



## Integrated Child Development Services Scheme

# Monitoring and Supervision

(April 2015- March 2016)



### Central Monitoring Unit (CMU) of ICDS

National Institute of Public Cooperation and Child Development

5, Siri Institutional Area, Hauz Khas, New Delhi - 110016

Content	Page No.
<b>Abbreviations</b>	i-ii
<b>List of Tables</b>	iii-v
<b>List of Figures</b>	vi-viii
<b>Executive Summary</b>	ix-xvi
<b>Chapter – 1: Strengthening ICDS Monitoring through Central Monitoring Unit</b>	<b>1-14</b>
▪ About ICDS	1
▪ ICDS Philosophy and Approach	3
▪ Administrative and Financing Pattern	3
▪ Coverage and Population Norms	3
▪ Monitoring of ICDS	4
▪ <b>Functions of CMU</b>	6
▪ Composition and Tasks of Selected Institution	8
▪ Major contribution of CMU	9
▪ The Present Report	10
▪ Data Gathering Instruments	11
▪ Data Collection	13
▪ Ensuring data Quality	13
▪ Data Analysis	14
▪ Summarizing data	14
<b>Chapter-2: Service Delivery Status</b>	<b>15-72</b>
<b>Supplementary Nutrition</b>	<b>15</b>
▪ Beneficiaries Availing Supplementary Nutrition	15
▪ Type of Supplementary Nutrition	20
▪ Acceptability of SN	24
▪ Quality of SN	26
▪ Quantity of SN	27
▪ Disruption in Distribution of SN	28
▪ Causes of Interruption of SN	30
▪ Availability of Utensils for consumption of SN	32
▪ Availability of utensils for cooking of SN	34
<b>Growth Monitoring and Promotion</b>	<b>35</b>
▪ Availability of New WHO Growth Charts	35
▪ Nutritional status of children	38
▪ Accuracy in Weighing & Plotting	40

▪ Organization of Counseling sessions based on growth Monitoring	42
▪ <b>Referral Services</b>	43
▪ Maintenance of Mother and Child Protection Card	45
▪ Availability of Medicine Kit	46
▪ Awareness about Nutrition Rehabilitation Centres	48
▪ Health Check-up	49
▪ Ante-Natal Check-up of Pregnant Women	54
<b>Nutrition and Health Education</b>	58
▪ Topics covered in NHED	59
<b>Non Formal Pre-School Education</b>	61
▪ Enrollment of Children	61
▪ No. of children attending PSE activities	63
▪ Availability of Pre-School Material	65
▪ Supply of PSE Kit	67
▪ Celebration of ECCE Day	68
▪ Preparation of Low Cost TLM	69
▪ Organization of Nature Walk	71
<b>Chapter- 3: Personal Profile and Training Status of ICDS Functionaries</b>	<b>73-84</b>
▪ Educational Background of AWWs	73
▪ Appointment Status of ICDS Functionaries	74
▪ Training of ICDS Functionaries	78
<b>Chapter – 4: Information, Education Communication &amp; Community Mobilization</b>	<b>85-96</b>
▪ Involvement of Community in Implementation of ICDS	85
▪ Information, Education and Communication (IEC) and Community Mobilization	86
▪ Celebration of Breast feeding and Nutrition Week	89
▪ Organization of Village Health and Nutrition Day	90
▪ Distribution of Communication Material	91
▪ Organization of Advocacy and Awareness camps/Rally	93
▪ Organization of Nutrition Exhibition	94
▪ Organization of various IEC activities	95
<b>Chapter-5: Comprehensive and Continuous Monitoring &amp; Supportive Supervision</b>	<b>97-112</b>
▪ Monitoring Methods of AWCs	97
▪ CDPOs Approved Supervisor's Plan	100
▪ Adoption of Demonstration Methods by CDPOs	101
▪ Awareness on five-tier monitoring system	105
▪ Availability of MIS guidelines and formats	107
▪ Availability of revised Records and Registers	108
▪ Availability of revised MPR Formats	109

▪ Additional Tasks to ICDS Functionaries	110
▪ Constraints/Problems in Implementation of ICDS as reported by CDPOs	111
<b>Chapter - 6: Infrastructure of AWC</b>	<b>113-129</b>
▪ Type of Building	113
▪ Building Status	114
▪ Display of Sign Boards of AWCs	120
▪ Location of AWC within the Village	121
▪ Availability of Indoor and Outdoor Space	123
▪ Drinking Water	124
▪ Sanitation	125
▪ Availability of Cooking Space	127
▪ Separate Space for Storage of Food Items	128
▪ <b>Annexure</b>	

ADI	:	Average Daily Intake
AG	:	Adolescent Girls
ANM	:	Auxillary Nurse Midwife
AP	:	Andhra Pradesh
AS	:	Assam
AWC	:	Anganwadi Centre
AWW	:	Anganwadi Worker
AWH	:	Anganwadi Helper
BBBP	:	Beti Bachao Beti Padhao
CMU	:	Central Monitoring Unit
CDPO	:	Child Development Project Officer
DPO	:	District Programme Officer
ECCE	:	Early Childhood Care and Education
GOI	:	Government of India
GM	:	Growth Monitoring
HP	:	Himachal Pradesh
HCM	:	Hot Cooked Meal
JTC	:	Job Training Course
ICDS	:	Integrated Child Development Services
IEC	:	Information, Education and Communication
IMR	:	Infant Mortality Rate
J&K	:	Jammu and Kashmir
KSY	:	Kishori Shankti Yojana
LHV	:	Lady Health Visitor
ME	:	Monitoring and Evaluation
MO	:	Medical Officer
MOU	:	Memorandum of Understanding
MP	:	Madhya Pradesh
MSDP	:	Multi Sectoral Development Programme
MWCD	:	Ministry of Women and Child Development
NGO	:	Non Governmental Organization
NFPSE	:	Non Formal Pre School Education
NHED	:	Nutrition and Health Education
NPC	:	National Policy for Children
NRHM	:	National Rural Health Mission
NIPCCD	:	National Institute of Public Cooperation and Child Development
PG	:	Post Graduate
PSE	:	Pre School Education
PHC	:	Primary Health Centre
PRI	:	Panchayati Raj Institutions
RCH	:	Reproductive and Child Health
RTE	:	Ready To Eat
RDA	:	Recommended Dietary Allowance
SC	:	Scheduled Caste
SHG	:	Self Help Group
SS	:	Senior Secondary
SN	:	Supplementary Nutrition

SSA	:	Sarva Shiksha Abhiyan
TN	:	Tamil Nadu
TLM	:	Teaching Learning Material
UT	:	Union Territory
UP	:	Uttar Pradesh
WB	:	West Bengal
WFP	:	World Food Programme
WHO	:	World Health Organization

## List of Tables

S.No	Tables	Page No.
<b>Chapter – 1 (Strengthening Monitoring of ICDS through Central Monitoring Unit)</b>		
1.1	Population Norms for setting up Anganwadi Centre	3
1.2	Population Norms for setting up Mini Anganwadi centre	4
1.3	List of Select Institutions	6
1.4	Number of ICDS Projects and AWCs	10
1.5	List of Monitoring Indicators	11
<b>Chapter –2 (ICDS Service Delivery Status)</b>		
2.1	Number of Children in age group of 6 months - 3 years availing SN	15
2.2	Number of Children in age group of 3-6 years availing SN	16
2.3	Number of Pregnant Women availing SN	18
2.4	Number of Lactating mothers availing SN	19
2.5	Number of AWCs Distributing THR to Children 6 Months-3 Years	20
2.6	AWCs Distributing Different Types of SN to Children 3 Years -6 Years	21
2.7	AWCs Distributing Different Types of SN to Pregnant and Nursing Mothers	23
2.8	AWCs having Acceptability of SN by Children and Women	24
2.9	AWCs Providing Good Quality of SN	26
2.10	AWCs Providing Adequate Quantity of SN	27
2.11	AWCs Where Disruption in Distribution of SN was reported in Last 6 Months	28
2.12	Cause of Interruption in SN-Shortage of Supply	30
2.13	Causes of Interruption in SN-Lack of Funds	30
2.14	Causes of Interruption in SN - Transportation	31
2.15	AWCs having Adequate Availability of Utensils for Serving SN	32
2.16	AWCs having adequate availability of Utensils for Cooking of SN	34
2.17	AWCs having Availability of New WHO Child Growth Charts	36
2.18	Number of children (0-6 years) Weighed according to New WHO Growth Standards	37
2.19	Nutritional Status of Children (0-3years) of age group	38
2.20	Nutritional Status of Children (3-6years) of age group	39
2.21	AWWs having adequate Skills of Weighing Children Accurately on Growth Chart	40
2.22	AWWs having adequate Skills of Plotting weight of children Accurately on Growth Chart	41
2.23	AWWs Organising Counselling Sessions Based on Growth Monitoring	42

2.24	AWCs having Availability of Referral Slips	44
2.25	AWCs maintaining and timely updating MCP Card	45
2.26	AWCs having availability of Medicine kit	46
2.27	Status of NRC in ICDS Projects	48
2.28	Health Centres at which Beneficiaries received Immunisation	49
2.29	Frequency of Health Check-up of Children	50
2.30(a)	Various Health Check-up Aspects of Children covered at AWCs	52
2.30(b)	Various Health Check-up Aspects of Children covered at AWCs	53
2.31	Ante Natal Check-up provided to Pregnant Women	55
2.32(a)	Various Health Check-up aspects of Pregnant Women covered at AWCs	56
2.32(b)	Various Health Check-up aspects of Pregnant Women covered at AWCs	57
2.33	AWCs conducted NHEd Sessions in last three months	58
2.34	Themes/Topics of NHEd Sessions	59
2.35	No. of Children Enrolled in Pre-School Education	62
2.36	No of Children Attending PSE Sessions	63
2.37	AWCs having proper time table for PSE	64
2.38	AWCs having Adequate Availability of PSE Material	65
2.39	AWCs having Supply of Pre-School Education Kit	67
2.40	Celebrating ECCE Day	68
2.41	AWWs Preparing Low Cost Teaching Learning Material	70
2.42	AWWs conducted Nature walk for Children	71
<b>Chapter-3 (Personal Profile)</b>		
3.1	Educational Background of AWWs	73
3.2	Appointment status of AWWs	74
3.3	Appointment status of ICDS Supervisors	76
3.4	Appointment status of ICDS CDPOs	77
3.5	AWWs received Job and Refresher Training	78
3.6	Supervisors received Job and Refresher Training	80
3.7	CDPOs received Job and Refresher Training	82
<b>Chapter – 4: (Information, Education Communication &amp; Community Mobilization)</b>		
4.1	Involvement of Community in Implementation of ICDS	85
4.2(a)	ICDS Projects organised IEC Activities	87
4.2(b)	ICDS Projects organised other IEC Activities	88
4.3	ICDS Projects Celebrating Breast feeding week/ Nutrition week	89
4.4	ICDS Projects organizing Village Health & Nutrition day	90
4.5	ICDS Projects distributing Communication material	92



4.6	ICDS Projects organizing Awareness Camps/Rally	93
4.7	ICDS Projects Organizing Nutrition Exhibition	94
4.8	ICDS Projects organising various IEC Activities (Slogan writing/wall writing)	95
<b>Chapter –5:(Comprehensive and Continuous Monitoring &amp; Supportive Supervision)</b>		
5.1	Monitoring Methods of AWCs by CDPOs	97
5.2	Monitoring Methods of AWCs by CDPOs	98
5.3	Monitoring Methods of AWCs by CDPOs	99
5.4	ICDS Projects where CDPO Approved Supervisor’s Plan of Visit	100
5.5	Demonstration sessions organised by CDPO in ICDS Projects	102
5.6 (a)	ICDS Projects organising Demonstration Sessions on various topics	103
5.6 (b)	ICDS Projects organising Demonstration Sessions on various topics	103
5.6 (c)	ICDS Projects organising Demonstration Sessions on various topics	104
5.7	CDPOs aware of Five-tier monitoring system in ICDS Projects	106
5.8	ICDS Projects received Revised MIS guidelines and formats	107
5.9	ICDS Projects received Revised Records & Registers	108
5.10	Availability of Revised MPR formats	109
5.11	Additional Tasks/ Assignments as Reported by CDPO	110
5.12	Constraints/Problems in Implementation of ICDS as Reported by CDPOs	111
<b>Chapter – 6 (Infrastructure of AWCs)</b>		
6.1	Type AWC of Building	113
6.2	Building Status - Own Building / Building Provided by State Government	115
6.3	Building Status – Location of AWC in Primary School Building	116
6.4	Building Provided by Community / Panchayat Free of Rent	117
6.5	Building Status -Rented Building	118
6.6	Building Status – AWW/Helper’s House	119
6.7	Displaying of Sign Boards	120
6.8	Location of AWC within the Village	122
6.9	AWCs having Adequate Outdoor and Indoor Space	123
6.10	Sources of Drinking Water	124
6.11	Toilet facility available in AWCs	126
6.12	Separate Kitchen Available at AWC	127
6.13	AWCs having Separate Space for Storage	128

## List of Figures

S.No.	Figures	Page No
<b>Chapter – 1(Strengthening Monitoring of ICDS through Central Monitoring Unit)</b>		
1.1	No. of Operational ICDS Projects	2
1.2	No. of Operational ICDS AWCs till April 2016	2
1.3	Functions of CMU	6
1.4	Data Flow Diagram	8
<b>Chapter – 2 (ICDS Service Delivery Status)</b>		
2.1	Children (6months - 3 Yrs.) availing SN	16
2.2	Children (3 Yrs.-6 Yrs.) availing SN	17
2.3	Pregnant Women availing SN	19
2.4	Lactating Mothers availing SN	20
2.5	AWCs Distributing THR to Children (6months-3years)	21
2.6	AWCs Distributing different types of SN to Children 3 years-6 years	23
2.7	AWCs Distributing THR to Pregnant and nursing Mothers	24
2.8	AWCs having Acceptability of SN by Children and women	25
2.9	AWCs providing good quality of SN	27
2.10	AWCs providing adequate Quantity of S N	28
2.11	AWCs Where Disruption in Distribution of SN was reported in Last 6 Months	29
2.12	Reasons of interruption in distribution of SN	32
2.13	AWCs having adequate availability of Utensils for serving SN	33
2.14	AWCs having adequate availability of Utensils for cooking SN	35
2.15	AWCs having availability of New WHO Growth Charts	37
2.16	Children (0-6years) weighed according to New WHO Growth Standards	38
2.17	AWWs having adequate skills of weighing children	41
2.18	AWWs having adequate skills of plotting children	42
2.19	AWWs organising counselling session based on Growth Monitoring	43
2.20	AWCs having availability of Referral slips	45
2.21	AWCs maintaining MCP Cards	46
2.22	AWCs having availability of Medicine Kit	47
2.23	ICDS Projects Having NRC	49
2.24	Health centres at which beneficiaries received Immunization	50
2.25	Frequency of Health Check up of Children	51
2.26	Various Health check up Aspects of children covered at AWCs	53

<b>2.27</b>	Various Health check up Aspects of children covered at AWCs	54
<b>2.28</b>	Ante Natal Check-up provided to Pregnant Women	56
<b>2.29</b>	Various Health Check-up aspects of Pregnant Women covered at AWCs	57
<b>2.30</b>	Various Health Check-up aspects of Pregnant Women covered at AWCs	58
<b>2.31</b>	AWCs conducting NHEd session in last three months	59
<b>2.32</b>	Themes/Topics discussed in NHEd sessions	61
<b>2.33</b>	Number of children enrolled in Pre-School Education	63
<b>2.34</b>	Number of Children Attending PSE Sessions	64
<b>2.35</b>	AWCs having proper Time Table for PSE	65
<b>2.36</b>	AWCs having adequate availability of PSE material	66
<b>2.37</b>	AWCs having adequate and appropriate supply of PSE Kit	68
<b>2.38</b>	AWCs aware of ECCE Day	69
<b>2.39</b>	AWWs preparing Low cost Teaching Learning material	71
<b>2.40</b>	AWWs conducted Nature Walk for Children	72
<b>Chapter – 3 (Personal Profile and Training Status of ICDS Functionaries)</b>		
<b>3.1</b>	Educational Background of AWWs	74
<b>3.2</b>	Appointment status of AWWs	75
<b>3.3</b>	Appointment status of Supervisors	76
<b>3.4</b>	Appointment status of ICDS CDPOs	78
<b>3.5</b>	AWWs Received Job Training	79
<b>3.6</b>	AWWs received Refresher Training	80
<b>3.7</b>	Supervisors received Job Training	81
<b>3.8</b>	Supervisors received Refresher Training	82
<b>3.9</b>	CDPOs Received Job Training	83
<b>3.10</b>	CDPOs received Refresher Training	84
<b>Chapter – 4 (Information, Education and Communication)</b>		
<b>4.1</b>	Involvement of Community in Implementation of ICDS	86
<b>4.2</b>	ICDS Projects organized IEC activities	87
<b>4.3</b>	ICDS Projects organized IEC activities	88
<b>4.4</b>	ICDS Project celebrating Breastfeeding week/Nutrition week	90
<b>4.5</b>	ICDS Projects organizing Village Health & Nutrition Days	91
<b>4.6</b>	ICDS Projects distributing Communication Material	92
<b>4.7</b>	ICDS Projects organizing Awareness camps/Rally	94
<b>4.8</b>	ICDS Projects organizing Nutrition Exhibition	95
<b>4.9</b>	ICDS Projects organizing various IEC activities (Slogan and Wall Writing)	96
<b>Chapter –5(Continuous and Comprehensive Monitoring &amp; Supportive Supervision)</b>		
<b>5.1</b>	Monitoring method of AWCs by CDPOs-Physical Visit	98
<b>5.2</b>	Monitoring method of AWCs by CDPOs-Checklist	99

<b>5.3</b>	Monitoring method of AWCs by CDPOs-MPR	100
<b>5.4</b>	Approval of Supervisor's visit plan by CDPOs	101
<b>5.5</b>	Demonstration session organised by CDPO in ICDS Projects	102
<b>5.6</b>	ICDS Projects organising Demonstration session on various topics	105
<b>5.7</b>	CDPOs Aware of Five-tier monitoring system in ICDS Projects	106
<b>5.8</b>	ICDS Projects received Revised MIS guidelines and formats	107
<b>5.9</b>	ICDS Projects received Revised records & Registers	108
<b>5.10</b>	ICDS Projects received Revised MPR formats	110
<b>5.11</b>	Additional Tasks/Assignments as reported by CDPO	111
<b>5.12</b>	Constraints/Problems in implementation of ICDS as reported by CDPOs	111
<b>5.13</b>	Problems/constraints of CDPOs	112
<b>Chapter –6 (Infrastructure of AWCs)</b>		
<b>6.1</b>	Type of Building	114
<b>6.2</b>	Building status-Own building/building provided by the State Govt./Rent free Govt. building	116
<b>6.3</b>	Building status-Location of AWC in Primary School building	117
<b>6.4</b>	Building provided by Community/Panchayat free of rent	118
<b>6.5</b>	Building status-Rented building	119
<b>6.6</b>	Building status-AWW/Helper's House	120
<b>6.7</b>	Sign Board of AWCs displayed	121
<b>6.8</b>	AWCs within the village	122
<b>6.9</b>	AWCs having adequate built size	124
<b>6.10</b>	Sources of Drinking Water	125
<b>6.11</b>	Toilet facility available in AWCs	127
<b>6.12</b>	AWCs having separate space for Storage	128
<b>6.13</b>	Separate Cooking Space available at AWC	129



# Executive Summary

**Executive Summary**

A well said quote by Oliver Wendell Holmes “Children are our most valuable natural resource”. These children will become the leaders and guide us into the new tomorrow. So, it is our duty to protect this valuable natural resource for future. In the world millions of children are suffering from the impaired development, morbidity and mortality causes due to malnutrition at early years of life.

In order to eradicate malnutrition and to improve nutritional status of children, women and the entire population as a whole, ICDS has been established in the year 1975 in India. ICDS is a package of ten services which has been working to fight malnutrition effectively for the past four decades. Keeping in view all aspects of multidimensional needs of children (up to 6 years), mothers and would be mothers; a comprehensive monitoring and evaluation programme has been evolved and developed from time to time. Regular and effective monitoring system is key to the success of any scheme.

Apart from monitoring based on monthly progress reports, Five Tier Monitoring and Review Mechanism have also been in place. The five tier monitoring process involves monitoring at Central, State, District, Block and AWCs level. The existing monitoring system of ICDS was not found to be adequate for capturing all aspects in implementation of ICDS. Therefore there is a need to strengthen the monitoring system to identify the bottleneck/problems and to initiate the corrective measures to improve the implementation of the scheme at grass root level.

Especially for capturing qualitative assessment of the scheme, a Central Monitoring Unit of ICDS was created in NIPCCD in the year 2008. **The task or duty bestowed upon CMU by monitoring cell of MWCD is to collect the data to find Qualitative and Quantitative assessment of the: status of the implementation of the Project and the progress made towards achievement of its goal.**

At National Level the broader functions as assigned to CMU includes organization of theme based workshops; organization of cross state sharing workshops; consolidation of data and preparation of periodic monitoring reports; coordinating/outsourcing action oriented researches; Induction of personnel for CMU and concurrent monitoring of ICDS programme .

At State Level, in order to discharge various functions, State Monitoring Units (SMUs) have been established at State/UT level. Most of these SMUs are either located in Social or Preventive Medicine Departments of Medical Colleges or in Home Science Colleges or colleges of Social Work. The number of SMUs in a particular state depends upon the size of the State. States which have more number of High burden districts or if the state’s situation is found to be overburdened, additional institutes can be attached to minimize the problems.

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



The roles and responsibilities of selected Institutions are to collect data from selected ICDS Projects through field visits in the area assigned to it and to monitor Anganwadi Workers Training Centers/Middle Level Training Centers.

Each select institution working in different States/UTs have three consultants drawn from the regular faculty of the institution. These consultants have considerable research and training experience (5-10 years) in the twin fields of Women and Child development. Preference is being given in selection of consultants to those faculty members who have worked either in NHM programme or in ICDS programme. The selection of consultants is also governed by their willingness to spare at least 1 to 2 hours a day for ICDS work. It is essential for the Consultants to have comprehensive and accurate information about the functioning of urban, rural and tribal ICDS projects in the State in which they are located so as to make qualitative and quantitative assessment of ICDS correctly. In order to provide assessment report of the ICDS projects, the Consultants are required to visit one ICDS Project and five Anganwadi Centers in every quarter on rotational basis and furnish to CMU detailed recommendations for improving efficiency and effectiveness of ICDS Scheme. In the interest of coordination and economy of time and effort, as far as possible, visit to ICDS project and visit to AWTC/MLTC for the purposes of monitoring was combined. The consultants were advised to undertake initially the visits of High burden districts and projects where IMR, Malnutrition and other indicators are poor as per district/state data record.

The present monitoring report analyzes the relevant ICDS data received from consultants for **115 ICDS Projects and 605 Anganwadi Centers**. The data were gathered by the consultants using Monitoring Proforma of ICDS Project (CDPO) and Observation schedule of AWCs. With the help of both of these schedules, such required data was gathered on Profile of ICDS Functionaries (Training Status in terms of Job, Refresher, Induction and other Training Inputs Filled Up Posts and Vacancy Position of ICDS Supervisors, AWWs, AWHs and other support Staff), Supplies Status, Medicine Kit, PSE Kit, Weighing Scales, NHED Kit, Records and Registers etc.), Nutritional Grades of Children (As per New WHO Child Growth Standards), Supervision Visits by CDPOs and Supervisors (Frequency of Supervision Visits, Supervision Methods, Supervision Planning), Perceived Weaknesses and Strengths of AWWs and ICDS Supervisors, Status of Community Participation (Involvement of Local Groups (Mahila Mandals and SHGs), Organisation of Continuing Education Sessions, Service Delivery Status-Pre School Education (Programme Planning, Organisation of PSE activities, Preparation of Low Cost TLM, availability/Supply of PSE Kit), NHED (techniques of NHED, Topics covered in NHED), Supplementary Nutrition (Type of SN, Quality and Quantity of SN, Acceptability of SN, Interruption of SN, availability of Growth Charts, Proficiency of AWW in weighing and Plotting, determining Age and Counseling Session), Coverage of Immunization, Health Check Up (Coverage and Frequency), Referral Services (referral slips), Status of Information, Education and Communication (IEC), Discharging Additional Tasks by ICDS Functionaries, Innovations and Best Practices and Problems and Suggestions for quality improvement in ICDS.

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

Blended mix of both quantitative and qualitative data on indicators listed above was collected by CMU consultants working in selected institutions located across the country. Several measures were taken to generate and collect the reliable and good quality data. Besides monitoring, data collection work by faculty members from NIPCCD, the various ICDS monitoring indicators of input process and output/outcome quality were finalized in consultation with consultants working in selected Institutions across the country. The consultants were also given orientation training by faculty members of CMU about purpose and objectives of the monitoring, AWC observation techniques and interviewing ICDS functionaries. They were oriented in these tasks during CMU State Institutions Workshops held at Bengaluru, Lucknow and New Delhi. During orientation, emphasis was also placed on filling the monitoring proformae using appropriate coding frame. The formats of the data were prepared in such a way that the data could be used in variety of ways for subsequent analysis. The data base was created project wise with an intention to optimally utilize the valuable empirical information for other purposes as well. The data were disaggregated at the State and Project level.

### **Findings**

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

### **Service Delivery Status**

#### **Supplementary Nutrition**

It was found that 32026 (87.69%) number of Children in the age group of 6 months to 3 years were registered and out of total registered 28792 (89.90%) number of them were actually availing the services related to supplementary nutrition. 29916 (78.04%) number of Children in the age group of 3 years to 6 years were registered and out of total registered, 23620 (78.95 %) of them were found availing the services related to supplementary nutrition.

It was also found that 7373, (90.22%) number of pregnant women were registered and out of total registered 6508 (88.27%) of them were availing the services related to supplementary nutrition, 6653 (90.03%) number of the lactating mothers were registered and out of total registered, and 6000 (90.18%) of them were found availing the services related to supplementary nutrition.

Take Home Ration (THR) to the children of 6 months to three years was being distributed in little more than two third (67.27%) of AWCs located across the country. All the



visited AWCs in the state of Himachal Pradesh were found distributing THR to the children 6 months to 3 years. About two third (65.79%) of the total selected AWCs were distributing HCF and little less than two third (63.64%) of AWCs were distributing Morning Snacks to children 3 to 6 years of age. All the visited AWCs from the UTs of Dadra & Nagar Haveli and Daman & Diu were found distributing HCF and Morning snacks to the children 3 years to 6 years. Only 46.61 per cent of the total selected AWCs are distributing THR to the pregnant and lactating mothers as recommended in the ICDS guidelines issued by MWCD, GOI. All the visited AWCs from the state of Uttarakhand were found distributing THR to pregnant women and lactating mothers.

Acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority about (89.26%) of the AWCs. The quality of supplementary nutrition being distributed in majority (84.79%) of the AWCs had been rated as good by CMU consultants. It was also found that the required quantity of supplementary nutrition as envisaged in ICDS guidelines was being distributed in substantial number (80.17%) of the AWCs.

In sizeable number (69.75%) of AWCs, there had been no interruption in distribution of supplementary nutrition to ICDS beneficiaries during the last six months. In little more than half (53.01%) of AWCs, the main reasons for interruption had been reported as shortage of supply. Transportation of food had not been reported as major cause for disruption of supplementary nutrition as only less than one tenth (8.20%) of AWCs were reported transportation as the reason for interruption followed by Lack of fund (7.10%) of visited AWCs.

Utensils for serving of supplementary nutrition were adequately available in two third (66.78%) of AWCs; about 80 per cent of AWCs had adequate availability of utensils for cooking of supplementary nutrition.

- **Growth Monitoring and Promotion**

In the year of 2010-11, a new variable regarding availability of New WHO Child Growth Standards in ICDS was added in the CMU data capture format. Data in this respect reveals the availability of New WHO Child Growth standard Charts in substantial number (79.01%) of AWCs. None of the visited AWCs in the UT of Dadra & Nagar Haveli and state of Manipur were found having availability of New WHO Child Growth Charts.

So far as weighing of children (0-6 months) as per New WHO Child Growth standards is concerned, it was found that majority (91.90%) of Children (0-6 years) of age were weighed according to New WHO Growth Standards. None of the children were weighed in the state of Manipur because of unavailability of weighing machines in that project area.

The observation of CMU consultants show that 85.12 per cent of AWWs were found having adequate skills of Weighing Children. All the AWWs from the states of Andhra Pradesh, Haryana, Uttarakhand, West Bengal and UT of Daman & Diu were having adequate skill of weighing children. It was also found that about three fourth (73.39%) of AWWs were able to accurately plot the weight on the New WHO Child Grow charts. The status of organization of Counseling Sessions based on Growth Monitoring shows that altogether about two third (67.44%) of AWWs organized counseling sessions with mothers on growth monitoring.

- **Health Related Services**



The availability of referral slips was found in about one fifth (20.66%) of the AWCs. Though, 60 per cent the AWCs in the UT of Daman & Diu were having referral slips, however, none of the visited AWCs from the States of Arunachal Pradesh, Haryana, Himachal Pradesh and Manipur and UT of Dadra & Nagar Haveli were having availability of referral slips.

The data reveal that the availability of medicine kit was found in about 46.12 per cent of AWCs. The medicine Kit was available in all the AWCs (100%) located in the states of Andhra Pradesh, Haryana and UT of Daman & Diu, however, the unavailability of medicine kit was observed in the visited AWCs from the state of Manipur and UT of Dadra & Nagar Haveli.

The maintenance and timely updation of MCP card was reported in about three fourth (75.21%) of the AWCs. Though All (100%) of AWCs in the states of Andhra Pradesh, Arunachal Pradesh, Haryana, Punjab and UTs of Dadra & Nagar Haveli and Daman & Diu were found maintaining and timely updating MCP Card, however the availability of MCP Card was 50 per cent of the AWCs in the state of Karnataka.

The data on health check-up of children show that about half (50.74%) of the AWCs conduct health check up on monthly basis. All the AWCs in the states of Haryana & Mizoram and majority of the AWCs (80.80%) in the state of Madhya Pradesh were conducting monthly health checkup. The health checkup was not at all conducted in 7.11 per cent of AWCs during last six months. None of the visited AWCs in the state of Manipur conducted health check up of children in last six months.

The data on the status of ante -natal check up of pregnant women shows that about little less than one third (30.91%) of the AWCs conducted three anti natal check ups . Four ante natal check ups were given to pregnant women in 28.60 per cent of AWCs followed by five in 15.87 per cent of AWCs. One and two ante natal health check ups were given by 5.79 percent and 11.07 per cent of AWCs. All the AWCs from the state of Arunachal Pradesh were found giving two ante natal check ups to the pregnant women. Majority (80%) of the AWCs from the UT of Daman & Diu were giving four ante natal check ups to the registered pregnant women.

- **Nutrition and Health Education**

It was found that more than three fourth (79.83%) of AWCs conducted NHEd sessions in last three months. Though, all the AWCs (100%) in the States of Haryana, Himachal Pradesh, Mizoram and West Bengal were found organizing NHEd Sessions on various themes, however, none of the AWC from the State of Manipur were not conducting any NHEd Sessions. Most discussed topics during NHEd sessions were Importance of ICDS and its services (30.55%) followed by IFA and use of Iodized salt (29.12%) and Immunisation (27.09%).

- **Non Formal Pre School Education**

It has been observed 78.04 per cent of the children from total population (3-6 years) were enrolled in for availing pre-school education inputs under ICDS. The enrollment data also shows that little less than half (46.52%) of enrolled children were attending pre-school education activities at the AWCs. All the enrolled children from the UT of Daman & Diu were found attending PSE at AWCs. The situation needs improvement in the States of Uttar Pradesh (31.29%), Gujarat (38.64%), Uttarakhand (38.02%), Delhi (40.48%), Madhya Pradesh (40.91%), Punjab (43.92%), Haryana (47.89%), and Manipur (48.72%) where children out of total enrolled were found attending pre-school education.

It was found that 69.42 per cent of AWCs were having adequate availability of PSE Kit for children. Though, all AWCs (100%) in the States of Andhra Pradesh, Mizoram & Haryana and UT of Dadra & Nagar Haveli, majority of AWCs (more than 80%) in the states of Gujarat and Karnataka were found having availability of PSE Kit, however, the availability of PSE Kit was found in less than one tenth(8%) in the AWCs in the state of Assam.

The availability of adequate PSE teaching learning material had been observed in little less than three fourth (73.88%) of AWCs. The findings of the study further reveals that only 30.74 per cent of AWWs had prepared the low cost teaching and learning material used in conducting preschool education sessions. Two third (66.67%) of the AWWs from the state of Kerala were found making teaching learning materials; Nature Walk was conducted by 32.07 per cent of AWWs. More than half (56%) of the AWWs from the state of Uttar Pradesh were taken children for nature walk.

### **Personal Profile and Training Status**

9.26 per cent of AWWs were qualified below matric. 36 per cent of AWWs in the states of Uttar Pradesh and 20 Per cent of AWWs in the state of Andhra Pradesh were Post Graduate. AWWs were qualified till Matric (31.90%), 12th Pass (28.60%) and Graduate (19.17%) respectively.

So far as the appointment status of ICDS functionaries were concerned, it has been found that 2.28 per cent of AWWs positions and 20.37 per cent of ICDS Supervisors and 12.17 per cent posts were lying vacant across the country .

Training status of ICDS functionaries shows that 80.22 per cent of AWWs, 88.86 per cent of ICDS Supervisors and 73.27 per cent of CDPOs have received job training. Refresher training has been received by 60.89 per cent of AWWs and 77.48 Per cent of Supervisors and 53.47 per cent of CDPOs.

### **Community Mobilization and Information, Education and Communication**

The data reveals that 80.87 per cent of ICDS Projects were conducting planned IEC activities. Though in all ICDS Projects (100%) located in the States of Andhra Pradesh, Arunachal Pradesh, Assam, Delhi, Haryana, Himachal Pradesh, Uttarakhand, West Bengal and UTs of Dadra & Nagar Haveli and Daman & Diu were found organizing IEC activities, however, such activities were found missing in ICDS Projects of the state of Manipur . Other IEC activities was organized in 86.96 per cent of the projects.

Substantial number (91%) of ICDS projects were celebrating World Breast Feeding Week and National Nutrition Week and more than three fourth (79%) of ICDS projects were organizing the Village Health and Nutrition Day.

All ICDS Projects (100%) located in the States of Andhra Pradesh, Arunachal Pradesh, Assam, Gujarat, Haryana, Himachal Pradesh , Karnataka, Kerala, Punjab, Rajasthan, Uttar Pradesh, Uttarakhand, West Bengal and UTs of Dadra & Nagar Haveli and Daman & Diu were found celebrating breast feeding week.

Though in the States of Andhra Pradesh, Arunachal Pradesh, Gujarat, Haryana, Himachal Pradesh, Kerala, Mizoram, Uttarakhand, and UTs of Dadra & Nagar Haveli and Daman & Diu all

ICDS projects were found organizing VHND, however none of the AWCs in the State of Manipur were found organizing VHND.

It was reported that only 46 per cent of ICDS projects organize the Nutrition Exhibition. Though organisation of such event was reported from all ICDS Projects in the State of Andhra Pradesh, Arunachal Pradesh, Himachal Pradesh and Punjab and UT of Daman & Diu.

The organisation of awareness rallies on different aspects of ICDS was found more than half (57%) of ICDS Projects. Though all ICDS Projects located in the States of Andhra Pradesh, Haryana, Himachal Pradesh, Punjab, West Bengal and UT of Daman & Diu were organized such rallies.

The involvement of community was found in only 41.65 per cent of the AWCs located across the country. Though community involvement in various activities of ICDS was found in all (100%) of the AWCs in the UT of Daman & Diu followed by 80 per cent in the state of Andhra Pradesh.

Karnataka and Kerala, however, such involvement was not found in the States of Arunachal Pradesh, Himachal Pradesh, Manipur, Mizoram and West Bengal.

### **Comprehensive and Continuous Monitoring and Supportive Supervision**

Mostly the method of monitoring used by CDPOs was by physical visits only (79.21%). All the ICDS projects in the states of Delhi, Haryana, Karnataka, Manipur, Uttar Pradesh and Uttarakhand physical visit was used by all the CDPOs. All the CDPOs were also using Checklist and MPR as method to monitor AWCs in the states of Haryana and Uttarakhand.

All the Supervisor's visits were planned by CDPOs in the State of Himachal Pradesh, Mizoram and UTs of Dadra & Nagar Haveli and Daman & Diu.

It has further been reported that the CDPOs were providing guidance to the AWWs by *organizing Demonstration sessions* in most (80%) of the projects. Demonstration method was used by all the CDPOs from the states/UTs of Andhra Pradesh, Arunachal Pradesh, Assam, Dadra & Nagar Haveli and Daman & Diu, Haryana and West Bengal.

Only little more than half (59.41%) of CDPOs were found aware of Five-tier monitoring system of ICDS. Though, all the CDPO were found aware of five-tier monitoring system in the states/UTs of Arunachal Pradesh, Dadra & Nagar Haveli and Daman & Diu, Haryana and Rajasthan, however, none of the CDPOs in the states of Andhra Pradesh, Himachal Pradesh and Manipur were aware of five-tier monitoring system.

It was found that about three fourth (73.91%) of the ICDS projects have received revised MIS guidelines and formats.

Only 61.74 per cent of the ICDS projects have received revised records and registers. Though, all ICDS projects in the states/ UT of Andhra Pradesh, Assam, Daman & Diu, Haryana, Himachal Pradesh, Mizoram and Manipur have received such revised records and registers.

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

Lack of proper infrastructure (61.54%) and shortage of staff and Additional charge (37.36% each) had been reported as the major problems/ constraints in proper implementation of ICDS.

### **Infrastructure**

Majority (89.42%) of AWCs were located in Pucca buildings. 12 per cent of the AWCs were still found running in open spaces. All the AWCs in the States of Andhra Pradesh, Dadra & Nagar Haveli, Daman & Diu, Haryana and Uttar Pradesh were running in Pucca building. Most (60%) of AWCs in the state of Manipur were located in Kutcha building and 10 per cent of AWCs in Arunachal Pradesh, 6.67 per cent of AWCs in Delhi and 5.13 per cent of AWCs in Rajasthan were found running in open space which needs to convert those AWCs into Pucca building from the financial provisions available either under restructured ICDS or by leveraging the funds from BRGF, Area Development Programme, MSDP, RIDF, MGNREGA, 13th Finance Commission, MLALAD, MPLAD etc.

So far as the location of AWCs is concerned, 53.39 percent of AWCs located in own building or building provided by State Govt followed by Primary school building 8.10 per cent. About one fifth (18.02%) of the AWCs located in rented building and 1.16 per cent AWCs were located in the house of AWW or AWHs.

The availability of adequate outdoor and indoor space is reported from about two third (66.61%) of AWCs respectively.

52.73 per cent of AWCs are yet to be provided the availability of separate storage space. Though, 47.93 per cent of AWCs have the availability of adequate cooking space.

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



## **Strengthening Monitoring of ICDS through Central Monitoring Unit**

The development of any nation on social index and economic prosperity largely depends on the physical, mental and social well-being of this most supremely important asset as enumerated in National Policy on Children, 1974 and subsequently reaffirmed by its updated version in National Policy on Children 2013<sup>1</sup>, developed in harmony of Child Development approaches under 12<sup>th</sup> Five Year Plan. The policy further lays down that the State should provide adequate services to children both before and after birth and through the period of growth so as to ensure their survival and development. The policy resolution also enjoins on the State that it should progressively increase the scope of its minimum basic services (like comprehensive health inputs, supplementary nutrition services for preventing deficiencies in children, expectant and nursing mothers, nutrition education of mothers and non-formal education to pre-school children) so that within a reasonable time, all children in the country are provided conditions for their optimal growth.

As a follow-up of these measures contained in the National Policy Resolution, the **Integrated Child Development Services**, popularly known as ICDS was evolved in 1975 by Government of India with the goal is to fulfill the holistic need of the child and its **major objectives** are:

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

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

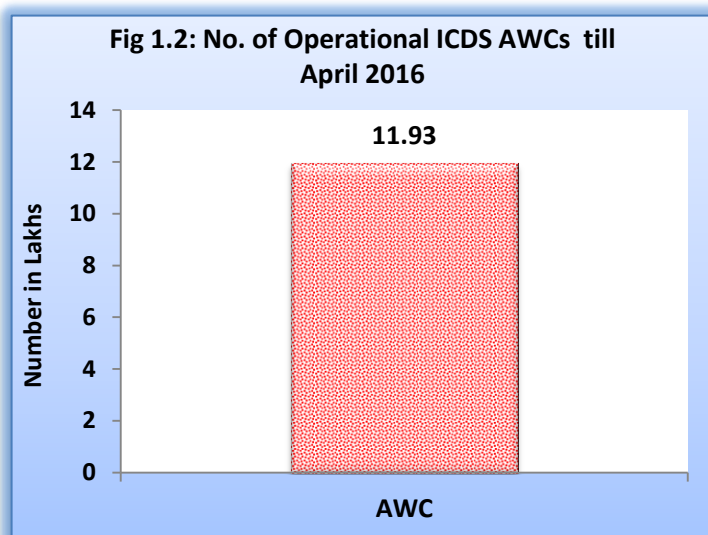
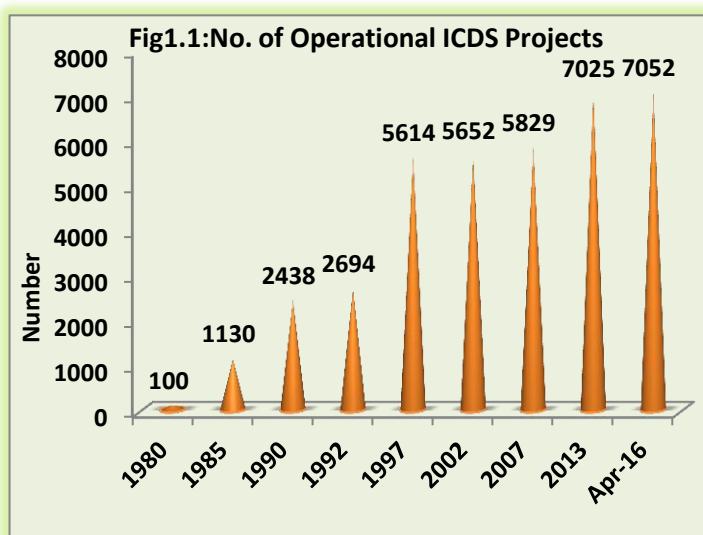


## Chapter - 1 | Monitoring Visits of ICDS (2015-2016)- A Report

The basic premise of the programme revolves around the common consensus among educationists, researchers and practitioners that early childhood education and care are inseparable issues and must be considered as one. Based upon this fundamental assumption, the basic inputs under ICDS programme include delivery of integrated package of minimum basic services - health care (immunization, referrals, health check-ups, nutrition and health education), nutritional supplementation and early childhood education (stimulation activities for children of 0-3 years and non-formal pre-school activities for children 3-6 years) so as to benefit the children from pre-natal stage to the age of six years and to pregnant and lactating mothers. The concept of providing a package of services is based primarily on the consideration that the overall impact would be much larger if the different services are provided in an integrated manner.

ICDS, therefore, takes a holistic view of the development of the child and attempts to improve his/her both pre- and post-natal environment. Accordingly, besides children in the formative years(0-6 years) , women between 15-45 years of age are also covered by the programme, as these are child-bearing years in the life of a women and her nutritional and health status has a bearing on the development of the child. Further, in order to better address the concern for women and for girl child, interventions have also been designed for adolescent girls seeking to break the inter-generational cycle of nutritional disadvantage. The adolescent girls therefore have also been brought under the ambit of ICDS services.

After traversing a momentous path from its launching in 1975 with 33 projects on experimental basis, the ICDS scheme over the time has now been extended to 7052 operational (sanctioned 7075) ICDS Projects with 11.92 lakh AWCs (as on April 2016) located across all 36 States/ Union Territories in the country.



Government of India in its Cabinet Committee meeting held on 20<sup>th</sup> June, 2013 has identified seventeen flagship programmes in which ICDS is one of them<sup>2</sup>. Giving further

<sup>2</sup> Restructuring of Centrally Sponsored Scheme. Press Information Bureau, GOI .





## Chapter - 1 | Monitoring Visits of ICDS (2015-2016)- A Report

impetus, the ICDS programme has been reformed and restructured after embedding a genuinely integrated life cycle approach to early childhood care and development—transforming AWCs into vibrant, child friendly ECD centres, to be ultimately owned by the community (Planning Commission ; 2013<sup>3</sup>).

### ICDS Philosophy and Approach

ICDS, which is 40 years old now, is primarily based on the philosophy of convergence as ICDS functionaries are tuned to seeking and obtaining services from other government programmes implemented at the field level. Like out of Ten ICDS services, three Health-related services namely Immunisation, Health Check-Up and Referral Services are being delivered through public health infrastructure i.e. through sub centers, Primary and Community Health Centres under the Ministry of Health and Family Welfare. It has been the endeavour of the Government of India to ensure that delivery of these health-related services is made through effective convergence with the Reproductive and Child Health component of National Health Mission (NHM) being administered by Union Ministry of Health and Family Welfare. Similarly, under Multi sectoral Development Programme (MSDP), the Ministry of Minority Affairs is supporting the construction of AWCs in minority concentrated districts. The Pre-School Education component of ICDS is being continuously strengthened by the financial resource support from Sarva Shiksha Abhiyan (SSA), a programme being run by Department of Elementary Education and Literacy, Ministry of Human Resource Development, Government of India.

### Administrative and Financing Pattern

ICDS is a centrally sponsored scheme given to States/UTs. The Government of India has allowed the states to have operational flexibility and as a result, different States/UTs have adopted different organizational systems and management practices for the delivery of package of services.

### Coverage and Population Norms

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

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

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

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



and other difficult areas

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

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

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

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

## Monitoring of ICDS

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

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



## Chapter - 1 | Monitoring Visits of ICDS (2015-2016)- A Report

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

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

In view of above, it was being felt that besides MPR, QPR and APR system of monitoring, there is a need to design a monitoring system of ICDS, which may assess the quality of the service delivery system through multiple ways including taking care of responses of stakeholders too. Moreover, it was also felt that though ICDS programme, which is a flagship programme for taking care of holistic development of the child, has sustained for over three decades

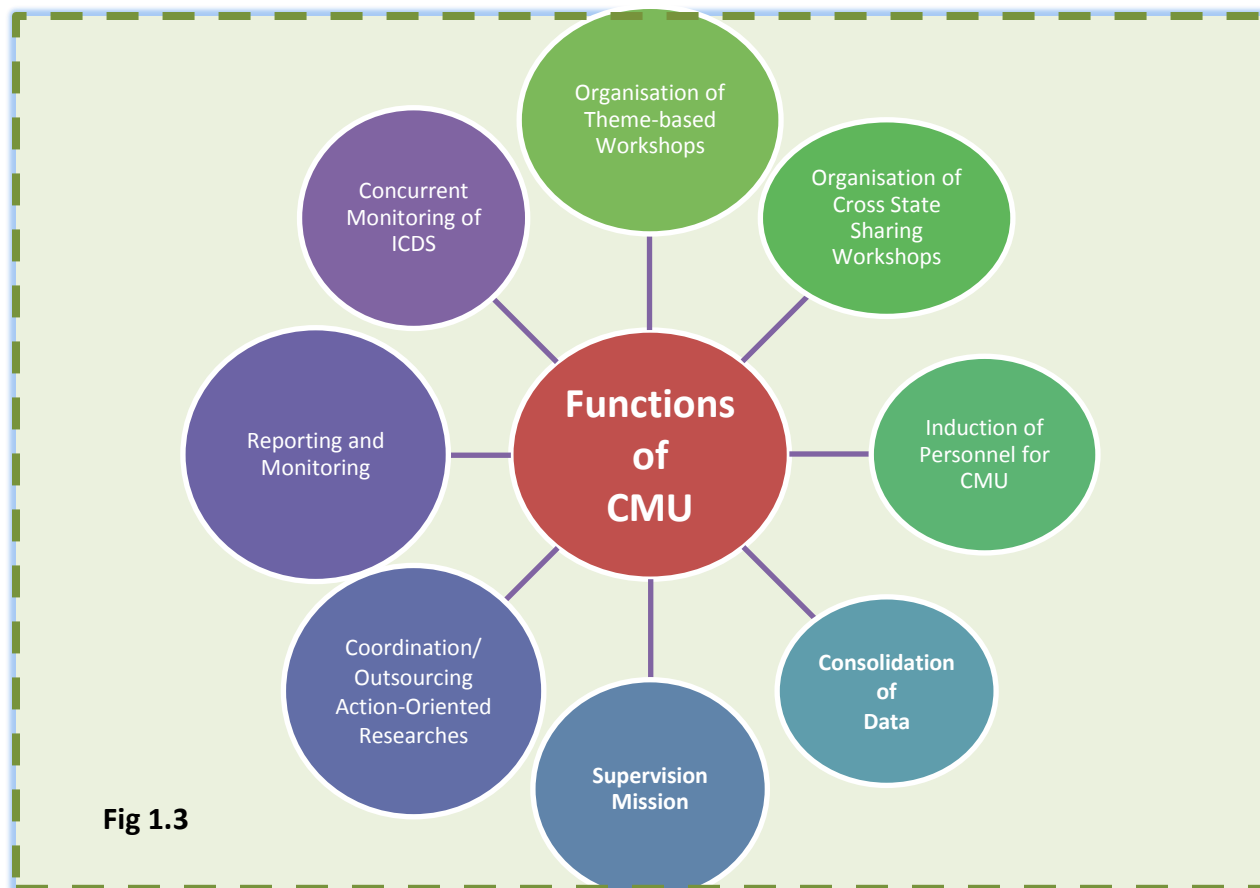
and has been successful in many ways. However, it has not yet succeeded in making significant dent in prevalence of underweight among children. As the existing monitoring system of ICDS was not found adequate for capturing all aspects of implementation of ICDS especially the qualitative assessment of the scheme, a Central Monitoring Unit of ICDS was created in NIPCCD in the year of 2008.

