ICDS MISSION

The Broad Framework for Implementation

MINISTRY OF WOMEN AND CHILD DEVELOPMENT

GOVERNMENT OF INDIA

October 2012

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1. THE CONTEXT

1.1 The Challenge

India is home to 158.7 million children in the age group of 0-6 years. With nearly 20 per cent of the 0-4 years' child population of the world, India is home to the largest number of children in the world[1]. Despite growth in literacy and economy, the understanding of holistic development of children remains less understood, absorbed and assimilated and more importantly underinvested.

INDIA: SITUATION OF CHILDREN – 0-6 YEARS

- Nearly every fifth child in the world lives in India
- 0-6 years (Census-2011)
  - Total children: 15.87 crore;
    - ✓ Male: 8.29 crore;
    - ✓ Female: 7.58 crore;
  - About 5 million less than Census 2001;
  - Decline more in Girl Child: 30 lakh;
- Child Birth: 2.5 Crore annually; Child Survival: 1.75 Crore
- Mortality: 0.8 Crore annually; Missing girl: 0.4-0.5 Crore
- Declining child sex ratio from 927 to 914 /1000
- IMR: 47; male – 46., female 49; (SRS 2010)
- U5MR: India: 59; male: 55; female 64 (SRS 2010)
- LBW Babies: 22% (NFHS-3)
- Only 44% infants are fully immunised (NFHS-3)
- 42.5% of children 0-5 years are underweight (NFHS-3)
- 79% children (6-35 months) are anaemic (NFHS-3)

Around 40 per cent of children remain undernourished with their growth and development impeded irrevocably, over the lifetime. Strong Constitutional, legislative policy, plan and programme commitments including a range of national programmes notwithstanding, improved early child development outcomes remain a real challenge. Certainly, there is a need for higher investment, greater commitment at all levels besides application in terms of design, delivery and deployment of resources, both human and financial to restore the overall growth and development of children.

1.2 ICDS: The Evolution & Progress

Launched in 1975, ICDS is a unique early childhood development programme aimed at addressing health, nutrition and the development needs of young children, pregnant and nursing mothers. Over 35 years of its operation, ICDS has expanded from 33 community development blocks selected in 1975 to cover almost all habitations (14 lakh) across the country. However, the larger part of expansion (more than 50%) has taken place post 2005. Recognizing that early childhood development constitutes the foundation of human development, ICDS is designed to promote holistic development of children under six years, through the strengthened capacity of caregivers and communities and improved access to basic services, at the community level. Within this group, priority is accorded to addressing the critical prenatal- under three years age group, the period of most rapid growth and development and also of greatest vulnerability. The programme is specifically designed to reach disadvantaged and low income groups, for effective disparity reduction. ICDS provides the convergent interface / platform between communities and other systems such as primary healthcare, education, water and sanitation among others. The programme has the potential to break an intergenerational cycle of undernutrition as well as address the multiple disadvantages faced by girls and women but with adequate investment and enabling environment.

[1] According to the World Population Prospects 2008, Revision population database, the child population in the age group 0-4 for India in 2010 is estimated to be (median variant) 126 million against 88 million in China. The population of children in the age group 0-14 for the same year for India is estimated as 374 million as compared to 269 million in China.

1.3 Emerging Issues and Gaps

Over the years, ICDS has evolved with difference across the States in regard to modalities of delivery, convergence, community and NGO participation, duration in service hours, available infrastructure and facilities, incentives to honorary workers, selection processes etc. The diversity is also linked to levels of governance in States / UTs. There are examples of innovative and successful models under ICDS implemented by the State Governments of Tamil Nadu, Gujarat, Karnataka, Andhra Pradesh, Kerala, Rajasthan, Orissa etc., in respect of one or more components or interventions that have shown good results and have the potential of being replicated. The programme as a whole has potential for delivering on the nutritional and early childhood outcomes, if invested, supported and managed well.

(i) **Challenges of Universalisation:** In 2008-09, the programme was universalized, this meant rapid expansion from a 8.44 lakh AWCs in 2007 to 13.19 lakh operational AWCs in August 2012 and target of 14 lakh AWCs by the end of 2012 without the corresponding augmentation of resources, both human and financial resulting in a series of operational challenges at all levels. Some of the challenges that have accompanied the universalisation and third phase of expansion are summarized below:

ICDS UNIVERSALISATION AND THIRD PHASE OF EXPANSION: CURRENT CHALLENGES

The universalisation of ICDS Scheme has not been an unmixed blessing. While adding the number of AWCs and taking them to the door steps of children in smaller clusters has been a welcome step, it (universalization) concomitantly has brought in its wake, huge challenges in terms of resources as well as challenges of management, delivery of services with quality and standards. These are briefly as under:-

