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Integrated Child Development Services Scheme

Monitoring and Supervision

2014-2015



Central Monitoring Unit (CMU) of ICDS

National Institute of Public Cooperation and Child Development

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Abbreviations

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



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



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



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Executive Summary



Executive Summary

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 have also been 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;
- Prepare detailed recommendations for improving the efficiency and effectiveness of the scheme;
- Document some of the Best Practices at the state level.

The broader functions as assigned to CMU includes organization of theme based workshops; organization of cross state sharing workshops; consolidation of data and preparation of periodic monitoring reports; coordinating/outourcing 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. Some of those States which are having more number of High burden districts or if the State situation so warrants have one more attached additional Institution.

Each select 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 select Institutions are required to collect data through field visits to selected ICDS Projects in the area assigned to it and Monitoring of Anganwadi Workers Training Centers/Middle Level Training Centers.

Each select 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 have worked either in NHM 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, the Consultants are required to visit one ICDS Project and five Anganwadi Centers in every quarter on rotational basis 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, visit to ICDS project and visit to AWTC/MLTC for the purposes of monitoring was combined. The consultants were advised to undertake initially the visits of High burden districts and projects where IMR, Malnutrition and other indicators are poor as per district/state data record.

The present monitoring report analyzes the relevant ICDS data received from consultants for **160 ICDS Projects and 818 Anganwadi Centers**. The data were gathered by the consultants using Monitoring Proforma of ICDS Project (CDPO) and Observation schedule of AWCs. With the help of both of these schedules, such required data was gathered on Profile of ICDS Functionaries (Training Status in terms of Job, Refresher, Induction and other Training Inputs Filled Up Posts and Vacancy Position of ICDS Supervisors, AWWs, AWHs and other support Staff), Supplies Status, Medicine Kit, PSE Kit, Weighing Scales, NHED Kit, Records and Registers etc.), Nutritional Grades of Children (As per New WHO Child Growth Standards), Supervision Visits by CDPOs and Supervisors (Frequency of Supervision Visits, Supervision Methods, Supervision Planning), Perceived Weaknesses and Strengths of AWWs and ICDS Supervisors, Status of Community Participation (Involvement of Local Groups (Mahila Mandals and SHGs), Organisation of Continuing Education Sessions, Service Delivery Status-Pre School Education (Programme Planning, Organisation of PSE activities, Preparation of Low Cost TLM, availability/Supply of PSE Kit), NHED (techniques of NHED, Topics covered in NHED), Supplementary Nutrition (Type of SN, Quality and Quantity of SN, Acceptability of SN, Interruption of SN, availability of Growth Charts, Proficiency of AWW in weighing and Plotting, determining Age and Counseling Session), Coverage of Immunization, Health Check Up (Coverage and Frequency), Referral Services (referral slips), Status of Information, Education



and Communication (IEC), Discharging Additional Tasks by ICDS Functionaries ,Innovations and Best Practices and Problems and Suggestions for quality improvement in ICDS.

Apart from sending both of these ICDS monitoring proformas in original to NIPCCD, CMU, the concerned consultants also prepare 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.

Blended mix of both quantitative and qualitative data on indicators listed above was collected by CMU consultants working in selected institutions located across the country. 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, Lucknow 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 were disaggregated at the State and Project level.

Findings

The collected data was tabulated on excel sheet for its analysis. The data has been presented graphically and with the use of maps to show the regional disparities. The analysis of state based data has been presented separately and has been collated in such a way so as to provide a comprehensive picture of implementation status of ICDS across the country. Summary of the findings are presented below.

Service Delivery Status

Supplementary Nutrition

It was found that about 85 per cent of Children in the age group of 6 months to 3 years were enrolled and about 93 per cent of them were actually availing the services related to supplementary nutrition. 78.42 per cent of Children in the age group of 3 years to 6 years were enrolled and about 78 per cent of them were actually availing the services related to supplementary nutrition.

It was also found that majority 91.22 per cent of pregnant women were enrolled and 93.20 per cent of them were actually availing the services related to supplementary nutrition,

and about 89 per cent of lactating mothers were enrolled and 92.81 per cent of them were actually availing the services related to supplementary nutrition.

Take Home Ration (THR) to the children of 6 months to three years was being distributed in little less than three fourth (73.72%) of AWCs located across the country. About three fourth 74.94% of the total selected AWCs were distributing HCF and little less than two third (62.96%) of AWCs were distributing Morning Snacks to children 3 to 6 years of age. 68.70 % of the total selected AWCs are distributing THR to the pregnant and lactating mothers as recommended in the ICDS guidelines issued by MWCD, GOI.

Acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority about (80%) of the AWCs. The quality of supplementary nutrition being distributed in little more than three-fourth (78.12%) of the AWCs had been rated as good by CMU consultants. It was also found that the required quantity of supplementary nutrition as envisaged in ICDS guidelines was being distributed in substantial number (73.59%) of the AWCs.

In sizeable number (61.61%) of AWCs, there had been no interruption in distribution of supplementary nutrition to ICDS beneficiaries during the last six months. In little more than one fourth (28.03%) and (27.715) of AWCs, the main reasons of interruption had been reported as the lack of funds followed by shortage of supply. Transportation of food had not been reported as major cause for disruption of supplementary nutrition.

Utensils for serving of supplementary nutrition were adequately available in little less than two third 64.30% of AWCs, about 60% of AWCs had adequate availability of utensils for cooking of supplementary nutrition.

- **Growth Monitoring and Promotion**

In the year of 2010-11, a new variable regarding availability of New WHO Child Growth Standards in ICDS was added in the CMU data capture format. Data in this respect reveals the availability of New WHO Child Growth standard Charts in substantial number (80.32%) of AWCs.

So far as weighing of children (0-6 months) as per New WHO Child Growth standards is concerned, it was found that 82.67 per cent of Children (0-6 years) of age were weighed according to New WHO Growth Standards. All children were being weighed (100%) as per New WHO Child Growth standards in the States of Arunachal Pradesh and Mizoram. AWCs in the state of Assam need attention because only one third of children were weighed.

The observation of CMU consultants show that 72.74 per cent of AWWs were found having adequate skills of Weighing Children. It was also found that only 43.52 per cent of AWWs were able to accurately plot the weight on the New WHO Child Grow charts. The status of organization of Counseling Sessions based on Growth Monitoring shows that altogether about half (49.27%) of AWWs organized counseling sessions with mothers on growth monitoring.

- **Health Related Services**

The availability of referral slips was found in about one fifth (20.90%) of the AWCs. Though, 80% the AWCs in the state of Haryana were having referral slips however, none of the AWCs from the State of Mizoram were having availability of referral slips.

The data reveal that the availability of medicine kit was found in about 63 per cent of AWCs. The medicine Kit was available in all the AWCs (100%) located in the states of Maharashtra and Mizoram, however, the availability of medicine kit was very low (10%) in the state of Chhattisgarh.

The maintenance and timely updation of MCP card was reported in about half (51%) of the AWCs. Though majority (93%) of AWCs in the states of Gujarat were found maintaining and timely updating MCP Card, however the availability of MCP Card was very low (4%) in the state of Nagaland and Arunachal Pradesh (10%).

The data on health check-up of children show that about little more than one third (34.71%) of the AWCs conduct health check up on monthly basis. Majority of the AWCs (94.81%) in the state of Madhya Pradesh were conducting monthly health checkup. The health checkup was not at all conducted in 26.04 per cent of AWCs during last six months. None of the AWCs in the state of Mizoram conducted health check up of children in last six months.

The data on the status of ante -natal check up of pregnant women shows that about little less than half (44%) of the AWCs conducted first ante natal check-up of pregnant women mostly in the third month of their pregnancy. Two third (66.67%) of the AWCs were found conducting ante- natal check up of pregnant women in the first month of their pregnancy in the states of Nagaland. Though, in the state of Karnataka 45.52 per cent of AWCs were found conducting ante- natal check- ups of pregnant women in the fifth month of their pregnancy respectively.

- **Nutrition and Health Education**

It was found that less than three fourth (71.39%) of AWCs conducted NHEd sessions in last three months. Though, all the AWCs (100%) in the States of Maharashtra were found organizing NHEd Sessions on various themes, however, none of the AWC from the State of Mizoram were not conducting any NHEd Sessions. Most discussed topics during NHEd sessions were Nutrition and Health care of Infants/ Children (37.77%) followed by health care of pregnant women & Adolescent Girls (35.95%) and personal hygiene/sanitation/environmental hygiene (34.85%).

All ICDS Projects (100%) located in the States of Andhra Pradesh, Assam, Chhattisgarh, Delhi, Gujarat, Haryana, Kerala and Maharashtra were found celebrating breast feeding week & nutrition week .

It was found that 9.23 per cent of ICDS projects were organising village health and nutrition day. Though in the States of Assam, Chhattisgarh, Gujarat and Haryana, all ICDS projects were found organising VHND, however none of the AWCs in the State of Mizoram were found organizing VHND.

It was reported that only little more than one third (35.38%) of ICDS projects organise the Nutrition Exhibition. Though organisation of such event was reported from all ICDS Projects in

the State of Assam and Chhattisgarh, however, such activity was found missing in all ICDS Projects of the States of Mizoram and in Nagaland.

- **Non Formal Pre School Education**

It has been observed 78.42 per cent of the children from total population (3-6 years) were enrolled in for availing pre-school education inputs under ICDS. The enrollment data also shows that little more than half (55%) of enrolled children were attending pre-school education activities at the AWCs. Significant (more than 80% and above) number of children from the States of Nagaland, Mizoram, Assam and Karnataka were found attending pre-school education activities. The situation needs improvement in the State of Delhi (34.83%), Haryana (36.15%), Madhya Pradesh (45.84%) and Uttar Pradesh (47.19%) where children enrolled were found attending pre-school education.

It was found that about 49 per cent of AWCs were having adequate availability of PSE Kit for children. Though, all AWCs (100%) in the States of Mizoram & Haryana and majority of AWCs (more than 85%) in the states of Delhi and Chhattisgarh were found having availability of PSE Kit, however, the availability of PSE Kit was found in less than one fifth in the AWCs in the states of Nagaland, Rajasthan and Bihar.

The availability of adequate PSE teaching learning material had been observed in little more than half (50.86%) of AWCs. The findings of the study further reveals that only 26.53% of AWWs had prepared the low cost teaching and learning material used in conducting preschool education sessions. Nature Walk was conducted by only 13.08 per cent of AWWs.

Personal Profile and Training Status

12.71 per cent of AWWs were qualified below matric. 20.53 per cent of AWWs in the states of Uttar Pradesh and 15.56 Per cent of AWWs in the state of Madhya Pradesh were Post Graduate. AWWs were qualified till Matric (27.26%), 12th Pass (26.53%) and Graduate (21.64%) respectively.

So far as the appointment status of ICDS functionaries were concerned, it has been found that 3.47 per cent of AWWs positions and 19.90 per cent of ICDS Supervisors and 15.63 per cent posts were lying vacant across the country .

Training status of ICDS functionaries shows that 83.15 per cent of AWWs, 98.32 per cent of ICDS Supervisors and 74.07 per cent of CDPOs have received job training. Refresher training has been received by 63.49 per cent of AWWs and 82.05 Per cent of Supervisors and 60.74 per cent of CDPOs.

Community Mobilization and Information, Education and Communication

The data reveals that 81.25 per cent of ICDS Projects were conducting IEC activities. Though in all ICDS Projects (100%) located in the States of Andhra Pradesh, Chhattisgarh, Delhi, Gujarat, Haryana, Kerala and Maharashtra were found organising IEC activities, however, such activities were found missing in ICDS Projects of the state of Mizoram .

The organisation of awareness rallies on different aspects of ICDS was found only in less than half (46.15%) of ICDS Projects. Though all ICDS Projects located in the States of Chhattisgarh and Gujarat organise such rallies, however, such status was reported poor in the States of UP where only about one fourth of ICDS projects organise such events. Organisation of awareness rallies were not reported in any of ICDS Projects from the States of Maharashtra and Mizoram.

The involvement of community was found in only little more than one third (39.84%) of the AWCs located across the country. Though community involvement in various activities of ICDS was found in about half of the AWCs in the states of Karnataka and Kerala, however, such involvement was not found in the States of Andhra Pradesh and Haryana.

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

Substantial number (83.85%) of ICDS projects were celebrating World Breast Feeding Week and National Nutrition Week and about two third (69.23%) of ICDS projects were organizing the Village Health and Nutrition Day.

Comprehensive and Continuous Monitoring and Supportive Supervision

Mostly the method of monitoring used by CDPOs was by physical visits only (69.57%). In the state of Gujarat Checklist along with physical visit was used by all the CDPOs. All the Supervisor's visits were planned by CDPOs in the State of Haryana.

It has further been reported that the CDPOs were providing guidance to the AWWs by *organizing Demonstration sessions* in two third of the projects. Demonstration method was used by all the CDPOs from the states of Andhra Pradesh, Chhattisgarh, Gujarat and Kerala.

Only little more than two third (68.89%) of CDPOs were found aware of Five-tier monitoring system of ICDS. Though, all the CDPO were found aware of five-tier monitoring system in the states of Haryana, Gujarat, Karnataka and Mizoram, however, none of the CDPOs in the states of Maharashtra, Nagaland and Rajasthan were aware of five-tier monitoring system.

It was found that most (70.63%) of the ICDS projects have received revised MIS guidelines and formats.

Only 51.88 per cent of the ICDS projects have received revised records and registers. Though, all ICDS projects in the states of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Karnataka, Madhya Pradesh, Nagaland and Mizoram have received such revised records and registers.

It had been further revealed that besides activities related to ICDS, CDPOs were mostly assigned in the tasks of deputation in election duties followed by health activities, acting as protection officer, handling the additional charge of other ICDS projects and engagements in training duties.

Lack of proper infrastructure (63.70%) and shortage of staff (41.48%) had been reported as the major problems/ constraints in proper implementation of ICDS.

Infrastructure

More than three fourth (77.38%) of AWCs were located in Pucca buildings. Only little less than one- fifth (15.40%) of AWCs were located in semi pucca buildings. All the AWCs in the State of Haryana were running in Pucca building. In the States of Bihar (56.36%), and Nagaland (46.67%) of AWCs were located in Kutcha building and 15.56 per cent of AWCs in Kerala, 13.33 per cent of AWCs in Maharashtra and 10.26 per cent of AWCs in Rajasthan were found running in open space which needs to convert those AWCs into Pucca building from the financial provisions available either under restructured ICDS or by leveraging the funds from BRGF, Area Development Programme, MSDP, RIDF, MGNREGA, 13th Finance Commission, MLALAD, MPLAD etc.

So far as the location of AWCs is concerned, the percentage of AWCs located in premises of primary school and in the buildings provided by community free of rent is 14.67 per cent and 9.90 per cent respectively. More than half (50.49%) of the AWCs are located in the buildings either provided by State Government or constructed by the State Government utilizing the provisions available in various other schemes. Little less than one fifth (18.83%) of AWCs are running in rented buildings. 96 per cent of AWCs in the state of Delhi followed by 63.64 per cent in Bihar were found running in rented buildings.

The availability of adequate outdoor and indoor space is reported from 57.09 per cent of AWCs respectively.

61.12 per cent of AWCs are yet to be provided the availability of separate storage space. Though, little more than one third (35.33%) of AWCs have the availability of adequate cooking space.

There is also a need to ensure the availability of toilets. Concerted efforts are also needed to locate the AWC within the village and to provide toilets in convergence with Total Sanitation Programme as only one fifth of AWCs were found located within same village and more than one fifth of the AWCs visited by consultants were not having functional toilets.



Strengthening Monitoring of ICDS through Central Monitoring Unit

Chapter- 1
Strengthening Monitoring of ICDS through Central Monitoring Unit

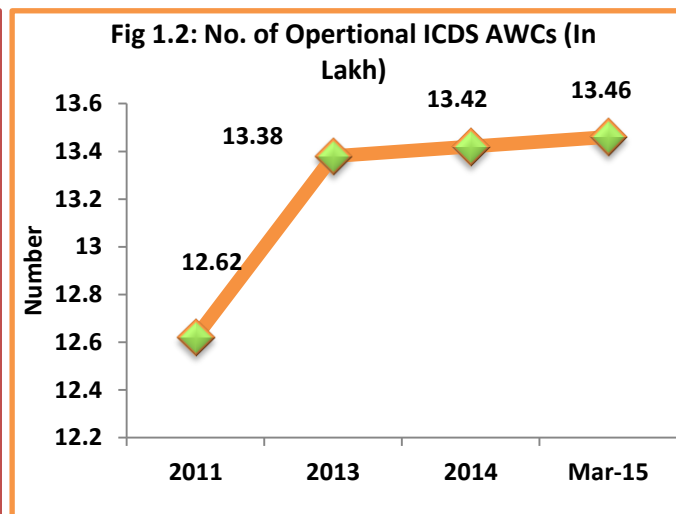
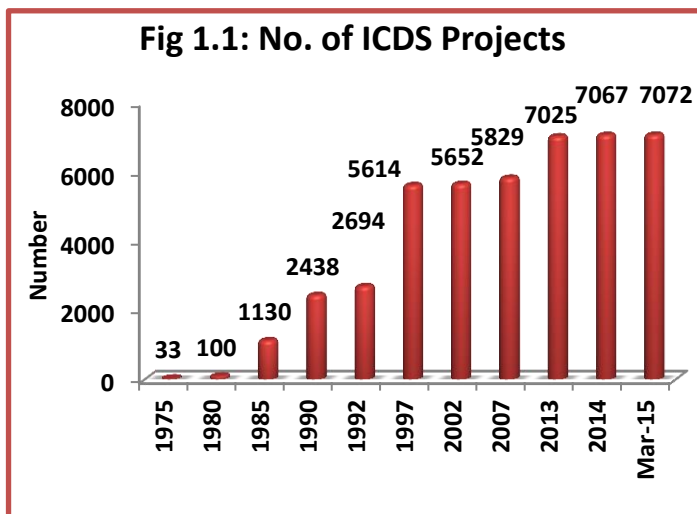
The children are our precious resources. The development of any nation on social index and economic prosperity largely depends on the physical, mental and social well-being of this most supremely important asset as enumerated in National Policy on Children, 1974 and subsequently reaffirmed by its updated version in National Policy on Children 2013¹, developed in harmony of Child Development approaches under 12th Five Year Plan. 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.

¹ National Policy on Children, 2013 adopted by Government of India on 26th April, 2013





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 (immunization, 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 women and her nutritional and health status has a bearing on the development of the child. Further, in order to better address the concern for women and for girl child, interventions have also been designed for adolescent girls seeking to break the inter-generational cycle of nutritional disadvantage. The adolescent girls therefore have also been brought under the ambit of ICDS services.

After traversing a momentous path from its launching in 1975 with 33 projects on experimental basis, the ICDS scheme over the time has now been extended to 7072 operational (sanctioned 7075) ICDS Projects with 13.46 lakh AWCs (as on March 2015) located across all 36 States/ Union Territories in the country.

Government of India in its Cabinet Committee meeting held on 20th June, 2013 has identified seventeen flagship programmes in which ICDS is one of them². Giving further impetus, the ICDS programme has been reformed and restructured after embedding a genuinely

² Restructuring of Centrally Sponsored Scheme. Press Information Bureau, GOI .

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integrated life cycle approach to early childhood care and development—transforming AWCs into vibrant, child friendly ECD centres, to be ultimately owned by the community (Planning Commission ; 2013³).

ICDS Philosophy and Approach

ICDS, which is 40 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 Ten 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 Health Mission (NHM) 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 given to States/UTs. The Government of India has allowed the states to have operational flexibility and as a result, different States/UTs have adopted different organizational 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 AnganwadiCentres

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

³ 12th Five Year Plan Document, Social Sector, Volume-3. Available on Planning Commission Web Site and accessed on 20th June 2013.



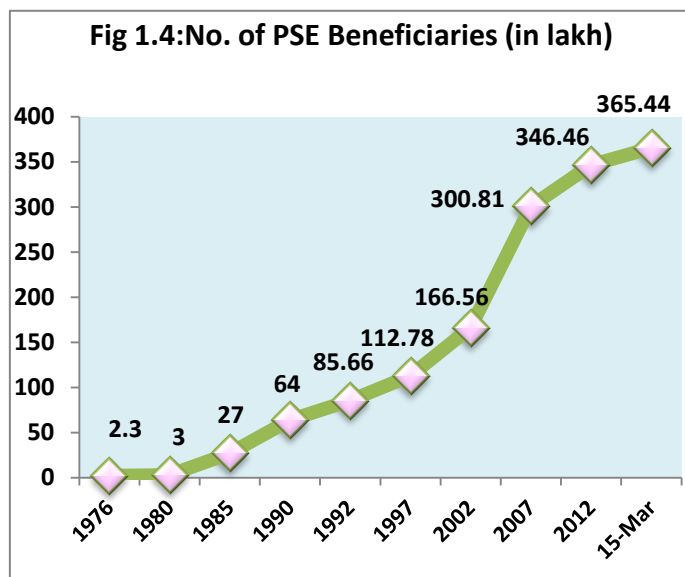
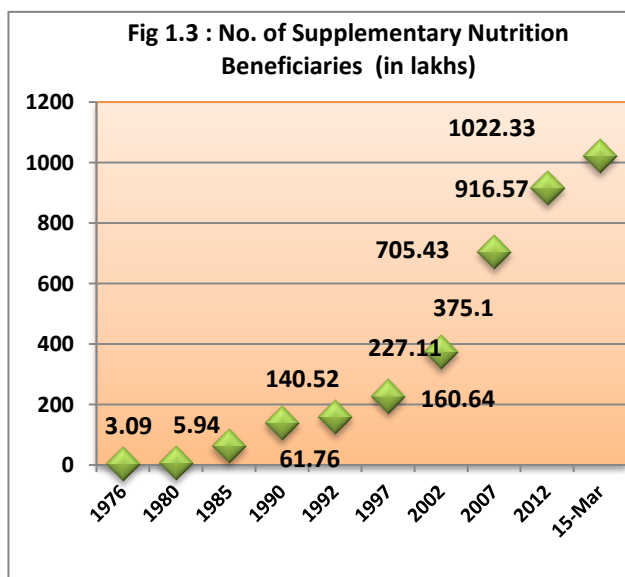
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Mini Anganwadi Centres (Mini AWCs) can also be set up to cover the remote and low populated hamlets/villages. Further, till the year 2005, only one of the six services of ICDS was being provided in Mini AWCs. However, it has now been decided to provide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

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 Supplementary Nutrition beneficiaries being benefitted from ICDS has increased from 916.57 lakh in the year of 2012 to 1022.33lakh till March, 2015. Similarly, beneficiaries under Non- Formal Pre-School Education have increased from 346.46 lakh in the year of 2012 to 365.44 lakh up to March 2015.



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.

Though the scheme has been extended considerably during the past one decade, however, it was continuously realized that the current system of monitoring by way of filling MPR, QPR and APR are addressing more to the operation and process of delivery of services and does not capture the quality of the services being delivered under the scheme. The responses of the beneficiaries who could be the best judge of the programme have not been included in the monitoring system. **Second**, the information being obtained by filling of MPR, QPR and APR is not being disseminated effectively to various levels of project implementation for introducing necessary modifications and corrections. Moreover, there are no clear cut procedures and channels for ascertaining whether follow up action has been taken or not. **Third**, the socio cultural milieu of the community, which affects the utilization of ICDS services to much extent has not been given due place in the existing MPR, QPR and APR system of monitoring.

In view of above, it was being felt that besides MPR, QPR and APR system of monitoring, there is a need to design a monitoring system of ICDS, which may assess the quality of the service delivery

Major Objects of CMU

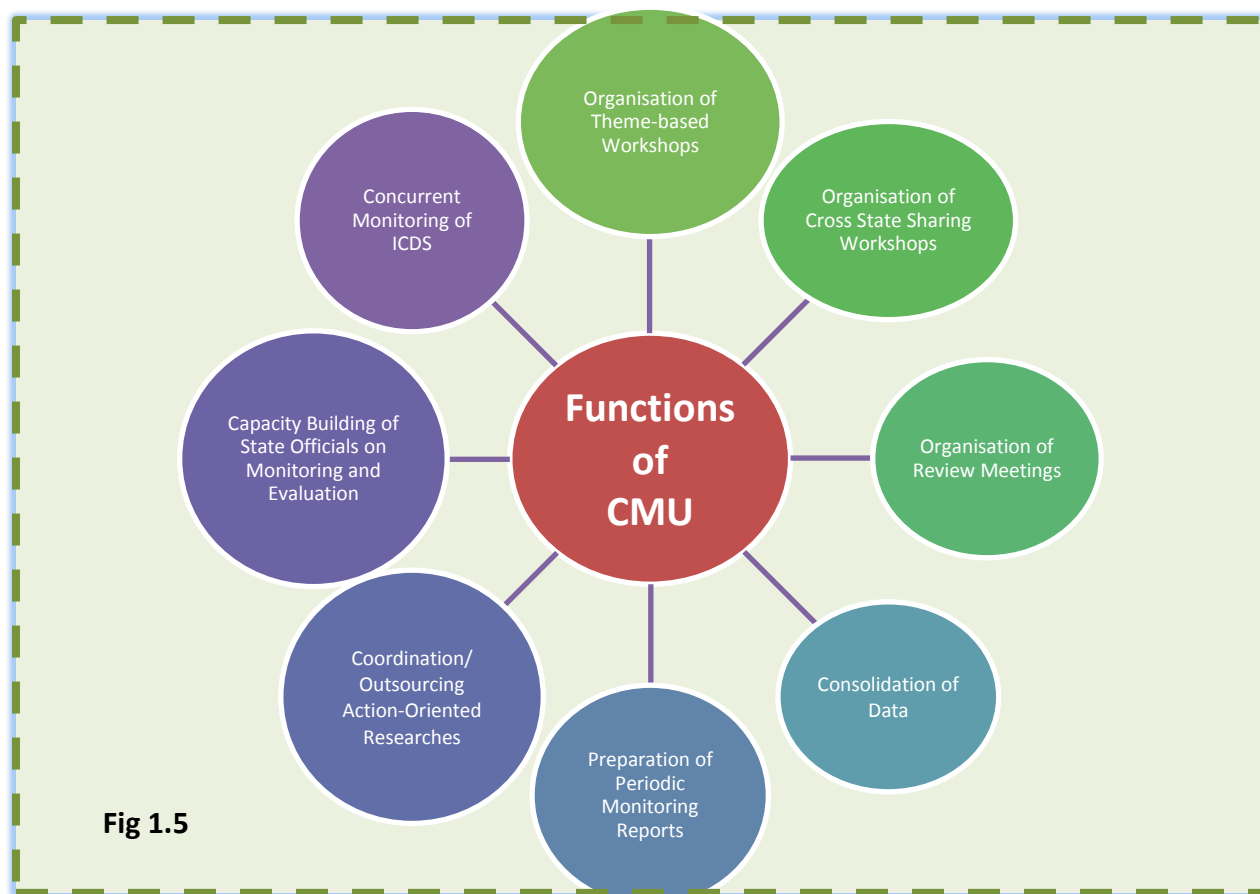
- Determine the strategy to be adopted to develop effective monitoring mechanism at all levels;
- Study convergence of services provided under other schemes;
- Analyse the service delivered under the ICDS at all levels;
- Identify the bottlenecks/problems of the scheme and initiate action for corrective measures;
- Prepare detailed recommendations for improving the efficiency and effectiveness of the scheme;
- Document some of the Best Practices at the



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system through multiple ways including taking care of responses of stakeholders too. Moreover, it was also felt that though ICDS programme, which is a flagship programme for taking care of holistic development of the child, has sustained for over three decades and has been successful in many ways. However, it has not yet succeeded in making significant dent in prevalence of underweight among children. 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; organisation of theme- based workshops; organization of cross state sharing workshops; organisation of review meetings; 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.



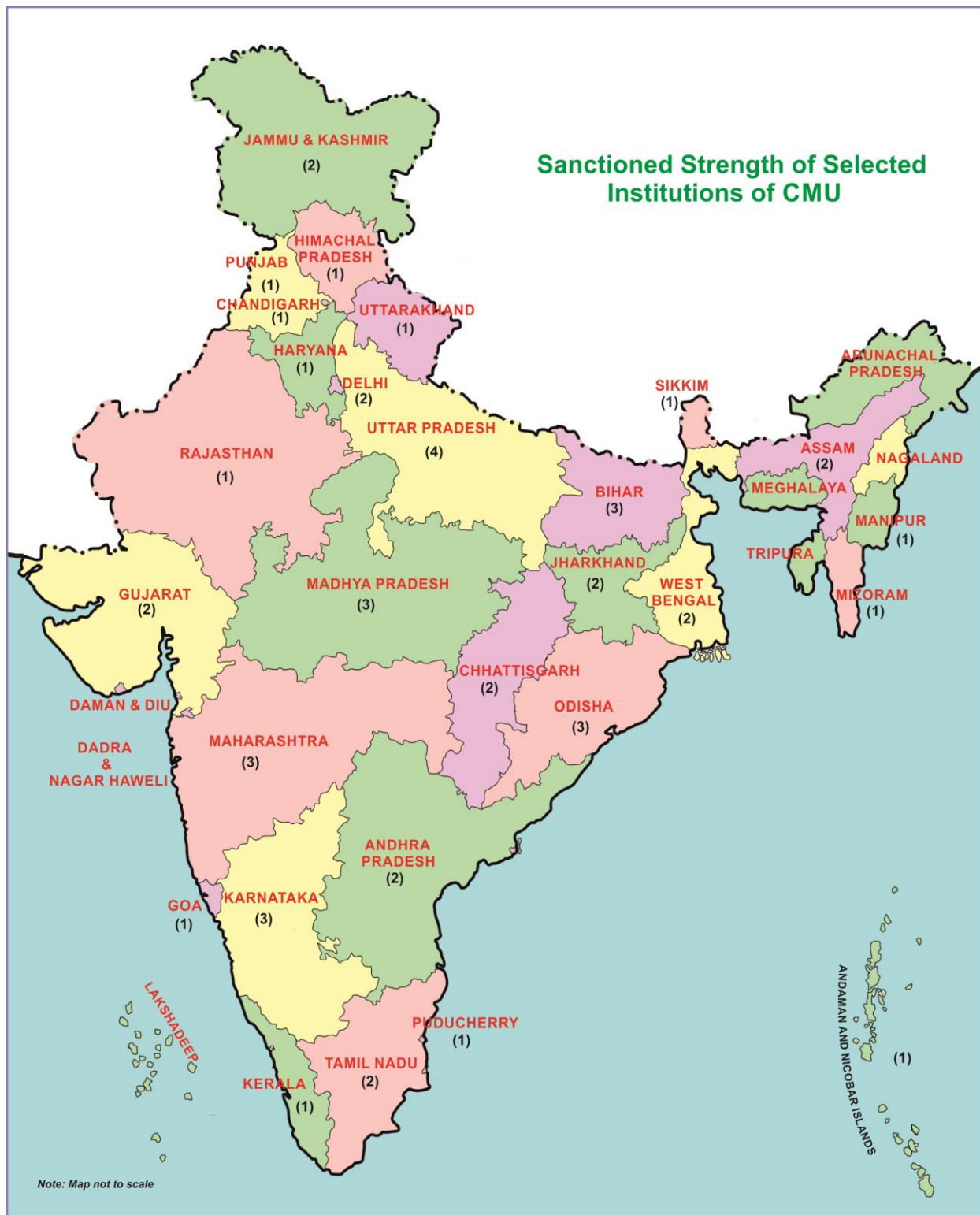
In order to discharge various functions as stated in the preceding para, State Monitoring Units (SMUs) in the form of select institutions have been established at the State /UT level. Most of these select institutions are either located in Social or Preventive Medicine Departments of Medical Colleges or in Home Science Colleges/ Colleges of Social Work. The number of select institutions in a particular state depends upon the size of the state.

State wise list of approved and existing institutions is given at **Table 1.3**.

Table-1.3: List of Select Institutions

S.No.	Name of State/UT	Approved Number of Select Institutions	Existing Number of Select Institutions
1.	Andhra Pradesh	2	2
2.	Arunachal Pradesh	1	-
3.	Assam	3	2
4.	Bihar	3	3
5.	Chhattisgarh	2	2
6.	Goa	1	1
7.	Gujarat	2	2
8.	Haryana	1	1
9.	Himachal Pradesh	1	1
10.	Jammu & Kashmir	2	2
11.	Jharkhand	2	2
12.	Karnataka	3	3
13.	Kerala	1	2
14.	Madhya Pradesh	3	3
15.	Maharashtra	3	3
16.	Manipur	1	-
17.	Meghalaya	1	-
18.	Mizoram	1	1
19.	Nagaland	1	-
20.	Orissa	3	3
21.	Punjab	1	2
22.	Rajasthan	3	1
23.	Sikkim	1	1
24.	Tamil Nadu	2	2
25.	Tripura	1	-
26.	Uttar Pradesh	4	4
27.	Uttarakhand	2	2
28.	West Bengal	2	2
29.	Andman& Nicobar	1	1
30.	Chandigarh	1	1
31.	Dadar& Nagar Haveli	1	-
32.	Daman & Diu	1	-
33.	Delhi	1	2
34.	Lakshwadeep	1	-
35.	Puducherry	1	1
Total		60	52

Each selected Institution has signed a Memorandum of Understanding (MOU) which has been supplied to them by CMU, NIPCCD.



Map-1.1

Composition and Tasks of Select Institutions

The select Institutions of CMU are required to collate and analyses 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; and to furnish the data/reports to the NIPCCD.

Each selected 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 NHM 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 should gather data of one ICDS Project and five Anganwadi Centres in every quarter on rotational basis, 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.**

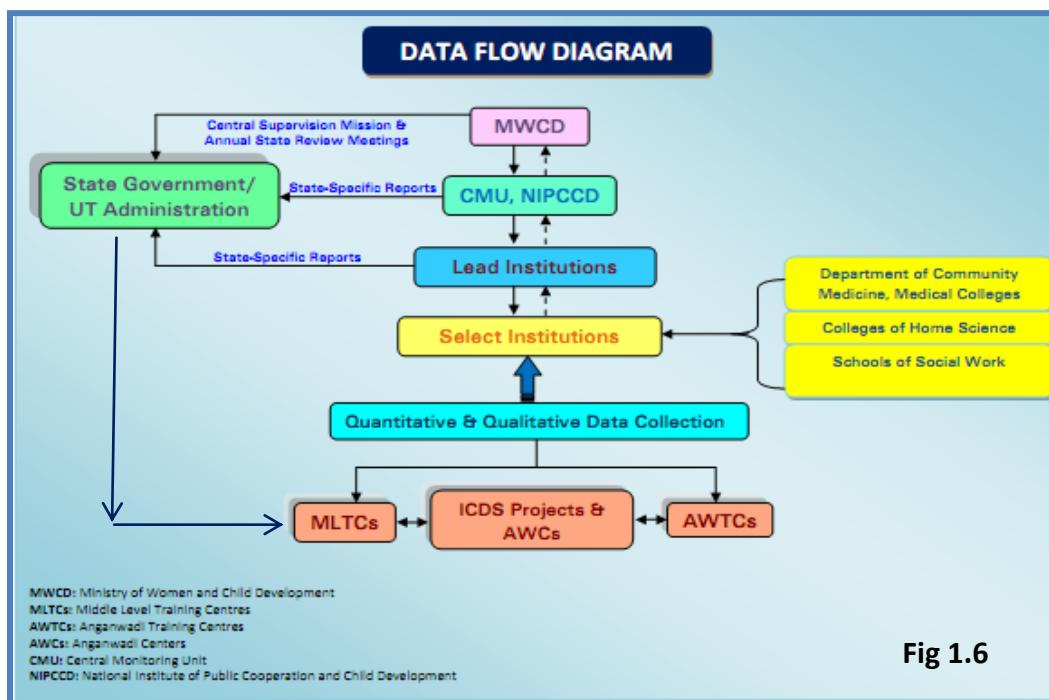


Fig 1.6

Major Contribution of CMU

- ✓ The select institutions of Central Monitoring Unit of ICDS (CMU-ICDS) are now functional in 24 States and 2 UTs of the country. All of these selected 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.
- ✓ 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 includes “Evaluation of ICDS Projects being

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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 based on the monitoring data received by CMU during the year 2014-15. The data pertains to 160 ICDS Projects and 818 AWCs (**Annexure-1**) located across 16 States of the country.

Table 1.4: Number of ICDS Projects and AWCs

S.No	State	No of Projects	No of AWCs
1	Andhra Pradesh	3	15
2	Arunachal Pradesh	10	50
3	Assam	4	20
4	Bihar	11	55
5	Chhattisgarh	4	20
6	Delhi	5	25
7	Gujarat	3	15
8	Haryana	2	10
9	Karnataka	25	134
10	Kerala	9	45
11	Madhya Pradesh	27	135
12	Maharashtra	3	15
13	Mizoram	1	5
14	Nagaland	9	45
15	Rajasthan	6	39
16	Uttar Pradesh	38	190
	Total	160	818

The consultants working in select institutions were instructed to visit preferably those ICDS Projects which are located in High burden districts and where IMR and Malnutrition were poor. Besides, each Consultant was asked to acquire comprehensive and accurate information about the functioning of the ICDS Project in which they were visiting so as to make qualitative and quantitative assessment of ICDS correctly.



Data Gathering Instruments

The consultants working in selected Institutions were given two monitoring proformas developed by CMU, NIPCCD. The consultants were required to fill the CDPO proforma 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 schedules, the required data was gathered on the broad indicators as listed in **Table 1.5**.

Table 1.5
List of Monitoring Indicators

Core Component	Indicator
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) • Acceptability of Food • Quality of Supplementary Nutrition • Quantity of Supplementary Nutrition • Interruption in Supplementary Nutrition • Reasons of Interruption • Community Support for Supplementary Nutrition • Availability and Adequacy of Utensils • Recording and Reporting System
<ul style="list-style-type: none"> • Growth Monitoring and Promotion 	<ul style="list-style-type: none"> • Availability of Growth Monitoring Charts • Growth Monitoring on New WHO Child Growth Standards • Availability and Type of Weighing Scales • Accuracy in Plotting on Growth Charts • Correct Determination of Age of Children • Organisation of Counselling Sessions
<ul style="list-style-type: none"> • Health Check-Up 	<ul style="list-style-type: none"> • Health Check-Up Status of Children • Maintenance of Children’s Health Cards • Ante Natal Check-Up Status of Pregnant Women • IFA Supplementation of Pregnant Women • Early Registration of Pregnancy • Supply of Medicine Kit
<ul style="list-style-type: none"> • Immunization 	<ul style="list-style-type: none"> • Immunisation of Pregnant Women against Tetanus • Immunisation Status of Children
<ul style="list-style-type: none"> • Referrals 	<ul style="list-style-type: none"> • Availability of Referral Slips • Number of Cases referred in Last One Month of Making Visit • Number of Cases Attended by Medical and Para Medical staff • Follow-Up Action
<ul style="list-style-type: none"> • Nutrition and Health Education 	<ul style="list-style-type: none"> • Organisation of NHED Sessions • Attendance of Medical and Para Medical staff in NHED Sessions • Topics Covered in NHED Sessions • Methods and Use of Conventional and Non- Conventional Media



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	<ul style="list-style-type: none"> Beneficiaries Perception about NHED Sessions Availability of ICDS Resource Material in the Office of the CDPO
<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 Number of Children Actually Present on the Day of visit Programme Planning by AWW Availability of PSE Material Preparation of Low Cost Teaching Learning Material Supply of PSE Kit
Infrastructure	<ul style="list-style-type: none"> Type of Building of AWC Ownership of Building Availability and adequacy of Outdoor Space Availability and adequacy of Indoor Space Availability of Kitchen Availability of Storage Space Availability and Working Condition of Toilets Source of Drinking Water
Personal Profile of ICDS Functionaries (AWW, Supervisor and CDPO)	<ul style="list-style-type: none"> Educational Background of AWW, Supervisor and CDPO Local Area Belongingness Mode of Recruitment of CDPO Status of Filled Up Posts of ICDS Functionaries Engagements of ICDS functionaries in Non-ICDS Tasks
Training Status of ICDS Functionaries	<ul style="list-style-type: none"> Status of Job Training of ICDS Functionaries (AWW, Supervisor and CDPO) Status of Refresher Training of ICDS Functionaries (AWW, Supervisor and CDPO)
Services to Adolescent Girls	<ul style="list-style-type: none"> Number of Girls Enrolled for Supplementary Nutrition
Maintenance of Records and Registers	<ul style="list-style-type: none"> Maintenance of Records and Registers
Community Mobilisation and Information, Education and Communication	<ul style="list-style-type: none"> Involvement of Panchayati Raj institutions Organisation of IEC Activities Organisation of Advocacy and Awareness Camps Type of Community Support Observance of Special Days (Breast Feeding Day/VHND Day etc) Organisation of Continuing Education Sessions Attendance of Para Medical Staff in Continuing Education Sessions Topics of Continuing Education Sessions
Continuous and Comprehensive Monitoring and Supportive Supervision	<ul style="list-style-type: none"> Use of Different Monitoring Tools (Check List, MPR Forms, Observations, Interview) Frequency of Monitoring Visits Planning of Supervisors Visit by CDPO Performance Assessment Tools of AWW Methods adopted for Supportive Supervision and Providing Guidance

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 as used in ICDS concurrent evaluation 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 across the country.

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 1.5** were finalized in consultation with policy makers, practitioners, officials and trainers of ICDS and ICDS consultants working in selected and lead Institutions located across the country.

The consultants were 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. The data have also been presented graphically to show the regional disparities. The analysis of regional and state-based data has been collated in such a way so as to provide a comprehensive picture of implementation status of ICDS across the country.



ICDS Service Delivery Status

Chapter- 2
ICDS Service Delivery Status

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

Supplementary Nutrition

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

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

Beneficiaries Availing Supplementary Nutrition:

Table 2.1:
Number of Children in age group of 6 months - 3 years availing Supplementary Nutrition

States	No. of AWCs	Children 6 months to 3 Years				
		Total No. of Children	Number of Children Registered		Number of Children Availing	
			N	%	N	%
Andhra Pradesh	15	1365	1313	96.19	1232	93.83
Arunachal Pradesh	50	587	574	97.79	372	64.81
Assam	20	681	631	92.66	595	94.29
Bihar	55	3046	2067	67.86	1952	94.44
Chhattisgarh	20	905	746	82.43	642	86.06
Delhi	25	3676	2603	70.81	2341	89.93
Gujarat	15	769	769	100	602	78.28
Haryana	10	548	526	96	270	51.33
Karnataka	134	5824	4766	81.83	4667	97.92
Kerala	45	1287	770	59.83	601	78.05
Madhya Pradesh	135	7279	6890	94.66	6702	97.27
Maharashtra	15	556	556	100	554	99.64
Mizoram	5	195	195	100	195	100
Nagaland	45	601	575	95.67	467	81.22
Rajasthan	39	2716	1345	49.52	1158	86.10
Uttar Pradesh	190	15492	14187	91.58	13423	94.61
Total	818	45527	38513	84.59	35773	92.89

It is evident from **table 2.1** that about 84.59 per cent of Children in the age group of 6 months to 3 years were enrolled and about 92.89 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled children (100%) from the State of Maharashtra, Mizoram & Gujarat and majority of them from the States of Andhra Pradesh, Arunachal Pradesh, Assam Nagaland and Uttar Pradesh (99%) were found availing the services of SN. In the state of Rajasthan total children Registered was less than half of the population of the children in that area. The situation needs improvement in the State of Haryana where only 51.33 per cent of registered children were found availing the services of SN.

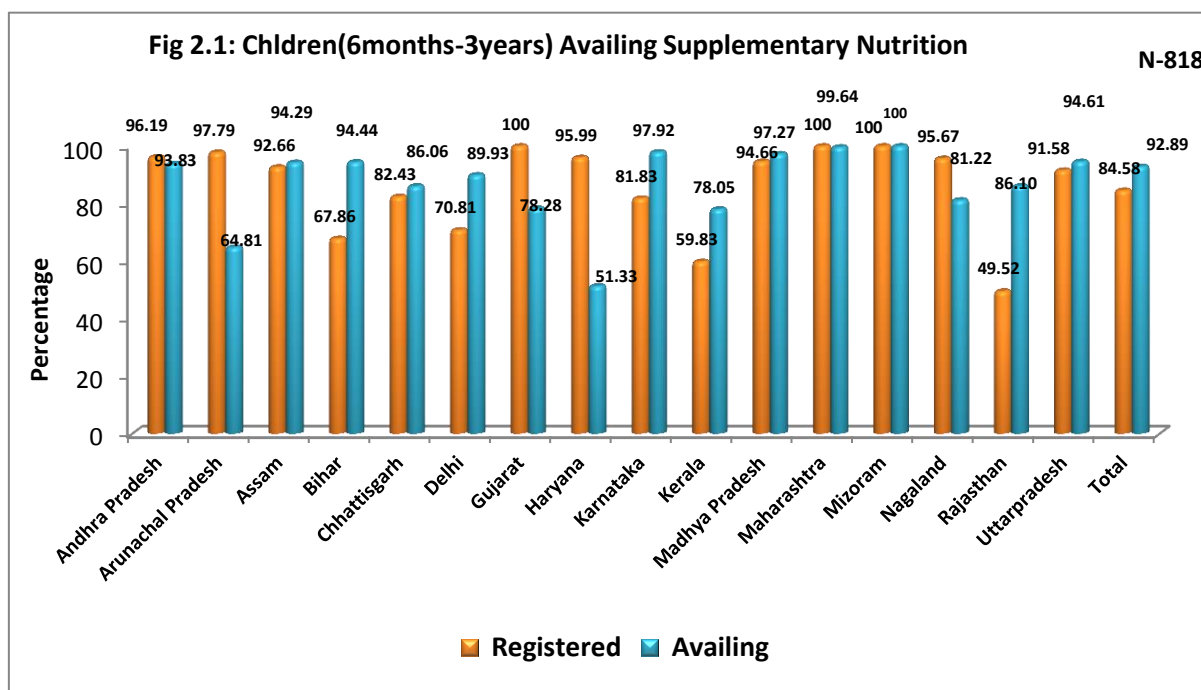


Table 2.2:
Number of Children in age group of 3years-6years availing Supplementary Nutrition

States	No. of AWCs	Children 3-6 years				
		Total No. of Children	Number of Children Registered		Number of Children Availing	
			N	%	N	%
Andhra Pradesh	15	682	574	84.16	502	87.46
Arunachal Pradesh	50	796	790	99.25	564	71.39
Assam	20	741	718	96.90	718	100
Bihar	55	3342	2058	61.58	1970	95.72
Chhattisgarh	20	746	550	73.73	519	94.36
Delhi	25	2663	1332	50.02	1234	92.64
Gujarat	15	798	771	96.62	708	91.83
Haryana	10	545	509	93.39	194	38.11
Karnataka	134	4423	3360	75.97	2836	84.40
Kerala	45	1622	1034	63.75	769	74.37
Madhya Pradesh	135	7444	6754	90.73	5601	82.93
Maharashtra	15	645	645	100	629	97.52
Mizoram	5	133	133	100	133	100
Nagaland	45	935	797	85.24	667	83.69
Rajasthan	39	2535	890	35.11	785	88.20
Uttar Pradesh	190	15811	13479	85.25	8972	66.56
Total	818	43861	34394	78.42	26801	77.92

*Note: Total may not come to hundred percent because of no response

The **Table 2.2** reveals that about 78.42 per cent of Children in the age group of 3 years to 6 years were enrolled and about 78 per cent of them were actually availing the services related to supplementary nutrition. All (100%) the children were found enrolled from the States of Maharashtra and Mizoram and All (100%) of the enrolled children were observed availing in the states of Assam and Mizoram. Majority of the enrolled children (more than 90%) from the States of Bihar, Chhattisgarh, Delhi, Gujarat and Maharashtra were found availing the services of SN. The situation needs improvement in the State of Haryana where only little more than two third (38.11%) of registered children were found availing the services of SN.

