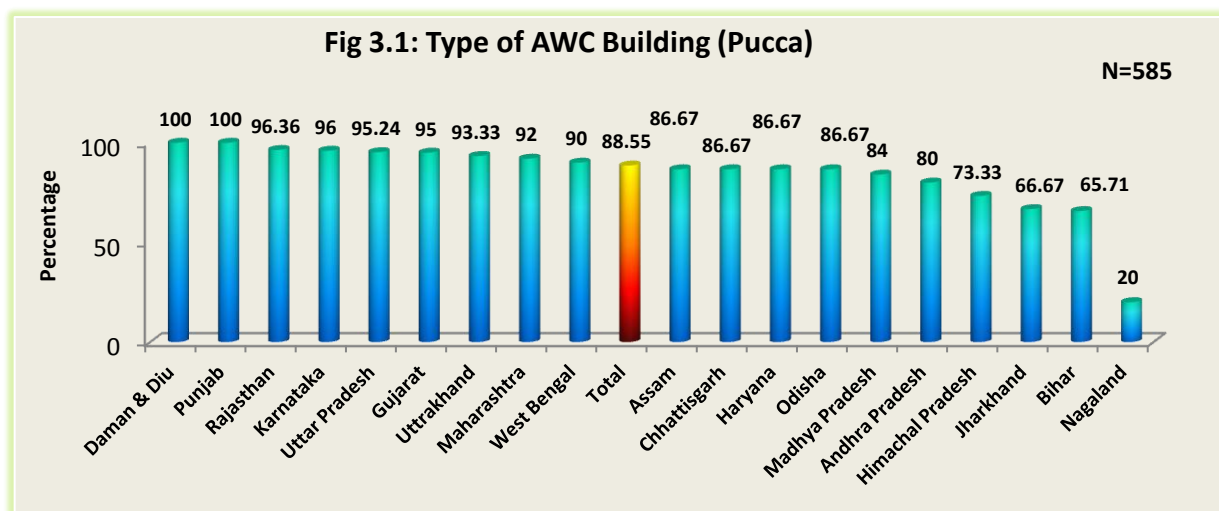
For the effective implementation of ICDS programme, the development of a suitable infrastructure in the form of Pucca Anganwadi building is an essential requirement. The location of Anganwadi Centres in Pucca buildings not only provides a distinct identity to the AWC in the community but also save the beneficiaries of ICDS from vagaries of weather. The data have been gathered about the type (kutcha, Open space and pucca) of building in which the AWCs were located. The data so collected is presented in **Table: 3.1**.

**Table 3.1:**  
**Type of AWC Building**

States	Total No. of AWCs	Pucca		Kutcha		Open Space	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	12	80	3	20	0	-
Assam	15	13	86.67	2	13.33	0	-
Bihar	35	23	65.71	8	22.86	4	11.43
Chhattisgarh	30	26	86.67	3	10	1	3.33
Daman & Diu	5	5	100	0	-	0	-
Gujarat	40	38	95	2	5	0	-
Haryana	15	13	86.67	1	6.67	1	6.67
Himachal Pradesh	15	11	73.33	4	26.67	0	-
Jharkhand	15	10	66.67	5	33.33	0	-
Karnataka	50	48	96	1	2	1	2
Madhya Pradesh	75	63	84	9	12	3	4
Maharashtra	50	46	92	4	8	0	-
Nagaland	5	1	20	4	80	0	-
Odisha	15	13	86.67	1	6.67	1	6.67
Punjab	20	20	100	0	-	0	-
Rajasthan	55	53	96.36	2	3.64	0	-
Uttar Pradesh	105	100	95.24	1	0.95	4	3.81
Uttarakhand	15	14	93.33	1	6.67	0	-
West Bengal	10	9	90	1	10	0	-
<b>Total</b>	<b>585</b>	<b>518</b>	<b>88.55</b>	<b>52</b>	<b>8.89</b>	<b>15</b>	<b>2.56</b>

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It is evident from the above **Table 3.1** that more than three fourth (88.55%) of AWCs were located in Pucca building. Though all the AWCs (100%) in the UT of Daman & Diu and the State of Punjab were running in Pucca building and majority of AWCs in the States of Rajasthan (97%), Karnataka (96%), Uttar Pradesh (95%), Gujarat (95%), Uttarakhand (93%), Maharashtra (92%), West Bengal (90%), Haryana (86%), Assam (86%), Madhya Pradesh (84%) and Andhra Pradesh (80%) were located in pucca building however, the situation needs improvement in many other States like in the States of Bihar, Jharkhand and Nagaland where considerable high number of AWCs (22.86%, 33.33% and 80% respectively) were found located in Kutcha building.



- **Building Status**

One of the instrumentalities for achieving the objectives of ICDS is establishment of close linkages between the primary schools and the AWCs. As per structural guidelines of ICDS, the AWC needs to be co-located in the premises of primary school so as to smoothen the process of transition of children from AWC to Primary School and thus reducing the incidence of school drop outs. Rental provision is also available under ICDS guidelines if AWC is running in rented building. Government of India also provides necessary budgetary support for construction of AWCs in NE States and Jammu & Kashmir. Local community contribution either in cash, labour, or building material is also envisaged so as to make the AWC a permanent community asset, free from all encumbrances and its ability to run without interruption. Data in this regard are presented in **Table: 3.2. - Table: 3.7.**

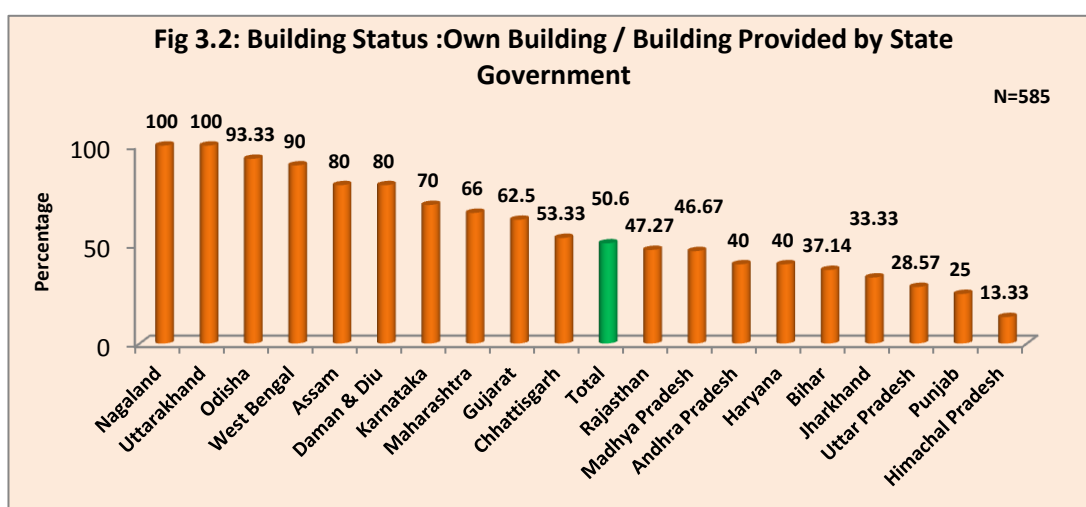
**Table 3.2:**  
**Building Status - Own Building / Building Provided by State Government**

States	Total No. of AWCs	No. of AWCs in Own building/ Building Provided by State Government	%
Andhra Pradesh	15	6	40
Assam	15	12	80
Bihar	35	13	37.14
Chhattisgarh	30	16	53.33
Daman & Diu	5	4	80
Gujarat	40	25	62.50
Haryana	15	6	40
Himachal Pradesh	15	2	13.33

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

<b>Jharkhand</b>	15	5	33.33
<b>Karnataka</b>	50	35	70
<b>Madhya Pradesh</b>	75	35	46.67
<b>Maharashtra</b>	50	33	66
<b>Nagaland</b>	5	5	100
<b>Odisha</b>	15	14	93.33
<b>Punjab</b>	20	5	25
<b>Rajasthan</b>	55	26	47.27
<b>Uttar Pradesh</b>	105	30	28.57
<b>Uttarakhand</b>	15	15	100
<b>West Bengal</b>	10	9	90
<b>Total</b>	<b>585</b>	<b>296</b>	<b>50.60</b>

It is evident from **Table 3.2** that little more than half (50.6%) of AWCs were found located in the building either provided by State Government or constructed by the State Government utilizing the provisions available in various other schemes. All(100%) AWCs in the states of Nagaland and Uttarakhand and significant number (80% and above) of AWCs located in the States of Odisha(93.33%), West Bengal (90%), Assam (80%) and UT of Daman & Diu(80%) were found located in the building either provided by State Government or constructed by the State Government. However, less than one fifth (13.33%) of AWCs in the State of Himachal Pradesh were found running in the building provided by State government.



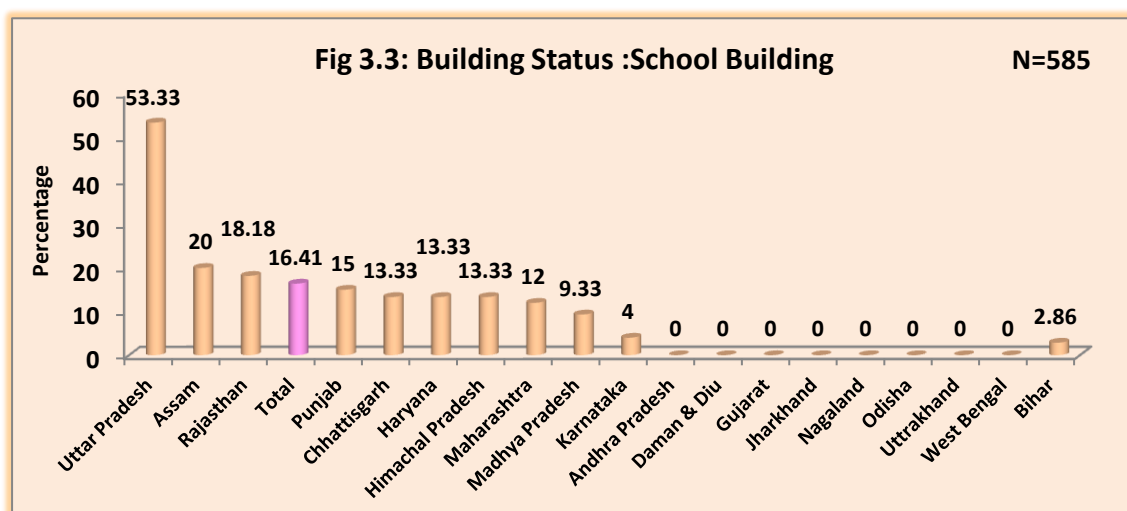
**Table 3.3:**  
**Building Status –Location of AWC in Primary School Building**

States	Total No. of AWCs	No. of AWCs in School Building	%
<b>Andhra Pradesh</b>	15	0	-
<b>Assam</b>	15	3	20
<b>Bihar</b>	35	1	2.86
<b>Chhattisgarh</b>	30	4	13.33
<b>Daman &amp; Diu</b>	5	0	-
<b>Gujarat</b>	40	0	-
<b>Haryana</b>	15	2	13.33
<b>Himachal Pradesh</b>	15	2	13.33

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

<b>Jharkhand</b>	15	0	-
<b>Karnataka</b>	50	2	4
<b>Madhya Pradesh</b>	75	7	9.33
<b>Maharashtra</b>	50	6	12
<b>Nagaland</b>	5	0	-
<b>Odisha</b>	15	0	-
<b>Punjab</b>	20	3	15
<b>Rajasthan</b>	55	10	18.18
<b>Uttar Pradesh</b>	105	56	53.33
<b>Uttarakhand</b>	15	0	-
<b>West Bengal</b>	10	0	-
<b>Total</b>	<b>585</b>	<b>96</b>	<b>16.41</b>

The data as contained in **Table 3.3** shows that less than one fifth (16.41%) of AWCs were found located in premises of primary school. Except in the State of Uttar Pradesh, more than half (53.33%) of AWCs were running in primary school building. Data indicates that less than one fifth AWCs in the States of Rajasthan (18.18%), Maharashtra (12%), Assam (20%), Punjab (15%), Chhattisgarh (13.33%), Himachal Pradesh (13.33%), Madhya Pradesh (9.33%), Karnataka (4%) and Bihar (2.86%) were found running in school building. No AWCs in the State/UT of Andhra Pradesh, Daman & Diu, Gujarat, Jharkhand, Nagaland, Odisha, West Bengal and Uttarakhand was found operating from the premises of primary school building.



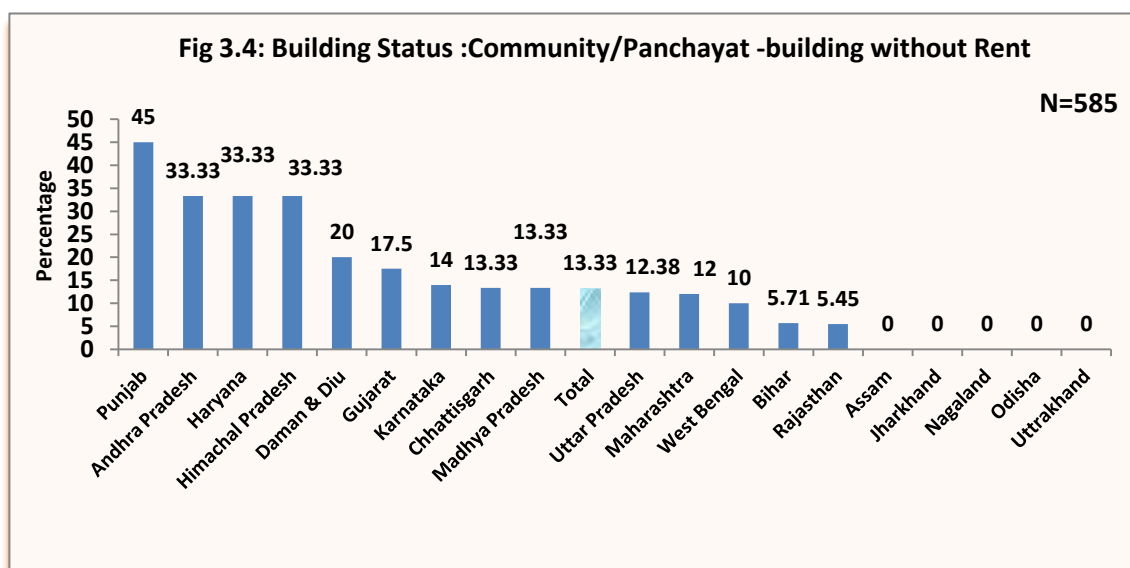
**Table 3.4:**  
**Building Provided by Community/Panchayat Free of Rent**

States	Total No. of AWCs	No. of AWCs in Community/Panchayat building without rent	%
Andhra Pradesh	15	5	33.33
Assam	15	0	-
Bihar	35	2	5.71
Chhattisgarh	30	4	13.33
Daman & Diu	5	1	20
Gujarat	40	7	17.50
Haryana	15	5	33.33

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Himachal Pradesh	15	5	33.33
Jharkhand	15	0	-
Karnataka	50	7	14
Madhya Pradesh	75	10	13.33
Maharashtra	50	6	12
Nagaland	5	0	-
Odisha	15	0	-
Punjab	20	9	45
Rajasthan	55	3	5.45
Uttar Pradesh	105	13	12.38
Uttarakhand	15	0	-
West Bengal	10	1	10
<b>Total</b>	<b>585</b>	<b>78</b>	<b>13.33</b>

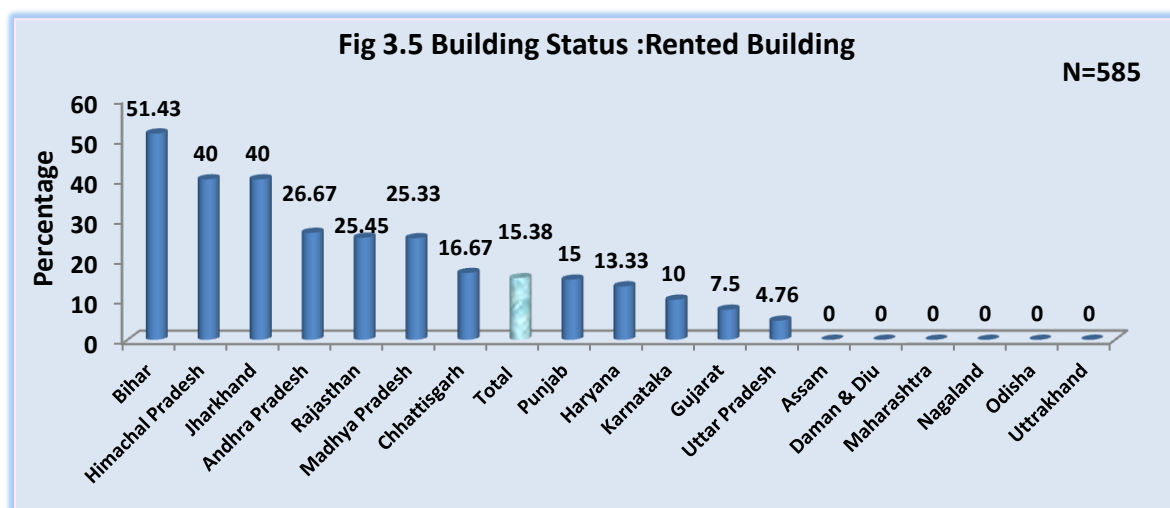
The data as presented in **Table 3.4** shows that the percentage of AWCs running in building provided by the community was less than one fifth (13.33%). One third of AWCs in the States of Andhra Pradesh (33.33%), followed by Haryana and Himachal Pradesh (33.33%) were located in rent free building provided by community or Panchayat. However, very few AWCs were running in the building provided by community free of cost located in the States /UT of Chhattisgarh (13.33%), Gujarat (17.50%), Madhya Pradesh (13.33%), Rajasthan (5.45%), Karnataka (14%), West Bengal (10%), Daman & Diu (20%) and Maharashtra (12%). None of the AWCs in the States of Assam, Jharkhand, Nagaland, Odisha and Uttarakhand were found running in the building provided by community free of cost.



**Table 3.5:**  
**Building Status -Rented Building**

States	Total No. of AWCs	No. of AWCs in Rented Building	%
Andhra Pradesh	15	4	26.67
Assam	5	0	-
Bihar	35	18	51.43
Chhattisgarh	30	5	16.67
Daman & Diu	5	0	-
Gujarat	40	3	7.50
Haryana	15	2	13.33
Himachal Pradesh	15	6	40
Jharkhand	15	6	40
Karnataka	50	5	10
Madhya Pradesh	75	19	25.33
Maharashtra	50	0	-
Nagaland	5	0	-
Odisha	15	0	-
Punjab	20	3	15
Rajasthan	55	14	25.45
Uttar Pradesh	105	5	4.76
Uttarakhand	15	0	-
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>90</b>	<b>15.38</b>

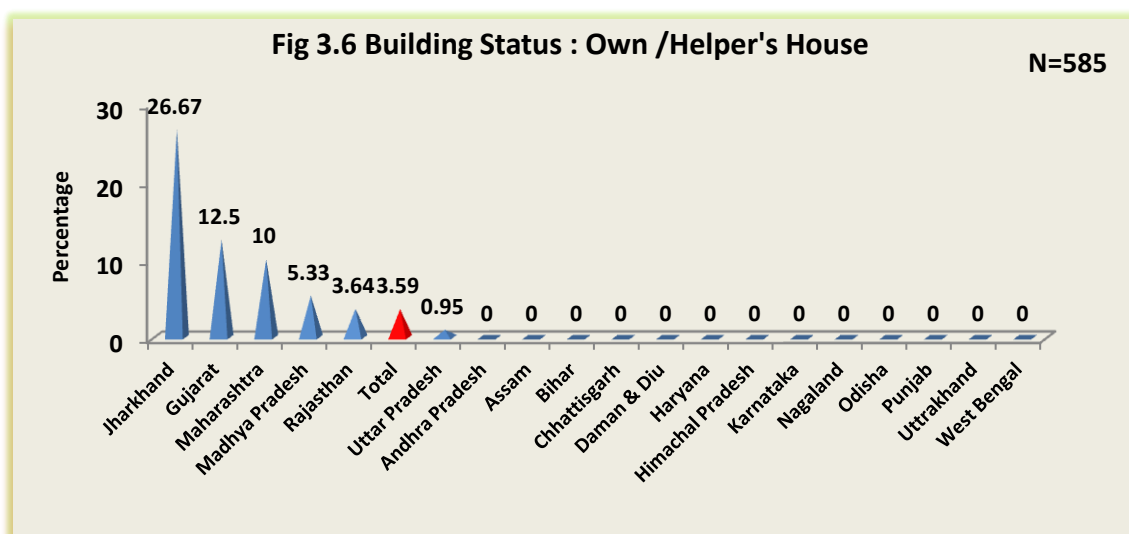
The data as presented in **Table 3.5** shows that less than one fifth (15.38%) of AWCs were found running in rented buildings. While in the State of Bihar, more than half of AWCs (51.43%) were located in rented buildings, about more than one third of AWCs in the States of Himachal Pradesh and Jharkhand (40% each) were found running in rented premises. About one fourth of AWCs in the State of MP and Rajasthan (25% each) were found running in rented building.



**Table 3.6:**  
**Building Status –AWW / Helper's House**

States	Total No. of AWCs	No. of AWCs in Own /Helper's House	%
Andhra Pradesh	15	0	-
Assam	15	0	-
Bihar	35	0	-
Chhattisgarh	30	0	-
Daman & Diu	5	0	-
Gujarat	40	5	12.50
Haryana	15	0	-
Himachal Pradesh	15	0	-
Jharkhand	15	4	26.67
Karnataka	50	0	-
Madhya Pradesh	75	4	5.33
Maharashtra	50	5	10
Nagaland	5	0	-
Odisha	15	0	-
Punjab	20	0	-
Rajasthan	55	2	3.64
Uttar Pradesh	105	1	0.95
Uttarakhand	15	0	-
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>21</b>	<b>3.59</b>

The data as presented in **Table 3.6** showsthat only 3.59 percentage of AWCs were running in AWW/Helper's own house. Majority of AWCs were located in AWWs own house in the States of Jharkhand (26.67%) followed by Gujarat (12.50%), Maharashtra (10%), Madhya Pradesh (5.33%), Rajasthan (3.64%) and Uttar Pradesh (0.95%).None of the AWCs in the States/UT of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Daman & Diu, Haryana, Himachal Pradesh, Karnataka, Nagaland, Odisha, Punjab, Uttarakhand and West Bengal were found running in the in AWWs/Helper's own house.



**Table 3.7:  
Ownership of AWC Building\***

States	Total No. of AWCs	AWCs in Own building/ Building Provided by State Government		AWCs in School Building		AWCs in Community/ Panchayat building without rent		AWCs in Rented Building		AWCs in Own Helper's House	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	15	6	40	0	-	5	33.33	4	26.67	0	-
Assam	15	12	80	3	20	0	-	0	-	0	-
Bihar	35	13	37.14	1	2.86	2	5.71	18	51.43	0	-
Chhattisgarh	30	16	53.33	4	13.33	4	13.33	5	16.67	0	-
Daman & Diu	5	4	80	0	-	1	20	0	-	0	-
Gujarat	40	25	62.50	0	-	7	17.50	3	7.50	5	12.50
Haryana	15	6	40	2	13.33	5	33.33	2	13.33	0	-
Himachal Pradesh	15	2	13.33	2	13.33	5	33.33	6	40	0	-
Jharkhand	15	5	33.33	0	-	0	-	6	40	4	26.67
Karnataka	50	35	70	2	4	7	14	5	10	0	-
Madhya Pradesh	75	35	46.67	7	9.33	10	13.33	19	25.33	4	5.33
Maharashtra	50	33	66	6	12	6	12	0	-	5	10
Nagaland	5	5	100	0	-	0	-	0	-	0	-
Odisha	15	14	93.33	0	-	0	-	0	-	0	-
Punjab	20	5	25	3	15	9	45	3	15	0	-
Rajasthan	55	26	47.27	10	18.18	3	5.45	14	25.45	2	3.64
Uttar Pradesh	105	30	28.57	56	53.33	13	12.38	5	4.76	1	0.95
Uttarakhand	15	15	100	0	-	0	-	0	-	0	-
West Bengal	10	9	90	0	-	1	10	0	-	0	-
<b>Total</b>	<b>585</b>	<b>296</b>	<b>50.60</b>	<b>96</b>	<b>16.41</b>	<b>78</b>	<b>13.33</b>	<b>90</b>	<b>15.38</b>	<b>21</b>	<b>3.59</b>

\*Note: Total may not come to 100 per cent because 0.69 per cent of AWCs were running in open space

### Display of Sign Board of AWCs

In view to give visual impact of the AWCs and also to help in improving the awareness of the community on the ICDS scheme, all AWCs are required to display the name board at the entrance of AWCs. The display board should have ICDS logo, Name, code and full address of the AWC and name of the AWW and AWH. Data in this regard are presented in **Table 3.8**.

**Table 3.8:  
Displaying of Sign Boards**

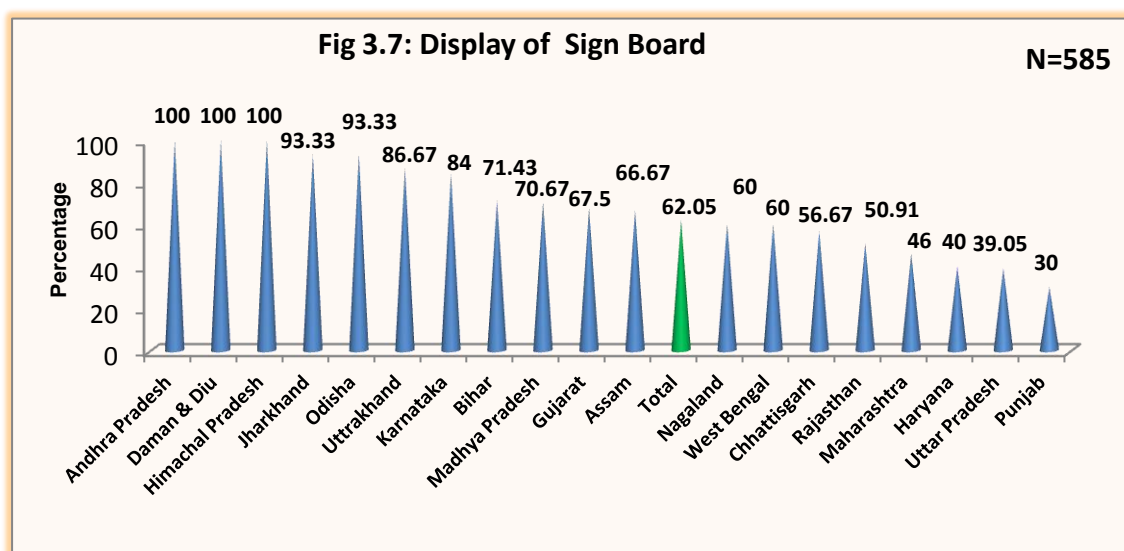
States	Total No. of AWCs	Sign board of AWCs Displayed	
		No.	%
Andhra Pradesh	15	15	100
Assam	15	10	66.67
Bihar	35	25	71.43
Chhattisgarh	30	17	56.67
Daman & Diu	5	5	100
Gujarat	40	27	67.50
Haryana	15	6	40
Himachal Pradesh	15	15	100
Jharkhand	15	14	93.33



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Karnataka	50	42	84
Madhya Pradesh	75	53	70.67
Maharashtra	50	23	46
Nagaland	5	3	60
Odisha	15	14	93.33
Punjab	20	6	30
Rajasthan	55	28	50.91
Uttar Pradesh	105	41	39.05
Uttarakhand	15	13	86.67
West Bengal	10	6	60
<b>Total</b>	<b>585</b>	<b>363</b>	<b>62.05</b>

It is revealed from **Table 3.8** that 62.05 per cent of AWCs were found having display of sign board with code no of AWC and names of AWWs and AWHs. All of the AWCs in the UT of Daman & Diu and in the state of Himachal Pradesh were found having display of sign boards. Significant number (60% and above) of AWCs in the states of Jharkhand(93.33%), Odisha (93.33%), Uttarakhand (86.67%), and Karnataka (84%), Chhattisgarh (71.43%), Assam (66.67%), Gujarat (67.50%), Nagaland and West Bengal (60%) were having display of sign board.



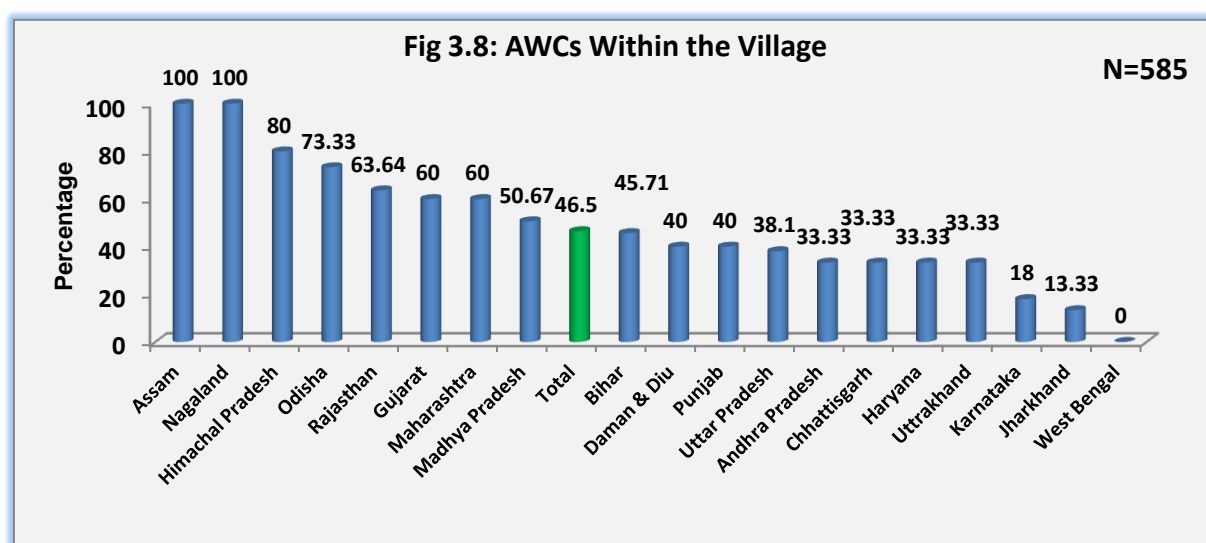
### Location of AWC within the Village

As far as possible, the AWC has to be located within the village so as to facilitate the ICDS beneficiaries to take advantage of the services delivered at the AWC. Data in this regards presented in **Table 3.9**.

**Table 3.9:**  
**Location of AWC within the Village**

States	Total No. of AWCs	AWCs within the Village	
		No.	%
Andhra Pradesh	15	5	33.33
Assam	15	15	100
Bihar	35	16	45.71
Chhattisgarh	30	10	33.33
Daman & Diu	5	2	40
Gujarat	40	24	60
Haryana	15	5	33.33
Himachal Pradesh	15	12	80
Jharkhand	15	2	13.33
Karnataka	50	9	18
Madhya Pradesh	75	38	50.67
Maharashtra	50	30	60
Nagaland	5	5	100
Odisha	15	11	73.33
Punjab	20	8	40
Rajasthan	55	35	63.64
Uttar Pradesh	105	40	38.10
Uttarakhand	15	5	33.33
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>272</b>	<b>46.50</b>

It is evident from the **Table 3.9** that location of AWCs (100%) within village was reported in all AWCs from the States of Nagaland and Assam followed by Himachal Pradesh (80%), Odisha (73%) and Rajasthan (63%), Maharashtra and Gujarat (60% each). Nearly half of AWCs from the States of MP (50%) and Bihar (46%) were found located in same village. The location of none of the AWCs from West Bengal was found in same village.



**Availability of Adequate Out Door and Indoor Space**

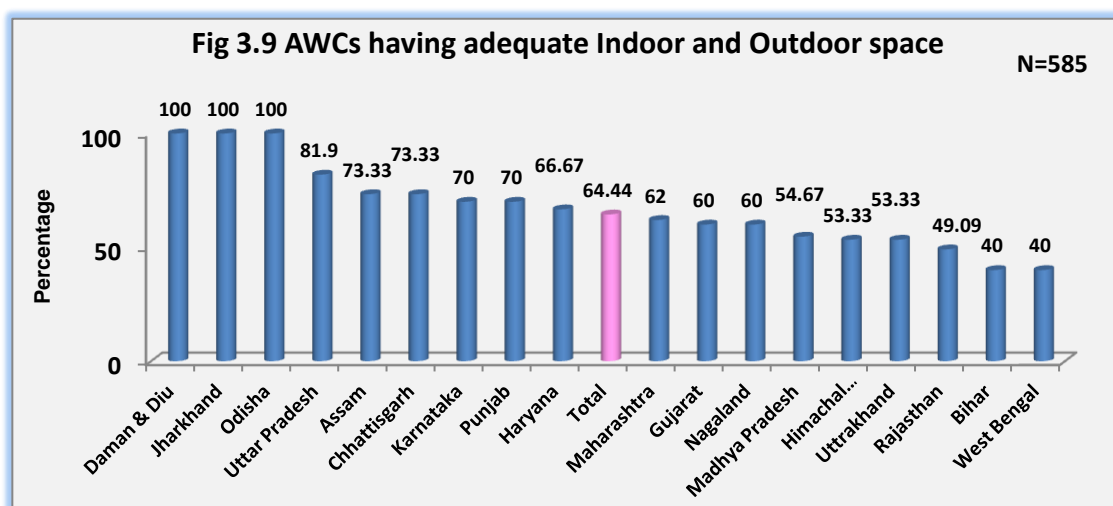
Needless to mention, every AWC should have indoor space where children can not only move around but can also work in small groups, in pairs and in circle depending upon the activity. While children are doing the activities in a group, the AWW should be able to move around and interact with them by giving them individual attention. Similarly, availability of outdoor play offers unparalleled opportunities for the children to grow, to enhance their motor skills, allows them to explore their surroundings, to discover and to learn eventually. The outdoor area of AWC should be utilised for organising free play, structured games, physical exercises, multimedia activities and the like. The data as obtained on adequacy of indoor and outdoor space is presented in **Table 3.10**:

**Table 3.10:**  
**AWCs having Adequate Outdoor and Indoor Space**

States	Total No. of AWCs	AWCs having adequate Outdoor and Indoor Space	
		No.	%
Andhra Pradesh	15	4	26.67
Assam	15	11	73.33
Bihar	35	14	40
Chhattisgarh	30	22	73.33
Daman & Diu	5	5	100
Gujarat	40	24	60
Haryana	15	10	66.67
Himachal Pradesh	15	8	53.33
Jharkhand	15	15	100
Karnataka	50	35	70
Madhya Pradesh	75	41	54.67
Maharashtra	50	31	62
Nagaland	5	3	60
Odisha	15	15	100
Punjab	20	14	70
Rajasthan	55	27	49.09
Uttar Pradesh	105	86	81.90
Uttarakhand	15	8	53.33
West Bengal	10	4	40
<b>Total</b>	<b>585</b>	<b>377</b>	<b>64.44</b>

It is evident from the **Table 3.10** that little less than two third (64.44%) of AWCs were found of having adequate indoor and outdoor space. A cursory look at the state-specific percentages of AWCs having adequate indoor and outdoor space reveals all the AWCs in the States/UT of Daman & Diu, Odisha and Jharkhand were having adequate space. Significant number (70% and above) of AWCs were having adequacy of space in the States of Assam, Chhattisgarh, Karnataka, Punjab and Uttar Pradesh.





### Drinking Water

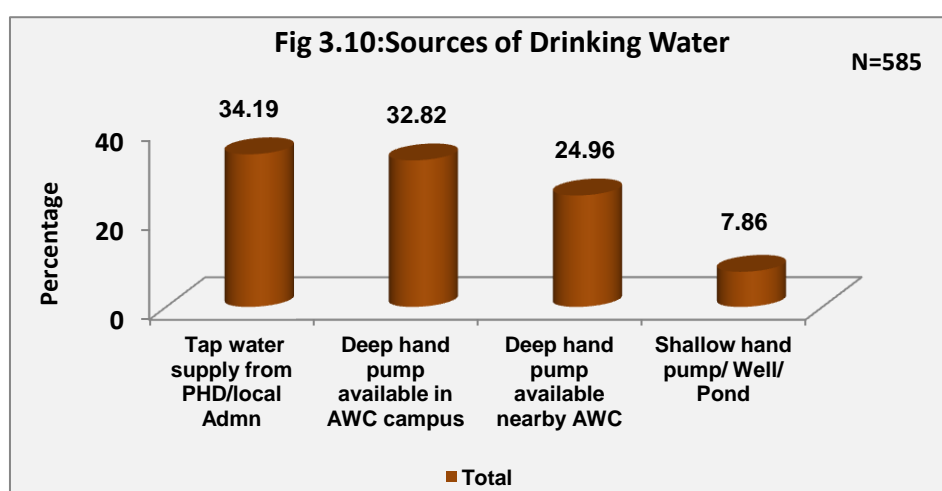
Providing safe drinking water is of utmost importance for small children who are prone to infectious diseases. **Table 3.11** summarises the status and provision of safe drinking water.

**Table 3.11:**  
**Sources of Drinking Water\***

States	Total No. of AWCs	Multiple Responses							
		Deep hand pump available in AWC campus		Deep hand pump available nearby AWC		Shallow hand pump/ Well/ Pond		Tap water supply from PHD/local Admn	
		N	%	N	%	N	%	N	%
Andhra Pradesh	15	0	-	3	20	2	13.33	10	66.67
Assam	15	6	40	7	46.67	2	13.33	0	-
Bihar	35	12	34.29	19	54.29	5	14.29	0	-
Chhattisgarh	30	9	30	15	50	2	6.67	4	13.33
Daman & Diu	5	0	-	0	-	0	-	5	100
Gujarat	40	6	15	4	10	2	5	29	72.5
Haryana	15	1	6.67	2	13.33	0	-	10	66.67
Himachal Pradesh	15	2	13.33		-	1	6.67	12	80
Jharkhand	15	8	53.33	7	46.67	0	-	0	-
Karnataka	50	0	-	11	22	1	2	38	76
Madhya Pradesh	75	8	10.67	42	56	12	16	13	17.33
Maharashtra	50	12	24	8	16	6	12	24	48
Nagaland	5	0	-	0	-	0	-	5	100
Odisha	15	15	100	0	-	0	-	3	20
Punjab	20	7	35	2	10	3	15	5	25
Rajasthan	55	12	21.82	12	21.82	5	9.09	26	47.27
Uttar Pradesh	105	87	82.86	11	10.48	4	3.81	3	2.86
Uttarakhand	15	3	20	1	6.67	1	6.67	10	66.67
West Bengal	10	4	40	2	20	0	-	3	30
<b>Total</b>	<b>585</b>	<b>192</b>	<b>32.82</b>	<b>146</b>	<b>24.96</b>	<b>46</b>	<b>7.86</b>	<b>200</b>	<b>34.19</b>

\*Note: Total may not come to actual no. of AWCs taken in the study because of unavailability of drinking water at some AWCs

The data on type of drinking water facility as presented in **Table 3.11** reveals that one third of the AWCs (34.19%) have tap water facility in the AWCs. Though, tap water is the main source of drinking water facility in majority of AWCs from the States of Nagaland and Daman & Diu (100%), Himachal Pradesh (80%), Gujarat (72.50%), Karnataka (76%), Haryana, Andhra Pradesh and Uttarakhand (66.67%) and Rajasthan (47.27%). However, on the other hand, majority of AWCs from the States of Odisha (100%) and UP (82.86%) have deep hand pump as a source of drinking water facility in the AWCs. Hand Pump was another source of drinking water facility available as water source in 32.82 per cent of AWCs. Shallow hand pump/ Well/ Pond has been reported as one of the source of drinking water facility in 7.86 per cent of AWCs.



## Sanitation

- **Availability and Usability of Toilets**

Individual health and hygiene inter alia, dependent on adequate availability of drinking water and proper/adequate sanitation. There is, therefore, a direct relationship between water, sanitation and health. Improper disposal of human excreta and improper environmental sanitation have been major causes of many diseases in developing countries including India. Prevailing high infant mortality rate is also largely attributed to poor sanitation. In order to change the behaviour of children from very early stage of life, it is essential that AWCs are used as a platform for behaviour change of the children as well as mothers attending the AWCs.

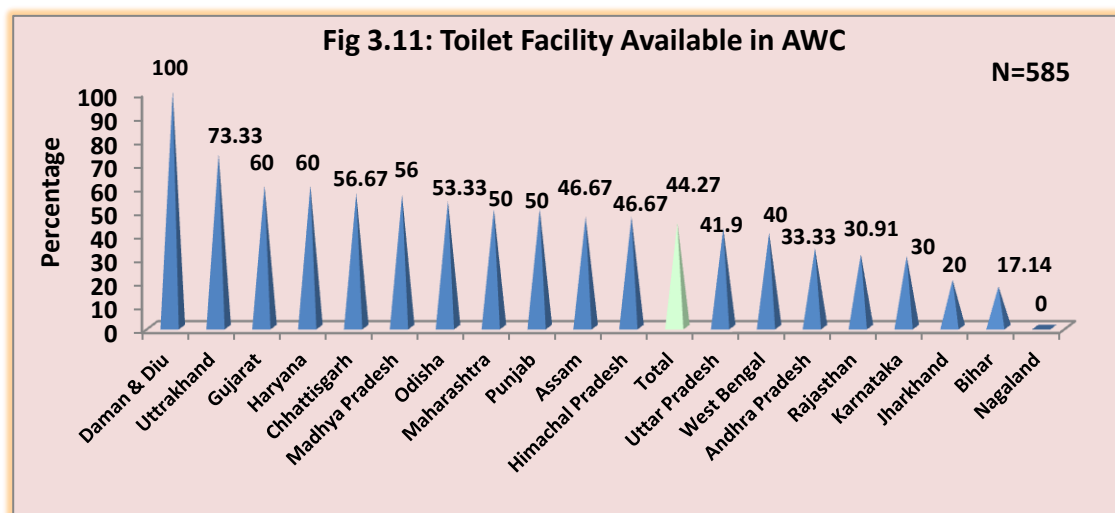


MWCD vide its letter no 19-3/2004-CD-1 dated 6<sup>th</sup> September 2010 has requested Secretaries In Charge of ICDS in all States/UT Administration to take suitable steps in convergence with total sanitation campaign programme of the Ministry of Rural Development to ensure provision of potable water and sanitation facilities at all AWCs in a time bound manner. The usable toilet facility condition was noted for all the centres and has been represented in the **Table 3.12**:

**Table 3.12:**  
**Toilet facility available in AWCs**

States	Total No. of AWCs	Available		Available but not usable		Available but not child friendly	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	5	33.33	0	-	0	-
Assam	15	7	46.67	0	-	2	13.33
Bihar	35	6	17.14	0	-	4	11.43
Chhattisgarh	30	17	56.67	0	-	3	10
Daman & Diu	5	5	100	0	-	0	-
Gujarat	40	24	60	6	15	1	2.50
Haryana	15	9	60	4	26.67	0	-
Himachal Pradesh	15	7	46.67	0	-	0	-
Jharkhand	15	3	20	2	13.33	0	-
Karnataka	50	15	30	15	30	5	10
Madhya Pradesh	75	42	56	6	8	1	1.33
Maharashtra	50	25	50	6	12	4	8
Nagaland	5	0	-	0	-	0	-
Odisha	15	8	53.33	2	13.33	0	-
Punjab	20	10	50	1	5	0	-
Rajasthan	55	17	30.91	6	10.91	1	1.82
Uttar Pradesh	105	44	41.90	27	25.71	6	5.71
Uttarakhand	15	11	73.33	1	6.67	0	-
West Bengal	10	4	40	0	-	3	30
<b>Total</b>	<b>585</b>	<b>259</b>	<b>44.27</b>	<b>76</b>	<b>12.99</b>	<b>30</b>	<b>5.13</b>

The **Table3.12** reveals that less than half (44.27%) of AWCs were having availability of toilets .Only in the UT of Daman and Diu, all (100%) AWCs were found having availability of toilets. The availability of toilets were reported from more than half of AWCs from the States of Uttarakhand (73%) followed by Gujarat and Haryana (60% each), Chhattisgarh (56%) and Odisha (53%). In none of the AWCs from the State of Nagaland, the availability of toilet was reported in little less than one fifth (13%) of AWCs, though toilets were found available but were not found in usable condition. Such percentage was found higher in case of State of Karnataka (30%) followed by Haryana (26%) and in UP(25%). The availability of child friendly toilets was reported in significantly higher number of AWCs (95%).



### Availability of Cooking Space

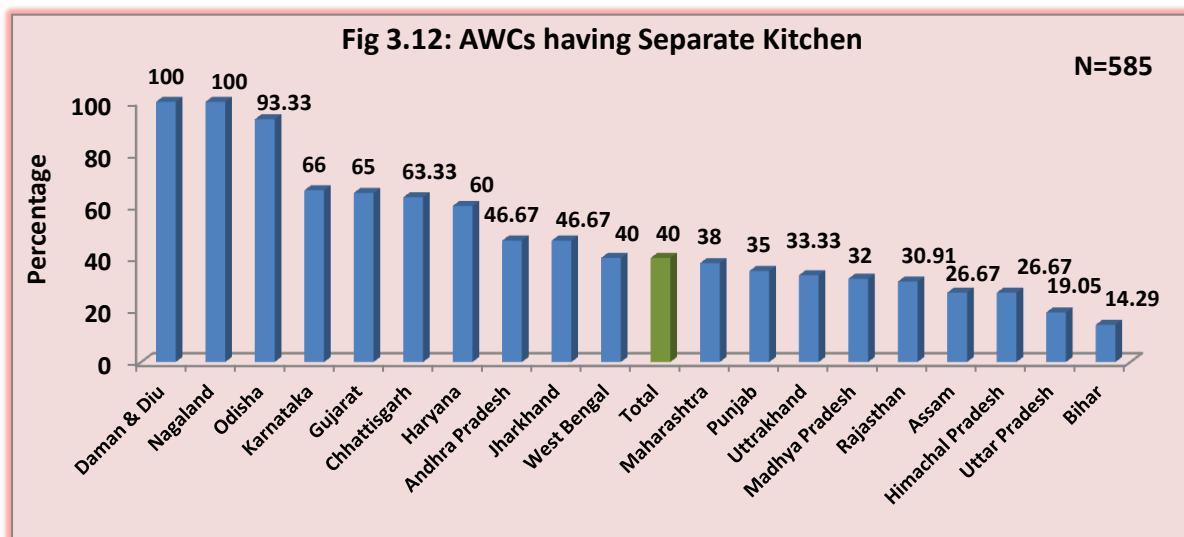
Sufficient cooking space is very important in those AWCs where AWWs prepare HCM for children. Data in this regard are presented in **Table 3.13**.

**Table 3.13:**  
Separate Kitchen Available at AWC

States	Total No. of AWCs	No. of AWCs having Separate Kitchen	%
Andhra Pradesh	15	7	46.67
Assam	15	4	26.67
Bihar	35	5	14.29
Chhattisgarh	30	19	63.33
Daman & Diu	5	5	100
Gujarat	40	26	65
Haryana	15	9	60
Himachal Pradesh	15	4	26.67
Jharkhand	15	7	46.67
Karnataka	50	33	66
Madhya Pradesh	75	24	32
Maharashtra	50	19	38
Nagaland	5	5	100
Odisha	15	14	93.33
Punjab	20	7	35
Rajasthan	55	17	30.91
Uttar Pradesh	105	20	19.05
Uttarakhand	15	5	33.33
West Bengal	10	4	40
<b>Total</b>	<b>585</b>	<b>234</b>	<b>40</b>



It is revealed from **Table 3.13** that less than half (40%) of AWCs had the availability of adequate cooking space. The state specific percentage stipulates that all (100%) AWCs in the State of Nagaland and UT of Daman & Diu were having availability of separate kitchen. However, less than one fifth of the AWCs in the States of Bihar (14.29%) and Uttar Pradesh (19.05%) were having availability of separate kitchen.



### Separate Space for Storage of Food items

The 'Take Home Ration' and the raw material for cooking of supplementary nutrition were being supplied to the AWCs in bulk at the regular intervals. It has to be stored in AWCs. The data in this aspect is presented in **Table-3.14**.

**Table 3.14:**  
**AWCs having Separate Space for Storage**

States	Total No. of AWCs	No. of AWCs having Separate Space for Storage	%
Andhra Pradesh	15	4	26.67
Assam	15	2	13.33
Bihar	35	6	17.14
Chhattisgarh	30	16	53.33
Daman & Diu	5	4	80
Gujarat	40	14	35
Haryana	15	7	46.67
Himachal Pradesh	15	4	26.67
Jharkhand	15	8	53.33
Karnataka	50	41	82
Madhya Pradesh	75	35	46.67
Maharashtra	50	15	30
Nagaland	5	0	-
Odisha	15	11	73.33
Punjab	20	6	30
Rajasthan	55	17	30.91



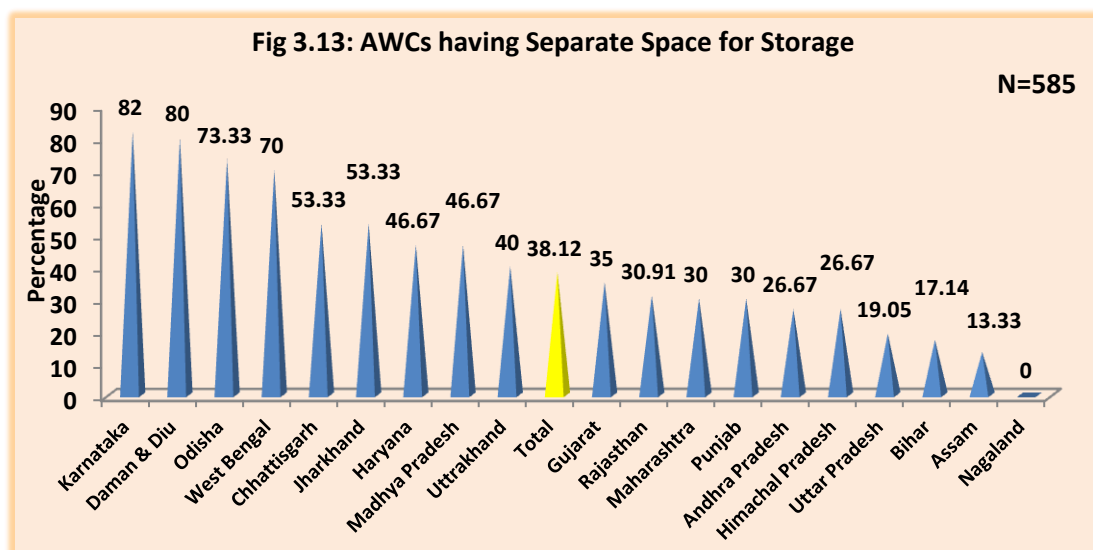
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Uttar Pradesh	105	20	19.05
Uttarakhand	15	6	40
West Bengal	10	7	70
<b>Total</b>	<b>585</b>	<b>223</b>	<b>38.12</b>

\*Note: Total may not come to hundred per cent because there is no sufficient storage space



The above data shows that 61.88 per cent of AWCs were yet to provide separate storage space. Only in the State of Karnataka and UT of Daman and Diu, every eight out of ten (80%) AWCs were found having availability of separate storage space, however, the situation needs improvement in the States of Nagaland where none of the AWCs were found having adequate availability of storage space, the situation was also found worst in the States of Assam, Bihar and in UP where such percentage was reported very low with 13 per cent, 17 per cent and 19 per cent respectively.





# Personal Profile and Training Status of ICDS Functionaries





Personal Profile and Training Status of ICDS Functionaries

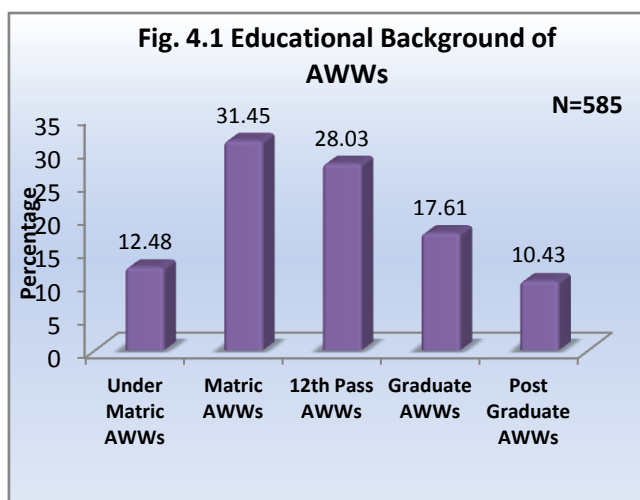
Background information relating to variables like educational background, training status etc. has a direct bearing on their efficacy to implement ICDS at the ground level. This chapter attempts to analyse the same.

**Educational Background of AWWs**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. Educational background of AWW receives much significance, especially when she is expected to carry out multidimensional tasks, either directly or indirectly related with ICDS, within stipulated time frame. Data in this regard are presented in **Table 4.1**.

