

State Specific Comments Based on ICDS Monitoring



Andhra Pradesh ,Arunachal Pradesh , Assam ,Bihar , Chhattisgarh , Delhi, Gujarat, Haryana, Karnataka , Kerala , Madhya Pradesh ,Maharashtra, Mizoram, Nagaland , Rajasthan, ,Uttar Pradesh



Central Monitoring Unit of ICDS
National Institute of Public Cooperation and Child Development
5, Siri Institutional Area, Hauz Khas, New Delhi, 110016

LIST of CONTENT

Number of ICDS Projects and AWCs

S. No	State	No of Projects	No of AWCs	Page No.
1	Andhra Pradesh	3	15	1-8
2	Arunachal Pradesh	10	50	9-15
3	Assam	4	20	16-22
4	Bihar	11	55	23-29
5	Chhattisgarh	4	20	30-37
6	Delhi	5	25	38-44
7	Gujarat	3	15	45-52
8	Haryana	2	10	53-59
9	Karnataka	25	134	60-67
10	Kerala	9	45	68-74
11	Maharashtra	3	15	75-81
12	Madhya Pradesh	27	135	82-88
13	Mizoram	1	5	89-93
14	Nagaland	9	45	94-100
15	Rajasthan	6	39	101-107
16	Uttar Pradesh	38	190	108-114
	Total	160	818	

ANDHRA PRADESH

No. of ICDS Projects Visited	No. of AWCs visited
3	15



ICDS IMPLEMENTATION

Service Delivery

○ **Status of Registration and Actually Availing**

Though number of children (6 months - 3 years) registered for receiving supplementary nutrition in the form of take home ration is quite high (96.19%) however, it is encouraging to note that 93.83 per cent of these children were actually receiving supplementary nutrition. Though number of children (3 years - 6 years) registered for receiving supplementary nutrition in the form of hot cooked meal and morning snack was found quite high (84.16%) however, it is noted that most (87.46%) of these children were also found receiving supplementary nutrition.

In case of pregnant and nursing mothers, the percentage of pregnant women found registered for supplementary nutrition was 90.45 per cent and all (100%) the registered pregnant women were availing supplementary nutrition in the form of THR. Similar trend was reported in case of nursing mothers where quite a high number of them (91.76%) were found registered for availing supplementary nutrition and majority of them (97.12%) were actually found availing supplementary nutrition services.

○ **Distribution of Supplementary Nutrition**

Though, THR was found distributing to children of 6 months to 3 years in only 60 per cent of AWCs, however, nine out of fifteen AWCs were found distributing morning snack and the distribution of hot cooked meal to children of 3-6 years was found in two third (66.67%) of AWCs.

The distribution of THR to pregnant and nursing mothers was reported in only 26.67 per cent of AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though, acceptability of supplementary nutrition by ICDS beneficiaries was reported in all AWCs, however, it was observed by the consultant of CMU that good quality of supplementary nutrition was distributed by all the AWCs. 93.33 per cent of AWCs were observed distributing adequate quantity of supplementary nutrition to ICDS beneficiaries.

○ **Interruption in Supplementary Nutrition**

The interruption in distribution of supplementary nutrition during last six months was reported in two third (66.67%) of AWCs. The main reason for interruption was found to be lack of supply (90%) and 10 per cent due to transportation problems. Thus proper plan must be made in advance for procuring supplementary nutrition needs to be ensured.

Monitoring Visits of ICDS (2014-15): State Specific Comments

○ Availability of Utensils

It is a point of satisfaction that the availability of utensils for cooking of supplementary nutrition was reported in majority of AWCs (93.33%) and availability of utensils for consumption of supplementary nutrition was reported in all (100%) the AWCs visited by the consultant.

GROWTH MONITORING

○ Availability of New WHO Growth Charts

State Government is requested to ensure the availability of new WHO child growth charts in **all AWCs as availability of the same was reported in 80 per cent of AWCs.**

○ Weighing of Children

The new WHO Child growth charts were found available in 8 out of 10 AWCs and majority (97.97%) of children (0-6 years) were found weighed according to new WHO Child growth standards. All ground level ICDS functionaries (AWWs, CDPO, and Supervisor) and community may be sensitized to measure the child below normal.

○ Accuracy of AWWs on Weighing and Plotting

Every eight out of ten AWWs were found having adequate skills of weighing children, as well as about three fourth (73.33%) of AWWs were found having adequate skills of plotting the weight on new WHO child Growth Standards. **Rest of the AWWs will be trained to weigh and plot children's weight on New WHO Child Growth Charts properly.**

○ Organisation of Counseling Sessions Based on Growth Monitoring

Proper attention needs to be given by State Government for equipping AWWs with counselling skills on new Child Growth Standards. The recommendation is based on the fact that only 26.67 per cent of AWWs were found organizing counselling sessions based on growth monitoring. **Concerned Supervisors, CDPOs and DPOs may be instructed to ensure the organization of counselling sessions for parents based on growth monitoring of children.**

REFERRAL SERVICES

Referral services were found absent in the state as in none of the AWCs referral slips were found available. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

The date of mother and child immunization has to be properly maintained on health cards. It is observed that maintenance and timely updating of MCP card was found in only 60 per cent AWCs.



AVAILABILITY OF MEDICINE KIT

Medicine kit was found available in 80 per cent of AWCs. **Efforts are needed in this direction to ensure availability of medicine kit in all AWCs.**

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Though, **awareness about functioning of NRCs is required to be generated amongst ICDS functionaries as only one third of them were found aware about functioning of NRCs and its convergence with ICDS, however none of the underweight children were referred to NRC.**

HEALTH CHECK UP

- Though it is encouraging to observe that in majority of the cases (46.67% & 33.33%) , the venue of the health check-up is located either at the AWCs and at the health sub centres, **however, in one fifth of AWCs(20%), no health check-up for the children was found organized during last six months.**
- In about half (53.33%) of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) was found. Only one third (33.33%) of the AWCs health check-ups of all aspects of children never done. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.**
- **Ante Natal Check Up of Pregnant Women**
- There has been a provision under health checkup 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. It was observed that four times ante natal checkup was carried out for only on 46.67 per cent of pregnant women and about more than half (53.33%) of the ante natal checkup received only thrice by pregnant women. **Concerted efforts in convergence with health department are needed to ensure four ante natal checkup of all pregnant women.**
- **In most of the AWCs, ante natal checkup of all aspects was found to be carried out. All (100%) the AWCs weigh the registered pregnant beneficiaries, fetal movement was**

Monitoring Visits of ICDS (2014-15): State Specific Comments

checked in two third of the AWCs, blood examination of pregnant women was done in 80% of the AWCs and all the other aspects were covered by more than 60 per cent of the AWCs respectively. The intervention proves to be effective. Efforts have been made to cover all aspects of health checkup of pregnant women by all (100 %) the AWCs.

NHed (NUTRITION & HEALTH EDUCATION)

It was observed that NHED sessions were organised in most (80%) of the AWCs during last three months. **In rest of the AWCs there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.**

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

84.16 per cent of children (3-6 years) were found enrolled for PSE out of which only 47.56% were found attending the same; this aspect needs to be strengthened, so that children will be encouraged to attend the centre.

○ Availability of PSE 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. It is very encouraging to find that all the AWCs were having proper timetable. The adequate and appropriate availability of PSE material was found in only 6.67 per cent of AWCs. The supply of PSE material must be ensured to all the AWCs for smooth function of PSE. **Proper training may be imparted to AWWs on preparation of low cost teaching learning material.**

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in only two third (66.67%) of the AWCs.

○ Celebration of ECCE Day

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 establishes 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.

About three fourth (73.33 %) of the AWWs were found aware of ECCE day as envisaged in restructured ICDS and most (81.82%) were found celebrating ECCE day.

○ 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



Monitoring Visits of ICDS (2014-15): State Specific Comments

have a lot of fun while doing it. Programme planning of PSE has an in built component of organising nature walk.

Despite of importance of organisation of nature walk, the same was not found organising in any of the AWCs visited. Attention is needed to be paid in this aspect.

PERSONAL PROFILE

- **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very heartening to find out that 60 per cent of the AWWs were matriculate, followed by 20 per cent 12th pass and 13.33 per cent Graduate.**

- **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 1.77 per cent AWWs position, 24 per cent posts of supervisors were found vacant.

- **JOB & Refresher Training**

Almost all (99.51%) the AWWs were found trained. Little more than one fourth (26%) of the supervisors are not yet received Job training, as well as only about 69 percent were refresher trained. One third (33.33%) of the CDPOs have yet to receive Job as well as refresher training.

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.

The involvement of community was not found in any of the AWCs. Majority of the CDPOs were found unaware about various provisions contained in restructured ICDS for community involvement. Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.

- **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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



Monitoring Visits of ICDS (2014-15): State Specific Comments

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.

The data concerning organisation of IEC activities reveals that such activities were organised in all (100%) of the ICDS projects and AWCs.

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all ICDS Projects located in the state.

- **Observation 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. It was observed that VHND is being organised in all ICDS Projects located in the state.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in all the Projects.

- **Slogan Writing/Wall Writings**

These types of IEC activities were reported in one third (33.33%) of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material has been disseminated in one third (33.33%) of ICDS Projects located in the state.



- **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, nukkadnatak 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. The organisation of such activities was observed in all (100%) ICDS project.

MONITORING of AWCs

- **Use of Check List during Physical Visits of AWCs**

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. Though, encouraging trend was reported as in 100 per cent of CDPOs were found adopting personal visit to monitor AWCs, however, two third (66.67%) of the CDPOs use of check list while visiting the AWCs.

- **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, **however, data in this respect shows that this is not being done in any of the ICDS project.**

- **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in all (100%) of the ICDS projects. While two third of the CDPOs (66.67%) were found only demonstrating new WHO Child Growth Charts, demonstration on MCP card was done by only one third (33.33%) of the CDPOs, however, demonstration of revised MPRs and records and registers was found in all (100%) of the ICDS Projects.

- **Awareness about Five Tier Monitoring System**

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. Two third (66.67%) of the CDPOs were found aware about this important tool of ICDS monitoring. Forming a regional community for monitoring needs attention.

INFRASTRUCTURE

Most (93.33%) of the AWCs were found running in pucca building followed by 6.67 per cent in Kutcha building, so, **all the AWCs running in Kutcha building needs to be shifted into pucca building.**

46.67 per cent of the AWCs were located in GOVT building, 6.67 per cent in primary school building and 46.64 per cent in rented building. **Those AWCs found running in rented building needs to be shifted immediately into its own building.**

Monitoring Visits of ICDS (2014-15): State Specific Comments

About three fourth (73.33%) of the AWCs displayed the sign board properly.86.67 per cent of AWCs were found having adequate outdoor and indoor space. Majority (86.67%) of AWCs were having Tap as a source of drinking water.

Only five out of fifteen AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**



ARUNACHAL PRADESH

No. of ICDS Projects Visited	No. of AWCs visited
10	50



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

Though, number of children (6 months to 3 years) registered for receiving supplementary nutrition in the form of take home ration is quite high (97.79%) however, it is discouraging to note that about 35 per cent of these children were not actually receiving supplementary nutrition. In reverse of this trend, though number of children (3 years -6 years) registered for receiving supplementary nutrition in the form of hot cooked meal and morning snack was found very high (99.25%) **however, it is discouraging to note that only less than three fourth of these children (71.39%) were actually receiving supplementary nutrition.**

In case of pregnant and nursing mothers, the percentage of pregnant women found registered for supplementary nutrition was 97.83 per cent and the percentage of pregnant women actually availing supplementary nutrition was more than three fourth (76.67%). Similar trend was reported in case of nursing mothers where quite a high number of them (94.53%) were found registered for availing supplementary nutrition and most (82.64%) were actually found availing supplementary nutrition services.

○ **Distribution of Supplementary Nutrition**

Though, THR was found distributing to children of 6 months to 3 years only in 42 per cent of AWCs, however, the distribution of morning snack was found in only 12 per cent of the AWCs and hot cooked meal to children of 3-6 years was distributed in 62 per cent AWCs. **Attention is needed to be paid in the delivery of SN in the form of either morning snacks or HCM to the children 3-6 years.**

The distribution of THR to pregnant and nursing mothers was reported only in about half (52%) of AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though acceptability of supplementary nutrition by ICDS beneficiaries was reported in only about two third (66%) of AWCs, however, the issue of distribution of supplementary nutrition as per adequate quantity envisaged **under ICDS guidelines needs to be addressed properly in the light of the observation that only less than one third (32%) of AWCs were observed distributing adequate quantity of supplementary nutrition to ICDS beneficiaries.**

○ **Interruption in Supplementary Nutrition**

It is disturbing to note that interruption of supplementary nutrition during last six months was reported in more than half (54%) of the visited AWCs. The

Monitoring Visits of ICDS (2014-15): State Specific Comments

reasons for interruption were found to be lack of supply, inadequate funds and other reasons for eg. election and lack of stock etc. Thus proper flow of funds for procuring supplementary nutrition needs to be ensured and functionaries must prepare and send the demand for the procurement of SN in advance.

- **Availability of Utensils**

It was found that the availability of utensils for cooking and consumption of supplementary nutrition was reported in only 64 per cent and 58 per cent of AWCs.

GROWTH MONITORING

- **Availability of New WHO Growth Charts**

State Government is requested to ensure the availability of new WHO child growth charts in **all AWCs as availability of the same was reported in only little more than one third (38 %) of AWCs.**

- **Weighing of Children**

Wherever the new WHO Child growth charts were found available, All (100%) children were found weighed according to new WHO Child growth standards. It is very encouraging to see that ICDS functionaries (AWWs, CDPO, and Supervisor) were sensitized to measure the child below normal.

- **Accuracy of AWWs on Weighing and Plotting**

Proper attention needs to be given by State Government for equipping AWWs with weighing and plotting skills on new Child Growth Standards. The recommendation is based on the fact that only 5 per cent of AWWs were found having adequate skills of weighing and 6 per cent of AWWs were found having adequate skills of plotting the weight on new WHO child Growth Standards. **This efforts needs to be made to train all the AWWs for proper weighing and plotting on New WHO Child Growth Standard Chart**

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

Only less than one tenth (8%) of AWWs were found organizing counselling sessions based on growth monitoring. **Concerned Supervisors, CDPOs and DPOs may be instructed to ensure the organization of counselling sessions for parents based on growth monitoring of children.**

REFERRAL SERVICES

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

MOTHER AND CHILD PROTECTION CARD



Monitoring Visits of ICDS (2014-15): State Specific Comments

It is very discouraging to note that maintenance and timely updating of MCP card was found in only one tenth (10%) of the AWCs. **Attention must be needed** to make the functionaries well equipped in maintenance and timely updating of MCP card.

AVAILABILITY OF MEDICINE KIT

Medicine kit was found available in only 44 per cent of AWCs. **Efforts are needed in this direction to ensure availability of medicine kit in all AWCs.**

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. **Awareness about functioning of NRCs is required to be generated amongst ICDS functionaries as none of them were found aware about functioning of NRCs and its convergence with ICDS.**

HEALTH CHECK UP

- Though it is encouraging to observe that in majority of the cases (72%) , the venue of the immunisation is located either at the sub centres or PHCs and 8 per cent at other places, however, equally disturbing is the fact that in **one fifth of AWCs(20%), no immunisation was found organized.**
- In more than half (56%) of the AWC, health check-ups on all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) was not done. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.
- **Ante Natal Check Up of Pregnant Women**
- There has been a provision under health checkup 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. **Three time ante natal checkup was carried out of about 46 per cent of AWCs to pregnant women followed by one time by 36 per cent of the AWCs to the pregnant women. It was observed that four times ante natal checkup was not given to pregnant women at any AWC. Concerted efforts in convergence with health department are needed to ensure minimum number of ante natal checkup of all pregnant women.**

Monitoring Visits of ICDS (2014-15): State Specific Comments

- **In none of the AWCs, ante natal checkup of all aspects was found to be carried out.** Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHED (NUTRITION & HEALTH EDUCATION)

It was observed that NHED sessions were organised in just less than one fifth (18%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHED session. **Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.**

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

Majority (94.52%) of children (3-6 years) were found enrolled for PSE out of which only about three fourth (75.95%) were found attending the same; this aspect needs to be strengthened, so that children will be encouraged to attend the centre.