Table 2.3:
Number of Pregnant Women availing Supplementary Nutrition

States	No of AWCs	Pregnant Women				
		Total No. of Pregnant Women	Number of Pregnant Women registered		Number of Pregnant Women Availing	
			N	%	N	%
Andhra Pradesh	15	419	379	90.45	379	100
Arunachal Pradesh	50	92	90	97.83	69	76.67
Assam	20	139	139	100	133	95.68
Bihar	55	628	411	65.45	378	91.97
Chhattisgarh	20	208	177	85.10	154	87.01
Delhi	25	541	400	73.94	330	82.50
Gujarat	15	301	292	97.01	179	61.30
Haryana	10	104	97	93.27	63	64.95
Karnataka	134	1139	1080	94.82	1062	98.33
Kerala	45	281	195	69.40	142	72.82
Madhya Pradesh	135	1671	1668	99.82	1636	98.08
Maharashtra	15	97	97	100	96	98.97
Mizoram	5	26	26	100	26	100
Nagaland	45	128	128	100	103	80.47
Rajasthan	39	541	384	70.98	366	95.31
Uttar Pradesh	190	3284	3192	97.20	3044	95.36
Total	818	9599	8755	91.22	8160	93.20

The data as contained in **Table 2.3** shows that about 91.22 per cent of pregnant women were enrolled and about 93.20 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled pregnant women (100%) in the State of Andhra Pradesh & Mizoram and majority of the pregnant women and (more than 90%) from the States of Assam, Bihar, Karnataka, MP, Maharashtra, Rajasthan and UP were found availing the services of SN. The situation needs improvement in the States of Gujarat and Haryana where only 61.30 percent and 64.45 percent of registered pregnant were found availing the services of SN.

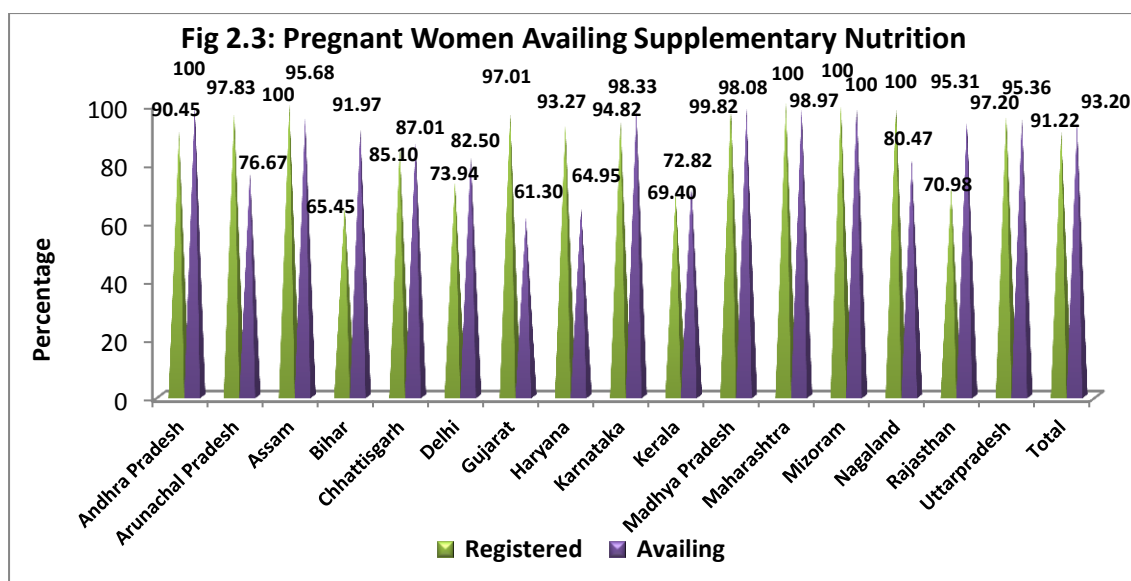
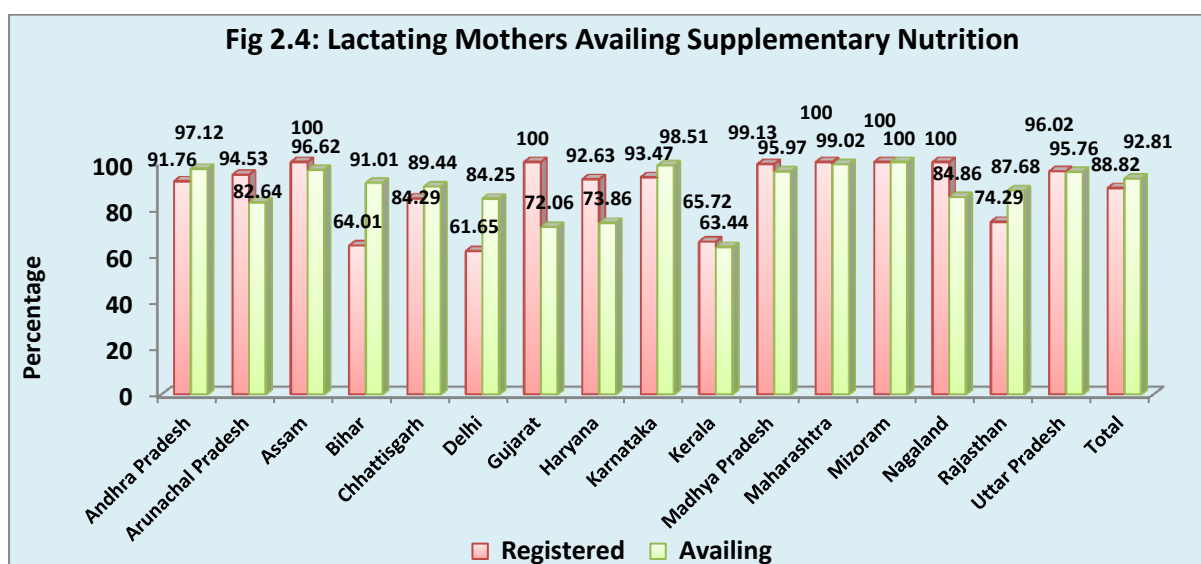


Table 2.4:
Number of Lactating mothers availing Supplementary Nutrition

States	No of AWCs	Lactating Mothers				
		Total No. of Lactating mothers	Number of Lactating mothers registered		Number of Lactating mothers Availing	
			N	%	N	%
Andhra Pradesh	15	340	312	91.76	303	97.12
Arunachal Pradesh	50	128	121	94.53	100	82.64
Assam	20	148	148	100	143	96.62
Bihar	55	678	434	64.01	395	91.01
Chhattisgarh	20	191	161	84.29	144	89.44
Delhi	25	824	508	61.65	428	84.25
Gujarat	15	247	247	100	178	72.06
Haryana	10	95	88	92.63	65	73.86
Karnataka	134	1148	1073	93.47	1057	98.51
Kerala	45	283	186	65.72	118	63.44
Madhya Pradesh	135	1501	1488	99.13	1428	95.97
Maharashtra	15	102	102	100	101	99.02
Mizoram	5	26	26	100	26	100
Nagaland	45	185	185	100	157	84.86
Rajasthan	39	459	341	74.29	299	87.68
Uttar Pradesh	190	3119	2995	96.02	2868	95.76
Total	818	9474	8415	88.82	7810	92.81

It is evident from **Table 2.4** that about 88.82 per cent of lactating mothers were enrolled and about 92.81 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled lactating mothers (100%) in the State of Mizoram and majority of the lactating mothers (more than 90%) from the States of Andhra Pradesh, Assam, Bihar, Haryana, MP, Maharashtra and UP were found availing the services of SN. The situation needs improvement in the State of Kerala where only 63.44 per cent of registered lactating mothers were found availing the services of SN.



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 2.5** depicts the data in this regard.



Table 2.5:
Number of AWCs Distributing THR to Children 6 Months-3 Years

States	Total No. of AWCs	No. of AWCs providing THR	%
Andhra Pradesh	15	9	60
Arunachal Pradesh	50	21	42
Assam	20	11	55
Bihar	55	49	89.09
Chhattisgarh	20	7	35

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Delhi	25	15	60
Gujarat	15	15	100
Haryana	10	1	10
Karnataka	134	70	52.24
Kerala	45	28	62.22
Madhya Pradesh	135	128	94.81
Maharashtra	15	15	100
Mizoram	5	5	100
Nagaland	45	39	86.67
Rajasthan	39	28	71.79
Uttar Pradesh	190	162	85.26
Total	818	603	73.72

The data as contained in **Table 2.5** depicts the status of supplementary nutrition being distributed to the children of six months to three years; Take Home Ration (THR) was being distributed in 73.72 per cent of AWCs located across the country. All of the AWCs (100%) in the States of Gujarat, Maharashtra and Mizoram were found distributing THR to the children of 6 months to 3 years. Improvement is needed in the State of Haryana where only 10 per cent of AWCs were found distributing THR to the children below 3 years of age.

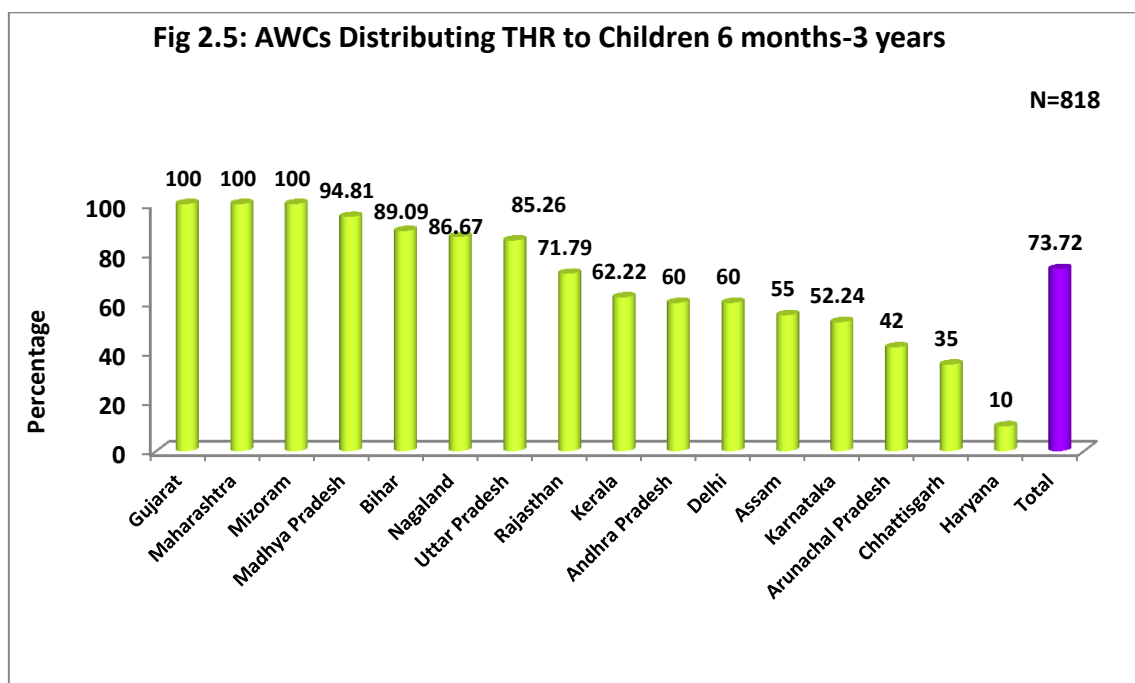


Table 2.6:
AWCs Distributing Supplementary Nutrition (Morning Snacks) to Children 3 years-6 years

States	Total No. of AWCs	Morning Snacks		HCM	
		No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	9	60	10	66.67
Arunachal Pradesh	50	6	12	31	62
Assam	20	15	75	13	65
Bihar	55	39	70.91	43	78.18
Chhattisgarh	20	20	100	18	90
Delhi	25	25	100	25	100
Gujarat	15	11	73.33	13	86.67
Haryana	10	10	100	9	90
Karnataka	134	46	34.33	55	41.04
Kerala	45	40	88.89	34	75.56
Madhya Pradesh	135	96	71.11	113	83.70
Maharashtra	15	5	33.33	15	100
Mizoram	5	5	100	5	100
Nagaland	45	14	31.11	35	77.78
Rajasthan	39	17	43.59	36	92.31
Uttar Pradesh	190	157	82.63	158	83.16
Total	818	515	62.96	613	74.94

It is evident from **Table 2.6** that 63 per cent of AWCs were distributing morning snacks. Though, all AWCs (100%) in the States of Chhattisgarh, Delhi, Haryana and Mizoram were found of distributing morning snacks, however, improvement is needed in the States of Arunachal Pradesh (12%) and in Nagaland & Maharashtra where only 31.11 per cent and 33.33 per cent of AWCs reported of distributing morning snacks.

The above table shows that three fourth (75%) of the AWCs were distributing HCM, Though, all AWCs (100%) in the States of Delhi, Maharashtra and Mizoram and more than 90 per cent of AWCs from the States of Chhattisgarh, Haryana and Rajasthan were found distributing HCM to children (3 to 6 years) of age, however, the situation needs improvement in the States of Karnataka where about 41 per cent of AWCs were found of distributing HCM to children.



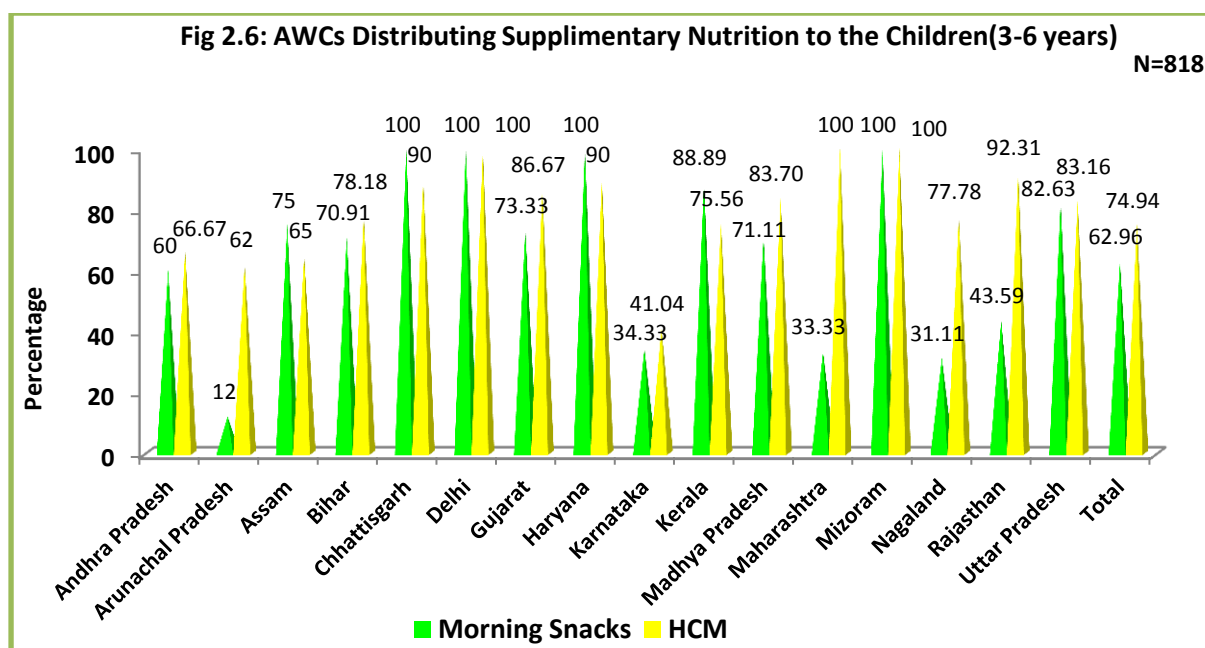
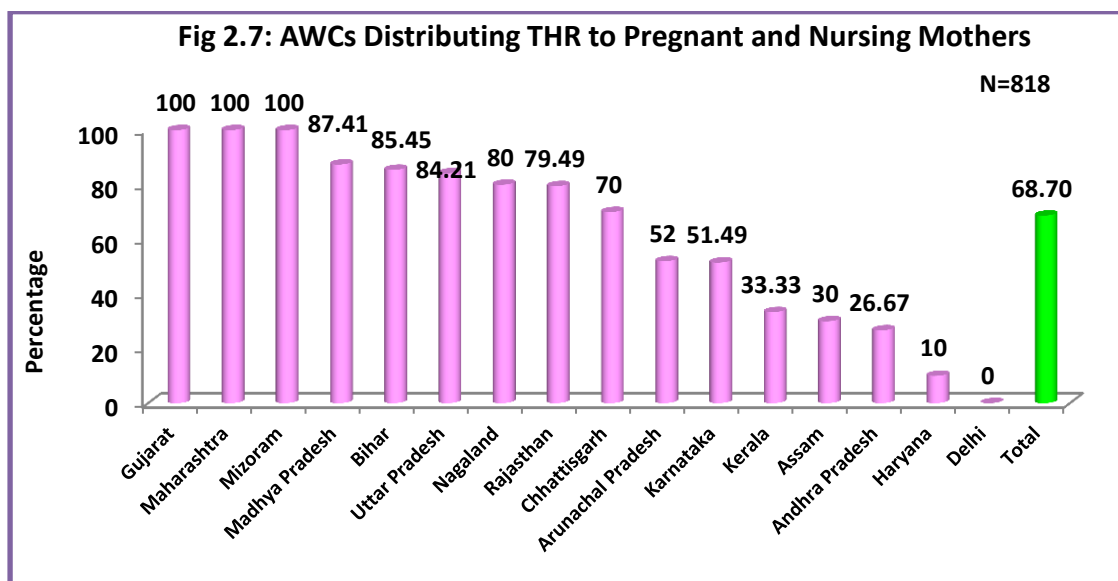


Table 2.7:
AWCs Distributing THR to Pregnant & Nursing Mothers

States	Total No. of AWCs	Pregnant and Nursing Mothers	
		No. of AWCs	%
Andhra Pradesh	15	4	26.67
Arunachal Pradesh	50	26	52
Assam	20	6	30
Bihar	55	47	85.45
Chhattisgarh	20	14	70
Delhi	25	0	-
Gujarat	15	15	100
Haryana	10	1	10
Karnataka	134	69	51.49
Kerala	45	15	33.33
Madhya Pradesh	135	118	87.41
Maharashtra	15	15	100
Mizoram	5	5	100
Nagaland	45	36	80
Rajasthan	39	31	79.49
Uttar Pradesh	190	160	84.21
Total	818	562	68.70

It is evident from **Table 2.7** that about two third 68.70 per cent of the total selected AWCs were distributing THR to the pregnant and nursing mothers as recommended in the ICDS guidelines issued by MWCD, GOI. Though all AWCs (100%) from the States of Gujarat, Maharashtra, Mizoram and majority of them (more than 85%) from the States of Bihar and Madhya Pradesh were found distributing THR to pregnant and nursing mothers, however, improvement is needed in the State of Delhi where none of the AWC and in the State of Haryana where only 10 per cent of AWCs were distributing THR to pregnant and nursing mothers.



Acceptability of Supplementary Nutrition

The food supplements under ICDS needs to be palatable and acceptable to mothers and children. It has to be nutritious and low cost. Recipes need to be simple and should have minimum number of ingredients. AWWs were asked to give a feedback on the acceptability of food items of supplementary nutrition to the community (**Table 2.8**).

Table 2.8:
Acceptability of Supplementary Nutrition by beneficiaries

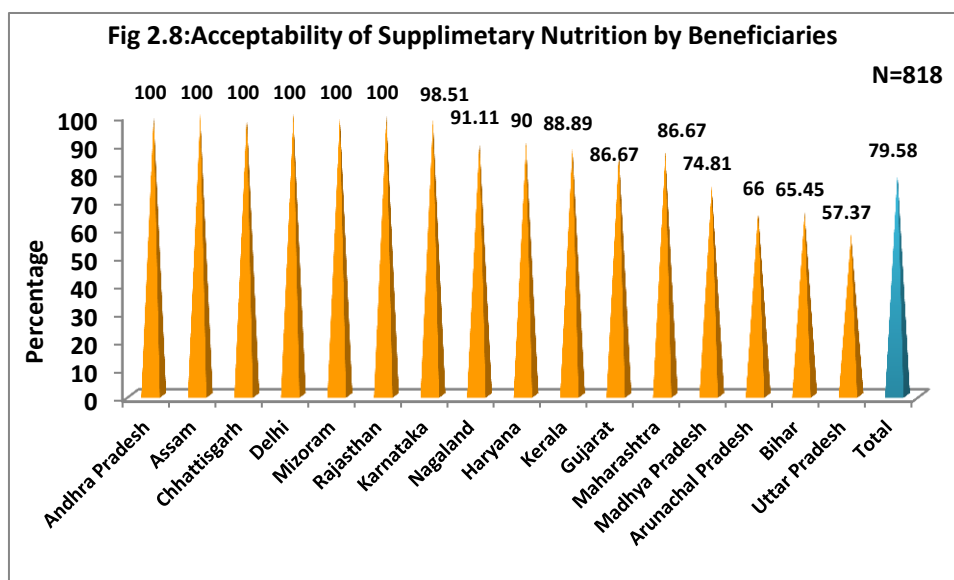
States	Total No. of AWCs	Acceptability of SN by Beneficiaries at AWC	%
Andhra Pradesh	15	15	100
Arunachal Pradesh	50	33	66
Assam	20	20	100
Bihar	55	36	65.45
Chhattisgarh	20	20	100
Delhi	25	25	100
Gujarat	15	13	86.67
Haryana	10	9	90

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Karnataka	134	132	98.51
Kerala	45	40	88.89
Madhya Pradesh	135	101	74.81
Maharashtra	15	13	86.67
Mizoram	5	5	100
Nagaland	45	41	91.11
Rajasthan	39	39	100
Uttar Pradesh	190	109	57.37
Total	818	651	79.58

*Note: In rest of the AWCs, either SN was partially accepted or not accepted

As evident from **Table 2.9**, acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority (79.58%) of the AWCs. Acceptability of SN was found in all AWCs (100%) located in the states of Andhra Pradesh, Assam, Chhattisgarh, Delhi, Mizoram, Rajasthan and in majority of AWCs (more than 90%) in the States of Haryana, Karnataka and Nagaland respectively.



Quality of Supplementary Nutrition

The data concerning observations of CMU consultants on quality of supplementary nutrition being distributed in AWCs are presented in **Table 2.9**

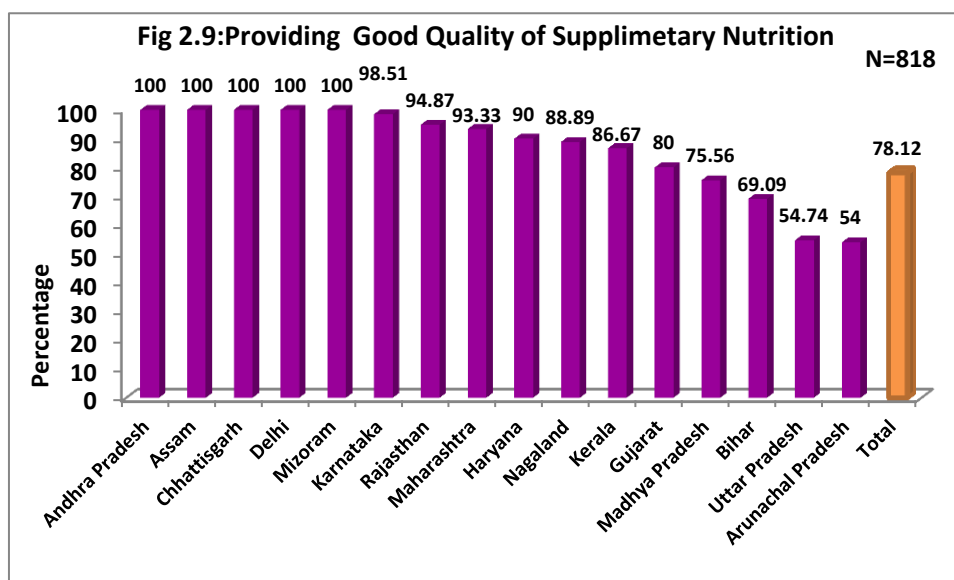


**Table 2.9:
AWCs Providing Good Quality of Supplementary Nutrition**

States/UTs	Total No. of AWCs	No. of AWCs providing good quality of SN	%
Andhra Pradesh	15	15	100
Arunachal Pradesh	50	27	54
Assam	20	20	100
Bihar	55	38	69.09
Chhattisgarh	20	20	100
Delhi	25	25	100
Gujarat	15	12	80
Haryana	10	9	90
Karnataka	134	132	98.51
Kerala	45	39	86.67
Madhya Pradesh	135	102	75.56
Maharashtra	15	14	93.33
Mizoram	5	5	100
Nagaland	45	40	88.89
Rajasthan	39	37	94.87
Uttar Pradesh	190	104	54.74
Total	818	639	78.12

*Note: In rest of the AWCs, the quality of SN was either average or poor in quality

As evident from **Table 2.9**, the quality of supplementary nutrition being distributed in every four out of five AWCs has been rated as good by CMU consultants. Good Quality of SN was found in all AWCs (100%) located in the states of Andhra Pradesh, Assam, Chhattisgarh, Delhi and Mizoram. The good quality rating has been reported in sizeable number of AWCs (more than 90%) located in states of Haryana, Karnataka, Maharashtra, and Rajasthan. On the other hand, the quality of supplementary nutrition has been reported as good in only 54% from Arunachal Pradesh and UP and about 69 % of AWCs from Bihar.



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 6.00 per child per day to supplement home feeding. For severely underweight children, additional 300 calories of energy and 8-10 gm of protein (in addition to 500 calories of energy and 12-15 gm of proteins given at AWC) also needs be given by providing greater amount of supplementary nutrition of 800 calories and 20-25 gm of proteins at the cost of Rs 9.00 per child per day. Data in this regard are presented in **Table 2.10**.

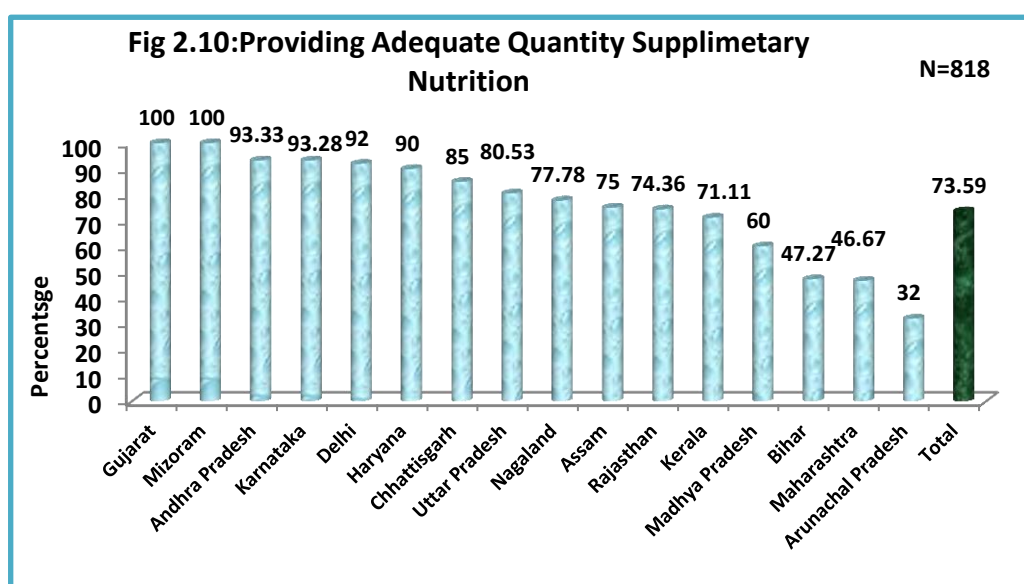
Table 2.10:
AWCs Providing Adequate Quantity of Supplementary Nutrition

States/UTs	Total No. of AWCs	No. of AWCs providing adequate quantity of SN	%
Andhra Pradesh	15	14	93.33
Arunachal Pradesh	50	16	32
Assam	20	15	75
Bihar	55	26	47.27
Chhattisgarh	20	17	85
Delhi	25	23	92
Gujarat	15	15	100
Haryana	10	9	90
Karnataka	134	125	93.28
Kerala	45	32	71.11
Madhya Pradesh	135	81	60

Maharashtra	15	7	46.67
Mizoram	5	5	100
Nagaland	45	35	77.78
Rajasthan	39	29	74.36
Uttar Pradesh	190	153	80.53
Total	818	602	73.59

*Note: In rest of the AWCs, distribution of inadequate quantity of SN was reported

The data as presented in **Table 2.10** reveals that the required quantity of supplementary nutrition as envisaged in ICDS guidelines was being distributed in substantial number (73.59%) of the AWCs located across the country. It was found that all AWCs (100%) in the States of Gujarat and Mizoram were providing adequate quantity of SN. The distribution of adequate quantity of SN was not found in as many as 32 per cent of AWCs in the State of Arunachal Pradesh, 46.67 per cent of AWCs in the State of Maharashtra and in 47.27 per cent of AWCs in the State of Bihar.



Interruption in Distribution of Supplementary Nutrition

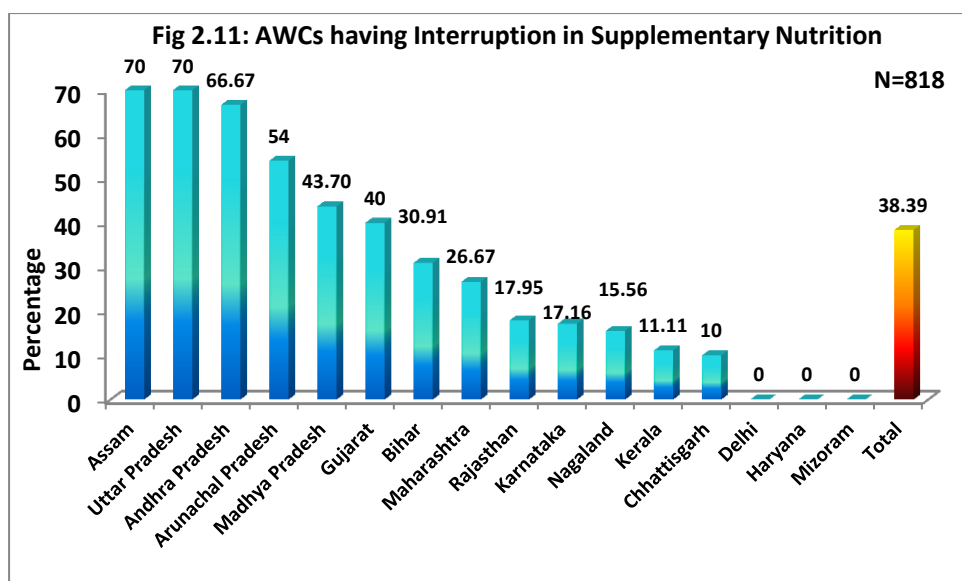
Duration of distribution of supplementary food is a crucial indicator having implications on the impact and benefits intended to be achieved by supplementary nutrition. As per norms, supplementary nutrition has to be delivered 300 days in a year. CDPOs were asked to report the interruption of supplementary food. This was counter checked with available records. The data in this regard are presented in **Table 2.11**.

Table 2.11:
AWCs having Interruption in Supplementary Nutrition in Last 6 Months
(Before visit of consultant)

States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition	
		No.	%
Andhra Pradesh	15	10	66.67
Arunachal Pradesh	50	27	54
Assam	20	14	70
Bihar	55	17	30.91
Chhattisgarh	20	2	10
Delhi	25	0	-
Gujarat	15	6	40
Haryana	10	0	-
Karnataka	134	23	17.16
Kerala	45	5	11.11
Madhya Pradesh	135	59	43.70
Maharashtra	15	4	26.67
Mizoram	5	0	-
Nagaland	45	7	15.56
Rajasthan	39	7	17.95
Uttar Pradesh	190	133	70
Total	818	314	38.39

*Note: In rest of the AWCs, no disruption of SN was reported

The data on interruption of supplementary nutrition as presented in **Table 2.11** reveals that no interruption was found in more one third (38.39%) of the AWCs during past six months in the distribution of supplementary nutrition. The highest interruption was found in the States of Assam and UP (70% each) followed by Andhra Pradesh (66.67%), Arunachal Pradesh (54%), MP (43.70%) and in Gujarat (40%). No interruption in distribution of supplementary nutrition had been seen in any of the AWCs located in the States of Delhi, Haryana and Mizoram. In remaining seven States the interruption was found between 31% to 10% respectively.



- **Causes of Interruption of Supplementary Nutrition**

The data pertaining to causes of interruption in supplementary nutrition are presented in **Table 2.12** to **Table 2.15**

Table 2.12:
Causes of Interruption in Supplementary Nutrition (Shortage of Supply)

States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition		Shortage of Supply	
		No.	%	N	%
Andhra Pradesh	15	10	66.67	9	90
Arunachal Pradesh	50	27	54	5	18.52
Assam	20	14	70	10	71.43
Bihar	55	17	30.91	10	58.82
Chhattisgarh	20	2	10	2	100
Gujarat	15	6	40	0	-
Karnataka	134	23	17.16	16	69.57
Kerala	45	5	11.11	0	-
Madhya Pradesh	135	59	43.70	13	22.03
Maharashtra	15	4	26.67	1	25
Nagaland	45	7	15.56	6	85.71
Rajasthan	39	7	17.95	2	28.57
Uttar Pradesh	190	133	70	13	9.77
Total	818	314	38.39	87	27.71

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A look at the causes of interruption in supplementary nutrition as presented in **Table 2.12** shows that in 27.71 percent of AWCs, the second main cause of interruption had been reported is the shortage of supply. All AWCs (100%) located in the State of Chhattisgarh, reported the shortage of supply as cause for interruption in distribution of supplementary nutrition in AWCs. Majority (more than 80%) of AWCs located in the States of Andhra Pradesh (90%) and Nagaland (85.71%) had also responded shortage of supply as one of the reason for interruption of supplementary nutrition followed by Assam (71.43%), Karnataka (69.57%) and Bihar (59%). Shortage of supply as one of the reason for interruption of supplementary nutrition was less in the some of the AWCs from the States of Rajasthan (28.57%), Maharashtra (25%), Madhya Pradesh (22.03%), Arunachal Pradesh (18.52%) and Uttar Pradesh about (10%)

Table 2.13:
Causes of Interruption in Supplementary Nutrition (Lack of Funds)

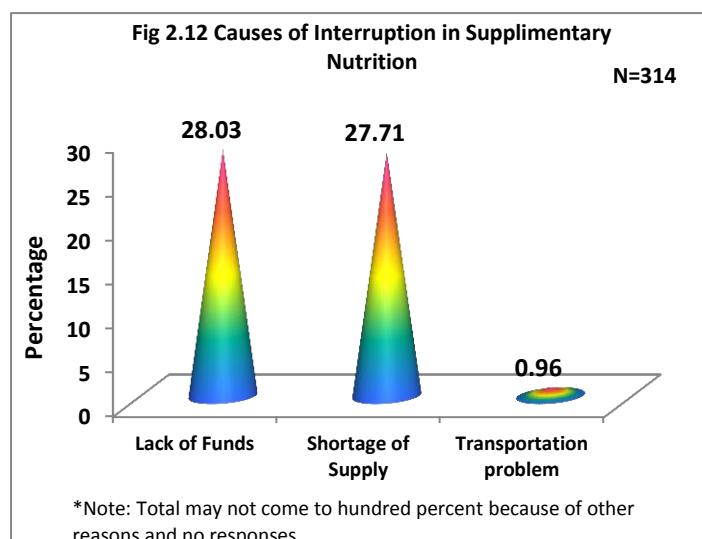
States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition		Lack of Funds	
		No.	%	N	%
Andhra Pradesh	15	10	66.67	0	0
Arunachal Pradesh	50	27	54	1	3.70
Assam	20	14	70	2	14.29
Bihar	55	17	30.91	5	29.41
Chhattisgarh	20	2	10	0	-
Gujarat	15	6	40	0	-
Karnataka	134	23	17.16	0	-
Kerala	45	5	11.11	0	-
Madhya Pradesh	135	59	43.70	0	-
Maharashtra	15	4	26.67	0	-
Nagaland	45	7	15.56	0	-
Rajasthan	39	7	17.95	0	-
Uttar Pradesh	190	133	70	80	60.15
Total	818	314	38.39	88	28.03

The data as presented in **Table 2.13** shows that lack of funds was one of the major causes of interruption in supplementary nutrition in large number of AWCs. Such problem had been reported in about more than one third (28.03%) of AWCs located across all study states. State-specific data depicts that majority (60.15%) of AWCs in the state of Uttar Pradesh were reported lack of funds as a major reason for interruption in distribution of supplementary nutrition in ICDS. Other States in Bihar 29.41 percent, Assam 14.29 per cent and Arunachal Pradesh 3.70 per cent of AWCs reported lack of funds was the reason for interruption in supplementary nutrition

Table 2.14:
Causes of Interruption in Supplementary Nutrition (Transportation problem)

States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition		Transportation problem	
		No.	%	N	%
Andhra Pradesh	15	10	66.67	1	10
Arunachal Pradesh	50	27	54	0	-
Assam	20	14	70	0	-
Bihar	55	17	30.91	0	-
Chhattisgarh	20	2	10	0	-
Gujarat	15	6	40	0	-
Karnataka	134	23	17.16	0	-
Kerala	45	5	11.11	0	-
Madhya Pradesh	135	59	43.70	2	3.39
Maharashtra	15	4	26.67	0	-
Nagaland	45	7	15.56	0	-
Rajasthan	39	7	17.95	0	-
Uttar Pradesh	190	133	70	0	-
Total	818	314	38.39	3	0.96

The data in **Table 2.14** shows that transportation problem was not indicated as a major cause of interruption in distribution of supplementary nutrition; it can be seen only in 0.96 percent of AWCs. State-specific data depicts that transportation problem was reported by less number of AWCs located in the States of Andhra Pradesh (10%) and Madhya Pradesh (3.39%).



Availability of Utensils for Consumption of Supplementary Nutrition

Data in this regard is presented in table 2.15.

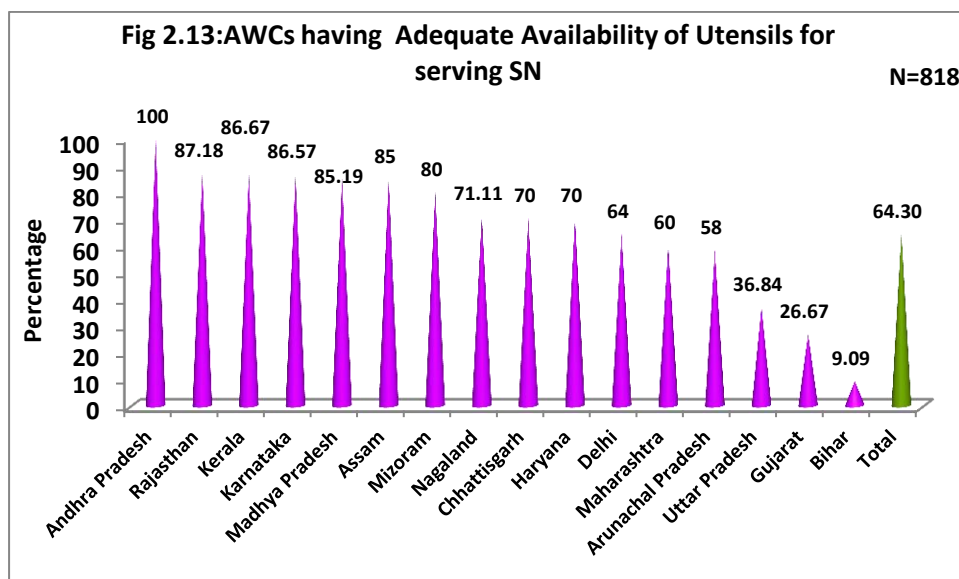
Table 2.15:
AWCs having Adequate Availability of Utensils for Serving Supplementary Nutrition

States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for serving SN	%
Andhra Pradesh	15	15	100
Arunachal Pradesh	50	29	58
Assam	20	17	85
Bihar	55	5	9.09
Chhattisgarh	20	14	70
Delhi	25	16	64
Gujarat	15	4	26.67
Haryana	10	7	70
Karnataka	134	116	86.57
Kerala	45	39	86.67
Madhya Pradesh	135	115	85.19
Maharashtra	15	9	60
Mizoram	5	4	80
Nagaland	45	32	71.11
Rajasthan	39	34	87.18
Uttar Pradesh	190	70	36.84
Total	818	526	64.30

*Note: In rest of the AWCs, adequate availability of utensils for serving SN was not reported



The data from above **table 2.15** reveals that availability of utensils for serving of supplementary nutrition was found adequate in little less than two third (64.30%) of AWCs. Though, all AWCs (100%) in the State of Andhra Pradesh was found having adequate availability of serving utensils, however such availability was found in less number of AWCs located in the States of UP(36.84%) and Gujarat (26.67%) respectively.



Availability of Utensils for Cooking of Supplementary Nutrition

The data in this regard are presented in **Table 2.16**.

Table 2.16:
AWCs having Adequate Availability of Utensils for Cooking Supplementary Nutrition

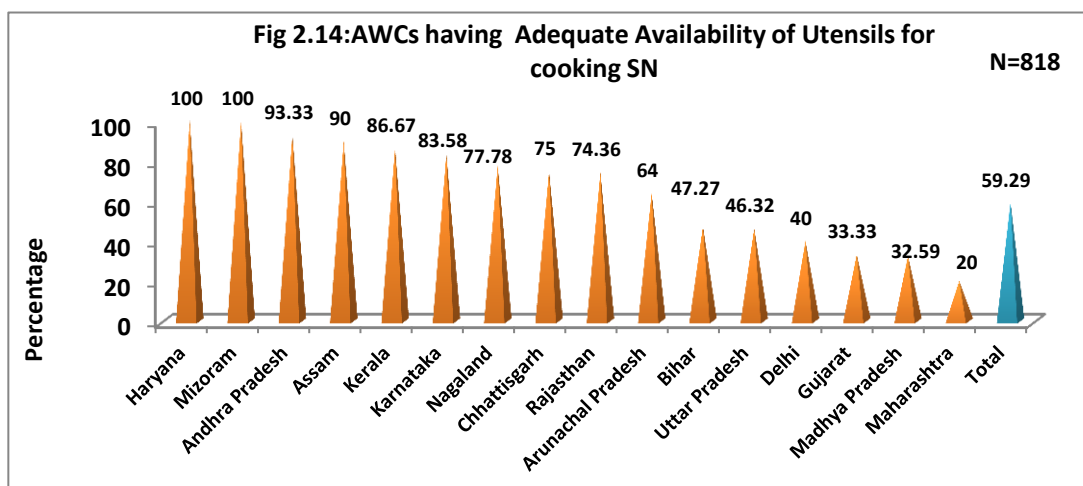
States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for cooking	%
Andhra Pradesh	15	14	93.33
Arunachal Pradesh	50	32	64
Assam	20	18	90
Bihar	55	26	47.27
Chhattisgarh	20	15	75
Delhi	25	10	40
Gujarat	15	5	33.33
Haryana	10	10	100
Karnataka	134	112	83.58
Kerala	45	39	86.67
Madhya Pradesh	135	44	32.59
Maharashtra	15	3	20
Mizoram	5	5	100
Nagaland	45	35	77.78

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Rajasthan	39	29	74.36
Uttar Pradesh	190	88	46.32
Total	818	485	59.29

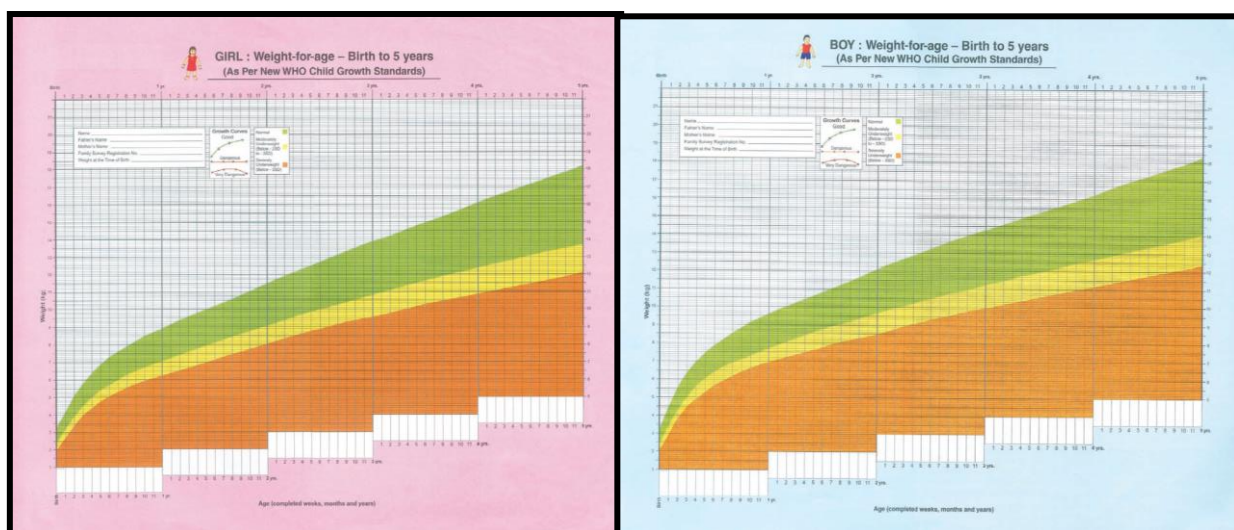
*Note: In rest of the AWCs, adequate availability of utensils for cooking of SN was not reported

It is evident from the **above table 2.16** that the availability of adequate utensils for cooking of SN was found in only 59.29% of AWCs. Though, all AWCs (100%) in the States of Haryana and Mizoram were found having adequate availability of cooking utensils, however, such availability was found only in 20 per cent of the AWCs located in the State of Maharashtra.



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 2.17**.

Table 2.17:
AWCs having Availability of New WHO Child Growth Charts

States	Total No. of AWCs	No. of AWCs having availability of New WHO Child Growth Standards	%
Andhra Pradesh	15	12	80
Arunachal Pradesh	50	19	38
Assam	20	20	100
Bihar	55	42	76.36
Chhattisgarh	20	19	95
Delhi	25	22	88
Gujarat	15	15	100
Haryana	10	8	80
Karnataka	134	128	95.52
Kerala	45	34	75.56
Madhya Pradesh	135	123	91.11
Maharashtra	15	4	26.67
Mizoram	5	5	100
Nagaland	45	17	37.78
Rajasthan	39	39	100
Uttar Pradesh	190	150	78.95
Total	818	657	80.32

* **Note:** In rest of the AWCs, either availability of old growth charts or non-availability of New WHO Child growth charts were reported

Table 2.17 reveals that the availability of New WHO Child Growth standards charts was found in 80.32 per cent of AWCs. Though, all AWCs (100%) in the States of Assam, Gujarat, Mizoram and Rajasthan and majority of AWCs (more than 90%) in the states of Chhattisgarh, Karnataka and Madhya Pradesh were found having availability of New WHO

Child Growth charts, however, the availability of New WHO Child Growth charts was found less than 40 per cent in the AWCs from the states of Arunachal Pradesh, Nagaland and Maharashtra.

