



Integrated Child Development Services Scheme

Monitoring Visits

(Four Year's Time Interval Revisiting Exercise)

2008/09 – 2011/12

A Report



Central Monitoring Unit of ICDS

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Annexure-1

List of ICDS Projects and AWCs visited in the year of 2008-09 and 2011-12

Abbreviations

ADI	:	Average Daily Intake
AG	:	Adolescent Girls
ANM	:	Auxillary Nurse Midwife
AP	:	Andhra Pradesh
APR	:	Annual Progress Report
AS	:	Assam
AWC	:	Anganwadi Centre
AWW	:	Anganwadi Worker
AWH	:	Anganwadi Helper
CMU	:	Central Monitoring Unit
CDPO	:	Child Development Project Officer
DPO	:	District Programme Officer
ECCE	:	Early Childhood Care and Education
GOI	:	Government of India
GM	:	Growth Monitoring
GJ	:	Gujarat
HP	:	Himachal Pradesh
HCM	:	Hot Cooked Meal
JTC	:	Job Training Course
ICDS	:	Integrated Child Development Services
IEC	:	Information, Education and Communication
IFA	:	Iron and Folic Acid
IMR	:	Infant Mortality Rate
J&K	:	Jammu and Kashmir
KN	:	Karnataka
KSY	:	Kishori Shankti Yojana
LHV	:	Lady Health Visitor
MCPC	:	Mother and Child Protection Card
ME	:	Monitoring and Evaluation
MO	:	Medical Officer
MOU	:	Memorandum of Understanding
MP	:	Madhya Pradesh

MPR	:	Monthly Progress Report
MSDP	:	Multi Sectoral Development Programme
MWCD	:	Ministry of Women and Child Development
MN	:	Manipur
NGO	:	Non-Governmental Organization
NG	:	Nagaland
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
PB	:	Punjab
PG	:	Post Graduate
PSE	:	Pre School Education
PHC	:	Primary Health Centre
PRI	:	Panchayati Raj Institutions
Raj	:	Rajasthan
RCH	:	Reproductive and Child Health
RTE	:	Ready to Eat
SC	:	Scheduled Caste
SHG	:	Self Help Group
SS	:	Senior Secondary
SN	:	Supplementary Nutrition
SSA	:	Sarva Shiksha Abhiyan
TN	:	Tamilnadu
TLM	:	Teaching Learning Material
UT	:	Union Territory
UP	:	Uttar Pradesh
WB	:	West Bengal
WFP	:	World Food Programme
WHO	:	World Health Organization

Executive Summary

ICDS Programme is seen as major innovative effort in building comprehensive integrated services for children and mothers. The monitoring and supervision of the programme has been recognized as one of the essential requirements for effective functioning of the scheme. Keeping in view the importance of the monitoring, MWCD has taken many steps to revamp the MIS under ICDS. A comprehensive Monitoring and Evaluation system has already been evolved by MWCD, GOI for monitoring the projects through a regular monthly and quarterly feedback from each project. The main components of this information system are: monthly and quarterly progress reports from the Anganwadi Worker to the CDPO through Supervisors; quarterly progress report from the Supervisor to the CDPO; and Monthly and quarterly progress report from the CDPO to the State Government / Union Territory Administration with copies to the ICDS Control Room located in MWCD, GOI.

Apart from such monitoring based on monthly progress reports, Five Tier Monitoring and Review Mechanism (FTMRM) has also been put in place. The five tier monitoring process involves monitoring at Central, State, District, Block and AWCs level. As the existing monitoring system of ICDS was not found adequate for capturing all aspects of implementation of ICDS especially the qualitative assessment of the scheme, a central Monitoring Unit of ICDS was created in NIPCCD in the year of 2008 with the broader objectives to; determine the strategy to be adopted to develop effective monitoring mechanism at all levels; study convergence of services provided under other schemes ; analyze the services delivered under the ICDS at all levels; identify the bottlenecks/problems of the scheme and initiate action for corrective measures; test the accuracy of the data received at the national level; prepare detailed recommendations for improving the efficiency and effectiveness of the scheme; document some of the Best Practices at the state level, and to identify the strengths and weaknesses of the already existing monitoring system.

The broader functions as assigned to CMU includes verifying the reliability of data being collected from States/UTs in the form of MPRs/QPRs; organization of theme based workshops; organization of cross state sharing workshops; organization of review meetings; organization of review visits of senior officials of MWCD and of NIPCCD ;launching of supervision mission; consolidation of data and preparation of periodic monitoring reports; coordinating/outsourcing action oriented researches; capacity building of state officials on monitoring and evaluation of ICDS and concurrent monitoring of ICDS programme .

In order to discharge various functions as stated in the proceeding para, State Monitoring Units (SMUs) have been established at the State /UT level. Most of these SMUs are either located in Social or Preventive Medicine Departments of Medical Colleges or in Home Science Colleges of Social Work. The number of SMUs in a particular state depends upon the size of the State. Those States which are having 25 Districts or less have a single Institution while as those States having more than 25 and upto 50 districts have two Institutions and States having more than 50 Districts have three Institutions attached to them. Some of those States which are having peculiar problems related to ICDS or if the State situation so warrants have one more attached additional Institution. For the States,

which are having more than two Institutions, one of the Institution acts as lead Institution which has been responsible for collecting, compiling and analyzing the data of all Institutions in the respective State for sending it to CMU, NIPCCD. The lead Institution, selected is generally located in the capital of the State so as to have easy access and coordination with State ICDS department. In total 60 institutions including four at NIPCCD, Regional Centers have been sanctioned by MWCD, GOI.

Each selected institution has signed a Memorandum of Understanding (MOU) with CMU, NIPCCD. The detailed guidelines of monitoring and supervision of ICDS under CMU were supplied to them by CMU, NIPCCD.

The selected Institutions are required to collate and analyze the data and reports received from the Districts and State Headquarters on the performance of ICDS Scheme on pre-determined set of indicators; collect data through field visits to selected ICDS Projects in the area assigned to it; furnish the data/reports to the lead Institution for the State; launch supervision missions and monitoring of Anganwadi Workers Training Centers/Middle Level Training Centers etc .

Each selected institution working in different States/UTs have three consultants drawn from the regular faculty of the institution. These consultants have considerable research and training experience (5-10 years) in the twin fields of Women and Child development. Preference is being given in selection of consultants to those faculty members who worked either in RCH programme or in ICDS programme. The selection of consultants is also governed by their willingness to spare at least 1 to 2 hours a day for ICDS work. It is essential for the Consultants to have comprehensive and accurate information about the functioning of urban, rural and tribal ICDS projects in the State in which they are located so as to make qualitative and quantitative assessment of ICDS correctly.

The Present Report

The present report is the outcome of the instructions of MWCD received by the Institute while making the progress review of CMU activities. It was instructed by then Secretary, MWCD, GOI that the consultants of CMU should revisit the same ICDS Projects and AWCs which were visited by them in the year of 2008-09 (the base year in which CMU became functional) so as to track the improvements /decrease in various aspects of ICDS over a period of three to four years.

In order to carry out the above task, first of all a list of all those ICDS Projects and AWCs was prepared which were visited by CMU consultants in the year of 2008- 09 . The list containing 34 ICDS Projects (Urban=14, Rural=16 and Tribal=04) and 178 AWCs was circulated to concerned CMU consultants in their annual workshop held in the month of September and October, 2011.

These ICDS Projects and AWCs were located in 12 States (Andhra Pradesh, Goa, Gujarat, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Puducherry, West Bengal and UT of Chandigarh). The state wise details of ICDS Projects and AWCs are as under;

Number of ICDS Projects and AWCs

States/UTs	No. of ICDS Projects	No. of AWCs
Northern Region		
Himachal Pradesh	1	4
Jammu & Kashmir	1	5
Eastern Region		
Jharkhand	6	30
West Bengal	3	15
Western Region		
Goa	3	15
Gujarat	1	5
Maharashtra	4	20
Southern Region		
Andhra Pradesh	3	15
Kerala	2	10
Puducherry	4	8
Central Region		
Madhya Pradesh	3	15
Union Territories		
Chandigarh	3	36
Total	34	178

Thirteen CMU institutions working in these 12 States/UTs were involved in data collection. The consultants working in select Institutions were given two monitoring proformas developed by CMU, NIPCCD. The consultants were required to fill the CDPO proformas after taking their interview and proformas of AWWs after observing the activities of the AWC and by conducting interviews of the concerned AWW. With the help of both of these two schedules, the required data was gathered by the consultants on profile of ICDS functionaries (educational status, local area belongingness, training status in terms of job and refresher , training inputs , filled up posts and vacancy position of ICDS supervisors, AWWs), supplies status, (new WHO child growth standards cards, NHED kit , mother and child protection card etc), supervision visits by CDPOs and Supervisors (frequency of supervision visits , supervision methods ,supervision planning), organisation of continuing education sessions , service delivery status-pre school education (Organisation of PSE activities, preparation of low cost TLM , NHED (availability of NHED kit, methods and techniques of NHED, topics covered in NHED) , supplementary nutrition(type of SN, quality and quantity of SN, acceptability of SN, interruption of SN, referral services(referral slips), status of information, education and communication (IEC), discharging additional tasks by ICDS functionaries etc .

Apart from sending both of these ICDS monitoring proformas in original to NIPCCD, CMU, the concerned consultants also prepared a detailed report about the ICDS project

revisited by them and a separate write up in terms of qualitative assessment on different aspects of the programme for qualitative assessment point of view.

Several measures were taken to generate and collect the reliable and good quality data. Besides monitoring, data collection work by faculty members from NIPCCD, the various ICDS monitoring indicators of input process and output/outcome quality were finalized in consultation with consultants working in selected Institutions across the country. The consultants were also given orientation training by faculty members of CMU about purpose and objectives of the monitoring, AWC observation techniques and interviewing ICDS functionaries. They were oriented in these tasks during CMU State Institutions Workshops held at Bengaluru and New Delhi. During orientation, emphasis was also placed on filling the monitoring proformas using appropriate coding frame. 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 utilize the valuable empirical information for other purposes as well.

The data was tabulated on excel sheets for its analysis. Apart from using statistical measures such as frequencies, percentages, averages, ranges etc, the data have also been presented graphically.

The improvement /decrease on various core indicators of ICDS implementation was calculated using formula as given below;

$$X_0=100[(X_{2011/12} - X_{2008/2009})/N]$$

Where X_0 is the calculative value of the difference between observed value in the year of 2011-12 and in the year of 2008-09, $X_{2011/12}$ is the observed value in the year of 2011-12 and $X_{2008/2009}$ is the observed value in the year of 2008-09. N is the number of cases (number of AWCs or ICDS Projects as the case may be).

Major Findings

Infrastructure

AWC Building Status

- It was found that during the span of four years (2008/09 – 2011/12), the absolute number of AWCs located in Pucca buildings have gone up by 17 Units - 9.55 per cent - (from 119 in the year of 2008-09 to 136 in the year of 2011-12) and the absolute numbers of AWCs located in Semi Pucca and Kutcha buildings have gone down by 2 (-1.12%) and 17 (-9.55%) units respectively . Here it is to mention that that two more AWCs came down during the time span ((2008/09 – 2011-12) of the study from Kutcha building to others category of location i,e either open or hut. The reasons behind the same was searched out and it was found that due to low amount of rent of AWCs, the AWWs had no choice except to shift the AWCs to the place which is little costlier than the rent of Semi Pucca/Kutcha building.

Location of AWC in Its Own Building

- Encouraging results were found so far as location of AWC in its own building is concerned. It was found that location of AWC in its own building has increased, though, marginally from 32 per cent of AWCs in the year of 2008-09 to 44.38 per cent of AWCs in the year of 2011-12. This amounts to an

increase of 22 more units of AWCs in absolute terms or with upward mobility of 12.35 per cent of AWCs.

- During the study period, the co-location of AWCs in primary school has improved marginally with a difference of co locating only very little percentage of AWCs (3.37%) in the buildings of primary school.

Co Locating AWC in Primary Schools

- During the time span of four years (2008/09 – 2011/12), the availability of adequate outdoor space for carrying out the activities of Non Formal Pre School Education has increased in nearly 13 per cent of AWCs or in absolute number of 23 AWCs (from 99 AWCs in the year of 2008-09 to 122 AWCs in the year of 2011-12).

Adequacy of In Door and Outdoor Space

- Similar trend is also evident while assessing the availability of adequacy of indoor space for carrying out the activities of Non Formal Pre School Education. The availability of adequate indoor space for carrying out the activities of Non Formal Pre School Education has increased in little less than one fifth (18 per cent) of AWCs or in absolute number of 32 AWCs (a quantum jump from 97 AWCs in the year of 2008-09 to 129 AWCs in the year of 2011-12).

Availability of Space for Supplementary Nutrition

- During the time span of four years (2008/09 – 2011/12), the availability of space for cooking of supplementary nutrition (kitchen) has increased in nearly one fifth of AWCs or in absolute number of 39 AWCs (from 64 AWCs in the year of 2008-09 to 103 AWCs in the year of 2011-12). Similar trend is also while assessing the availability of adequate space for storing of raw material of supplementary nutrition. The availability of adequate storing space for supplementary nutrition has increased in little less than ten per cent (8.4 per cent) of AWCs or in absolute number of 15 AWCs (from 74 AWCs in the year of 2008-09 to 89 AWCs in the year of 2011-12).

Availability of Drinking Water

- During the time span of four years (2008/09 – 2011/12), the access to drinking water in AWCs have improved considerably especially in case of access to tap and hand pump as source of drinking water. While the access to tap water has increased in nearly 25 per cent of AWCs or in absolute number of 45 AWCs (from 51 AWCs in the year of 2008-09 to 96 AWCs in the year of 2011-12), the access to hand pump as source of drinking water has increased from 452 units of AWCs in the year of 2008-09 to 50 units of AWCs in the year of 2011-12.
- It is a very encouraging finding that none of the AWC was found having lack of drinking water facility in the year of 2011-12 while the same was reported in seven units of AWCs (3.93%) in the year of 2008-09.

Sanitation

- During the time span of four years, more number of AWCs have been equipped with usable toilets. Though such increase is modest, however it shows the efforts being put in by different agencies including TSC for providing usable toilets in AWCs.

Personal Profile of ICDS Functionaries

Educational Background

- It was found that more number of AWWs have received additional qualifications during the time span of the study. The number of AWWs having graduate and above background have increased by 2.25 percentage points. This shows that either some of the AWWs who were secondary have earned additional qualifications and have rose up to the level of graduation or some of the AWWs have left the profession and new AWWs with enriched educational background have joined the ICDS system.

Vacant Position of ICDS Functionaries

- The vacant positions of AWWs have reduced from 4.34 percent in the year 2008-09 to 2.07 percent in the year 2011-12.
- Vacant positions of circle Supervisors have increased from 15.6 per cent in the year 2008-09 to 19 per cent percent in the year 2011-12. Similarly, the vacant positions of CDPO heading the ICDS Projects have increased from none of the post vacant in the year of 2008-2009 to almost 6 per cent vacant posts in the year of 2011-12.

Training

- Though percentage of AWWs received job training has increased considerably from 83 per cent in 2008-09 to 96.6 per cent in 2011-12, however, reverse trend was found in case of refresher training where percentage of AWWs received refresher training has gone down from 77.5 per cent in the year of 2009-09 to 74.1 per cent in the year of 2011-12.

Local Area Belongingness

- It is a welcome sign that the local area belongingness of AWWs has increased by 7.86 percent points during the time interval of three years (2008-9 to 2011-12).

Organisation of Continuing Education Sessions

- Improvement, though marginally, was reported in organization of continuing education sessions for AWWs. Marked improvement (between 2008-09 to 2011-12) has also been reported in organisation of continuing education sessions on various themes related to health, IYCF, Nutrition, Growth Monitoring, Sanitation and Personal Hygiene, Non Formal Pre School Education, Services provided under ICDS etc.

Delivery of Services

Type of Supplementary Nutrition



- There has been a quantum jump in percentage of AWCs distributing THR to children of below three years of age. While in the year of 2008-09, only negligible proportion of AWCs were distributing THR, in the year of 2011-12, every three out of five AWCs were found distributing THR to children below three years of age.
- The number of AWCs distributing HCF to children 3-6 years of age have come down from 63.4 per cent in 2008-09 to 57.3 per cent in 2011-12. However, unlike of HCF, the percentage of AWCs distributing RTE to children 3-6 years of age have come up from almost one fifth AWCs in the year of 2008-09 to one fourth of AWCs in the year of 2011-12. There has been a modest increase in number of AWCs distributing both type of SN (HCF + RTE).

Providing Good Quality of Supplementary Nutrition

- There has been a quantum increase to almost one fourth of AWCs where providing good quality of SN has been reported. The major reason may be discerned in the fact that the financial norms of supplementary nutrition were revised in 2008 which had direct bearing on providing quality supplementary nutrition to ICDS beneficiaries.

Providing Adequate Quantity of Supplementary Nutrition

- There has been an increase to almost one fifth of AWCs where providing adequate quantity of SN has been reported. The major reason may be discerned in the fact that the financial norms of supplementary nutrition were revised in the year of 2008 which had direct bearing on providing adequate quantity of supplementary nutrition to ICDS beneficiaries.

Interruption in Supplementary Nutrition

- Interruption in Supplementary Nutrition has gone down from almost one fourth of AWCs in the year of 2008-09 to 15 per cent of AWCs in the year of 2011-12. The major reason might be the preparation and distribution of supplementary nutrition with the help of SHGs as per kind orders of Hon'ble Supreme Court. The raw material is now being purchased by SHGs from the funds transferred in their account by the State Departments of ICDS.

Availability of New WHO Child Growth Standards

- During the four years time interval of the study (2008-09 to 2011-12), the availability of New WHO Child Growth Standards has increased from every eight out of ten AWCs to every nine out of ten AWCs.

Adequate Skills of Growth Monitoring

- The number of AWWs having adequate skills of Growth Monitoring (Weighing, Plotting and interpretation) have considerably improved from 62.3 per cent in 2008-09 to 86.5 per cent in 2011-12, an increase of nearly one fourth of AWWs.