**Table 4.1:**  
**Educational Background of AWWs**

States	No. of AWWs	Under Matric AWWs		Matric AWWs		12th Pass AWWs		Graduate AWWs		Post Graduate AWWs	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	15	1	6.67	13	86.67	0	-	1	6.67	0	-
Assam	15	1	6.67	8	53.33	2	13.33	4	26.67	0	-
Bihar	35	1	2.86	11	31.43	16	45.71	7	20	0	-
Chhattisgarh	30	1	3.33	2	6.67	17	56.67	3	10	7	23.33
Daman & Diu	5	1	20	1	20	1	20	2	40	0	-
Gujarat	40	7	17.50	13	32.50	10	25	6	15	4	10
Haryana	15	1	6.67	5	33.33	4	26.67	5	33.33	0	-
Himachal Pradesh	15	1	6.67	5	33.33	9	60	0	-	0	-
Jharkhand	15	1	6.67	7	46.67	1	6.67	4	26.67	2	13.33
Karnataka	50	0	-	34	68	11	22	5	10	0	-
Madhya Pradesh	75	4	5.33	15	20	29	38.67	10	13.33	17	22.67
Maharashtra	50	15	30	18	36	9	18	5	10	3	6
Nagaland	5	3	60	1	20	1	20	0	-	0	-
Odisha	15	6	40	4	26.67	4	26.67	1	6.67	0	-
Punjab	20	4	20	6	30	5	25	5	25	0	-
Rajasthan	55	18	32.73	16	29.09	13	23.64	4	7.27	4	7.27
Uttar Pradesh	105	5	4.76	22	20.95	26	24.76	28	26.67	24	22.86
Uttarakhand	15	1	6.67	1	6.67	3	20	10	66.67	0	-
West Bengal	10	2	20	2	20	3	30	3	30	0	-
<b>Total</b>	<b>585</b>	<b>73</b>	<b>12.48</b>	<b>184</b>	<b>31.45</b>	<b>164</b>	<b>28.03</b>	<b>103</b>	<b>17.61</b>	<b>61</b>	<b>10.43</b>



It can be observed from **Table 4.1** that so far as educational background of AWWs is concerned, it was found that 12.48 per cent of AWWs were below metric and about one third of AWWs were Metric (31.45%) pass. About 28 per cent of AWWs were 12<sup>th</sup> pass. Little less than one fifth (17.61%) of AWWs were also found Graduate and 10 per cent of AWWs as Post Graduate. Though, in the State of Andhra Pradesh 86 per cent of AWWs were found metric. However, matriculation

background was not reported from nearly half of AWWs (50%) from the State of Assam and Jharkhand. Little less than one fourth AWWs were found Post Graduate in the States of Chhattisgarh (23%) followed by Uttar Pradesh (23%) and Madhya Pradesh (22%) respectively

### Appointment Status of ICDS Functionaries

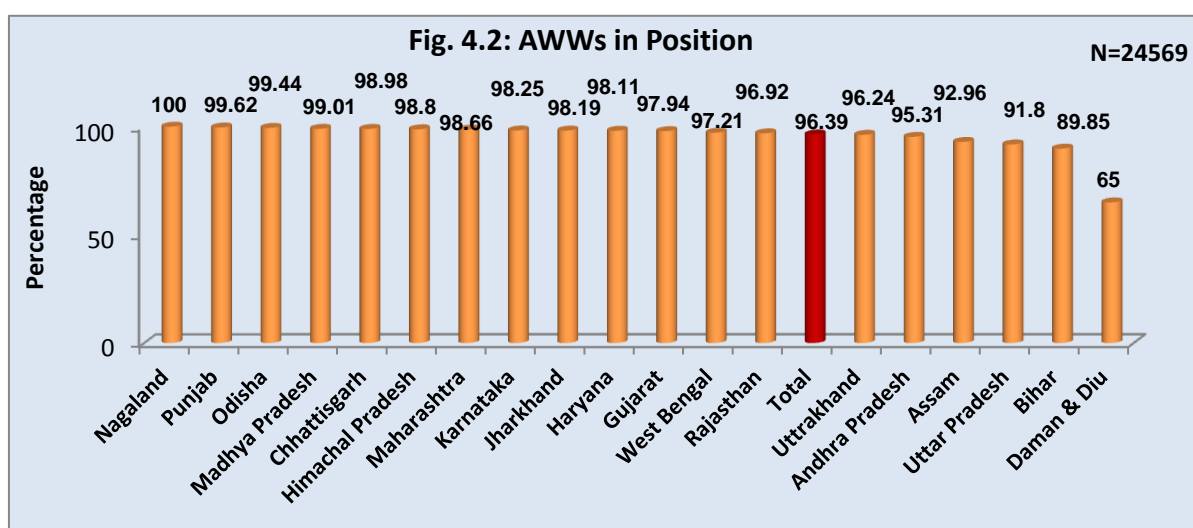
For effective implementation of ICDS programme, the sanctioned number of posts of ICDS functionaries needs to be filled up. Data in respect of filling up of the sanctioned number of posts of AWWs are presented in **Table 4.2**.

**Table 4.2**  
Appointment Status of Anganwadi Workers

States	Total No. of ICDS Projects	Sanctioned No. of AWWs	No. of AWWs in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	3	896	854	95.31	42	4.69
Assam	3	724	673	92.96	51	7.04
Bihar	7	1409	1266	89.85	143	10.15
Chhattisgarh	6	1174	1162	98.98	12	1.02
Daman & Diu	1	40	26	65	14	35
Gujarat	8	1308	1281	97.94	27	2.06
Haryana	3	581	570	98.11	11	1.89
Himachal Pradesh	3	749	740	98.80	9	1.20
Jharkhand	3	553	543	98.19	10	1.81
Karnataka	10	3600	3537	98.25	63	1.75
Madhya Pradesh	15	2915	2886	99.01	29	0.99
Maharashtra	10	2015	1988	98.66	27	1.34
Nagaland	1	67	67	100	0	-
Odisha	3	713	709	99.44	4	0.56
Punjab	4	781	778	99.62	3	0.38
Rajasthan	11	1981	1920	96.92	61	3.08
Uttar Pradesh	21	4416	4054	91.80	362	8.20
Uttarakhand	3	851	819	96.24	32	3.76
West Bengal	2	716	696	97.21	20	2.79
<b>Total</b>	<b>117</b>	<b>25489</b>	<b>24569</b>	<b>96.39</b>	<b>920</b>	<b>3.61</b>

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

The above **Table 4.2** shows that appointment status of AWWs was found satisfactory about 97per cent of them found in position. Significant number 98 per cent of AWWs in the States of Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, Punjab and Rajasthan were found in position. However, the situation in UT of Daman and Diu needs improvement as 35 per cent of Posts of AWWs were found lying vacant.



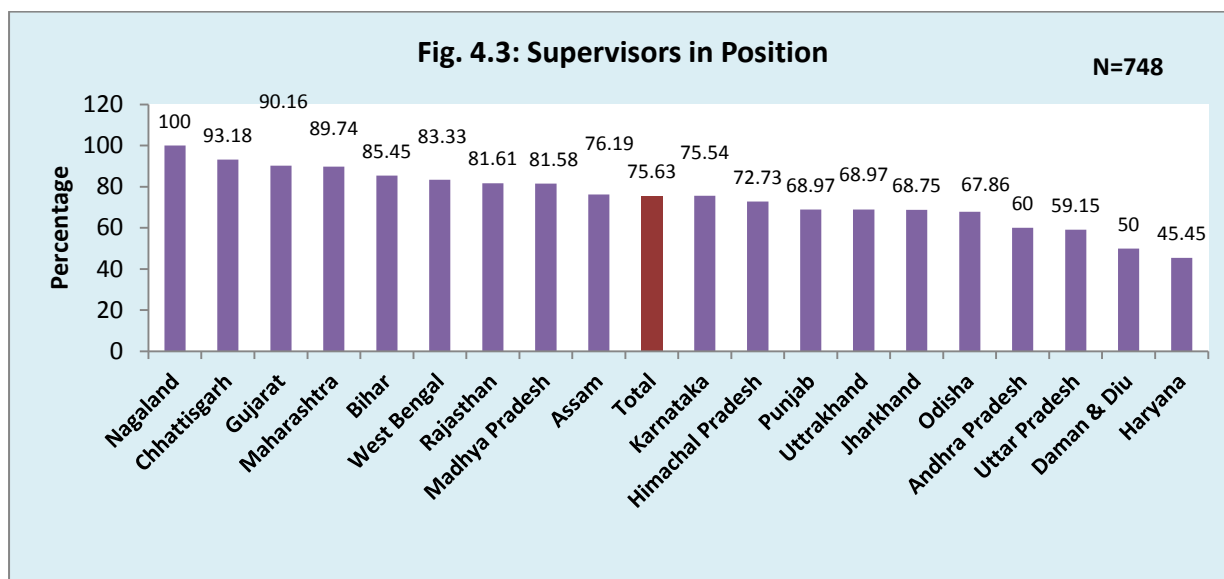
Data in respect of filling up of the sanctioned number of posts of ICDS Supervisors are presented in **Table 4.3**.

**Table 4.3:**  
**Appointment Status of ICDS Supervisors**

States	Total No. of ICDS Projects	Sanctioned No. of Supervisors	No. of Supervisors in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	3	35	21	60	14	40
Assam	3	21	16	76.19	5	23.81
Bihar	7	55	47	85.45	8	14.55
Chhattisgarh	6	44	41	93.18	3	6.82
Daman & Diu	1	2	1	50	1	50
Gujarat	8	61	55	90.16	6	9.84
Haryana	3	22	10	45.45	12	54.55
Himachal Pradesh	3	33	24	72.73	9	27.27
Jharkhand	3	16	11	68.75	5	31.25
Karnataka	10	139	105	75.54	34	24.46
Madhya Pradesh	15	114	93	81.58	21	18.42
Maharashtra	10	78	70	89.74	8	10.26
Nagaland	1	2	2	100	0	-
Odisha	3	28	19	67.86	9	32.14
Punjab	4	29	20	68.97	9	31.03
Rajasthan	11	87	71	81.61	16	18.39
Uttar Pradesh	21	164	97	59.15	67	40.85
Uttarakhand	3	29	20	68.97	9	31.03
West Bengal	2	30	25	83.33	5	16.67
<b>Total</b>	<b>117</b>	<b>989</b>	<b>748</b>	<b>75.63</b>	<b>241</b>	<b>24.37</b>

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

The **Table 4.3** depicts that about one fourth posts (25%) of ICDS supervisors were found lying vacant. The vacant position of Supervisors was found much higher in Haryana (54%) followed by UT of Daman and Diu (50%) and in UP (40%). However, significant number (more than 85%) of the supervisors were found in position in the States of Nagaland (100%), Chhattisgarh (93.18%), Gujarat (90.16%), Maharashtra (89.74%) and Bihar (85.45%).



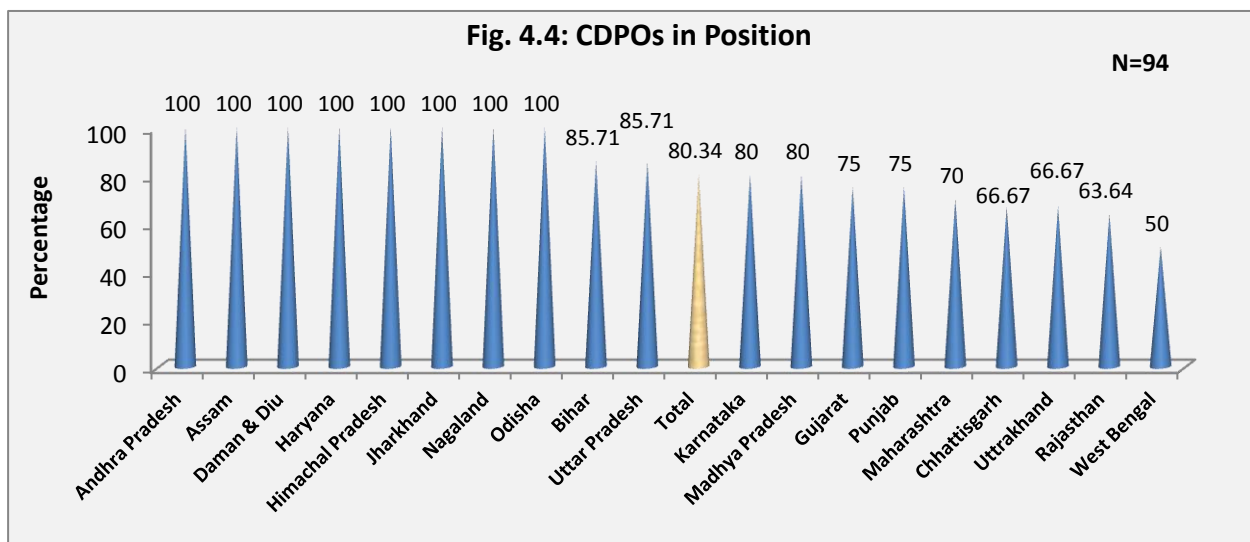
Data in respect of filling up of the sanctioned number of posts of ICDS CDPOs are presented in **Table 4.4**.

**Table 4.4:**  
**Appointment Status of ICDS CDPOs**

States	Total No. of ICDS Projects	Sanctioned No. of CDPOs	No. of CDPOs in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	3	3	3	100	0	-
Assam	3	3	3	100	0	-
Bihar	7	7	6	85.71	1	14.29
Chhattisgarh	6	6	4	66.67	2	33.33
Daman & Diu	1	1	1	100	0	-
Gujarat	8	8	6	75	2	25
Haryana	3	3	3	100	0	-
Himachal Pradesh	3	3	3	100	0	-
Jharkhand	3	3	3	100	0	-
Karnataka	10	10	8	80	2	20
Madhya Pradesh	15	15	12	80	3	20
Maharashtra	10	10	7	70	3	30
Nagaland	1	1	1	100	0	-
Odisha	3	3	3	100	0	-
Punjab	4	4	3	75	1	25
Rajasthan	11	11	7	63.64	4	36.36
Uttar Pradesh	21	21	18	85.71	3	14.29
Uttarakhand	3	3	2	66.67	1	33.33
West Bengal	2	2	1	50	1	50
<b>Total</b>	<b>117</b>	<b>117</b>	<b>94</b>	<b>80.34</b>	<b>23</b>	<b>19.66</b>



Similarly, it is evident from **Table 4.4** that though none of the CDPOs post was found vacant in the States of Andhra Pradesh, Assam Haryana, Himachal Pradesh, Jharkhand, Nagaland, Odisha and UT of Daman and Diu. However, little close to half of the posts were found vacant in the State of West Bengal (50%) followed by Rajasthan (36%), Chhattisgarh and Uttarakhand with 33 per cent each.



### Training of ICDS Functionaries



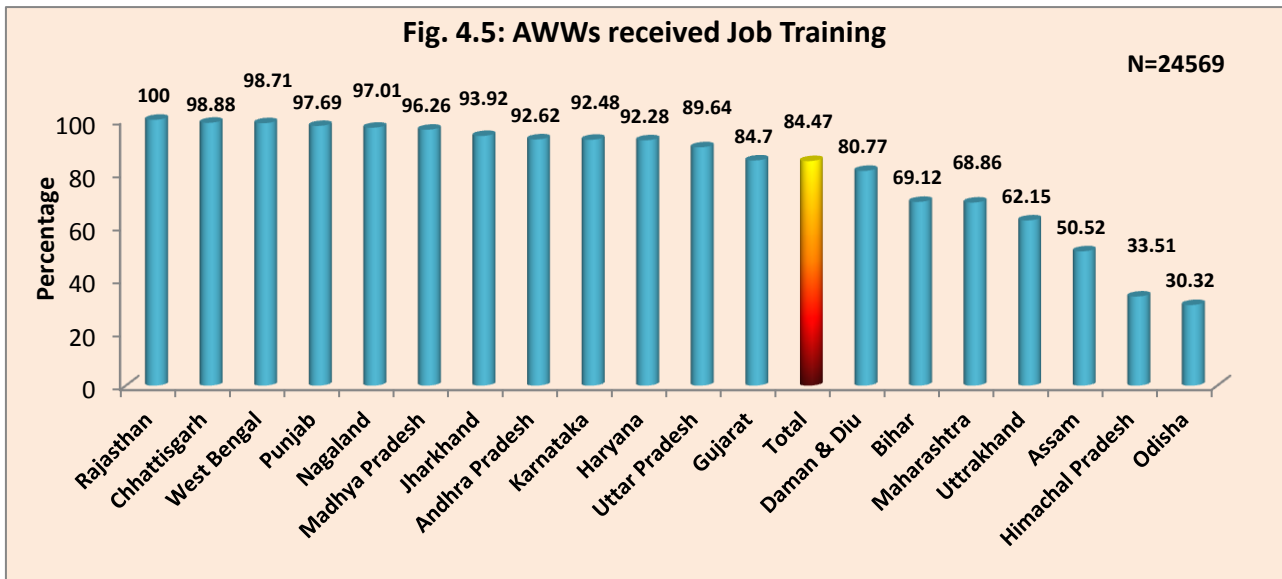
Under Comprehensive Training Strategy of ICDS, all categories of ICDS functionaries are required to undergo Job Training Course (JTC) with the broad objectives to make them understand their role in implementation of the scheme and to enable them to develop appropriate skills necessary for implementation of various activities and services planned under the scheme. Training of ICDS

functionaries aims at strengthening their capabilities not only to organise the ICDS activities effectively but also to understand the expectations of beneficiaries and to work with community towards improved child care and behavioural practices. Adequate provisions have been made in ICDS for training of grass root functionaries. Besides job training, each ICDS functionary is also required to undergo refresher training once in two years – so as to enhance and sharpen their capacities by imparting new knowledge and skills to improve their efficiency for realising the ICDS objectives and goals. The broad objectives of the refresher course includes sharing of experiences in implementing ICDS Programme; making the ICDS functionaries aware about recent developments and guidelines in ICDS and to update their knowledge in various core areas of early childhood care and education. Data with regard to training status of ICDS functionaries are presented in **Table 4.5 to Table 4.7**.

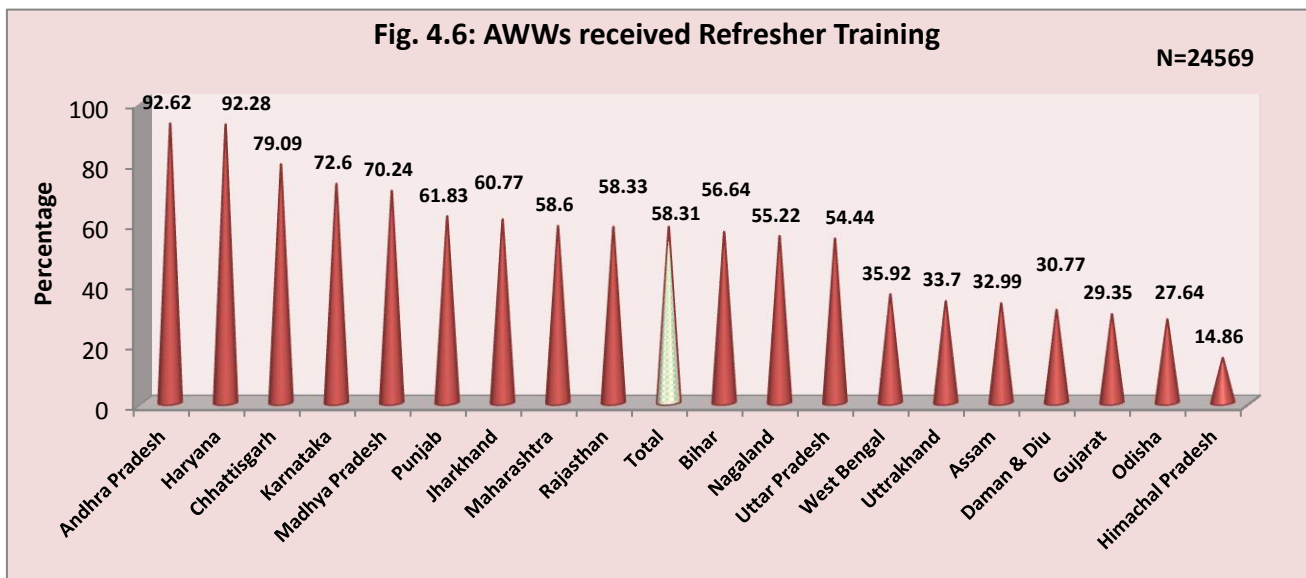
**Table 4.5:**  
**AWWs Received Job and Refresher Training**

States	Total No. of ICDS Projects	No. of AWWs in position	No. of AWWs received Job Training		No. of AWWs received Refresher Training during last two years	
			No.	%	No.	%
Andhra Pradesh	3	854	791	92.62	791	92.62
Assam	3	673	340	50.52	222	32.99
Bihar	7	1266	875	69.12	717	56.64
Chhattisgarh	6	1162	1149	98.88	919	79.09
Daman & Diu	1	26	21	80.77	8	30.77
Gujarat	8	1281	1085	84.70	376	29.35
Haryana	3	570	526	92.28	526	92.28
Himachal Pradesh	3	740	248	33.51	110	14.86
Jharkhand	3	543	510	93.92	330	60.77
Karnataka	10	3537	3271	92.48	2568	72.60
Madhya Pradesh	15	2886	2778	96.26	2027	70.24
Maharashtra	10	1988	1369	68.86	1165	58.60
Nagaland	1	67	65	97.01	37	55.22
Odisha	3	709	215	30.32	196	27.64
Punjab	4	778	760	97.69	481	61.83
Rajasthan	11	1920	1920	100.00	1120	58.33
Uttar Pradesh	21	4054	3634	89.64	2207	54.44
Uttrakhand	3	819	509	62.15	276	33.70
West Bengal	2	696	687	98.71	250	35.92
<b>Total</b>	<b>117</b>	<b>24569</b>	<b>20753</b>	<b>84.47</b>	<b>14326</b>	<b>58.31</b>

The above **Table 4.5** reveals that 84 per cent of AWWs, received job training. While all AWWs (100%) in the State of Rajasthan have received Job Training , significant number of them in the States of Chhattisgarh (99%), West Bengal (98.7%), Punjab (97.6%), Nagaland (97%), Madhya Pradesh (96.26%), Jharkhand (94%), Andhra Pradesh (92.62%) Karnataka (92.48%), Haryana (92%) have received Job Training. The more number of AWWs from the States of Assam (50%), Himachal Pradesh (33%) and Odisha (30%) needs to be job trained.



Compared to job training, the situation of refresher training was reported worst. All States were found having backlog of refresher training of AWWs. The highest backlog of AWWs refresher training was reported from the State of Himachal Pradesh (85%). Other States were also having considerable backlog of refresher training, like in the State of Odisha (73%), Gujarat (70%) and UT of Daman and Diu (69%).



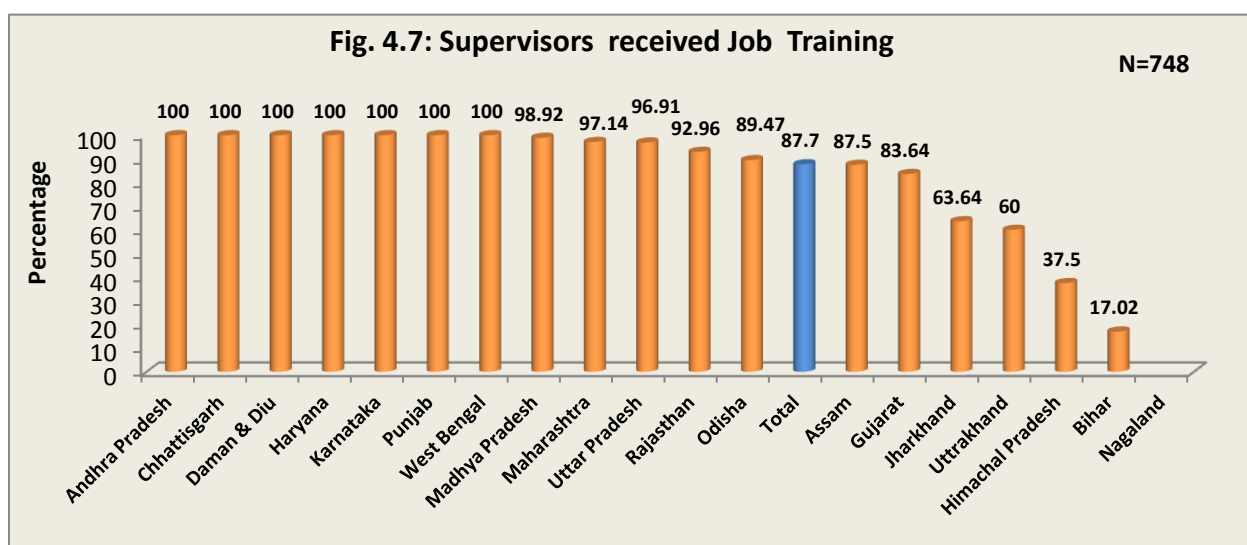
## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

Data on number of Supervisors Received Job Training and Refresher Training is presented in **Table 4.6**.

**Table 4.6:**  
Supervisors Received Job and Refresher Training

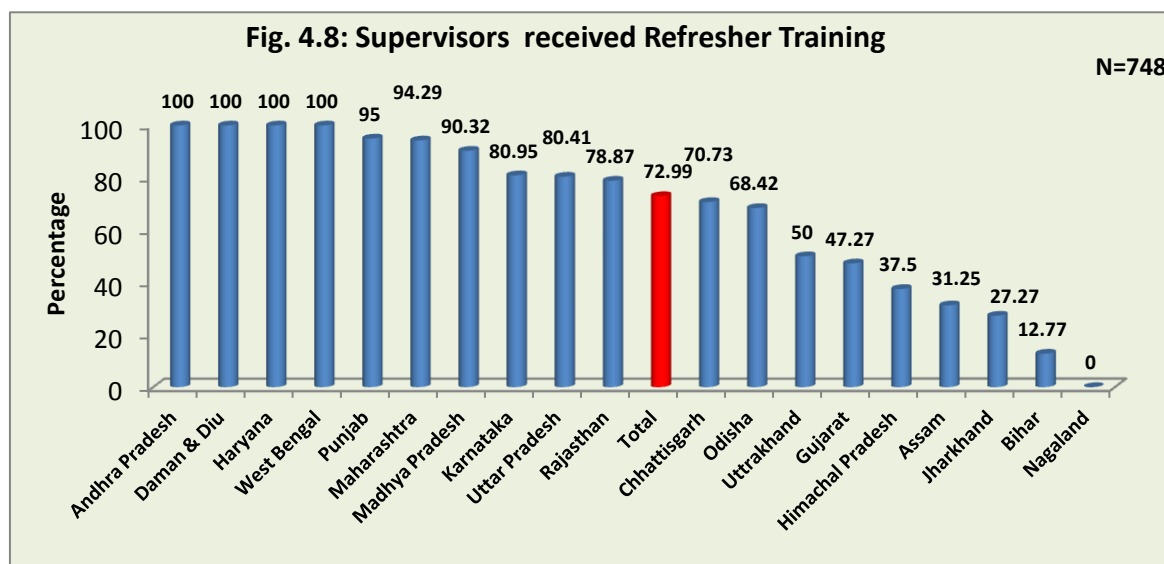
States	Total No. of ICDS Projects	No. of Supervisors in Position	No. of Supervisors received Job Training		No. of Supervisors received Refresher Training	
			No.	%	No.	%
Andhra Pradesh	3	21	21	100	21	100
Assam	3	16	14	87.50	5	31.25
Bihar	7	47	8	17.02	6	12.77
Chhattisgarh	6	41	41	100	29	70.73
Daman & Diu	1	1	1	100	1	100
Gujarat	8	55	46	83.64	26	47.27
Haryana	3	10	10	100	10	100
Himachal Pradesh	3	24	9	37.50	9	37.50
Jharkhand	3	11	7	63.64	3	27.27
Karnataka	10	105	105	100	85	80.95
Madhya Pradesh	15	93	92	98.92	84	90.32
Maharashtra	10	70	68	97.14	66	94.29
Nagaland	1	2	0		0	-
Odisha	3	19	17	89.47	13	68.42
Punjab	4	20	20	100	19	95
Rajasthan	11	71	66	92.96	56	78.87
Uttar Pradesh	21	97	94	96.91	78	80.41
Uttarakhand	3	20	12	60	10	50
West Bengal	2	25	25	100	25	100
<b>Total</b>	<b>117</b>	<b>748</b>	<b>656</b>	<b>87.70</b>	<b>546</b>	<b>72.99</b>

As per data **Table 4.6**, 87.70 per cent of supervisors received job training. Though all Supervisors in the States of Andhra Pradesh, Chhattisgarh, Haryana, Karnataka, Punjab, West Bengal and UT of Daman and Diu have received JTC, however, situation needs improvement in the States of Nagaland where none of the Supervisor reported of having received job training.



## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

It was further revealed from the data that highest backlog of refresher training in case of Supervisors was reported from the State of Bihar (87%) followed by Jharkhand (73%), Assam (69%) and Himachal Pradesh (63%). None of the Supervisor from Nagaland reported of received refresher training.



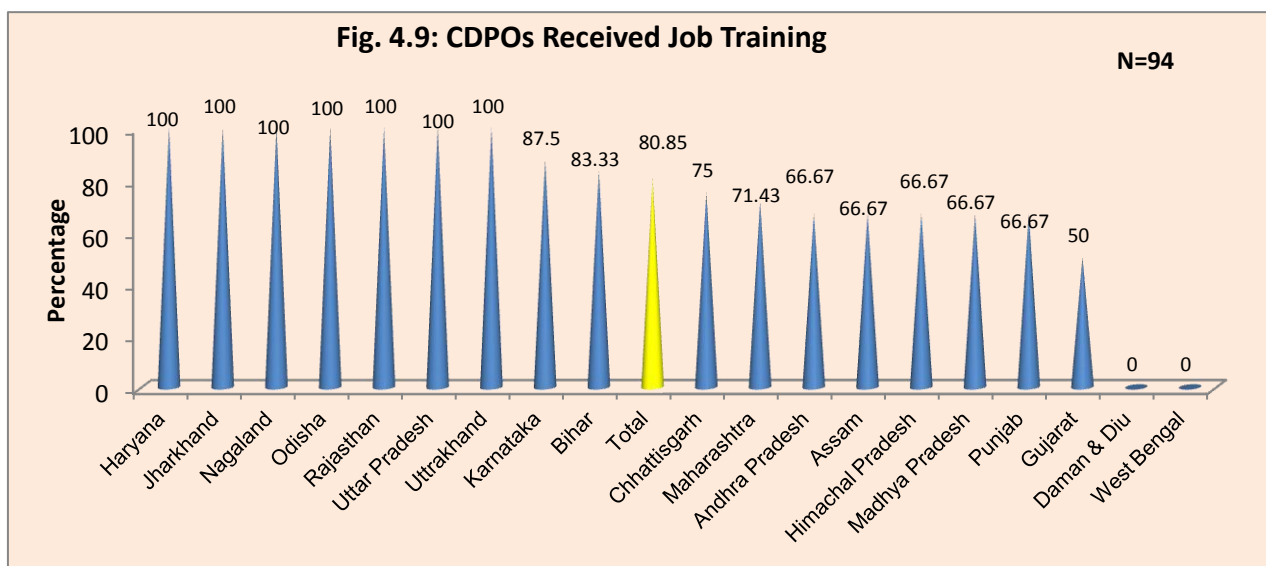
Data on number of CDPOs received Job Training as well as Refresher Training is presented in **Table 4.7**.

**Table 4.7:**  
**CDPOs received Training**

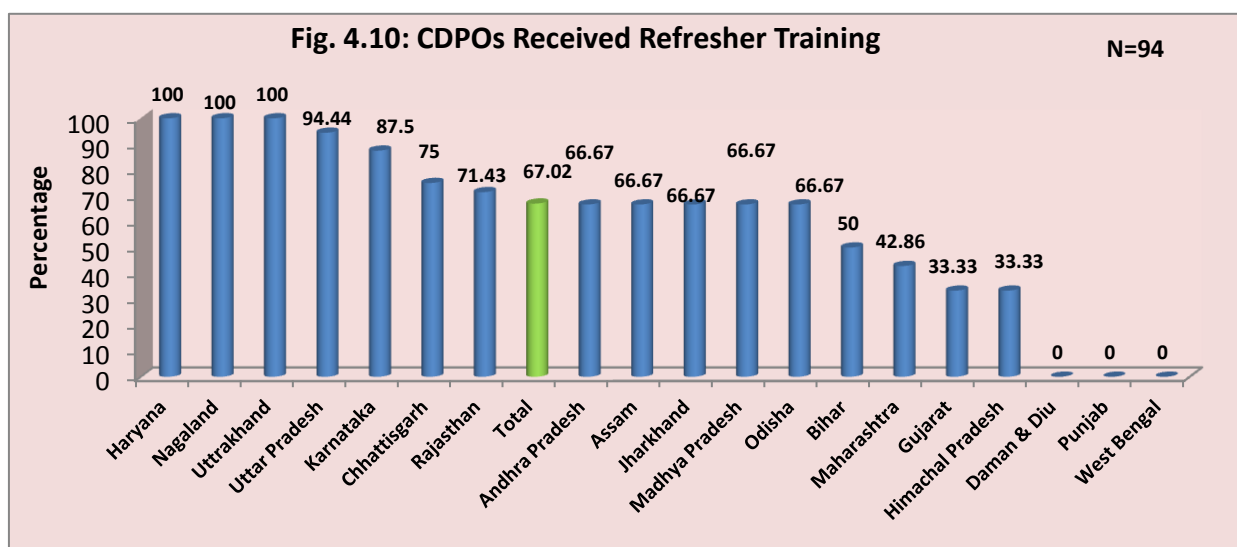
States	Total No. of ICDS Projects	No. of CDPOs in Position	No. of CDPOs Received Job Training		No. of CDPOs Received Refresher Training	
			No.	%	No.	%
Andhra Pradesh	3	3	2	66.67	2	66.67
Assam	3	3	2	66.67	2	66.67
Bihar	7	6	5	83.33	3	50
Chhattisgarh	6	4	3	75	3	75
Daman & Diu	1	1	0	-	0	-
Gujarat	8	6	3	50	2	33.33
Haryana	3	3	3	100	3	100
Himachal Pradesh	3	3	2	66.67	1	33.33
Jharkhand	3	3	3	100	2	66.67
Karnataka	10	8	7	87.50	7	87.50
Madhya Pradesh	15	12	8	66.67	8	66.67
Maharashtra	10	7	5	71.43	3	42.86
Nagaland	1	1	1	100	1	100
Odisha	3	3	3	100	2	66.67
Punjab	4	3	2	66.67	0	-
Rajasthan	11	7	7	100	5	71.43
Uttar Pradesh	21	18	18	100	17	94.44
Uttarakhand	3	2	2	100	2	100
West Bengal	2	1	0	-	0	-
<b>Total</b>	<b>117</b>	<b>94</b>	<b>76</b>	<b>80.85</b>	<b>63</b>	<b>67.02</b>

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

The data concerning job training of CDPOs reveals that 80.85 per cent received training. All CDPOs (100%), from the States of Haryana Jharkhand, Nagaland, Odisha, Rajasthan, UP and Uttarakhand have received job training. None of CDPO from the UT of Daman and Diu and the State of West Bengal reported of receiving job training.



As far as Refresher Training of CDPOs are concerned only 67 per cent were refresher trained. The highest backlog was reported from the States of Gujarat and Himachal Pradesh (67% each) followed by Maharashtra (58%) and Bihar (50%). None of the CDPO received refresher training from the State of Punjab, West Bengal and UT of Daman and Diu.



# ICDS Service Delivery Status







The present chapter assess the extent to which the package of services under ICDS is delivered to benefit various target groups.

### Supplementary Nutrition

Supplementary Nutrition under ICDS is primarily designed to bridge the gap between Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI). On an average, the efforts are to provide daily nutritional supplements to the extent of 500 calories and 12-15 gm of protein for children of 6-72 months; 800 calorie and 20-25 gm of protein to severely undernourished children; and 600 calories and 18-20 gm of protein to pregnant and nursing mothers.

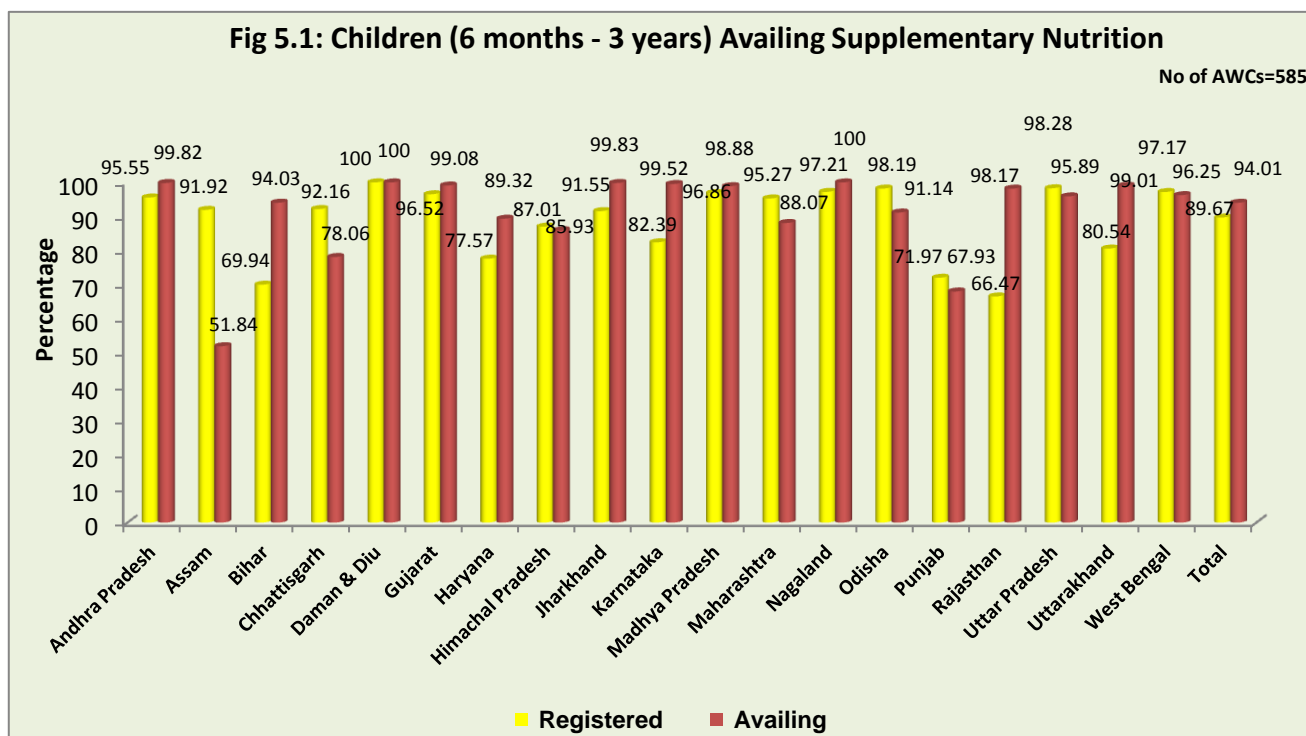
In order to ascertain the status of supplementary nutrition component, the required data from CDPOs and AWWs were collected on aspects like type of Supplementary Nutrition (Ready to Eat (Morning Snacks), Take Home Ration i.e. THR and Hot Cooked Meal), its quantity, quality and acceptability among beneficiaries, extent of disruption and reasons thereof and problems in distribution of supplementary nutrition, etc.

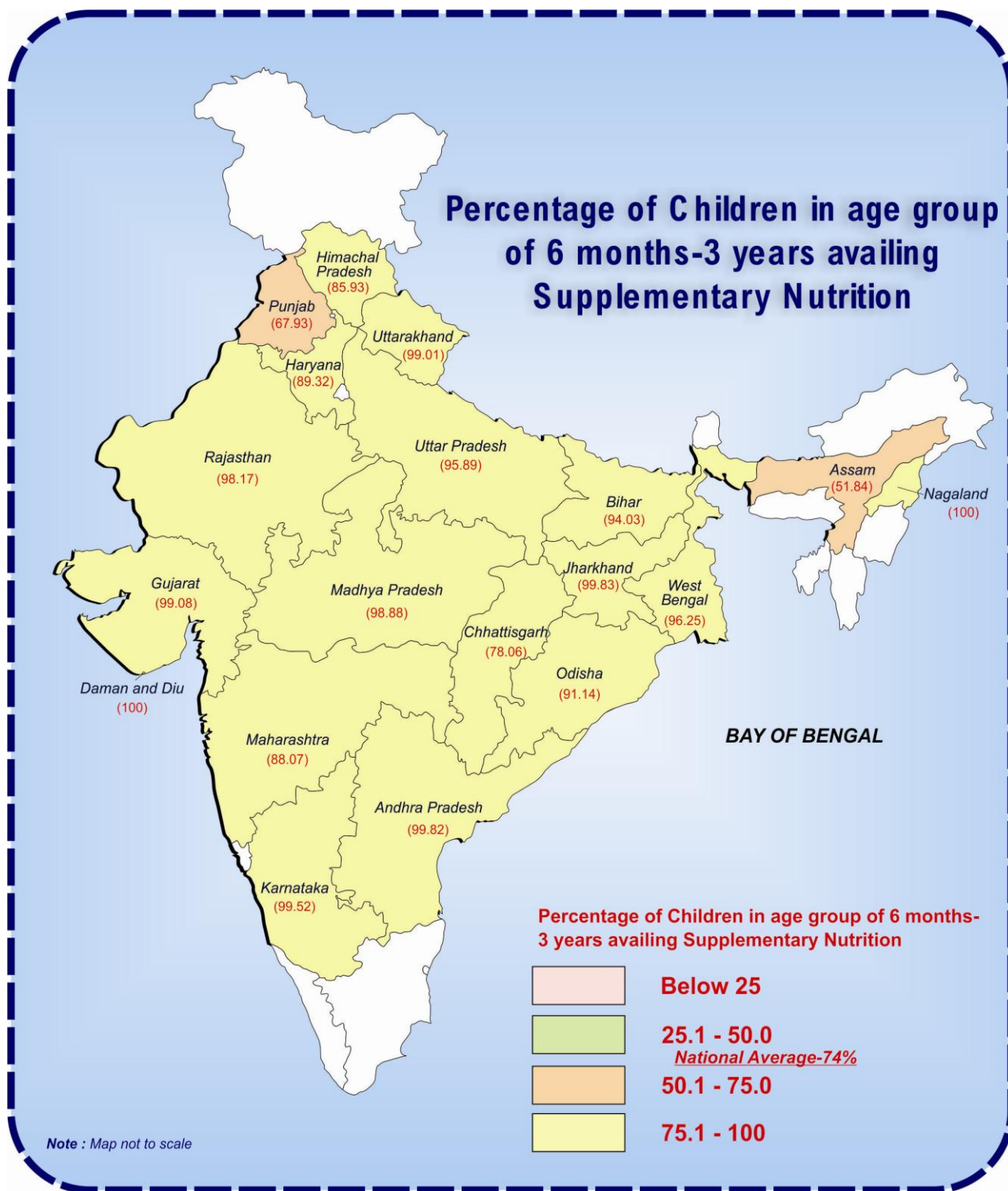
**Table 5.1:**  
**Number of Children in age group of 6 months - 3 years availing Supplementary Nutrition**

States	No. of AWCs	Children 6 months to 3 Years				
		Total No. of Children	Number of Children Registered		Number of Children Availing	
			N	%	N	%
Andhra Pradesh	15	1190	1137	95.55	1135	99.82
Assam	15	1213	1115	91.92	578	51.84
Bihar	35	2874	2010	69.94	1890	94.03
Chhattisgarh	30	2527	2329	92.16	1818	78.06
Daman & Diu	5	426	426	100	426	100
Gujarat	40	3163	3053	96.52	3025	99.08
Haryana	15	954	740	77.57	661	89.32
Himachal Pradesh	15	539	469	87.01	403	85.93
Jharkhand	15	3785	3465	91.55	3459	99.83
Karnataka	50	5819	4794	82.39	4771	99.52
Madhya Pradesh	75	7727	7484	96.86	7400	98.88
Maharashtra	50	4779	4553	95.27	4010	88.07
Nagaland	5	179	174	97.21	174	100
Odisha	15	2930	2877	98.19	2622	91.14
Punjab	20	2201	1584	71.97	1076	67.93
Rajasthan	55	7081	4707	66.47	4621	98.17
Uttar Pradesh	105	18881	18557	98.28	17794	95.89
Uttarakhand	15	1002	807	80.54	799	99.01
West Bengal	10	494	480	97.17	462	96.25
<b>Total</b>	<b>585</b>	<b>67764</b>	<b>60761</b>	<b>89.67</b>	<b>57124</b>	<b>94.01</b>

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

It is evident from **table 5.1** that about 90 per cent of Children in the age group of 6 months to 3 years were enrolled and about 94 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled children (100%) from the UT of Daman and Diu and the State of Nagaland and majority of them from the States of Andhra Pradesh, Jharkhand, Karnataka, Uttarakhand, Gujarat (99%) were found availing the services of SN. The situation needs improvement in the State of Assam where only 50 per cent of registered children were found availing the services of SN.



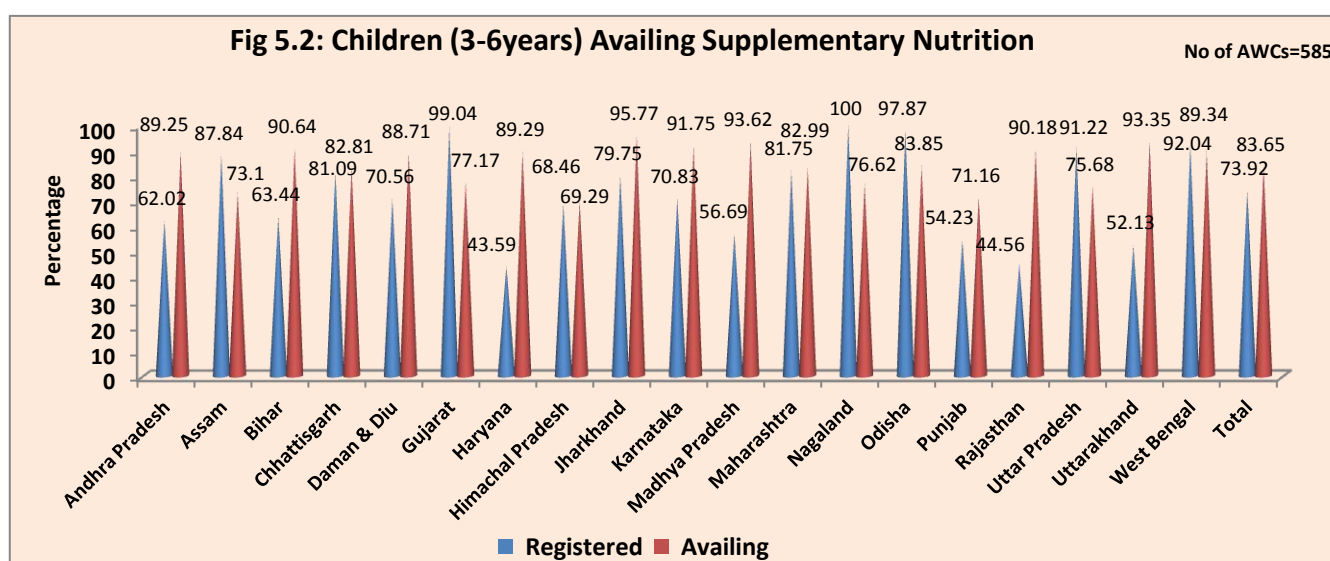


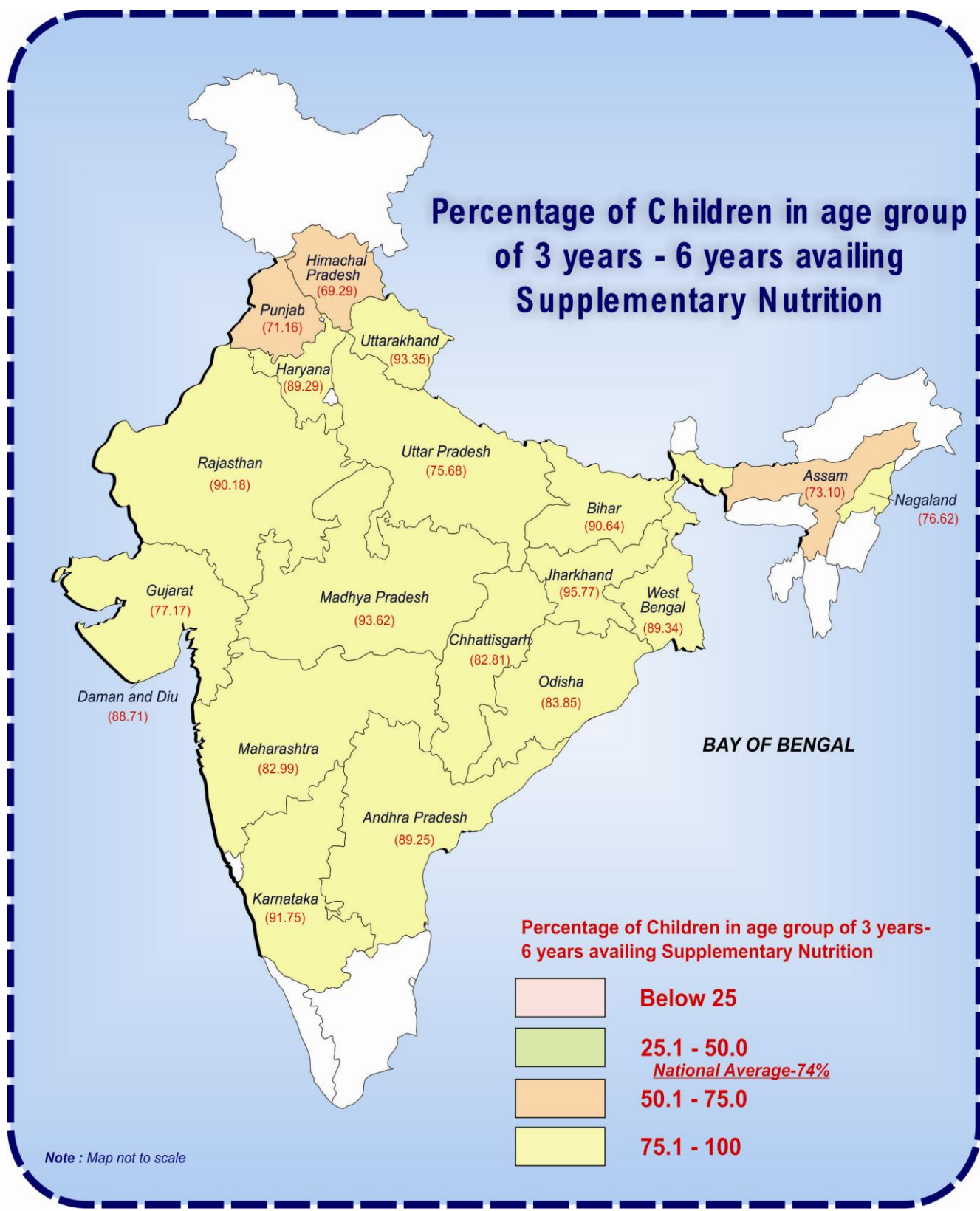
**MAP-5.1**

**Table 5.2:**  
**Number of Children in age group of 3-6years availing Supplementary Nutrition**

States	No. of AWCs	Children 3-6 years				
		Total No. of Children	Number of Children Registered		Number of Children Availing	
			N	%	N	%
Andhra Pradesh	15	990	614	62.02	548	89.25
Assam	15	1291	1134	87.84	829	73.10
Bihar	35	3252	2063	63.44	1870	90.64
Chhattisgarh	30	2052	1664	81.09	1378	82.81
Daman & Diu	5	540	381	70.56	338	88.71
Gujarat	40	3344	3312	99.04	2556	77.17
Haryana	15	835	364	43.59	325	89.29
Himachal Pradesh	15	390	267	68.46	185	69.29
Jharkhand	15	4118	3284	79.75	3145	95.77
Karnataka	50	5252	3720	70.83	3413	91.75
Madhya Pradesh	75	13190	7477	56.69	7000	93.62
Maharashtra	50	5409	4422	81.75	3670	82.99
Nagaland	5	231	231	100	177	76.62
Odisha	15	3145	3078	97.87	2581	83.85
Punjab	20	2532	1373	54.23	977	71.16
Rajasthan	55	7038	3136	44.56	2828	90.18
Uttar Pradesh	105	18507	16883	91.22	12777	75.68
Uttarakhand	15	894	466	52.13	435	93.35
West Bengal	10	540	497	92.04	444	89.34
<b>Total</b>	<b>585</b>	<b>73550</b>	<b>54366</b>	<b>73.92</b>	<b>45476</b>	<b>83.65</b>

The Table 5.2 reveals that about 74 per cent of Children in the age group of 3 years to 6 years were enrolled and about 84 per cent of them were actually availing the services related to supplementary nutrition. Majority of the enrolled children (more than 90%) from the States of Jharkhand, Karnataka, MP, Rajasthan, Uttarakhand and Bihar were found availing the services of SN. The situation needs improvement in the State of Himachal Pradesh where only close to three fourth (70%) of registered children were found availing the services of SN.