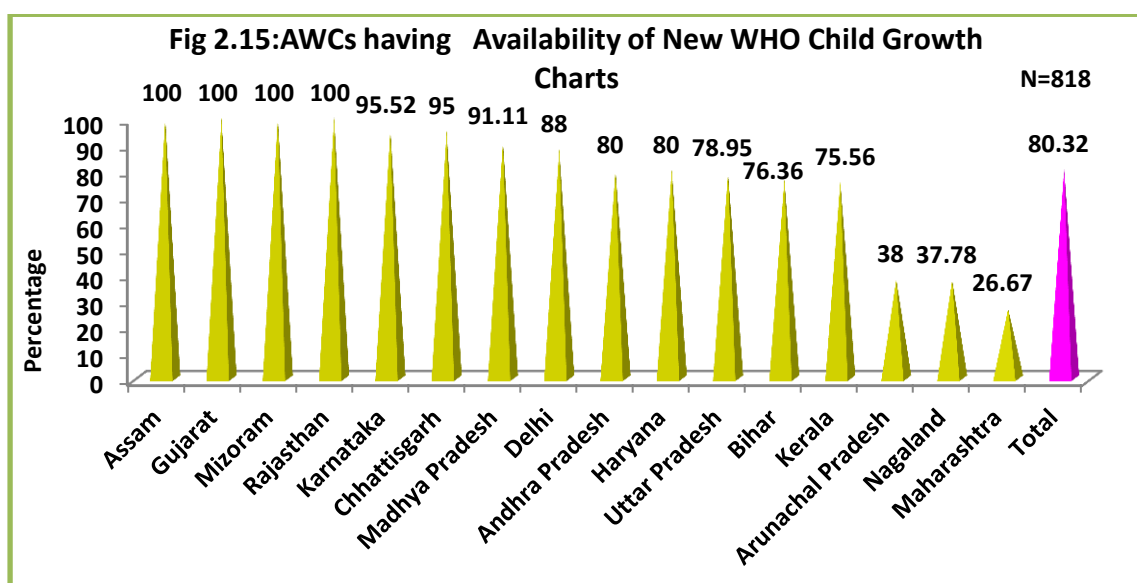


Table 2.18:
Number of children (0-6 years) Weighed according to New WHO Growth Standards

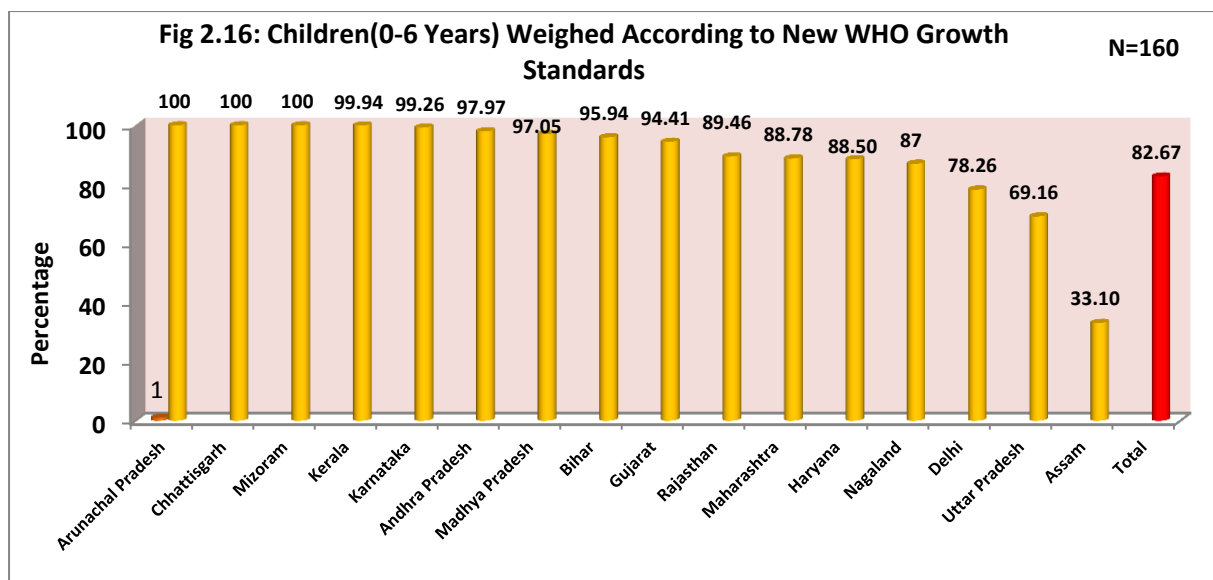
States	Total No. of ICDS Projects	Total Registered Children	No. of Children weighed	%
Andhra Pradesh	3	59578	58369	97.97
Arunachal Pradesh	10	7603	7603	100
Assam	4	98894	32733	33.10
Bihar	11	26129	25128	96.17
Chhattisgarh	4	59973	57623	96
Delhi	5	42909	33580	78.26
Gujarat	3	33661	31449	93.43
Haryana	2	49908	44169	88.50
Karnataka	25	510008	506209	99.26
Kerala	9	59844	59809	99.94
Madhya Pradesh	27	446831	433708	97.06
Maharashtra	3	35967	31927	88.77
Mizoram	1	3034	3034	100
Nagaland	9	26369	22942	87
Rajasthan	6	64547	57697	89.39
Uttar Pradesh	38	1091950	755236	69.16
Total	160	2617205	2161216	82.58

It is evident from the above **Table 2.18** that 82.58 per cent of Children (0-6 years) of age were weighed according to New WHO Growth Standards. All children were being weighed (100%) as per New WHO Child Growth



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standards in the States of Arunachal Pradesh and Mizoram. More than 90 per cent of children were being weighed as per New WHO Child Growth standards in the States of Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Karnataka, Kerala and MP. Only about one third (33.10%) of the children weighed in the state of Assam.



Nutritional Status of Children

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

Table 2.19:
Nutritional Status of Children (0-3years) of age group

States	Total No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra Pradesh	3	38656	38548	99.72	23445	60.82	13837	35.90	1266	3.28
Arunachal Pradesh	10	4126	4126	100	4051	98.18	75	1.82	0	-
Assam	4	57387	19414	33.83	16916	87.13	2471	12.73	27	0.14
Bihar	11	16652	15652	93.99	5383	34.39	7909	50.53	2362	15.09
Chhattisgarh	4	36438	34587	94.92	26591	76.88	8871	25.65	976	2.82
Delhi	5	29307	22424	76.51	17845	79.58	4261	19.00	318	1.42
Gujarat	3	18849	18848	99.99	15496	82.22	3088	16.38	264	1.40
Haryana	2	25285	25285	100	15859	62.72	8527	33.72	899	3.56
Karnataka	25	309638	308940	99.77	231379	74.89	75496	24.44	2065	0.67
Kerala	9	36666	36633	99.91	27053	73.85	9463	25.83	117	0.32
Madhya Pradesh	27	262391	253311	96.54	199324	78.69	47002	18.56	6985	2.76
Maharashtra	3	19334	16164	83.60	15338	94.89	703	4.35	123	0.76
Mizoram	1	1884	1884	100	1800	95.54	44	2.34	0	-

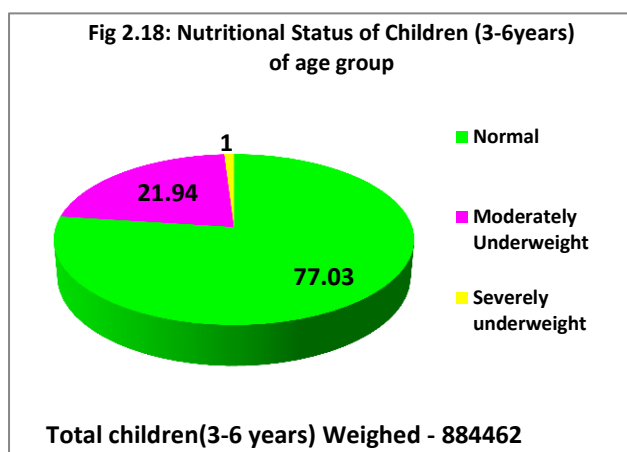
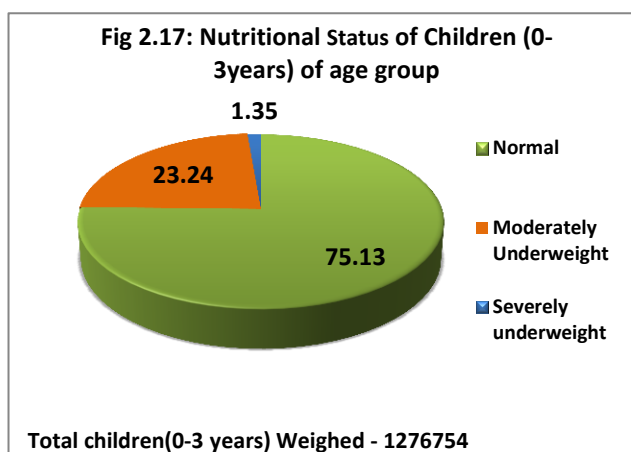
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Nagaland	9	14500	12498	86.19	12453	99.64	45	0.36	0	-
Rajasthan	6	42198	36793	87.19	31630	85.97	5118	13.91	45	0.12
Uttar Pradesh	38	595886	431647	72.44	315903	73.19	110349	25.56	1795	0.42
Total	160	1509197	1276754	84.84	960466	75.13	297259	23.24	17242	1.35

Table 2.20:
Nutritional Status of Children (3-6years) of age group

States	Total No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra Pradesh	3	20922	19821	94.74	12277	61.94	7044	35.54	500	2.52
Arunachal Pradesh	10	3477	3477	100	3444	99.05	33	0.95	0	-
Assam	4	41507	13319	32.09	11603	87.12	1707	12.82	9	0.07
Bihar	11	9477	9476	99.99	5848	61.71	3575	37.73	53	0.56
Chhattisgarh	4	23535	23036	97.88	16316	70.83	5394	23.42	1326	5.76
Delhi	5	13602	11156	82.02	8766	78.58	2214	19.85	179	1.60
Gujarat	3	14812	12601	85.07	12454	98.83	2395	19.01	167	1.33
Haryana	2	24623	18884	76.69	10039	53.16	5846	30.96	369	1.95
Karnataka	25	200370	197269	98.45	144407	73.20	50877	25.79	1985	1.01
Kerala	9	23178	23176	99.99	17336	74.80	5774	24.91	66	0.28
Madhya Pradesh	27	184440	180397	97.81	144061	79.86	33263	18.44	3073	1.70
Maharashtra	3	16633	15763	94.77	14551	92.31	1045	6.63	167	1.06
Mizoram	1	1150	1150	100	1129	98.17	21	1.83	0	-
Nagaland	9	11869	10444	87.99	10410	99.67	34	0.33	0	-
Rajasthan	6	22349	20904	93.53	18907	90.45	1988	9.51	9	0.04
Uttar Pradesh	38	496064	323589	65.23	249782	77.19	72828	22.51	979	0.30
Total	160	1108008	884462	79.82	681330	77.03	194038	21.94	8882	1

It may be observed from **Table 2.19 and Table 2.20** that about three fourth children were found in normal zone. The prevalence of only 1.35 per cent severely underweight children (0-3 years) was found in the visited Projects. Little more than half (53.16%) of the children 3-6 years from Haryana were found in normal zone. The prevalence of severely underweight children in the age group 3-6 years was also only 1 per cent. 5.76 per cent of children 3-6 years of age in the state of Chhattisgarh were found severely underweight.



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 2.21-2.22**.

Table 2.21:
AWWs having adequate Skills of Weighing Children Accurately on Growth Chart

States	Total No of AWWs	Weighing Children Accurately	
		No. of AWWs	%
Andhra Pradesh	15	12	80
Arunachal Pradesh	50	5	10
Assam	20	10	50
Bihar	55	25	45.45
Chhattisgarh	20	20	100
Delhi	25	25	100
Gujarat	15	15	100
Haryana	10	9	90
Karnataka	134	109	81.34
Kerala	45	40	88.89
Madhya Pradesh	135	115	85.19
Maharashtra	15	15	100
Mizoram	5	1	20
Nagaland	45	7	15.56

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Rajasthan	39	26	66.67
Uttar Pradesh	190	161	84.74
Total	818	595	72.74

* **Note:** Rest of the AWWs were not having adequate skills in weighing

The above **table 2.21** depicts that little less than three fourth (72.74%) of AWWs were having adequate skills of Weighing Children. The States where substantial number of AWWs (more than 50%) were found lacking weighing skills were in the States of Arunachal Pradesh (10%), Nagaland (15.56%) Mizoram (20%) and Bihar and Assam (45.45% and 50% each)

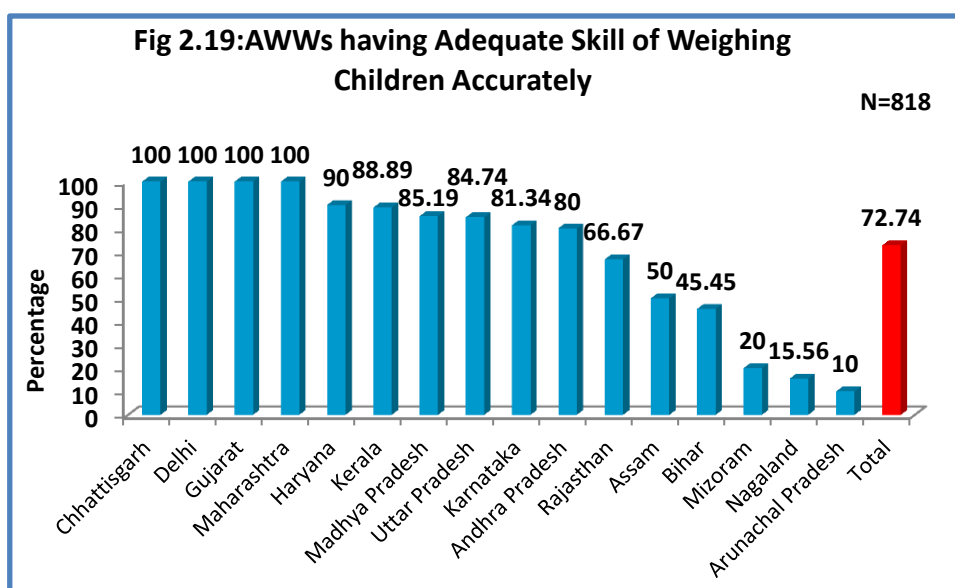


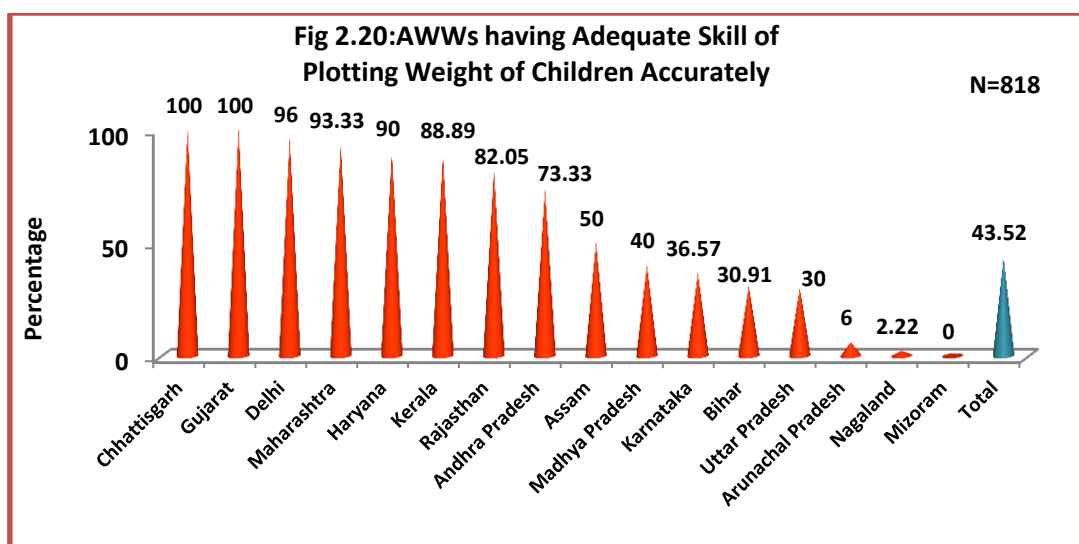
Table 2.22:
AWWs having adequate Skills of Plotting weight of children
Accurately on Growth Chart

States	Total No of AWWs	Plotting weight of children Accurately	
		No. of AWWs	%
Andhra Pradesh	15	11	73.33
Arunachal Pradesh	50	3	6
Assam	20	10	50
Bihar	55	17	30.91
Chhattisgarh	20	20	100
Delhi	25	24	96
Gujarat	15	15	100
Haryana	10	9	90
Karnataka	134	49	36.57
Kerala	45	40	88.89
Madhya Pradesh	135	54	40
Maharashtra	15	14	93.33
Mizoram	5	0	-
Nagaland	45	1	2.22
Rajasthan	39	32	82.05
Uttar Pradesh	190	57	30
Total	818	356	43.52

* Note: Rest of the AWWs were not having adequate skills in plotting



The data as presented in **Table 2.22** reveals that little less than half (43.52%) of AWWs were able to accurately plot the weight on the New WHO Child Growth charts. In the states of Chhattisgarh and Gujarat All (100%) of the AWWs were found plotting correctly on New WHO Child Growth charts. The States where substantial number of AWWs (more than 50%) were found lacking plotting skills were in the states of Nagaland (98%) followed by States of Arunachal Pradesh (94%), UP (70%), Bihar (69%) and MP (60%). In the state of Mizoram not a single AWW was having plotting skills on the New WHO Child Growth charts.



- Organization of Counseling Sessions Based on Growth Monitoring**

Based on the growth monitoring, the AWW has to advise the mothers on appropriate actions depending upon the age of the child, the duration of no weight gain or weight loss and various possible causes of growth faltering of the child. The data pertaining to organization of such counseling sessions based on growth monitoring are presented in Table 2.23



Table 2.23:
AWWs having adequate Skills of Counselling Based on Growth Monitoring

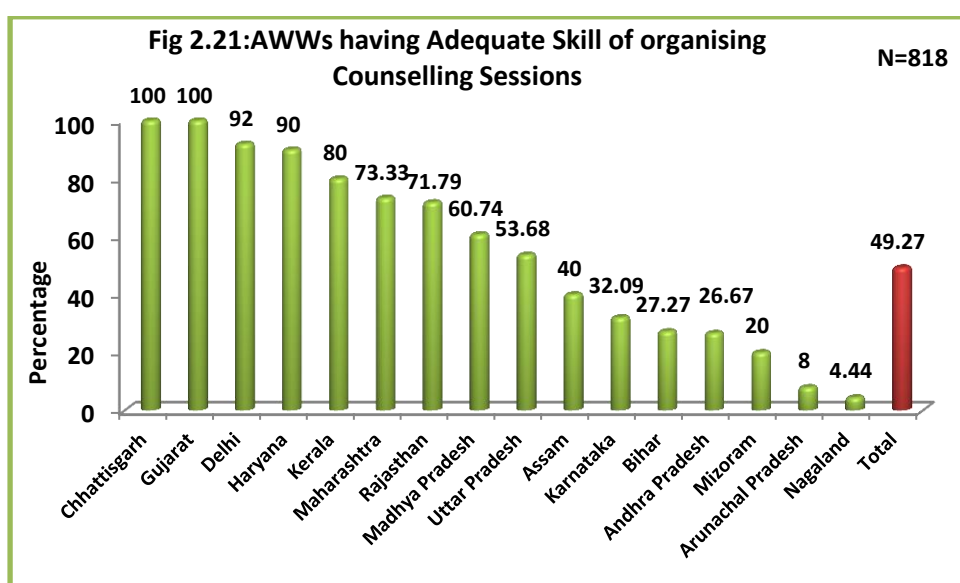
States	Total No of AWWs	No. of AWWs organising Counselling Sessions	%
Andhra Pradesh	15	4	26.67
Arunachal Pradesh	50	4	8
Assam	20	8	40
Bihar	55	15	27.27
Chhattisgarh	20	20	100
Delhi	25	23	92
Gujarat	15	15	100
Haryana	10	9	90
Karnataka	134	43	32.09
Kerala	45	36	80
Madhya Pradesh	135	82	60.74
Maharashtra	15	11	73.33
Mizoram	5	1	20

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Nagaland	45	2	4.44
Rajasthan	39	28	71.79
Uttar Pradesh	190	102	53.68
Total	818	403	49.27

*Note: Rest of the AWWs are not organizing Counselling Sessions

The data as presented in **Table 2.23** reveals that altogether only little less than half (49.27%) of AWWs organized counselling sessions with mothers on growth monitoring. While only 4.44 per cent of the AWW from the State of Nagaland was found organizing counselling sessions, only 8 per cent in Arunachal Pradesh, 20 per cent each of them in Mizoram and about one fifth (26.67% & 27.27%) in the state of Andhra Pradesh and Bihar were found of organizing such session.



Referral Services

Beneficiaries identified during health check-up and growth monitoring with acute medical problems in need of prompt medical attention, are provided referral services through ICDS scheme. An early detection of disabilities and timely diagnosis of many childhood diseases can prevent childhood morbidity and any other handicaps (Sharma, 1989). The need for referral services might arise to those pregnant mothers and children who are at risk zone. Not only this, pregnant mothers and children with problems requiring specialized treatment have to be referred for medical care of an appropriate standard by the use of referral slips. The data pertaining to the availability of referral slips in AWCs are presented in **Table 2.24**.

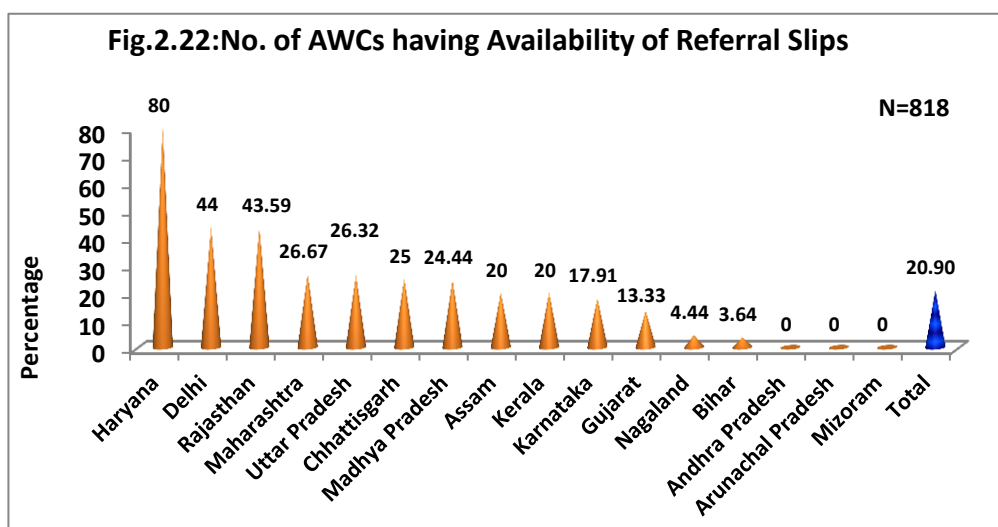
Table 2.24:
AWCs having Availability of Referral Slips

States	Total No. of AWCs	No. of AWCs having availability of referral slips	%
Andhra Pradesh	15	0	-
Arunachal Pradesh	50	0	-

Assam	20	4	20
Bihar	55	2	3.64
Chhattisgarh	20	5	25
Delhi	25	11	44
Gujarat	15	2	13.33
Haryana	10	8	80
Karnataka	134	24	17.91
Kerala	45	9	20
Madhya Pradesh	135	33	24.44
Maharashtra	15	4	26.67
Mizoram	5	0	-
Nagaland	45	2	4.44
Rajasthan	39	17	43.59
Uttar Pradesh	190	50	26.32
Total	818	171	20.90

*Note: In rest of the AWCs Availability of Referral Slips was not reported

Table 2.24 shows that referral slips were available in one fifth (20.90%) of the AWCs. Though, 80% the AWCs in the state of Haryana were having availability of referral slips however, none of the AWCs from the States of Andhra Pradesh, Arunachal Pradesh and Mizoram were having availability of referral slips.



Maintenance of Mother and Child Protection Cards

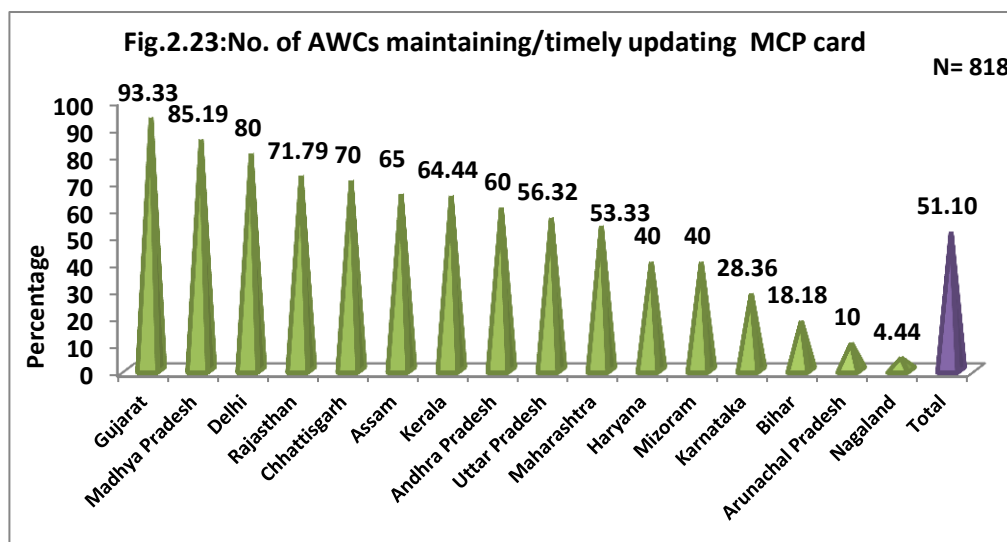
It is important to keep correct records of children's vaccination. The date of child immunization has to be properly maintained on health cards. The required entries have to be made by medical/Para medical staff administering the immunization. The data in this regard are presented in **Table 2.25**

**Table 2.25:
AWCs maintaining and timely updating MCP Card**

States	Total No. of AWCs	No. of AWCs maintaining/timely updating MCP card	%
Andhra Pradesh	15	9	60
Arunachal Pradesh	50	5	10
Assam	20	13	65
Bihar	55	10	18
Chhattisgarh	20	14	70
Delhi	25	20	80
Gujarat	15	14	93
Haryana	10	4	40
Karnataka	134	38	28
Kerala	45	29	64
Madhya Pradesh	135	115	85
Maharashtra	15	8	53
Mizoram	5	2	40
Nagaland	45	2	4
Rajasthan	39	28	72
Uttar Pradesh	190	107	56
Total	818	418	51

*Note: In rest of the AWCs, MCP cards were not being maintained

It can be noticed from the above **Table 2.25** that, the maintenance and timely updation of MCP card was reported in little more than half (51%) of the AWCs. Though majority (more than 80%) of AWCs in the states of Delhi, MP and Gujarat were found maintaining and timely updating MCP card, however only little more than half of the AWCs in the state of Maharashtra and UP were properly maintaining and timely updating MCP card. Less than two fifth of the AWCs in the states of Bihar, Arunachal Pradesh and Nagaland were found maintaining and timely updating of MCP card.



Availability of Medicine Kit

MWCD, GOI has made provision for supply of medicine kit in each AWC. As per financial provision contained in MWCD office order 1-8/2012 –CD-1 dated 22nd October, 2012, the medicine kit has to be provided for all operational AWCs in the States/UTs @ Rs1000/- per AWC per annum and @ Rs500/- per mini AWCs per annum. The expenditure on procurement of medicine kit should be met out of the grants released to the States /UTs subject to the financial norms of Rs1000/- per AWC per annum and Rs500/- per mini AWC per annum. The data showing availability of medicine kit in AWCs is given at **Table 2.26**.

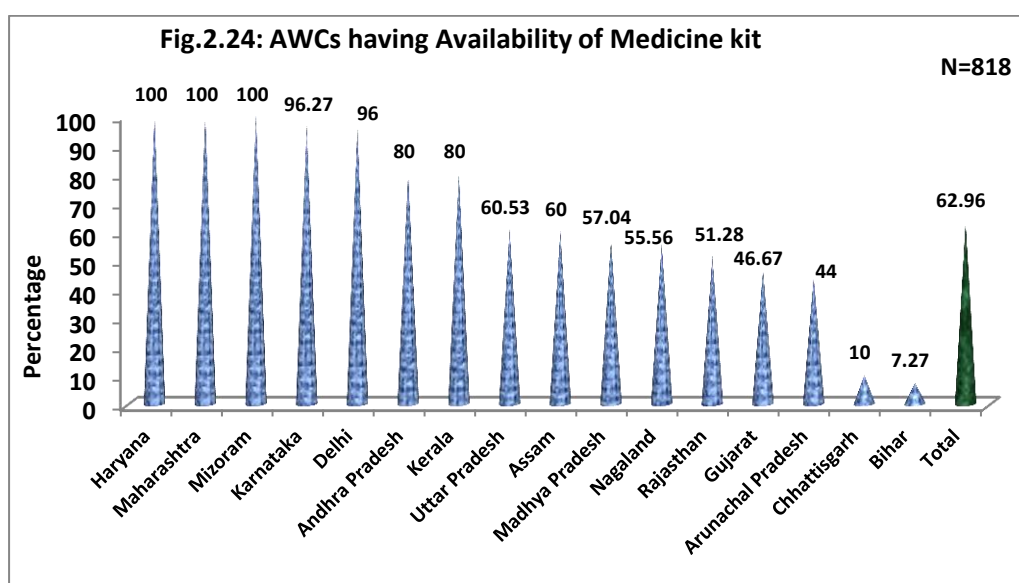
Table 2.26:
AWCs having availability of Medicine kit

States	Total No. of AWCs	No. of AWCs having availability of Medicine kit	%
Andhra Pradesh	15	12	80
Arunachal Pradesh	50	22	44
Assam	20	12	60
Bihar	55	4	7.27
Chhattisgarh	20	2	10
Delhi	25	24	96
Gujarat	15	7	46.67
Haryana	10	10	100
Karnataka	134	129	96.27
Kerala	45	36	80
Madhya Pradesh	135	77	57.04
Maharashtra	15	15	100
Mizoram	5	5	100

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Nagaland	45	25	55.56
Rajasthan	39	20	51.28
Uttar Pradesh	190	115	60.53
Total	818	515	62.96

The data from above **Table 2 .26** reveals that the availability of medicine kit was found in about 63 per cent of AWCs. The medicine Kit was available in all the AWCs (100%) located in the states of Haryana, Maharashtra and Mizoram; however, medicine kit was found available in less than 50 per cent of the AWCs in the states of Gujarat and Arunachal Pradesh. The availability of medicine kit was very low (less than 10%) in the states of Bihar and Chhattisgarh.



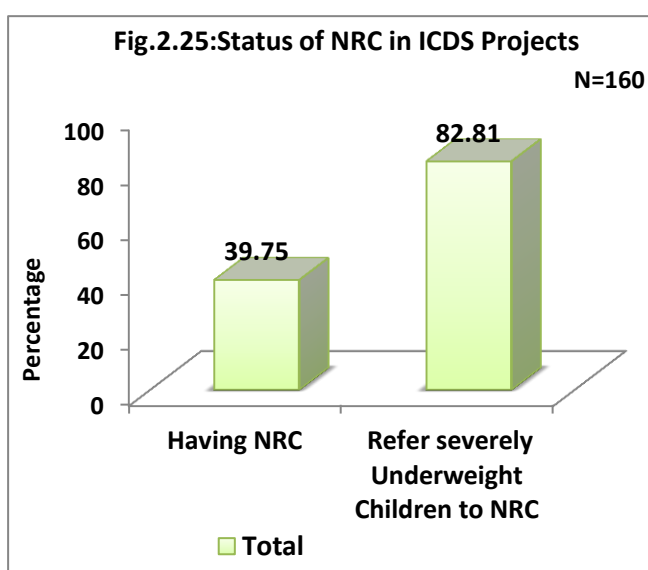
Awareness about Nutrition Rehabilitation Centres

Management of the severely malnourished children does not require sophisticated facilities & equipments or highly qualified personnel. It does require that each child be treated with proper care & affection, and that each phase of treatment be carried out properly by approximately trained and dedicated health personnel's. When this is done, the risk of death can be substantially reduced and the opportunity for full recovery greatly improved. After treating the life-threatening problems in a hospital or in a residential care facility, the child with SAM needs to be transferred to NRC for intensive feeding to recover lost weight, development of emotional & physical stimulation, capacity building of the primary caregivers of the child with SAM through sustained counseling and continuous behavioral change activities. Thus NRC is intended to function as a bridge between hospital & home care. Hence, NRC is a short stay home for children with SAM along with the primary care givers. A total number of **896** Nutrition Rehabilitation Centres (NRCs) (source: Press Information Bureau GOI MOHFW, 8th May2015) have been set up across the country.

Table 2.27:
Status of NRC in ICDS Projects

States	Total No. of ICDS Projects	No. of ICDS Projects having NRC	%	ICDS Projects refer severely Underweight Children to NRC	%
Andhra Pradesh	3	1	33.33	0	-
Arunachal Pradesh	10	1	10	0	-
Assam	4	2	50	0	-
Bihar	11	6	54.55	3	50
Chhattisgarh	4	2	50	2	100
Delhi	5	1	20	0	-
Gujarat	3	1	33.33	1	100
Haryana	2	1	50	1	100
Karnataka	25	12	48	12	100
Kerala	9	1	11.11	0	-
Madhya Pradesh	27	25	92.59	24	96
Maharashtra	3	1	33.33	1	100
Nagaland	9	0	-	0	-
Rajasthan	6	3	50	1	33.33
Uttar Pradesh	38	7	18.42	7	100
Total	161	64	39.75	52	81.25

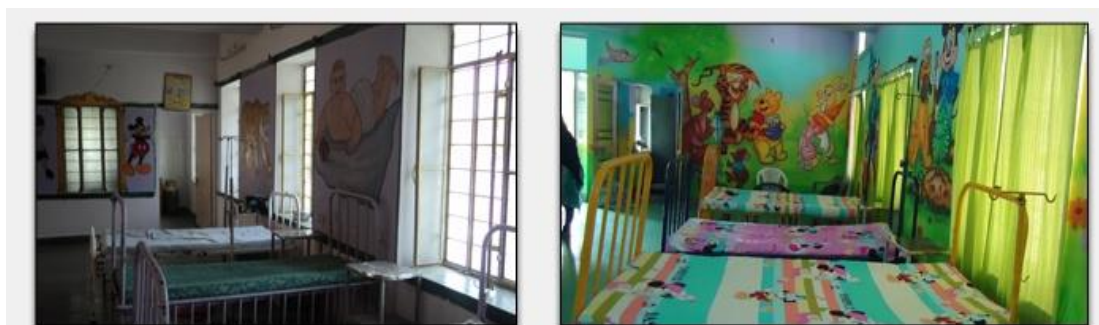
*Note: There is no NRC in the State of Mizoram



It is evident from **Table 2.27** that about 40 per cent of ICDS projects were having NRCs and in more than three fourth (81.25%) of ICDS Projects, the children were being referred for treatment. All of the ICDS projects (100%) from the States of Chhattisgarh, Gujarat, Haryana, Karnataka, Maharashtra and Uttar Pradesh were found referring severely Underweight Children to NRC. The situation needs improvement in the States of Andhra Pradesh, Arunachal Pradesh, Assam, Delhi, Kerala and Nagaland where ICDS Projects were not found referring severely Underweight Children

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to NRC. However, in the state of Mizoram there is a need to provide NRC for referring severely Underweight Children.



Health Check-Up

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

Table 2.28:

Health Centres at which Beneficiaries received Immunisation

States	Total No. of AWCs	Sub Centre		PHC		AWC		Others	
		N	%	N	%	N	%	N	%
Andhra Pradesh	15	5	33.33	0	0	7	46.67	3	20
Arunachal Pradesh	50	19	38	17	34	0	-	4	8
Assam	20	9	45	3	15	7	35	0	-
Bihar	55	5	9.09	0	-	46	83.64	1	1.82
Chhattisgarh	20	0	-	5	25	13	65	2	10
Delhi	25	12	48	9	36	4	16	0	-
Gujarat	15	3	20	1	6.67	10	66.67	0	-
Haryana	10	0	-	0	-	10	100	0	-
Karnataka	134	23	17.16	36	26.87	67	50	0	-
Kerala	45	14	31.11	9	20	13	28.89	6	13.33
Madhya Pradesh	135	12	8.89	23	17.04	85	62.96	10	7.41
Maharashtra	15	2	13.33	3	20	9	60	1	6.67
Mizoram	5	5	100	0	-	0	-	0	-
Nagaland	45	21	46.67	13	28.89	3	6.67	3	6.67
Rajasthan	39	2	5.13	1	2.56	31	79.49	5	12.82
Uttar Pradesh	190	29	15.26	8	4.21	92	48.42	2	1.05

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Total	818	161	19.68	128	15.65	397	48.53	37	4.52
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It is evident from the above **Table 2.28** that though majority of beneficiaries (48.53%) were being immunized at AWC. Only little less than one fifth of ICDS beneficiaries were found being immunized using health infrastructure of either sub centre or PHC each respectively. All the children immunised at AWCs in the state of Haryana. All the children were found using Health infrastructure for immunization of ICDS beneficiaries in the state of Mizoram.

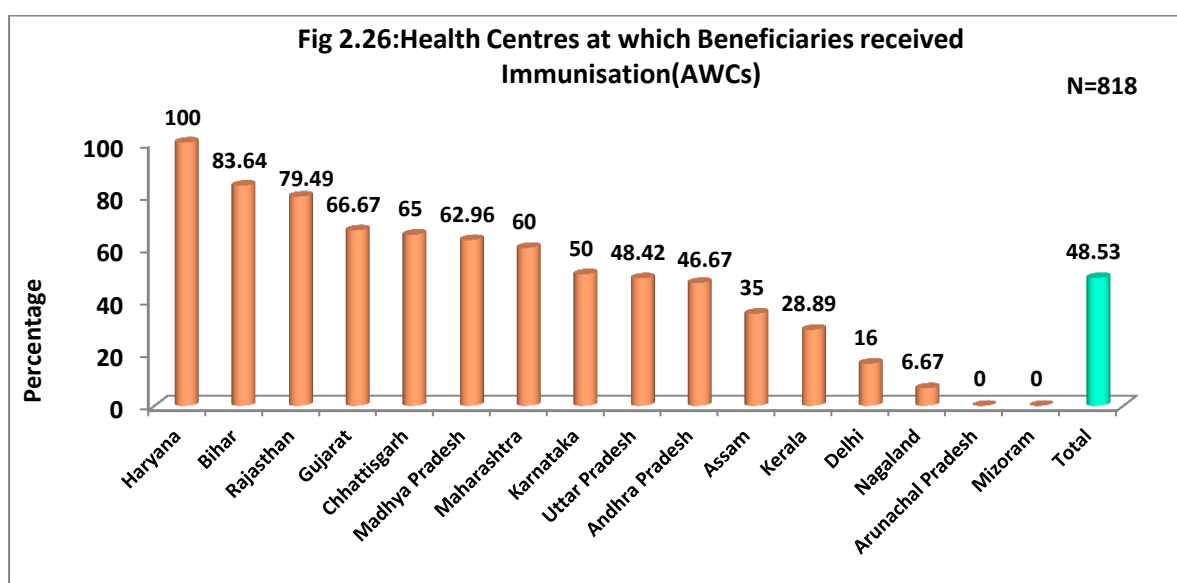


Table 2.29:
Frequency of Health Check-up of Children

States	Total No. of AWCs	Monthly		Quarterly		Six Monthly		Unplanned		Never During Last Six Months	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	8	53.33	1	6.67	0	0	1	6.67	5	33.33
Arunachal Pradesh	50	3	6	0	-	0	-	12	24	28	56
Assam	20	9	45	1	5	0	-	0	-	10	50
Bihar	55	12	21.82	0	-	0	-	1	1.82	29	52.73
Chhattisgarh	20	16	80	0	-	2	10	1	5	1	5
Delhi	25	17	68	0	-	0	-	7	28	1	4
Gujarat	15	10	66.67	1	6.67	1	6.67	2	13.33	0	-
Haryana	10	8	80	2	20	0	-	0	-	0	-
Karnataka	134	16	11.94	63	47.01	2	1.49	2	1.49	40	29.85
Kerala	45	17	37.78	13	28.89	3	6.67	3	6.67	7	15.56
Madhya Pradesh	135	128	94.81	3	2.22	0	-	1	0.74	0	-
Maharashtra	15	2	13.33	10	66.67	2	13.33	1	6.67	0	-

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Mizoram	5	0	-	0	-	0	-	0	-	5	100
Nagaland	45	2	4.44	0	0.00-	1	2.22	4	8.89	36	80
Rajasthan	39	22	56.41	2	5.13	0	-	1	2.56	9	23.08
Uttar Pradesh	190	14	7.37	20	10.53	39	20.53	41	21.58	42	22.11
Total	818	284	34.71	116	14.18	50	6.11	77	9.41	213	26.04

*Note: In rest of the AWCs data not available

The data on health check-up of children shows that little more than one third (34.71%) of the AWCs conducts health check up on monthly basis. Majority of the AWCs (94.81%) in the state of Madhya Pradesh were conducting monthly health check up. The health check up was not at all conducted in 26.04 per cent of AWCs during last six months. None of the AWCs in the state of Mizoram conducted health check up of children in last six months.

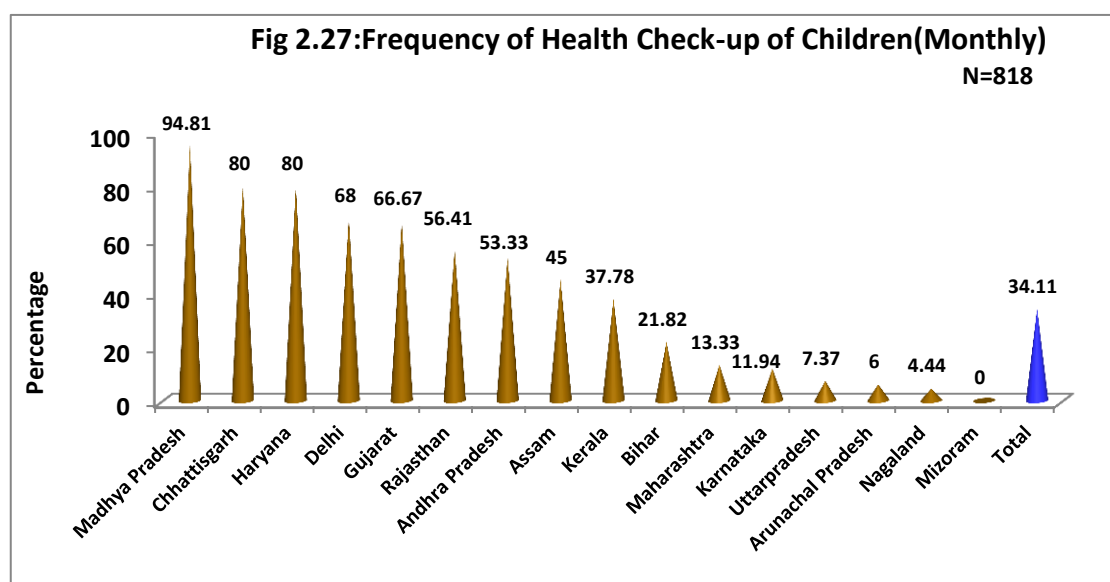


Table 2.30 (a):
Various Health Check-up Aspects of Children covered at AWCs

States	Total No. of AWCs	Checking and recording weight		Checking and recording height		Checking-up eyes	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	9	60	7	46.67	4	26.67
Arunachal Pradesh	50	13	26	13	26	8	16
Assam	20	19	95	18	90	13	65
Bihar	55	12	21.82	11	20	4	7.27
Chhattisgarh	20	19	95	19	95	18	90
Delhi	25	25	100	18	72	20	80

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Gujarat	15	15	100	12	80	8	53.33
Haryana	10	10	100	10	100	8	80
Karnataka	134	93	69.40	24	17.91	116	86.57
Kerala	45	41	91.11	26	57.78	28	62.22
Madhya Pradesh	135	134	99.26	91	67.41	77	57.04
Maharashtra	15	15	100	13	86.67	14	93.33
Mizoram	5	4	80	5	100	3	60
Nagaland	45	18	40	16	35.56	9	20
Rajasthan	39	22	56.41	5	12.82	9	23.08
Uttar Pradesh	190	116	61.05	94	49.47	104	54.74
Total	818	565	69.07	382	46.70	443	54.16

It is evident from the above **Table 2.30(a)** that 69.07 per cent of AWCs were Checking and recording weight of Children, little less than half (46.70%) of AWCs were recording height and in more than half 54.16 per cent of AWCs eye check up of Children was carried out. All (100%) AWCs in the States of Delhi, Gujarat, Haryana and Maharashtra were recording weight of Children; however few numbers of AWCs in the States Arunachal Pradesh (26%) and Bihar (21.82%) were recording weight of the Children. All the AWCs from the states of Haryana and Mizoram were recording height of children. Substantial number (above 80%) of AWCs in the States of Chhattisgarh, Assam, Maharashtra and Gujarat were checking and recording height of the children, Sizeable number of AWCs in the states of Delhi, Haryana, Karnataka, Chhattisgarh and Maharashtra were conducting eye check up of children. However, very few AWCs in the State of Nagaland (20%) and Arunachal Pradesh (16%) were conducting eye check up.