Organisation of Counseling Sessions

- Number of AWWs organising counselling sessions based on growth monitoring have improved though marginally from 80.3 per cent to 86.5 per cent. This might be the result of organising rigorous training by NIPCCD of ICDS functionaries. Needless to mention, practical exercises of weighing and plotting on New WHO Child Growth Standards has achieved a central place in all types of training (refresher, job and skill based training) being organised by NIPCCD for ICDS functionaries and ICDS trainers. These ICDS functionaries and trainers are the main source of improving the skills of AWWs on Growth Monitoring.

Supply of NHED Kit

- So far as supply of NHED kit is concerned during the reference period of the study (2008-09 to 2011-12), there has been a decrease in number of ICDS Projects having supply of NHED kit.

Availability of NHED Material

- The number of AWCs having adequate availability of NHED Material have also come down in absolute terms of 31 units (102 AWCs in 2008-9 to 71 AWCs in 2011-12). The finding may be elaborated in the light of the fact that during the reference period of the study, there was a considerable increase in holding IEC activities in which ready-made material was supplied.

NHED Themes

- There has been marked improvement (between 2008-09 to 2011-12) in organisation of NHED sessions on various themes related to Nutrition and health care of infants/children, personal hygiene/sanitation/environmental hygiene, health care of pregnant women, immunization, family planning etc. Such steady improvement has basically been reported in covering topics related to immunization (35.39 per cent), followed by health care of pregnant women (33.71 per cent) , nutrition and health care of infants/children (27.53 per cent), personal hygiene/sanitation /environmental hygiene(26.40 per cent) etc.

Non Formal Pre School Education

Enrollment

- The proportion of pre-school children (3-6 years) available in the catchment area of AWCs vis a vis enrolled in the AWC for pre schooling has come down drastically. While in the year of 2008-09, almost every four out of five children were enrolled for pre schooling under ICDS, however in the year of 2011-12, only three out of five children were found enrolled for the same. The findings come true in the light of ASER findings depicting that more number of children are moving from publicly funded ICDS programme towards getting private pre schooling.

Actual Attendance

- There has been an impressionable improvement in proportion of children (3-6 years) enrolled for pre schooling under ICDS vis a vis children attending pre

schooling inputs in AWCs. While in the base year of 2008-09, almost every six out of ten enrolled children were attending pre-school sessions under ICDS, however in the year of 2011-12, every eight out of ten enrolled children were found attending the PSE sessions. The findings come true on the general observation that during the past three to four years, many of the States (like Andhra Pradesh, Chhattisgarh, , Gujarat, Haryana, Himachal Pradesh, Jharkhand , Karnataka, Kerala, MP, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, West Bengal etc) have developed contextualized PSE curriculum for use in AWCs. The development and use of locally responsive ECE curriculum as reported by the States has proved very beneficial in improving the status of pre schooling under ICDS. Some of the States /UT Administrations have also taken other remarkable steps for strengthening PSE in ICDS. Some of these includes formulation of State PSE Task force in Rajasthan, state ECCE policy and framework in Jharkhand, Conversion of AWC into nursery schools in Jharkhand, imparting NTT training to AWWs in Tamil Nadu etc.

Use of Teaching Learning Material

- There has been a tremendous improvement in number of AWCs using Charts/Posters as Teaching Learning Material (TLM) for conducting PSE activities in ICDS. While every three out of five AWCs were using Charts/Posters in conducting PSE activities in the year of 2008-09, However, in the year of 2011-12, every nine out of ten AWCs were found using Charts/Posters in conducting PSE activities. Similar observations are reported in case of adopting Play Way technique for conducting PSE session in ICDS. While in the year of 2008-09, only one fourth of AWCs were using play way methods, the number rose to the extent of more than three fourth of AWCs in the year of 2011-12. There has also been increase from mere five per cent of AWCs in the year of 2008-09 to almost close to fifty per cent of AWCs in the year of 2011-12 in adoption of role play method for conducting PSE activities.

Availability of Referral Slips

- Though there has improvement in the number of AWCs having availability of referral slips during the study period of 2008- 09 to 2011-12. While in the year of 2008-09, the referral slips were found available in only one fifth of AWCs, the number improved to the level of one fourth of AWCs having availability of referral slips.

Maintenance of Health Cards

- There has improvement in the number of AWCs maintaining health cards of children during the study period of 2008- 09 to 2011-12. The improvement might be due to the continuous emphasis placed on MCP card.

Deworming

- There has been only little increase of three per cent in AWCs distributing deworming tablets to Adolescent Girls. In similarity of the status of distributing deworming tablets to AGs, there has been only little increase of four per cent

in AWCs organising counselling sessions on reproductive health to Adolescent Girls.

- There has been increase from 2008-09 to 2011-12 in the number of CDPOs using check list while making monitoring visits of AWCs. The increase in use of check list might be attributed to the fact of putting five tier monitoring system by MWCD from the year of 2010 onwards. Many of the States/UT Administrations have constituted these committees at the State, District, Block and AWCS level. Under five tier monitoring system, CDPOs have been advised to use check list for monitoring visits of AWC.

Monitoring

- There has been only slight improvement (6 per cent) in number of CDPOs approving Supervisors plan of visits. This clearly indicates the need for putting in place the proper monitoring plan of ICDS.
- Improvement is found to be phenomenal so far as using demonstration method by CDPO for providing guidance to AWWs is concerned. The finding might be attributed to the fact that during the refresher training of CDPOs, emphasis is laid on providing demonstration to AWWs by CDPOs on maintenance of New WHO Child Growth Standards and MCP Card.
- Tremendous improvement is found so far as using MPR and APR data and facts of records and registers is concerned in providing proper guidance to AWWs by CDPOs. The finding may be ascribed in the light of the fact that CDPOs and ACDPOs have been given practical exercises by NIPCCD during their refresher training or in skill training on use and interpretation of new MIS put in place by MWCD. There has been a session in almost every training programmes of CDPOs/ACDPOs on new MIS.
- There has been a very little decrease in the number of ICDS projects having availability of MPR forms in the year of 2008-09 to 2011-12. The decrease might be due to the fact of replacing old formats of MPRs with new one issued by MWCD.

Additional Tasks to ICDS Functionaries

- More number of CDPOs have been deployed for non ICDS tasks in the year of 2011-12 compared to such deployment in the year of 2008-09. 65 per cent of CDPOs reported of their engagements in election duties in the year of 2011-12 corresponding to deployment of 44 per cent of them in the year of 2008-09. Similarly little less than half (47 per cent) of CDPOs in the year of 2011-12 reported their deployment in other welfare schemes of the State Governments corresponding to deployment of 12 per cent of them in the year of 2008-09. Deployment of CDPOs in conducting surveys/census has also been reported gone up from merely 6 per cent of them in the year of 2008-09 to half of them in the year of 2011-12. Similar trend is also reported in engagements of CDPOs in implementation of various other acts/schemes of either Government of India or of concerned State Governments. The trend of utilizing CDPOs in other miscellaneous tasks has also increased many fold (44 per cent).

- More number of CDPOs have been given additional charge of other ICDS Projects, which in turn according to them hampers the proper implementation of ICDS. While in the year of 2008-09, less than one fifth of CDPOs were found of handling additional responsibilities of other ICDS Projects, in the year of 2011-12, the number of such figure has gone up by engaging more than half of them in handling other ICDS projects.

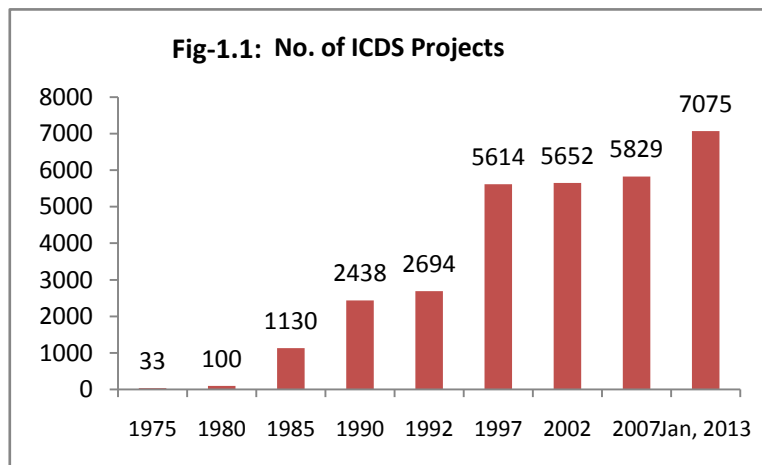
The children are our precious resources. The development of any nation on social index and economic prosperity largely depends on the physical, mental and social well-being of this most supremely important asset as enumerated in National Policy on Children, 1974. The policy further lays down that the 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 basic premise of the programme revolves around the common consensus among educationists, researchers and practitioners that early childhood education and care are inseparable issues and must be considered as one. Based upon this fundamental assumption, the basic inputs under ICDS programme include delivery of integrated package of minimum 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.

ICDS, therefore, takes a holistic view of the development of the child and attempts to improve his/her both pre- and post-natal environment. Accordingly, besides 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 woman 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.



The programme is being operationalized at the micro level utilizing multi-pronged content enriched strategy encompassing child centered, family focussed and community based interventions all over the country through 13.71 lakhs Anganwadi Centres located in 7075 ICDS projects across all 35 States/ Union Territories in the country.

After universalization of the programme, the benefits of the scheme currently reaches out to 79 million young children in the age group of 0-6 years and 18.4 million pregnant women and lactating mothers. ICDS is highly contextualized programme attempting to fulfill nutritional, primary health care and developmental needs of young children belonging to different spectrum of society, especially underserved and vulnerable sections.

The significance of this nationally run initiative of ICDS may also be judged on many counts. Like, the universalisation of this programme has been identified as the basic strategy to achieve the first goal of universal provision of ECCE under EFA, as envisaged in the Dakar conference held in April, 2000 and putting ICDS at point number one in Hon'ble Prime Minister 15-Point Programme for the Welfare of Minorities. Government of India has currently identified eight flagship programmes in which ICDS is also covered.

Giving further impetus, the programme has been put in mission mode for implementation in 12th Five Year Plan (2012-2017), reaffirming the commitment of the Government towards expanding and strengthening of ICDS programme.

ICDS Programme is seen as major innovative effort in building comprehensive integrated services for children and mothers. There has been a vast expansion of the scheme and the financial outlay has been substantially increased. The Plan allocation, which stood at Rs 10,391.75 Crore during the X plan period and Rs 44,400 Crore during the Eleventh Plan has now been raised manifold to Rs 1,77,456 Crore during the 12th Five Year Plan period with Rs 1,23,580/Crore - as GOI share and Rs 53,876/- Crore only as state share.

ICDS 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 intersectoral linkages for its operation.

ICDS Philosophy and Approach

ICDS, which is more than 35 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 Reproductive and Child Health component of National Rural Health Mission (NRHM) 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.

Administrative and Financing Pattern

ICDS is a centrally sponsored scheme wherein the Union Government is responsible for programme planning and infrastructure costs and States are responsible for programme implementation. The Government of India has allowed the states to have operational flexibility and as a result, different States/UTs have adopted different organisational systems and management practices for the delivery of package of services.

Coverage and Population Norms

The administrative unit for the location of ICDS Project is coterminous 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

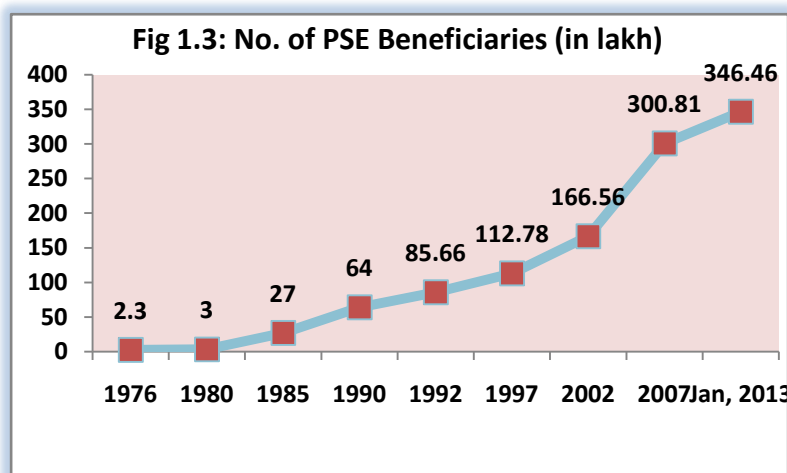
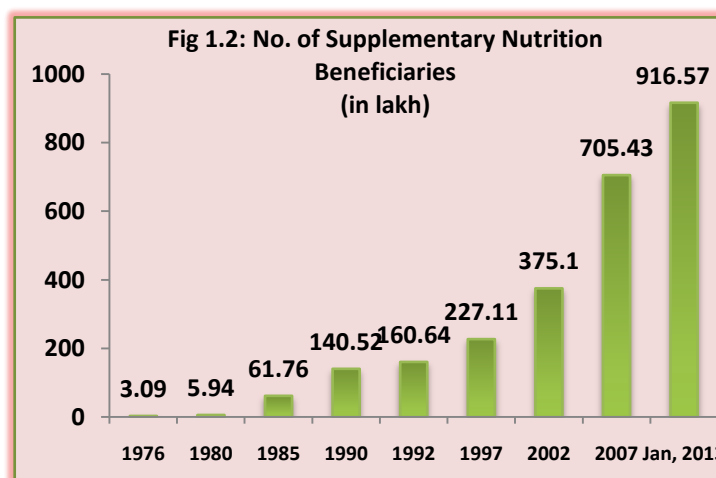
Mini Anganwadi Centres (Mini AWCs) can also be set up to cover the remote and low populated hamlets/villages. Further, till the year 2005, only one of the six services of ICDS was being provided in Mini AWCs. However, it has now been decided to provide all six services under ICDS from Mini AWCs also. 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, 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 3.09 lakh in the year of 1976 to 916.57 lakh till January 2013.



Similarly, beneficiaries under Non- Formal Pre-School Education have increased from 2.30 lakh in the year of 1976 to 346.46 lakh up to January 2013.

Monitoring of ICDS

ICDS programme is one of the largest programme in the world to comprehensively cater to the developmental needs of children below 6 years of age in a holistic manner. The programme has expanded tremendously during the past one decade. In view of the expanding universal coverage of programme, it needs a strong and comprehensive MIS.

Keeping in view the importance of the monitoring, MWCD has taken many steps to revamp the MIS under ICDS. A comprehensive Monitoring and Evaluation system has already been evolved by MWCD, GOI for monitoring the projects through a regular monthly and quarterly feedback from each project. The main components of this information system are: monthly and quarterly progress reports from the Anganwadi Worker to the CDPO through Supervisors; quarterly progress report from the Supervisors to the CDPO; and Monthly and quarterly progress report from the CDPO to the State Government/ Union Territory Administration with copies to the ICDS Control Room located in MWCD, GOI.

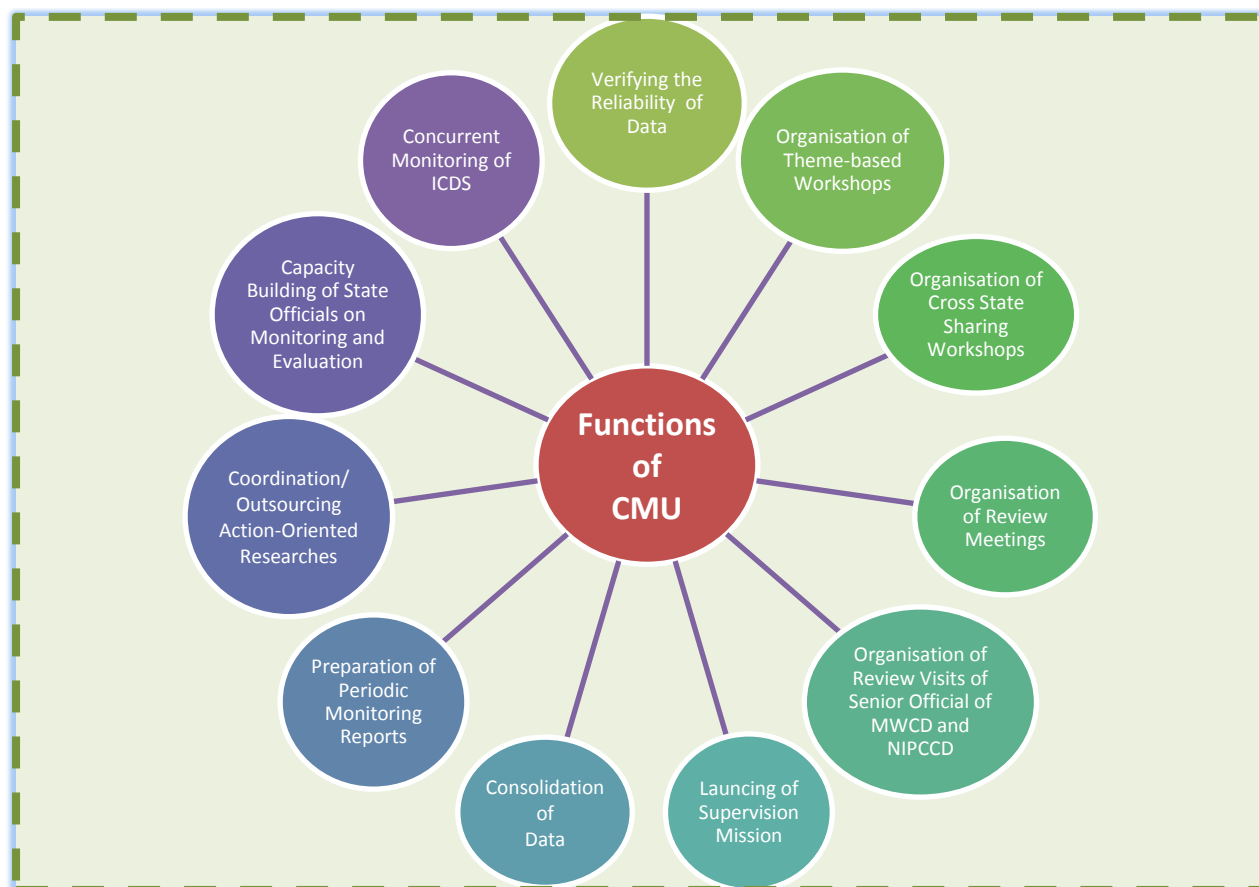
Apart from such monitoring based on monthly progress reports, Five-Tier Monitoring and Review Mechanism has also been put in place. The five-tier monitoring process involves monitoring at Central, State, District, Block and AWCs level.