- **Delay in universalisation**:
  - Approved for Universalization in 2008-09; 6722 projects Operational (March 2011); 7005 projects (Aug 2012)
  - 7076 projects in 14 lakh habitations: 12.62 lakh AWCs Operational (Mar 2011); 13.19 lakh AWCs (Aug 2012)
  - Cost of Supplementary nutrition: Rs.1 (1991 to 2004); Rs.2 – 2.70 (2004 – 09); Rs. 4 – 6 (2009 – 10)
  - Adherence to revised population norms not conformed.
  - Mapping (GIS) and Ground verification yet to be completed to ensure saturation of coverage.
- **SNP management and administrative challenges:**
  - Adoption of and adherence to revised nutritional and cost norms still underway and not achieved fully.
  - Optimization of coverage and improved quality of delivery an issue.
  - Improved supply chain and commodity management and uninterrupted distribution at AWC for 25 days in a month.
- **Financial management and SOE:**
  - Timely submission of component-wise expenditure in SOE along with Utilization Certificate (UC)
  - Fund utilizations as per norms under SNP and ICDS(G) including expenditure on components like PSE, Medical kits, POL, utilization of flexi funds etc.
- **Inadequate Availability of space for Anganwadi Centres**
- **Availability of Human resource:** Large scale vacancies (August 2012) - CDPO/ ACDPO (32%), Supervisors (34%), AWW (8%)/ AWH (8%), need for a dedicated cadre &team for ICDS functionaries & tenure stability and disengagement of ICDS functionaries from non- ICDS related activities. Mode of engagement needs to be worked out.
- **Increased challenge for Inter Sectoral Convergence:** Provision of safe drinking water and child friendly toilet, Joint arrangement of delivery of 3 services: Immunization, Health Check-up and Referral, Joint Home Visits, management and treatment of undernourished children, the linkage with NRC and MTC
- **Low focus on Growth monitoring, ECCE and PSE kits:** Roll out new WHO Growth Standards and Joint MCP cards and ensure availability of PSE kits
- **Low focus on Early childhood Education:** need for policy, curriculum framework and guidelines
- **Challenges of strengthening Training, Monitoring, MIS and ICT:** Focus on cross sectoral, horizontal and vertical integration, in content and participation of training component,timely transfer of funds to AWTCs & MLTCs, implementation of monitoring Guidelines

(ii) **Programmatic and Operational Gaps:** Based on the learning from various studies and inputs received from States through series of consultations as well as from Annual Programme Implementation Plans (APIPs) key gaps in the implementation, management, supervision and monitoring of present ICDS programme have been identified. Major gap areas in effective implementation of ICDS can be categorised in two broad categories i.e., programmatic gaps and operational issues, as discussed below:

- **Programmatic Gaps:** The implementation of ICDS Scheme has been uneven across the States/UTs in the country. The programmatic gaps have been many. While some of them are faced universally across the States/UTs, there are others which are State-specific. The universalisation has, in a way, aggravated the position in respect of some of them. These include: (a) absence of physical space (building) and facilities to operate efficiently and effectively; (b) constraints of quality and number of human resources for meeting diverse needs for service provision with improved quality; (c) inadequate focus on under 3s; (d) inadequate focus on Early Childhood Education (ECE) as large part of time of AWW's spent in AWC related work; (e)perceived as feeding center operated through an overburdened and underpaid AWW; (f) low investment on child development in terms of provision of adequate resources, both human and financial; (g) inadequate convergence of programmes / services – weak linkages with public health system; (h) implementation of programme largely left to States - low intensity engagement with States in planning, implementation, monitoring and supervision; (i) community engagement and participation virtually non-existent often leading to lower demand for services; (j) poor data management, information system (MIS), analysis and reporting; (k) inadequate and inappropriate training; (l) programme implementation guided by periodic revisions of norms and Office Order / Circulars; (m) lack of comprehensive programme implementation guidelines; and (n) little or no attention paid to the needs of working women – availability and accessibility of crèche and day care services (not part of the current programme).

- **Operational Issues:** Besides, the programmatic gaps ICDS implementation is marked with many operational issues such as: (a) inadequate operational efficiency and accountability at national, state, district and grassroots levels in absence of infrastructure, human resource (large vacancies, educational qualification and inadequate numbers), mobility, etc.; (b) delivery of supplementary nutrition due to non-sharing of cost on SNP prior to 2005 – 06, followed by issues in management of SNP arising out of the requirement to supply morning snack and hot cooked meal; (c) non revision & indexation of cost to rising prices of food, fuel and transportation etc.; (d) program envisaged as community driven but in reality has evolved as State run programme; (e) regularity of AWC functioning in terms of prescribed working hours, number of days and service provision; (f) slow pace of universalisation due to a variety of problems faced by the States/UTs; (g) fund transfer mechanism marked with delays at all levels often resulting in delays in release of funds and payments to AWWs and for SNP; (h) Concurrent monitoring a continuing weak point –inadequacy and non-usage of data, poor management information system (MIS); and (i) Single AWW at each AWC & ICDS functionaries burdened with non- ICDS functions.

1.4 The Environment for Change

In order to create the present environment for change and for strengthening and restructuring of ICDS, the Ministry of Women and Child Development had initiated and taken various pro-active measures following Mid Term Appraisal of the Eleventh Five Year Plan and simultaneously in the context of preparing for the Joint strategy Paper for addressing India's Nutrition challenges. The

issue of strengthening and restructuring of ICDS has been the centrepiece of the strategy which was deliberated upon in a series of consultations held at various levels. These consultations were held with all concerned in different sectors, partners as well as State WCD Secretaries with the aim to generate understanding as well as arrive at comprehensive strategies and actions for addressing India's nutrition challenges. Inter-ministerial meetings were also held between the Ministry of Health & Family Welfare and the Ministry of Women and Child Development. The joint strategy paper on addressing India's Nutrition challenges was validated through a Multi-sectoral Retreat organised by the Planning Commission in the series of these deliberations. ICDS restructuring and strengthening emerged as one of the major recommendations in all these consultations and deliberations and was taken forward to the PM's National Council on India's Nutrition Challenge.

The decisions of the PM's National Council on India's Nutrition Challenge and recommendations of the National Advisory Council (NAC), the Twelfth Plan Approach Paper along with various consultations mentioned above, reflect the debate and the larger consensus that has emerged around ICDS and its desired impact. The ICDS platform is viewed as a base for providing a continuum of care in a life-cycle approach aimed towards impacting mother and child development. In order to achieve this, there is also consensus on the need to restructure and strengthen ICDS both programmatically and structurally, backed by adequate resource investment, thereby establishing and ensuring standards of quality, coverage as well as flexibility in operations.