The broader functions as assigned to CMU; organisation of theme- based workshops; organization of cross state sharing workshops; organisation of review meetings; consolidation of data and preparation of periodic monitoring reports; coordinating/outourcing action-oriented researches; capacity building of state officials on monitoring and evaluation of ICDS and concurrent monitoring of ICDS programme.

### Major Objects of CMU

- Study convergence of services provided under other schemes;
- Analyse the service delivered under the ICDS at all levels;
- Identify the bottlenecks/problems of the scheme and initiate action for corrective measures;
- Prepare detailed recommendations for improving the efficiency and effectiveness of the scheme;
- Document some of the Best Practices at the state level;
- To carry out need base documentation (State Specific report cards/ research abstract on ICDS);
- To provide common platform for sharing of experiences;





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

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

**Table-1.3: List of Select Institutions**

S.No.	Name of State/UT	Approved Number of Select Institutions	Existing Number of Select Institutions
1.	Andhra Pradesh	2	2
2.	Arunachal Pradesh	1	-
3.	Assam	3	1
4.	Bihar	3	2
5.	Chhattisgarh	2	2
6.	Goa	1	1
7.	Gujarat	2	2
8.	Haryana	1	1

## Chapter - 1 | Monitoring Visits of ICDS (2015-2016)- A Report

9.	Himachal Pradesh	1	1
10.	Jammu & Kashmir	2	2
11.	Jharkhand	2	1
12.	Karnataka	3	4
13.	Kerala	1	2
14.	Madhya Pradesh	3	4
15.	Maharashtra	3	3
16.	Manipur	1	-
17.	Meghalaya	1	-
18.	Mizoram	1	1
19.	Nagaland	1	-
20.	Orissa	3	3
21.	Punjab	1	2
22.	Rajasthan	3	1
23.	Sikkim	1	1
24.	Tamil Nadu	2	2
25.	Tripura	1	-
26.	Uttar Pradesh	4	4
27.	Uttarakhand	2	2
28.	West Bengal	2	3
29.	Andaman& Nicobar	1	1
30.	Chandigarh	1	1
31.	Dadra& Nagar Haveli	1	-
32.	Daman & Diu	1	-
33.	Delhi	1	2
34.	Lakshadweep	1	-
35.	Puducherry	1	1
<b>Total</b>		<b>60</b>	<b>52</b>

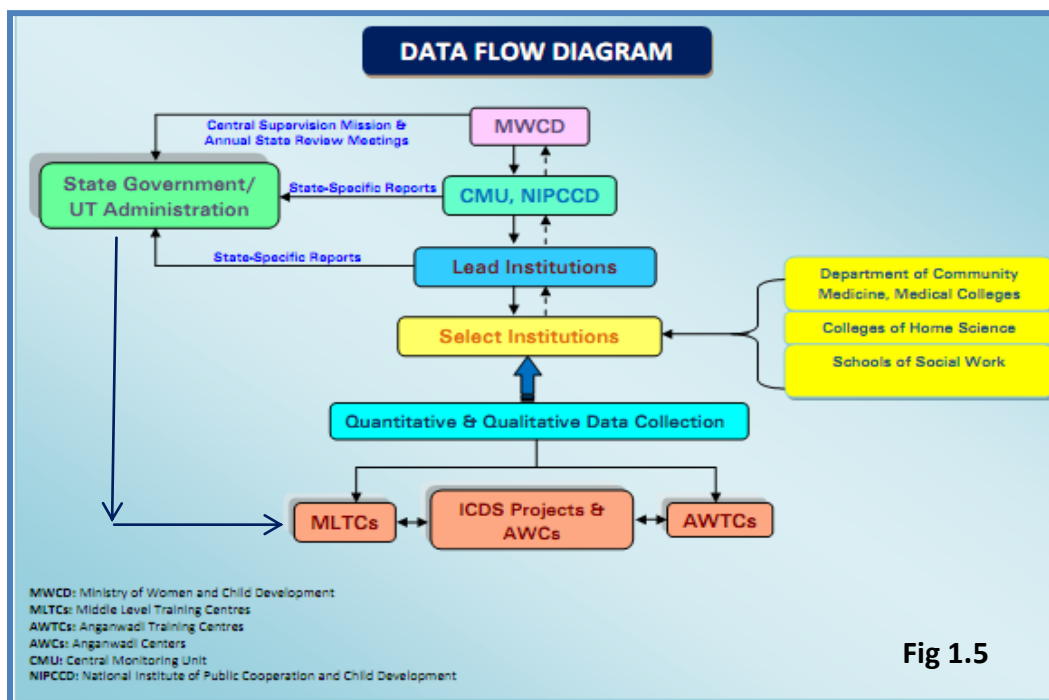
Each selected Institution has signed a Memorandum of Understanding (MOU) which has been supplied to them by CMU, NIPCCD.



**Composition and Tasks of Select Institutions**

The select Institutions of CMU are required to collate and analyses the data and reports received from the Districts and State Headquarters on the performance of ICDS Scheme on pre-determined set of indicators; collect data through field visits to select ICDS Projects in the area assigned to it; and to furnish the data/reports to the NIPCCD.

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



### Major Contribution of CMU

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

## Chapter - 1 | Monitoring Visits of ICDS (2015-2016)- A Report

include “Evaluation of Wheat Based Nutrition programme” and “Involvement of ASHA in ICDS” etc.

### The Present Report

The present report is based on the monitoring data received by CMU during the year 2015-16. The data pertains to 115 ICDS Projects and 605 AWCs (**Annexure-1**) located across 19 States/UTs of the country.

**Table 1.4: Number of ICDS Projects and AWCs**

States/UTs	No. of ICDS Projects	No. of AWCs
Andhra Pradesh	1	5
Arunachal Pradesh	2	10
Assam	5	25
Dadra and Nagar Haveli	1	5
Daman & Diu	1	5
Delhi	6	30
Gujarat	17	85
Haryana	1	5
Himachal Pradesh	1	5
Karnataka	12	66
Kerala	17	84
Madhya Pradesh	25	125
Manipur	1	5
Mizoram	2	10
Punjab	5	46
Rajasthan	7	39
Uttar Pradesh	5	25
Uttarakhand	4	20
West Bengal	2	10
<b>Total</b>	<b>115</b>	<b>605</b>

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





**Data Gathering Instruments**

The consultants working in selected Institutions were given two monitoring proformae developed by CMU, NIPCCD. The consultants were required to fill the CDPO proformae after taking their interview and proformae of AWWs after observing the activities of the AWC and by conducting interviews of the concerned AWW. With the help of both of these schedules, the required data was gathered on the broad indicators as listed in **Table 1.5**.

**Table 1.5: List of Monitoring Indicators**

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



## Chapter - 1 | Monitoring Visits of ICDS (2015-2016)- A Report

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

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

The list of monitoring indicators as used in ICDS concurrent evaluation is quite comprehensive and depicts a true picture of ICDS implementation.

### Data Quality

#### Measures taken

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

### Data Collection

Blended mix of both quantitative and qualitative data -on indicators listed above was collected by consultants working in selected and lead institutions located across the country.

### Ensuring Data Quality

Several measures were taken to generate and collect the reliable and good quality data. Various ICDS monitoring indicators, as presented in **Table 1.5** were finalized in consultation with policy makers, practitioners, officials and trainers of ICDS and ICDS consultants working in selected and lead Institutions located across the country.

The consultants were also given orientation training by faculty members of CMU about purpose and objectives of the monitoring, AWC observation techniques and interviewing ICDS functionaries. They were oriented in these tasks during CMU State Institutions Workshops held at Bengaluru, New Delhi and Lucknow. During orientation, emphasis was also placed on filling the monitoring proformas using appropriate coding frame. The consultants were requested to ensure that the data is consistent and there are no missing values. Feedback on data quality was also provided by CMU officials to consultants, as and when needed, which has also helped in improving the quality and consistency of data. It was made mandatory to all consultants to share the monitoring reports with concerned ICDS Project and State officials about the major outcomes of the monitoring visits. Guidelines developed by CMU, NIPCCD helped the consultants in filling the data on the data capture formats. Despite best efforts, some inconsistencies and missing data are observed while coding the data at the national level of CMU, NIPCCD.

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

### Data Analysis

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

### Summarizing the Data

The data was tabulated on excel sheets for its analysis. The data have also been presented graphically to show the regional disparities. The analysis of regional and state-based data has been collated in such a way so as to provide a comprehensive picture of implementation status of ICDS across the country.



# ICDS Service Delivery Status

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

### Supplementary Nutrition

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

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

### Beneficiaries Availing Supplementary Nutrition:

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

States	No. of AWCs	Children 6 months to 3 Years				
		Total No. of Children	Number of Children Registered		Number of Children Availing	
			N	%	N	%
Andhra Pradesh	5	135	135	100	135	100
Arunachal Pradesh	10	164	158	96.34	153	96.84
Assam	25	857	761	88.80	408	53.61
Dadra and Nagar Haveli	5	247	231	93.52	231	100
Daman & Diu	5	151	151	100	151	100
Delhi	30	3426	3168	92.47	2983	94.16
Gujarat	85	5985	5814	97.14	5774	99.31
Haryana	5	226	218	96.46	152	69.72
Himachal Pradesh	5	44	36	81.82	36	100
Karnataka	66	2677	2622	97.95	2622	100
Kerala	85	3265	1815	55.59	1451	79.94
Madhya Pradesh	125	9795	9759	99.63	8737	89.53
Manipur	5	74	37	50	32	86.49
Mizoram	10	416	313	75.24	313	100
Punjab	46	1962	1388	70.74	844	60.81
Rajasthan	39	2106	1335	63.39	1226	91.84
Uttar Pradesh	25	3101	2875	92.71	2408	83.76
Uttarakhand	20	1579	924	58.52	850	91.99

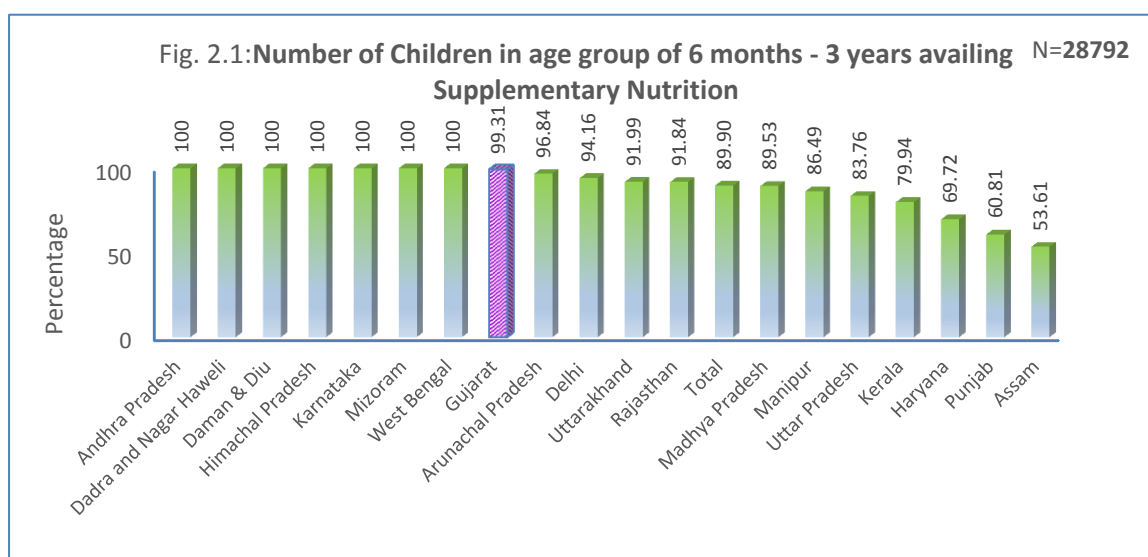
## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

West Bengal	10	312	286	91.67	286	100
<b>Total</b>	<b>605</b>	<b>36522</b>	<b>32026</b>	<b>87.69</b>	<b>28792</b>	<b>89.90</b>

It is evident from **table 2.1** that about 87.69 per cent of Children in the age group of 6 months to 3 years were enrolled and about 89.90 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled children (100%) from the States of Andhra Pradesh, Himachal Pradesh, Karnataka, Mizoram and West Bengal and



UTs of Daman and Diu and Dadra and Nagar Haveli, majority of them from the States of Gujarat (99.31%), Arunachal Pradesh (96.84%), Delhi (94.16%), Uttarakhand (91.99%) and Rajasthan (91.84%) were found availing the services of SN. In the state of Manipur total children Registered was half of the population of the children in that area. The situation needs improvement in the State of Assam where only 53.61 per cent of registered children were found availing the services of SN.



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

States	No. of AWCs	Children 3-6 years				
		Total No. of Children	Number of Children Registered		Number of Children Availing	
			N	%	N	%
Andhra Pradesh	5	97	85	87.63	85	100
Arunachal Pradesh	10	281	221	78.65	209	94.57
Assam	25	1079	886	82.11	541	61.06
Dadra and Nagar Haveli	5	250	227	90.80	227	100
Daman & Diu	5	219	166	75.80	164	98.80
Delhi	30	3051	2517	82.50	1948	77.39

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Gujarat	85	5405	5176	95.76	4864	93.97
Haryana	5	275	261	94.91	133	50.96
Himachal Pradesh	5	88	50	56.82	50	100
Karnataka	66	2892	2127	73.55	2048	96.29
Kerala	84	3836	2185	56.96	1801	82.43
Madhya Pradesh	125	9926	9545	96.16	7004	73.38
Manipur	5	78	78	100	50	64.10
Mizoram	10	484	412	85.12	412	100
Punjab	46	2534	1505	59.39	778	51.69
Rajasthan	39	2992	1078	36.03	889	82.47
Uttar Pradesh	25	2816	2432	86.36	1615	66.41
Uttarakhand	20	1682	718	42.69	562	78.27
West Bengal	10	349	247	70.77	240	97.17
<b>Total</b>	<b>605</b>	<b>38334</b>	<b>29916</b>	<b>78.04</b>	<b>23620</b>	<b>78.95</b>

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

The **Table 2.2** reveals that about 78.04 per cent of Children in the age group of 3 years to 6 years were enrolled and about 78.95 per cent of them were actually availing the services related to supplementary nutrition. All (100%) the children were found enrolled from the States of Manipur and All (100%) of the enrolled children were observed availing in the states of Andhra Pradesh, Himachal Pradesh, Mizoram and in UT of Dadra and Nagar Haveli. Majority of the enrolled children (more than 90%) from the UT of Daman & Diu (98.80%) followed by States of West Bengal (97.17%), Karnataka (96.29%), Arunachal Pradesh (94.57%) and Gujarat (93.97%), were found availing the services of SN. The situation needs improvement in the State of Haryana and Rajasthan where only little more than half (50.96% & 51.69%) of registered children were found availing the services of SN

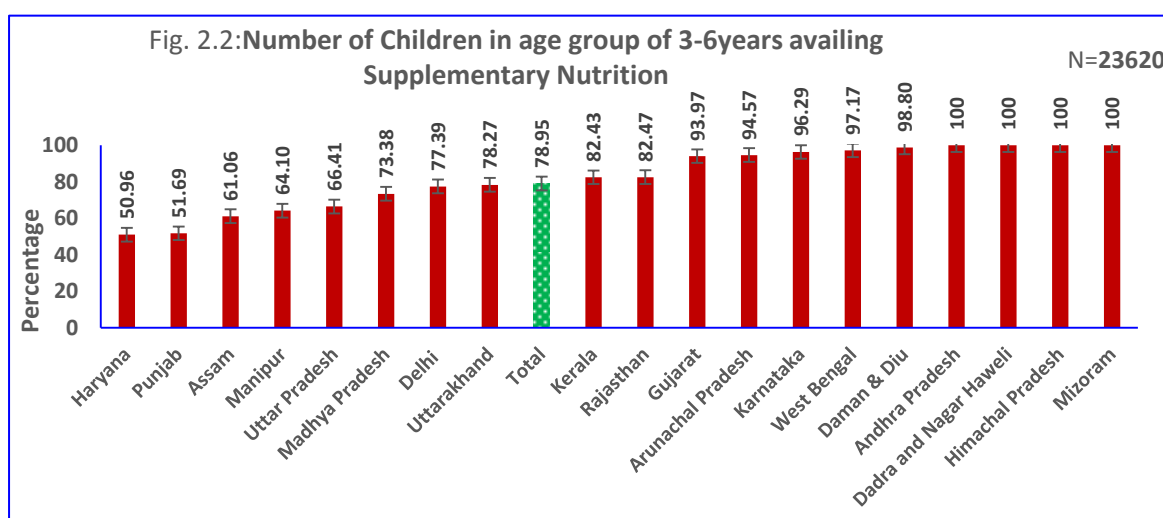
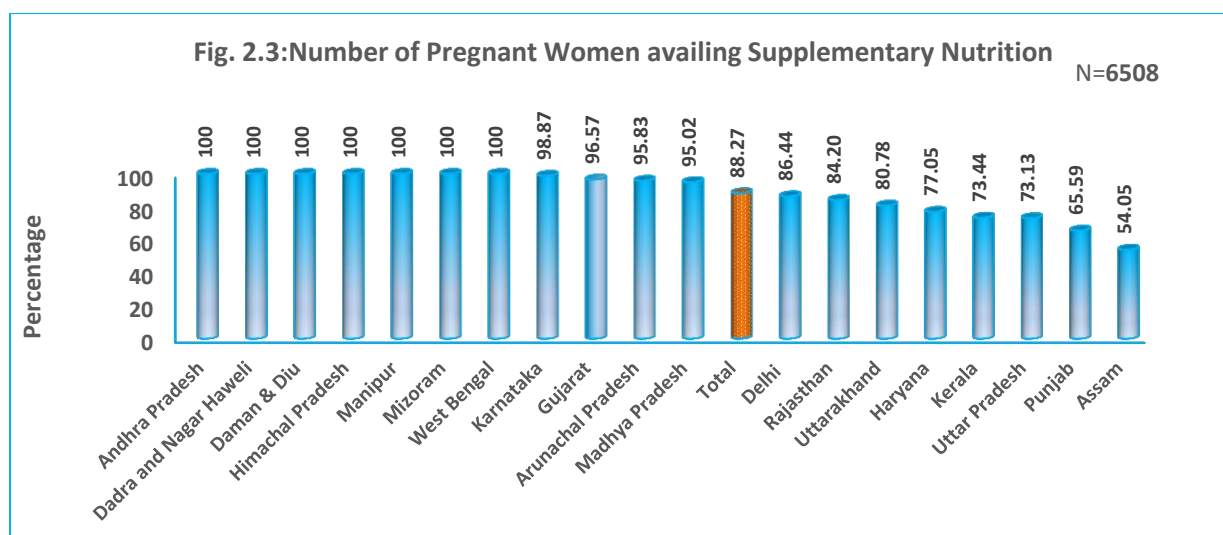




Table 2.3: Number of Pregnant Women Availing Supplementary Nutrition

States	No of AWCs	Pregnant Women				
		Total No. of Pregnant Women	Number of Pregnant Women registered		Number of Pregnant Women Availing	
			N	%	N	%
Andhra Pradesh	5	28	28	100	28	100
Arunachal Pradesh	10	24	24	100	23	95.83
Assam	25	152	148	97.37	80	54.05
Dadra and Nagar Haveli	5	46	44	95.65	44	100
Daman & Diu	5	32	32	100	32	100
Delhi	30	464	435	93.75	376	86.44
Gujarat	85	1589	1574	99.06	1520	96.57
Haryana	5	61	61	100	47	77.05
Himachal Pradesh	5	12	12	100	12	100
Karnataka	66	711	708	99.58	700	98.87
Kerala	84	789	482	61.09	354	73.44
Madhya Pradesh	125	1950	1928	98.87	1832	95.02
Manipur	5	18	11	61.11	11	100
Mizoram	10	77	57	74.03	57	100
Punjab	46	560	404	72.14	265	65.59
Rajasthan	39	545	443	81.28	373	84.20
Uttar Pradesh	25	665	629	94.59	460	73.13
Uttarakhand	20	400	307	76.75	248	80.78
West Bengal	10	49	46	93.88	46	100
<b>Total</b>	<b>605</b>	<b>8172</b>	<b>7373</b>	<b>90.22</b>	<b>6508</b>	<b>88.27</b>

The data as contained in **Table 2.3** shows that about 90.22 per cent of pregnant women were enrolled and 88.27 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled pregnant women (100%) in the State of Andhra Pradesh, Himachal Pradesh, Manipur, Mizoram & West Bengal and UT of Daman & Diu and Dadra and Nagar Haveli and majority of the pregnant women and (more than 90%) from the States of Karnataka (98.87%), Gujarat (96.57%), Arunachal Pradesh (95.83%) and Madhya Pradesh (95.02%) were found availing the services of SN. The situation needs improvement in the States of Assam and Punjab where only 54.05 percent and 65.59 percent of registered pregnant were found availing the services of SN.

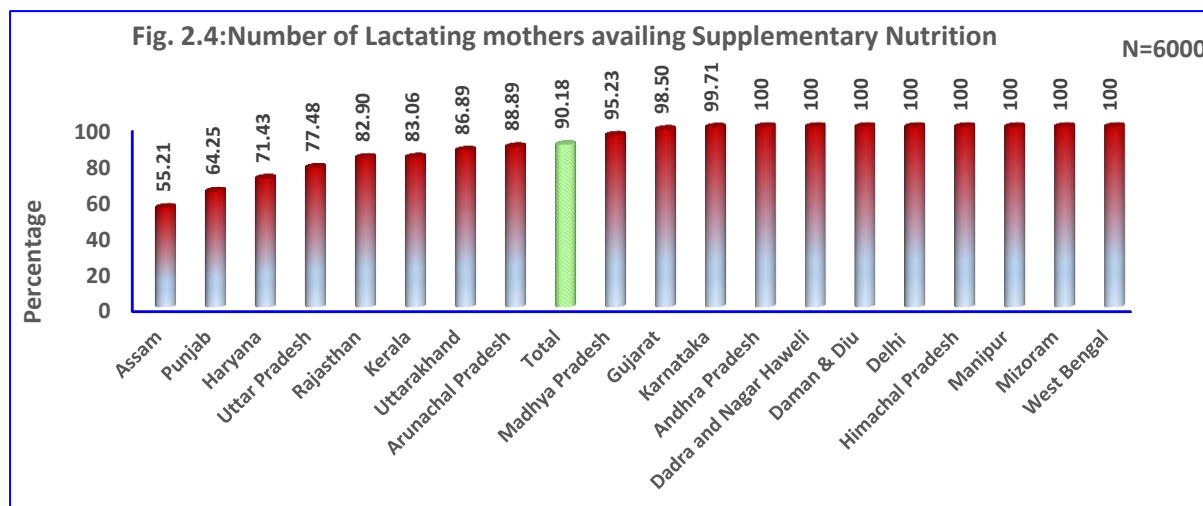


**Table 2.4: Number of Lactating mothers availing Supplementary Nutrition**

States	No of AWCs	Lactating Mothers				
		Total No. of Lactating mothers	Number of Lactating mothers registered		Number of Lactating mothers Availing	
			N	%	N	%
Andhra Pradesh	5	36	36	100	36	100
Arunachal Pradesh	10	36	36	100	32	88.89
Assam	25	172	163	94.77	90	55.21
Dadra and Nagar Haveli	5	47	47	100	47	100
Daman & Diu	5	131	131	100	131	100
Delhi	30	40	40	100	40	100
Gujarat	85	1479	1465	99.05	1443	98.50
Haryana	5	56	56	100	40	71.43
Himachal Pradesh	5	20	20	100	20	100
Karnataka	66	685	681	99.42	679	99.71
Kerala	84	758	366	48.28	304	83.06
Madhya Pradesh	125	1869	1803	96.47	1717	95.23
Manipur	5	13	5	38.46	5	100
Mizoram	10	75	60	80	60	100
Punjab	46	431	386	89.56	248	64.25
Rajasthan	39	481	427	88.77	354	82.90
Uttar Pradesh	25	698	666	95.42	516	77.48
Uttarakhand	20	304	206	67.76	179	86.89
West Bengal	10	59	59	100	59	100
<b>Total</b>	<b>605</b>	<b>7390</b>	<b>6653</b>	<b>90.03</b>	<b>6000</b>	<b>90.18</b>

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

It is evident from **Table 2.4** that about 90.03 per cent of lactating mothers were enrolled and about 90.18 per cent of them were actually availing the services related to supplementary nutrition. All of the enrolled lactating mothers (100%) in the States and UTs of Andhra Pradesh, Daman & Diu, Dadra & Nagar Haveli, Delhi, Himachal Pradesh, Manipur, Mizoram and West Bengal etc. and majority of the lactating mothers (more than 90%) from the States of Karnataka (99.71%), Gujarat (98.50%) and Madhya Pradesh (95.23%) were found availing the services of SN. The situation needs improvement in the States of Assam and Punjab where only 55.21 per cent and 64.25 per cent of registered lactating mothers were found availing the services of SN.



### Type of Supplementary Nutrition

As per MWCD Office Order no 5-9/2005/ND/Tech (Vol-II) dated 24<sup>th</sup> February, 2009, all States/UTs have been requested to serve more than one meal to the children. This includes providing a morning snacks in the form of milk/banana/egg/seasonal fruits/micro nutrient fortified food followed by a Hot Cooked Meal. For children below three years of age, THR has to be provided. **Table 2.5** depicts the data in this regard.

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

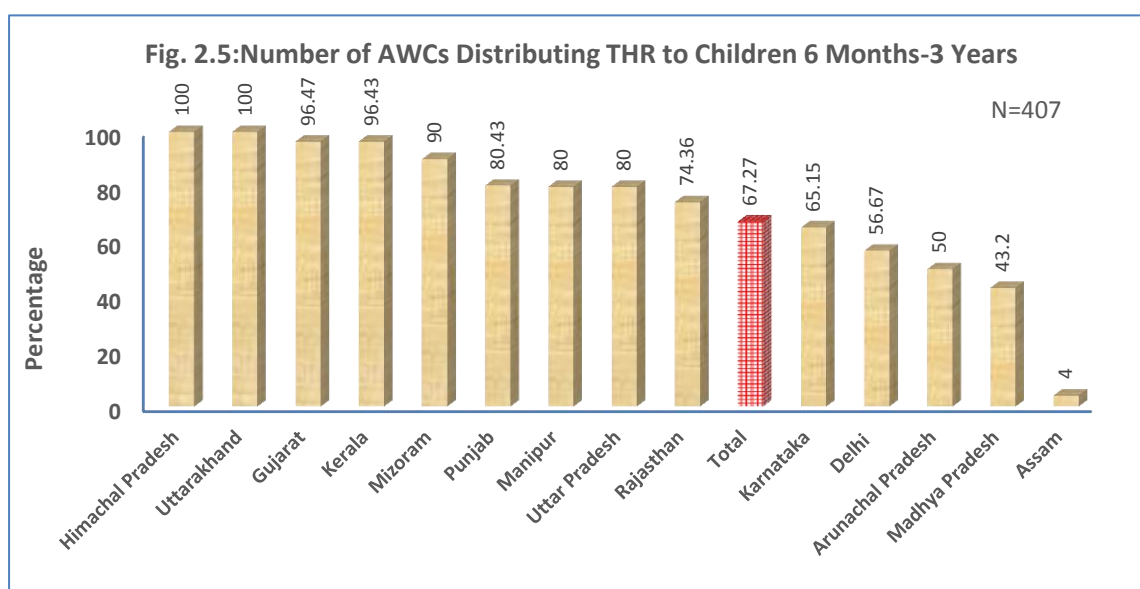
States	No of AWCs	No. of AWCs providing THR	%
Andhra Pradesh	5	0	-
Arunachal Pradesh	10	5	50
Assam	25	1	4
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	0	-
Delhi	30	17	56.67
Gujarat	85	82	96.47
Haryana	5	0	0
Himachal Pradesh	5	5	100
Karnataka	66	43	65.15

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Kerala	84	81	96.43
Madhya Pradesh	125	54	43.2
Manipur	5	4	80
Mizoram	10	9	90
Punjab	46	37	80.43
Rajasthan	39	29	74.36
Uttar Pradesh	25	20	80
Uttarakhand	20	20	100
West Bengal	10	0	-
<b>Total</b>	<b>605</b>	<b>407</b>	<b>67.27</b>

\*Note: In rest of the AWCs either HCF is served or there is no response

The data as contained in **Table 2.5** depicts the status of supplementary nutrition being distributed to the children of six months to three years; Take Home Ration (THR) was being distributed in about two third (67.27 %) of AWCs located across the country. All the AWCs (100%) in the States of Himachal Pradesh and Uttarakhand were found distributing THR to the children of 6 months to 3 years. Majority of AWCs from the states of Gujarat (96.47%) and Kerala (96.43%) in were found distributing THR to the children below 3 years of age. Improvement is needed in those states/UTs where THR was not found distributed in any of the AWCs.



**Table 2.6: AWCs Distributing Supplementary Nutrition to Children 3 years-6 years**

States	Total No. of AWCs	Morning Snacks		HCM	
		No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	5	0	0	0	-
Arunachal Pradesh	10	7	70	10	100
Assam	25	2	8	2	8
Dadra and Nagar Haveli	5	5	100	5	100

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Daman & Diu	5	5	100	5	100
Delhi	30	18	60	24	80
Gujarat	85	77	90.59	77	90.59
Haryana	5	0	0	0	-
Himachal Pradesh	5	4	80	3	60
Karnataka	66	35	53.03	27	40.91
Kerala	84	69	82.14	64	76.19
Madhya Pradesh	125	62	49.6	66	52.8
Manipur	5	4	80	4	80
Mizoram	10	9	90	9	90
Punjab	46	37	80.43	33	71.74
Rajasthan	39	8	20.51	34	87.18
Uttar Pradesh	25	19	76	12	48
Uttarakhand	20	15	75	14	70
West Bengal	10	9	90	9	90
<b>Total</b>	<b>605</b>	<b>385</b>	<b>63.64</b>	<b>398</b>	<b>65.79</b>

It is evident from **Table 2.6** that 63.64 per cent of AWCs were distributing morning snacks. Though, all AWCs (100%) in the UTs of Dadra & Nagar Haveli and Daman & Diu were found of distributing morning snacks, however, improvement is needed in the State of Assam where only less than one tenth (8%) of the AWCs reported of distributing morning snacks.

The above table shows that about two third (65.79%) of the AWCs were distributing HCM. Though, all AWCs (100%) in the State/UTs of Arunachal Pradesh, Dadra & Nagar Haveli and Daman & Diu and more than 90 per cent of AWCs from the States of Gujarat (90.59%), was found distributing HCM to children (3 to 6 years) of age, however, the situation needs improvement in the States of Karnataka where about 41 per cent followed by Uttar Pradesh (48%) of AWCs were found of distributing HCM to children.



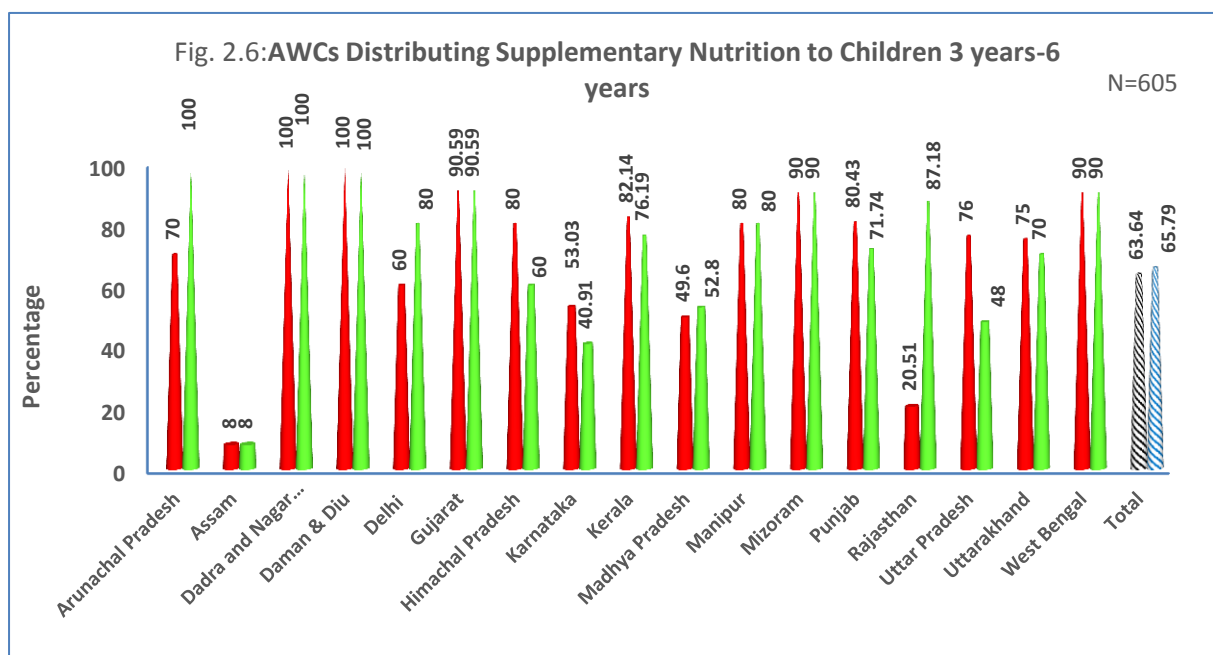


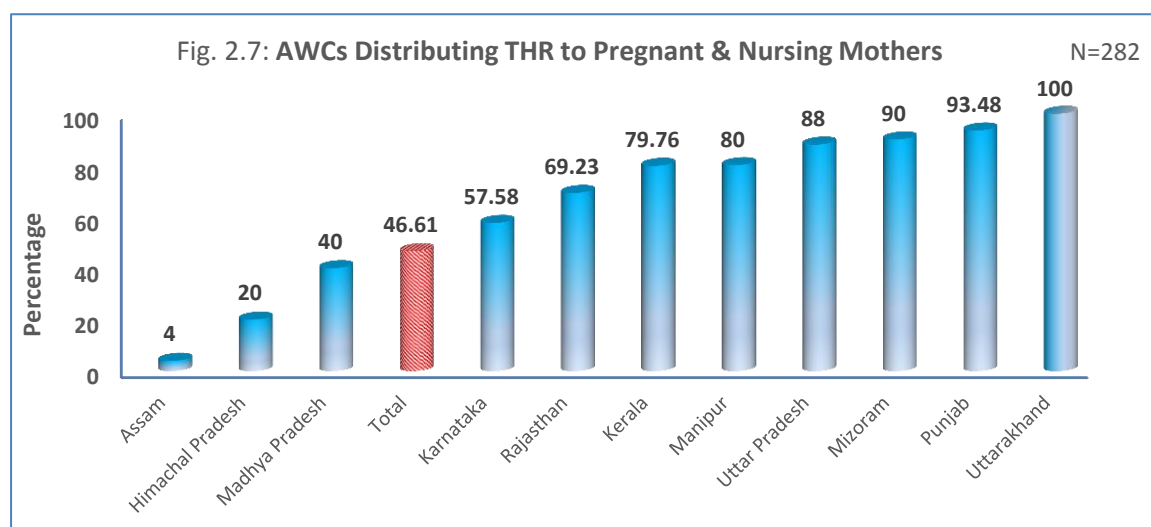
Table 2.7: AWCs Distributing THR to Pregnant & Nursing Mothers

States	Total No. of AWCs	Pregnant and Nursing Mothers	
		No. of AWCs	%
Andhra Pradesh	5	0	-
Arunachal Pradesh	10	0	-
Assam	25	1	4
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	0	-
Delhi	30	0	-
Gujarat	85	0	-
Haryana	5	0	-
Himachal Pradesh	5	1	20
Karnataka	66	38	57.58
Kerala	84	67	79.76
Madhya Pradesh	125	50	40
Manipur	5	4	80
Mizoram	10	9	90
Punjab	46	43	93.48
Rajasthan	39	27	69.23
Uttar Pradesh	25	22	88
Uttarakhand	20	20	100
West Bengal	10	0	-
<b>Total</b>	<b>605</b>	<b>282</b>	<b>46.61</b>

\*Note: In rest of the AWCs either HCF is distributed or there is no response

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

It is evident from **Table 2.7** that only close to half 46.61 per cent of the total selected AWCs were distributing THR to the pregnant and nursing mothers as recommended in the ICDS guidelines issued by MWCD, GOI. Though all AWCs (100%) from the State of Uttarakhand and majority of them (more than 85%) from the States of Mizoram, Punjab and Uttar Pradesh were found distributing THR to pregnant and nursing mothers, however, improvement is needed in the State of Himachal Pradesh where only one fifth (20%) of the AWC and in the State of Assam where only 4 per cent of AWCs were distributing THR to pregnant and nursing mothers. AWCs from the states /UTs of Andhra Pradesh, Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, Delhi, Gujarat, Haryana and West Bengal were not found distributing THR to the Pregnant and Lactating mothers.



### Acceptability of Supplementary Nutrition

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

**Table 2.8: Acceptability of Supplementary Nutrition by beneficiaries**

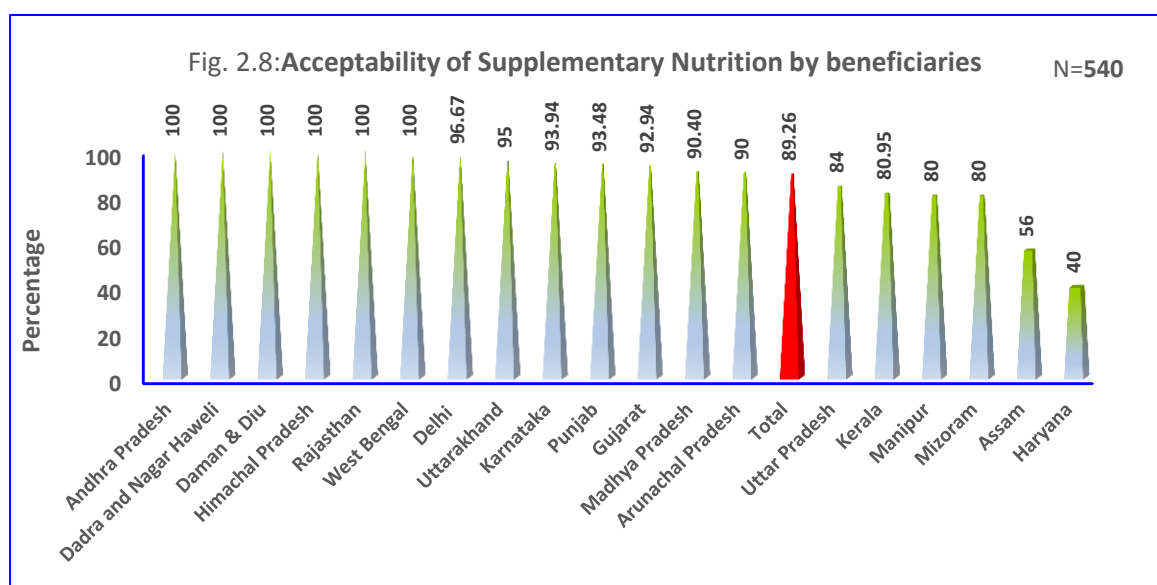
States	Total No. of AWCs	Acceptability of SN by Beneficiaries at AWC	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	9	90
Assam	25	14	56
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100
Delhi	30	29	96.67
Gujarat	85	79	92.94
Haryana	5	2	40
Himachal Pradesh	5	5	100
Karnataka	66	62	93.94

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

<b>Kerala</b>	<b>84</b>	<b>68</b>	<b>80.95</b>
<b>Madhya Pradesh</b>	<b>125</b>	<b>113</b>	<b>90.40</b>
<b>Manipur</b>	<b>5</b>	<b>4</b>	<b>80</b>
<b>Mizoram</b>	<b>10</b>	<b>8</b>	<b>80</b>
<b>Punjab</b>	<b>46</b>	<b>43</b>	<b>93.48</b>
<b>Rajasthan</b>	<b>39</b>	<b>39</b>	<b>100</b>
<b>Uttar Pradesh</b>	<b>25</b>	<b>21</b>	<b>84</b>
<b>Uttarakhand</b>	<b>20</b>	<b>19</b>	<b>95</b>
<b>West Bengal</b>	<b>10</b>	<b>10</b>	<b>100</b>
<b>Total</b>	<b>605</b>	<b>540</b>	<b>89.26</b>

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

As evident from **Table 2.9**, acceptability of supplementary nutrition by ICDS beneficiaries had been reported in majority (89.26%) of the AWCs. Acceptability of SN was found in all AWCs (100%) located in the states/UTs of Andhra Pradesh, Dadra & Nagar Haveli, Daman & Diu, Himachal Pradesh, Rajasthan and West Bengal, in majority of AWCs (more than 90%) in the States of Delhi (96.67%), Uttarakhand (95%), Karnataka (93.94%), Punjab (93.48%), Gujarat (92.94%), Madhya Pradesh (90.40%) and Arunachal Pradesh (90%) respectively. Acceptability of supplementary nutrition by ICDS beneficiaries is seen only 40 per cent of the AWCs in the State of Haryana.





### Quality of Supplementary Nutrition

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

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

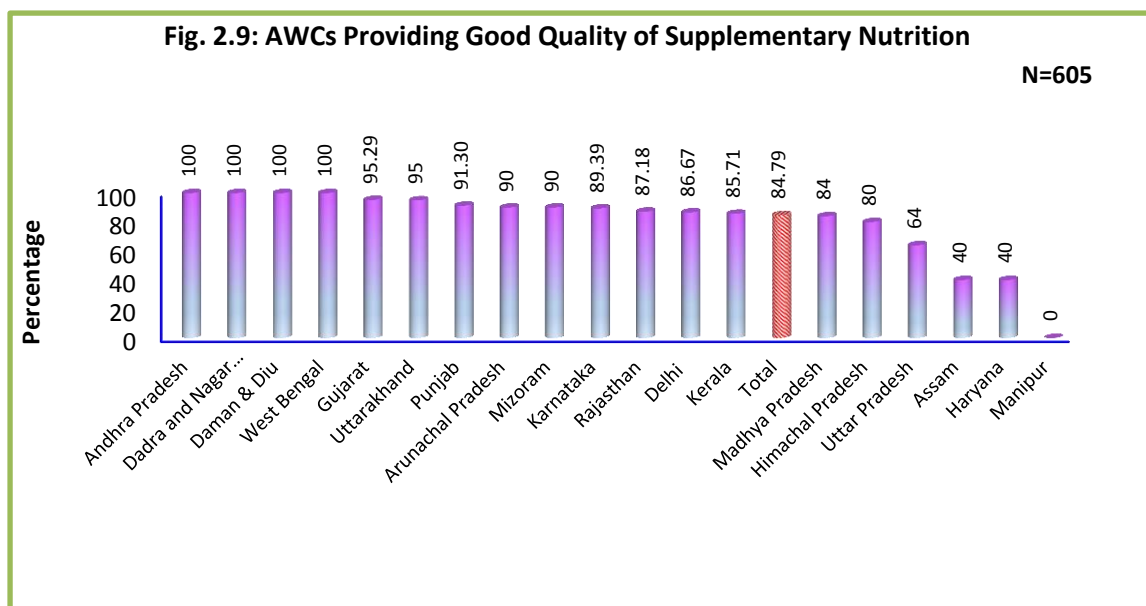
States	Total No. of AWCs	No. of AWCs providing good quality of SN	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	9	90
Assam	25	10	40
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100
Delhi	30	26	86.67
Gujarat	85	81	95.29
Haryana	5	2	40
Himachal Pradesh	5	4	80
Karnataka	66	59	89.39
Kerala	84	72	85.71
Madhya Pradesh	125	105	84
Manipur	5	0	-
Mizoram	10	9	90
Punjab	46	42	91.30
Rajasthan	39	34	87.18
Uttar Pradesh	25	16	64
Uttarakhand	20	19	95
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>513</b>	<b>84.79</b>

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

As evident from **Table 2.9**, the quality of supplementary nutrition being distributed in every four out of five AWCs has been rated as good by CMU consultants. Good Quality of



SN was found in all AWCs (100%) located in the states/UTs of Andhra Pradesh, Dadra & Nagar Haveli, Daman & Diu and West Bengal. The good quality rating has been reported in sizeable number of AWCs (more than 90%) located in states of Gujarat (95.29%), Uttarakhand (95%), Punjab (91.30%) and Arunachal and Mizoram (90% each). On the other hand, the quality of supplementary nutrition has been reported as good in only 40 per cent from Assam and Haryana and about none of the AWCs in Manipur.



### Quantity of Supplementary Nutrition

As per MWCD Office Order No 5-9/2005/ND/Tech(Voll) dated 24<sup>th</sup> February, 2009 all States/UTs are required to make food supplementation of 500 calories of energy and 12-15 gm of protein per child per day (6 months-72 months) at the cost of Rs 6.00 per child per day to supplement home feeding. For severely underweight children, additional 300 calories of energy and 8-10 gm of protein (in addition to 500 calories of energy and 12-15 gm of proteins given at AWC) also needs to be given by providing greater amount of supplementary nutrition of 800 calories and 20-25 gm of proteins at the cost of Rs 9.00 per child per day. Data in this regard are presented in **Table 2.10**.