As the existing monitoring system of ICDS was not found adequate for capturing all aspects of implementation of ICDS especially the qualitative assessment of the scheme, a Central Monitoring Unit of ICDS was created in NIPCCD in the year of 2008.

The broader functions as assigned to CMU include verifying the reliability of data being collected from States/UTs in the form of MPRs/QPRs; organisation of theme-based workshops; organization of cross state sharing workshops; organization of review meetings; organisation of review visits of senior officials of MWCD and of NIPCCD; launching of supervision mission; consolidation of data and preparation of periodic monitoring reports; coordinating/outsourcing action-oriented researches; capacity building of state officials on monitoring and evaluation of ICDS and concurrent monitoring of ICDS programme.

Major Objects of CMU

- Determine the strategy to be adopted to develop effective monitoring mechanism at all levels;
- Study convergence of services provided under other schemes;
- Analyse the service delivered under the ICDS at all levels;
- Identify the bottlenecks/problems of the scheme and initiate action for corrective measures;
- Test the accuracy of the data received at the national level;
- Prepare detailed recommendations for improving the efficiency and effectiveness of the scheme;
- Document some of the Best Practices at the state level; and
- Identify the strengths and weaknesses of the already existing monitoring system.



In order to discharge various functions as stated in the preceding para, State Monitoring Units (SMUs) in the form of selected and lead institutions have been established at the State /UT level. Most of these SMUs are either located in Social or Preventive Medicine Departments of Medical Colleges or in Home Science Colleges/ Colleges of Social Work.

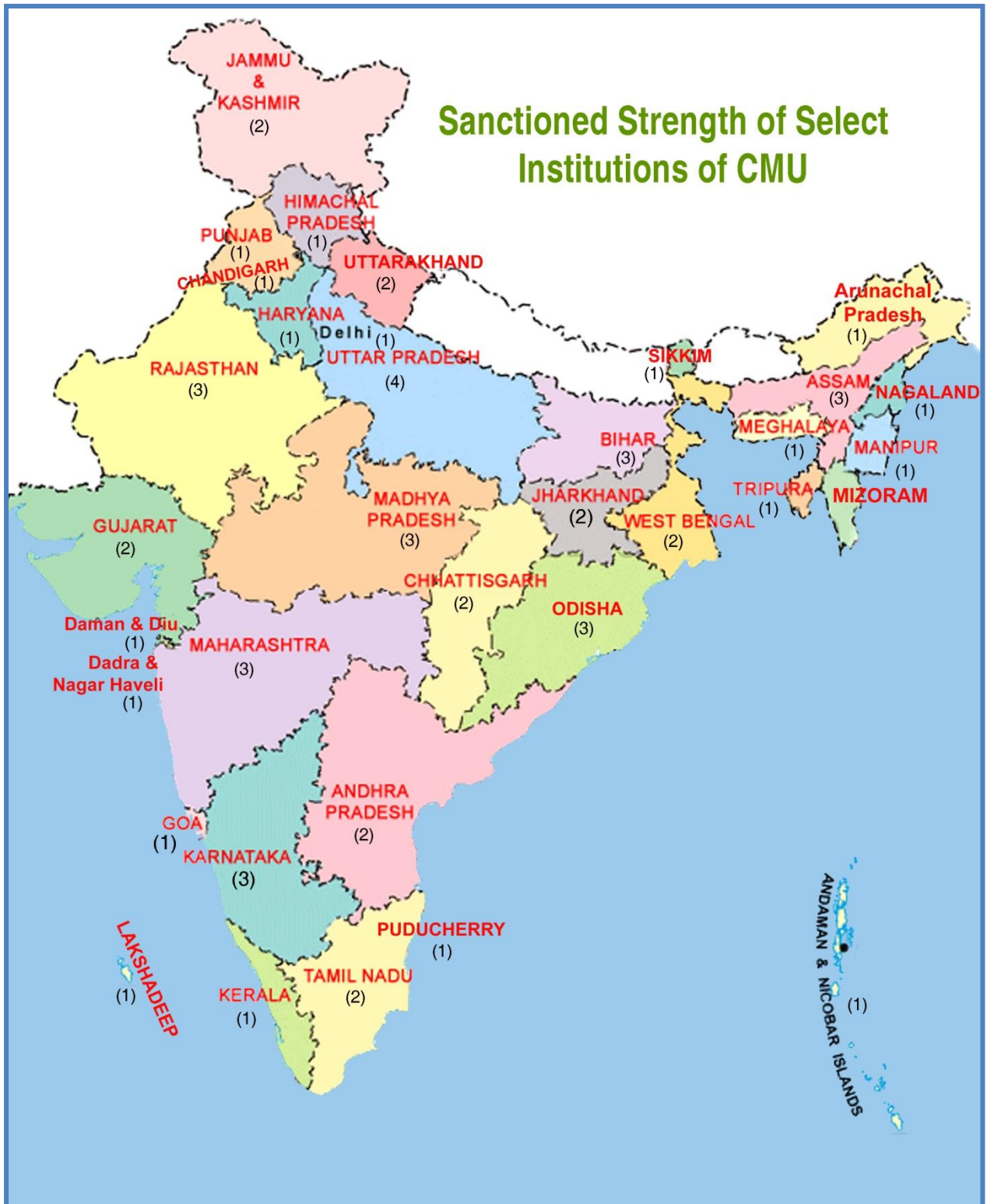
The number of SMUs in a particular state depends upon the size of the State. Those States which are having 25 Districts or less have a single Institution while those States having more than 25 and up to 50 Districts have two Institutions and States having more than 50 Districts have three Institutions attached to them. Some of those States which are having peculiar problems related to ICDS or if the State situation so warrants, have one more attached additional Institution. For the States, which are having more than two Institutions, one of the Institution acts as lead Institution which has been responsible for collecting, compiling and analysing the data of all Institutions in the respective State for sending it to CMU, NIPCCD. The lead Institution selected is generally located in the capital of the State so as to have easy access and coordination with State ICDS department. State wise list of approved institutions is given at **Table 1.3**.

Table-1.3: Approved Number of Select Institutions

S.No.	Name of State/UT	Approved Number of Select Institutions
1.	Andhra Pradesh	2
2.	Arunachal Pradesh	1

3.	Assam	3
4.	Bihar	3
5.	Chhattisgarh	2
6.	Goa	1
7.	Gujarat	2
8.	Haryana	1
9.	Himachal Pradesh	1
10.	Jammu & Kashmir	2
11.	Jharkhand	2
12.	Karnataka	3
13.	Kerala	1
14.	Madhya Pradesh	3
15.	Maharashtra	3
16.	Manipur	1
17.	Meghalaya	1
18.	Mizoram	1
19.	Nagaland	1
20.	Orissa	3
21.	Punjab	1
22.	Rajasthan	3
23.	Sikkim	1
24.	Tamil Nadu	2
25.	Tripura	1
26.	Uttarakhand	2
27.	Uttar Pradesh	4
28.	West Bengal	2
29.	Andman & Nicobar	1
30.	Chandigarh	1
31.	Dadar & Nagar Haveli	1
32.	Daman & Diu	1
33.	Delhi	1
34.	Lakshadweep	1
35.	Pondicherry	1
	Total	60

Each selected Institution has signed a Memorandum of Understanding (MOU) with CMU, NIPCCD. The detailed guidelines of monitoring and supervision of ICDS under CMU have been supplied to them by CMU, NIPCCD.



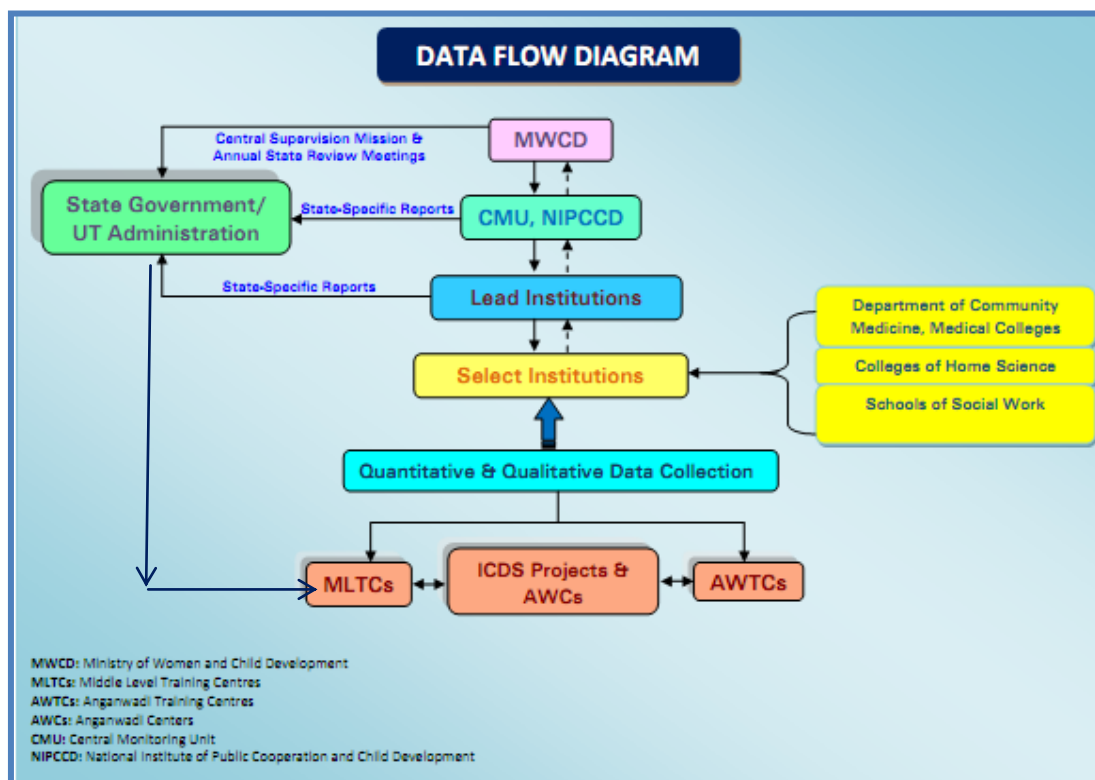
Map-1.1

Composition and Tasks of Select and Lead Institutions

The select and lead Institutions of CMU are required to collate and analyse the data and reports received from the Districts and State Headquarters on the performance of

ICDS Scheme on pre-determined set of indicators; collect data through field visits to selected ICDS Projects in the area assigned to it; furnish the data/reports to the lead Institution for the State; Launch Supervision Missions and Monitoring of Anganwadi Workers Training Centers/Middle Level Training Centres.

Each selected and lead Institution working in different States/UTs has three consultants drawn from the regular faculty of the institution. These consultants have considerable research and training experience (5-10 years) in the twin fields of Women and Child development. Preference is being given in selection of consultants to those faculty members who worked either in RCH programme or in ICDS programme. The selection of consultants is also governed by their willingness to spare at least 1 to 2 hours a day for ICDS work. It is essential for the Consultants to have comprehensive and accurate information about the functioning of urban, rural and tribal ICDS Projects in the State in which they are located so as to make qualitative and quantitative assessment of ICDS correctly. In order to provide assessment report of the ICDS Projects, it has been decided that Consultants would visit at least 10 percent of Districts, one Project and five Anganwadi Centres in every quarter on rotational basis, make assessment, test the accuracy of data (on sample basis) based on progress reports and furnish to CMU detailed recommendations for improving efficiency and effectiveness of ICDS Scheme. In the interest of coordination and economy of time and effort, as far as possible, visits to ICDS Projects and to AWTCs/MLTCs for the purposes of monitoring have been clubbed. The consultants have been advised to undertake initially the visits of only those ICDS Projects where IMR, Malnutrition and other indicators are poor as per district/state data record.



Major Contribution of CMU

- ✓ The select and lead institutions of Central Monitoring Unit of ICDS (CMU-ICDS) are now functional in 25 States and 2 UTs of the country. All of these select and lead institutions have been equipped with necessary hardware and software.
- ✓ The national evaluation of ICDS was first conducted in the year 1992 by NIPCCD and subsequently it was conducted again in the year of 2000 by NCAER. The national evaluation of ICDS was again conducted in the year of 2005 by NIPCCD and in the year of 2010 by NCAER. Overall, there was a time gap of at least five years between two subsequent national level concurrent evaluations of ICDS. The efforts put in by CMU of ICDS has drastically reduced the time lag in availability of such ICDS monitoring data, which is now down from almost 5 years to about six months interval at the national level.
- ✓ The CMU of ICDS captures the monitoring data of ICDS on comprehensive set of indicators encompassing all possible inputs, process and output/outcome variables. These include six core components: Infrastructure, Personal Profile of ICDS Functionaries, Training Status of ICDS Functionaries, Service Delivery, Services to Adolescent Girls, Community Mobilisation and Information, Education and Communication, Continuous and Comprehensive Monitoring and Supportive Supervision, Innovations and Best Practices etc.
- ✓ As part of CMU of ICDS activities, preparation and submission of concurrent evaluation of ICDS has been made a frequent and regular feature.
- ✓ The CMU ensures two-way flow of information. Based on the monitoring data available with CMU of ICDS, the State-specific comments (both quantitative and qualitative) on implementation of ICDS are being shared with the concerned State Government /UT Administration at regular intervals.
- ✓ The monitoring data available with CMU of ICDS is continuously providing help to policy makers, programme implementers, programme managers and ICDS trainers for not only taking corrective measures but also in imparting training and /or orienting ICDS functionaries and programme managers.
- ✓ The CMU monitoring data, which has provided the basic statistics on all possible vital indicators of ICDS implementation, has provided basic information for finalising the restructuring and strengthening document of ICDS for the Twelfth Five-Year Plan.
- ✓ The CMU data is also being widely used for discussing performance of various States and UTs in ICDS implementation during National/State level Review Meetings/ Supervision Missions convened by MWCD, GOI.
- ✓ It has now become a regular feature to share the CMU data with MWCD at frequent intervals.
- ✓ On reviewing the performance of CMU, Government of India has approved in principle the continuation of CMU during 12th Five-Year Plan.
- ✓ For the first time, an effort has been made to compute an ICDS Implementation Index based on the CMU data and States have been ranked accordingly.
- ✓ Besides serving as storehouse of quantitative information and analytical reports about ICDS implementation in various States/UTs, CMU also provides qualitative data about AWCs and ICDS Projects incorporating best practices and innovations.
- ✓ Carrying out research on various aspects of ICDS is a regular feature of CMU. Some of the research projects carried out by CMU include "Evaluation of ICDS

Projects being run by NGOs” and “A quick appraisal of ICDS awareness in National Capital Region”. The consultants of CMU have also been involved in various other studies. These include “Evaluation of Wheat Based Nutrition programme” and “Involvement of ASHA in ICDS” etc.

The Present Report

The present report is the outcome of the instructions of MWCD received by the Institute while making the progress review of CMU activities. It was instructed by Secretary, MWCD, GOI that the consultants of CMU should visit the same ICDS Projects and AWCs which were visited by them in the year of 2008-09 (the base year in which CMU became functional) so as to track the improvements /decrease in various aspects of ICDS over a period of three to four years.

In order to carry out the above task, first of all a list of all those ICDS Projects and AWCs was prepared which were visited by CMU consultants in the year of 2008- 09 . The list containing 34 ICDS Projects (Urban=14, Rural=16 and Tribal=04) and 178 AWCs was circulated to concerned CMU consultants in their annual workshop held in the month of September and October, 2011.

These ICDS Projects and AWCs were located in 12 States (Andhra Pradesh, Goa, Gujarat, Himachal Pradesh, Jammu and Kashmir, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Puducherry, West Bengal and UT of Chandigarh). Thirteen CMU institutions working in these 12 States/UTs were involved in data collection. The list of ICDS Projects and AWCs is attached at **Annexure - 1**.

Table 1.5: Number of ICDS Projects and AWCs

States/UTs	No. of ICDS Projects	No. of AWCs
Northern Region		
Himachal Pradesh	1	4
Jammu & Kashmir	1	5
Eastern Region		
Jharkhand	6	30
West Bengal	3	15
Western Region		
Goa	3	15
Gujarat	1	5
Maharashtra	4	20
Southern Region		
Andhra Pradesh	3	15
Kerala	2	10
Puducherry	4	8
Central Region		
Madhya Pradesh	3	15
Union Territories		
Chandigarh	3	36
Total	34	178

The consultants working in select Institutions were given two monitoring proformas developed by CMU, NIPCCD. The consultants were required to fill the CDPO proformas after taking their interview and proformas of AWWs after observing the activities of the AWC and by conducting interviews of the concerned AWW. With the help of both of these two schedules, the required data was gathered on the broad indicators as listed in **Table 1.6**.