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in only 34 per cent of AWCs. **Proper training may be imparted to AWWs on preparation of low cost teaching learning material because none of them was found preparing TLM.**

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in only little more than one fourth (26%) of AWCs.

○ Celebration of ECCE Day

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 establishes 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.

Negligible (6%) of the AWWs were found aware about organization of ECCE day as envisaged in restructured ICDS. The celebration of ECCE day needs to be ensured

Monitoring Visits of ICDS (2014-15): State Specific Comments

○ 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.

Despite of importance of organisation of nature walk, none of the AWWs were found organising it.

PERSONAL PROFILE

• Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. **It is very discouraging to find out that more than half (56%) of the AWWs were qualified below matriculate, these workers should be given an opportunity to upgrade their qualification till matric.**

• Appointment Status of ICDS Functionaries

8 per cent posts of supervisors were found vacant. The sanctioned number of posts of ICDS Functionaries needs to be filled, for effective implementation of ICDS Program.

• JOB & Refresher Training

36.95 per cent of the AWWs were found job trained, the backlog in refresher training was very high 86.42 per cent. About 30 per cent of the supervisors have yet to receive Job training, as well as only about 69 percent were found refresher trained. Though, all (100%) the CDPOs have received Job training, however, only 8 out of 10 CDPOs were received refresher training. The backlog in training of ICDS functionaries should be met very soon for the proper functioning of AWCs.

COMMUNITY MOBILIZATION

The involvement of community was found in only 40 per cent of AWCs, majority of the CDPOs were found unaware about various provisions contained in restructured ICDS for community involvement. Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.

○ INFORMATION, EDUCATION AND COMMUNICATION

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. 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



Monitoring Visits of ICDS (2014-15): State Specific Comments

visual media, folk media, puppet shows, songs, yatra, electronic media, latest techniques of propagation via satellite communication etc.

The data concerning organisation of IEC activities reveals that such activities were not found organised in 30 per cent of ICDS projects and AWCs.

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities were being organised in little less than three fourth (71.43%) of the ICDS Projects located in the state.

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

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. It was observed that VHND day is being organised in 42.86 per cent of ICDS Projects located in the state.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in 71.43 per cent of the ICDS Projects.

- **Slogan Writing/Wall Writings**

These types of IEC activities were not reported in more than half (57.14%) of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material has been disseminated in only 14.29 per cent of ICDS Projects located in the state. **Attention is needed to be paid in this aspect.**

- **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, nukkadnatak 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.



Monitoring Visits of ICDS (2014-15): State Specific Comments

The organisation of such activities was observed in more than half (57.14%) of the ICDS project.

MONITORING of AWCs

○ Use of Check List during Physical Visits of AWCs

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. Encouraging trend was reported as in 60 per cent of CDPOs were found monitoring the AWCs while making physical visits to AWCs. Only 2 out of 10 CDPOs were adopting use of check list.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, **however, data in this respect shows that in 30 per cent of the ICDS project CDPOs planned Supervisors visit.**

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was not found in 60 per cent of ICDS projects. While All (100%) of the CDPOs were found only demonstrating new WHO Child Growth Charts and various ways of community participation, however, demonstration of revised MPRs was found in one third (33.33%) of the ICDS Projects. Availability of MCP cards were observed only in two third (66.67%) of the AWCs. New Records and registers were not available in any of the AWCs.

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. Half of the CDPOs were found aware about this important tool of ICDS monitoring. Forming a regional community for monitoring needs attention.

INFRASTRUCTURE

More than half (54%) of the AWCs were found running in pucca building followed by 30 per cent in Kutcha building, so, **all the AWCs running in Kutcha building needs to be shifted into pucca building.**

Most (84%) of the AWCs were located in GOVT building, 2 per cent in primary school building and 6 per cent in provided by Community free of rent and 2 per cent AWCs were found running in from the AWWs/AWHs house.

Less than one fifth (16%) of the AWCs displayed the sign board properly. More than half (56%) of AWCs were found having adequate outdoor and indoor space. About half (54%) of AWCs were having Tap as a source of drinking water.

Only seven out of fifty AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**



ASSAM

No. of ICDS Projects Visited	No. of AWCs visited
4	20



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

Though number of children (6 months -3 years) registered for receiving supplementary nutrition in the form of take home ration is quite high (92.66%) however, it is encouraging to note that majority (94.29%) of these children are actually receiving supplementary nutrition. Though, number of children (3 years -6 years) registered for receiving supplementary nutrition in the form of hot cooked meal and morning snack was found quite high (96.90%) **however, it was observed that all (100%) the registered children were receiving supplementary nutrition.**

In case of pregnant and nursing mothers, the all the pregnant women found registered for supplementary nutrition and the percentage of pregnant mothers actually availing supplementary nutrition very high (95.68%). Similar trend was reported in case of nursing mothers that all (100%) were found registered for availing supplementary nutrition and most (96.62%) of nursing mothers were actually found availing supplementary nutrition services.

○ **Distribution of Supplementary Nutrition**

Though, THR was found distributing to children of 6 months to 3 years in little more than half (55%) of AWCs. however, the distribution of morning snack and hot cooked meal to children of 3-6 years was found in three fourth (75%) and 65 per cent of AWCs respectively.

The distribution of THR to pregnant and nursing mothers was reported in only 30 per cent of AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though, acceptability of supplementary nutrition by ICDS beneficiaries was reported in all AWCs, however, the issue of distribution of supplementary nutrition as per adequate quantity envisaged **under ICDS guidelines needs to be addressed properly in the light of the observation that only three fourth (75%) of AWCs were observed distributing adequate quantity of supplementary nutrition to ICDS beneficiaries.**

○ **Interruption in Supplementary Nutrition**

It is disturbing to note that interruption of supplementary nutrition during last six months was reported in little less than three fourth (70%) of AWCs. The main reason for interruption was found to be lack of supply and adequate funds .Thus proper flow of funds for procuring supplementary nutrition needs to be ensured.

○ **Availability of Utensils**

It is a point of satisfaction that the availability of utensils for cooking and consumption of supplementary nutrition was reported in majority of AWCs (90% and 85%).

GROWTH MONITORING

○ Availability of New WHO Growth Charts

State Government is requested to ensure the availability of new WHO child growth charts in all AWCs **and it was very encouraging to find out that all (100%) the AWCs New WHO child growth charts were found available.**

○ Weighing of Children

The new WHO Child growth charts were found available in all the AWCs, but, only little less than one third (33.10%) were found weighed according to new WHO Child growth standards. All ground level ICDS functionaries (AWWs, CDPO, and Supervisor) may be sensitize to measure the child below normal properly.

○ Accuracy of AWWs on Weighing and Plotting

Proper attention needs to be given by State Government for equipping AWWs with weighing and plotting skills on new Child Growth Standards. **The recommendation is based on the fact that only half (50%) of AWWs were found having adequate skills of weighing and plotting the weight on new WHO child Growth Standards.**

○ Organization of Counseling Sessions Based on Growth Monitoring

Only 40 per cent of AWWs were found organizing counselling sessions based on growth monitoring. **Concerned Supervisors, CDPOs and DPOs may be instructed to ensure the organization of counselling sessions for parents based on growth monitoring of children.**

REFERRAL SERVICES

Referral services were almost found absent in the state as in only one fifth (20%) of AWCs referral slips were found available. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

It is encouraging to note that maintenance and timely updating of MCP card was found in little less than two third (65%) of the AWCs.

AVAILABILITY OF MEDICINE KIT

Medicine kit was found available in only 60 per cent of AWCs. **Efforts are needed in this direction to ensure availability of medicine kit in all AWCs.**

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. **Awareness about functioning of NRCs is required to be generated amongst ICDS functionaries. As half (50%) of the ICDS projects were having availability of NRCs, none of the severely underweight children were referred to any of the NRCs.**

HEALTH CHECK UP

Though it is encouraging to observe that in little less than half (45%) , the venue of the immunisation was located at sub centres, however, 35 per cent of immunisation was done at AWCs followed by 15 per cent at PHCs, **In only 5 per cent immunisation was not found organized during last six months.**

In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, diseases, deficiencies and development delays including disabilities .** Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

o Ante Natal Check Up of Pregnant Women

- There has been a provision under health checkup 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. **It was observed that four times ante natal checkup was not carried out of any of the pregnant women in AWCs and three time ante natal checkup was carried out of one fifth (20%) of pregnant women followed by two times of 35 per cent and 45 per cent only one time to the pregnant women. Concerted efforts in convergence with health department are needed to ensure minimum number of ante natal checkup of all pregnant women.**

- **In none of the AWCs, ante natal checkup of all aspects was found to be carried out except all the pregnant women weighed at AWCs.** Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (NUTRITION & HEALTH EDUCATION)

It was observed that NHED sessions were organised in just little less than half (45%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHED session. **Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.**

NON FORMAL PRE-SCHOOL EDUCATION

o Enrollment and Actual Attendance

Substantial number (96.90%) of children (3-6 years) were found enrolled for PSE out of which only 85.10 per cent were found attending the same; this aspect needs to be strengthened, so that children will be encouraged to attend the centre.

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in only 65% of AWCs. **Proper training may be imparted to AWWs on preparation of low cost teaching learning material.**

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in more than half (55%) of AWCs.

○ Celebration of ECCE Day

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 establishes 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.

None of the AWWs were found aware about organization of ECCE day as envisaged in restructured ICDS. The celebration of ECCE day is needs to be ensured

○ 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.

Despite of importance of organisation of nature walk, the same was not found organising in any of the AWCs.

PERSONAL PROFILE

● Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very heartening to find out that half (50%) of the AWWs were found 12th pass, followed by 15 per cent Matric and Graduate each and 13.33 per cent Post Graduate. There is a need to encourage those AWWs who were below matric, to upgrade their qualification till matric**

● Appointment Status of ICDS Functionaries

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 2.84 per cent AWWs position, about 24 per cent posts of supervisors were found vacant.

● JOB & Refresher Training

Little more than half (52.92%) of the AWWs were found trained, there is a huge backlog in refresher training as about three fourth (75.39%) of them have yet to receive refresher training. 17.24 per cent of the supervisors are not yet received Job training, as well as

Monitoring Visits of ICDS (2014-15): State Specific Comments

about 80 percent was yet to receive refresher training. Only three fourth (75%) of the CDPOs have received Job as well as refresher training.

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.

The involvement of community was found in only about little more than two third (35 %) of AWCs. Majority of the CDPOs were found unaware about various provisions contained in restructured ICDS for community involvement. Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.

○ INFORMATION, EDUCATION AND COMMUNICATION

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. 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.

The data concerning organisation of IEC activities reveals that such activities were not found organised in half (50%) of ICDS projects and AWCs.

● Celebration of Breast Feeding and Nutrition Week

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all ICDS Projects located in the state.

● Observation of Village Health and Nutrition Day

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. It was observed that VHND day is being organised in all ICDS Projects located in the state.

• Organisation of Nutrition Exhibition

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in All the ICDS Projects.

• Slogan Writing/Wall Writings

These types of IEC activities were not reported in any of ICDS Projects.

• Distribution of Communication Material

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was not seen in any of the ICDS Projects located in the state. **Attention is needed to be paid in this aspect**

• 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, nukkad 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. The organisation of such activities was observed in half (50%) of the ICDS project.

MONITORING of AWCs

○ Use of Check List during Physical Visits of AWCs

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. Encouraging trend was reported as in 50 per cent of CDPOs were found adopting use of check list while making physical visits to AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, **however, data in this respect shows that this was not being done in any of the ICDS project.**

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in half (50%) of ICDS projects. While All (100%) of the CDPOs were found only demonstrating new WHO Child Growth Charts, New Records & Registers, New Revised MPRs and various ways of community participation, however, demonstration of MCP Cards and New ECCE curriculum was done in half (50%) of the ICDS Projects. This efforts needs to be looked into.

Monitoring Visits of ICDS (2014-15): State Specific Comments

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. One fourth (25%) of the CDPOs were found aware about this important tool of ICDS monitoring. Attention needs to be paid for forming a regional community for monitoring.

INFRASTRUCTURE

Most (95%) of the AWCs were found running in pucca building followed by 5 per cent in Kutcha building, **so, all the AWCs running in Kutcha building needs to be shifted into pucca building.**

60 per cent of the AWCs were located in GOVT building, one fifth (20%) in primary school building. It is very encouraging to note that no AWCs were located in rented building.

60% of the AWCs displayed the sign board properly. Most (80%) of AWCs were found having adequate outdoor and indoor space. Only one fifth (20%) of AWCs were having Tap as a source of drinking water.

Only three out of twenty AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**



BIHAR

No. of ICDS Projects Visited	No. of AWCs visited
11	55



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

Though number of children (6 months - 3 years) registered for receiving supplementary nutrition in the form of take home ration was quite low about (65%) however, it is found out that quite a high percentage of these children (94.44%) were actually receiving supplementary nutrition. Similar trend was also observed about registration and actual attendance of children (3-6 years) for receiving supplementary nutrition. **While only 61.58 per cent of these children are registered for availing supplementary nutrition, however, it is a good sign that more than 95.72 per cent of them were actually availing supplementary nutrition.**

In case of pregnant and nursing mothers, the percentage of pregnant women found registered for supplementary nutrition was only 65.45 per cent and the percentage of actually availing supplementary nutrition was 91.97 per cent. However, unlike of encouraging trends of pregnant women, only 64 percent of lactating women were found registered for availing supplementary nutrition and 91 per cent were actually found availing supplementary nutrition services. **State Government is requested to take remedial measure for ensuring more registration for SN to the beneficiaries.**

○ **Distribution of Supplementary Nutrition**

Though THR was found distributing to children of 6 months to 3 years in most (89.09%) of the AWCs, however, the distribution of morning snack to children of 3-6 years was found in only 71.91 per cent of AWCs. Unlike of morning snacks, quite more number (78.18%) of AWCs was found distributing hot cooked meal to children of 3-6 years.

The distribution of THR to pregnant and nursing mothers was reported in quite impressive number (85.45%) of AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though acceptability of supplementary nutrition by ICDS beneficiaries was reported in less than two third (65.45%) of AWCs, **however, the issue of distribution of supplementary nutrition as per adequate quantity envisaged under ICDS guidelines needs to be addressed properly in the light of the observation that only less than half (47.27%) of AWCs were observed distributing adequate quantity of supplementary nutrition to ICDS beneficiaries.**

○ **Interruption in Supplementary Nutrition**

It is Discouraging to note that interruption of supplementary nutrition was reported in about 31 per cent of AWCs. However, wherever, the interruption was reported, the same was found due to Shortage of supply (58.82%), followed by lack of funds (29.41%) and rest due to other reason like unavailability of AWWs also hinder distribution of

Monitoring Visits of ICDS (2014-15): State Specific Comments

supplementary nutrition along with PSE. **Thus proper flow of funds and requirement sent on time for procuring supplementary nutrition needs to be ensured.**

- **Availability of Utensils**

Availability of utensils for cooking of supplementary nutrition was reported in about half (47.27%) of the AWCs and availability of utensils for consuming hot cooked meal by children was reported in only 9.09 per cent of AWCs. **Thus State Government is requested to ensure the availability of utensils for cooking and consumption of supplementary nutrition.**

GROWTH MONITORING

- **Availability of New WHO Growth Charts**

State Government is requested to ensure the availability of new WHO child growth charts in all AWCs as availability of the same was reported in more than three fourth (76.36%) of AWCs.

- **Weighing of Children**

It is very encouraging to note that wherever the new WHO Child growth charts were found available, most of the children (96.17%) were found weighed according to new WHO Child growth standards.