**Table 2.10: AWCs Providing Adequate Quantity of Supplementary Nutrition**

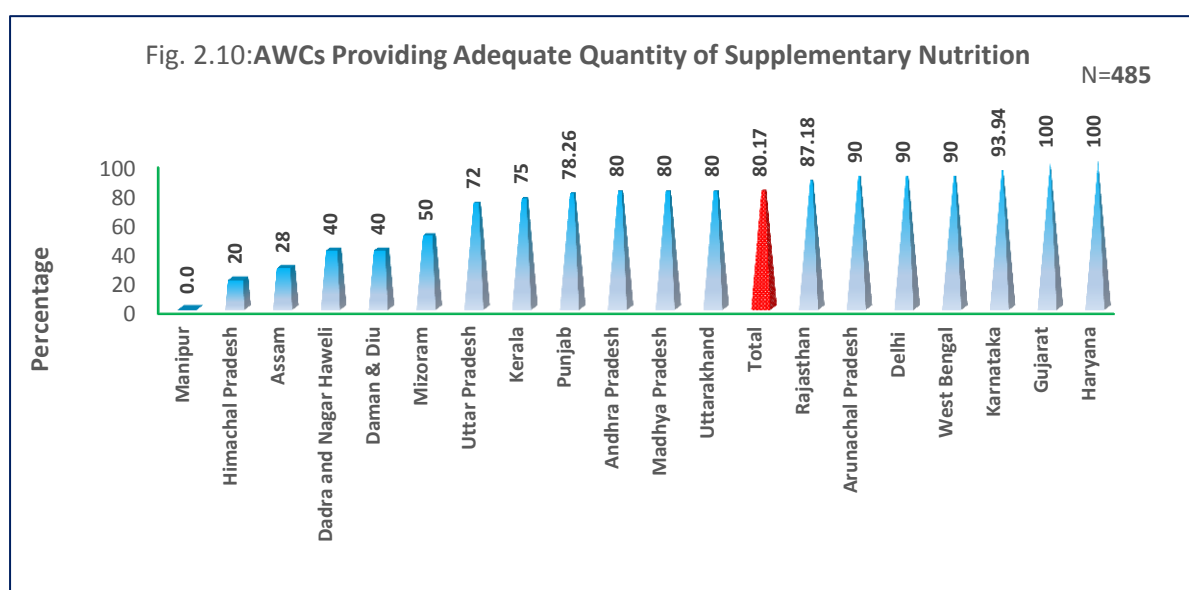
States	Total No. of AWCs	No. of AWCs providing adequate quantity of SN	%
Andhra Pradesh	5	4	80
Arunachal Pradesh	10	9	90
Assam	25	7	28
Dadra and Nagar Haveli	5	2	40
Daman & Diu	5	2	40
Delhi	30	27	90
Gujarat	85	85	100
Haryana	5	5	100
Himachal Pradesh	5	1	20
Karnataka	66	62	93.94
Kerala	84	63	75
Madhya Pradesh	125	100	80
Manipur	5	0	-
Mizoram	10	5	50
Punjab	46	36	78.26

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

<b>Rajasthan</b>	<b>39</b>	34	87.18
<b>Uttar Pradesh</b>	<b>25</b>	18	72
<b>Uttarakhand</b>	<b>20</b>	16	80
<b>West Bengal</b>	<b>10</b>	9	90
<b>Total</b>	<b>605</b>	<b>485</b>	<b>80.17</b>

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

The data as presented in **Table 2.10** reveals that the required quantity of supplementary nutrition as envisaged in ICDS guidelines was being distributed in substantial number (80.17%) of the AWCs located across the country. It was found that all AWCs (100%) in the States of Gujarat and Haryana were providing adequate quantity of SN. The distribution of adequate quantity of SN was not found in as many as 80 per cent of AWCs in the State of Himachal Pradesh, followed by 72 per cent of AWCs in the State of Arunachal Pradesh, 60% each in the UTs of Dadra & Nagar Haveli and Daman & Diu. None of the AWCs from the state of Manipur was found distributing required quantity of supplementary nutrition.



### Interruption in Distribution of Supplementary Nutrition

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

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

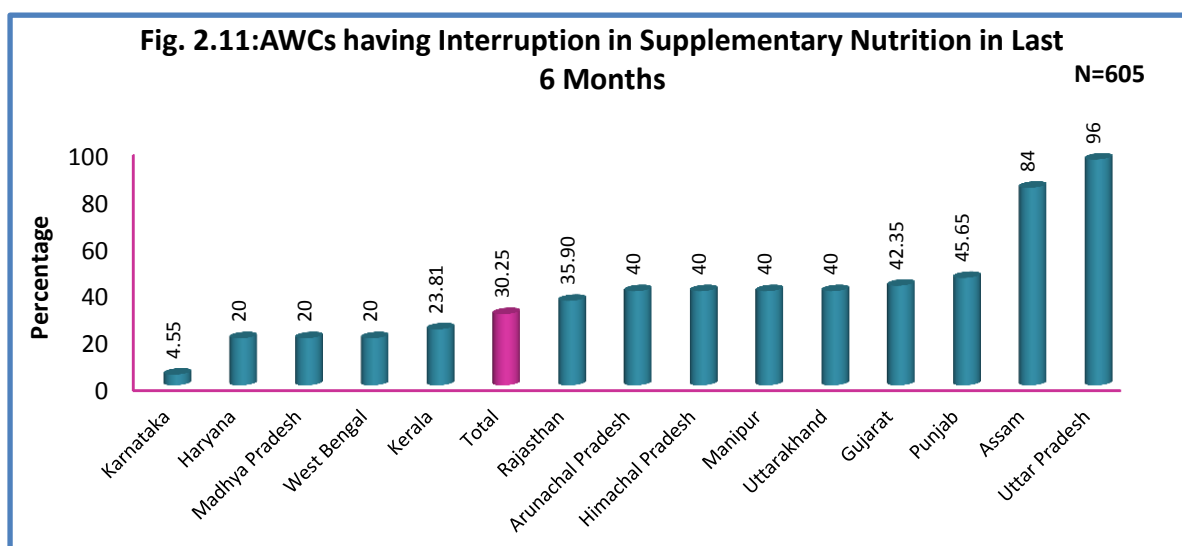
States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition	
		No.	%
Andhra Pradesh	5	0	-
Arunachal Pradesh	10	4	40
Assam	25	21	84
Dadra and Nagar Haveli	5	0	-

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Daman & Diu	5	0	-
Delhi	30	0	-
Gujarat	85	36	42.35
Haryana	5	1	20
Himachal Pradesh	5	2	40
Karnataka	66	3	4.55
Kerala	84	20	23.81
Madhya Pradesh	125	25	20
Manipur	5	2	40
Mizoram	10	0	-
Punjab	46	21	45.65
Rajasthan	39	14	35.90
Uttar Pradesh	25	24	96
Uttarakhand	20	8	40
West Bengal	10	2	20
Total	605	183	30.25

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

The data on interruption of supplementary nutrition as presented in **Table 2.11** reveals that no interruption was found in more than two third (69.75%) of the AWCs during past six months in the distribution of supplementary nutrition. The highest interruption was found in the States of Assam and UP (96% each) followed by Andhra Pradesh (84%), Punjab (45.65%), Gujarat (42.35%) and Arunachal and Himachal Pradesh 40 per cent each. No interruption in distribution of supplementary nutrition had been seen in any of the AWCs located in the States of Delhi, Mizoram and in the UTs of Dadra and Nagar Haveli and Daman & Diu. In remaining ten States the interruption was found between 35.90 to 20 per cent respectively.



- Causes of Interruption of Supplementary Nutrition

The data pertaining to causes of interruption in supplementary nutrition are presented in **Table 2.12** to **Table 2.14**

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

States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition		Shortage of Supply	
		No.	%	N	%
Andhra Pradesh	5	0	0	0	-
Arunachal Pradesh	10	4	40	4	100
Assam	25	21	84	14	66.67
Dadra and Nagar Haveli	5	0	0	0	-
Daman & Diu	5	0	0	0	-
Delhi	30	0	0	0	-
Gujarat	85	36	42.35	21	58.33
Haryana	5	1	20	0	-
Himachal Pradesh	5	2	40	0	-
Karnataka	66	3	4.55	3	100
Kerala	84	20	23.81	5	25
Madhya Pradesh	125	25	20	14	56
Manipur	5	2	40	1	50
Mizoram	10	0	0	0	-
Punjab	46	21	45.65	8	38.10
Rajasthan	39	14	35.90	10	71.43
Uttar Pradesh	25	24	96	14	58.33
Uttarakhand	20	8	40	1	12.5
West Bengal	10	2	20	2	100
<b>Total</b>	<b>605</b>	<b>183</b>	<b>30.25</b>	<b>97</b>	<b>53.01</b>

A look at the causes of interruption in supplementary nutrition as presented in **Table 2.12** shows that in more than half (53.01%) of AWCs, the main cause of interruption had been reported is the shortage of supply. All AWCs (100%) located in the State of Arunachal Pradesh, Karnataka and West Bengal reported the shortage of supply as cause for interruption in distribution of supplementary nutrition in AWCs. Most (more than 50%) of AWCs located in the States of Rajasthan (71.43%), Assam (66.67%), Gujarat & Uttar Pradesh (58.33% each), Madhya Pradesh (56%) and Manipur (50%) had also responded shortage of supply as one of the reason for interruption of supplementary nutrition followed by Punjab (38.10%) and Kerala (25%).

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

States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition		Lack of Funds	
		No.	%	N	%
Andhra Pradesh	5	0	0	0	0
Arunachal Pradesh	10	4	40	0	0

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Assam	25	21	84	8	38.10
Dadra and Nagar Haveli	5	0	0	0	0
Daman & Diu	5	0	0	0	0
Delhi	30	0	0	0	0
Gujarat	85	36	42.35	0	0
Haryana	5	1	20	0	0
Himachal Pradesh	5	2	40	0	0
Karnataka	66	3	4.55	0	0
Kerala	84	20	23.81	1	5
Madhya Pradesh	125	25	20	0	0
Manipur	5	2	40	0	0
Mizoram	10	0	0	0	0
Punjab	46	21	45.65	0	0
Rajasthan	39	14	35.90	0	0
Uttar Pradesh	25	24	96	4	16.67
Uttarakhand	20	8	40	0	0
West Bengal	10	2	20	0	0
<b>Total</b>	<b>605</b>	<b>183</b>	<b>30.25</b>	<b>13</b>	<b>7.10</b>

The data as presented in **Table 2.13** shows that lack of funds was one of the causes of interruption in supplementary nutrition in the AWCs. Such problem had been reported in less than one tenth (7.10%) of AWCs located across all visited states. State-specific data depicts that 38.10 per cent of AWCs in the state of Assam followed by less than one fifth (16.67%) of AWCs in the state of Uttar Pradesh were having lack of funds as one of the causes of interruption in supplementary nutrition

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

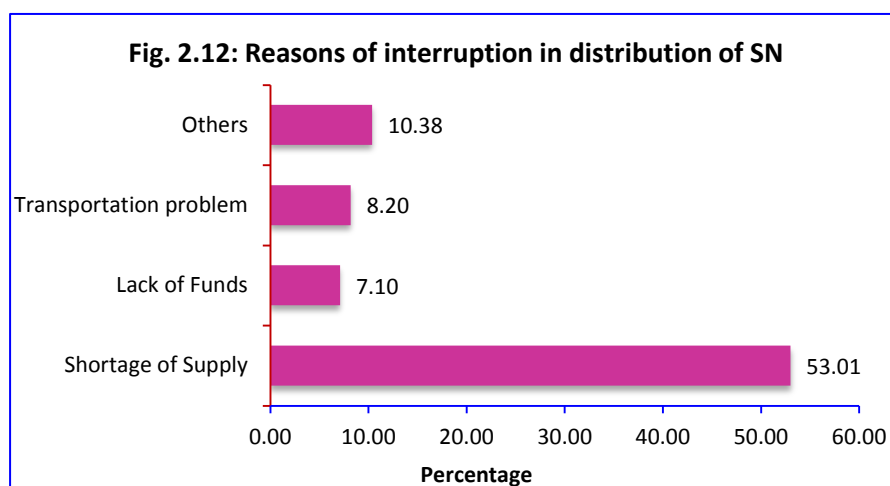
States	Total No. of AWCs	AWCs having Interruption in Supplementary Nutrition		Transportation problem	
		No.	%	N	%
Andhra Pradesh	5	0	0	0	0
Arunachal Pradesh	10	4	40	0	0
Assam	25	21	84	0	0
Dadra and Nagar Haveli	5	0	0	1	0
Daman & Diu	5	0	0	0	0
Delhi	30	0	0	0	0
Gujarat	85	36	42.35	0	0
Haryana	5	1	20	0	0
Himachal Pradesh	5	2	40	0	0
Karnataka	66	3	4.55	0	0
Kerala	84	20	23.81	0	0
Madhya Pradesh	125	25	20	2	8
Manipur	5	2	40	2	100
Mizoram	10	0	0	0	0
Punjab	46	21	45.65	2	9.52
Rajasthan	39	14	35.90	2	14.29
Uttar Pradesh	25	24	96	2	8.33

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Uttarakhand	20	8	40	2	25
West Bengal	10	2	20	2	100
<b>Total</b>	<b>605</b>	183	30.25	15	8.20

The data in **Table 2.14** shows that transportation problem was also indicated as one of the causes of interruption in distribution of supplementary nutrition; it can be seen in 8.20 percent of AWCs. State-specific data depicts that transportation problem was reported by all AWCs located in the States of Manipur and West Bengal (100%). One fourth of the AWCs in the state of Uttarakhand also reported Transportation as the cause of disruption. Less than one fifth (14.29%) in the State of Rajasthan and less than one tenth in the states of Punjab and Uttar Pradesh was also having disruption in distribution of supplementary Nutrition because of Transportation problem.

In rest of the AWCs especially in the States of Gujarat, Madhya Pradesh, Rajasthan and Uttarakhand, reported other reasons for the disruption in distribution of Supplementary Nutrition and these are: Change in contract, Tender not passed, School vacation, change in decentralized to centralized procurement, due to panchayat meetings etc.



### Availability of Utensils for Consumption of Supplementary Nutrition

Data in this regard is presented in table 2.15.

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

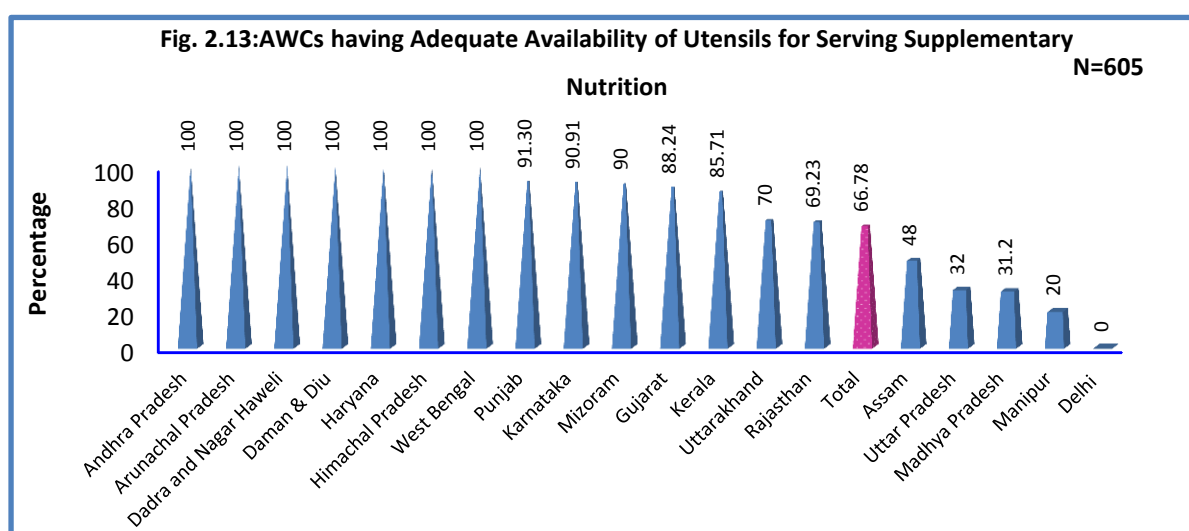
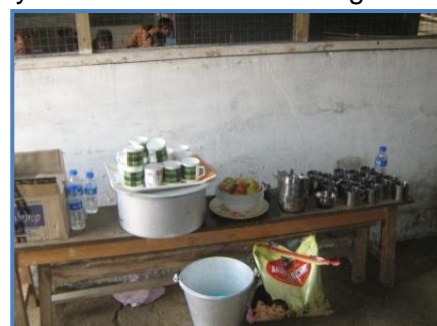
States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for serving SN	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	10	100
Assam	25	12	48
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Delhi	30	0	-
Gujarat	85	75	88.24
Haryana	5	5	100
Himachal Pradesh	5	5	100
Karnataka	66	60	90.91
Kerala	84	72	85.71
Madhya Pradesh	125	39	31.2
Manipur	5	1	20
Mizoram	10	9	90
Punjab	46	42	91.30
Rajasthan	39	27	69.23
Uttar Pradesh	25	8	32
Uttarakhand	20	14	70
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>404</b>	<b>66.78</b>

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

The data from above **table 2.15** reveals that availability of utensils for serving of supplementary nutrition was found adequate in more than two third (66.78%) of AWCs. Though, all AWCs (100%) in the States of Andhra Pradesh, Arunachal Pradesh, Haryana, Himachal Pradesh and West Bengal and in UTs of Daman & Diu and Dadra and Nagar Haveli was found having adequate availability of serving utensils, however such availability was found in less number of AWCs located in the States of Manipur (20%) and Madhya Pradesh (31.2%) respectively.





**Availability of Utensils for Cooking of Supplementary Nutrition**

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

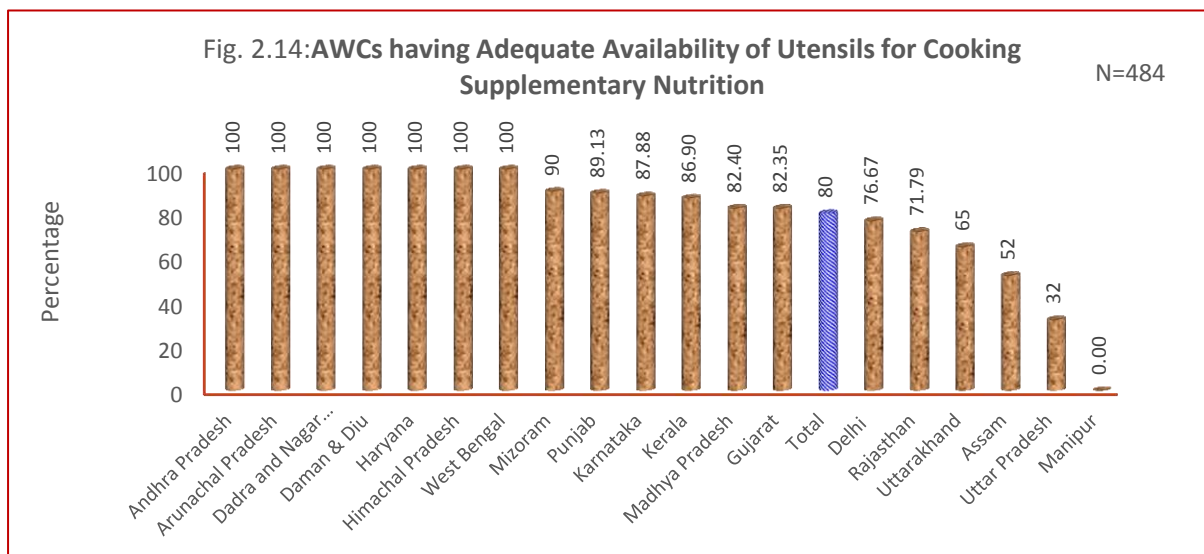
**Table 2.16: AWCs having Adequate Availability of Utensils for Cooking Supplementary Nutrition**

States	Total No. of AWCs	No. of AWCs having adequate availability of utensils for cooking	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	10	100
Assam	25	13	52
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100
Delhi	30	23	76.67
Gujarat	85	70	82.35
Haryana	5	5	100
Himachal Pradesh	5	5	100
Karnataka	66	58	87.88
Kerala	84	73	86.90
Madhya Pradesh	125	103	82.40
Manipur	5	0	-
Mizoram	10	9	90
Punjab	46	41	89.13
Rajasthan	39	28	71.79
Uttar Pradesh	25	8	32
Uttarakhand	20	13	65
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>484</b>	<b>80</b>

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

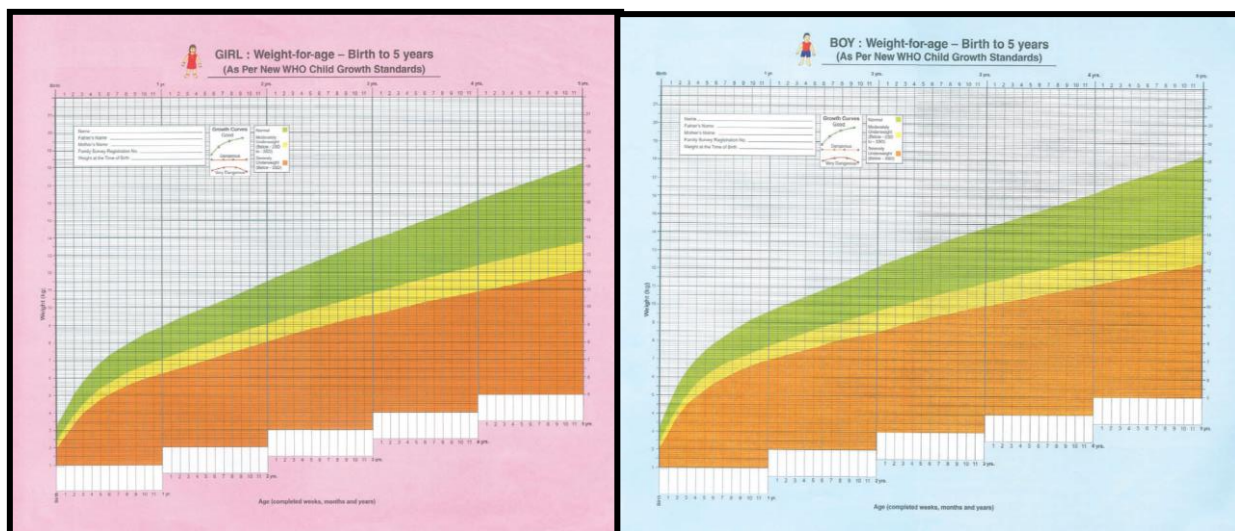
It is evident from the **above table 2.16** that the availability of adequate utensils for cooking of SN was found in majority (80%) of AWCs. States of Andhra Pradesh, Arunachal Pradesh, Haryana, Himachal Pradesh and West Bengal and in UTs of Daman & Diu and Dadra and Nagar Haveli was found having adequate availability of cooking utensils, however, such availability was not found in the AWCs located in the State of Manipur.





### Growth Monitoring and Promotion

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



### Availability of New WHO Child Growth Charts

Children below six years of age have to be enlisted for supplementary nutrition on the basis of measuring weight for age. The Ministry of Women and Child Development and the Ministry of Health & Family Welfare have jointly introduced New WHO Child Growth Standards in the country for monitoring growth of children using the ICDS scheme with effect from 15 August 2008. The weight of the children has to be plotted on the growth charts so as

to classify them under different nourishment zones. The data about availability of New WHO Child Growth charts are presented in **Table 2.17**.

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

States	Total No. of AWCs	No. of AWCs having availability of New WHO Child Growth Standards	%
Andhra Pradesh	5	1	20
Arunachal Pradesh	10	6	60
Assam	25	21	84
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	5	100
Delhi	30	28	93.33
Gujarat	85	81	95.29
Haryana	5	1	20
Himachal Pradesh	5	4	80
Karnataka	66	52	78.79
Kerala	84	58	69.05
Madhya Pradesh	125	108	86.4
Manipur	5	0	-
Mizoram	10	10	100
Punjab	46	26	56.52
Rajasthan	39	30	76.92
Uttar Pradesh	25	19	76
Uttarakhand	20	18	90
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>478</b>	<b>79.01</b>

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

**Table 2.17** reveals that the availability of New WHO Child Growth standards charts was found in 79.01 per cent of AWCs. Though, all AWCs (100%) in the States of Mizoram, West Bengal and UT of Daman & Diu and majority of AWCs (more than 80%) in the states of Gujarat (95.29%), Delhi (93.33%), Uttarakhand (90%), Madhya Pradesh (86.4%), Assam (84%) and Himachal Pradesh (80%) were found having availability of New WHO Child Growth charts, however, the availability of New WHO Child Growth charts was not found in the AWCs in the State of Manipur and in the UT of Dadra and Nagar Haveli. Only in one fifth of the AWCs from the states of Andhra Pradesh and Haryana were having availability of New WHO Child Growth charts.

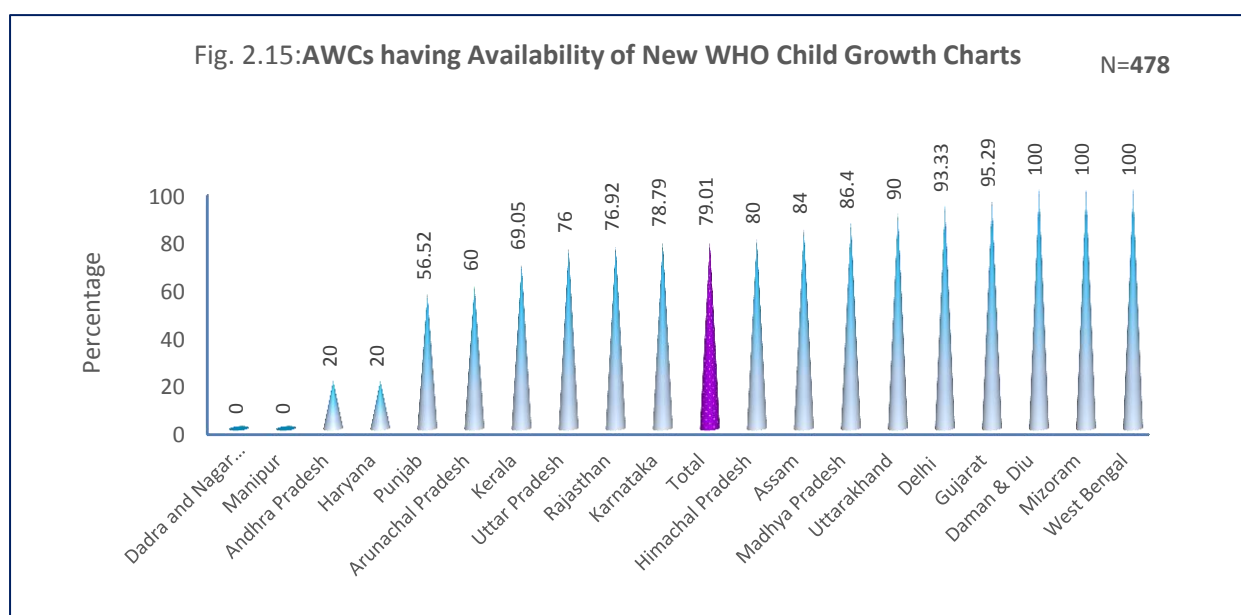
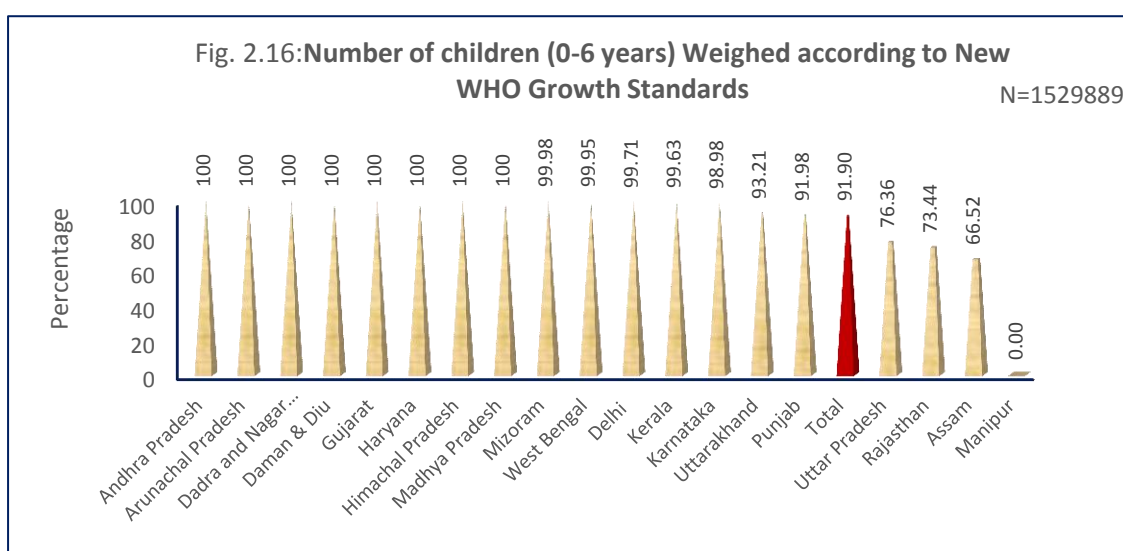


Table 2.18: Number of children (0-6 years) Weighed according to New WHO Growth Standards

States/UTs	No. of ICDS Projects	Total Population of children(6m-3year)	Total Registered Children	%	No. of Children weighed	%
Andhra Pradesh	1	15129	15129	100	15129	100
Arunachal Pradesh	2	4676	2021	43.22	2021	100
Assam	5	72847	59031	81.03	39267	66.52
Dadra and Nagar Haveli	1	25946	9723	37.47	9723	100
Daman & Diu	1	4527	4162	91.94	4162	100
Delhi	6	55054	46840	85.08	46706	99.71
Gujarat	17	216951	216951	100	216951	100
Haryana	1	23178	21643	93.38	21643	100
Himachal Pradesh	1	8657	7969	92.05	7969	100
Karnataka	12	242688	256061	105.51	253459	98.98
Kerala	17	169452	115153	67.96	114723	99.63
Madhya Pradesh	25	714001	343555	48.12	343555	100
Manipur	1	4535	4535	100	0	-
Mizoram	2	11714	10678	91.16	10676	99.98
Punjab	5	88890	65307	73.47	60067	91.98
Rajasthan	7	253390	131615	51.94	96653	73.44
Uttar Pradesh	5	273924	263620	96.24	201306	76.36
Uttarakhand	4	86261	72575	84.13	67649	93.21
West Bengal	2	22960	18240	79.44	18230	99.95
<b>Total</b>	<b>115</b>	<b>2294780</b>	<b>1664808</b>	<b>72.55</b>	<b>1529889</b>	<b>91.90</b>

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

It is evident from the above **Table 2.18** that 91.90 per cent of Children (0-6 years) of age were weighed according to New WHO Growth Standards. All children were being weighed (100%) as per New WHO Child Growth standards in the States/UTs of Andhra Pradesh, Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, Gujarat, Haryana, Himachal Pradesh and Madhya Pradesh. More than 90 per cent of children were being weighed as per New WHO Child Growth standards in the States of Mizoram (99.98%), West Bengal (99.95%), Delhi (99.71%), Kerala (99.63%), Karnataka (98.98%), Uttarakhand (93.21%) and Punjab (91.98%). Only about two third (66.52%) of the children weighed in the state of Assam. None of the children (0-6 Years) were weighed in Project in the state of Manipur.



### Nutritional Status of Children

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

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

States/UTs	No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra Pradesh	1	9031	9031	100	7158	79.26	1789	19.81	84	0.93
Arunachal Pradesh	2	920	920	100	920	100	0	0.00	0	-
Assam	5	26406	21740	82.33	17663	81.25	3684	16.95	393	1.81
Dadra and Nagar Haveli	1	4720	4720	100	3255	68.96	1442	30.55	23	0.49
Daman & Diu	1	1243	1243	100	930	74.82	313	25.18	0	-
Delhi	6	28447	28447	100	26011	91.44	2354	8.28	82	0.29
Gujarat	17	125735	125735	100	115347	91.74	9466	7.53	922	0.73
Haryana	1	13545	13545	100	9841	72.65	3659	27.01	45	0.33

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Himachal Pradesh	1	4800	4800	100	4576	95.33	218	4.54	6	0.13
Karnataka	12	168831	168831	100	141869	84.03	26398	15.64	564	0.33
Kerala	17	67665	67235	99.36	52857	78.62	14005	20.83	373	0.55
Madhya Pradesh	25	207146	207146	100	183388	88.53	38822	18.74	4731	2.28
Manipur	1	0	0	-	0	-	0	-	0	-
Mizoram	2	6268	6266	99.97	5902	94.19	353	5.63	11	0.18
Punjab	5	38846	37786	97.27	30524	80.78	7253	19.19	9	0.02
Rajasthan	7	82286	71071	86.37	51010	71.77	19850	27.93	211	0.30
Uttar Pradesh	5	196341	155372	79.13	135256	87.05	18842	12.13	1274	0.82
Uttarakhand	4	44787	43051	96.12	40045	93.02	2674	6.21	332	0.77
West Bengal	2	10312	10312	100	8304	80.53	1917	18.59	91	0.88
<b>Total</b>	<b>115</b>	<b>1037329</b>	<b>977251</b>	<b>94.21</b>	<b>834856</b>	<b>85.43</b>	<b>153039</b>	<b>15.66</b>	<b>9151</b>	<b>0.94</b>

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

States/UTs	No. of ICDS Projects	Total Registered Children	No. of Children weighed		Normal		Moderately Underweight		Severely underweight	
			N	%	N	%	N	%	N	%
Andhra Pradesh	1	6098	6098	100	4792	78.58	1196	19.61	110	1.80
Arunachal Pradesh	2	1101	1101	100	1101	100	0	-	0	-
Assam	5	32625	17527	53.72	13983	79.78	3317	18.93	227	1.30
Dadra and Nagar Haveli	1	5003	5003	100	3655	73.06	1334	26.66	14	0.28
Daman & Diu	1	1181	1181	100	906	76.71	275	23.29	0	-
Delhi	6	18393	18259	99.27	17122	93.77	1088	5.96	49	0.27
Gujarat	17	91216	91216	100	82776	90.75	7694	8.43	746	0.82
Haryana	1	8098	8098	100	6406	79.11	1673	20.66	19	0.23
Himachal Pradesh	1	3169	3169	100	2911	91.86	248	7.83	10	0.32
Karnataka	12	87230	84628	97.02	67609	79.89	16422	19.40	597	0.71
Kerala	17	47488	47488	100	38198	80.44	9078	19.12	212	0.45
Madhya Pradesh	25	136409	136409	100	108451	79.50	26164	19.18	1794	1.32
Manipur	1	0	0	-	0	-	0	-	0	-
Mizoram	2	4410	4410	100	4197	95.17	208	4.72	5	0.11
Punjab	5	26461	22281	84.20	18920	84.92	3345	15.01	16	0.07
Rajasthan	7	49329	25582	51.86	20288	79.31	5257	20.55	37	0.14
Uttar Pradesh	5	67279	45934	68.27	34540	75.19	10810	23.53	584	1.27
Uttarakhand	4	27788	24598	88.52	22275	90.56	2101	8.54	222	0.90
West Bengal	2	7928	7918	99.87	7134	90.10	723	9.13	61	0.77
<b>Total</b>	<b>115</b>	<b>621206</b>	<b>550900</b>	<b>88.68</b>	<b>455264</b>	<b>82.64</b>	<b>90933</b>	<b>16.51</b>	<b>4703</b>	<b>0.85</b>

It may be observed from **Table 2.19** and **Table 2.20** out of total children weighed 85.43 per cent of children (0-3 years) were found in normal zone. The prevalence of only 0.94 per cent severely underweight children (0-3 years) was found in the visited Projects. The prevalence of severely underweight children in the age group 3-6 years was also only 0.85 per cent. 1.32 per cent of children 3-6 years of age in the state of Madhya Pradesh and 1.27 per cent of children 3-6 years of age in the state of Uttar Pradesh were found severely underweight.

### Accuracy in Weighing and Plotting

The CMU consultants during data collection observed the Growth Monitoring Skills of AWW. The skills related to weighing and plotting were observed on five dimensions i.e. correct method of weighing, correct reading of weight, correctly filling of growth charts, correct plotting and correct interpretation. Similarly, skills related to interpretation and counselling were observed on criterion of classifying the children, explaining the weight to the mothers, advising mothers, referring for extra care and enrolment for double ration. The data are presented in **Table 2.21-2.22**.

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

States	Total No of AWWs	Weighing Children Accurately	
		No. of AWWs	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	9	90
Assam	25	18	72
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	5	100
Delhi	30	27	90
Gujarat	85	81	95.29
Haryana	5	5	100
Himachal Pradesh	5	4	80
Karnataka	66	63	95.45
Kerala	84	72	85.71
Madhya Pradesh	125	112	89.6
Manipur	5	0	-
Mizoram	10	9	90
Punjab	46	29	63.04
Rajasthan	39	27	69.23
Uttar Pradesh	25	19	76
Uttarakhand	20	20	100
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>515</b>	<b>85.12</b>

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

The above table 2.21 depicts that 85.12 per cent of AWWs were having adequate skills of Weighing Children. The State/UT of Manipur and Dadra & Nagar Haveli none of the AWWs were found having adequate skill of weighing Children Accurately on Growth Chart.

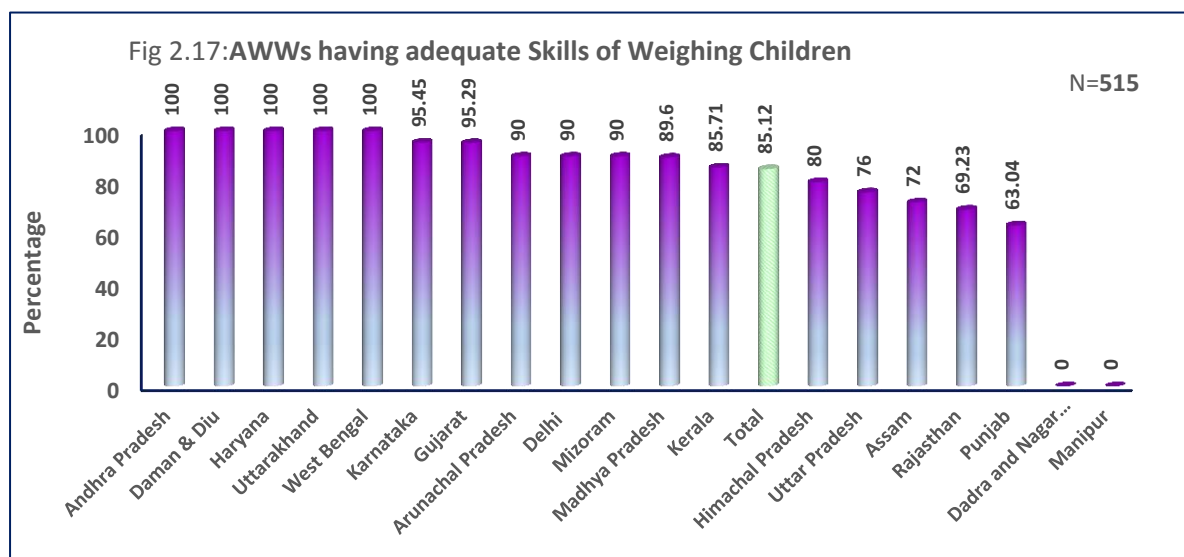


Table 2.22: AWWs having adequate Skills of Plotting weight of children Accurately on Growth Chart

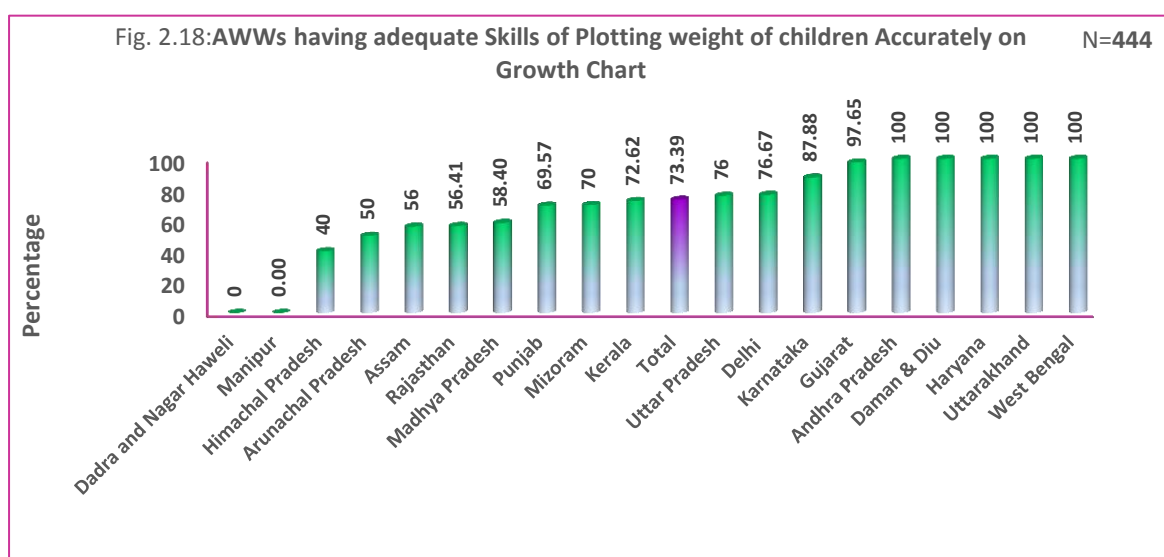
States	Total No of AWWs	Plotting weight of children Accurately	
		No. of AWWs	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	5	50
Assam	25	14	56
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	5	100
Delhi	30	23	76.67
Gujarat	85	83	97.65
Haryana	5	5	100
Himachal Pradesh	5	2	40
Karnataka	66	58	87.88
Kerala	84	61	72.62
Madhya Pradesh	125	73	58.40
Manipur	5	0	-
Mizoram	10	7	70
Punjab	46	32	69.57
Rajasthan	39	22	56.41
Uttar Pradesh	25	19	76
Uttarakhand	20	20	100
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>444</b>	<b>73.39</b>

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



## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

The data as presented in **Table 2.22** reveals that little less than three fourth (73.39%) of AWWs were able to accurately plot the weight on the New WHO Child Growth charts. In the states/UT of Andhra Pradesh, Daman & Diu, Haryana, Uttarakhand and West Bengal, All (100%) of the AWWs were found plotting correctly on New WHO Child Growth charts. About 60 per cent of the AWWs in the State of Himachal Pradesh were found lacking plotting skills followed by Arunachal Pradesh 50 per cent and 44 per cent in the state of Assam. All the AWWs from the state of Manipur and UT of Dadra & Nagar Haveli were lacking 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. The data pertaining to organization of such counseling sessions based on growth monitoring are presented in **Table 2.23**



**Table 2.24: AWWs having adequate Skills of Counselling Based on Growth Monitoring**

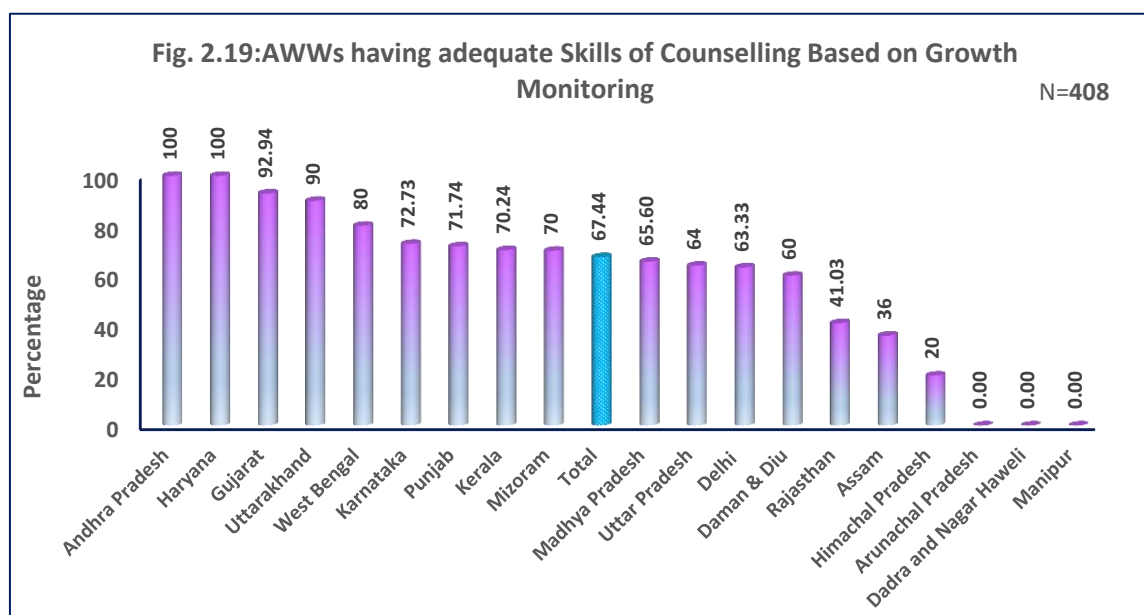
States	Total No of AWWs	No. of AWWs organizing Counselling Sessions	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	0	-
Assam	25	9	36
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	3	60

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Delhi	30	19	63.33
Gujarat	85	79	92.94
Haryana	5	5	100
Himachal Pradesh	5	1	20
Karnataka	66	48	72.73
Kerala	84	59	70.24
Madhya Pradesh	125	82	65.60
Manipur	5	0	-
Mizoram	10	7	70
Punjab	46	33	71.74
Rajasthan	39	16	41.03
Uttar Pradesh	25	16	64
Uttarakhand	20	18	90
West Bengal	10	8	80
<b>Total</b>	<b>605</b>	<b>408</b>	<b>67.44</b>

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

The data as presented in **Table 2.23** reveals that altogether more than two third (67.44%) of AWWs organized counselling sessions with mothers on growth monitoring. While in the states/UT of Arunachal Pradesh, Dadra & Nagar Haveli and Manipur were AWWs were not found organizing counselling sessions. In the state of Himachal Pradesh 80 per cent of the AWWs were lacking in organising counselling sessions.



### Referral Services

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

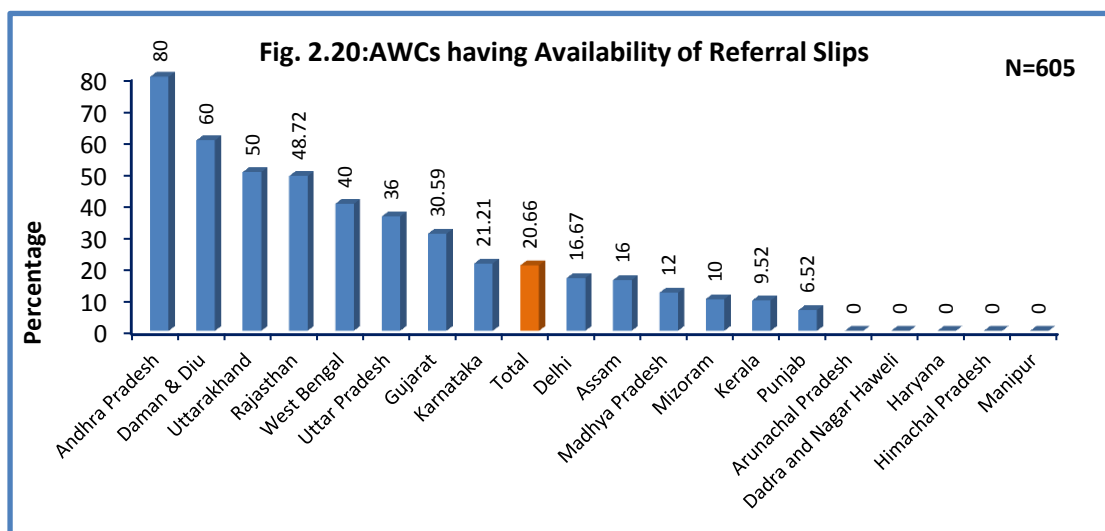
referral slips. The data pertaining to the availability of referral slips in AWCs are presented in **Table 2.24**.

**Table 2.24: AWCs having Availability of Referral Slips**

States	Total No of AWWs	No. of AWCs having availability of referral slips	%
Andhra Pradesh	5	4	80
Arunachal Pradesh	10	0	-
Assam	25	4	16
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	3	60
Delhi	30	5	16.67
Gujarat	85	26	30.59
Haryana	5	0	-
Himachal Pradesh	5	0	-
Karnataka	66	14	21.21
Kerala	84	8	9.52
Madhya Pradesh	125	15	12
Manipur	5	0	-
Mizoram	10	1	10
Punjab	46	3	6.52
Rajasthan	39	19	48.72
Uttar Pradesh	25	9	36
Uttarakhand	20	10	50
West Bengal	10	4	40
<b>Total</b>	<b>605</b>	<b>125</b>	<b>20.66</b>

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

**Table 2.24** shows that referral slips were available in one fifth (20.66%) of the AWCs. Though, 80% of the AWCs in the state of Andhra Pradesh and 60 per cent of the AWCs in the UT of Daman & Diu were having availability of referral slips however, none of the AWCs from the States/UT of Arunachal Pradesh , Dadra & Nagar Haveli, Haryana, Himachal Pradesh and Manipur were having availability of referral slips.