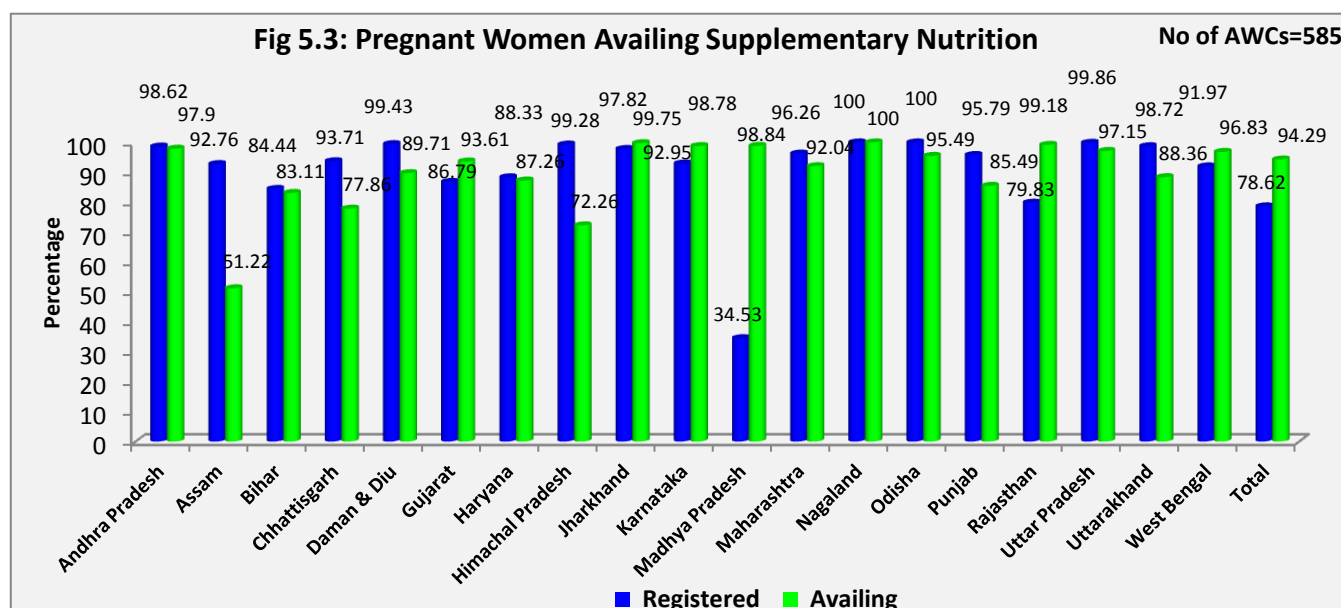


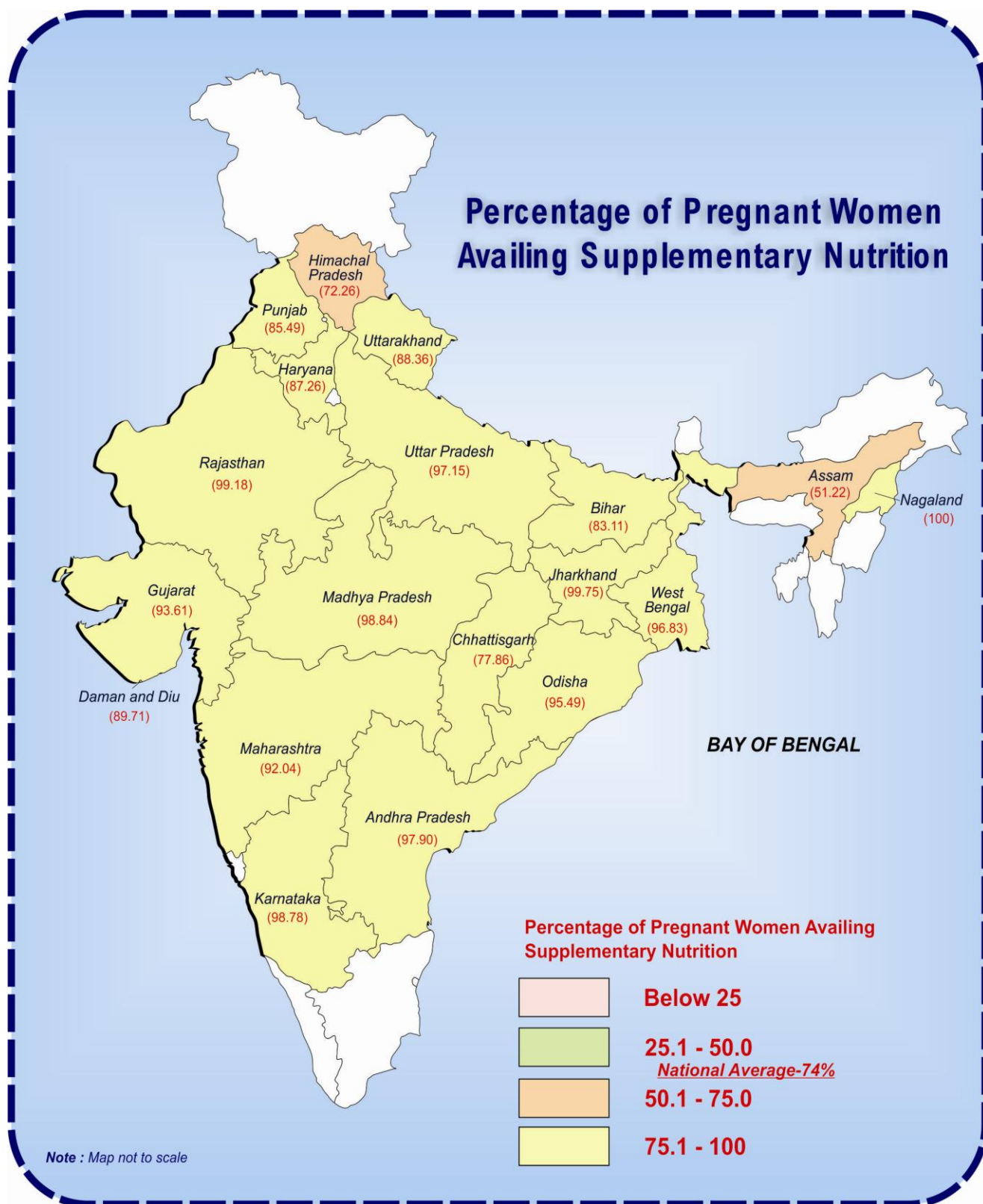
MAP-5.2

**Table 5.3:**  
**Number of Pregnant Women availing Supplementary Nutrition**

States	No of AWCs	Pregnant Women				
		Total No. of Pregnant Women	Number of Pregnant Women registered		Number of Pregnant Women Availing	
			N	%	N	%
Andhra Pradesh	15	290	286	98.62	280	97.90
Assam	15	221	205	92.76	105	51.22
Bihar	35	617	521	84.44	433	83.11
Chhattisgarh	30	588	551	93.71	429	77.86
Daman & Diu	5	176	175	99.43	157	89.71
Gujarat	40	901	782	86.79	732	93.61
Haryana	15	240	212	88.33	185	87.26
Himachal Pradesh	15	138	137	99.28	99	72.26
Jharkhand	15	825	807	97.82	805	99.75
Karnataka	50	1319	1226	92.95	1211	98.78
Madhya Pradesh	75	4727	1632	34.53	1613	98.84
Maharashtra	50	1149	1106	96.26	1018	92.04
Nagaland	5	52	52	100	52	100
Odisha	15	443	443	100	423	95.49
Punjab	20	475	455	95.79	389	85.49
Rajasthan	55	1522	1215	79.83	1205	99.18
Uttar Pradesh	105	4178	4172	99.86	4053	97.15
Uttarakhand	15	235	232	98.72	205	88.36
West Bengal	10	137	126	91.97	122	96.83
<b>Total</b>	<b>585</b>	<b>18233</b>	<b>14335</b>	<b>78.62</b>	<b>13516</b>	<b>94.29</b>

The data as contained in **Table 5.3** shows that about 79 per cent of pregnant women were enrolled and about 94 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled pregnant women (100%) in the State of Nagaland and majority of the pregnant women and (more than 90%) from the States of Andhra Pradesh, Gujarat, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Rajasthan, UP and West Bengal were found availing the services of SN. The situation needs improvement in the State of Assam where only 50 per cent of registered pregnant were found availing the services of SN.



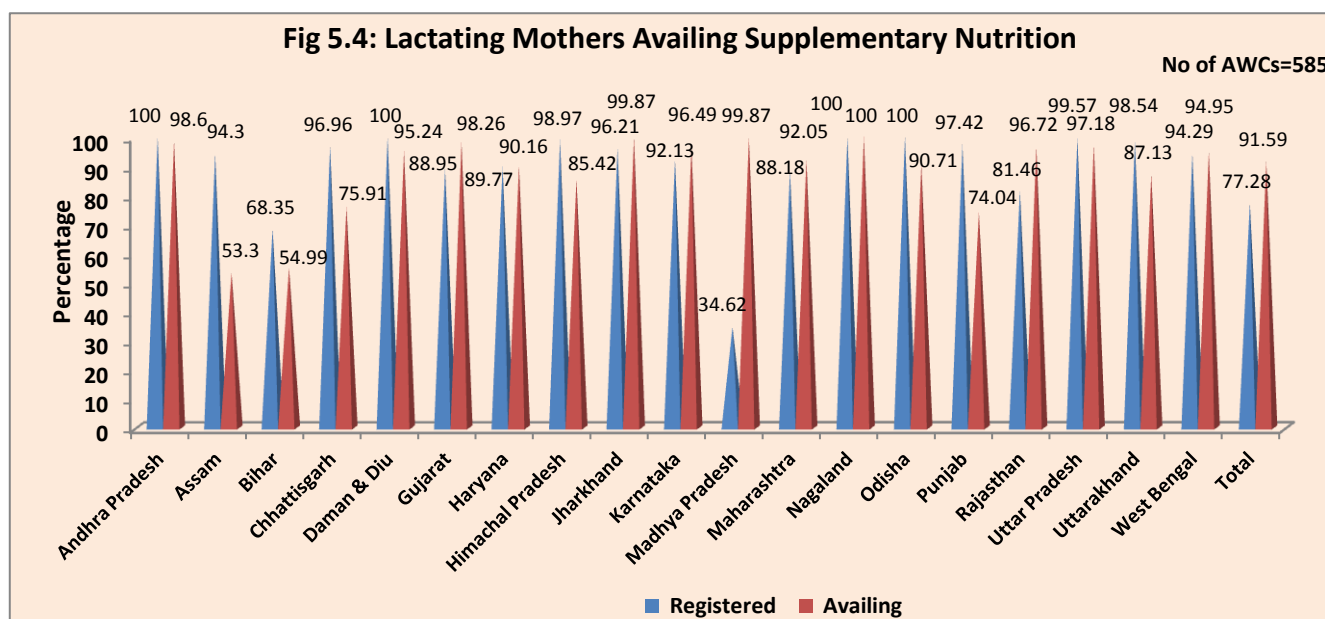


MAP-5.3

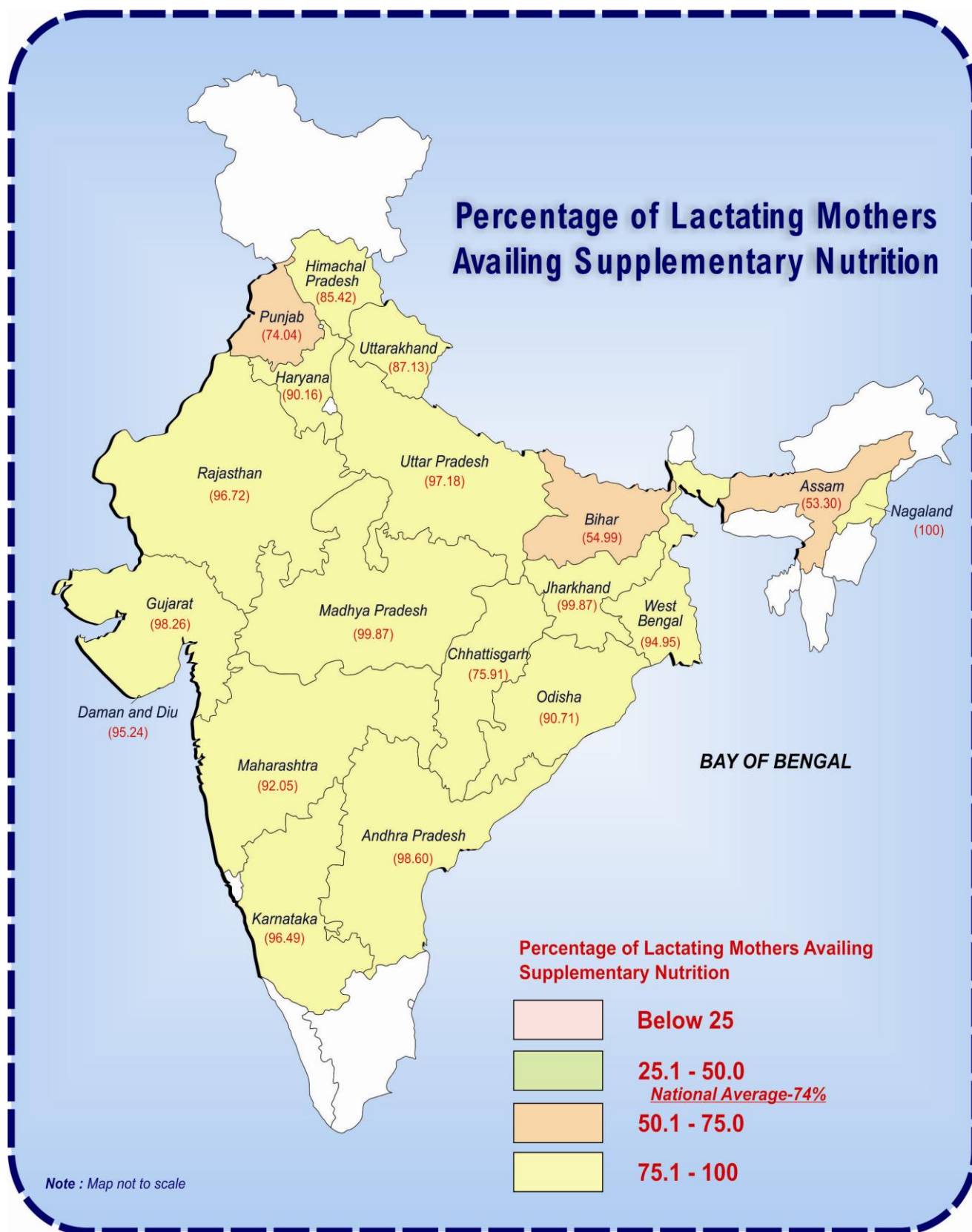
**Table 5.4:**  
Number of Lactating mothers availing Supplementary Nutrition

States	No of AWCs	Lactating Mothers				
		Total No. of Lactating mothers	Number of Lactating mothers registered		Number of Lactating mothers Availing	
			N	%	N	%
Andhra Pradesh	15	215	215	100	212	98.60
Assam	15	193	182	94.30	97	53.30
Bihar	35	1349	922	68.35	507	54.99
Chhattisgarh	30	625	606	96.96	460	75.91
Daman & Diu	5	84	84	100	80	95.24
Gujarat	40	905	805	88.95	791	98.26
Haryana	15	215	193	89.77	174	90.16
Himachal Pradesh	15	97	96	98.97	82	85.42
Jharkhand	15	818	787	96.21	786	99.87
Karnataka	50	1207	1112	92.13	1073	96.49
Madhya Pradesh	75	4443	1538	34.62	1536	99.87
Maharashtra	50	1184	1044	88.18	961	92.05
Nagaland	5	40	40	100	40	100
Odisha	15	560	560	100	508	90.71
Punjab	20	427	416	97.42	308	74.04
Rajasthan	55	1424	1160	81.46	1122	96.72
Uttar Pradesh	105	3735	3719	99.57	3614	97.18
Uttarakhand	15	205	202	98.54	176	87.13
West Bengal	10	105	99	94.29	94	94.95
<b>Total</b>	<b>585</b>	<b>17831</b>	<b>13780</b>	<b>77.28</b>	<b>12621</b>	<b>91.59</b>

It is evident from **Table 5.4** that about 77 per cent of lactating mothers were enrolled and about 92 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled lactating mothers (100%) in the State of Nagaland and majority of the lactating mothers (more than 90%) from the States of Andhra Pradesh, Gujarat, Haryana, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Rajasthan, UP and West Bengal and UT of Daman and Diu were found availing the services of SN. The situation needs improvement in the State of Assam where only 53 per cent of registered lactating mothers were found availing the services of SN.







MAP-5.4

### Type of Supplementary Nutrition

As per MWCD Office Order no 5-9/2005/ND/Tech (Vol-II) dated 24<sup>th</sup> February, 2009, all States/UTs have been requested to serve more than one meal to the children. This includes providing a morning snacks in the form of milk/banana/egg/seasonal fruits/micro nutrient fortified food followed by a Hot Cooked Meal. For children below three years of age, THR has to be provided. **Table 5.5** depicts the data in this regard.

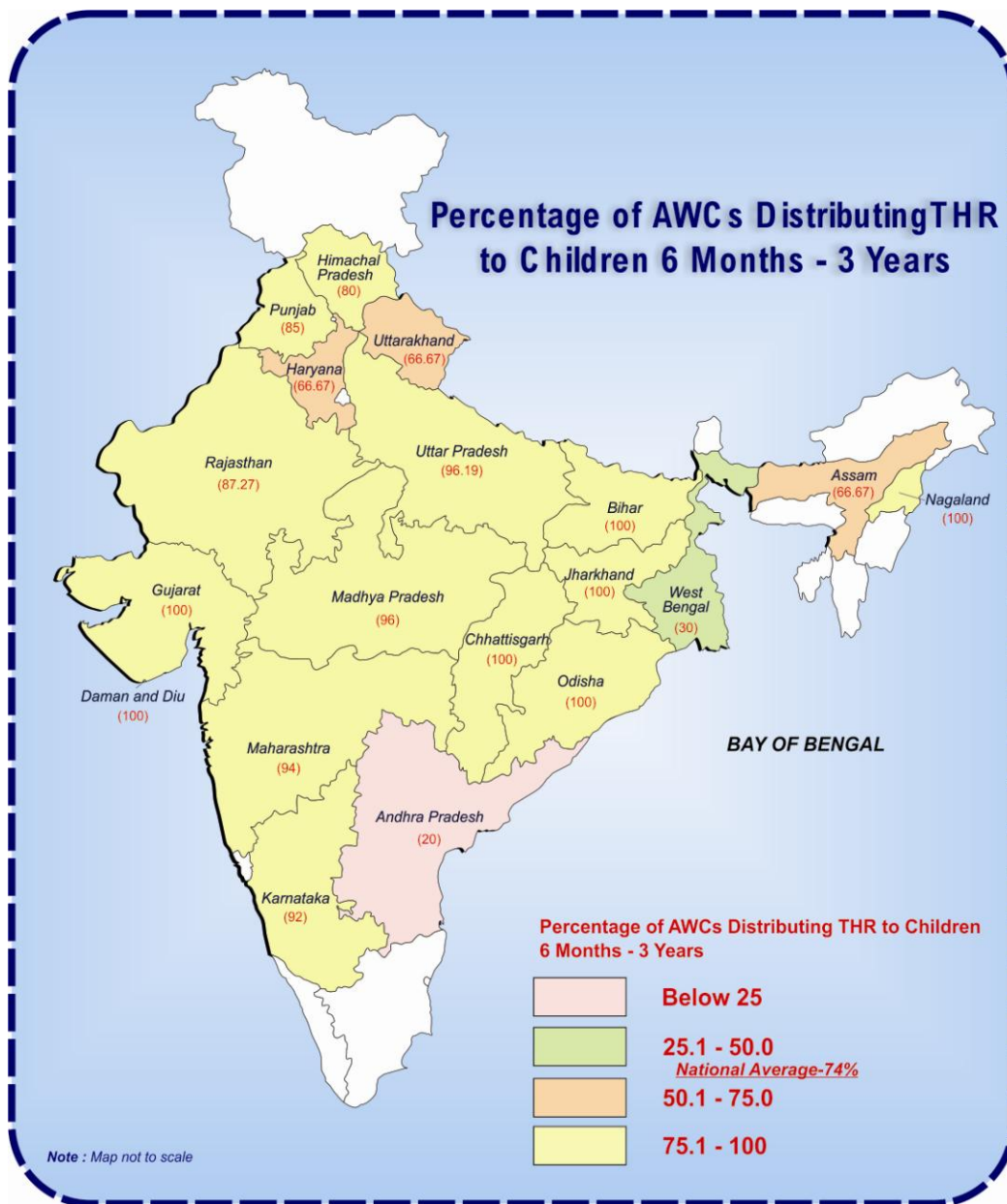
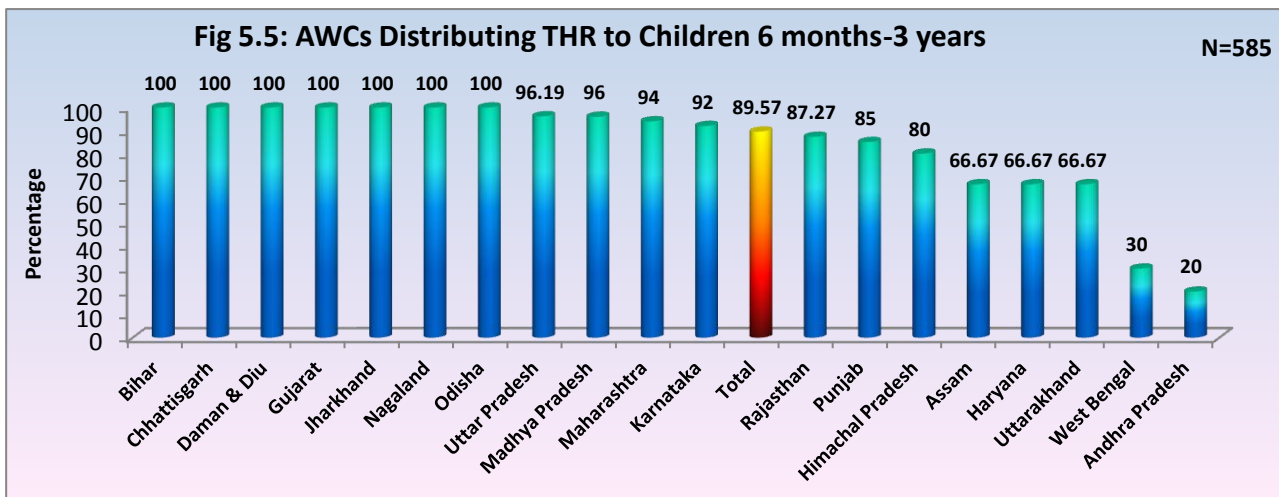


**Table 5.5:**  
Number of AWCs Distributing THR to Children 6 Months-3 Years

States	Total No. of AWCs	No. of AWCs providing THR	%
Andhra Pradesh	15	3	20
Assam	15	10	66.67
Bihar	35	35	100
Chhattisgarh	30	30	100
Daman & Diu	5	5	100
Gujarat	40	40	100
Haryana	15	10	66.67
Himachal Pradesh	15	12	80
Jharkhand	15	15	100
Karnataka	50	46	92
Madhya Pradesh	75	72	96
Maharashtra	50	47	94
Nagaland	5	5	100
Odisha	15	15	100
Punjab	20	17	85
Rajasthan	55	48	87.27
Uttar Pradesh	105	101	96.19
Uttarakhand	15	10	66.67
West Bengal	10	3	30
<b>Total</b>	<b>585</b>	<b>524</b>	<b>89.57</b>



The data as contained in **Table 5.5** depicts the status of supplementary nutrition being distributed to the children of six months to three years. Take Home Ration (THR) was being distributed in 89.57 per cent of AWCs located across the country. All of the AWCs (100%) in the States of Bihar, Chhattisgarh, Gujarat, Jharkhand, Nagaland, Odisha and UT of Daman and Diu were found distributing THR to the children of 6 months to 3 years. Improvement is needed in the State of West Bengal where only 30 per cent of AWCs were found distributing THR to the children below 3 years of age.

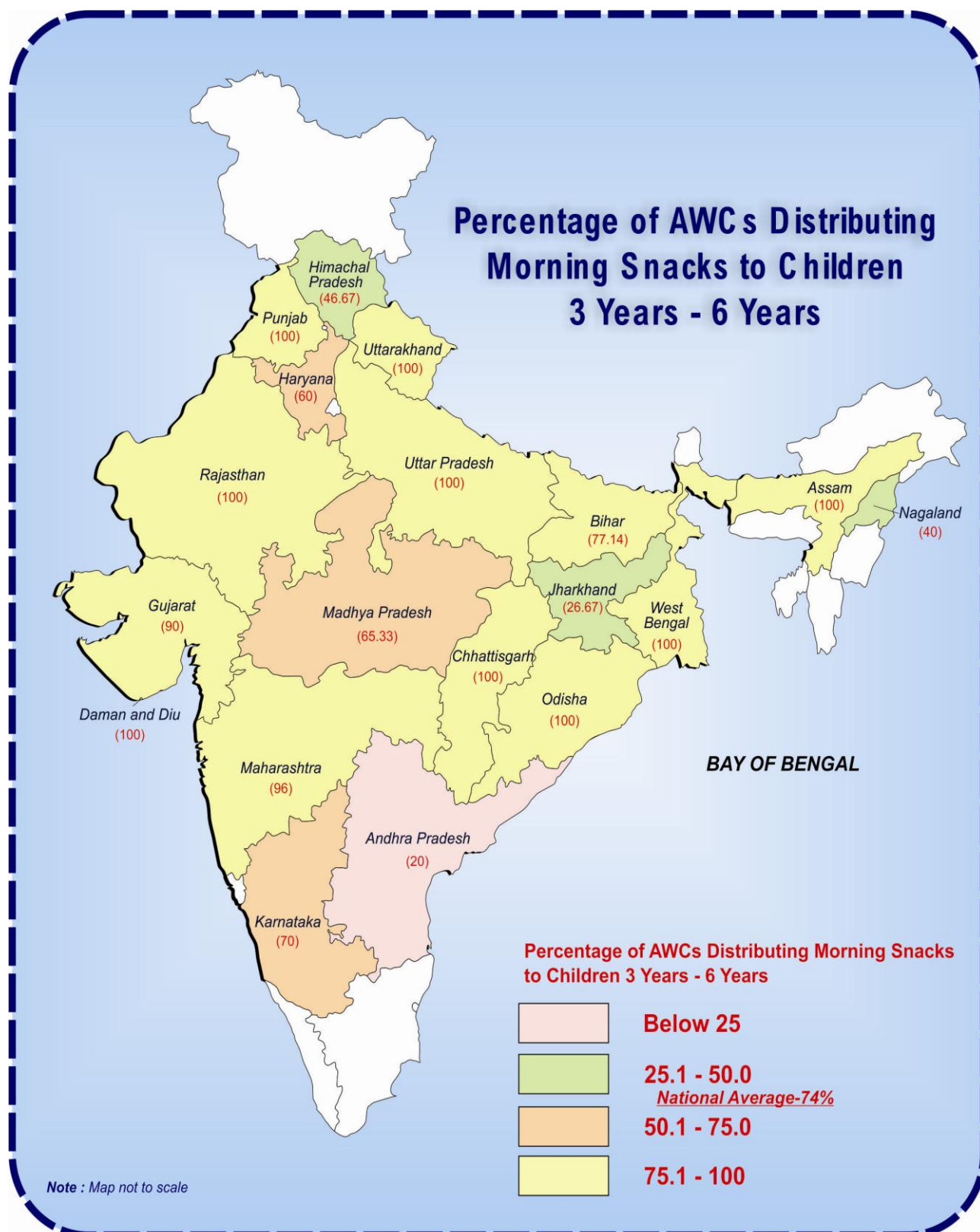


MAP-5.5

**Table 5.6:**  
**AWCs Distributing Supplementary Nutrition (Morning Snacks) to Children 3 -6 years**

States	Total No. of AWCs	Morning Snacks	
		No. of AWCs	%
Andhra Pradesh	15	3	20
Assam	15	15	100
Bihar	35	27	77.14
Chhattisgarh	30	30	100
Daman & Diu	5	5	100
Gujarat	40	36	90
Haryana	15	9	60
Himachal Pradesh	15	7	46.67
Jharkhand	15	4	26.67
Karnataka	50	35	70
Madhya Pradesh	75	49	65.33
Maharashtra	50	48	96
Nagaland	5	2	40
Odisha	15	15	100
Punjab	20	20	100
Rajasthan	55	55	100
Uttar Pradesh	105	105	100
Uttarakhand	15	15	100
West Bengal	10	10	100
<b>Total</b>	<b>585</b>	<b>490</b>	<b>83.76</b>

It is evident from **Table 5.6** that 83.76 per cent of AWCs were distributing morning snacks. Though, all AWCs(100%) in the States of Assam, Chhattisgarh, Odisha, Punjab, Rajasthan, UP, Uttarakhand and West Bengal and UT of Daman and Diu were found of distributing morning snacks, however, improvement is needed in the States of Jharkhand (27%) and in Nagaland where only 40 per cent of AWCs reported of distributing morning snacks.

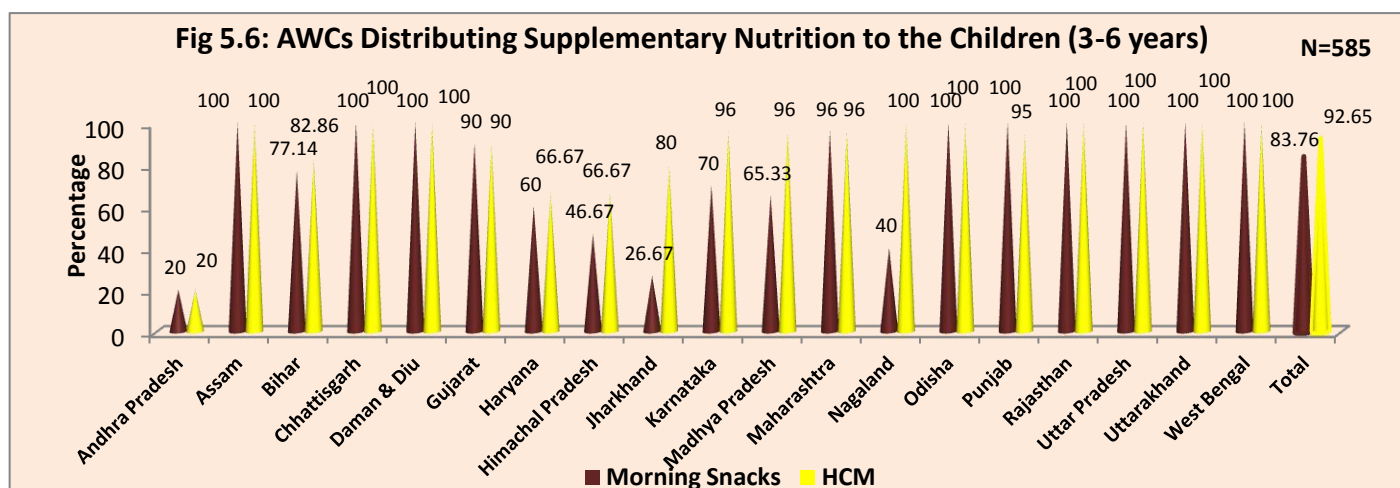


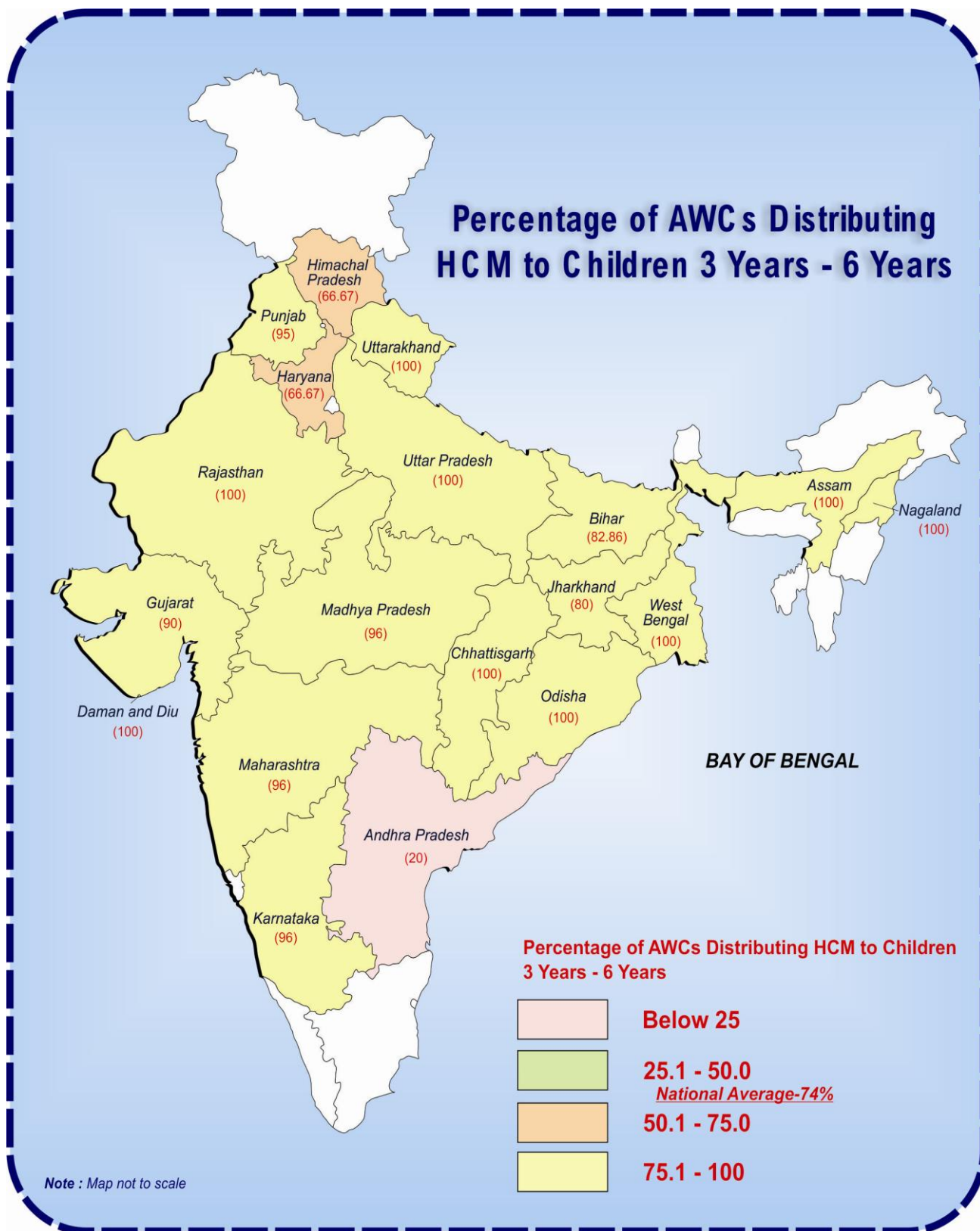
MAP-5.6

**Table 5.7:**  
**AWCs Distributing Supplementary Nutrition (HCM) to Children 3 -6 years**

States	Total No. of AWCs	HCM	
		No. of AWCs	%
Andhra Pradesh	15	3	20
Assam	15	15	100
Bihar	35	29	82.86
Chhattisgarh	30	30	100
Daman & Diu	5	5	100
Gujarat	40	36	90
Haryana	15	10	66.67
Himachal Pradesh	15	10	66.67
Jharkhand	15	12	80
Karnataka	50	48	96
Madhya Pradesh	75	72	96
Maharashtra	50	48	96
Nagaland	5	5	100
Odisha	15	15	100
Punjab	20	19	95
Rajasthan	55	55	100
Uttar Pradesh	105	105	100
Uttarakhand	15	15	100
West Bengal	10	10	100
<b>Total</b>	<b>585</b>	<b>542</b>	<b>92.65</b>

It is evident from **Table 5.7** that majority (92.65%) of AWCs were distributing Hot cooked meal. Though, all AWCs (100%) in the States of Assam, Chhattisgarh, Nagaland, Odisha, Rajasthan, UP, Uttarakhand, West Bengal and UT of Daman and Diu and more than 90 per cent of AWCs from the States of Gujarat, Karnataka, MP, Maharashtra and Punjab were found distributing HCM to children (3 to 6 years) of age, however, the situation needs improvement in the States of Haryana and Himachal Pradesh where about more than (30%) of AWCs were found of not distributing HCM to children.





MAP-5.7

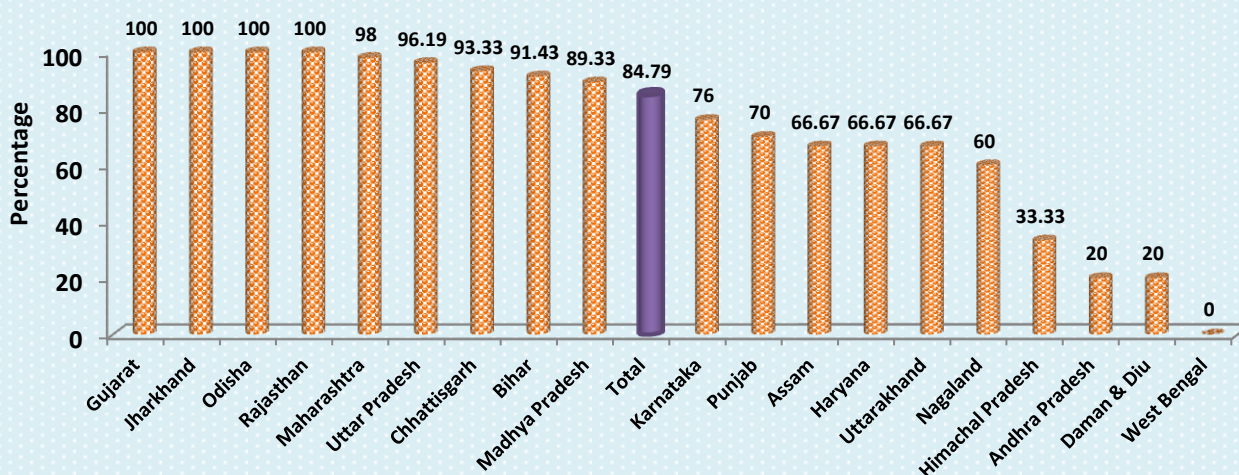
**Table 5.8:**  
**AWCs Distributing THR to Pregnant & Nursing Mothers**

States	Total No. of AWCs	Pregnant and Nursing Mothers	
		No. of AWCs	%
Andhra Pradesh	15	3	20
Assam	15	10	66.67
Bihar	35	32	91.43
Chhattisgarh	30	28	93.33
Daman & Diu	5	1	20
Gujarat	40	40	100
Haryana	15	10	66.67
Himachal Pradesh	15	5	33.33
Jharkhand	15	15	100
Karnataka	50	38	76
Madhya Pradesh	75	67	89.33
Maharashtra	50	49	98
Nagaland	5	3	60
Odisha	15	15	100
Punjab	20	14	70
Rajasthan	55	55	100
Uttar Pradesh	105	101	96.19
Uttarakhand	15	10	66.67
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>496</b>	<b>84.79</b>

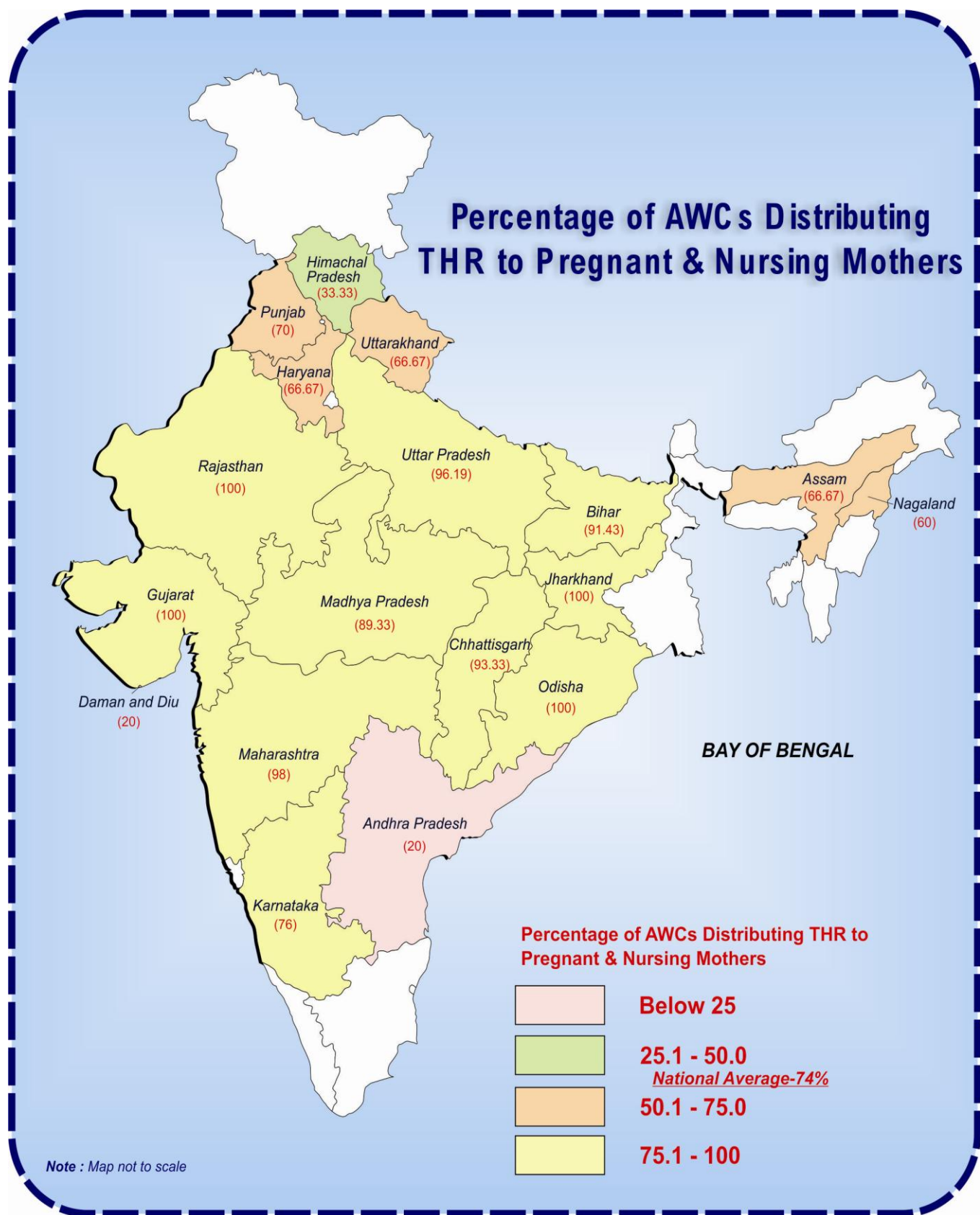
It is evident from **Table 5.8** that about 84.79 per cent of the total selected AWCs were distributing THR to the pregnant and nursing mothers as recommended in the ICDS guidelines issued by MWCD, GOI. Though all AWCs (100%) from the States of Gujarat, Jharkhand, Odisha and Rajasthan and majority of them (more than 90%) from the States of Bihar, Chhattisgarh, Maharashtra and UP were found distributing THR to pregnant and nursing mothers, however, improvement is needed in the State of West Bengal where none of the AWC and in the UT of Daman and Diu where only 20 per cent of AWCs were distributing THR to pregnant and nursing mothers.

**Fig 5.7: AWCs Distributing THR to Pregnant & Nursing Mothers**

N=585







MAP-5.8

### Acceptability of Supplementary Nutrition

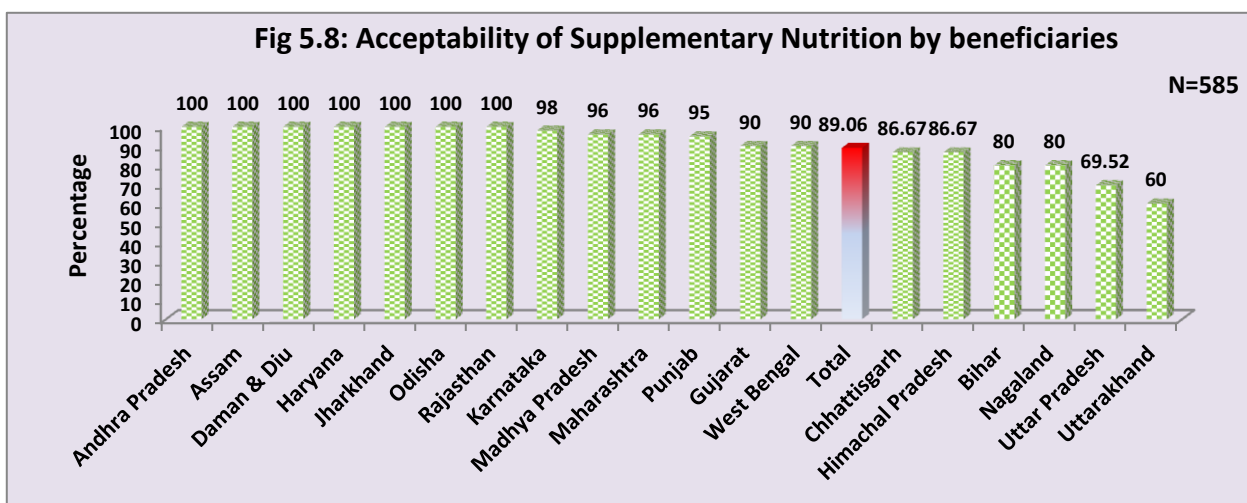
The food supplements under ICDS needs to be palatable and acceptable to mothers and children. It has to be nutritious and low cost. Recipes need to be simple and should have minimum number of ingredients. AWWs were asked to give a feedback on the acceptability of food items of supplementary nutrition to the community (**Table 5.9**).

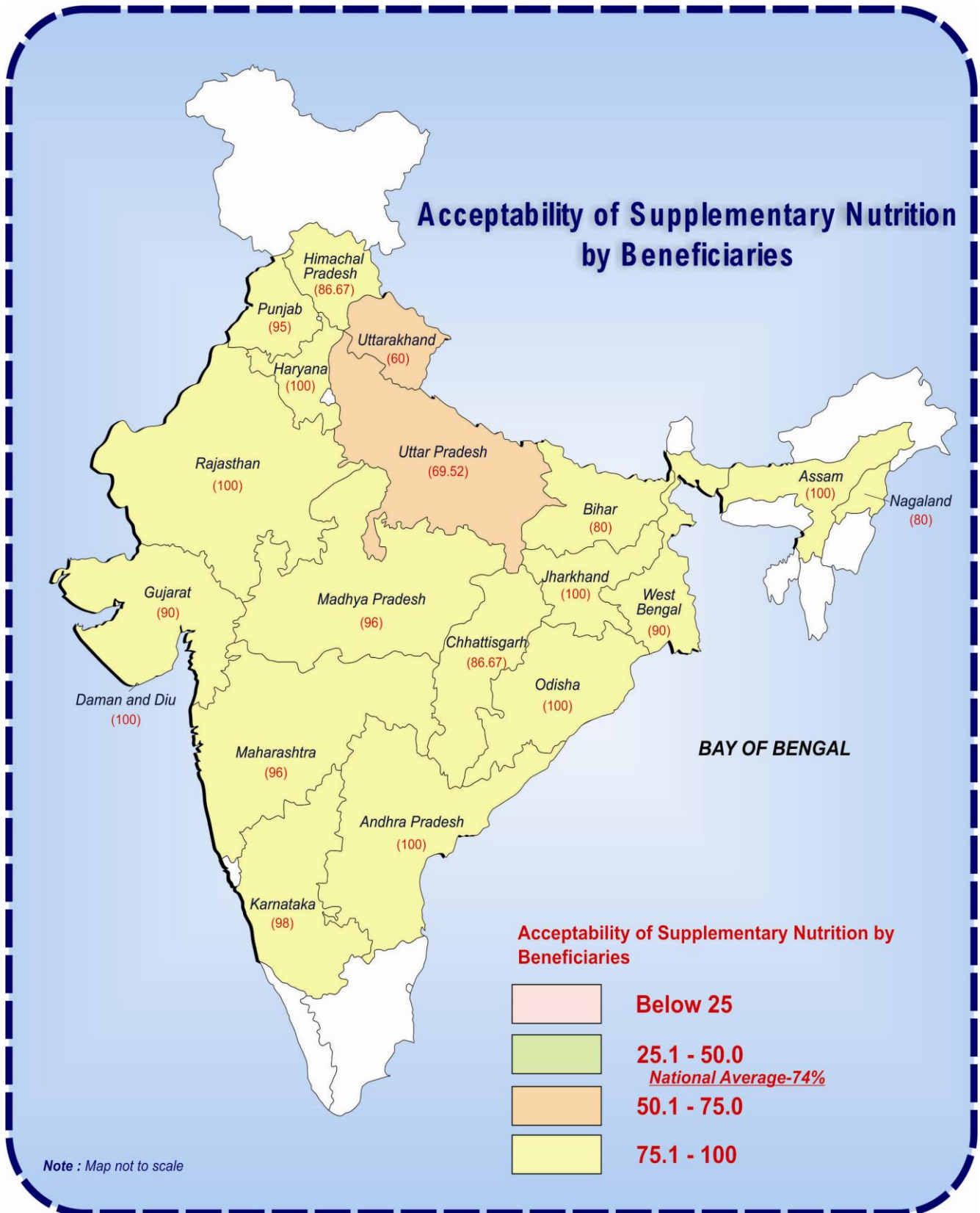
**Table 5.9 :**  
**Acceptability of Supplementary Nutrition by beneficiaries**

States	Total No. of AWCs	Acceptability of SN by Beneficiaries at AWC	%
Andhra Pradesh	15	15	100
Assam	15	15	100
Bihar	35	28	80
Chhattisgarh	30	26	86.67
Daman & Diu	5	5	100
Gujarat	40	36	90
Haryana	15	15	100
Himachal Pradesh	15	13	86.67
Jharkhand	15	15	100
Karnataka	50	49	98
Madhya Pradesh	75	72	96
Maharashtra	50	48	96
Nagaland	5	4	80
Odisha	15	15	100
Punjab	20	19	95
Rajasthan	55	55	100
Uttar Pradesh	105	73	69.52
Uttarakhand	15	9	60
West Bengal	10	9	90
<b>Total</b>	<b>585</b>	<b>521</b>	<b>89.06</b>

As evident from **Table 5.9**, acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority (89.06%) of the AWCs. Acceptability of SN was found in all AWCs (100%) located in the states of Andhra Pradesh, Assam, Haryana, Jharkhand, Odisha, Rajasthan and UT of Daman and Diu, and in majority of AWCs (more than 90%) in the States of Gujarat, Karnataka, MP, Maharashtra, Punjab and West Bengal.

**Fig 5.8: Acceptability of Supplementary Nutrition by beneficiaries**





MAP-5.9

### Quality of Supplementary Nutrition

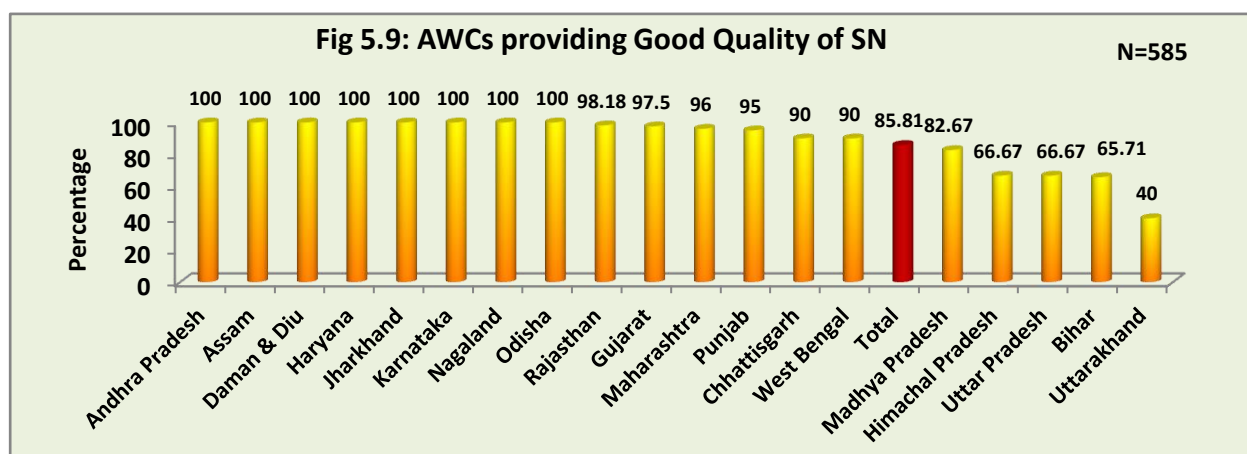
The data concerning observations of CMU consultants on quality of supplementary nutrition being distributed in AWCs are presented in **Table 5.10**

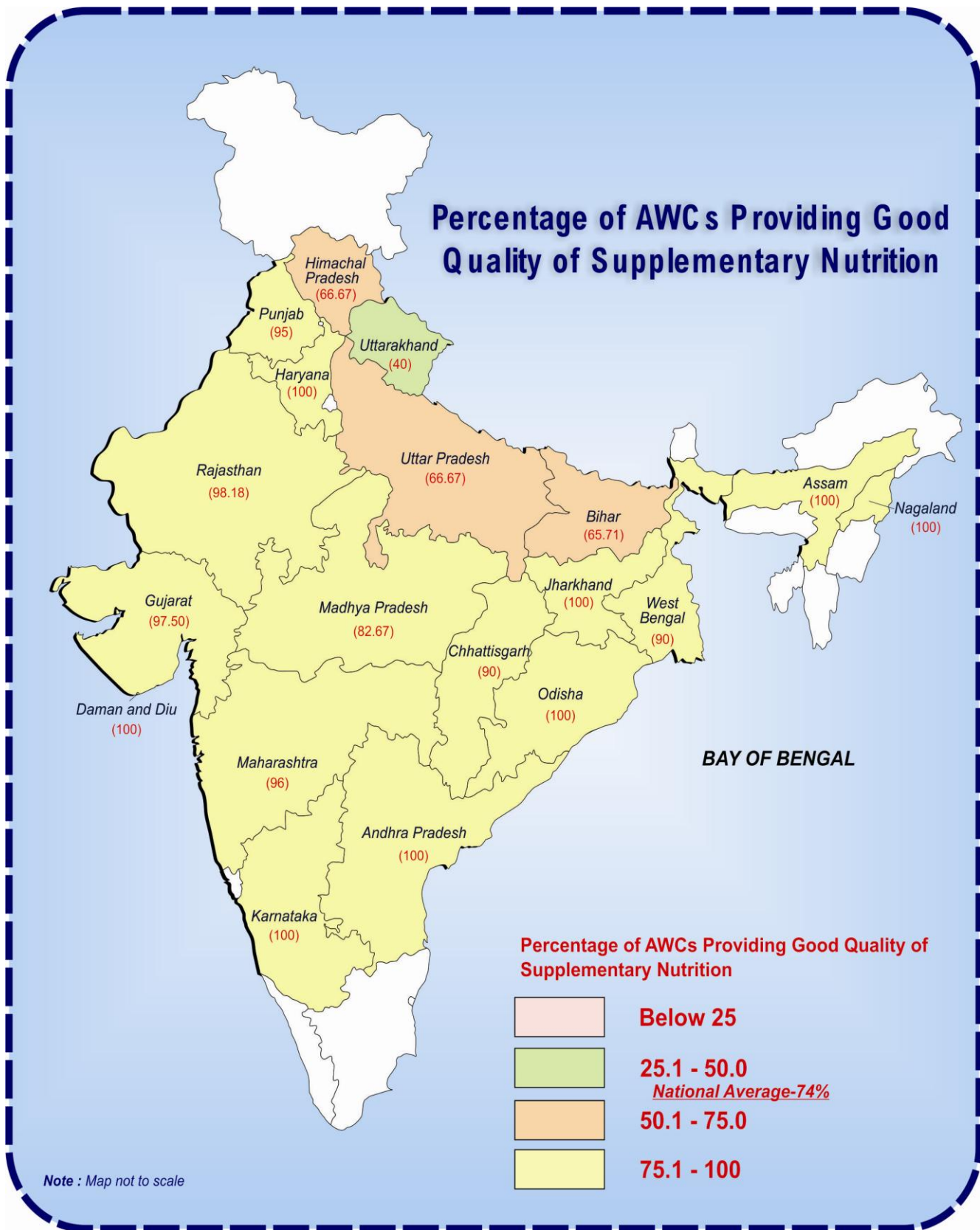


**Table 5.10 :**  
**AWCs Providing Good Quality of Supplementary Nutrition**

States/UTs	Total No. of AWCs	No. of AWCs providing good quality of SN	%
Andhra Pradesh	15	15	100
Assam	15	15	100
Bihar	35	23	65.71
Chhattisgarh	30	27	90
Daman & Diu	5	5	100
Gujarat	40	39	97.50
Haryana	15	15	100
Himachal Pradesh	15	10	66.67
Jharkhand	15	15	100
Karnataka	50	50	100
Madhya Pradesh	75	62	82.67
Maharashtra	50	48	96
Nagaland	5	5	100
Odisha	15	15	100
Punjab	20	19	95
Rajasthan	55	54	98.18
Uttar Pradesh	105	70	66.67
Uttrakhand	15	6	40
West Bengal	10	9	90
<b>Total</b>	<b>585</b>	<b>502</b>	<b>85.81</b>

As evident from **Table 5.10**, the quality of supplementary nutrition being distributed in every four out of five AWCs has been rated as good by CMU consultants. The good quality rating has been reported in sizeable number of AWCs (more than 90%) located in 13 states and one UT of Daman and Diu. These are Andhra Pradesh, Assam, Chhattisgarh, Daman and Diu, Gujarat, Haryana, Jharkhand, Karnataka, Maharashtra, Nagaland, Odisha, Punjab, Rajasthan and West Bengal. On the other hand, the quality of supplementary nutrition has been reported as good in only 65 % of AWCs from Bihar and 66 % of AWCs from Himachal Pradesh. The situation was reported worst from the State of Uttaranchal where less than half (40%) of AWCs were found distributing quality supplementary nutrition.