Table 1.6
List of Monitoring Indicators

Core Component	Indicator
Infrastructure	<ul style="list-style-type: none"> • Type of Building and Location of AWC • CO Location of AWC in Primary School • Availability of Adequate Space for Non Formal Pre School Education • Availability of Adequate Space for Supplementary Nutrition • Drinking Water • Sanitation (Availability of Usable Toilets)
Personal Profile of ICDS Functionaries (AWW, Supervisor and CDPO)	<ul style="list-style-type: none"> • Educational Background of AWW • Appointment Status of ICDS Functionaries-AWW • Appointment Status of ICDS Functionaries-Supervisors • Appointment Status of ICDS Functionaries-CDPOs • Training of ICDS Functionaries • Local Area Belongingness of AWWs • Organization of Continuing Education Sessions • Topics Covered in Continuing Education Sessions
Delivery of Services	
<ul style="list-style-type: none"> • Supplementary Nutrition 	<ul style="list-style-type: none"> • Type of Supplementary Nutrition Food Supply (HCF, RTE, Both, THR) • Quality of Supplementary Nutrition • Quantity of Supplementary Nutrition • Disruption in Distribution of Supplementary Nutrition
<ul style="list-style-type: none"> • Growth Monitoring and Promotion 	<ul style="list-style-type: none"> • Availability of New WHO Child Growth Monitoring Charts • Accuracy in Weighing and Plotting
<ul style="list-style-type: none"> • Non-Formal Pre-School Education 	<ul style="list-style-type: none"> • Number of Children enrolled for PSE • Number of Children Attending PSE Activities • Methods and Material in imparting pre-school
<ul style="list-style-type: none"> • Maintenance of Health Cards 	<ul style="list-style-type: none"> • AWCs Maintaining Health Cards
<ul style="list-style-type: none"> • Referrals 	<ul style="list-style-type: none"> • Availability of Referral Slips
<ul style="list-style-type: none"> • Nutrition and Health Education 	<ul style="list-style-type: none"> • Availability of New WHO Child Growth Charts • Use of Educational Material of NHED • Topics Covered in NHED Sessions
<ul style="list-style-type: none"> • Services to Adolescent Girls 	<ul style="list-style-type: none"> • Deworming of Adolescent Girls • Counseling Session on Reproductive Health Education to AGs • IFA Supplementation for Adolescent Girls
Continuous and Comprehensive Monitoring and Supportive Supervision	<ul style="list-style-type: none"> • Use of Check List • Approval of Supervisors Monitoring Plan • Methods of Supervision • Method of Providing Guidance(By Demonstration) • Method of Providing Guidance(By Use of MPR and APR data and Record & Registers) • Additional Tasks to ICDS Functionaries • Additional Charge as Reported by CDPOs • Availability of MPR Forms

Apart from sending both of these ICDS monitoring proformas in original to NIPCCD, CMU, the concerned consultants also prepared a detailed report about the ICDS project visited by them and a separate write up in terms of qualitative assessment on different aspects of the programme for qualitative assessment point of view.

The list of monitoring indicators is quite comprehensive and depicts a true picture of ICDS implementation.

Data Quality

Measures taken

- Preparation of detailed guidelines
- Preparation of pre-coded Schedules
- Orientation of Consultants
- Editing to detect errors and omissions in entries of the schedules
- Checking consistency of responses

Data Collection

Blended mix of both quantitative and qualitative data on indicators listed above was collected by consultants working in selected and lead institutions located in the sampled 12 States/UTs .

Ensuring Data Quality

Several measures were taken to generate and collect the reliable and good quality data. Various ICDS monitoring indicators, as presented in **Table 1.6**, were finalised 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 also given orientation training by faculty members of CMU about purpose and objectives of the monitoring, AWC observation techniques and interviewing ICDS functionaries. They were oriented in these tasks during CMU State Institutions Workshops held at Bengaluru, New Delhi and Lucknow. During orientation, emphasis was also placed on filling the monitoring proformas using appropriate coding frame. 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 outcomes of the monitoring visits. 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 or used for calculating indicators 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. 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 data was tabulated on excel sheets for its analysis. Apart from using statistical measures such as frequencies, percentages, averages, ranges etc, the data have also been presented graphically.

The improvement /decrease on various core indicators of ICDS implementation was calculated using formula as given below;

$$X_0=100\left[(X_{2011/12} - X_{2008/2009})/N\right]$$

Where X_0 is the calculative value of the difference between observed value in the year of 2011-12 and in the year of 2008-09, $X_{2011/12}$ is the observed value in the year of 2011-12 and $X_{2008/2009}$ is the observed value in the year of 2008-09. N is the number of cases (number of AWCs or ICDS Projects as the case may be).

In the present chapter, an attempt has been made to analyse the progress made from the year of 2008-09 to the year of 2011-12 on various input indicators of Infrastructure in terms of type of building, distance of AWC from beneficiaries' habitat, availability of safe drinking water, toilet facilities, indoor/outdoor space provisions, 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 and Location of AWC



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 its own Pucca building not only provides a distinct identity to the AWC in the community but also save the beneficiaries of ICDS from vagaries of weather.

Several State Governments have made efforts to locate the AWC in its own building by constructing them either using State Governments own funds or by utilizing the funds available under schemes of different other Ministries such as BRGF, MPLADS, MLADS, NREGA, PRI, MsDP, ADP, BADP, under SSA, Finance Commission, Additional Central Assistance under state plan, Integrated Action Plan for Left Wing Extremism (LWE) districts and other state plans including RIDF etc.

The data were gathered about the improvement made between 2008-09 to 2011-12 in terms of type of building (kutchha, semi pucca and kutchha) and location of AWC in its own building. The data so collected is presented in **Table 2.1 and Table 2.2**.

Table-2.1: Type of Building

Total No. of AWCs- 178

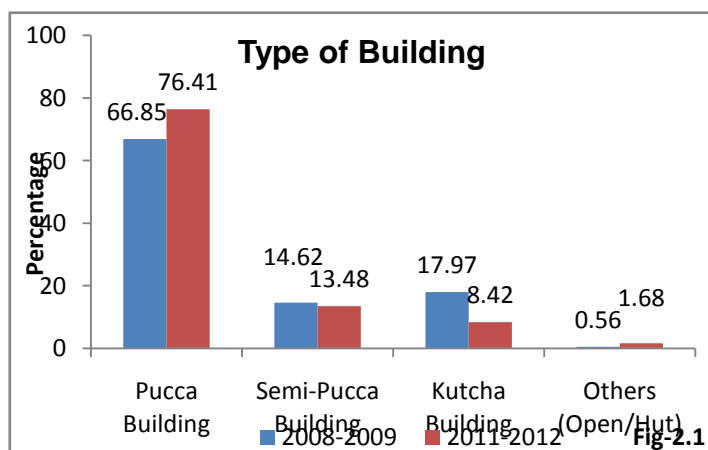
Type of Building	2008-2009		2011-2012		Variation	
	No of AWCs	%	No of AWCs	%	No of AWCs	%
Pucca Building*	119	66.85	136	76.41	17	9.55
Semi-Pucca Building**	26	14.62	24	13.48	-2	-1.12
Kutcha Building***	32	17.97	15	8.42	-17	-9.55
Others (Open/Hut)****	1	0.56	3	1.68	2	1.12

*AWC building with backed brick walls and roof top with slab or wooden/iron girders or tiles

**AWC building with baked brick walls or stone walls with corrugated sheet or asbestos sheet or thatched roof top

***AWC building with unbaked brick or mud walls with corrugated asbestos sheet or thatched roof top

It is evident from **Table 2.1** that during the span of four years (2008/09 – 2011/12), the absolute number of AWCs located in Pucca buildings have gone up by 17 Units - 9.55 per cent - (from 119 in the year of 2008-09 to 136 in the year of 2011-12) and the absolute numbers of AWCs located in Semi Pucca and Kutcha buildings have gone down by 2 (- 1.12%) and 17 (-9.55%) units respectively .



It is also evident from **Table 2.1** that two more AWCs came down during the time span ((2008/09 – 2011-12) of the study from Kutcha building to others category of location i.e either open or hut. The reasons behind the same was searched out and it was found that due to low amount of rent of AWCs, the AWCs had no choice except to shift the AWCs to the place which is little costlier than the rent of Semi

Pucca/Kutcha building.

Table-2.2: Location of AWC in Its Own Building

Total No. of AWCs- 178

2008-2009		2011-2012		Variation	
No of AWCs	%	No of AWCs	%	No of AWCs	%
57	32.02	79	44.38	22	12.35

Table 2.2 gives encouraging results so far as location of AWC in its own building is concerned. As shown in **Table 2.2**, location of AWC in its own building has increased, though, marginally from 32 per cent of AWCs in the year of 2008-09 to 44.38 per cent of AWCs in the year of 2011-12. This amounts to an increase of 22 more units of AWCs in absolute terms or with upward mobility of 12.35 per cent of AWCs.

CO Location of AWC in Primary School

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. Data in this regard are presented in **Table 2.3**.

Table-2.3: Location of AWC in Primary School Building
Total No. of AWCs- 178

2008-2009		2011-2012		Variation	
No of AWCs	%	No of AWCs	%	No of AWCs	%
7	3.93	13	7.30	6	3.37

Table 2.3 shows that co-location of AWCs in primary school has improved marginally with a difference of co locating only very little percentage of AWCs (3.37%) in the buildings of primary school. There is a strong need to have proper convergence with Sarva Shiksha Abhiyan (SSA) by utilizing the funds available for ECCE activities in upgradation of AWCs and in their co location with primary school building.

Availability of Adequate Space for Non Formal Pre School Education

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 availability of adequate indoor and outdoor space is presented in **Table 2.4**.

Table-2.4: Availability of Adequate Space

Total No. of AWCs- 178

Availability of Adequate Space*	2008-2009		2011-2012		Variation	
	No of AWCs	%	No of AWCs	%	No of AWCs	%
Outdoor Activities	99	55.62	122	68.54	23	12.92
In Door Activities	97	54.49	129	72.47	32	17.97

*the criteria for adequate indoor space was space available per child to sit comfortably ; whereas the criteria for adequate outdoor space was availability of play space for about 2-25 children to play at a time.

Table 2.4 depicts that during the time span of four years (2008/09 – 2011/12), the availability of adequate outdoor space for carrying out the activities of Non Formal Pre School Education has increased in nearly 13 per cent of AWCs or in absolute number of 23 AWCs (from 99 AWCs in the year of 2008-09 to 122 AWCs in the year of 2011-12).

Similar trend is also evident from **Table 2.4** while assessing the availability of adequacy of indoor space for carrying out the activities of Non Formal Pre School Education. **Table 2.4** shows that availability of adequate indoor space for carrying out the activities of Non Formal Pre School Education has increased in little less than one fifth (18 per cent) of AWCs or in absolute number of 32 AWCs (a quantum jump from 97 AWCs in the year of 2008-09 to 129 AWCs in the year of 2011-12).

One of the mentionable point over here is that lot of emphasis was given in 11th Five Year Plan (2007-2012) for developing infrastructure of AWCs in convergent mode. As a result many State Governments started constructing AWCs by using their own funds and funds available under schemes of different other Ministries such as BRGF, MPLADS, MLADS, NREGA, PRI, MSDP, ADP, BADP, under SSA, Finance Commission , Additional Central Assistance under state

plan, Integrated Action Plan for Left Wing Extremism(LWE) districts and other state plans including RIDF etc. As a result of these convergent efforts, not only the ten per cent of AWCs were added in the pucca building status but they also saw the increased availability of indoor and outdoor adequate space.

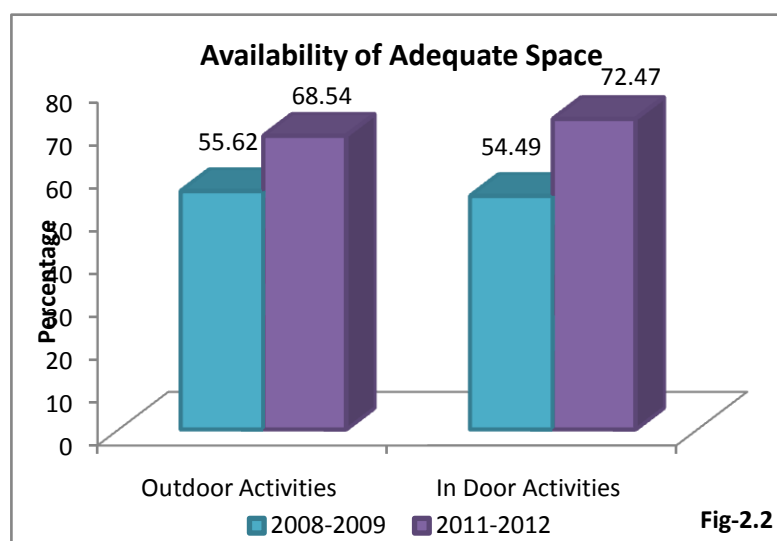


Fig-2.2

Availability of Adequate Space for Supplementary Nutrition

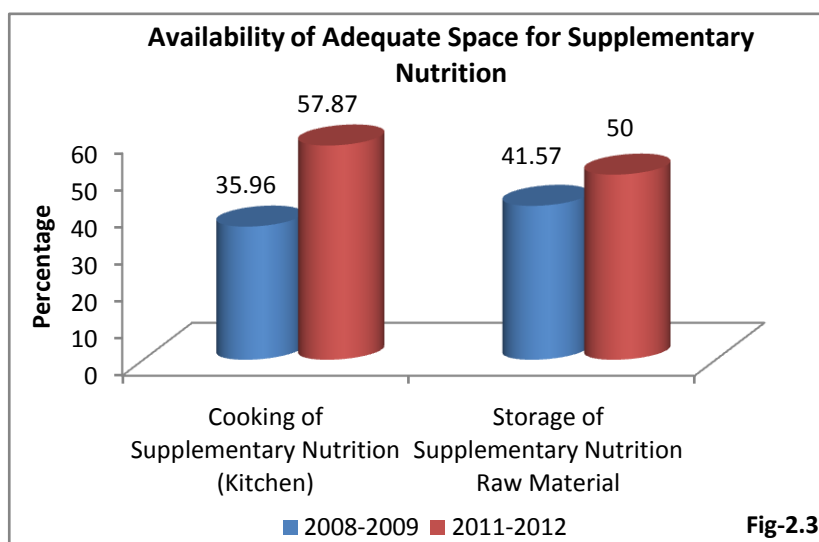
The ‘Take Home Ration’ and the raw material for cooking of supplementary nutrition is being supplied to the AWCs in bulk at the regular intervals. It has to be stored in AWCs. Similarly, hot cooked food has to be prepared in the AWCs. The data showing availability of adequate space for storing and cooking of supplementary nutrition is presented in **Table-2.5**.

Table-2.5: Availability of Adequate Space for Supplementary Nutrition

Total No. of AWCs- 178

Availability of Separate Space	2008-2009		2011-2012		Variation	
	No of AWCs	%	No of AWCs	%	No of AWCs	%
Cooking of Supplementary Nutrition (Kitchen)	64	35.96	103	57.87	39	21.91
Storage of Supplementary Nutrition Raw Material	74	41.57	89	50.00	15	8.42

Table 2.5 shows that during the time span of four years (2008/09 – 2011/12), the availability of space for cooking of supplementary nutrition (kitchen) has increased in nearly one fifth of AWCs or in absolute number of 39 AWCs (from 64 AWCs in the year of 2008-09 to 103 AWCs in the year of 2011-12).



Similar trend is also evident from **Table 2.5** while assessing the availability of adequate space for storing of raw material of supplementary nutrition. It is evident from **Table 2.5** that availability of adequate storing space for supplementary nutrition has increased in little less than ten per cent (8.4 per cent) of AWCs or in absolute number of 15 AWCs (from 74 AWCs in

the year of 2008-09 to 89 AWCs in the year of 2011-12).

Drinking Water

Providing drinking water is of utmost importance for small children who are prone to infectious diseases. **Table 2.6** summarizes the status and provision of drinking water.

Table-2.6: Source of Drinking Water

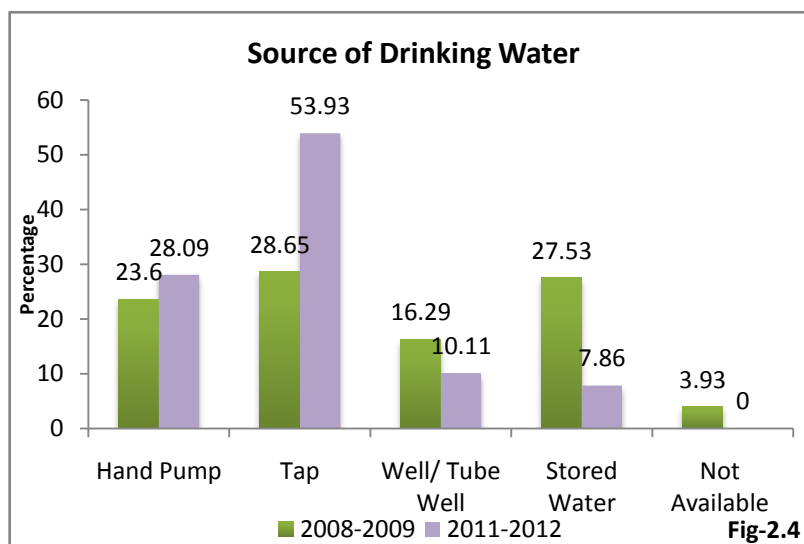
Total No. of AWCs- 178

Source	2008-2009		2011-2012		Variation	
	No of AWCs	%	No of AWCs	%	No of AWCs	%
Hand Pump	42	23.60	50	28.09	8	4.49
Tap	51	28.65	96	53.93	45	25.28
Well/ Tube Well	29	16.29	18	10.11	-11	-6.18
Stored Water	49	27.53	14	7.86	-34	-19.10
Not Available	7	3.93	0	-	-	-

It is evident from **Table 2.6** that during the time span of four years (2008/09 – 2011/12), the access to drinking water in AWCs have improved considerably especially in case of access to tap and hand pump as source of drinking water. **Table 2.6** shows that while the access to tap water has increased in nearly 25 per cent of AWCs or in absolute number of 45 AWCs (from 51 AWCs in the year of 2008-09 to 96 AWCs in the year of 2011-12), the access to hand pump as source of drinking water has increased from 452 units of AWCs in the year of 2008-09 to 50 units of AWCs in the year of 2011-12.

It is a very encouraging finding that none of the AWC was found having lack of drinking water facility in the year of 2011-12 while the same was reported in seven units of AWCs (3.93%) in the year of 2008-09.

Here, it has to mention that considerable increase in access to drinking water might be mainly due to the launching of National Rural Drinking Water Programme (NRDWP) from 1/4/2009. The NRDWP was launched after modifying the earlier Accelerated Rural Water Supply Programme and subsuming earlier sub Missions, Miscellaneous Schemes etc. The Ministry of Drinking Water and Sanitation (MoDW&S), Government of India has asked all the State Governments to prepare Model Detailed Project Report (DPR) of providing drinking water, which, inter alia envisages that all AWCs should be provided with drinking water supply as per relevant quantity norms by convergence of NRDWP.