### Maintenance of Mother and Child Protection Cards

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

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

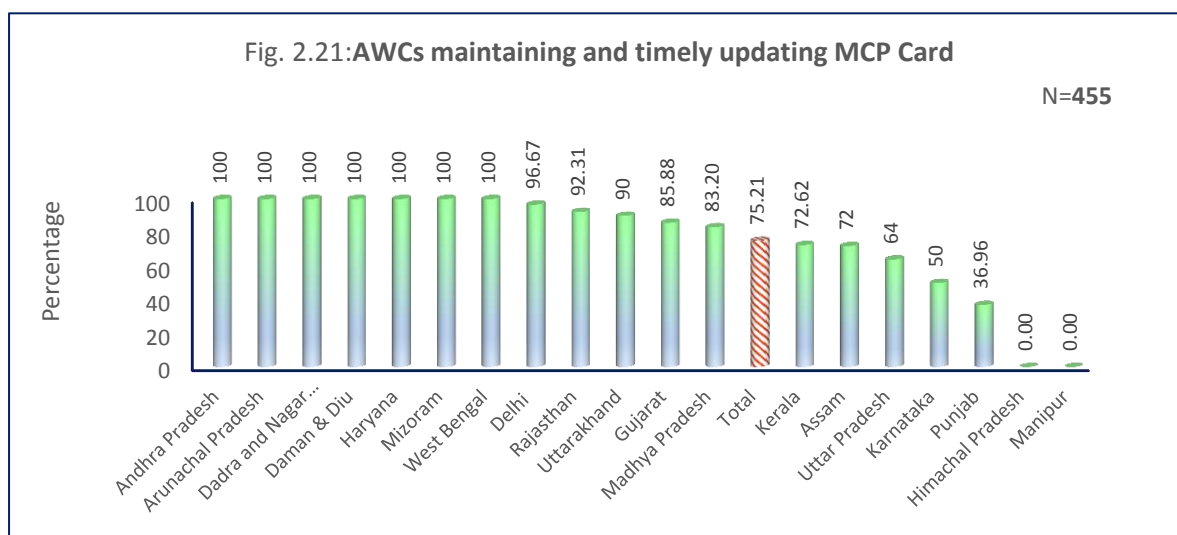
States	Total No. of AWCs	Provided to beneficiaries	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	10	100
Assam	25	18	72
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100
Delhi	30	29	96.67
Gujarat	85	73	85.88
Haryana	5	5	100
Himachal Pradesh	5	0	-
Karnataka	66	33	50
Kerala	84	61	72.62
Madhya Pradesh	125	104	83.20
Manipur	5	0	-
Mizoram	10	10	100
Punjab	46	17	36.96
Rajasthan	39	36	92.31
Uttar Pradesh	25	16	64
Uttarakhand	20	18	90
West Bengal	10	10	100
<b>Total</b>	<b>605</b>	<b>455</b>	<b>75.21</b>

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

It can be noticed from the above **Table 2.25** that, the maintenance and timely



update of MCP card was reported in about three fourth (75.21%) of the AWCs. Though All the AWCs from the states/UTs of Andhra Pradesh, Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, Haryana, Mizoram and West Bengal and majority (more than 80%) of AWCs in the states of Delhi (96.67%), Rajasthan (92.31%), Uttarakhand (90%), Gujarat (85.88%) and Madhya Pradesh (83.20%) were found maintaining and timely updating MCP card, however only n half of the AWCs in the state of Karnataka and 36.96% in the state of Punjab were properly maintaining and timely updating MCP card. None of the visited AWCs in the states of Manipur and Himachal Pradesh were found maintaining and timely updating of MCP card.



### Availability of Medicine Kit

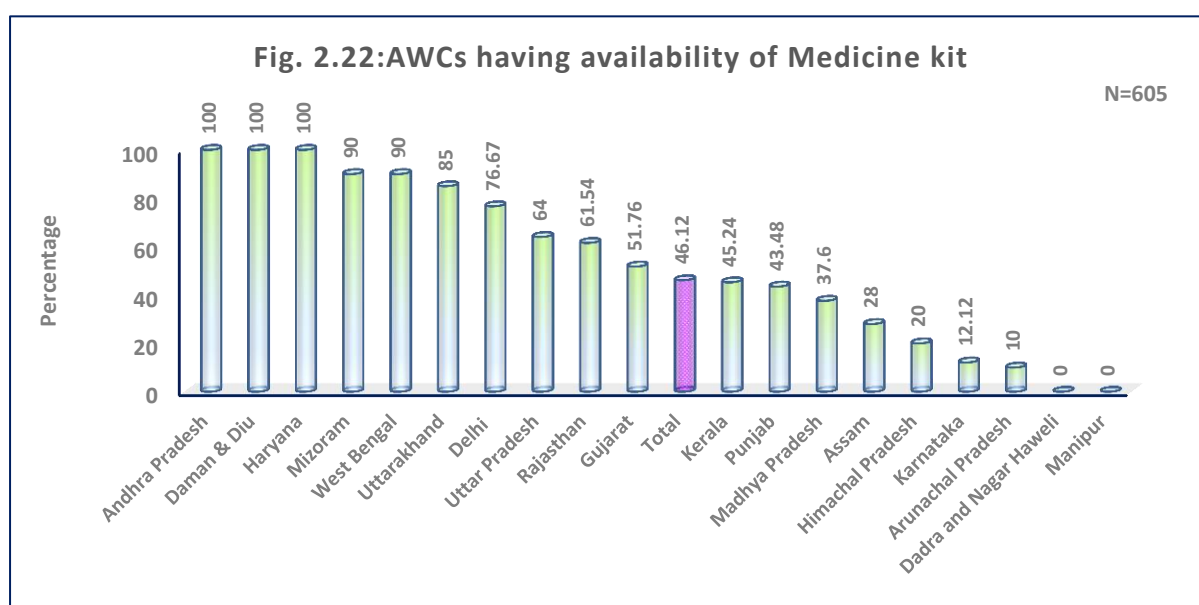
MWCD, GOI has made provision for supply of medicine kit in each AWC. As per financial provision contained in MWCD office order 1-8/2012 –CD-1 dated 22<sup>nd</sup> October, 2012, the medicine kit has to be provided for all operational AWCs in the States/UTs @ Rs1000/- per AWC per annum and @ Rs500/-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

**Table 2.26: AWCs having availability of Medicine kit**

States	Total No. of AWCs	No. of AWCs having availability of Medicine kit	%
Andhra Pradesh	5	5	100

Arunachal Pradesh	10	1	10
Assam	25	7	28
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	5	100
Delhi	30	23	76.67
Gujarat	85	44	51.76
Haryana	5	5	100
Himachal Pradesh	5	1	20
Karnataka	66	8	12.12
Kerala	84	38	45.24
Madhya Pradesh	125	47	37.6
Manipur	5	0	-
Mizoram	10	9	90
Punjab	46	20	43.48
Rajasthan	39	24	61.54
Uttar Pradesh	25	16	64
Uttarakhand	20	17	85
West Bengal	10	9	90
<b>Total</b>	<b>605</b>	<b>279</b>	<b>46.12</b>

The data from above **Table 2 .26** reveals that the availability of medicine kit was found in less than half 46.12 per cent of AWCs. The medicine Kit was available in all the AWCs (100%) located in the states/UT of Andhra Pradesh, Haryana and Daman & Dui;; however, medicine kit was found available in more than 80 per cent of the AWCs in the states of Mizoram and West Bengal (90% each) and Uttarakhand (85%). The medicine kit was not availability in the visited AWCs from the state of Manipur and in UT of Dadra and Nagar Haveli respectively.



### Awareness about Nutrition Rehabilitation Centres

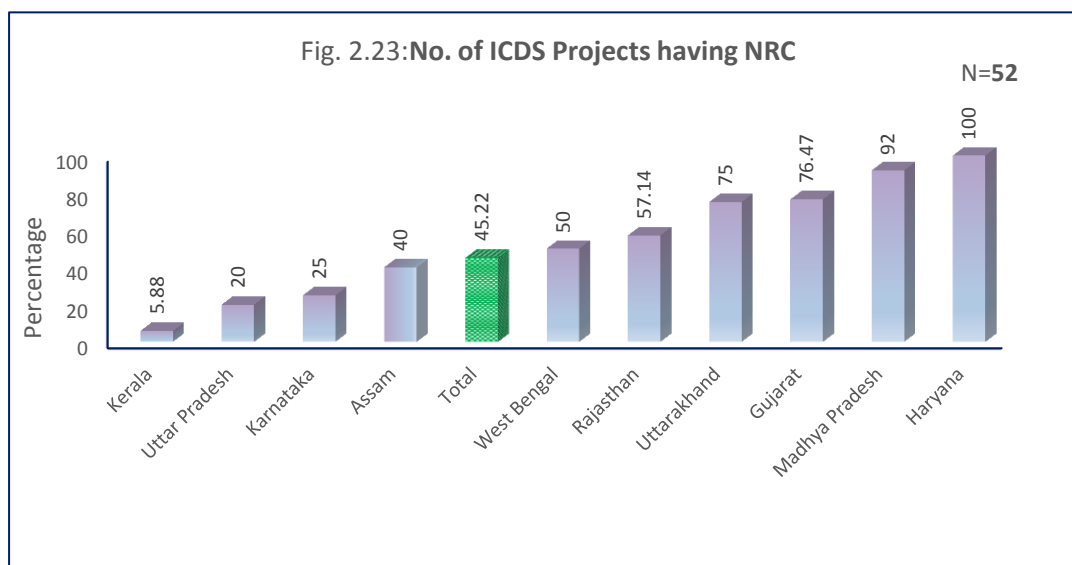
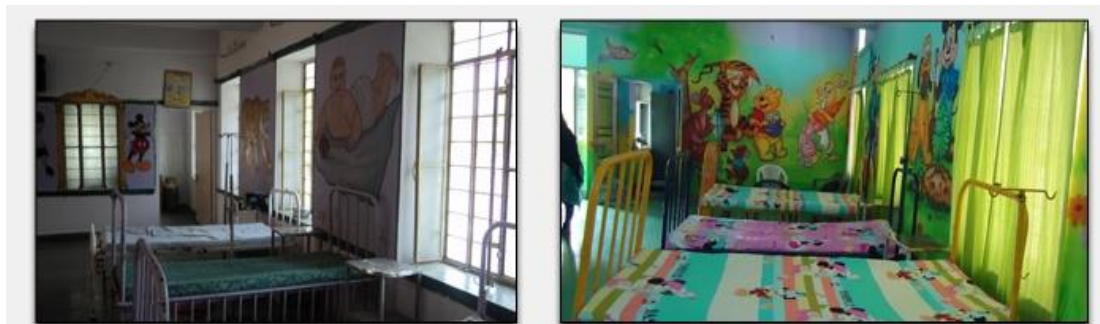
Management of the severely malnourished children does not require sophisticated facilities & equipments or highly qualified personnel. It does require that each child be treated with proper care & affection, and that each phase of treatment be carried out properly by approximately trained and dedicated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

**Table 2.27: Status of NRC in ICDS Projects**

States	States Having NRCs	Total No. of ICDS Projects	No. of ICDS Projects having NRC	%
Andhra Pradesh	18	1	0	-
Arunachal Pradesh	1	2	0	-
Assam	16	5	2	40
Delhi	11	6	0	-
Gujarat	127	17	13	76.47
Haryana	2	1	1	100
Himachal Pradesh	4	1	0	-
Karnataka	60	12	3	25
Kerala	3	17	1	5.88
Madhya Pradesh	316	25	23	92
Rajasthan	40	7	4	57.14
Uttar Pradesh	25	5	1	20
Uttarakhand	2	4	3	75
West Bengal	31	2	1	50
<b>Total</b>	<b>656</b>	<b>115</b>	<b>52</b>	<b>45.22</b>

\*Note: There is no NRC in the State of Mizoram, Manipur & Punjab and UT of Dadra & Nagar Haveli and Daman & Diu

It is evident from **Table 2.27** that 45.22 per cent of ICDS projects were having NRCs and in less than three fourth (73.08%) of ICDS Projects, the children were being referred for treatment. All of the ICDS projects (100%) from the State of Haryana were found referring severely Underweight Children to NRC. The situation needs improvement in the States of Andhra Pradesh, Arunachal Pradesh, Delhi and Himachal Pradesh where ICDS Projects were not found referring severely Underweight Children to NRC. However, in the state of Mizoram, Manipur, Punjab and UTs of Dadra & Nagar Haveli and Daman & Diu there is a need to provide NRC for referring severely Underweight Children.



### Health Check-Up

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



Table 2.28: Health Centres at which Beneficiaries received Immunisation

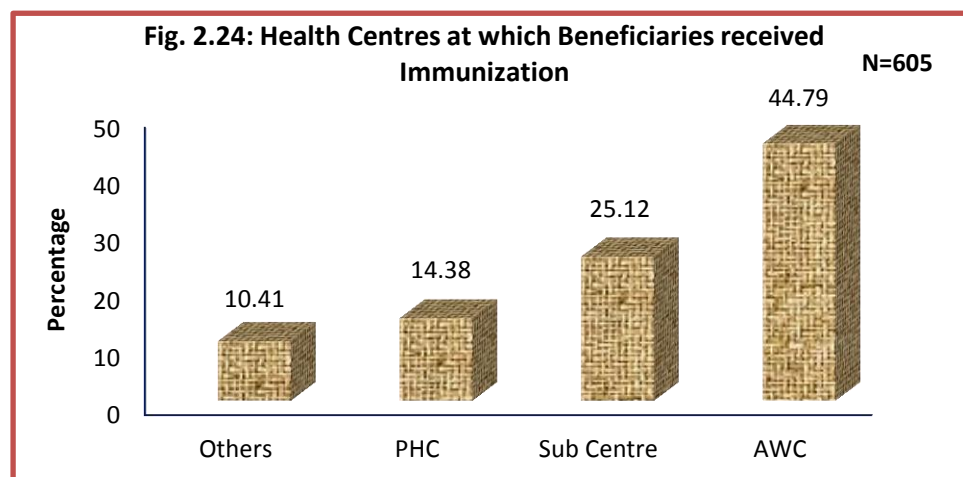
States	Total No. of AWCs	Sub Centre		PHC		AWC		Others	
		N	%	N	%	N	%	N	%
Andhra Pradesh	5	0	-	1	20	4	80	0	-
Arunachal Pradesh	10	4	40	4	40	0	-	2	20
Assam	25	12	48	1	4	9	36	2	8
Dadra and Nagar Haveli	5	4	80	1	20	0	-	0	-
Daman & Diu	5	5	100	0	-	0	-	0	-
Delhi	30	1	3.33	17	56.67	12	40	0	-



## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Gujarat	85	23	27.06	6	7.06	45	52.94	10	11.76
Haryana	5	0	-	0	-	5	100	0	-
Himachal Pradesh	5	3	60	1	20	1	20	0	-
Karnataka	66	16	24.24	12	18.18	22	33.33	7	10.61
Kerala	84	31	36.90	17	20.24	26	30.95	2	2.38
Madhya Pradesh	125	21	16.80	8	6.4	70	56	24	19.2
Manipur	5	0	-	2	40	0	-	2	40
Mizoram	10	9	90	1	10	0	-	0	-
Punjab	46	9	19.57	2	4.35	24	52.17	7	15.22
Rajasthan	39	2	5.13	8	20.51	29	74.36	1	2.56
Uttar Pradesh	25	7	28	0	-	14	56	3	12
Uttarakhand	20	2	10	3	15	7	35	2	10
West Bengal	10	3	30	3	30	3	30	1	10
<b>Total</b>	<b>605</b>	<b>152</b>	<b>25.12</b>	<b>87</b>	<b>14.38</b>	<b>271</b>	<b>44.79</b>	<b>63</b>	<b>10.41</b>

It is evident from the above **Table 2.29** that though majority of beneficiaries (44.79%) were being immunized at AWC. Only little more than one third (39.50%) of ICDS beneficiaries were found being immunized using health infrastructure of either sub centre or PHC each respectively. All the children immunised at AWCs in the state of Haryana. All the children were found using Health infrastructure for immunization of ICDS beneficiaries in the state of Mizoram and UTs of Dadra and Nagar Haveli and Daman & Diu.



**Table 2.29: Frequency of Health Check-up of Children**

States	Total No. of AWCs	Monthly		Quarterly		Six Monthly		Unplanned		Never During Last Six Months	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	5	2	40	1	20	0	-	0	-	0	-
Arunachal Pradesh	10	1	10	0	-	0	-	0	-	0	-
Assam	25	16	64	2	8	0	-	4	16	2	8

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Dadra and Nagar Haveli	5	1	20	0	-	4	80	0	-	0	-
Daman & Diu	5	0	-	0	-	5	100	0	-	0	-
Delhi	30	3	10	3	10	5	16.67	4	13.33	10	33.33
Gujarat	85	37	43.53	11	12.94	13	15.29	19	22.35	1	1.18
Haryana	5	5	100	0	-	0	-	0	-	0	-
Himachal Pradesh	5	3	60	1	20	0	-	0	-	1	20
Karnataka	66	12	18.18	38	57.58	7	10.61	4	6.06	0	-
Kerala	84	41	48.81	13	15.48	4	4.76	13	15.48	3	3.57
Madhya Pradesh	125	101	80.80	10	8	2	1.6	0	-	3	2.40
Manipur	5	0	-	0	-	0	-	0	-	0	-
Mizoram	10	10	100	0	-	0	-	0	-	0	-
Punjab	46	28	60.87	3	6.52	3	6.52	5	10.87	4	8.70
Rajasthan	39	22	56.41	1	2.56	0	-	0	-	16	41.03
Uttar Pradesh	25	13	52	1	4	7	28	0	-	3	12
Uttarakhand	20	9	45	1	5	9	45	1	5	0	-
West Bengal	10	3	30	7	70	0	-	0	-	0	-
<b>Total</b>	<b>605</b>	<b>307</b>	<b>50.74</b>	<b>92</b>	<b>15.21</b>	<b>59</b>	<b>9.75</b>	<b>50</b>	<b>8.26</b>	<b>43</b>	<b>7.11</b>

\*Note: In rest of the AWCs data not available

The data on health check-up of children shows that little more than half (50.74%) of the AWCs conducts health check up on monthly basis. All the AWCs from the states of Haryana and Mizoram and Majority of the AWCs (80.80%) in the state of Madhya Pradesh were conducting monthly health check up. The health check up was not at all conducted in 7.11 per cent of AWCs during last six months. None of the AWCs in the state of Manipur conducted health check up of children in last six months.

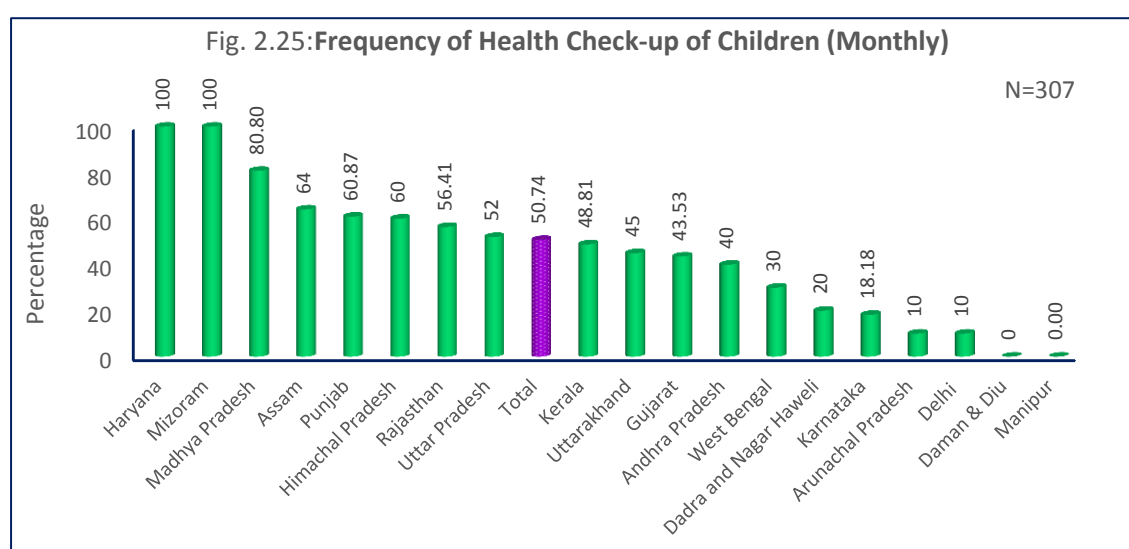
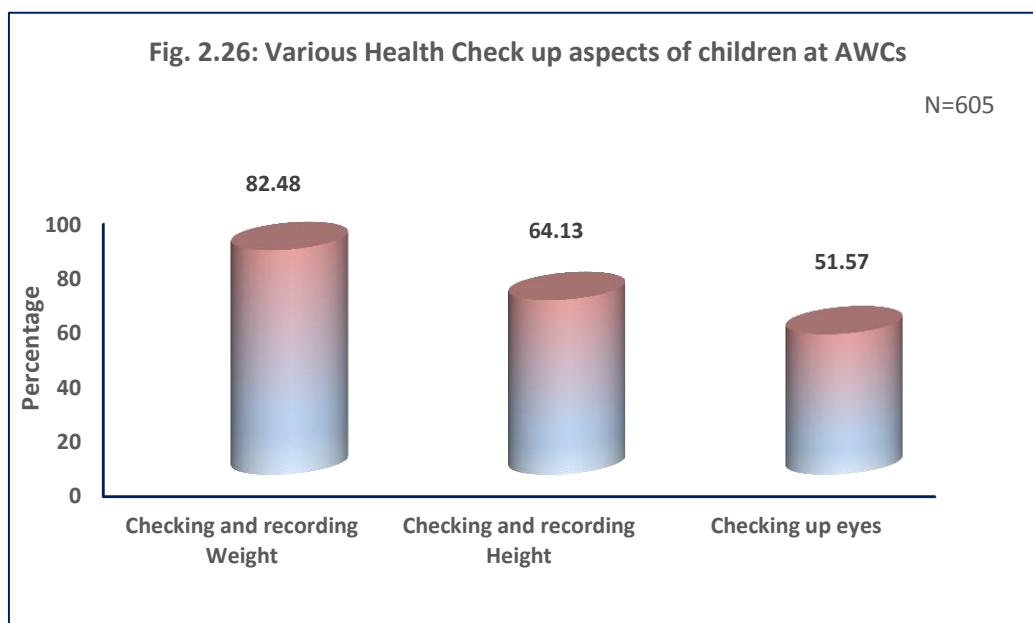


Table 2.30 (a): Various Health Check-up Aspects of Children covered at AWCs

States	Total No. of AWCs	Checking and recording weight		Checking and recording height		Checking-up eyes	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	5	4	80	1	20	5	100
Arunachal Pradesh	10	10	100	8	80	6	60
Assam	25	22	88	16	64	7	28
Dadra and Nagar Haveli	5	5	100	4	80	5	100
Daman & Diu	5	5	100	5	100	5	100
Delhi	30	16	53.33	15	50	2	6.67
Gujarat	85	85	100	83	97.65	55	64.71
Haryana	5	5	100	5	100	5	100
Himachal Pradesh	5	4	80	2	40	4	80
Karnataka	66	53	80.30	32	48.48	47	71.21
Kerala	84	65	77.38	56	66.67	46	54.76
Madhya Pradesh	125	102	81.60	80	64	46	36.80
Manipur	5	0	-	0	-	0	-
Mizoram	10	10	100	3	30	8	80
Punjab	46	41	89.13	28	60.87	28	60.87
Rajasthan	39	22	56.41	15	38.46	16	41.03
Uttar Pradesh	25	24	96	17	68	9	36
Uttarakhand	20	20	100	13	65	17	85
West Bengal	10	6	60	5	50	1	10
<b>Total</b>	<b>605</b>	<b>499</b>	<b>82.48</b>	<b>388</b>	<b>64.13</b>	<b>312</b>	<b>51.57</b>

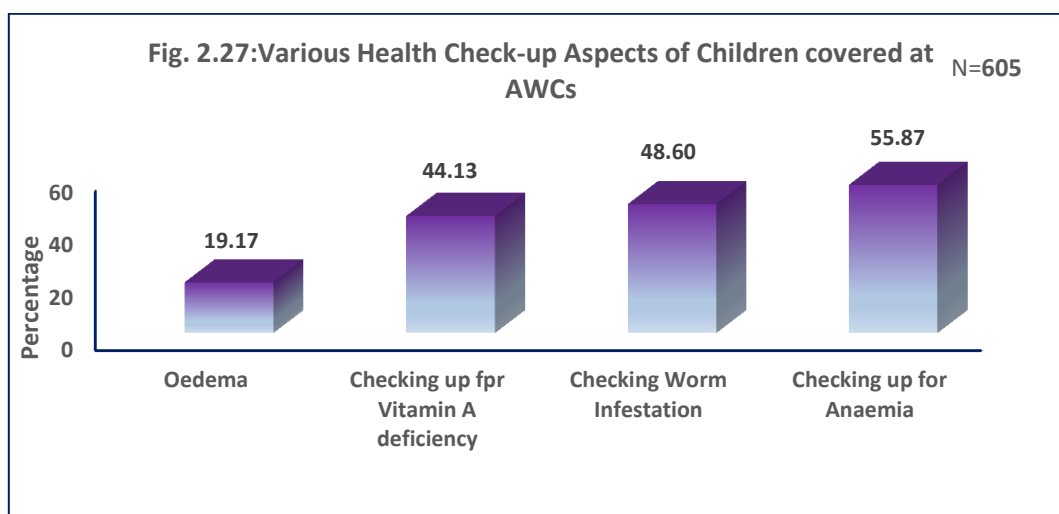
It is evident from the above **Table 2.30 (a)** that 82.48 per cent of AWCs were Checking and recording weight of Children, little less than two third (64.13%) of AWCs were recording height and in more than half 51.57 per cent of AWCs eye check up of Children was carried out. All (100%) AWCs in the States of Arunachal Pradesh, Gujarat, Haryana, Mizoram, Uttarakhand and UTs of Dadra & Nagar Haveli and Daman & Diu were recording weight of Children; however few numbers of AWCs in the States of Delhi (53.33%) and Rajasthan (56.41%) were recording weight of the Children. All the AWCs from the state of Haryana and UT of Daman & Diu were recording height of children. Substantial number (above 80%) of AWCs in the States of Arunachal Pradesh (80%), Gujarat (97.65%) and UT of Dadra and Nagar Haveli (80%) were checking and recording height of the children, All the AWCs from the States of Andhra Pradesh and Haryana and UTs of Dadra & Nagar Haveli and Daman & Diu were conducting eye check up of children. However, very few AWCs in the State of West Bengal (10%) and Delhi (6.67%) were conducting eye check up.



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

States	Total No. of AWCs	Checking worm infestation		Checking up for Anemia		Checking up for Vitamin-A deficiency diseases		Oedema	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	5	5	100	5	100	5	100	5	100
Arunachal Pradesh	10	1	10	9	90	8	80	0	0
Assam	25	5	20	13	52	14	56	1	4
Dadra and Nagar Haveli	5	2	40	2	40	3	60	0	0
Daman & Diu	5	5	100	5	100	5	100	0	0
Delhi	30	6	20	8	26.67	6	20	0	0
Gujarat	85	57	67.06	64	75.29	34	40	25	29.41
Haryana	5	5	100	5	100	5	100	5	100
Himachal Pradesh	5	1	20	2	40	1	20	0	-
Karnataka	66	39	59.09	39	59.09	30	45.45	19	28.79
Kerala	84	31	36.90	33	39.29	30	35.71	3	3.57
Madhya Pradesh	125	64	51.20	67	53.60	56	44.80	24	19.20
Manipur	5	0	-	0	-	0	-	0	-
Mizoram	10	4	40	10	100	8	80	0	-
Punjab	46	27	58.70	24	52.17	21	45.65	13	28.26
Rajasthan	39	14	35.90	20	51.28	18	46.15	10	25.64
Uttar Pradesh	25	9	36	10	40	6	24	2	8
Uttarakhand	20	18	90	17	85	10	50	9	45
West Bengal	10	1	10	5	50	7	70	0	-
<b>Total</b>	<b>605</b>	<b>294</b>	<b>48.60</b>	<b>338</b>	<b>55.87</b>	<b>267</b>	<b>44.13</b>	<b>116</b>	<b>19.17</b>

It is evident from the above **Table 2.30 (b)** that only about 56 per cent of AWCs were checking anaemia in Children, 48.60 per cent of AWCs were checking worm infestation and in about 44.13 per cent of AWCs were checking of Vitamin A deficiency. In less than one fifth (19.17%) of AWCs check up of Oedema was done. All the AWCs in the States/ UT of Andhra Pradesh, Haryana and Daman & Diu were checking worm infestation in children; however few (10%) AWCs in the States of Arunachal Pradesh and West Bengal were checking worm infestation in children. All the AWCs in the States of Andhra Pradesh, Haryana, Mizoram and UT of Daman & Diu were checking anaemia; however only 26.67 per cent of the AWCs in the States of Delhi were checking anaemia. All the AWCs in the States of Andhra Pradesh, Haryana and UT of Daman & Diu were checking Vitamin –A deficiency in the children, however one fifth (20%) of the AWCs in the States of Delhi and Himachal Pradesh were checking Vitamin –A deficiency. All the AWCs in the States of Andhra Pradesh and Haryana were checking oedema in children; however in most of North Eastern States (Arunachal Pradesh, Manipur and Mizoram), Delhi and UTs of Dadra & Nagar Haveli and Daman& Diu none of AWCs were found conducted oedema check up of children. None of the AWCs in the state of Manipur conducted health check up.



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

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



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

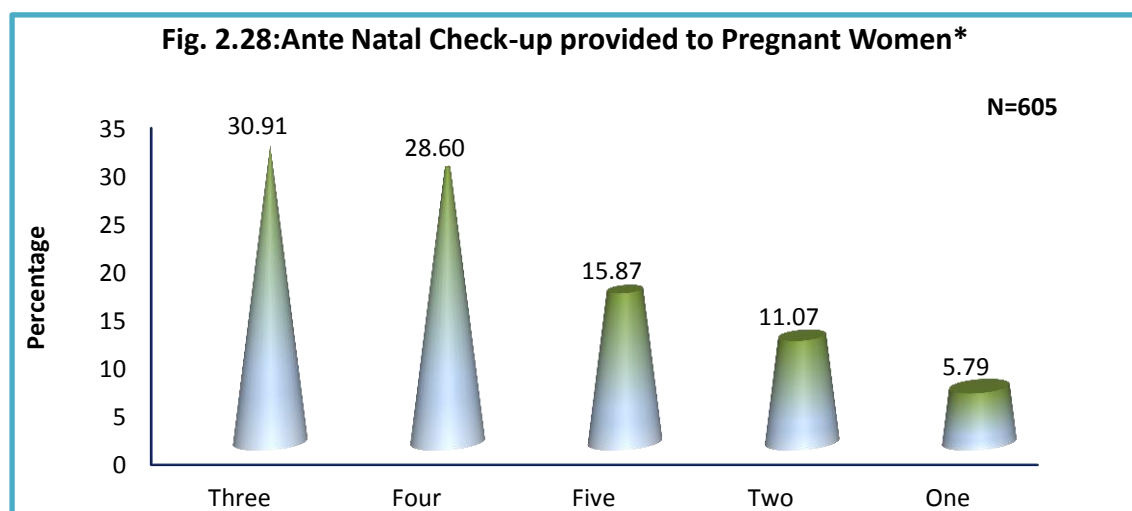
States	Total No. of AWCs	Average Number of ANC given to Pregnant Women									
		One		Two		Three		Four		Five	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	5	0	-	0	-	2	40	1	20	0	-
Arunachal Pradesh	10	0	-	10	100	0	-	0	-	0	-
Assam	25	2	8	10	40	9	36	4	16	0	-
Dadra and Nagar Haveli	5	0	-	0	-	1	20	3	60	0	-
Daman & Diu	5	0	-	1	20	0	-	4	80	0	-
Delhi	30	0	-	2	6.67	11	36.67	3	10	6	20
Gujarat	85	1	1.18	6	7.06	24	28.24	25	29.41	23	27.06
Haryana	5	0	-	0	-	0	-	1	20	4	80
Himachal Pradesh	5	0	-	0	-	0	-	3	60	0	-
Karnataka	66	1	1.52	6	9.09	25	37.88	17	25.76	14	21.21
Kerala	84	15	17.86	6	7.14	8	9.52	12	14.29	28	33.33
Madhya Pradesh	125	10	8	4	3.2	47	37.60	59	47.20	3	2.4
Manipur	5	0	-	0	-	0	-	1	20	3	60
Mizoram	10	0	-	4	40	5	50	0	-	0	-
Punjab	46	0	-	1	2.17	13	28.26	20	43.48	8	17.39
Rajasthan	39	5	12.82	5	12.82	10	25.64	15	38.46	4	10.26
Uttar Pradesh	25	0	-	1	4	21	84	2	8	0	-
Uttarakhand	20	1	5	1	5	11	55	3	15	3	15
West Bengal	10	0	-	10	100	0	-	0	-	0	-
<b>Total</b>	<b>605</b>	<b>35</b>	<b>5.79</b>	<b>67</b>	<b>11.07</b>	<b>187</b>	<b>30.91</b>	<b>173</b>	<b>28.60</b>	<b>96</b>	<b>15.87</b>

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



The data on status of ante natal check of pregnant women shows that only 30.91 per cent of the AWCs conducted three ante natal check-up of pregnant women. Majority of the AWCs (50% and above) were found conducting three ante- natal check ups of pregnant women in the states of Uttar Pradesh (84%), Uttarakhand (55%) and Mizoram (50%). Though, in the states of Arunachal Pradesh and West Bengal, all (100%) the AWCs were found conducting ante- natal check up twice for the pregnant women. Four Ante Natal check ups were given in majority of

AWCs in the States of Haryana (80%) and Manipur 60 per cent.



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

States	Total No. of AWCs	Taking weight		Measuring blood pressure		Urine examination		Examination of blood	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	5	5	100	5	100	0	0	1	20
Arunachal Pradesh	10	8	80	7	70	0	0	1	10
Assam	25	23	92	20	80	5	20	5	20
Dadra and Nagar Haveli	5	5	100	5	100	3	60	4	80
Daman & Diu	5	5	100	5	100	5	100	5	100
Delhi	30	22	73.33	12	40	12	40	8	26.67
Gujarat	85	78	91.76	59	69.41	38	44.71	42	49.41
Haryana	5	5	100	5	100	5	100	5	100
Himachal Pradesh	5	4	80	3	60	3	60	3	60
Karnataka	66	58	87.88	53	80.30	36	54.55	40	60.61
Kerala	84	60	71.43	50	59.52	25	29.76	26	30.95
Madhya Pradesh	125	109	87.2	110	88	67	53.60	80	64
Manipur	5	3	60	2	40	0	0	0	0
Mizoram	10	9	90	9	90	1	10	5	50
Punjab	46	41	89.13	33	71.74	21	45.65	23	50
Rajasthan	39	37	94.87	31	79.49	23	58.97	27	69.23
Uttar Pradesh	25	21	84	10	40	10	40	8	32
Uttarakhand	20	17	85	11	55	12	60	10	50
West Bengal	10	8	80	5	50	0	0	2	20
<b>Total</b>	<b>605</b>	<b>518</b>	<b>85.62</b>	<b>435</b>	<b>71.90</b>	<b>266</b>	<b>43.97</b>	<b>295</b>	<b>48.76</b>

It is evident from the above **Table 2.32 (a)** that 85.62 per cent of AWCs were recording weight of Pregnant women, 71.90 per cent of AWCs were measuring blood pressure of Pregnant women, 48.76 per cent of AWCs were conducting blood examination of pregnant women and in about less than half (43.97 %) of AWCs, urine examination of pregnant women was being conducted. All (100%) of AWCs in the States of Andhra Pradesh, Haryana, and UT of Dadra & Nagar Haveli and Daman & Diu were taking weight of pregnant women as well as Measuring Blood Pressure. All (100%) of AWCs in the State

of Haryana and UT of Daman & Diu were conducting urine examination and blood examination of pregnant women.

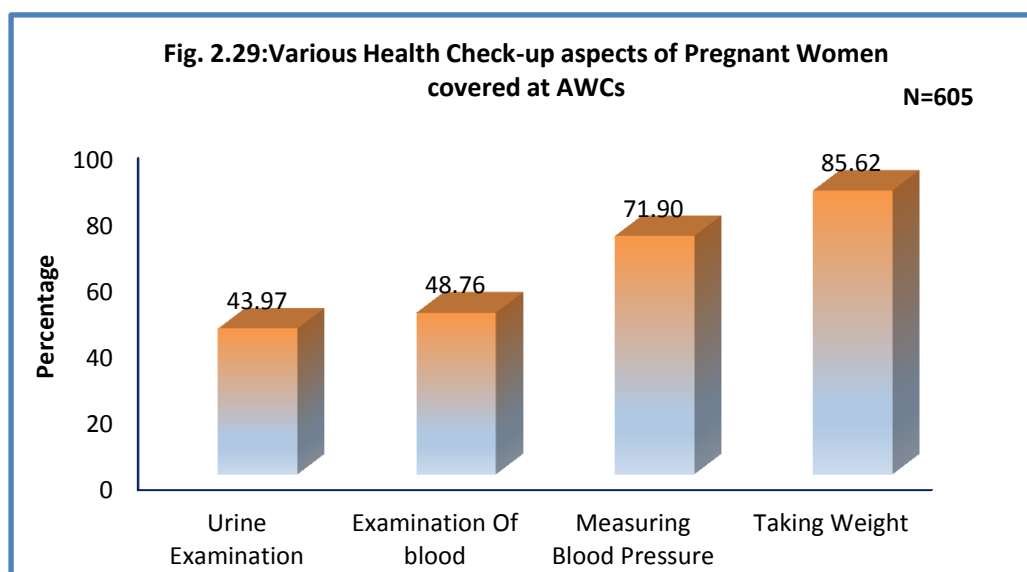


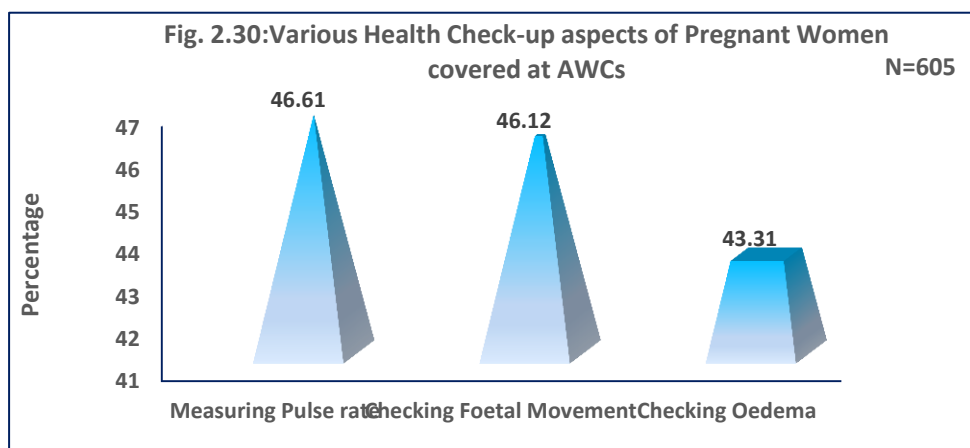
Table 2.32 (b): Various Health Check-up aspects of Pregnant Women covered at AWCs

States	Total No. of AWCs	Measuring pulse rate		Checking edema		Checking foetal movement	
		No. of AWCs	%	No. of AWCs	%	No. of AWCs	%
Andhra Pradesh	5	5	100	5	100	5	100
Arunachal Pradesh	10	3	30	0	-	9	90
Assam	25	7	28	7	28	14	56
Dadra and Nagar Haveli	5	3	60	3	60	3	60
Daman & Diu	5	5	100	0	-	5	100
Delhi	30	7	23.33	8	26.67	14	46.67
Gujarat	85	42	49.41	39	45.88	22	25.88
Haryana	5	5	100	5	100	5	100
Himachal Pradesh	5	3	60	3	60	3	60
Karnataka	66	48	72.73	45	68.18	38	57.58
Kerala	84	34	40.48	35	41.67	15	17.86
Madhya Pradesh	125	44	35.2	37	29.60	56	44.80
Manipur	5	0	-	0	-	0	-
Mizoram	10	4	40	1	10	9	90
Punjab	46	30	65.22	26	56.52	25	54.35
Rajasthan	39	26	66.67	22	56.41	24	61.54
Uttar Pradesh	25	4	16	11	44	8	32
Uttarakhand	20	12	60	14	70	14	70
West Bengal	10	0	-	1	10	10	100
<b>Total</b>	<b>605</b>	<b>282</b>	<b>46.61</b>	<b>262</b>	<b>43.31</b>	<b>279</b>	<b>46.12</b>

The above Table 2.32(b) shows that 46.61 per cent of AWCs were measuring pulse rate of pregnant women, 43.31 per cent of AWCs were checking oedema in pregnant women and 46.12 per cent of AWCs were checking foetal movement of pregnant women. All (100%) AWCs in the states of Andhra Pradesh and Haryana were measuring pulse rate, checking oedema and checking foetal movement of pregnant women. UT of Daman & Diu all AWCs were found measuring pulse rate of pregnant women. However, none of the AWCs in the states of West Bengal were measuring pulse rate of pregnant women. Most of the AWCs



located in the state of Uttarakhand (70%), Karnataka (68.18%) and Himachal Pradesh & Dadra & Nagar Haveli (60% each) were checking oedema in pregnant women. All the AWCs from the state of west Bengal and UT of Daman & Diu were also conducted checking of foetal movement. Majority of AWCs in the States of Arunachal Pradesh and Mizoram (90% each), Uttarakhand (70%) and UTs of Dadra & Nagar Haveli and Daman & Diu were checking foetal movement. However, none of the AWCs in the State of Manipur were measuring pulse rate, checking oedema and checking foetal movement of pregnant women.



### Nutrition and Health Education

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

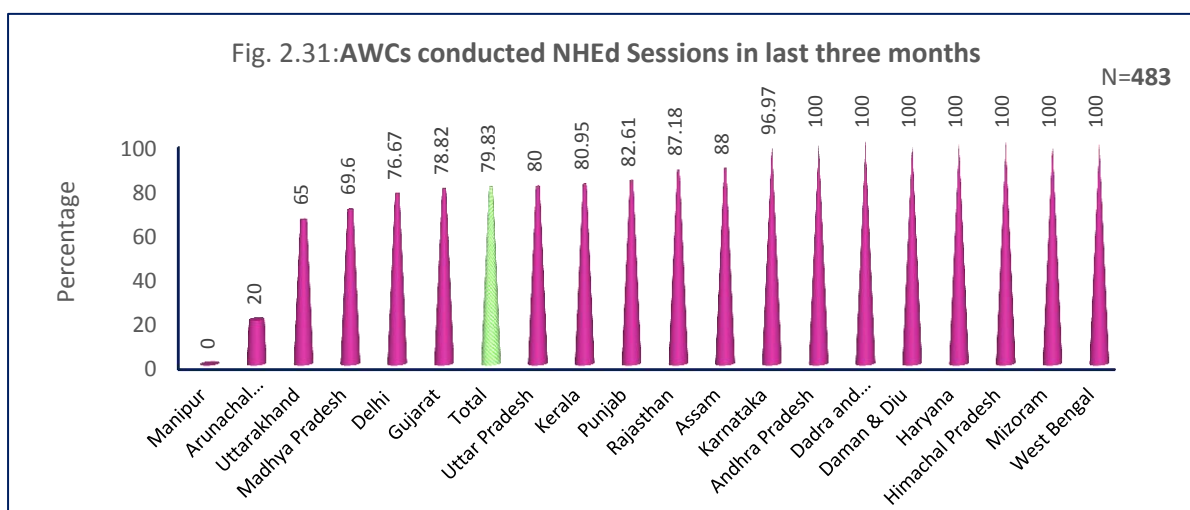
**Table 2.33: AWCs conducted NHEd Sessions in last three months**

States	Total No. of AWCs	No. of AWCs Conducted NHEd sessions in last three months	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	2	20
Assam	25	22	88
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100
Delhi	30	23	76.67
Gujarat	85	67	78.82
Haryana	5	5	100
Himachal Pradesh	5	5	100
Karnataka	66	64	96.97
Kerala	84	68	80.95

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

<b>Madhya Pradesh</b>	<b>125</b>	<b>87</b>	<b>69.6</b>
<b>Manipur</b>	<b>5</b>	<b>0</b>	<b>-</b>
<b>Mizoram</b>	<b>10</b>	<b>10</b>	<b>100</b>
<b>Punjab</b>	<b>46</b>	<b>38</b>	<b>82.61</b>
<b>Rajasthan</b>	<b>39</b>	<b>34</b>	<b>87.18</b>
<b>Uttar Pradesh</b>	<b>25</b>	<b>20</b>	<b>80</b>
<b>Uttarakhand</b>	<b>20</b>	<b>13</b>	<b>65</b>
<b>West Bengal</b>	<b>10</b>	<b>10</b>	<b>100</b>
<b>Total</b>	<b>605</b>	<b>483</b>	<b>79.83</b>

It was found from the above **Table 2.33** that majority (79.83%) of AWCs conducted NHEd sessions in last three months. Though, all the AWCs (100%) in the State of Andhra Pradesh, Haryana, Himachal Pradesh, Mizoram, West Bengal and UTs of Dada & Nagar Haveli and Daman & Diu were found organizing NHEd Sessions on various themes, however, none of the AWCs from the State of Manipur and one fifth of AWCs from the state of Arunachal Pradesh were found conducting any NHEd Sessions.