MAP-5.10

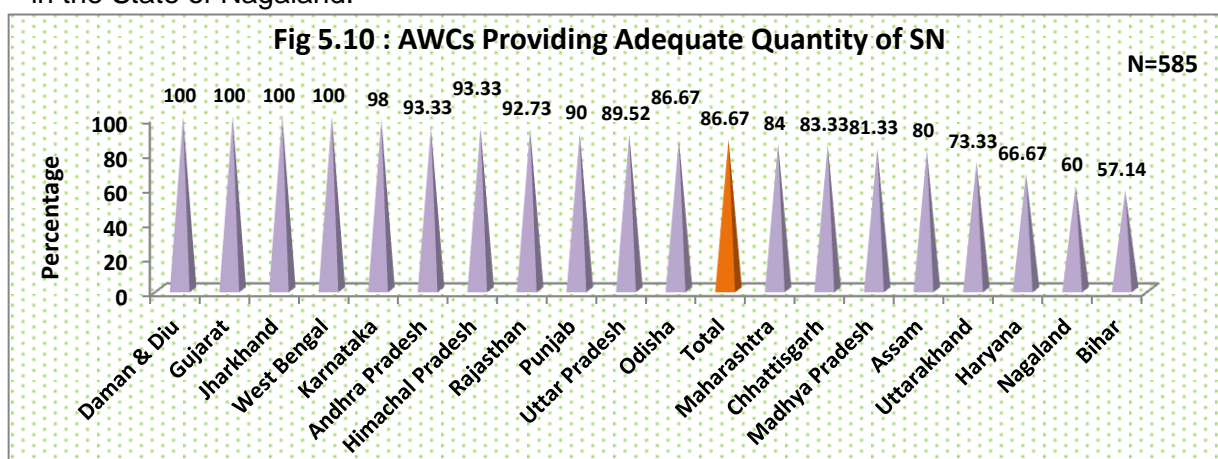
### Quantity of Supplementary Nutrition

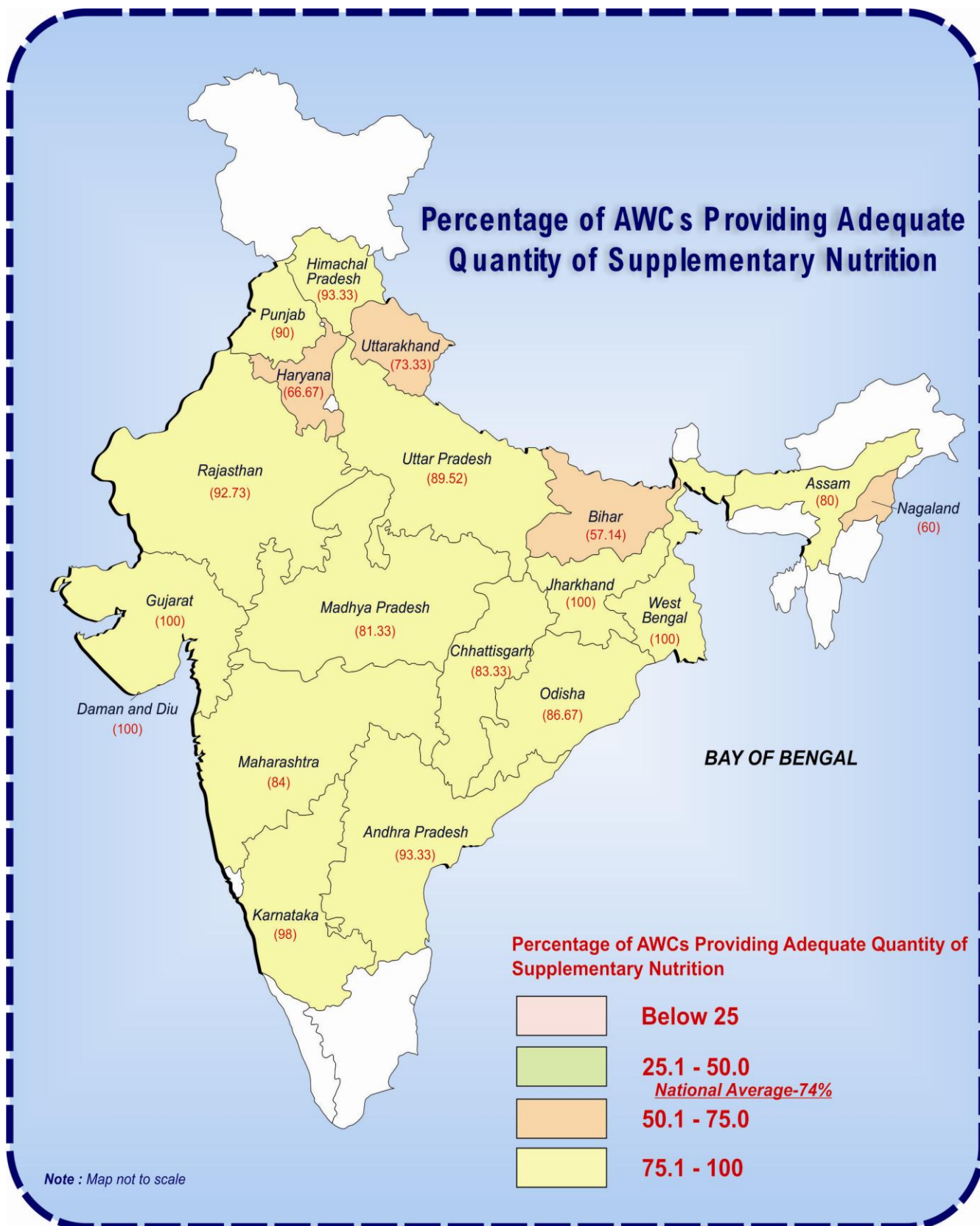
As per MWCD Office Order No 5-9/2005/ND/Tech(Voll) dated 24<sup>th</sup> February, 2009 all States/UTs are required to make food supplementation of 500 calories of energy and 12-15 gm of protein per child per day (6 months-72 months) at the cost of Rs 6.00 per child per day to supplement home feeding. For severely underweight children, additional 300 calories of energy and 8-10 gm of protein (in addition to 500 calories of energy and 12-15 gm of proteins given at AWC) also needs to be given by providing greater amount of supplementary nutrition of 800 calories and 20-25 gm of proteins at the cost of Rs 9.00 per child per day. Data in this regard are presented in **Table 5.11**.

**Table 5.11:**  
**AWCs Providing Adequate Quantity of Supplementary Nutrition**

States/UTs	Total No. of AWCs	No. of AWCs providing adequate quantity of SN	%
Andhra Pradesh	15	14	93.33
Assam	15	12	80
Bihar	35	20	57.14
Chhattisgarh	30	25	83.33
Daman & Diu	5	5	100
Gujarat	40	40	100
Haryana	15	10	66.67
Himachal Pradesh	15	14	93.33
Jharkhand	15	15	100
Karnataka	50	49	98
Madhya Pradesh	75	61	81.33
Maharashtra	50	42	84
Nagaland	5	3	60
Odisha	15	13	86.67
Punjab	20	18	90
Rajasthan	55	51	92.73
Uttar Pradesh	105	94	89.52
Uttarakhand	15	11	73.33
West Bengal	10	10	100
<b>Total</b>	<b>585</b>	<b>507</b>	<b>86.67</b>

The data as presented in **Table 5.11** reveals that the required quantity of supplementary nutrition as envisaged in ICDS guidelines was being distributed in substantial number (86.67%) of the AWCs located across the country. It was found that all AWCs (100%) in the States of Gujarat, Jharkhand, West Bengal and UT of Daman and Diu were providing adequate quantity of SN. The distribution of adequate quantity of SN was not found in as many as 44 per cent of AWCs in the State of Bihar and in 40 per cent of AWCs in the State of Nagaland.





MAP-5.11

**Interruption in Distribution of Supplementary Nutrition**

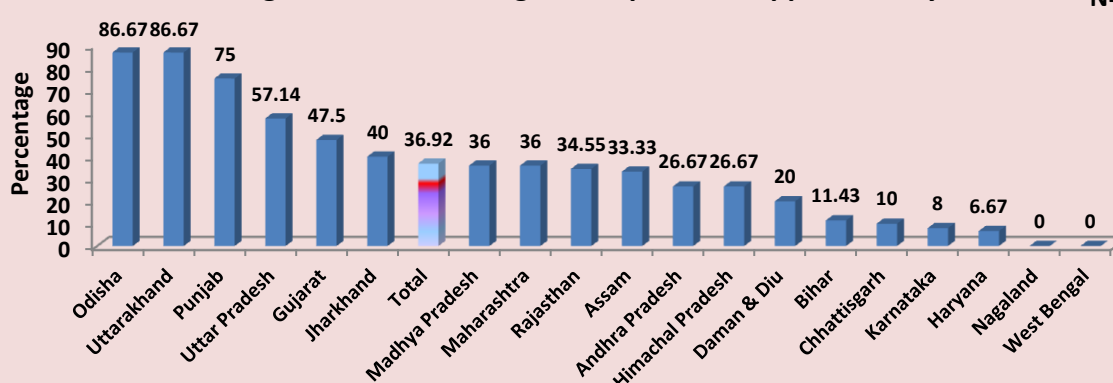
Duration of distribution of supplementary food is a crucial indicator having implications on the impact and benefits intended to be achieved by supplementary nutrition. As per norms, supplementary nutrition has to be delivered 300 days in a year. CDPOs were asked to report the interruption of supplementary food. This was counter checked with available records. The data in this regard are presented in **Table 5.12**.

**Table 5.12:**  
**AWCs having Interruption in Supplementary Nutrition in Last 6 Months**

States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition	
		No.	%
Andhra Pradesh	15	4	26.67
Assam	15	5	33.33
Bihar	35	4	11.43
Chhattisgarh	30	3	10
Daman & Diu	5	1	20
Gujarat	40	19	47.50
Haryana	15	1	6.67
Himachal Pradesh	15	4	26.67
Jharkhand	15	6	40
Karnataka	50	4	8
Madhya Pradesh	75	27	36
Maharashtra	50	18	36
Nagaland	5	0	-
Odisha	15	13	86.67
Punjab	20	15	75
Rajasthan	55	19	34.55
Uttar Pradesh	105	60	57.14
Uttarakhand	15	13	86.67
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>216</b>	<b>36.92</b>

The data on interruption of supplementary nutrition as presented in **Table 5.12** reveals that no interruption was found in more than half (63%) of the AWCs during past six months in the distribution of supplementary nutrition. The highest interruption was found in the States of Odisha and Uttarakhand (86% each) followed by Punjab (75%), UP (57%) and in Maharashtra and MP (36% each). No interruption in distribution of supplementary nutrition had been seen in any of the AWCs located in the States of Nagaland and West Bengal.

**Fig 5.11: AWCs having Interruption in Supplementary Nutrition N=585**





- **Causes of Interruption of Supplementary Nutrition**

The data pertaining to causes of interruption in supplementary nutrition are presented in **Table 5.13** to **Table 5.15**

**Table 5.13:**  
**Causes of Interruption in Supplementary Nutrition (Shortage of Supply)**

States	Total No. of AWCs	No of AWCs having Interruption in Supplementary Nutrition	Shortage of Supply	
			N	%
Andhra Pradesh	15	4	4	100
Assam	15	5	2	40
Bihar	35	4	0	-
Chhattisgarh	30	3	3	100
Daman & Diu	5	1	1	100
Gujarat	40	19	13	68.42
Haryana	15	1	1	100
Himachal Pradesh	15	4	4	100
Jharkhand	15	6	0	-
Karnataka	50	4	4	100
Madhya Pradesh	75	27	23	85.19
Maharashtra	50	18	18	100
Nagaland	5	0	0	-
Odisha	15	13	13	100
Punjab	20	15	13	86.67
Rajasthan	55	19	10	52.63
Uttar Pradesh	105	60	18	30
Uttarakhand	15	13	7	53.85
West Bengal	10	0	0	-
<b>Total</b>	<b>585</b>	<b>216</b>	<b>134</b>	<b>62.04</b>

A look at the causes of interruption in supplementary nutrition as presented in **Table 5.13** shows that in sixty two percent of AWCs, the main cause of interruption had been reported is the shortage of supply. All AWCs (100%) located in the States of Andhra Pradesh, Chhattisgarh, Haryana, Himachal Pradesh, Karnataka, Maharashtra, Odisha and UT of Daman & Diu reported the shortage of supply as cause for interruption in distribution of supplementary nutrition in AWCs. Majority (more than 80%) of AWCs located in the States of Madhya Pradesh (85.19%) and Punjab (86.67%) had also responded shortage of supply as one of the reason for interruption of supplementary nutrition. Shortage of supply as one of the reason for interruption of supplementary nutrition was less in the some of the AWCs from the States of Assam (40%) and Uttar Pradesh (30%).

**Table 5.14:**  
**Causes of Interruption in Supplementary Nutrition (Lack of Funds)**

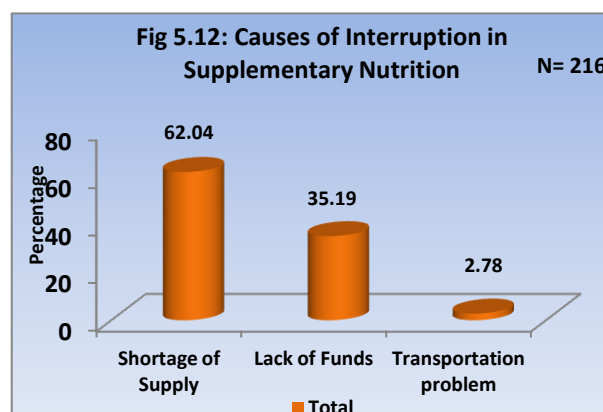
States	Total No. of AWCs	No of AWCs having Interruption in SN	Lack of Funds	
			N	%
Andhra Pradesh	15	4	0	-
Assam	15	5	3	60
Bihar	35	4	4	100
Chhattisgarh	30	3	0	-
Daman & Diu	5	1	0	-
Gujarat	40	19	4	21.05
Haryana	15	1	0	-
Himachal Pradesh	15	4	0	-
Jharkhand	15	6	6	100
Karnataka	50	4	0	-
Madhya Pradesh	75	27	0	-
Maharashtra	50	18	0	-
Nagaland	5	0	0	-
Odisha	15	13	0	-
Punjab	20	15	2	13.33
Rajasthan	55	19	9	47.37
Uttar Pradesh	105	60	42	70
Uttarakhand	15	13	6	46.15
West Bengal	10	0	0	-
<b>Total</b>	<b>585</b>	<b>216</b>	<b>76</b>	<b>35.19</b>

The data as presented in **Table 5.14** shows that lack of funds was not a major cause of interruption in supplementary nutrition in large number of AWCs. Such problem had been reported only in about one third of AWCs located across all study states. State-specific data depicts that all (100%) AWCs in the state of Jharkhand and sizeable number of AWCs in the state of Uttar Pradesh (70%) and Assam (60%) reported lack of funds as a major reason for interruption in distribution of supplementary nutrition in ICDS.

**Table 5.15:**  
**Causes of Interruption in Supplementary Nutrition (Transportation problem)**

States	Total No. of AWCs	No of AWCs having Interruption in SN	Transportation problem	
			N	%
Andhra Pradesh	15	4	0	-
Assam	15	5	0	-
Bihar	35	4	0	-
Chhattisgarh	30	3	0	-
Daman & Diu	5	1	0	-
Gujarat	40	19	2	10.53
Haryana	15	1	0	-
Himachal Pradesh	15	4	0	-
Jharkhand	15	6	0	-
Karnataka	50	4	0	-
Madhya Pradesh	75	27	4	14.81
Maharashtra	50	18	0	-
Nagaland	5	0	0	-
Odisha	15	13	0	-
Punjab	20	15	0	-
Rajasthan	55	19	0	-
Uttar Pradesh	105	60	0	-
Uttarakhand	15	13	0	-
West Bengal	10	0	0	-
<b>Total</b>	<b>585</b>	<b>216</b>	<b>6</b>	<b>2.78</b>

The data in **Table 5.15** shows that transportation problem was not indicated as a major cause of interruption in distribution of supplementary nutrition; it can be seen only in 2.78 percent of AWCs. State-specific data depicts that transportation problem was reported by less number of AWCs located in the States of Madhya Pradesh (14.81%) and Gujarat (10.53%).



### Availability of Utensils for Consumption of Supplementary Nutrition

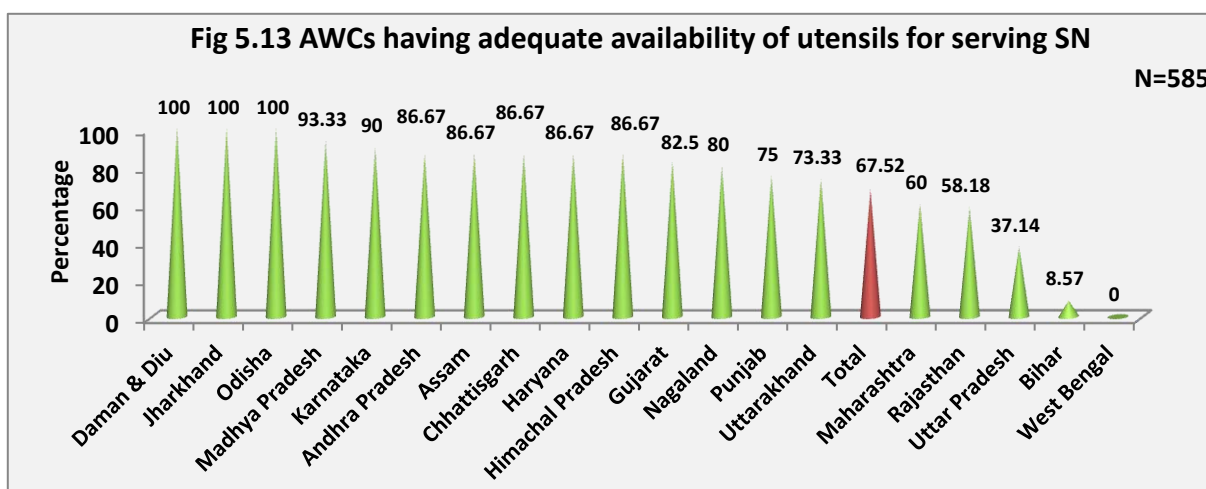
Data in this regard is presented in table 5.16.

**Table 5.16:**  
AWCs having Adequate Availability of Utensils for Serving Supplementary Nutrition

States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for serving SN	%
Andhra Pradesh	15	13	86.67
Assam	15	13	86.67
Bihar	35	3	8.57
Chhattisgarh	30	26	86.67
Daman & Diu	5	5	100
Gujarat	40	33	82.50
Haryana	15	13	86.67
Himachal Pradesh	15	13	86.67
Jharkhand	15	15	100
Karnataka	50	45	90
Madhya Pradesh	75	70	93.33
Maharashtra	50	30	60
Nagaland	5	4	80
Odisha	15	15	100
Punjab	20	15	75
Rajasthan	55	32	58.18
Uttar Pradesh	105	39	37.14
Uttarakhand	15	11	73.33
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>395</b>	<b>67.52</b>



The data from above **table 5.16** reveals that availability of utensils for serving of supplementary nutrition was found adequate in little more than two third (67.52%) of AWCs. Though, all AWCs (100%) in the States of Jharkhand, Odisha and UT of Daman and Diu were found having adequate availability of serving utensils, however such availability was not found in any of the AWCs located in the State of West Bengal.



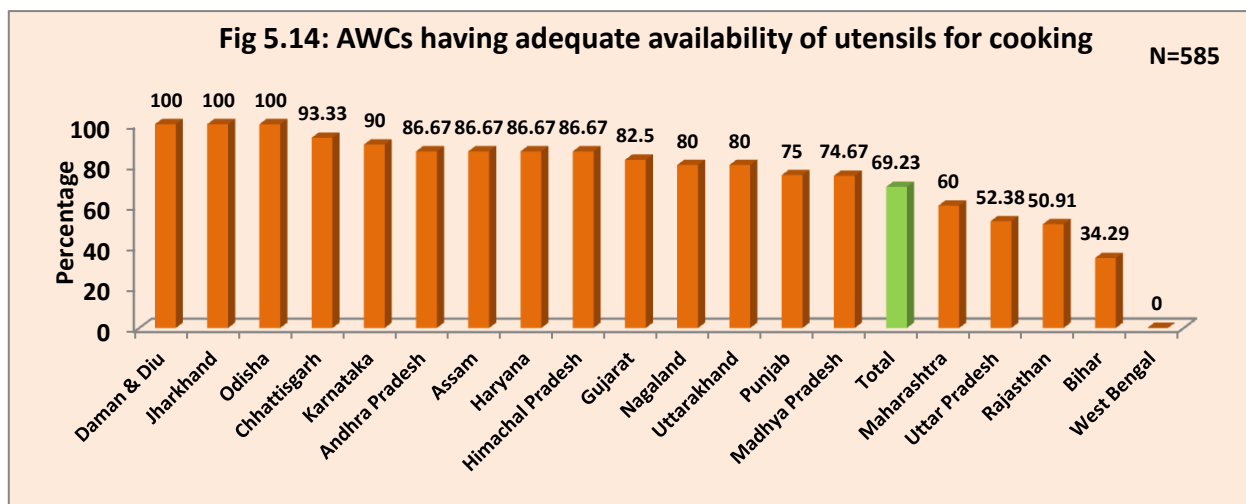
### Availability of Utensils for Cooking of Supplementary Nutrition

The data in this regard are presented in **Table 5.17**.

**Table 5.17:**  
**AWCs having Adequate Availability of Utensils for Cooking Supplementary Nutrition**

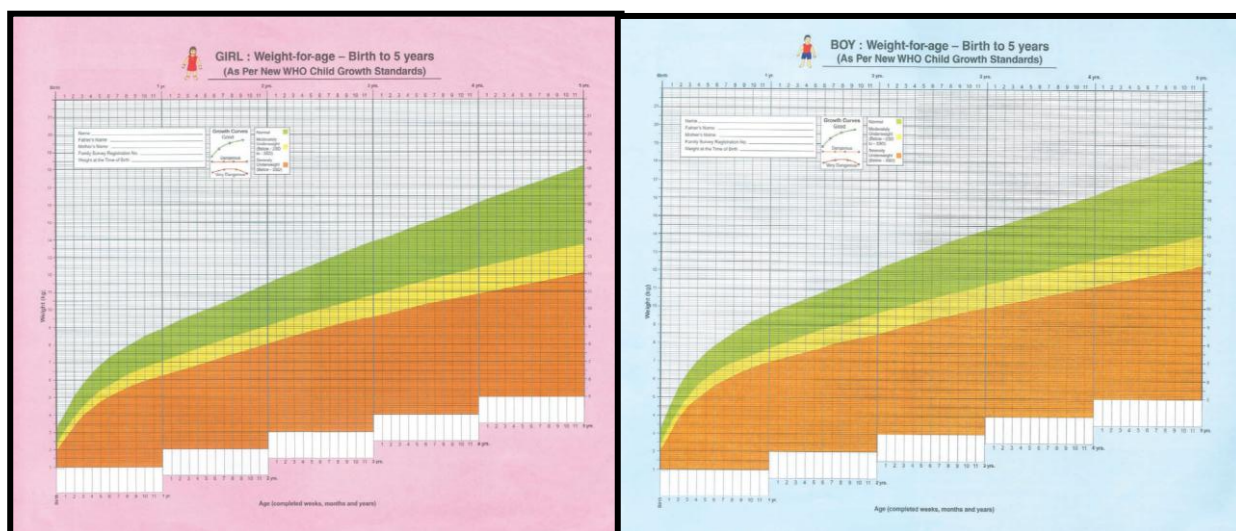
States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for cooking	%
Andhra Pradesh	15	13	86.67
Assam	15	13	86.67
Bihar	35	12	34.29
Chhattisgarh	30	28	93.33
Daman & Diu	5	5	100
Gujarat	40	33	82.50
Haryana	15	13	86.67
Himachal Pradesh	15	13	86.67
Jharkhand	15	15	100
Karnataka	50	45	90
Madhya Pradesh	75	56	74.67
Maharashtra	50	30	60
Nagaland	5	4	80
Odisha	15	15	100
Punjab	20	15	75
Rajasthan	55	28	50.91
Uttar Pradesh	105	55	52.38
Uttarakhand	15	12	80
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>405</b>	<b>69.23</b>

It is evident from the **above Table 5.17** that the availability of adequate utensils for cooking of SN was found in more than two third (69.23%) of AWCs. Though, all AWCs (100%) in the States of Jharkhand, Odisha and UT of Daman and Diu were found having adequate availability of cooking utensils, however, such availability was not found in any of the AWCs located in the State of West Bengal.



### Growth Monitoring and Promotion

Growth Monitoring and promotion of children from birth to five years is one of the important components of the ICDS programme. Weight for age has been adopted as the method for assessment and improvement of nutritional status of children under the ICDS programme.



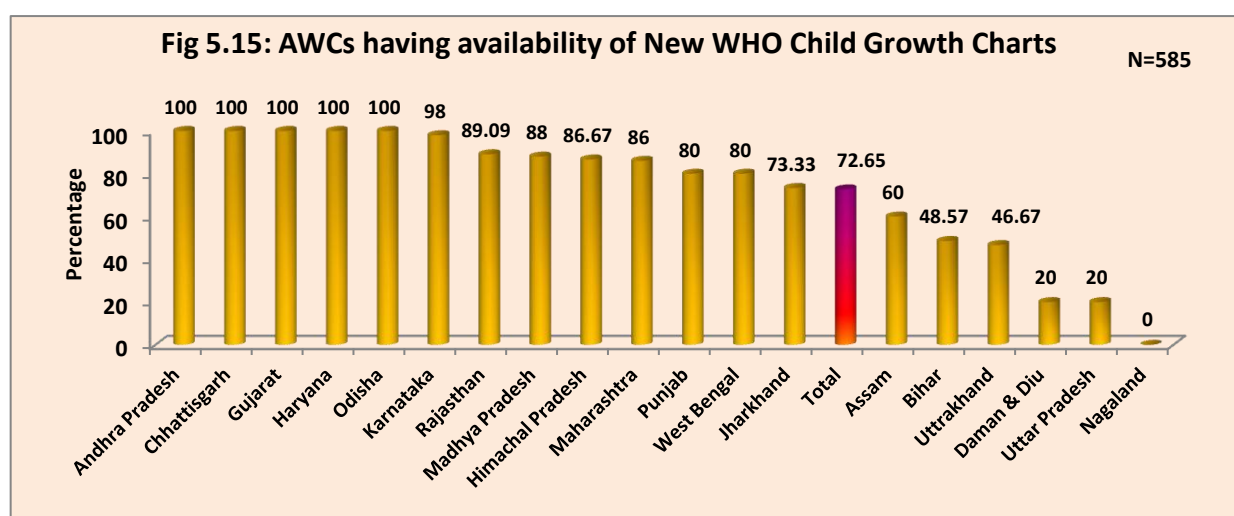
### Availability of New WHO Child Growth Charts

Children below six years of age have to be enlisted for supplementary nutrition on the basis of measuring weight for age. The Ministry of Women and Child Development and the Ministry of Health & Family Welfare have jointly introduced New WHO Child Growth Standards in the country for monitoring growth of children using the ICDS scheme with effect from 15 August 2008. The weight of the children has to be plotted on the growth charts so as to classify them under different nourishment zones. The data about availability of New WHO Child Growth charts are presented in **Table 5.18**.

**Table 5.18 :**  
**AWCs having Availability of New WHO Child Growth Charts**

States	Total No. of AWCs	No. of AWCs having availability of New WHO Child Growth Standards	%
Andhra Pradesh	15	15	100
Assam	15	9	60
Bihar	35	17	48.57
Chhattisgarh	30	30	100
Daman & Diu	5	1	20
Gujarat	40	40	100
Haryana	15	15	100
Himachal Pradesh	15	13	86.67
Jharkhand	15	11	73.33
Karnataka	50	49	98
Madhya Pradesh	75	66	88
Maharashtra	50	43	86
Nagaland	5	0	-
Odisha	15	15	100
Punjab	20	16	80
Rajasthan	55	49	89.09
Uttar Pradesh	105	21	20
Uttarakhand	15	7	46.67
West Bengal	10	8	80
<b>Total</b>	<b>585</b>	<b>425</b>	<b>72.65</b>

**Table 5.18** reveals that the availability of New WHO Child Growth standards charts was found in 72.65 per cent of AWCs. Though, all AWCs (100%) in the States of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana and Odisha and majority of AWCs (more than 90%) in the state of Karnataka were found having availability of New WHO Child Growth standards charts, however, the availability of New WHO Child Growth standards charts was not found in any of the AWCs from Nagaland and in substantial number of AWCs in the State of UP and UT of Daman and Diu (80% each).

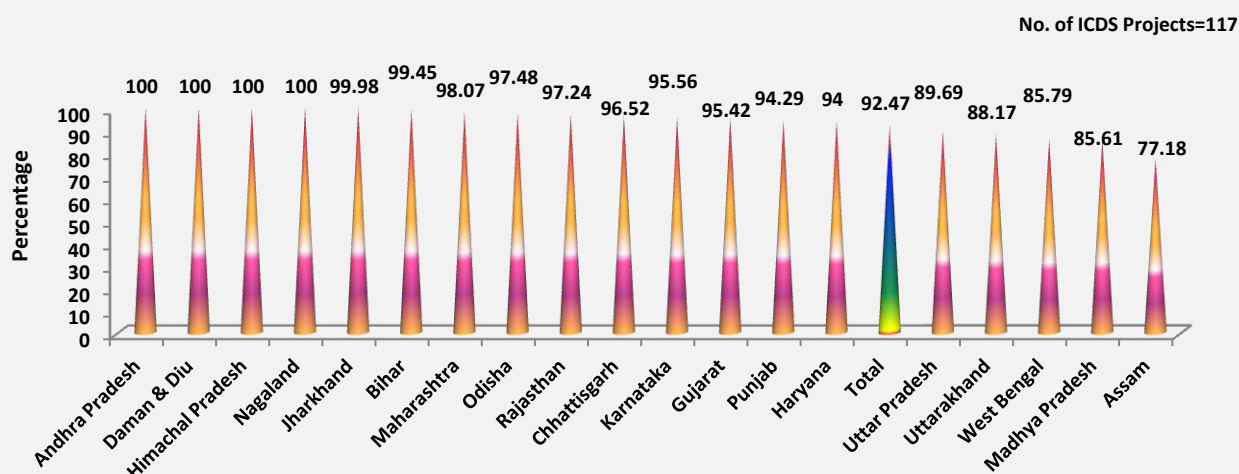


**Table 5.19:**  
**Number of children (0-6 years) Weighed according to New WHO Growth Standards**

States	Total No. of ICDS Projects	Total Registered Children	No. of Children weighed	%
Andhra Pradesh	3	55633	55633	100
Assam	3	61343	47343	77.18
Bihar	7	63726	63376	99.45
Chhattisgarh	6	69621	67200	96.52
Daman & Diu	1	2586	2586	100
Gujarat	8	81401	77672	95.42
Haryana	3	45088	42384	94
Himachal Pradesh	3	9294	9294	100
Jharkhand	3	17967	17964	99.98
Karnataka	10	276409	264130	95.56
Madhya Pradesh	15	285766	244637	85.61
Maharashtra	10	148873	146002	98.07
Nagaland	1	5602	5602	100
Odisha	3	40794	39767	97.48
Punjab	4	60940	57460	94.29
Rajasthan	11	200242	194721	97.24
Uttar Pradesh	21	493541	442678	89.69
Uttarakhand	3	38375	33837	88.17
West Bengal	2	37957	32563	85.79
<b>Total</b>	<b>117</b>	<b>1995158</b>	<b>1844849</b>	<b>92.47</b>

It is evident from the above **Table 5.19** that 92.47 per cent of Children (0-6 years) of age were weighed according to New WHO Growth Standards. All children were being weighed (100%) as per New WHO Child Growth standards in the States of Andhra Pradesh and Himachal Pradesh. More than 90 per cent of children were being weighed as per New WHO Child Growth standards in the States of Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Maharashtra, Odisha, Punjab and Rajasthan.

**Fig 5.16: Children (0-6 years) Weighed according to New WHO Growth Standards**



## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

### Nutritional Status of Children

The nutritional status of children as recorded from New WHO Child Growth Standards is as under;

**Table 5.20:**  
**Nutritional Status of Children (0-3years) of age group**

States	Total No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra Pradesh	3	36064	36064	100	23750	65.86	12078	33.49	236	0.65
Assam	3	33637	26337	78.30	18449	70.05	5187	19.69	2701	10.26
Bihar	7	34157	34071	99.75	11693	34.32	18559	54.47	3819	11.21
Chhattisgarh	6	39166	38707	98.83	28083	72.55	8002	20.67	2622	6.77
Daman & Diu	1	1798	1798	100	951	52.89	762	42.38	85	4.73
Gujarat	8	48261	44988	93.22	27407	60.92	13366	29.71	4215	9.37
Haryana	3	23884	23021	96.39	16915	73.48	4556	19.79	1550	6.73
Himachal Pradesh	3	4721	4721	100	3992	84.56	699	14.81	30	0.64
Jharkhand	3	10641	10638	99.97	7074	66.50	3247	30.52	317	2.98
Karnataka	10	171412	160039	93.37	113287	70.79	45084	28.17	1668	1.04
Madhya Pradesh	15	164392	136938	83.30	116400	85	17708	12.93	2830	2.07
Maharashtra	10	95192	94451	99.22	83083	87.96	9432	9.99	1936	2.05
Nagaland	1	3587	3587	100	3567	99.44	20	0.56	0	-
Odisha	3	24221	23975	98.98	15278	63.72	7479	31.19	1218	5.08
Punjab	4	29818	26962	90.42	18987	70.42	7930	29.41	45	0.17
Rajasthan	11	105042	103605	98.63	65764	63.48	33127	31.97	4714	4.55
Uttar Pradesh	21	277348	258315	93.14	189941	73.53	67848	26.27	526	0.20
Uttarakhand	3	23366	20797	89.01	17494	84.12	3114	14.97	189	0.91
West Bengal	2	19891	18860	94.82	12693	67.30	5871	31.13	296	1.57
<b>Total</b>	<b>117</b>	<b>1146598</b>	<b>1067874</b>	<b>93.13</b>	<b>774808</b>	<b>72.56</b>	<b>264069</b>	<b>24.73</b>	<b>28997</b>	<b>2.72</b>

**Table 5.21 :**  
**Nutritional Status of Children (3-6years) of age group**

States	Total No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra Pradesh	3	19569	19569	100	12849	65.66	6601	33.73	119	0.61
Assam	3	27706	21006	75.82	16261	77.41	4691	22.33	54	0.26
Bihar	7	29569	29305	99.11	12956	44.21	15125	51.61	1224	4.18
Chhattisgarh	6	30455	28493	93.56	20333	71.36	6496	22.80	1664	5.84
Daman & Diu	1	788	788	100	383	48.60	341	43.27	64	8.12
Gujarat	8	33140	32684	98.62	25143	76.93	6774	20.73	767	2.35
Haryana	3	21204	19363	91.32	14790	76.38	4004	20.68	569	2.94
Himachal Pradesh	3	4573	4573	100	3736	81.70	780	17.06	57	1.25
Jharkhand	3	7326	7326	100	5353	73.07	1972	26.92	1	0.01
Karnataka	10	104997	104091	99.14	71004	68.21	32037	30.78	1050	1.01
Madhya Pradesh	15	121374	107699	88.73	54503	50.61	18770	17.43	34426	31.97
Maharashtra	10	53681	51551	96.03	44271	85.88	5671	11	1609	3.12
Nagaland	1	2015	2015	100	2015	100	0	-	0	-
Odisha	3	16573	15792	95.29	9673	61.25	5679	35.96	440	2.79
Punjab	4	31122	30498	97.99	23054	75.59	7434	24.38	10	0.03
Rajasthan	11	95200	91116	95.71	65755	72.17	22482	24.67	2879	3.16
Uttar Pradesh	21	216193	184363	85.28	132933	72.10	50750	27.53	680	0.37
Uttarakhand	3	15009	13040	86.88	11336	86.93	1550	11.89	154	1.18
West Bengal	2	18066	13703	75.85	9060	66.12	4479	32.69	164	1.20
<b>Total</b>	<b>117</b>	<b>848560</b>	<b>776975</b>	<b>91.56</b>	<b>535408</b>	<b>68.91</b>	<b>195636</b>	<b>25.18</b>	<b>45931</b>	<b>5.91</b>





It may be observed from **Table 5.20 and Table 5.21** that about three fourth children were found in normal zone. The prevalence of severely underweight was recorded in almost one third of children (3-6 years) in high burden districts of Madhya Pradesh. Less than half of children from Bihar were found in normal zone. More number of 3-6 years old children were found in severely underweight zone as compared to children of less than three years.

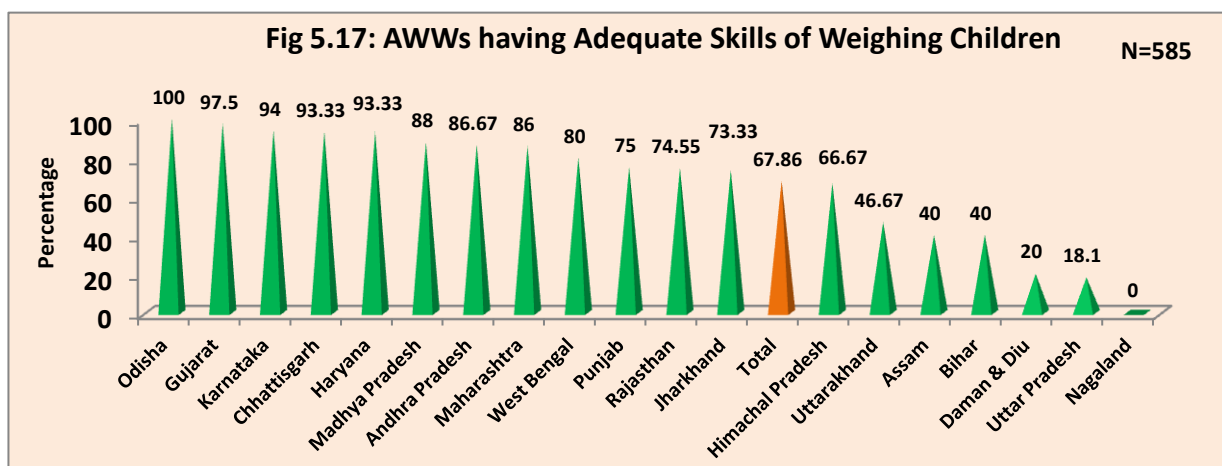
### Accuracy in Weighing and Plotting

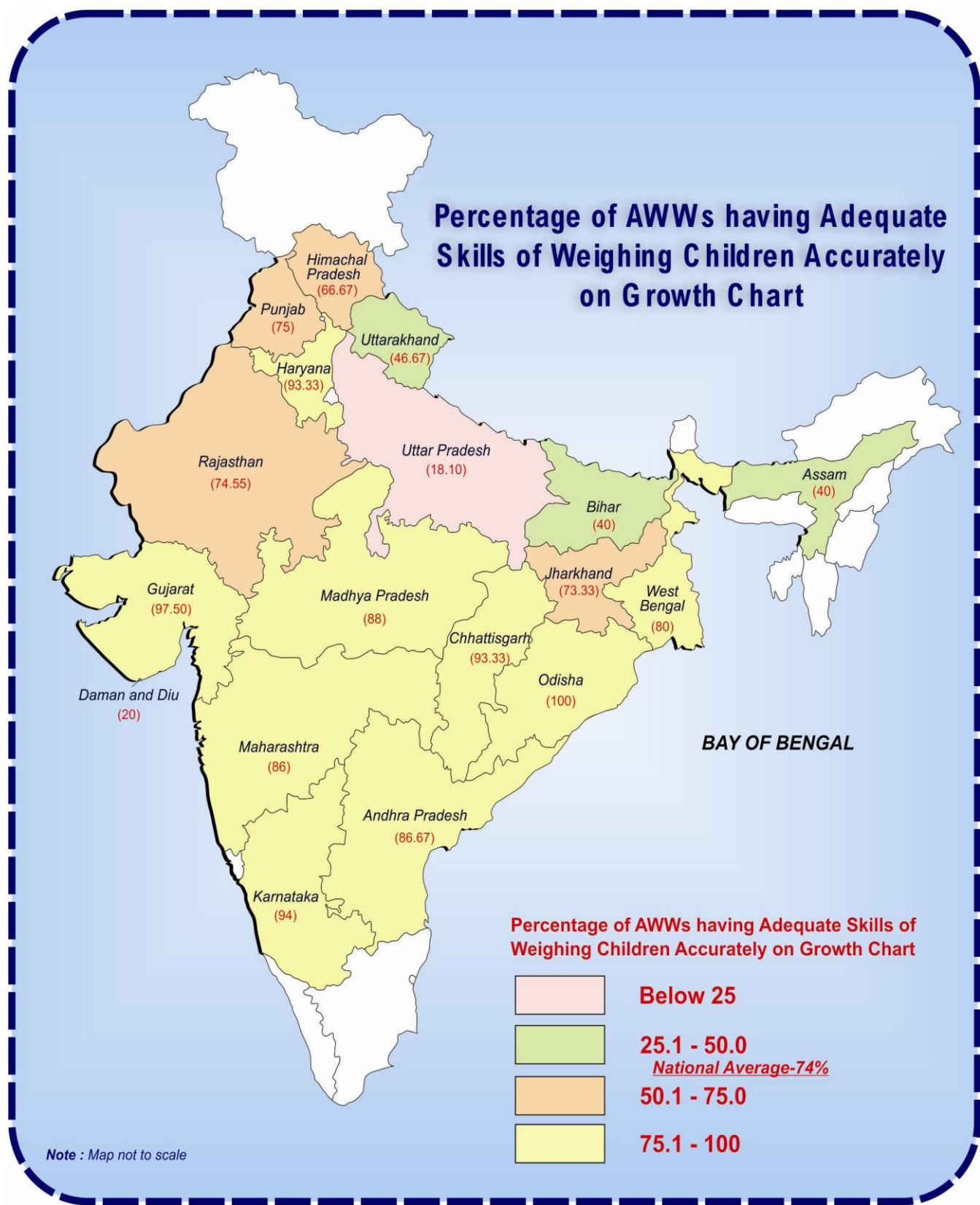
The CMU consultants during data collection observed the Growth Monitoring Skills of AWW. The skills related to weighing and plotting were observed on five dimensions i.e. correct method of weighing, correct reading of weight, correctly filling of growth charts, correct plotting and correct interpretation. Similarly, skills related to interpretation and counselling were observed on criterion of classifying the children, explaining the weight to the mothers, advising mothers, referring for extra care and enrolment for double ration. The data are presented in **Table 5.22 - 5.23**.

**Table 5.22:**  
**AWWs having adequate Skills of Weighing Children**  
**Accurately on Growth Chart**

States	Total No of AWWs	Weighing Children Accurately	
		No. of AWWs	%
Andhra Pradesh	15	13	86.67
Assam	15	6	40
Bihar	35	14	40
Chhattisgarh	30	28	93.33
Daman & Diu	5	1	20
Gujarat	40	39	97.50
Haryana	15	14	93.33
Himachal Pradesh	15	10	66.67
Jharkhand	15	11	73.33
Karnataka	50	47	94
Madhya Pradesh	75	66	88
Maharashtra	50	43	86
Nagaland	5	0	-
Odisha	15	15	100
Punjab	20	15	75
Rajasthan	55	41	74.55
Uttar Pradesh	105	19	18.10
Uttarakhand	15	7	46.67
West Bengal	10	8	80
<b>Total</b>	<b>585</b>	<b>397</b>	<b>67.86</b>

The above **table 5.22** depicts that only 67.86 per cent of AWWs were having adequate skills of Weighing Children. The States where substantial number of AWWs (more than 50%) were found lacking weighing skills were in the UT of Daman and Diu (80%) followed by States of Assam and Bihar (60% each) and Uttarakhand (54%).





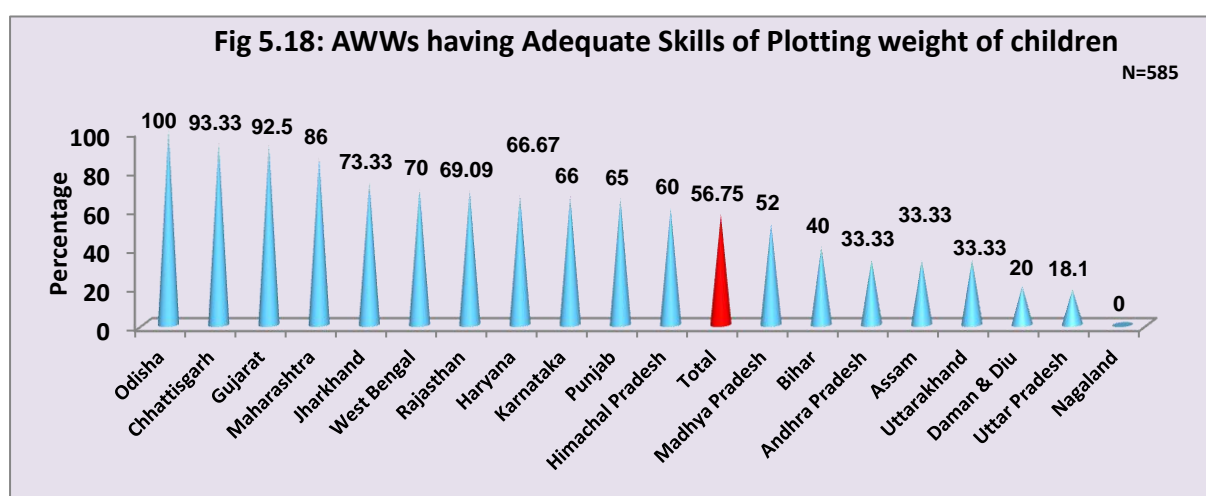
MAP-5.12

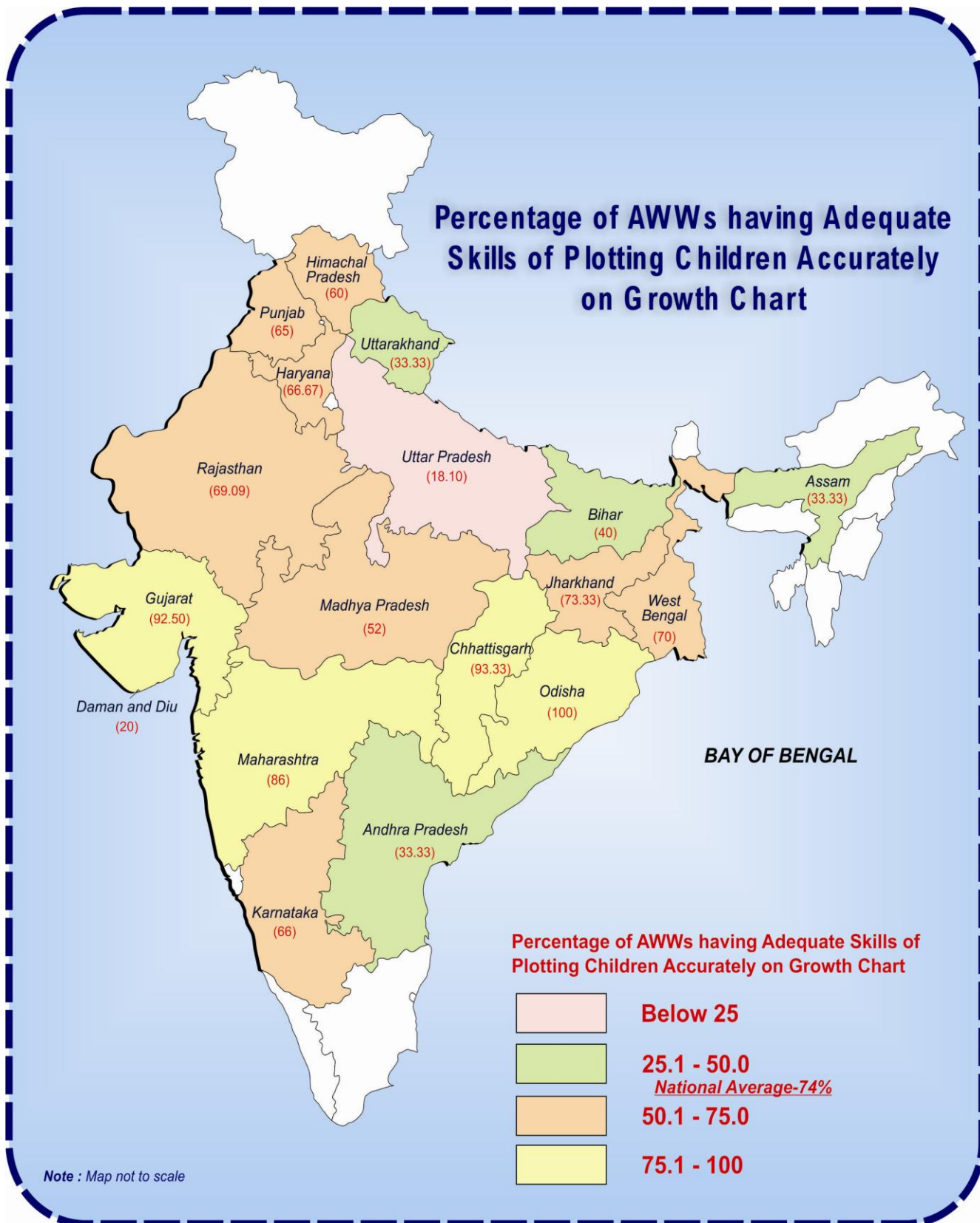
**Table 5.23:**  
AWWs having adequate Skills of Plotting weight of children  
Accurately on Growth Chart

States	Total No of AWWs	Plotting weight of children Accurately	
		No. of AWWs	%
Andhra Pradesh	15	5	33.33
Assam	15	5	33.33
Bihar	35	14	40
Chhattisgarh	30	28	93.33
Daman & Diu	5	1	20
Gujarat	40	37	92.50
Haryana	15	10	66.67
Himachal Pradesh	15	9	60
Jharkhand	15	11	73.33
Karnataka	50	33	66
Madhya Pradesh	75	39	52
Maharashtra	50	43	86
Nagaland	5	0	-
Odisha	15	15	100
Punjab	20	13	65
Rajasthan	55	38	69.09
Uttar Pradesh	105	19	18.10
Uttarakhand	15	5	33.33
West Bengal	10	7	70
<b>Total</b>	<b>585</b>	<b>332</b>	<b>56.75</b>



The data as presented in **Table 5.23** reveals that little more than half (56.75%) of AWWs were able to accurately plot the weight on the New WHO Child Growth charts. The States where substantial number of AWWs (more than 50%) were found lacking plotting skills were in the UT of Daman and Diu (80%) followed by States of Assam (67%), Bihar (60%) and Uttarakhand (67%).