Sanitation (Availability of Usable 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 6th 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.

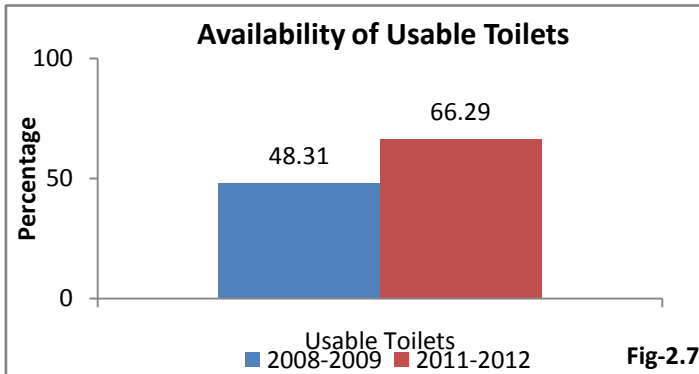


Total Sanitation Campaign (TSC) aim is to provide separate urinals/toilets for boys and girls in all the schools/ Anganwadis in rural areas in the country. In rural areas, it covers schools and Anganwadis by March 2012. In order to change the behaviour of the children from very early stage in life, it is essential that Anganwadis are used as a platform of behaviour change of the children as well as the mothers attending the Anganwadis. For this purpose each anganwadi should be provided with a baby friendly toilet. One toilet of unit cost upto Rs 8,000 (Rs. 10,000 in case of hilly and difficult areas) can be constructed for each Anganwadi or Balwadi in the rural areas where incentive to be given by Government of India will be restricted to Rs 5,600 (Rs 7,000 in case of hilly and difficult areas). Additional expenses can be met by the State Government, Panchayats or funds from Twelfth/Thirteenth Finance Commission, MPLADS, MLALADS etc. The usable toilet facility condition was noted for all the centres and has been represented in the **Table 2.7**.

Table-2.7: Availability of Usable Toilets

2008-2009		2011-2012		Variation	
No of AWCs	%	No of AWCs	%	No of AWCs	%
86	48.31	118	66.29	32	17.98

Total No. of AWCs- 178



It is evident from **Table 2.7** that during the time span of four years, more number of AWCs have been equipped with usable toilets. Though such increase is modest, however it shows the efforts being put in by different agencies including TSC for providing usable toilets in AWCs.

Personal Profile, Training Status and Continuing Education of ICDS Functionaries

Educational background and training status etc. has a direct bearing on the efficacy of ICDS functionaries to implement the programme at the ground level. This chapter attempts to analyse the progress made between four years gap of 2008-09 to 2011-12 on account of different variables concerning personal profile of ICDS functionaries.

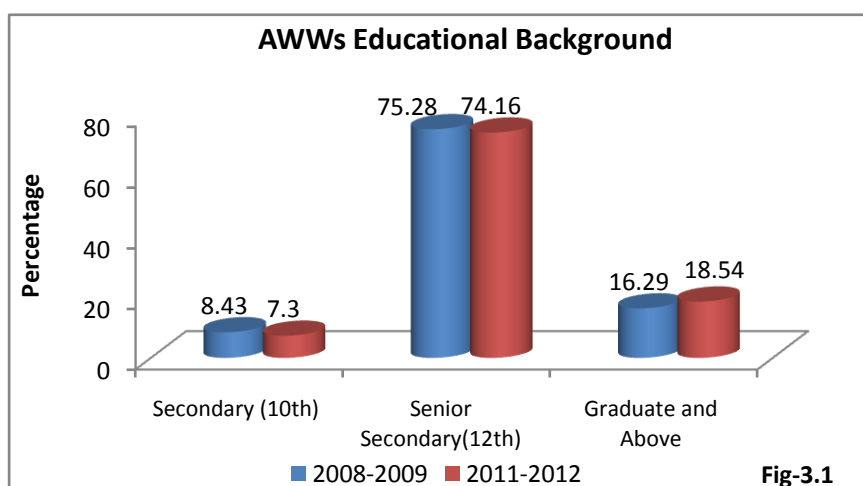
Educational Background of AWWs

As per schematic pattern of ICDS, an AWW should preferably be matriculate. Alternatively, the AWW should at least have passed standard VIII. It has been further mentioned in the scheme that, in case even standard VIII passed AWW is also not available, then less educated or even illiterate /semi-literate but intelligent woman may be appointed as AWW. 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 3.1**.

Table-3.1: Educational Qualification of AWWs

AWWs Educational Background	2008-2009		2011-2012		Variation	
	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Secondary (10 th)	15	8.43	13	7.3	-2	-1.12
Senior Secondary(12 th)	134	75.28	132	74.16	-2	-1.12
Graduate and Above	29	16.29	33	18.54	4	2.25

No. of AWCs -178



It is evident from **Table 3.1** that more number of AWWs have received additional qualifications during the time span of the study. The number of AWWs having graduate and above background have increased by 2.25 percentage points. This shows that either some

of the AWWs who were secondary have earned additional qualifications and have rose up to the level of graduation or some of the AWWs have left the profession and new AWWs with enriched educational background have joined the ICDS system.

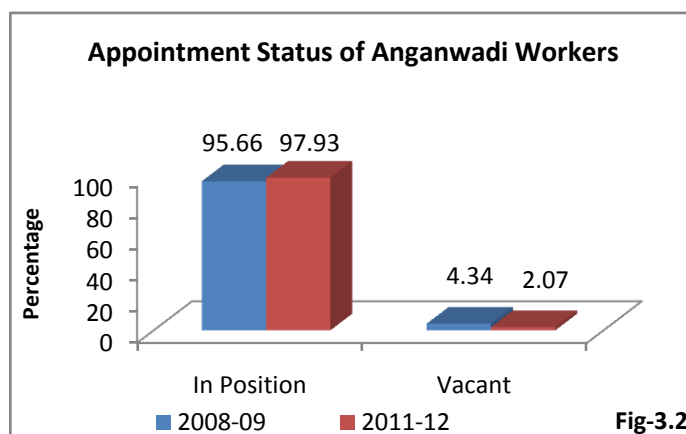
Appointment Status of ICDS Functionaries-AWW

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 3.2**.

Table 3.2: Appointment Status of Anganwadi Workers
No. of ICDS Projects – 34

Year	Sanctioned	In Position		Vacant	
		No of AWWs	%	No of AWWs	%
2008-09	4975	4759	95.66	216	4.34
2011-12	5611	5495	97.93	116	2.07

It is evident from **Table 3.2** that vacant positions of AWWs have reduced from 4.34 percent in the year 2008-09 to 2.07 percent in the year 2011-12. Increase in more number of sanctioned posts of AWWs is mainly due to sanction of additional AWCs during the four years time span of the study.



Appointment Status of ICDS Functionaries-Supervisors

Data in respect of filling up of the sanctioned number of posts of ICDS Supervisors are presented in **Table 3.3**.

Table 3.3: Appointment Status of ICDS Supervisors
No. of ICDS Projects – 34

Year	Sanctioned	In Position		Vacant	
		No of Supervisors	%	No of Supervisors	%
2008-09	192	162	84.37	30	15.63
2011-12	201	163	81.09	38	18.91

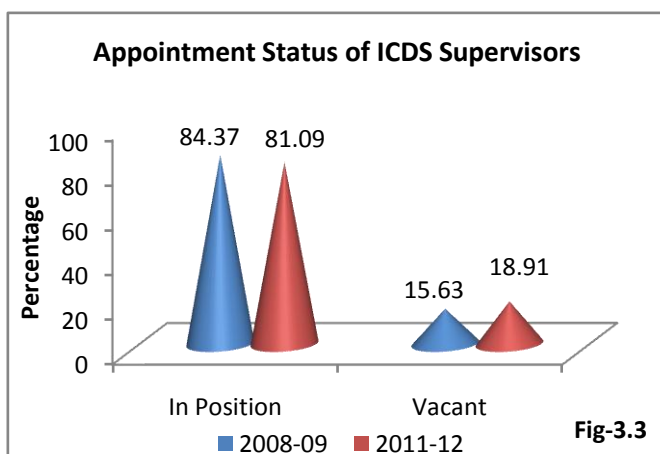


Table 3.3 shows that vacant positions of circle Supervisors have increased from 15.6 per cent in the year 2008-09 to 19 per cent percent in the year 2011-12. Almost close to twenty percent posts of Circle Supervisors were found vacant in the year of 2011-12. Increase in more number of sanctioned posts of Supervisors is mainly due to sanction of additional AWCs during the three years time span of the study.

Appointment Status of ICDS Functionaries-CDPOs

Data in respect of filling up of the sanctioned number of posts of ICDS CDPOs are presented in **Table 3.4**.

Table 3.4: Appointment Status of ICDS CDPOs
No. of ICDS Projects – 34

Year	Sanctioned	In Position		Vacant	
		No of CDPOs	%	No of CDPOs	%
2008-09	34	34	100	0	0
2011-12	34	32	94.12	2	5.88

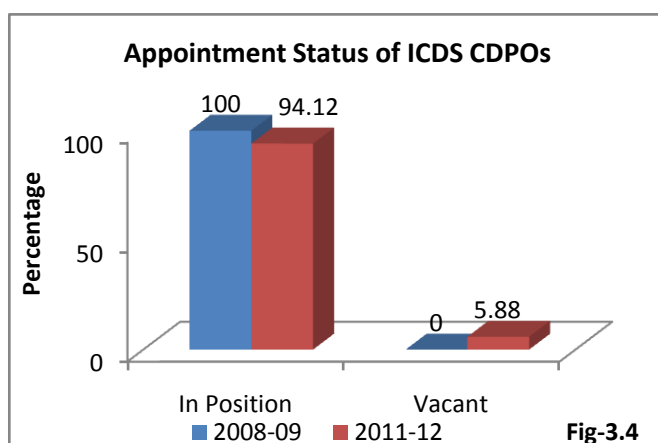


Table 3.4 shows that vacant positions of CDPO heading the ICDS Projects have increased from none of the post vacant in the year of 2008-2009 to almost 6 per cent vacant posts in the year of 2011-12.

Training of ICDS Functionaries

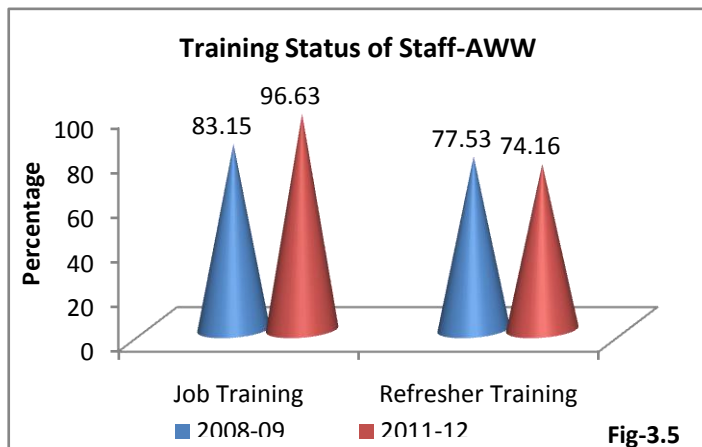


Under Comprehensive Training Strategy of ICDS, all categories of ICDS functionaries are required to undergo Job Training Course (JTC) with the broad objectives to make them understand their role in implementation of the scheme and to enable them to develop appropriate skills necessary for implementation 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 3.5**.

Table-3.5: Training Status of AWW

Year	Total Number of AWWs	Job Training		Refresher Training	
		No of AWWs	%	No of AWWs	%
2008-09	178	148	83.15	138	77.53
2011-12	178	172	96.63	132	74.16

No. of AWCs -178



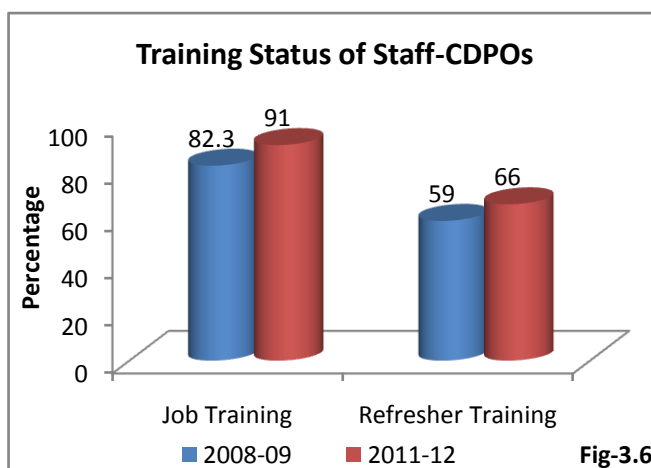
It is evident from Table 3.5 that though percentage of AWWs received job training has increased considerably from 83 per cent in 2008-09 to 96.6 per cent in 2011-12, however, reverse trend was found in case of refresher training where percentage of AWWs received refresher training has gone down from 77.5 per cent in the year of 2009-09 to 74.1 per cent in the year of 2011-12.

Table-3.6: Training Status of CDPOs

Year	Total Number of CDPOs	Job Training		Refresher Training	
		No of CDPOs	%	No of CDPOs	%
2008-09	34	28	82.3	20	59
2011-12	32	29	91	21	66

No. of ICDS Projects – 34

It is evident from Table 3.6 that though percentage of AWWs received job training has increased considerably from 83 per cent in 2008-09 to 96.6 per cent in 2011-12, however, reverse trend was found in case of refresher training where percentage of AWWs received refresher training has gone down from 77.5 per cent in the year of 2009-09 to 74.1 per cent in the year of 2011-12.

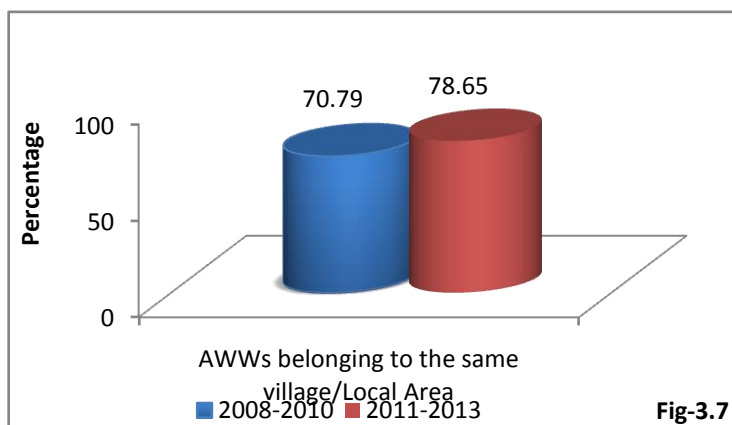


Local Area Belongingness of AWWs

While detailing out various essentialities to become AWW, it has been mentioned in the ICDS scheme that AWW has to be selected from within the village local community so that she should not only be familiar with the social norms prevailing in the area but can also devote much of her time at the AWC without carrying anxiety of travelling. Data pertaining to this regard are presented in Table 3.7.

**Table 3.7:No. of AWWs belonging to the same village/Local Area
No. of AWCs -178**

Indicators	2008-2009		2011-2012		Variation	
	N	%	N	%	N	%
AWWs belonging to the same village/Local Area	126	70.79	140	78.65	14	7.87



As per statistics given in **Table 3.7**, it is a welcome sign that the local area belongingness of AWWs has increased by 7.86 percent points during the time interval of three years (2008-9 to 2011-12).

Organization of Continuing Education Sessions



As per structural guidelines issued by MWCD, GOI, continuing education sessions have to be organised at frequent intervals so as to make the ICDS functionaries aware about various updates on issues having bearing on ICDS. Data in this regard are presented in **Table 3.8**.

**Table 3.8: ICDS Projects Organising Continuing Education Sessions
No of CDPOs- 34**

Indicators	No. of ICDS Projects Organising Continuing Education Sessions	
	N	%
2008-2009	27	79.41
2011-2012	30	88.24
Variation	3	8.83

As per data given in **Table 3.8**, improvement, though marginally, was reported in organization of continuing education sessions for AWWs.