The Inter-ministerial Group constituted on ICDS Restructuring led by the Member, Planning Commission (in-charge of WCD) which also included some of the State representatives, submitted its report[2] along with the proposal given in the Broad Framework for Implementation. This framework has been evolved keeping in mind the decisions in the PM Council and core principles and recommendations of the NAC by the IMG. The recommendations were incorporated in the proposal for Strengthening and restructuring of ICDS.

Further, the EFC considered the proposal on 22nd March and 20th July 2012 wherein, it was considered that there should be greater ownership of the States and that the State Governments need to invest more in the Scheme. It decided that the cost sharing pattern in most of the new components should be at least 75:25 excluding NER where it would continue to be 90:10. It was further agreed that clear outcomes be laid out and all possible data should be made available to test the actual outcome with the targeted one. It was agreed that Annual Health Survey (AHS) and District Level Household Survey (DLHS) to be used as baseline for measuring the outcomes of ICDS Mission. Based on the EFC, the original proposal and the Broad Framework for Implementation have been revised in terms of program, financial resources and human resources.

The Strengthening and Restructuring of ICDS contained in the framework and in the subsequent Para are moderated to the extent of approved norms and discussion. Framework of implementation of ICDS Mission is formulated - based on the analysis of issues/priorities, design, implementation and resource gaps, action possibilities, core strategies identified and spectrum of programmatic, management and institutional reform envisaged. MoUs would be signed between Central and State governments / UT administrations with agreed state-specific objectives for preventing and reducing child undernutrition and promotion of integrated early child development. There are stipulated outcomes to be achieved through service standards and process indicators in the mission.

[2] http://www.planningcommission.nic.in/reports/genrep/rep_icds2704.pdf

2. ICDS STRENGTHENING AND RESTRUCTURING

The ICDS Scheme has been a well conceived Scheme. But the real problem lies in its implementation which arises out of inadequate funding, lack of convergence, accountability of those managing and implementing the programme, specially, at the level of anganwadi centres and supervisory level, lack of community ownership and the general perception about this being a feeding programme and not an Early Childhood Development programme. If these inadequacies are addressed appropriately, the Scheme has the potential to give satisfactory nutritional and child development outcomes. The strengthening and restructuring of the Scheme will then have to address these concerns. Conceivably then, this would need to be undertaken as a necessity. But the issue of management of anganwadi centres and their supervision, capacity building and focus on under 3 (<3) will require putting in place the system of controls which are decentralized and which are closer to the scene of operation. The experience, so far, has been that any amount of guidelines/instructions issued by the Government of India or by the State Governments, do not percolate evenly and with the same seriousness down to the last level, the States/UTs. As a result, the accountability becomes a casualty and, thus, the delivery under the programme suffers.

ICDS strengthening and restructuring addresses the above issues and provides framework for implementation of ICDS Scheme in the Mission Mode.

2.1 ICDS Strengthening

The Ministry of Women & Child Development has been working on ICDS strengthening and has after the meeting of the PM's Council on India's nutritional challenges, taken steps towards it. These are recounted in the succeeding paragraphs along with the steps which are in the pipeline for further improvement in the delivery of services as well as for better supervision. The recent (2011-12) doubling of honorarium of the Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) by the Government of India meets a long standing demand of workers and would need to be factored in for enforcing quality, greater regularity in the management of Anganwadi Centre as well as a longer duration of work against the existing 4 hours prescribed generally in most of the States/UTs.

It may be noted that the gaps in the programme management and its implementation are well understood and have been documented from time to time. This has led to making demands for resources as well as issuance of guidelines for better management and control of the programme from time to time. But the approach has been piecemeal and on the top of it, response of the States has been uneven. While some of the State Governments like, Tamil Nadu, Gujarat, Karnataka, Andhra Pradesh have invested in the programme for State resources, the others like, Uttar Pradesh, Bihar, Jharkhand, West Bengal are implementing the Scheme as largely a feeding programme without much innovation and without augmentation of resources from the State funds. One of the reasons could be that the States have a deficit of funds. But, this has more to do with the understanding of criticality of need of children of the 0-6 years of age and the commitments of States/UTs to invest on them besides the overall issue of governance in these States. Therefore, any proposal for strengthening and restructuring, no matter how well devised and thought of, will also have to contend with these challenges calling for a greater state ownership, commitments and priority attention to maternal and child care for child development outcomes.

2.1.1 Steps Initiated for Strengthening

- **Annual Programme Implementation Plans (APIPs)** in at least 10 States in 2011-12. During 2012-13, APIPs have been received from more than 25 states till date.

IDA assisted ISSNIP programme in eight selected States in 162 plus districts including additional districts from Odisha and Uttarakhand and urban pilots. The programme has now been approved and aims to address greater governance and programmatic deficits by providing catalytic support for system strengthening, conducting various pilots, innovations and experimentation of various good practices, development of protocols / standards / guidelines. Community mobilisation, behaviour change are also part of pilots. These would provide the framework of district annual programme implementation plans and learnings for scaling up.

- **Adoption of WHO Child Growth Standards and joint Mother & Child Protection Card**

- Introduction of the **five-tier monitoring system** (March 2011) including supervision guidelines (Oct. 2010)

- Draft Guidelines for **grading and accreditation of AWCs and awards** for service providers and other stakeholder issued

- Pilot Testing of **revised Management Information System (MIS) completed,** Revised MIS Guidelines issued, roll out during current year and spill over next year

- **Core Group on ECCE Policy Formulation** – draft ECCE Policy, Curriculum Framework and Standards prepared; shared in public domain for comments and suggestions; national consultation planned in October 2012 for finalization; expected to be approved by the end of current financial year.