Table 2.30 (b):
Various Health Check-up Aspects of Children covered at AWCs

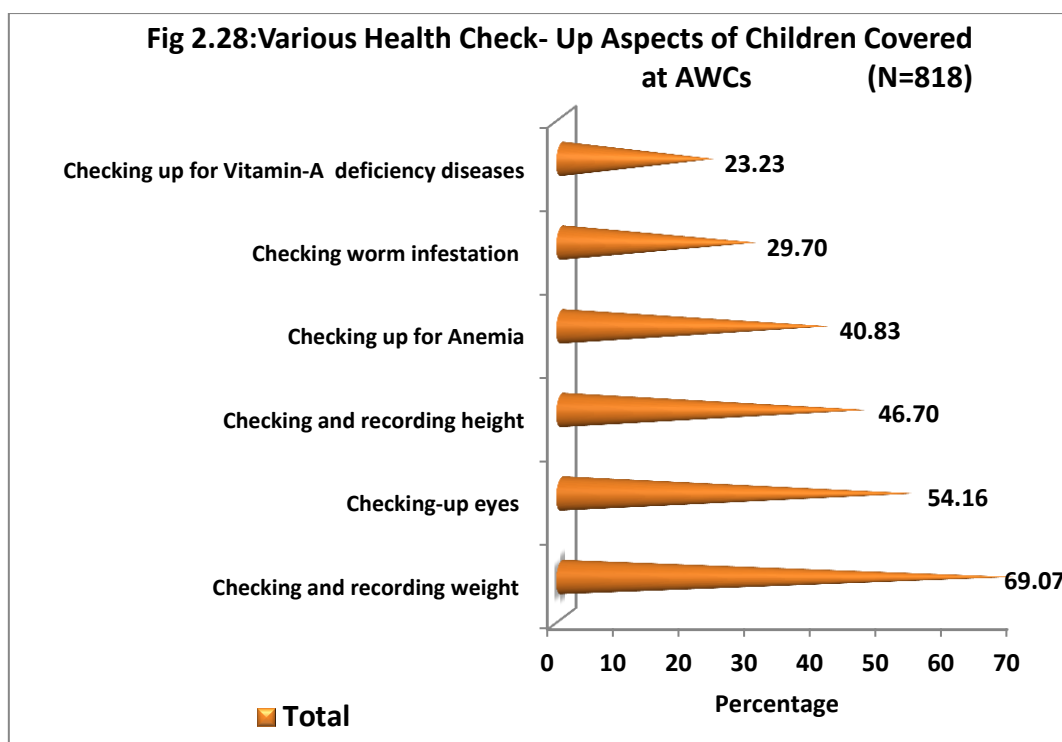
States	Total No. of AWCs	Checking worm infestation		Checking up for Anemia		Checking up for Vitamin-A deficiency diseases		Oedema	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	5	33.33	8	53.33	2	13.33	4	26.67
Arunachal Pradesh	50	15	30	5	10	1	2	0	0
Assam	20	7	35	13	65	5	25	0	0
Bihar	55	2	3.64	12	21.82	7	12.73	9	16.36
Chhattisgarh	20	19	95	19	95	18	90	18	90
Delhi	25	15	60	19	76	14	56	9	36
Gujarat	15	6	40	6	40	3	20	1	6.67

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Haryana	10	7	70	7	70	7	70	2	20
Karnataka	134	34	25.37	48	35.82	24	17.91	11	8.21
Kerala	45	28	62.22	27	60	24	53.33	12	26.67
Madhya Pradesh	135	62	45.93	67	49.63	47	34.81	26	19.26
Maharashtra	15	8	53	9	60	7	46.67	3	20
Mizoram	5	2	40	0	0.00	0	0.00	0	0.00
Nagaland	45	2	4.44	3	6.67	3	6.67	2	4.44
Rajasthan	39	6	15.38	11	28.21	10	25.64	7	17.95
Uttar Pradesh	190	25	13.16	80	42.11	18	9.47	8	4.21
Total	818	243	29.70	334	40.83	190	23.23	112	13.69

It is evident from the above **Table 2.30 (b)** that only about 41 per cent of AWCs were checking anaemia in Children, 29.70 per cent of AWCs were checking worm infestation and in about 24 per cent of AWCs were checking of Vitamin A deficiency. In less than one fifth (13.69%) of AWCs check up of Oedema was done. Majority of (95%) AWCs in the State of Chhattisgarh were checking worm infestation in children; however few AWCs in the States of Nagaland and Uttar Pradesh were checking worm infestation in children. Substantial number 95% of AWCs in the States of Chhattisgarh was checking anaemia; however none of the AWCs in the States of Mizoram was checking anaemia. Sizeable number (70% and above) of AWCs in the States of Chhattisgarh and Haryana were checking Vitamin –A deficiency in the children, however none of the AWCs in the State of Mizoram and very few (less than one tenth) AWCs in the states of Arunachal Pradesh, Nagaland and Uttar Pradesh were checking Vitamin –A deficiency. Majority (90%) of AWCs in the State of Chhattisgarh were checking oedema in children, however in most of North Eastern States (Arunachal Pradesh, Assam and Mizoram) in any of AWCs check up of oedema was not carried out.





• **Ante Natal Check Up of Pregnant Women**

There has been a provision under health check-up service of ICDS for complete physical and obstetrical examination of the expectant mothers at regular intervals. A minimum of four such examinations of mothers have to be done during pregnancy. Data concerning health check-up of pregnant women under ICDS are presented in **Table 2.31**.



Table 2.31:
Ante Natal Check-up provided to Pregnant Women*

States	Total No. of AWCs	Average Number of ANC given to Pregnant Women									
		One		Two		Three		Four		Five	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	15	0	0	0	0	8	53.33	7	46.67	0	-
Arunachal Pradesh	50	18	36	1	2	23	46	0	-	0	-
Assam	20	9	45	7	35	4	20	0	-	0	-
Bihar	55	4	7.27	5	9.09	30	54.55	1	1.82	0	-
Chhattisgarh	20	2	10	2	10	12	60	4	20	0	-
Delhi	25	0	-	0	-	8	32	7	28	10	40
Gujarat	15	3	20	0	-	5	33.33	2	13.33	4	26.67
Haryana	10	1	10	2	20	4	40	1	10	2	20

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Karnataka	134	0	-	3	2.24	20	14.93	49	36.57	61	45.52
Kerala	45	5	11.11	4	8.89	6	13.33	7	15.56	10	22.22
Madhya Pradesh	135	5	3.70	6	4.44	72	53.33	51	37.78	1	0.74
Maharashtra	15	2	13.33	2	13.33	8	53.33	2	13.33	1	6.67
Mizoram	5	5	100	0	-	0	-	0	-	0	-
Nagaland	45	30	66.67	1	2.22	5	11.11	1	2.22	0	-
Rajasthan	39	0	-	6	15.38	17	43.59	10	25.64	6	15.38
Uttar Pradesh	190	3	1.58	39	20.53	137	72.11	6	3.16	1	0.53
Total	818	87	10.64	78	9.54	359	43.89	148	18.09	96	11.74

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

The data on status of ante natal check of pregnant women shows that about little less than half (43.89%) of the AWCs conducted first ante natal check-up of pregnant women mostly in the third month of their pregnancy. Majority of the AWCs (50% and above) were found conducting ante- natal check up of pregnant women in the third month of their pregnancy in the states of Andhra Pradesh, Madhya Pradesh, Maharashtra, Bihar, Chhattisgarh and Uttar Pradesh. Though, in the state of Mizoram, all (100%) AWCs were found conducting ante- natal check up of pregnant women in the first month of their pregnancy respectively.

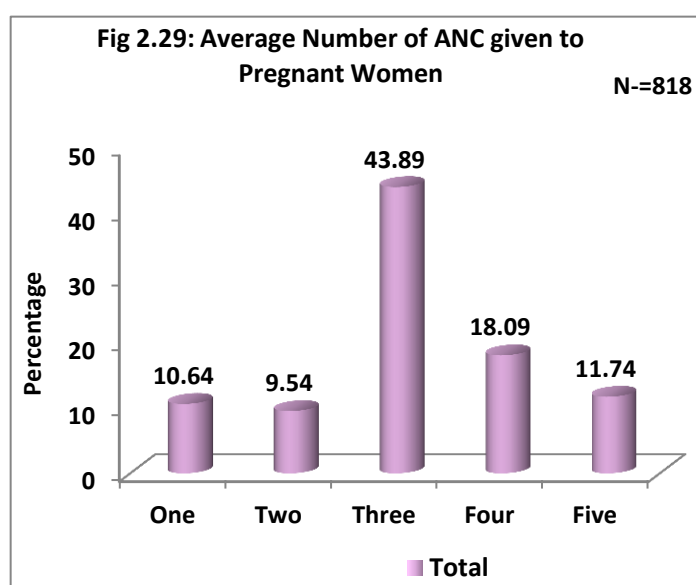


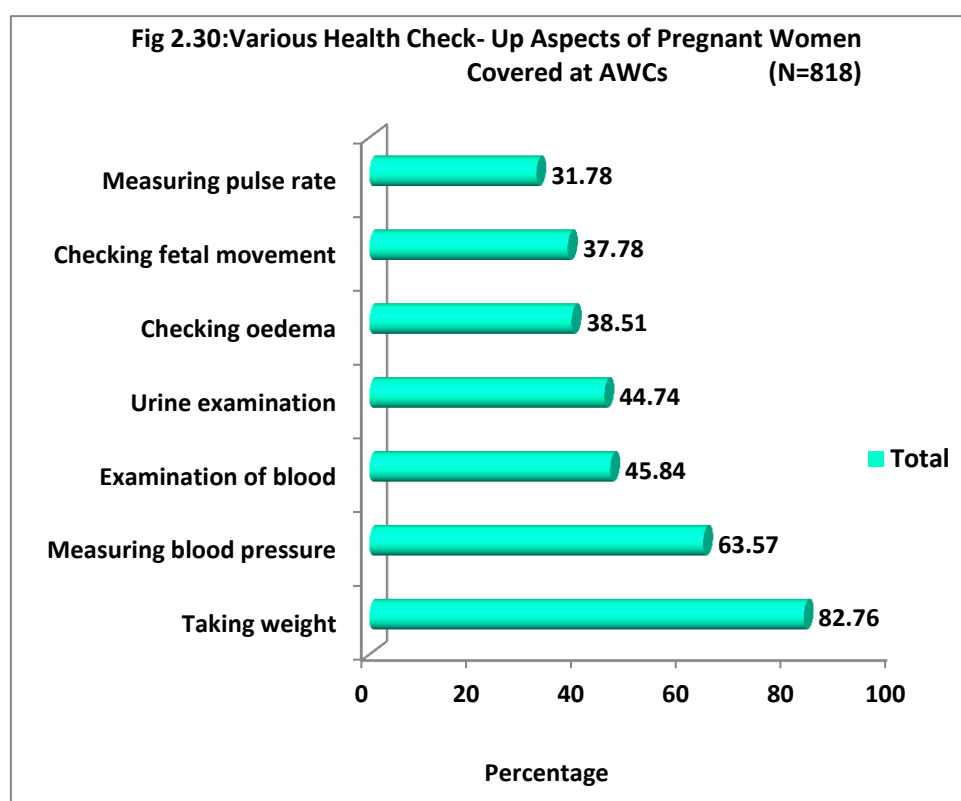
Table 2.32 (a):
Various Health Check-up aspects of Pregnant Women covered at AWCs

States	Total No. of AWCs	Taking weight		Measuring blood pressure		Urine examination		Examination of blood	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	15	100	11	73.33	11	73.33	12	80
Arunachal Pradesh	50	33	66	28	56	21	42	13	26
Assam	20	20	100	15	75	9	45	18	90
Bihar	55	33	60	25	45.45	11	20	2	3.64
Chhattisgarh	20	20	100	20	100	20	100	20	100
Delhi	25	25	100	15	60	15	60	14	56
Gujarat	15	12	80	8	53.33	4	26.67	5	33.33
Haryana	10	10	100	4	40	2	20	3	30
Karnataka	134	108	80.60	107	79.85	97	72.39	108	80.60
Kerala	45	32	71.11	28	62.22	13	28.89	13	28.89
Madhya Pradesh	135	125	92.59	114	84.44	81	60	82	60.74

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Maharashtra	15	15	100	11	73.33	11	73.33	10	66.67
Mizoram	5	5	100	5	100	5	100	4	80
Nagaland	45	34	75.56	34	75.56	24	53.33	14	31.11
Rajasthan	39	26	66.67	21	53.85	16	41.03	22	56.41
Uttar Pradesh	190	164	86.32	74	38.95	26	13.68	35	18.42
Total	818	677	82.76	520	63.57	366	44.74	375	45.84

It is evident from the above **Table 2.32(a)** that 82.76 per cent of AWCs were recording weight of Pregnant women, 63.57 per cent of AWCs were measuring blood pressure of Pregnant women, 46 per cent of AWCs were conducting blood examination of pregnant women and in about less than half (45%) of AWCs, urine examination of pregnant women was being conducted. All (100%) of AWCs in the States of Andhra Pradesh, Assam, Chhattisgarh, Delhi, Haryana, Maharashtra and Mizoram were taking weight of pregnant women. All (100%) of AWCs in the States of Chhattisgarh and Mizoram were measuring blood pressure of pregnant women. Urine examination of pregnant women has been done in all (100%) AWCs located in the States of Chhattisgarh and Mizoram. However, few (one fifth) of AWCs in the state of Bihar and Haryana were conducting urine examination of pregnant women. All (100%) of AWCs in the State of Chhattisgarh were conducting blood examination of pregnant women.



**Table 2.32 (b):
Various Health Check-up aspects of Pregnant Women covered at AWCs**

States	Total No. of AWCs	Measuring pulse rate		Checking oedema		Checking fetal movement	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	9	60	11	73.33	10	66.67
Arunachal Pradesh	50	9	18	7	14	16	32
Assam	20	13	65	5	25	12	60
Bihar	55	10	18.18	8	14.55	0	-
Chhattisgarh	20	20	100	20	100	20	100
Delhi	25	14	56	12	48	14	56
Gujarat	15	7	46.67	7	46.67	1	6.67
Haryana	10	4	40	5	50	3	30
Karnataka	134	34	25.37	34	25.37	47	35.07
Kerala	45	19	42.22	21	46.67	15	33.33
Madhya Pradesh	135	46	34.07	36	26.67	47	34.81
Maharashtra	15	7	46.67	5	33.33	4	26.67
Mizoram	5	1	20	1	20	1	20
Nagaland	45	9	20	6	13.33	6	13.33
Rajasthan	39	19	48.72	19	48.72	22	56.41
Uttar Pradesh	190	39	20.53	118	62.11	91	47.89
Total	818	260	31.78	315	38.51	309	37.78

The above **Table 2.32(b)** shows that 31.78 per cent of AWCs were measuring pulse rate of pregnant women, 38.51 per cent of AWCs were checking oedema in pregnant women and 37.78 per cent of AWCs were checking fetal movement of pregnant women. All (100%) AWCs in the states of Chhattisgarh were measuring pulse rate, checking oedema and checking fetal movement of pregnant women. However, few (one fifth and below) AWCs in the states of Mizoram, Nagaland and Arunachal Pradesh were measuring pulse rate of pregnant women. Most of the AWCs located in the state of Andhra Pradesh (73.33%) and Uttar Pradesh (62.11%) were checking oedema in pregnant women. More than half (50% and above) of AWCs in the States of Delhi, Rajasthan, Assam and Andhra Pradesh were checking fetal movement. However, none of the AWCs in the State of Bihar were checking fetal movement.

Nutrition and Health Education

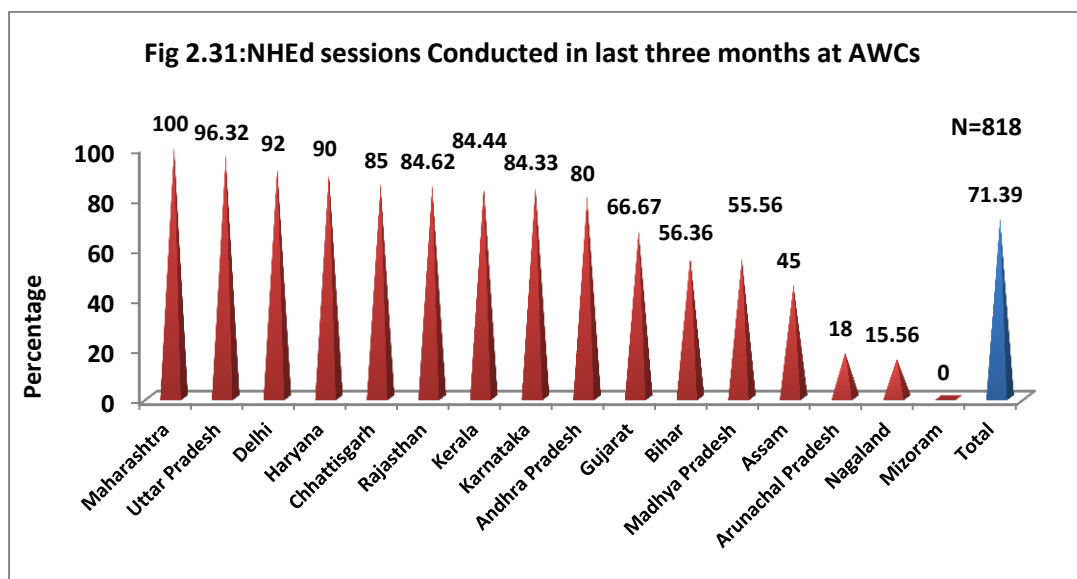
The nutrition and health education component of ICDS scheme aims at effective communication of certain basic health and nutrition messages with a view to enhancing the

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

Table 2.33:
AWCs conducted NHEd Sessions in last three months

States	Total No. of AWCs	No. of AWCs Conducted NHEd sessions in last three months	%
Andhra Pradesh	15	12	80
Arunachal Pradesh	50	9	18
Assam	20	9	45
Bihar	55	31	56.36
Chhattisgarh	20	17	85
Delhi	25	23	92
Gujarat	15	10	66.67
Haryana	10	9	90
Karnataka	134	113	84.33
Kerala	45	38	84.44
Madhya Pradesh	135	75	55.56
Maharashtra	15	15	100
Mizoram	5	0	-
Nagaland	45	7	15.56
Rajasthan	39	33	84.62
Uttar Pradesh	190	183	96.32
Total	818	584	71.39

It was found from the above **Table 2.33** that majority (71.39%) of AWCs conducted NHEd sessions in last three months. Though, all the AWCs (100%) in the State of Maharashtra were found organizing NHEd Sessions on various themes, however, none of the AWCs from the State of Mizoram and less than one fifth of AWCs from the states of Nagaland and Arunachal Pradesh were not conducting any NHEd Sessions.



- Topics Covered in NHEd**

AWWs were asked about topics covered during NHEd sessions. Data in this regard are presented in **Table 2.34**.

Table 2.34: Themes/Topics of NHEd Sessions

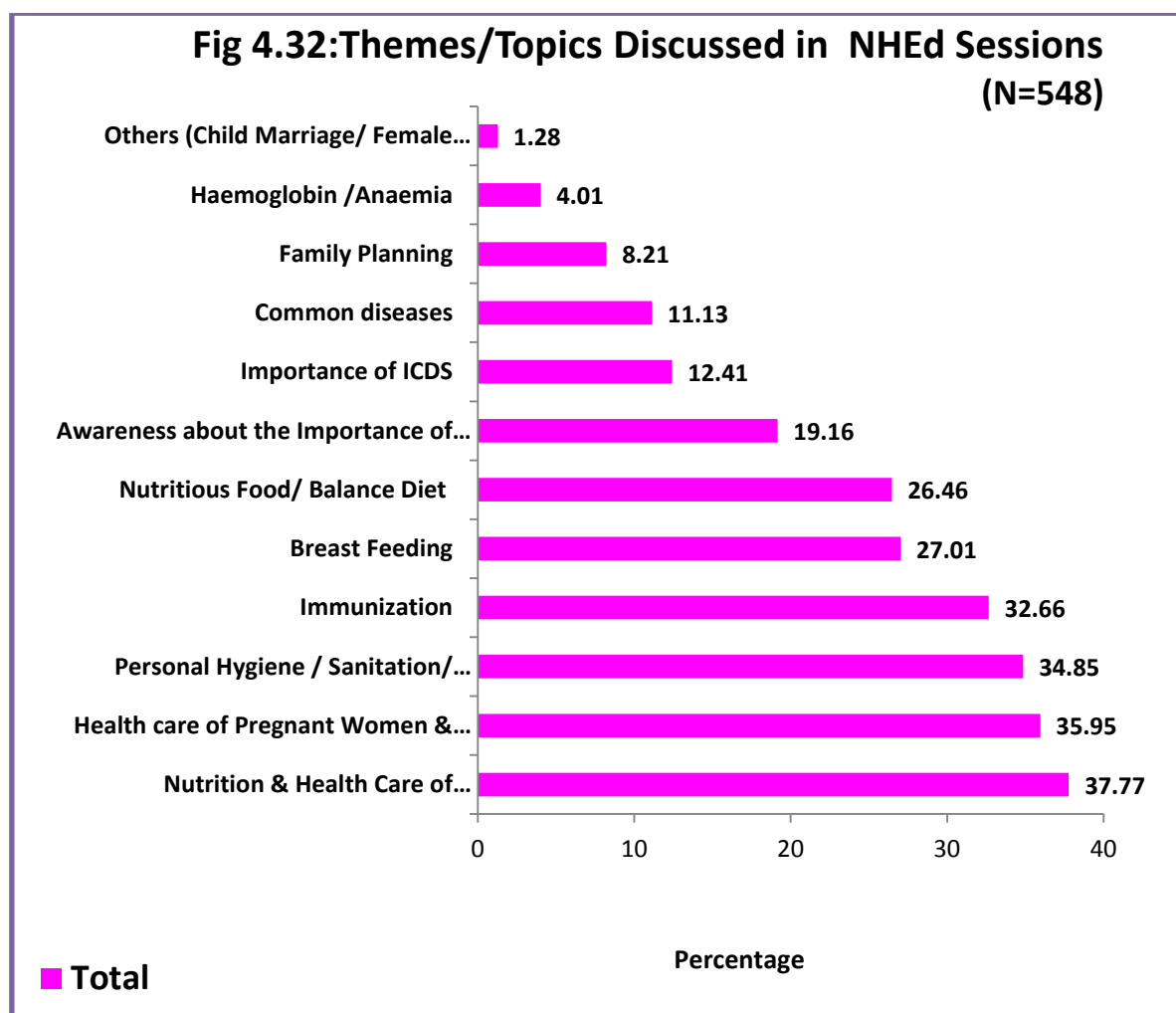
N= 548 (Multiple Response)

S.No.	Themes / Topics	No. of AWCs	%
1	Nutrition & Health Care of Infants/children	207	37.77
2	Haemoglobin /Anaemia	22	4.01
3	Personal Hygiene / Sanitation/ environmental hygiene	191	34.85
4	Health care of Pregnant Women & Adolescent girls	197	35.95
5	Immunization	179	32.66
6	Common diseases	61	11.13
7	Family Planning	45	8.21
8	Importance of ICDS	68	12.41
9	Awareness about the Importance of Vitamins	105	19.16
10	Breast Feeding	148	27.01
11	Nutritious Food/ Balance Diet	145	26.46

12	Others (Child Marriage/ Female Foeticide)	7	1.28
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It is evident from the above **Table 2.34** that most discussed topics during NHEd sessions were Nutrition and Health care of Infants/ Children (37.77%) followed by Health care of Pregnant Women & Adolescent girls (35.95%), personal hygiene/sanitation/environmental hygiene (34.85%) and Immunization(32.66%), The NHEd areas which had been reported of receiving comparatively lesser attention were Breast Feeding (27%), Nutritious Food & Balance Diet (26.46%), awareness about the Importance of Vitamins 19.16 per cent, Importance of ICDS(12.41%), common diseases (11.13%), Family planning (8.21%), respectively.



Non-Formal Pre-School Education

Non formal Pre School Education component of ICDS is a very crucial component of package of services as it is directed towards providing and ensuring a natural, joyful and

stimulating environment with emphasis on necessary inputs for optimal growth and development. This early learning component of ICDS is a significant input for providing a sound foundation for lifelong learning and development. The pre-school education component was assessed on the basis of programme planning, attendance of children, availability of facilities in the form of aids and materials, availability of PSE kit etc.

- **Enrollment of Children**

Data concerning enrollment of children in pre-school activities under ICDS are presented in **Table 2.35**.

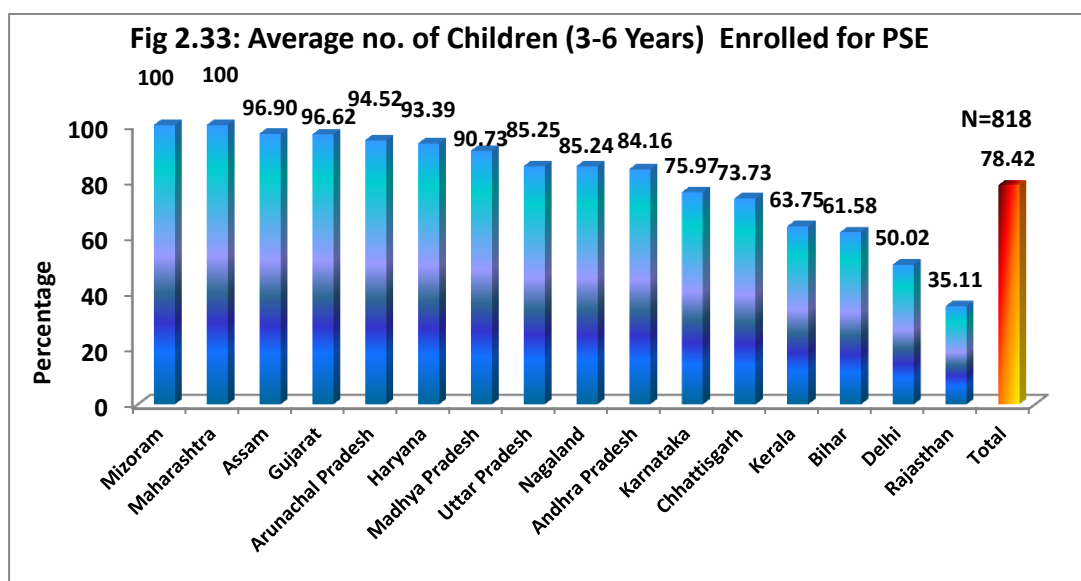
Table 2.35:
Number of Children Enrolled in Pre-School Education

States	Total No. of AWCs	Total Population of Children 3-6 Years in AWC Area	No. of Children Enrolled for PSE	
			N	%
Andhra Pradesh	15	682	574	84.16
Arunachal Pradesh	50	796	790	99.25
Assam	20	741	718	96.90
Bihar	55	3342	2058	61.58
Chhattisgarh	20	746	550	73.73
Delhi	25	2663	1332	50.02
Gujarat	15	798	771	96.62
Haryana	10	545	509	93.39
Karnataka	134	4423	3360	75.97
Kerala	45	1622	1034	63.75
Madhya Pradesh	135	7444	6754	90.73
Maharashtra	15	645	645	100
Mizoram	5	133	133	100
Nagaland	45	935	797	85.24
Rajasthan	39	2535	890	35.11
Uttar Pradesh	190	15811	13479	85.25
Total	818	43861	34394	78.42

The data as presented in **Table 2.35** shows that altogether more than three-fourth (78.42%) of children of the total population (3-6 years) are enrolled in for availing pre-school education inputs under ICDS. All (100%) children from the state of Maharashtra and Mizoram were enrolled in PSE. Sizeable number of children (more than 80%) from the States of Andhra Pradesh (84.16%), , Nagaland & Uttar Pradesh 85.24% & 85.25% Madhya Pradesh (90.73%), Haryana (93.39%), Gujarat (96.62%) Assam (96.90%) and Arunachal Pradesh (99.25%) were availing the benefits of pre schooling under ICDS. In the state of

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Rajasthan only 35.11 per cent of total children have been enrolled in pre schooling under ICDS. In altogether seven of the states namely Madhya Pradesh, Haryana, Gujarat, Assam, Arunachal Pradesh, Maharashtra and Mizoram impressive numbers of children (3-6 years) of the area were enrolled in AWCs.



- **Number of Children Attending PSE Activities**

Table 2.36:
Number of Children Attending PSE Sessions

States	Total No. of AWCs	Enrolment		
		No. of Children Enrolled for PSE	No. of Children Attending PSE	%
Andhra Pradesh	15	574	273	47.56
Arunachal Pradesh	50	790	600	75.95
Assam	20	718	611	85.10
Bihar	55	2058	1147	55.73
Chhattisgarh	20	550	404	73.45
Delhi	25	1332	464	34.83
Gujarat	15	771	413	53.57
Haryana	10	509	184	36.15
Karnataka	134	3360	2694	80.18
Kerala	45	1034	784	75.82
Madhya Pradesh	135	6754	3096	45.84
Maharashtra	15	645	459	71.16
Mizoram	5	133	114	85.71
Nagaland	45	797	713	89.46

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Rajasthan	39	890	601	67.53
Uttar Pradesh	190	13479	6361	47.19
Total	818	34394	18918	55

The above **Table 2.36** reveals that about little more than half (55%) of enrolled children were attending pre-school education activities at the AWCs. Significant (more than 80% and above) number of children from the States of Nagaland, Mizoram, Assam and Karnataka were found attending pre-school education activities. The situation needs improvement in the State of Delhi (34.83%), Haryana (36.15%), Madhya Pradesh (45.84%) and Uttar Pradesh (47.19%) where children enrolled were found attending pre-school education.

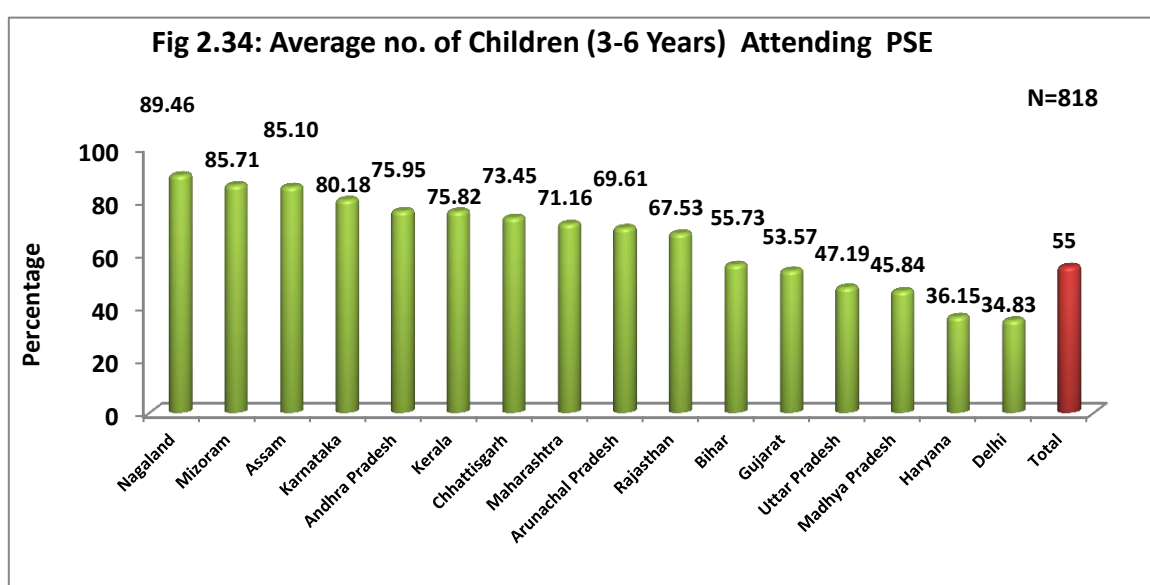


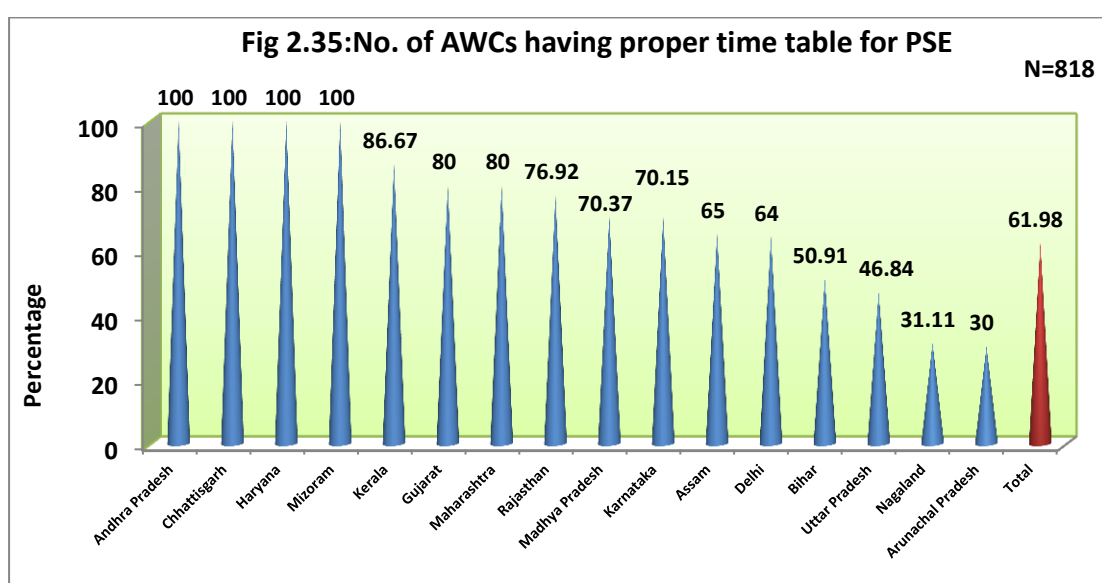
Table 2.37:
AWCs having proper time table for PSE

States	Total No. of AWCs	No. of AWCs having proper time table for PSE	
		N	%
Andhra Pradesh	15	15	100
Arunachal Pradesh	50	15	30
Assam	20	13	65
Bihar	55	28	50.91
Chhattisgarh	20	20	100
Delhi	25	16	64
Gujarat	15	12	80
Haryana	10	10	100
Karnataka	134	94	70.15
Kerala	45	39	86.67
Madhya Pradesh	135	95	70.37

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Maharashtra	15	12	80
Mizoram	5	5	100
Nagaland	45	14	31.11
Rajasthan	39	30	76.92
Uttar Pradesh	190	89	46.84
Total	818	507	61.98

The data from above **Table 2.37** depicts that about 62 per cent of AWCs were observing Programme Planning of PSE. Though, all AWCs (100%) in the States of Andhra Pradesh, Chhattisgarh, Haryana and Mizoram were found of adopting proper time table for PSE, however only 30 per cent and 31.11 per cent of them in the States of Arunachal Pradesh and Nagaland were having proper programme planning for PSE.



- **Availability of Pre School Material**

The PSE material like resting frames, papers, beads, free conversation charts, blocks, festival dolls, folk toys, picture books etc have a great deal of pre-school educational possibilities. Data concerning availability of such material in AWCs are presented in **Table 2.38**.

Table 2.38:
AWCs having Adequate and Appropriate availability of PSE material

States	Total No. of AWCs	No. of AWCs having Adequate and Appropriate availability of PSE material	
		N	%
Andhra Pradesh	15	1	6.67
Arunachal Pradesh	50	17	34
Assam	20	13	65

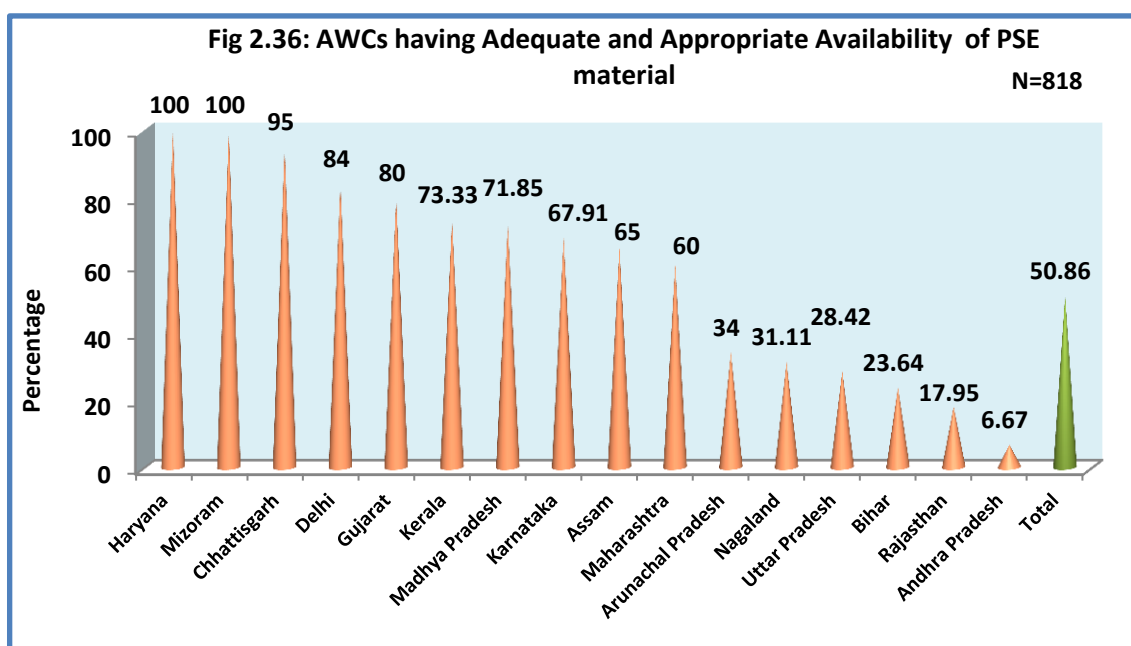
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Bihar	55	13	23.64
Chhattisgarh	20	19	95
Delhi	25	21	84
Gujarat	15	12	80
Haryana	10	10	100
Karnataka	134	91	67.91
Kerala	45	33	73.33
Madhya Pradesh	135	97	71.85
Maharashtra	15	9	60
Mizoram	5	5	100
Nagaland	45	14	31.11
Rajasthan	39	7	17.95
Uttar Pradesh	190	54	28.42
Total	818	416	50.86

*Note: In rest of the AWCs, adequate availability of PSE Material was not reported



The data as contained in **Table 2.38** shows that availability of adequate PSE material has been observed in about half 50.86 per cent of AWCs. All (100%) of AWCs in the States of Haryana and Mizoram had adequate PSE material. Significant number (80% and above) of AWCs from the States of Chhattisgarh (95%), Delhi (84%) and Gujarat (80%) were having adequate availability of PSE material. On the other hand, many of the AWCs from the States of Andhra Pradesh, Rajasthan, Bihar, Uttar Pradesh, Nagaland and Arunachal Pradesh were found lacking the adequate availability of PSE material that was only 6.67 per cent, 17.95 per cent, 23.64 per cent, 28.42 per cent, 31.11 per cent and 34 per cent respectively.



Availability of PSE Kit

MWCD, GOI has made provision for supply of PSE kit in each AWC. As per financial provision contained in MWCD office order 1-8/2012 –CD-1 dated 22nd October, 2012, the PSE kit has to be provided for all operational AWCs in the States/UTs @Rs 3000/- per AWC per annum and @ RS 1500/- per mini AWCs per annum. The States/UTs may consult experts of ECE, SCERTs for finalization of items in the PSE kit. The constitution of the kit may vary from State to State and even within State/UTs keeping in view the specific local needs and resources. The PSE kit may be supplemented by involving local community and other stakeholders through voluntary efforts in establishment of toy banks, libraries for kids etc using locally available resources. Data about supply of PSE kit are presented in **Table 2.40**.



Table 2.39: AWCs having Adequate and Appropriate availability of PSE Kit

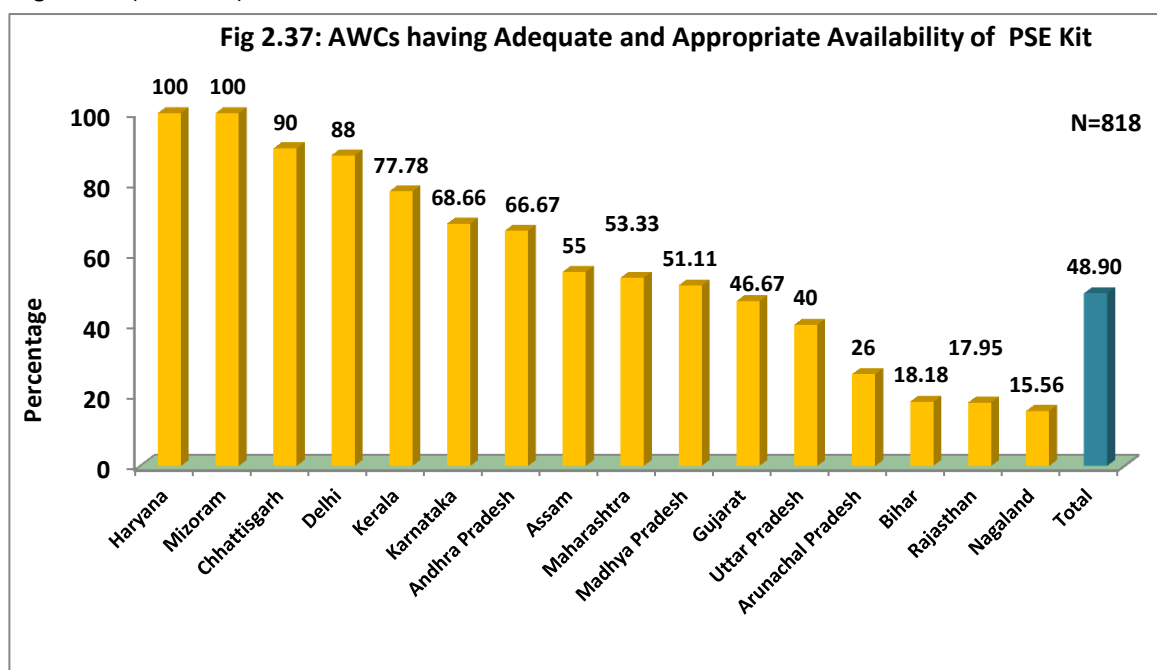
States	Total No. of AWCs	No of AWCs having Adequate and Appropriate availability of PSE Kit	
		N	%
Andhra Pradesh	15	10	66.67
Arunachal Pradesh	50	13	26
Assam	20	11	55
Bihar	55	10	18.18
Chhattisgarh	20	18	90
Delhi	25	22	88
Gujarat	15	7	46.67
Haryana	10	10	100
Karnataka	134	92	68.66

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Kerala	45	35	77.78
Madhya Pradesh	135	69	51.11
Maharashtra	15	8	53.33
Mizoram	5	5	100
Nagaland	45	7	15.56
Rajasthan	39	7	17.95
Uttar Pradesh	190	76	40
Total	818	400	48.90

*Note: In rest of the AWCs, supply of PSE Kit was not reported

It was found from the above **table 2.39** that about 49 per cent of AWCs were having adequate availability of PSE Kit for children. Though, all AWCs (100%) in the States of Haryana and Mizoram and majority of AWCs (more than 85%) in the states of Chhattisgarh and Delhi were found having availability of PSE Kit, however, the availability of PSE Kit was found in few AWCs in the state of Arunachal Pradesh (26%), Rajasthan (17.95%) and Nagaland (15.56%).



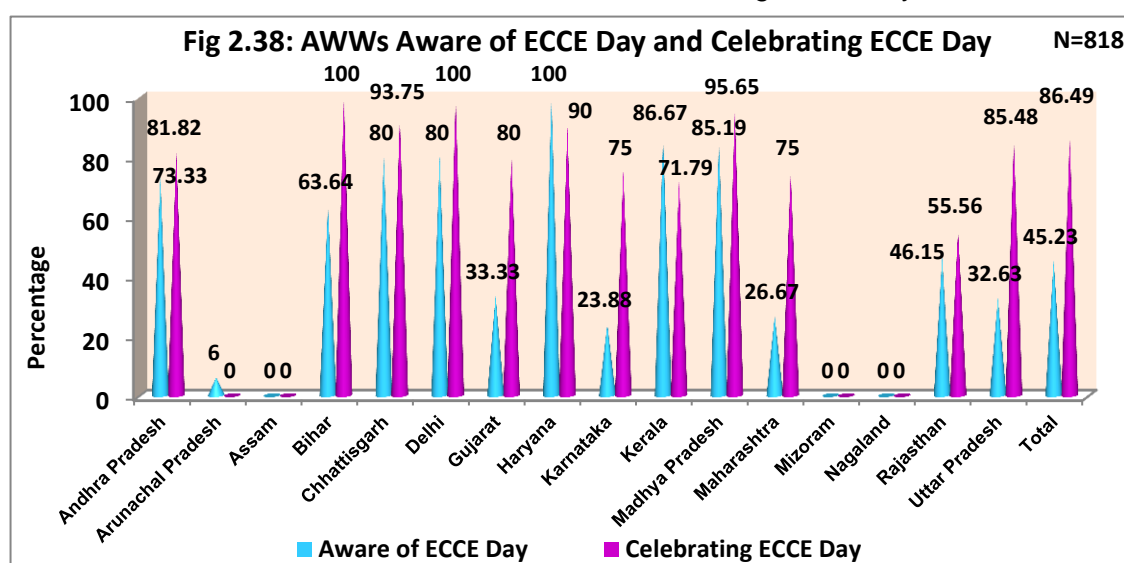
Celebration of ECCE Day

As per MWCD Office Order no 1-6/2013 –ECCE dated 5th August, 2013, the fixed Monthly ECCE Day is to be organized once every month at the AWC. The organization of fixed Monthly ECCE Day provides a platform for interface between the Anganwadi Worker and the parents/community. The Fixed Monthly ECCE Day also facilitates involvement of parents and community in the early childhood care and education of children and establish the partnerships for optimum development of the young child. All the children attending the Anganwadi Centre, and preferably all other children in the age group of 0-6 years in the community and their parents have to participate in the Fixed Monthly ECCE Day. The data showing awareness of AWWs on organization of ECCE Day and celebrating ECCE day in AWCs located in high burden districts are presented in **Table 2.40**.

Table 2.40:
Celebrating ECCE Day

States	Total No. of AWWs	No. of AWWs Aware of ECCE Day		No. of AWWs celebrating ECCE Day	
		N	%	N	%
Andhra Pradesh	15	11	73.33	9	81.82
Arunachal Pradesh	50	3	6	0	-
Assam	20	0	-	0	-
Bihar	55	35	63.64	35	100
Chhattisgarh	20	16	80	15	93.75
Delhi	25	20	80	20	100
Gujarat	15	5	33.33	4	80
Haryana	10	10	100	9	90
Karnataka	134	32	23.88	24	75
Kerala	45	39	86.67	28	71.79
Madhya Pradesh	135	115	85.19	110	95.65
Maharashtra	15	4	26.67	3	75
Mizoram	5	0	-	0	-
Nagaland	45	0	-	0	-
Rajasthan	39	18	46.15	10	55.56
Uttar Pradesh	190	62	32.63	53	85.48
Total	818	370	45.23	320	86.49

It is evident from **Table 2.40** that 45.23 per cent of AWWs were found aware about different aspects of celebration of ECCE day. However, those AWWs who were aware about it, majority of them (86.49%) were found celebrating ECCE day. All of the AWWs (100%) from the States of Haryana were found celebrating ECCE day. The situation needs improvement in many States (Assam, Mizoram and Nagaland) where none of the AWWs were found aware and celebrating ECCE day. In the state of Arunachal Pradesh 6 per cent of AWWs were found aware but none of them were celebrating ECCE day.



• **Preparation of Low Cost TLM**

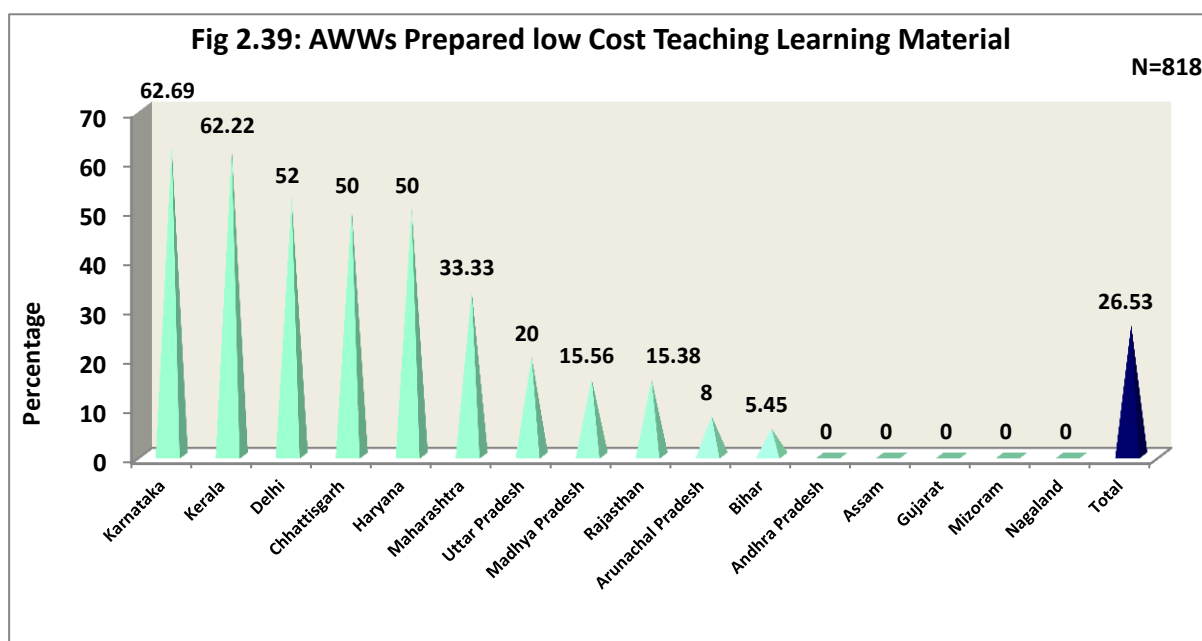
The materials and equipments to be used in Anganwadi for non-formal pre-school activities needs to be of indigenous in origin, designed and made by the Anganwadi workers or local artisans, and inexpensive. Dependency upon non-indigenous play equipments should be minimised and emphasis should be on the improvisation of materials from local resources. Anganwadi workers should play a leading role in designing and making of these materials. Materials like sand, cotton, clay, seeds, leaves, twigs, water etc. have immense possibilities. Slides, sandpits, resting frames, crayon and brush, drawings and paintings, paper cuttings, beads etc. have been found to be more popular with pre-school children than sophisticated dolls, toys and other equipments. The traditional festival dolls and folk toys have a great deal of educational possibilities but have largely remained untapped so far. Similarly, picture books are of great interest and importance to young children. They develop reading interests in children and facilitate their language development. Data in this regard are presented in **Table 2.41**.