- Topics Covered in NHEd**

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

**Table 2.34: Themes/Topics of NHEd Sessions**

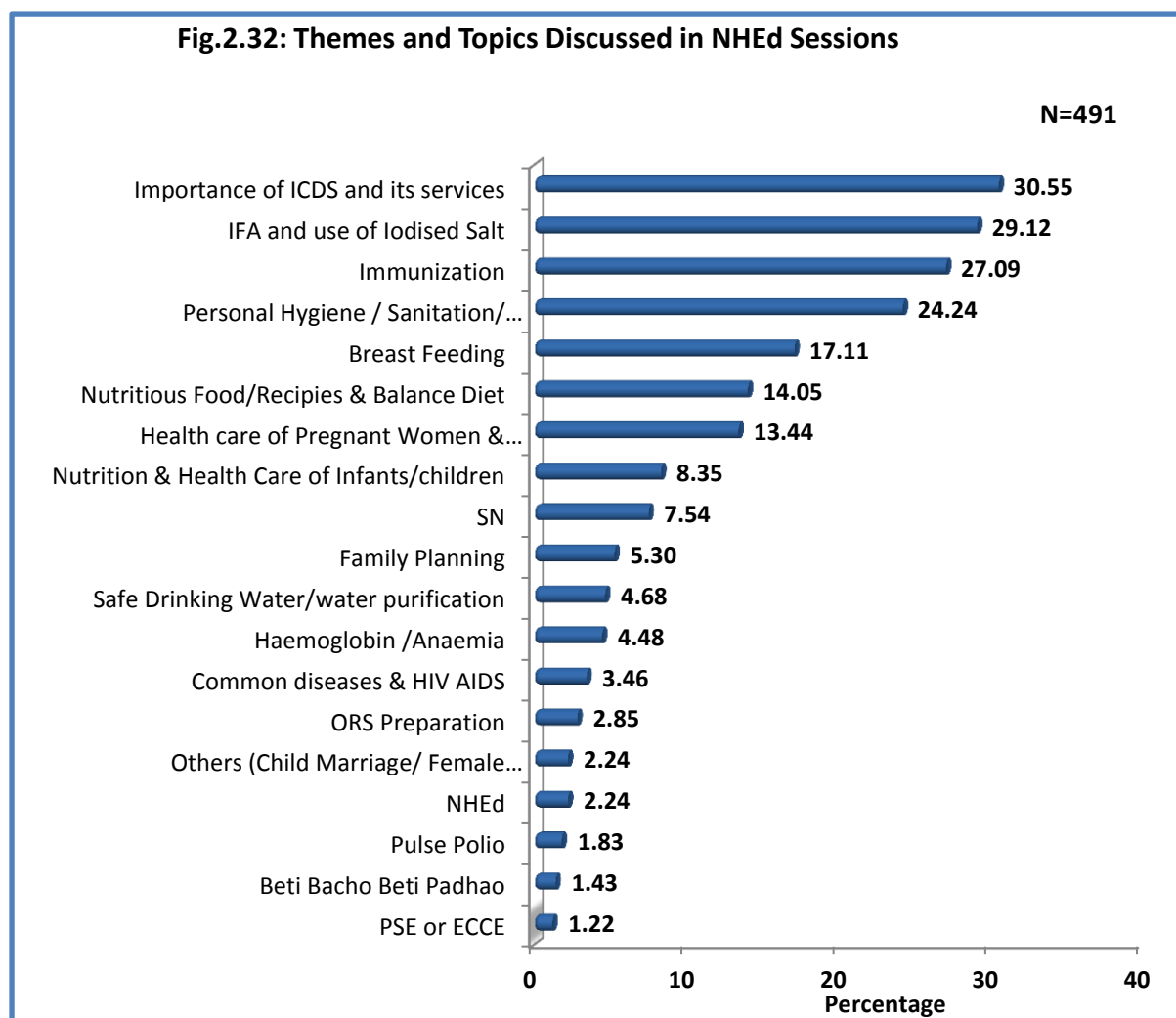
N= 491 (Multiple Response)			
S.No.	Themes / Topics	No. of AWCs	%
1	Nutrition & Health Care of Infants/children	41	8.35
2	Haemoglobin /Anaemia	22	4.48
3	Personal Hygiene / Sanitation/ environmental hygiene	119	24.24
4	Health care of Pregnant Women & Adolescent girls, institutional delivery, ANC &	66	13.44

	Menstrual Hygeine		
5	Immunization	133	27.09
6	Common diseases & HIV AIDS	17	3.46
7	Family Planning	26	5.30
8	Importance of ICDS and its services	150	30.55
9	IFA and use of Iodized Salt	143	29.12
10	Breast Feeding	84	17.11
11	Nutritious Food/Recipies & Balance Diet	69	14.05
12	Beti Bacho Beti Padhao	7	1.43
13	Safe Drinking Water/water purification	23	4.68
14	ORS Preparation	14	2.85
15	NHEd	11	2.24
16	SN	37	7.54
17	Pulse Polio	9	1.83
18	PSE or ECCE	6	1.22
19	Others (Child Marriage/ Female Foeticide),Newborn Name, women help line	11	2.24

It is evident from the above **Table 2.34** that most discussed topics during NHEd sessions were Importance of ICDS and its services (30.55%), followed by IFA and use of Iodised salt (29.12%), Immunisation (27.09%), Personal Hygiene/ Sanitation (24.24%)

The NHEd areas which had been reported of receiving comparatively lesser attention were Breast Feeding (17.11%), Nutritious Food/Recopies & Balance Diet (14.05%), Health Care of Pregnant Women & Adolescent girls, institutional delivery, ANC & Menstrual Hygiene (13.44%), Nutrition & Health Care of Infants/children (8.35%) etc. The least discussed topic during NHEd sessions were **Common diseases & HIV AIDS (3.46%)** and Child marriage/Female foeticide, women helpline (2.24%).





### Non-Formal Pre-School Education

“**Education is the pre - condition to survival**” said by Mariam Wright Edelman, an activist work for the rights of children. The early learning is a significant input for providing a sound foundation for lifelong learning and development of a child.

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

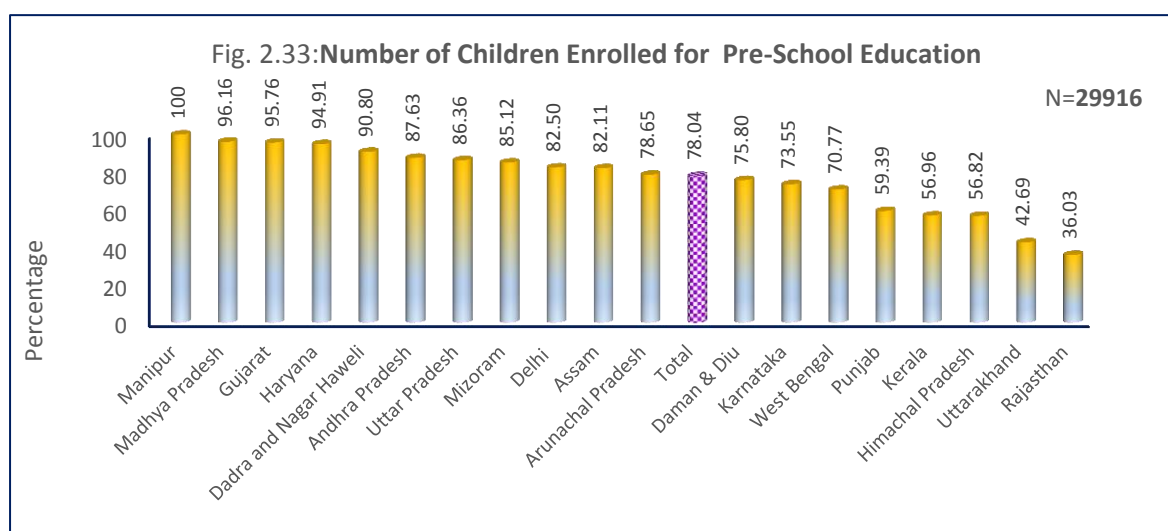
- **Enrollment of Children**

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

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

States	No. of AWCs	Children 3-6 years		
		Total No. of Children	Number of Children Enrolled	
			N	%
Andhra Pradesh	5	97	85	87.63
Arunachal Pradesh	10	281	221	78.65
Assam	25	1079	886	82.11
Dadra and Nagar Haveli	5	250	227	90.80
Daman & Diu	5	219	166	75.80
Delhi	30	3051	2517	82.50
Gujarat	85	5405	5176	95.76
Haryana	5	275	261	94.91
Himachal Pradesh	5	88	50	56.82
Karnataka	66	2892	2127	73.55
Kerala	84	3836	2185	56.96
Madhya Pradesh	125	9926	9545	96.16
Manipur	5	78	78	100
Mizoram	10	484	412	85.12
Punjab	46	2534	1505	59.39
Rajasthan	39	2992	1078	36.03
Uttar Pradesh	25	2816	2432	86.36
Uttarakhand	20	1682	718	42.69
West Bengal	10	349	247	70.77
<b>Total</b>	<b>605</b>	<b>38334</b>	<b>29916</b>	<b>78.04</b>

The data as presented in **Table 2.35** shows that altogether 78.04 per cent of children of the total population (3-6 years) are enrolled in for availing pre-school education inputs under ICDS. All (100%) children from the state of Manipur were enrolled in PSE. Sizeable number of children (more than 80%) from the States of Andhra Pradesh (87.63%), Assam (82.11%), Delhi (82.50%), Gujarat (95.76%), Haryana (94.91%), Madhya Pradesh (96.16%), Mizoram (85.12%) and Uttar Pradesh (86.36%) were availing the benefits of pre schooling under ICDS. In the state of Rajasthan only 36.03 per cent of total children have been enrolled in pre schooling under ICDS.



- Number of Children Attending PSE Activities

Table 2.36: Number of Children Attending PSE Sessions

States	No. of AWCs	Children 3-6 years		
		Number of Children Enrolled	Number of Children Attending	
		N	N	%
Andhra Pradesh	5	85	49	57.65
Arunachal Pradesh	10	221	137	61.99
Assam	25	886	530	59.82
Dadra and Nagar Haveli	5	227	193	85.02
Daman & Diu	5	166	166	100
Delhi	30	2517	1019	40.48
Gujarat	85	5176	2000	38.64
Haryana	5	261	125	47.89
Himachal Pradesh	5	50	28	56
Karnataka	66	2127	1324	62.25
Kerala	84	2185	1487	68.05
Madhya Pradesh	125	9545	3905	40.91
Manipur	5	78	38	48.72
Mizoram	10	412	243	58.98
Punjab	46	1505	661	43.92
Rajasthan	39	1078	816	75.70
Uttar Pradesh	25	2432	761	31.29
Uttarakhand	20	718	273	38.02
West Bengal	10	247	161	65.18
<b>Total</b>	<b>605</b>	<b>29916</b>	<b>13966</b>	<b>46.52</b>

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

The above **Table 2.36** reveals that 46.52 of enrolled children were attending pre-school education activities at the AWCs. All the enrolled children were found attending PSE in the UT of Daman & Diu. Significant (more than 50% and above) number of children from the States of Andhra Pradesh (57.65%), Arunachal Pradesh (61.99%), Assam (59.82%), Dadra & Nagar Haveli (85.02%), Karnataka (62.25%), Kerala (68.05%), Mizoram (58.98%), Rajasthan (75.70%) and West Bengal (65.18%) were found attending pre-school education activities. The situation needs improvement in the State of Gujarat (38.64%), Uttar Pradesh (31.29%) and Uttarakhand (38.02%) where children enrolled were found attending pre-school education.

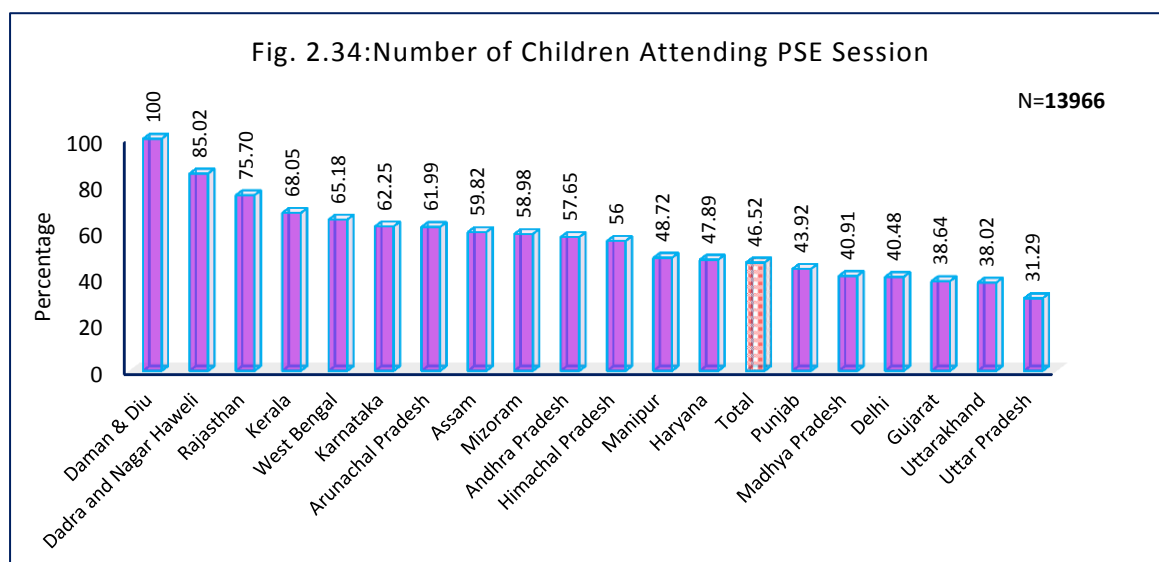
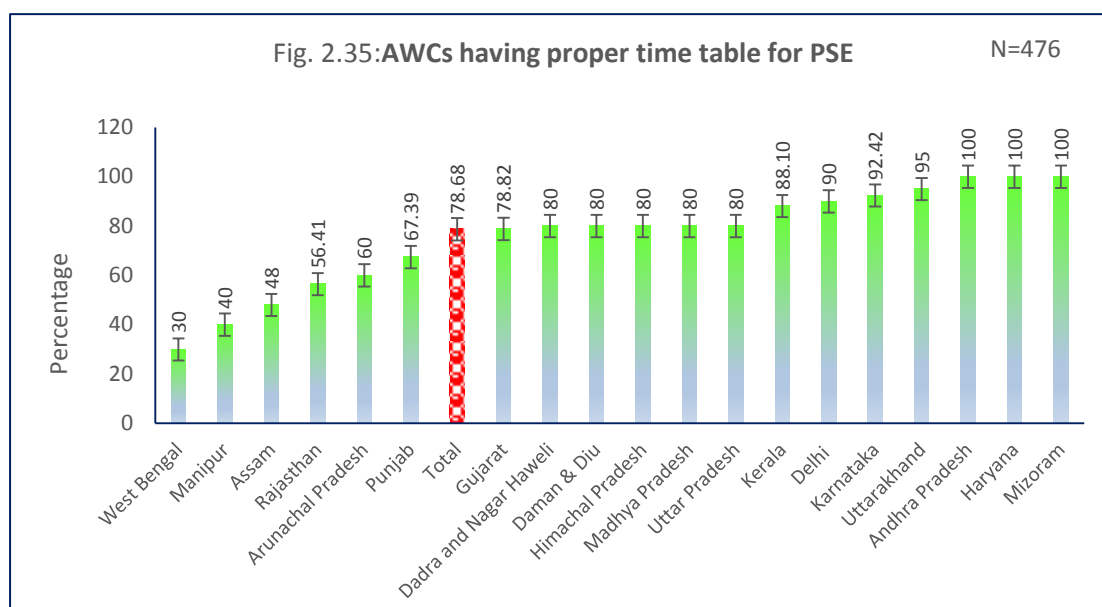


Table 2.37: AWCs having proper time table for PSE

States	Total No. of AWCs	No. of AWCs having proper time table for PSE	
		N	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	6	60
Assam	25	12	48
Dadra and Nagar Haveli	5	4	80
Daman & Diu	5	4	80
Delhi	30	27	90
Gujarat	85	67	78.82
Haryana	5	5	100
Himachal Pradesh	5	4	80
Karnataka	66	61	92.42

<b>Kerala</b>	<b>84</b>	74	88.10
<b>Madhya Pradesh</b>	<b>125</b>	100	80
<b>Manipur</b>	<b>5</b>	2	40
<b>Mizoram</b>	<b>10</b>	10	100
<b>Punjab</b>	<b>46</b>	31	67.39
<b>Rajasthan</b>	<b>39</b>	22	56.41
<b>Uttar Pradesh</b>	<b>25</b>	20	80
<b>Uttarakhand</b>	<b>20</b>	19	95
<b>West Bengal</b>	<b>10</b>	3	30
<b>Total</b>	<b>605</b>	<b>476</b>	<b>78.68</b>

The data from above **Table 2.37** depicts that 78.68 per cent of AWCs were observing Programme Planning of PSE. Though, all AWCs (100%) in the States of Andhra Pradesh, Haryana and Mizoram were found of adopting proper time table for PSE, however only 30per cent and 40 per cent of them in the States of West Bengal and Manipur had proper programme planning for PSE.



- **Availability of Pre School Material**

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

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

States	Total No. of AWCs	No. of AWCs having Adequate and Appropriate availability of PSE material	
		N	%
Andhra Pradesh	5	5	100



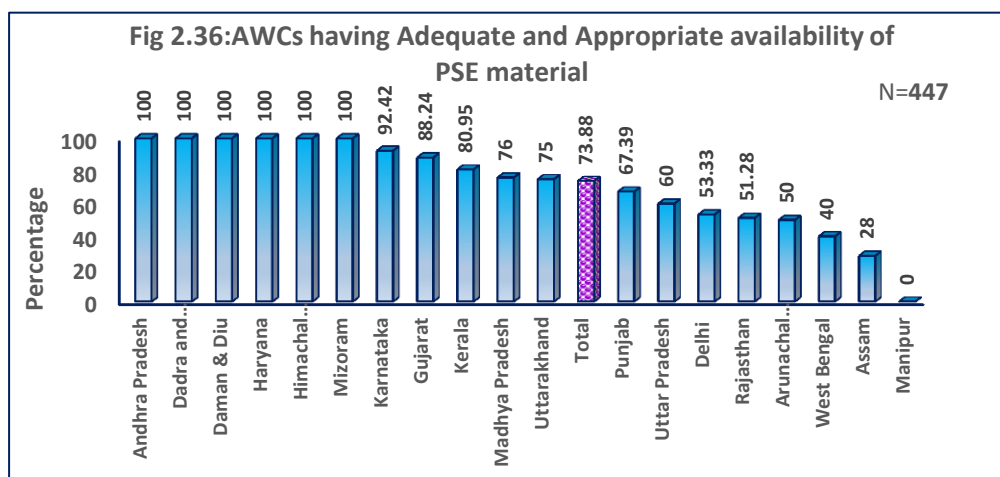
## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

Arunachal Pradesh	10	5	50
Assam	25	7	28
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	5	100
Delhi	30	16	53.33
Gujarat	85	75	88.24
Haryana	5	5	100
Himachal Pradesh	5	5	100
Karnataka	66	61	92.42
Kerala	84	68	80.95
Madhya Pradesh	125	95	76
Manipur	5	0	0
Mizoram	10	10	100
Punjab	46	31	67.39
Rajasthan	39	20	51.28
Uttar Pradesh	25	15	60
Uttarakhand	20	15	75
West Bengal	10	4	40
<b>Total</b>	<b>605</b>	<b>447</b>	<b>73.88</b>

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



The data as contained in **Table 2.38** shows that availability of adequate PSE material has been observed in 73.88 per cent of AWCs. All (100%) of AWCs in the States of Andhra Pradesh, Daman & Diu, Dadra & Nagar Haveli, Haryana, Himachal Pradesh, and Mizoram had adequate PSE material. Significant number (80% and above) of AWCs from the States of Gujarat (88.24%), Karnataka (92.42%) and Kerala (80.95%), were availing adequate PSE material. On the other hand, states such as Arunachal Pradesh (50%), Delhi (53.33%), Madhya Pradesh (76%), Punjab (67.39%), Rajasthan (51.28%), Uttar Pradesh (60%), Uttarakhand (75%) and West Bengal (40%) were also availing PSE material whereas none of the AWCs from the states of Manipur were found availing adequate PSE material.



**Availability of PSE Kit**

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



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

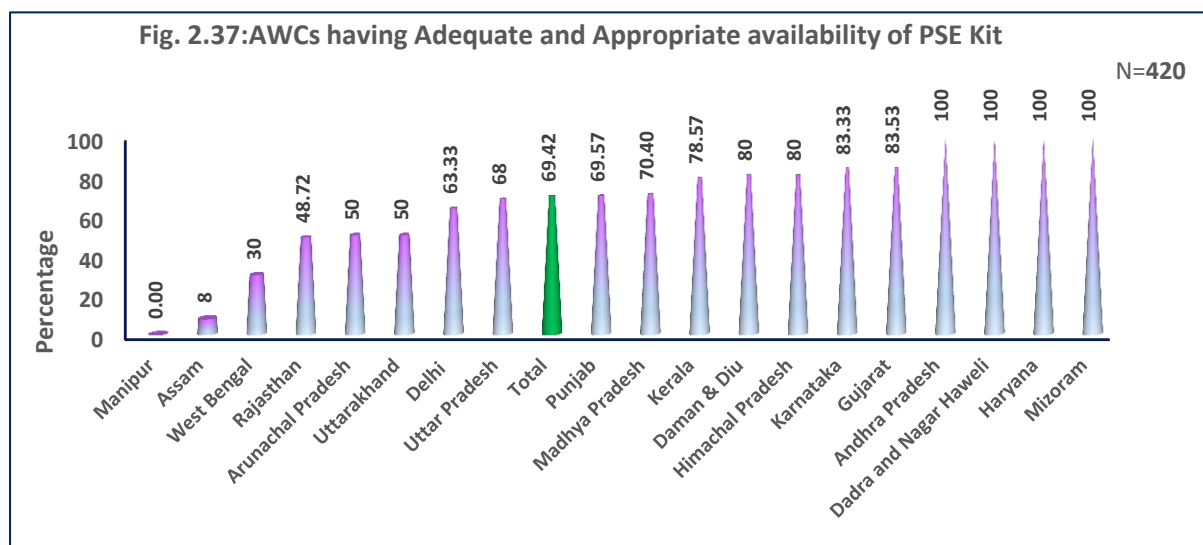
States	Total No. of AWCs	No of AWCs having Adequate and Appropriate availability of PSE Kit	
		N	%
Andhra Pradesh	5	5	100
Arunachal Pradesh	10	5	50
Assam	25	2	8
Dadra and Nagar Haveli	5	5	100
Daman & Diu	5	4	80
Delhi	30	19	63.33
Gujarat	85	71	83.53
Haryana	5	5	100
Himachal Pradesh	5	4	80
Karnataka	66	55	83.33
Kerala	84	66	78.57
Madhya Pradesh	125	88	70.40
Manipur	5	0	-
Mizoram	10	10	100
Punjab	46	32	69.57
Rajasthan	39	19	48.72
Uttar Pradesh	25	17	68
Uttarakhand	20	10	50
West Bengal	10	3	30
<b>Total</b>	<b>605</b>	<b>420</b>	<b>69.42</b>

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



It was found from the above **table 2.39** that about 69.42 per cent of AWCs were reported adequate availability of PSE Kit for children. Though, all AWCs (100%) in the States of Andhra Pradesh, Dadra & Nagar Haveli and Mizoram and majority of AWCs (more than 75%) in the states of Daman & Diu, Gujarat, Himachal Pradesh, Karnataka and Kerala were found adequate availability of PSE Kit, however,

the availability of PSE Kit was found in few AWCs in the state of West Bengal (30%), Rajasthan (48.72%) and none in Manipur.



### Celebration of ECCE Day

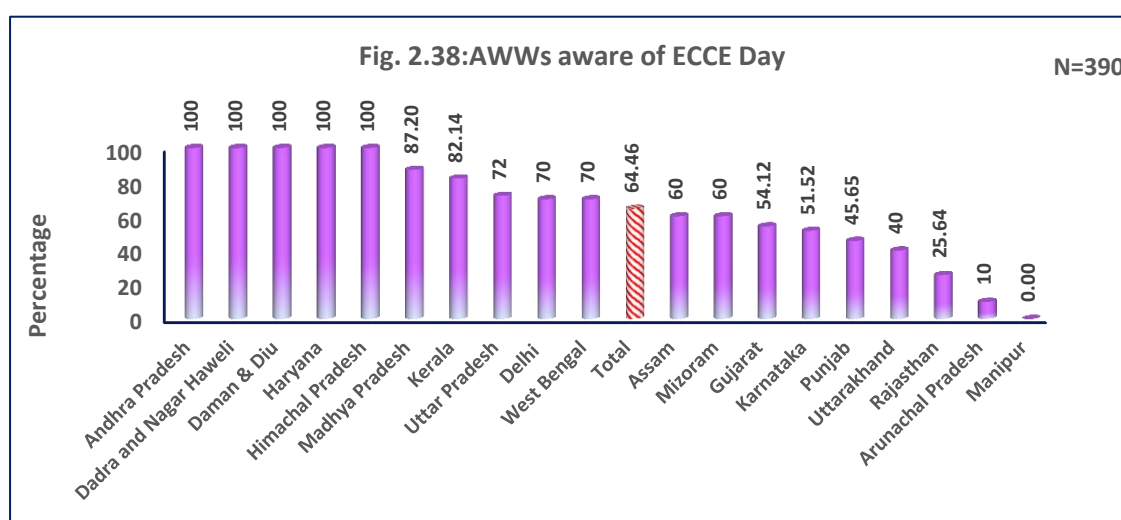
As per MWCD Office Order no 1-6/2013 –ECCE dated 5<sup>th</sup> August, 2013, the fixed Monthly ECCE Day is to be organized once every month at the AWC. The organization of fixed Monthly ECCE Day provides a platform for interface between the Anganwadi Worker and the parents/community. The Fixed Monthly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

**Table 2.40: Celebrating ECCE Day**

States	Total No. of AWWs	No. of AWWs Aware of ECCE Day		No. of AWWs celebrating ECCE Day	
		N	%	N	%
Andhra Pradesh	5	5	100	5	100
Arunachal Pradesh	10	1	10	0	0
Assam	25	15	60	10	66.67
Dadra and Nagar Haveli	5	5	100	5	100
Daman & Diu	5	5	100	5	100
Delhi	30	21	70	15	71.43
Gujarat	85	46	54.12	42	91.30
Haryana	5	5	100	5	100
Himachal Pradesh	5	5	100	5	100
Karnataka	66	34	51.52	28	82.35
Kerala	84	69	82.14	64	92.75
Madhya Pradesh	125	109	87.20	108	99.08
Manipur	5	0	-	0	-
Mizoram	10	6	60	6	100

<b>Punjab</b>	<b>46</b>	21	45.65	20	95.24
<b>Rajasthan</b>	<b>39</b>	10	25.64	2	20.00
<b>Uttar Pradesh</b>	<b>25</b>	<b>18</b>	72	17	94.44
<b>Uttarakhand</b>	<b>20</b>	<b>8</b>	40	7	87.50
<b>West Bengal</b>	<b>10</b>	<b>7</b>	70	<b>5</b>	71.43
<b>Total</b>	<b>605</b>	<b>390</b>	64.46	<b>349</b>	89.49

It is evident from **Table 2.40** that 64.46 per cent of AWWs were found aware about different aspects of celebration of ECCE day. However, those AWWs who were aware about it, majority of them (89.49%) were found celebrating ECCE day. All of the AWWs (100%) from the States of Andhra Pradesh, Daman & Diu, Dadra & Nagar Haveli, Haryana, Himachal Pradesh and Mizoram were found celebrating ECCE day. The situation needs improvement in many States Arunachal Pradesh and Manipur where none of the AWWs were found aware and celebrating ECCE day.



**• Preparation of Low Cost TLM**

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

Table 2.41: AWWs prepared low cost Teaching Learning Material

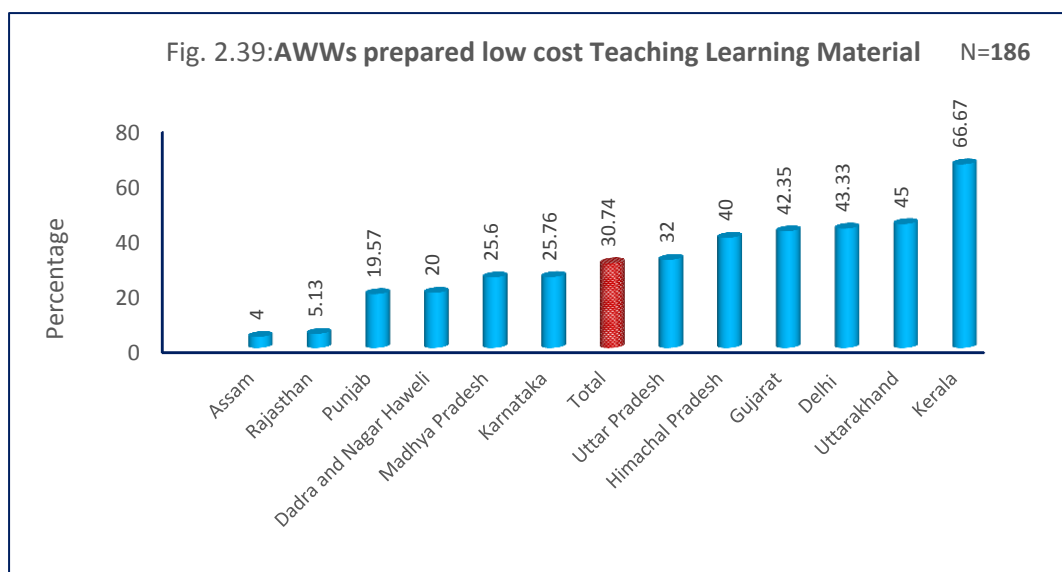
States	Total No. of AWWs	AWWs prepared low cost Teaching Learning Material	
		N	%
Andhra Pradesh	5	0	0
Arunachal Pradesh	10	0	0
Assam	25	1	4
Dadra and Nagar Haveli	5	1	20
Daman & Diu	5	0	0
Delhi	30	13	43.33
Gujarat	85	36	42.35
Haryana	5	0	0
Himachal Pradesh	5	2	40
Karnataka	66	17	25.76
Kerala	84	56	66.67
Madhya Pradesh	125	32	25.6
Manipur	5	0	0
Mizoram	10	0	0
Punjab	46	9	19.57
Rajasthan	39	2	5.13
Uttar Pradesh	25	8	32
Uttarakhand	20	9	45
West Bengal	10	0	0
<b>Total</b>	<b>605</b>	<b>186</b>	<b>30.74</b>

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

The average of all study States reveals that only 30.74 percent of AWWs have prepared the low cost teaching and learning material for use in conducting pre-school education sessions. The state specific observations shows that in Kerala (66.67%) of

AWWs reported preparation of low cost teaching and learning material. Uttarakhand (45%), Delhi (43.33%), Gujarat (42.35%), Himachal Pradesh (40%), Uttar Pradesh (32%) were found of preparing low cost teaching learning material, however, the situation was found worst in many States including the States/UTs of Dadra & Nagar Haveli, Punjab, Madhya Pradesh, Andhra Pradesh, Arunachal Pradesh, Daman & Diu, Haryana, Manipur, Mizoram and West Bengal where either none or less than one fifth of AWWs were found preparing low cost teaching learning material for children.





### Organisation of Nature Walk

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

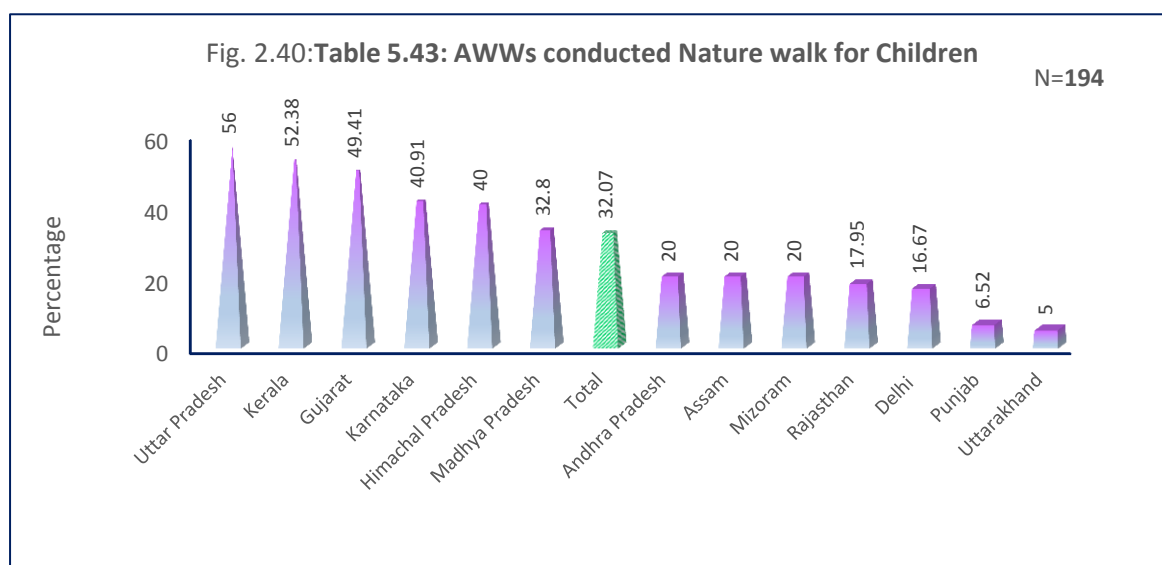
**Table 2.42: AWWs conducted Nature walk for Children**

States	Total No. of AWWs	AWWs conducted Nature walk for children	
		N	%
Andhra Pradesh	5	1	20
Arunachal Pradesh	10	0	-
Assam	25	5	20
Dadra and Nagar Haveli	5	0	-
Daman & Diu	5	0	-
Delhi	30	5	16.67
Gujarat	85	42	49.41
Haryana	5	0	-
Himachal Pradesh	5	2	40
Karnataka	66	27	40.91
Kerala	84	44	52.38
Madhya Pradesh	125	41	32.8
Manipur	5	0	-
Mizoram	10	2	20
Punjab	46	3	6.52
Rajasthan	39	7	17.95
Uttar Pradesh	25	14	56
Uttarakhand	20	1	5

## Chapter – 2 Monitoring Visits of ICDS (2015-2016) – A Report

<b>West Bengal</b>	<b>10</b>	<b>0</b>	<b>-</b>
<b>Total</b>	<b>605</b>	<b>194</b>	<b>32.07</b>

The average of all studies States reveals that 32.07 percent of AWWs were found organizing nature walk for children. The state specific observations shows that 56 per cent of AWWs in the state of Uttar Pradesh, Kerala (52.38%), Gujarat (49.41%), Karnataka (40.91%) and Madhya Pradesh (32.38%) were found organising nature walk for children. Few percent of AWWs in the states of Andhra Pradesh, Assam and Mizoram (20%) were also reported of organising Nature walk in AWC. States/UTs namely Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, Haryana, Manipur and West Bengal none of the AWWs were found organising Nature walk and thus needs particular attention in this direction.





## **Personal Profile and Training Status of ICDS Functionaries**



## Personal Profile and Training Status of ICDS Functionaries

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

## Educational Background of AWWs

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

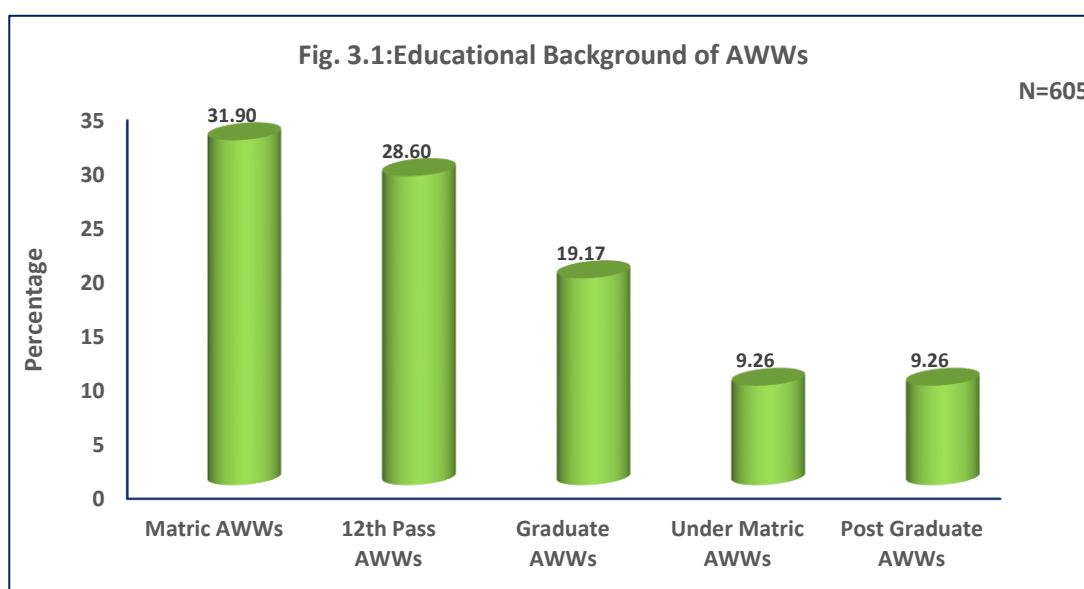
Table 3.1: Educational Background of AWWs

States	No. of AWWs	Under Matric AWWs		Matric AWWs		12th Pass AWWs		Graduate AWWs		Post Graduate AWWs	
		N	%	N	%	N	%	N	%	N	%
Andhra Pradesh	5	-	-	1	20	1	20	1	20	1	20
Arunachal Pradesh	10	3	30	4	40	3	30	-	-	-	-
Assam	25	3	12	9	36	10	40	2	8	-	-
Dadra and Nagar Haveli	5	1	20	1	20	2	40	1	20	-	-
Daman & Diu	5	1	20	2	40	1	20	-	-	-	-
Delhi	30	-	-	7	23.33	11	36.67	8	26.67	4	13.33
Gujarat	85	14	16.47	19	22.35	20	23.53	23	27.06	9	10.59
Haryana	5	-	-	4	80	-	-	1	20	-	-
Himachal Pradesh	5	-	-	4	80	1	20	-	-	-	-
Karnataka	66	3	4.55	34	51.52	21	31.82	7	10.61	1	1.52
Kerala	84	1	1.19	48	57.14	25	29.76	8	9.52	-	-
Madhya Pradesh	125	14	11.2	16	12.8	37	29.6	32	25.60	23	18.4
Manipur	5	-	-	2	40	3	60	-	-	-	-
Mizoram	10	3	30	4	40	3	30	-	-	-	-
Punjab	46	-	-	19	41.30	14	30.43	7	15.22	5	10.87
Rajasthan	39	13	33.33	6	15.38	10	25.64	9	23.08	-	-
Uttar Pradesh	25	-	-	6	24	5	20	9	36	5	20
Uttarakhand	20	-	-	2	10	2	10	8	40	7	35
West Bengal	10	-	-	5	50	4	40	-	-	1	10
<b>Total</b>	<b>605</b>	<b>56</b>	<b>9.26</b>	<b>193</b>	<b>31.90</b>	<b>173</b>	<b>28.60</b>	<b>116</b>	<b>19.17</b>	<b>56</b>	<b>9.26</b>

\*Note: Total may not come to the hundred per cent because rest of AWWs were illiterate or there is no response

### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

It can be observed from **Table 3.1** that, so far as educational background of AWWs is concerned, it was found that 9.26 per cent of AWWs were below matric and about 31.90 per cent were Matric pass. About 28.60 per cent of AWWs were 12<sup>th</sup> pass. A total of 19.17 percent of AWWs were found Graduate whereas only 9.26 per cent of AWWs were found to be Post Graduate. Though, in the State of Haryana and Himachal Pradesh 80 per cent (each) of AWWs were found matric pass, about 33.33 percent of the AWWs was found below matric in the state of Rajasthan. About 40 percent of AWWs were found Graduate in the States of Uttarakhand, followed by 36 percent in the state of Uttar Pradesh and 27.06 percent in Gujarat. A total of 35 percent of the AWWs were found Post Graduate in the state of Uttarakhand followed by 20 percent each in the states of Uttar Pradesh and Andhra Pradesh respectively.



#### Appointment Status of ICDS Functionaries

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

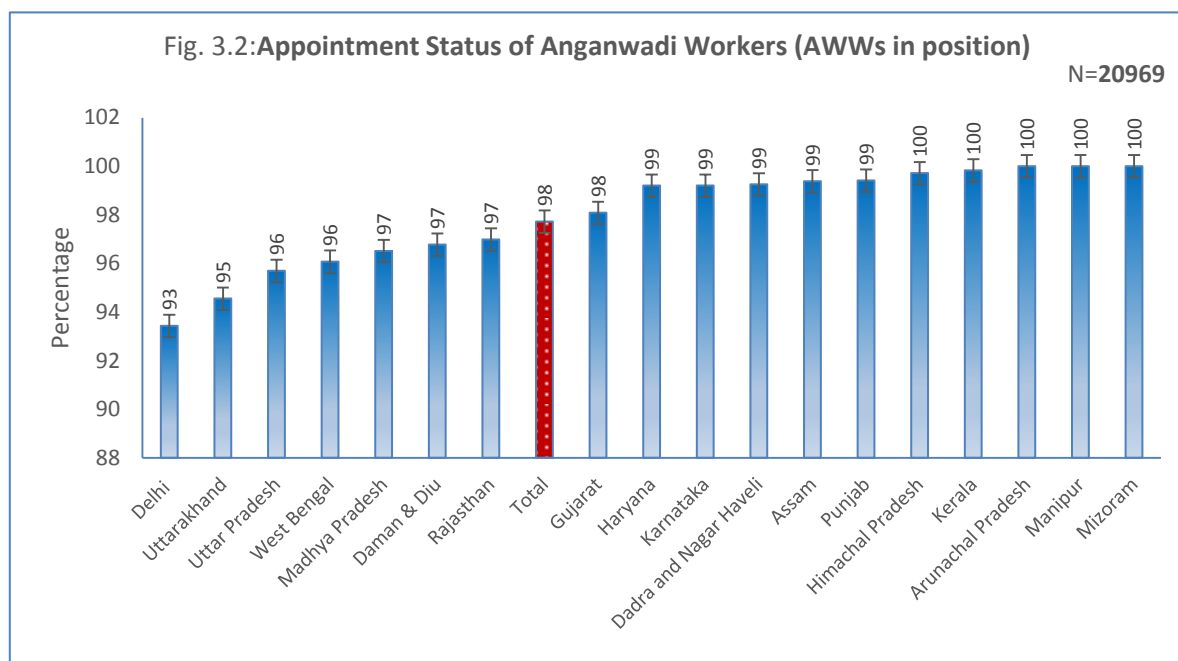
**Table 3.2 Appointment Status of Anganwadi Workers**

States	Total No. of ICDS Projects	Sanctioned No. of AWWs	No. of AWWs in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	1	363	351	97	12	3.31
Arunachal Pradesh	2	110	110	100	0	-
Assam	5	969	963	99	6	0.62
Dadra and Nagar Haveli	1	134	133	99	1	0.75
Daman & Diu	1	62	60	97	2	3.23
Delhi	6	624	583	93	41	6.57
Gujarat	17	2820	2766	98	54	1.91
Haryana	1	251	249	99	2	0.80
Himachal Pradesh	1	351	350	100	1	0.28
Karnataka	12	3523	3495	99	28	0.79

### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

Kerala	17	2316	2312	100	4	0.17
Madhya Pradesh	25	4498	4341	97	157	3.49
Manipur	1	116	116	100	0	-
Mizoram	2	167	167	100	0	-
Punjab	5	851	846	99	5	0.59
Rajasthan	7	1658	1608	97	50	3.02
Uttar Pradesh	5	1208	1156	96	52	4.30
Uttarakhand	4	1157	1094	95	63	5.45
West Bengal	2	280	269	96	11	3.93
<b>Total</b>	<b>115</b>	<b>21458</b>	<b>20969</b>	<b>98</b>	<b>489</b>	<b>2.28</b>

The above **Table 3.2** shows that appointment status of AWWs was found satisfactory as about 98 per cent of them found in position. All (100%) the AWWs from the state Arunachal Pradesh, Himachal Pradesh, Kerala, Manipur and Mizoram were found in position. Significant number (99 per cent) of AWWs in the States/UTs of Assam, Dadra & Nagar Haveli, Haryana, Karnataka, and Punjab were found in position. However, the situation in the state of Bihar needs improvement as 6.57 per cent of Posts of AWWs were found lying vacant.

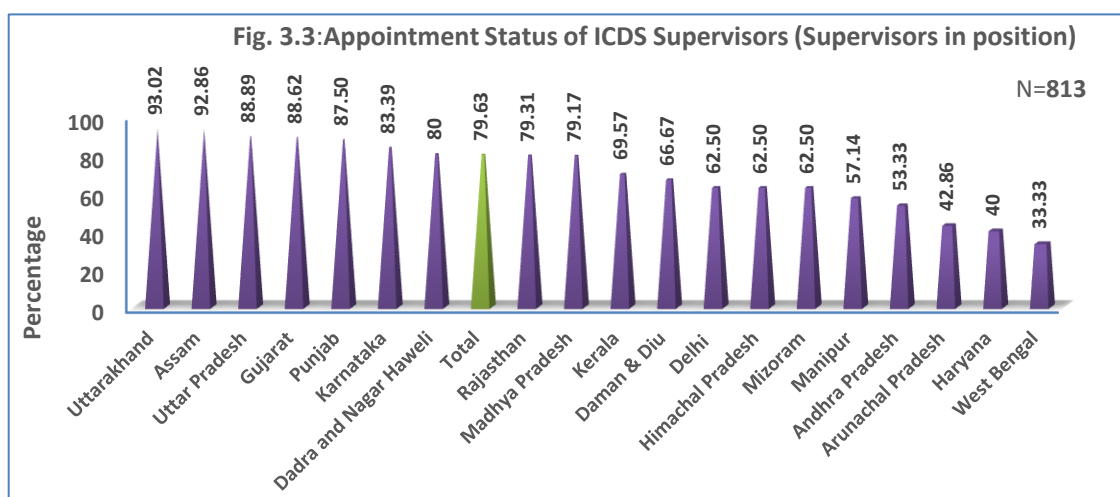


Data in respect of filling up of the sanctioned number of posts of ICDS Supervisors are presented in **Table 3.3**.

Table 3.3: Appointment Status of ICDS Supervisors

States	Total No. of ICDS Projects	Sanctioned No. of Supervisors	No. of Supervisors in Position		No. of Vacant Posts	
			No.	%	No.	%
Andhra Pradesh	1	15	8	53.33	7	46.67
Arunachal Pradesh	2	7	3	42.86	4	57.14
Assam	5	28	26	92.86	2	7.14
Dadra and Nagar Haveli	1	5	4	80	1	20
Daman & Diu	1	3	2	66.67	1	33.33
Delhi	6	24	15	62.50	9	37.50
Gujarat	17	123	109	88.62	14	11.38
Haryana	1	10	4	40.00	6	60
Himachal Pradesh	1	16	10	62.50	6	37.50
Karnataka	12	319	266	83.39	53	16.61
Kerala	17	92	64	69.57	28	30.43
Madhya Pradesh	25	168	133	79.17	35	20.83
Manipur	1	7	4	57.14	3	42.86
Mizoram	2	8	5	62.50	3	37.50
Punjab	5	32	28	87.50	4	12.50
Rajasthan	7	58	46	79.31	12	20.69
Uttar Pradesh	5	45	40	88.89	5	11.11
Uttarakhand	4	43	40	93.02	3	6.98
West Bengal	2	18	6	33.33	12	66.67
<b>Total</b>	<b>115</b>	<b>1021</b>	<b>813</b>	<b>79.63</b>	<b>208</b>	<b>20.37</b>

The Table 3.3 depicts that a total of 20.37 per cent of ICDS supervisors were found lying vacant. The vacant position of Supervisors was found much higher in West Bengal (66.67%) followed by Haryana (60%) and Arunachal Pradesh (57.14%). Nearly eighty percent (79.63%) posts of Supervisors were found occupied. A good numbers of the Supervisors were found in position in the state of Uttarakhand (93.02%), significant number of the supervisors were found in position in the States of Assam (92.86%), Uttar Pradesh (88.89%), Gujarat (88.63%), Punjab (87.50%) and Karnataka (83.39%).