- **Enhancement of honoraria** of AWW & AWH (March 2011)

- **Establishment of Nutrition Resource Platform –** Process initiated for establishment of single e-platform for sharing knowledge related to nutrition by different stakeholders and sectors having a Digital/physical Library, web-based knowledge management e-forum for discussion and exchange of ideas and a package of services for end-users through mobile telephony services (ongoing).

2.1.2 Steps Ahead for Strengthening

Universalisation with quality with focus on operationalizing 7076 approved projects and 14 lakhs AWCs across the country; harmonization of jurisdiction- PHC / CHC, district cells, project & AWCs; Cluster approach – on a cluster of 17 - 25 AWCs, a Cluster Office in a selected AWC to be set up by placing one Supervisor; Focus on under 3s – Growth monitoring & IYCF; Training & capacity building at all levels; rolling out revised MIS; use of ICT; Health & Nutrition Education and caring practices; preliminary actions for strengthening ECCE by formulation of policy, curriculum etc.; addressing issues pertaining to human resource and Grading and accreditation of AWCs Revision in cost norms for Supplementary Nutrition and providing scope for flexibility to states and in implementation and provision for untied funds to address innovations, pilots and local needs are also envisaged for expediting the processes.

There will be additional funds required both for construction of anganwadi buildings and for providing facilities as well as for increased rentals for hiring buildings, wherever, construction is not a viable option. The replacement of weighing scales and other equipments will be a periodic requirement and shall have to be provided for. The current cost norms of IEC, pre-school education and medicine kits are on the lower side and need revision. Additional resources will also be required for mobility of Supervisors and for IYCF activities. The IYCF activities would focus on under 3 (<3)

and will require experimentation with different set of options including that of having additional nutritional coordinators at the block level.

2.1.3 Lessons / Suggestions

<table>
<tr><th colspan="2">LESSONS / SUGGESTIONS FROM STATE APIPs: 2011 – 2012</th></tr>
<tr><td>
• Need for additional positions at different levels for better management and implementation of ICDS at different levels
▪ Directors/Program officers/Monitoring Officers at the Regional Level (Gujarat; Tamil Nadu); Asst. Project Directors in each District (A.P.); Monitoring Cell/Personnel at the State Level (West Bengal)
▪ Additional Technical Staff at State Level (Jharkhand, U.P.) and District Level (Jharkhand)
▪ Additional worker at the AWC level (Tamil Nadu); ASHA-Sahyogini (Rajasthan); Select 1 AWW as supervisor for 5-6 AWCs (Cluster Approach) (Jharkhand)
• Creation of a society structure for facilitating convergence and greater flexibility (A.P. for strengthening convergence; M.P. and Gujarat as part of their Nutrition Mission)
• Hiring medical personnel/ANMs as appropriate as per need
▪ MO/ANM budget under ICDS in A.P – also Tamil Nadu
▪ Hiring services of private doctors at the Block level where MO position is vacant or health check up not taking place with desired frequency (Karnataka)
▪ Hiring ANM for periodic immunisation sessions in urban slums (funds from NRHM) (West Bengal)
• Special training of functionaries on ECE through specific training institutes specialising in ECE (A.P., Rajasthan)
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• Organising special events for disseminating critical IYCF and health and nutrition messages such as *Annaprasana* etc. (A.P., M.P., Gujarat)
• Using modern communication channels for capacity building such as SATCOM and interactive TV programs (A.P., Gujarat)
• GMIS/GIS (A.P., Gujarat, Tamil Nadu)
• Accreditation of AWCs (A.P., Karnataka, U.P., West Bengal)
• Annual/Periodic Surveys and Studies to assess actual prevalence of malnutrition (A.P., M.P., U.P., Tamil Nadu)
• Annual ECE Days (Karnataka, Gujarat); Monthly Bal Sabha (M.P.)
• Community Monitoring through different mechanisms (Karnataka, Rajasthan, Jharkhand)
▪ Bal Vikas Samiti (Karnataka)
▪ Through PRI involvement (Rajasthan)
▪ Community Score Cards and engagement of PRIs (Jharkhand)
• Increased working hours of AWCs by offering additional honorarium (M.P., Gujarat)
• Performance Incentives and Awards to AWWs (Gujarat, Rajasthan)
• Sector Alignment for better convergence between Health and ICDS Departments/Services (Gujarat, Rajasthan)
• Corporate Sector Engagement with necessary guidelines (Tamil Nadu, Gujarat)
• AWC Building – all States
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<tr><th colspan="2">NEED PROJECTED BY THE STATES</th></tr>
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• Reconsideration of population norms for opening of AWCs.
• ECE funds under SSA should be mandatorily shifted to ICDS.
• Protocol for treatment of severely and malnourished children. Setting up of Nutrition Rehabilitation Centre, Expert committee to lay down protocol.
• Uniform Recruitment Rules, qualifications for appointment of AWWs and fixation of retirement age.
• Separate medical facilities at AWC.
• Revision of rent – rural, urban and metro cities separately.
• Need for Community contribution.
• Flexibility in staff and revision of norms.
</td><td>
• Model guidelines for PSE Kits and revision of rates.
• Improved quality of PSE Kits.
• Modernisation of AWCs.
• Purchase of vehicle with post of Driver.
• Payment of permanent Travelling Allowance to ICDS functionaries.
• Construction of AWCs through Central funds.
• Increase working hours of AWCs to six hours.
• Flexi pool funds etc. – revision of rates every five years.
• State wise survey on nutrition.
• Health workers to be sensitized for IYCF.
• SNP cost indexation.
• Increase in uniform cost.
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2.2 ICDS Restructuring

With the vision of transforming ICDS Scheme to ensure holistic - physical, psychosocial, cognitive and emotional - development of young children under 6 years of age in a nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments, ICDS would be required to be implemented in Mission Mode, as in case of other major flagship programmes like NRHM, SSA, etc. ICDS in Mission in Mode would facilitate its implementation in flexible mode, with **a**ppropriate institutional mechanisms at Central, State, District & Block levels as well as adequate human and financial resources linked to accountability and outcomes.