- **Accuracy of AWWs on Weighing and Plotting**

Proper attention needs to be given by State Government for equipping AWWs with weighing and plotting skills on new Child Growth Standards. **The recommendation is based on the fact that only 45.45 per cent of AWWs were found having adequate skills of weighing and about 31 per cent of plotting.**

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

Only little more than one fifth (27.27%) of AWWs were found organizing counselling sessions based on growth monitoring. **Concerned Supervisors, CDPOs and DPOs may be instructed to ensure the organization of counselling sessions for parents based on growth monitoring of children.**

REFERRAL SERVICES

Referral services were almost found absent in the state as in negligible (3.64%) number of the AWC, referral slips were found available. **Referral services may be organized in convergence with RBSK (Rashtriya Bal Swasthya Karyakram) where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.**

MOTHER AND CHILD PROTECTION CARD

Maintenance and timely updating of MCP card was not found in most (82%) of the AWCs. **Concerted efforts are needed to ensure maintenance and updating of MCP card in all AWCs of the state.**

AVAILABILITY OF MEDICINE KIT

Medicine kit was found available in only less than one tenth (7.27%) of AWCs. **Efforts are needed in this direction to ensure availability of medicine kit in all AWCs.**



AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. **Awareness about functioning of NRCs is required to be generated amongst ICDS functionaries about functioning of NRCs and availability of NRCs in their area and half (50%) of those projects refer their children to the NRCs.**

HEALTH CHECK UP

- Though it is encouraging to observe that in majority of the cases (83.64%) , the venue of the immunisation and health check-up is located at the AWCs , **however, equally disturbing is the fact that in little more than half (52.73%) of AWCs, no health check-up was found organized during last six months. The organization of health check-up camps was found completely unplanned in only negligible (1.82%) of AWCs.**
- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema, etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.**
- **Ante Natal Check Up of Pregnant Women**
 - There has been a provision under health checkup 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. It was observed that four times ante natal checkup was carried out for only 1.82 per cent of pregnant women and three time ante natal checkup was carried out of about more than half (54.55%) of pregnant women at AWCs. **Concerted efforts in convergence with health department are needed to ensure minimum number of ante natal checkup of all pregnant women.**
 - In none of the AWCs, ante natal checkup of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. **This aspect needs to be looked into.**

NHEd (Nutrition & Health Education)

It was observed that NHED sessions were organised in more than half (56.36%) of AWCs during last three months. There was lack of participation/involvement of women to

attend NHEd session. **Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.**

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

About 62 per cent of children (3-6 years) were found enrolled for PSE out of which only little more than half (55.73%) were found attending the same.

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in only little less than one fourth (23.64%) of AWCs. **Proper training may be imparted to AWWs on preparation of low cost teaching learning material.**

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in only less than one fifth (18.18%) of AWCs.

○ Celebration of ECCE Day

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 establishes 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.

Though, less than 2/3rd (63.64%) of the AWWs were found aware about organising ECCE day as envisaged in restructured ICDS. However, those who were found aware about the same, it is very satisfying that all (100%) of them were observed actually organizing ECCE day in the AWCs.

○ 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.

Despite of importance of organisation of nature walk, the same was not found organising in any of the AWCs. Field level functionaries (AWW, Supervisors, CDPOs,) may be sensitize and on this important aspect.

PERSONAL PROFILE

● Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. **It is very encouraging to find out that majority (87.27%) of the AWWs were qualified till matriculation and above, however, those**

AWWs who were found qualified below matriculation, these workers should be given an opportunity to upgrade their qualification till matric.

- **Appointment Status of ICDS Functionaries**

15.49 per cent posts of AWWs were found to be vacant and 8 per cent posts of supervisors were found vacant. The sanctioned number of posts of ICDS Functionaries needs to be filled, for effective implementation of ICDS Program.

- **JOB & Refresher Training**

31.62 per cent of the AWWs were found job trained, the backlog in refresher training was very high 80 per cent. About 67.16 per cent of the supervisors have yet to receive Job training, as well as only about 20.90 percent were found refresher trained. Though, only 36.36 per cent of the CDPOs have received Job training, however, only 45.45 per cent CDPOs were received refresher training. The backlog in training of ICDS functionaries should be met soon for the proper functioning of AWCs.

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.

The involvement of community was found in only about 5.45per cent of AWCs. Majority of the CDPOs were found unaware about various provisions contained in restructured ICDS for community involvement. **Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.**

- **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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 MahilaMandals, 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.

The data concerning organisation of IEC activities reveals that such activities are being organised in less than two third (63.64%) of ICDS projects and AWCs. This aspect needs to be looked into.

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has

Monitoring Visits of ICDS (2014-15): State Specific Comments

to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in only 42.86 per cent of ICDS Projects located in the state. Organization of such things in all ICDS projects needs to be ensured.

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

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. It was observed that VHND day is being organised in only little more than half (57.14%) of ICDS Projects located in the state. Mainly organization of VHND needs to be ensured.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. **Innovative ideas mainly Leela Rasoi Show etc. needs to be organize to show them this aspect.** The organisation of such exhibition was found in only 42.86 per cent of ICDS Projects.

- **Slogan Writing/Wall Writings**

This type of IEC activities were reported in only less than one fifth (14.29%) of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material has not been disseminated in 85.71 per cent of ICDS Projects located in the state. **Concerted efforts are needed for distribution of Communication Material.**

- **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, nukkadatak 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. **It is very important aspect needs to be looked into because organisation of such activities was observed in only 42.86 per cent of the ICDS project.**



MONITORING OF AWCs

○ Use of Check List during Physical Visits of AWCs

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. Encouraging trend was reported as in 90.91 per cent of CDPOs were found adopting use of check list while making physical visits to AWCs. It was also found that majority of CDPOs (63.64 %) also use MPR as a tool of monitoring of AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this is being done in only little less than half (45.45%) of ICDS Projects.

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in nearly three fourth of ICDS projects. **While all (100%) of the CDPOs were found only demonstrating new WHO Child Growth Charts, demonstration of MCP card (83.33%) and various ways of community participation was found in extremely low (16.67%) of ICDS Projects.**

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. Only little more than half (54.55%) of CDPOs were found aware about this important tool of ICDS Monitoring. There is a need for formulation of such monitoring committee.

○ Availability of New Set of Records and Registers

New set of records and registers as introduced by MWCD, GOI were found in only less than one tenth (9.09%) of ICDS Projects. **This aspect needs strengthening.**

INFRASTRUCTURE

Less than half (43.64%) of the AWCs were found running in pucca building, 56.36 percent in Kutcha building, so, **all the AWCs running in Kutcha building needs to be shifted into pucca building.**

Only one fifth (20%) of the AWCs were located in GOVT building, 3.64 per cent in primary school building. Majority (63.64%) of AWCs were found running in rented buildings, needs to be shifted into their own building.

Less than two third (65.45%) of the AWCs displayed the sign board properly. **Only in one fifth (20%) of AWCs adequate outdoor and indoor space were available. Only about 4 per cent of AWCs were having Tap as a source of drinking water.**

Availability of usable toilet was observed in negligible number of AWCs. **Attention is needed to be paid in this matter**

CHHATTISGARH

ICDS IMPLEMENTATION

No. of ICDS Projects Visited	No. of AWCs visited
4	20



SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

Though number of children (6 months - 3 years) registered for receiving supplementary nutrition in the form of take home ration is quite high (82.43%) however, it was noted that majority (86.06%) of these children were actually receiving supplementary nutrition. In reverse of this trend, the number of children (3 years -6 years) registered for receiving supplementary nutrition in the form of hot cooked meal was less than three fourth (73.73%) but majority of them (94.36%) were also found actually receiving supplementary nutrition. **The distribution of SN to children 6 months to 3 years needs to be ensured.**

In case of pregnant and nursing mothers, the percentage of pregnant women found registered for supplementary nutrition was 85.10percent and the percentage of actually availing supplementary nutrition was 87 per cent. Similar trend was reported in case of nursing mothers where most (84.29%) of them were found registered for availing supplementary nutrition, similarly about 90 per cent were actually found availing supplementary nutrition services. **Necessary action one requires to be taken for distribution of SN all these pregnant and lactating women who are coming to ICDS as beneficiary.**

○ **Distribution of Supplementary Nutrition**

The data shows that THR was distributed in only 30per cent of the visited AWCs to the 6months – 3 years children. It is very encouraging to note that various forms of supplementary nutrition (morning snack and hot cooked meal) intended for various types of ICDS beneficiaries was found distributing in most of the AWCs. It is also observed that 70 per cent of the AWCs distributed THR to the pregnant and lactating mothers.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though it is very heartening to know that acceptability of supplementary nutrition by ICDS beneficiaries was reported in all (100%) of the AWCs, **however, the issue of distribution of supplementary nutrition as per adequate quantity envisaged under ICDS guidelines also observed in all (100%) the AWCs to ICDS beneficiaries.**

○ **Interruption in 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.



Monitoring Visits of ICDS (2014-15): State Specific Comments

As per norms, supplementary nutrition has to be delivered 300 days in a year. It is encouraging to note that no interruption in distribution of supplementary nutrition during last six months was reported in only one tenth (10%) of the AWCs. Wherever, the interruption was reported, the same was found due to shortage of supply only.

○ **Availability of Utensils**

It is a point of satisfaction that the availability of utensils for cooking and consumption of supplementary nutrition was reported in three fourth (75%) and 70 per cent of AWCs respectively.

GROWTH MONITORING

○ **Availability of New WHO 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 availability of new WHO Child growth standards were reported in majority (95%) of the AWCs**

○ **Weighing of Children**

Not only new WHO Child growth charts were found available, however, majority of the children (96%) were found weighed according to new WHO Child growth standards.

○ **Accuracy of AWWs on 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. It is a matter of great satisfaction that all (100%) the AWWs were found having adequate weighing and plotting skills.

○ **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 weight gain or weight loss and various possible causes of growth faltering of the child. Again encouraging trend was reported as all (100%) the AWWs were found organizing counselling sessions based on growth monitoring. Concerned Supervisors, CDPOs and DPOs may be instructed to pay more focus on those AWCs where counselling sessions were not found organising.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.



Monitoring Visits of ICDS (2014-15): State Specific Comments

Referral services were almost found absent in three fourth (75%) of AWCs. **Referral services may be organized in convergence with Rashtria Bal Suraksha Karyakram (RBSK)** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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. It is encouraging to note that maintenance and timely updating of MCP card was found in less than three fourth (70%) of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is very discouraging to note that availability of medicine kit was not found in more than 90 % of AWCs. **Efforts are needed in this direction to ensure availability of medicine kit in all AWCs.**

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

- The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Half (50%) of the ICDS Projects were having availability of NRCs and all the severely underweight children referred to the NRCs in these visited projects.

HEALTH CHECK UP

- Though it is encouraging to observe that in majority of the cases (80%) , the venue of the immunisation and health check-up is located either at the AWCs or at the health sub centres, It is also equally encouraging to note that in significant number of AWCs(80%), health check-up camps were found organized every month .

- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anemia, vitamin A Deficiency, oedema, etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health checkup of all aspects of children. **Health checkup may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities. Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

Monitoring Visits of ICDS (2014-15): State Specific Comments

- There has been a provision under health checkup 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. It was observed that though four times ante natal checkup was carried out for only one fifth (20%) of the pregnant women, though three time ante natal checkup was carried out of about 60 per cent of pregnant women. Two and One ANC was received by only one tenth (10%) of the pregnant women each.
- In all (100%) the AWCs, ante natal checkup on all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be effective in this state.

NHed (Nutrition & 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.

It was observed that NHED sessions were organised in majority (85%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHED session in 15 per cent of the AWCs. Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

About three fourth (73.73%) of children (3-6 years) were found enrolled for PSE out of which only 73.45 per cent were found attending the same.

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in substantial number (95%) of AWCs.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in more than 90 per cent of AWCs.

○ Celebration of ECCE Day

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



Monitoring Visits of ICDS (2014-15): State Specific Comments

facilitates involvement of parents and community in the early childhood care and education of children and establishes 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.

Though, most (80%) of AWWs were found aware about organization of ECCE day, however, those who were aware majority of them (93.75%) were found organizing the same.

○ **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.

Despite of importance of organisation of nature walk, the same was not found organising in any of the visited AWCs.

PERSONAL PROFILE

• **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very heartening to find out that 35 per cent of the AWWs were 12th pass, half (50%) of them were Graduate and 5 per cent Post Graduate.**

• **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as negligible (1.01%) number of AWWs position, 11.11 per cent posts of supervisors were found vacant.

• **JOB & Refresher Training**

Almost 77 per cent of the AWWs were found trained. Little more than one tenth (15%) of the supervisors are not yet received Job training, as well as only 25 percent were found refresher trained. It is very satisfying to find out that all the CDPOs were Job as well as refresher trained.

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.

The involvement of community was found in more than 3/4th (80%) of AWCs. Effective ways of augmenting community participation need to be evolved. There is a need of putting in place social audit system as recommended in ICDS mission so that community members and other stakeholders can have their participation in ICDS.



○ **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in all (100%) of ICDS projects and AWCs.

○ **Celebration of Breast Feeding and Nutrition Week**

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all ICDS Projects and AWCs located in the state.

○ **Observation of Village Health and Nutrition Day**

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. It was observed that VHND day is being organised in all (100%) of ICDS projects located in the state.

○ **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in all the ICDS Projects.

○ **Slogan Writing/Wall Writings**

These types of IEC activities were reported in only 14.29 per cent of ICDS Projects.

○ **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material has been disseminated in only half (50%) of ICDS Projects located in the state.

○ **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, nukkad 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.

The organisation of such activities was observed in all ICDS projects.

MONITORING OF AWCs

○ **Use of Check List during Physical Visits of AWCs**

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. Efforts are needed to strengthen the monitoring mechanism as only 3/4th of CDPOs were found using check list while visiting AWCs.

○ **Approval of Supervisor's Visit Plan by CDPOs**

Though, CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this is being done in only half (50%) of the ICDS project.

○ **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in all (100%) of ICDS projects. In those projects where demonstration method was found in use, almost all CDPOs were found demonstrating new WHO Child Growth Charts, demonstrating MCP card and on maintenance of MCP card as well.

○ **Awareness about Five Tier Monitoring System**

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. It is discouraging to note that almost 1/4th (25%) of CDPOs were found aware about this important tool of ICDS monitoring.

○ **Availability of MIS Guidelines and Revised Records and Registers**

It is very satisfying to observe that all the ICDS Projects were having availability of the MIS Guidelines and Revised Records and Registers respectively.

INFRASTRUCTURE

More than three fourth (80%) of the AWCs were found running in pucca building followed by only one fifth (20%) in Kutcha building, so, all the AWCs running in Kutcha building needs to be shifted into pucca building.

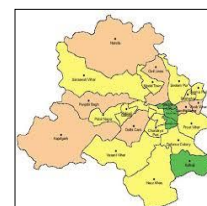
Most (70%) of the AWCs were located in GOVT building, one fourth (25%) in rented building and 5 per cent provided by Community free of rent. All those AWCs located in rented building needs to be shifted into its own building.

Most (85%) of the AWCs displayed the sign board properly. 60 per cent of AWCs were found having adequate outdoor and indoor space. Only 30 per cent of AWCs were having Tap as a source of drinking water.

Half (50%) of the AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**

DELHI

No. of ICDS Projects Visited	No. of AWCs visited
5	25



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is observed that only less than three fourth about (70.81%) children (6 months -3 years) were found registered for receiving supplementary nutrition in the form of take home ration but 89.90 per cent of them were also found actually receiving supplementary nutrition. In reverse of this trend, though only half (50%) of children (3 years -6 years) were found registered for receiving supplementary nutrition in the form of hot cooked meal but majority of them (92.64%) were found actually receiving supplementary nutrition.

In case of pregnant and nursing mothers, about three fourth (74%) of the pregnant women were found registered for supplementary nutrition and most of them (82.50%) were found actually availing supplementary nutrition. Similar trend was reported in case of registration and actual availing of supplementary nutrition by nursing mothers as 61.65 per cent were found registered and out of total registered Lactating mothers most of them (84.25%) were actually availing SN.

○ **Distribution of Supplementary Nutrition**

The data shows that THR was distributed in only 60per cent of the visited AWCs to the 6months – 3 years children. However, it is very encouraging to note that various forms of supplementary nutrition (morning snack and hot cooked meal) intended for 3-6 years Children was found distributing by all (100%) the AWCs. It was also observed that THR to Pregnant and Lactating mothers were not distributed in any of the visited AWCs

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Acceptability of distribution of adequate quantity of supplementary nutrition was found in all (100%) the AWCs. Adequate quantity of SN was distributed in majority (92%) of the AWCs to the ICDS Beneficiaries.

○ **Interruption in 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. It is very heartening to observe that there were no interruptions found in distribution of SN during last six months before the visit of CMU Consultants.