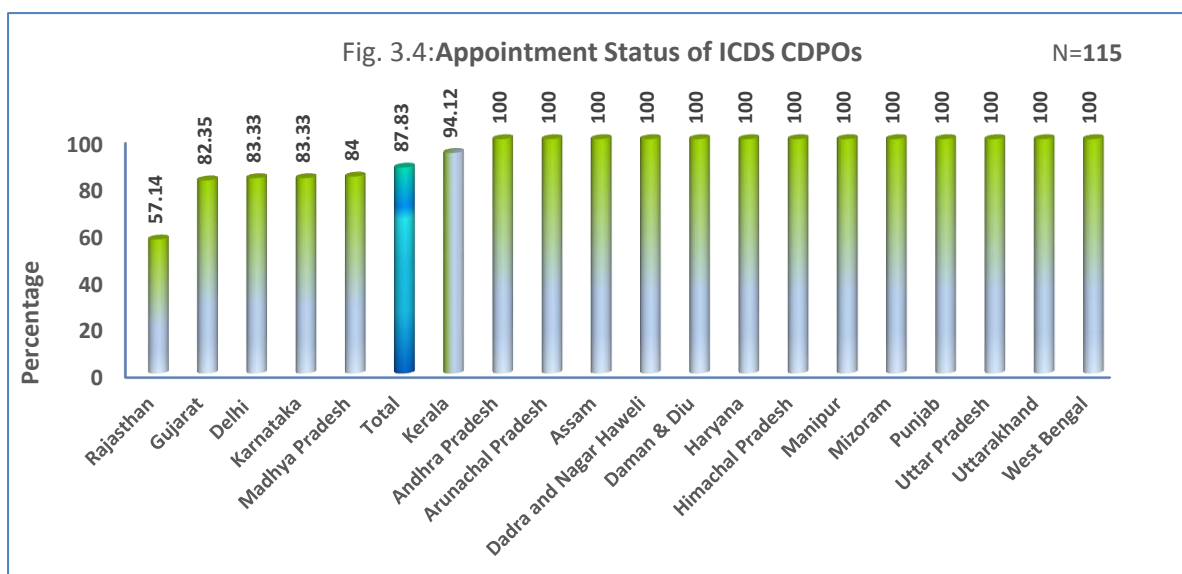
### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

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

**Table 3.4: Appointment Status of ICDS CDPOs**

States	Total No. of ICDS Projects	Sanctioned No. of CDPOs	No. of CDPOs in Position	
			No.	%
Andhra Pradesh	1	1	1	100
Arunachal Pradesh	2	2	2	100
Assam	5	5	5	100
Dadra and Nagar Haveli	1	1	1	100
Daman & Diu	1	1	1	100
Delhi	6	6	5	83.33
Gujarat	17	17	14	82.35
Haryana	1	1	1	100
Himachal Pradesh	1	1	1	100
Karnataka	12	12	10	83.33
Kerala	17	17	16	94.12
Madhya Pradesh	25	25	21	84
Manipur	1	1	1	100
Mizoram	2	2	2	100
Punjab	5	5	5	100
Rajasthan	7	7	4	57.14
Uttar Pradesh	5	5	5	100
Uttarakhand	4	4	4	100
West Bengal	2	2	2	100
<b>Total</b>	<b>115</b>	<b>115</b>	<b>101</b>	<b>87.83</b>

Similarly, it is evident from **Table 3.4** that a total of 87.83 per cent of CDPOs post was already filled. States/UTs specific data shows that none of the CDPOs post was found vacant in the States/UTs of Andhra Pradesh, Arunachal Pradesh, Assam, Dadra & Nagar Haveli, Daman & Diu Delhi, Haryana, Himachal Pradesh, Manipur, Mizoram, and Punjab. However, in the state of Rajasthan, only 57.14 per cent of CDPOs post was found filled. The remaining vacant posts of CDPOs needs to be filled so that all the ICDS projects in the state will be able to perform their tasks/ services smoothly.



### Training of ICDS Functionaries



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

functionaries aims at strengthening their capabilities not only to organize the ICDS activities effectively but also to understand the expectations of beneficiaries and to work with community towards improved child care and behavioral practices. Adequate provisions have been made in ICDS for training of grass root functionaries. Besides job training, each ICDS functionary is also required to undergo refresher training once in two years – so as to enhance and sharpen their capacities by imparting new knowledge and skills to improve their efficiency for realizing the ICDS objectives and goals. The broad objectives of the refresher course includes sharing of experiences in implementing ICDS Programme; making the ICDS functionaries aware about recent developments and guidelines in ICDS and to update their knowledge in various core areas of early childhood care and education. Data with regard to training status of ICDS functionaries are presented in **Table 3.5 to Table 3.7.**

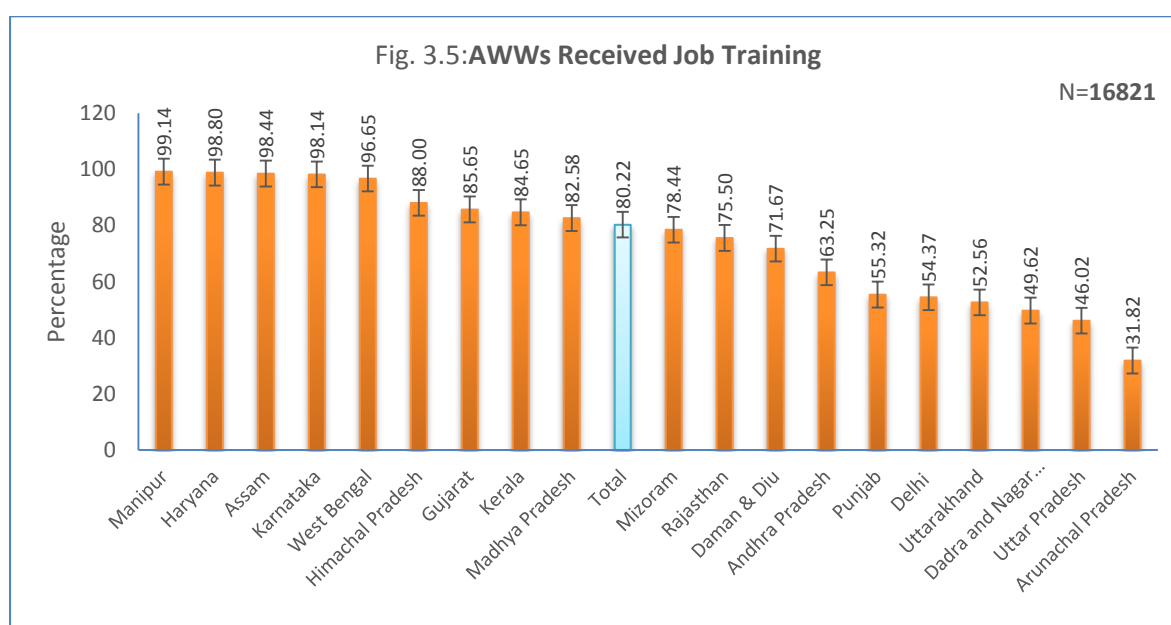
**Table 3.5: AWWs Received Job and Refresher Training**

States	Total No. of ICDS Projects	No. of AWWs in position	No. of AWWs received Job Training		No. of AWWs received Refresher Training during last two years	
			No.	%	No.	%
Andhra Pradesh	1	351	222	63.25	181	51.57
Arunachal Pradesh	2	110	35	31.82	10	9.09

## Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

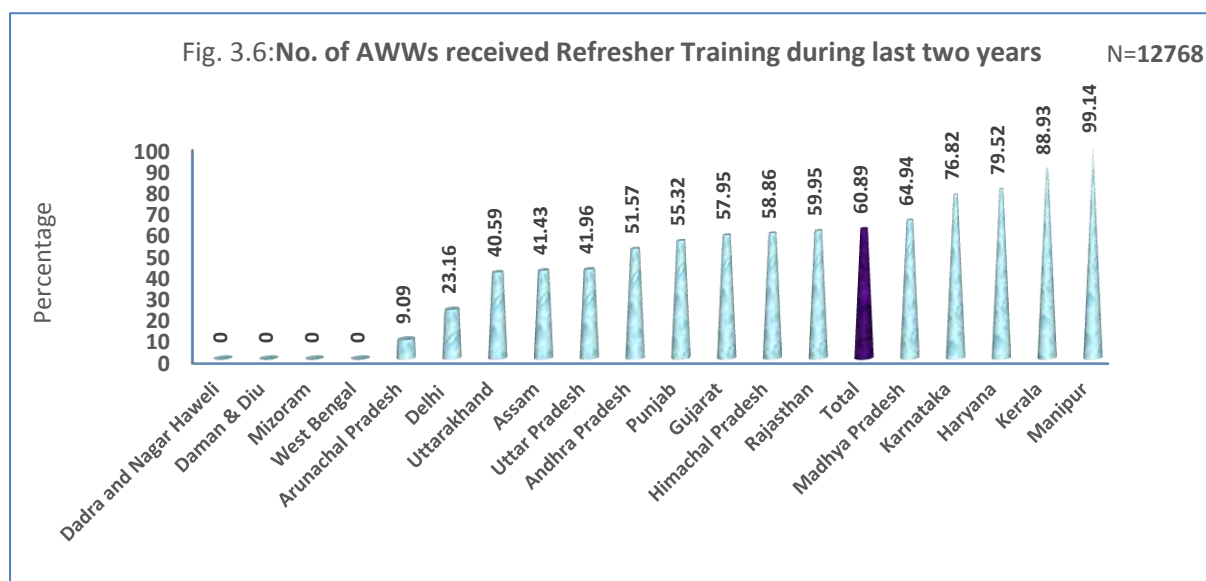
Assam	5	963	948	98.44	399	41.43
Dadra and Nagar Haveli	1	133	66	49.62	0	0.00
Daman & Diu	1	60	43	71.67	0	0.00
Delhi	6	583	317	54.37	135	23.16
Gujarat	17	2766	2369	85.65	1603	57.95
Haryana	1	249	246	98.80	198	79.52
Himachal Pradesh	1	350	308	88.00	206	58.86
Karnataka	12	3495	3430	98.14	2685	76.82
Kerala	17	2312	1957	84.65	2056	88.93
Madhya Pradesh	25	4341	3585	82.58	2819	64.94
Manipur	1	116	115	99.14	115	99.14
Mizoram	2	167	131	78.44	0	-
Punjab	5	846	468	55.32	468	55.32
Rajasthan	7	1608	1214	75.50	964	59.95
Uttar Pradesh	5	1156	532	46.02	485	41.96
Uttarakhand	4	1094	575	52.56	444	40.59
West Bengal	2	269	260	96.65	0	-
<b>Total</b>	<b>115</b>	<b>20969</b>	<b>16821</b>	<b>80.22</b>	<b>12768</b>	<b>60.89</b>

The above **Table 3.5** reveals that 80.22 per cent of AWWs have received job training course. While almost all AWWs (99.14%) in the State of Manipur have received Job Training, significant number of them in the States/UTs of Haryana (98.80%), Assam (98.44%), Karnataka (98.14%) and West Bengal (96.65%) were reported to be job trained. The more number of AWWs from the States/UTs of Arunachal Pradesh (31.82%), Uttar Pradesh (46.02%), Dadra & Nagar Haveli (49.62%), and Uttarakhand (52.56%) needs to be job trained.



### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

Compared to job training, the situation of refresher training was reported worst. All States were found having backlog of refresher training of AWWs. It is found that none of the AWWs had received refresher training from the States/UTs of Dadra & Nagar Haveli, Daman & Diu, Mizoram and West Bengal. Only in the state of Manipur almost all (99.14%) of AWWs were found refresher trained. Significant numbers of AWWs were reported to receive refresher training in the states of Kerala (88.93%), Haryana (79.52%) and Karnataka (76.82%). It is mandatory that all the backlog list has to be clear as soon as possible.



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

**Table 3.6: Supervisors Received Job and Refresher Training**

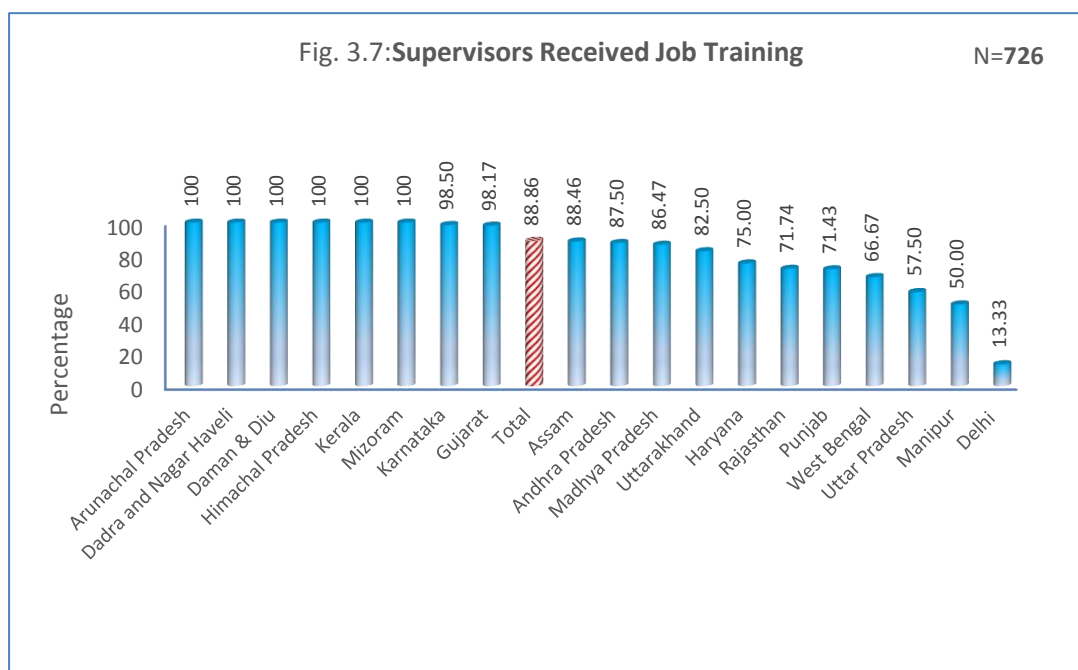
States	Total No. of ICDS Projects	No. of Supervisors in Position	No. of Supervisors received Job Training		No. of Supervisors received Refresher Training	
			No.	%	No.	%
Andhra Pradesh	1	8	7	87.50	4	50
Arunachal Pradesh	2	7	7	100	2	28.57
Assam	5	26	23	88.46	6	23.08
Dadra and Nagar Haveli	1	4	4	100	4	100
Daman & Diu	1	2	2	100	0	-
Delhi	6	15	2	13.33	0	-
Gujarat	17	109	107	98.17	97	88.99
Haryana	1	4	3	75	2	50
Himachal Pradesh	1	10	10	100	10	100
Karnataka	12	266	262	98.50	255	95.86



### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

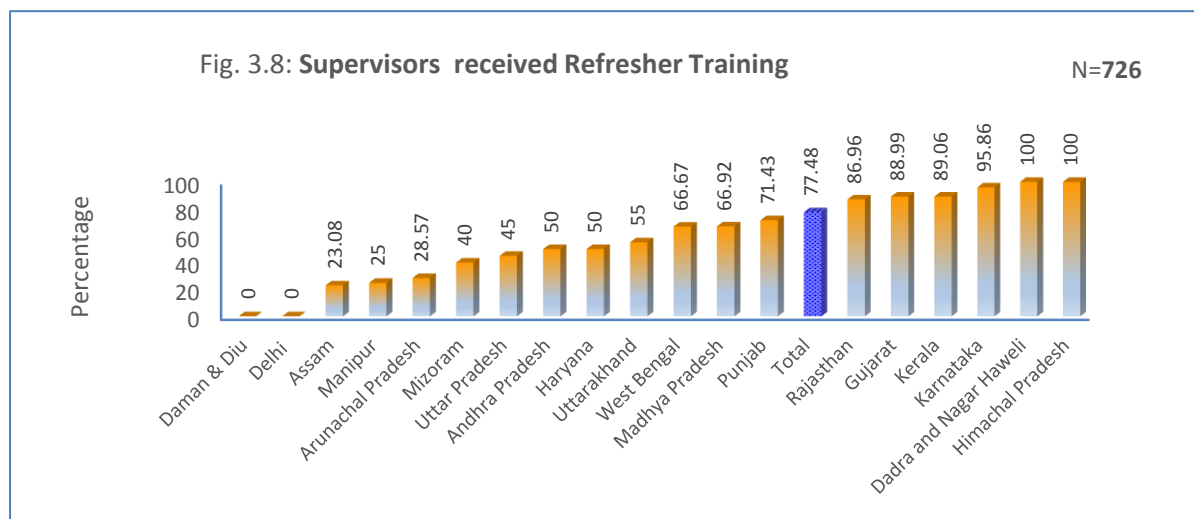
Kerala	17	64	64	100	57	89.06
Madhya Pradesh	25	133	115	86.47	89	66.92
Manipur	1	4	2	50	1	25
Mizoram	2	5	5	100	2	40
Punjab	5	28	20	71.43	20	71.43
Rajasthan	7	46	33	71.74	40	86.96
Uttar Pradesh	5	40	23	57.50	18	45
Uttarakhand	4	40	33	82.50	22	55
West Bengal	2	6	4	66.67	4	66.67
<b>Total</b>	<b>115</b>	<b>817</b>	<b>726</b>	<b>88.86</b>	<b>633</b>	<b>77.48</b>

As per data **Table 4.6**, 88.86 per cent of supervisors received job training. Though all Supervisors (100%) in the States/UTs of Mizoram, Arunachal Pradesh, Kerala, Dadra & Nagar Haveli and Daman & Diu have received Job Training Course, however, situation needs improvement in the States of Delhi (13.33%), Manipur (50%) and Uttar Pradesh (57.50%) where less number of Supervisors reported to be job trained.



### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

It can be seen a total of 77.48 per cent of Supervisors had received refresher training course. In the States/UTs of Dadra & Nagar Haveli and Himachal Pradesh all the Supervisors (100%) were found to be refresher trained. Majority of supervisors from the state/UTs of Karnataka (95.86%), Kerala (89.06%), Gujarat (88.99%) and Rajasthan (86.96%) have completed refresher training course whereas none of the supervisors from the state/UT of Delhi and Daman & Diu reported of receiving refresher training course.



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

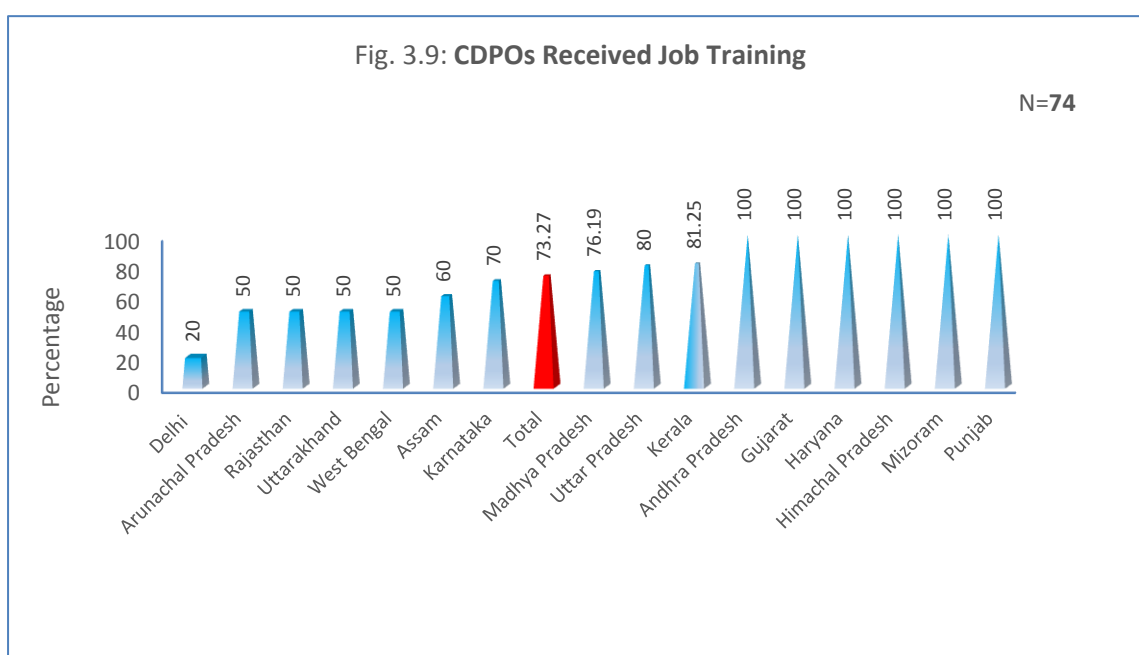
**Table 3.7: CDPOs received Training**

States	Total No. of ICDS Projects	CDPOs in position	No. of CDPOs Received Job Training		No. of CDPOs Received Refresher Training	
			No.	%	No.	%
Andhra Pradesh	1	1	1	100	1	100
Arunachal Pradesh	2	2	1	50	0	-
Assam	5	5	3	60	1	20
Dadra and Nagar Haveli	1	1	0	-	0	-
Daman & Diu	1	1	0	-	0	-
Delhi	6	5	1	20	1	20
Gujarat	17	14	14	100	14	100
Haryana	1	1	1	100	1	100
Himachal Pradesh	1	1	1	100	1	100
Karnataka	12	10	7	70	7	70
Kerala	17	16	13	81.25	7	43.75
Madhya Pradesh	25	21	16	76.19	6	28.57
Manipur	1	1	0	-	0	-
Mizoram	2	2	2	100	2	100
Punjab	5	5	5	100	4	80
Rajasthan	7	4	2	50	3	75

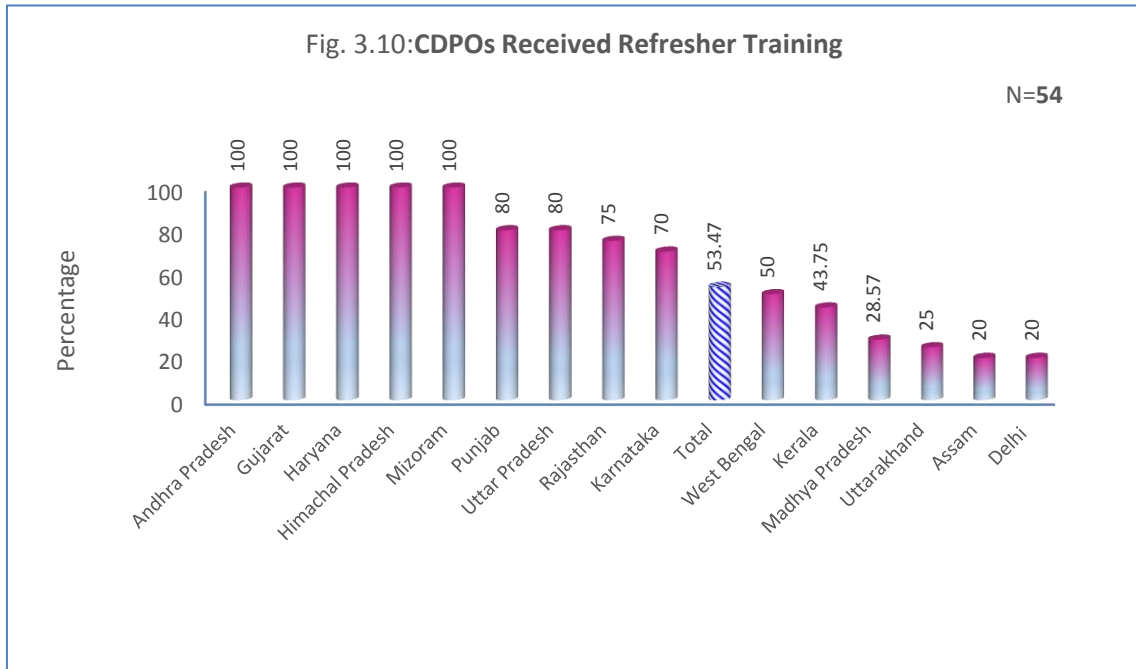
### Chapter – 3 Monitoring Visits of ICDS (2015-2016) - A Report

<b>Uttar Pradesh</b>	<b>5</b>	<b>5</b>	<b>4</b>	<b>80</b>	<b>4</b>	<b>80</b>
<b>Uttarakhand</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>50</b>	<b>1</b>	<b>25</b>
<b>West Bengal</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>50</b>	<b>1</b>	<b>50</b>
<b>Total</b>	<b>115</b>	<b>101</b>	<b>74</b>	<b>73.27</b>	<b>54</b>	<b>53.47</b>

The data concerning job training of CDPOs reveals that about 73.27 per cent of CDPOs had received job training. All CDPOs (100%), from the States of Andhra Pradesh, Gujarat, Haryana, Himachal Pradesh and Mizoram have received job training whereas none of the CDPOs from the States/UTs of Dadra & Nagar Haveli, Daman & Diu and Manipur were reported to be job trained. These backlogs requires an urgent attention and has to be clear as soon as possible.



As far as Refresher Training of CDPOs are concerned, it is found that only 53.47 per cent of CDPOs were refresher trained. It is reported that all the CDPOs from the states/UTs of Andhra Pradesh, Gujarat, Haryana, Himachal Pradesh and Mizoram (100%) had received refresher training. Majority of the CDPOs were reported to be refresher trained in the states/UTs of Punjab (80%), Uttar Pradesh (80%) and Rajasthan (75%). The highest backlog was reported from the States/UTs of Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu and Manipur where none of the CDPOs received refresher training





# Community Mobilization & Information, Education and Communication

## Information, Education, Communication and Community Mobilization

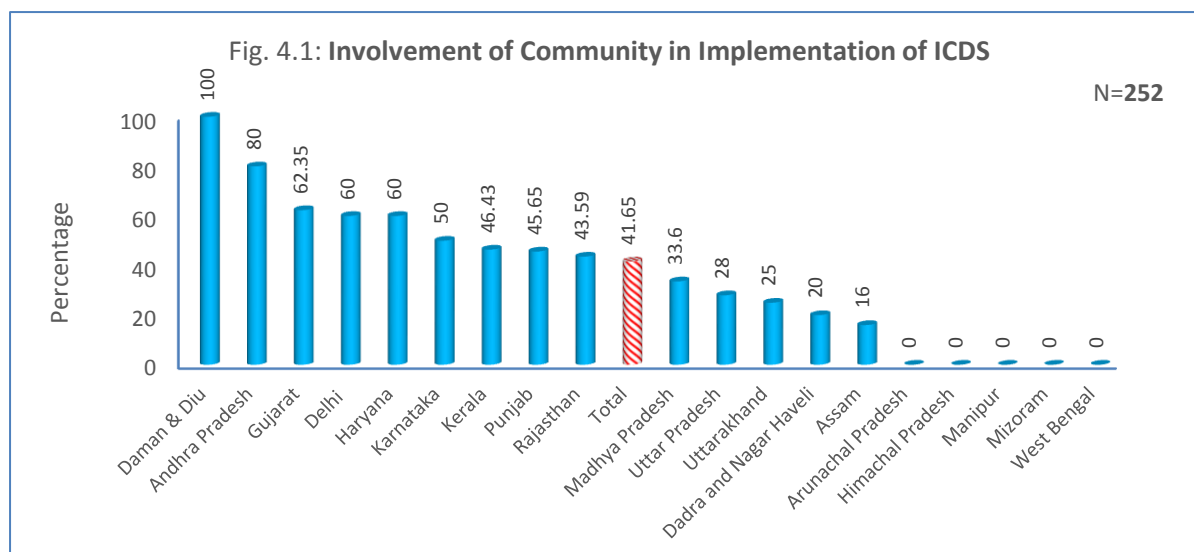
The need for involvement of community in monitoring and participation in day to day activities of ICDS has been always felt and desired in order to build an accountability mechanism for delivery of services and availability of supplies at AWC level. MWCD, GOI has instructed all State Governments/UT Administrations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

**Table 4.1: Involvement of Community in Implementation of ICDS**

States	Total No. of AWCs	No. of AWCs where community was involved	%
Andhra Pradesh	5	4	80
Arunachal Pradesh	10	0	-
Assam	25	4	16
Dadra and Nagar Haveli	5	1	20
Daman & Diu	5	5	100
Delhi	30	18	60
Gujarat	85	53	62.35
Haryana	5	3	60
Himachal Pradesh	5	0	-
Karnataka	66	33	50
Kerala	84	39	46.43
Madhya Pradesh	125	42	33.6
Manipur	5	0	-
Mizoram	10	0	-
Punjab	46	21	45.65
Rajasthan	39	17	43.59
Uttar Pradesh	25	7	28
Uttarakhand	20	5	25
West Bengal	10	0	-
Total	605	252	41.65

The involvement of community was found only in 41.65 per cent of the AWCs located across the study States. As per the data concern, it is found that there was an active involvement of community in implementation of ICDS in the UT of Daman & Diu (100%). It is also observed that there is an ample number of community involvement in implementation of ICDS in the states of Andhra Pradesh (80%), Gujarat (62.35%) and Delhi (60%). The report, however, reflects that in the states of Arunachal Pradesh, Himachal Pradesh, Manipur,

Mizoram and West Bengal, there is no involvement of community at all in implementation of ICDS.



### Information, Education and Communication (IEC)

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



Table 4.2 a: ICDS Projects Organize Plan IEC Activities

States	Total No. of ICDS Projects	No. of ICDS Projects having IEC plan	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	5	5	100
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	6	3	50
Gujarat	17	15	88.24
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	10	83.33
Kerala	17	12	70.59
Madhya Pradesh	25	24	96
Manipur	1	0	-
Mizoram	2	1	50
Punjab	5	4	80
Rajasthan	7	2	28.57
Uttar Pradesh	5	4	80
Uttarakhand	4	4	100
West Bengal	2	2	100
<b>Total</b>	<b>115</b>	<b>93</b>	<b>80.87</b>

The data reveals very encouraging situation as about 80.87 per cent of ICDS Projects were found organizing IEC activities. The data as presented in Table 4.2 shows that though all ICDS projects (100%) located in the States/UTs of Andhra Pradesh, Arunachal Pradesh, Assam, Dadra & Nagar Haveli, Daman & Diu, Haryana, Himachal Pradesh, Uttarakhand and West Bengal were found organizing IEC activities, however, much attention needs to be paid in the State of Manipur where none of ICDS Projects were found organizing such activities.

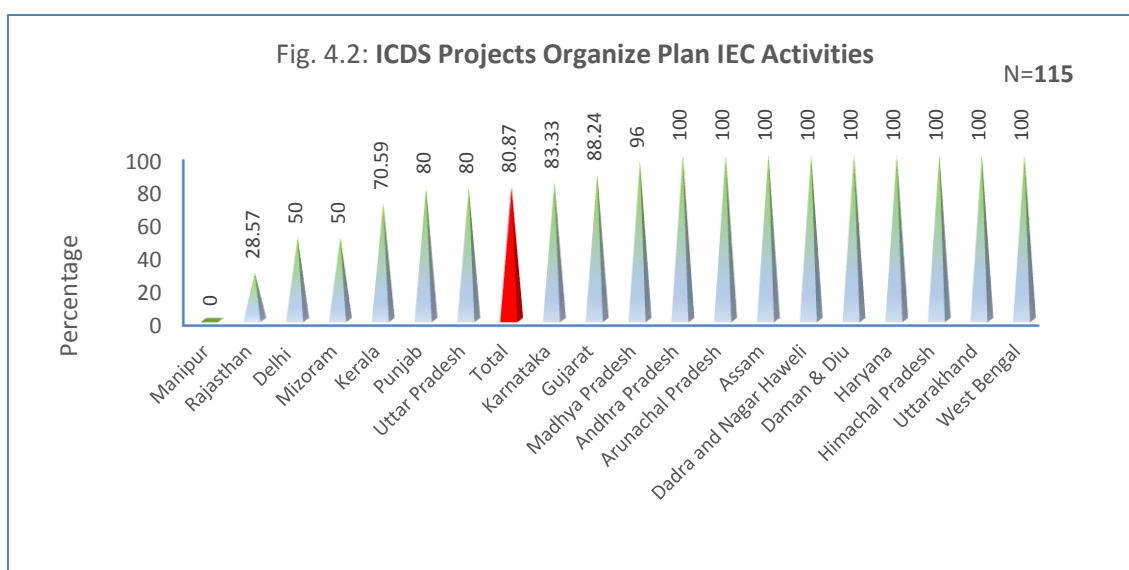
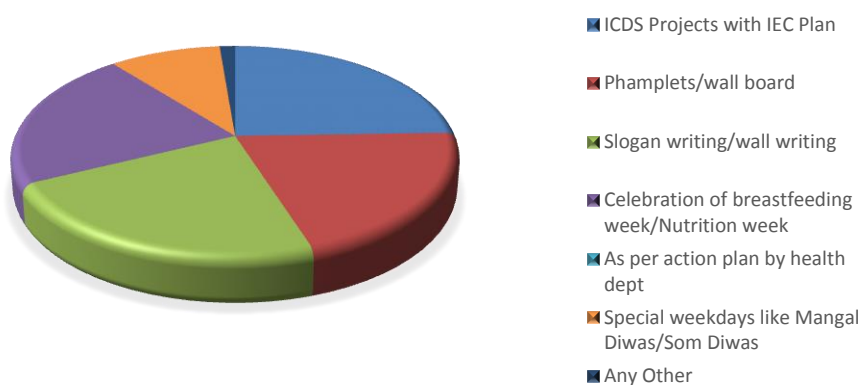




Table 4.2 b: ICDS Projects Organize Other IEC Activities

States	Total No. of ICDS Projects	No. of ICDS Projects conducted Other IEC Activities	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	5	4	80
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	6	3	50
Gujarat	17	17	100
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	12	100
Kerala	17	16	94.12
Madhya Pradesh	25	22	88
Manipur	1	0	-
Mizoram	2	1	50
Punjab	5	4	80
Rajasthan	7	4	57.14
Uttar Pradesh	5	4	80
Uttarakhand	4	4	100
West Bengal	2	2	100
<b>Total</b>	<b>115</b>	<b>100</b>	<b>86.96</b>

FIG. 4.3: ICDS PROJECTS ORGANIZE OTHER IEC ACTIVITIES



### Celebration of Breast Feeding and Nutrition Week

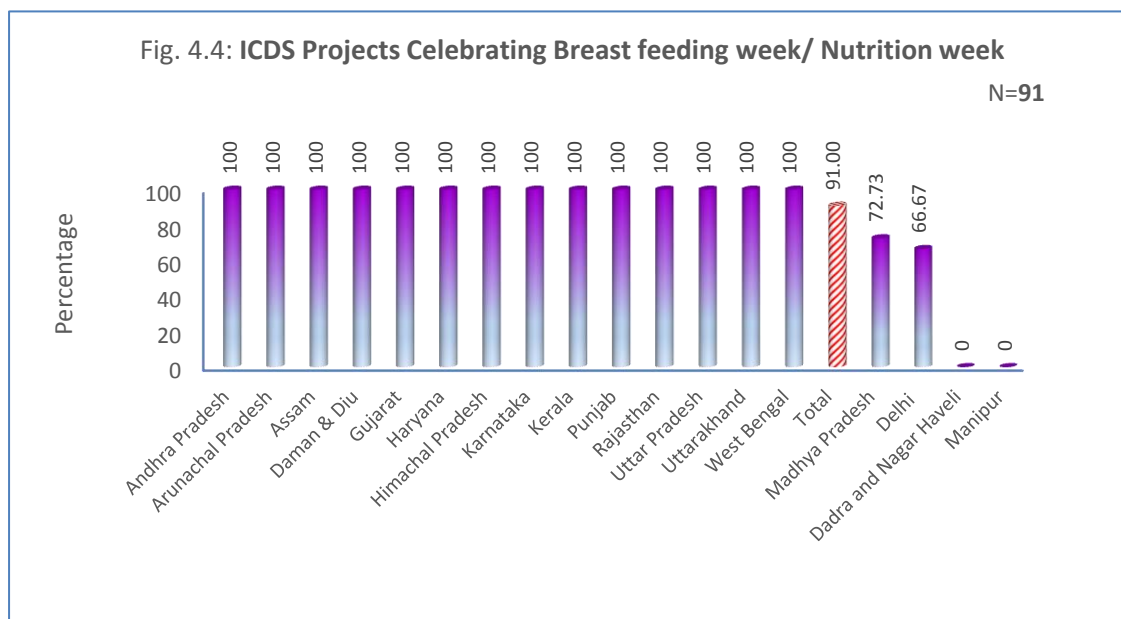
In order to promote the breast feeding, World Breast Feeding Week is celebrated in all AWCs from 1-7 August every year. Similarly, National Nutrition Week is observed in all AWCs from 1-7 September every year. Data in this regard are presented in **Table 4.3**.

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

States	No. of ICDS Projects conducted Other IEC Activities	Celebration of Breast Feeding week/ Nutrition week	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	4	4	100
Dadra and Nagar Haveli	1	0	-
Daman & Diu	1	1	100
Delhi	3	2	66.67
Gujarat	17	17	100
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	12	100
Kerala	16	16	100
Madhya Pradesh	22	16	72.73
Manipur	0	0	-
Mizoram	1	0	-
Punjab	4	4	100
Rajasthan	4	4	100
Uttar Pradesh	4	4	100
Uttarakhand	4	4	100
West Bengal	2	2	100
<b>Total</b>	<b>100</b>	<b>91</b>	<b>91.00</b>

The above **table 4.3** reveals that significant (91%) numbers of ICDS projects were found celebrating Breast feeding week & Nutrition week. All ICDS Projects (100%) located in the States/UTs of Andhra Pradesh, Arunachal Pradesh, Assam, Daman & Diu, Gujarat, Haryana, Himachal Pradesh, Karnataka and Kerala were found celebrating Breast feeding week & Nutrition week. Madhya Pradesh (72.73%) and Delhi (66.67%) were also reported quite a good numbers of ICDS projects which are celebrating Breastfeeding Week & Nutrition week. However, no such activities were found celebrating in the states of Assam, Manipur and Mizoram.





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

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

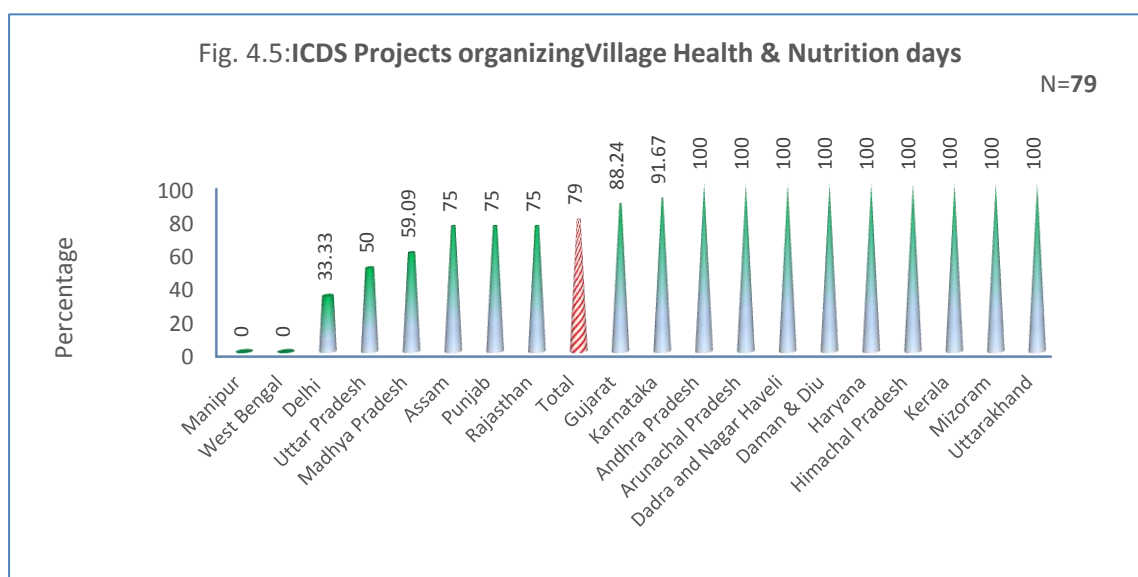
**Table 4.4: ICDS Projects organizing Village Health & Nutrition days**

States	No. of ICDS Projects conducted Other IEC Activities	Organizing VHND	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	4	3	75
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	3	1	33.33
Gujarat	17	15	88.24
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	11	91.67
Kerala	16	16	100
Madhya Pradesh	22	13	59.09
Manipur	0	0	-

## Chapter – 4 Monitoring Visits of ICDS (2015-2016) – A Report

<b>Mizoram</b>	1	1	100
<b>Punjab</b>	4	3	75
<b>Rajasthan</b>	4	3	75
<b>Uttar Pradesh</b>	4	2	50
<b>Uttarakhand</b>	4	4	100
<b>West Bengal</b>	2	0	-
<b>Total</b>	<b>100</b>	<b>79</b>	<b>79</b>

It was found from the above **Table 4.4** that about 79 per cent of ICDS projects were organizing Village Health and Nutrition Day. According to the data gathered, it is found that all the ICDS projects (100%) in the States/UTs of Andhra Pradesh, Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, Haryana, Himachal Pradesh, Kerala, Mizoram and Uttarakhand were celebrating Village Health & Nutrition Day. Significant numbers of ICDS projects in the states of Karnataka (91.67%), Gujarat (88.24%), Assam, Punjab and Rajasthan (75%) respectively were also reported of celebrating VHND. Only two states, i.e., Manipur and West Bengal were not found celebrating such activities, which requires encouragement and motivation to organize this important event in future.



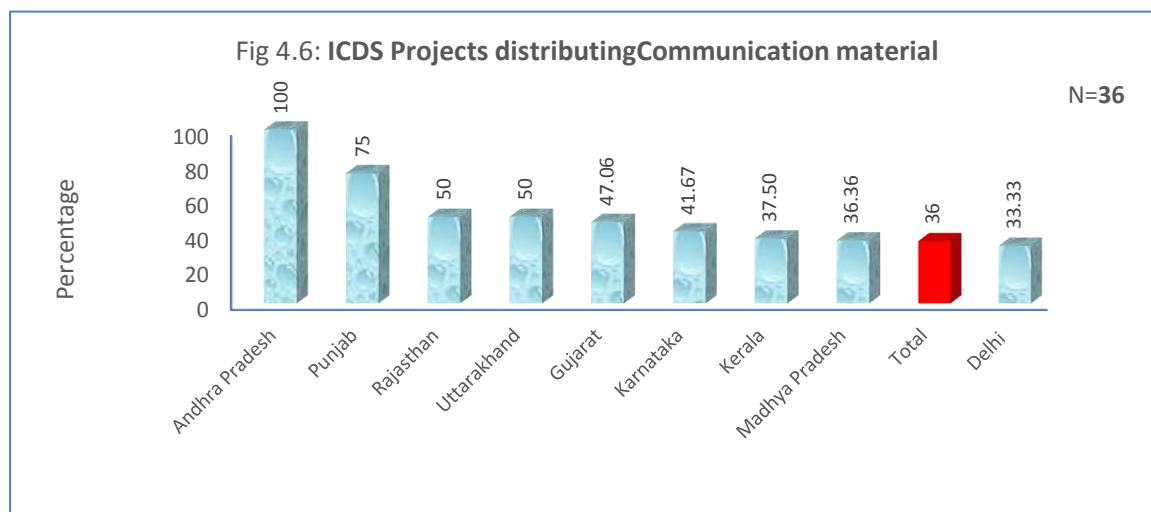
### Distribution of Communication Material

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

**Table 4.5: ICDS Projects Distributing Communication material**

States	No. of ICDS Projects conducted Other IEC Activities	Distribution of Communication material	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	-	-
Assam	4	-	-
Dadra and Nagar Haveli	1	-	-
Daman & Diu	1	-	-
Delhi	3	1	33.33
Gujarat	17	8	47.06
Haryana	1	-	-
Himachal Pradesh	1	-	-
Karnataka	12	5	41.67
Kerala	16	6	37.50
Madhya Pradesh	22	8	36.36
Manipur	-	-	-
Mizoram	1	-	-
Punjab	4	3	75
Rajasthan	4	2	50
Uttar Pradesh	4	-	-
Uttarakhand	4	2	50
West Bengal	2	-	-
<b>Total</b>	<b>100</b>	<b>36</b>	<b>36</b>

It can be seen from the above **Table 4.5** that only 36 percent of ICDS projects were distributing Communication Material under IEC activities. Only in state of Andhra Pradesh all the ICDS projects (100%) were found distributing communication material. None of the ICDS Projects in the States/UTs of Assam, Arunachal Pradesh, Dadra & Nagar Haveli, Himachal Pradesh, Manipur, Mizoram, Uttar Pradesh and West Bengal Haryana were found distributing Communication Material under IEC activities.



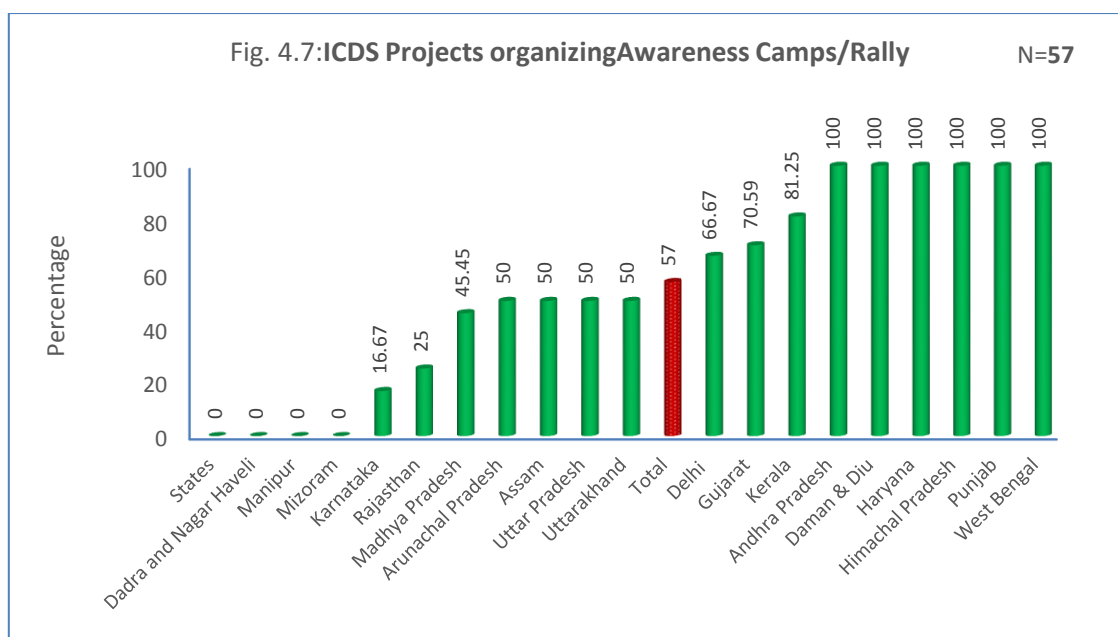
### Organisation of Advocacy and Awareness Camps

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

**Table 4.6: ICDS Projects organizing Awareness Camps/Rally**

States	No. of ICDS Projects conducted Other IEC Activities	Awareness Camps/Rally conducted in each AWC	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	1	50
Assam	4	2	50
Dadra and Nagar Haveli	1	-	-
Daman & Diu	1	1	100
Delhi	3	2	66.67
Gujarat	17	12	70.59
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	2	16.67
Kerala	16	13	81.25
Madhya Pradesh	22	10	45.45
Manipur	-	-	-
Mizoram	1	-	-
Punjab	4	4	100
Rajasthan	4	1	25
Uttar Pradesh	4	2	50
Uttarakhand	4	2	50
West Bengal	2	2	100
<b>Total</b>	<b>100</b>	<b>57</b>	<b>57</b>

The above **Table 4.6** depicts organisation of awareness rallies on different aspects of ICDS. A total of 57 per cent of ICDS projects were found conducting such awareness/rallies. Though all ICDS Projects (100%) located in the States of Andhra Pradesh, Daman & Diu, Haryana, Himachal Pradesh, Punjab and West Bengal organize such rallies, however, such status was not reported in the states/UTs of Dadra & Nagar Haveli, Manipur and Mizoram.