Topics Covered in Continuing Education Sessions

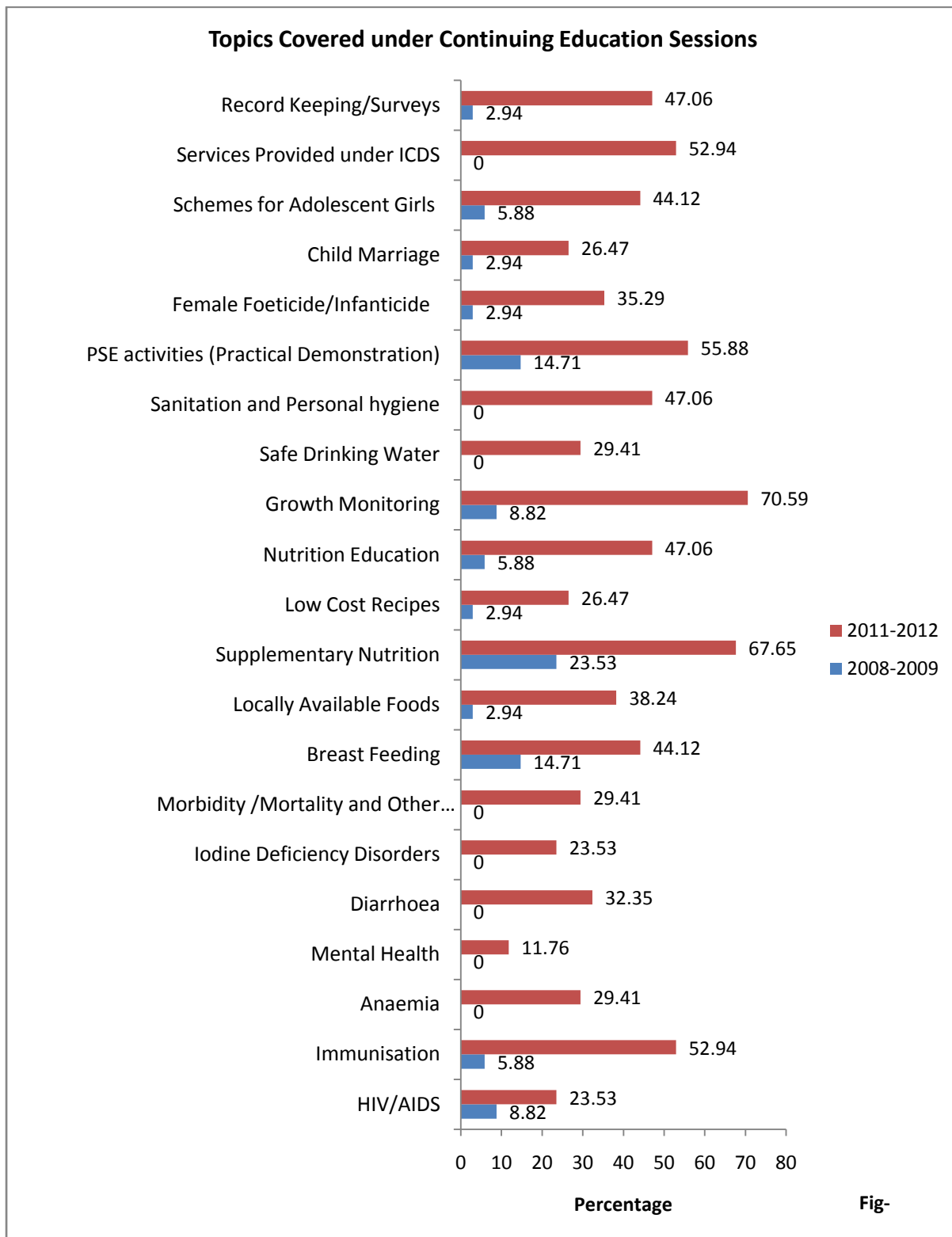


During the continuing education sessions of ICDS functionaries, the recent developments in the topics related to child and maternal health, nutrition, pre-school education and early stimulation, psycho social issues have to be discussed with them. The data in this regard are presented in **Table 3.9**.

Table 3.9: Topics Covered during Continuing Education Session

No of CDPOs- 34

Topics Covered under Continuing Education Sessions	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Health						
HIV/AIDS	3	8.82	8	23.53	5	14.71
Immunisation	2	5.88	18	52.94	16	47.06
Anaemia	0	-	10	29.41	10	29.41
Mental Health	0	-	4	11.76	4	11.76
Diarrhoea	0	-	11	32.35	11	32.35
Iodine Deficiency Disorders	0	-	8	23.53	8	23.53
Morbidity /Mortality and Other Health-Related Issues	0	-	10	29.41	10	29.41
Infants and Young Child Feeding (IYCF)						
Breast Feeding	5	14.71	15	44.12	10	29.41
Locally Available Foods	1	2.94	13	38.24	12	35.29
Nutrition						
Supplementary Nutrition	8	23.53	23	67.65	15	44.12
Low Cost Recipes	1	2.94	9	26.47	8	23.53
Nutrition Education	2	5.88	16	47.06	14	41.18
Growth Monitoring						
Growth Monitoring	3	8.82	24	70.59	21	61.76
Sanitation and Safe Drinking Water						
Safe Drinking Water	0	-	10	29.41	10	29.41
Sanitation and Personal hygiene	0	-	16	47.06	16	47.06
Non Formal Pre School Education						
PSE activities (Practical Demonstration)	5	14.71	19	55.88	14	41.18
Social Ills						
Female Foeticide/Infanticide	1	2.94	12	35.29	11	32.35
Child Marriage	1	2.94	9	26.47	8	23.53
Schemes for Adolescent Girls	2	5.88	15	44.12	13	38.24
Integrated Child Development Services Scheme(ICDS)						
Services Provided under ICDS	0	-	18	52.94	18	52.94
Record Keeping/Surveys	1	2.94	16	47.06	15	44.12



It is evident from **Table 3.9** that there has been marked improvement (between 2008-09 to 2011-12) in organisation of continuing education sessions on various themes related to health, IYCF, Nutrition, Growth Monitoring, Sanitation and Personal Hygiene, Non Formal Pre School Education, Services provided under ICDS etc. Such steady improvement

has basically been reported in covering Growth Monitoring (62 per cent), followed by creating awareness about various components of ICDS (53 per cent), Immunization and Sanitation and Personal hygiene (47 per cent), Supplementary Nutrition and Record Keeping/Surveys (44.12 per cent), Nutrition Education and PSE activities (41.18 per cent), Schemes for Adolescent Girls (38.24 per cent), Locally Available Foods (35.29 per cent), Diarrhoea (32.35 per cent), Female Foeticide/Infanticide (32.35 per cent), Anaemia, Morbidity /Mortality and Other Health-Related Issues, Breast Feeding, Safe Drinking Water (29.41 per cent), Iodine Deficiency Disorders, Low Cost Recipes, Child Marriage (23.53 per cent), HIV/AIDS (14.71 per cent), and Mental Health(11.76 per cent).

The present chapter assesses 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, 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.

- **Type of Supplementary Nutrition**



As per MWCD Office Order no 5-9/2005/ND/Tech (Vol-II) dated 24th 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 4.1 and Table 4.2** depict the data in this regards.

Table 4.1: No. of AWCs Distributing THR to Children 6 Months-3 Years
No of AWCs-178

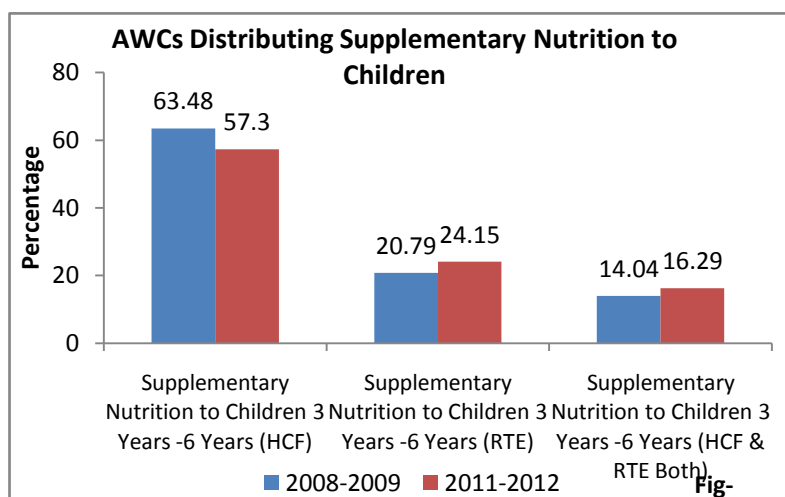
Year	AWCs Distributing THR to Children 6 Months-3 Years	
	No. of AWCs	%
2008-2009	1	0.56
2011-2012	105	59
Variation	104	58.42

It is evident from **Table 4.1** that there has been a quantum jump in percentage of AWCs distributing THR to children of below three years of age. While in the year of 2008-09, only negligible proportion of AWCs were distributing THR, in the year of 2011-12, every three out of five AWCs were found distributing THR to children below three years of age.

Table 4.2: No. of AWCs Distributing Supplementary Nutrition to Children
No of AWCs-178

Year	Supplementary Nutrition to Children 3 Years -6 Years (HCF)		Supplementary Nutrition to Children 3 Years -6 Years (RTE)		Supplementary Nutrition to Children 3 Years -6 Years (HCF & RTE Both)	
	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
2008-2009	112	63.48	37	20.79	25	14.04
2011-2012	102	57.30	43	24.15	29	16.29
Variation						

Note: Total may not come to 100% because of NR and interruption in SN



It is evident from Table 4.2 that number of AWCs distributing HCF to children 3-6 years of age have come down from 63.4 per cent in 2008-09 to 57.3 per cent in 2011-12. However, unlike of HCF, the percentage of AWCs distributing RTE to children 3-6 years of age have come up from almost one fifth AWCs in the year of 2008-09 to one fourth of AWCs in the

year of 2011-12. There has been a modest increase in number of AWCs distributing both type of SN (HCF + RTE).

Quality of Supplementary Nutrition

The data concerning observations of CMU consultants on quality of supplementary nutrition being distributed in AWCs are presented in **Table 4.3**.

Table 4.3: AWCs Providing Good Quality of Supplementary Nutrition
No of AWCs-178

Year	AWCs Providing Good Quality of Supplementary Nutrition	
	N	%
2008-2009	100	56.18
2011-2012	146	82.49
Variation	46	26.31

Table 4.3 shows that there has been a quantum increase to almost one fourth of AWCs where providing good quality of SN has been reported. The major reason may be discerned in the fact that the financial norms of supplementary nutrition were revised in 2008 which had direct bearing on providing quality supplementary nutrition to ICDS beneficiaries.

Quantity of Supplementary Nutrition

As per MWCD Office Order No 5-9/2005/ND/Tech (Voll) dated 24th 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 4.00 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 6.00 per child per day. Data in this regard are presented in **Table 4.4**.

Table 4.4: AWCs Providing Adequate Quantity of Supplementary Nutrition

Year	AWCs Providing Adequate Quantity of Supplementary Nutrition	
	N	%
2008-2009	115	64.61
2011-2012	148	84.09
Variation	33	19.48

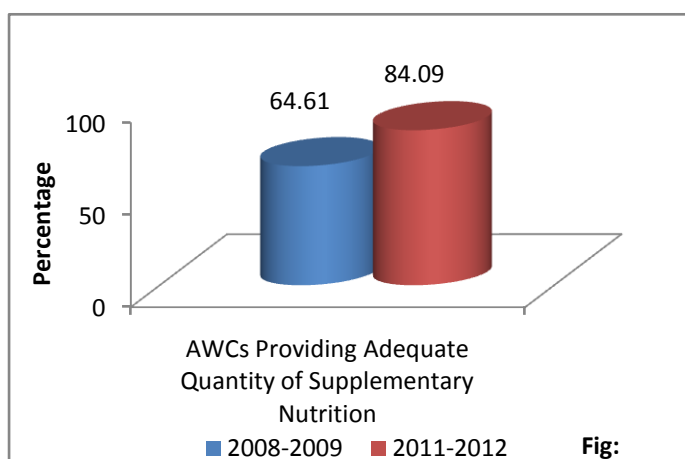


Table 4.4 shows that there has been an increase to almost one fifth of AWCs where providing adequate quantity of SN has been reported. The major reason may be discerned in the fact that the financial norms of supplementary nutrition were revised in the year of 2008 which had direct bearing on providing adequate quantity of supplementary nutrition to ICDS beneficiaries.

Disruption 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 4.5**.

Table 4.5: No. of AWCs having interruption of SN

Year	No of AWCs-178	
	No. of AWCs having interruption of SN	
	N	%
2008-2009	43	24.2
2011-2012	28	15.73
Variation	-15	-8.47

Table 4.5 shows that interruption in Supplementary Nutrition has gone down from almost one fourth of AWCs in the year of 2008-09 to 15 per cent of AWCs in the year of 2011-12. The major reason might be the preparation and distribution of supplementary nutrition with the help of SHGs as per kind orders of Hon’ble Supreme Court. The raw material is now being purchased by SHGs from the funds transferred in their account by the State Departments of ICDS.

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 4.6**.

Table 4.6: AWCs having Availability of New WHO Child Growth Charts
No of AWCs-178

Year	Availability of WHO Child Growth Standards	
	N	%
2008-2009	143	80.34
2011-2012	160	89.89
Variation	17	9.55

Table 4.6 shows that during the four years time interval of the study (2008-09 to 2011-12), the availability of New WHO Child Growth Standards has increased from every eight out of ten AWCs to every nine out of ten AWCs.

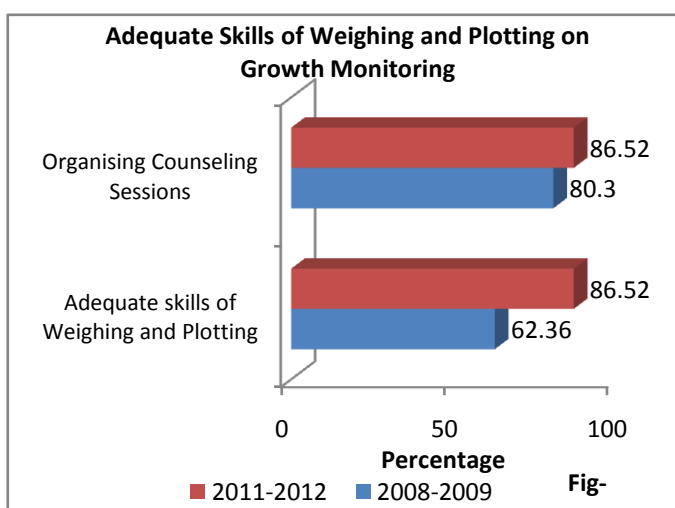
- **Accuracy in Weighing and Plotting**

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 4.7**

Table 4.7: Adequate Skills of Weighing and Plotting on Growth Monitoring

Growth Monitoring	2008-2009		2011-2012		Variation	
	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Adequate skills of Weighing and Plotting	111	62.36	154	86.52	43	24.15
Organising Counseling Sessions	143	80.3	154	86.52	11	6.18

Table 4.7 shows that number of AWWs having adequate skills of Growth Monitoring (Weighing, Plotting and interpretation) have considerably improved from 62.3 per cent in 2008-09 to 86.5 per cent in 2011-12, an increase of nearly one fourth of AWWs. Similarly number of AWWs organising counselling sessions based on Growth Monitoring have also improved though marginally from 80.3 per cent to 86.5 per cent. This might be the result of organising rigorous training by NIPCCD of ICDS functionaries. Needless to mention, practical exercises of weighing and plotting on New WHO Child Growth Standards has achieved a central place in all types of training (refresher, job and skill based training) being organised by NIPCCD for ICDS functionaries and ICDS trainers. These ICDS functionaries and trainers are the main source of improving the skills of AWWs on Growth Monitoring.



- **Availability of NHEd Educational Material**

Apart from Audio Visual media for attractive and effective mass communication of NHEd messages, good educational films, slides, charts and other audio visual materials needs to be used for disseminating the messages of NHEd in the community. The ICDS field functionaries are also required to prepare other such promotional materials in local languages for the benefit of the community. The data pertaining to availability of such material in AWCs are presented in **Table 4.8**.

Table 4.8: Adequate Availability of Educational Material for NHEd
No of ICDS Project-34

NHEd Kit	2008-2009		2011-2012		Variation	
	No. of ICDS project	%	No. of ICDS project	%	No. of ICDS project	%
Supply of NHEd Kit	15	44.12	10	29.41	-5	-14.71

Table 4.8 shows that so far as supply of NHEd kit is concerned during the reference period of the study (2008-09 to 2011-12), there has been a decrease in number of ICDS Projects having supply of NHEd kit.

- **Use of Educational Material of NHEd**

Audio Visual media has generally been found to be attractive and effective for mass communication of messages, good educational films, slides, charts, and other audio visual materials. Each NHEd message has to be translated into commonly used words and communicated through use of audio visual aids and non-conventional media. Data in this respect are presented in **Table 4.9**.

Table 4.9: Use of NHEd Material
No of AWCs-178

NHEd material	200-2009		2011-2012		variation	
	No of AWCs	%	No of AWCs	%	No of AWCs	%
Adequate	102	57.30	71	39.88	-31	-17.42

Table 4.9 shows that number of AWCs having adequate availability of NHEd Material have also come down in absolute terms of 31 units (102 AWCs in 2008-9 to 71 AWCs in 2011-12). The finding may be elaborated in the light of the fact that during the reference period of the study, there was a considerable increase in holding IEC activities in which ready-made material was supplied.

- **Topics Covered in NHED**

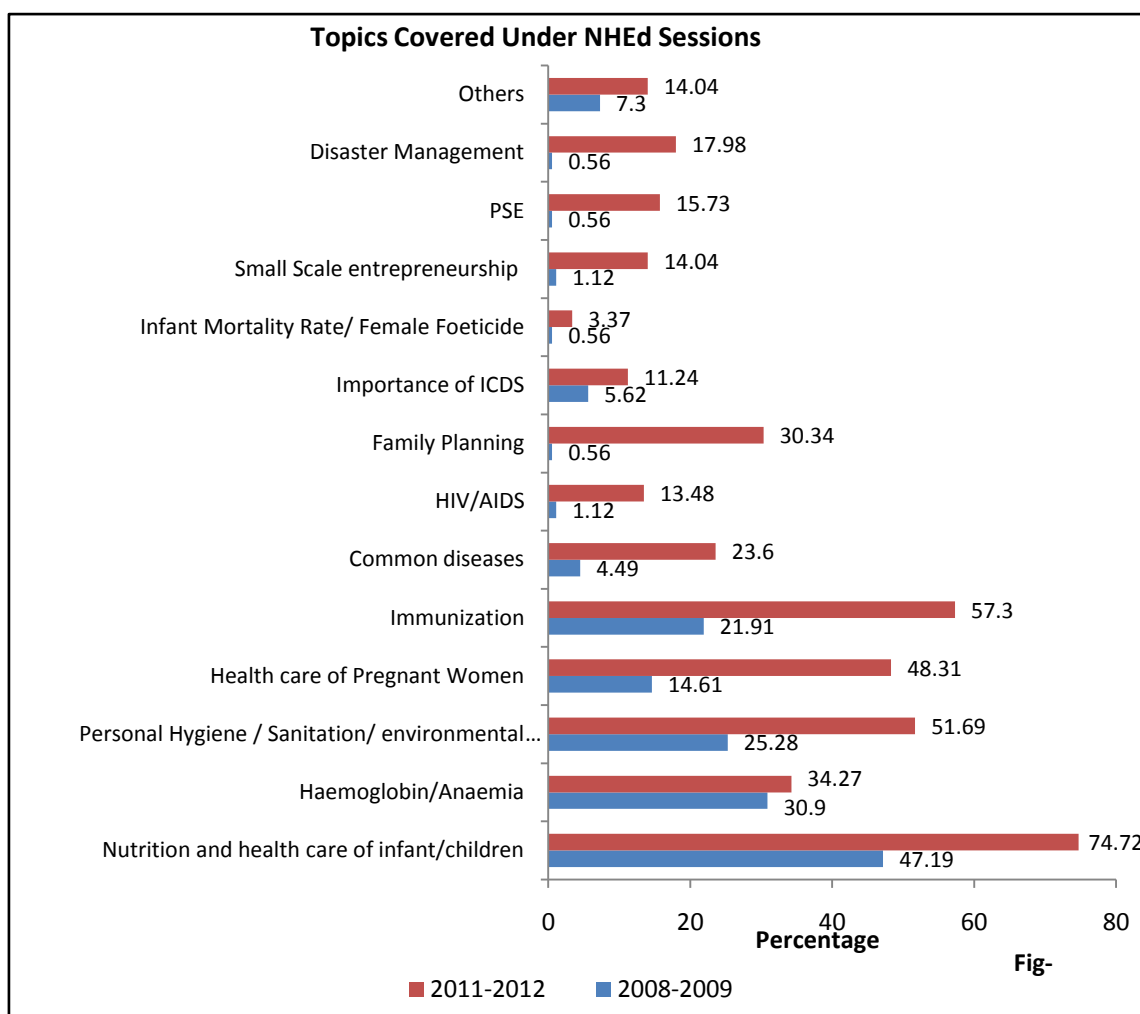
CDPOs were asked about topics covered during NHED sessions. Data in this regard are presented in **Table 4.10**.