○ **Availability of Utensils**

It was found that the availability of utensils for cooking and consumption of supplementary nutrition was reported in 40 per cent and 64 per cent of the AWCs.

GROWTH MONITORING

○ **Availability of New WHO 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.

It was observed that availability of new WHO Child growth standards was found in majority (88%) of AWCs. **It is a serious concern which needs to be addressed immediately by supplying new WHO Child growth standards to rest of the AWCs.**

○ **Weighing of Children**

In those AWCs, where new WHO Child growth standards were found, it was found that more than three fourth (78.26%) of children (0-6 years) were being weighted as per new WHO Child growth standards.

○ **Accuracy of AWWs on Weighing and Plotting**

The CMU consultants during data collection observed the Growth Monitoring Skills of AWWs. 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. It is a matter of great satisfaction that all (100%) of AWWs were found having adequate weighing and majority (96%) having plotting skills.

The NCT may arrange special training for those AWWs who were lacking in proper plotting skills.

○ **Organisation 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 weight gain or weight loss and various possible causes of growth faltering of the child. Again encouraging trend was reported as substantial number (92%) of AWWs were found organizing counselling sessions based on growth monitoring. Concerned Supervisors, CDPOs and DPOs may be instructed to pay more focus on those AWCs where counselling sessions were not found organising.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were almost found absent in more than half (56%) of the AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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.

Unlike of availability and maintenance of new WHO Child growth standards, it is very encouraging to note that maintenance and timely updating of MCP card was found in every eight out of ten AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. Availability of medicine kit in 96 per cent AWCs is a point of great satisfaction. **It is a matter of concern which needs to be addressed immediately by supplying medicine kit to rest of the AWCs.**

HEALTH CHECK UP

○ Though it is encouraging to observe that in all AWCs, the venue of the health check-up is located either at the Sub centre (48%), followed by PHC (36%) or less than one fifth (16%) at AWCs, however, it is encouraging to note that in two third (68%) of AWCs, health check-up camps were found organized every month during past six months.

○ In none of the AWC, health check-ups on all aspects of children (checking and recording height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found, except checking and recording of weight of children i.e.:(100%) respectively. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, diseases, deficiencies and development delays including disabilities .** Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

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

• There has been a provision under health checkup 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. It was observed that four to five times ante natal checkup was carried out by 68 per cent of AWCs for the pregnant women and little less than one third (32%) of ANC were given three times by the AWCs to the Pregnant women.

• In none of the AWCs, ante natal checkup of all aspects was found to be carried out except checking weight of all the pregnant women. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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.

It was observed that NHEd sessions were organised in substantial number (92%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHEd session in 8 per cent of AWCs. Thus there is a need to strengthen this component.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

Very disturbing trend was observed as only half (50.02%) of children (3-6 years) were found enrolled for PSE. However, those who were enrolled, little more than one third (34.83%) of them were found attending the PSE sessions in AWCs. **Attention must be paid to make PSE more interesting to encourage all the registered children to attend it and as well as that step will increase the registration also.**

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in 21 out of 25 AWCs.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in 88 per cent of AWCs. **There is a need to ensure the availability of PSE kit in all AWCs.**

○ Celebration of ECCE Day

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 establishes 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.

Though it is very satisfying to observe that every 8 out of ten AWWs were found aware about organization of ECCE day, however, those who were aware All (100%) of them were found organizing the same.

Monitoring Visits of ICDS (2014-15): State Specific Comments

○ **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.

Despite of importance of organisation of nature walk, the same was found organising in little more than half (52%) of the AWCs.

PERSONAL PROFILE

● **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very heartening to find out that all the AWWs were qualified matric and above.**

● **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as negligible number (0.26%) of AWWs position, little less than one fourth (21.74%) of supervisors posts were found vacant.

● **JOB & Refresher Training**

Only 36.76 per cent of the AWWs were found job trained, as well as about equal numbers (31.53%) of the AWWs in NCT were found refresher trained. There is a huge backlog is observed in the job (66.67%) and refresher training (50%) of the supervisors as well. Only two out of five CDPOs were found Job trained and there is a backlog of 40 per cent observed in refresher training of the CDPOs.

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.

The involvement of community was found in only 28 per cent of AWCs.

○ **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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.

Monitoring Visits of ICDS (2014-15): State Specific Comments

The data concerning organisation of IEC activities reveals that such activities were found organised in all ICDS projects and AWCs.

○ **Celebration of Breast Feeding and Nutrition Week**

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all ICDS Projects and AWCs located in the NCT.

○ **Observation of Village Health and Nutrition Day**

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. It was observed that VHND day is being organised in one fifth (20%) of the ICDS projects located in the NCT.

○ **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was not found in 40 per cent of the ICDS Projects.

○ **Slogan Writing/Wall Writings**

These types of IEC activities were reported in 60 per cent of ICDS Projects.

○ **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was not disseminated in 60 per cent of the ICDS Projects located in the NCT.

○ **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, nukkadnatak 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.

The organisation of such activities was observed in every four out of five ICDS projects

MONITORING OF AWCs

○ **Use of Check List during Physical Visits of AWCs**

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



Monitoring Visits of ICDS (2014-15): State Specific Comments

tools/methods. Efforts are needed to strengthen the monitoring mechanism as 80 per cent of CDPO was monitoring by visiting AWCs while three fourth (75%) were found using check list while visiting AWCs.

○ **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this is not being done in most (80%) of the ICDS project.

○ **Use of Demonstration Method for Guidance**

CDPOs are required adopting various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in 80 per cent of the ICDS projects. Three fourth (75%) of the CDPOs were found demonstrating new WHO Child growth standards, revised MPR and community participation, however, half (50%) of them were found demonstrating MCP card and. Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions in all ICDS Projects as well.

○ **Awareness about Five Tier Monitoring System**

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. It is very discouraging to note that 40 per cent of CDPO were not found aware about this important tool of ICDS monitoring.

INFRASTRUCTURE

Majority (92%) of the AWCs were found running in pucca building, 8 percent in Kutcha building, so, all the AWCs running in Kutcha building needs to be shifted into pucca building.

Majority (96%) of AWCs were found running in rented buildings, needs to be shifted into their own building.

Most (84%) of the AWCs displayed the sign board properly. Only 48 per cent of AWCs were having adequate outdoor and indoor space. Substantial numbers (76%) per cent of AWCs were having Tap as a source of drinking water.

Availability of usable toilet was observed in significant number (76%) of AWCs. **Attention is needed to be paid in this matter, to provide usable toilets in all the AWCs in NCT.**



GUJARAT

No. of ICDS Projects Visited	No. of AWCs visited
3	15



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is very encouraging to note that all (100%) children of 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration but 78.28 per cent of them were also found actually receiving supplementary nutrition. In reverse of this trend, though majority (96.62%) of children (3 years -6 years) were found registered for receiving supplementary nutrition in the form of hot cooked meal but 91.83 per cent of children were found actually receiving supplementary nutrition.

○ In case of pregnant mothers too, it was encouraging to note that majority of them (97.01%) were registered and less than two third of them (61.30%) were actually receiving supplementary nutrition. The same trend was found in case of nursing mothers where all (100%) of them were found registered and less than three fourth (72.06%) of them were found actually receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

It is very encouraging to note that supplementary nutrition in the form of THR was intended for various types of ICDS beneficiaries (6months -3 years children and P&L women) were found distributing in all AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

It is an encouraging trend that acceptability of supplementary nutrition was found in about 87 per cent of AWCs and distribution of its adequate quantity was found in all AWCs.

○ **Interruption in 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. It is discouraging to note interruption in distribution of supplementary nutrition during last six months was reported in 40 per cent of AWCs.

Availability of Utensils

It is a point of satisfaction that the availability of utensils for cooking and consumption of supplementary nutrition was reported in one third (33.33%) and only (26.67%) of AWCs.

GROWTH MONITORING

○ **Availability of New WHO 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.

It is very encouraging to note that availability of new WHO Child growth standards was found in all AWCs.

○ **Weighing of Children**

It is encouraging to note that sizeable number of children (94.41%) is being weighted as per new WHO Child growth standards.

○ **Accuracy of AWWs on 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. It is a matter of great satisfaction that all (100%) of AWWs were found having adequate weighing skills and plotting skills as well.

○ **Organisation of Counselling 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. Encouraging trend was reported by finding that all (100%) were found organizing counselling sessions based on growth monitoring.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral services were almost found absent in about 86.67 per cent of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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.

It is very encouraging to note that maintenance and timely updating of MCP card was found in majority (93%) of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. Availability of medicine kit in less than half (46.67%) of AWCs is a point of great satisfaction.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Awareness about functioning of NRCs is required to be generated amongst ICDS functionaries and aware them about functioning of NRCs and its convergence with ICDS. As only one third (33.33%) of ICDS Projects were having availability of NRCs and the beneficiaries from that project got referred in that NRCs.

HEALTH CHECK UP

○ It is encouraging to observe that in two third (66.67%) of AWCs, the venue of the immunisation and health check-up was located either at the AWCs or at the sub centre (20%) and 6.67 per cent at PHC. Health check-up camps was being organized on monthly basis in more than 2/3rd of AWCs.

○ In none of the AWC, health check-ups of all aspects of children (checking and recording height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found, except checking and recording weight (100%). Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, Diseases, deficiencies and development delays including disabilities.** Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

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. It was

Monitoring Visits of ICDS (2014-15): State Specific Comments

observed that four to five times ante natal check-up was carried out for 40per cent of AWCs to the pregnant women followed by three times provided to one third (33.33%) of AWCs to the pregnant women.

- In none of the AWCs, ante natal check-up of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHed (Nutrition & 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.

It was observed that NHED sessions were organised in two third (66.67%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHED session. Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

Though substantial (96.62%) of children (3-6 years) were found enrolled for PSE. However, those who were enrolled, only little more than half (53.57 %) were found attending the PSE sessions in AWCs.

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in majority number (80%) of AWCs.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in 46.67 per cent of AWCs. There is a need to ensure the availability of PSE kit in all AWCs.

○ Celebration of ECCE Day

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



Monitoring Visits of ICDS (2014-15): State Specific Comments

facilitates involvement of parents and community in the early childhood care and education of children and establishes 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.

Though, only one third (33.33%) of AWWs were found aware about organization of ECCE day, however, majority of AWWs (80%) who were found aware were also found organizing the same.

○ **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.

Despite of importance of organisation of nature walk, the same was not found organising two third 66.67 per cent of AWCs.

PERSONAL PROFILE

• **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. Though, majority of AWWs were found literate matriculate and above, however, one fifth of the workers were found below matric. **There is a need to encourage those AWWs who are below matric, to upgrade till matric.**

• **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up negligible 0.26 per cent AWWs and one third (33.33%) CDPOs positions were found vacant.

• **JOB & Refresher Training**

Little less than two third (64.74%) of the AWWs were found trained, there is a huge backlog in refresher training as about 59 per cent of them have yet to receive refresher training. 12.5 per cent of the supervisors are not yet received Job training, as well as about 63 percent was yet to receive refresher training. Only half (50%) of the CDPOs have received Job training and as well as it is very disappointing to note that not a single CDPO were received refresher training.

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



Monitoring Visits of ICDS (2014-15): State Specific Comments

Nutrition Days (VHNDs) and ECCE, construction of AWCs and its maintenance, community mobilisation by motivating people to participate in ICDS service delivery etc. The involvement of community was not found in 73.33 per cent of AWCs.

○ **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in all (100%) of ICDS projects and AWCs.

● **Celebration of Breast Feeding and Nutrition Week**

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all ICDS Projects and AWCs located in the state.

● **Observation of Village Health and Nutrition Day**

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. It was observed that VHND day is being organised in all (100%) of ICDS projects located in the state.

● **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in one third (33.33%) of ICDS Projects.

● **Slogan Writing/Wall Writings**



Monitoring Visits of ICDS (2014-15): State Specific Comments

These types of IEC activities were only reported in 1/3rd of ICDS Projects.

• Distribution of Communication Material

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement, etc., have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was not disseminated in two third (66.67%) of the ICDS Projects located in the state.

• 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, nukkadnatak 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.

The organisation of such activities was observed in all (100%) of ICDS projects.

MONITORING OF AWCs

○ Use of Check List during Physical Visits of AWCs

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. Efforts are needed to strengthen the monitoring mechanism as all (100%) of CDPOs were found using check list while visiting AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this is only being done in one third of ICDS project.

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in all of the ICDS projects. Though, almost all CDPOs were found demonstrating new WHO Child Growth Standards, however, only few of them (66.67%) were found demonstrating MCP card and 33.33 per cent new records and registers . Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions on maintenance of MCP card, new records and registers as well.



Monitoring Visits of ICDS (2014-15): State Specific Comments

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. It is very encouraging to note that all the CDPO was found aware about this important tool of ICDS monitoring.

INFRASTRUCTURE

Majority (93.33%) of the AWCs were found running in pucca building, only 6.67 per cent in Kutcha building, so, all the AWCs running in Kutcha building needs to be shifted into pucca building.

More than half (53.33%) of the AWCs were located in GOVT building, 4 per cent in community/ Panchayat building. One fifth (20%) of AWCs were found running in rented buildings, needs to be shifted into their own building.

Only one third (33.33%) of the AWCs displayed the sign board properly. More than half (53.33%) of AWCs adequate outdoor and indoor space were available. **None of the AWCs were having Tap as a source of drinking water.**

Availability of usable toilet was observed in only six out of fifteen AWCs. **Attention is needed to be paid in this matter**



HARYANA

No. of ICDS Projects Visited	No. of AWCs visited
2	10



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a point of satisfaction to note that 96 per cent of children aged 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration but only half 51.33 per cent were found receiving supplementary nutrition. The same trend was found, though majority (93.39%) of 3 years -6 years old children were found registered for receiving supplementary nutrition in the form of hot cooked meal but again only 38.11 per cent of the children were found receiving supplementary nutrition.

In case of pregnant mothers too, it was encouraging to note that majority of them (93.27%) were registered and little less than two third (64.95%) of them were actually receiving supplementary nutrition. The same trend was found in case of nursing mothers where majority (92.63%) of them were found registered and less than three fourth (73.86%) were found actually receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition is concerned, It was found that THR was being served in one tenth of AWCs to 6 months to 3 years and Pregnant and Lactating mothers each, morning snacks (100%) and hot cooked meal (90%) was being served in AWCs to the children 3-6 years of age. Concerted efforts are needed for serving various forms of supplementary nutrition as envisaged in ICDS guidelines.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

It is an encouraging trend that though acceptability of supplementary nutrition was found in majority (90%) of the AWCs, however distribution of its adequate quantity as the same was found in also 90 per cent of the AWCs.

○ **Interruption in 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. It is encouraging to note interruption in distribution of supplementary nutrition during last six months was not reported in any of the visited AWCs.

○ **Availability of Utensils**

It is a point of satisfaction that the availability of utensils for cooking and consumption of supplementary nutrition was reported in 100 per cent and 70 per cent of AWCs.

GROWTH MONITORING

○ **Availability of New WHO 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.

It is very encouraging to note that availability of new WHO Child growth standards was found in every eight out of ten AWCs.

○ **Weighing of Children**

It is encouraging to note that sizeable number of children (88.50%) is being weighted as per new WHO Child growth standards.

○ **Accuracy of AWWs on 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. It is a matter of great satisfaction that though majority of AWWs (90%) were found having adequate weighing skills and plotting skills.

○ **Organisation of Counselling 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. Substantial numbers (90%) of AWWs were organizing counselling sessions based on growth monitoring. Concerned Supervisors, CDPOs and DPOs may be instructed to pay more focus on those AWCs where counselling sessions were not found organising.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral services were almost found in 80 per cent of AWCs. **Referral services may be organized in convergence with Rashtriya Bal Swasthya Karyakram (RBSK)** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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.

It is very discouraging to note that maintenance and timely updating of MCP card was found in only 40 per cent of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. Availability of medicine kit in all AWCs is a point of great satisfaction.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Awareness about functioning of NRCs and its convergence with ICDS is required to be generated amongst ICDS functionaries. 50 per cent of the project were having availability of NRC in their area, and all the children of that area referred to it.

HEALTH CHECK UP

○ It is encouraging to observe that the venue of the immunisation and health check-up is located either at the AWCs and health check-up camps were being organized on monthly basis in majority (80%) of AWCs, one fifth of AWCs were organising health check-up camps in quarterly basis.