In order to achieve this and enhance the impact on child related outcomes following programmatic, management and institutional reforms would be undertaken.

2.2.1 Programmatic Reforms

The programmatic reforms inter alia include a range of reformative actions related to programme planning and implementation from the central to the AWC level. The focus would be on:

(i) **Repositioning the AWC as a "vibrant ECD centre" to become the first village outpost for health, nutrition and early learning** with adequate infrastructure and human resources for ensuring a continuum of care in a life-cycle approach to early childhood care and development, emphasizing the child's physical, cognitive, emotional and social development until the age of six years**.** AWCs would be equipped as a child friendly centre with adequate infrastructure, facilities (kitchen, safe drinking water& child-friendly toilets), wall painting, play space and joyful learning environment. The activities of AWC would be expanded to include extended hours (minimum of 6 hours), provide flexibility to State for running of crèches and day care centres as well as linkages with IGMSY & RGSEAG.

The provision of day care crèches is essential for care and development of children in the above 6 months - 6 years of age, whose mothers go for work and there are no adult care givers at home. There is a need for providing day care crèche facilities at the AWCs having outreach up to the habitation levels. To begin with, 5% of the AWCs would be converted into AWC-cum-crèche on a 75:25 cost sharing basis with flexibility to States. States would be given flexibility to explore the engagement of NGOs in implementing the model. Detailed guidelines for piloting AWC cum Crèche Services in selected areas may be seen at **Annexure – I.**

(ii) **Appropriate AWC Building and Infrastructure:** Adequate and appropriate infrastructure for AWC including construction of new buildings, maintenance and repair of existing buildings as well as provision of enhanced rent would be ensured by ICDS Mission for the effective implementation of the scheme. Following specific activities would be undertaken to achieve this:

a) Construction of AWC Buildings: Following universalisation, 13.19 lakh operational anganwadis (August 2012) have become operational against 14 lakh approved. According to available statistics, nearly 46-50% of anganwadi centres are currently functioning in pakka buildings / school buildings / school and community buildings. Thus, there are still about 7 lakh anganwadi centres which do not have a building of their own. In order to facilitate better delivery of services, providing pakka building for anganwadi centre either of its own or on rent would be essential. It is expected that the States will be in a position to leverage nearly 20% of the requirement of anganwadi centres through convergence with other programmes namely BRGF, MSDP, etc. Further, nearly 20-25% anganwadi buildings would continue to be in the rented premises. This would specially be the case for

anganwadis in the urban centres/ villages with large population. This leaves nearly 4 lakh anganwadi centres which would require to be built out of funds to be provided under ICDS Scheme.

The ICDS Mission, during the 12th Five Year Plan, would construct 2 lakh Anganwadi buildings @Rs.4.5 lakh per building. For construction of remaining AWC buildings, the State Governments would continue to leverage funds from BRGF, Area Development Programme, MSDP, RIDF, IAP, MGNREGA, 13th Finance Commission, ACA, MPLAD, MLALAD etc. Further, the Planning Commission, would issue directives to State Governments and concerned line Ministries for mandatory allotment of funds from State resources as well as leveraging funds from the aforementioned Schemes. The cost of AWC buildings would be in accordance with the State Schedule of Rates (SOR) and guidelines issued by the MWCD. Through all these efforts and mainly in convergence with MNREGA a multiplier effect of completing all remaining AWCs buildings could be achieved by States. The revision of rates for construction of AWC building, i.e., @ Rs. 4.5 lakh per unit, would also apply to NER. The cost sharing ratio for this component would be 75:25 except NER where it would continue to be 90:10.

While planning the construction, due regard shall be given to the fact that they are located next to schools and/ or construction is done in clusters, in villages having more than one AWC, to rationalize the cost of construction without compromising the comfort of the child in covering the distance. Almost all the States have developed model anganwadi centres which would be given due consideration. The MWCD has issued guidelines stating that AWCs should be child friendly with all relevant infrastructure and the space should be at least 600 sq. ft. MWCD's letter in this regard is given at **Annexure –II.** The construction of AWCs would be carried out as per following schedule (for country as a whole):

DETAILS OF CONSTRUCTION OF AWCS IN A PHASED MANNER							
Sl. No.	**Particulars**	**Year-1**	**Year-2**	**Year-3**	**Year-4**	**Year-5**	**Total**
1	Total AWCs to be constructed	0	20,000	50,000	60,000	70,000	**2,00,000**
2	% w.r.t. total	0	10	25	30	35	**100**
3	Construction in other states	0	18,500	46,250	55,500	64,750	**1,85,000**
4	Construction in NER states	0	1,500	3,750	4,500	5,250	**15,000**

States will be required to prepare and present a perspective plan for the Plan period in a phased manner giving details of current position of own and dedicated building of AWCs and the number of buildings to be constructed by leveraging from various programmes and proposed requirement.