Table 4.10: Themes/Topics of NHED Sessions

Topics Covered Under NHED Sessions	2008-2009		2011-2012		Variation	
	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Nutrition and health care of infant/children	84	47.19	133	74.72	49	27.53
Haemoglobin/Anaemia	55	30.90	61	34.27	6	3.37
Personal Hygiene / Sanitation/ environmental hygiene	45	25.28	92	51.69	47	26.40
Health care of Pregnant Women	26	14.61	86	48.31	60	33.71
Immunization	39	21.91	102	57.30	63	35.39
Common diseases	8	4.49	42	23.60	34	19.10
HIV/AIDS	2	1.12	24	13.48	22	12.36
Family Planning	1	0.56	54	30.34	53	29.78
Importance of ICDS	10	5.62	20	11.24	10	5.62
Infant Mortality Rate/ Female Foeticide	1	0.56	6	3.37	5	2.81
Small Scale entrepreneurship	2	1.12	25	14.04	23	12.92
PSE	1	0.56	28	15.73	27	15.17
Disaster Management	1	0.56	32	17.98	31	17.42
Others	13	7.30	25	14.04	12	6.74

The data as contained in **Table 4.10** shows that there has been marked improvement in organisation of NHED sessions on various aspects of ICDS. It is evident from **Table 4.10** that there has been marked improvement (between 2008-09 to 2011-12) in organisation of NHED sessions on various themes related to Nutrition and health care of infants/children, personal hygiene/sanitation/environmental hygiene, health care of pregnant women, immunization, family planning etc.

Such steady improvement has basically been reported in covering topics related to immunization (35.39 per cent), followed by health care of pregnant women (33.71 per cent) , nutrition and health care of infants/children (27.53 per cent), personal hygiene/sanitation /environmental hygiene(26.40 per cent) etc.



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 enrolment of children in pre-school activities under ICDS are presented in **Table 4.11**.

Table 4.11: No. of Children Enrolled in Pre-School Education

Year	Total Population (3-6 years) in AWCs area	Children Enrolled in Pre-School Education	
	No. of Children	No. of Children	%
2008-2009	8446	7217	85.45
2011-2012	9352	5394	57.68
Variation	906	-1823	-27.77

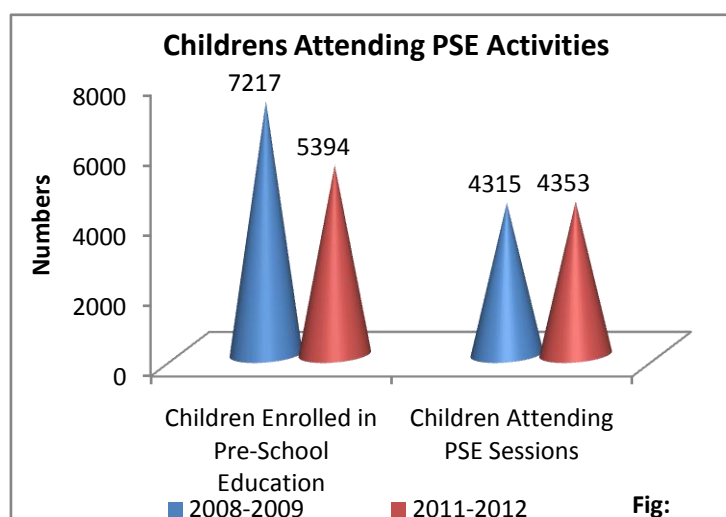
It is evident from **Table 4.11** that the proportion of pre-school children (3-6 years) available in the catchment area of AWCs vis a vis enrolled in the AWC for pre schooling has come down drastically . While in the year of 2008-09, almost every four out of five children were enrolled for pre schooling under ICDS, however in the year of 2011-12, only three out of five children were found enrolled for the same. The findings come true in the light of ASER findings depicting that more number of children are moving from publicly funded ICDS programme towards getting private pre schooling.

- **Number of Children Attending PSE Activities**

Table 4.12: No of Children Attending PSE Sessions

Year	Children Enrolled in Pre-School Education	Children Attending PSE Sessions	
	No. of Children	No. of Children	%
2008-2009	7217	4315	59.79
2011-2012	5394	4353	80.70

Table 4.12 Shows that there has been a impressionable improvement in proportion of children (3-6 years) enrolled for pre schooling under ICDS vis a vis children attending pre schooling inputs in AWCs. While in the base year of 2008-09, almost every six out of ten enrolled children were attending pre-school sessions under ICDS, however in the year of 2011-12, every eight out of ten enrolled children were found attending the PSE sessions. The



The findings come true on the general observation that during the past three to four years, many of the States (like Andhra Pradesh, Chhattisgarh, , Gujarat, Haryana, Himachal Pradesh, Jharkhand , Karnataka, Kerala, MP, Maharashtra, Odisha, Punjab, Rajasthan, Tamil Nadu, West Bengal etc) have developed contextualized PSE curriculum for use in AWCs. The development and use of locally responsive ECE curriculum as reported by the States has proved very beneficial in improving the status of pre schooling under ICDS. Some of the States /UT Administrations have also taken other remarkable steps for strengthening PSE in ICDS. Some of these includes formulation of State PSE Task force in Rajasthan, state

ECCE policy and framework in Jharkhand, Conversion of AWC into nursery schools in Jharkhand, imparting NTT training to AWWs in Tamil Nadu etc.

Methods and Material in imparting Pre-School

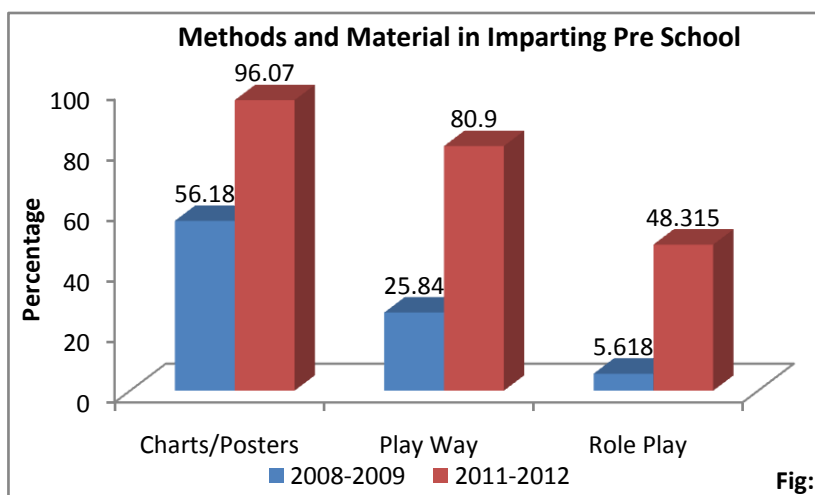
The use of charts/posters has been envisaged for conducting free conversation activities under PSE component of ICDS. The programme content of pre-school activities for children has to be largely centered on organisation of play activities. It is undesirable to force young children to formal methods of schooling by making them sit in rows, keeping silence, parroting lessons, copying from the black board etc. Young children are active by nature and they learn by doing and by interacting with their environment. Play is the main activity by which the child learns and develops. Therefore, rich and diversified programme of play activities rooted in indigenous material and culture needs to form the core of early childhood education. The data concerning adoption of methods and material in imparting pre-school education under ICDS are presented in **Table 4.13**.

Table 4.13: Methods and Material in Imparting Pre School

Year	Charts/Posters		Play Way		Role Play	
	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
2008-2009	100	56.18	46	25.84	10	5.618
2011-2012	171	96.07	144	80.90	86	48.315
Variation	71	39.89	98	55.06	76	42.697

No of AWCs-178

*Multiple Response



It is evident from **Table 4.13** that there has been a tremendous improvement in number of AWCs using Charts/Posters as Teaching Learning Material (TLM) for conducting PSE activities in ICDS. While every three out of five AWCs were using Charts/Posters in conducting PSE activities in the year of 2008-09,

However, in the year of 2011-12, every nine out of ten AWCs were found using Charts/Posters in conducting PSE activities. Similar observations are reported in case of adopting Play Way technique for conducting PSE session in ICDS. While in the year of 2008-09, only one fourth of AWCs were using play way methods, the number rose to the extent of more than three fourth of AWCs in the year of 2011-12. There has also been increase from mere five per cent of AWCs in the year of 2008-09 to almost close to fifty per cent of AWCs in the year of 2011-12 in adoption of role play method for conducting PSE activities.

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 specialised 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 4.14**.

Table 4.14: Availability of Referral Slips and Health Card maintenance
No of AWCs-178

Year	AWCs having Availability of Referral Slips	
	No. of AWCs	%
2008-2009	35	19.66
2011-2012	51	28.65
Variation	16	8.99

Table 4.14 Shows that though there has improvement in the number of AWCs having availability of referral slips during the study period of 2008- 09 to 2011-12. While in the year of 2008-09, the referral slips were found available in only one fifth of AWCs, the number improved to the level of one fourth of AWCs having availability of referral slips.

Maintenance of Health Cards

It is important to keep correct records of children’s vaccination. The date of child immunisation has to be properly maintained on health cards. The required entries have to be made by medical/Para medical staff administering the immunisation. The data in this regard are presented in **Table 4.15**.

Table 4.15: AWCs Maintaining Health Cards*
No of AWCs-178

Year	AWCs Maintaining Health Cards	
	No. of AWCs	%
2008-2009	80	44.94
2011-2012	117	65.73
Variation	37	20.79

Table 4.15 Shows that though there has improvement in the number of AWCs maintaining health cards of children during the study period of 2008- 09 to 2011-12. While in the year of 2008-09, less than half (45 per cent) of AWCS were found maintaining health cards, however, in the year of 2011-12, the number of such AWCs got improved to the level of 66 per cent of AWCs. The improvement might be due to the continuous emphasis placed on MCP card.

Services to Adolescent Girls

Adolescent Girls forms an important segment of the society. There are 8.3 crores of Adolescent Girls in the age group of 11-18 years, which comes around 16.75 per cent of country's population. About one third of these AGs are underweight. In order to address the issues related to adolescence, particularly the health and nutrition gaps, provision has been made in ICDS for their IFA supplementation and deworming and for strengthening their other life skills. Data in this regard are presented in **Table 4.16, 4.17 and Table 4.18** .

Table 4.16: Services to Adolescent Girls
No of AWCs-178

Year	Deworming Tablets to AGs	
	No. of AWCs	%
2008-2009	103	57.87
2011-2012	108	60.67
Variation	5	2.81

Table 4.16 shows that though there has been only little increase of three per cent in AWCs distributing deworming tablets to Adolescent Girls.

Table 4.17: AWCs Conducting Counselling Sessions on Reproductive Health Education to Adolescent Girls

Year	Counselling Session on Reproductive Health To AGs	
	No. of AWCs	%
2008-2009	108	60.67
2011-2012	114	64.04
Variation	6	3.37

Table 4.17 shows that in similarity of the status of distributing deworming tablets to AGs, there has been only little increase of four per cent in AWCs organising counselling sessions on reproductive health to Adolescent Girls.

Table 4.18: IFA Supplementation of Adolescent Girls*
No of AWCs-178

Year	IFA Supplementation to AGs	
	No. of AWCs	%
2008-2009	98	55.06
2011-2012	68	38.20
Variation	-30	-16.85

It is evident from **Table 4.18** that IFA supplementation of AGs in AWCs has decreased during the study period of 2008-09 to 2011-12. While in the base year of 2008-09, more than half (55 per cent) of AWCs were found of administering IFA Supplementation, however, in the year of 2011-12, the number of such AWCs got reduced to 38 per cent only.

Continuous and Comprehensive Monitoring and Supportive Supervision is 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.

Use of Check List

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 CDPO is required to monitor the functioning of the AWCs by use of check list designed for the purpose. The data pertaining to use of different monitoring tools by CDPOs are presented in **Table-5.1**.

Table 5.1: Monitoring Methods of AWCs by CDPOs

No of CDPOs-34

Monitoring Methods	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Using Check-list	14	41.18	18	52.94	4	11.76

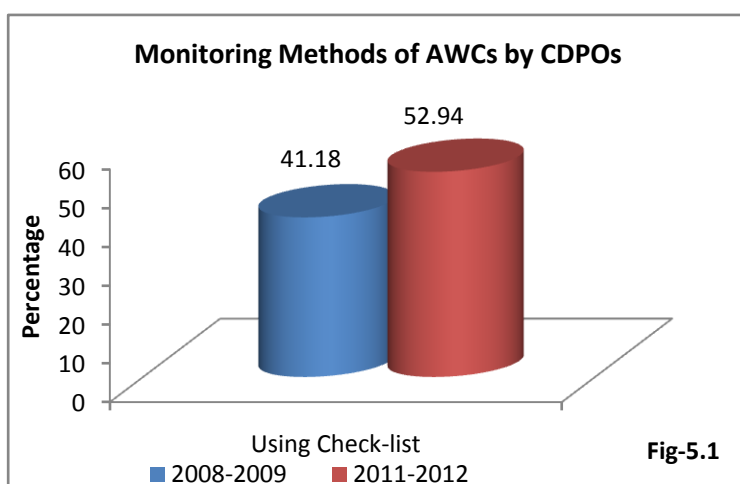


Table 5.1 shows that there has been increase from 2008-09 to 2011-12 in the number of CDPOs using check list while making monitoring visits of AWCs. The increase in use of check list might be attributed to the fact of putting five tier monitoring system by MWCD from the year of 2010 onwards. Many of the States/UT Administrations have constituted these committees at the State, District, Block and AWCS level.

Under five tier monitoring system, CDPOs have been advised to use check list for monitoring visits of AWC.

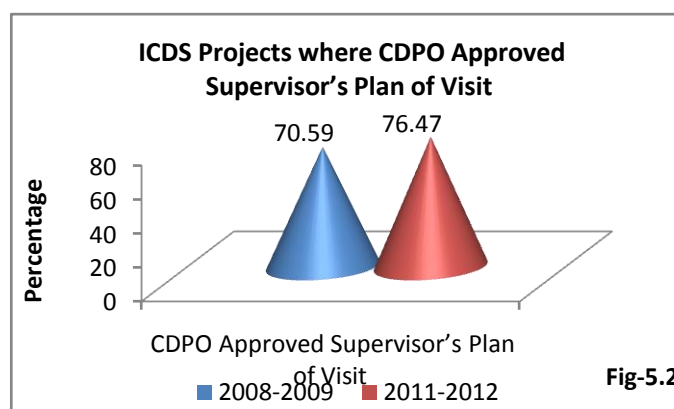
Approval of Supervisors Monitoring Plan

As per MWCD office order number 16-3/2004-ME (Pt) dated 22nd October, 2010, ICDS Supervisors are required to visit at least 50 per cent of AWCs of their jurisdiction and to undertake 2-3 visits of AWCs along with LHV/ANM every month. In order to accomplish this task, the CDPOs are required to approve the tour programme of ICDS Supervisors in such a way so as to ensure the stipulated number of visits. The data in this regard is placed in **Table 5.2**.

Table 5.2: Approval of Supervisors Plan of Visit by CDPO

Supervisory Visit	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Number of ICDS Projects where CDPO approves the visit Plan of Supervisor’s	24	70.59	26	76.47	2	5.88

Table 5.2 depicts that there has been only slight improvement (6 per cent) in number of CDPOs approving Supervisors plan of visits. This clearly indicates the need for putting in place the proper monitoring plan of ICDS.

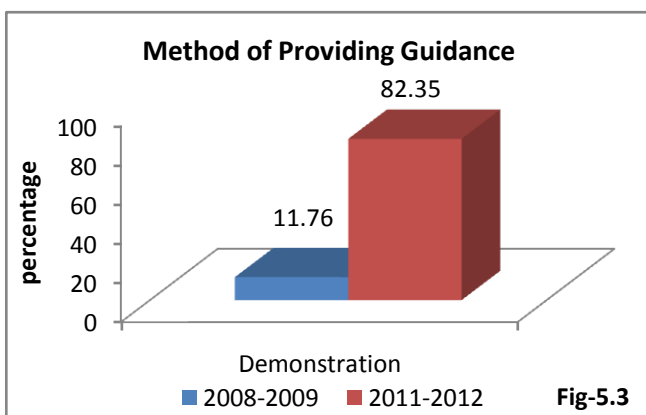


Methods of Supervision

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 methods of guiding AWWs (like demonstration of activities, use of MPR and APR data, use of monitoring data contained in records and registers etc) so that they can perform their tasks much effectively. Data in this regard are presented in **Table 5.3 and Table 5.4** .