**Organisation of Nutrition Exhibition**

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

**Table 4.7: ICDS Projects Organizing Nutrition Exhibition**

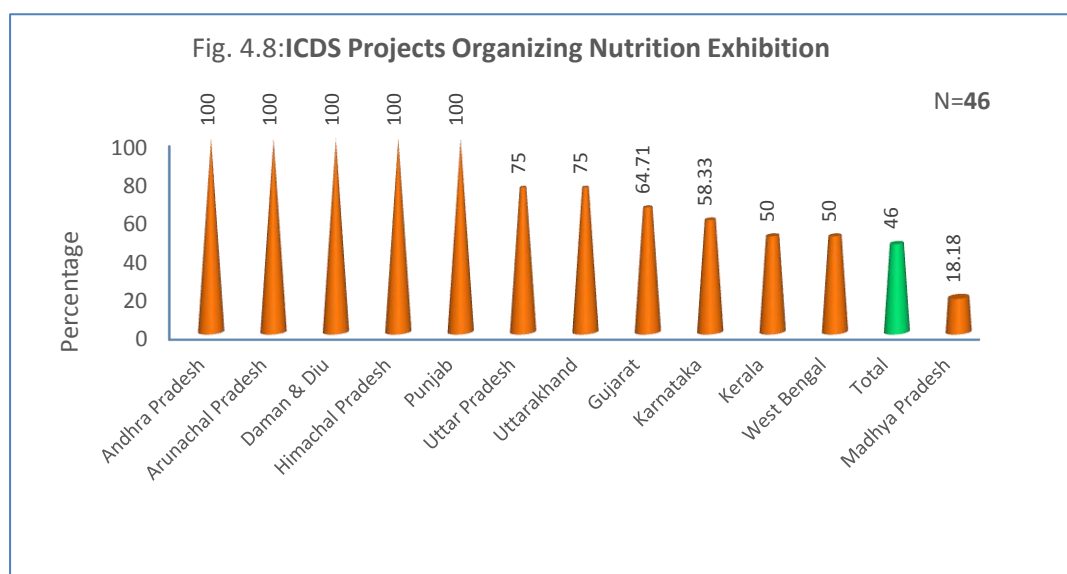
States	No. of ICDS Projects conducted Other IEC Activities	Nutrition Exhibition	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	4	-	-
Dadra and Nagar Haveli	1	-	-
Daman & Diu	1	1	100
Delhi	3	-	-
Gujarat	17	11	64.71
Haryana	1	-	-
Himachal Pradesh	1	1	100
Karnataka	12	7	58.33
Kerala	16	8	50
Madhya Pradesh	22	4	18.18
Manipur	-	-	-
Mizoram	1	-	-
Punjab	4	4	100
Rajasthan	4	-	-



## Chapter – 4 Monitoring Visits of ICDS (2015-2016) – A Report

<b>Uttar Pradesh</b>	4	3	75
<b>Uttarakhand</b>	4	3	75
<b>West Bengal</b>	2	1	50
<b>Total</b>	<b>100</b>	<b>46</b>	<b>46</b>

The above **Table 4.7** shows that only 46 per cent of ICDS projects organized the Nutrition Exhibition. Though organisation of such event was reported from all ICDS Projects (100%) in the States of Andhra Pradesh, Arunachal Pradesh, Daman & Diu, Himachal Pradesh and Punjab. However, such activity was found missing in all ICDS Projects visited by consultants in the State/UTs of Rajasthan, Mizoram, Manipur, Haryana, Gujarat, Delhi and Assam.



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

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

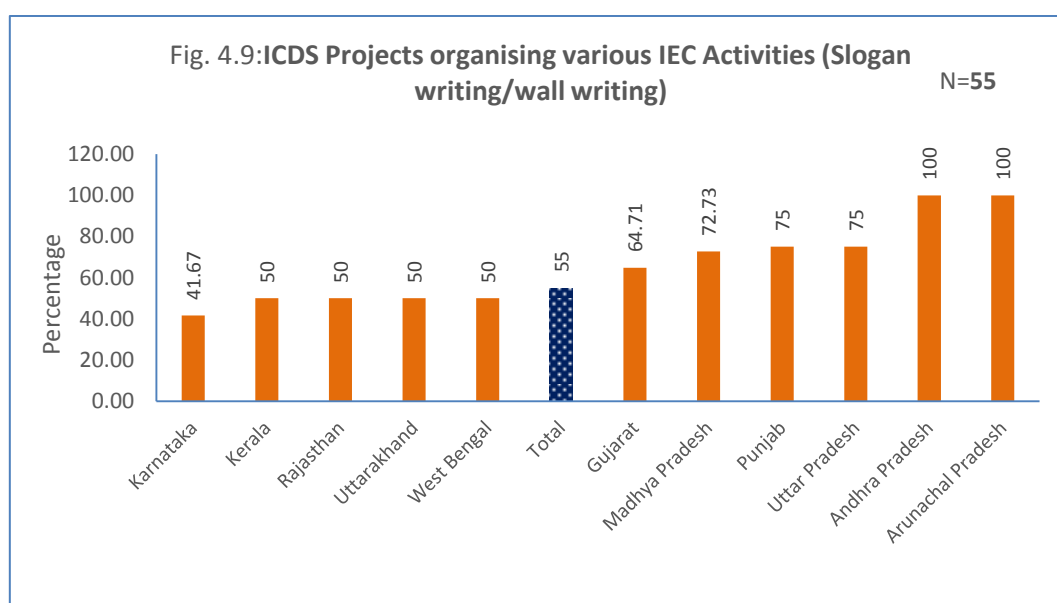
States	No. of ICDS Projects conducted Other IEC Activities	Slogan writing/wall writing	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	4	-	-
Dadra and Nagar Haveli	1	-	-
Daman & Diu	1	-	-
Delhi	3	-	-
Gujarat	17	11	64.71
Haryana	1	1	100
Himachal Pradesh	1	-	-
Karnataka	12	5	41.67
Kerala	16	8	50
Madhya Pradesh	22	16	72.73
Manipur	-	-	-



## Chapter – 4 Monitoring Visits of ICDS (2015-2016) – A Report

<b>Mizoram</b>	1	-	-
<b>Punjab</b>	4	3	75
<b>Rajasthan</b>	4	2	50
<b>Uttar Pradesh</b>	4	3	75
<b>Uttarakhand</b>	4	2	50
<b>West Bengal</b>	2	1	50
<b>Total</b>	<b>100</b>	<b>55</b>	<b>55</b>

It was reported from the above **Table 4.8** that about 55 per cent of ICDS projects were found organizing Slogan or Wall Writing. Organisation of such event was reported from all the ICDS Projects in the State of Andhra Pradesh and Arunachal Pradesh (100%). Substantial number of ICDS Projects in the States of Punjab and Uttar Pradesh (75%) was also reported organizing slogan or wall writing while the state/UTs of Mizoram, Manipur, Assam, Delhi, Dadra & Nagar Haveli and Daman & Diu was not organizing such events.





**Continuous and Comprehensive  
Monitoring and Supportive  
Supervision**

**Continuous and Comprehensive Monitoring and Supportive Supervision**

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

**Monitoring Methods of AWCs**

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

**Table 5.1: Monitoring Methods of AWCs by CDPOs**

States	Total No. of CDPOs	Monitoring by Physical Visits only	
		N	%
Andhra Pradesh	1	0	-
Arunachal Pradesh	2	1	50
Assam	5	2	40
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	5	5	100
Gujarat	14	9	64.29
Haryana	1	1	100
Himachal Pradesh	1	0	-
Karnataka	10	10	100
Kerala	16	15	93.75
Madhya Pradesh	21	18	85.71
Manipur	1	1	100
Mizoram	2	0	-
Punjab	5	3	60
Rajasthan	4	3	75
Uttar Pradesh	5	5	100
Uttarakhand	4	4	100
West Bengal	2	1	50
<b>Total</b>	<b>101</b>	<b>80</b>	<b>79.21</b>

The data from **above Table 5.1** reveals that about 79.21 per cent of CDPOs were visiting the AWCs to monitor and supervise them. The states/UTs where all CDPOs (100%) were visiting AWCs for monitoring and supervising were Delhi, Daman & Diu, Dadra & Nagar Haveli, Haryana, Karnataka, Manipur, Uttar Pradesh and Uttarakhand. In the state of

## Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

Mizoram, Himachal Pradesh and Andhra Pradesh none of the CDPOs were found visiting AWCs for monitoring and supervision.

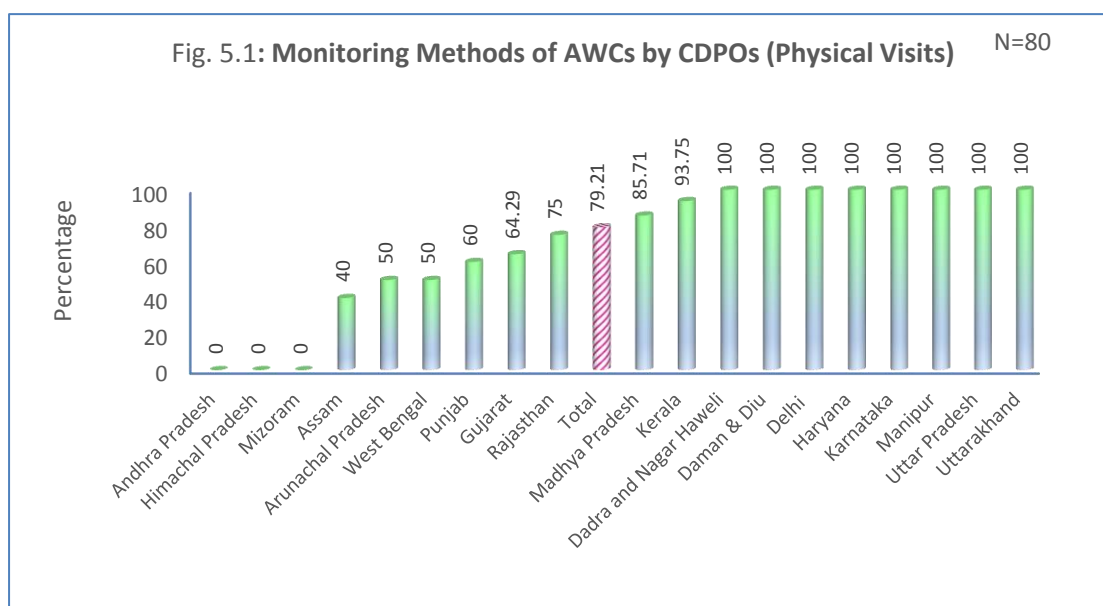
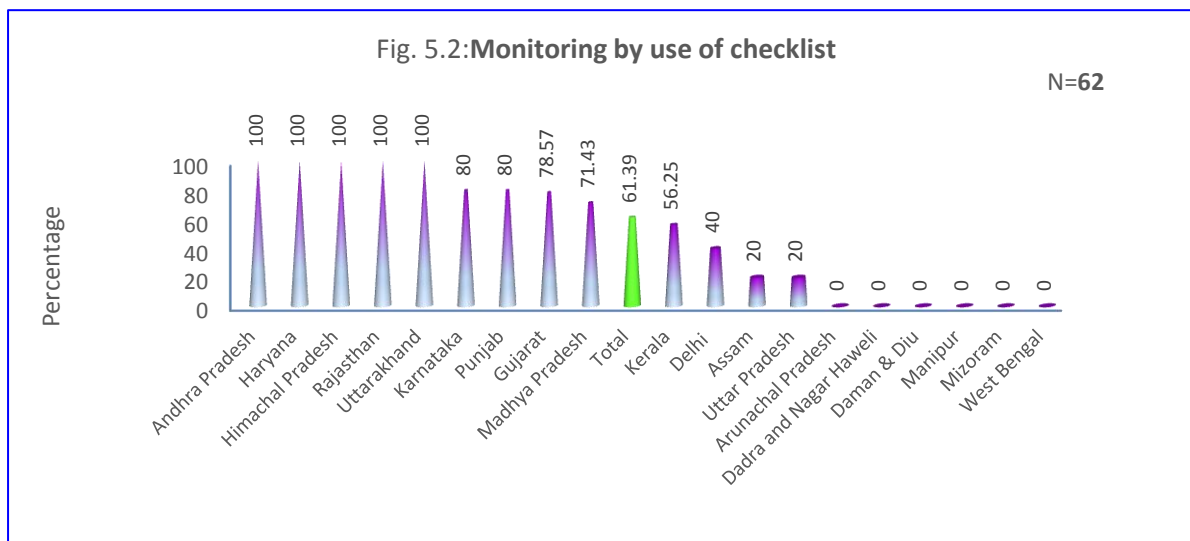


Table 5.2: Monitoring Methods of AWCs by CDPOs

States	Total No. of CDPOs	Monitoring by Use of Checklist	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	0	-
Assam	5	1	20
Dadra and Nagar Haveli	1	0	-
Daman & Diu	1	0	-
Delhi	5	2	40
Gujarat	14	11	78.57
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	10	8	80
Kerala	16	9	56.25
Madhya Pradesh	21	15	71.43
Manipur	1	0	-
Mizoram	2	0	-
Punjab	5	4	80
Rajasthan	4	4	100
Uttar Pradesh	5	1	20
Uttarakhand	4	4	100
West Bengal	2	0	-
<b>Total</b>	<b>101</b>	<b>62</b>	<b>61.39</b>

## Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

It is evident from the above **Table 5.2** that for monitoring and supervision of AWCs a total of 61.39 per cent of CDPOs were found using checklist as a monitoring method. All (100%) the CDPOs in the states of Andhra Pradesh, Himachal Pradesh, Rajasthan, Uttarakhand and Haryana were found using checklist as one of the method of monitoring and supervising the AWCs.



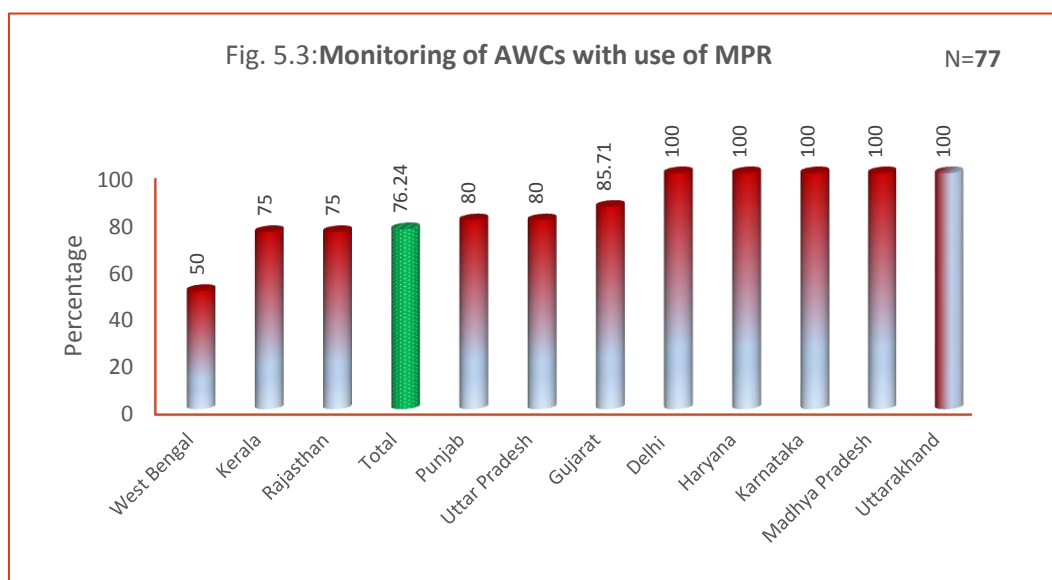
**Table 5.3: Monitoring Methods of AWCs by CDPOs**

States	Total No. of CDPOs	Monitoring of AWCs with use of MPR	
		N	%
Andhra Pradesh	1	0	-
Arunachal Pradesh	2	0	-
Assam	5	0	-
Dadra and Nagar Haveli	1	0	-
Daman & Diu	1	0	-
Delhi	5	5	100
Gujarat	14	12	85.71
Haryana	1	1	100
Himachal Pradesh	1	0	-
Karnataka	10	10	100
Kerala	16	12	75
Madhya Pradesh	21	21	100
Manipur	1	0	-
Mizoram	2	0	-
Punjab	5	4	80
Rajasthan	4	3	75
Uttar Pradesh	5	4	80
Uttarakhand	4	4	100

## Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

West Bengal	2	1	50
<b>Total</b>	<b>101</b>	<b>77</b>	<b>76.24</b>

The above **table 5.3** reveals that MPR was used for monitoring and supervising AWCs by 76.24 per cent of CDPOs. In states such as Delhi, Haryana, Karnataka, Madhya Pradesh and Uttarakhand all the CDPOs (100%) monitors AWCs with the use of MPR.



### CDPOs Approved Supervisor's Plan

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

States	Total No. of ICDS Projects	No. of ICDS Projects where CDPO Prepared Supervisor's Plan of Visit	
		N	%
Andhra Pradesh	1	0	-
Arunachal Pradesh	2	1	50
Assam	5	1	20
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	6	1	16.67
Gujarat	17	2	11.76
Haryana	1	0	-
Himachal Pradesh	1	1	100
Karnataka	12	1	8.33
Kerala	17	3	17.65
Madhya Pradesh	25	4	16
Manipur	1	0	-
Mizoram	2	2	100

<b>Punjab</b>	<b>5</b>	<b>1</b>	<b>20</b>
<b>Rajasthan</b>	<b>7</b>	<b>0</b>	<b>-</b>
<b>Uttar Pradesh</b>	<b>5</b>	<b>3</b>	<b>60</b>
<b>Uttarakhand</b>	<b>4</b>	<b>2</b>	<b>50</b>
<b>West Bengal</b>	<b>2</b>	<b>0</b>	<b>-</b>
<b>Total</b>	<b>115</b>	<b>24</b>	<b>20.87</b>
<b>Note: either supervisors plan themselves or no plan is prepared</b>			

Though CDPOs are required to plan the supervisory visits of all Supervisors, however, data presented in **Table 5.4** shows this is being done in small number of (20.87%) of ICDS Projects. In states/UTs like Dadra & Nagar Haveli, Daman & Diu, Himachal Pradesh and Mizoram all (100%) the visit plan of Supervisor's were approved by the respective CDPOs. Instructions are required to be issued to all CDPOs that they have to ensure the supervisory visits of all Supervisors as stipulated in ICDS monitoring guidelines issued by MWCD, GOI.



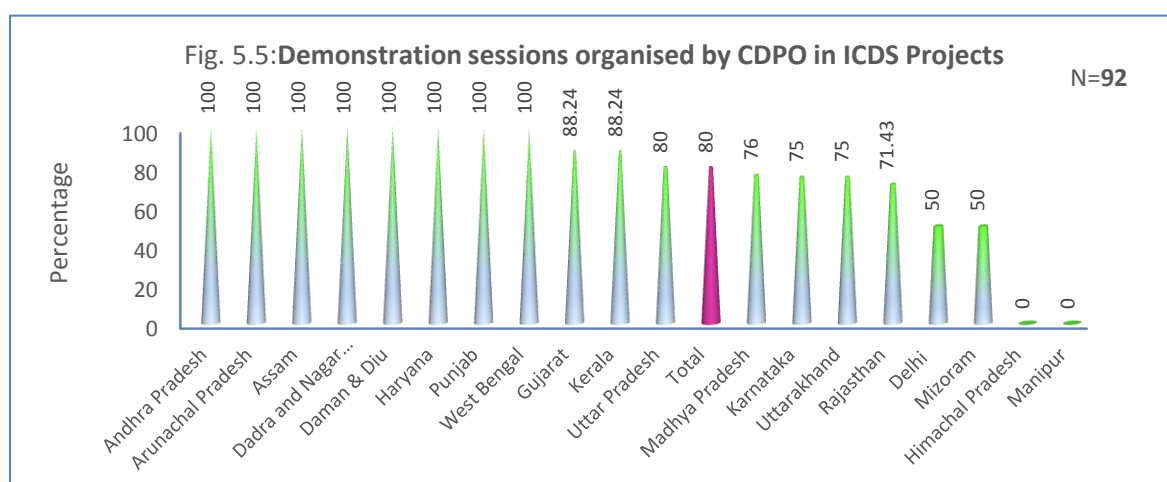
### Adoption of Demonstration Methods by CDPOs

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

**Table 5.5: Demonstration sessions organized by CDPO in ICDS Projects**

States	Total No. of ICDS Projects	No. of ICDS projects where demonstration session was organized	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	2	100
Assam	5	5	100
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	6	3	50
Gujarat	17	15	88.24
Haryana	1	1	100
Himachal Pradesh	1	0	-
Karnataka	12	9	75
Kerala	17	15	88.24
Madhya Pradesh	25	19	76
Manipur	1	0	-
Mizoram	2	1	50
Punjab	5	5	100
Rajasthan	7	5	71.43
Uttar Pradesh	5	4	80
Uttarakhand	4	3	75
West Bengal	2	2	100
<b>Total</b>	<b>115</b>	<b>92</b>	<b>80</b>

The above **Table 5.5** depicts organization of demonstration sessions by CDPOs. In a total of 80 per cent of ICDS projects, demonstration sessions were organized by CDPOs. State specific data stipulates that demonstration sessions were being organized in all ICDS projects (100%) in the States/UTs of Andhra Pradesh, Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, Haryana, Punjab and West Bengal. However, the state of Manipur and Himachal Pradesh was found lagging behind in organisation of such sessions any of the ICDS projects.





**Table 5.6(a): ICDS Projects Organising Demonstration Sessions on various topics**

States	No. of ICDS projects where demonstration session was organized	Multiple Responses					
		WHO Growth Chart		New ECCE curriculum		New revised records & registers	
		N	%	N	%	N	%
Andhra Pradesh	1	1	100	0	-	1	100
Arunachal Pradesh	2	1	50	1	50	1	50
Assam	5	4	80	2	40	3	60
Dadra and Nagar Haveli	1	0	-	0	-	0	-
Daman & Diu	1	0	-	0	-	1	100
Delhi	3	3	100	1	33.33	2	66.67
Gujarat	15	13	86.67	10	66.67	13	86.67
Haryana	1	1	100	1	100	1	100
Himachal Pradesh	0	0	-	0	-	0	-
Karnataka	9	8	89	2	22	9	100
Kerala	15	13	86.67	12	80	10	66.67
Madhya Pradesh	19	16	84.21	7	36.84	18	94.74
Manipur	0	0	-	0	-	0	-
Mizoram	1	0	-	1	100	0	-
Punjab	5	5	100	2	40	3	60
Rajasthan	5	3	60	2	40	2	40
Uttar Pradesh	4	4	100	2	50	2	50
Uttarakhand	3	1	33.33	2	66.67	2	66.67
West Bengal	2	1	50	2	100	2	100
<b>Total</b>	<b>92</b>	<b>74</b>	<b>80.43</b>	<b>47</b>	<b>51.09</b>	<b>70</b>	<b>76.09</b>

It is evident from **Table 5.6(a)** that Demonstration sessions were being organized by CDPOs in ICDS projects on the topics like WHO Growth Chart (80.43%) followed by new ECCE curriculum (51.09%) and New Revised Records & Registers (76.09%). The State specific figures stipulates that all ICDS projects(100%) in the states of Andhra Pradesh, Delhi, Punjab and Uttar Pradesh were organizing demonstration sessions on WHO Growth Charts, whereas in states like Haryana, Mizoram and West Bengal all the ICDS projects were reported organizing demonstration session on New ECCE curriculum. All the ICDS projects (100%) in the states/UTs of Andhra Pradesh, Daman & Diu, Haryana, Karnataka and West Bengal were found organizing demonstration sessions on New Revised records and registers.

**Table 5.6 (b): ICDS Projects Organising Demonstration Sessions on various topics**

States	No. of ICDS projects where demonstration session was organized	Multiple Responses					
		New revised MPRs		Community participation		Use of MCP card	
		N	%	N	%	N	%
Andhra Pradesh	1	1	100	1	100	1	100
Arunachal Pradesh	2	2	100	1	50	2	100

Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

Assam	5	3	60	2	40	2	40
Dadra and Nagar Haveli	1	0	-	1	100	1	100
Daman & Diu	1	0	-	0	-	0	-
Delhi	3	2	66.67	3	100	2	66.67
Gujarat	15	11	73.33	7	46.67	5	33.33
Haryana	1	1	100	0	-	1	100
Himachal Pradesh	0	0	-	0	-	0	-
Karnataka	9	6	66.67	5	55.56	4	44
Kerala	15	10	66.67	11	73.33	10	66.67
Madhya Pradesh	19	17	89.47	10	52.63	4	21.05
Manipur	0	0	-	0	-	0	-
Mizoram	1	1	100	1	100	0	-
Punjab	5	3	60	2	40	0	-
Rajasthan	5	4	80	4	80	4	80
Uttar Pradesh	4	4	100	2	50	0	-
Uttarakhand	3	2	66.67	3	100	2	66.67
West Bengal	2	2	100	1	50	0	-
<b>Total</b>	<b>92</b>	<b>69</b>	<b>75.00</b>	<b>54</b>	<b>58.70</b>	<b>38</b>	<b>41.30</b>

It is evident from **Table 5.6(b)** that Demonstration sessions were being organized by CDPOs in ICDS projects on the topics like New revised MPR (75%) followed by Community Participation (58.70%) and Use of MCP card (41.30%). The State/UTs specific figure stipulates that all ICDS projects in the state of Andhra Pradesh, Arunachal Pradesh, Haryana, Mizoram, Uttar Pradesh and West Bengal, all the ICDS projects (100%) were organizing demonstration sessions on new revised MPR. Demonstration sessions on Use of MCP were organized in all ICDS projects (100%) located in the States of Andhra Pradesh, Arunachal Pradesh, Haryana and Dadra & Nagar Haveli whereas Andhra Pradesh, Dadra & Nagar Haveli, Mizoram and Uttarakhand were the States/UTs where demonstration sessions on Community participation were organized in all ICDS Projects.

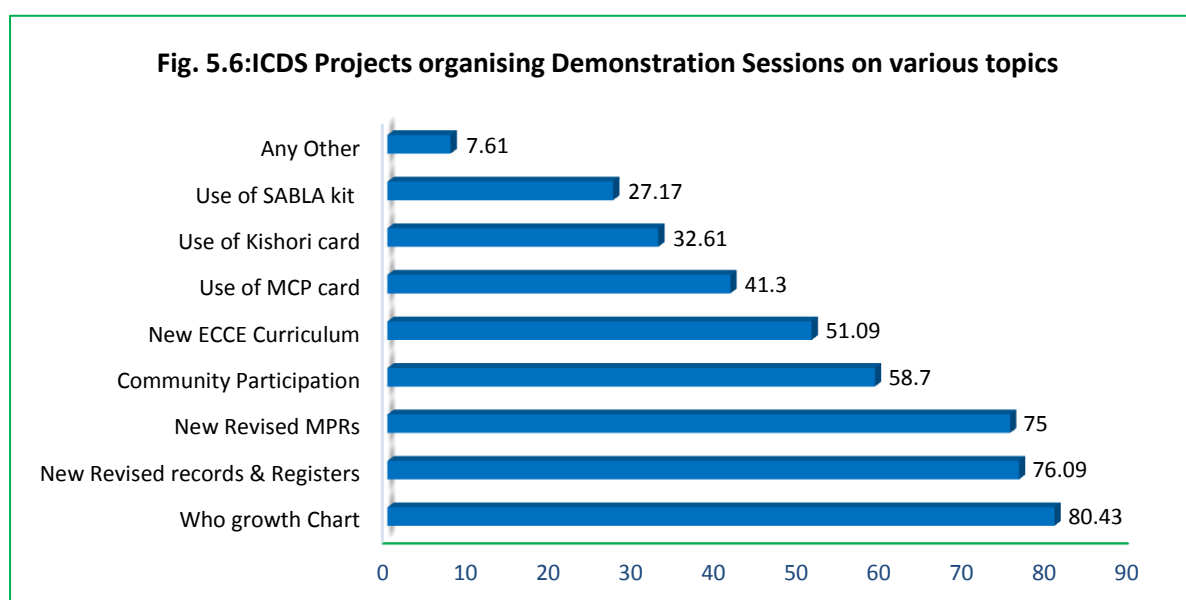
**Table 5.6(c): ICDS Projects Organising Demonstration Sessions on various topics**

States	No. of ICDS projects where demonstration session was organized	Multiple Responses					
		Use of Kishori cards		Use of SABLA Kit		Any other	
		N	%	N	%	N	%
Andhra Pradesh	1	1	100	1	100	0	-
Arunachal Pradesh	2	2	100	2	100	0	-
Assam	5	2	40	1	20	0	-
Dadra and Nagar Haveli	1	1	100	1	100	0	-
Daman & Diu	1	0	-	1	100	1	100

## Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

Delhi	3	2	66.67	0	-	0	-
Gujarat	15	4	26.67	4	26.67	1	6.67
Haryana	1	0	-	0	-	0	-
Himachal Pradesh	0	0	-	0	-	0	-
Karnataka	9	3	33.33	2	22.22	0	-
Kerala	15	6	40	5	33.33	2	13.33
Madhya Pradesh	19	3	15.79	3	15.79	2	10.53
Manipur	0	0	-	0	-	0	-
Mizoram	1	0	-	0	-	0	-
Punjab	5	1	20	0	-	0	-
Rajasthan	5	1	20	0	-	1	20
Uttar Pradesh	4	2	50	2	50	0	-
Uttarakhand	3	2	66.67	2	66.67	0	-
West Bengal	2	0	-	1	50	0	-
<b>Total</b>	<b>92</b>	<b>30</b>	<b>32.61</b>	<b>25</b>	<b>27.17</b>	<b>7</b>	<b>7.61</b>

It is evident from **Table 7.6(c)** that comparatively lesser number of ICDS projects were found organizing demonstration sessions on Use of SABLA Kit (27.17%) and Use of Kishori Card (32.61%). Further, state/UTs specific data reveals that all the ICDS Projects in the states/UTs of Andhra Pradesh, Arunachal Pradesh, Dadra & Nagar Haveli and Daman & Diu were found organising demonstration session on use of SABLA Kit. ICDS projects where demonstration on use of Kishori cards was found in the states/UTs of Andhra Pradesh, Arunachal Pradesh, and Dadra & Nagar Haveli.



### Awareness on Five-tier monitoring system

In the context of the Universalization of ICDS with focus on improved quality in delivery of services and strengthening and restructuring of ICDS, a 5-tier monitoring and review mechanism is put in place at the central level and up to the AWC level. **Table 5.7**

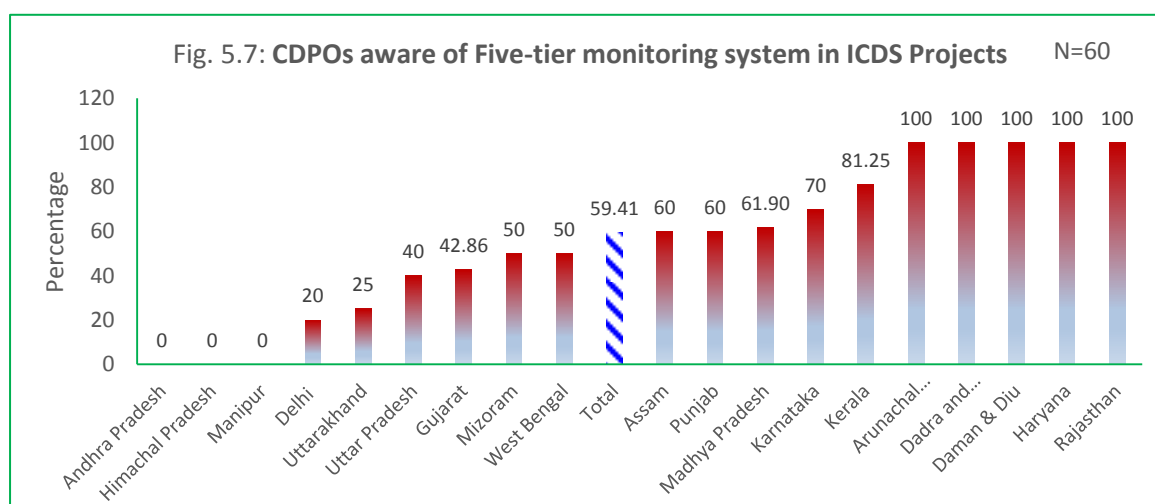
## Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

shows the data regarding the awareness of the CDPOs about the Five-tier monitoring system in ICDS Projects.

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

States	Total No. of ICDS Projects	No. of CDPOs in Position	Awareness of Five-tier monitoring system	
			N	%
Andhra Pradesh	1	1	0	-
Arunachal Pradesh	2	2	2	100
Assam	5	5	3	60
Dadra and Nagar Haveli	1	1	1	100
Daman & Diu	1	1	1	100
Delhi	6	5	1	20
Gujarat	17	14	6	42.86
Haryana	1	1	1	100
Himachal Pradesh	1	1	0	-
Karnataka	12	10	7	70
Kerala	17	16	13	81.25
Madhya Pradesh	25	21	13	61.90
Manipur	1	1	0	-
Mizoram	2	2	1	50
Punjab	5	5	3	60
Rajasthan	7	4	4	100
Uttar Pradesh	5	5	2	40
Uttarakhand	4	4	1	25
West Bengal	2	2	1	50
<b>Total</b>	<b>115</b>	<b>101</b>	<b>60</b>	<b>59.41</b>

It is evident from the above **Table 5.7** that only 59.41 per cent of CDPOs were found aware of Five-tier monitoring system of ICDS. In states/UTs of Arunachal Pradesh, Dadra & Nagar Haveli, Daman & Diu, and Haryana all the CDPOs (100%) were found aware of Five-tier monitoring system (100%) whereas in states of Andhra Pradesh, Himachal Pradesh and Manipur none of the CDPOs were reported to be aware of Five-tier monitoring system.

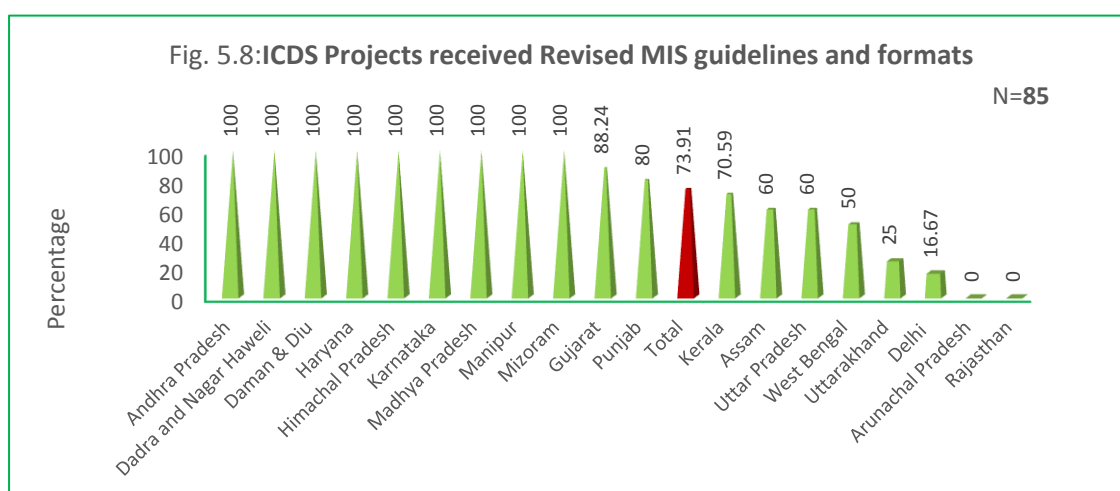


## Availability of MIS Guidelines and Formats

Table 5.8: ICDS Projects received Revised MIS guidelines and formats

States	Total No. of ICDS Projects	No. of ICDS projects received Revised MIS	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	0	-
Assam	5	3	60
Dadra and Nagar Haveli	1	1	100
Daman & Diu	1	1	100
Delhi	6	1	16.67
Gujarat	17	15	88.24
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	12	100
Kerala	17	12	70.59
Madhya Pradesh	25	25	100
Manipur	1	1	100
Mizoram	2	2	100
Punjab	5	4	80
Rajasthan	7	0	-
Uttar Pradesh	5	3	60
Uttarakhand	4	1	25
West Bengal	2	1	50
<b>Total</b>	<b>115</b>	<b>85</b>	<b>73.91</b>

It was found from the above **Table 5.8** that about 73.91 percent of the ICDS projects have received revised MIS guidelines and formats. Though, in the states/UTs of Andhra Pradesh, Dadra & Nagar Haveli, Daman & Diu, Haryana, Himachal Pradesh, Karnataka, Madhya Pradesh, Manipur and Mizoram all of the ICDS projects (100%) have received revised MIS guidelines and formats, however, adoption of such guidelines was not found in in the states of Arunachal Pradesh and Rajasthan.

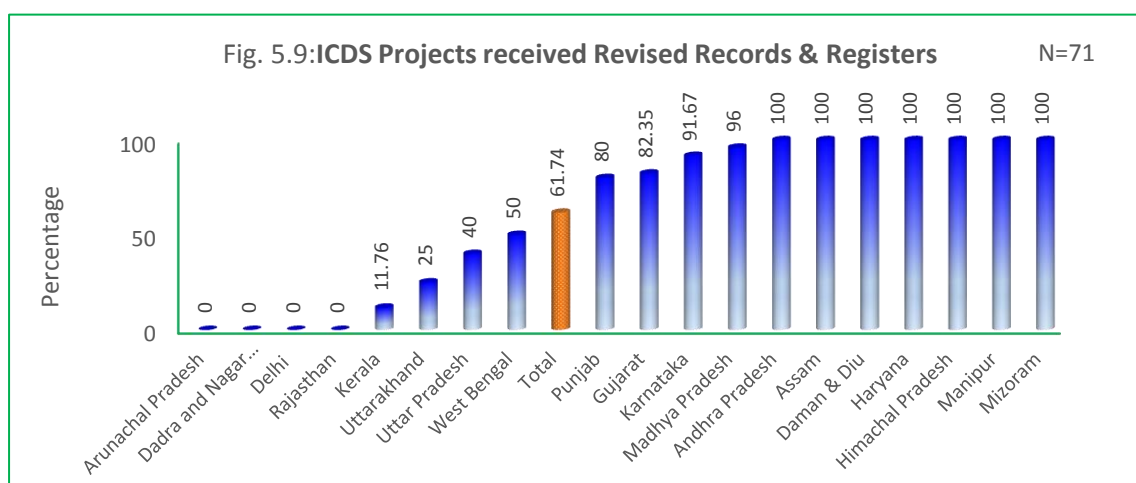


## Availability of Revised Records &amp; Registers

Table 5.9: ICDS Projects received Revised Records &amp; Registers

States	Total No. of ICDS Projects	No. of ICDS projects received Revised Records & Registers	
		N	%
Andhra Pradesh	1	1	100
Arunachal Pradesh	2	0	-
Assam	5	5	100
Dadra and Nagar Haveli	1	0	-
Daman & Diu	1	1	100
Delhi	6	0	-
Gujarat	17	14	82.35
Haryana	1	1	100
Himachal Pradesh	1	1	100
Karnataka	12	11	91.67
Kerala	17	2	11.76
Madhya Pradesh	25	24	96
Manipur	1	1	100
Mizoram	2	2	100
Punjab	5	4	80
Rajasthan	7	0	-
Uttar Pradesh	5	2	40
Uttarakhand	4	1	25
West Bengal	2	1	50
<b>Total</b>	<b>115</b>	<b>71</b>	<b>61.74</b>

It was found from the above **Table 5.9** that about 61.74 percent of the ICDS projects have received revised records and registers. Though, all ICDS projects (100%) in the states/UTs of Andhra Pradesh, Assam, Daman & Diu, Haryana, Himachal Pradesh, Manipur and Mizoram have received such revised records and registers, however, none of the ICDS projects in the states/UTs of Arunachal Pradesh, Dadra & Nagar Haveli, and Rajasthan were found having received revised records and registers.



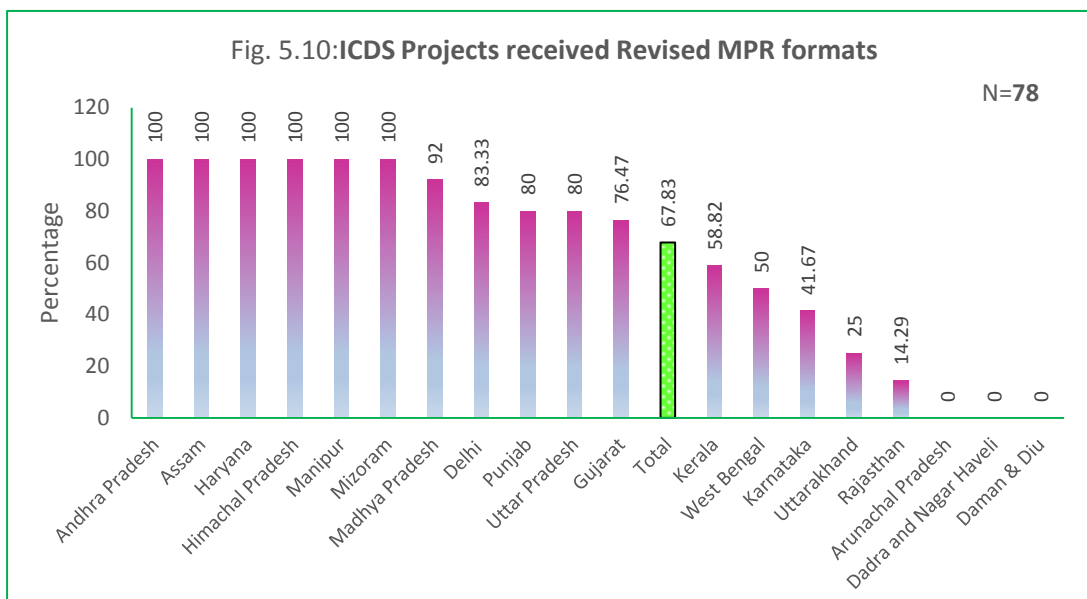
### Availability of revised MPR Formats

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

**Table 5.10: ICDS Projects received Revised MPR formats**

States	Total No. of ICDS Projects	No. of ICDS projects received Revised MPR formats		CDPOs oriented to New MPR format	
		N	%	N	%
Andhra Pradesh	1	1	100	1	100
Arunachal Pradesh	2	0	-	0	-
Assam	5	5	100	5	100
Dadra and Nagar Haveli	1	0	-	0	-
Daman & Diu	1	0	-	0	-
Delhi	6	5	83.33	3	50
Gujarat	17	13	76.47	12	70.59
Haryana	1	1	100	1	100
Himachal Pradesh	1	1	100	1	100
Karnataka	12	5	41.67	7	58.33
Kerala	17	10	58.82	10	58.82
Madhya Pradesh	25	23	92	21	84
Manipur	1	1	100	1	100
Mizoram	2	2	100	2	100
Punjab	5	4	80	2	40
Rajasthan	7	1	14.29	2	28.57
Uttar Pradesh	5	4	80	2	40
Uttarakhand	4	1	25	1	25
West Bengal	2	1	50	1	50
<b>Total</b>	<b>115</b>	<b>78</b>	<b>67.83</b>	<b>72</b>	<b>62.61</b>

The **Table 5.10** reveals that in a total of 67.83 percent of ICDS Projects Revised MPR formats were found available. The Revised MPR format was available in all ICDS projects (100%) located in the states/UTs of Andhra Pradesh, Assam, Haryana, Himachal Pradesh, Manipur and Mizoram, however, in the states/UTs of Arunachal Pradesh, Dadra & Nagar Haveli and Daman & Diu received of revised MPR formats were not reported.



### Additional Tasks to ICDS Functionaries

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

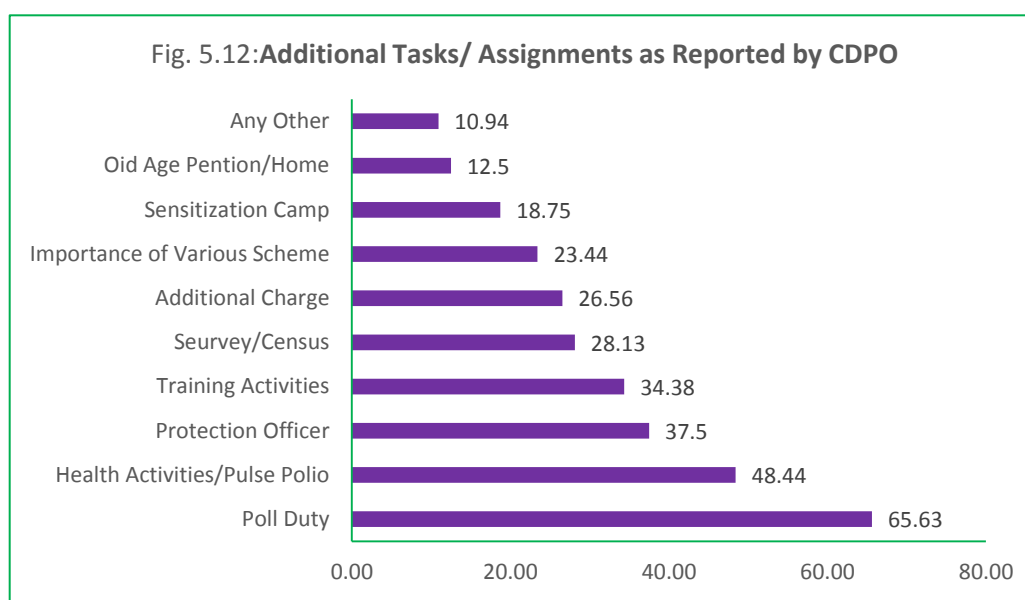
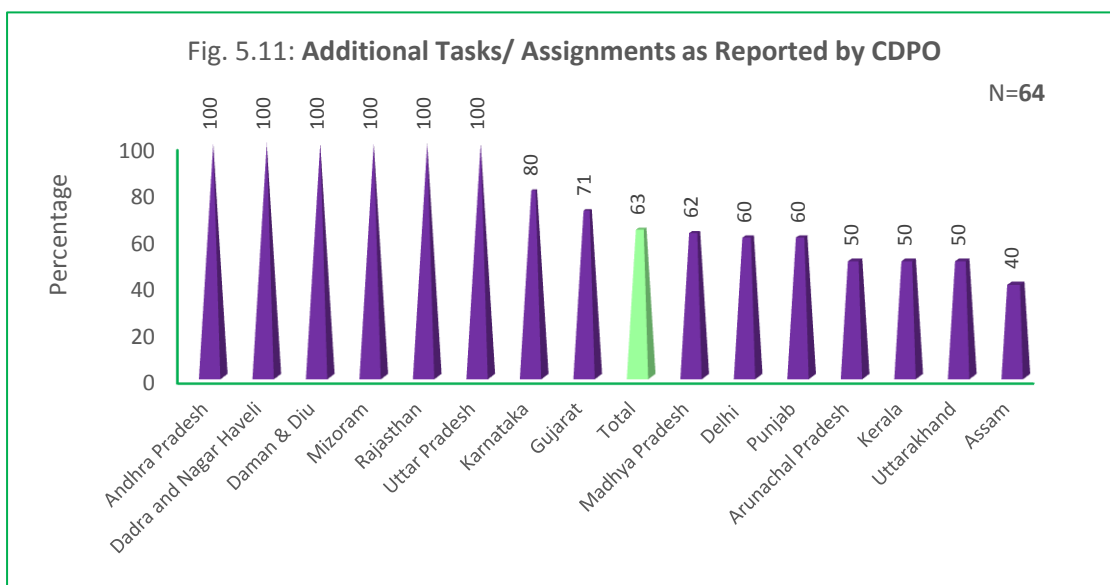
**Table 5.11:**  
**Additional Tasks/ Assignments as Reported by CDPO\***

**N=64**

S.No.	Additional Assignment	No. of CDPOs	%
1	Protection Officer	24	37.5
2	Poll Duty	42	65.63
3	Old Age Pension/Home	8	12.5
4	Survey/Census	18	28.13
5	Importance of Various Scheme	15	23.44
6	Additional Charge	17	26.56
7	Health Activities/Pulse Polio	31	48.44
8	Training Activities	22	34.38
9	Sensitization Camp	12	18.75
10	Any Other	7	10.94

\*Note: Only 64 CDPOs were given additional roles and responsibility





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

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

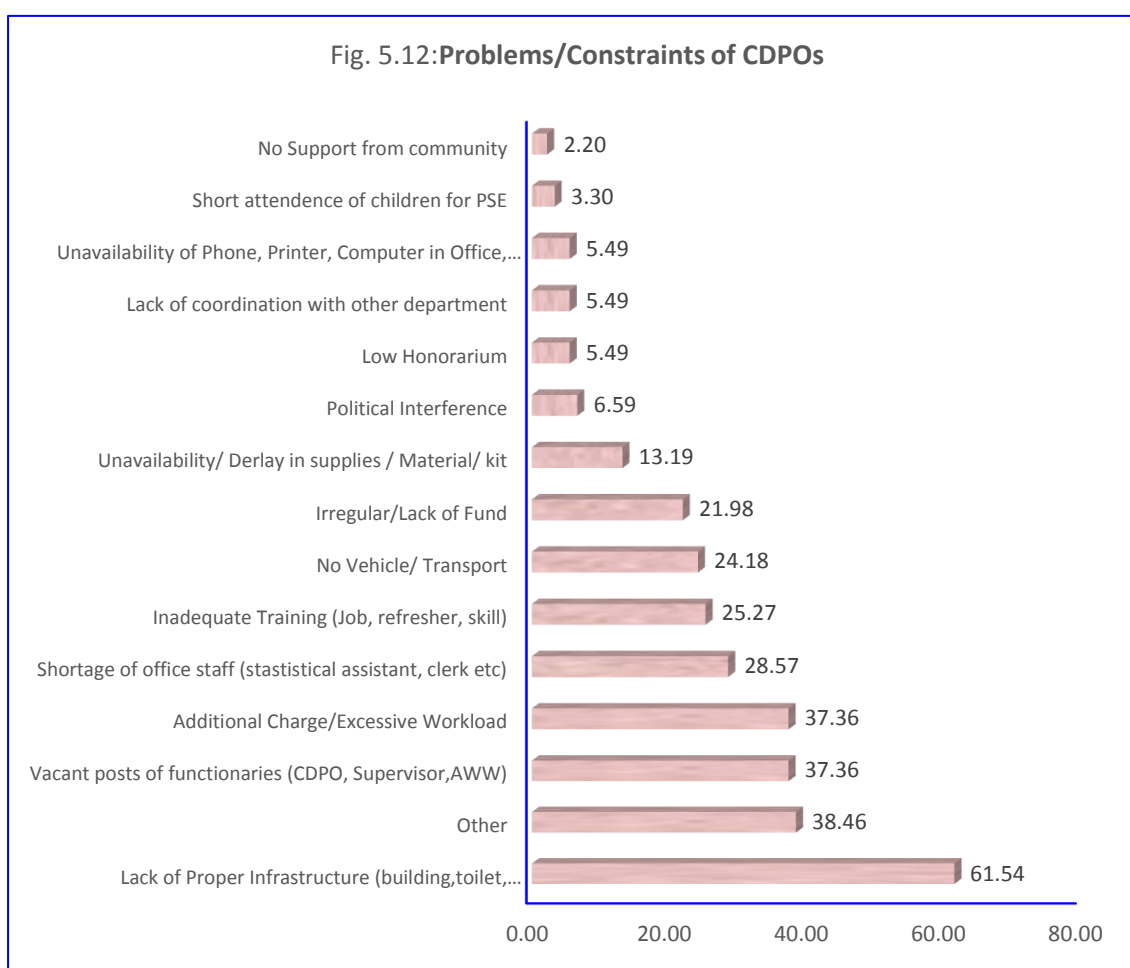
**Table 5.12: Constraints/Problems in Implementation of ICDS as Reported by CDPOs\* (N=91)**

S.No.	Problems/Constraints	No. of CDPOs	%
1	Lack of Proper Infrastructure (building, toilet, electricity, space)	56	61.54
2	Vacant posts of functionaries (CDPO, Supervisor, AWW)	34	37.36
3	Additional Charge/Excessive Workload	34	37.36
4	Irregular/Lack of Fund	20	21.98
5	No Vehicle/ Transport	22	24.18

## Chapter – 5 Monitoring Visits of ICDS (2015-2016) - A Report

6	Shortage of office staff (statistical assistant, clerk etc)	26	28.57
7	Inadequate Training (Job, refresher, skill)	23	25.27
8	Low Honorarium	5	5.49
9	Unavailability/ Delay in supplies / Material/ kit	12	13.19
10	Political Interference	6	6.59
11	Lack of coordination with other department	5	5.49
12	Unavailability of Phone, Printer, Computer in Office, Official Phone not given to the functionaries (supervisors)	5	5.49
13	Short attendance of children for PSE	3	3.30
14	No Support from community	2	2.20
15	Other	35	38.46

It is revealed from **Table 5.12** that lack of proper infrastructure (61.54%), vacant posts of functionaries and additional charge/excessive workload (37.36%) had been reported as the major problems/ constraints in proper implementation of ICDS. Other problem areas in implementation of ICDS includes shortage of staffs (28.57%), inadequate training (25.27%) lack of vehicle (24.18%) etc were the problems or constrains reported by the CDPOs.