b) ***Up-gradation and Maintenance:*** The existing AWCs that have own buildings and are lacking in infrastructure, would be provided funds for up-gradation including provision of child friendly buildings and water supply and sanitation. For this purpose a provision of upto Rs. 1,00,000 per building (including provision for AWC cum crèche) on 75:25 cost sharing basis would be provided under the ICDS Mission. This is over and above the AWCs which are being constructed under various schemes of other Ministries. Up-gradation of 2 lakh AWC buildings would be carried out as per following schedule:

DETAILS OF UP-GRADATION OF AWCS IN A PHASED MANNER							
Sl. No.	**Particulars**	**Year-1**	**Year-2**	**Year-3**	**Year-4**	**Year-5**	**Total**
1	AWCs to be upgraded	0	30,000	50,000	60,000	60,000	**2,00,000**

At present, there is no **provision for maintenance** and upkeep of the AWCs owned and constructed by the government as no funds were provided for the said purpose. In the absence of funds, it has not been possible to maintain these buildings. For the safety and security of the little siblings, it is necessary to provide them safe, pucca and well maintained accommodation. Even for normal wear and tear and repair, it is necessary to provide funds. In view of this, maintenance cost to all government owned AWCs that owns a building, i.e., about 7 lakh, @Rs.2000 per AWC per annum would be provided under the ICDS Mission. The Centre-State cost sharing ratio would be 75:25. This provision is not applicable for rented AWC buildings.

c) ***Enhancement of Rent:*** At present around 4 lakh AWCs are reported to be running from rented buildings. The present rates for AWC building rent is Rs. 200 for rural centres and Rs. 750 for urban centres. This amount is grossly inadequate keeping in view the area required, ambience and present rent rates. States/UTs have indicated that it is difficult to find rented good accommodation for AWCs at current rate. Thus, it is decided to increase the monthly rent of the AWCs as under:

- Upto Rs.750 for AWCs / Mini-AWCs in rural and tribal areas.
- Upto Rs.3000 for AWCs / Mini-AWCs in urban areas depending upon the tier / class of the town/city
- Upto Rs.5000 for AWCs / Mini-AWCs in metropolitan cities

The revised rent for AWCs will only be applicable for centres offering a space of at least 600 sq. ft. with adequate infrastructure facilities. Guidelines and standards for a child-friendly AWC (including safe drinking water and sanitation) would be laid down in the Implementation Guidelines of the Scheme and it would be made mandatory to follow these guidelines while hiring rented accommodations. Wherever such space and / or toilet and drinking water is not available, such centres should be shifted or 6 months time should be given to the owner to construct toilet and arrange for drinking water facility. Till such time, the increase in rent will not come into effect. The determination of the rent per unit will be subject to the rent reasonableness certificate given by the CPWD/PWD/Rent Assessor. Centre-State cost sharing ratio would continue to be 90:10 for this component.

d) ***Enhancement of Rent for CDPO building:*** There are 7076 sanctioned ICDS Projects many of which operate from rented premises. At present rent for CDPO buildings are paid at Rs. 30000/- per project per annum for rural / tribal areas, while Rs.40000/- per project per annum for urban areas. Under the ICDS Mission, the rent for CDPO buildings would be enhanced @Rs. 79200/- per project per annum (Rs.6600/- per month) for all CDPO buildings, with centre – state cost sharing ratio being 75:25.

(iii) **Strengthening Package of Services:** Under the ICDS Mission, the core of package of six services would be continued, but these would be reorganized and reformatted. The perception of this being a feeding centre will have to change. For this, anganwadi centres would be transformed as Early Childhood Care and Development Centres. With this change, the existing package of services would be reformatted as under:

Sl. No	Components	Services	Core Interventions	Target Group	Service Provider
1.	Early Childhood Care Education & Development (ECCED)	Early Childhood Care and Education (ECCE) / Pre-school Non-formal Education	• Home based guidance for parents • Early stimulation • Early screening and referral • Optimal IYCF Practices • Monthly Monitoring & Promotion of Child Growth & Developmental Milestones. • Fixed Monthly Village ECCE Days	0-3years Parents/caregivers	AWW /Second AWW cum Child Care & Nutrition Counsellor
			• Non formal preschool education: a) activity based b) semi-structured play and learning method • Quarterly Monitoring & Promotion of Child Growth & Developmental Milestones. • Fixed Monthly Village ECCE Days	3-6 years Parents / caregivers	AWW
		Supplementary Nutrition	• Morning snack, Hot Cooked Meal and THR as per norms	6 m – 3 yrs 3-6 years P&L Mothers	AWW / Second AWW/ AWH / SHGs / others
2.	Care & Nutrition Counselling	Infant & Young Child Feeding (IYCF) Promotion &Counselling	• One to one counselling for optimal breastfeeding practices linked to growth monitoring • One to one counselling on Complementary feeding • Counselling to ensure food intake • Home visit and follow up	P&L mothers. Mothers of children under 3 yrs	AWW / Second AWW cum nutrition counsellor/ supervisors ASHA / ANM
		Maternal Care and Counselling	• Early registration of pregnancy, 3 or more ANC, Institutional delivery and PNC • Counselling on diet ,rest and IFA compliance during Home visit • Monitoring weight gain • Examination for pallor and oedema and any danger signs • Home based counselling for essential newborn care • Counselling and lactational support • Counselling on spacing	P&L women	ASHA / ANM / MO/Second AWW cum nutrition counsellor
		Care, Nutrition, Health & Hygiene Education	• Monthly health and nutrition education sessions • Education on Improved caring practices-- feeding, health and hygiene and psychosocial. • Knowledge sharing for care during Pregnancy, lactation and adolescence • Promotion of local foods and family feeding. • Appropriate food demonstration • Celebration of nutrition week, Breastfeeding week , ICDS day etc	P&L Mother and other caregivers , community and families	AWW / Second AWW cum nutrition counsellor/supervisors