MAP-5.13

- **Organization of Counseling Sessions Based on Growth Monitoring**

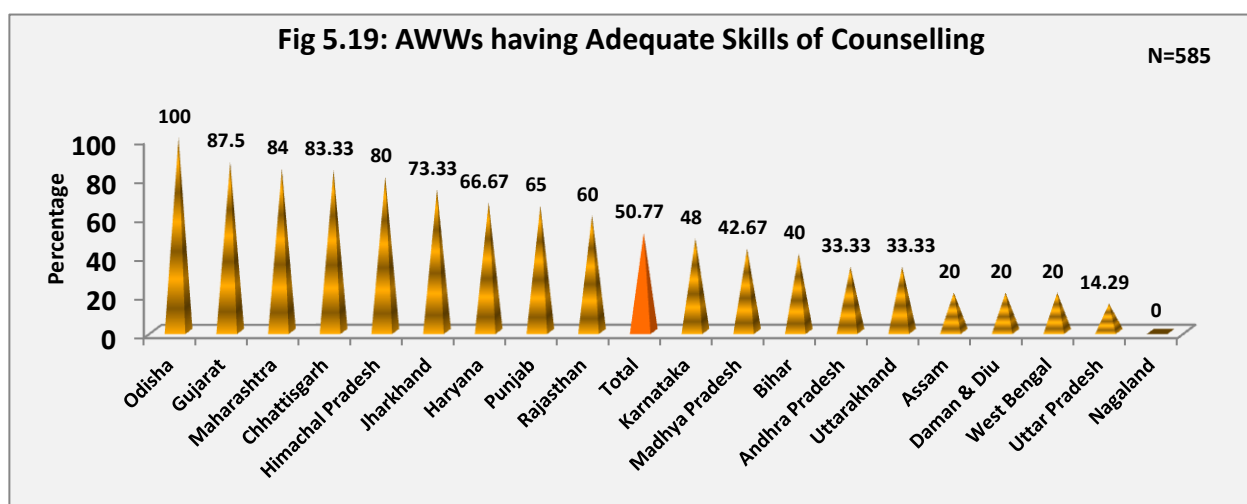
Based on the growth monitoring, the AWW has to advise the mothers on appropriate actions depending upon the age of the child, the duration of no weight gain or weight loss and various possible causes of growth faltering of the child. The data pertaining to organization of such counseling sessions based on growth monitoring are presented in **Table 5.24**



**Table 5.24:**  
**AWWs having adequate Skills of Counselling Based on Growth Monitoring**

States	Total No of AWWs	No. of AWWs organising Counselling Sessions	%
Andhra Pradesh	15	5	33.33
Assam	15	3	20
Bihar	35	14	40
Chhattisgarh	30	25	83.33
Daman & Diu	5	1	20
Gujarat	40	35	87.50
Haryana	15	10	66.67
Himachal Pradesh	15	12	80
Jharkhand	15	11	73.33
Karnataka	50	24	48
Madhya Pradesh	75	32	42.67
Maharashtra	50	42	84
Nagaland	5	0	-
Odisha	15	15	100
Punjab	20	13	65
Rajasthan	55	33	60
Uttar Pradesh	105	15	14.29
Uttarakhand	15	5	33.33
West Bengal	10	2	20
<b>Total</b>	<b>585</b>	<b>297</b>	<b>50.77</b>

The data as presented in **Table 5.24** reveals that altogether only half (50.77%) of AWWs organized counselling sessions with mothers on growth monitoring. While none of the AWW from the State of Nagaland was found organizing counselling sessions, only 15 per cent in UP, 20 per cent each of them in Assam, West Bengal and UT of Daman and Diu were found of organizing such session.



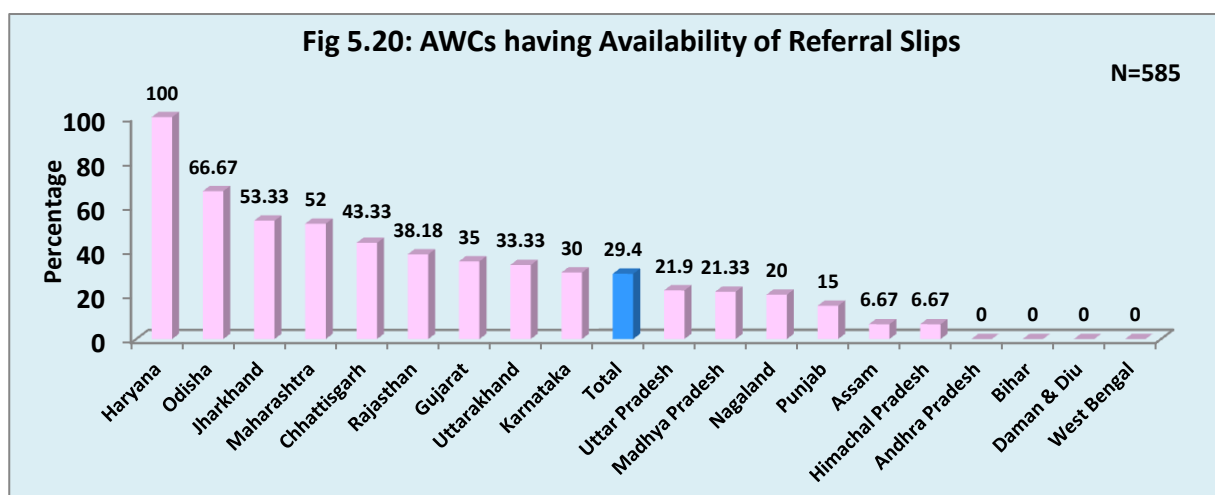
## Referral Services

Beneficiaries identified during health check-up and growth monitoring with acute medical problems in need of prompt medical attention, are provided referral services through ICDS scheme. An early detection of disabilities and timely diagnosis of many childhood diseases can prevent childhood morbidity and any other handicaps (Sharma, 1989). The need for referral services might arise to those pregnant mothers and children who are at risk zone. Not only this, pregnant mothers and children with problems requiring specialized treatment have to be referred for medical care of an appropriate standard by the use of referral slips. The data pertaining to the availability of referral slips in AWCs are presented in Table 5.25.

**Table 5.25:**  
**AWCs having Availability of Referral Slips**

States	Total No. of AWCs	No. of AWCs having availability of referral slips	%
Andhra Pradesh	15	0	-
Assam	15	1	6.67
Bihar	35	0	-
Chhattisgarh	30	13	43.33
Daman & Diu	5	0	-
Gujarat	40	14	35
Haryana	15	15	100
Himachal Pradesh	15	1	6.67
Jharkhand	15	8	53.33
Karnataka	50	15	30
Madhya Pradesh	75	16	21.33
Maharashtra	50	26	52
Nagaland	5	1	20
Odisha	15	10	66.67
Punjab	20	3	15.
Rajasthan	55	21	38.18
Uttar Pradesh	105	23	21.90
Uttarakhand	15	5	33.33
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>172</b>	<b>29.40</b>

Table 5.25 shows that referral slips were available in little less than one third (29.4%) of the AWCs. Though, all (100%) the AWCs in the state of Haryana were having availability of referral slips however, none of the AWCs from the States of Andhra Pradesh, Bihar, West Bengal and UT of Daman & Diu were having availability of referral slips.



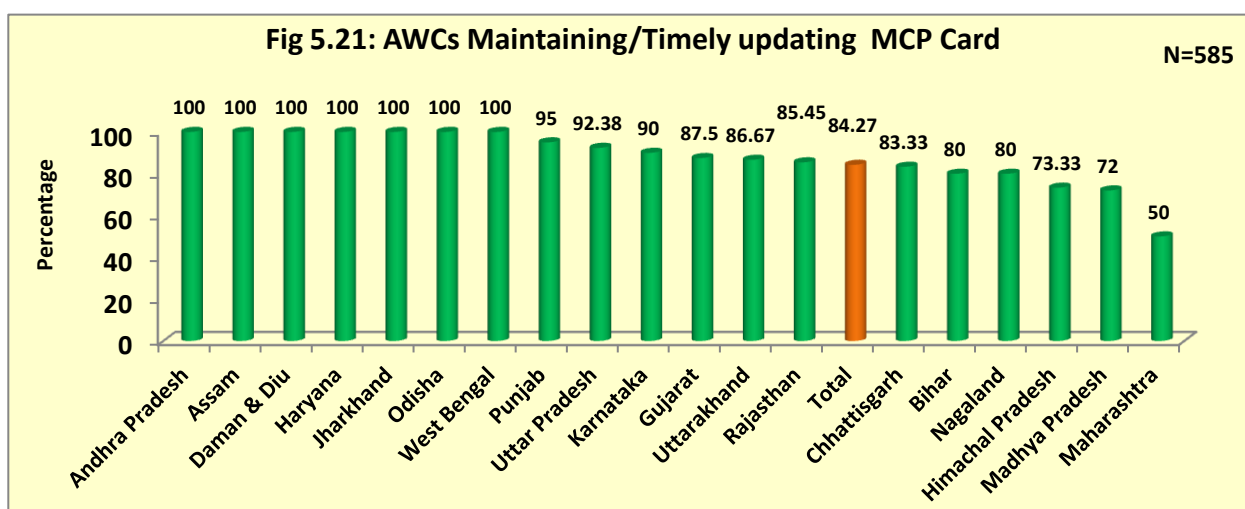
**Maintenance of Mother and Child Protection Cards**

It is important to keep correct records of children’s vaccination. The date of child immunization has to be properly maintained on health cards. The required entries have to be made by medical/Para medical staff administering the immunization. The data in this regard are presented in **Table 5.26**

**Table 5.26:**  
**AWCs maintaining and timely updating MCP Card**

States	Total No. of AWCs	No. of AWCs maintaining/timely updating MCP card	%
Andhra Pradesh	15	15	100
Assam	15	15	100
Bihar	35	28	80
Chhattisgarh	30	25	83.33
Daman & Diu	5	5	100
Gujarat	40	35	87.50
Haryana	15	15	100
Himachal Pradesh	15	11	73.33
Jharkhand	15	15	100
Karnataka	50	45	90
Madhya Pradesh	75	54	72
Maharashtra	50	25	50
Nagaland	5	4	80
Odisha	15	15	100
Punjab	20	19	95
Rajasthan	55	47	85.45
Uttar Pradesh	105	97	92.38
Uttarakhand	15	13	86.67
West Bengal	10	10	100
<b>Total</b>	<b>585</b>	<b>493</b>	<b>84.27</b>

It can be noticed from the above **Table 5.26** that, the maintenance and timely updation of MCP card was reported in sizeable number (84.27%) of the AWCs. Though, all the AWCs (100%) located in the states of Andhra Pradesh, Assam, Haryana, Jharkhand, Odisha, West Bengal and UT of Daman & Diu were maintaining and timely updating MCP card. Further, though majority (more than 85%) of AWCs in the states of Gujarat, Karnataka, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand were found maintaining and timely updating MCP card, however only half of the AWCs in the state of Maharashtra were properly maintaining and timely updating MCP card.





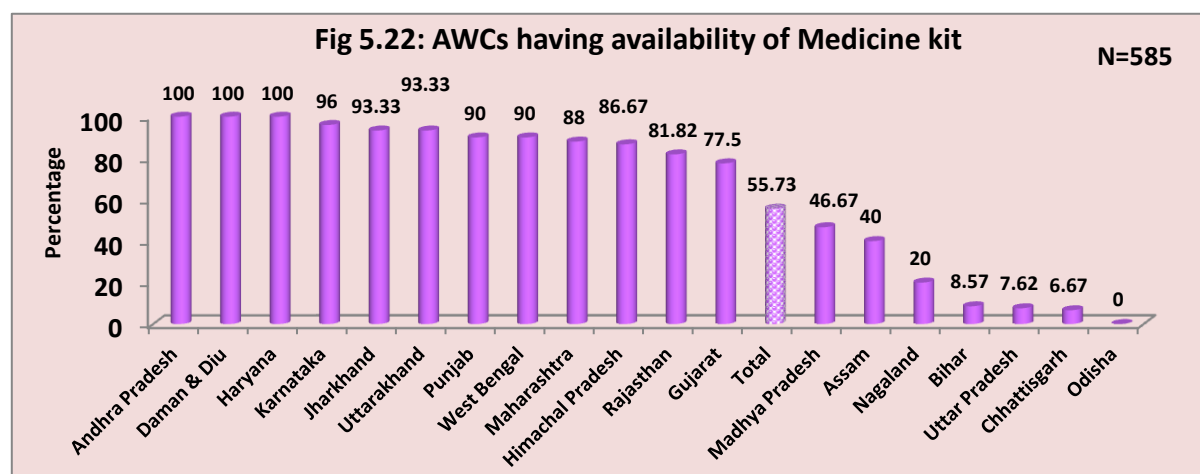
**Availability of Medicine Kit**

MWCD, GOI has made provision for supply of medicine kit in each AWC. As per financial provision contained in MWCD office order 1-8/2012 –CD-1 dated 22<sup>nd</sup> October, 2012 , the medicine kit has to be provided for all operational AWCs in the States/UTs @ Rs1000/- per AWC per annum and @ Rs500/- per mini AWCs per annum . The expenditure on procurement of medicine kit should be met out of the grants released to the States /UTs subject to the financial norms of Rs1000/- per AWC per annum and Rs500/- per mini AWC per annum. The data showing availability of medicine kit in AWCs is given at **Table 5.27**.

**Table 5.27:**  
**AWCs having availability of Medicine kit**

States	Total No. of AWCs	No. of AWCs having availability of Medicine kit	%
Andhra Pradesh	15	15	100
Assam	15	6	40
Bihar	35	3	8.57
Chhattisgarh	30	2	6.67
Daman & Diu	5	5	100
Gujarat	40	31	77.50
Haryana	15	15	100
Himachal Pradesh	15	13	86.67
Jharkhand	15	14	93.33
Karnataka	50	48	96
Madhya Pradesh	75	35	46.67
Maharashtra	50	44	88
Nagaland	5	1	20
Odisha	15	0	-
Punjab	20	18	90
Rajasthan	55	45	81.82
Uttar Pradesh	105	8	7.62
Uttarakhand	15	14	93.33
West Bengal	10	9	90
<b>Total</b>	<b>585</b>	<b>326</b>	<b>55.73</b>

The data from above **Table 5.27** reveals that the availability of medicine kit was found in 55.73 per cent of AWCs. The medicine Kit was available in all the AWCs (100%) located in the states of Andhra Pradesh, Haryana and UT of Daman &Diu, however, medicine kit was not found available in any of the AWCs in the state of Odisha. The availability of medicine kit was very low (less than 10%) in the states of Bihar, Chhattisgarh and Uttar Pradesh.

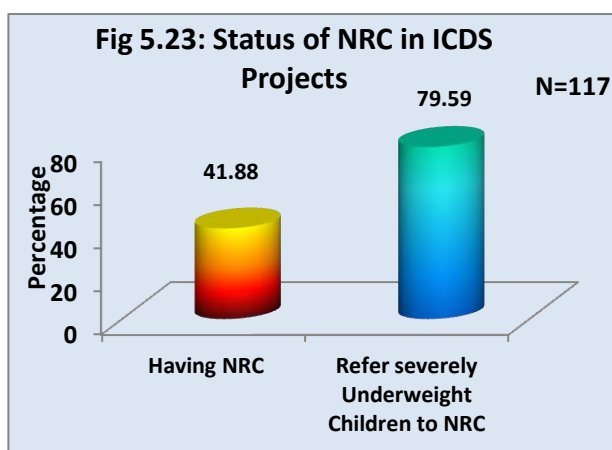


**Awareness about Nutrition Rehabilitation Centres**

Management of the severely malnourished children does not require sophisticated facilities & equipments or highly qualified personnel. It does require that each child be treated with proper care & affection, and that each phase of treatment be carried out properly by approximately trained and dedicated health personnel's. When this is done, the risk of death can be substantially reduced and the opportunity for full recovery greatly improved. After treating the life-threatening problems in a hospital or in a residential care facility, the child with SAM needs to be transferred to NRC for intensive feeding to recover lost weight, development of emotional & physical stimulation, capacity building of the primary caregivers of the child with SAM through sustained counseling and continuous behavioral change activities. Thus NRC is intended to function as a bridge between hospital & home care. Hence, NRC is a short stay home for children with SAM along with the primary care givers. A total number of 627 Nutrition Rehabilitation Centres (NRCs) have been set up across the country.

**Table 5.28:**  
**Status of NRC in ICDS Projects**

States	Total No. of ICDS Projects	No. of ICDS Projects having NRC		No. of ICDS Projects refer severely Underweight Children to NRC	
		N	%	N	%
Andhra Pradesh	3	0	-	0	-
Assam	3	0	-	0	-
Bihar	7	3	42.86	1	33.33
Chhattisgarh	6	6	100	6	100
Daman & Diu	1	0	-	0	-
Gujarat	8	4	50	2	50
Haryana	3	0	-	0	-
Himachal Pradesh	3	0	-	0	-
Jharkhand	3	2	66.67	2	100
Karnataka	10	6	60	6	100
Madhya Pradesh	15	15	100	15	100
Maharashtra	10	5	50	3	60
Nagaland	1	0	-	0	-
Odisha	3	2	66.67	1	50
Punjab	4	0	-	0	-
Rajasthan	11	4	36.36	2	50
Uttar Pradesh	21	1	4.76	0	-
Uttarakhand	3	0	-	0	-
West Bengal	2	1	50	1	100
<b>Total</b>	<b>117</b>	<b>49</b>	<b>41.88</b>	<b>39</b>	<b>79.59</b>



It is evident from **Table 5.28** that 41.88 per cent of ICDS projects were having NRCs and in more than three fourth of ICDS Projects, the children were being referred for treatment. All of the ICDS projects (100%) from the States of Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, and West Bengal were found referring severely Underweight Children to NRC. The situation needs improvement in the State of Assam where only 33.33 per cent of ICDS Projects

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were found referring severely Underweight Children to NRC. However, in rest of ICDS Projects there is a need to provide NRC for referring severely Underweight Children.

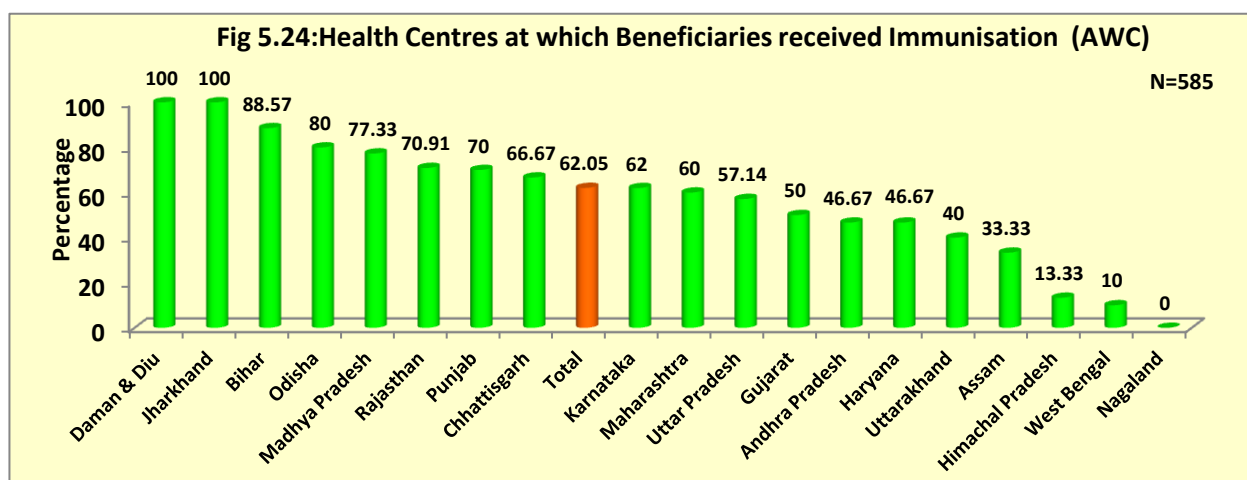
### Health Check-Up

Health Check-up includes ante-natal care of expectant mothers, post natal care of nursing mothers and care of new born and care of children under six years of age. The entire population of expectant and nursing mothers and children less than six years of age of the ICDS project area has to be covered under this service. Thus, regularity of conducting health check-up of beneficiaries is an important aspect of implementing health services.

**Table 5.29 :**  
**Health Centres at which Beneficiaries received Immunisation**

States	Total No. of AWCs	Sub Centre		PHC		AWC		Others	
		N	%	N	%	N	%	N	%
Andhra Pradesh	15	4	26.67	1	6.67	7	46.67	3	20
Assam	15	7	46.67	1	6.67	5	33.33	2	13.33
Bihar	35	1	2.86	1	2.86	31	88.57	2	5.71
Chhattisgarh	30	4	13.33	0	-	20	66.67	6	20
Daman & Diu	5	0	-	0	-	5	100	0	-
Gujarat	40	14	35	4	10	20	50	2	5
Haryana	15	6	40	2	13.33	7	46.67	0	-
Himachal Pradesh	15	6	40	6	40	2	13.33	1	6.67
Jharkhand	15	0	-	0	-	15	100	0	-
Karnataka	50	8	16	3	6	31	62	8	16
Madhya Pradesh	75	3	4	9	12	58	77.33	5	6.67
Maharashtra	50	12	24	7	14	30	60	1	2
Nagaland	5	1	20	4	80	0	-	0	-
Odisha	15	0	-	1	6.67	12	80	2	13.33
Punjab	20	4	20	0	-	14	70	2	10
Rajasthan	55	10	18.18	4	7.27	39	70.91	2	3.64
Uttar Pradesh	105	22	20.95	7	6.67	60	57.14	16	15.24
Uttarakhand	15	0	-	7	46.67	6	40	2	13.33
West Bengal	10	8	80	1	10	1	10	0	-
<b>Total</b>	<b>585</b>	<b>110</b>	<b>18.80</b>	<b>58</b>	<b>9.91</b>	<b>363</b>	<b>62.05</b>	<b>54</b>	<b>9.23</b>

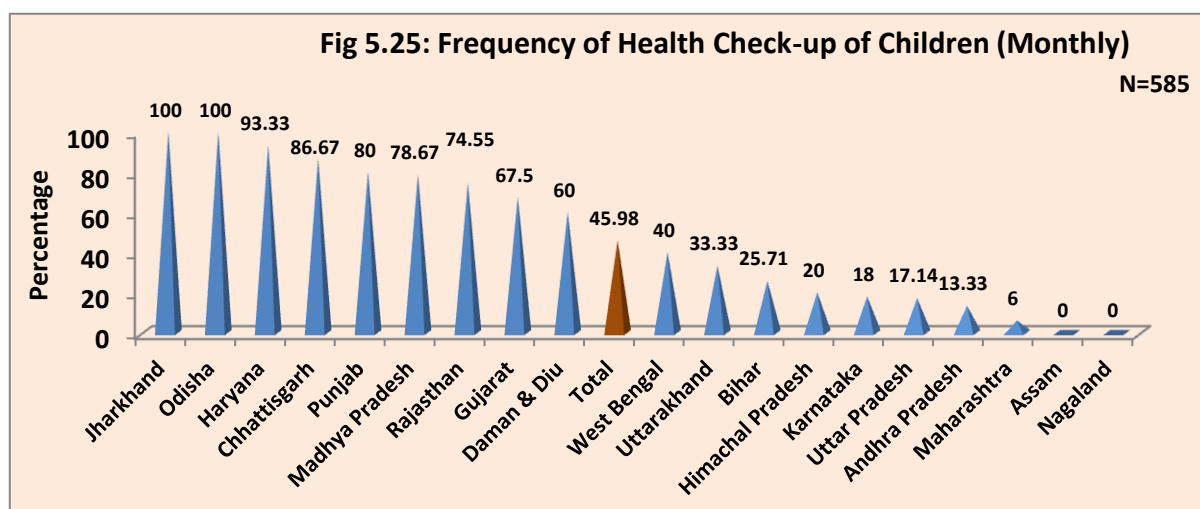
It is evident from the above **Table 5.29** that though majority of beneficiaries (62.05%) were being immunized at AWC. Only little less than one third of ICDS beneficiaries were found being immunized using health infrastructure of either sub centre or PHC All of the AWCs from the State of Jharkhand and in UT of Daman & Diu and majority of them (80%) from the States of West Bengal and Nagaland were found using Health infrastructure for immunization of ICDS beneficiaries.



**Table 5.30:**  
Frequency of Health Check-up of Children

States	Total No. of AWCs	Monthly		Quarterly		Six Monthly		Unplanned		Never During Last Six Months	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	2	13.33	2	13.33	0	-	1	6.67	10	66.67
Assam	15	0	-	0	-	0	-	1	6.67	14	93.33
Bihar	35	9	25.71	0	-	0	-	5	14.29	21	60
Chhattisgarh	30	26	86.67	0	-	0	-	1	3.33	3	10
Daman & Diu	5	3	60	1	20	0	-	0	-	1	20
Gujarat	40	27	67.50	1	2.50	1	2.50	6	15	5	12
Haryana	15	14	93.33	1	6.67	0	-	0	-	0	-
Himachal Pradesh	15	3	20	4	26.67	0	-	3	20	5	33.33
Jharkhand	15	15	100	0	-	0	-	0	-	0	-
Karnataka	50	9	18	24	48	0	-	0	-	17	34
Madhya Pradesh	75	59	78.67	1	1.33	0	-	0	-	15	20
Maharashtra	50	3	6	40	80	5	10	1	2	1	2
Nagaland	5	0	-	0	-	0	-	0	-	5	100
Odisha	15	15	100	0	-	0	-	0	-	0	-
Punjab	20	16	80	0	-	0	-	0	-	4	20
Rajasthan	55	41	74.55	5	9.09	0	-	5	9.09	4	7.27
Uttar Pradesh	105	18	17.14	4	3.81	14	13.33	40	38.10	29	27.62
Uttarakhand	15	5	33.33	1	6.67	3	20	1	6.67	5	33.33
West Bengal	10	4	40	1	10	0	-	5	50	0	-
<b>Total</b>	<b>585</b>	<b>269</b>	<b>45.98</b>	<b>85</b>	<b>14.53</b>	<b>23</b>	<b>3.93</b>	<b>69</b>	<b>11.79</b>	<b>139</b>	<b>23.76</b>

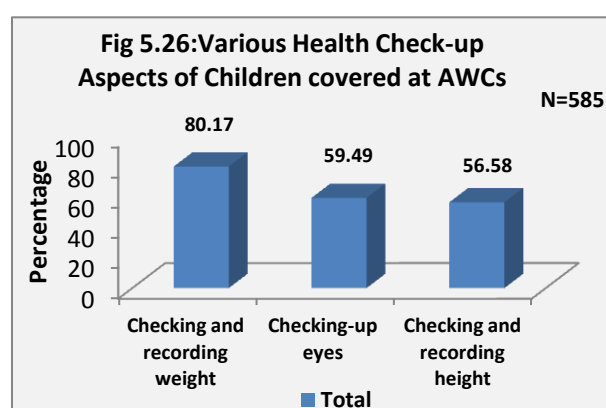
The data on health check-up of children shows that about half (46%) of the AWCs conducts health check up on monthly basis. All AWCs (100%) located in the States of Jharkhand and Odisha were found conducting health check up on monthly basis, Majority of the AWCs (93%) in the state of Haryana were conducting monthly health checkup. The health checkup was not at all conducted in 23.76 per cent of AWCs during last six months. None of the AWCs in the state of Nagaland conducted health check up of children in last six months.



**Table 5.31 (a):**  
Various Health Check-up Aspects of Children covered at AWCs

States	Total No. of AWCs	Checking and recording weight		Checking and recording height		Checking-up eyes	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	3	20	2	13.33	13	86.67
Assam	15	10	66.67	4	26.67	4	26.67
Bihar	35	11	31.43	9	25.71	1	2.86
Chhattisgarh	30	26	86.67	23	76.67	21	70
Daman & Diu	5	4	80	4	80	1	20
Gujarat	40	37	92.50	29	72.50	20	50
Haryana	15	14	93.33	11	73.33	14	93.33
Himachal Pradesh	15	8	53.33	3	20	8	53.33
Jharkhand	15	15	100	0	-	0	-
Karnataka	50	34	68	26	52	42	84
Madhya Pradesh	75	63	84	43	57.33	41	54.67
Maharashtra	50	36	72	36	72	35	70
Nagaland	5	4	80	3	60	0	-
Odisha	15	13	86.67	11	73.33	2	13.33
Punjab	20	16	80	15	75	13	65
Rajasthan	55	47	85.45	24	43.64	29	52.73
Uttar Pradesh	105	105	100	80	76.19	91	86.67
Uttarakhand	15	13	86.67	8	53.33	7	46.67
West Bengal	10	10	100	0	-	6	60
<b>Total</b>	<b>585</b>	<b>469</b>	<b>80.17</b>	<b>331</b>	<b>56.58</b>	<b>348</b>	<b>59.49</b>

It is evident from the above **Table 5.31(a)** that 80.17 per cent of AWCs were Checking and recording weight of Children, little more than half (56.58%) of AWCs were recording height and in about 59 per cent of AWCs eye check up of Children was carried out. All (100%) AWCs in the State of Jharkhand, Uttar Pradesh and Uttarakhand were recording weight of Children; however few numbers of AWCs in the States Andhra Pradesh (20%) and

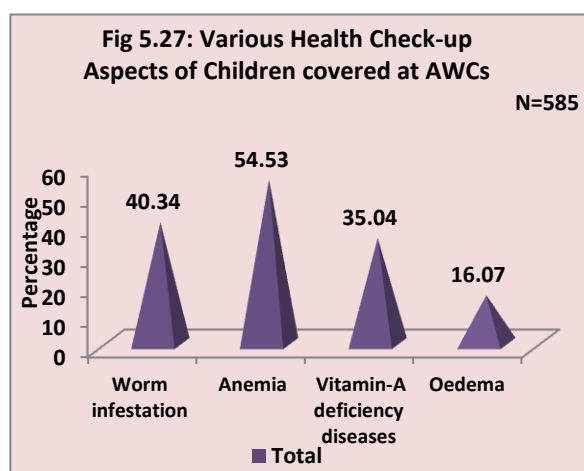


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Bihar (31.43%) were recording weight of the Children. Substantial number (above 70%) of AWCs in the States of Chhattisgarh, Gujarat, Haryana, Odisha, Uttar Pradesh and UT of Daman & Diu were checking and recording height of the children, however none of the AWCs in the States of Jharkhand and West Bengal were checking height of the Children. Sizeable number of AWCs in the states of Andhra Pradesh, Haryana, Karnataka and Uttar Pradesh were conducting eye check up of children. However, none of the AWCs in the State of Jharkhand and Nagaland were conducting eye check up.

**Table 5.31 (b):**  
Various Health Check-up Aspects of Children covered at AWCs

States	Total No. of AWCs	Checking worm infestation		Checking up for Anemia		Checking up for Vitamin-A deficiency diseases		Oedema	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	0	-	0	-	0	-	0	-
Assam	15	2	13.33	5	33.33	10	66.67	0	-
Bihar	35	0	-	6	17.14	1	2.86	0	-
Chhattisgarh	30	20	66.67	24	80	22	73.33	8	26.67
Daman & Diu	5	1	20	0	-	0	-	0	-
Gujarat	40	16	40	26	65	15	37.50	9	22.50
Haryana	15	10	66.67	11	73.33	11	73.33	4	26.67
Himachal Pradesh	15	5	33.33	5	33.33	2	13.33	0	-
Jharkhand	15	0	-	0	-	0	-	0	-
Karnataka	50	17	34	27	54	12	24	1	2
Madhya Pradesh	75	34	45.33	36	48	16	21.33	8	10.67
Maharashtra	50	30	60	33	66	38	76	28	56
Nagaland	5	0	-	3	60	3	60	0	-
Odisha	15	13	86.67	12	80	7	46.67	1	6.67
Punjab	20	8	40	10	50	8	40	7	35
Rajasthan	55	26	47.27	40	72.73	27	49.09	19	34.55
Uttar Pradesh	105	45	42.86	66	62.86	25	23.81	9	8.57
Uttarakhand	15	2	13.33	8	53.33	1	6.67	0	-
West Bengal	10	7	70	7	70	7	70	0	-
<b>Total</b>	<b>585</b>	<b>236</b>	<b>40.34</b>	<b>319</b>	<b>54.53</b>	<b>205</b>	<b>35.04</b>	<b>94</b>	<b>16.07</b>



It is evident from the above **Table 5.31(b)** that little more than half (54.53%) of AWCs were checking anaemia in Children, 40.34 per cent of AWCs were checking worm infestation and in about 35 per cent of AWCs were checking of Vitamin A deficiency. In less than one fifth (16%) of AWCs check up of Oedema was done. Majority of (86.67%) AWCs in the State of Odisha were checking worm infestation in children, however none of AWCs in the States of Andhra Pradesh, Bihar, Jharkhand and Nagaland were checking worm infestation in children. Substantial number

(70% and above) of AWCs in the States of Chhattisgarh, Haryana, Odisha, Rajasthan and West Bengal were checking anaemia, however none of the AWCs in the States of Andhra Pradesh, Jharkhand and UT of Daman & Diu were checking anaemia. Sizeable number

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(70% and above) of AWCs in the States of Chhattisgarh, Haryana, Maharashtra and West Bengal were checking Vitamin –A deficiency in the children, however none of the AWCs in the States of Andhra Pradesh, Jharkhand and UT of Daman & Diu were checking Vitamin –A deficiency. Little more than half (56%) of AWCs in the State of Maharashtra were checking oedema in children, however in most of States in any of AWCs check up of oedema was not carried out.

### • Ante Natal Check Up of Pregnant Women

There has been a provision under health check-up service of ICDS for complete physical and obstetrical examination of the expectant mothers at regular intervals. A minimum of four such examinations of mothers have to be done during pregnancy. Data concerning health check-up of pregnant women under ICDS are presented in **Table 5.32**.



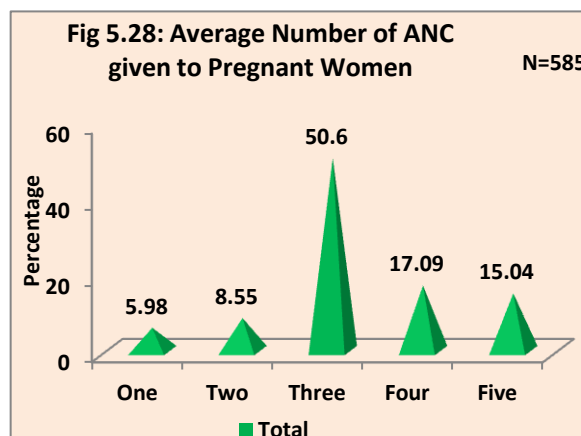
**Table 5.32:**  
**Ante Natal Check-up provided to Pregnant Women\***

States	Total No. of AWCs	Average Number of ANC given to Pregnant Women									
		One		Two		Three		Four		Five	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	15	0	-	0	-	0	-	5	33.33	10	66.67
Assam	15	10	66.67	0	-	1	6.67	4	26.67	0	-
Bihar	35	1	2.86	4	11.43	18	51.43	4	11.43	0	-
Chhattisgarh	30	0	-	1	3.33	27	90	0	-	2	6.67
Daman & Diu	5	0	-	0	-	1	20	2	40	2	40
Gujarat	40	1	2.50	6	15	20	50	3	7.50	10	25
Haryana	15	5	33.33	2	13.33	5	33.33	2	13.33	1	6.67
Himachal Pradesh	15	2	13.33	1	6.67	11	73.33	0	-	0	-
Jharkhand	15	0	-	1	6.67	14	93.33	0	-	0	-
Karnataka	50	0	-	5	10	13	26	13	26	19	38
Madhya Pradesh	75	1	1.33	0	-	42	56	27	36	5	6.67
Maharashtra	50	2	4	5	10	17	34	12	24	12	24
Nagaland	5	5	100	0	-	0	-	0	-	0	-
Odisha	15	0	-	0	-	0	-	0	-	15	100
Punjab	20	1	5	2	10	9	45	7	35	1	5
Rajasthan	55	3	5.45	2	3.64	21	38.18	18	32.73	11	20
Uttar Pradesh	105	0	-	18	17.14	82	78.10	1	0.95	0	-
Uttarakhand	15	4	26.67	0	-	9	60	1	6.67	0	-
West Bengal	10	0	-	3	30	6	60	1	10	0	-
<b>Total</b>	<b>585</b>	<b>35</b>	<b>5.98</b>	<b>50</b>	<b>8.55</b>	<b>296</b>	<b>50.60</b>	<b>100</b>	<b>17.09</b>	<b>88</b>	<b>15.04</b>

\*Note: Total may not come upto 100 percent due to no response

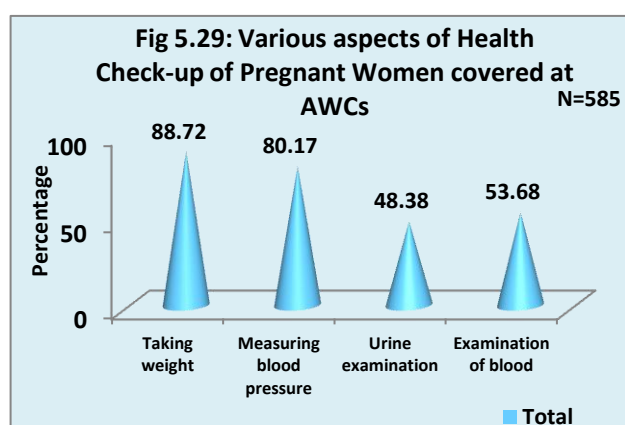
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The data on status of ante natal check of pregnant women shows that about little more than half (50.6%) of the AWCs conducted first ante natal check-up of pregnant women mostly in the third month of their pregnancy. Majority of the AWCs (90% and above) were found conducting ante-natal check up of pregnant women in the third month of their pregnancy in the states of Jharkhand and Chhattisgarh. Though, in the state of Nagaland and Odisha, all (100%) AWCs were found conducting ante-natal check up of pregnant women in the first month and fifth month of their pregnancy respectively.



**Table 5.33 (a):**  
Various Health Check-up aspects of Pregnant Women covered at AWCs

States	Total No. of AWCs	Taking weight		Measuring blood pressure		Urine examination		Examination of blood	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	15	100	15	100	10	66.67	15	100
Assam	15	5	33.33	15	100	12	80	12	80
Bihar	35	18	51.43	10	28.57	5	14.29	1	2.86
Chhattisgarh	30	29	96.67	29	96.67	18	60	17	56.67
Daman & Diu	5	3	60	2	40	0	-	1	20
Gujarat	40	39	97.50	31	77.50	19	47.50	27	67.50
Haryana	15	15	100	14	93.33	15	100	15	100
Himachal Pradesh	15	12	80	10	66.67	7	46.67	7	46.67
Jharkhand	15	13	86.67	15	100	0	-	9	60
Karnataka	50	48	96	46	92	39	78	41	82
Madhya Pradesh	75	66	88	55	73.33	28	37.33	37	49.33
Maharashtra	50	46	92	48	96	32	64	39	78
Nagaland	5	5	100	4	80	3	60	1	20
Odisha	15	15	100	15	100	15	100	15	100
Punjab	20	20	100	20	100	20	100	20	100
Rajasthan	55	53	96.36	44	80	30	54.55	21	38.18
Uttar Pradesh	105	94	89.52	78	74.29	16	15.24	18	17.14
Uttarakhand	15	14	93.33	8	53.33	4	26.67	8	53.33
West Bengal	10	9	90	10	100	10	100	10	100
<b>Total</b>	<b>585</b>	<b>519</b>	<b>88.72</b>	<b>469</b>	<b>80.17</b>	<b>283</b>	<b>48.38</b>	<b>314</b>	<b>53.68</b>



It is evident from the above **Table 5.33(a)** that 88.72 per cent of AWCs were recording weight of Pregnant women, 80.17 per cent of AWCs were measuring blood pressure of Pregnant women, 53.68 per cent of AWCs were conducting blood examination of pregnant women and in about little less than half (48.38%) of AWCs, urine examination of pregnant women was being conducted. All (100%) of

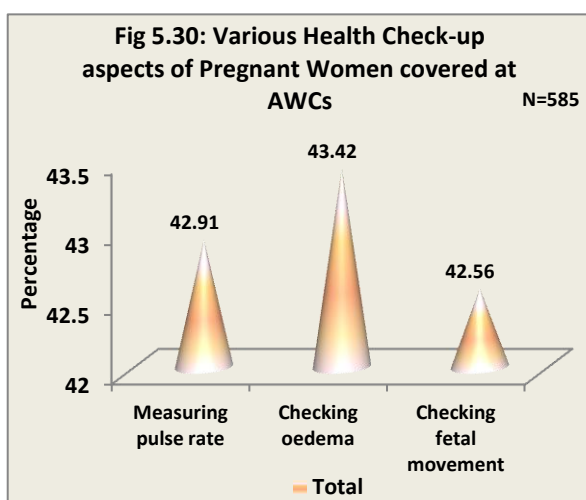


AWCs in the States of Andhra Pradesh, Haryana, Nagaland, Odisha and Punjab of were taking weight of pregnant women. All (100%) of AWCs in the States of Andhra Pradesh, Assam, Jharkhand, Odisha, Punjab and West Bengal were measuring blood pressure of pregnant women. Urine examination of pregnant women has been done in all (100%) AWCs located in the States of Haryana, Odisha, Punjab and West Bengal. However, none of AWCs in the state of Jharkhand and UT of Daman & Diu were conducting urine examination of pregnant women. All (100%) of AWCs in the States of Andhra Pradesh, Haryana, Odisha, Punjab and West Bengal were conducting blood examination of pregnant women.

**Table 5.33 (b):  
Various Health Check-up aspects of Pregnant Women covered at AWCs**

States	Total No. of AWCs	Measuring pulse rate		Checking oedema		Checking fetal movement	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	1	6.67	0	-	2	13.33
Assam	15	5	33.33	5	33.33	14	93.33
Bihar	35	3	8.57	2	5.71	0	-
Chhattisgarh	30	24	80	14	46.67	26	86.67
Daman & Diu	5	0	-	1	20	0	-
Gujarat	40	24	60	19	47.50	12	30
Haryana	15	13	86.67	5	33.33	6	40
Himachal Pradesh	15	4	26.67	4	26.67	7	46.67
Jharkhand	15	1	6.67	0	-	0	-
Karnataka	50	19	38	20	40	20	40
Madhya Pradesh	75	17	22.67	35	46.67	10	13.33
Maharashtra	50	36	72	37	74	38	76
Nagaland	5	1	20	0	-	1	20
Odisha	15	6	40	5	33.33	13	86.67
Punjab	20	20	100	20	100	18	90
Rajasthan	55	38	69.09	36	65.45	38	69.09
Uttar Pradesh	105	22	20.95	39	37.14	35	33.33
Uttarakhand	15	7	46.67	8	53.33	6	40
West Bengal	10	10	100	4	40	3	30
<b>Total</b>	<b>585</b>	<b>251</b>	<b>42.91</b>	<b>254</b>	<b>43.42</b>	<b>249</b>	<b>42.56</b>

The above **Table 5.33(b)** shows that 42.91 per cent of AWCs were measuring pulse rate of pregnant women, 43.42 per cent of AWCs were checking oedema in pregnant women and 42.56 per cent of AWCs were checking fetal movement of pregnant women. All (100%) AWCs in the states of Punjab and West Bengal were measuring pulse rate of pregnant women. However, none of the AWCs in the UT of Daman & Diu were measuring pulse rate of pregnant women. All (100%) AWCs located in the state of Punjab were checking oedema in pregnant women and none of the AWCs in the states of Andhra Pradesh, Jharkhand and Nagaland were checking oedema. Majority (90% and above) of AWCs in the



State of Assam and Punjab were checking fetal movement. However, none of the AWCs in the States of Bihar, Jharkhand and UT of Daman & Diu were checking fetal movement.

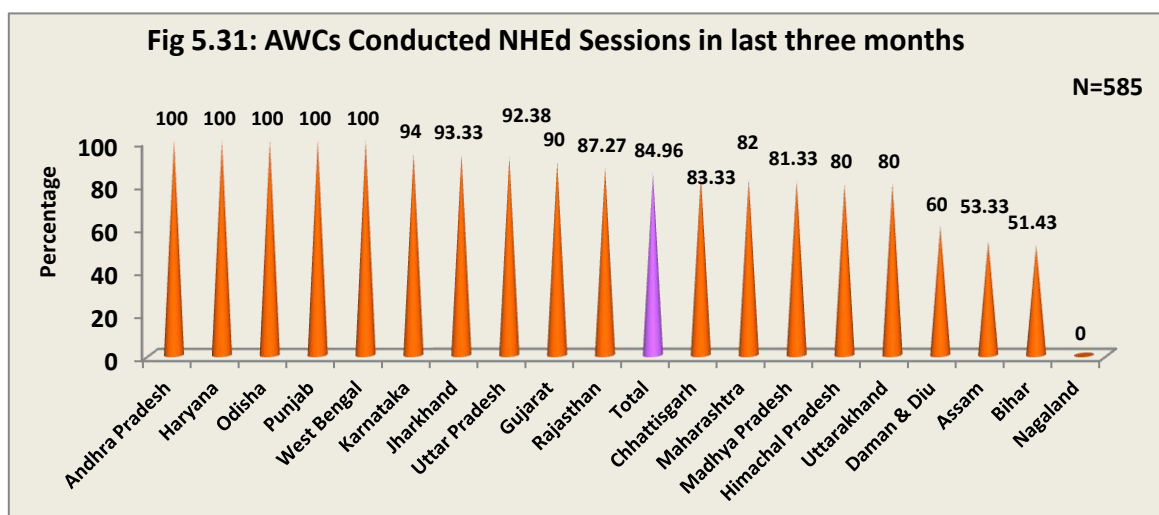
### Nutrition and Health Education

The nutrition and health education component of ICDS scheme aims at effective communication of certain basic health and nutrition messages with a view to enhancing the mother's awareness of the child's needs and her capacity to look after these within the family environment. The frequent organisation of such successful health and nutrition education sessions at regular intervals can bring greater and lasting returns in terms of improved health and nutritional status of women and children. Further a relatively small investment in this vital service can lead to saving much larger investment in supplementary feeding and health services. The status of NHEd was measured by finding out the availability of NHEd material, types of messages imparted in NHEd sessions, methods adopted for conducting NHEd sessions etc.

**Table 5.34:**  
**AWCs conducted NHEd Sessions in last three months**

States	Total No. of AWCs	No. of AWCs Conducted NHEd sessions in last three months	%
Andhra Pradesh	15	15	100
Assam	15	8	53.33
Bihar	35	18	51.43
Chhattisgarh	30	25	83.33
Daman & Diu	5	3	60
Gujarat	40	36	90
Haryana	15	15	100
Himachal Pradesh	15	12	80
Jharkhand	15	14	93.33
Karnataka	50	47	94
Madhya Pradesh	75	61	81.33
Maharashtra	50	41	82
Nagaland	5	0	-
Odisha	15	15	100
Punjab	20	20	100
Rajasthan	55	48	87.27
Uttar Pradesh	105	97	92.38
Uttarakhand	15	12	80
West Bengal	10	10	100
<b>Total</b>	<b>585</b>	<b>497</b>	<b>84.96</b>

It was found from the above **Table 5.34** that majority (84.96%) of AWCs conducted NHEd sessions in last three months. Though, all the AWCs (100%) in the States of Andhra Pradesh, Haryana, Odisha, Punjab and West Bengal were found organizing NHEd Sessions on various themes, however, none of the AWCs from the State of Nagaland and 40 per cent of AWCs from the UT of Daman and Diu were not conducting any NHEd Sessions.



- **Topics Covered in NHEd**

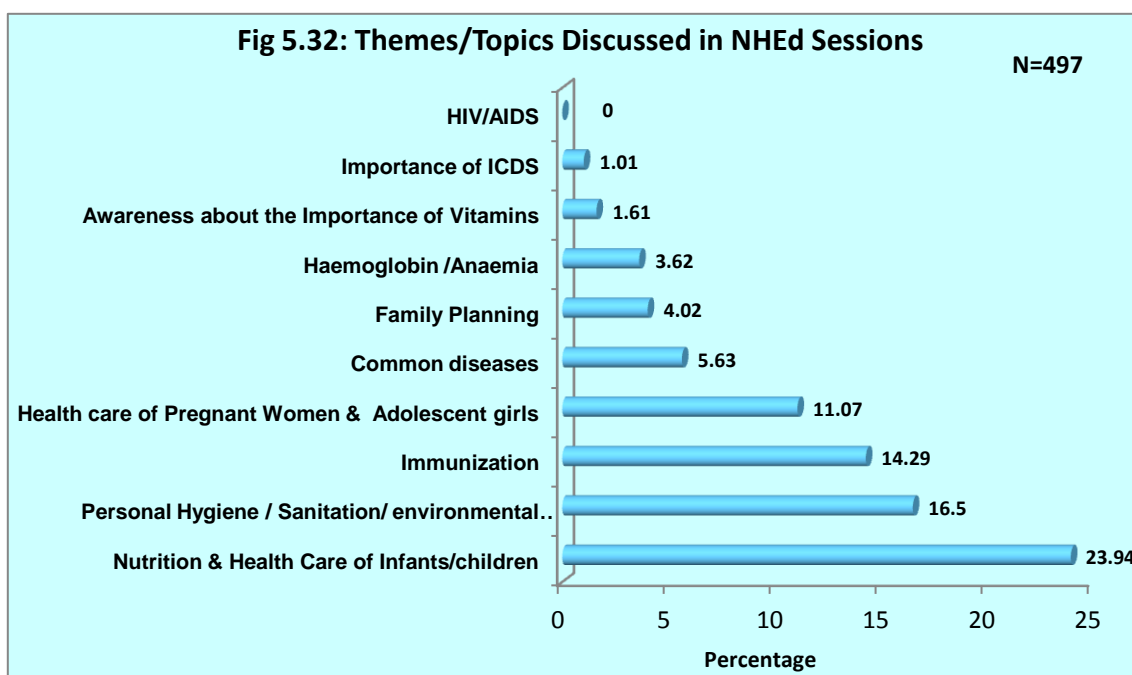
AWWs were asked about topics covered during NHEd sessions. Data in this regard are presented in **Table 5.35**.

**Table 5.35 :**  
**Themes/Topics of NHEd Sessions**  
N= 497 (Multiple Response)

S.No.	Themes / Topics	No. of AWCs	%
1.	<b>Nutrition &amp; Health Care of Infants/children</b>	119	23.94
2.	<b>Haemoglobin /Anaemia</b>	18	3.62
3.	<b>Personal Hygiene / Sanitation/ environmental hygiene</b>	82	16.50
4.	<b>Health care of Pregnant Women &amp; Adolescent girls</b>	55	11.07
5.	<b>Immunization</b>	71	14.29
6.	<b>Common diseases</b>	28	5.63
7.	<b>Family Planning</b>	20	4.02
8.	<b>Importance of ICDS</b>	5	1.01
9.	<b>Awareness about the Importance of Vitamins</b>	8	1.61



It is evident from the above **Table 5.35** that most discussed topics during NHEd sessions were Nutrition and Health care of Infants/ Children (24%) followed by personal hygiene/sanitation/environmental hygiene (17%) and Immunization(14%), Health care of Pregnant Women & Adolescent girls (11%), The NHEd areas which had been reported of receiving comparatively lesser attention were common diseases (5.63%), Family planning (4.02%), Importance of ICDS and awareness about the Importance of Vitamins 1.01 per cent and 1.61 per cent respectively.



### Non-Formal Pre-School Education

Non formal Pre School Education component of ICDS is a very crucial component of package of services as it is directed towards providing and ensuring a natural, joyful and stimulating environment with emphasis on necessary inputs for optimal growth and development. This early learning component of ICDS is a significant input for providing a sound foundation for lifelong learning and development. The pre-school education component was assessed on the basis of programme planning, attendance of children, availability of facilities in the form of aids and materials, availability of PSE kit etc.

- Enrollment of Children**

Data concerning enrollment of children in pre-school activities under ICDS are presented in **Table 5.36**.

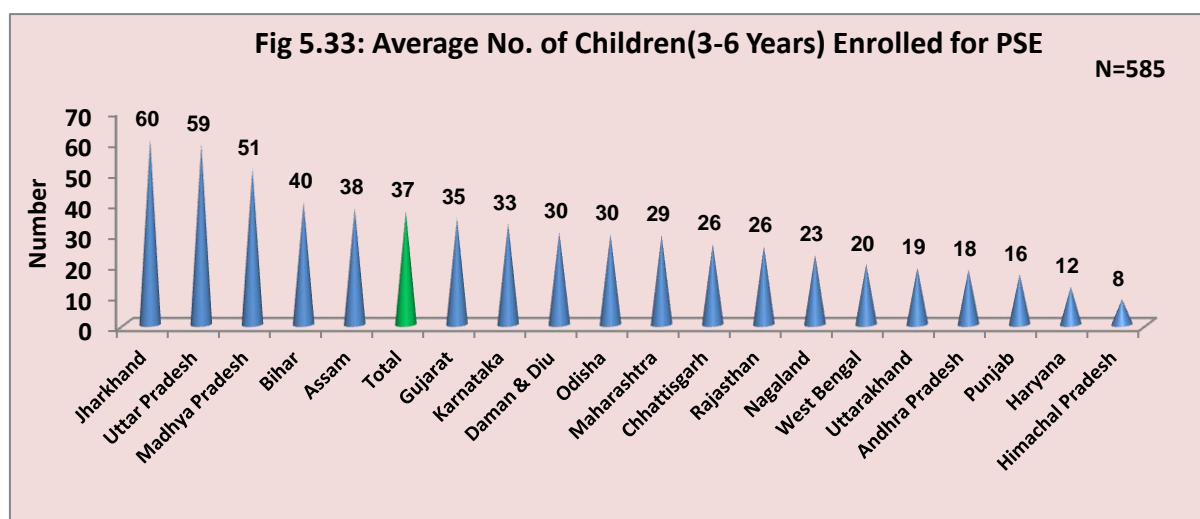
**Table 5.36:**  
**Number of Children Enrolled for Pre-School Education**

States	Total No. of AWCs	Total Population of Children 3-6 Years in AWC Area	No. of Children Enrolled for PSE	
			N	%
Andhra Pradesh	15	482	270	56.02
Assam	15	748	571	76.34
Bihar	35	1984	1400	70.56
Chhattisgarh	30	1155	789	68.31
Daman & Diu	5	366	151	41.26
Gujarat	40	1520	1392	91.58
Haryana	15	414	185	44.69
Himachal Pradesh	15	241	124	51.45
Jharkhand	15	928	906	97.63
Karnataka	50	2512	1651	65.72
Madhya Pradesh	75	4163	3818	91.71
Maharashtra	50	1871	1459	77.98

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

<b>Nagaland</b>	5	126	114	90.48
<b>Odisha</b>	15	514	444	86.38
<b>Punjab</b>	20	843	329	39.03
<b>Rajasthan</b>	55	4688	1410	30.08
<b>Uttar Pradesh</b>	105	7303	6177	84.58
<b>Uttarakhand</b>	15	416	279	67.07
<b>West Bengal</b>	10	286	197	68.88
<b>Total</b>	<b>585</b>	<b>30560</b>	<b>21666</b>	<b>70.90</b>

The data as presented in **Table 5.36** shows that altogether three-fourth (70.9%) of children of the total population (3-6 years) are enrolled in for availing pre-school education inputs under ICDS. Sizeable number of children (more than 80%) from the States of Gujarat (91%), Jharkhand (97%), Madhya Pradesh (91%), Nagaland (90%) are availing the benefits of pre schooling under ICDS. Except for UT of Daman and Diu (41%), Haryana (44.6%), Punjab (39%) and Rajasthan (30%), in other states more than half of total children have been enrolled in pre schooling under ICDS. In altogether four of the states namely Gujarat, Jharkhand, MP , Nagaland , impressive numbers (more than 90%) of children (3-6 years) of the area are enrolled in AWCs.