Table 2.41:
AWWs prepared low cost Teaching Learning Material

States	Total No. of AWWs	AWWs prepared low cost Teaching Learning Material	
		N	%
Andhra Pradesh	15	0	-
Arunachal Pradesh	50	4	8
Assam	20	0	-
Bihar	55	3	5.45
Chhattisgarh	20	10	50
Delhi	25	13	52
Gujarat	15	0	-
Haryana	10	5	50
Karnataka	134	84	62.69
Kerala	45	28	62.22
Madhya Pradesh	135	21	15.56
Maharashtra	15	5	33.33
Mizoram	5	0	-
Nagaland	45	0	-
Rajasthan	39	6	15.38
Uttar Pradesh	190	38	20
Total	818	217	26.53

*Note: In rest of the AWCs, low cost Teaching Learning was not being prepared by AWWs

The average of all study States reveals that only little more than one fourth (26.53%) of AWWs have prepared the low cost teaching and learning material for use in conducting pre-school education sessions. The state specific observations shows that while 50% and above AWWs from the States of Chhattisgarh & Haryana (50% each), Delhi (52%), Karnataka & Kerala (62%) were found of preparing low cost teaching learning material, however, the situation was found worst in many States including the States of Andhra Pradesh, Assam, Gujarat, Mizoram, Nagaland, Madhya Pradesh and Rajasthan where either none or less than one fifth of AWWs were found preparing low cost teaching learning material for children.



Organisation of Nature Walk

Taking nature walks for children is a good way to observe nature .It helps them learn science and understand the world around them. The children learn a lot on the walk and have a lot of fun while doing it. Programme planning of PSE has an in built component of organising nature walk. Data in this respect is presented in **Table 2.42**.

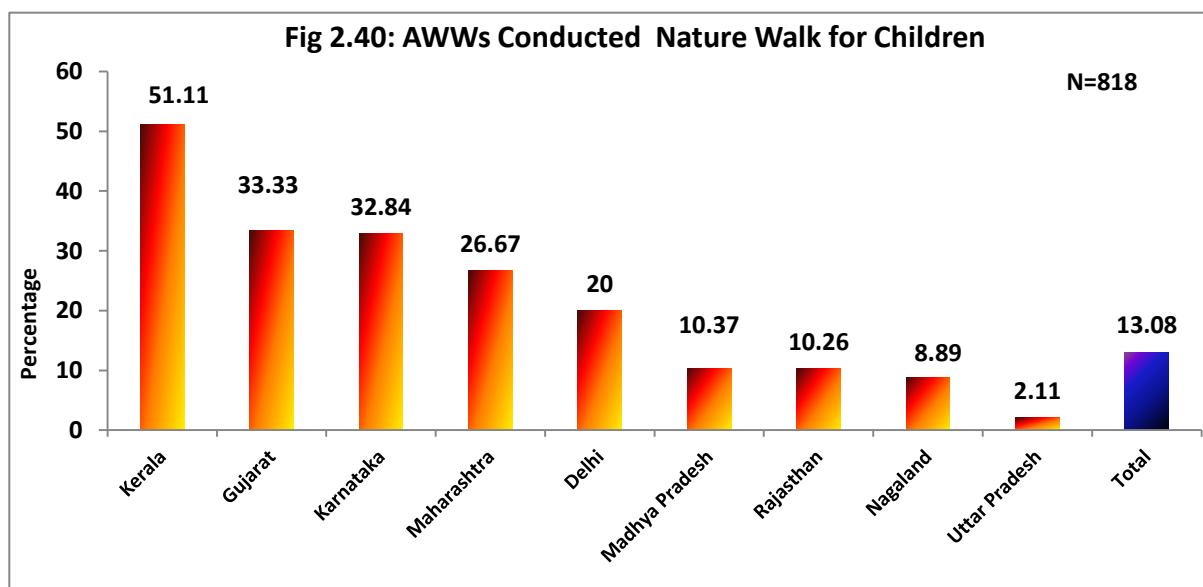
Table 2.42: AWWs conducted Nature walk for Children

States	Total No. of AWWs	AWWs conducted Nature walk for children	
		N	%
Andhra Pradesh	15	0	-
Arunachal Pradesh	50	0	-

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Assam	20	0	-
Bihar	55	0	-
Chhattisgarh	20	0	-
Delhi	25	5	20
Gujarat	15	5	33.33
Haryana	10	0	-
Karnataka	134	44	32.84
Kerala	45	23	51.11
Madhya Pradesh	135	14	10.37
Maharashtra	15	4	26.67
Mizoram	5	0	-
Nagaland	45	4	8.89
Rajasthan	39	4	10.26
Uttar Pradesh	190	4	2.11
Total	818	107	13.08

The average of all study States reveals that little less than one fifth (13.08%) of AWWs were found organizing nature walk for children. The state specific observations shows that except Kerala (51.11%) either none (Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Haryana & Mizoram) or negligible proportion of AWWs from the rest of the States were organising nature walk for children and thus needs particular attention in this direction.





Personal Profile and Training Status of ICDS Functionaries

Personal Profile and Training Status of ICDS Functionaries

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

Educational Background of AWWs

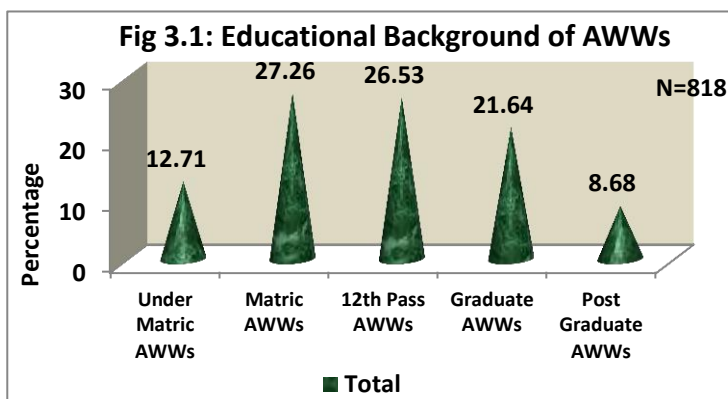
Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. Educational background of AWW receives much significance, especially when she is expected to carry out multidimensional tasks, either directly or indirectly related with ICDS, within stipulated time frame. Data in this regard are presented in **Table 3.1**.

Table 3.1:
Educational Background of AWWs

States	No. of AWWs	Under Matric AWWs		Matric AWWs		12th Pass AWWs		Graduate AWWs		Post Graduate AWWs	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	15	0	0	9	60	3	20	2	13.33	0	-
Arunachal Pradesh	50	28	56	14	28	6	12	1	2	0	-
Assam	20	1	5	3	15	10	50	3	15	0	-
Bihar	55	1	1.82	15	27.27	26	47.27	7	12.73	0	-
Chhattisgarh	20	0	-	0	-	7	35	10	50	1	5
Delhi	25	0	-	8	32	6	24	8	32	3	12
Gujarat	15	3	20	6	40	2	13	4	27	0	-
Haryana	10	1	10	2	20	3	30	4	40	0	-
Karnataka	134	5	3.73	81	60.45	36	26.87	11	8.21	1	0.75
Kerala	45	1	2.22	17	37.78	20	44.44	3	6.67	2	4.44
Madhya Pradesh	135	21	15.56	23	17.04	38	28.15	29	21.48	21	15.56
Maharashtra	15	2	13.33	3	20	4	26.67	6	40	0	-
Mizoram	5	4	80	1	20	0	-	0	-	0	-
Nagaland	45	26	57.78	13	28.89	2	4.44	4	8.89	0	-
Rajasthan	39	10	25.64	11	28.21	6	15.38	8	20.51	4	10.26
Uttar Pradesh	190	1	0.53	17	8.95	48	25.26	77	40.53	39	20.53
Total	818	104	12.71	223	27.26	217	26.53	177	21.64	71	8.68

*Note: Total may not come to the hundred per cent because rest of AWWs were illiterate

It can be observed from **Table 3.1** that so far as educational background of AWWs is concerned, it was found that 12.71 per cent of AWWs were below metric and little less than one third of AWWs were Metric (27.26%) pass. About 26.53 per cent of AWWs were 12th pass. Little more than one fifth (21.64%) of AWWs were also found Graduate and 8.68 per cent of AWWs as Post Graduate.



Though, in the State of Andhra Pradesh and Karnataka 60 per cent (each) of AWWs were found metric. Maximum number (80%) of the AWWs was found below metric in the state of Mizoram. Half (50%) AWWs were found Graduate in the States of Chhattisgarh, followed by (40% each) in the states of Uttar Pradesh, Maharashtra and Haryana. One fifth of the AWWs were found Post Graduate in the state of Uttar Pradesh followed by Madhya Pradesh (15.56%), Delhi (12%), Rajasthan (10.26%) and Chhattisgarh (5%) respectively.

Appointment Status of ICDS Functionaries

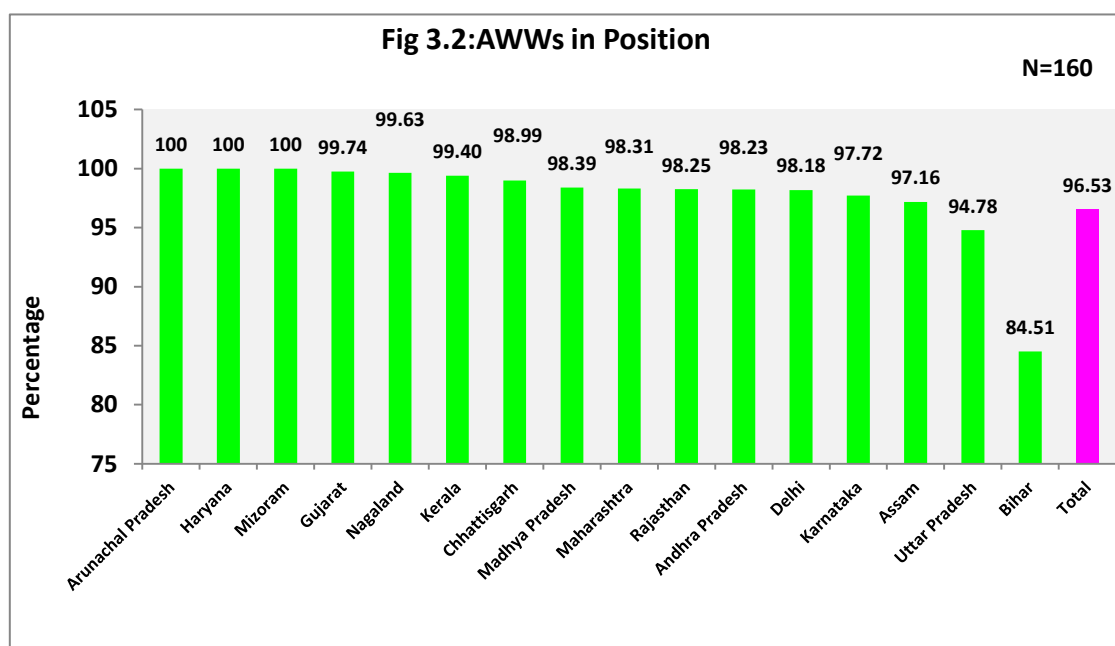
For effective implementation of ICDS programme, the sanctioned number of posts of ICDS functionaries needs to be filled up. Data in respect of filling up of the sanctioned number of posts of AWWs are presented in **Table 3.2**.

Table 3.2
Appointment Status of Anganwadi Workers

States	Total No. of ICDS Projects	Sanctioned No. of AWWs	No. of AWWs in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	3	621	610	98.23	11	1.77
Arunachal Pradesh	10	766	766	100	0	-
Assam	4	1058	1028	97.16	30	2.84
Bihar	11	2021	1708	84.51	313	15.49
Chhattisgarh	4	991	981	98.99	10	1.01
Delhi	5	604	593	98.18	11	1.82
Gujarat	3	381	380	99.74	1	0.26
Haryana	2	397	397	100	0	-
Karnataka	25	7360	7192	97.72	168	2.28
Kerala	9	1325	1317	99.40	8	0.60
Madhya Pradesh	27	5581	5491	98.39	90	1.61
Maharashtra	3	592	582	98.31	10	1.69
Mizoram	1	83	83	100	0	-
Nagaland	9	547	545	99.63	2	0.37
Rajasthan	6	970	953	98.25	17	1.75
Uttar Pradesh	38	7848	7438	94.78	410	5.22
Total	160	31145	30064	96.53	1081	3.47

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The above **Table 3.2** shows that appointment status of AWWs was found satisfactory about 96.53 per cent of them found in position. All (100%) the AWWs from the state Arunachal Pradesh, Haryana and Mizoram were found in position. Significant number 98 per cent and above of AWWs in the States of Delhi, Andhra Pradesh, Rajasthan, Maharashtra, Madhya Pradesh, Chhattisgarh, Kerala, Nagaland and Gujarat were found in position. However, the situation in the state of Bihar needs improvement as 15.49 per cent of Posts of AWWs were found lying vacant.



Data in respect of filling up of the sanctioned number of posts of ICDS Supervisors are presented in **Table3.3**.

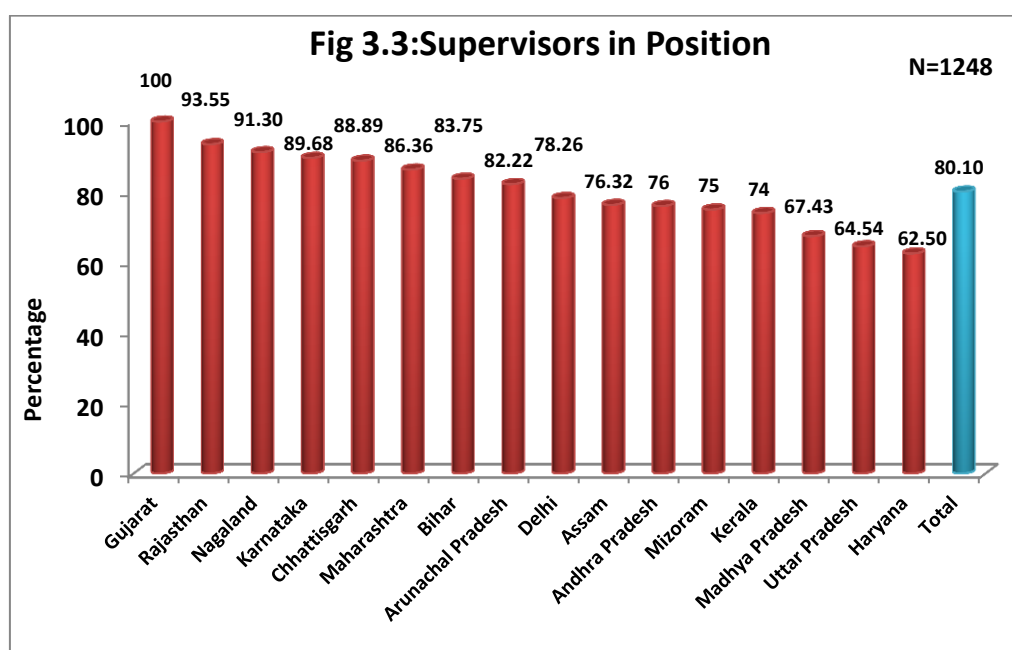
Table 3.3:
Appointment Status of ICDS Supervisors

States	Total No. of ICDS Projects	Sanctioned No. of Supervisors	No. of Supervisors in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	3	25	19	76	6	24
Arunachal Pradesh	10	45	37	82.22	8	17.78
Assam	4	38	29	76.32	9	23.68
Bihar	11	80	67	83.75	13	16.25
Chhattisgarh	4	36	32	88.89	4	11.11
Delhi	5	23	18	78.26	5	21.74
Gujarat	3	16	16	100	0	-
Haryana	2	16	10	62.50	6	37.50

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Karnataka	25	649	582	89.68	67	10.32
Kerala	9	50	37	74	13	26
Madhya Pradesh	27	218	147	67.43	71	32.57
Maharashtra	3	22	19	86.36	3	13.64
Mizoram	1	4	3	75	1	25
Nagaland	9	23	21	91.30	2	8.70
Rajasthan	6	31	29	93.55	2	6.45
Uttar Pradesh	38	282	182	64.54	100	35.46
Total	160	1558	1248	80.10	310	19.90

The **Table 3.3** depicts that about one fifth posts (19.90%) of ICDS supervisors were found lying vacant. The vacant position of Supervisors was found much higher in Haryana (37.50%) followed by UP (35.46%) and Madhya Pradesh (32.57%). However, All(100%) the Supervisors were found in position in the state of Gujarat, significant number (more than 85%) of the supervisors were found in position in the States of Arunachal Pradesh (82.22%), Bihar (83.75%), Maharashtra (86.36%), Chhattisgarh (88.89%), Karnataka (89.68%) and Nagaland (91.30%).

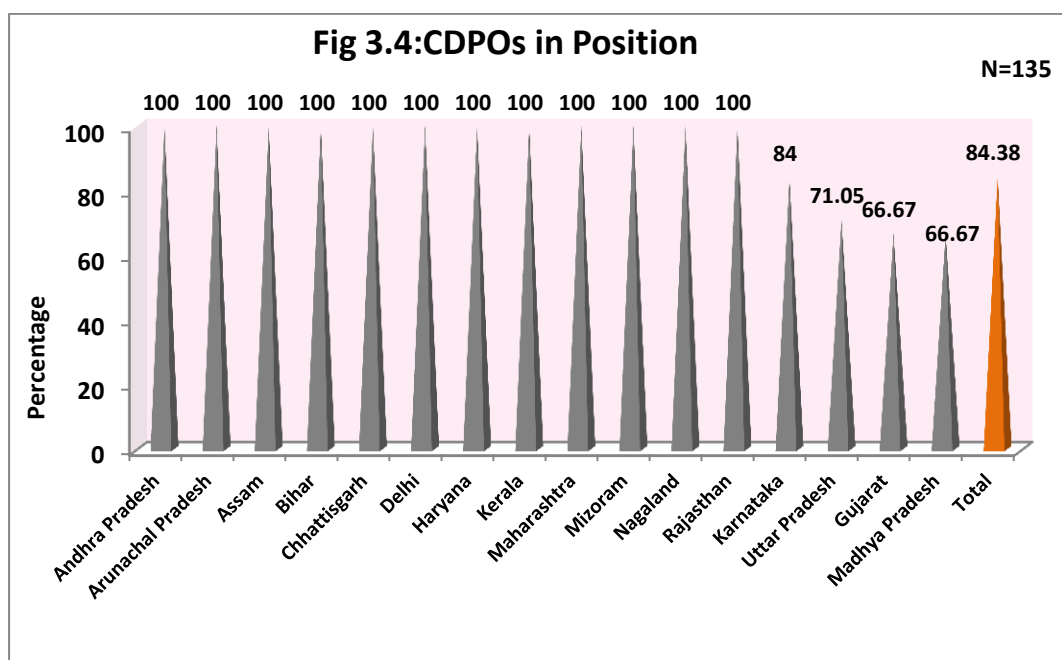


Data in respect of filling up of the sanctioned number of posts of ICDS CDPOs are presented in **Table 3.4**.

Table 3.4:
Appointment Status of ICDS CDPOs

States	Total No. of ICDS Projects	Sanctioned No. of CDPOs	No. of CDPOs in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	3	3	3	100	0	-
Arunachal Pradesh	10	10	10	100	0	-
Assam	4	4	4	100	0	-
Bihar	11	11	11	100	0	-
Chhattisgarh	4	4	4	100	0	-
Delhi	5	5	5	100	0	-
Gujarat	3	3	2	66.67	1	33.33
Haryana	2	2	2	100	0	-
Karnataka	25	25	21	84	4	16
Kerala	9	9	9	100	0	-
Madhya Pradesh	27	27	18	66.67	9	33.33
Maharashtra	3	3	3	100	0	-
Mizoram	1	1	1	100	0	-
Nagaland	9	9	9	100	0	-
Rajasthan	6	6	6	100	0	-
Uttar Pradesh	38	38	27	71.05	11	28.95
Total	160	160	135	84.38	25	15.63

Similarly, it is evident from **Table 3.4** that though none of the CDPOs post was found vacant in the States of Andhra Pradesh, Arunachal Pradesh, Assam Chhattisgarh, Delhi, Haryana, Kerala, Maharashtra, Mizoram, Nagaland, and Rajasthan. However, one third of the posts were found vacant in the States of Gujarat and MP (33.33%each) followed by Uttar Pradesh (28.95%), 16 per cent of posts were found lying vacant in the state of Karnataka.



Training of ICDS Functionaries



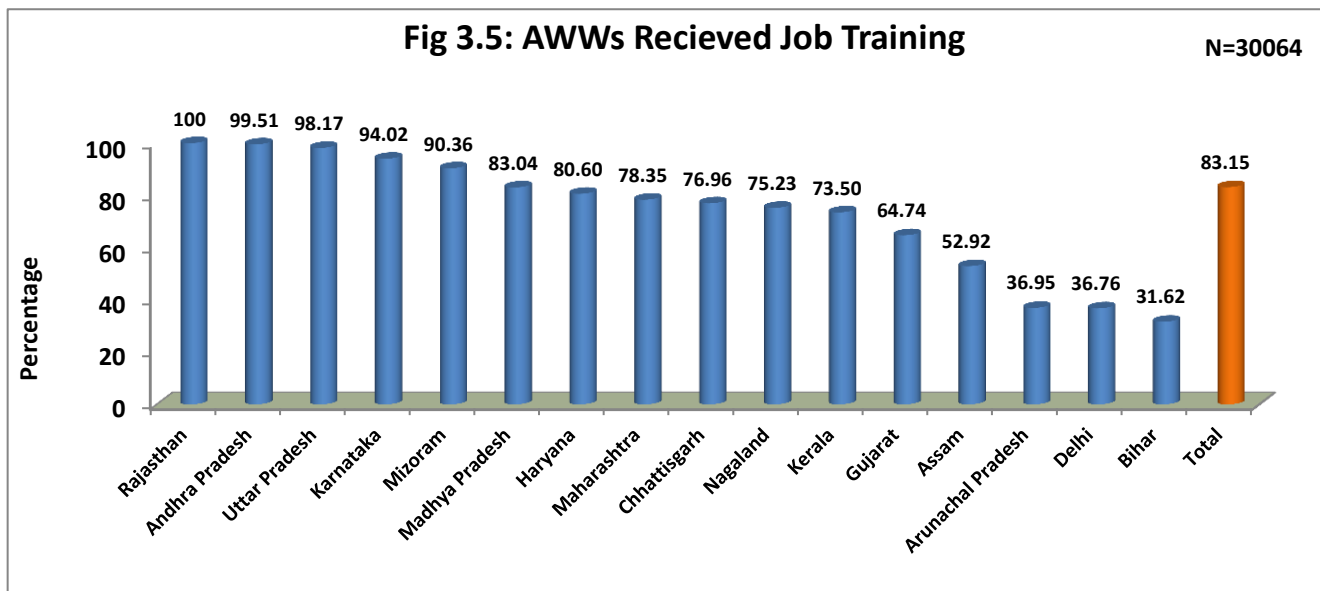
Under Comprehensive Training Strategy of ICDS, all categories of ICDS functionaries are required to undergo Job Training Course (JTC) with the broad objectives to make them understand their role in implementation of the scheme and to enable them to develop appropriate skills necessary for implementation 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 to Table 3.7.**

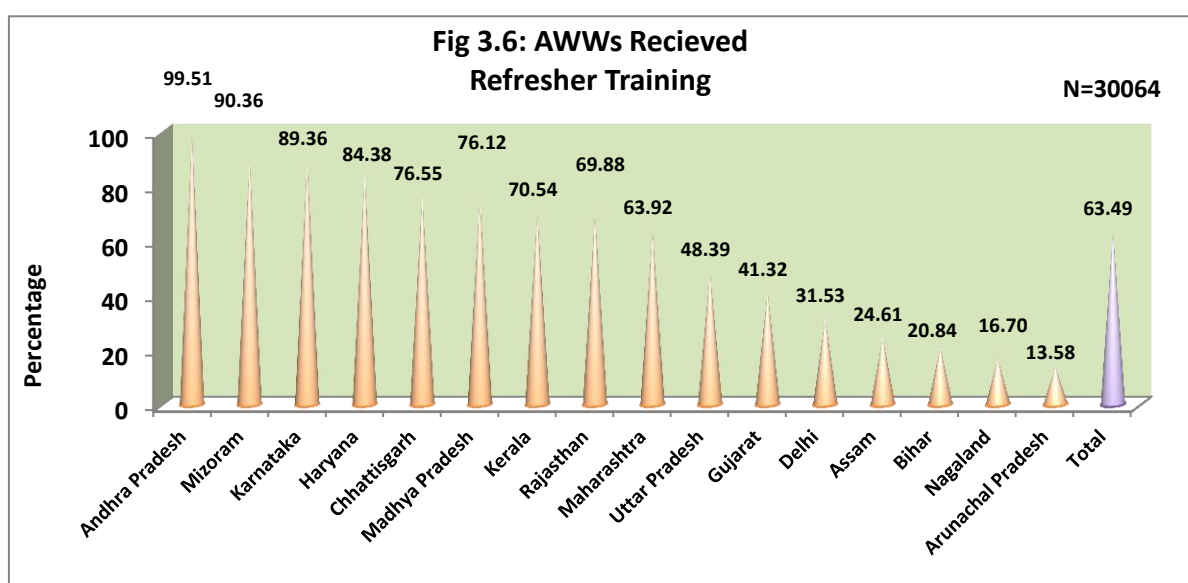
Table 3.5:
AWWs Received Job and Refresher Training

States	Total No. of ICDS Projects	No. of AWWs in position	No. of AWWs received Job Training		No. of AWWs received Refresher Training during last two years	
			No.	%	No.	%
Andhra Pradesh	3	610	607	99.51	607	99.51
Arunachal Pradesh	10	766	283	36.95	104	13.58
Assam	4	1028	544	52.92	253	24.61
Bihar	11	1708	540	31.62	356	20.84
Chhattisgarh	4	981	755	76.96	751	76.55
Delhi	5	593	218	36.76	187	31.53
Gujarat	3	380	246	64.74	157	41.32
Haryana	2	397	320	80.60	335	84.38
Karnataka	25	7192	6762	94.02	6427	89.36
Kerala	9	1317	968	73.50	929	70.54
Madhya Pradesh	27	5491	4560	83.04	4180	76.12
Maharashtra	3	582	456	78.35	372	63.92
Mizoram	1	83	75	90.36	75	90.36
Nagaland	9	545	410	75.23	91	16.70
Rajasthan	6	953	953	100	666	69.88
Uttar Pradesh	38	7438	7302	98.17	3599	48.39
Total	160	30064	24999	83.15	19089	63.49

The above **Table 3.5** reveals that 83.15 per cent of AWWs, received job training. While all AWWs (100%) in the State of Rajasthan have received Job Training, significant number of them in the States of Mizoram (90.36%), Karnataka (94.02%), Uttar Pradesh (98.17%) and Andhra Pradesh (99.51%) have received Job Training. The more number of AWWs from the States of Bihar (68.38%), Delhi (63.24%), Arunachal Pradesh (63.05%) and Assam (47.08%) needs to be job trained.



Compared to job training, the situation of refresher training was reported worst. All States were found having backlog of refresher training of AWWs. The highest backlog of AWWs refresher training was reported from the State of Arunachal Pradesh (86.42%) followed by Nagaland (83.3%). Other States were also having considerable backlog of refresher training, like in the State of Bihar (79.16%), Assam (75.39%) and Delhi (68.47%).



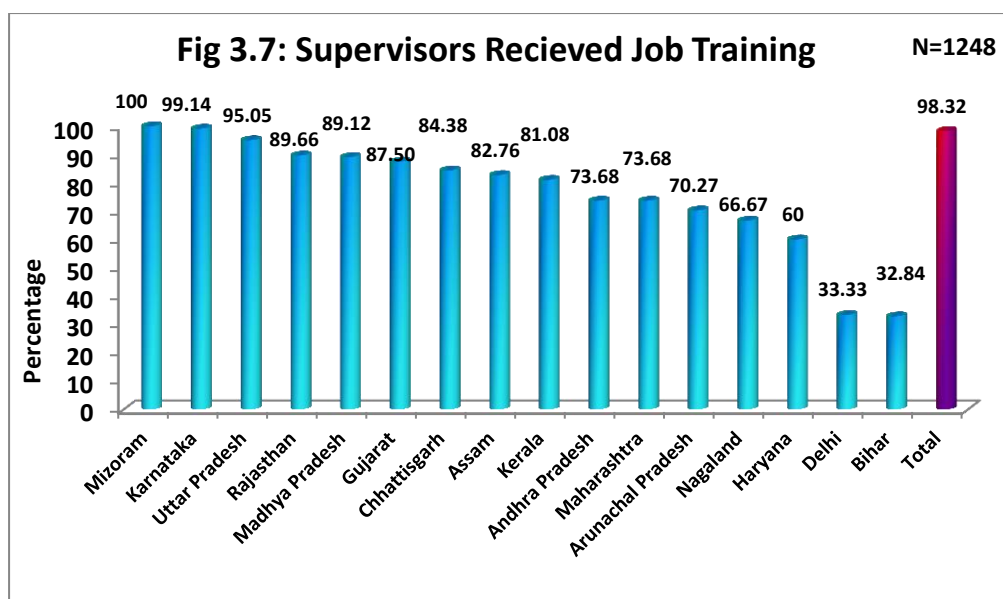
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Data on number of Supervisors Received Job Training and Refresher Training is presented in **Table 3.6**.

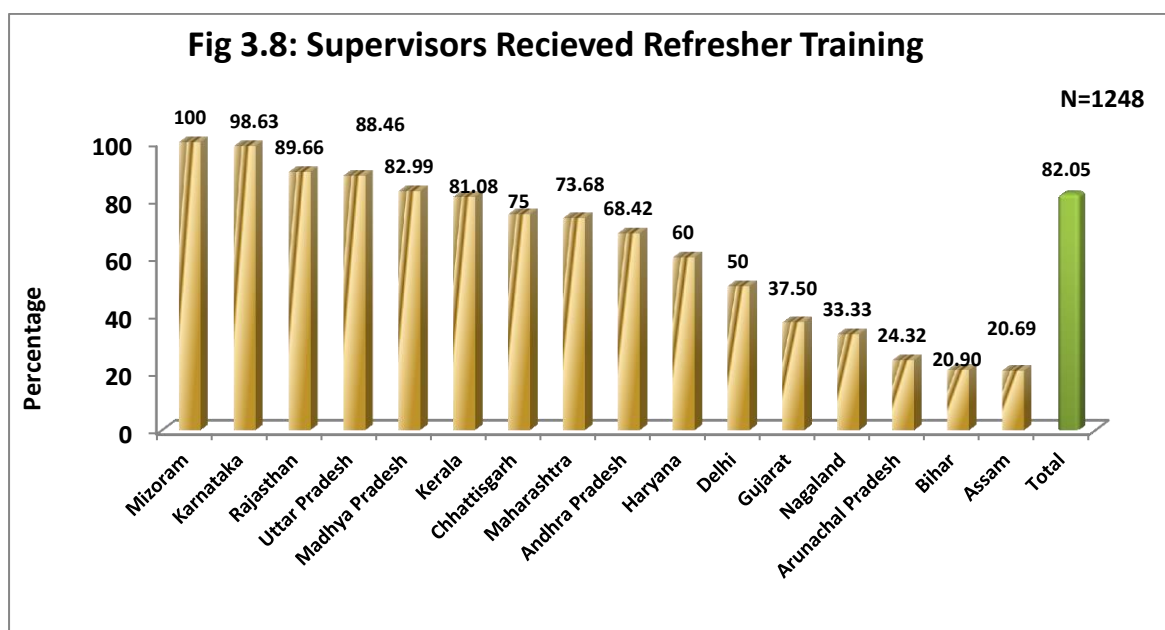
Table 3.6:
Supervisors Received Job and Refresher Training

States	Total No. of ICDS Projects	No. of Supervisors in Position	No. of Supervisors received Job Training		No. of Supervisors received Refresher Training	
			No.	%	No.	%
Andhra Pradesh	3	19	14	73.68	13	68.42
Arunachal Pradesh	10	37	26	70.27	9	24.32
Assam	4	29	24	82.76	6	20.69
Bihar	11	67	22	32.84	14	20.90
Chhattisgarh	4	32	27	84.38	24	75
Delhi	5	18	6	33.33	9	50
Gujarat	3	16	14	87.50	6	37.50
Haryana	2	10	6	60	6	60
Karnataka	25	582	577	99.14	574	98.63
Kerala	9	37	30	81.08	30	81.08
Madhya Pradesh	27	147	131	89.12	122	82.99
Maharashtra	3	19	14	73.68	14	73.68
Mizoram	1	3	3	100	3	100
Nagaland	9	21	14	66.67	7	33.33
Rajasthan	6	29	26	89.66	26	89.66
Uttar Pradesh	38	182	173	95.05	161	88.46
Total	160	1248	1107	98.32	1024	82.05

As per data **Table 4.6**, 98.32 per cent of supervisors received job training. Though all Supervisors in the State of Mizoram have received JTC, however, situation needs improvement in the States of Delhi and Bihar where about one third of the Supervisor reported of having received job training.



It was further revealed from the data that highest backlog of refresher training in case of Supervisors was reported from the State of Assam and Bihar where only about one fifth of the Supervisors received refresher Training. Substantial number (more than 80%) of supervisors from the states of Rajasthan (89.66%), Uttar Pradesh (88.46%), Karnataka (98.63%), Madhya Pradesh (82.99%) and all the supervisors in the state of Mizoram were Refresher Trained.



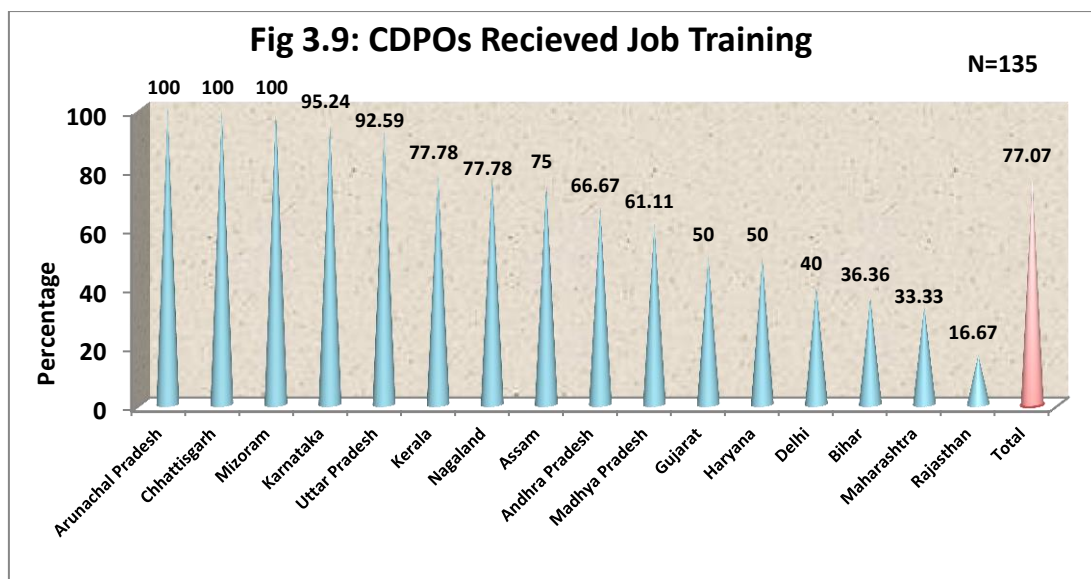
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Data on number of CDPOs received Job Training as well as Refresher Training is presented in **Table 3.7**.

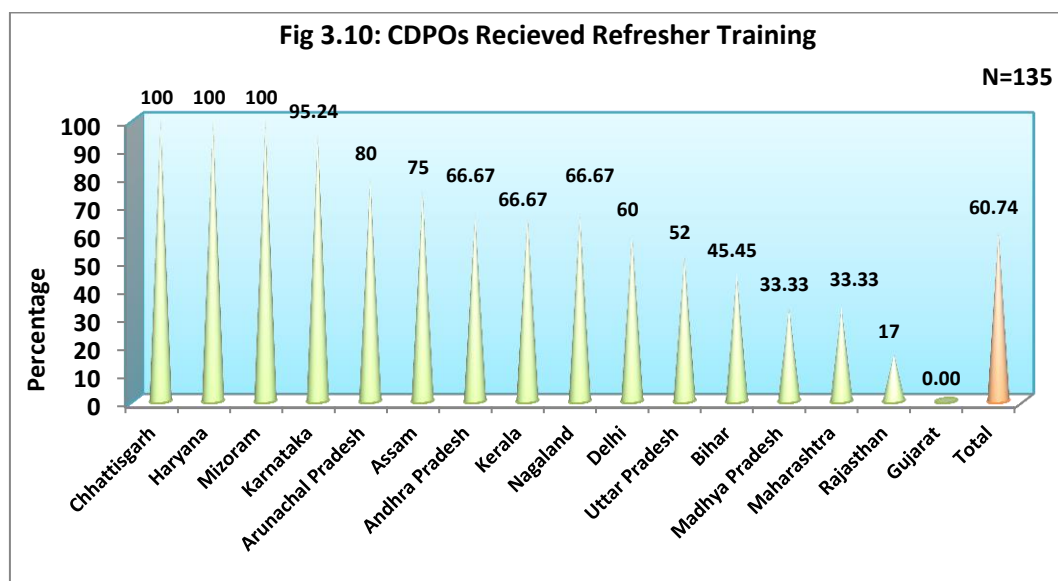
Table 3.7: CDPOs received Training

States	Total No. of ICDS Projects	No. of CDPOs in Position	No. of CDPOs Received Job Training		No. of CDPOs Received Refresher Training	
			No.	%	No.	%
Andhra Pradesh	3	3	2	66.67	2	66.67
Arunachal Pradesh	10	10	10	100	8	80
Assam	4	4	3	75	3	75
Bihar	11	11	4	36.36	5	45.45
Chhattisgarh	4	4	4	100	4	100
Delhi	5	5	2	40	3	60
Gujarat	3	2	1	50	0	-
Haryana	2	2	1	50	2	100
Karnataka	25	21	20	95.24	20	95.24
Kerala	9	9	7	77.78	6	66.67
Madhya Pradesh	27	18	11	61.11	6	33.33
Maharashtra	3	3	1	33.33	1	33.33
Mizoram	1	1	1	100	1	100
Nagaland	9	9	7	77.78	6	66.67
Rajasthan	6	6	1	16.67	1	17
Uttar Pradesh	38	27	25	92.59	14	52
Total	160	135	100	74.07	82	60.74

The data concerning job training of CDPOs reveals that little less than three fourth (74.07%) received training. All CDPOs (100%), from the States of Arunachal Pradesh, Chhattisgarh and Mizoram have received job training. Only 17 per cent of CDPO from the State of Rajasthan reported of receiving job training needs attention.



As far as Refresher Training of CDPOs are concerned only 60.74 per cent were refresher trained .The highest backlog was reported from the State of Gujarat where none of the CDPOs received refresher training followed by Rajasthan (83%), Madhya Pradesh and Maharashtra (66.67% each).





Community Mobilization and Information, Education and Communication

Chapter-4

Information, Education, Communication and Community Mobilization

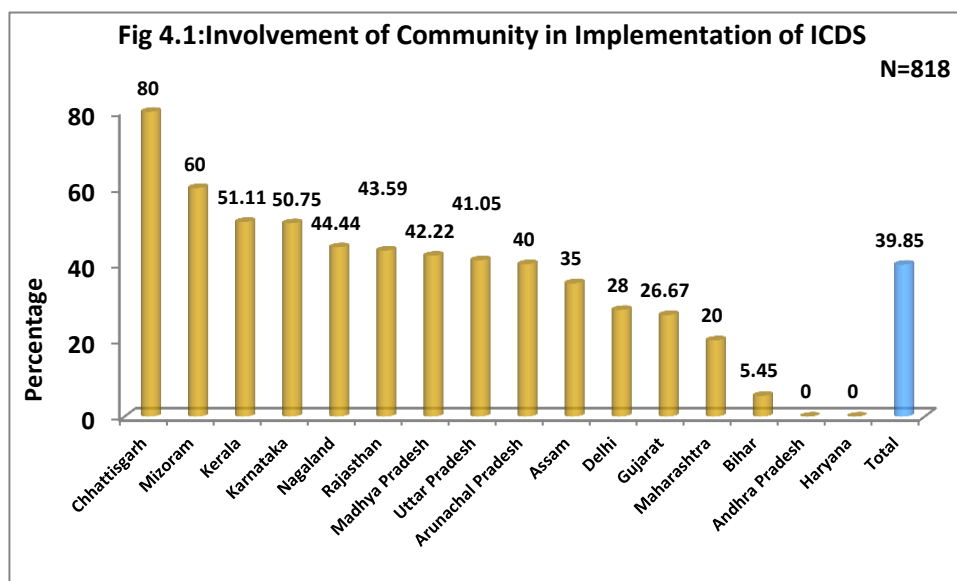
The need for involvement of community in monitoring and participation in day to day activities of ICDS has been always felt and desired in order to build an accountability mechanism for delivery of services and availability of supplies at AWC level. MWCD, GOI has instructed all State Governments/UT Administrations to involve community in day-to-day functioning / monitoring of the AWCs, monthly observance of Village Health and Nutrition Days (VHNDs) and ECCE, construction of AWCs and its maintenance, community mobilisation by motivating people to participate in ICDS service delivery etc. Data with respect to involvement of Community in Implementation of ICDS are presented in **Table 4.1**.

Table 4.1:
Involvement of Community in Implementation of ICDS

States	Total No. of AWCs	No. of AWCs where community was involved	%
Andhra Pradesh	15	0	-
Arunachal Pradesh	50	20	40
Assam	20	7	35
Bihar	55	3	5.45
Chhattisgarh	20	16	80
Delhi	25	7	28
Gujarat	15	4	26.67
Haryana	10	0	-
Karnataka	134	68	50.75
Kerala	45	23	51.11
Madhya Pradesh	135	57	42.22
Maharashtra	15	3	20
Mizoram	5	3	60
Nagaland	45	20	44.44
Rajasthan	39	17	43.59
Uttar Pradesh	190	78	41.05
Total	818	326	39.85

The involvement of community was found in little more than one third (39.85%) of the AWCs located across the study States. Though community involvement in various activities of ICDS was found in substantial number of AWCs in the States of Chhattisgarh (80%),

Mizoram (60%), Kerala (51.115) and Karnataka (50.75%), however, such involvement was found not found in the States of Andhra Pradesh and Haryana, followed by Maharashtra (20%), Gujarat (26.67%) and Delhi (28%).



Information, Education and Communication (IEC)

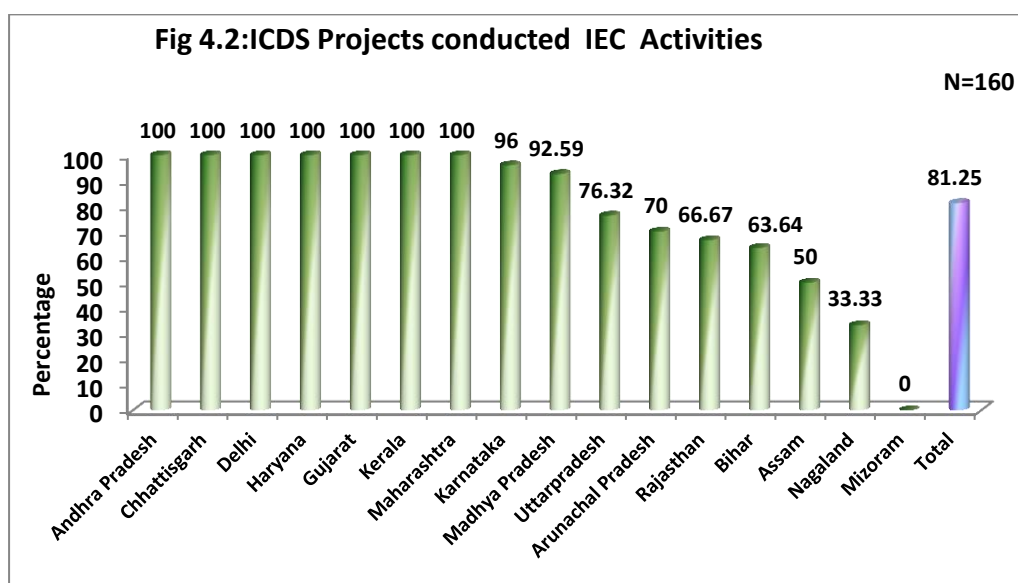
Information, Education and Communication (IEC) activities constitute a major component under the ICDS Scheme aimed at sustainable behaviour and attitudinal change of the society for holistic development of young children. To address these issues comprehensively, MWCD, Government of India has issued detailed guidelines vide their letter no. 1-8/2012-CD-I dated 22nd October, 2012. As per these guidelines a provision of Rs. 1000/- per annum per operational AWC and Rs 50,000/- per ICDS project per annum and Rs 1,00,000/- per district cell per annum has been made for carrying out various IEC /YCF activities. The activities for implementation under IEC may include; home visits, holding small group meetings, village level camps, *annaprasan* ceremonies etc., project and district level seminars/meetings, regular nutrition and health education sessions with Mahila Mandals, Mother's groups, distribution and use of slides, flash cards, flip charts/books, flannel graph, publication of periodical newsletters, posters, hand bills, hoardings, newspaper advertisements, audio visual media, folk media, puppet shows, songs, yatra, electronic media, latest techniques of propagation via satellite communication etc. Data in this regard are presented in **Table 4.2**.

Table 4.2:
ICDS Projects Organize IEC Activities

States	Total No. of ICDS Projects	No. of ICDS Projects conducted IEC Activities	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	10	7	70
Assam	4	2	50
Bihar	11	7	63.64
Chhattisgarh	4	4	100
Delhi	5	5	100

Gujarat	3	3	100
Haryana	2	2	100
Karnataka	25	24	96
Kerala	9	9	100
Madhya Pradesh	27	25	92.59
Maharashtra	3	3	100
Mizoram	1	0	-
Nagaland	9	3	33.33
Rajasthan	6	4	66.67
Uttar Pradesh	38	29	76.32
Total	160	130	81.25

The data reveals very encouraging situation as almost 81.25 per cent of ICDS Projects were found of organizing IEC activities. The data as presented in Table 4.2 shows that though all ICDS projects located in the States of Chhattisgarh, Haryana, Gujarat, Kerala and Maharashtra were found organising IEC activities, however, much attention needs to be paid in the State of Mizoram where none of ICDS Projects were found organizing such activities.