Table 5.3: Method of Providing Guidance

Methods Providing guidance	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Demonstration	4	11.76	28	82.35	24	70.59



It is evident from **Table 5.3** that improvement is found to be phenomenal so far as using demonstration method by CDPO for providing guidance to AWWs is concerned. The finding might be attributed to the fact that during the refresher training of CDPOs, emphasis is laid on providing demonstration to AWWs by CDPOs on maintenance of New WHO Child Growth Standards and MCP Card.

Table 5.4: Use of MPR, APR and Records and Registers

Methods Providing guidance	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Use of MPR and APR data and Record & Registers	7	20.59	27	79.41	20	58.82

No of CDPOs-34

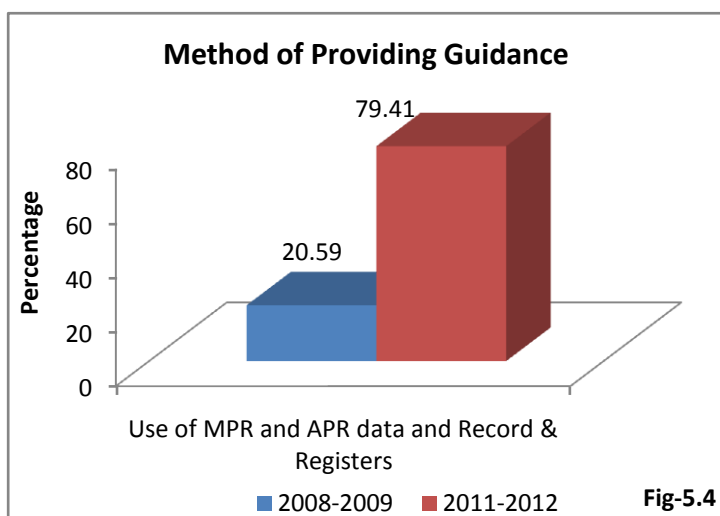


Table 5.4 shows that tremendous improvement is found so far as using MPR and APR data and facts of records and registers is concerned in providing proper guidance to AWWs by CDPOs. The finding may be ascribed in the light of the fact that CDPOs and ACDPOs have been given practical exercises by NIPCCD during their refresher training or in skill training on use and interpretation of new MIS put in place by MWCD. There has been a session in almost every

training programmes of CDPOs/ACDPOs on new MIS.

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 5.5**.

Table 5.5: Additional Tasks/ Assignments as Reported by CDPOs

Additional Tasks/ Assignments as Reported by CDPOs	No of CDPOs-34(Multiple Response)					
	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Election duty	15	44.12	22	64.71	7	20.59
Engagements in other Welfare Schemes (Old age pension scheme/Old age homes)	4	11.76	16	47.06	12	35.29
Survey/ Census	2	5.88	17	50.00	15	44.12
Implementation of various Other Acts/Schemes	9	26.47	19	55.88	10	29.41
Other Tasks	1	2.94	16	47.06	15	44.12

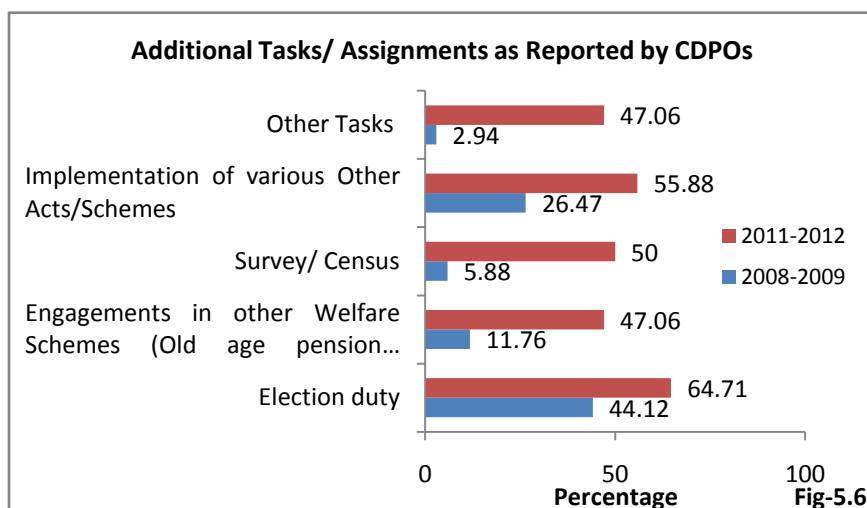


Table 5.5 shows that more number of CDPOs have been deployed for non ICDS tasks in the year of 2011-12 compared to such deployment in the year of 2008-09. 65 per cent of CDPOs reported of their engagements in election duties in the year of 2011-12 corresponding to deployment of 44 per

cent of them in the year of 2008-09. Similarly little less than half(47 per cent) of CDPOs in the year of 2011-12 reported their deployment in other welfare schemes of the State Governments corresponding to deployment of 12 per cent of them in the year of 2008-09. Deployment of CDPOs in conducting surveys/census has also been reported gone up from merely 6 per cent of them in the year of 2008-09 to half of them in the year of 2011-12. Similar trend is also reported in engagements of CDPOs in implementation of various other acts/schemes of either Government of India or of concerned State Governments. The trend of utilizing CDPOs in other miscellaneous tasks has also increased many fold (44 per cent).

Additional Charge of ICDS Projects

Due to vacant posts of CDPOs, in many of the ICDS Projects, the CDPO have been given additional charge of adjoining ICDS projects. This hampers the regular and routine functioning of the ICDS Projects as it is difficult for them to manage the tasks of other ICDS projects. The data in this regard is presented in Table 5.6.

Table 5.6: Additional Charge as Reported by CDPOs

Additional Charge	No of CDPOs-34					
	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Additional Charge	6	17.65	18	52.94	12	35.29

Table 5.6 shows that more number of CDPOs have been given additional charge of other ICDS Projects, which in turn according to them hampers the proper implementation of ICDS. While in the year of 2008-09, less than one fifth of CDPOs were found of handling additional responsibilities of other ICDS Projects, in the year of 2011-12, the number of such figure has gone up by engaging more than half of them in handling other ICDS projects.

Availability of MPR Forms

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 5.7.

Table 5.7: Availability of MPR Forms

MPR Form	No of CDPOs-34					
	2008-2009		2011-2012		Variation	
	No. of ICDS Project	%	No. of ICDS Project	%	No. of ICDS Project	%
Availability of MPR Forms	28	82.35	27	79.41	-1	-2.94

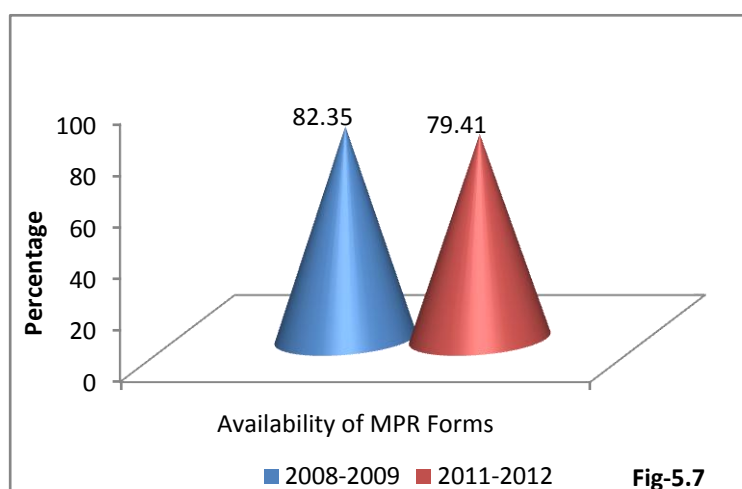


Table 5.7 shows that there has been a very little decrease in the number of ICDS Projects having availability of MPR forms in the year of 2008-09 to 2011-12. The decrease might be due to the fact of replacing old formats of MPRs with new one issued by MWCD.

Annexure-1

List of ICDS Projects and AWCs visited in the year of 2008-09 and 2011-12

No of States/UTs Covered = 12
 No of CMU Institutions Involved =13
 No of Districts Covered=19
 No of ICDS Projects =34
 (Urban=14, Rural=16 and Tribal=04)
 No of AWCs =178

State/UT		CMU Institution		District		ICDS Project		S.No.	Name of AWCs
S no	State/UT	S No	CMU Institution	S No	District	S.No.	ICDS Project		
1	Andhra Pradesh	1	OMC, Hyderabad	1.	Hyderabad	1	ICDS-II (Urban)	1	Nataraj Nagar
								2	S.V. Nagar, Banjara Hills
								3	Swarajnagar-2
								4	Ameerpet Sector-1
								5	Bramanwadi-IV
				2.	Secunderabad	2	ICDS (Urban)	6	Sanjeev Nagar, Thadbeend
								7	Ambedkar Nagar-79
								8	Abber Nagar-107
								9	New Ashok Nagar-I
								10	Bheemmaidan-145
				3.	Hyderabad	3	ICDS-IV (Urban)	11	Shamsheer Bagh-31
								12	Jawahar Nagar
								13	Purana Pool Darwaja
								14	Kattlmandi-4
								15	Harizanapenta
2	Chandigarh	2	PGIMER, Chandigarh	4.	Chandigarh	4	Project-I (Urban)	16	Anganwadi Building, Indira Colony, Centre No.- 2
								17	Pipliwala Town Main Magra, Centre No.-6
								18	Indira Colony, Centre No.- 4
								19	Mani Magra, Centre No.- 2
								20	Kishangarh, Centre No.-3
								21	Kishangarh, Centre No.-4
								22	Gobind Pura, Mani Magra, C.No. 6
								23	Thakurdaneara, Mani Magra, C.No. 7
								24	Composita Building, Bapu Dham, C.No. 12
								25	Sector 26, Bapu Dham, C.No. 8
								26	Vikash Nagar, C.No. 10
								27	Vikash Nagar, C.No. 7
								28	Mauli Jagron Complex, C.No. 6

								29	Mauli Jagron Complex, C.No. 5
								30	Shyam Sunder Sat Sang Dham, Near Gopal Mandir
								31	Near Basiya Wala Godam, Gas Colony Dariya
					5	ICDS P – II(Urban)		32	Dadumajra Village, C.No. 6
								33	Dadumajra Village, Sainik Dharam Shala
								34	Activity Centre, Village Dhanas
								35	275, Vill Dhanas
								36	Maloya Village, C.No. 2
								37	Maloya Village, C.No. 4
								38	Palsora Colony, C.No. 12
								39	Palsora Colony, C.No. 11
								40	Village Kojheri, C.No. 1
								41	Village Kojheri, C.No. 9
					6	ICDS P – III(Urban)		42	Near Shiv Mandir Burail, C.No. 13
								43	Near Khara Kuan Burail, C.No. 12
								44	Deep Complex Hallo Magra, C.No. 6
								45	Deep Complex Hallo Magra, C.No. 6
								46	Ram Darhar Phase-II, C.No. 10
								47	Ram Darhar Phase-II, C.No. 5
								48	Sector 52, C.No. 3
								49	Colony No. 4, C.No. 16
								50	Sector 52, C.No. 2
								51	Colony No. 4, C.No. 14
3	Goa	3	Goa Medical College, Goa	5.	South Goa	7	Salcete (Urban)	52	Godhino Word, Calata, Majorda
								53	Govt. Primary School, Dugem, Nuvem
								54	Near Govt. Primary School, Kirbhat Nuvem
								55	Near Milagres Chapel, Anus Nuvem
								56	H. No. 11/14, Near Vailankani Chapel, Gounlloy Nuvem
				6.	North Goa	8	Bardez (Rural)	57	H.No. 26, Grand Morod, Mapusa
								58	H.No. 141, Kasarwadi, Khorlim, Mapusa
								59	H.No. 60, Sateri Temple, Khorlim, Mapusa
								60	Premises of Shree Krishna Temple Ghateshwara Khorlim, Mapusa
								61	H.No. 130, Shantinagar, Khorlim, Mapusa
					North Goa	9	Tiswadi (Rural)	62	Near St. Cruz Church, St. Cruz
								63	Near Govt. High School, Deol Wado, Siridao
								64	Casa Do Povo, Goa Velha
								65	St. Francis Wado, Goa Velha
								66	Dando, Goa Velha
4	Gujarat	4	DPSM Medical College	7.	Vadodara	10	Waghodia (Rural)	67	Tavra Anganwadi
								68	Dankheda Anganwadi, No. 47

								69	Vasvel Anganwadi
								70	Jesangpura
								71	Ghodadhara Anganwadi
5	Himachal Pradesh	5	CSK, HPKV, Palampur	8.	Hamirpur	11	Sajanpur (Rural) Incomplete data	72	Mihadpuri
								73	Sajanpur Tihra
								74	Sujanpur, W.N. 5
								75	Samona Jal Panchayat
								76	Ward No. 1 (A), Near Krishna Colony
6	Jammu & Kashmir	6	University of Jammu, Jammu	9.		12	Kathua (Rural)	77	Ward No. 2, Near Photographer
								78	Ward No. 5 (B), Kathua
								79	Ward No. 16, Shiv Nagar Kathua
								80	Ward No. 5, Kathua, Shara Singh Mandi
								81	Khijri Naya Toli-0201
7	Jharkhand	7	RIMS, Ranchi	10.	Ranchi	13	Namkum (Tribal)	82	Kutiatu-81
								83	Shiju Sereng-92
								84	Kali Nagar-I-146
								85	Plendu-77
								86	Hutup-50
						14	Ormanjhi (Tribal)	87	Karna-48
								88	Dahu Khas-26
								89	Harchanda-27
								90	Hartup Taur Ghar-116
								91	Boriya Tiwari Tola-04
						15	Kanke (Rural)	92	Boriya Adivari Tola-I (05)
								93	Boriya Adivari Tola- II (06)
								94	Adivari Tola, Arsande-2
								95	Boriya Sahu Tola-3
								96	Khattargonda-123
						16	Ranchi Sadar (Urban)	97	Siram Toli-20
								98	Irgu Toli, B. Nagar-163
								99	Marmu Dhelapur-53
								100	K.S. Bhava, Thrioo-85
								101	Aamtur Hadhya-149
17	Ratu (Rural)	102	Nagri Chowk, Keshary Mohalla-91						
		103	Jhakhra Tand, Rata-05						
		104	Jamun Toli-09						
		105	Tigra II-43						
		106	Mandar Basti-20						
18	Mandar (Rural)	107	Brambe Upper Toli-91						
		108	Masmono Pahan Toli-110						
		109	masmano Niche Toli-III-163						
		110	Mandar Mahto Toli-143						
		111	77 Mangad AWC						
8	Kerala	8	Medical College,	11.	Kollam	19	Chadayamangalam		

			Thiruvananthapuram				(Rural)	112	22 Manttiram Kummu
								113	Hariyam AWC No. 90
								114	24 Kizlumila
								115	121 Puthukonam
				12.	Pathanamthitta	20	Pandalam (Rural)	116	Sridevi Mahta Samgan AWC No. 13
								117	61 Mannam Nagar
								118	27 Poozhikkadu
								119	Sreedevi N.B. C.No. 22
								120	Jayakumari R. 54
9	Madhya Pradesh	9	M.G.M. Medical College, Indore	13.	Indore	21	Indore Urban (Urban)	121	AWC No. 178 Badi Gwaltoli
								122	AWC No. 45 Trivendi Nagar
								123	AWC No-42, Chetawat Colony
								124	AWC No-176, Vindba Nagar
								125	AWC No-134, Jabran Colony
					Indore	22	Depalpur-2, Indore (Rural)	126	AWC of Ward No. 8
								127	AWC of Ward No. 9
								128	AWC of Ward No-11
								129	AWC of Ward No-12
								130	AWC of Ward No-5
				14.	Khandwa	23	Khandwa (Urban)	131	AWC No. 25, Chira Khadan
								132	AWC No. 112, Pandwa
								133	AWC No. 111, Nr. Janta School, Pandwa
								134	AWC No. 28, Chira Khadan
								135	AWC No. 29 Maliwar
10	Maharashtra	10	MGIMS, Sewagram	15.	Amravati	24	Dharni (Tribal)	136	Chikhali
								137	Dharanmahu
								138	Nandori
								139	Kara
								140	Diya
				16.	Wardha	25	Wardha I (Rural)	141	Chaka Majra
								142	Warud
								143	Mandwa
								144	Narsula
								145	Pulai
				17.	Yavatmal	26	ICDS, Ralegaon (Rural)	146	C.No. 2, Wadki
								147	Khadki
								148	Admurdi
								149	Savner
								150	Ladki
		11	IGGMC, Nagpur	18.	Washim	27	ICDS-Washim Rural (Rural)	151	Kondali, AWC No. 1
								152	Kota, AWC No. 3
								153	Kondali, AWC No. 2
								154	Kota, AWC No. 2

11	Pondicherry	12	JIPMER, Pondicherry	19.	Pondicherry	28	Project-III, Zone-II (Rural)	155	Kota, AWC No. 1
								156	Rajiv Gandhi Nagar, Thivelakuppam, AWC No. 20
						29	Project-IV, Zone-II (Urban)	157	Andiarpalayam, AWC NO. 32 (912)
								158	Angalamman Nagar-III (Code No. 44)
								159	14, Othavadai Street, Muthialpet
						30	Project-V, Zone-II (Urban)	160	Mudaliarpet IV (Code No. 5)
								161	Mudaliarpet-4, Pathammal Nagar
						31	Project-V, Zone-III (Urban)	162	Boomianpet-III
								163	Boomianpet-V
						12	West Bengal	13	B.S. Medical College, Bankura
165	Gorerbon, Machhpora, C.No. 99								
166	Kuraria, C.No. 121								
167	Bankata, C.No. 88								
168	Murra Banri para, C.No. 97								
33	Bankura (Urban)	169	Rajpura, Kendnadihi, C.No. 62						
		170	Sikhoriapara (Mansamela), C.No. 42						
		171	Belgaria, C.No. 7						
		172	Mojhipara, Gorangonda, C.No. 13						
34	Saltara (Tribal)	173	Anami Natya Sansthya, C.No. 49						
		174	Dhapali - 1, C.No. 146						
		175	Upadori, Po- Gogra, C.No. 163						
		176	Lakshanpur, C.No. 145						
							178	Shimlberia, C. No. 238	