- **Number of Children Attending PSE Activities**

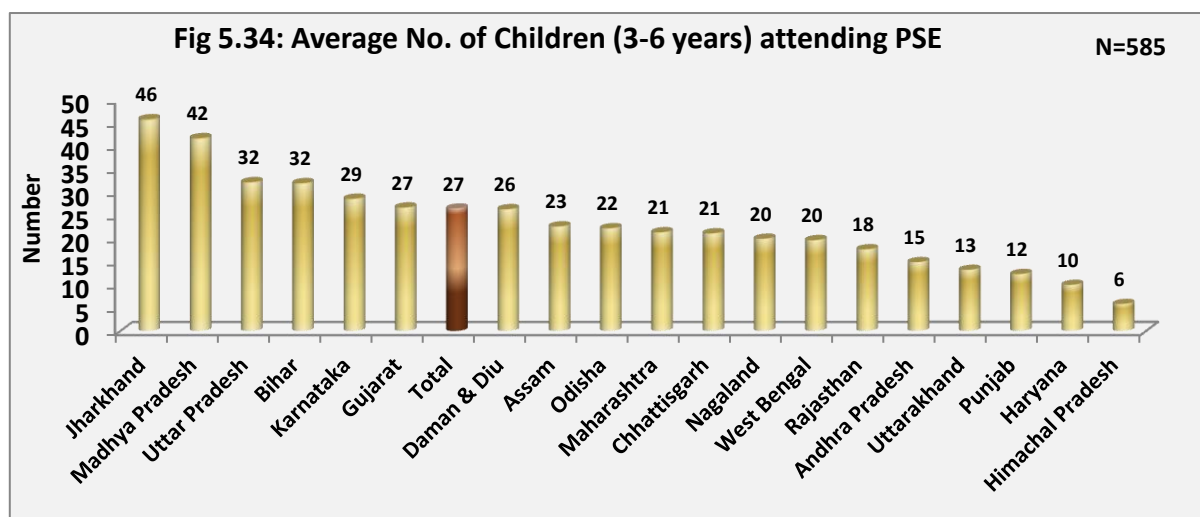
**Table 5.37:**  
**Number of Children Attending PSE Sessions**

States	Total No. of AWCs	Enrolment		Attending	
		No. of Children Enrolled for PSE	%	No. of Children Attending PSE	%
Andhra Pradesh	15	270	56.02	224	82.96
Assam	15	571	76.34	340	59.54
Bihar	35	1400	70.56	1121	80.07
Chhattisgarh	30	789	68.31	635	80.48
Daman & Diu	5	151	41.26	132	87.42
Gujarat	40	1392	91.58	1071	76.94
Haryana	15	185	44.69	150	81.08
Himachal Pradesh	15	124	51.45	88	70.97
Jharkhand	15	906	97.63	688	75.94
Karnataka	50	1651	65.72	1433	86.80

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

Madhya Pradesh	75	3818	91.71	3133	82.06
Maharashtra	50	1459	77.98	1070	73.34
Nagaland	5	114	90.48	100	87.72
Odisha	15	444	86.38	334	75.23
Punjab	20	329	39.03	247	75.08
Rajasthan	55	1410	30.08	974	69.08
Uttar Pradesh	105	6177	84.58	3386	54.82
Uttarakhand	15	279	67.07	199	71.33
West Bengal	10	197	68.88	197	100
<b>Total</b>	<b>585</b>	<b>21666</b>	<b>70.90</b>	<b>15522</b>	<b>71.64</b>

The above **Table 5.37** reveals that little less than three fourth (72%) of enrolled children were attending pre-school education activities at the AWCs. All of the enrolled children (100%) from State of West Bengal and significant (more than 80%) number of children from the States of Andhra Pradesh, Chhattisgarh, Bihar, Haryana, Karnataka, Madhya Pradesh, Nagaland, and UT of Daman & Diu were found attending pre-school education activities. The situation needs improvement in the State of Uttar Pradesh where only little more than 50 per cent of registered children were found attending pre-school education.

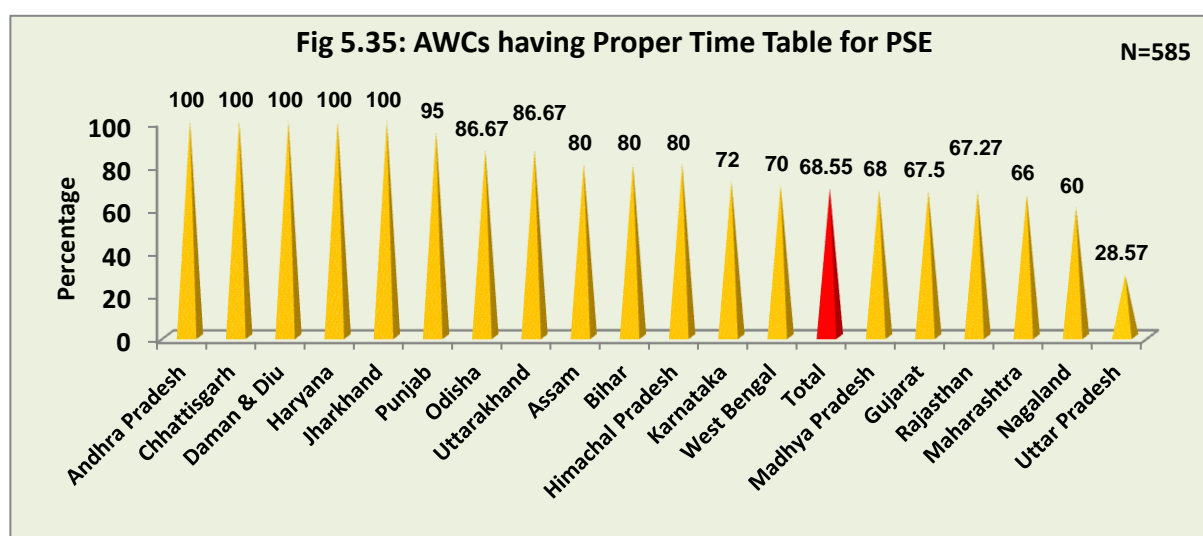


**Table 5.38:**  
AWCs having proper time table for PSE

States	Total No. of AWCs	No. of AWCs having proper time table for PSE	
		N	%
Andhra Pradesh	15	15	100
Assam	15	12	80
Bihar	35	28	80
Chhattisgarh	30	30	100
Daman & Diu	5	5	100
Gujarat	40	27	67.50
Haryana	15	15	100
Himachal Pradesh	15	12	80
Jharkhand	15	15	100
Karnataka	50	36	72
Madhya Pradesh	75	51	68
Maharashtra	50	33	66
Nagaland	5	3	60

Odisha	15	13	86.67
Punjab	20	19	95
Rajasthan	55	37	67.27
Uttar Pradesh	105	30	28.57
Uttarakhand	15	13	86.67
West Bengal	10	7	70
<b>Total</b>	<b>585</b>	<b>401</b>	<b>68.55</b>

The data from above **Table 5.38** depicts that 68.55 per cent of AWCs were observing Programme Planning of PSE. Though, all AWCs (100%) in the States of Andhra Pradesh, Chhattisgarh, Haryana, Jharkhand and UT of Daman & Diu were found of adopting proper time table for PSE, however only 28 per cent of them in the State of Uttar Pradesh were having proper programme planning for PSE.



- **Availability of Pre School Material**

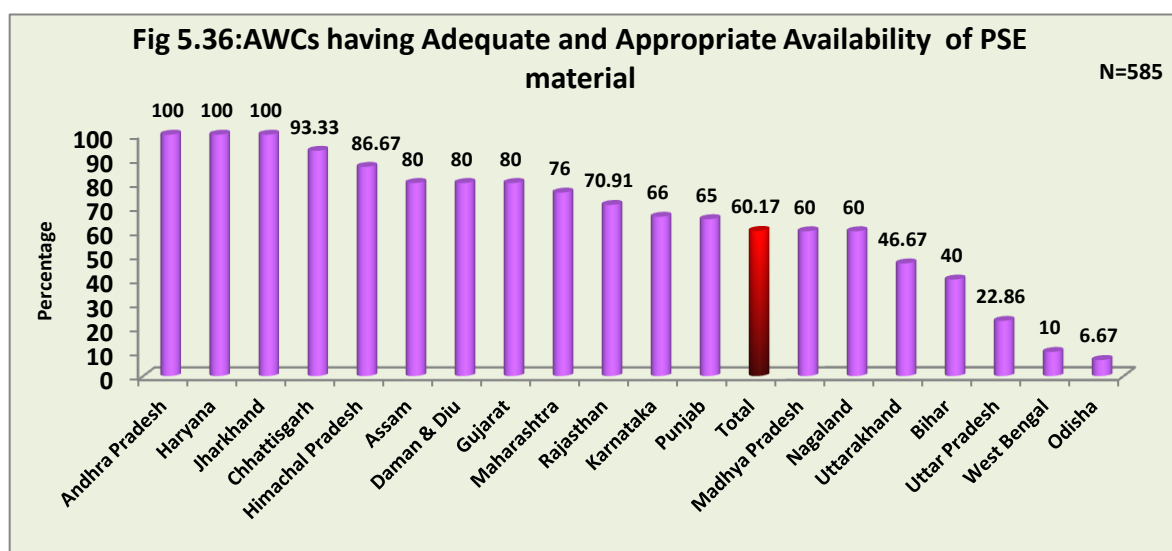
The PSE material like resting frames, papers, beads, free conversation charts, blocks, festival dolls, folk toys, picture books etc have a great deal of pre-school educational possibilities. Data concerning availability of such material in AWCs are presented in **Table 5.39**.

**Table 5.39:**  
**AWCs having Adequate and Appropriate availability of PSE material**

States	Total No. of AWCs	No. of AWCs having Adequate and Appropriate availability of PSE material	
		N	%
Andhra Pradesh	15	15	100
Assam	15	12	80
Bihar	35	14	40
Chhattisgarh	30	28	93.33
Daman & Diu	5	4	80
Gujarat	40	32	80
Haryana	15	15	100
Himachal Pradesh	15	13	86.67
Jharkhand	15	15	100

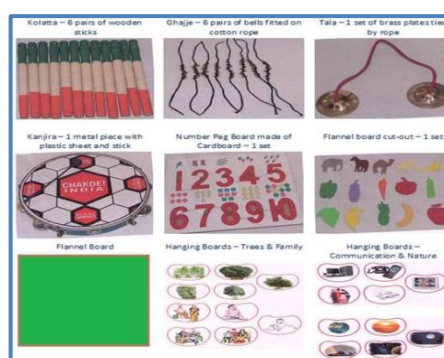
Karnataka	50	33	66
Madhya Pradesh	75	45	60
Maharashtra	50	38	76
Nagaland	5	3	60
Odisha	15	1	6.67
Punjab	20	13	65
Rajasthan	55	39	70.91
Uttar Pradesh	105	24	22.86
Uttarakhand	15	7	46.67
West Bengal	10	1	10
<b>Total</b>	<b>585</b>	<b>352</b>	<b>60.17</b>

The data as contained in **Table 5.39** shows that availability of adequate PSE material has been observed in 60.17 per cent of AWCs. All (100%) of AWCs in the States of Andhra Pradesh and Haryana had adequate PSE material. Significant number (80% and above) of AWCs from the States of Chhattisgarh (93.33%), Himachal Pradesh (86.67%), Assam, Gujarat and UT of Daman & Diu (80% each) were having adequate availability of PSE material. On the other hand, many of the AWCs from the States of West Bengal (90%) and Odisha (93 %) were found lacking the adequate availability of PSE material.



### Availability of PSE Kit

MWCD, GOI has made provision for supply of PSE kit in each AWC. As per financial provision contained in MWCD office order 1-8/2012 –CD-1 dated 22<sup>nd</sup> October, 2012, the PSE kit has to be provided for all operational AWCs in the States/UTs @Rs 3000/- per AWC per annum and @ RS 1500/- per mini AWCs per annum. The States/UTs may consult experts of ECE, SCERTs for finalization of items in the PSE kit. The constitution of the kit may vary from State to State and even within State/UTs keeping in view the specific local needs and resources. The PSE kit may be supplemented by involving local community and other stakeholders through voluntary efforts in establishment of toy banks, libraries for kids etc using locally available resources. Data about supply of PSE kit are presented in **Table 5.40**.

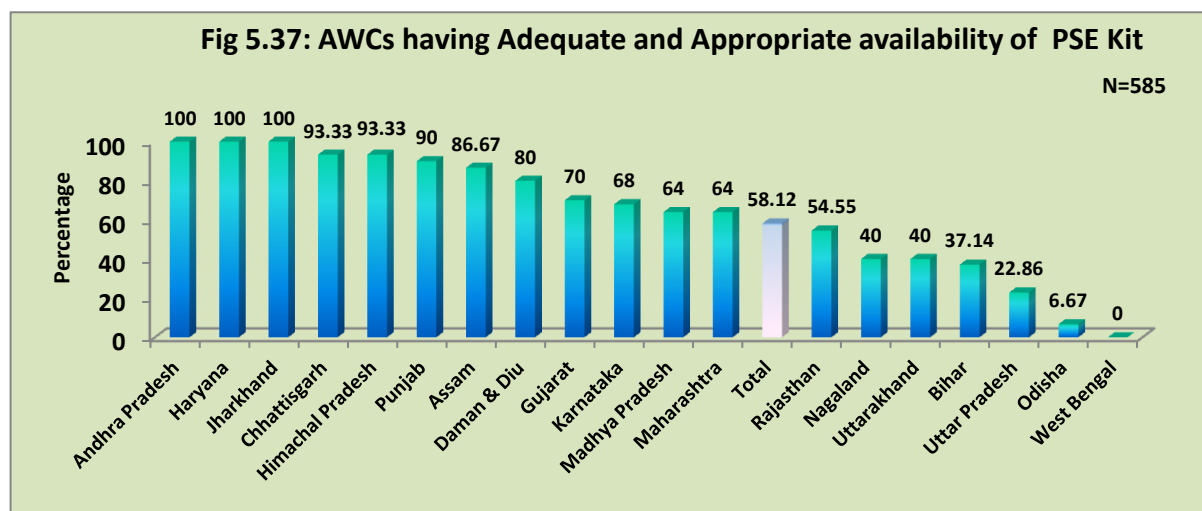




**Table 5.40:**  
**AWCs having Adequate and Appropriate availability of PSE Kit**

States	Total No. of AWCs	No of AWCs having Adequate and Appropriate availability of PSE Kit	
		N	%
Andhra Pradesh	15	15	100
Assam	15	13	86.67
Bihar	35	13	37.14
Chhattisgarh	30	28	93.33
Daman & Diu	5	4	80
Gujarat	40	28	70
Haryana	15	15	100
Himachal Pradesh	15	14	93.33
Jharkhand	15	15	100
Karnataka	50	34	68
Madhya Pradesh	75	48	64
Maharashtra	50	32	64
Nagaland	5	2	40
Odisha	15	1	6.67
Punjab	20	18	90
Rajasthan	55	30	54.55
Uttar Pradesh	105	24	22.86
Uttarakhand	15	6	40
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>340</b>	<b>58.12</b>

It was found from the above **table 5.40** that 58.12 per cent of AWCs were having adequate availability of PSE Kit for children. Though, all AWCs (100%) in the States of Andhra Pradesh, Haryana and Jharkhand and majority of AWCs (more than 85%) in the states of Assam, Chhattisgarh, Himachal Pradesh and Punjab were found having availability of PSE Kit, however, the availability of PSE Kit was not found in any of the AWCs in the state of West Bengal.



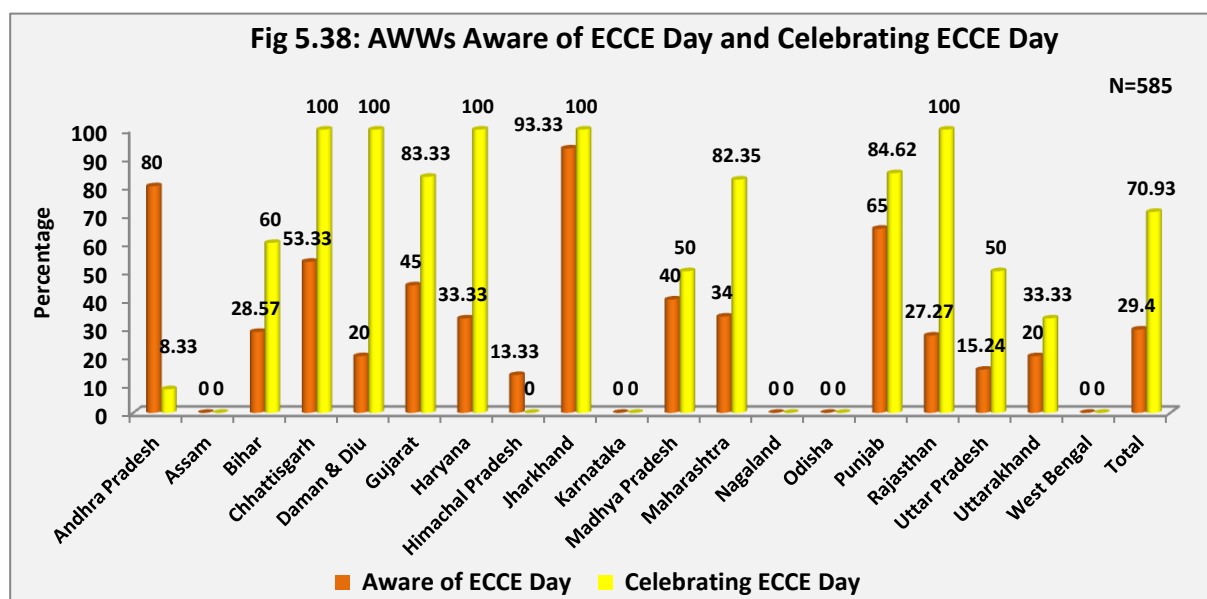
**Celebration of ECCE Day**

As per MWCD Office Order no 1-6/2013 –ECCE dated 5<sup>th</sup> August, 2013, the fixed Monthly ECCE Day is to be organized once every month at the AWC. The organization of fixed Monthly ECCE Day provides a platform for interface between the Anganwadi Worker and the parents/community. The Fixed Monthly ECCE Day also facilitates involvement of parents and community in the early childhood care and education of children and establish the partnerships for optimum development of the young child. All the children attending the Anganwadi Centre, and preferably all other children in the age group of 0-6 years in the community and their parents have to participate in the Fixed Monthly ECCE Day. The data showing awareness of AWWs on organization of ECCE Day and celebrating ECCE day in AWCS located in high burden districts are presented in **Table 5.41**.

**Table 5.41:  
Celebrating ECCE Day**

States	Total No. of AWWs	No. of AWWs Aware of ECCE Day		No. of AWWs celebrating ECCE Day	
		N	%	N	%
Andhra Pradesh	15	12	80	1	8.33
Assam	15	0	-	0	-
Bihar	35	10	28.57	6	60
Chhattisgarh	30	16	53.33	16	100
Daman & Diu	5	1	20	1	100
Gujarat	40	18	45	15	83.33
Haryana	15	5	33.33	5	100
Himachal Pradesh	15	2	13.33	0	-
Jharkhand	15	14	93.33	14	100
Karnataka	50	0	-	0	-
Madhya Pradesh	75	30	40	15	50
Maharashtra	50	17	34	14	82.35
Nagaland	5	0	-	0	-
Odisha	15	0	-	0	-
Punjab	20	13	65	11	84.62
Rajasthan	55	15	27.27	15	100
Uttar Pradesh	105	16	15.24	8	50
Uttarakhand	15	3	20	1	33.33
West Bengal	10	0	-	0	-
<b>Total</b>	<b>585</b>	<b>172</b>	<b>29.40</b>	<b>122</b>	<b>70.93</b>

It is evident from **Table 5.41** that only little less than one third of AWWs were found aware about different aspects of celebration of ECCE day. However, those AWWs who were aware about it, majority of them (70%) were found celebrating ECCE day. All of the AWWs (100%) from the States of Chhattisgarh, Haryana, Jharkhand and UT of Daman & Diu were found celebrating ECCE day. The situation needs improvement in many States (Andhra Pradesh, Assam, Himachal Pradesh, Karnataka, Nagaland, Odisha and West Bengal) where either negligible (8.33 per cent of AWWs in Andhra Pradesh) or none of the AWWs were found aware and celebrating ECCE day.



- **Preparation of Low Cost TLM**

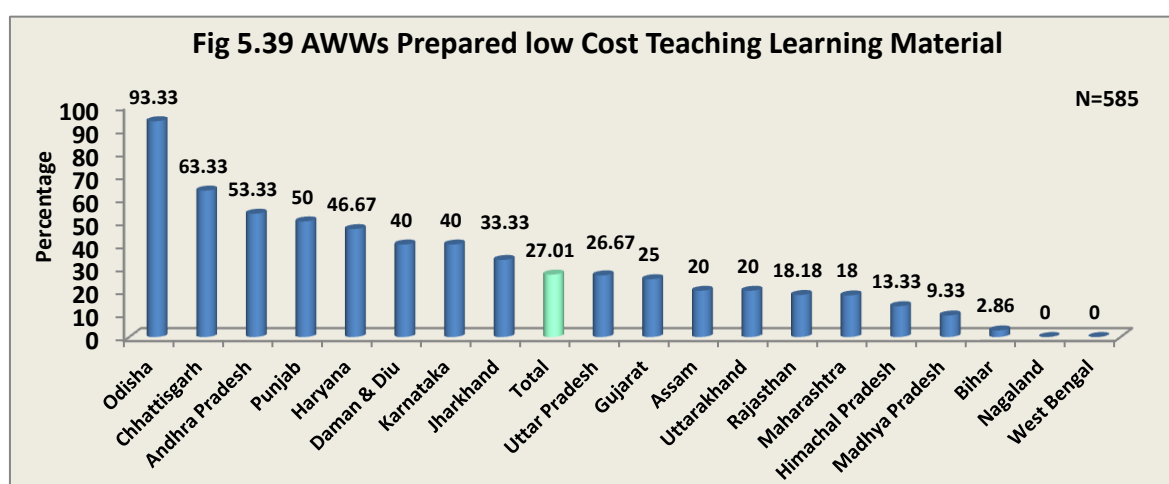
The materials and equipments to be used in Anganwadi for non-formal pre-school activities needs to be of indigenous origin, designed and made by the Anganwadi workers or local artisans, and inexpensive. Dependency upon non-indigenous play equipments should be minimised and emphasis should be on the improvisation of materials from local resources. Anganwadi workers should play a leading role in designing and making of these materials. Materials like sand, clay, seeds, leaves, twigs, water etc. have immense possibilities. Slides, sandpits, resting frames, crayon and brush, drawings and paintings, paper cuttings, beads etc. have been found to be more popular with pre-school children than sophisticated dolls, toys and other equipments. The traditional festival dolls and folk toys have a great deal of educational possibilities but have largely remained untapped so far. Similarly, picture books are of great interest and importance to young children. They develop reading interests in children and facilitate their language development. Data in this regard are presented in **Table 5.42**.

**Table 5.42:**  
**AWWs prepared low cost Teaching Learning Material**

States	Total No. of AWWs	AWWs prepared low cost Teaching Learning Material	
		N	%
Andhra Pradesh	15	8	53.33
Assam	15	3	20
Bihar	35	1	2.86
Chhattisgarh	30	19	63.33
Daman & Diu	5	2	40
Gujarat	40	10	25
Haryana	15	7	46.67
Himachal Pradesh	15	2	13.33
Jharkhand	15	5	33.33
Karnataka	50	20	40
Madhya Pradesh	75	7	9.33
Maharashtra	50	9	18
Nagaland	5	0	-

Odisha	15	14	93.33
Punjab	20	10	50
Rajasthan	55	10	18.18
Uttar Pradesh	105	28	26.67
Uttarakhand	15	3	20
West Bengal	10	0	-
<b>Total</b>	<b>585</b>	<b>158</b>	<b>27.01</b>

The average of all study States reveals that only little more than one fourth ( 27%) of AWWs have prepared the low cost teaching and learning material for use in conducting pre-school education sessions. The state specific observations shows that while sizeable (more than 90%) of the AWWs from the States of Odisha (93%) were found of preparing low cost teaching learning material, however, the situation was found worst in many States including the States of Assam, Bihar, Himachal Pradesh, Madhya Pradesh, Maharashtra, Nagaland, Rajasthan, Uttarakhand and West Bengal, where either none or less than one fifth of AWWs were found preparing low cost teaching learning material for children.



### Organisation of Nature Walk

Taking nature walks for children is a good way to observe nature .It helps them learn science and understand the world around them. The children learn a lot on the walk and have a lot of fun while doing it. Programme planning of PSE has an in built component of organising nature walk. Data in this respect is presented in **Table 5.43**.

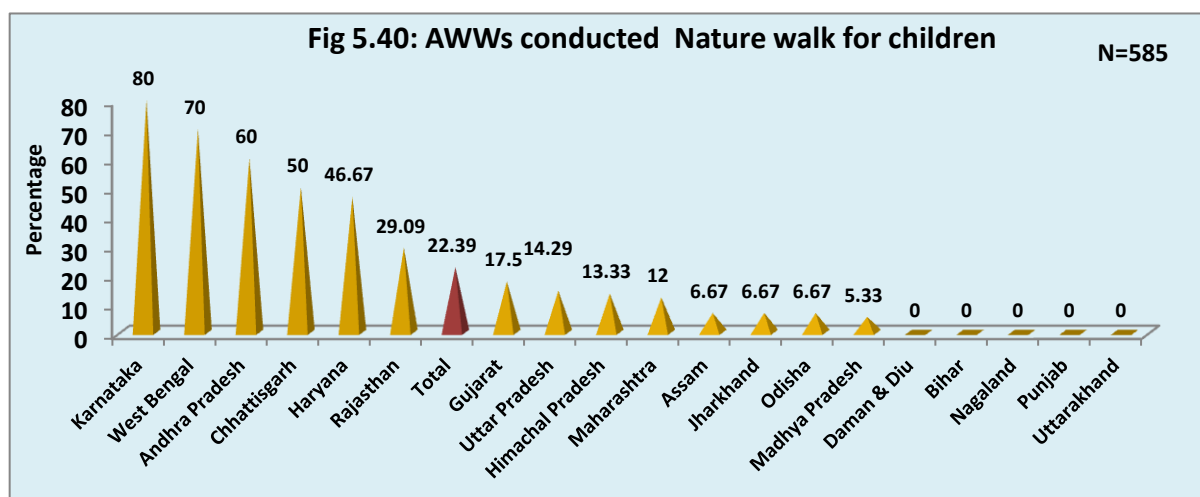
**Table 5.43: AWWs conducted Nature walk for Children**

States	Total No. of AWWs	AWWs conducted Nature walk for children	
		N	%
Andhra Pradesh	15	9	60
Assam	15	1	6.67
Bihar	35	0	-
Chhattisgarh	30	15	50
Daman & Diu	5	0	-
Gujarat	40	7	17.50
Haryana	15	7	46.67
Himachal Pradesh	15	2	13.33
Jharkhand	15	1	6.67

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<b>Karnataka</b>	50	40	80
<b>Madhya Pradesh</b>	75	4	5.33
<b>Maharashtra</b>	50	6	12
<b>Nagaland</b>	5	0	-
<b>Odisha</b>	15	1	6.67
<b>Punjab</b>	20	0	-
<b>Rajasthan</b>	55	16	29.09
<b>Uttar Pradesh</b>	105	15	14.29
<b>Uttarakhand</b>	15	0	-
<b>West Bengal</b>	10	7	70
<b>Total</b>	<b>585</b>	<b>131</b>	<b>22.39</b>

The average of all study States reveals that little less than one fourth (22%) of AWWs were found organizing nature walk for children. The state specific observations shows that except Karnataka (80%), West Bengal (70%) and Andhra Pradesh (60%), either none or negligible proportion of AWWs from the States/UTs of Assam, Bihar, Daman and Diu, Jharkhand, Madhya Pradesh, Nagaland, Punjab and Uttarakhand were organising nature walk for children and thus needs particular attention in this direction .





# Information, Education, Communication and Community Mobilization





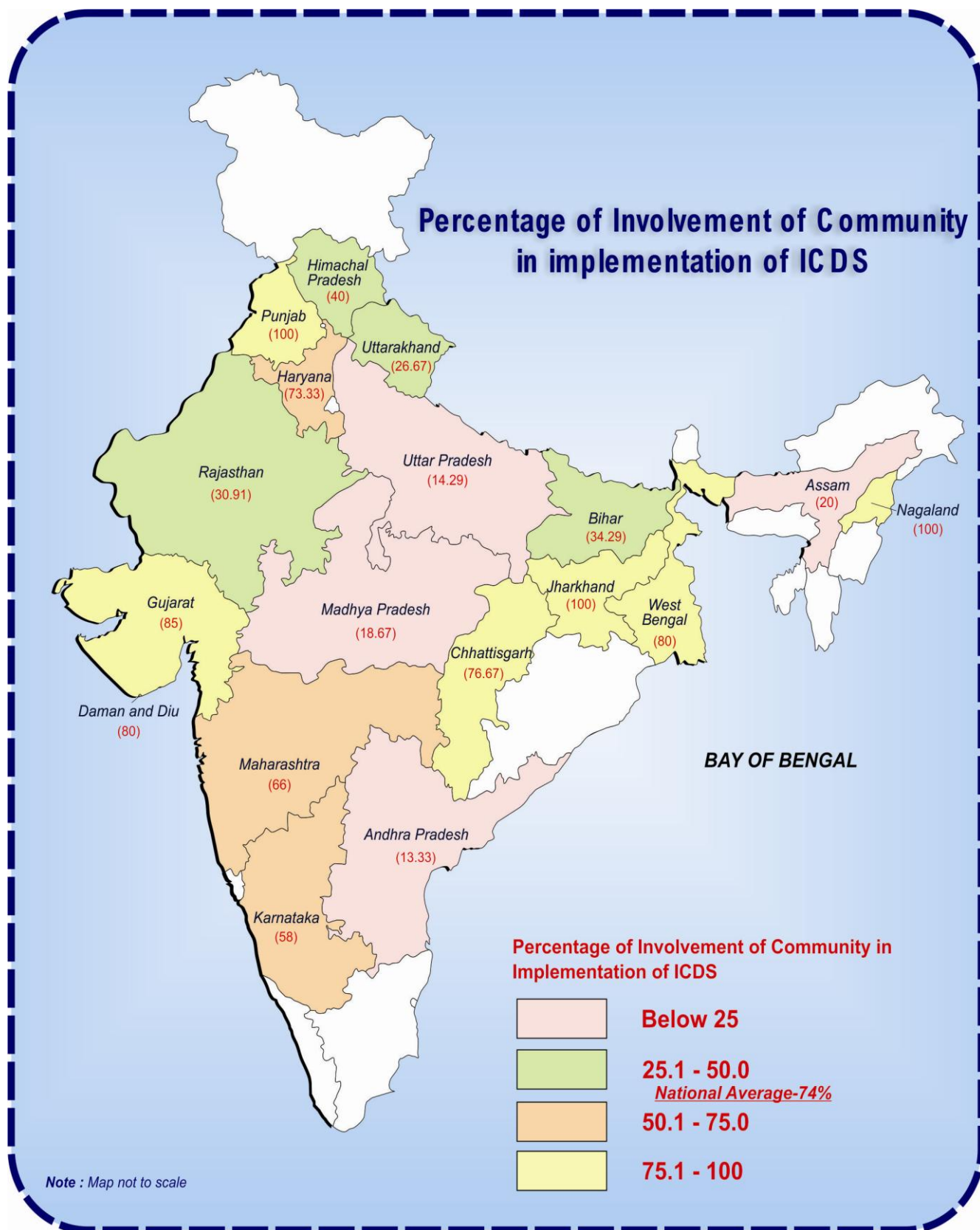


The need for involvement of community in monitoring and participation in day to day activities of ICDS has been always felt and desired in order to build an accountability mechanism for delivery of services and availability of supplies at AWC level. MWCD, GOI has instructed all State Governments/UT Administrations to involve community in day-to-day functioning / monitoring of the AWCs, monthly observance of Village Health and Nutrition Days (VHNDs) and ECCE, construction of AWCs and its maintenance, community mobilisation by motivating people to participate in ICDS service delivery etc. Data with respect to involvement of Community in Implementation of ICDS are presented in **Table 6.1**.

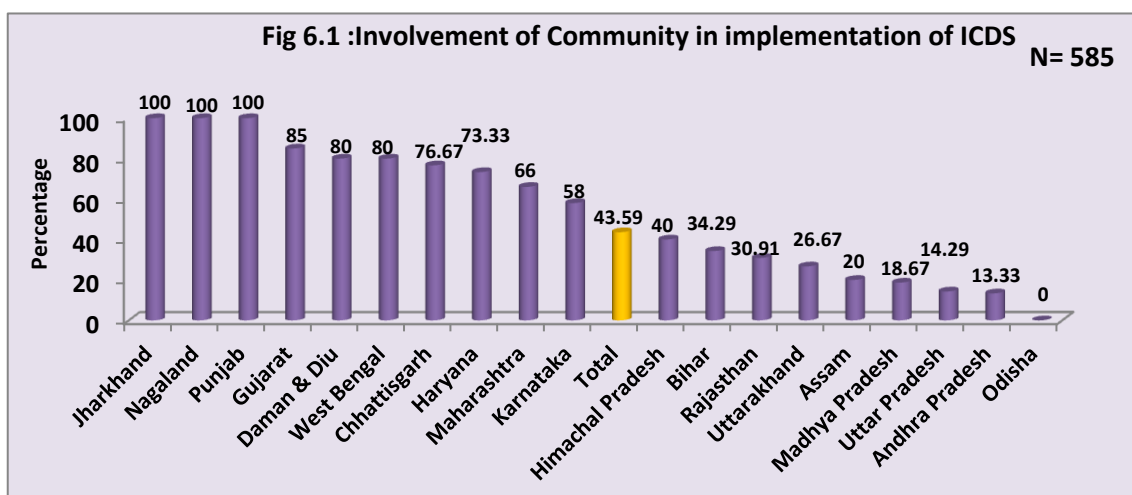
**Table 6.1:**  
**Involvement of Community in Implementation of ICDS**

States	Total No. of AWCs	No. of AWCs where community was involved	%
Andhra Pradesh	15	2	13.33
Assam	15	3	20
Bihar	35	12	34.29
Chhattisgarh	30	23	76.67
Daman & Diu	5	4	80
Gujarat	40	34	85
Haryana	15	11	73.33
Himachal Pradesh	15	6	40
Jharkhand	15	15	100
Karnataka	50	29	58
Madhya Pradesh	75	14	18.67
Maharashtra	50	33	66
Nagaland	5	5	100
Odisha	15	0	-
Punjab	20	20	100
Rajasthan	55	17	30.91
Uttar Pradesh	105	15	14.29
Uttarakhand	15	4	26.67
West Bengal	10	8	80
<b>Total</b>	<b>585</b>	<b>255</b>	<b>43.59</b>

The involvement of community was found in only less than half (43.59%) of the AWCs located across the study States. Though community involvement in various activities of ICDS was found in all AWCs located in the States of Jharkhand and Nagaland and in substantial number of AWCs in the States of Gujarat (85%), UT of Daman and Diu (80%), Chhattisgarh (77%) and in Haryana (73%) however, such involvement was found not remarkable in the States of Uttar Pradesh(14%), Uttarakhand (26%).



MAP-6.1



### Information, Education and Communication (IEC)

Information, Education and Communication (IEC) activities constitute a major component under the ICDS Scheme aimed at sustainable behaviour and attitudinal change of the society for holistic development of young children. To address these issues comprehensively, MWCD, Government of India has issued detailed guidelines vide their letter no. 1-8/2012-CD-I dated 22nd October, 2012. As per these guidelines a provision of Rs. 1000/- per annum per operational AWC and Rs 50,000/- per ICDS project per annum and Rs 1,00,000/- per district cell per annum has been made for carrying out various IEC /YCF activities. The activities for implementation under IEC may include; home visits, holding small group meetings, village level camps, *annaprasan* ceremonies etc., project and district level seminars/meetings, regular nutrition and health education sessions with Mahila Mandals, Mother's groups, distribution and use of slides, flash cards, flip charts/books, flannel graph, publication of periodical newsletters, posters, hand bills, hoardings, newspaper advertisements, audio visual media, folk media, puppet shows, songs, yatra, electronic media, latest techniques of propagation via satellite communication etc. Data in this regard are presented in **Table 6.2**.

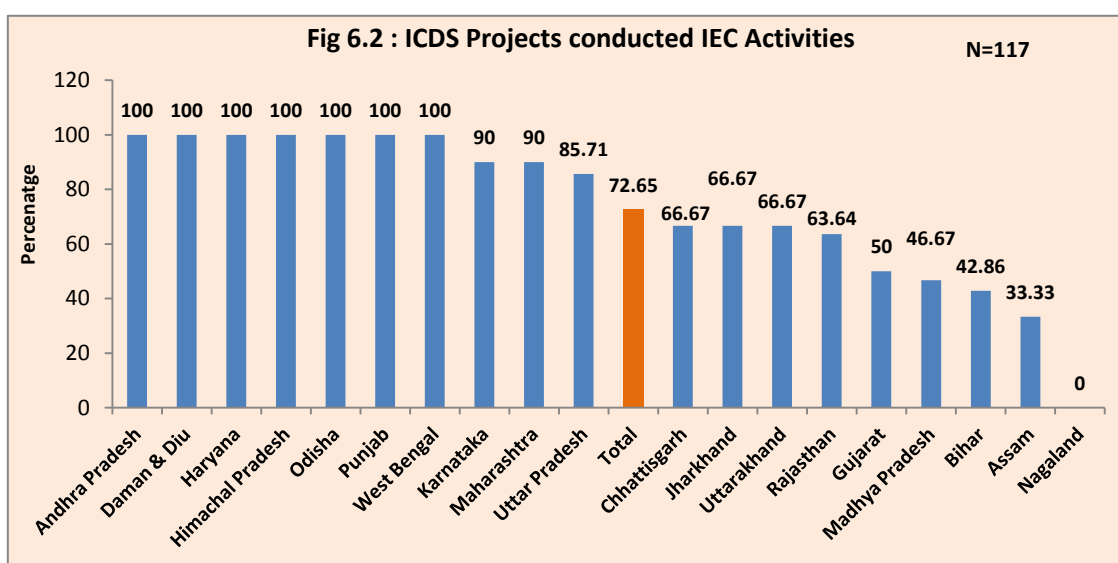
**Table 6.2:**  
**ICDS Projects Conducted IEC Activities**

States	Total No. of ICDS Projects	No. of ICDS Projects conducted IEC Activities	
		N	%
Andhra Pradesh	3	3	100
Assam	3	1	33.33
Bihar	7	3	42.86
Chhattisgarh	6	4	66.67
Daman & Diu	1	1	100
Gujarat	8	4	50
Haryana	3	3	100
Himachal Pradesh	3	3	100
Jharkhand	3	2	66.67
Karnataka	10	9	90.00
Madhya Pradesh	15	7	46.67
Maharashtra	10	9	90
Nagaland	1	0	-
Odisha	3	3	100
Punjab	4	4	100

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

<b>Rajasthan</b>	11	7	63.64
<b>Uttar Pradesh</b>	21	18	85.71
<b>Uttarakhand</b>	3	2	66.67
<b>West Bengal</b>	2	2	100
<b>Total</b>	<b>117</b>	<b>85</b>	<b>72.65</b>

The data reveals very encouraging situation as almost three fourth of ICDS Projects were found of organizing IEC activities. The data as presented in Table 6.2 shows that though all ICDS projects located in high burden districts of the States of Andhra Pradesh, Haryana, Himachal Pradesh, Odisha, Punjab , West Bengal and UT of Daman & Diu were found organising IEC activities, however, much attention needs to be paid in the State of Assam where only one third of ICDS Projects were found organizing such activities.



### Celebration of Breast Feeding and Nutrition Week

In order to promote the breast feeding, World Breast Feeding Week is celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week is observed in all AWCs from 1-7 September every year. Data in this regard are presented in **Table 6.3**.

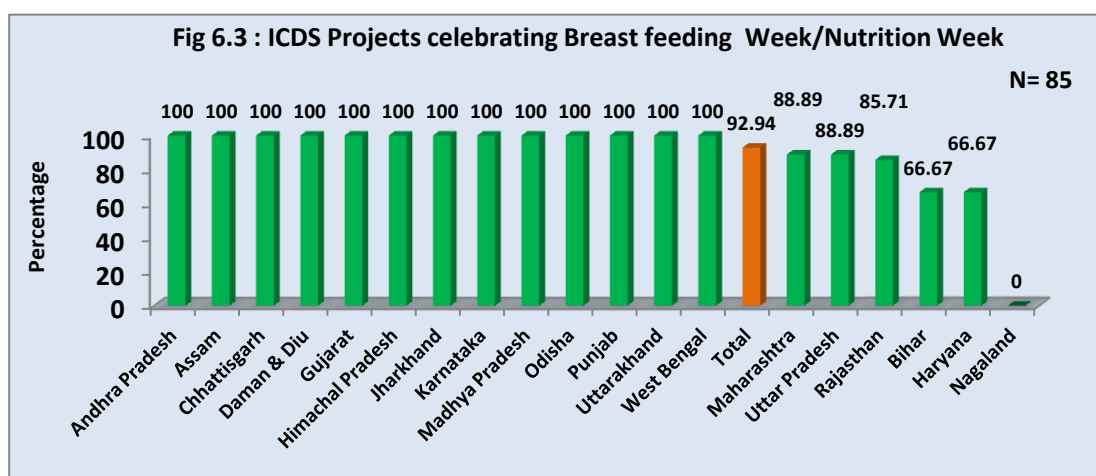
**Table 6.3:**  
ICDS Projects Celebrating Breast feeding week/ Nutrition week

States	No. of ICDS Projects conducted IEC Activities	Celebration of Breast Feeding week/ Nutrition week	
		N	%
Andhra Pradesh	3	3	100
Assam	1	1	100
Bihar	3	2	66.67
Chhattisgarh	4	4	100
Daman & Diu	1	1	100
Gujarat	4	4	100
Haryana	3	2	66.67
Himachal Pradesh	3	3	100
Jharkhand	2	2	100
Karnataka	9	9	100

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<b>Madhya Pradesh</b>	7	7	100
<b>Maharashtra</b>	9	8	88.89
<b>Nagaland</b>	0	0	-
<b>Odisha</b>	3	3	100
<b>Punjab</b>	4	4	100
<b>Rajasthan</b>	7	6	85.71
<b>Uttar Pradesh</b>	18	16	88.89
<b>Uttarakhand</b>	2	2	100
<b>West Bengal</b>	2	2	100
<b>Total</b>	<b>85</b>	<b>79</b>	<b>92.94</b>

The above **table 6.3** reveals that significant (92.94%) number of ICDS projects were found celebrating breast feeding week & nutrition week. All ICDS Projects (100%) located in the States of Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Punjab, Uttarakhand, West Bengal and UT of Daman & Diu were found celebrating breast feeding week & nutrition week.



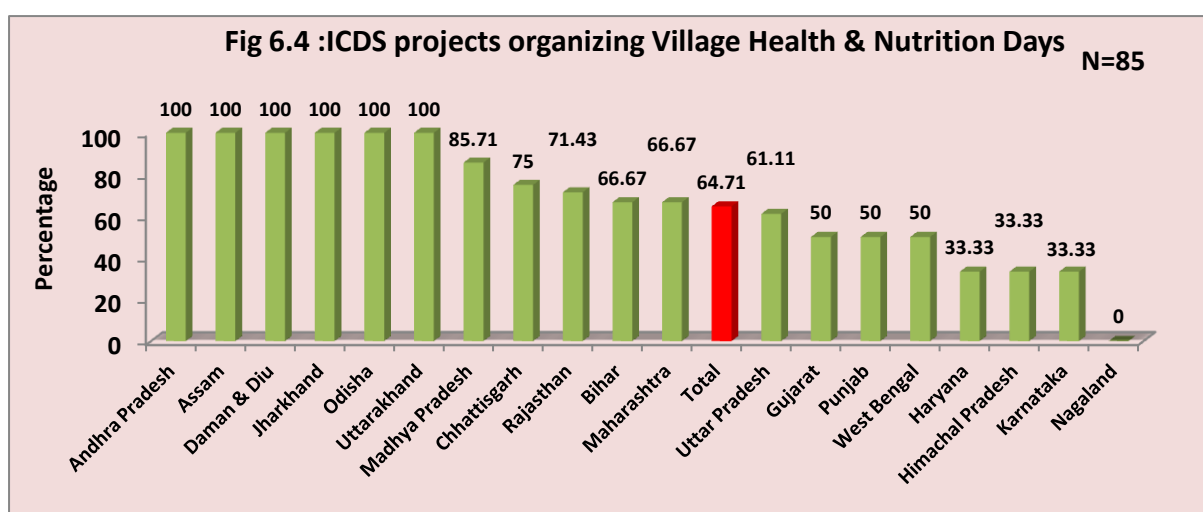
### Organisation of Village Health and Nutrition Day (VHND)

The VHND is to be organised once every month (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) at the AWC in the village. VHND is also to be seen as a platform for interfacing between the community and the health system. VHND, if organised regularly and effectively, can bring about the much needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes. Data in this regard are presented in **Table 6.4**.

**Table 6.4:**  
**ICDS Projects organizing Village Health & Nutrition Day**

States	No. of ICDS Projects conducted IEC Activities	Organizing VHND	
		N	%
Andhra Pradesh	3	3	100
Assam	1	1	100
Bihar	3	2	66.67
Chhattisgarh	4	3	75
Daman & Diu	1	1	100
Gujarat	4	2	50
Haryana	3	1	33.33
Himachal Pradesh	3	1	33.33
Jharkhand	2	2	100
Karnataka	9	3	33.33
Madhya Pradesh	7	6	85.71
Maharashtra	9	6	66.67
Nagaland	0	0	-
Odisha	3	3	100
Punjab	4	2	50
Rajasthan	7	5	71.43
Uttar Pradesh	18	11	61.11
Uttarakhand	2	2	100
West Bengal	2	1	50
<b>Total</b>	<b>85</b>	<b>55</b>	<b>64.71</b>

It was found from the above **Table 6.4** that 64.71 per cent of ICDS projects were organising village health and nutrition day. Though in the States of Andhra Pradesh, Assam, Jharkhand, Odisha and Uttarakhand and UT of Daman& Diu, all ICDS projects were found organizing VHND, however only one third (33%) of them in the State of Haryana and Himachal Pradesh were found organizing VHND.



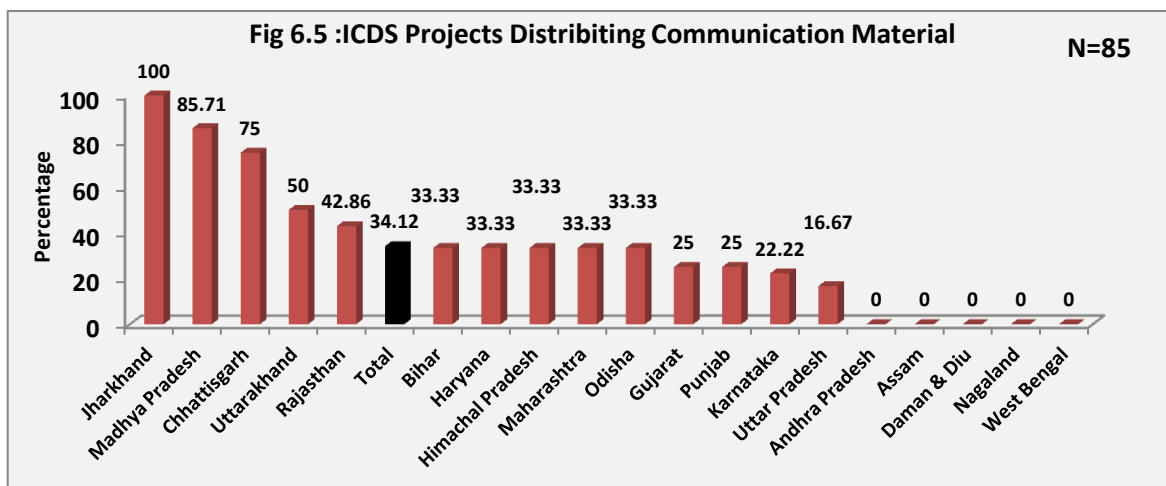
**Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. Data in this regard are presented in **Table 6.5**

**Table 6.5:**  
**ICDS Projects distributing Communication material**

States	No. of ICDS Projects conducted IEC Activities	Distribution of Communication material	
		N	%
Andhra Pradesh	3	0	-
Assam	1	0	-
Bihar	3	1	33.33
Chhattisgarh	4	3	75
Daman & Diu	1	0	-
Gujarat	4	1	25
Haryana	3	1	33.33
Himachal Pradesh	3	1	33.33
Jharkhand	2	2	100
Karnataka	9	2	22.22
Madhya Pradesh	7	6	85.71
Maharashtra	9	3	33.33
Nagaland	0	0	-
Odisha	3	1	33.33
Punjab	4	1	25
Rajasthan	7	3	42.86
Uttar Pradesh	18	3	16.67
Uttarakhand	2	1	50
West Bengal	2	0	-
<b>Total</b>	<b>85</b>	<b>29</b>	<b>34.12</b>

It was found from the above **Table 6.5** that only little more than one third (34.12%) of ICDS projects were distributing Communication Material under IEC activities. Though all (100%) ICDS Projects in the State of Jharkhand and significant number (75% and above) of ICDS Projects in the States of Madhya Pradesh (85.71%) and Chhattisgarh (75%) were found distributing Communication Material under IEC activities, however, such activity was found in lesser number (25% & below) of ICDS Projects in the States of Gujarat (25%), Punjab (25%), Karnataka (22.22%), and Uttar Pradesh (16.67%). None of the ICDS Projects in the States of Assam, Andhra Pradesh, Nagaland, West Bengal and in UT of Daman & Diu were found distributing Communication Material under IEC activities.



**Organisation of Advocacy and Awareness Camps**

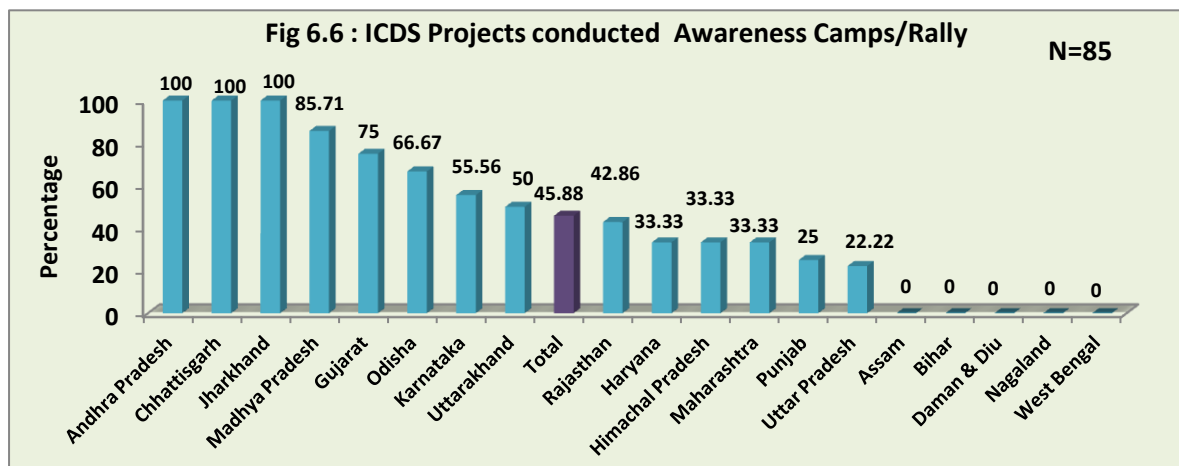
Under IEC strategy of ICDS, special campaigns for mass communication of social messages have to be organised with the help of folk media puppet shows, yatras, nukkade natak etc. at suitable intervals. During these mass communication programmes, the social messages have to be translated into commonly used words in villages through different stories, drama, folk tales jokes, sings, puppetry etc. to suit to the local people. Data in this regard is presented in **Table 6.6**.

**Table 6.6:**  
**ICDS Projects conducted Awareness Camps/Rally**

States	No. of ICDS Projects conducted IEC Activities	Awareness Camps/Rally conducted in each AWC	
		N	%
Andhra Pradesh	3	3	100
Assam	1	0	-
Bihar	3	0	-
Chhattisgarh	4	4	100
Daman & Diu	1	0	-
Gujarat	4	3	75
Haryana	3	1	33.33
Himachal Pradesh	3	1	33.33
Jharkhand	2	2	100
Karnataka	9	5	55.56
Madhya Pradesh	7	6	85.71
Maharashtra	9	3	33.33
Nagaland	0	0	-
Odisha	3	2	66.67
Punjab	4	1	25
Rajasthan	7	3	42.86
Uttar Pradesh	18	4	22.22
Uttarakhand	2	1	50
West Bengal	2	0	-
<b>Total</b>	<b>85</b>	<b>39</b>	<b>45.88</b>



The above **Table 6.6** depicts that organisation of awareness rallies on different aspects of ICDS was found only in less than half (45.8%) of ICDS Projects. Though all ICDS Projects located in the States of Andhra Pradesh, Chhattisgarh and Jharkhand organise such rallies, however, such status was reported poor in the States of UP and Punjab, where only about one fourth of ICDS projects organise such events. Organisation of awareness rallies were reported in one third of ICDS Projects from the States of Haryana and Himachal Pradesh.



### Organisation of Nutrition Exhibition

Cooking demonstration of nutritious food locally using available food stuff needs to be undertaken frequently by the AWW so as to bring about desirable improvements in the cooking practices and diet of ICDS beneficiaries. These demonstrations need to be specifically culture-oriented and there should not be any undue preoccupation with nutritional requirements. Data in this regard are presented in **Table 6.7**.