Celebration of Breast Feeding and Nutrition Week

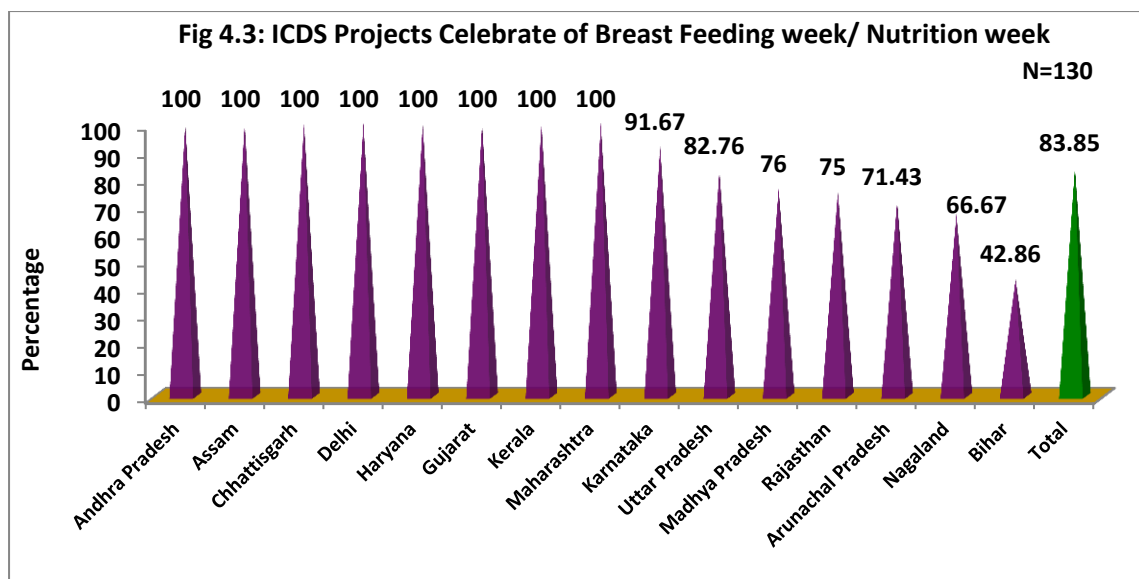
In order to promote the breast feeding, World Breast Feeding Week is celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week is observed in all AWCs from 1-7 September every year. Data in this regard are presented in **Table 4.3**.

Table 4.3:
ICDS Projects Celebrating Breast feeding week/ Nutrition week

States	No. of ICDS Projects conducted Other IEC Activities	Celebration of Breast Feeding week/ Nutrition week	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	7	5	71.43
Assam	2	2	100
Bihar	7	3	42.86
Chhattisgarh	4	4	100
Delhi	5	5	100
Gujarat	3	3	100
Haryana	2	2	100
Karnataka	24	22	91.67
Kerala	9	9	100
Madhya Pradesh	25	19	76
Maharashtra	3	3	100
Nagaland	3	2	66.67
Rajasthan	4	3	75
Uttar Pradesh	29	24	82.76
Total	130	109	83.85

The above **table 4.3** reveals that significant (83.85%) numbers of ICDS projects were found celebrating breast feeding week & nutrition week. All ICDS Projects (100%) located in the States of Andhra Pradesh, Assam, Chhattisgarh, Delhi, Haryana, Gujarat, Kerala and, Maharashtra were found celebrating breast feeding week & nutrition week.





Organisation of Village Health and Nutrition Day (VHND)

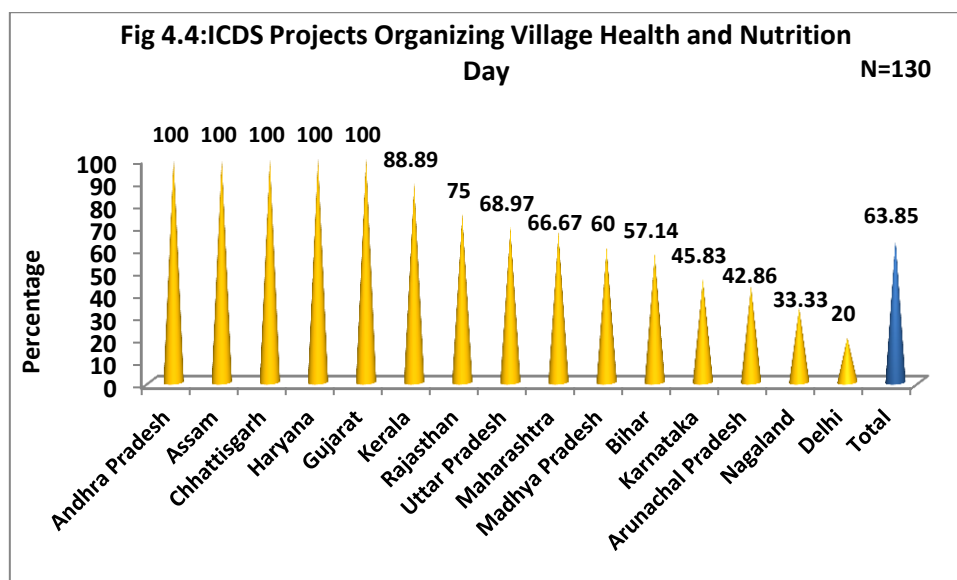
The VHND is to be organised once every month (preferably on Wednesdays and for those villages that have been left out, on any other day of the same month) at the AWC in the village. VHND is also to be seen as a platform for interfacing between the community and the health system. VHND, if organised regularly and effectively, can bring about the much needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes. Data in this regard are presented in **Table 4.4**.

Table 4.4:
ICDS Projects organizing Village Health & Nutrition days

States	No. of ICDS Projects conducted Other IEC Activities	Organizing VHND	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	7	3	42.86
Assam	2	2	100
Bihar	7	4	57.14
Chhattisgarh	4	4	100
Delhi	5	1	20
Gujarat	3	3	100
Haryana	2	2	100
Karnataka	24	11	45.83
Kerala	9	8	88.89

Madhya Pradesh	25	15	60
Maharashtra	3	2	66.67
Nagaland	3	1	33.33
Rajasthan	4	3	75
Uttar Pradesh	29	20	68.97
Total	130	83	63.85

It was found from the above **Table 4.4** that more than two third (63.85%) of ICDS projects were organising village health and nutrition day. Though in the States of Andhra Pradesh, Assam, Chhattisgarh, Gujarat and Haryana all ICDS projects were found organizing VHND, however few AWCs in the States of Delhi (20%), Nagaland (33.33%), Arunachal Pradesh (42.86%).



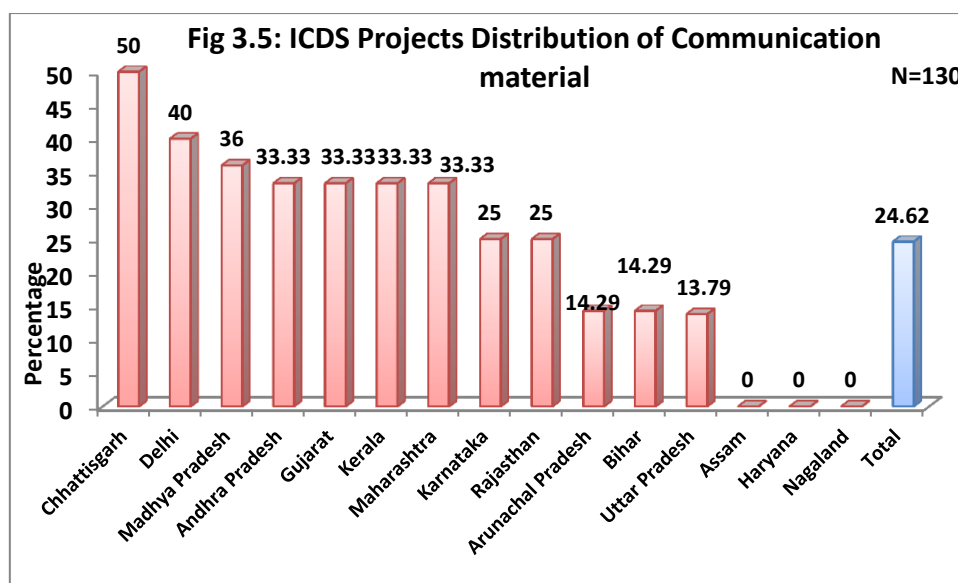
Distribution of Communication Material

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioral and attitudinal changes in child caring, nutrition and health behavior and to muster and sustain community participation. Data in this regard are presented in **Table 4.5**

Table 4.5:
ICDS Projects Distributing Communication material

States	No. of ICDS Projects conducted Other IEC Activities	Distribution of Communication material	
		N	%
Andhra Pradesh	3	1	33.33
Arunachal Pradesh	7	1	14.29
Assam	2	0	-
Bihar	7	1	14.29
Chhattisgarh	4	2	50
Delhi	5	2	40
Gujarat	3	1	33.33
Haryana	2	0	-
Karnataka	24	6	25
Kerala	9	3	33.33
Madhya Pradesh	25	9	36
Maharashtra	3	1	33.33
Nagaland	3	0	-
Rajasthan	4	1	25
Uttar Pradesh	29	4	13.79
Total	130	32	24.62

It was found from the above **Table 4.5** that only little less than one fourth (24.62%) of ICDS projects were distributing Communication Material under IEC activities. Though half of the AWCs from the state of Chhattisgarh followed by Delhi (40%), Madhya Pradesh (36%) and Andhra Pradesh, Gujarat, Kerala and Maharashtra (33.33% each) were found distributing Communication Material under IEC activities, however, such activity was found in lesser number (25% & below) of ICDS Projects in the States of Karnataka (25%), Rajasthan (25%), Arunachal Pradesh and Chhattisgarh (14.29% each). None of the ICDS Projects in the States of Assam, Haryana and Nagaland were found distributing Communication Material under IEC activities.



Organisation of Advocacy and Awareness Camps

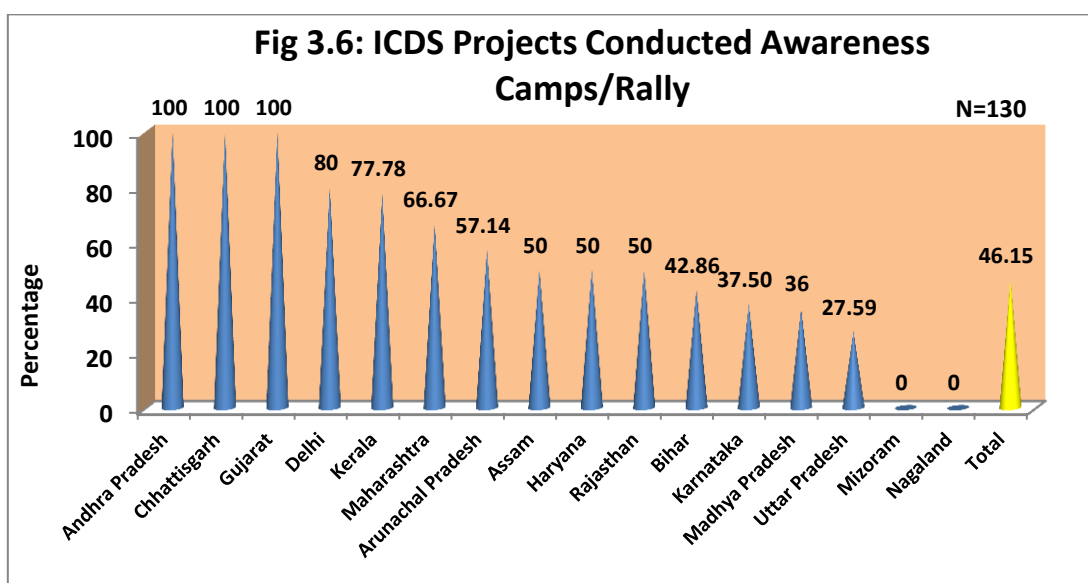
Under IEC strategy of ICDS, special campaigns for mass communication of social messages have to be organised with the help of folk media puppet shows, yatras, nukkade natak etc. at suitable intervals. During these mass communication programmes, the social messages have to be translated into commonly used words in villages through different stories, drama, folk tales jokes, sings, puppetry etc. to suit to the local people. Data in this regard is presented in **Table 4.6**.

Table 4.6:
ICDS Projects organizing Awareness Camps/Rally

States	No. of ICDS Projects conducted Other IEC Activities	Awareness Camps/Rally conducted in each AWC	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	7	4	57.14
Assam	2	1	50
Bihar	7	3	42.86
Chhattisgarh	4	4	100
Delhi	5	4	80
Gujarat	3	3	100
Haryana	2	1	50
Karnataka	24	9	37.50
Kerala	9	7	77.78
Madhya Pradesh	25	9	36
Maharashtra	3	2	66.67
Nagaland	3	0	-

Rajasthan	4	2	50
Uttar Pradesh	29	8	27.59
Total	130	60	46.15

The above **Table 4.6** depicts that organisation of awareness rallies on different aspects of ICDS was found only in less than half (46.15%) of ICDS Projects. Though all ICDS Projects located in the States of Andhra Pradesh, Chhattisgarh and Gujarat organise such rallies, however, such status was reported poor in the State of UP where only little more than one fourth (27.59%) of ICDS projects organise such events. Organisation of awareness rallies were not reported in any of the ICDS Projects from the State of Nagaland respectively.



Organisation of Nutrition Exhibition

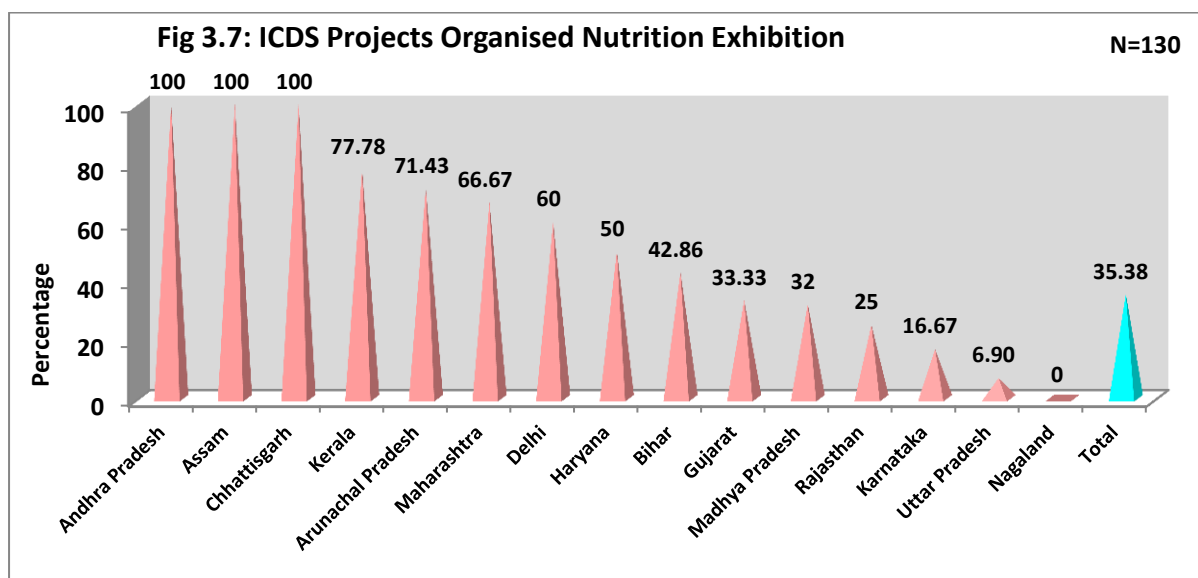
Cooking demonstration of nutritious food locally using available food stuff needs to be undertaken frequently by the AWW so as to bring about desirable improvements in the cooking practices and diet of ICDS beneficiaries. These demonstrations need to be specifically culture-oriented and there should not be any undue preoccupation with nutritional requirements. Data in this regard are presented in **Table 4.7**.

Table 4.7:
ICDS Projects Organizing Nutrition Exhibition

States	No. of ICDS Projects conducted Other IEC Activities	Nutrition Exhibition	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	7	5	71.43

Assam	2	2	100
Bihar	7	3	42.86
Chhattisgarh	4	4	100
Delhi	5	3	60
Gujarat	3	1	33.33
Haryana	2	1	50
Karnataka	24	4	16.67
Kerala	9	7	77.78
Madhya Pradesh	25	8	32
Maharashtra	3	2	66.67
Nagaland	3	0	-
Rajasthan	4	1	25
Uttar Pradesh	29	2	6.90
Total	130	46	35.38

The above **Table 4.7** shows that only little more than one third (35.38%) of ICDS projects organised the Nutrition Exhibition. Though organisation of such event was reported from all ICDS Projects in the States of Andhra Pradesh, Assam and Chhattisgarh and in substantial number of ICDS Projects (60 to 80%) in the States of Kerala (77.78%), Arunachal Pradesh (71.43%) and Maharashtra (66.67%), however, such activity was found missing in all ICDS Projects visited by consultants of the State of Nagaland.

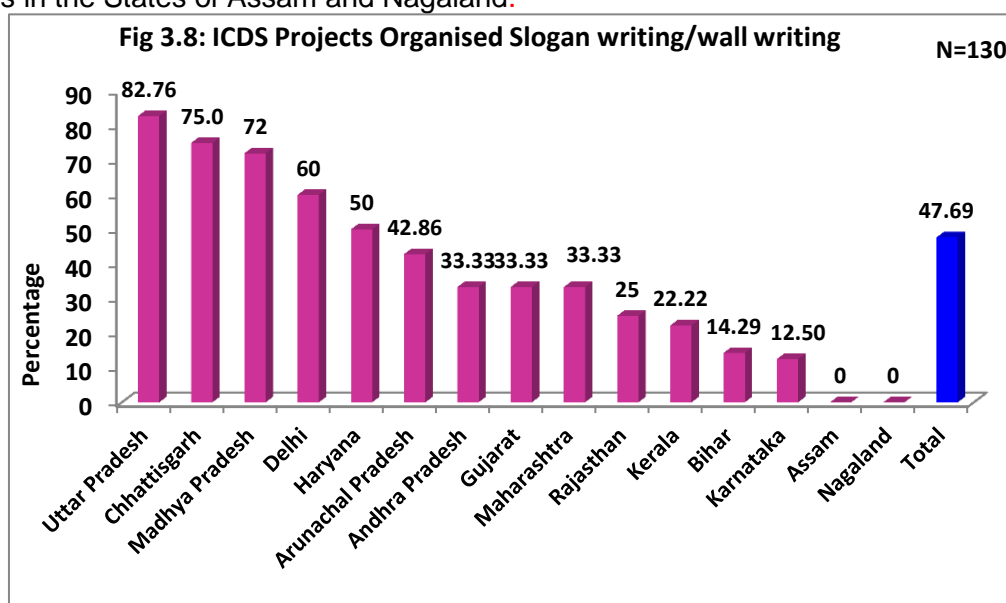


Organisation of various IEC Activities (Slogan writing/wall writing)

Table 4.8:
ICDS Projects organising various IEC Activities (Slogan writing/wall writing)

States	No. of ICDS Projects conducted Other IEC Activities	Slogan writing/wall writing	
		N	%
Andhra Pradesh	3	1	33.33
Arunachal Pradesh	7	3	42.86
Assam	2	0	-
Bihar	7	1	14.29
Chhattisgarh	4	3	75
Delhi	5	3	60
Gujarat	3	1	33.33
Haryana	2	1	50
Karnataka	24	3	12.50
Kerala	9	2	22.22
Madhya Pradesh	25	18	72
Maharashtra	3	1	33.33
Nagaland	3	0	-
Rajasthan	4	1	25
Uttar Pradesh	29	24	82.76
Total	130	62	47.69

It was reported from the above **Table 4.8** that only little less than half (47.69%) of ICDS projects were found organizing Slogan or Wall Writing. Though organisation of such event was reported from Majority of ICDS Projects in the State of Chhattisgarh (75%) and Uttar Pradesh (82.76%), in substantial number (50 to 70%) of ICDS Projects in the States of Delhi (60%) and Haryana (50%), however such activity was found missing in all ICDS Projects in the States of Assam and Nagaland.





Continuous and Comprehensive Monitoring and Supportive Supervision

Continuous and Comprehensive Monitoring and Supportive Supervision

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

Monitoring Methods of AWCs

In the administrative set up of ICDS, the CDPO has a vital role to play. In order to provide a constant support and back up to the AWWs, the CDPOs are required to monitor the functioning of the AWCs adopting different monitoring tools/methods. The data pertaining to the use of different monitoring tools by CDPOs are presented in **Table- 5.1** to **Table-5.3**.

Table 5.1:
Monitoring Methods of AWCs by CDPOs

States	Total No. of CDPOs	Monitoring by Physical Visits only	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	10	6	60
Assam	4	2	50
Bihar	11	9	81.82
Chhattisgarh	4	3	75
Delhi	5	4	80
Gujarat	2	2	100
Haryana	2	0	-
Karnataka	21	21	100
Kerala	9	8	88.89
Madhya Pradesh	18	18	100
Maharashtra	3	2	66.67
Mizoram	1	1	100
Nagaland	9	1	11.11
Rajasthan	6	5	83.33
Uttar Pradesh	27	21	77.78
Total	135	106	78.52

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The data from **above Table 5.1** reveals that little more than three fourth (78.52%) of CDPOs were visiting the AWCs to monitor and supervise them. The states where all CDPOs (100%) were visiting AWCs for monitoring and supervising were Andhra Pradesh, Gujarat, Karnataka, Madhya Pradesh and Mizoram. In the state of Haryana none of the CDPOs were found visiting AWCs for monitoring and supervision.

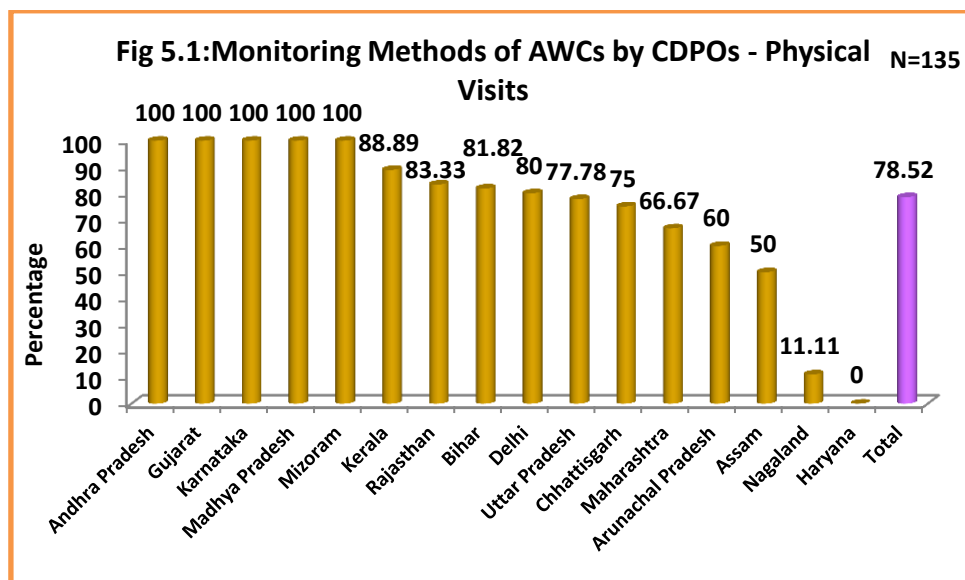


Table 5.2:
Monitoring Methods of AWCs by CDPOs

States	Total No. of CDPOs	Monitoring by Use of Checklist	
		N	%
Andhra Pradesh	3	2	66.67
Arunachal Pradesh	10	2	20
Assam	4	2	50
Bihar	11	10	90.91
Chhattisgarh	4	3	75
Delhi	5	3	60
Gujarat	2	2	100
Haryana	2	2	100
Karnataka	21	11	52
Kerala	9	3	33.33
Madhya Pradesh	18	9	50
Maharashtra	3	1	33.33
Mizoram	1	0	-
Nagaland	9	6	66.67
Rajasthan	6	3	50
Uttar Pradesh	27	26	96.30
Total	135	85	52.80

It is evident from the above **Table 5.2** that for monitoring and supervision of AWCs little more than half (52.80%) of CDPOs were found using checklist as a monitoring method. All the CDPOs in the states of Gujarat and Haryana were found using checklist as one of the method of monitoring and supervising the AWCs. None of the CDPOs were found using this method for monitoring and supervising the AWCs.

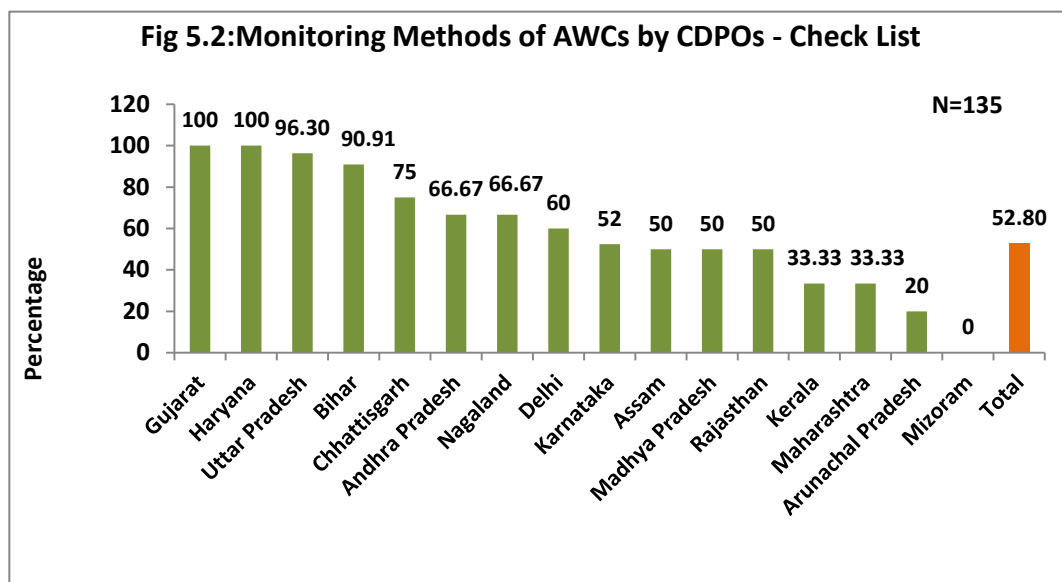
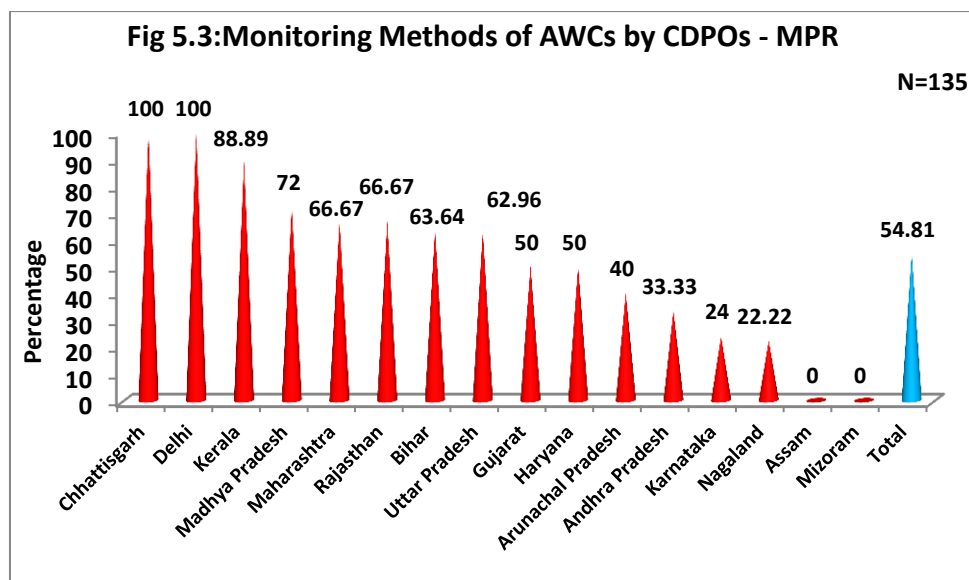


Table 5.3:
Monitoring Methods of AWCs by CDPOs

States	Total No. of CDPOs	Monitoring of AWCs with use of MPR	
		N	%
Andhra Pradesh	3	1	33.33
Arunachal Pradesh	10	4	40
Assam	4	0	-
Bihar	11	7	63.64
Chhattisgarh	4	4	100
Delhi	5	5	100
Gujarat	2	1	50
Haryana	2	1	50
Karnataka	21	5	24
Kerala	9	8	88.89
Madhya Pradesh	18	13	72
Maharashtra	3	2	66.67
Mizoram	1	0	-
Nagaland	9	2	22.22
Rajasthan	6	4	66.67
Uttar Pradesh	27	17	62.96
Total	135	74	54.81

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The above **table 5.3** reveals that MPR was used for monitoring and supervising AWCs by more than half (54.81%) of CDPOs. Though in the state of Chhattisgarh and Delhi all (100%) CDPOs and majority (80%and above) of CDPOs in the states of Kerala (88.89%) were found using MPR as monitoring and supervision tool.



CDPOs Approved Supervisor's Plan

Table 5.4:
Approval of Supervisor's Visit Plan by CDPOs

States	Total No. of ICDS Projects	No. of ICDS Projects where CDPO Prepared Supervisor's Plan of Visit	
		N	%
Andhra Pradesh	3	0	-
Arunachal Pradesh	10	3	30
Assam	4	0	-
Bihar	11	5	45.45
Chhattisgarh	4	2	50
Delhi	5	1	20
Gujarat	3	1	33.33
Haryana	2	2	100
Karnataka	25	7	28
Kerala	9	0	-
Madhya Pradesh	27	4	14.81
Maharashtra	3	1	33.33
Mizoram	1	0	-
Nagaland	9	1	11.11
Rajasthan	6	0	-
Uttar Pradesh	38	11	28.95
Total	160	38	23.75

*Note: either supervisors plan themselves or no plan is prepared

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data presented in **Table 5.4** shows this is being done in only less than one forth (23.75%) of ICDS Projects. Haryana is the only exception where Supervisory visits are being planned by CDPOs. Instructions are required to be issued to all CDPOs that they have to ensure the supervisory visits of all Supervisors as stipulated in ICDS monitoring guidelines issued by MWCD, GOI.

Adoption of Demonstration Methods by CDPOs

In ICDS, CDPO is an important and key functionary whose dynamisms and skills determine the pace of the programme. He /She are required to adopt various innovative methods of guiding the AWWs so that they can perform their tasks much effectively. Data in this regard are presented in **Table 5.5**.

Table 5.5:
Demonstration sessions organised by CDPO in ICDS Projects

States	Total No. of ICDS Projects	No. of ICDS projects where demonstration session was organized	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	10	3	30
Assam	4	2	50
Bihar	11	6	54.55
Chhattisgarh	4	4	100
Delhi	5	4	80
Gujarat	3	3	100
Haryana	2	1	50
Karnataka	25	11	44
Kerala	9	9	100
Madhya Pradesh	27	23	85.19
Maharashtra	3	2	66.67
Mizoram	1	0	-
Nagaland	9	3	33.33
Rajasthan	6	4	66.67
Uttar Pradesh	38	28	73.68
Total	160	106	66.25

The above **Table 5.5** depicts that organization of demonstration sessions by CDPOs was found in sizable number (66.25%) of ICDS projects. State specific data stipulates that demonstration sessions were being organised in all ICDS projects in the states of Andhra Pradesh, Chhattisgarh, Gujarat and Kerala. Though, organisation of such session was found in majority (80%and more) of ICDS projects in states of Delhi and Madhya Pradesh. However, the state of Mizoram was found lagging behind due to organisation of such sessions are not organized in any of the ICDS projects.

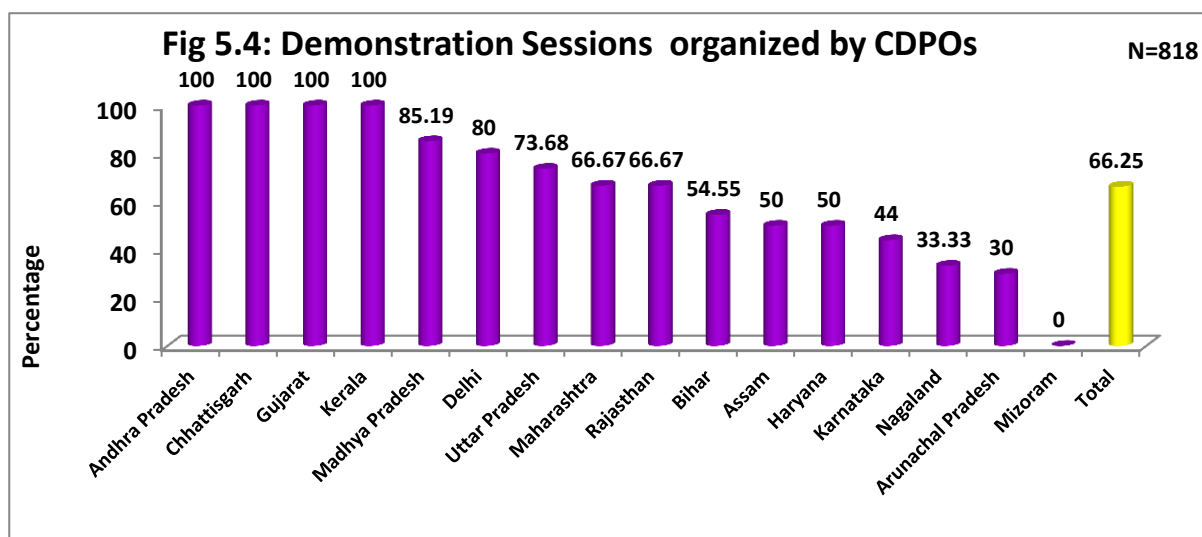


Table 7.6(a):

ICDS Projects organising Demonstration Sessions on various topics

Multiple Responses

States	No. of ICDS projects where demonstration session was organized	WHO Growth Chart		New ECCE curriculum		New revised records & registers	
		N	%	N	%	N	%
Andhra Pradesh	3	2	66.67	1	33.33	3	100
Arunachal Pradesh	3	3	100	1	33.33	1	33.33
Assam	2	2	100	1	50	2	100
Bihar	6	6	100	3	50	1	16.67
Chhattisgarh	4	4	100	4	100	4	100
Delhi	4	3	75	2	50	2	50
Gujarat	3	3	100	2	66.67	1	33.33
Haryana	1	1	100	1	100	1	100
Karnataka	11	6	54.55	5	45.45	10	90.91
Kerala	9	9	100	7	77.78	4	44.44
Madhya Pradesh	23	18	78.26	10	43.48	18	78.26
Maharashtra	2	1	50	0	-	2	100
Nagaland	3	1	33.33	0	-	3	100
Rajasthan	4	3	75	1	25	3	75
Uttar Pradesh	28	26	93	5	17.86	2	7.14
Total	106	88	83	43	40.57	57	53.77

It is evident from **Table 5.6(a)** that Demonstration sessions were being organized by CDPOs in ICDS projects on the topics like WHO Growth Chart (83%) followed by new revised records and registers (53.77%) and New ECCE curriculum (40.57%). The State specific figures stipulates that all ICDS projects in the states of Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Gujarat, Haryana and Kerala were organizing demonstration sessions on WHO Growth Charts, however only half of the ICDS projects in the state of Maharashtra were found organizing demonstration sessions on any of the above said topics.

**Table5.6 (b):
ICDS Projects organising Demonstration Sessions on various topics**

Multiple Responses

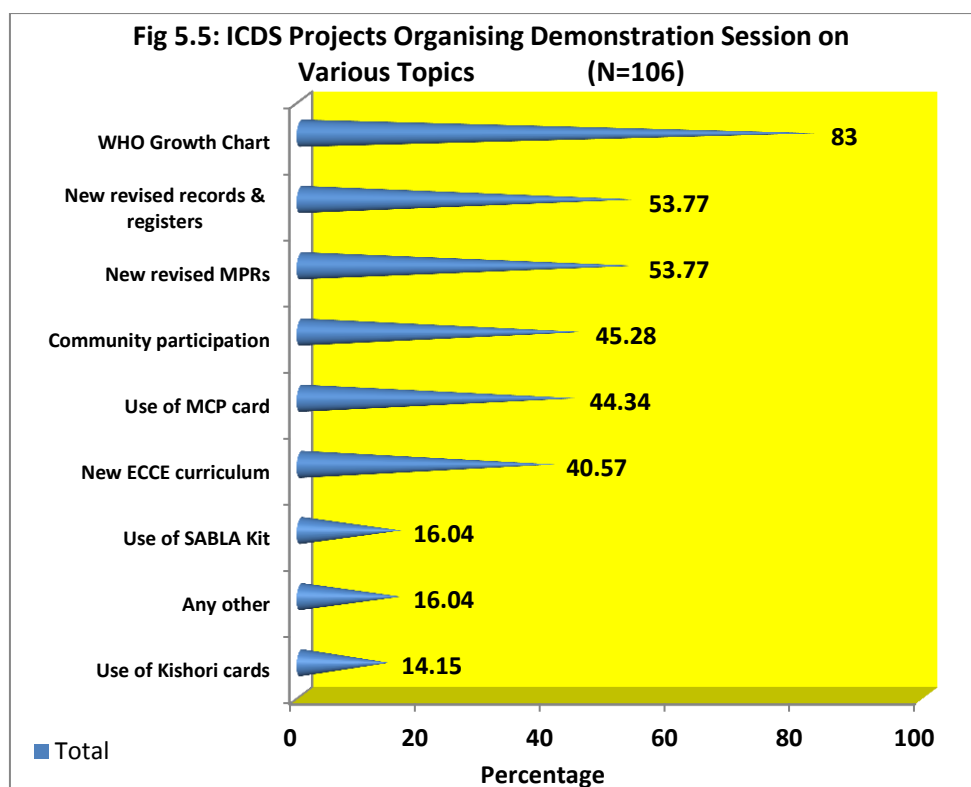
States	No. of ICDS projects where demonstration session was organized	New revised MPRs		Community participation		Use of MCP card	
		N	%	N	%	N	%
Andhra Pradesh	3	3	100	2	66.67	1	33.33
Arunachal Pradesh	3	1	33.33	3	100	2	66.67
Assam	2	2	100	1	50	1	50
Bihar	6	4	66.67	1	16.67	5	83.33
Chhattisgarh	4	4	100	4	100	4	100
Delhi	4	3	75	3	75	2	50
Gujarat	3	1	33.33	2	66.67	2	66.67
Haryana	1	1	100	1	100	1	100
Karnataka	11	5	45.45	6	54.55	4	36.36
Kerala	9	6	66.67	5	55.56	8	88.89
Madhya Pradesh	23	21	91.30	8	34.78	8	34.78
Maharashtra	2	1	50	1	50	1	50
Nagaland	3	1	33.33	2	66.67	0	-
Rajasthan	4	1	25	2	50	2	50
Uttar Pradesh	28	3	10.71	7	25	6	21.43
Total	106	57	53.77	48	45.28	47	44.34

It is evident from **Table 5.6(b)** that Demonstration sessions were being organized by CDPOs in ICDS projects on the topics like New revised MPR (53.77%) followed by Use of MCP(44.34%) and Community Participation (45.28%). The State specific figure stipulates that all ICDS projects in the state of Andhra Pradesh, Assam, Chhattisgarh and Haryana (100%) were organizing demonstration sessions on new revised MPR. Though, demonstration sessions on Use of MCP were organized in all ICDS projects located in the States of Chhattisgarh and Haryana. However, Arunachal Pradesh, Chhattisgarh and Haryana were the States where demonstration sessions on Community participation were organized in all ICDS Projects.

Table 5.6(c):
ICDS Projects organising Demonstration Sessions on various topics
 Multiple Responses

States	No. of ICDS projects where demonstration session was organized	Use of Kishori cards		Use of SABLA Kit		Any other	
		N	%	N	%	N	%
Andhra Pradesh	3	0	-	0	-	1	33.33
Arunachal Pradesh	3	0	-	1	33.33	0	-
Assam	2	0	-	1	50	0	-
Bihar	6	0	-	0	-	1	16.67
Chhattisgarh	4	2	50	2	50	1	25
Delhi	4	1	25	1	25	1	25
Gujarat	3	1	33.33	1	33.33	0	-
Haryana	1	0	-	0	-	0	-
Karnataka	11	2	18.18	2	18.18	1	9.09
Kerala	9	0	-	1	11.11	0	-
Madhya Pradesh	23	6	26.09	7	30.43	4	17.39
Maharashtra	2	1	50	1	50	1	50
Nagaland	3	1	33.33	0	-	0	-
Rajasthan	4	1	25	0	-	0	-
Uttar Pradesh	28	0	-	0	-	1	3.57
Total	106	15	14.15	17	16.04	11	10.38

It is evident from **Table 7.6(c)** that comparatively lesser number of ICDS projects were found organizing demonstration sessions on Use of SABLA Kit (16.04%) and Use of Kishori Card (14.15%). Further, state specific data reveals that significant number of ICDS projects were found organizing demonstration sessions on Use of SABLA Kit and Use of Kishori Card in the States of Chhattisgarh and Maharashtra (50% each), Gujarat (33.33% each), Delhi (25% each) and Karnataka (18.18%) respectively.



Awareness on Five-tier monitoring system

In the context of the Universalization of ICDS with focus on improved quality in delivery of services and strengthening and restructuring of ICDS, a 5-tier monitoring and review mechanism is put in place at the central level and upto the AWC level. **Table 5.7** shows the data regarding the awareness of the CDPOs about the Five-tier monitoring system in ICDS Projects.

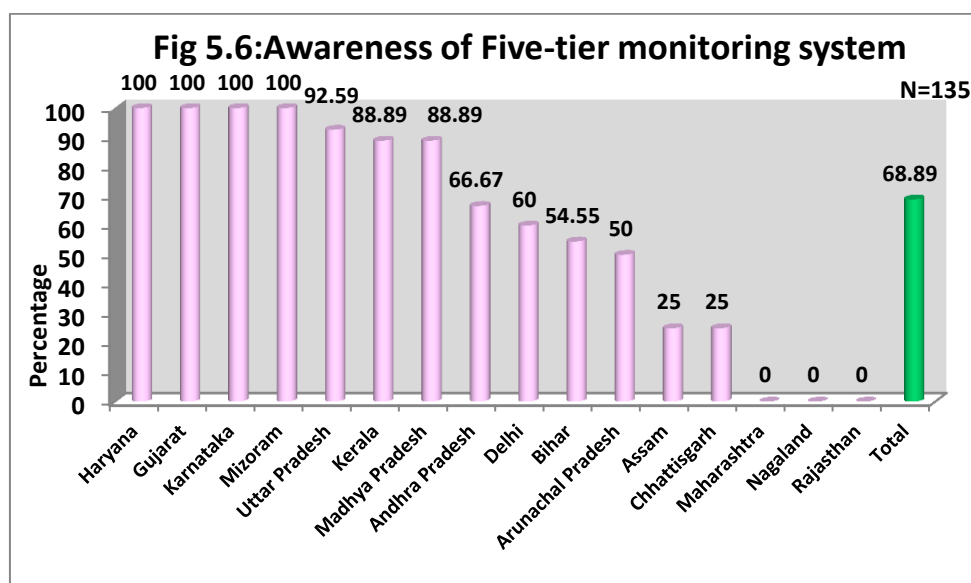
Table 5.7:
CDPOs aware of Five-tier monitoring system in ICDS Projects

States	Total No. of ICDS Projects	No. of CDPOs in Position	Awareness of Five-tier monitoring system	
			N	%
Andhra Pradesh	3	3	2	66.67
Arunachal Pradesh	10	10	5	50
Assam	4	4	1	25
Bihar	11	11	6	54.55
Chhattisgarh	4	4	1	25
Delhi	5	5	3	60
Gujarat	3	2	2	100
Haryana	2	2	2	100
Karnataka	25	21	21	100
Kerala	9	9	8	88.89
Madhya Pradesh	27	18	16	88.89
Maharashtra	3	3	0	-
Mizoram	1	1	1	100

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Nagaland	9	9	0	-
Rajasthan	6	6	0	-
Uttar Pradesh	38	27	25	92.59
Total	160	135	93	68.89

It is evident from the above **Table 5.7** that only little more than two third (68.89%) of CDPOs were found aware of Five-tier monitoring system of ICDS. Though, all the CDPOs in the state of Delhi, Gujarat, Haryana and Mizoram followed by substantial numbers in the states of Uttar Pradesh (92.59%), Karnataka & Kerala (88.89% each) were found aware of five-tier monitoring system, however, none of the CDPOs in the states of Maharashtra, Nagaland and Rajasthan were aware of five-tier monitoring system.



Availability of MIS Guidelines and Formats

Table 5.8:

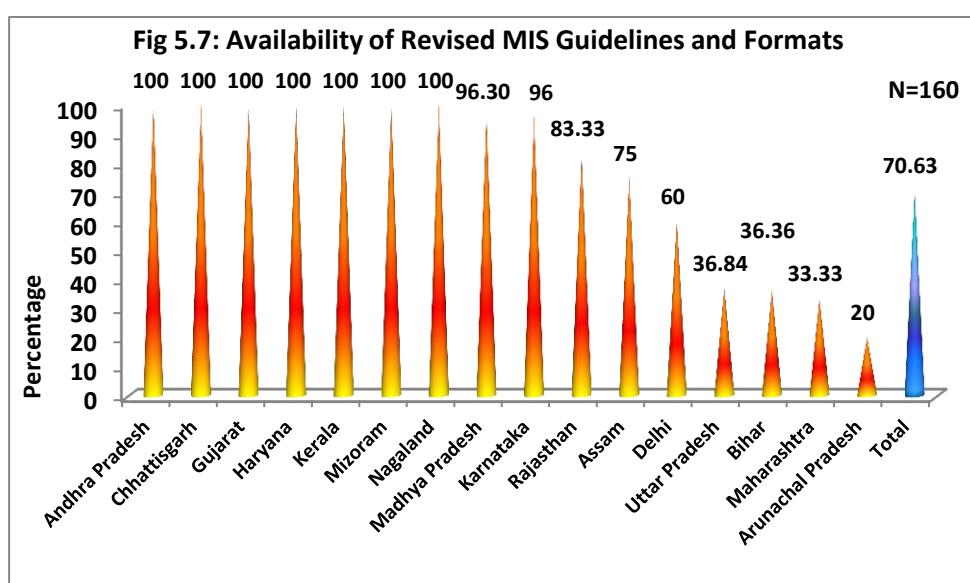
ICDS Projects received Revised MIS guidelines and formats

States	Total No. of ICDS Projects	No. of ICDS projects received Revised MIS	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	10	2	20
Assam	4	3	75
Bihar	11	4	36.36
Chhattisgarh	4	4	100
Delhi	5	3	60
Gujarat	3	3	100
Haryana	2	2	100
Karnataka	25	24	96
Kerala	9	9	100
Madhya Pradesh	27	26	96.30
Maharashtra	3	1	33.33

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Mizoram	1	1	100
Nagaland	9	9	100
Rajasthan	6	5	83.33
Uttar Pradesh	38	14	36.84
Total	160	113	70.63

It was found from the above **Table 5.8** that more than two third (70.63%) of the ICDS projects have received revised MIS guidelines and formats. Though, in the states of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Kerala, Mizoram and Nagaland, all of the ICDS projects have received revised MIS guidelines and formats, however, adoption of such guidelines was found in few ICDS project located in the states of Arunachal Pradesh (20%), Maharashtra (33.33%) and Bihar & Uttar Pradesh (about 37%).