In none of the AWC, health check-up of all aspects of children (checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found except checking and recording weight and height was taken in all (100%) of the AWCs. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects** at birth, diseases, deficiencies and development delays including disabilities. Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

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

• There has been a provision under health checkup 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. It was observed that four times ante natal checkup was carried out in 40 per cent of the AWCs for pregnant women followed by 20 per cent (each) in three and five times.

Monitoring Visits of ICDS (2014-15): State Specific Comments

- In none of the AWCs, ante natal checkup of all aspects was found to be carried out except taking weight (100%) respectively. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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.

It was observed that NHEd sessions were organised in majority (90%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHEd session. Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.

NON FORMAL PRE-SCHOOL EDUCATION

o Enrollment and Actual Attendance

Though substantial number (93.39%) of children (3-6 years) were found enrolled for PSE. However, only little more than one third (36.15%) of those who were enrolled were found attending the PSE sessions in AWCs.

o Availability of PSE 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. The adequate and appropriate availability of PSE material was found in all AWCs.

o Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. It was observed that the availability of PSE kit was observed in all AWCs.

o Celebration of ECCE Day

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 establishes 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.



Monitoring Visits of ICDS (2014-15): State Specific Comments

Though all (100%) the AWWs were found aware about organization of ECCE day, however, most (90%) of those AWWs who were aware were also found organizing the same.

○ **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.

Despite of importance of organisation of nature walk, the same was not found organising in any of the AWCs.

PERSONAL PROFILE

• **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. It is very heartening to find out that most (90%) of the AWWs were qualified till matric and above, **only one tenth of the AWWs were qualified below matric, needs to improve their education till matric and above.**

• **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up, as little more than one third (37.50%) of supervisors posts were found vacant.

• **JOB & Refresher Training**

Majority (80.60%) of the AWWs were found job trained, as well as about equal numbers (84.38%) of the AWWs were found refresher trained. There is a huge backlog (40%) was observed in the job and refresher training of the supervisors. Only 50 per cent of CDPOs were found Job and refresher trained. The backlog in training of the functionaries must meet as soon as possible for the proper functioning of the ICDS.

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. The involvement of community was not found in any of the AWCs.



INFORMATION, EDUCATION AND COMMUNICATION

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in all of ICDS projects and AWCs.

• **Celebration of Breast Feeding and Nutrition Week**

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all (100%) of ICDS Projects and AWCs located in the state.

• **Observation of Village Health and Nutrition Day**

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. It was observed that VHND day is being organised in all (100%) of ICDS projects located in the state.

• **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. The organisation of such exhibition was found in half (50%) of the AWCs.

• **Slogan Writing/Wall Writings**

These types of IEC activities were only reported in half of ICDS Projects.

• **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was not disseminated in any of the ICDS Projects located in the state.

• 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, nukkad 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.

The organisation of such activities was observed in only half of ICDS projects.

MONITORING OF AWCs

○ Use of Check List during Physical Visits of AWCs

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, as all (100%) the CDPOs were found using check list while monitoring AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice is being followed in all (100%) the ICDS project.

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in half (50%) of the ICDS projects. Though, all (100%) CDPOs were found demonstrating new WHO Child Growth Standards and MCP card, new records and registers and MIS.

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. It is very encouraging to note that all (100%) of CDPOs were not found aware about this important tool of ICDS monitoring

INFRASTRUCTURE

It is very satisfying to note that all (100%) of the AWCs were found running in pucca building.

Only one tenth (10%) of the AWCs were located in GOVT building, 10 per cent in primary school building and one fifth (20%) in community / Panchayat building. Majority (50%) of AWCs were found running in rented buildings, needs to be shifted into their own building.

Every eight out of ten AWCs displayed the sign board properly. **Only in one fifth (20%) of AWCs adequate outdoor and indoor space were available. Majority (90%) of AWCs were having Tap as a source of drinking water.**

Availability of usable toilet was observed in negligible (every four out of ten) number of AWCs. **Attention is needed to be paid in this matter.**

KARNATAKA

No. of ICDS Projects Visited	No. of AWCs visited
25	134



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a point of satisfaction, to note that not only majority of children (81.83%) aged 6 months - 3 years were found registered for receiving supplementary nutrition in the form of take home ration but most (97.92%) of them were also found actually receiving supplementary nutrition. Unlike of this trend, though significantly more than three fourth (75.97%) of children of 3 years - 6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal, however, substantial number (84.40%) of them were found actually receiving supplementary nutrition.

In case of pregnant women and lactating mothers, not only more than 93 per cent of them were found registered but majority (about 99%) of them who were registered were actually found receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition is concerned, It was found that THR for children 6 months to 3 years and Pregnant and Lactating mothers was distributed in about 52 per cent of the AWCs. Morning snack was being served in 34.33 per cent of AWCs and hot cooked meal was being served in 41.04 per cent of AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Acceptability and distribution of supplementary nutrition as per norms envisaged in ICDS mission guidelines was reported in substantial number (98.51%) of AWCs.

○ **Interruption in 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. The interruption in distribution of supplementary nutrition during last six months was reported in little less than one fifth (17.16 %) of AWC. Wherever, the interruption was reported, the same was found due to shortage of supply.

○ **Availability of Utensils**

The availability of utensils for cooking and serving was found in 83.58% and 86.57 % of AWCs.

GROWTH MONITORING

○ Availability of New WHO 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 availability of new WHO Child growth standards was found in about sizeable (95.52%) number of AWCs.

○ Weighing of Children

It is encouraging to note that about all (99.26%) of children were being weighted as per new WHO Child growth standards.

○ Accuracy of AWWs on 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. Though, majority of AWWs (81.34%) were found having adequate weighing skills, however they need to be trained on plotting skills as only little more than 1/3rd (36.57%) of them were found having adequate plotting skills.

○ Organisation 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. It is discouraging to note that less than one third (32.09%) of AWWs were found organizing counselling sessions based on growth monitoring. Efforts are needed to strengthen the counselling skills of the AWWs.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral services were not found organising in only about 18 per cent of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was only found in only 28 per cent of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of satisfaction that availability of medicine kit was found in significant (96.27%) of the AWCs.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. 48 per cent of ICDS Projects were having availability of NRCs. Awareness about functioning of NRCs must be generated to the of ICDS functionaries. Those who were aware about functioning of NRCs, nearly all of them were found referring of underweight children to NRCs.

HEALTH CHECK UP

- In 50 Per cent of AWCs, the venue of the immunisation and health check-up is located at AWC itself .No organization of health check-up camps was found in about 30% of AWCs during the past six months.
- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema, etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.
- **Ante Natal Check Up of pregnant Women**
 - There has been a provision under health checkup 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. It was very encouraging to note that 4-5 times ante natal checkup was carried out for majority (82.09%) of pregnant women.

Monitoring Visits of ICDS (2014-15): State Specific Comments

- In none of the AWCs, ante natal checkup of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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.

It was observed that NHED sessions were organised in majority (84.33%) of the AWCs during last three months. There was lack of participation/involvement of women to attend NHED session. Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

It is discouraging to note that only about 3/4th (75.97%) of children (3-6 years) were found enrolled for PSE. However, it is a matter of satisfaction that majority of those (80.18%) who were enrolled were found attending the PSE sessions in AWCs.

○ Availability of PSE 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. It is a matter of concern that in only little more than 2/3rd (67.91%) of AWCs, availability of adequate PSE material was found.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was also not found in about 2/3rd (68.66%) of AWCs.

○ Celebration of ECCE Day

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 establishes the partnerships for optimum development of the young child. All the children attending the Anganwadi Centre, and preferably all other children in the age



Monitoring Visits of ICDS (2014-15): State Specific Comments

group of 0-6 years in the community and their parents have to participate in the Fixed Monthly ECCE Day.

It is a matter of great concern that only about 24 per cent of AWWs were found aware and 3/4th of them who were found organizing ECCE day.

o **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.

It is discouraging to note that organisation of nature walk was reported in only less than one third (32.84%) of the AWCs.

PERSONAL PROFILE

• **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. **It is very encouraging to find out that majority (about 96%) of the AWWs were qualified matric and above, those about 4 per cent of workers should be given an opportunity to upgrade their qualification till matric.**

• **Appointment Status of ICDS Functionaries**

Majority (97.72%) of posts of AWWs were filled.10.32 per cent posts of supervisors were found vacant. The sanctioned number of posts of ICDS Functionaries needs to be filled, for effective implementation of ICDS Program.

• **JOB & Refresher Training**

94.02% of the AWWs were found job trained, the backlog in refresher training was only about one tenth. About 99.14 per cent of the supervisors have yet to receive Job training, as well as most (98.63%) were found refresher trained. Though, majority (95.24%) the CDPOs have received Job training as well as refresher training. The backlog in training of ICDS functionaries should be met very soon for the proper functioning of AWCs.

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.

The involvement of community was found in little more than half (50.75%) of AWCs.



○ INFORMATION, EDUCATION AND COMMUNICATION

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in majority (96%) of ICDS projects.

● Celebration of Breast Feeding and Nutrition Week

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in 91.67 per cent of ICDS Projects and AWCs.

● Observation of Village Nutrition and Health Day

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. It was observed that VHND day is being organised in 45.83 per cent of the ICDS projects.

● Organisation of Nutrition exhibition

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in only less than 1/5th (16.67%) of AWCs.

● Slogan Writing/Wall Writings

These types of IEC activities were reported in 12.50per cent of ICDS Projects.

● 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

Monitoring Visits of ICDS (2014-15): State Specific Comments

be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was disseminated in one fourth 25 % of the ICDS Projects located in the state.

• **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, nukkad 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.

The organisation of such activities was observed in only little more than one third (37.50%) of ICDS projects only.

MONITORING OF AWCs

○ **Use of Check List during Physical Visits of AWCs**

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. More than half (52%) of CDPOs were not found using monitoring check list while visiting AWCs. Though all the CDPOs found visiting AWCs for monitoring.

○ **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice is being adopted in only 28 % of the ICDS project.

○ **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Though, organization of demonstration sessions on different themes by CDPOs was found in only 44 per cent of the ICDS projects. However, emphasis needs to be given on demonstration of revised MIS and records and registers in about 91 per cent, new WHO Child growth Standards as only 54.55 per cent of CDPOs were found organising demonstration sessions on new WHO child growth standards and only 36.36 per cent of them were found demonstrating use of MCP card to AWWs. Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions on maintenance of MCP card as well.

○ **Awareness about Five Tier Monitoring System**

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. All (100%) of CDPOs were found aware about this important tool of ICDS monitoring.



INFRASTRUCTURE

It is very satisfying to note that substantial number (85.82%) of the AWCs were found running in pucca building those AWCs found running in Kutcha building (6.72%) and in Open space (1.49%) were need to be shifted into pucca building.

Less than three fourth (71.64%) of the AWCs were located in GOVT building, 4.48 per cent in primary school building and 7.46 per cent in community / Panchayat building. Only less than one tenth (8.21%) of AWCs were found running in rented buildings, needs to be shifted into their own building.

85.82 per cent of the AWCs displayed the sign board properly. **Only in 63.43 per cent of AWCs, adequate outdoor and indoor space was available. More than three fourth (77.61%) of AWCs were having Tap as a source of drinking water.**

Out of 54 available toilets 23 were not in usable conditions. **Attention is needed to be paid in this matter.**

KERALA

No. of ICDS Projects Visited	No. of AWCs visited
9	45



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a point of satisfaction to note that not only 59.83 per cent of children aged 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration but more than three fourth (78.05%) of them were also found actually receiving supplementary nutrition. Similarly, though quite less number of children (63.75%) of 3 years -6 years old children were found registered for receiving supplementary nutrition in the form of hot cooked meal , however, almost three fourth (74.37%) of them were found actually receiving supplementary nutrition.

In case of pregnant mothers, it was encouraging to note that only 69.40 per cent of them were found registered, however, almost three fourth (72.82%) of them was actually receiving supplementary nutrition. The same trend was found in case of nursing mothers where though only 65.72 per cent of them were found registered and 63.44 per cent of them were found receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition is concerned, It was found that only THR was being served in 62.22 per cent of the AWCs to 6 months – 3 years children. The distribution of morning snack was found in majority (88.89%) of AWCs and distribution of hot cooked meal was reported in only 75.56 per cent of AWCs. Concerted efforts are needed for serving various forms of supplementary nutrition as envisaged in ICDS guidelines.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

It is an encouraging trend that acceptability and adequate distribution of supplementary nutrition was found in 88.89 per cent and 71.11 per cent of the AWCs.

○ **Interruption in 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. It is discouraging to note interruption in distribution of supplementary nutrition during last six months was reported in only little more than one tenth (11.11%) of AWCs.

Availability of Utensils

It is a point of satisfaction that the availability of utensils for cooking and consumption of supplementary nutrition was reported in majority (86.67%) each of AWCs.

GROWTH MONITORING

○ Availability of New WHO 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 availability of new WHO Child growth standards was found in about 3/4th (75.56%) of AWCs.

○ Weighing of Children

It is encouraging to note that all children (99.94%) are being weighted as per new WHO Child growth standards.

○ Accuracy of AWWs on 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. It is a matter of great satisfaction that most (88.89%) of the AWWs were found having adequate weighing and plotting skills.

○ Organisation of Counselling 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. **About one fifth of AWWs were not organizing counselling sessions based on growth monitoring. Concerned Supervisors, CDPOs and DPOs may be instructed to pay more focus on those AWCs where counselling sessions were not found organising.**

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were not found in almost 80 per cent of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was found in less than two third (64%) of the AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. Availability of medicine kit in majority (80%) of AWCs is a point of satisfaction but **supply of medicine kit should be ensured in one fifth of the AWCs.**

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Awareness about functioning of NRCs and its convergence with ICDS should be imparted to all ICDS functionaries as none of the severely underweight children were referred to the NRC.

HEALTH CHECK UP

- It is encouraging to observe that in majority of AWCs, the venue of the immunisation and health check-up is located at the AWCs and sub centres followed by one fifth in PHC and 13.33 per cent in other places. The monthly organization of health check-up was also found in 37.78 per cent of the AWCs. It is very discouraging to note that in 15.56 per cent of the AWCs health check-up never organised during last six months.
- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects** at birth, diseases, deficiencies and development delays including disabilities. Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.
- **Ante Natal Check Up of Pregnant women**
- There has been a provision under health checkup 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. It was observed that four times ante natal checkup was carried out for only 15.56 per cent of the pregnant women.

Monitoring Visits of ICDS (2014-15): State Specific Comments

- In none of the AWCs, ante natal checkup of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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.

It was observed that NHEd sessions were organised in significant number (84.44%) of AWCs during last three months. There was lack of participation/involvement of women to attend NHEd session.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

Though less than two third (63.75%) of children (3-6 years) were found enrolled for PSE but only 3/4th of them were found attending the PSE sessions in AWCs.

○ Availability of PSE 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. The adequate and appropriate availability of PSE material was found in about three fourth (73.33%) of the AWCs.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was observed in more than three fourth (77.78%) of the AWCs.

○ Celebration of ECCE Day

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 establishes 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.

Quite substantial numbers (86.67%) of AWWs were found aware about organization of ECCE day, and less than three fourth (71.79%) of them who were found aware were found organizing the same.



Monitoring Visits of ICDS (2014-15): State Specific Comments

o **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.

Despite of importance of organisation of nature walk, the same was found organising in more than half (51.11%) of AWCs.

PERSONAL PROFILE

• **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. **It is very encouraging to find out that majority (about 98%) of the AWWs were qualified till matric and above, those negligible numbers about 2 per cent of workers who were under matric should be given an opportunity to upgrade their qualification till matric.**

• **Appointment Status of ICDS Functionaries**

More than one fourth (26%) posts of supervisors were found vacant. The sanctioned number of posts of ICDS Functionaries needs to be filled, for effective implementation of ICDS Program.

• **JOB & Refresher Training**

There is a backlog in training of ICDS functionaries (AWW, Supervisors and CDPOs), should be met very soon for the proper functioning of ICDS.

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.

The involvement of community was found in about half (51.11%) of the AWCs.

o **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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 Mandal, Mother's groups, distribution and use of



Monitoring Visits of ICDS (2014-15): State Specific Comments

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.