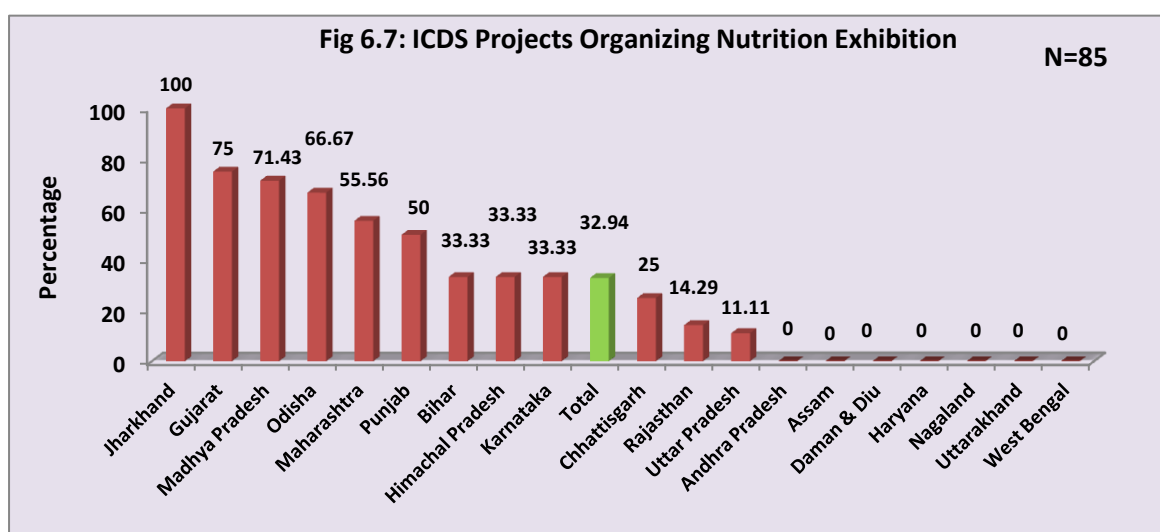
**Table 6.7:**  
**ICDS Projects Organizing Nutrition Exhibition**

States	No. of ICDS Projects conducted IEC Activities	Nutrition Exhibition	
		N	%
Andhra Pradesh	3	0	-
Assam	1	0	-
Bihar	3	1	33.33
Chhattisgarh	4	1	25
Daman & Diu	1	0	-
Gujarat	4	3	75
Haryana	3	0	-
Himachal Pradesh	3	1	33.33
Jharkhand	2	2	100
Karnataka	9	3	33.33
Madhya Pradesh	7	5	71.43
Maharashtra	9	5	55.56
Nagaland	0	0	-
Odisha	3	2	66.67
Punjab	4	2	50
Rajasthan	7	1	14.29

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Uttar Pradesh	18	2	11.11
Uttarakhand	2	0	-
West Bengal	2	0	-
<b>Total</b>	<b>85</b>	<b>28</b>	<b>32.94</b>

The above **Table 6.7** shows that only little less than one third (32.94%) of ICDS projects organised the Nutrition Exhibition. Though organisation of such event was reported from all ICDS Projects in the State of Jharkhand and in substantial number of ICDS Projects (60 to 70%) in the States of MP and Odisha, however, such activity was found missing in all ICDS Projects of the States of Haryana, Assam Andhra Pradesh, Uttar Pradesh, Uttarakhand and in Nagaland.



### Organisation of various IEC Activities (Slogan writing/wall writing)

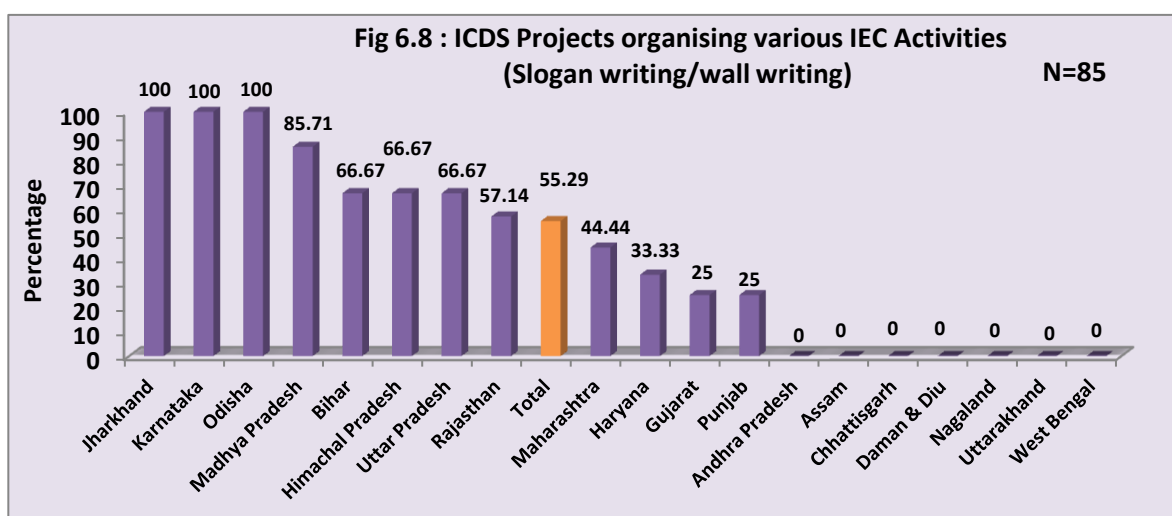
**Table 6.8:**  
ICDS Projects organising various IEC Activities (Slogan writing/wall writing)

States	No. of ICDS Projects conducted IEC Activities	Slogan writing/wall writing	
		N	%
Andhra Pradesh	3	0	-
Assam	1	0	-
Bihar	3	2	66.67
Chhattisgarh	4	0	-
Daman & Diu	1	0	-
Gujarat	4	1	25
Haryana	3	1	33.33
Himachal Pradesh	3	2	66.67
Jharkhand	2	2	100
Karnataka	9	9	100
Madhya Pradesh	7	6	85.71
Maharashtra	9	4	44.44
Nagaland	0	0	-
Odisha	3	3	100
Punjab	4	1	25

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<b>Rajasthan</b>	7	4	57.14
<b>Uttar Pradesh</b>	18	12	66.67
<b>Uttarakhand</b>	2	0	-
<b>West Bengal</b>	2	0	-
<b>Total</b>	<b>85</b>	<b>47</b>	<b>55.29</b>

It was reported from the above **Table 6.8** that only little more than half (55.29%) of ICDS projects were found organizing Slogan or Wall Writing. Though organisation of such event was reported from all ICDS Projects in the State of Jharkhand, Karnataka and Odisha and in substantial number (60 to 70%) of ICDS Projects in the States of Bihar, Himachal Pradesh and Uttar Pradesh, however such activity was found missing in all ICDS Projects in the States of Assam, Andhra Pradesh, Chhattisgarh, West Bengal, Uttarakhand, Nagaland and UT of Daman & Diu.





# Continuous and Comprehensive Monitoring and Supportive Supervision





## Continuous and Comprehensive Monitoring and Supportive Supervision

Continuous and Comprehensive Monitoring and Supportive Supervision are a process for continuous review of flow of inputs and outcome of outputs. The process helps in introducing mid - course corrections, wherever and whenever necessary. In the present chapter, an attempt has been made to analyse the data on supportive supervision and monitoring mechanism being adopted in ICDS projects located across the country.

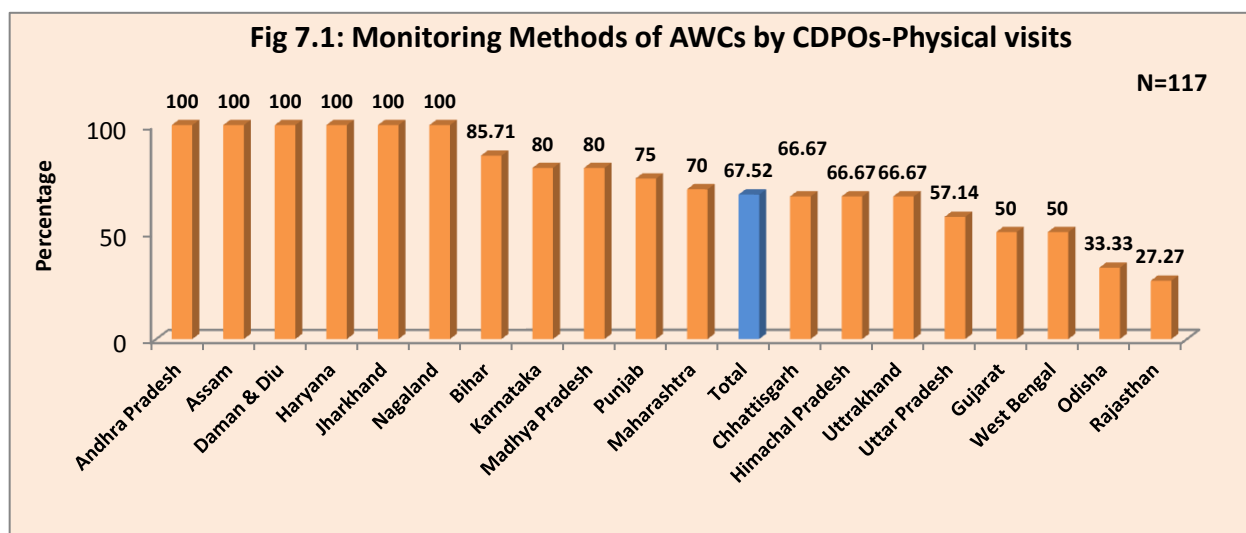
### Monitoring Methods of AWCs

In the administrative set up of ICDS, the CDPO has a vital role to play. In order to provide a constant support and back up to the AWWs, the CDPOs are required to monitor the functioning of the AWCs adopting different monitoring tools/methods. The data pertaining to the use of different monitoring tools by CDPOs are presented in **Table- 7.1** to **Table-7.3**.

**Table 7.1:**  
**Monitoring Methods of AWCs by CDPOs**

States	Total No. of CDPOs	Monitoring by Physical Visits only	
		N	%
Andhra Pradesh	3	3	100
Assam	3	3	100
Bihar	7	6	85.71
Chhattisgarh	6	4	66.67
Daman & Diu	1	1	100
Gujarat	8	4	50
Haryana	3	3	100
Himachal Pradesh	3	2	66.67
Jharkhand	3	3	100
Karnataka	10	8	80
Madhya Pradesh	15	12	80
Maharashtra	10	7	70
Nagaland	1	1	100
Odisha	3	1	33.33
Punjab	4	3	75
Rajasthan	11	3	27.27
Uttar Pradesh	21	12	57.14
Uttarakhand	3	2	66.67
West Bengal	2	1	50
<b>Total</b>	<b>117</b>	<b>79</b>	<b>67.52</b>

The data from **above Table 7.1** reveals that little more than two third (67.52%) of CDPOs were visiting the AWCs to monitor and supervise them. The states where all CDPOs (100%) were visiting AWCs for monitoring and supervising were Andhra Pradesh, Assam, Haryana, Jharkhand, Nagaland and UT of Daman & Diu.

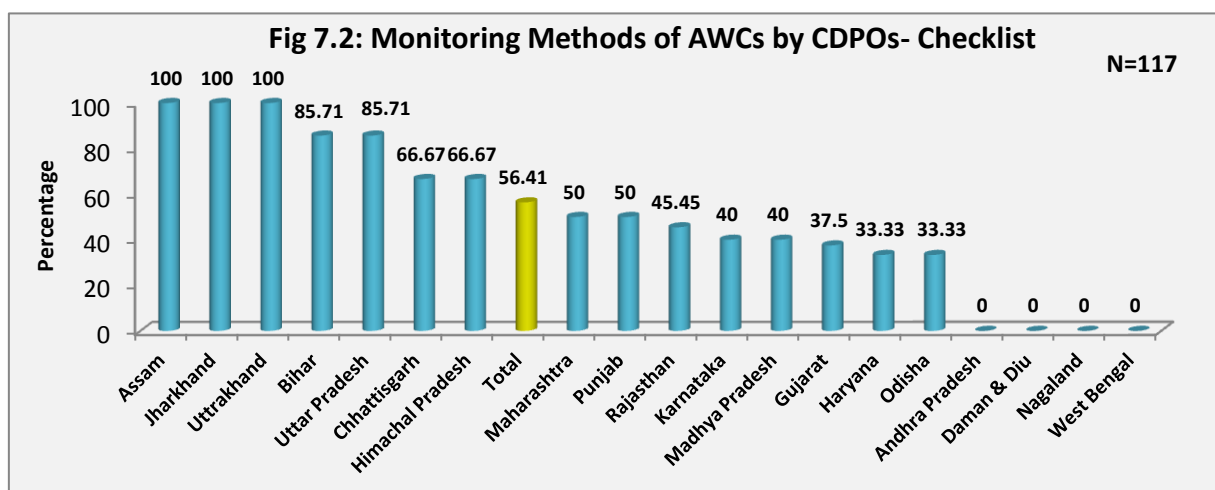


**Table 7.2:  
Monitoring Methods of AWCs by CDPOs**

States	Total No. of CDPOs	Monitoring by Use of Checklist	
		N	%
Andhra Pradesh	3	0	-
Assam	3	3	100
Bihar	7	6	85.71
Chhattisgarh	6	4	66.67
Daman & Diu	1	0	-
Gujarat	8	3	37.50
Haryana	3	1	33.33
Himachal Pradesh	3	2	66.67
Jharkhand	3	3	100
Karnataka	10	4	40
Madhya Pradesh	15	6	40
Maharashtra	10	5	50
Nagaland	1	0	-
Odisha	3	1	33.33
Punjab	4	2	50
Rajasthan	11	5	45.45
Uttar Pradesh	21	18	85.71
Uttarakhand	3	2	100
West Bengal	2	0	-
<b>Total</b>	<b>117</b>	<b>66</b>	<b>56.41</b>

It is evident from the above **Table 7.2** that for monitoring and supervision of AWCs little more than half (56.41%) of CDPOs were found using checklist as a monitoring method. All the CDPOs in the state of Assam, Jharkhand and Uttarakhand were found using checklist as one of the method of monitoring and supervising the AWCs.

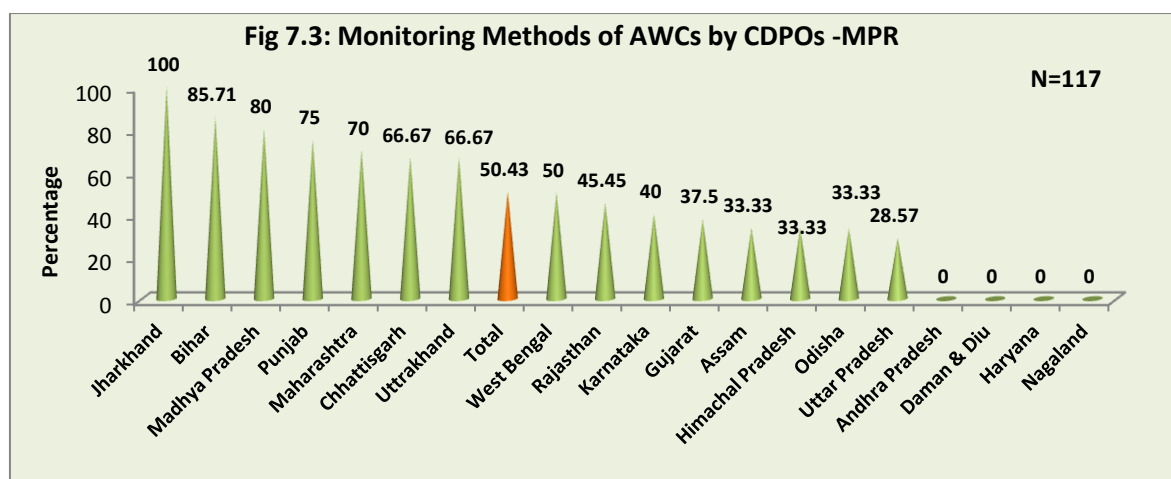




**Table 7.3:**  
**Monitoring Methods of AWCs by CDPOs**

States	Total No. of CDPOs	Monitoring of AWCs with use of MPR	
		N	%
Andhra Pradesh	3	0	-
Assam	3	1	33.33
Bihar	7	6	85.71
Chhattisgarh	6	4	66.67
Daman & Diu	1	0	-
Gujarat	8	3	37.50
Haryana	3	0	-
Himachal Pradesh	3	1	33.33
Jharkhand	3	3	100
Karnataka	10	4	40
Madhya Pradesh	15	12	80
Maharashtra	10	7	70
Nagaland	1	0	-
Odisha	3	1	33.33
Punjab	4	3	75
Rajasthan	11	5	45.45
Uttar Pradesh	21	6	28.57
Uttarakhand	3	2	66.67
West Bengal	2	1	50
<b>Total</b>	<b>117</b>	<b>59</b>	<b>50.43</b>

The above **Table 7.3** reveals that MPR was used for monitoring and supervising AWCs by about half (50.43%) of CDPOs. Though in the state of Jharkhand all (100%) CDPOs and majority (80% and above) of CDPOs in the states of Bihar and Madhya Pradesh were found using MPR as monitoring and supervision tool.



**CDPOs Approved Supervisor's Plan**

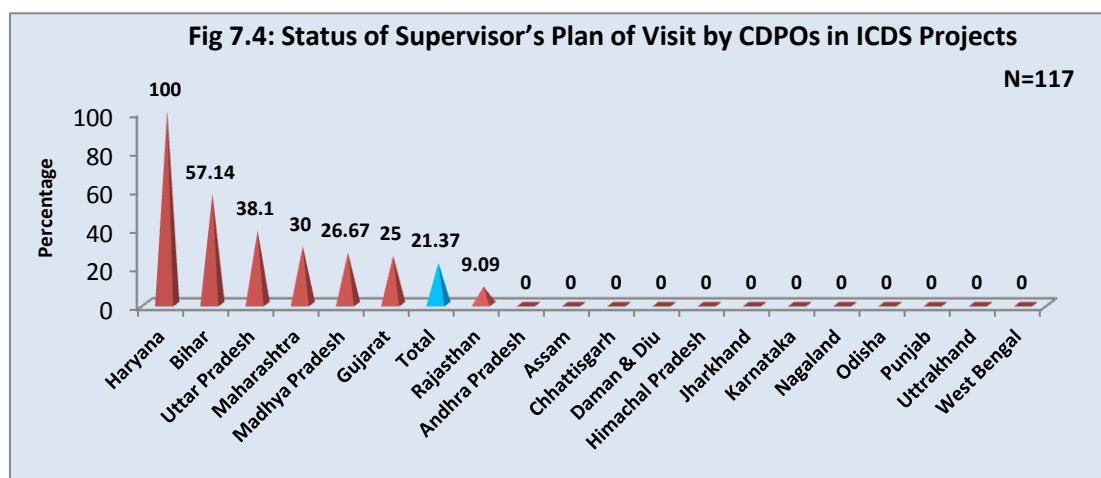
**Table 7.4:**  
Approval of Supervisor's Visit Plan by CDPOs

States	Total No. of ICDS Projects	No. of ICDS Projects where CDPO Prepared Supervisor's Plan of Visit	
		N	%
Andhra Pradesh	3	0	-
Assam	3	0	-
Bihar	7	4	57.14
Chhattisgarh	6	0	-
Daman & Diu	1	0	-
Gujarat	8	2	25
Haryana	3	3	100
Himachal Pradesh	3	0	-
Jharkhand	3	0	-
Karnataka	10	0	-
Madhya Pradesh	15	4	26.67
Maharashtra	10	3	30
Nagaland	1	0	-
Odisha	3	0	-
Punjab	4	0	-
Rajasthan	11	1	9.09
Uttar Pradesh	21	8	38.10
Uttarakhand	3	0	-
West Bengal	2	0	-
<b>Total</b>	<b>117</b>	<b>25</b>	<b>21.37</b>

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data presented in **Table 7.4** shows this is being done in only less than one fourth of ICDS Projects. Haryana is the only exception where Supervisory visits are being planned by CDPOs. Instructions are required to be issued to all CDPOs that they have to ensure the

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

supervisory visits of all Supervisors as stipulated in ICDS monitoring guidelines issued by MWCD, GOI.



### Adoption of Demonstration Methods by CDPOs

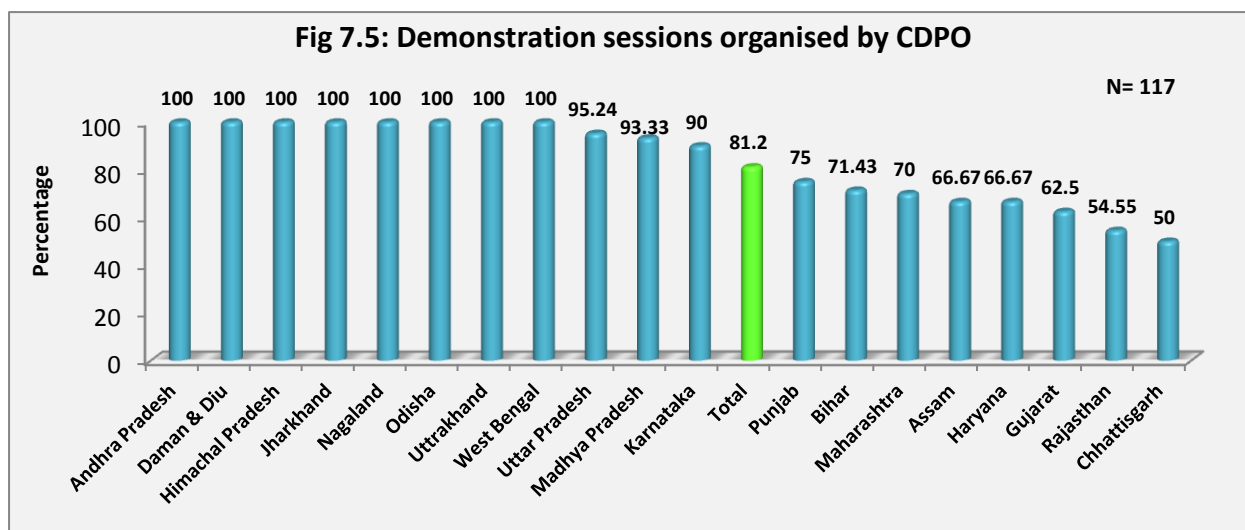
In ICDS, CDPO is an important and key functionary whose dynamisms and skills determine the pace of the programme. He /She are required to adopt various innovative methods of guiding the AWWs so that they can perform their tasks much effectively. Data in this regard are presented in **Table 7.5**.

**Table 7.5:**  
Demonstration sessions organised by CDPO in ICDS Projects

States	Total No. of ICDS Projects	No. of ICDS projects where demonstration session was organized	
		N	%
Andhra Pradesh	3	3	100
Assam	3	2	66.67
Bihar	7	5	71.43
Chhattisgarh	6	3	50
Daman & Diu	1	1	100
Gujarat	8	5	62.50
Haryana	3	2	66.67
Himachal Pradesh	3	3	100
Jharkhand	3	3	100
Karnataka	10	9	90
Madhya Pradesh	15	14	93.33
Maharashtra	10	7	70
Nagaland	1	1	100
Odisha	3	3	100
Punjab	4	3	75
Rajasthan	11	6	54.55
Uttar Pradesh	21	20	95.24
Uttarakhand	3	3	100
West Bengal	2	2	100
<b>Total</b>	<b>117</b>	<b>95</b>	<b>81.20</b>

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The above **Table 7.5** depicts that organization of demonstration sessions by CDPOs was found in sizable number (81.20%) of ICDS projects. State specific data stipulates that demonstration sessions were being organised in all ICDS projects of the states of Andhra Pradesh, Himachal Pradesh, Jharkhand, Nagaland, Odisha, Uttarakhand, West Bengal and UT of Daman & Diu. Though, organisation of such session was found in majority (more than 90%) of ICDS projects in states of Karnataka, Madhya Pradesh and in Uttar Pradesh. However, the state of Chhattisgarh was found lagging behind due to organisation of such sessions in half of the ICDS projects.



**Table 7.6(a):  
ICDS Projects organising Demonstration Sessions on various topics**

States	No. of ICDS projects where demonstration session was organized	Multiple Responses					
		WHO Growth Chart		New ECCE curriculum		New revised records & registers	
		N	%	N	%	N	%
Andhra Pradesh	3	2	66.67	1	33.33	3	100
Assam	2	1	50	0	-	0	-
Bihar	5	4	80	1	20	2	40
Chhattisgarh	3	3	100	0	-	2	66.67
Daman & Diu	1	0	-	0	-	1	100
Gujarat	5	5	100	2	40	2	40
Haryana	2	2	100	0	-	0	-
Himachal Pradesh	3	3	100	0	-	2	66.67
Jharkhand	3	3	100	2	66.67	2	66.67
Karnataka	9	6	66.67	2	22.22	1	11.11
Madhya Pradesh	14	12	85.71	6	42.86	14	100
Maharashtra	7	5	71.43	3	42.86	4	57.14
Nagaland	1	0	-	0	-	0	-
Odisha	3	2	66.67	0	-	0	-
Punjab	3	3	100	3	100	2	66.67
Rajasthan	6	6	100	3	50	3	50
Uttar Pradesh	20	18	90	5	25	6	30
Uttarakhand	3	2	66.67	1	33.33	3	100
West Bengal	2	2	100	0	-	1	50
<b>Total</b>	<b>95</b>	<b>79</b>	<b>83.16</b>	<b>29</b>	<b>30.53</b>	<b>48</b>	<b>50.53</b>

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It is evident from **Table 7.6(a)** that Demonstration sessions were being organized by CDPOs in ICDS projects on the topics like WHO Growth Chart (83.16%) followed by new revised records and registers (50.53%) and New ECCE curriculum (30.53%). The State specific figures stipulates that all ICDS projects in the states of Chhattisgarh, Gujarat, Haryana, Himachal Pradesh, Jharkhand, Punjab, Rajasthan and West Bengal were organizing demonstration sessions on WHO Growth Charts, however none of the ICDS projects in the state of Nagaland were found organizing demonstration sessions on any of the above said topics.

**Table 7.6(b):  
ICDS Projects organising Demonstration Sessions on various topics**

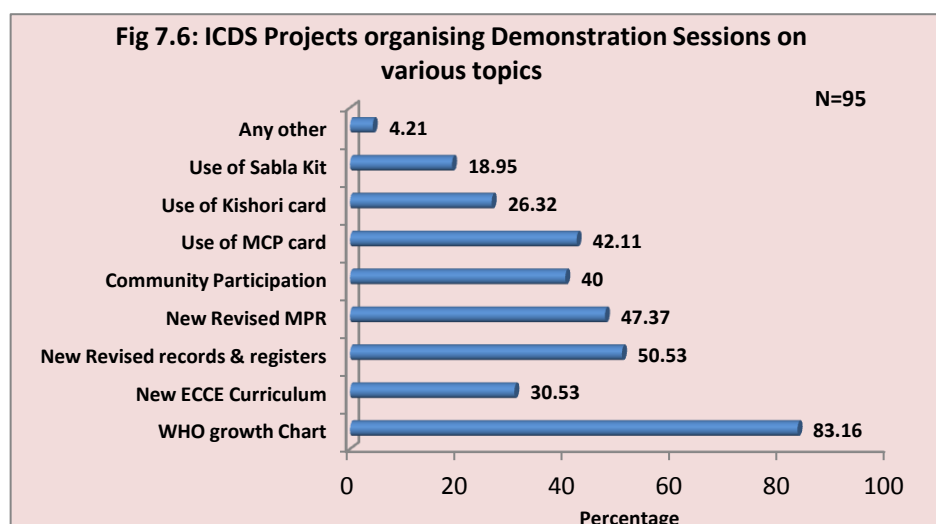
States	No. of ICDS projects where demonstration session was organized	Multiple Responses					
		New revised MPRs		Community participation		Use of MCP card	
		N	%	N	%	N	%
Andhra Pradesh	3	2	66.67	1	33.33	1	33.33
Assam	2	0	-	1	50	1	50
Bihar	5	3	60	1	20	1	20
Chhattisgarh	3	2	66.67	1	33.33	0	-
Daman & Diu	1	1	100	0	-	0	-
Gujarat	5	2	40	3	60	2	40
Haryana	2	0	-	0	-	2	100
Himachal Pradesh	3	0	-	0	-	1	33.33
Jharkhand	3	2	66.67	2	66.67	1	33.33
Karnataka	9	4	44.44	2	22.22	1	11.11
Madhya Pradesh	14	13	92.86	6	42.86	6	42.86
Maharashtra	7	2	28.57	4	57.14	1	14.29
Nagaland	1	1	100	0	-	0	-
Odisha	3	0	-	1	33.33	3	100
Punjab	3	2	66.67	3	100	3	100
Rajasthan	6	3	50	5	83.33	4	66.67
Uttar Pradesh	20	6	30	6	30	11	55
Uttarakhand	3	1	33.33	2	66.67	2	66.67
West Bengal	2	1	50	0	-	0	-
<b>Total</b>	<b>95</b>	<b>45</b>	<b>47.37</b>	<b>38</b>	<b>40</b>	<b>40</b>	<b>42.11</b>

It is evident from **Table 7.6(b)** that Demonstration sessions were being organized by CDPOs in ICDS projects on the topics like New revised MPR (47.37%) followed by Use of MCP(42.11%) and Community Participation (40%). The State specific figure stipulates that all ICDS projects in the state of Nagaland and UT of Daman & Diu (100%) were organizing demonstration sessions on new revised MPR. Though, demonstration sessions on Use of MCP were organized in all ICDS projects located in the States of Haryana, Odisha and Punjab. However, Punjab was the only State where demonstration sessions on Community participation were organized in all ICDS Projects.

**Table 7.6(c):  
ICDS Projects organising Demonstration Sessions on various topics**  
Multiple Responses

States	No. of ICDS projects where demonstration session was organized	Use of Kishori cards		Use of SABLA Kit		Any other	
		N	%	N	%	N	%
Andhra Pradesh	3	0	-	0	-	0	-
Assam	2	0	-	0	-	0	-
Bihar	5	3	60	3	60	0	-
Chhattisgarh	3	1	33.33	1	33.33	0	-
Daman & Diu	1	0	-	0	-	0	-
Gujarat	5	1	20	1	20	0	-
Haryana	2	0	-	1	50	0	-
Himachal Pradesh	3	1	33.33	1	33.33	1	33.33
Jharkhand	3	1	33.33	0	-	0	-
Karnataka	9	6	66.67	5	55.56	0	-
Madhya Pradesh	14	3	21.43	2	14.29	3	21.43
Maharashtra	7	2	28.57	1	14.29	0	-
Nagaland	1	0	-	0	-	0	-
Odisha	3	2	66.67	2	66.67	0	-
Punjab	3	1	33.33	0	-	0	-
Rajasthan	6	3	50	1	16.67	0	-
Uttar Pradesh	20	1	5	0	-	0	-
Uttarakhand	3	0	-	0	-	0	-
West Bengal	2	0	-	0	-	0	-
<b>Total</b>	<b>95</b>	<b>25</b>	<b>26.32</b>	<b>18</b>	<b>18.95</b>	<b>4</b>	<b>4.21</b>

It is evident from **Table 7.6(c)** that comparatively lesser number of ICDS projects were found organizing demonstration sessions on Use of SABLA Kit(18.95%) and Use of Kishori Card (26.32%).Further, state specific data reveals that significant number of ICDS projects were found organizing demonstration sessions on Use of SABLA Kit and Use of Kishori Card in the States of Bihar (60% each), Odisha (66.67% each), Karnataka 55.56 per cent and 66.67 per cent and Rajasthan only 16.67 per cent and 50 per cent respectively.



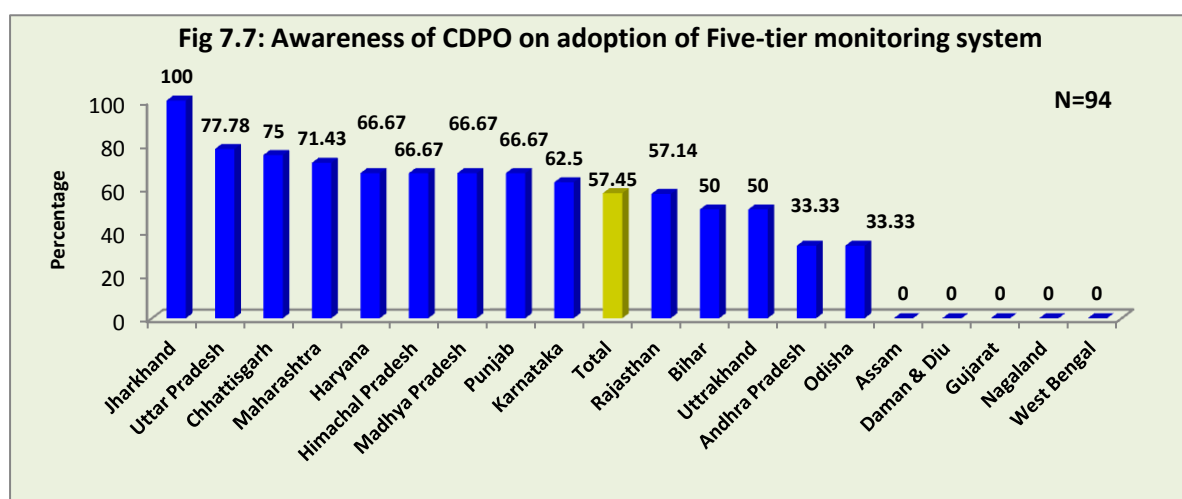
**Awareness on Five-tier monitoring system**

In the context of the Universalization of ICDS with focus on improved quality in delivery of services and strengthening and restructuring of ICDS, a5-tier monitoring and review mechanism is put in place at the central level and upto the AWC level. **Table 7.7** shows the data regarding the awareness of the CDPOs about the Five-tier monitoring system in ICDS Projects.

**Table 7.7:**  
**CDPOs aware of Five-tier monitoring system in ICDS Projects**

States	Total No. of ICDS Projects	No. of CDPOs in Position	Awareness of Five-tier monitoring system	
			N	%
Andhra Pradesh	3	3	1	33.33
Assam	3	3	0	-
Bihar	7	6	3	50
Chhattisgarh	6	4	3	75
Daman & Diu	1	1	0	-
Gujarat	8	6	0	-
Haryana	3	3	2	66.67
Himachal Pradesh	3	3	2	66.67
Jharkhand	3	3	3	100
Karnataka	10	8	5	62.50
Madhya Pradesh	15	12	8	66.67
Maharashtra	10	7	5	71.43
Nagaland	1	1	0	-
Odisha	3	3	1	33.33
Punjab	4	3	2	66.67
Rajasthan	11	7	4	57.14
Uttar Pradesh	21	18	14	77.78
Uttarakhand	3	2	1	50
West Bengal	2	1	0	-
<b>Total</b>	<b>117</b>	<b>94</b>	<b>54</b>	<b>57.45</b>

It is evident from the above **Table 7.7** that only little more than half (57.45%) of CDPOs were found aware of Five-tier monitoring system of ICDS. Though, in the state of Chhattisgarh and Uttar Pradesh, majority (more than 75%) of CDPO were found aware of five-tier monitoring system, however, none of the CDPOs in the states of Assam, Gujarat, Nagaland, West Bengal and UT of Daman and Diu were aware of five-tier monitoring system.



**Availability of MIS Guidelines and Formats**

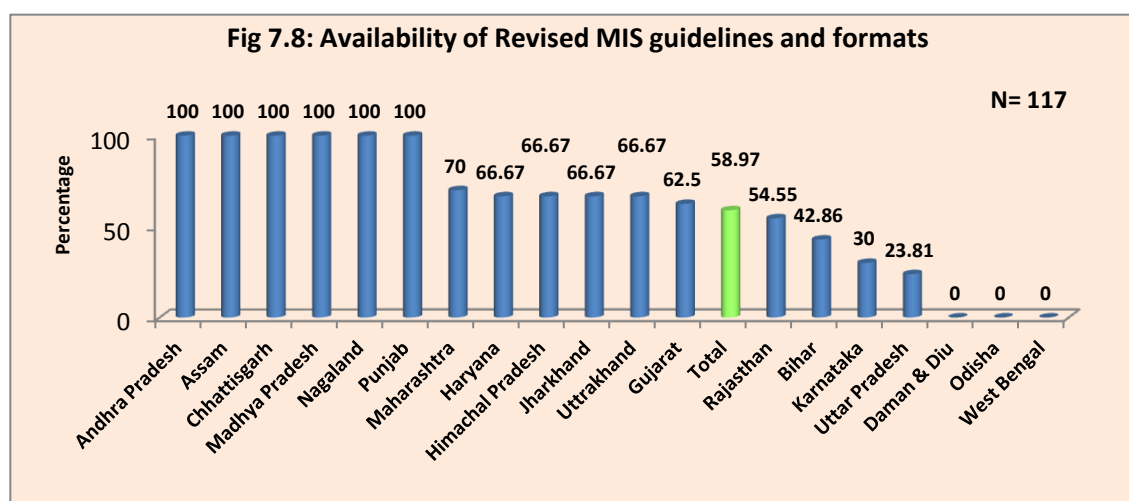
**Table 7.8:**  
ICDS Projects received Revised MIS guidelines and formats

States	Total No. of ICDS Projects	No. of ICDS projects received Revised MIS	
		N	%
Andhra Pradesh	3	3	100
Assam	3	3	100
Bihar	7	3	42.86
Chhattisgarh	6	6	100
Daman & Diu	1	0	-
Gujarat	8	5	62.50
Haryana	3	2	66.67
Himachal Pradesh	3	2	66.67
Jharkhand	3	2	66.67
Karnataka	10	3	30
Madhya Pradesh	15	15	100
Maharashtra	10	7	70
Nagaland	1	1	100
Odisha	3	0	-
Punjab	4	4	100
Rajasthan	11	6	54.55
Uttar Pradesh	21	5	23.81
Uttarakhand	3	2	66.67
West Bengal	2	0	-
<b>Total</b>	<b>117</b>	<b>69</b>	<b>58.97</b>

It was found from the above **Table 7.8** that little more than half (58%) of the ICDS projects have received revised MIS guidelines and formats. Though, in the states of Andhra Pradesh, Assam, Chhattisgarh, Madhya Pradesh and Punjab, all of the ICDS projects have received revised MIS guidelines and formats, however, adoption of such



guidelines was not found in any of the ICDS project located in the states of Odisha, West Bengal and UT of Daman & Diu.

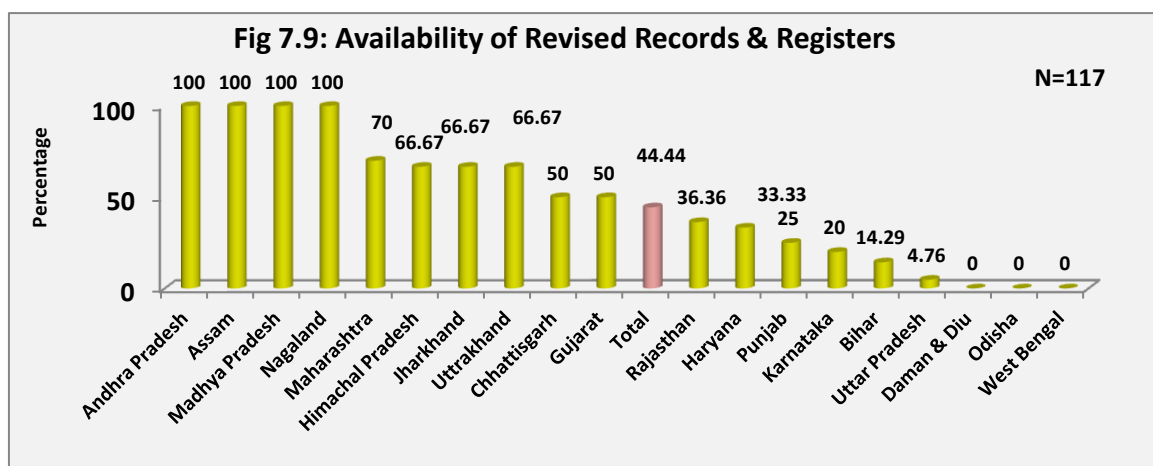


**Availability of Revised Records & Registers**

**Table 7.9:**  
ICDS Projects received Revised Records & Registers

States	Total No. of ICDS Projects	No. of ICDS projects received Revised Records & Registers	
		N	%
Andhra Pradesh	3	3	100
Assam	3	3	100
Bihar	7	1	14.29
Chhattisgarh	6	3	50
Daman & Diu	1	0	-
Gujarat	8	4	50
Haryana	3	1	33.33
Himachal Pradesh	3	2	66.67
Jharkhand	3	2	66.67
Karnataka	10	2	20
Madhya Pradesh	15	15	100
Maharashtra	10	7	70
Nagaland	1	1	100
Odisha	3	0	-
Punjab	4	1	25
Rajasthan	11	4	36.36
Uttar Pradesh	21	1	4.76
Uttarakhand	3	2	66.67
West Bengal	2	0	-
<b>Total</b>	<b>117</b>	<b>52</b>	<b>44.44</b>

It was found from the above **Table 7.9** that less than half (44%) of the ICDS projects have received revised records and registers. Though, all ICDS projects in the states of Andhra Pradesh, Assam, Madhya Pradesh and Nagaland have received such revised records and registers. However, none of the ICDS projects in the states of Odisha, West Bengal and UT of Daman & Diu were found having received revised records and registers.



### Availability of revised MPR Formats

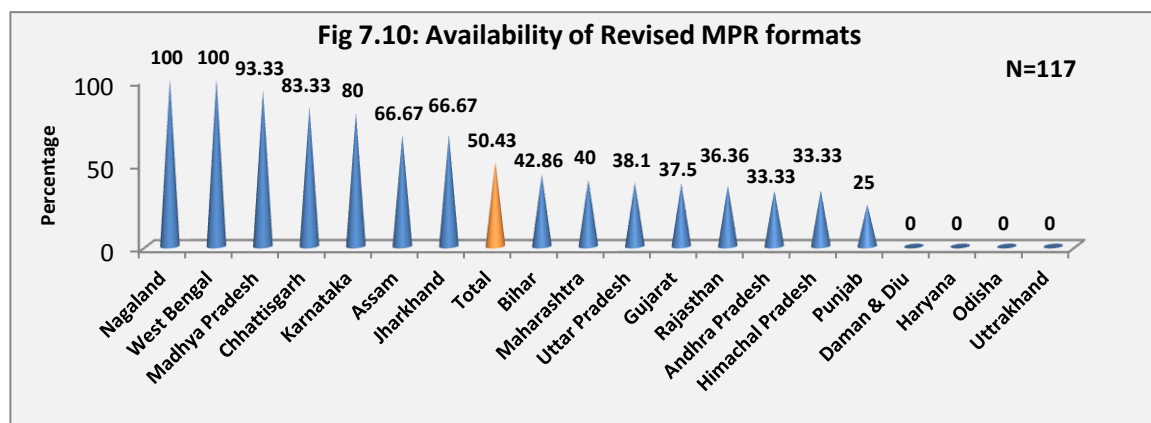
A well-defined Monitoring Information System has already been introduced in ICDS through tapping the data by the use of monthly and quarterly progress reports. These reports have to be filled up by AWW and have to be passed on to the concerned CDPO through circle Supervisors. The CDPO is required to send these reports to the concerned State Government/ UT Administration with a copy to the control room of ICDS located in MWCD, GOI. Data regarding availability of this MPR Performa's are presented in **Table 7.10**

**Table 7.10:**  
ICDS Projects received Revised MPR formats

States	Total No. of ICDS Projects	No. of ICDS projects received Revised MPR formats	
		N	%
Andhra Pradesh	3	1	33.33
Assam	3	2	66.67
Bihar	7	3	42.86
Chhattisgarh	6	5	83.33
Daman & Diu	1	0	-
Gujarat	8	3	37.50
Haryana	3	0	-
Himachal Pradesh	3	1	33.33
Jharkhand	3	2	66.67
Karnataka	10	8	80
Madhya Pradesh	15	14	93.33
Maharashtra	10	4	40
Nagaland	1	1	100
Odisha	3	0	-
Punjab	4	1	25
Rajasthan	11	4	36.36
Uttar Pradesh	21	8	38.10
Uttarakhand	3	0	-
West Bengal	2	2	100
<b>Total</b>	<b>117</b>	<b>59</b>	<b>50.43</b>

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The **Table 7.10** reveals that half of the ICDS Projects (50.43%) were having Revised MPR formats. The Revised MPR format was available in all ICDS projects (100%) located in the states of Nagaland and West Bengal however, significant number (80% and above) of ICDS projects located in the states of Madhya Pradesh (93.33%) and Karnataka (80%) have received revised MPR formats. None of the ICDS projects in the states of Haryana, Odisha and Uttarakhand and UT of Daman & Diu received revised MPR formats.



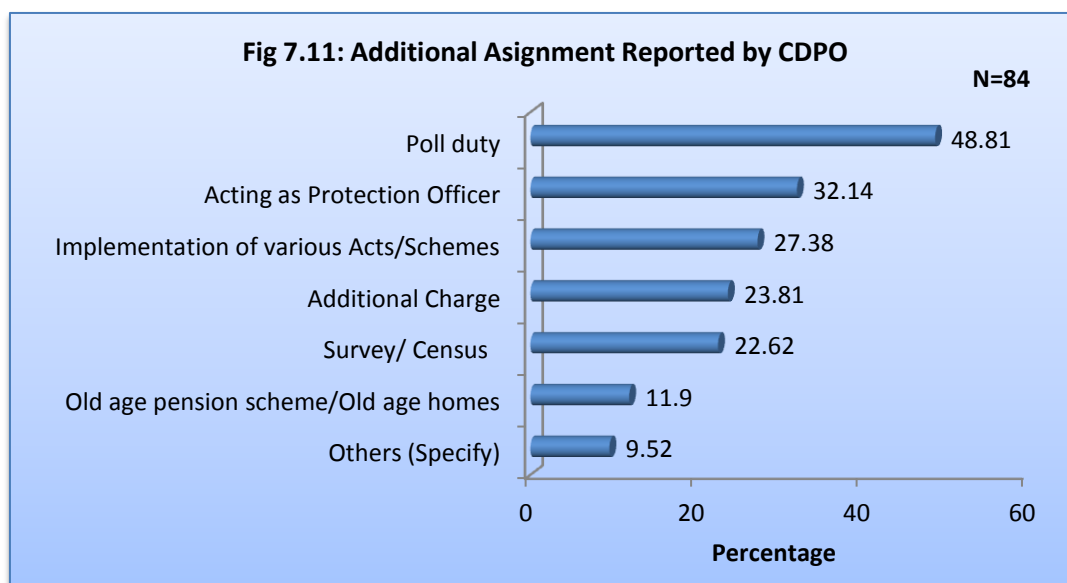
### Additional Tasks to ICDS Functionaries

Apart from ICDS tasks, it has been frequently reported by ICDS functionaries that they have to discharge many other tasks not related with ICDS. Data in this regard are presented in **Table 7.11**.

**Table 7.11:**  
Additional Tasks/ Assignments as Reported by CDPO\*

S.No.	Additional Tasks	No. of CDPOs	%
<b>Assignments</b>			
1.	Acting as Protection Officer	27	32.14
2.	Poll duty	41	48.81
3.	Old age pension scheme/Old age homes	10	11.90
4.	Survey/ Census	19	22.62
5.	Implementation of various Acts/Schemes	23	27.38
6.	Additional Charge	20	23.81
7.	Others (Specify)	8	9.52

\*Note: Only 84 CDPOs were given additional roles and responsibility



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

The problems/constraints as reported by CDPOs in running ICDS projects are presented in **Table 7.12**.

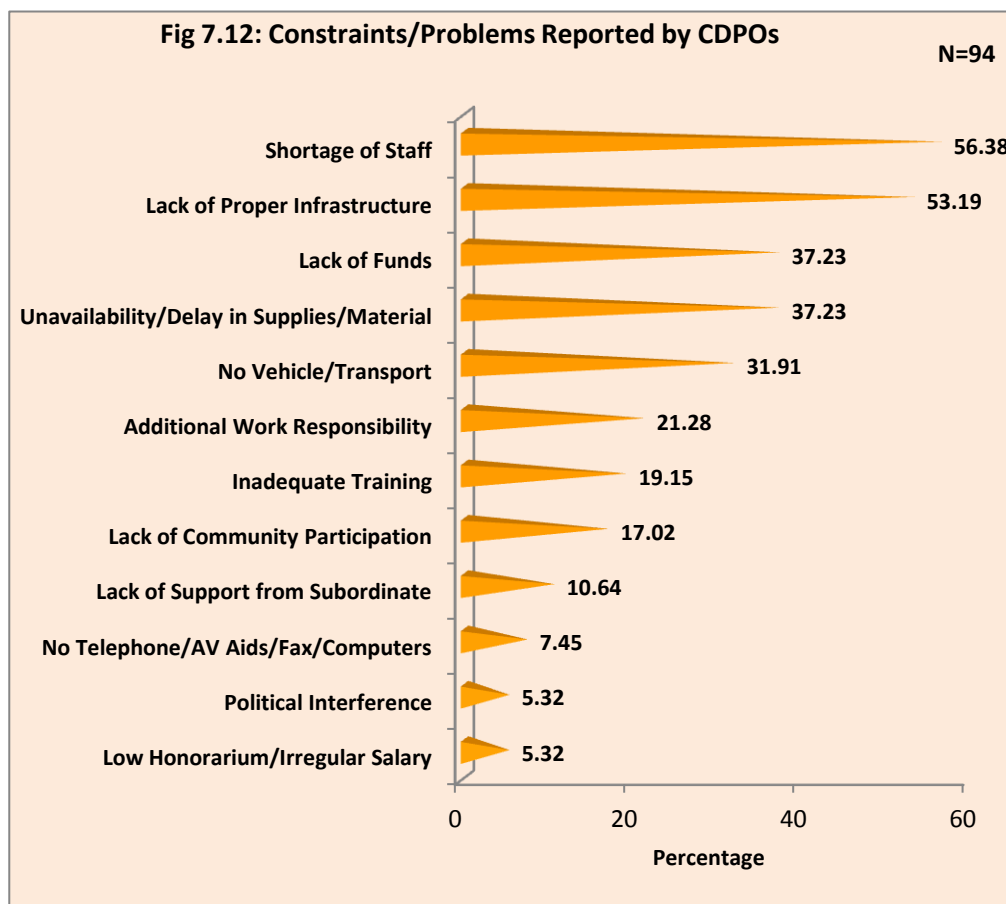
**Table 7.12:**  
**Constraints/Problems in Implementation of ICDS as Reported by CDPOs\***  
**(N=94)**

S.No.	Problems/Constraints	No. of CDPOs	%
1	Lack of Support from Subordinate	10	10.64
2	Lack of Proper Infrastructure	50	53.19
3	Shortage of Staff	53	56.38
4	Unavailability/Delay in Supplies/Material	35	37.23
5	Lack of Funds	35	37.23
6	Lack of Community Participation	16	17.02
7	Additional Work Responsibility	20	21.28
8	Inadequate Training	18	19.15
9	Low Honorarium/Irregular Salary	5	5.32
10	Political Interference	5	5.32
11	No Vehicle/Transport	30	31.91
12	No Telephone/AV Aids/Fax/Computers	7	7.45

\*Note: Only 94 CDPOs were in position

## Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts - A Report

It is revealed from **Table 7.12** that shortage of staff (56.38%) and lack of proper infrastructure (53.19%) had been reported as the major problems/ constraints in proper implementation of ICDS. Other problem areas in implementation of ICDS includes lack of funds (37.23%), delay in supply of material like PSE/Medicine kit etc. ( 37.23%), no vehicle/ transport (31.91%),additional work load (21.28%) etc.





# **Summary of Findings**





The present chapter summarizes the findings of the study.

### Infrastructure

**It was found that more than three fourth (88.55%) of AWCs were located in Pucca building.** Though all the AWCs (100%) in the UT of Daman & Diu and the State of Punjab were running in Pucca building and majority of AWCs in the States of Rajasthan(97%), Karnataka(96%),Uttar Pradesh(95%),Gujarat(95%), Uttarakhand(93%), Maharashtra(92%), West Bengal(90%), Haryana(86%), Assam(86%), Madhya Pradesh (84%)and Andhra Pradesh (80%)were located in Pucca building however, the situation needs improvement in many other States like in the States of Bihar, Jharkhand and Nagaland where considerable high number of AWCs (22.86%,33.33% and 80% respectively) were found located in Kutcha building.

**Only less than one fifth (16.41%) of AWCs were found in located in premises of primary school .**About less than half of AWCs (41.03%) were found located in the building either provided by State Government or constructed by the State Government utilizing the provisions available in various other schemes. In the State of Uttarakhand, more than 93 per cent of AWCs were found located in rent free Government buildings.

**Less than one fifth (15.38%) of AWCs were found running in rented buildings.** While in the State of Bihar, more than half of AWCs (51.43%) were located in rented buildings, about more than one third of AWCs in the States of Himachal Pradesh and Jharkhand (40% each) were found running in rented premises. About one fourth of AWCs in the State of MP and Rajasthan (25%each) were found running in rented building. Negligible percentage of AWCs (3.59%) werefound running in AWWs /Helper's house.

**The location of AWCs within same village was reported in only less than half of AWCs.** All AWCs from the States of Nagaland and Assam were found located in same village followed by Himachal Pradesh(80%), Odisha(73%) and Rajasthan (63%), Maharashtra and Gujarat (60% each). Nearly half of AWCs from the States of Madhya Pradesh (50%) and Bihar(46%) were found located in same village. The location of none of the AWCs from West Bengal was found in same village.

**Less than half (44.27%) of AWCs were having availability of toilets .**Only in the UT of Daman and Diu, all (100%) AWCs were found having availability of toilets. The availability of toilets were reported from more than half of AWCs from the States of Uttarakhand (73%) followed by Gujarat and Haryana (60% each), Chhattisgarh (56%) and Odisha (53%). In none of the AWCs from the State of Nagaland, the availability of toilet was reported. In about little more than one tenth (13%) of AWCs, though toilets were found available but were not found in usable condition.Such percentage was found higher in case of State of Karnataka (30%) followed by Haryana (26%) and in UP(25%). The availability of child friendly toilets were reported in significantly higher number of AWCs (95%).

**Only 9 per cent of AWCs were having provision of separate toilet facility for boys and girls.** This needs improvement by providing such facility in all AWCs.

**A good number (61.88%) of AWCs are yet to be provided the availability of separate storage space.** Only in the State of Karnataka and UT of Daman and Diu, every eight out of ten (80%) AWCs were found having availability of adequate separate storage space, however, the situation needs improvement in the States of Nagaland where none of the AWCs were found having the adequate availability of storage space, The situation was also found worst in the States of Assam, Bihar and in UP where such percentage was reported very low with 13 per cent, 17 per cent and 19 per cent respectively.