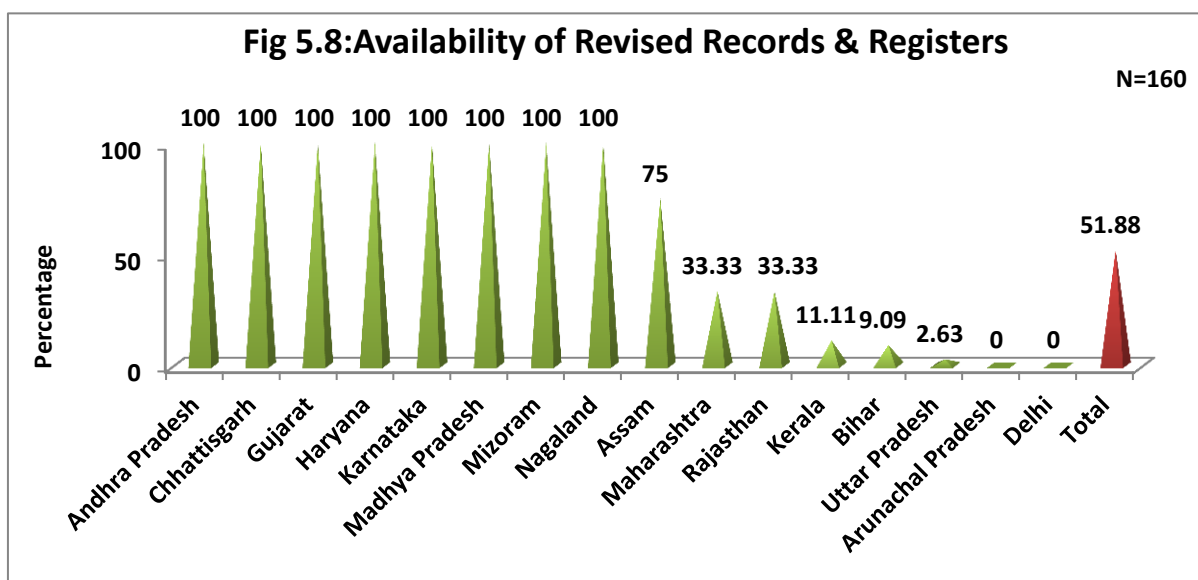
Availability of Revised Records & Registers

Table 5.9:
ICDS Projects received Revised Records & Registers

States	Total No. of ICDS Projects	No. of ICDS projects received Revised Records & Registers	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	10	0	-
Assam	4	3	75
Bihar	11	1	9.09
Chhattisgarh	4	4	100
Delhi	5	0	-
Gujarat	3	3	100
Haryana	2	2	100
Karnataka	25	25	100
Kerala	9	1	11.11

Madhya Pradesh	27	27	100
Maharashtra	3	1	33.33
Mizoram	1	1	100
Nagaland	9	9	100
Rajasthan	6	2	33.33
Uttar Pradesh	38	1	2.63
Total	160	83	51.88

It was found from the above **Table 5.9** that more than half (51.88%) of the ICDS projects have received revised records and registers. Though, all ICDS projects in the states of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Karnataka, Madhya Pradesh, Mizoram and Nagaland have received such revised records and registers. However, none of the ICDS projects in the states of Arunachal Pradesh and Delhi were found having received revised records and registers.



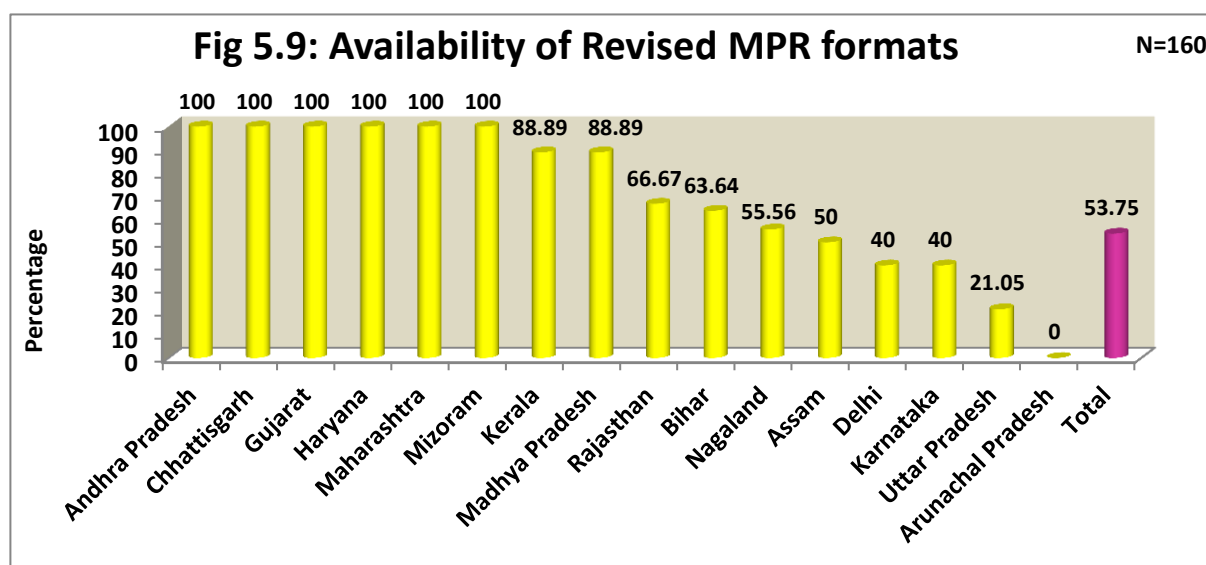
Availability of revised MPR Formats

A well-defined Monitoring Information System has already been introduced in ICDS through tapping the data by the use of monthly and quarterly progress reports. These reports have to be filled up by AWW and have to be passed on to the concerned CDPO through circle Supervisors. The CDPO is required to send these reports to the concerned State Government/ UT Administration with a copy to the control room of ICDS located in MWCD, GOI. Data regarding availability of this MPR Performa's are presented in **Table 5.10**

Table 5.10:
ICDS Projects received Revised MPR formats

States	Total No. of ICDS Projects	No. of ICDS projects received Revised MPR formats	
		N	%
Andhra Pradesh	3	3	100
Arunachal Pradesh	10	0	-
Assam	4	2	50
Bihar	11	7	63.64
Chhattisgarh	4	4	100
Delhi	5	2	40
Gujarat	3	3	100
Haryana	2	2	100
Karnataka	25	10	40
Kerala	9	8	88.89
Madhya Pradesh	27	24	88.89
Maharashtra	3	3	100
Mizoram	1	1	100
Nagaland	9	5	55.56
Rajasthan	6	4	66.67
Uttar Pradesh	38	8	21.05
Total	160	86	53.75

The **Table 5.10** reveals that little more than half of the ICDS Projects (53.75%) were having Revised MPR formats. The Revised MPR format was available in all ICDS projects (100%) located in the states of Andhra Pradesh, Chhattisgarh, Gujarat, Haryana, Maharashtra and Mizoram however, significant number (80% and above) of ICDS projects located in the states of Kerala and Madhya Pradesh (88.89%) have received revised MPR formats. None of the ICDS projects in the state of Arunachal Pradesh received revised MPR formats.



Additional Tasks to ICDS Functionaries

Apart from ICDS tasks, it has been frequently reported by ICDS functionaries that they have to discharge many other tasks not related with ICDS. Data in this regard are presented in **Table 5.11**.

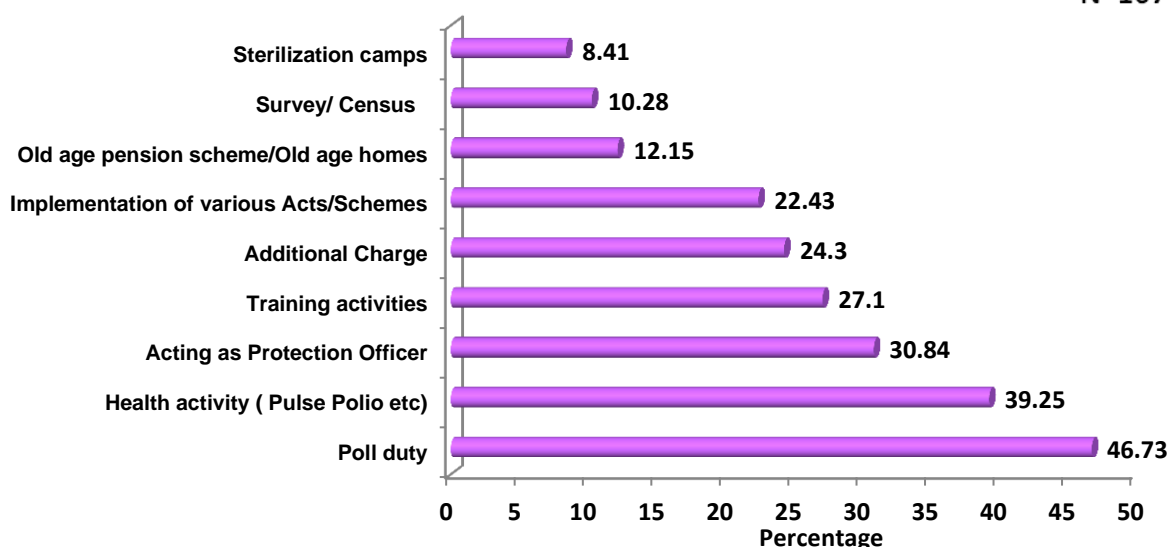
Table 5.11:
Additional Tasks/ Assignments as Reported by CDPO*
N=107

S.No.	Additional Tasks	No. of CDPOs	%
Assignments			
1.	Acting as Protection Officer	33	30.84
2.	Poll duty	50	46.73
3.	Old age pension scheme/Old age homes	13	12.15
4.	Survey/ Census	11	10.28
5.	Implementation of various Acts/Schemes	24	22.43
6.	Additional Charge	26	24.30
7.	Others (Specify)	55	51.40
8.	Health activity (Pulse Polio etc)	42	39.25
9.	Training activities	29	27.10
10.	Sterilization camps	9	8.41

*Note: Only 107 CDPOs were given additional roles and responsibility

Fig 5.10 Additional Assignment Reported by CDPOs

N=107



Constraints/Problems in Implementation of ICDS as Reported by CDPOs

The problems/constraints as reported by CDPOs in running ICDS projects are presented in **Table 5.12**.

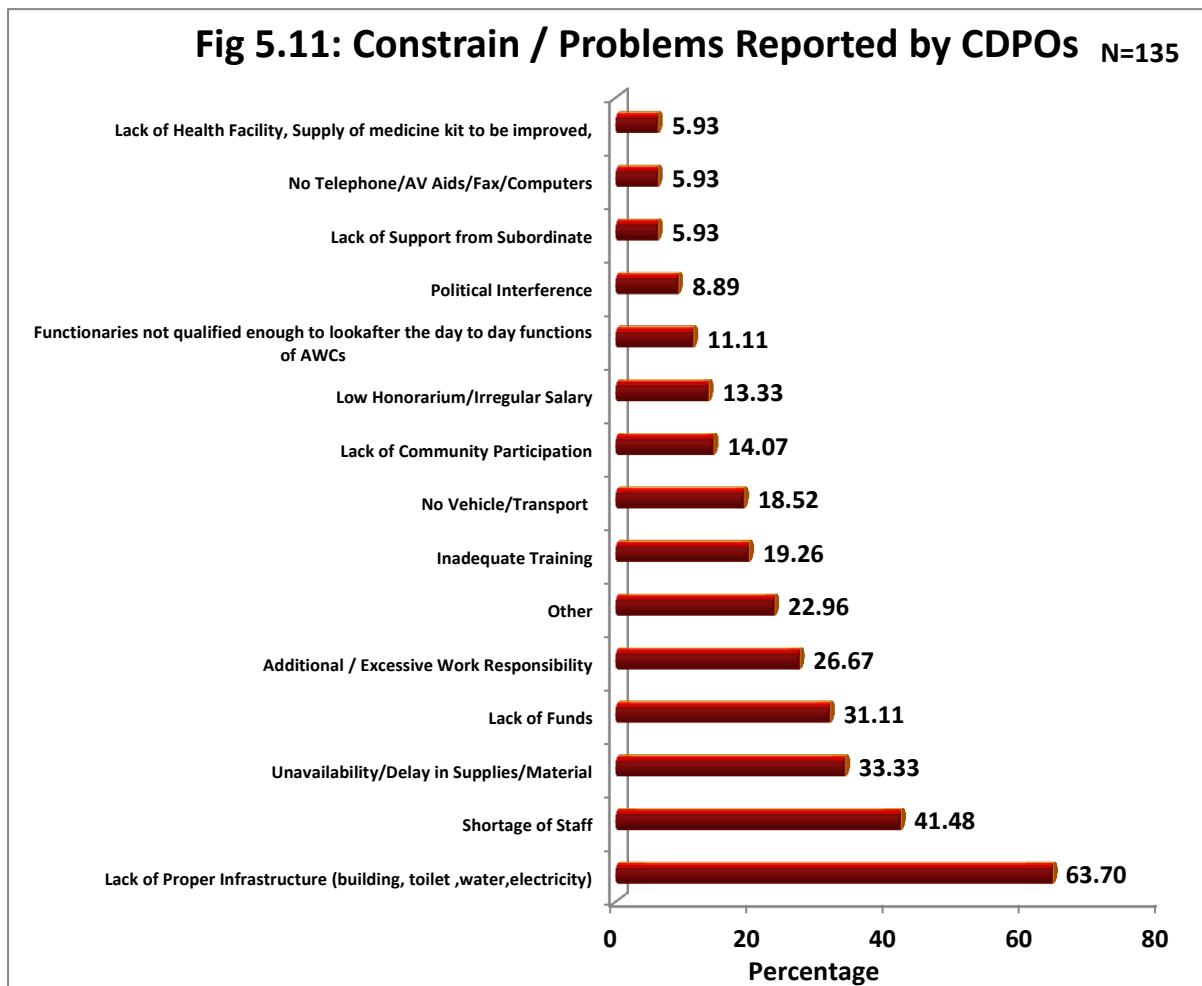
Table 5.12:
Constraints/Problems in Implementation of ICDS as Reported by CDPOs*
(N=135)

S.No.	Problems/Constraints	No. of CDPOs	%
1	Lack of Support from Subordinate	8	5.93
2	Lack of Proper Infrastructure (building, toilet ,water, electricity)	86	63.70
3	Shortage of Staff	56	41.48
4	Unavailability/Delay in Supplies/Material	45	33.33
5	Lack of Funds	42	31.11
6	Lack of Community Participation	19	14.07
7	Additional / Excessive Work Responsibility	36	26.67
8	Inadequate Training	26	19.26
9	Low Honorarium/Irregular Salary	18	13.33
10	Political Interference	12	8.89
11	No Vehicle/Transport	25	18.52
12	No Telephone/AV Aids/Fax/Computers	8	5.93
13	Lack of Health Facility, Supply of medicine kit to be improved,	8	5.93
14	Functionaries not qualified enough to look after the day to day functions of AWCs	15	11.11
15	Other	31	22.96

*Note: Only 135 CDPOs were in position

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It is revealed from **Table 5.12** that lack of proper infrastructure (63.70%), shortage of staff (41.48%) and had been reported as the major problems/ constraints in proper implementation of ICDS. Other problem areas in implementation of ICDS includes delay in supply of material like PSE/Medicine kit etc. (33.33%), lack of funds (31.11%), additional work load (26.67%), Inadequate Training (19.26%) and no vehicle/ transport (18.52%) etc.



Infrastructure of AWCs



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

Type of Building

- Type of Building of AWCs**



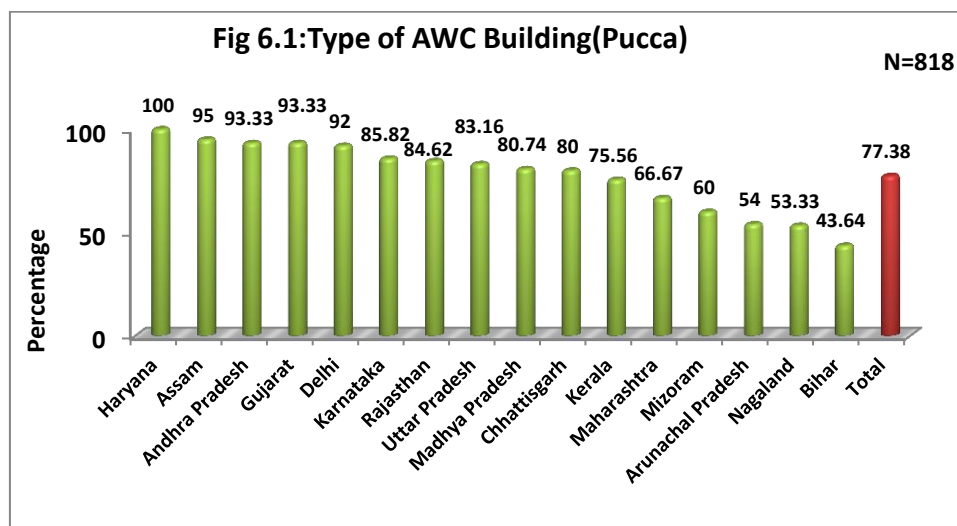
For the effective implementation of ICDS programme, the development of a suitable infrastructure in the form of Pucca Anganwadi building is an essential requirement. The location of Anganwadi Centres in Pucca buildings not only provides a distinct identity to the AWC in the community but also save the beneficiaries of ICDS from vagaries of weather. The data have been gathered about the type (kutcha, Open space and pucca) of building in which the AWCs were located. The data so collected is presented in **Table: 6.1.**

Table 6.1:
Type of AWC Building

States	Total No. of AWCs	Pucca		Kutcha		Open Space	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	15	14	93.33	1	6.67	0	-
Arunachal Pradesh	50	27	54	15	30	1	2
Assam	20	19	95	1	5	0	-
Bihar	55	24	43.64	31	56.36	0	-
Chhattisgarh	20	16	80	4	20	0	-
Delhi	25	23	92	2	8	0	-
Gujarat	15	14	93.33	1	6.67	0	-
Haryana	10	10	100	0	-	0	-
Karnataka	134	115	85.82	9	6.72	2	1.49
Kerala	45	34	75.56	4	8.89	7	15.56
Madhya Pradesh	135	109	80.74	18	13.33	3	2.22
Maharashtra	15	10	66.67	3	20	2	13.33
Mizoram	5	3	60	2	40	0	-
Nagaland	45	24	53.33	21	46.67	0	-
Rajasthan	39	33	84.62	1	2.56	4	10.26
Uttar Pradesh	190	158	83.16	13	6.84	13	6.84
Total	818	633	77.38	126	15.40	32	3.91

*Note: Total may not come to hundred per cent as some of the AWCs were found running in huts /semi pucca buildings (3.31%)

It is evident from the above **Table 6.1** that more than three fourth (77.38%) of AWCs were located in Pucca building. Though all the AWCs (100%) in the State of Haryana were running in Pucca building and majority of AWCs in the States of Assam (95%), Andhra Pradesh and Gujarat (93.33%each), Delhi (92%), Karnataka (85.82%), Rajasthan (84.62%), Uttar Pradesh (83.16%) and MP & Chhattisgarh (80%each) were located in pucca building however, the situation needs improvement in many other States like in the States of Bihar, Nagaland and Mizoram where considerable high number of AWCs (56.36%,46.67% and 40% respectively) were found located in Kutcha building.



- **Building Status**

One of the instrumentalities for achieving the objectives of ICDS is establishment of close linkages between the primary schools and the AWCs. As per structural guidelines of ICDS, the AWC needs to be co- located in the premises of primary school so as to smoothen the process of transition of children from AWC to Primary School and thus reducing the incidence of school drop outs. Rental provision is also available under ICDS guidelines if AWC is running in rented building. Government of India also provides necessary budgetary support for construction of AWCs in NE States and Jammu& Kashmir. Local community contribution either in cash, labour, or building material is also envisaged so as to make the AWC a permanent community asset, free from all encumbrances and its ability to run without interruption. Data in this regard are presented in **Table: 6.2. - Table: 6.7.**

Table 6.2:
Building Status - Own Building / Building Provided by State Government

States	Total No. of AWCs	No. of AWCs in Own building/ Building Provided by State Government/Rent free Govt. building/ Rent free Govt. Building	%
Andhra Pradesh	15	7	46.67
Arunachal Pradesh	50	42	84
Assam	20	12	60
Bihar	55	11	20
Chhattisgarh	20	14	70
Delhi	25	0	-

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Gujarat	15	8	53.33
Haryana	10	1	10
Karnataka	134	96	71.64
Kerala	45	38	84.44
Madhya Pradesh	135	67	49.63
Maharashtra	15	11	73.33
Mizoram	5	5	100
Nagaland	45	39	86.67
Rajasthan	39	10	25.64
Uttar Pradesh	190	52	27.37
Total	818	413	50.49

It is evident from **Table 6.2** that little more than half (50.49%) of AWCs were found located in the building either provided by State Government or constructed by the State Government utilizing the provisions available in various other schemes. All (100%) AWCs in the states of Mizoram and significant number (80% and above) of AWCs located in the States of Nagaland(86.67%), Kerala (84.44%) and Arunachal Pradesh (84%) were found located in the building either provided by State Government or constructed by the State Government. However, one fifth (20%) of AWCs in the State of Bihar, followed by Haryana (10%) and none of the AWCs in the state of Delhi were found running in the building provided by State government.

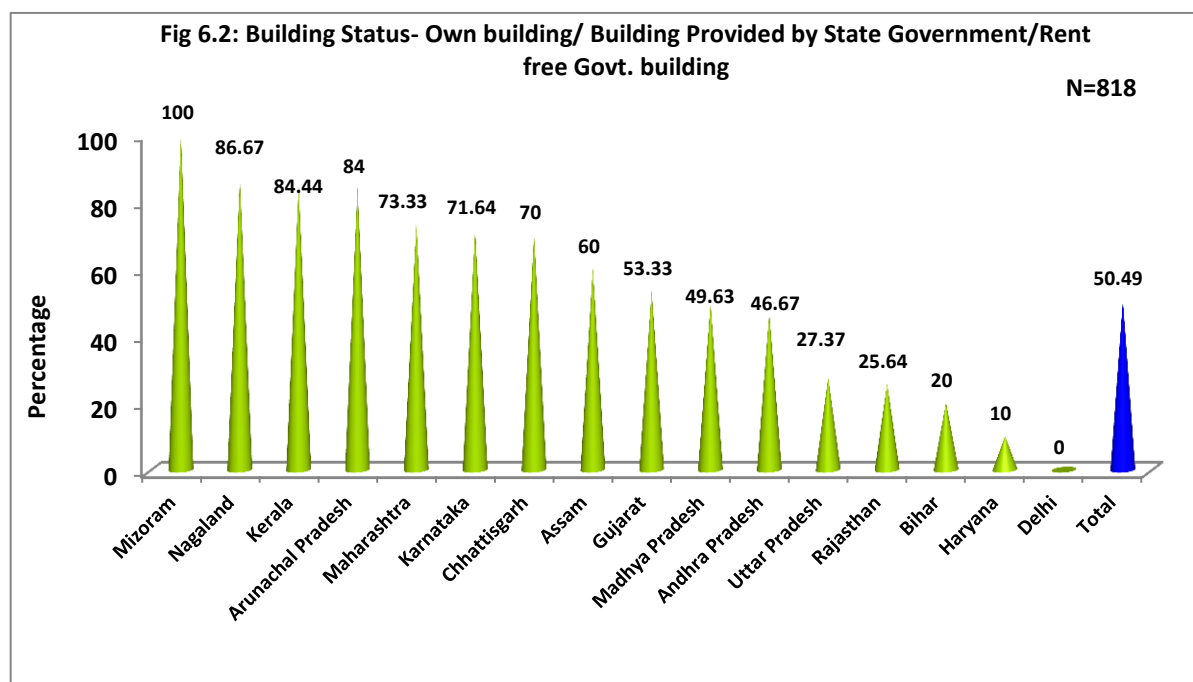


Table 6.3:
Building Status –Location of AWC in Primary School Building

States	Total No. of AWCs	No. of AWCs in School Building	%
Andhra Pradesh	15	1	6.67
Arunachal Pradesh	50	1	2
Assam	20	4	20
Bihar	55	2	3.64
Chhattisgarh	20	0	-
Delhi	25	0	-
Gujarat	15	0	-
Haryana	10	1	10
Karnataka	134	6	4.48
Kerala	45	7	15.56
Madhya Pradesh	135	14	10.37
Maharashtra	15	0	-
Mizoram	5	0	-
Nagaland	45	0	-
Rajasthan	39	4	10.26
Uttar Pradesh	190	80	42.11
Total	818	120	14.67

The data as contained in **Table 6.3** shows that less than one fifth (14.67%) of AWCs were found located in premises of primary school. Except in the State of Uttar Pradesh, little less than half (42.11%) of AWCs were running in primary school building. Data indicates that less than one fifth AWCs in the States of Kerala (15.56%), Madhya Pradesh (10.37%), Rajasthan (10.26%) and Karnataka (10%) were found running in school building. No AWCs in the State/UT of Chhattisgarh, Gujarat, Haryana, Maharashtra, Mizoram and Nagaland was found operating from the premises of primary school building.

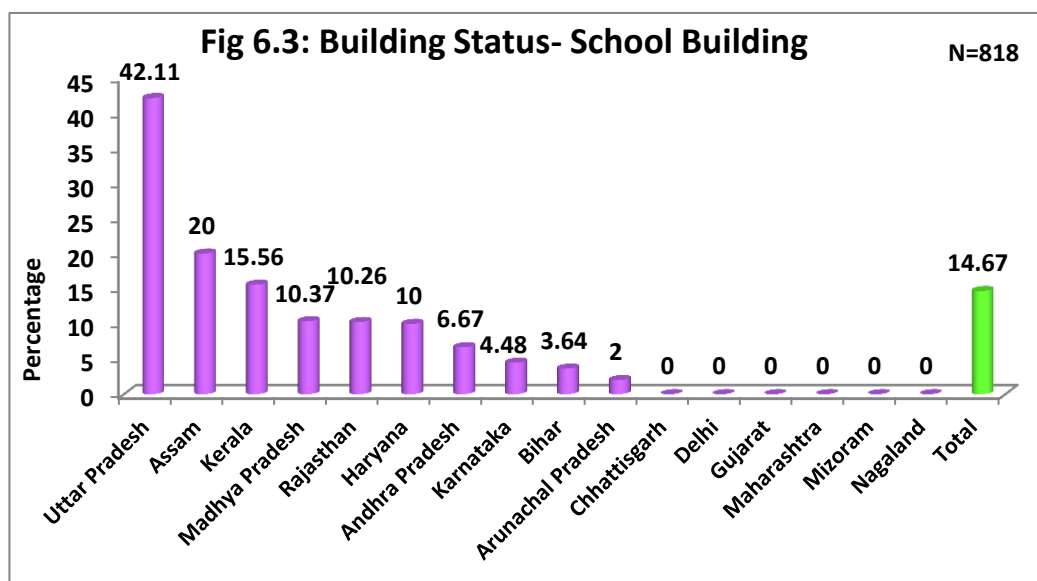


Table 6.4:
Building Provided by Community/Panchayat Free of Rent

States	Total No. of AWCs	No. of AWCs in Community/Panchayat building without rent	%
Andhra Pradesh	15	0	-
Arunachal Pradesh	50	3	6
Assam	20	3	15
Bihar	55	3	5.45
Chhattisgarh	20	1	5
Delhi	25	1	4
Gujarat	15	2	13.33
Haryana	10	2	20
Karnataka	134	10	7.46
Kerala	45	0	-
Madhya Pradesh	135	15	11.11
Maharashtra	15	1	6.67
Mizoram	5	0	-
Nagaland	45	5	11.11
Rajasthan	39	6	15.38
Uttar Pradesh	190	29	15.26
Total	818	81	9.90

The data as presented in **Table 6.4** shows that the percentage of AWCs running in building provided by the community was less than one tenth (9.90%). Less than one fifth of AWCs in the States of Rajasthan (15.38%), followed by Uttar Pradesh (15.26%) and Assam (15%) were located in rent free building provided by community or Panchayat. However, very few AWCs were running in the building provided by community free of cost located in the States of Gujarat (13.33%), Madhya Pradesh and Nagaland (11.11%each), Karnataka (7.46%) and Arunachal Pradesh (6%). None of the AWCs in the States of Andhra Pradesh, Kerala and Mizoram were found running in the building provided by community free of cost.

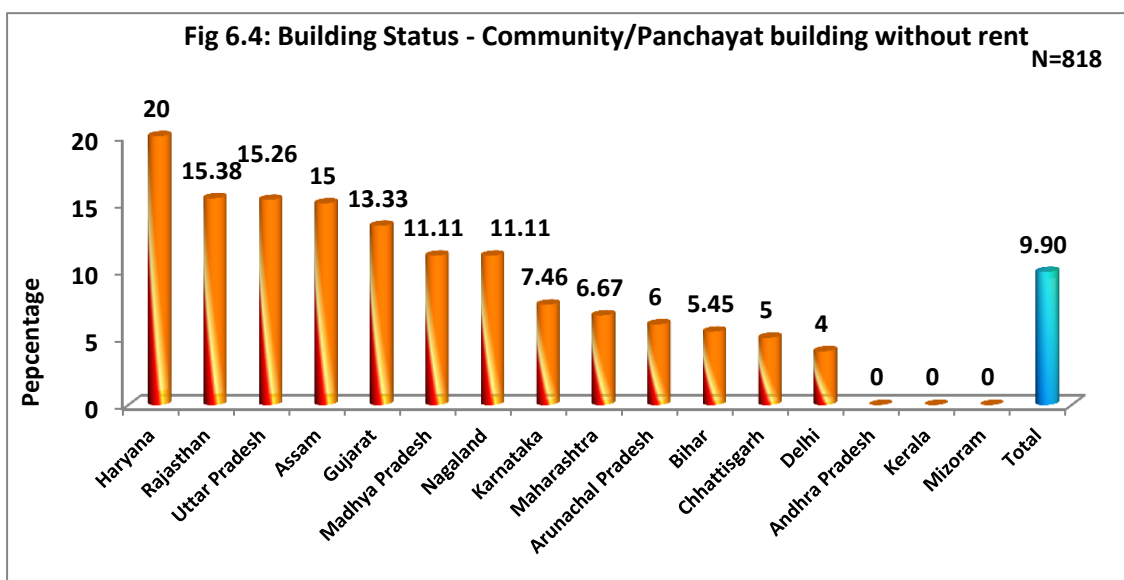


Table 6.5:
Building Status -Rented Building

States	Total No. of AWCs	No. of AWCs in Rented Building	%
Andhra Pradesh	15	7	46.67
Arunachal Pradesh	50	0	-
Assam	20	0	-
Bihar	55	35	63.64
Chhattisgarh	20	5	25
Delhi	25	24	96
Gujarat	15	3	20
Haryana	10	5	50
Karnataka	134	11	8.21
Kerala	45	0	-
Madhya Pradesh	135	26	19.26
Maharashtra	15	0	-
Mizoram	5	0	-
Nagaland	45	0	-
Rajasthan	39	14	35.90
Uttar Pradesh	190	24	12.63
Total	818	154	18.83

The data as presented in **Table 6.5** shows that less than one fifth (18.83%) of AWCs were found running in rented buildings. While majority (96%) of AWCs in the State of Delhi and in Bihar, less than two third of AWCs (63.64%) were located in rented buildings, about half of AWCs in the States of Haryana, 46.67 per cent in Andhra Pradesh and Rajasthan (35.90%) were found running in rented premises. Good to see

that not a single AWCs in the states of Arunachal Pradesh, Assam, Kerala, Maharashtra, Mizoram and Nagaland were found running in the rented building.

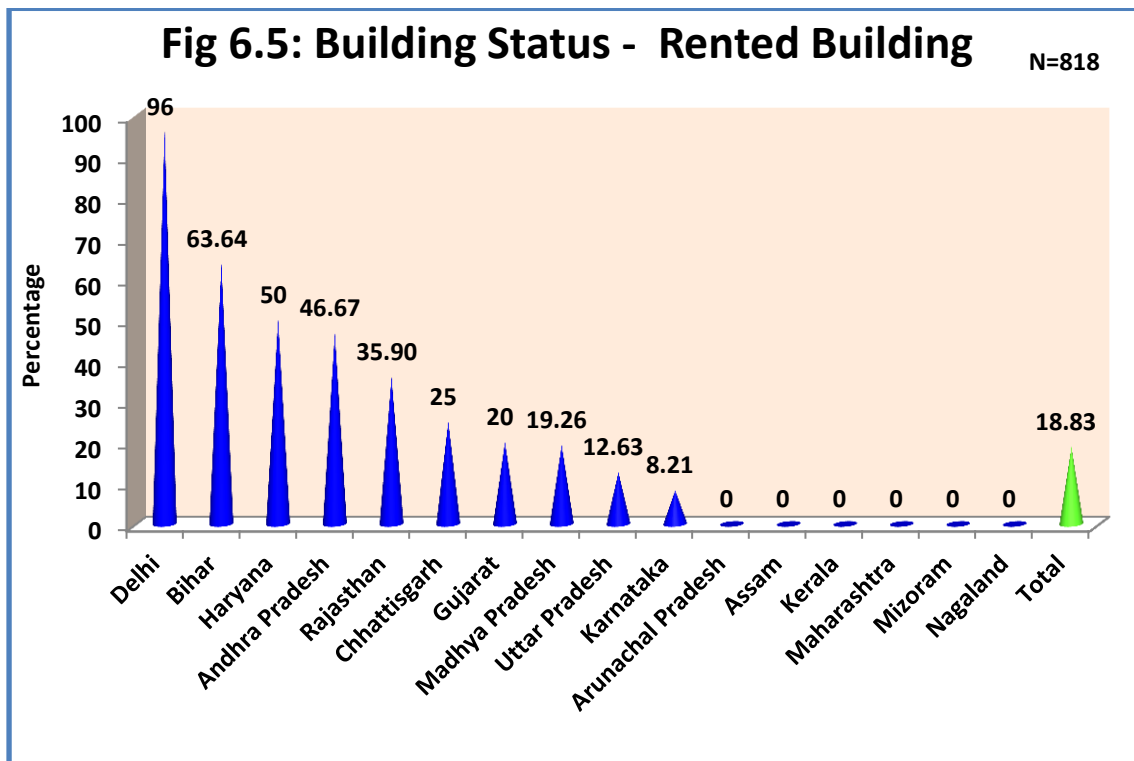


Table 6.6:
Building Status –AWW / Helper's House

States	Total AWCs	No. of	No. of AWCs in Own/Helper's House	%
Andhra Pradesh	15		0	-
Arunachal Pradesh	50		1	2
Assam	20		1	5
Bihar	55		1	1.82
Chhattisgarh	20		0	-
Delhi	25		0	-
Gujarat	15		2	13.33
Haryana	10		1	10
Karnataka	134		1	0.75
Kerala	45		0	-
Madhya Pradesh	135		7	5.19
Maharashtra	15		0	-
Mizoram	5		0	-
Nagaland	45		1	2.22
Rajasthan	39		3	7.69

Uttar Pradesh	190	1	0.53
Total	818	19	2.32

The data as presented in **Table 6.6** shows that only 2.32 per cent of AWCs were running in AWW/Helper's own house. Majority of AWCs were located in AWWs own house in the States of Gujarat (13.33%) followed by Haryana (10%), Rajasthan (7.69%), Assam & Madhya Pradesh (5%), Nagaland & Arunachal Pradesh about (2.22% & 2%), Bihar (1.82%) and Karnataka & Uttar Pradesh (0.75% & 0.53%). None of the AWCs in the States/UT of Andhra Pradesh, Chhattisgarh, Delhi, Kerala, Maharashtra and Mizoram were found running in the in AWWs/Helper's own house.

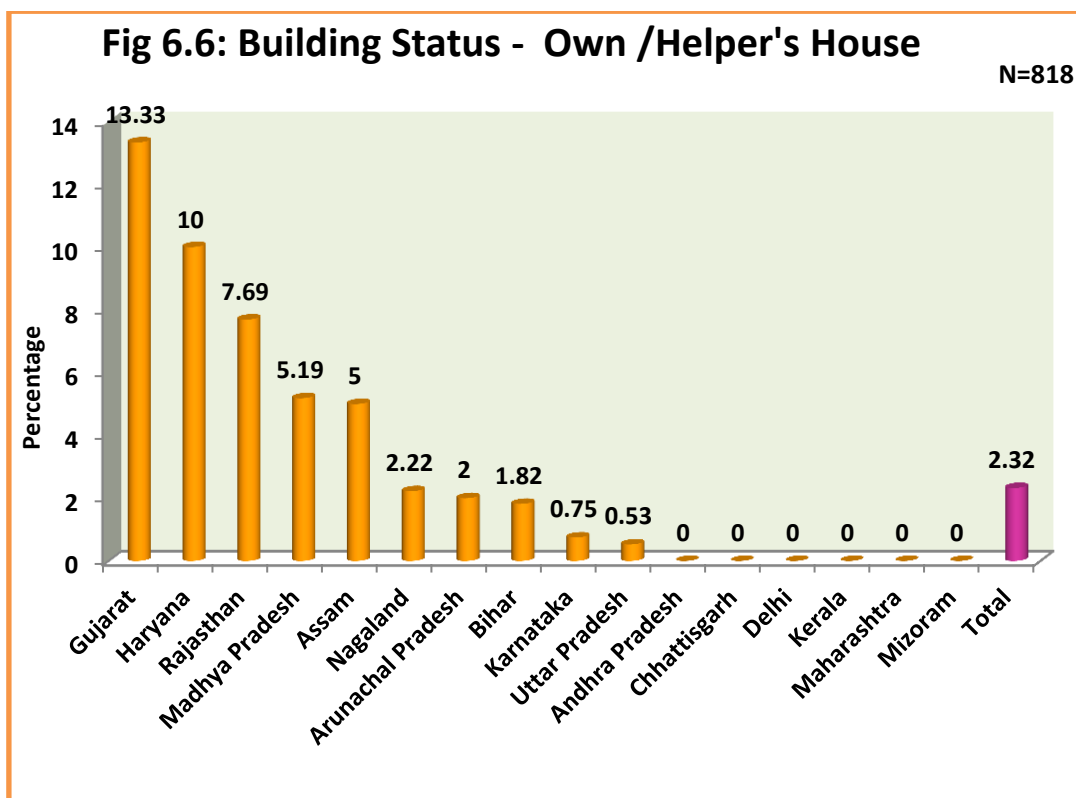


Table 3.7:
Ownership of AWC Building*

States	Total No. of AWCs	No. of AWCs in Own building/ Building Provided by State Government/Rent free Govt. building	%	No. of AWCs in School Building	%	No. of AWCs in Community/Panchayat building without rent	%	No. of AWCs in Rented Building	%	No. of AWCs in Own /Helper's House	%
Andhra Pradesh	15	7	46.67	1	6.67	0	0	7	46.67	0	0
Arunachal Pradesh	50	42	84	1	2	3	6	0	0	1	2
Assam	20	12	60	4	20	3	15	0	0	1	5
Bihar	55	11	20	2	3.64	3	5.45	35	63.64	1	1.82
Chhattisgarh	20	14	70	0	0	1	5	5	25	0	0

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Delhi	25	0	0	0	0	1	4	24	96	0	0
Gujarat	15	8	53.33	0	0	2	13.33	3	20	2	13.33
Haryana	10	1	10	1	10	2	20	5	50	1	10
Karnataka	134	96	71.64	6	4.48	10	7.46	11	8.21	1	0.75
Kerala	45	38	84.44	7	15.56	0	0	0	0	0	0
Madhya Pradesh	135	67	49.63	14	10.37	15	11.11	26	19.26	7	5.19
Maharashtra	15	11	73.33	0	0	1	6.67	0	0	0	0
Mizoram	5	5	100	0	0	0	0	0	0	0	0
Nagaland	45	39	86.67	0	0	5	11.11	0	0	1	2.22
Rajasthan	39	10	25.64	4	10.26	6	15.38	14	35.90	3	7.69
Uttar Pradesh	190	52	27.37	80	42.11	29	15.26	24	12.63	1	0.53
Total	818	413	50.49	120	14.67	81	9.90	154	18.83	19	2.32

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

Display of Sign Board of AWCs

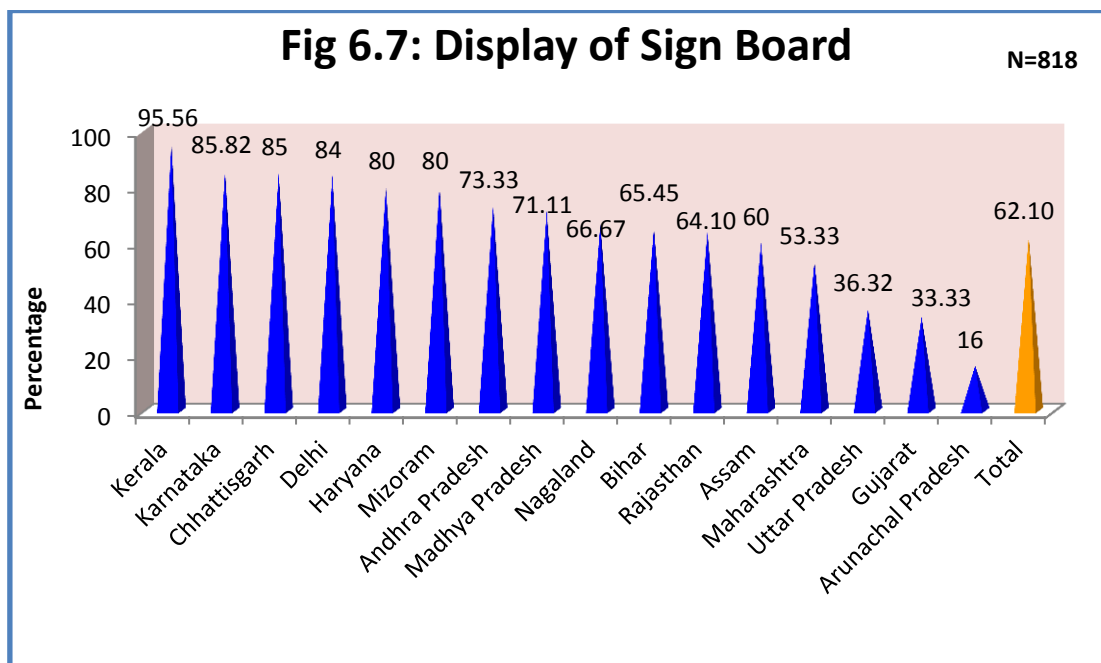
In view to give visual impact of the AWCs and also to help in improving the awareness of the community on the ICDS scheme, all AWCs are required to display the name board at the entrance of AWCs. The display board should have ICDS logo, Name, code and full address of the AWC and name of the AWW and AWH. Data in this regard are presented in **Table 6.8**.

Table 6.8:
Displaying of Sign Boards

States	Total No. of AWCs	Sign board of AWCs Displayed	
		No.	%
Andhra Pradesh	15	11	73.33
Arunachal Pradesh	50	8	16
Assam	20	12	60
Bihar	55	36	65.45
Chhattisgarh	20	17	85
Delhi	25	21	84
Gujarat	15	5	33.33
Haryana	10	8	80
Karnataka	134	115	85.82
Kerala	45	43	95.56
Madhya Pradesh	135	96	71.11
Maharashtra	15	8	53.33
Mizoram	5	4	80
Nagaland	45	30	66.67
Rajasthan	39	25	64.10
Uttar Pradesh	190	69	36.32
Total	818	508	62.10

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It is revealed from **Table 6.8** that 62.10 per cent of AWCs were found having display of sign board with code no of AWC and names of AWWs and AWHs. Significant number (60% and above) of AWCs in the states of Kerala (95.56%), Karnataka and Chhattisgarh (85%), Delhi and Mizoram (80% each), Andhra Pradesh (73.33%), Madhya Pradesh (71.11%), Nagaland (66.67%), Bihar(65.45%), Rajasthan (64.10%) and Assam (60%) were having display of sign board.



Location of AWC within the Village

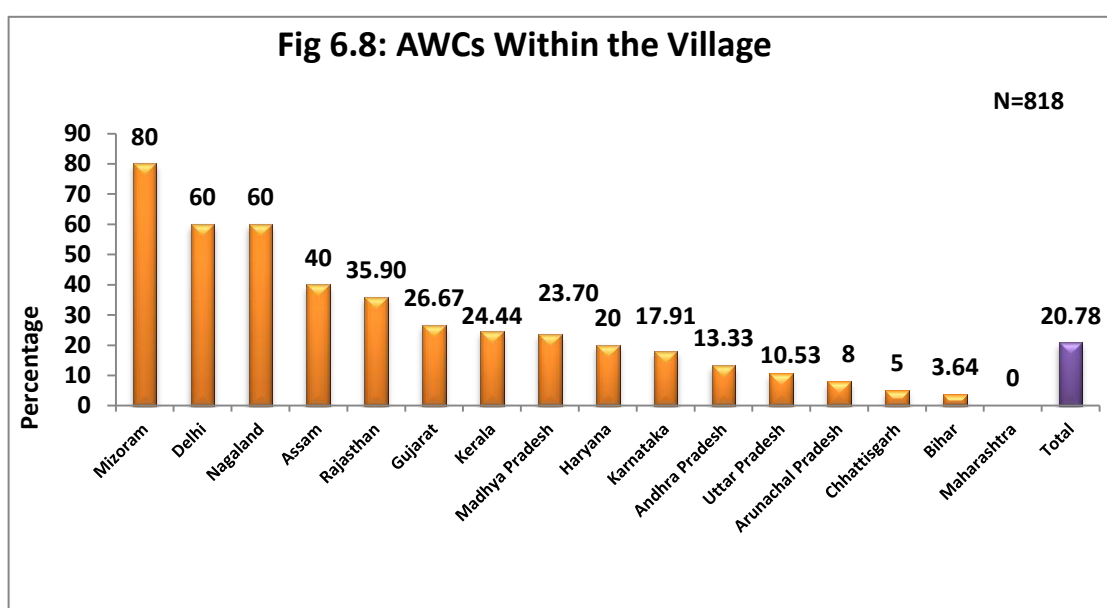
As far as possible, the AWC has to be located within the village so as to facilitate the ICDS beneficiaries to take advantage of the services delivered at the AWC. Data in this regards presented in **Table 6.9**.

Table 6.9:
Location of AWC within the Village

States	Total No. of AWCs	AWCs Within the Village	
		No.	%
Andhra Pradesh	15	2	13.33
Arunachal Pradesh	50	4	8
Assam	20	8	40
Bihar	55	2	3.64
Chhattisgarh	20	1	5
Delhi	25	15	60
Gujarat	15	4	26.67
Haryana	10	2	20
Karnataka	134	24	17.91
Kerala	45	11	24.44
Madhya Pradesh	135	32	23.70

Maharashtra	15	0	-
Mizoram	5	4	80
Nagaland	45	27	60
Rajasthan	39	14	35.90
Uttar Pradesh	190	20	10.53
Total	818	170	20.78

It is evident from the **Table 6.9** that location of AWCs within village was reported in majority (80%) of AWCs from the States of Mizoram followed by 60 per cent in Nagaland and Assam (40%). The location of none of the AWCs from Maharashtra was found in same village.