		Community based care and Management of underweight children	• 100% weighing of all eligible children and Identification of underweight children • Referral to NRCs/MTCs for children requiring medical attention • 12 day Nutritional counselling and care sessions for moderately and severely underweight children (SNEHA SHIVIRs) • 18 day home care and follow up during home visit • Monitoring of weight gain after 12 days and 18 days	Moderately and Severely under-weight children &their mothers/caregiver	AWWs/ AWH/ supervisors/ Mothers' Group/PRIs / SHGs /MO ASHA and ANM as facilitator
3.	Health Services	Immunization and micronutrient supplementation	• Regular Fixed Monthly VHNDs • Primary Immunization • Boosters • TT for Pregnant women • Vitamin A supplementation (9 months – 5 years) • IFA supplementation (infants after 6 months of age) • Deworming as per guidelines • Counselling	0-3 years 3-6 years P&PL Mothers	ANM / MO / ASHA/ AWWs as facilitator
		Health Check Up	• ANC / PNC / JSY • Support for IMNCI / JSSK • Identification of severely underweight children requiring medical attention • Support to Community based care of underweight children	0-3 years 3-6 years P&L Mothers	ANM / MO / ASHA /AWWs as facilitator
		Referral Services	• Referral of severely underweight to health facility/NRCs • Referral for complications during pregnancy • Referral of sick newborns • Referral of sick children	0-3 years 3-6 years P&L Mothers	ANM / MO / ASHA/ AWWs
4.	Community Mobilization, Awareness, Advocacy & IEC	IEC, Campaigns and Drives etc.	• Information dissemination & awareness generation on entitlements, programmes behaviours and practices • Sharing of nutritional status of children at gram sabha meetings • Linkage with VHSNC • Voluntary Action Groups • Village contact drives	Families & Community	AWW / Second AWW/ supervisors / FNB / Dist. & Block Resource Centres / ICDS Management

Accordingly, the core package of ICDS services has been revised and the write up on each service package is given at **Annexure – III.**

(iv) **Focusing on the under-3s and early child care and learning environment** by developing and implementing key strategies to promote optimal IYCF Practices through IPC, intense home contacts. Village drives using relevant IEC, would include improving knowledge and skill base of nutrition counsellors, supervisors and frontline workers. Institutions / voluntary organisations with expertise on IYCF practices, like Breastfeeding Promotion Network of India (BPNI) would be engaged.

Building capacities of the grassroots functionaries through joint training initiative (NRHM & ICDS) to strengthen the continuum of care during pregnancy and first 3 years would be undertaken. An additional worker in 200 high-burden districts or co-opting for a payment / incentive to ASHA (wherever existing additionally), besides recruitment of youth volunteers on stipend basis and / or through mobilisation of community women volunteers (one for 15-20 households) for improved family contact and prioritised home visits at critical contact points[3]would be attempted. The provision of additional worker / link worker would be provided on demand by State Government duly approved through APIPs by the EPC under the ICDS Mission. The incentives for link workers including ASHA workers would be directly linked to outcomes and subject to overall budgetary limitations.

Facility based management of severe undernutrition at Nutrition Rehabilitation Centres (NRCs) under NRHM. IMNCI initiative (community and facility based) in RCH / NRHM is implemented in several States along with joint actions of both WCD and Health on key interventions for home based essential newborn care, child health and nutrition.

(v) **Strengthening Early Childhood Care and Education (ECCE):** The focus would be on strengthening early childhood care and education as a core service of the Anganwadi Centres with dedicated four (4) hours of early childhood education sessions followed by supplementary nutrition, growth monitoring and other related interventions. Besides, content / quality enrichment in ECCE, including early stimulation through Mother Child Card package as well as early detection of delayed developmental milestones and early intervention for children with special needs would be undertaken.
In order to ensure essential elements of quality ECCE, following major activities would be undertaken:

(i) Setting up regulations, norms and standards;
(ii) Developing and implementing activity based child centres and age appropriate curricula (indicative activities are at **Annexure – IV**) aiming at all round development of children;
(iii) Ensure school readiness interventions for 5 plus year olds in AWCs and in schools as per State context;
(iv) Availability of quality workforce, fully motivated and appropriately trained, to work with young children, through experiential 'hands on' training;
(v) Facilitating adult child interaction, varying with the age of children;
(vi) Availability of supportive, child friendly, low cost and culture specific infrastructure;
(vii) Supervision and monitoring to ensure quality improvement;
(viii) Evolving a National Policy Framework to address the above issues and concerns;
(ix) Formulating respective context specific States/UTs action plans for implementation of the policy;
(x) Setting up National / State ECD Council;
(xi) Developing special modules of training in ECCE with emphasis on hands on training.

A national prototype of PSE kit will be prepared and states would need to procure the revised kit, adapted to the local context. The kit would comprise of play and learning material for fostering holistic development of children. AWW would be provided training and resources to develop teaching learning materials as well as for curriculum transaction. The cost norm of PSE

[3]An Additional AWW cum Child Development & Nutrition Counsellor in 200 high-burden districts, co-opting for a payment / incentive to ASHA (wherever existing additionally), recruitment of youth volunteers on stipend basis and / or through mobilisation of community women volunteers (one for 15-20 households) for improved family contact and prioritised home visits at critical contact points

kits would be revised @Rs.3000 per kit for AWCs and Rs.1500 per kit for mini AWCs, with Centre-State cost sharing being 90:10.