The data concerning organisation of IEC activities reveals that such activities were found organised in all (100%) of ICDS projects and AWCs.

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in all of ICDS Projects and AWCs located in the state.

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

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. It was observed that VHND day is being organised in majority (88.89%) of ICDS projects located in the state.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in more than 3/4th (77.78%) of ICDS Projects.

- **Slogan Writing/Wall Writings**

These types of IEC activities were only reported in only 22.22 per cent of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was disseminated in about one third (33.33%) of the ICDS Projects located in the state.

- **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, nukkadnatak 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.

The organisation of such activities was observed in 77.78 per cent of ICDS projects.



MONITORING OF AWCs

○ Use of Check List during Physical Visits of AWCs

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. Though, most (88.89%) of CDPOs were found visiting AWCs for monitoring, however, only 33.33 per cent were found using monitoring check list while visiting AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice is not being followed in any of the ICDS project.

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in all of the ICDS projects. Though, almost all CDPOs were found demonstrating new WHO Child Growth Standards, however, demonstration of MCP card was found in 88.89 per cent of ICDS Projects. Demonstration of ECCE curriculum was found in more than 3/4th (77.78%) of ICDS Projects. MPR and records and registers were demonstrated in two third (66.67%) and 44.44 per cent of ICDS Projects respectively. **Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions on maintenance of MCP card and new records and registers as well.**

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. It is very encouraging to note that eight out of nine CDPOs were found aware about this important tool of ICDS monitoring.

INFRASTRUCTURE

More than 3/4th (75.56%) of the AWCs were found running in pucca building followed by 8.89 per cent in Kutcha building and rest in open space, so, **all the AWCs running in Kutcha building as well as in open space needs to be shifted into pucca building.**

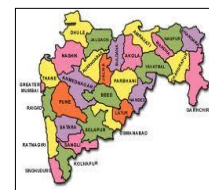
Most (84.44%) of the AWCs were located in GOVT building, 15.56 per cent in primary school building and **about one fifth (19.26%) of AWCs were found located in rented building, needs to be shifted in their own building.**

Majority (95.56%) of the AWCs displayed the sign board properly. Most (86.67%) of AWCs were found having adequate outdoor and indoor space. About only little more than 1/3rd (37.78%) of AWCs were having Tap as a source of drinking water.

41 out of 45 AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter to construct usable toilet in about 8 per cent of AWCs.**

MAHARASHTRA

No. of ICDS Projects Visited	No. of AWCs visited
3	15



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a point of satisfaction to note that all (100%) of the children aged 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration and majority of them (93.83%) were also found receiving supplementary nutrition. Similarly, all(100%) of the children of 3 years -6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal , however, substantial number (97.52%) of them were found actually receiving supplementary nutrition.

In case of pregnant mothers and lactating women, not only all (100%) of them were found registered but majority (about 99%) each of them who were registered were actually found receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition is concerned, It was found that all three types of supplementary nutrition (THR and hot cooked meal) is being served in 100 per cent of AWCs. Only morning snacks served to the children (3-6 years) in only one third of the AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though, acceptability of supplementary nutrition was found in substantial ((86.67%) of the AWCs , however, distribution of supplementary nutrition as per norms envisaged in ICDS guidelines was observed only in close to 47per cent of AWCs.

○ **Interruption in 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. The interruption in distribution of supplementary nutrition during last six months was reported in about little more than one fourth (26.67%) of AWC. Wherever, the interruption was reported, the same was found due to shortage of supply.

○ **Availability of Utensils**

The availability of utensils for cooking and serving was found in only 20 per cent and 60 per cent of AWCs.

GROWTH MONITORING

○ Availability of New WHO 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 availability of new WHO Child growth standard charts was found in little more than one fourth (26.67%) of AWCs. **State Government is requested to ensure the availability of new WHO child growth charts in all AWCs.**

○ Weighing of Children

It is encouraging to note that majority of children (88.77%) are being weighted as per new WHO Child growth standards.

○ Accuracy of AWWs on 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. All (100%) the AWWs were found having adequate weighing skills and plotting skills were found in majority (93.33%) of the AWWs.

○ Organisation of Counselling 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. It was observed that only less than three fourth (73.33%) of AWWs were found organizing counselling sessions based on growth monitoring.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral services were not found organising in little more than 1/4th (26.67%) of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was found in more than half (53%) of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of satisfaction that availability of medicine kit was found in all (100%) of the AWCs.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. The availability of NRC was observed in one third of the ICDS Projects. The functionaries who were aware about functioning of NRCs, all (100%) of them were found referring of underweight children to NRCs.

HEALTH CHECK UP

○ In 100 % AWCs, the venue of the immunisation and health check-up was located at sub centre. The organization of quarterly health check-up camps was found in two third (66.67%) of AWCs, only 13.33 per cent of the AWCs were organised health check up on monthly basis.

○ Checking and recording of weight of the children were taken in all (100%) of the AWCs. In none of the AWC, health check-ups of all aspects of children (checking and recording height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema, etc.) was found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.**

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

● There has been a provision under health checkup 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. It was very encouraging to note that 3-4 times antenatal checkup was carried out for about 3/4th of pregnant women.

● In none of the AWCs, ante natal checkup of all aspects was found to be carried out, except weight of pregnant women were registered by all (100%) of the AWCs. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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.

It was observed that NHED sessions were organised in all (100%) of the AWCs during last three months.

○ **Enrollment and Actual Attendance**

It is very encouraging to note that all (100%) of children (3-6 years) were found enrolled for PSE. However, it observed that those who were enrolled only less than 3/4th (71.16%) were found attending the PSE sessions in of the AWCs.

○ **Availability of PSE 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. It is a matter of concern that adequate and appropriate availability of PSE material was not found in 60 per cent of AWCs.

○ **Availability of PSE Kit**

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was found in little more than half (53.33%) of AWCs.

○ **Celebration of ECCE Day**

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 establishes 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.

Only 26.67 per cent of AWWs were found aware about organization of ECCE day and those who were aware, three fourth (75%) of them were found organizing the same.

○ **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.

Despite of importance of organisation of nature walk, the same was not found organising in 73.33 per cent of AWCs.

PERSONAL PROFILE

• Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very heartening to find out that majority of the AWWs were matriculate and above, only 13.33 per cent of the AWWs were qualified below matric, needs to upgrade their qualification till matric for proper functioning of the scheme.**

• Appointment Status of ICDS Functionaries

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 1.69 per cent AWWs position, 13.64 per cent posts of supervisors were found vacant.

• JOB & Refresher Training

It was observed that only little more than 3/4th (78.35%) of AWWs were found Job trained and 63.92 per cent refresher trained. Little more than one fourth (26.32%) of the supervisors are not yet received Job training, as well as refresher trained. Two third (33.33%) of the CDPOs have yet to receive Job as well as refresher training. The backlog in training needs focused attention for the proper functioning of the ICDS.

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.

The involvement of community was found in 1/5th of AWCs.

○ INFORMATION, EDUCATION AND COMMUNICATION

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in all (100%) of ICDS projects.

Monitoring Visits of ICDS (2014-15): State Specific Comments

• **Celebration of Breast Feeding and Nutrition Week**

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities were being organised in all (100%) of ICDS Projects and AWCs.

• **Observation of Village Nutrition and Health Day**

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. It was observed that VHND day was being organised in only 2/3rd of the ICDS projects.

• **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in only 2/3rd of the ICDS projects.

Slogan Writing/Wall Writings

These types of IEC activities was reported in only one third (33.33%) of ICDS Projects.

• **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was disseminated in only 1/3rd of the ICDS Projects located in the state.

• **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, nukkad 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.

The organisation of such activities was observed in 2/3rd of ICDS projects only.

MONITORING OF AWCs

○ **Use of Check List during Physical Visits of AWCs**

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. About 1/3rd of CDPOs were found using monitoring check list while visiting AWCs.



Monitoring Visits of ICDS (2014-15): State Specific Comments

○ **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice was being adopted in 1/3rd of the ICDS project.

○ **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Though, organization of demonstration sessions on different themes by CDPOs was found in 2/3rd of the ICDS projects. However, emphasis needs to be given on demonstration of new WHO Child growth Standards and MCP card and new revised MPR as only 50 per cent of CDPOs were found organising demonstration sessions on each topic.

Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions on maintenance of MCP card and revised MIS as well.

○ **Awareness about Five Tier Monitoring System**

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. None of CDPOs were found aware about this important tool of ICDS monitoring. Awareness must be generated and efforts are needed to strengthen the monitoring mechanism

INFRASTRUCTURE

60 per cent of the AWCs were found running in pucca building followed by one fifth in Kutcha building and 13.33 per cent in open space, so, all the AWCs running in Kutcha building and open space needs to be shifted into pucca building.

About three fourth (73.33%) of the AWCs were located in GOVT building, 6.67 per cent in Community/ Panchayat building.

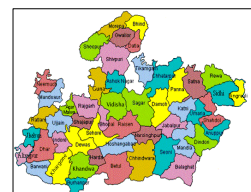
Little more than half (53.33%) of the AWCs displayed the sign board properly. 60 per cent of AWCs were found having adequate outdoor and indoor space. Less than half (46.67%) of AWCs were having Tap as a source of drinking water.

Only ten out of fifteen AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**



MADHYA PRADESH

No. of ICDS Projects Visited	No. of AWCs visited
27	135



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

o Status of Registration and Actually Availing

It is a point of satisfaction to note that not only majority (94.66%) of children aged 6 months - 3 years were found registered for receiving supplementary nutrition in the form of take home ration and most (97.27%) of them were also found actually receiving supplementary nutrition. Unlike of this trend, though significant number (90.73%) of children of 3 years - 6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal, however, substantial number (82.93%) of them were found actually receiving supplementary nutrition.

In case of pregnant mothers, though 99.82 per cent of them were found registered but those who were registered most (98.08%) of them were actually found receiving supplementary nutrition and 99.13 per cent of lactating women registered for SN, out of which 95.97 per cent were found availing supplementary nutrition.

o Distribution of Supplementary Nutrition

So far as distribution of various forms of supplementary nutrition is concerned, it was found that only THR is being served in majority (94.81%) of the AWCs for the children 6 months to 3 years. The serving of morning snacks was reported in only 71.11 per cent of AWCs and hot cooked meal in 83.70 per cent of AWCs. There is a need to ensure the distribution of morning snack and hot cooked meal in all AWCs. THR distributed to Pregnant and Lactating mothers observed in 87.41 per cent of the AWCs.

o Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition

Though, acceptability of supplementary nutrition was found in about 3/4th (74.81%) of the AWCs, however, distribution of supplementary nutrition as per norms envisaged in ICDS guidelines was observed only in 60 per cent of AWCs.

o Interruption in 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. The interruption in distribution of supplementary nutrition during last six months was reported in about 43.70 % of AWC. Wherever, the interruption was reported, the same was found mostly due to shortage of supply and in some AWCs due to other reasons i.e.; school holiday or SHG not able to provide etc.

Availability of Utensils

It is a point of satisfaction that the availability of utensils for cooking was found in only 32.59 per cent of AWCs, **however, the availability of utensils for consumption of supplementary nutrition needs to be ensured in about one 14.81 per cent of AWCs.**

GROWTH MONITORING

○ Availability of New WHO 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 availability of new WHO Child growth standards was found in majority (91.11%) of AWCs.

○ Weighing of Children

It is encouraging to note that sizeable numbers of children (97.06%) are being weighted as per new WHO Child growth standards.

○ Accuracy of AWWs on 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. Though majority of AWWs (85.19%) were found having adequate weighing skills, however, they need to be trained on plotting exercises as only little 40per cent of them were found having adequate plotting skills.

○ 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. 60.74% of AWWs were found organizing counselling sessions based on growth monitoring.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were not found in only about one fourth (24.44%) of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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.

Monitoring Visits of ICDS (2014-15): State Specific Comments

The maintenance and timely updating of MCP card was found in most (85%) of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of great concern that availability of medicine kit was found in only little more than half (57.04%) of the AWCs.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Awareness about functioning of NRCs and referring of underweight children to NRCs was found in all ICDS projects. Majority (92.59%) of ICDS Projects were having availability of the NRCs and 96 per cent of the severely underweight children were referred to these NRCs.

HEALTH CHECK UP

○ In majority of AWCs (62.96%), the venue of the immunisation and health check-up is located at AWC itself. The organization of monthly health check-up camps was found in majority (94.81%) of AWCs.

○ In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities. Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

○ Ante Natal Check Up of Pregnant Women

● There has been a provision under health checkup 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. It was very encouraging to note that 3-4 times antenatal checkup was carried out for majority (91.11%) of the pregnant women.

● In none of the AWCs, ante natal checkup of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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



Monitoring Visits of ICDS (2014-15): State Specific Comments

mother's awareness of the child's needs and her capacity to look after these within the family environment. The frequent organization 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.

It was observed that NHED sessions were organised in little more than half (55.56%) of the AWCs during last three months. There was lack of participation/involvement of women to attend NHED session. Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

Though not only majority (90.73%) of children (3-6 years) were found enrolled for PSE but only less than half (45.84%) were found attending the PSE sessions in AWCs. **Efforts should be made to increase the attendance of the children for PSE.**

○ Availability of PSE 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. It is a matter of concern that adequate and appropriate availability of PSE material was found in less than three fourth (71.85%) of AWCs.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was also found in about little more than half (51.11%) of AWCs.

○ Celebration of ECCE Day

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 establishes 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.

Majority (85.19%) of AWWs were found aware about organization of ECCE day and those who were aware, substantial number (95.65%) were found organizing the same.

○ 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.

Despite of importance of organisation of nature walk, the same was not found organising in only one tenth of AWCs.

PERSONAL PROFILE

- **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very heartening to find out that majority of the AWWs were matriculate and above, only 15.56 per cent of under matric AWWs needs to upgrade till matric and above.**

- **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 1.61 per cent AWWs position, 32.57 per cent posts of supervisors and one third posts of the CDPOs were found vacant.

- **JOB & Refresher Training**

Most (83.04%) the AWWs were found job trained as well as 89.12 per cent of the supervisors and only about 61.11 percent of CDPOs were found job trained. The backlog in Job as well as refresher training of the functionaries needs focused attention, so that the functioning of ICDS cannot be hampered due to lack of knowledge.

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.

The involvement of community was found in only 42.22% of AWCs.

- **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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.

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities are being organised in 76 per cent of the ICDS Projects and AWCs.

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

The VHND is to be organized 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

Monitoring Visits of ICDS (2014-15): State Specific Comments

village. VHND is also to be seen as a platform for interfacing between the community and the health system. VHND, if organized 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. It was observed that VHND day is being organized in only 60 per cent of the ICDS projects.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in less than one third of ICDS Projects and AWCs.

- **Slogan Writing/Wall Writings**

These types of IEC activities were reported in less than 3/4th (72%) of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was not disseminated in majority (64%) of the ICDS Projects located in the state.

- **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.

The organisation of such activities was observed in little more than one third (36%) of ICDS projects.

MONITORING OF AWCs

- **Use of Check List during Physical Visits of AWCs**

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. Though, all the CDPOs were visiting AWCs but only half of them were found using check list for the monitoring of AWCs.

- **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice is being adopted in only 14.81 per cent of the ICDS project.

- **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration



Monitoring Visits of ICDS (2014-15): State Specific Comments

sessions by CDPOs was found in most (85.19%) of the ICDS projects. Though, almost majority (91.30%) of CDPOs were found demonstrating new MPR system and 78.26 % of them were found Demonstrating new WHO child Growth Standards and new revised record and registers, however, demonstration of MCP card was found in about one third (34.78%) of the ICDS Projects. Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions on maintenance of MCP card and revised MIS, WHO growth charts and records and registers as well.

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. About 89 per cent of CDPOs were found aware about this important tool of ICDS monitoring.

○ Availability of New revised MIS guidelines, New revised Records and Registers and Revised MPR

Most (96.30%) of ICDS Projects were found equipped with New revised MIS guidelines, it is very encouraging to observe that all the ICDS Projects New revised Records and Registers were available, as MPR forms were found only in 88.89 per cent of the projects.