### Personal Profile and Training Status of ICDS Functionaries

**So far as educational background of AWWs is concerned, it was found that 12.48 per cent of AWWs were below metric and about one third of AWWs were Metric (31.45%), 28per cent of AWWs were 12<sup>th</sup> pass.** About little less than one fifth (17.61%) of AWWs were also found Graduate and 10 per cent of AWWs as Post Graduate. Though, in the State of Andhra Pradesh (86%) of AWWs were found metric, the qualification as prescribed in ICDS Mission, 2012 however, matriculation background was not reported from nearly half of AWWs (50%) from the State of Assam and Jharkhand. The maximum number of Post Graduate AWWs were found in Chhattisgarh (23%) followed by UP (23%) and MP(22%).

**The appointment status of AWWs was found satisfactory with about 97% of them in position.** Almost more than 98 per cent of AWWs in the States of Chhattisgarh, Haryana, Himachal Pradesh, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Punjab and Rajasthan were found in position. However, the situation in UT of Daman and Diu needs improvement as 35 per cent of Posts of AWWs were found lying vacant.

**In contrast of filling up positions of AWWs, about one fourth posts (25%) of ICDS supervisors and one fifth (20%) posts of CDPOs were found lying vacant.** The vacancy position of Supervisors was found much higher in Haryana (54%) followed by UT of Daman and Diu (50%) and in UP (40%). Similarly, the vacant position of CDPOs was found higher in the State of West Bengal (50%) followed by Rajasthan (36%) and Chhattisgarh and Uttarakhand with 33 per cent each.

**84 per cent of AWWs, 87.7 per cent of ICDS Supervisors and 80.85 per cent of CDPOs have received job training.** While all AWWs(100%)in the State of Rajasthan have received Job Training , significant number of them in the States of Chhattisgarh (99%), West Bengal (98.7%),Punjab (97.6%), Nagaland (97%), Madhya Pradesh (96.26%), Jharkhand (94%), Andhra Pradesh (92.62%) Karnataka (92.48%), Haryana (92%) have received Job Training. The more number of AWWs from the States of Assam (50%), Himachal Pradesh (33%) and Odisha (30%) needs to be job trained.

**Compared to job training, the situation of refresher training was reported worst. All States were found having backlog of refresher training of AWWs, Supervisors and CDPOs.** The highest backlog of AWWs refresher training was reported from the State of Himachal Pradesh (85%).

## Service Delivery Status

### Supplementary Nutrition

- **Status of Enrolment and Actual Beneficiaries Availing Supplementary Nutrition**

It was found that about 90 per cent of Children in the age group of 6 months to 3 years were enrolled and about 94 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled children (100%) from the UT of Daman and Diu and the State of Nagaland and majority of them from the States of Andhra Pradesh, Jharkhand, Karnataka, Uttarakhand, Gujarat(99%) were found availing the services of SN. The situation needs improvement in the State of Assam where only 50 per cent of registered children were found availing the services of SN.

It was found that about 74 per cent of Children in the age group of 3 years to 6 years were enrolled and about 84 per cent of them were actually availing the services related to supplementary nutrition. Majority of the enrolled children (more than 90%) from the States of Jharkhand, Karnataka, MP, Rajasthan, Uttarakhand and Bihar were found availing the services of SN. The situation needs improvement in the State of Himachal Pradesh where only close to three fourth (70%) of registered children were found availing the services of SN.

It was found that about 79 per cent of pregnant women were enrolled and about 94 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled pregnant women (100%) in the State of Nagaland and majority of the pregnant women (more than 90%) from the States of Andhra Pradesh, Gujarat, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Rajasthan, UP and West Bengal were found availing the services of SN. The situation needs improvement in the State of Assam where only 50 percent of registered pregnant were found availing the services of SN.

It was found that about 77 per cent of lactating mothers were enrolled and about 92 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled lactating mothers (100%) in the State of Nagaland and majority of the lactating mothers (more than 90%) from the States of Andhra Pradesh, Gujarat, Haryana, Jharkhand, Karnataka, MP, Maharashtra, Odisha, Rajasthan, UP and West Bengal and UT of Daman and Diu were found availing the services of SN. The situation needs improvement in the State of Assam where only 53 per cent of registered lactating mothers were found availing the services of SN.

- **Status of Distribution of Take Home Ration**

Take Home Ration (THR) to the children of 6 months to three years was being distributed in 89.57 per cent of AWCs located across the country. All of the AWCs in the States of Bihar, Chhattisgarh, Gujarat, Jharkhand, Nagaland, Odisha and UT of Daman and Diu were found distributing THR to the children of 6 months to 3 years. Improvement is needed in the State of West Bengal where only 30 per cent of AWCs were found distributing THR to the children below 3 years of age.



**So far as distribution of Take Home Ration (THR) to pregnant and nursing mothers is concerned, it was found that 84 per cent of AWCs were distributing the same.** Though all AWCs (100%) from the States of Gujarat, Jharkhand, Odisha and Rajasthan and majority of them (more than 90%) from the States of Bihar, Chhattisgarh, Maharashtra and UP were found distributing THR to pregnant and nursing mothers, however, improvement is alarming in the State of West Bengal where none of the AWC and in the UT of Daman and Diu where only 20 per cent of AWCs were distributing THR to pregnant and nursing mothers.

- **Status of Distribution of Morning Snacks**

**So far as the distribution of morning snacks is concerned, it was found that 83.76 per cent of AWCs were distributing morning snacks.** Though, all AWCs(100%) in the States of Assam, Chhattisgarh, Odisha, Punjab, Rajasthan, UP, Uttarakhand and West Bengal and UT of Daman and Diu were found of distributing morning snacks, however, improvement is needed in the States of Jharkhand (27%) and in Nagaland where only 40 per cent of AWCs reported of distributing morning snacks.

- **Status of Distribution of Hot Cooked Meal**

**The distribution of Hot Cooked Meal was found in majority (92.65%) of AWCs.** Though all AWCs (100%) in the States of Assam, Chhattisgarh, Nagaland, Odisha, Rajasthan, UP, Uttarakhand, West Bengal and UT of Daman and Diu and more than 90 per cent of AWCs from the States of Gujarat, Karnataka, MP, Maharashtra and Punjab were found distributing HCM to children 3 to 6 years of age, however, the situation needs improvement in the States of Haryana and Himachal Pradesh where about more than (30%) of AWCs (34%) were found of not distributing HCM to children.

- **Acceptability of Supplementary Nutrition**

**Acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority (89.06%) of the AWCs.** Acceptability of SN was found in all AWCs (100%) located in the states of Andhra Pradesh, Assam, Haryana, Jharkhand, Odisha, Rajasthan and UT of Daman and Diu, and in majority of AWCs (more than 90%) in the States of Gujarat, Karnataka, MP, Maharashtra, Punjab and West Bengal .

- **Distribution of Adequate Quantity of Supplementary Nutrition**

**The distribution of adequate quantity of SN was found in substantial number (86%) of AWCs located across the country.** It was found that all AWCs (100%) in the States of Gujarat, Jharkhand, West Bengal and UT of Daman and Diu were providing adequate quantity of SN. The distribution of adequate quantity of SN was not found in as many as 44 per cent of AWCs in the State of Bihar and in 40 per cent of AWCS in the State of Nagaland.

- **Interruption in Supplementary Nutrition**

**No interruption during past six months in distribution of supplementary nutrition was found in more than half (63%) of AWCs.** The highest interruption was found in the States of Odisha and Uttarakhand (86% each) followed by Punjab (75%), UP(57%) and in Maharashtra and MP (36% each).

- **Availability of Cooking and Serving Utensils for Supplementary Nutrition**

**The availability of utensils for serving of supplementary nutrition was found adequate in little more than two third (67.52%) of AWCs.** Though, all AWCs (100%) in the States of Jharkhand, Odisha and UT of Daman and Diu were found having adequate availability of serving utensils, however, such availability was not found in any of the AWCs located in the State of West Bengal.

Similar trend of availability of adequate utensils for serving SN was also found in case of adequate availability of cooking utensils of supplementary nutrition. **The availability of adequate number of utensils for cooking of SN was found in more than two third (69.23%) of AWCs.** Though, all AWCs (100%) in the States of Jharkhand, Odisha and UT of Daman and Diu were found having adequate availability of cooking utensils, however, such availability was not found in any of the AWCs located in the State of West Bengal.

- **New WHO Child Growth Standards**

**The availability of New WHO Child Growth standards charts was found in 72.65 per cent of AWCs.** Though, all AWCs (100%) in the States of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana and Odisha and majority of AWCs (more than 90%) in the state of Karnataka were found having availability of New WHO Child Growth standards charts, however, the availability of New WHO Child Growth standards charts was not found in any of the AWCs in the state of Nagaland and in substantial number of AWCs in the State of UP and UT of Daman and Diu (80% each).

**So far as weighing of children (0-6 months) as per New WHO Child Growth standards is concerned, it was found that 92.47 per cent of Children (0-6 years) of age were weighed according to New WHO Growth Standards.** All children were being weighed (100%) as per New WHO Child Growth standards in the States of Andhra Pradesh and Himachal Pradesh. More than 90 per cent of children were being weighed as per New WHO Child Growth standards in the States of Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Maharashtra, Odisha, Punjab and Rajasthan.

**It was found that only 67.86 per cent of AWWs were having adequate skills of Weighing Children.** The States where substantial number of AWWs (more than 50%) were found lacking weighing skills were in the UT of Daman and Diu (80%) followed by States of Assam and Bihar (60% each) and Uttarakhand (54%) .

**It was observed that little more than half (56.75%) of AWWs were able to accurately plot the weight on the New WHO Child Growth charts.** The States where substantial number of AWWs (more than 50%) were found lacking plotting skills were in the

UT of Daman and Diu (80%) followed by States of Assam (67%) , Bihar (60%) , and Uttarakhand (67%) .

**The status of organization of Counseling Sessions based on Growth Monitoring shows that altogether only half (50.77%) of AWWs organized counseling sessions with mothers on growth monitoring.** While none of the AWWs from the State of Nagaland was found organizing counselling sessions, only 15 per cent in UP, 20 per cent each of them in Assam, West Bengal and UT of Daman and Diu were found of organizing such sessions.

**About three fourth children were found in normal zone.** The prevalence of underweight was recorded in only about 4 per cent of children.

**So far as immunization of children is concerned, it was found that about three fourth children were being immunized** and immunization camps were mainly being organized at AWCs.

- **Nutrition and Health Education**

**It was found that majority (84.96%) of AWCs conducted NHEd sessions in last three months.** Though, all the AWCs (100%) in the States of Andhra Pradesh, Haryana, Odisha, Punjab and West Bengal were found organizing NHEd Sessions on various themes, however, none of the AWC from the State of Nagaland and 40 per cent of AWCs from the UT of Daman and Diu were not conducting any NHEd Sessions. Most discussed topics during NHEd sessions were Nutrition and Health care of Infants/ Children (24%) followed by personal hygiene/sanitation/environmental hygiene (17%) and Immunization(14%).

- **Organisation of Breast Feeding and Nutrition Week**

**Significant (92.94%) number of ICDS projects were found celebrating breast feeding week & nutrition week.** All ICDS Projects (100%) located in the States of Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Odisha, Punjab, Uttarakhand, West Bengal and UT of Daman & Diu were found celebrating breast feeding week & nutrition week .

- **Organisation of Village Health and Nutrition Day**

**It was found that 64.71 per cent of ICDS projects were organising village health and nutrition day.** Though in the States of Andhra Pradesh, Assam, Jharkhand, Odisha and Uttarakhand and UT of Daman & Diu, all ICDS projects were found organising VHND, however only one third (33%) of them in the State of Haryana and Himachal Pradesh were found organizing VHND.

- **Organisation of Nutrition Exhibition**

It was reported that only little less than one third (32.94%) of ICDS projects organise the Nutrition Exhibition. Though organisation of such event was reported from all ICDS Projects in the State of Jharkhand and in substantial number of ICDS Projects (60 to 70%) in the States of MP and Odisha, however, such activity was found missing in all ICDS Projects of the States of Haryana, Assam Andhra Pradesh , UP , Uttarakhand and in Nagaland.

- **Organisation of Demonstration Sessions**

The organization of demonstration sessions by CDPOs was found in sizable number (81.20%) of ICDS projects. State specific data stipulates that demonstration sessions were being organised in all ICDS projects of the states of Andhra Pradesh, Himachal Pradesh, Jharkhand, Nagaland, Odisha, Uttarakhand, West Bengal and UT of Daman & Diu. Though, organisation of such session was found in majority (more than 90%) of ICDS projects in states of Karnataka, Madhya Pradesh and in Uttar Pradesh. However, the state of Chhattisgarh was found lagging behind due to organisation of such sessions in half of the ICDS projects.

- **Health Check Up**

The data on health check-up of children shows that about half (46%) of the AWCs conducts health check up on monthly basis. All AWCs (100%) located in the States of Jharkhand and Odisha were found conducting health check up on monthly basis, Majority of the AWCs (93%) in the state of Haryana were conducting monthly health checkup. The health checkup was not at all conducted in 23.76 per cent of AWCs during last six months. None of the AWCs in the state of Nagaland conducted health check up of children in last six months.

The data on the status of ante -natal check up of pregnant women shows that about little more than half (51%) of the AWCs conducted first ante natal check-up of pregnant women mostly in the third month of their pregnancy. Majority of the AWCs (90% and above) were found conducting ante- natal check up of pregnant women in the third month of their pregnancy in the states of Jharkhand and Chhattisgarh. Though, in the state of Nagaland and Odisha, all (100%) AWCs were found conducting ante- natal check up of pregnant women in the first month and fifth month of their pregnancy respectively.

- **Referral Slips**

The availability of referral slips was found in little less than one third (29.40%) of the AWCs. Though, all (100%)the AWCs in the state of Haryana were having availability of referral slips however, none of the AWCs from the States of Andhra Pradesh, Bihar, West Bengal and UT of Daman & Diu were having availability of referral slips.

- **Medicine Kit**

The data reveals that the availability of medicine kit was found in 55.73 per cent of AWCs. The medicine Kit was available in all the AWCs (100%) located in the states of Andhra Pradesh, Haryana and UT of Daman & Diu, however, medicine kit was not found available in any of the AWCs in the state of Odisha. The availability of medicine kit was very low (less than 10%) in the states of Bihar, Chhattisgarh and Uttar Pradesh.

- **Mother and Child Protection Card**

**The maintenance and timely updation of MCP card was reported in sizeable number (84.27%) of the AWCs.** Though, all the AWCs (100%) located in the states of Andhra Pradesh, Assam, Haryana, Jharkhand, Odisha, West Bengal and UT of Daman & Diu were maintaining and timely updating MCP card. Further, though majority (more than 85%) of AWCs in the states of Gujarat, Karnataka, Punjab, Rajasthan, Uttar Pradesh and Uttarakhand were found maintaining and timely updating MCP card, however only half of the AWCs in the state of Maharashtra were properly maintaining and timely updating MCP card.

- **Non Formal Pre School Education**

**It is evident from the data that (71%) of children(3-6 years) of the total population were enrolled for pre-school education under ICDS and about 72 per cent of them were actually attending pre-school education activities.** All of the enrolled children (100%) from State of West Bengal and significant (more than 80%) number of children from the States of Andhra Pradesh, Chhattisgarh, Bihar, Haryana, Karnataka, Madhya Pradesh, Nagaland, and UT of Daman & Diu were found attending pre-school education activities. The situation needs improvement in the State of Uttar Pradesh where only little more than 50 per cent of registered children were found attending pre-school education.

**It was found that 58.12 per cent of AWCs were having adequate availability of PSE Kit for children.** Though, all AWCs (100%) in the States of Andhra Pradesh, Haryana and Jharkhand and majority of AWCs (more than 85%) in the states of Assam, Chhattisgarh, Himachal Pradesh and Punjab were found having availability of PSE Kit, however, the availability of PSE Kit was not found in any of the AWCs in the state of West Bengal.

**The data further reveals that only little more than one fourth (27%) of AWWs had prepared the low cost teaching and learning material used in conducting pre- school education.** Majority of AWWs in the state of Odisha(93%) had prepared the low cost teaching and learning material for pre- school education. However, none of AWWs in the states of Nagaland and West Bengal were found preparing low cost TLM.

## Monitoring and Supervision

- **Monitoring Visits**

**The data reveals that little more than two third (67.5%) of CDPOs were visiting the AWCs to monitor and supervise them.** The states where all CDPOs (100%) were visiting AWCs for monitoring and supervision were Andhra Pradesh, Assam, Haryana, Jharkhand, Nagaland and UT of Daman & Diu.

- **Monitoring Methods of AWCs**

For monitoring and supervision of AWCs **little more than half (56.41%) of CDPOs were found using checklist as a monitoring method.** All the CDPOs in the states of Assam, Jharkhand and Uttarakhand were found using checklist as one of the method of



monitoring and supervising the AWCs. Further, MPR was used for monitoring and supervising AWCs by about half (50.43%) of CDPOs. Though in the state of Jharkhand all(100%) CDPOs and majority (80%and above) of CDPOs in the states of Bihar and Madhya Pradesh were found using MPR as monitoring and supervision tool.

- **Awareness about Five-Tier Monitoring System**

**Only little more than half (57.45%) of CDPOs were found aware of Five-tier monitoring system of ICDS.** Though, in the states of Chhattisgarh and Uttar Pradesh, majority (more than 75%) of CDPO were found aware of five-tier monitoring system, however, none of the CDPOs in the states of Assam, Gujarat, Nagaland, West Bengal and UT of Daman and Diu were aware of five-tier monitoring system.

- **Revised MIS Guidelines**

**It was found that little more than half (58%) of the ICDS projects have received revised MIS guidelines and formats.** Though, in the states of Andhra Pradesh, Assam, Chhattisgarh, Madhya Pradesh and Punjab all of the ICDS projects have received revised MIS guidelines and formats, however, adoption of such guidelines was not found in any of the ICDS project located in the states of Odisha, West Bengal and UT of Daman & Diu.

- **Revised Records & Registers**

**It was found that less than half (44%) of the ICDS projects have received revised records and registers.** Though, all ICDS projects in the states of Andhra Pradesh, Assam, Madhya Pradesh and Nagaland have received such revised records and registers. However, none of the ICDS projects in the states of Odisha, West Bengal and UT of Daman & Diu were found having received revised records and registers.

### **Information, Education and Communication**

**The data reveals that 72.65 per cent of ICDS Projects were conducting IEC activities.** Though in all ICDS Projects (100%) located in the States of Andhra Pradesh, Haryana, Himachal Pradesh, Odisha, Punjab and UT of Daman & Diu were found organising IEC activities, however, such activities were found missing in ICDS Projects of the state of Nagaland .

**The organisation of awareness rallies on different aspects of ICDS was found only in less than half (45%) of ICDS Projects.** Though all ICDS Projects located in the States of Andhra Pradesh, Chhattisgarh and Jharkhand organise such rallies, however, such status was reported poor in the States of UP and Punjab, where only about one fourth of ICDS projects organise such events. Organisation of awareness rallies were reported in one third of ICDS Projects from the States of Haryana and Himachal Pradesh.

- **Involvement of Community**

**The involvement of community was found in only less than half (43.59%) of the AWCs located across the country.** Though community involvement in various activities of ICDS was found in all AWCs located in the States of Jharkhand and Nagaland and in substantial number of AWCs in the States of Gujarat (85%), Chhattisgarh(77%) Haryana (73%) and in UT of Daman and Diu (80%), however, such involvement was not found remarkable in the States of UP(14%), Uttarakhand (26%) and in Assam (20%).

# **Conclusions & Recommendations**





Based on the findings of the study, following broad conclusions and recommendations may be drawn

### Physical Set Up

Various aspects such as building status in terms of Pucca / kutcha building, location of Anganwadi Center in terms of distance from beneficiary's habitat, availability of safe drinking water, indoor/outdoor space provisions etc were taken into account for assessing the physical set up of the AWC. It is remarkable to note that **though substantial number of AWCs (about close to ninety per cent) were found located in Pucca building, however marginal number of those AWCs which were located in Kutcha building needs to be replaced by Pucca building** from the financial provisions available either under restructured ICDS or by leveraging the funds from BRGF, Area Development Programme, MSDP, RIDF, MGNREGA, 13<sup>th</sup> Finance Commission, MLALAD, MPLAD etc. There is also a need to ensure the availability of toilets. **Concerted efforts are also needed to locate the AWC within the village and to provide toilets in convergence with Total Sanitation Programme as only less than half of AWCs were found located within same village and more than half of them were not having functional toilets.**

### Personal Profile and Training

**It is evident from the findings of the study that not only better qualified women have been joining the cadre of AWWs but there has been an intense competition being faced by them to become AWWs.** This conclusion is based on the finding that about one third of AWWs were Metric as specified in ICDS Mission and about one third of them were 12<sup>th</sup> pass. Little less than one fifth of AWWs were also found Graduate and 10 per cent of AWWs as Post Graduate. In view of this changing trend, due to presence of more educated work force as AWWs, there is a persistent need for rewarding them with more suitable monetary incentives and promotional avenues.

**Strengthening human resources, particularly at the managerial and supervisory level of CDPOs and Supervisors respectively needs proper consideration.** The conclusion is based on the finding that though sizeable number ( more than 95 per cent) of AWWs were in position, however they were not getting proper guidance and supervision either due to non filling of about one third positions of CDPOs and Supervisors or due to lack of guidance and organization of actual demonstration sessions by them. It was found that only marginal number of CDPOs and Supervisors monitor the AWCs with the help of check list /MPRs and organise the demonstration sessions on various essentials like MCP card, revised MPRs and registers etc.

**Substantial numbers of ICDS functionaries have received job training, however there is a need to focus more on refresher training.** The conclusion is based on the fact that though majority of ICDS functionaries have received job training but majority of them have not yet further undergone through periodical refresher training as a result many of them

were not aware with various recent interventions introduced in ICDS. It was found that many of the ICDS functionaries received the job training a decade earlier when lots of new interventions in ICDS were not introduced and thus they need refresher training in the light of new components of restructured ICDS like Sneha Shivirs, taking care of children of special needs, IYCF, NRCs etc. **Categorical instructions are required to be issued to emphasize the need for undergoing refresher training by all ICDS functionaries.**

### Service Delivery

The study reveals that **majority of ICDS beneficiaries (children below six years of age and pregnant and lactating women) were not only enrolled but were also actually availing the benefits of supplementary nutrition.** The distribution of various types of supplementary nutrition (THR, Hot Cooked Meal and Morning Snacks) as per norms (prescribed under ICDS Mission) to various types of ICDS beneficiaries was observed in majority of the AWCs. During the focused group discussions, **community satisfaction with the quality of supplementary nutrition was also observed.** Despite of community satisfaction over quality of supplementary nutrition and distribution of supplementary nutrition as per norms envisaged in ICDS Mission, **interruption in supply of supplementary nutrition needs to be removed in many of the high burden districts.**

**Though the status of supplementary nutrition was quite satisfactory, despite of interruption, however, in the absence of proper delivery of IEC interventions for Behavior Change, it is difficult to improve the nutritional indicators in high burden districts.** The conclusion is based on the fact that only marginal numbers of ICDS Projects were found organising nutrition exhibition and distribution of IEC Material. Such services were found not getting due attention in the States like Uttar Pradesh, MP, Rajasthan and Bihar, where significantly more than half of high burden districts ( 108 out of 200 districts ) are located.

**Health Check Up needs to be done in continuous and comprehensive way.** The conclusion is based on the fact that though health check up of children and pregnant women were being carried out in majority of AWCs but in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. The conclusion is based on the fact that comprehensive health check up taking care of all its aspects (like recording weight, height, checking eyes, worm infestation, anemia, vitamin A deficiency, oedema etc) in case of children was not found in any of the AWC. Similarly, comprehensive health check up taking care of all its aspects ( like taking weight, measuring blood pressure, urine examination, blood examination, measuring pulse rate, checking oedema, checking fetal movement etc) etc) in case of pregnant women was found missing in all of the AWCs taken in the study. The practice of minimum three ante natal check up of pregnant women was only found in half of the total AWCs taken in the study. **It is recommended that health check up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram( Child Health Screening and Early Intervention Services ) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, diseases, deficiencies and development delays including disabilities .** Regular health screening of pre-school children upto 6 years of age using Aganwadis as a platform is essential component of RBSK. Health Camp registers are required to be maintained under

the RBSK. **Referral services are also recommended to be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

**Though substantial number (more than 90 per cent ) of children were being weighed according to New WHO Child Growth Standards, however there is a need to impart specialized sensitization and practical training on Use of New WHO Growth Charts to ICDS functionaries.** The conclusion is based on the fact that accuracy of weighing and plotting on New WHO Child Growth Standards was observed in only half of AWWs. Further, in the absence of non organisation of counselling sessions based on Growth Monitoring by AWWs, the weighing and plotting exercise is of no use.

### Monitoring and Supervision

**Though rigorous monitoring and on the spot guidance by CDPOs and Supervisors are required to take corrective measures , however, in line with earlier evaluations of ICDS , this was again found quite weak.** It was found that in none of the ICDS project, the monitoring was being performed as per norms envisaged in guidelines issued by MWCD, GOI. Very few CDPOs were found approving monitoring visits plans of Supervisors and only half of them were found aware about five tier monitoring system introduced by MWCD, GOI much earlier in 2010. **The supervisory staff needs to be properly instructed to do the same and as per the provisions contained in Five Tier Monitoring System introduced by MWCD, GOI in this regard.**

### Information, Education, Communication and Community Mobilization

**Community participation in implementation of ICDS was found marginal.** The conclusion is based on the fact that majority of the CDPOs were found unaware about various provisions contained in restructured ICDS for community involvement. Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.





## SELECTED HIGH-BURDEN DISTRICTS

A. COMMON DISTRICTS SELECTED ON THE COUNT OF UNDERNUTRITION AND ANAEMIA USING DLHS-II DATA AS WELL AS FROM EAG STATES											
Sl. No.	State	Districts	No. of Blocks	Sl. No.	State	Districts	No. of Blocks	Sl. No.	State	Districts	No. of Blocks
1	Bihar	Bhagalpur	16	51	Madhya Pradesh	Raisen	7	101	Uttar Pradesh	Chitrakoot	5
2		Buxar	11	52		Rajgarh	6	102		Etawah	8
3		Darbhanga	18	53		Ratlam	6	103		Faizabad	11
4		Gopalganj	14	54		Shajapur	8	104		Farukhabad	7
5		Jamui	10	55		Sheopur	3	105		Fatehpur	13
6		Jehanabad	7	56		Shivpuri	8	106		Ghaziabad	8
7		Lakhisarai	7	57		Sidhi	8	107		Ghazipur	16
8		Madhepura	13	58		Tikamgarh	6	108		Hamirpur	7
9		Madhubani	21	59		Ujjain	6	109		Hardoi	19
10		Munger	9	60		Umaria	3	110		Hathras/ Mahamaya Nagar	7
11		Muzaffarpur	16	61		Vidisha	7	111		Jhansi	8
12		East Champaran	27	62		Khargone (West Nimar)	9	112		Kanpur Nagar	10
13		Purnia	14	63	Orissa	Boudh (Bauda)	3	113		Kaushambi	8
14		Saharsa	10	64		Dhenkanal	8	114		Sant Kabir Nagar	7
15		Samastipur	20	65		Gajapati	7	115		Lucknow	8
16		Sitamarhi	17	66		Kalahandi	13	116		Mahoba	4
17		Supaul	11	67		Koraput	14	117		Mainpuri	9
18	Chhattisgarh	Bastar	14	68		Malkangiri	7	118		Maunathbhanjan	9
19		Dantewada	11	69	Rajasthan	Ajmer	8	119		Meerut	12
20		Durg	12	70		Alwar	14	120		Moradabad	13
21		Jashpur	8	71		Baran	7	121		Muzaffarnagar	14
22		Kanker	7	72		Barmer	8	122		Siddharth Nagar	14
23		Kawardha	5	73		Bikaner	6	123		Jaloon	9
24		Korba	5	74		Chittorgarh	14	124		Kushinagar	14
25		Mahasamund	5	75		Churu	6	125		Pilibhit	7
26		Raipur	15	76		Dausa	5	126		Rae Bareli	21
27	Jharkhand	Chatra	10	77		Dholpur	4	127		Rampur	6
28		Dhanbad	8	78		Dungarpur	5	128		Shahjahanpur	15
29		Dumka	4	79		Jaipur	13	129		Unnao	16
30		Giridih	12	80		Jhunjhunun	8	130	Uttaranchal	Chamoli	9
31		Koderma	5	81		Jodhpur	10	131		Champawat	4
32		West Singhbhum	15	82		Karauli	5	132		Haridwar	6
33	Madhya Pradesh	Barwani	7	83		Kota	5	133		Pauri Garhwal	15
34		Bhind	6	84		Rajsamand	7	134		Tehri Garhwal	10
35		Chhindwara	11	85		Sawai Madhopur		135		Udham Singh Nagar	6
36		Damoh	7	86		Sirohi	5			Total (No. of Blocks)	355
37		Datia	3	87		Tonk	7				
38		Dewas	6	88		Udaipur	11				
39		Dindori	7	89	Uttar Pradesh	Kanpur Dehat	10				
40		Khandwa (East Nimar)	7	90		Aligarh	12				
41		Guna	5	91		Allahabad	28				
42		Hoshangabad	7	92		JP Nagar	6				
43		Indore	4	93		Auraiya					
44		Jabalpur	6	94		Azamgarh	22				
45		Jhabua	6	95		Baghpat	6				
46		Katni	6	96		Banda	8				
47		Mandsaur	5	97		Barabanki	17				
48		Morena	7	98		Sant Ravidas Nagar	6				
49		Neemuch		99		Bulandshahr	15				
50		Panna	5	100		Chandauli	9				
	<b>Total (No. of Blocks)</b>		<b>482</b>		<b>Total (No. of Blocks)</b>		<b>416</b>		<b>Grand Total (No. of Blocks)</b>		<b>1253</b>

**B. DISTRICTS\* SELECTED ON THE COUNT OF UNDERNUTRITION AND ANAEMIA USING DLHS-II DATA FROM NON - EAG STATES**

Sl. No.	State	Districts	No. of Blocks	Sl. No.	State	Districts	No. of Blocks
1	Andhra Pradesh	Guntur		36	Maharashtra	Nashik	15
2	Andhra Pradesh	Srikakulam		37	Maharashtra	Gondiya	8
3	Andhra Pradesh	Karimnagar		38	Nagaland	Phek	5
4	Assam	Golaghat	8	39	Punjab	Muktsar	4
5	Assam	Karimganj	7	40	Punjab	Firozpur	10
6	Assam	Nagaon	18	41	Punjab	Sangrur	13
7	Daman & Diu (UT)	Daman	1	42	Punjab	Amritsar	9
8	Daman & Diu (UT)	Diu	1	43	Punjab	Hoshiarpur	10
9	Haryana	Faridabad	5	44	Punjab	Mansa	5
10	Haryana	Kaithal	6	45	West Bengal	Dakshin Dinajpur	8
11	Haryana	Gurgaon	4	46	West Bengal	Puruliya	20
12	Haryana	Panipat	5	47	West Bengal	Birbhum	19
13	Haryana	Yamunanagar	6			<b>Total (No. of Blocks)</b>	<b>126</b>
14	Karnataka	Kolar	5				
15	Karnataka	Bagalkot	6				
16	Karnataka	Bellary	7				
17	Karnataka	Gulbarga	6				
18	Maharashtra	Wardha	8				
19	Maharashtra	Buldana	13				
20	Maharashtra	Nandurbar	6				
21	Maharashtra	Nanded	16				
22	Maharashtra	Gadchiroli	12				
23	Maharashtra	Chandrapur	15				
24	Maharashtra	Jalgaon	15				
25	Maharashtra	Washim	6				
26	Maharashtra	Ahmadnagar	14				
27	Maharashtra	Parbhani	9				
28	Maharashtra	Dhule	4				
29	Maharashtra	Bid	11				
30	Maharashtra	Amravati	14				
31	Maharashtra	Jalna	8				
32	Maharashtra	Nagpur	13				
33	Maharashtra	Sangli	10				
34	Maharashtra	Mumbai					
35	Maharashtra	Hingoli	5				
		<b>Total (No. of Blocks)</b>	<b>264</b>		<b>Grand Total (No. of Blocks)</b>		<b>390</b>

SL. NO.	CRITERIA FOR SELECTION	NO. OF DISTRICTS	NO. OF BLOCKS
A.	Common Districts Selected on the Count of Undernutrition and Anaemia using DLHS - II data as well as from EAG States	135	1253
B.	Districts selected on the Count of Undernutrition and Anaemia using DLHS - II data from Non - EAG States	47 + 18* = 65	390 + 145* = 535
	<b>Total No. of Districts</b>	<b>200</b>	<b>1788</b>

*\*Remaining 18 Districts (incl. 145 blocks) will be notified later*

S. No.	State	Districts		Projects		AWCs			
		District Code	Name of the district	Project Code	Project Name	AWC Code	AWC Name		
1	Andhra Pradesh	1	Karimnagar	1	Huzurabad	1	Peddapally		
						2	Elbaka		
						3	Jupaka		
						4	Madhannapeta-I		
						5	Rajapalli		
				2	Jagtial	6	Kalleda-III		
						7	Vasthapur		
						8	Boiwada		
						9	Shakulapalli		
						10	Sarangapur-I		
				3	Vemulavada	11	Venkatarapally		
						12	Sanugula		
						13	Valtemla-I		
						14	Hanmaji Peta-I		
						15	Bavugaipeta-III		
2	Assam	2	Nagaon	4	Pachim Kaliabor	16	54 Dhanekhowa		
						17	56 No, Dhanekhowa		
						18	Dakkhin lakkhna bandha		
						19	Barghat Dhapni line AWC		
						20	Borghuli Ne Bhurbandha		
		3	Golaghat	5	Morangi ICDS Project	21	Abhayjangaon AWC		
						22	Murphulani gaon		
						23	Halowagaon AWC		
						24	Kanaighat AWC		
		4	Karimganj	6	South Karimganj ICDS Project	25	Baligun		
						26	Singaria AWC		
						27	139		
28	Singaria-II								
3	Bihar	5	Purnia	7	Bhawanipur	29	Pinnagar AWC		
						30	Jiadhara AWC		
						31	Durgapur		
						32	Bawbhanchaka		
6	Jehanabad	8	Jehanabad (01)	33	Durgasthan Babanchakka				
				34	Panchayat Bhawan Supauli				
				35	Awdesh Mandal				
				36	Jafargunj B (Code 150)				
				37	Dugdhasheetak kendra (code 144)				
				38	New Mohalla (code171)				
				39	Daulatpur A (Code 132)				
				40	5 Nayatola south (code 183)				
				7	Buxar	9	Navanagar	41	Bind toli (Code 102)
								42	Purani bazaar west (code 01)
								43	Muslim tola (code 16)
44	Manjhali patti (code 04)								

					45	Purani bazaar pichchadi toli (code 05)	
		8	Darbhanga	10	Jale	46	Paswan Tola Sahaspur 82
						47	Brahmin Tola
						48	Sonar Tol
						49	Durga Asthan
						50	Haluway Tol
		9	Muzaffarpur	11	Kanti	51	Kishangang 20
						52	Rampur Luxmi 61
						53	Bariya Kolhou 193
						54	Dehwahan 57
						55	Kothia Uttari tola 20
		10	Saharsa	12	Sonbarsa, ICDS	56	Maina Uttar 61
						57	Maina Dakhin 62
						58	Sonarsa Dakhin 1
						59	Dehad Musahri 74
						60	Dehat Paschim 73
		11	Lakhisarai	13	Suryagadha, ICDS	61	Vanshikut Chanyela 83
						62	Coprative godam
						63	Basgadha 79
						64	Samuday Bhawan
						65	Uttkamit Maha Vidyalaya 74
4	Chhattisgarh	12	Korba	14	Korba (U)	66	Ayadhyapuri No.1
						67	Darri No.3
						68	Darri No.1
						69	Ayadhyapuri No.2
						70	Darrikhar No.2
		13	Kawardha	15	Pandava	71	Anganwadi Kendra
						72	Indragandhi ward No.9
						73	Sector Paraswara
						74	Bal Gangadhar Tilak Barakpara
						75	Paraswara centre No.2
		14	Durg	16	Bhilai Urban-II	76	Daluapar, Bhilai-3
						77	Subhas Sadan Ulada
						78	Vidyut Mandal Bhilai-3
						79	Udla-I
						80	Dabrapara
		15	Dantewada	17	Dantewada	81	Chitalanka Indrawas Parra
						82	Dantewada ward no. 9
						83	254 Chitanaka
						84	252 Thota Para
						85	105 Cheetalanka Barrapara
		16	Kanker	18	ICDS Kanker	86	Kulgaon (39)
						87	124 Atur Gaon
						88	67 Singarbhat 1
						89	135 Thelaboard 3
						90	88 Pathri 1st
		17	Raipur	19	Arang	91	Pandhi 261
						92	161 Rasni
						93	Rasni 1 Bhantapara



7	Haryana	27	Kaithal	29	Kaithal Rural ICDS	141	029 Kultaran
						142	30 Jadgehpura
						143	31
						144	027 Kaithal Rural
						145	28
		28	Yamuna Nagar	30	Jagadhri ICDS	146	Fatehpur AWC
						147	Rulakheri
						148	Kalanpur
						149	Bhojpur
						150	Kunjal Kamnonj
		29	Panipat	31	Samalkha ICDS	151	Namunda AWC
						152	Karhana
						153	Pawti AWC
						154	Machrali
						155	Hathwala AWC
8	Himachal Pradesh	30	Kinnaur	32	Nihar	156	Chaura
						157	Shango
						158	Kafnoo
						159	Ponda
						160	Palingi
		31	Sirmaur	33	Panota Sahib	161	Majna 3
						162	Majra-1
						163	Kolar-1
						164	Satawn-1
						165	Kolar-5
		32	Kangra	34	Bhawarna	166	Bhawarna
						167	Nangnal
						168	Rajoo Devi
						169	Kakrehar
						170	Punna tara
9	Jharkhand	33	Dumka	35	Masalia ICDS	171	Harorai Dakhshini
						172	Lakhanpur Paharia tola
						173	Jhiluwa
						174	Gowasol
						175	Kathalia, Santhali tola
		34	Chaibasa (W. Singhbhum)	36	Khutpani, W. Singhbhum	176	Barukuti-II
						177	Basalagai, Kumhartoli
						178	Kendu lota
						179	Unchuri-I
						180	Uparlota
		35	Chatra	37	Sadar, Chatra	181	Dewaria
						182	Line Mohalla
						183	Nagwa utri
						184	Nagwa Dakhshmi
						185	Nursery school, Diga-I
10	Karnataka	36	Kolar	38	Malur- ICDS	186	Hanumantha Nagar
						187	Chokkandalli
						188	Doddakaduthuru
						189	Chikkakunturu
						190	Hungenahalee

				39	Mulbagal	191	Shivakeshava nagar
						192	Hydarinagar B
						193	Rachabandahally
						194	Chamakalapalli
						195	Nachahalli
		37	Bagalkot	40	Hungund	196	Hadagali-I
						197	H Sulebhavi
						198	Ainole- IV
						199	Amaravathi
						200	Ganjittal-III
				41	Bilagi	201	Shiraguppi
						202	Ballur
						203	Chikkahanchinal
						204	Korati
						205	Girisagar
				42	Jamakhandi	206	Hanuman Gudi
						207	KHDC Colony Banahatti
						208	Maharaga Siddha AWC
						209	Hunnur SC Colony
						210	Chikkapadasalagi
		38	Bellary	43	Kudligi	211	Nagarakatte
						212	Virupapura
						213	Aluru Gollareddy
						214	V.Kendra,Kudligi
						215	Chapparadhahalli
				44	Bellary rural	216	Sirvar
						217	Somsamudra
						218	Kappagal
						219	Kodapgal
						220	Moka
				45	Sanduru ICDS Rural	221	Sushil nagar-I
						222	Venkatalakshm
						223	Sharda
						224	Taranagar
						225	Bandri IV
		39	Gulbarga	46	Gulbarga -R	226	Kujunoor-I
						227	Srinivasa Saridigi-III
						228	Venkatabenuru -I
						229	Kurikota-I
						230	Auradh
				47	Gulbarga -U	231	Shivalingamme
						232	Shanta
						233	Yashoda
						234	Nagamma
						235	Ansuya
11	Madhya Pradesh	40	Indore	48	Rural-1	236	Bhoi Mohalla Hatod
						237	Jambudi Habsi-1
						238	Bagri Mohalla Hatod, AWW Name-Bharti Kalyani
						239	Sunaar Gali, Hatod AWW Name-Jyoti Chouhan

				240	Jambudi Hapsi-II
41	Jhabua	49	Jhabua Tribal	241	Rati Talai Jhabua
				242	AWW Name-Vachna Parmar
				243	AWW Name-Chanda Dhakde
				244	Bavel Compound, Jhabua AWW Name-Priya Sarolkar
				245	College Road, Jhabua (AWW Name-Seeta Variya)
42	Neemuch	50	Neemuch Urban	246	Biharganj, AWW Name-Lajwanti Verma
				247	Pustak Bazar, AWW Name-Radha Sharma
				248	Shrilaxmi Anganwadi
				249	Deewan Chowk Anganwadi
				250	Biharganj, Anganwadi, AWW Name-Shahila
43	Khargone	51	ICDS Khargone Rural	251	Ganesh Chowk, Khargone Rural
				252	Mata Chowk-II AWW Name-Pramila Amode
				253	Premnagar
				254	AWW Name Hemlata Bachane (07354593039)
				255	AWW Name-Nirmal Amodaya, Jaitpur
44	Ratlam	52	Sailana	256	Basindra
				257	Dev rundi
				258	Julwaniya
				259	Makodiyarundi
				260	Khanpurabad
45	Ujjain	53	Ingoriya (Badnagar-2)	261	Ingoriya IV
				262	Ingoriya- I
				263	Ingoriya- II
				264	Khadotiya
				265	Chikli -I
46	Dewas	54	ICDS Bagli	266	Ward- I Bagli, AWC-I
				267	Chhatarpura-I
				268	Kevtiya Pani
				269	Lal Ghati- II
				270	Ruplipura
47	Guna	55	Raghogarh	271	Ward-II Raghogarh-II Patnai
				272	Kolua
				273	Karmakhedi-I
				274	Awan-III
				275	Balka-I
48	Vidisha	56	Ganjbasoda	276	Swarupnagar-I
				277	Nasidpur
				278	Ward 22, Basoda
				279	Jhilipur-I
				280	Udaipur-IV
49	Hoshangabad	57	ICDS Project Kesla	281	Gomtipura-108
				282	Jhunkar-I
				283	Dodi



					284	Nayakheda-50	
					285	Kiralpur	
	50	Raisen	58	Bareli	286	Bhodiya-II	
					287	Kamton-I	
					288	Maheshwar-I	
					289	Bag pipariya-I	
					290	Kotr Ganesha-I	
	51	Shivpuri	59	Shivpuri	291	Mudery-I	
					292	Vinega Sherana	
					293	Satanwada-II	
					294	Indragadh (Subhashpura)-I	
					295	Dholagadh-III	
	52	Katni	60	Mudawara (R)	296	Chaka AWC No.82	
					297	Dindwara AWC No.72	
					298	Hardua AWC No.64	
					299	Hardua-I AWC No.63	
					300	Koodho	
	53	Khandwa	61	Ponasha	301	Kendra No. 7 , Pragya Nagar	
					302	Kendra No. 6, Dukiya	
					303	Kendra No. 5, Balwadi	
					304	Bhamhpur & Kendra No-4	
					305	Bhampiri -4	
	54	Datia	62	Gramin-I	306	Jharia	
					307	Kalipura	
					308	Gram-I	
					309	Sindwari	
					310	Kuheri	
12	<b>Maharashtra</b>	55	Chandrapur	63	ICDS Chandrapur-Padoli	311	Tadali
						312	Anganwadi Kendra Padoli No.4
						313	Padoli No. 5
						314	Padoli No. 3
						315	Anganwadi Padoli
	56	Wardha	64	Seloo	316	Hingni	
					317	No. 20, Zila parishad primary school ghorad	
					318	Ramana Anganwadi	
					319	Sukali	
					320	Ghorad No. 19	
	57	Washim	65	ICDS Manora	321	Pohradevi AWC No. 1	
					322	Pohradevi AWC No.2	
					323	Pohradevi AWC No. 5	
					324	Wadgaon	
					325	Vasant Nagar Pohradevi	
	58	Ahmednagar	66	Rahta	326	Ashtagaon Gawthan	
					327	Loni Budurg Chari	
					328	Balke Dasti	
					329	Kohrade Dabhade vasti	
					330	Babhaleshwar Substation	
	59	Dhule	67	Dhule 3	331	Phagne AWC-3	
					332	Bhiladi AWC-2	

					333	Nagao AWC-3	
					334	Kapadne AWC- 10	
					335	Phagne AWC-4	
		60	Nashik	68	Trimbakeshwar	336	Dhumodi AWC-7
						337	Torangan AWC-19
						338	Rohila (1) AWC-1
						339	Daryachiwadi AWC-7
						340	Ganpatbari
		61	Gadchiroli	69	Gadchiroli (R)	341	Kaneri AWC No.22
						342	Indala AWC No.21
						343	Kotgal AWC No.24
						344	Pardi AWC No.19
						345	Murkhala AWC No.13
		62	Gondiya	70	Gondiya (R)	346	Sadak Arjuni AWC No.2
						347	Kodanudi
						348	Buddhanagar
						349	Fulenagar
						350	Kohmara
		63	Nanded	71	Hadgaon	351	Wadgaon Budruk
						352	Hardaf
						353	Lyahari
						354	Hadsani
						355	Dorli
		64	Jalna	72	Badnapur	356	Devgaon
						357	Somthana
						358	kadegaon
						359	Warudi
						360	Dudhanwadi
13	<b>Nagaland</b>	65	Phek	73	Kikruma	361	Kikru town
						362	Kikruma village
						363	Kikruma Centre no. 4
						364	Phisachodii AWC
						365	Phisachodu AWC, Centre No.9
14	<b>Odisha</b>	66	Gajapati	74	Paralkhemundi (Gosani) Rural ICDS	366	Bodonilapor AWC
						367	Mahadeipur AWC
						368	Kaithada AWC
						369	Adagam AWC
						370	B. Sitapur AWC
		67	Kalahandi	75	Junagarh Rural ICDS	371	Makarsola no. 101
						372	Kendupati AWC
						373	Chhoriagarh 1 AWC
						374	Pitguda AWC no. 225
						375	Badadumerbahal No. 55
		68	Malkangiri	76	Mathili ICDS project	376	T. Godiali AWC
						377	Badaguda AWC
						378	K. Majhianda AWC
						379	Sunabahal AWC
						380	Bariabahal AWC
15	<b>Punjab</b>	69	Ferozpur	77	Ferozpur (U)	381	Harihar AWC No.90
						382	New Janta Nagar

					383	Theme ki AWC No.4	
					384	Balewala	
					385	Bhandarian Wali Gali AWC No.236	
	70	Muktsar	78	Lambi	386	Vanwala Anuka	
					387	Jhannu village	
					388	code 96 vanwla anuka	
					389	Lalbagi	
					390	code 95 vanwla anuka	
	71	Mansa	79	Bhikhi	391	Center no 109	
					392	Morsang wala	
					393	Jassad wala	
					394	Dhalewa centre	
					395	Hodla kalan	
	72	Hoshiarpur	80	GarhShankar	396	Model AWC No. 2	
					397	Dhada Kalan	
					398	AWC No. 2 Dhadda Kalan	
					399	Chakfullu	
					400	Centre No. 1 Dhamai	
16	Rajasthan	73	Alwar	81	Umren	401	umren -1st
					402	Barkheda	
					403	Indok	
					404	Akbarpur	
					405	Umren IV	
			82	Ramgarh	406	Bagadmoyo-1	
					407	Bagadmoyo-2	
					408	Kesroli II	
					409	Nagla banjir ka	
					410	Goha III	
	74	Ajmer	83	Sri Nagar	411	Bhudoli	
					412	Srinagar-IV	
					413	Kiranipura	
					414	Ramnerdhani	
					415	Morajhari	
	75	Swai Madhopur	84	Swai Madhopur (R)	416	Khilchipur-I	
					417	Sailpur	
					418	Rewal	
					419	Ram Singh Pura-I	
					420	Rawal-I	
	76	Tonk	85	Tonk (R)	421	Ghansh	
					422	Chandlai-II	
					423	Darda Turki-I	
					424	Sohila-I	
					425	Sisola	
	77	Dausa	86	Lalsot	426	Deedwana (Khora Pada)	
					427	Deedwana-3	
					428	Shivnanda-II	
					429	Meel	
					430	Indova-I	
	78	Jaipur	87	Sanganer, Jaipur	431	Main Bazar Vatika-II	

				(R)	432	Harijan Mohalla Vatika-III	
					433	Tejajika Mohalla Vatika-I	
					434	Jagatshiromani	
					435	Mahaveer-III	
	79	Bikaner	88	Nokha-II	436	WARD NO 8	
					437	WARD NO 11	
					438	WARD NO 4	
					439	WARD NO 6	
					440	3	
	80	Udaipur	89	Baudgaon	441	102	
					442	12	
					443	17	
					444	Madar First	
					445	2	
	81	Jodhpur	90	Phalodi	446	32	
					447	kheechan 1	
					448	ward no.24	
					449	kheechan 3	
					450	ward no 2	
	82	Kota	91	Ladpura-Rural	451	53	
					452	kasar-1	
					453	kasar-2	
					454	chandercel-1	
					455	chandercel-2	
17	Uttar Pradesh	83	Auraiya	92	Auraiya Rural	456	Mahuli-II
						457	Jaitpur-II
						458	Demseni
						459	Barmupur
						460	Chichuli
		84	Orai, Jalun	93	Kuthund	461	Maroda-I
						462	Hadrukh-I
						463	Nawasi
						464	Hussanpur
						465	Hari Shankarpur
		85	Hamirpur	94	Kurara	466	Raghuwa
						467	Rithari-I
						468	Kutubpur-II
						469	Jalla-I
						470	Khurand-II
		86	Mahoba	95	Charkhari	471	Guda-IV
						472	Akthoha-V
						473	Ahthun
						474	Naredi
						475	Supa
		87	Jhansi	96	Badagaon	476	Bhojla-II
						477	Digara-I
						478	Bachwali
						479	Laxmanpur
					480	Kolwa	
	88	BulandShahr	97	Khurja	481	Nehrupur	

				482	Moda Kheda
				483	Dharaun
				484	Chingrawli
				485	Shapurkala
89	Faizabad	98	Maya Bazar	486	Dewasurya, Bhanpur-I
				487	Kanrpur-I
				488	Jarahi-I
				489	Rausra-II
				490	Shankarpur
90	Chitrakoot	99	Karvi, Rural	491	Ranipur
				492	Chitra-Gokulpur
				493	Village Kutaha, Chitrakoot Lucknow
				494	Shivrampur-II
				495	AWW Name-Naval Kishor Shukla
91	Etawah	100	Badpura	496	Naglaudai
				497	Kandhamri
				498	Alampur, Holy
				499	Sarai Eshad
				500	Udi-I
92	Banda	101	Narayi ICDS Project	501	Jamwara
				502	Pukari-I
				503	Pukari-II
				504	Gudhan Kalan
				505	Pausra-I
93	Shahjhanpur	102	Powayan	506	Sadarpur, Budagaon
				507	Mahua Pathak, Korokunyan
				508	Jeba
				509	Bada Gaon
				510	Kanja, Satwa Bujang
94	Aligarh	103	Dhanipur	511	Morthal
				512	Kodra
				513	Hardnaganj Town Area
				514	Naya Vas, Narendra Gadhi
				515	Hardnaganj Dehat
95	Meerut	104	Daurala	516	Kendra No.2
				517	Kendra No.1
				518	Kendra No.1
				519	Kendra No.7
				520	Kendra No.1
96	Rampur	105	Chamrauwa	521	Pathar Kheda
				522	Panwaria
				523	Faizullah Nagar
				524	Baghi
				525	Alinagar Janubi No.1
97	Muzzafarnagar	106	Khatoli	526	Khanupur
				527	Gitapuri
				528	Shekhpura
				529	Bhaisi
				530	Badsu

		98	Baghpat	107	Badaut	531	Alaulpur
						532	Rustampur
						533	Madhav pur
						534	Gugakheri
						535	Bawli
		99	Kanpur Nagar	108	Sarsoul	536	Fathepurwa
						537	Hathipur
						538	Tileshari Khurd-II
						539	Beta Saket
						540	Pali Khurd
		100	Unnao	109	Bichhia	541	Jamuna Kheda
						542	Ajit Kheda
						543	Jingari
						544	Shiv bash kheda
						545	Bhauna kheda
		101	Lucknow	110	Chinhat	546	Shahpur
						547	Semra
						548	Uttar dhuna
						549	Mallhor -I
						550	Matiyari
		102	Barabanki	111	Banki	551	Dhakuli
						552	Jeyali
						553	Shahabpur-I
						554	Badel-II
						555	Jalalpur
103	Hardoi	112	Tadiyawan	556	Jio		
				557	Saaripur		
				558	Unawti		
				559	Tadiywan-II		
				560	Amethiya		
18	Uttrakhand	104	Haridwar	113	Bahadrafad-II-Haridwar	561	Kasaban-III, Jwalapur
						562	Kasaban-VI, Jwalapur
						563	Kasaban-VII, Jwalapur
						564	Kasaban-V, Jwalapur
						565	Kasaban-II, Jwalapur
		105	U.S.Nagar	114	Rudrapur Gramin	566	Jawahar Nagar-I
						567	Shantipuri 2-2
						568	Chukti-II
						569	Kalyanpur-I
		106	Champawat	115	Champawat (R)	570	Lalpur-IV
						571	Kanalgaon-I
						572	Chawki
						573	Goralchawd-II
574	Mudyani						
19	West Bengal	107	Birbhum	116	Labpur ICDS Project	575	Goralchawd-I
						576	Kurumba
						577	Barogoga No-8
						578	Mandari-28
						579	Saripa 1 (79)
						580	Mandari-II

		108	Dakshin Dinajpur	117	Balurghat (Rural)	581	Paschim Kalikapur
						582	Mamn Bara para
						583	Gupi nagar
						584	Ganagsagar (1)-20
						585	229