**ANNEXURE-1**

<b>List of ICDS Projects and Anganwadi Centres (AWCs)</b>			
<b>State</b>	<b>District</b>	<b>Name of ICDS Project</b>	<b>Name/Address of AWCs</b>
Andhra Pradesh	Ananthapur	Kadire East (rural)	Gandlapenta IV
	Ananthapur	Kadire East (rural)	Kammavari Palli
	Ananthapur	Kadire East (rural)	Nallcheruv-III
	Ananthapur	Kadire East (rural)	Nallcheruv-II
	Ananthapur	Kadire East (rural)	Thimmammamarrimanu
Arunachal Pradesh	Papumpare	Doimukh (tribal)	Cherbsi 88
	Papumpare	Doimukh (tribal)	Midpur II ,55
	Papumpare	Doimukh (tribal)	Sengri II ,55
	Papumpare	Doimukh (tribal)	Taying Tewari ,61
	Papumpare	Doimukh (tribal)	Bombay colony ,05
	Papumpare	Nirjuli	Dikriong
	Papumpare	Nirjuli	Dikrong
	Papumpare	Nirjuli	Yoging
	Papumpare	Nirjuli	Dree Colony
	Papumpare	Nirjuli	Uppee Dsector
Assam	Kokrajhar	Hatidhura (tribal)	Mornai III AWC (18300030219)
	Kokrajhar	Hatidhura (tribal)	Kampolpur -I AWC (18300030244)
	Kokrajhar	Hatidhura (tribal)	Polash kandi -III AWC (18300033304)
	Kokrajhar	Hatidhura (tribal)	Dhaturamari -I (18300030438)
	Kokrajhar	Hatidhura (tribal)	Srirampur-II(18300030125)
	Dhubri	Golakgarj (rural)	Dakshin Basandai code -49
	Dhubri	Golakgarj (rural)	Baikashpara code no 104
	Dhubri	Golakgarj (rural)	Lakhimari Part I ,code No 63
	Dhubri	Golakgarj (rural)	West Bisandai ,code No 113
	Dhubri	Golakgarj (rural)	Bisanden Part -I code No 53
Assam	Cachar	Barjelunga (rural)	Kulendra Nagar
	Cachar	Barjelunga (rural)	Uttar Barik Nagar
	Cachar	Barjelunga (rural)	Sileori camp Piyariotla
	Cachar	Barjelunga (rural)	Durgakona Durgabari
	Cachar	Barjelunga (rural)	Durgakona Kalibari
Assam	Hailakandi	South Hailkandi (rural)	Uttar Naskar -5
	Hailakandi	South Hailkandi (rural)	Madhabpur (A)51
	Hailakandi	South Hailkandi (rural)	Manipur Niskar -133
	Hailakandi	South Hailkandi (rural)	Jamira (III) 146
	Hailakandi	South Hailkandi (rural)	Barundra -144
Assam	Dibrugarh	Dibrugarh(urban)	Jalan Nagar
	Dibrugarh	Dibrugarh(urban)	Guardpura AWC II (08040)
	Dibrugarh	Dibrugarh(urban)	Santipara AWC V (08071)
	Dibrugarh	Dibrugarh(urban)	Amaraguri -II AWC (08054)
	Dibrugarh	Dibrugarh(urban)	Bahleari I (08119)
	Jorhat	North West Jarhat (rural)	Tekela line AWC No 070630
	Jorhat	North West Jarhat (rural)	Karikhowa AWC No 070612
	Jorhat	North West Jarhat (rural)	Honichinkhat AWC No 070328
	Jorhat	North West Jarhat (rural)	Monaimji AWC No 070315
	Jorhat	North West Jarhat (rural)	Pulitor Kuchorchik 070506
Dadra & Nagar Haveli	Dadra & Nagar Haveli	Khanvel (tribal)	Pati khar bani Pada-68

**ANNEXURE-1**

	Dadra & Nagar Haveli	Khanvel (tribal)	Khadoli
	Dadra & Nagar Haveli	Khanvel (tribal)	Man downi Chowkipada-67
	Dadra & Nagar Haveli	Khanvel (tribal)	Dhudhmi Chawkipada
	Dadra & Nagar Haveli	Khanvel (tribal)	Amli Gadhmi Gram-5
Daman & Diu	Daman	Daman (rural)	Janumi Wadi Dunetha-53
	Daman	Daman (rural)	Mora Falia Knariwad-41
	Daman	Daman (rural)	Dabel 3 Amuliya -38
	Daman	Daman (rural)	Dable Kabdi Talia
	Daman	Daman (rural)	Dunetha-54
Delhi	South Delhi	Madanpur Khadar(urban)	AWC-54, Madanpur Khadar ext
	South Delhi	Madanpur Khadar(urban)	AWC -34, J.J colony Madanpur Khadar
	South Delhi	Madanpur Khadar(urban)	AWC-DB-0215 Madanpur Khadar
	South Delhi	Madanpur Khadar(urban)	Bi,721, J.J colony Madanpur Khadar
	South Delhi	Madanpur Khadar(urban)	AWC-II J.J colony Madanpur Khadar
Delhi	Central Delhi	Anand Parbat(urban)	AWC -36Bapu nagar
	Central Delhi	Anand Parbat(urban)	AWC-104 Bapa nagar
	Central Delhi	Anand Parbat(urban)	AWC -108 Karolbagh
	Central Delhi	Anand Parbat(urban)	AWC-89 Karolbagh
	Central Delhi	Anand Parbat(urban)	AWC -05 Karolbagh
Delhi	Delhi	Krit Nagar	Narayan village/94
	Delhi	Krit Nagar	Narayan village/93
	Delhi	Krit Nagar	Narayan gaon/92
	Delhi	Krit Nagar	Narayan gaon/89
	Delhi	Krit Nagar	Narayan gaon/38
	Delhi	Jama Masjid	46-Bagichi AWC
	Delhi	Jama Masjid	4-Gali Rajan Kuchachilan
	Delhi	Jama Masjid	8, Kala mahal
	Delhi	Jama Masjid	14, Kala mahal
	Delhi	Jama Masjid	24, Lal kuan
	Delhi	Nihal Vihar	AWC No 115 Nagloi
	Delhi	Nihal Vihar	AWC No 95 KS Nagar
	Delhi	Nihal Vihar	AWC No 110 KS Nagar
	Delhi	Nihal Vihar	AWC No 65 A.Nagar
	Delhi	Nihal Vihar	AWC No 65 KS Nagar
	Delhi	Chandni Chowk	55, Gali Ibbanwali
	Delhi	Chandni Chowk	58,
	Delhi	Chandni Chowk	650 Walmiki Manchi
	Delhi	Chandni Chowk	61 Gali Rajan
Delhi	Chandni Chowk	62, Gali Sanose	
Gujarat	Panchmahal	Holol (rural)	Getmubala AWC code no50
	Panchmahal	Holol (rural)	Holol-1
	Panchmahal	Holol (rural)	Holol-5
	Panchmahal	Holol (rural)	AWC no .143, Shivrajpur
	Panchmahal	Holol (rural)	AWC no.161 Kherap
	Vadodara	Padra (rural)	Chansad-2
	Vadodara	Padra (rural)	Saraswati-2 code -33

**ANNEXURE-1**

	Vadodara	Padra (rural)	Dabhara -3 AWC no 81
	Vadodara	Padra (rural)	AWC no 6, khatripura
	Vadodara	Padra (rural)	Padra-2, code,18
	Bharuch	Ankleawar(urban)	Dr Ambedkar AWC-145
	Bharuch	Ankleawar(urban)	Gadkhol-1 code 12
	Bharuch	Ankleawar(urban)	Sh Bhagol-2 code-138
	Bharuch	Ankleawar(urban)	AWC No 101,sarangpur
	Bharuch	Ankleawar(urban)	AWC no 108 Kurarnel
	Himmat nagar	Himmat nagar(rural)	Derol AWC -2 code-80
	Himmat nagar	Himmat nagar(rural)	Hasanangar AWC -II
	Himmat nagar	Himmat nagar(rural)	GDC Krishna Hotel-101
	Himmat nagar	Himmat nagar(rural)	Umiaya nagar
	Himmat nagar	Himmat nagar(rural)	AWC 59 (ghatak-I)
Gujarat	Surender Nagar	Vadhvan-2(rural)	35/Rajpal
	Surender Nagar	Vadhvan-2(rural)	Shanlinajer/120
	Surender Nagar	Vadhvan-2(rural)	Rajpal-3/36
	Surender Nagar	Vadhvan-2(rural)	Rajpal-4/37
	Surender Nagar	Vadhvan-2(rural)	Mulchand
	Ahmedabad	Sanand (rural)	Nandgher/12
	Ahmedabad	Sanand (rural)	Vaghjipura/62
	Ahmedabad	Sanand (rural)	Vlaruya/44
	Ahmedabad	Sanand (rural)	Sabaras/20
	Ahmedabad	Sanand (rural)	Nr Gram Panchayat
	Gandhinagar	Mansa(rural)	Indarapur-3/217
	Gandhinagar	Mansa(rural)	Parpatpura-3/231
	Gandhinagar	Mansa(rural)	Kasturba kanja Seela
	Gandhinagar	Mansa(rural)	Nav Daevaje/17
	Gandhinagar	Mansa(rural)	Dherakuva 3/163
	Patan	Patan-1(rural)	Shram Juvi Ghathak 1/64
	Patan	Patan-1(rural)	Sejo Aghar /8
	Patan	Patan-1(rural)	Shram Jivi Ghatak 1/65
	Patan	Patan-1(rural)	Sejo Kimbuva/64
	Patan	Patan-1(rural)	Jal chowk/54
	Mehsana	Kadi (unit 1)(rural)	Sakkarapura/1
	Mehsana	Kadi (unit 1)(rural)	Ranehodpura/151
	Mehsana	Kadi (unit 1)(rural)	Malhaepura vajhrivas/2
	Mehsana	Kadi (unit 1)(rural)	Navi Kadi 2/85
	Mehsana	Kadi (unit 1)(rural)	Navi kadi-1/84
	Banaskantha	Palanpur(rural)	Laxmi para 1/71
	Banaskantha	Palanpur(rural)	Laxmi para 2/72
	Banaskantha	Palanpur(rural)	Dhaniyana /19
	Banaskantha	Palanpur(rural)	Jampura/205
	Banaskantha	Palanpur(rural)	Laxmi para 3/73
Gujarat	Kheda	Nadiad(Urban )	Variati Market -182
	Kheda	Nadiad(Urban )	Valla village AWC -17
	Kheda	Nadiad(Urban )	Joshipura AWC -72
	Kheda	Nadiad(Urban )	Solghara -157
	Kheda	Nadiad(Urban )	048 Kaleswani AWC

**ANNEXURE-1**

Gujarat	Jamnagar	Dhrol (Rural)	Hamapar - 35
	Jamnagar	Dhrol (Rural)	Primary School, Dhrol No. 8
	Jamnagar	Dhrol (Rural)	Dhrol No. 67
	Jamnagar	Dhrol (Rural)	Rajpurdhar No. 93
	Jamnagar	Dhrol (Rural)	Sumra - 38
	Junagarh	Manavadar (Rural)	Krishna - 132
	Junagarh	Manavadar (Rural)	Khilta Phool-88
	Junagarh	Manavadar (Rural)	Gaurav AWC - 25
	Junagarh	Manavadar (Rural)	Aooha AWC - 1
	Junagarh	Manavadar (Rural)	Gopi - 92
	Junagarh	Rajklot (Rural)	Krishna Nagar - 25
	Junagarh	Rajklot (Rural)	Nandghar - 29
	Junagarh	Rajklot (Rural)	AWC No. 52
	Junagarh	Rajklot (Rural)	Sardhar - 2, AWC No. 124
	Junagarh	Rajklot (Rural)	AWC No. 123
Gujarat	Amreli	Amreli -II(rural)	110 , Mota Bhandoriya
	Amreli	Amreli -II(rural)	III
	Amreli	Amreli -II(rural)	Gaam Vistar Nandghar -84
	Amreli	Amreli -II(rural)	Kodivistar-83
	Amreli	Amreli -II(rural)	Nirmalanand Okhar -151
	Porbandar	Porbandar -I(rural )	Gopinathni Havdi ,code-1
	Porbandar	Porbandar -I(rural )	Harshad Mandir-10
	Porbandar	Porbandar -I(rural )	AWC No 1, code -118
	Porbandar	Porbandar -I(rural )	AWC No 4, code -121
	Porbandar	Porbandar -I(rural )	Majiwana -117
	Bhavnagar	Patitana -I (rural)	Jain seva Samaj Dawakham
	Bhavnagar	Patitana -I (rural)	Bhairavpura AWC No -16
	Bhavnagar	Patitana -I (rural)	AWC No .45, panchayat office
	Bhavnagar	Patitana -I (rural)	AWC No 51 Ram Nagar
	Bhavnagar	Patitana -I (rural)	AWC No 57 Dedarda
Haryana	Faridabad	Ballabgharh(rural)	AWC no -6088010210
	Faridabad	Ballabgharh(rural)	AWC no-6088010212
	Faridabad	Ballabgharh(rural)	AWC no-6088010202
	Faridabad	Ballabgharh(rural)	AWC no -6088010207
	Faridabad	Ballabgharh(rural)	AWC no -6088010205
Himachal Pradesh	Kangra	Paragpur (Rural)	Gharderu Dhaliyara 02024131008
	Kangra	Paragpur (Rural)	Muhi 02024130615
	Kangra	Paragpur (Rural)	Bong Baniyal
	Kangra	Paragpur (Rural)	Khad Bharani Dhaliyara
	Kangra	Paragpur (Rural)	Garh 02024131107
Karnataka	Shimoga	Shivamogga (rural)	Bolekoppa-II,364
	Shimoga	Shivamogga (rural)	Hubbana hall -365
	Shimoga	Shivamogga (rural)	Balekappa-I,365
	Shimoga	Shivamogga (rural)	Kommanalu-2
	Shimoga	Shivamogga (rural)	Rajender Nagar
	Chitradurga	Hosadurga (urban)	Goraminalkallu-I 29566-060506
	Chitradurga	Hosadurga (urban)	Kappager-I,29566-060913
	Chitradurga	Hosadurga (urban)	Singenahalli Bouihatti

**ANNEXURE-1**

	Chitradurga	Hosadurga (urban)	Nes Badavane
	Chitradurga	Hosadurga (urban)	Kabbala
	Uttra Kannada	Honnavar (rural)	Kark DevasthanKesi -19
	Uttra Kannada	Honnavar (rural)	Surakatte(295)
	Uttra Kannada	Honnavar (rural)	Lions Vidya Bhavan
	Uttra Kannada	Honnavar (rural)	Horobag
	Uttra Kannada	Honnavar (rural)	MalbarrKeri,Kaisngam-52
Karnataka	Uttrar Kannada	Mundagod (rural)	Indoor I-022
	Uttrar Kannada	Mundagod (rural)	Nayasargi I 05
	Uttrar Kannada	Mundagod (rural)	Uggiwakeri I-7
	Uttrar Kannada	Mundagod (rural)	Gumiavathi II
	Uttrar Kannada	Mundagod (rural)	Shivaji Nagar -16
	Belagiri	Arbhari (urban)	Vaderahatto 369
	Belagiri	Arbhari (urban)	Koujalagi 281
	Belagiri	Arbhari (urban)	Malygol Totta -570
	Belagiri	Arbhari (urban)	Thotakhi 470
	Belagiri	Arbhari (urban)	Natta Natti Basamnagar 96
	Gulberga	Sedam (rural)	317 savalgi
	Gulberga	Sedam (rural)	Adiki -6
	Gulberga	Sedam (rural)	Kottai ,Adiki 533
	Gulberga	Sedam (rural)	Kuntanapalli
	Gulberga	Sedam (rural)	Ambedkar Bhawan Sc centre
	Gulberga	Sedam (rural)	Mudhol
	Mandya	Malavalli (rural)	Hittena Halli -01
	Mandya	Malavalli (rural)	Devipura 2nd
	Mandya	Malavalli (rural)	II , Basavaliyagappa
	Mandya	Malavalli (rural)	vishweshwaraiya AWC
	Mandya	Malavalli (rural)	Doddabuhallipost
	Udupi	Brahmavara (rural)	Pakkalam AWC 313
	Udupi	Brahmavara (rural)	Perudur Local AWC
	Udupi	Brahmavara (rural)	Belakale AWC 403
	Udupi	Brahmavara (rural)	Alangar AWC
	Udupi	Brahmavara (rural)	Thottam-2 no 423
Karnataka	Bellary	Hagari Bommauhalhi (rural)	Thambrahalli II -118(old)
	Bellary	Hagari Bommauhalhi (rural)	Shivanandanagan 50 (old)
	Bellary	Hagari Bommauhalhi (rural)	Vararalahalli
	Bellary	Hagari Bommauhalhi (rural)	Chintarapalli No 19(old)
	Bellary	Hagari Bommauhalhi (rural)	Harudagaddi -8
Karnataka	Mandya	k.R .Pete (rural)	Bookanakere -1
	Mandya	k.R .Pete (rural)	Biravalli
	Mandya	k.R .Pete (rural)	Margonahalli
	Mandya	k.R .Pete (rural)	Jakkanahalli
	Mandya	k.R .Pete (rural)	Hunasanahalli
	Mandya	Pandavpura	Ingalaguppe
	Mandya	Pandavpura	kamanaya kanahalli

**ANNEXURE-1**

	Mandya	Pandavpura	Ragimudola nnahalli
	Mandya	Pandavpura	Banagadi -1
	Mandya	Pandavpura	Hunasana Halli
Karnataka	Mandya	Dudda Rural	Hodapatta
	Mandya	Dudda Rural	Maralingana Doddi
	Mandya	Dudda Rural	Anasosalu
	Mandya	Dudda Rural	Chikkaballi - I
	Mandya	Dudda Rural	Hulivana I
	Mandya	Malavalli (rural)	Shattahalli
Karnataka	Mandya	Malavalli (rural)	Kalkuri - I
	Mandya	Malavalli (rural)	Thammadahally
	Mandya	Malavalli (rural)	Bachanahalli village
	Mandya	Malavalli (rural)	Kunttur village
	Chitrdurga	Hoshadurga (Urban)	Bernahalli 02
	Chitrdurga	Hoshadurga (Urban)	Deeigeu-2
	Chitrdurga	Hoshadurga (Urban)	Deesgere 1
	Chitrdurga	Hoshadurga (Urban)	Kobbla (code No 3)
Kerala	Palakkad	Palakkad (rural)	Cherakkadn 1AWC-114
	Palakkad	Palakkad (rural)	Kennathurmidi AWC-115
	Palakkad	Palakkad (rural)	Kalle Kadu -AWC-120
	Palakkad	Palakkad (rural)	Pittikkara AWC -143
	Palakkad	Palakkad (rural)	Karukodi AWC 157
	Palakkad	Malappuram (rural )	Shestha colony -AWC -72
	Palakkad	Malappuram (rural )	Cherungohukava,54
	Palakkad	Malappuram (rural )	Lakshamveedu AWC-24
	Palakkad	Malappuram (rural )	Kezha Kkehuri -70
	Palakkad	Malappuram (rural )	Kallamparamb 2
	Malappuram	Tirur (rurul)	Pookehil Tharayil Parambu AWC 9
	Malappuram	Tirur (rurul)	Muthoor AWC 26
	Malappuram	Tirur (rurul)	Kanjirakuthi AWC 85
	Malappuram	Tirur (rurul)	Vakad west AWC 94
	Malappuram	Tirur (rurul)	PoorKaytha AWC 53
	Palakkad	Tanur (rural )	MT Q Valiyuparambu 5
	Palakkad	Tanur (rural )	Vaidyardu 7
	Palakkad	Tanur (rural )	Chellikdu -30
	Palakkad	Tanur (rural )	Albazaar No 36
	Palakkad	Tanur (rural )	Chappapadi No 38
	Thrissur	Chalaky ADL	Santhi 65
	Thrissur	Chalaky ADL	Machira 47
	Thrissur	Chalaky ADL	Indira ji 60
	Thrissur	Chalaky ADL	Chandanakunni-46
	Thrissur	Chalaky ADL	Navajyothe
	Thrissur	Kodakara	Nadanclub No 5
	Thrissur	Kodakara	Chikkiri KunnurNo 17



**ANNEXURE-1**

	Thrissur	Kodakara	North Vendar AWC 7
	Thrissur	Kodakara	Nava Bhanath No 93
	Thrissur	Kodakara	Vzhalur AWC 89
Kerala	Kottayam (Idukki)	Thodapuzha (rural)	palam -123
	Kottayam (Idukki)	Thodapuzha (rural)	Math a lokabam 124
	Kottayam (Idukki)	Thodapuzha (rural)	Ponnamumpally 138
	Kottayam (Idukki)	Thodapuzha (rural)	Urumbil 112
	Kottayam (Idukki)	pallem Addi Project (urban)	Palliparam 09
	Kottayam (Idukki)	pallem Addi Project (urban)	Shanti Bhawan 56
	Kottayam (Idukki)	pallem Addi Project (urban)	Ambulakeada 67
	Kottayam (Idukki)	pallem Addi Project (urban)	Union Club 70
	Kottayam (Idukki)	pallem Addi Project (urban)	Talakatha 72
	Kasaragod	Neeleswaran	Ramdandam 72
	Kasaragod	Neeleswaran	Thathachery 68
	Kasaragod	Neeleswaran	Thruvei 81
	Kasaragod	Neeleswaran	cherappuam
	Kasaragod	Neeleswaran	Alimkeezhal 67
	Kannur	Thalassery	vellozhelku I
	Kannur	Thalassery	Elekkunnu 126
	Kannur	Thalassery	Nelten 124
	Kannur	Thalassery	Swamikkunn II
	Kannur	Thalassery	Paliessery-139
	Ernakulum	Muvathmpazha	Jordypaily 26
	Ernakulum	Muvathmpazha	Akshara 77
	Ernakulum	Muvathmpazha	Madakkalthanam 73
	Ernakulum	Muvathmpazha	Avali 21
	Ernakulum	Muvathmpazha	vazhakulam 64
Kerala	Pathanmitta	Pulikeezhu (Rural)	Kizarkumari 76
	Pathanmitta	Pulikeezhu (Rural)	Podiyadi 66
	Pathanmitta	Pulikeezhu (Rural)	Chalatemple 83
	Pathanmitta	Pulikeezhu (Rural)	Niranam 84
	Pathanmitta	Pulikeezhu (Rural)	Thottumada
	Pathanmitta	Koipuram (Rural)	Poopizha 02
	Pathanmitta	Koipuram (Rural)	Zravipeena 11
	Pathanmitta	Koipuram (Rural)	Nannoor 10
	Pathanmitta	Koipuram (Rural)	Pulayakkunnu 7
	Pathanmitta	Koipuram (Rural)	Mannumpuralum 15
	Kottayam	Uzhavoor	Shanti Nitayama 161
	Kottayam	Uzhavoor	Netaji Nagar 122
	Kottayam	Uzhavoor	Kuruvilangad 123
	Kottayam	Uzhavoor	Kimichittanans 65

**ANNEXURE-1**

	Kottayam	Uzhavoor	Pulvattam
	Kottayam	Pampady (Rural)	Jyothi Mandal 17
	Kottayam	Pampady (Rural)	Mattakkara 10
	Kottayam	Pampady (Rural)	Mainkandom 15
	Kottayam	Pampady (Rural)	Chithra Anganwadi 62
	Kottayam	Pampady (Rural)	Honey Anganwadi 11
	Kozhikode	Vadakona (Rural)	Chombala Harbar 16
	Kozhikode	Vadakona (Rural)	Chombala 14
	Kozhikode	Vadakona (Rural)	AWC 72
	Kozhikode	Vadakona (Rural)	AWC 46
	Kozhikode	Vadakona (Rural)	AWC 45
	Kozhikode	Kuduvally-Addl (Rural)	AWCNo 29
	Kozhikode	Kuduvally-Addl (Rural)	AWCNo 20
	Kozhikode	Kuduvally-Addl (Rural)	AWCNo 4
	Kozhikode	Kuduvally-Addl (Rural)	AWCNo 3
	Kozhikode	Kuduvally-Addl (Rural)	AWCNo 18
Madhya Pradesh	Gwalior	Bhitarwar(rural)	Mauch AWC-164
	Gwalior	Bhitarwar(rural)	Shyampur AWC 30
	Gwalior	Bhitarwar(rural)	Mauth AWC-62
	Gwalior	Bhitarwar(rural)	Gram Ghereta AWC 8
	Gwalior	Bhitarwar(rural)	Vangarg AWC -17
	Balaghat	Balghat (rural)	Balaghat AWC-5
	Balaghat	Balghat (rural)	Usha
	Balaghat	Balghat (rural)	Kumhara.code 59
	Balaghat	Balghat (rural)	Samota mat (code-II)
	Balaghat	Balghat (rural)	Pateri-23
	Reva	Reva (rural)	Azgareha center no.1
	Reva	Reva (rural)	Kunia
	Reva	Reva (rural)	Sumeda AWC-2
	Reva	Reva (rural)	Ambha Chorheta
	Reva	Reva (rural)	Kullu, churhela
	Chhatarpur	Badamalhera (rural)	Badmalhera W.No.10
	Chhatarpur	Badamalhera (rural)	Toria -108
	Chhatarpur	Badamalhera (rural)	Rajapur -55
	Chhatarpur	Badamalhera (rural)	Marajgarj -3
	Chhatarpur	Badamalhera (rural)	Chamrohi
	Chhatarpur	Rajnagar(rural)	AWC Konda-29
	Chhatarpur	Rajnagar(rural)	Khajeewa code -4
	Chhatarpur	Rajnagar(rural)	Khajeewa code -3
	Chhatarpur	Rajnagar(rural)	Rajnagar ward -7
	Chhatarpur	Rajnagar(rural)	Benijunj-2
	Bhind	Lahar (rural)	Malma
	Bhind	Lahar (rural)	Thamuha
	Bhind	Lahar (rural)	Dewari Kalam
	Bhind	Lahar (rural)	Deori

**ANNEXURE-1**

	Bhind	Lahar (rural)	Barha
	Hoshangabad	Pipariya (rural)	Gandhi-1 code 123
	Hoshangabad	Pipariya (rural)	Lohiya code -59
	Hoshangabad	Pipariya (rural)	Siamgnama -152
	Hoshangabad	Pipariya (rural)	Batta Mohalla
	Hoshangabad	Pipariya (rural)	Lohiya -II ,B Bhma Masjid
	Hoshangabad	Babi (rural)	AWC Ankh mau-1
	Hoshangabad	Babi (rural)	AWC Anchal
	Hoshangabad	Babi (rural)	AWC Sukhawade farm
	Hoshangabad	Babi (rural)	Rajain
	Hoshangabad	Babi (rural)	Babai-12
	Dindori	Amarpur(rural)	Chapri Raiyal
	Dindori	Amarpur(rural)	School tola
	Dindori	Amarpur(rural)	Sakamal
	Dindori	Amarpur(rural)	Sakka apper tola
	Dindori	Amarpur(rural)	Amarpur
	Gwalior	Dabra-2 (rural)	Kaithuda AWC
	Gwalior	Dabra-2 (rural)	W.No.! Kaiyanpur Pachor
	Gwalior	Dabra-2 (rural)	W.No 10&11,Pichor
	Gwalior	Dabra-2 (rural)	Gram sahrai
	Gwalior	Dabra-2 (rural)	Ward lfa, Billawa.
	Alirajpur	Alirajpur (tribal)	Kabthu-1
	Alirajpur	Alirajpur (tribal)	Chongawat
	Alirajpur	Alirajpur (tribal)	Patel Falia
	Alirajpur	Alirajpur (tribal)	Vaskal Falia
	Alirajpur	Alirajpur (tribal)	Ugnala Falia-3
Madhya Pradesh	Chhattarpur	Gaurihar (rural)	Sarvayee -4
	Chhattarpur	Gaurihar (rural)	Barha -3
	Chhattarpur	Gaurihar (rural)	Kasar
	Chhattarpur	Gaurihar (rural)	Rampur
	Chhattarpur	Gaurihar (rural)	Rani Bagh
	Damoh	Pathariya (rural)	Ghogani Gulal
	Damoh	Pathariya (rural)	Kindraho
	Damoh	Pathariya (rural)	Narsinghgarh
	Damoh	Pathariya (rural)	Pipariya Champat 136
	Damoh	Pathariya (rural)	Mohali -153
	Badwami	Rajpur (tribal)	Singone
	Badwami	Rajpur (tribal)	Kasal -03
	Badwami	Rajpur (tribal)	Drawry Falia Bhagosore -4
	Badwami	Rajpur (tribal)	Mandiyapura, Salipada
	Badwami	Rajpur (tribal)	Matmur -1
	Balaghat	Baihar (tribal)	Banna
	Balaghat	Baihar (tribal)	Barva -2
	Balaghat	Baihar (tribal)	Bhoiltola Keca
	Balaghat	Baihar (tribal)	Umardelhi
	Balaghat	Baihar (tribal)	Parsatonla
	Madhya Pradesh	Gwalior	Dabra-2 (rural)
Gwalior		Dabra-2 (rural)	W.No .1 , Kalyampur Pichor

**ANNEXURE-1**

	Gwalior	Dabra-2 (rural)	W.No .10-11,Pichor
	Gwalior	Dabra-2 (rural)	Gram sahrai
	Gwalior	Dabra-2 (rural)	Ward ITA , Billawa
	Gwalior	Gwalior -3(urban)	Bheem Nagar I
	Gwalior	Gwalior -3(urban)	Bheem Nagar 47
	Gwalior	Gwalior -3(urban)	Thatipur Gaon AWC 15
	Gwalior	Gwalior -3(urban)	New Darpan Colony
	Gwalior	Gwalior -3(urban)	Bheem Nagar-3
	Mandsaur	Bhanpura (Rural)	Kaishpura Gandhi Nagar
	Mandsaur	Bhanpura (Rural)	Dudha Kheri, Antaling
	Mandsaur	Bhanpura (Rural)	Malipura, Bhaisoda Mandi
	Mandsaur	Bhanpura (Rural)	Madatwal gali, bhaisoda
	Mandsaur	Bhanpura (Rural)	K.P Vidyalaya, Bhaisoda
Madhya Pradesh	Shahdol	Sohagpur (Tribal)	Kotma 02
	Shahdol	Sohagpur (Tribal)	Lalpur 03, Code 219
	Shahdol	Sohagpur (Tribal)	Lalpur 07, Code 223
	Shahdol	Sohagpur (Tribal)	Khatiyapur, Code 57
	Shahdol	Sohagpur (Tribal)	Khamariya Kala, Code 68
	Dhar	Nisarpur (Tribal)	Dhaura Dagda, Code -09
	Dhar	Nisarpur (Tribal)	Dada Khodara Gaon Khondi-3
	Dhar	Nisarpur (Tribal)	Baiyadipura - 7
	Dhar	Nisarpur (Tribal)	Indira Colony - 8
	Dhar	Nisarpur (Tribal)	Bedipura Gaon Pipaliya
	Dindori	Karanjiya (Tribal)	Bajar Toala Gorakhpur - 34
	Dindori	Karanjiya (Tribal)	Sarda Mohalla, Gorakhpur -33
	Dindori	Karanjiya (Tribal)	Teli Tola
	Dindori	Karanjiya (Tribal)	Gram Pakri
	Dindori	Karanjiya (Tribal)	Jarasu Ranganal
Madhya Pradesh	Anupur	Kotima (Tribal)	Kalyanpur , Kotima -9
	Anupur	Kotima (Tribal)	Baniya Tola
	Anupur	Kotima (Tribal)	Darritola-Kolima-5
	Anupur	Kotima (Tribal)	Purani Basti -Kolima-5
	Anupur	Kotima (Tribal)	Nava Tola (Paricuya )-65
	Jabalpur	Jabalpur (urban)	Lal Bahadur Shastri Bagh
	Jabalpur	Jabalpur (urban)	Ansari Nagar Chaupra -51
	Jabalpur	Jabalpur (urban)	Madaar Chaala -40
	Jabalpur	Jabalpur (urban)	Bensing Tilaya-4
	Jabalpur	Jabalpur (urban)	Nehru Nagar
	Datia	Indragarh (rural)	Dhripur
	Datia	Indragarh (rural)	Uchiya -II
	Datia	Indragarh (rural)	Bhadol-I
	Datia	Indragarh (rural)	Kuthonda
	Datia	Indragarh (rural)	Rauajivan
	Guna	Bamori (rural )	Akode (Bamori ) -26
	Guna	Bamori (rural )	Middle School Colony (Bamori)-6
	Guna	Bamori (rural )	School Parisar , Jaghar (Banori) 55(1)
	Guna	Bamori (rural )	Fatchgarh (Guna )-78
	Guna	Bamori (rural )	Panchyat Bhawan Jaghu (Banori) 56 (2)

**ANNEXURE-1**

Manipur	Chandel	Chakpikarong (tribal)	Sokom AWC (03)
	Chandel	Chakpikarong (tribal)	Boljong AWC (01)
	Chandel	Chakpikarong (tribal)	Novokomic AWC (04)
	Chandel	Chakpikarong (tribal)	Toupokpi-B AWC (09)
	Chandel	Chakpikarong (tribal)	Rungchang AWC (36)
Mizoram	Champhai	Champhai(tribal)	Zion Veng AWC code.15284010314
	Champhai	Champhai(tribal)	Bethal III AWC code.15284010315
	Champhai	Champhai(tribal)	Zokhawtar BazarAWC code.15284010201
	Champhai	Champhai(tribal)	Electric veng AWC code.15284010102
	Champhai	Champhai(tribal)	Zotlang -III AWC code. 15284010203
	Champhai	Khawzawl (tribal)	Khenozawl XV AWC -15284003015
	Champhai	Khawzawl (tribal)	Khenozawl XII AWC -1528403701204
	Champhai	Khawzawl (tribal)	laingen Veng AWC -152840306503
	Champhai	Khawzawl (tribal)	Khazant IV AWC -1528403007002
Champhai	Khawzawl (tribal)	Khazant XXI AWC -15284010101021	
Nagaland	Dimapur	Dhansiripur	Tsithrangse
	Dimapur	Dhansiripur	Singhijar
	Dimapur	Dhansiripur	Tsingh nange -3
	Dimapur	Dhansiripur	Shokhuri
	Dimapur	Dhansiripur	Shokhuri -A
Punjab	Ludhiana	Ludhiana (urban-II)	AWC No.10 Janakpuri
	Ludhiana	Ludhiana (urban-II)	AWCNo. 03,Raseela Nagar
	Ludhiana	Ludhiana (urban-II)	AWCNo. 14 ,code no.03
	Ludhiana	Ludhiana (urban-II)	AWCNo. 16 ,code no.03 Jandpur
	Ludhiana	Ludhiana (urban-II)	Islamgaj NO 19
	Ludhiana	Ludhiana (urban-II)	25, Prem Nagar
	Ludhiana	Ludhiana(urban-I)	AWC NO. 144,Ram Nagar
	Ludhiana	(data not provided)	Awc NO.149,Kot Alamgri
	Ludhiana	Ludhiana(rural)	Baddowal 720 (73old)
	Ludhiana	Ludhiana(rural)	Lalton Kalan & 613
	Ludhiana	Ludhiana(rural)	Sanchwal & 717
	Ludhiana	Ludhiana(rural)	Lalton Kalan & 616
	Ludhiana	Ludhiana(rural)	Lalton Kalan Panchayat ghar
	Ludhiana	Ludhiana(rural)	Thakkarwal & 605
	Ludhiana	Ludhiana(rural)	Dolon Khund 09
Ludhiana	Ludhiana(rural)	AWC NO .618	
Punjab	Jalandhar	Jalandher (urban)	Rani Nagar,Bawa Khel -6
	Jalandhar	Jalandher (urban)	New Rajnagar Bastu Bawakhit -4
	Jalandhar	Jalandher (urban)	Katra Malwala -2
	Jalandhar	Jalandher (urban)	Center No 1, Code No 2, Basti Bawa
	Jalandhar	Jalandher (urban)	Code No -4-AWC -3, Rainagar
	Jalandhar	Phillaur	03037090110, vill Gamma Hanpur
	Jalandhar	Phillaur	Nagar -014
	Jalandhar	Phillaur	New Abadi Nagar AWC -121
	Jalandhar	Phillaur	Ganne Pind No 03030090111
	Jalandhar	Phillaur	Ramgarh , Phillam
	Jalandhar	Jalandher (rural )	04-Sindhman station
	Jalandhar	Jalandher (rural )	Code No 05

**ANNEXURE-1**

	Jalandhar	Jalandher (rural )	Maisabadi No -19(code no 5)
	Jalandhar	Jalandher (rural )	Awc No -1, Muzaffarpur
	Jalandhar	Jalandher (rural )	Ravadas mandir code 78
Punjab	Ludhiana	Khanna Rural	25, vill Mahan pur
	Ludhiana	Khanna Rural	1, chakohi
	Ludhiana	Khanna Rural	Vill. Faizgarh
	Ludhiana	Khanna Rural	26, GPS No - 6, Railway Road
	Ludhiana	Khanna Rural	3, Kartar nagar
	Fatehgarh Sahib	Khera Rural	011, Bibipur
	Fatehgarh Sahib	Khera Rural	02, vill. Dabhali
	Fatehgarh Sahib	Khera Rural	55, Pind valsali
	Fatehgarh Sahib	Khera Rural	01, vill. Khera
	Fatehgarh Sahib	Khera Rural	10, Hindpur
	Patiala	Rajpura Urban	01, Dhindsa
	Patiala	Rajpura Urban	01, Vill. Jandoli
	Patiala	Rajpura Urban	16, Urban Rajpura
	Patiala	Rajpura Urban	01, Vill kharajpur
Patiala	Rajpura Urban	22, Salampur	
Rajasthan	Alwar	Kishangarh Bas	AWC IV ,AWC No 8 (old code)
	Alwar	Kishangarh Bas	AWC 98 (old)
	Alwar	Kishangarh Bas	08124150406(new code)lsmailpur
	Alwar	Kishangarh Bas	AWC Raipur mewar
	Alwar	Kishangarh Bas	08104050821 (new)
Rajasthan	Bharatpur	Kumher Project	96/AWC - I, Dhera
	Bharatpur	Kumher Project	Pahna I/47
	Bharatpur	Kumher Project	Deewanpura mini AWC
	Bharatpur	Kumher Project	113/2 Takha AWC
	Bharatpur	Kumher Project	Nagljodh singh village
Rajasthan	Kota	Kota (Urban)	Vinoba Bhave Nagar 07
	Kota	Kota (Urban)	Hijira Basti 26 Shivpura
	Kota	Kota (Urban)	37- Ganesh Talab (Udia Basti )
	Kota	Kota (Urban)	Shivpura 22
	Kota	Kota (Urban)	Awc 22 Shivpura
	Kota	Kota (Urban)	Keshavpura I (21)
	Kota	Kota (Urban)	Keshavpura I (24)
	Kota	Kota (Urban)	Keshavpura I (22)
	Jhalawar	Dag (Rural)	Harnawada
	Jhalawar	Dag (Rural)	Gunai
	Jhalawar	Dag (Rural)	Hatyagorh
	Jhalawar	Dag (Rural)	Pagariya Kala
	Jhalawar	Dag (Rural)	Guradiya Kala
	Jhalawar	Dag (Rural)	Dhaturiya I
	Jhalawar	Dag (Rural)	Dhaturiya II
	Jhalawar	Dag (Rural)	Fajalpur
	Jhalawar	Dag (Rural)	Pagariya III

**ANNEXURE-1**

	Jhalawar	Dag (Rural)	Pagariya III
Rajasthan	Jhalawar	Pidawa	Samaya
	Jhalawar	Pidawa	Semla
	Jhalawar	Pidawa	Raipur III
	Jhalawar	Pidawa	Kali Talai
	Jhalawar	Pidawa	Dola
Rajasthan	Dausa	Dausa (Rural)	Sainthal
	Dausa	Dausa (Rural)	Mheshwara Khurdh
	Dausa	Dausa (Rural)	Kherla Khurdh
	Dausa	Dausa (Rural)	Singh Bara-1
	Dausa	Dausa (Rural)	Rampura
Uttar Pradesh	Barabanki	Trivedi Ganj(rural)	Chandrauli -I/38
	Barabanki	Trivedi Ganj(rural)	Japatkheda/119
	Barabanki	Trivedi Ganj(rural)	Chandrauli -II/0205
	Barabanki	Trivedi Ganj(rural)	Panchayat Bhawan/321
	Barabanki	Trivedi Ganj(rural)	Jagtkheda II/0192
	Sitapur	Sitapur (Urban)	Fata Sarai II/3
	Sitapur	Sitapur (Urban)	Kashi Ram Colony 03/22
	Sitapur	Sitapur (Urban)	19
	Sitapur	Sitapur (Urban)	Biyura/20
	Sitapur	Sitapur (Urban)	Kashi Ram Colony 03/23
	Lucknow	Alam nagar (U)	Janta Nagai/012
	Lucknow	Alam nagar (U)	Ram Vihar II/023
	Lucknow	Alam nagar (U)	Ashiyamari II/09157011104
	Lucknow	Alam nagar (U)	Peebakka/09157011120
	Lucknow	Alam nagar (U)	New Maidagari/915701119
	Barabanki	Nidura (rural)	Bahroli 3rd /4
	Barabanki	Nidura (rural)	Hemapuria
	Barabanki	Nidura (rural)	Bahrauli/3
	Barabanki	Nidura (rural)	Bahrauli/4
	Barabanki	Nidura (rural)	Tamboli Tola,Nindura
Uttar Pradesh	Mathura (u.P)	Mathura (rural)	Panchayatghar Mudeshi
	Mathura (u.P)	Mathura (rural)	AWC -III ,Dhangaon-182
	Mathura (u.P)	Mathura (rural)	Moholi - I ,code -13
	Mathura (u.P)	Mathura (rural)	orangabad , code -144
	Mathura (u.P)	Mathura (rural)	Orangabad code -6
Uttrakhand	Dehradun	Doiwala (rural)	Keshavpuri-5
	Dehradun	Doiwala (rural)	Pal Basti, Dharman chock W.No13
	Dehradun	Doiwala (rural)	Bulla wala-2
	Dehradun	Doiwala (rural)	Their -1 AWC No 3548
	Dehradun	Doiwala (rural)	AWC Doiwala No .3586
	Haridwar	Bahadrabad II (rural)	Shahpur
	Haridwar	Bahadrabad II (rural)	Jaipota code-I
	Haridwar	Bahadrabad II (rural)	Dhrampura AWC No 13
	Haridwar	Bahadrabad II (rural)	Bahadurabad II Awc-I
	Haridwar	Bahadrabad II (rural)	Dhariwala -I
	Haridwar	Bahadrabad I (rural)	Panchayat Ghar AWC-12
	Haridwar	Bahadrabad I (rural)	AWC Bongole -9

**ANNEXURE-1**

	Haridwar	Bahadrabad I (rural)	Bahadrabad -6
	Haridwar	Bahadrabad I (rural)	Bongala -10
	Haridwar	Bahadrabad I (rural)	Bahadrabad -10
	Haridwar	Haridwar city (urban)	Lal Mandir colony Jawalapur
	Haridwar	Haridwar city (urban)	ward No 5
	Haridwar	Haridwar city (urban)	Nirmal chhawni -lind
	Haridwar	Haridwar city (urban)	Rajeev Nagar-3
	Haridwar	Haridwar city (urban)	Bangli Basti
West Bengal	Howarah	Sibpur (urban)	Black Rose club AWC -41
	Howarah	Sibpur (urban)	Black Rose club AWC -86
	Howarah	Sibpur (urban)	Natun Alok Club AWC 06
	Howarah	Sibpur (urban)	Prabhati Panchjanya santi AWC50
	Howarah	Sibpur (urban)	k. Satidashi AWC No 20
	Purulia	Hura (tribal)	Kharpura Mahatopara -246
	Purulia	Hura (tribal)	Bahukata AWC No 136
	Purulia	Hura (tribal)	Japarah AWC No 233
	Purulia	Hura (tribal)	Bhangaband AWC No 41
Purulia	Hura (tribal)	Kesabpur kamarpara AWC-211	