INFRASTRUCTURE

Most (80.74%) of the AWCs were found running in pucca building followed by 13.33 per cent in Kutcha building and 2.22 per cent in open space, so, all the AWCs running in Kutcha building or in open space needs to be shifted into pucca building.

About half (49.63%) of the AWCs were located in GOVT building, one tenth (10.37%) in primary school building, 11.11 per cent in community/ panchayat buildings and 5.19 per cent of the AWCs were located in AWWs/ AWHs house. About one fifth (19.26%) of the AWCs were located in rented buildings, needs to be shifted into its own building.

71.11% of the AWCs displayed the sign board properly. 61.48 per cent of AWCs were found having adequate outdoor and indoor space. Less than one fifth (13.33%) of AWCs were having Tap as a source of drinking water.

51 out of 135 AWCs were equipped with toilet facility, out of that only 30 toilets were found in usable condition. **Attention is needed to be paid in this matter.**



MIZORAM

No. of ICDS Projects Visited	No. of AWCs visited
1	5



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a matter of great satisfaction all (100%) of children aged 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration . All of those children, who were registered, were found actually receiving supplementary nutrition. Similar situation was further found that all (100%) the children of 3 years -6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal, although all those children who were registered were found actually availing supplementary nutrition.

The same situation was found in case of pregnant women and lactating mother as all (100%) of them were found registered and all (100%) of them actually found receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition to various categories of ICDS beneficiaries is concerned, it was found that while THR, morning snack and hot cooked meal was being served in all AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Acceptability and distribution of supplementary nutrition as per norms envisaged in ICDS mission guidelines was reported in all (100%) each of AWCs.

● **Interruption in 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. It is very encouraging to observe that the interruption in distribution of supplementary nutrition during last six months was not reported from any of the AWCs.

○ **Availability of Utensils**

The availability of utensils for cooking and serving was found in 100 per cent and 80 per cent of the AWCs.

GROWTH MONITORING

○ **Availability of New WHO 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.

Monitoring Visits of ICDS (2014-15): State Specific Comments

The availability of new WHO Child growth standards was found in all (100%) of the AWCs.

○ **Weighing of Children**

It is encouraging to note that all (100%) of children were being weighted as per new WHO Child growth standards.

○ **Accuracy of AWWs on 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. **It is a matter of great concern that only one fifth (20%) of the AWWs were having accurate weighing skill and none of them were found having adequate plotting skills.**

○ **Organisation of Counselling 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. It is discouraging to note that only 1/5th (20%) of AWWs were found organizing counselling sessions based on growth monitoring.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were not found in any of the AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was only found in only 40 per cent of the AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of satisfaction that availability of medicine kit was found in all (100%) of the AWCs.

HEALTH CHECK UP

In 100% of AWCs, the venue of the immunisation is located at AWC itself. It is a matter of concern that the organization of immunisation camps was not done during last six months before the visit of the CMU consultant.

In none of the AWC, health check-ups of most aspects of children (checking and recording weight, checking of eyes, worm infestation, anaemia, vitamin A deficiency,

Monitoring Visits of ICDS (2014-15): State Specific Comments

oedema etc.) was found, except checking and recording of height of the children in all(100%) of the AWCs. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify defects** at birth, diseases, deficiencies and development delays including disabilities. Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.

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

- There has been a provision under health checkup 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. It was very discouraging to note that 3-4 times antenatal checkup was not carried out in any of the AWCs for pregnant women, all the AWCs were observed giving ANC only once to the pregnant women
- In most of the AWCs, ante natal checkup of all aspects (100%) was found to be carried out.

NHEd (Nutrition & 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.

It is a matter of great concern that NHED sessions were not organised in any of the AWCs during last three months. **There was lack of participation/involvement of women to attend NHED session. Thus there is a need to strengthen this component.**

NON FORMAL PRE-SCHOOL EDUCATION

o **Enrollment and Actual Attendance**

It is very encouraging to note that all (100%) of children (3-6 years) were found enrolled for PSE. Those who were found enrolled for PSE, 85.71 per cent of them were actually found attending PSE sessions.

o **Availability of PSE 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. It is a matter of concern that in all (100%) of AWCs, availability of adequate PSE material was found.

o **Availability of PSE Kit**

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was also found in all (100%) of the AWCs.



Monitoring Visits of ICDS (2014-15): State Specific Comments

○ **Celebration of ECCE Day**

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 establishes 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.

It is a matter of great concern that none of the AWWs were found having awareness about ECCE day and none of them were found organizing ECCE day.

● **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.

It is very discouraging to note that none of the AWW was found organising ECCE day.

PERSONAL PROFILE

● **Educational Qualification**

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate. **It is very discouraging to find out that more number (80%) of the AWWs were qualified below matriculate, these workers should be given an opportunity to upgrade their qualification till matric.**

● **Appointment Status of ICDS Functionaries**

One fourth posts of supervisors were found vacant. **The sanctioned number of posts of ICDS Functionaries needs to be filled, so that supervision and monitoring is strengthen.**

● **JOB & Refresher Training**

Majority (90.36%) of the AWWs was job and equal number was refresher trained. All the supervisors and CDPO were job as well as refresher trained.

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.

The involvement of community was found in three out of five AWCs.

● **INFORMATION, EDUCATION AND COMMUNICATION**

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. The activities for implementation under



Monitoring Visits of ICDS (2014-15): State Specific Comments

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.

The data concerning organisation of IEC activities reveals that such activities were not found organized in any of the ICDS projects, needs focused attention.

Monitoring of AWCs

○ Use of Check List during Physical Visits of AWCs

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 CDPOs was found monitoring by visiting AWCs, but he was not used check list for monitoring AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice was not being adopted any of the ICDS project.

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Though, organization of demonstration sessions on different themes particularly new WHO child Growth Standards and MCP card by CDPOs was not found in any of the ICDS projects.

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. All (100%) CDPOs were found aware about this important tool of ICDS monitoring.

○ Availability of New revised MIS guidelines, New revised Records and Registers and Revised MPR

New revised MIS guidelines, New revised Records and Registers and Revised MPR was found available in all these ICDS Project.

INFRASTRUCTURE

Most (60%) of the AWCs were found running in pucca building followed by 40 per cent in Kutcha building, **so, all the AWCs running in Kutcha building needs to be shifted into pucca building**

All (100%) of the AWCs were located in GOVT building.80% of the AWCs displayed the sign board properly. 100 per cent of AWCs were found having adequate outdoor and indoor space. All (100%) of AWCs were having Tap as a source of drinking water.

All (100%) of the AWCs were having usable toilets facility.



NAGALAND

No. of ICDS Projects Visited	No. of AWCs visited
9	45



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a point of satisfaction to note that not only majority of children (95.67%) aged 6 months - 3 years were found registered for receiving supplementary nutrition in the form of take home ration but 81.22 per cent of them were also found actually receiving supplementary nutrition. 85.24 per cent of 3 years - 6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal, however, 83.69 per cent of them were found actually receiving supplementary nutrition.

In case of pregnant mothers and lactating women too, it was encouraging to note that only all of them were found registered but were actually majority 80.47 per cent pregnant women and 84.86 percent lactating mothers were found receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition is concerned, it was found that only THR was being served in most (86.67%) of the AWCs to the children 6 months to 3 years. The serving of morning snacks was reported in only less than one third (31.11%) and hot cooked meal in little more than 3/4th (77.78%) of the AWCs. There is a need to ensure the distribution of morning snack in all AWCs. The THR was distributed in only 80 per cent of the AWCs to the pregnant women.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Though, acceptability of supplementary nutrition was found in majority (91.11%) of the AWCs, however, distribution of supplementary nutrition as per norms envisaged in ICDS guidelines was observed in 88.89 per cent of the AWCs.

○ **Interruption in 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. It is encouraging to note interruption in distribution of supplementary nutrition during last six months was reported in only 15.56 per cent of the AWC cause due to shortage of supply.

○ **Availability of Utensils**

It is a point of satisfaction that the availability of utensils for cooking and consumption of supplementary nutrition was reported in majority (77.78%) and (71.11%) of AWCs.

GROWTH MONITORING

○ **Availability of New WHO 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

Monitoring Visits of ICDS (2014-15): State Specific Comments

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.

It is a matter of serious concern that availability of new WHO Child growth standards was found in only 37.78 per cent of the AWCs.

○ Accuracy of AWWs on 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. It is a matter of dissatisfaction that only 15.56 per cent of the AWWs were found having adequate weighing and negligible (2.22%) AWWs were having plotting skills. **Needs focused attention.**

○ Organisation 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. Only 1/5th of AWWs were found organizing counselling sessions based on growth monitoring. **Concerned Supervisors, CDPOs and DPOs may be instructed to ensure the organization of counselling sessions for parents based on growth monitoring of children.**

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were not found in majority (about 95%) of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was not found in 96 per cent of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of grave concern that availability of medicine kit was found in little more than half (55.56%) of the AWCs.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. The availability of NRCs was not found in the ICDS Projects and awareness about functioning of



Monitoring Visits of ICDS (2014-15): State Specific Comments

NRCs and referring of underweight children to NRCs was not found in any of the ICDS functionaries.

HEALTH CHECK UP

- In majority of AWCs 75.56 per cent, the venue of the immunisation and health check-up was located at the sub centre and Primary health Centre. It is very dissatisfactory to note that the organization of health check-up was not found in majority (80%) of the AWCs during the past six months.
- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.
- **Ante Natal Check Up of Pregnant Women**
 - There has been a provision under health checkup 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. It was very discouraging to note that only one time antenatal checkup was carried out in 2/3rd of the AWCs for the pregnant women. Only 13.33 per cent of the AWCs given ANC for 3-4 times.
 - In none of the AWCs, ante natal checkup of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHed (Nutrition & 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.

It was observed that NHED sessions were organised in only 7 out of 45 of the AWCs during last three months. There was lack of participation/involvement of women to attend NHED session. Thus there is a need to strengthen this component with the deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.



NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

Though not only majority (85.24%) of children (3-6 years) were found enrolled for PSE and equal number (85.71%) of them were found attending the PSE sessions in AWCs.

○ Availability of PSE 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. It is a matter of concern that adequate and appropriate availability of PSE material was not found in about 59 per cent of AWCs. . The supply of PSE material must be ensured to all the AWCs for smooth function of PSE.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was also not found in about 84 per cent of AWCs

Celebration of ECCE Day

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 establishes the partnerships for optimum development of the young child. All 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.

None of the AWWs were found aware about organization of ECCE day.

○ 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.

Despite of importance of organisation of nature walk, the same was organised in 8.89 per cent of the AWCs.

PERSONAL PROFILE

• Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. **It is very disappointing to find out that 57.78 per cent of the AWWs were having qualified under matriculate, needs to upgrade till matric and above for the proper functioning of ICDS.**

• Appointment Status of ICDS Functionaries

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 0.37 per cent AWWs position, 8.70 per cent posts of supervisors were found vacant The vacant posts of the functionaries should be filled up at the earliest for proper functioning of the scheme.

Monitoring Visits of ICDS (2014-15): State Specific Comments

- **JOB & Refresher Training**

Almost 3/4th (75.23%) the AWWs were found trained. There was a huge backlog in the refresher training of the AWWs as 83.30 per cent of them have yet to receive the training. Little more than 1/3rd (33.33%) of the supervisors are not yet received Job training, as well as only about 33.33 percent were found refresher trained. 22.22 per cent of the CDPOs have yet to receive Job as well as 33.33 per cent refresher training.

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.

The involvement of community was found in only 44.44 per cent of the AWCs.

- **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in 1/3rd of the ICDS projects and AWCs.

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was observed that such activities were organised in 2/3rd of the ICDS Projects and AWCs.

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

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. It was observed that VHND was organised in only 1/3rd of the ICDS projects.

- **Organisation of Nutrition Exhibition**



Monitoring Visits of ICDS (2014-15): State Specific Comments

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was not found in any of the AWCs.

- **Slogan Writing/Wall Writings**

These types of IEC activities were not reported in any of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was not disseminated in any of the ICDS Projects located in the state.

- **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, nukkadnatak 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. The organisation of such activities was not observed in any of the ICDS projects.

MONITORING OF AWCs

- **Use of Check List during Physical Visits of AWCs**

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. 2/3rd of the CDPOs were found using monitoring check list while visiting AWCs.

- **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice was being followed in only 11.11 per cent of the ICDS project.

- **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Organization of demonstration sessions by CDPOs was found in one third (33.33%) of the ICDS projects. Though, all CDPOs were found demonstrating new revised records and register, however, demonstration of new WHO child Growth Standards card were only available in 1/3rd of the AWCs and MCP card and new ECCE curriculum was not found in any of the ICDS Projects. Instructions may be issued to DPOs and CDPOs for arranging demonstration sessions on maintenance of MCP card and revised MIS and ways of community participation as well.

- **Awareness about Five Tier Monitoring System**

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. It is very discouraging to note that none of the CDPOs were found aware about this important tool of ICDS monitoring.



INFRASTRUCTURE

More than half (53.33%) of the AWCs were found running in pucca building followed by 46.67 per cent in Kutcha building, so, all the AWCs running in Kutcha building needs to be shifted into pucca building.

Most (86.69%) of the AWCs were located in GOVT building, 11.11 per cent provided by Community free of rent.

2/3rd of the AWCs displayed the sign board properly. Less than one fifth (17.78%) of AWCs were found having adequate outdoor and indoor space. None of the AWCs were having Tap as a source of drinking water.

Only eight out of forty five AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**

RAJASTHAN

No. of ICDS Projects Visited	No. of AWCs visited
6	39



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a matter of concern that only close to 1/2 (49.52%) of children aged 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration . Out of those children who were registered, majority (86.10%) of them found actually receiving supplementary nutrition. Situation was further found discouraging in the light of the finding that little more than 1/3rd (35.11%) of children of 3 years -6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal , although substantial number of them (88.20%) of those children who were registered were found actually availing supplementary nutrition.

The similar pattern was found true in case of enrolment and actually receiving supplementary nutrition by pregnant mothers and lactating women too. While close to 3/4th of pregnant and lactating mothers were found registered, substantial number of them (95.31% pregnant women and 87.68 % lactating mothers) were found actually found receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition to various categories of ICDS beneficiaries is concerned, it was found that while THR was being served in close to 3/4th of AWCs while morning snack and hot cooked meal was being served in nearly 43.59 per cent and 92.31 per cent of the AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

Acceptability of supplementary nutrition was reported in all AWCs and distribution of supplementary nutrition as per norms envisaged in ICDS mission guidelines was reported in about 3/4th (74.36%) of the AWCs.

○ **Interruption in 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. The interruption in distribution of supplementary nutrition during last six months was reported in close to 1/5th (17.95%) of AWC. Wherever, the interruption was reported, the same was found due to both lack of funds (60.15%) and shortage of supply (28.57%). **Thus proper plan and sufficient fund must be made in advance for procuring supplementary nutrition needs to be ensured.**

○ **Availability of Utensils**

The availability of utensils for cooking and serving was found in 74.36 per cent and 87.18 per cent of AWCs respectively.

GROWTH MONITORING

○ Availability of New WHO 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.

It is very encouraging to note that, the availability of new WHO Child growth standards Charts were found in all (100%) number of AWCs.

○ Weighing of Children

It is heartening to note that majority of children (89.39%) are being weighted as per new WHO Child growth standards.

○ Accuracy of AWWs on 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. Though, 2/3rd of AWWs (66.67%) were found having adequate weighing skills, however most (82.05%) of AWWs were found having adequate plotting skills as all the AWWs were need to be trained on both the skills.

○ Organisation of Counselling 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. It is discouraging to note that only about 3/4th (71.79%) of AWWs were found organizing counselling sessions based on growth monitoring.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were not found in more than half (56.41 %) of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.

MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was only found in only 72 per cent of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of satisfaction that availability of medicine kit was found in more than half (51.28%) of the AWCs. Arrangements must be made to supply medicine kit to all AWCs.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Three out of six projects were having availability of NRCs in their area, awareness about functioning and referring severely underweight children of NRCs was found in only 1/3rd of ICDS projects by the ICDS functionaries.

HEALTH CHECK UP

- About 80 % of AWCs, the venue of the immunisation and health check-up was located at AWC itself. The monthly organization of health check-up camps was found in more than half (56.41%) of the AWCs.
- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anaemia, vitamin A deficiency, oedema, etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.
- **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. It was encouraging to note that 3-4 times ante natal check-up was carried out for about 70 % of pregnant women.
 - In none of the AWCs, ante natal check-up of all aspects was found to be carried out. Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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.