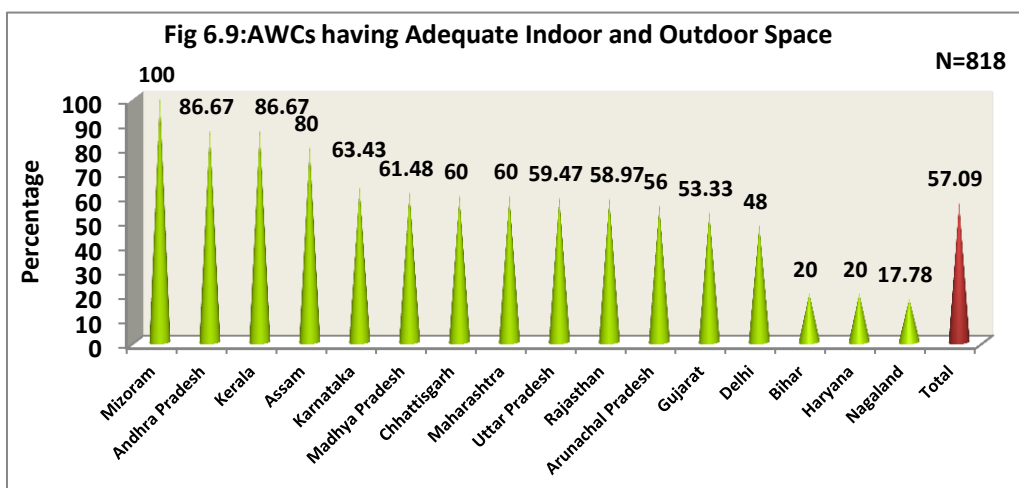
Availability of Adequate Out Door and Indoor Space

Needless to mention, every AWC should have indoor space where children can not only move around but can also work in small groups, in pairs and in circle depending upon the activity. While children are doing the activities in a group, the AWW should be able to move around and interact with them by giving them individual attention. Similarly, availability of outdoor play offers unparalleled opportunities for the children to grow, to enhance their motor skills, allows them to explore their surroundings, to discover and to learn eventually. The outdoor area of AWC should be utilised for organising free play, structured games, physical exercises, multimedia activities and the like. The data as obtained on adequacy of indoor and outdoor space is presented in **Table 6.10**:

Table 6.10:
AWCs having Adequate Outdoor and Indoor Space

States	Total No. of AWCs	No. of AWCs having adequate built size	
		No.	%
Andhra Pradesh	15	13	86.67
Arunachal Pradesh	50	28	56
Assam	20	16	80
Bihar	55	11	20
Chhattisgarh	20	12	60
Delhi	25	12	48
Gujarat	15	8	53.33
Haryana	10	2	20
Karnataka	134	85	63.43
Kerala	45	39	86.67
Madhya Pradesh	135	83	61.48
Maharashtra	15	9	60
Mizoram	5	5	100
Nagaland	45	8	17.78
Rajasthan	39	23	58.97
Uttar Pradesh	190	113	59.47
Total	818	467	57.09

It is evident from the **Table 6.10** that little less than two third (57.09%) of AWCs were found of having adequate indoor and outdoor space. The state-specific percentages of AWCs having adequate indoor and outdoor space reveals all the AWCs in the States of Mizoram were having adequate space. Significant number (70% and above) of AWCs were having adequacy of space in the States of Andhra Pradesh, Kerala and Assam.



Drinking Water

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

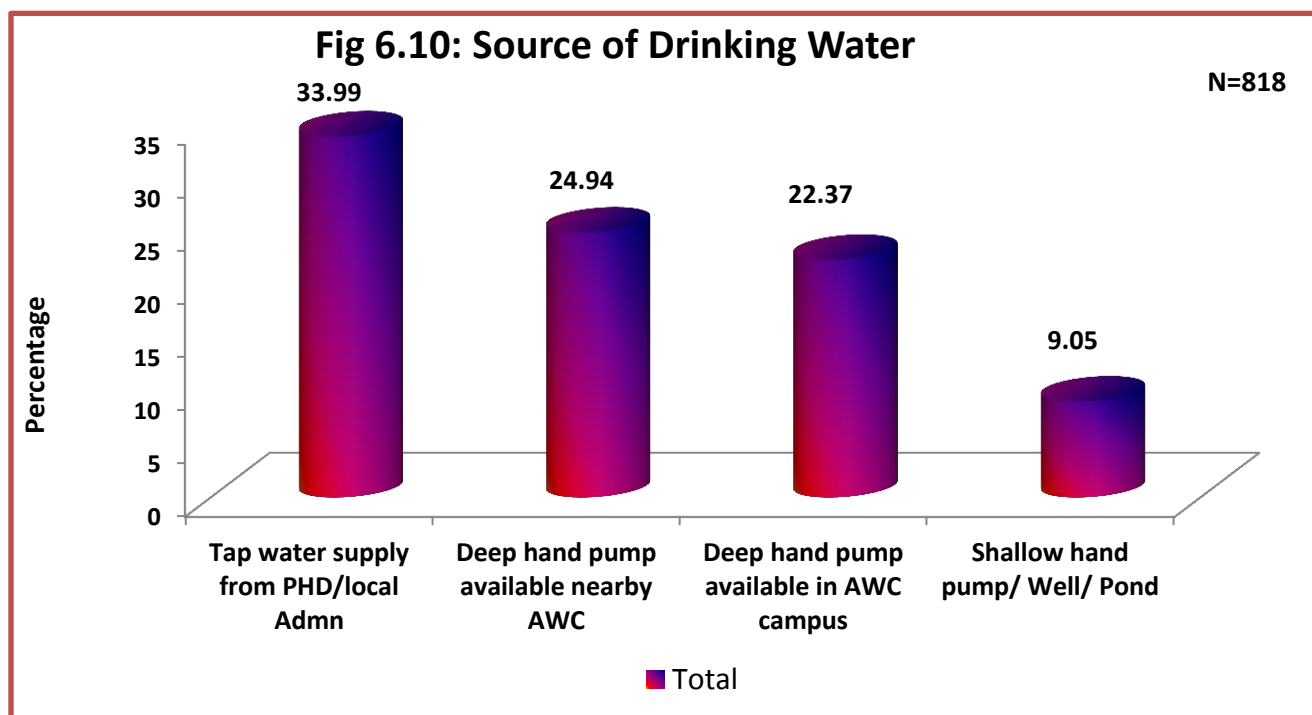
Table 6.11:
Sources of Drinking Water*

States	Total No. of AWCs	Multiple Responses							
		Deep hand pump available in AWC campus		Deep hand pump available nearby AWC		Shallow hand pump/ Well/ Pond		Tap water supply from PHD/local Admn	
		N	%	N	%	N	%	N	%
Andhra Pradesh	15	0	-	0	-	2	13.33	13	86.67
Arunachal Pradesh	50	6	12	3	6	7	14	27	54
Assam	20	5	25	10	50	1	5	4	20
Bihar	55	12	21.82	28	50.91	11	20	2	3.64
Chhattisgarh	20	0	-	8	40	4	20	6	30
Delhi	25	0	-	6	24	0	-	19	76
Gujarat	15	5	33.33	1	6.67	8	53.33	0	-
Haryana	10	1	10	0	-	0	-	9	90
Karnataka	134	1	0.75	14	10.45	12	8.96	104	77.61
Kerala	45	5	11.11	6	13.33	6	13.33	17	37.78
Madhya Pradesh	135	22	16.30	77	57.04	16	11.85	18	13.33
Maharashtra	15	0	-	7	46.67	1	6.67	7	46.67
Mizoram	5	0	-	0	-	0	-	5	100
Nagaland	45	1	2.22	3	6.67	0	-	0	-
Rajasthan	39	2	5.13	5	12.82	1	2.56	29	74.36
Uttar Pradesh	190	123	64.74	36	18.95	5	2.63	18	9.47
Total	818	183	22.37	204	24.94	74	9.05	278	33.99

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

The data on type of drinking water facility as presented in **Table 3.11** reveals that one third of the AWCs (33.99%) have tap water facility in the AWCs. Though, tap water is the main source of drinking water facility in majority of AWCs from the States of Mizoram (100%), Haryana (90%), Andhra Pradesh (86.67%), Karnataka (77.61%) and Delhi (76%). However, on the other hand, majority of AWCs from the States of UP (64.74%) have deep hand pump as a source of drinking water facility within AWCs. Deep Hand Pumps available nearby AWCs were another source of drinking water facility available in 24.94 per cent of AWCs, Source of drinking water as deep Hand Pump nearby AWCs available in 50 percent and above AWCs in the states of Madhya Pradesh (57.04%), Bihar (50.91%) and Assam (50%). Shallow hand pump/ Well/ Pond has been reported as one of the source of drinking water facility in 9.05 per cent of AWCs. Majority of AWCs (53.33%) from the state of Gujarat were having shallow hand pump/ Well/ Pond as a source of water.





Sanitation

• **Availability and Usability of Toilets**

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



MWCD vide its letter no 19-3/2004-CD-1 dated 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. The usable toilet facility condition was noted for all the centres and has been represented in the **Table 6.12**.

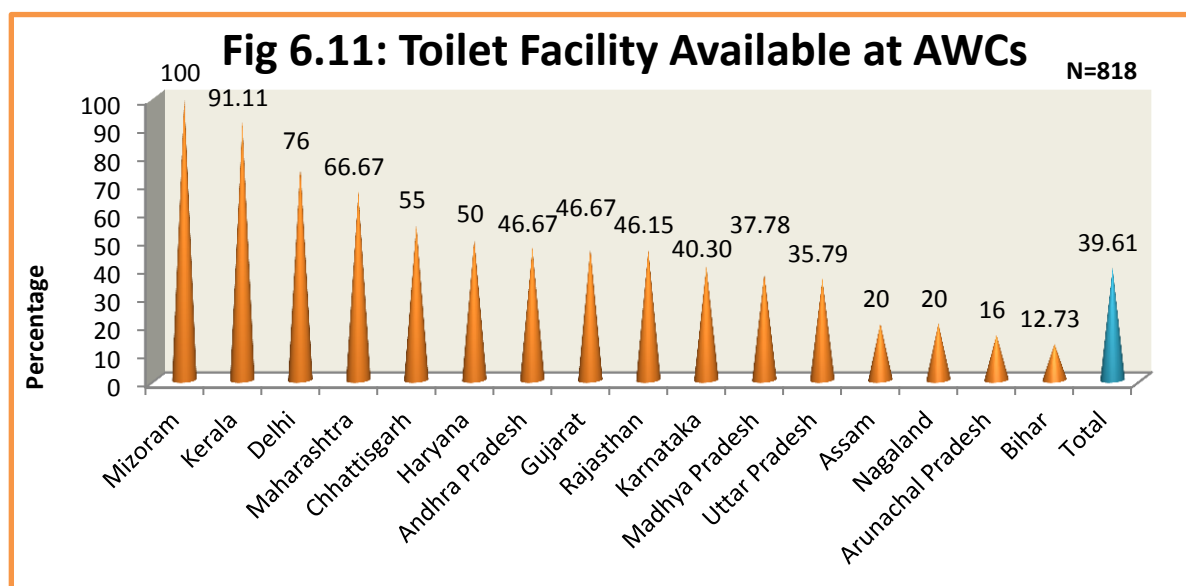
Table 6.12:
Toilet facility available in AWCs

States	Total No. of AWCs	Available		Available but not usable		Available but not child friendly	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%

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Andhra Pradesh	15	7	46.67	2	28.57	0	-
Arunachal Pradesh	50	8	16	1	12.50	2	4
Assam	20	4	20	1	25	0	-
Bihar	55	7	12.73	5	71.43	0	-
Chhattisgarh	20	11	55	1	9.09	0	-
Delhi	25	19	76	0	0.00	0	-
Gujarat	15	7	46.67	1	14.29	1	6.67
Haryana	10	5	50	1	20	0	-
Karnataka	134	54	40.30	23	42.59	1	0.75
Kerala	45	41	91.11	0	-	0	-
Madhya Pradesh	135	51	37.78	20	39.22	6	4.44
Maharashtra	15	10	66.67	0	-	1	6.67
Mizoram	5	5	100	0	-	0	-
Nagaland	45	9	20	1	11.11	1	2.22
Rajasthan	39	18	46.15	2	11.11	2	5.13
Uttar Pradesh	190	68	35.79	12	17.65	12	6.32
Total	818	324	39.61	70	21.60	26	3.18

The **Table 6.12** reveals that little more than one third (39.61%) of AWCs reported availability of toilets. Only in the state of Mizoram, all (100%) AWCs were found having availability of toilets, followed by Kerala (91.11%), Delhi (76%), Maharashtra (66.67%), Chhattisgarh (55%), Haryana (50%) and Andhra Pradesh, Gujarat & Rajasthan in about little less than half of the AWCs. The availability of toilet was reported in one fifth (20%) of AWCs in the states of Nagaland and Assam followed by Arunachal Pradesh (16%) and Bihar (12.73%) respectively, though toilets were found available but were not found in usable condition in 21.60 per cent of AWCs. The availability of child friendly toilets was reported in only 3.1 per cent of AWCs.

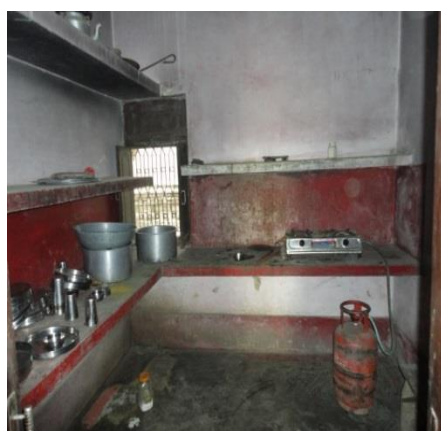


Availability of Cooking Space

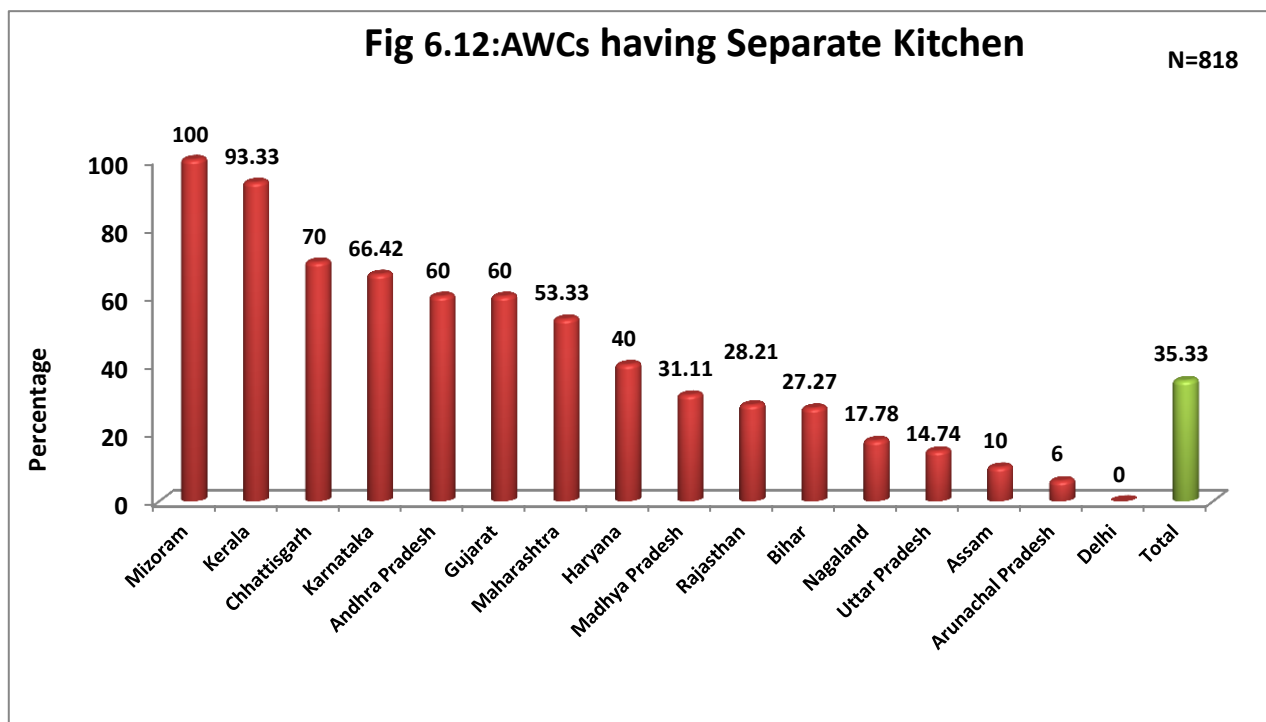
Sufficient cooking space is very important in those AWCs where AWWs prepare HCM for children. Data in this regard are presented in **Table 6.13**.

**Table 6.13:
Separate Kitchen Available at AWC**

States	Total No. of AWCs	No. of AWCs having Separate Kitchen	%
Andhra Pradesh	15	9	60
Arunachal Pradesh	50	3	6
Assam	20	2	10
Bihar	55	15	27.27
Chhattisgarh	20	14	70
Delhi	25	0	-
Gujarat	15	9	60
Haryana	10	4	40
Karnataka	134	89	66.42
Kerala	45	42	93.33
Madhya Pradesh	135	42	31.11
Maharashtra	15	8	53.33
Mizoram	5	5	100
Nagaland	45	8	17.78
Rajasthan	39	11	28.21
Uttar Pradesh	190	28	14.74
Total	818	289	35.33



It is revealed from **Table 6.13** that little more than one third (35.33%) of AWCs had the availability of adequate cooking space. The state specific percentage stipulates that all (100%) AWCs in the State of Mizoram and 93.33 percent of AWCs in Kerala were having availability of separate kitchen. However, less than one fifth of the AWCs in the States of Nagaland (17.78%), Uttar Pradesh (14.74%), Assam (10%) and Arunachal Pradesh (6%) were having availability of separate kitchen. None of the AWCs from the state of Delhi were found having availability of separate kitchen.



Separate Space for Storage of Food items

The 'Take Home Ration' and the raw material for cooking of supplementary nutrition were being supplied to the AWCs in bulk at the regular intervals. It has to be stored in AWCs. The data in this aspect is presented in **Table-6.14**.

Table 6.14:
AWCs having Separate Space for Storage

States	Total No. of AWCs	No. of AWCs having Separate Space for Storage	%
Andhra Pradesh	15	6	40
Arunachal Pradesh	50	15	30
Assam	20	5	25
Bihar	55	17	30.91
Chhattisgarh	20	14	70
Delhi	25	1	4
Gujarat	15	5	33.33
Haryana	10	7	70
Karnataka	134	81	60.45
Kerala	45	31	68.89
Madhya Pradesh	135	74	54.81
Maharashtra	15	9	60
Mizoram	5	5	100

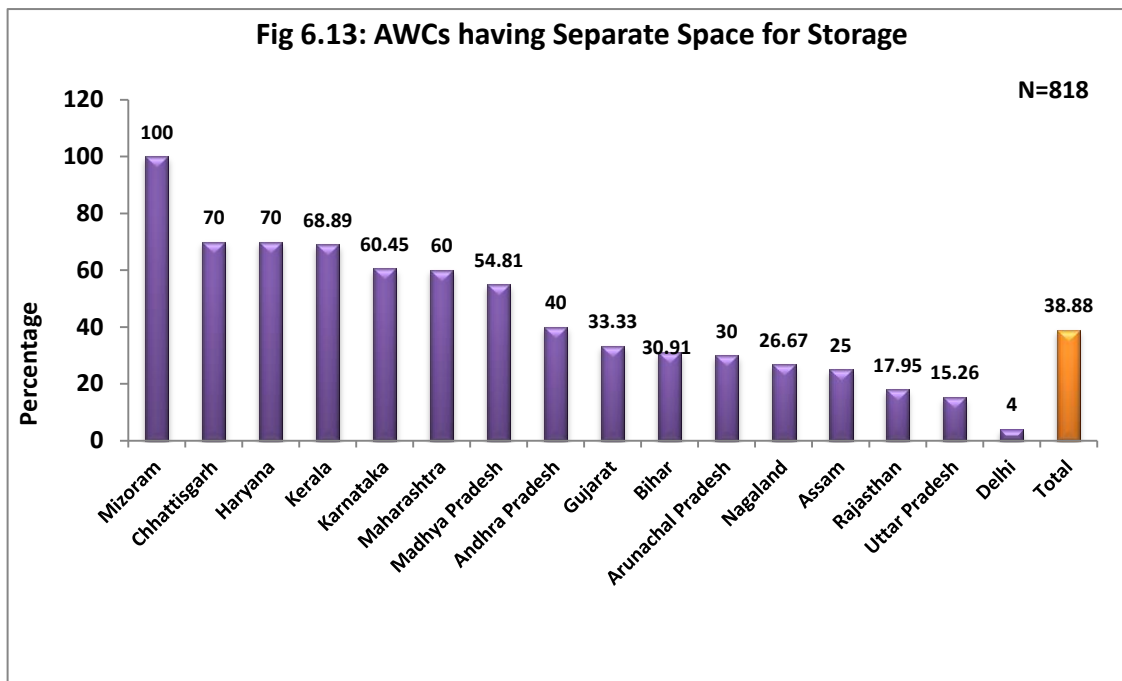
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Nagaland	45	12	26.67
Rajasthan	39	7	17.95
Uttar Pradesh	190	29	15.26
Total	818	318	38.88

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



The above data shows that 61.12 per cent of AWCs were yet to provide separate storage space. Only in the State of Mizoram all (100%) AWCs were found having availability of separate storage space, however, the situation needs improvement in the States of Rajasthan (17.95%), Uttar Pradesh (15.26%) and Delhi (4%) of AWCs were found having availability of storage space.



List of AWCs and Projects Taken In the Present Report

District	ICDS Projects	Name of AWC/Code
ANDHRA PRADESH		
Kurnool	Adori Rural ICDS Project	Pandauagal center-1
		Center -6 Peddakadabur
		H. Murvani 2 (28552010408)
		28622010923
	Nandial ICDS (rural)	Kamavaram -IVcenter, (28522010909)
		BC colony Kowlur Panyam Mandal
		Near Waktark old Chandamama Hotel
		SC Colony,Beside church (557)
Ananthapur	Ananthapur(rural)	Kowter XWC - II Savidu
		Sc area Ayalluru, AWC No - 9
		Rajaknagar, AWC No - 10
		4th road
		AWC Indira Gandhi Nagar- 1
ARUNACHAL PRADESH		
Kurung Kumey	Sangran (tribal)	Tarakapuram Kottala
		Rani Nagar (28553010418)
		Nioyakowa AWE,
		Yangpo AWC
		pagba Awc, seeton A
Lower Dibang Vallery	Dambuk	Gangti Village
		Hote AWE
		Bipuri 'A"
		Bipuri B, AWE
		Yapgo AWE
East Kameng	Pakka Kesang ICDS Proj	Bomijin AWC
		Reni II AWE, centre No 2
		Pakka Kesang Hote AWC.
		Hoka Vellay AWC
		New Seramso AWC
East Siang	Ruksin ICDS Project	Nyori Hote AWC
		Lungpong AWC
		Debing III,
		Ruksin I
		Debaing I
Bordumsa Changlang	Bordumsa Diyum	Rusking ii
		Debing ii
		Mohong Mura - I
		Bijoypur - I
		Avoipur-I
West Kameng	Buragaon ICDS Projects	Rajnagar-I
		Kuwung Pathar -I
		Singchung AWC/no 1
		Tenga Valley (kholacamp)no-3
		Tenga -3 AWC/no-16
		Jamiri village

District	ICDS Projects	Name of AWC/Code
		New jamiri
Changlang	Changlang (Tribal)	Lower Sabbam
		New Sabban
		Laktong
		New Thamlom
		Chokdok
East Siang Dist	Mebo ICDS Project	Ayeng III
		Romdum (hq)
		Ayeng No-1
		Ngopok-VII
		Mebo-5
West Siang Dist	Basar ICDS project	Chiren 1 AWC
		Basar Bazar AWC center code 3
		Reda vetenary Awc ,center no 39
		Nyigame III AWC, center 4
Upper Subansiri	Baririjo ICDS project	Basar HQ AWC,
		Tapi Bango AWC,
		Tode town III AWC, center
		Lower Maro AWC, center
		Richi Rupak AWC ,center
		Bari AWC center
ASSAM		
Kamrup	Chandanpur	Rangmahal Aathgoan
		26 No colony AWC
		lachatgarh LP school AWE
		Krishnagar AWC
		pragati Sungha Puthibhoral AWC
Karimgani	South Karimgani (rural)	Mubarakpur
		283 No Kansai Railway colony AWC
		Nayagreem Beiragiclak
		Tingharia AWC (no.205)
Hailakandi	Hailakandi	Kaliganj Bazar AWC (21)
		Paikam AWC (no 51)
		Bahadurpur Part II (no 189)
		Barjapur part I (no103)
		Narayanpur II (cn59)
Darrang	Pub Mangaldoi	Balakandi T.E Grand (c.n.no.73)
		B.N.Mk. Bandia AWC
		Hirapana 5 no Awc
		Inapara, Drapana 3 No Awc
		Pab Bokdia
		Pub Bhakatpura Awc
BIHAR		
sheopur	Sheohar(Rural)	Pavitra Nagar
		Kharba Darp
		Jagdish Babu ka Barbar
		Sarula

District	ICDS Projects	Name of AWC/Code
		Sarsawla Dakshin
Bhojpur	Koilwer(Urban)	Surunda Colony
		Surunda Colony pashimuttar
		Chinari Tola
		Bazar Micheal
		Binhla Mohalla
Gaya	ICDS Gaya(Rural)	Chamartoli, Belaganj
		Kanhil
		Belaganj Bhui Tola -1,
		Mathna
Jehanabad	ICDS Jehanabad Sadar (Urban)	Shekhpura Khurd, Belaganj, Gaya
		Kalam Mustafa, Jafarganj- B
		Lodipur
		Kanodi
		Jaferganj
Munger	ICDS,Kharagpur	Erki Paschmi
		Bhalkut
		Gaighat
		Nazari Paschmi
		Nazari Purvi
Katihar	ICDS,Kadwa	Bhalwakor
		Nayatola
		Katia Purbi Tola
		Kantia Pachim
		Kantia Tola
	ICDS,Barari	Baghela- 10
		Badinagar ashram tola-II
		Lavipur-005
		Yadav tola-15
		Barinagar Ashrm tola-I
Bhagalpur	ICDS Kahalgao	Thatenitola
		Kesopur,Mushari
		Lagma - I
		Aurangabad
		Sadanapur Vaisa
Begusarai	Begusarai Sadar	Kumhar tola Lagma
		Bishanupur
		Anupue
		Bishanupur
		Nawab Chowk Phkhra
Banka	ICDS sambhganj	AWC , Bishumpur Paral
		Cradhi Rurma
		Raipura
		Chatmadih
		Harijantola Dharampura
	choudhi fola	
	ICDS Dhoraiya	Mohala -III

District	ICDS Projects	Name of AWC/Code
		Dhoraiya-I
		Gangdauri - I
		Mahela - I
		Sarkari Bhawan Peru
CHHATTISGARH		
Jangir Champa	ICDS Akaltara	Indra
		Netaji Subhash
		Ambedkar Chowk
		Purani Basti
		Sardar Ballabh Bhai Patel
Raipur	ICDS Dharsiwa	Parstarai - 2
		Dharsiwa - 3
		Dharsiwa - 2
		Parstarai - 1
		Dharsiwa - 4
Korba	ICDS Rural Pali	Maraikholi
		Bandh Para
		Anganwadi center Indera nagar
		Sargujhiyapara
		Baksahi
Bilaspur	Urban	Ward No 13
	ICDS Takhatpur (rural)	SWBP ward No 1 & Code no 1
		Maharana Paratap
		Ram Manohar colony Ward no 12
		Janakpur
DELHI		
North East	Sunder nagri (urban)	C.No -2 Sultan puri
		C.no-90 Sultan puri
		C.No. 66 Sultan puri
		C.No. 33 Sultan puri
		C.No. 68 Sultan puri
South	Mehrauli	C.No - 1 Inder encl
		Bagal chowk - 8
		Holichack Neb Sarai - 9
		Neb Sarai - 4
		Prajapat mohalla - 2
South Delhi	GovindPuri	Chirag Delhi - 27
		AWC No.- 29
		Munirka Village - 74
		Munirka Village - 59
		Munirka Village - 60
West	Tilak Vihar	Community Centre-1
		Harijan Colony - 3
		Hastsal - 14
		Hastsal - 13
		Uttam Nagar - 10
East Delhi	Patparganj	Mandavali, Rly colony -27

District	ICDS Projects	Name of AWC/Code
		Kalyanpuri Indira Ccmp-74
		Kalyanpuri Indira Camp -78
		Kotla Village - 50
		Kotla Village -49
GUJARAT		
Jamnagar	Jamnagar-2	Nandghar
		Ekta AWC - 142
		AWCs No - 16
		Vasai - 87
		Reliance-1 code - 231
Amreli	Bagarara	Navi Holiyad - 21
		AWC Shanti nikaten - 42
		Model Anganwadi Juni hadied - 5
		Mota Munjiya, - 80
		shikshak society - 77
Dahod	Limkheda-1	Limkheda-4, code 13
		Limkheda-1
		Limkhaedu-3
		Mana hathidhara
		Dabhada-1, ghatak-1
HARYANA		
Faridabad	Nit Zone	6088040311
		6088040406
		6088040310
		6088040306
		608840906
Jind	Julana	6077040002
		6077040003
		6077040008
		6077040013
		6077040001
KARNATAKA		
Tumkur	Turuvekere ICDS	Hullikal AWC
		Govindgatta
		Jandga-B
		Madlapur AWC
		Chandrapura Awc
	C.N.Halli	Kuppuru & 120
		Beligahalli
		Handhanakere-B
		Settikere-C
		Lakmagundanahall
Mandya	Maddur	Vaidyanath Pura-31
		Alooru Doddi,2
		Chamanahalli-36
		Rudhrakshipura-25
		Siddartha Ngr-19

District	ICDS Projects	Name of AWC/Code
Davangere	Davangere	H.Vaddarahatti
		Mandalur Gollahatti
		Narsipursa, 5-18,
		Chikka thogaleri ,07
		Avaragolla-A Centre
Gulbarga	Shahabad	Kamarawadi-7
		Sugur-1 Nalmr
		Kolluru-1(159)
		Devantheegnuru- 1(34)
		Basvanagar-1(256)
Chikkamangalore	N.R. Pura	Sankise
		Shedigare AWC
		Mundolli
		Sirnse
		Honnekudige AWC
Raichur	Devaduraga	Gaddi Thanda
		Amarapur
		karkihalli
		Ganganagara- 14
		AWC code- 9
Chitradurga	Bharam Sagar Project	Halavudhara - 282
		Sirigere-III - 146
		Sidhavvanadurga - 24
		Chikkabennuru
		Seebara
Udupi	Karkala (Rural)	Uppala,9/22
		5/14 Kuchitur II
		Neere,26
		8 Padya
		57- Addala Nakri
Chitradurga	Challakure(Rural)	Kagthuri Thimmanahalli
		Chikkamadhure
		D.S Nagara
		Bommajamudva-A
		Doddavullarathi-B
Chamarajanagar	Gundlupet (Rural)	K.S.N Badavan i- I
		Basavapura
		Kaggala-I
		Baragi
		Chikkathuppuru
	Yelandura (Rural)	Gowdahalli-2
		Madhuru-2
		Banglapodu
		Gangavadi
		Kesthuru
Udupi	ICDS Kuadapur	Mulli Katle Hosada
		Halktabu Albadi

District	ICDS Projects	Name of AWC/Code
		Andigudde AWC
		Nerdi AWC Basrar
		Jamburu
Mysore	Mysore rural	Rampura AWC-I
		Alamahalli AWC-I
		Jayapura AWC-I J
		Varma AWC-I
		K.R Mill Colony ,AWC-III
Ramanagara	Kanakpura Rural	Kanchanahalli
		Thigalara Hosahalli
		Hosakabbal
		Doddalahalli,10
Mysore	H.D Kote	Hergalli
		Shiramalli-I
		Ganesangudi
		H.M Halli-II
		Kadahampura
Haveri	Savanur(Rural)	Mantagavi
		Mannangi
		Hattimattur
		Bhairapur
		Allipur
Uttara Kannada	Siddapura	Vandhane
		Kalenalli
		Hosagaddhe
		kanagodu
		Ravindra nagar
Belgaum	Chikkodi (Rural)	Halatti-II
		Jaiwapur II
		Basanala Cadde
		Ankali I
		Siddapur wadi
	Belgaum urban	Vantamri Colony
		Shivaji Nagar I
		Vaibhan Nagar
		Shivabasava Nagar
		Shringol III
Raichur	Sindhaur	Jewalagare
		Araginamara Punarvasthi -I
		Diddigi-3
		Patelwadi
		Venkateswara camp-4
Bijapur	Bijapur(urban)	Shikarkhane , ward no 15
		Kumbara galli
		Agagara galli
		Kavalagi-2
		Juwanal -3

District	ICDS Projects	Name of AWC/Code
	Sindagi	Khanapura
		Kadani-2
		Bammanahalli -I
		Chowdigalli
		Binjalabavi-I
Chamaraja nagar	Kollegala(Rural)	Beeranabeedhi
		Bhairanatta-2
		Male Mahadesware Betta-2
		Anchipallya
		Tanginahalla
Yadgir	Yadgir	Kenekal
		Jinakera -2
		Duppalti
		Kondapur
		Nagalapura
KERALA		
Trivandrumpuram	ICDS Vellanadu	Sankaeamugham - 22
		Kattara Anganwadi - 21
		AWC code - 54
		AWC code - 52
		Poovanchal - 101
	ICDS Parassala	Udayankulajari - 135
		Idichakaplammoodu - 97
		Chenkanla AWC - 109
		Mandaplavila - 191
		Kanjorikulam AWC - 192
Kollam	ICDS Mukhatitala	AWC Code - 88
		Kaniyanthode - 90
		Ngarakhudi, Mayyanad - 19
		AWC Code - 89
		21, Kikkithumoola
Idukki	Thoduduzha	Muthula Kodam - 70
		Thodupuzha - 42
		Mooripara - 31
		Vallikettu,- 6
		Sankarapilly - 41
Kasaragode	Kasaragode(Addl)	Penadala - 27
		Kollakatta - 113
		AWC Code - 133
		Santhamma- 28
		Berka - 136
Idukki	Idukki IcDs	Cheguthony - 31
		Myladi - 2
		Intermediate AWC - 3
		Vazha thope AWC - 40
		Arakulam - 11
Thrissur	Anthikkad	Prakash,15

District	ICDS Projects	Name of AWC/Code
		Dhanya, 16
		Sreejith, 23
		Ushasus, 25
		Priyadarshini, 26
	Chavakkad	AWC No- 95
		AWC No- 110
		AWC No- 96
		AWC No- 106
		AWC No- 107
	Pazhayannur	AWC No- 133
		AWC No- 127
		AWC No- 141
		AWC No- 139
		AWC No- 125
MADHYA PRADESH		
Dhar	Badnawar(Rural)	Gajnod karmank
		Lelikhadi
		pidgara kramank
		Kankraj
		Chayan
	Nalchha (Tribal)	Joshi ,mohalla ,Pitampura
		AWC Code - 10
		Bagdi Kramank-4
		Talwada
		Pattiyapura
Satna	Ramnagar (Rural)	Gailheri
		Bharat pur 112
		Mirguaty-2
		Khumaraha
		New basti karra
chhindwara	Bhichuwa	Bachhwara-2
		Goni-I
		Jamuniya Kolan
		Dokali Khurd
		Surange
Sagar	Gadakota	Parasiya
		Chanaua Bujurg
		Ron-I
		Ron-II
		vivekanand ward
Singrauli	Deosar	Aams.Kramauk
		Harra Chanda I
		Umharar
		Berthi
		Jiyawan
	singrauli-1	Parsona
		Situlkhurd

District	ICDS Projects	Name of AWC/Code
		Kuntar Kramank
		jaraha
		Kule
Rajgarh	khilchipur (Rural)	Abhypur
		Hinotiya -I
		Mundla
		chawani
		Manda Kheda
Harda	Khirkiya	Khirkiya
		Chokari NO -1
		Korawa
		Giteshwar Chock
		AWC Code- 14
Ashok Nagar	Mungawali	Parkana - 2
		gram packane -94
		sone mohala - 22
		AWC Ahirwan - 21
		AWC Sehrai - 75
Betul	Chicholi(Tribal)	Zogli - 1
		Zogli - 2
		Singrai Khapa-3
		Naserabeed
		Chicholie-1
Panna	Ajaigarh	Pnadey Purwa
		Shepura
		Kuwerpur
		Salriya
		Sabdua-2
Seoni	Dhanora	Majgama-I
		AWC Code - 2
		Salema
		Thawdi Rd
		Ghat Piporiya-2
Alirajpur	Sondwa	Umralli (Dhandhli Phaliya)
		Jetpur
		Sasti Phaliya
		Badda (Uchala Phaliya)
		Baddali (Dhanuk Phaliya)
Sagar	ICDS Project Sagar (Urban)	Hari Gingh Gour
		Gopal Ganj Ward
		Bagraj Ward
		Panth Nagar
		Tilak Ganj
Ashok Nagar	Esagarh ICDS project	AWC Code - 79
		Bharia-I
		Ward No- 11 Esagarh
		Ward No- 11 Kacha Mohalla Main

District	ICDS Projects	Name of AWC/Code
		Ward No- 3 Kalsha Wala Mandir
Betul	Amla	Ambarha
		Sasundra(1)
		Sasundra(2)
		Nandpur-1
		Nandpur-2
Bhind	Ater	Baxipura
		Utodhpura
		Para
		Ridouli
		Ater-IV
Barwani	Nivali	Bharud Phaliya
		Ohariya Phaliya
		Nivali
		Gwadi school Phaliya
		Wasvi school Phaliya
Sagar	ICDS project Banda	Ganyari-II
		Sigdoni
		Uldan-I
		Sorai-I
		Sorai-II
Narsinghpur(rural)	Chawarpatha	Linga
		Biloni code-32
		Klauli - 92
		AWC Code - 57
		Thuti - 28
Chhindwada	Harai ICDS project	Dhanola-I
		Surla 1902
		Udaiwanu ward 4,118
		Dhola 120
		Sula Tola,1903
Sheopur	Vijaypur	Ward No 14
		Ward No 4
		Beerampur
		Heesa Pura Panchayat
		Vijaypur
	Sheopur-2(gramin)	Indrapura
		Ward 15 Barada
		ward 12 Baroda
		Pandolla-D
		Anganwadi Kandma pandalla
Tikamgarh	Baldevgarh ICDS project	Karmagnha Ghat A
		Banpura Khurda
		Talmow A ,
		Lakhari
		Budora
Seahore	Astha Rural ICDS project	Chapar AWC

District	ICDS Projects	Name of AWC/Code
		Khachrod AWC,
		Dupadia AWC, sector maina
		HaKmabad AWC
		Khajuria Kasam AWC
Sagar	Malthon	Bandri Malvin
		Chorasi Bandri
		Agashish
		Malthon -3
		New Basti Malthon-4
MAHARASHTRA		
Nasik	Baglan-2 (Tribal)	Shad Nagar
		Novapada Kelar
		Pimplaman
		Kher Wasti Kapaleshwar
		Yashwant Nagar
Jalna	ICDS-2 Jalna- II (Rural)	Rashtramata Jijau
		Killbili anganwadi NO.1
		AWC NO 2
		Dahiphal AWC No -1
		Bhilpuri village, priya darshini
Beed	Georai Project No 2	98- Antawali Kramank-1
		Lukhamesla (Z.P.School)
		Bhema
		AWC NO- 131
		mirgaon - 97
MIZORAM		
Aizawl	Darlawn	Kharwsuhliam
		Sakawsdai
		Ratn Awc
		Darlawn Awc
		Sawleay Awc
NAGALAND		
Mon Distt.	Aboi ICDS Project	Shamnung AWC
		Langmeing AWC
		Ngng ching AWC
		Aopao Village AWC
		Aboi Town AWC
Tuensang	Chessor ICDS Project	Anner village centre AWC,
		ehessore village AWC,
		ehessor H.Q
		longtoker AWC
		Sotobur village AWC
Zunheboto	Ghathashi ICDS project	Ghathashi center B
		Tukarliqua
		Poghaboto AWC center - C
		Ghokimi AWC,center- B
		Mishiline AWC.center

District	ICDS Projects	Name of AWC/Code
Tuensang	Chare ICDS project	New Tuensang,AWC center
		Old Tsadong AWC center C
		Chare village AWC center A
		Bazar seeton AWC center B
		Trongab AWC center B
Phek	Chozuber (Tribal)	Thueopiser AWC center B
		Riinguzu old village AWC
		Yoruba AWC
		Chozuba Town AWC
		Rikhuba AWC,center no A
Zunheboto	Akuluto ICDS project	Akuluto center A
		V.K.Loun , AWC- C
		Zumani AWC
		Aotaukilimi AWC
		Aizeto AWC
Kohima	Jakhama ICDS Project	Jakhama Village E
		Phesema B
		Kigwemea E
		Khizama F
		Viswemes I
Mon	Mon ICDS Project(Rural)	Forest colony
		Leangha village AWC
		Douglas colony AWC (16A)
		Gohching AWC
		Chi AWC
Dimapur	Dimapur Urban ICDS Project	Nagagaon-A AWC No 73
		Zakiesato AWC
		Lengrijan AWC No 96
		Supply Colony (urban) AWC No 16
		Imkonglenden Awc no 102
RAJASTHAN		
Ajmer	Kishangarh(rural)	Ralawat II
		Ralawala I
		Salemabad I
		Farasia
		Raja Dairy lind
Churu	Churu (rural)	Asalkhedi-II
		AWC Dhani Laxman singh
		Village Shyopura,Po Depalsar,distt churu
		16 Sahonali Badi
		AWC Lakhau
Hanuman Garh	Hanuman Garh (Rural)	08100020507-B-11
		8100020231
		8100020298
		8100020712
		8100030220
		8100020501

District	ICDS Projects	Name of AWC/Code
		8100020703
		8100020304
		8100020223
Churu	Saradarshahar(urban)	14-A, 8102060115
		5 ii Code no 6
		AWC 8, code -09
		AWC code 05
		AWC no-11
Bikaner	Bikaner (Urban)	Ward No-43-II
		Rampina , Gali No-2, 58-I
		ward no 38 I
		Chatina Kua, Awc ward No 51-II
		Ward no 57, Rampura Bastie, Lalgarh
Bhilwara	Bhilwara city (Suwana)	Paladi-14
		Sabalpura
		11, sitriyas II
		Iras
		Kodukata, 17
	Bhilwara city	AWC - 46
		AWC Code - 8122030325
		Gandhinagar
		55
		Gulmandi II Ward 30
UTTAR PRADESH		
Badaun	Dataganj (Rural)	sarajan Piparipa-I
		Ward No -3 -I
		Ward No 08
		Koli -II
		Sarayan Piparia-II
Sant Kabir Nagar	Nath Nagar(Rural)	Ratanapur-II
		Parushrampur
		Ghorahat
		Khajuria Kalan I
		Mukhlispur-II
Lakhimpur Kheri	Puliakalan(Rural)	Maruwa Pachhim
		Sarkhna Purab
		Chhednipura
		Padua -I
		Trikolia -I
Kannauj	Chibramau (Rural)	Shahjahanpura
		Nigohkhas
		Dhilo AWC
		Orai AWC
		AWC Allaha
Gonda	Bhawanjot	Gura Bajurg,
		Pipra adai
		Bhanpur

District	ICDS Projects	Name of AWC/Code
		Bhanpur
		Bangwa
Gaziabad	Murad Nagar	Sikhada Hajari
		Fatehpur
		Mohammadpur Kadeem
		Basantpur Saintli
		Sultanpur
Maharajganj	Maharajganj Rural (Sadar)	Mahwan
		Gabadwa
		RamPurwa
		Pipardewara
		Babnauli
Hapur	Hapur®	Sirodha-I
		Duhaner-I
		Tiyala-III
		Malikpur-I
		Dhanura-I
	Dhaulana	Dhaulanal
		dehra
		karaupur-III
		shaulana
		shaulana
Kasganj	Soron	Ganga gad-II
		HodalPur-I
		Yogmarg Soron
		Ward-4,Soron
		Gogle-I
Shamli	Onn	Toda -I
		Khodsama-II
		Khodsama-III
		hussanpur-II
		Rajak nagar li
Chanduli	Niyantabad	Madia-iv
		Malokhar-I
		Puragni-I
		Dalahipur-I
		Bhojpur
Sambhal	Baniya kheda	Khetal - IV
		Khetal - I
		Atta IV
		Atta III
		Kellyrasulpur, Gumtal Gram
Deoria	Sadar	Souda-I
		Sakarapar-II
		Tilai Belwa
		Mundara I
		Chak Saray BadalDas

District	ICDS Projects	Name of AWC/Code
Lalitpur	Birdha	Birdha(2)- 57
		AWC Code- 42
		AWC Code- 56
		AWC Code- 83
		AWC Code- 88
Gorakhpur	Sardar nagar	Dumri Khurd
		Barhi, Panchayat Bhawan
		Chakdaiya-II
		Bhaghad-III
		Bal-Bujung-I
Shamli	Thana Bhawan	Bahureda Uddar-II
		Hassanpur Lahori-I
		Mullapur
		Usmanpur
		Kuthubgarh
Siddarth Nagar	Lautan (Rural)	Bharmi-I
		Saphi
		Bhagali-I
		Karuwaval
		Bhelugi-II
Bijnor	Afzalgarh	Sawala
		Dolliwala
		Amnagarh
		Faisalabad parmanandpur
		Kadralsad
Deoria	Betalpur	Mahwa Pradhan III
		Srijam-I
		Govind pur
		Mawadih
		Paras jangal III
Jaunpur	Muftiganj	Rampura AWC-I
		Ahan-II
		Devkali
		Baari I
		Bhueli-I
Lakhimpur Kheri	Nighasan	Kanhipurwa
		Naurangabad I
		Surat Nagar
		Bamhanpur
		Rasal Tanda
Ghazipur	Bhadaura	Devkali-I
		Kariya
		Pachuri-I
		Mamiya
		Usiya Pashmi chhar
Amethi	Amethi	Dham Rawa
		Loharta

District	ICDS Projects	Name of AWC/Code
		Amethi town ward no -10
		Mohmood pur -II
		Agahar
Siddarth Nagar	Bhadri (Rural)	Awdhi Kalan-III
		Khajuria Sarki-I
		Siswa-II
		Kamariya -I
		Parsa satition_II
Kushi Nagar	Kushi Nagar City (Urban)	ward no -25 , sardar patal nagar
		Ambedkar Nagar ward no -7
		ramleela maidan , ward no -09
		tilak nagar, ward no 10
		Viradnl Amul Nagar
Mirzan Pur	Chhambey (Rural)	Dhourarah
		Vijanpur, Mohalla Turkan
		Bihasara Kala
		Maharoura
		vindyachal Kevtam, chotki Mahuria
Kushi Nagar	vishanpura (Urban)	Sonwal -II
		Padri Pipappatai New farw-II
		Dumar-I
		Pifira Khurd-I
		Conti Chhapra-II
Mirjapur	Kon (Rural)	Nawaria Kon- 3
		Balli Purva Block – 2/1
		Lakhanpur Block – 4/033
		Manjhigawan – 4/13
		Gadgadi – 1 - 1/18
Mahoba	Jaitpur	Lamora , 209
		sugira-I - 32
		Afner - 9
		sugira AWC-6
		Sugira AWC-5
Auraiya	Achhanda	Devrao
		Ramgar Haschand Pur
		Sohmpur
		Bonse
		Sevapur
Maharajganj	Ghughali	Bharwa Khurd-I
		pathkuli-I
		Jogiya Kapia
		Rampur Bullia-
		mangalpur pathichuli
Hardoi	Hardoi City (Urban)	Civil line S4-15
		Allu thok uttari AL-4
		Behra Saudogas S4-1
		Behra saudages(Pastichami)

District	ICDS Projects	Name of AWC/Code
		Mouninabad L3-19
Amethi	Jagdishpur	Miran Mubarakpur
		Koylara
		Husaingj kalan-II
		Nishura
		Palpur-1
Gorakhpur	Pali	AWC Code - 105
		AWC Code - 23
		AWC Code - 22
		AWC Code - 13
		AWC Code - 66
Sitapur	Pisawan	Mustfabad - 33
		Bithura-I
		Rawh
		Khojespur
		Grursanda-II
Lalitpur	Jakhora	Kuwantala-I
		Raj Ghat-II
		Manghwa
		Rasoi
		Sirsi
Allahabad	Allahabad II	Nivada IV
		AWC Code - 10
		Sadwabad I
		1/EI, Malvia Road
		17/25 AN Jhamal