It is a matter of great satisfaction that NHEd sessions were found organised in about 84.62 Per cent of AWCs during last three months. There was lack of participation/involvement of women to attend NHEd session. Thus there is a need to strengthen this component with the

Monitoring Visits of ICDS (2014-15): State Specific Comments

deployment of nutrition counsellor (additional AWW) envisaged in restructured ICDS in high burdened districts.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

It is very discouraging to note that little more than 1/3rd (35.11%) of children (3-6 years) were found enrolled for PSE. Those who were found enrolled for PSE, only 67.53 per cent of them were actually found attending PSE sessions.

○ Availability of PSE 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. It is a matter of concern that in only in 17.95 per cent of AWCs, availability of adequate PSE material was found. **Proper training may be imparted to AWWs on preparation of low cost teaching learning material.**

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was found in less than 1/5th (17.95%) of AWCs.

○ Celebration of ECCE Day

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 establishes 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.

It is a matter of great concern that quite less than half (46.15%) of AWWs were found having awareness about ECCE day. However, it is encouraging to note that those who were found aware, only more than half (55.56%) of them were found organizing ECCE day.

○ 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.

It is very discouraging to note that only one fifth of AWWs were found organising Nature Walk.

PERSONAL PROFILE

● Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. It is very heartening to find out that majority of the AWWs were matriculate and above. Simultaneously it is very discouraging to observe that ten out of 39 AWWs were under matric needs to upgrade their qualification till matric.



Monitoring Visits of ICDS (2014-15): State Specific Comments

- **Appointment Status of ICDS Functionaries**

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 1.75 per cent AWWs position, 6.45 per cent posts of supervisors were found vacant.

- **JOB & Refresher Training**

All (100%) the AWWs were found trained, but there was a great backlog in refresher training of the AWWs as only 69.88 per cent were found refresher trained. Only about 1/10th of the supervisors are not yet received Job as well as refresher training,

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.

It is very discouraging to note the little involvement of the community in ICDS activities. Such involvement was found in only less than half (43.59%) of AWCs.

- **INFORMATION, EDUCATION AND COMMUNICATION**

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in about 2/3rd of ICDS projects.

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was encouraging to observe the organisation of such activities in 3/4th of ICDS Projects and AWCs.

- **Observation Of Village Health and Nutrition Day**

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



Monitoring Visits of ICDS (2014-15): State Specific Comments

needed behavioural changes in the community, and can also induce health-seeking behaviour in the community leading to better health outcomes. It was observed that VHND day is being organised in 3/4th (75%) of the ICDS projects.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in only 1/4th of ICDS Projects.

- **Slogan Writing/Wall Writings**

These types of IEC activity was reported in only 1/4th of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was disseminated in only 25 per cent of the ICDS Projects located in the state.

- **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, nukkad 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.

The organisation of such activities was observed in half (50%) of ICDS projects only.

MONITORING of AWCs

- **Use of Check List during Physical Visits of AWCs**

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. 50 per cent of CDPOs were not found using check list while visiting AWCs.

- **Approval of Supervisor's Visit Plan by CDPOs**

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice was not being adopted any of the ICDS project.

- **Use of Demonstration Method for Guidance**

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Though, organization of demonstration sessions on new WHO child Growth Standards by CDPOs was found in 2/3rd of the ICDS projects. However, emphasis needs to be given on demonstration of MCP card and community participation as the same was found in 50per cent of ICDS projects respectively. Demonstration of Revised MPR and new ECCE curriculum was observed in only 25 per cent of the projects.



Monitoring Visits of ICDS (2014-15): State Specific Comments

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. About little more than half (57%) of CDPOs were found aware about this important tool of ICDS monitoring.

INFRASTRUCTURE

Most (84.62%) of the AWCs were found running in pucca building followed by 2.56 per cent in Kutcha building and rest (10.26%) in open space, so, all the AWCs running in Kutcha building and in open space needs to be shifted into pucca building.

About one fourth (25.64%) of the AWCs were located in GOVT building, one tenth (10.26%) in primary school building, 15.38 per cent of AWC building was provided by community/ Panchayat. It is very discouraging to note that about 36 per cent of AWCs were found located in rented building, needs to be shifted into their own building.

64.10% of the AWCs displayed the sign board properly. About 59 per cent of AWCs were found having adequate outdoor and indoor space. **Nearly 3/4th (74.36%) of AWCs were having Tap as a source of drinking water.**

Only sixteen out of thirty nine AWCs were equipped with usable toilet facility. **Attention is needed to be paid in this matter.**



UTTAR PRADESH

No. of ICDS Projects Visited	No. of AWCs visited
38	190



ICDS IMPLEMENTATION

SUPPLEMENTARY NUTRITION

○ **Status of Registration and Actually Availing**

It is a matter of satisfaction that quite large number (91.58%) of children aged 6 months -3 years were found registered for receiving supplementary nutrition in the form of take home ration. Out of those children who were registered, majority (94.61%) of them found actually receiving supplementary nutrition. However, it was also encouraging , majority (85.25%) of children of 3 years -6 years of age were found registered for receiving supplementary nutrition in the form of hot cooked meal , although only 2/3rd (66.56%) of those children who were registered were found actually availing supplementary nutrition.

The encouraging trend was also reported in case of enrolment and actually receiving supplementary nutrition by pregnant mothers and lactating women. While only about 97.20 per cent and 96.02 per cent of pregnant and lactating mothers were found registered, substantial numbers of them (about 95% of pregnant and lactating women) were found actually receiving supplementary nutrition.

○ **Distribution of Supplementary Nutrition**

So far as distribution of various forms of supplementary nutrition to various categories of ICDS beneficiaries is concerned, It was found that while THR was being served in 85.26 per cent of AWCs to the children 6 months to 3 years and 84.21 per cent of AWCs to pregnant women, the morning snack and hot cooked meal was being served to 3-6 years children in about 84 per cent of the AWCs.

○ **Acceptability and Distribution of Adequate Quantity of Supplementary Nutrition**

The food supplements under ICDS needs to be palatable and acceptable to mothers and children. Acceptability of supplementary nutrition was only reported in little more than half (57.37%) of AWCs. The distribution of supplementary nutrition as per norms envisaged in ICDS mission guidelines was reported in 80.53 per cent of AWCs. The quality of SN should be improved and more variety should be included to increase the acceptability among beneficiaries.

○ **Interruption in 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. It is a matter of grave concern that the interruption in distribution of supplementary nutrition during last six months was reported in 70 per cent of AWC. Wherever, the interruption was reported, the same was mainly found either lack of funds (60.15%) followed by shortage of supply (9.77%).In some AWCs the worker was unaware about the reason.

Monitoring Visits of ICDS (2014-15): State Specific Comments

○ Availability of Utensils

The availability of utensils for consumption of supplementary nutrition was reported in only little less than half (36.84%) of AWCs, while the availability of utensils for cooking was reported in only little more than 1/3rd (46.32%) of AWCs.

GROWTH MONITORING

○ Availability of New WHO 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.

It was noted that availability of new WHO Child growth standard Charts were found in only about 79 per cent of AWCs.

○ Weighing of Children

It is encouraging to note that wherever the new WHO Child Growth Standard Charts were available in more than 2/3rd (69.16%) of children were being weighted as per new WHO Child growth standards.

○ Accuracy of AWWs on 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. 84.74 per cent of AWWs were found having adequate weighing skills, but only 30 per cent of the AWWs were having proper plotting skills. . There is a need to give considerable emphasis on training of AWWs on plotting of weight on New WHO Child Growth Charts.

○ Organisation of Counselling 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. It is very discouraging to note that only little more than half (53.68%) of AWWs were found organizing counselling sessions based on growth monitoring.

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. The need for referral services might arise to those pregnant mothers and children who are at risk zone.

Referral slips were not found available in only 26.32 per cent of AWCs. **Referral services may be organized in convergence with RBSK** where in Screening and Referral Cards in the specified sheet are being supplied to AWCs for use by dedicated mobile health teams being placed in every block of the country.



MOTHER AND CHILD PROTECTION CARD

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 maintenance and timely updating of MCP card was only found in more than half (56%) of AWCs.

AVAILABILITY OF MEDICINE KIT

MWCD, GOI has made provision for supply of medicine kit in each AWC. It is a matter of great concern that availability of medicine kit was not found in nearly 61 per cent of the AWCs.

AWARENESS OF ICDS FUNCTIONARIES ABOUT NUTRITION REHABILITATION CENTRES (NRC)

The NRCs have been established to work as a bridge between hospital and home care. NRC is basically a short stay home for children with SAM along with primary care givers. Only 18.42 per cent of the ICDS projects were having the availability of the NRCs. Awareness about functioning of NRCs was generated among the ICDS functionaries and all the ICDS projects were referring severely underweight children to the NRCs.

HEALTH CHECK UP

- In nearly half (48.42%) of AWCs, the venue of the immunisation and health check-up is located at AWC itself followed by 15.26 per cent in sub centres. The organization of health check-up camps during past six months was not found in about 1/4th (22.11%) of AWCs.
- In none of the AWC, health check-ups of all aspects of children (checking and recording weight and height, checking of eyes, worm infestation, anemia, vitamin A deficiency, oedema, etc.) were found. Categorical instructions may be issued by Directorate of ICDS in convergence with health for ensuring health check-up of all aspects of children. **Health check-up may be strengthened in convergence with Rashtriya Bal Swasthya Karyakram (Child Health Screening and Early Intervention Services) of Ministry of Health and Family Welfare, Government of India introduced in February 2013 and aimed at to identify** defects at birth, diseases, deficiencies and development delays including disabilities . Regular health screening of pre-school children up to 6 years of age using Anganwadi as a platform is essential component of RBSK. Health Camp registers are required to be maintained under the RBSK.
- **Ante Natal Check Up of Pregnant Women**
 - There has been a provision under health checkup 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. It was encouraging to note that 3 times ante natal checkup was carried out for about 72.11Per cent of pregnant women and four times in 3.16 per cent of the AWCs.
 - Thus in the absence of maintaining its proper periodic cycle and conducting examinations of all its aspects, the intervention proves to be either partially effective or even in - effective. This aspect needs to be looked into.

NHEd (Nutrition & 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

Monitoring Visits of ICDS (2014-15): State Specific Comments

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.

It is a matter of great satisfaction that NHED sessions were found organised in about 96.32 Per cent of AWCs during last three months. There was lack of participation/involvement of women to attend NHED session.

NON FORMAL PRE-SCHOOL EDUCATION

○ Enrollment and Actual Attendance

It is encouraging to note that quite substantial number (85.25%) of children (3-6 years) were found enrolled for PSE. However, the matter of concern is that those who were found enrolled for PSE, only less than half of them (47.19%) were actually found attending PSE sessions.

○ Availability of PSE 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. Only 28.42 per cent of AWCs, availability of adequate PSE material was found. Proper training may be imparted to AWWs on preparation of low cost teaching learning material.

○ Availability of PSE Kit

Provision has been made in ICDS to supply PSE kit in each AWC. The availability of PSE kit was found in only 40 per cent of AWCs.

○ Celebration of ECCE Day

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 establishes 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.

It is a matter of great concern that quite less than 1/3rd (32.63%) of AWWs were found having awareness about ECCE day. However, it is encouraging to note that those who were found aware, majority of them (85.48%) were found organizing ECCE day.

● 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.

It is very discouraging to note that negligible (2.11%) of AWWs were found organising Nature walk.



PERSONAL PROFILE

• Educational Qualification

Under ICDS Mission, it has been stated in the Broad Framework for Implementation that AWW should preferably be Matriculate and not below that. It is very heartening to find out that majority of the AWWs were matriculate and above, only 0.53 per cent were found under matriculate needs to upgrade their qualification till matric to carry out day to day functions of ICDS smoothly.

• Appointment Status of ICDS Functionaries

For effective implementation of ICDS Program, the sanctioned number of posts of ICDS Functionaries needs to be filled up as 5.22 per cent AWWs position, 35.46 per cent posts of supervisors were found vacant and 28.95 per cent posts of CDPOs were found vacant in the visited Projects and AWCs.

• JOB & Refresher Training

Almost all (98.17%) the AWWs were found trained but only about half (48.39%) were refresher trained. Only 5 per cent of the supervisors are not yet received Job and about 11 per cent refresher training. The backlog was observed in the Job and refresher training of the CDPOs also, so there is a need to clear the backlog as soon as possible for proper dissemination of knowledge and proper functioning of the scheme.

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.

It is very discouraging to note the little involvement of the community in ICDS activities. Such involvement was found in only in 41.05 per cent of AWCs.

• Information, Education And Communication

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. 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.

The data concerning organisation of IEC activities reveals that such activities were found organised in about 76.32% of ICDS projects.

Monitoring Visits of ICDS (2014-15): State Specific Comments

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

In order to promote the breast feeding, World Breast Feeding Week has to be celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week has to be observed in all AWCs from 1-7 September every year. It was encouraging to observe the organisation of such activities in substantial number (82.76%) of ICDS Projects and AWCs.

- **Observation Of Village Health and Nutrition Day**

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. It was observed that VHND day is being organised in only more than 3/4th (68.97%) of the ICDS projects.

- **Organisation of Nutrition Exhibition**

Cooking demonstration of nutritious food by using locally 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. The organisation of such exhibition was found in only less than 1/10th (6.90%) of AWCs.

- **Slogan Writing/Wall Writings**

These types of IEC activities were reported in majority (82.76%) of ICDS Projects.

- **Distribution of Communication Material**

Under social marketing strategy of IEC, relevant communication material in the form of flash cards, flip charts, posters, hand bills, hoardings, newspaper advertisement etc. have to be developed and disseminated among the community so as to affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour and to muster and sustain community participation. It was observed that such communication material was disseminated in less than 1/5th (13.79%) of the ICDS Projects located in the state.

- **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, nukkad 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.

The organisation of such activities was observed in only little more than 1/5th (27.59%) of ICDS projects only.

MONITORING OF AWCs

- **Use of Check List during Physical Visits of AWCs**

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.



Monitoring Visits of ICDS (2014-15): State Specific Comments

Substantial numbers of CDPOs (96.30%) were found using monitoring check list while visiting AWCs.

○ Approval of Supervisor's Visit Plan by CDPOs

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data in this respect shows that this practice is being adopted in only less than 1/3rd (28.95%) of the ICDS project.

○ Use of Demonstration Method for Guidance

CDPOs are required to adopt various innovative methods of guiding the Supervisors and AWWs so that they can perform their tasks much effectively. Demonstration sessions were organised in about three fourth (73.68%) of the ICDS projects. Though, organization of demonstration sessions on new WHO child Growth Standards by CDPOs was found in 93 per cent of the ICDS projects. However, emphasis needs to be given on demonstration of MCP card, revised MPR. New record and register and Community participation as the same was found given in very few of ICDS projects respectively.

○ Awareness about Five Tier Monitoring System

A 5-tier monitoring and review mechanism of ICDS has been put in place for effective monitoring of AWCs. About more than 90 per cent (92.59%) of CDPOs were found aware about this important tool of ICDS monitoring.

INFRASTRUCTURE

Majority (83.16%) of the AWCs were found running in pucca building followed by 6.84 per cent in Kutcha building and in open space each, so, all the AWCs running in Kutcha building and open space needs to be shifted into pucca building.

Only 27.37 per cent of the AWCs were located in GOVT building, 42.11per cent in primary school building and 15.26 per cent provided by Community free of rent and 0.53 per cent AWCs were found running in from the AWWs/AWHs house. Only 12.63 per cent of the AWCs were running in rented building, needs to be shifted into its own building.

36.32 per cent of the AWCs displayed the sign board properly. More than half (59.47%) of AWCs were found having adequate outdoor and indoor space. About only 10 per cent of AWCs were having Tap as a source of drinking water, otherwise major source of drinking water at AWCs was hand pump.

Only fifty six out of one hundred ninety AWCs were equipped with usable toilet facility.
Attention is needed to be paid in this matter.



Monitoring Visits of ICDS (2014-15): State Specific Comments



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	Sindhanur	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		
Trivandrum	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