Monthly fixed Village ECCE day on the lines of VHND, for generating awareness about developmentally appropriate early childhood interventions and mobilization of community participation in ECCE through involvement of grandparents, elderly persons, local artisans etc., setting up activity corners, play material and toy banks with local community participation, ECCE demonstration, parent interaction etc. would be introduced as a new service delivery platform. Rs.1000 per AWC per annum would be provided under the ICDS Mission for organising Monthly fixed Village ECCE Days. Interventions relating to school readiness would be undertaken for mainstreaming the children to formal schools. Child development services beyond AWCs would be introduced through involvement of private sector schools (pre-primary & nursery etc.), NGOs and voluntary organisations under the innovations etc.

Child Development is continuous, cumulative and holistic. The early years of 0-6 are critical as the foundation for human development and cumulative lifelong learning. The comprehensive package of services as presently provided under ICDS encapsulates integrated provisions for health, nutrition and stimulation to support cognitive; physical, motor, emotional and socio-personal development.

- The Strengthened and restructured ICDS would reposition the AWC as the Early Childhood Development Centre, with an enabling environment for promotion of early childhood development, rather than the predominantly perceived ‘feeding centre’.
- A Core Committee formed in MWCD, for preparing the National policy for Early Childhood Care and Education has formulated draft policy, curriculum framework standards and this is in the stage of finalization. An elaborate scientific research and resource based approach would now be adopted, for which it is proposed to have an ECCD Council. Developmentally appropriate, play based and home based early stimulation package and activity based developmentally appropriate Early childhood Education curriculum and pedagogy would be created besides, orienting and reaching school readiness. Age appropriate child assessment tools would also be developed and deployed and contextually adapted.
- In strengthened and restructured ICDS, ECCE would now be significantly positioned. Focus would also be placed on organization of the Fixed Monthly Village ECCE day, advocacy and awareness generation, parent and community advocacy and involvement, etc. as mentioned above.
- In the present system of ECE delivery, 98% of AWWs are already trained in imparting PSE to children. Thus, these AWWs are equipped to handle PSE children. As per CMU Data (2011), 91% of AWWs are above Matric/High school. More than 25% in Punjab, Assam, Orissa, Uttarakhand, Manipur, Maharashtra, Gujarat and Bihar are Graduate/Post Graduate. It has been observed that the qualification of the new AWWs is usually of secondary level or more. This trend is expected to be intensified with the lately increased honorarium amount and career pathway of promotion of 25% AWWS to supervisor posts. Subsequent to restructuring of ICDS, only incremental investment will result in multiplier effects and ensure higher results. The Additional Worker would provide an opportunity to get appropriately qualified personnel whose skill would be horned.
- Many states (Andhra Pradesh, Tamil Nadu, Chhattisgarh, Rajasthan, Himachal Pradesh, Orissa, MP, and Kerala) have already developed state specific curriculum and activity bank for pre-school under ICDS. Other states are also in the process of developing the PSE curriculum under ICDS. The state specific curriculum is expected to follow the guiding

principles and core content laid in the National Early Childhood Education Curriculum Framework.

- Following universalisation, the outreach of AWC would extend to 14 lakh habitations. This provides easy access for young children to utilize early childhood care and education (ECCE) services in their social setting. More than 80 per cent AWWs are from local village/habitation (CMU, 2011). The proximity of AWW with the targeted beneficiaries aids in giving *locally responsive PSE inputs* and facilitates frequent interaction with community and parents.
- Non formal preschool education as currently imparted in AWC for children below six, provides necessary maturational and experiential readiness to the child, thus creating interest for learning and school readiness. International evidences have also recognized the significance of providing comprehensive package of care and non-formal early childhood education services before the child enters into class I. Developmental psychologists have also stressed the need of imparting Early Childhood Education in a child friendly environment so as to promote holistic development of the child.
- Putting children in a formal setup before six years of age, would lead to 'formalization of education in the early years, with structured time schedules and syllabi and may inadvertently also lead to harm, besides, missing out on the much needed exposure to the real ECCE in terms of inputs for good health, nutrition and psycho-social stimulation.

(vi) **Improving Supplementary Nutrition Programme:** In accordance with the revised feeding & nutrition norms issued by the Ministry of WCD dated 24.02.2009, the Anganwadi Centres would continue to provide morning snacks, hot-cooked meal and Take Home Rations (THR) to children and pregnant and lactating women. Presently, after revision of cost norms in 2008, the sharing ratio between the centre and States /UTs is on 50:50 basis and for NER it is 90:10. However, in view of the large scale escalation in food prices, the existing rates of Rs. 4, 5 and 6 have become inadequate in providing a morning snack, as well as, hot cooked meal, along with the necessary nutritional requirements. To meet the challenge of increase in prices of food items and fuel, the SNP financial norms has been revised based on the Consumer Price Index for Rural Labourer (CPI-RL) with base year 1986-87. Revised rates and roll out plan is detailed at Para 7.

Appropriate and adequate safeguards against commercial interference with infant feeding practices, guidelines regarding recipes and adherence to nutrition norms, monitoring of quality and compliance with the standards, ensuring delivery for minimum 25 days in a month would be laid down. A foolproof system of delivery including optimum and improved THR management would be emphasized. In respect of children of age group of 3 to 6 years, a gap of 2 to 3 hours between morning snack and hot cooked meal would be maintained.

States UTs have been experimenting with various models for SNP delivery like the using the SHGs as done in AP, Rajasthan, Orissa and MP, the centralized kitchen in Delhi and the Sanjha Chulha where cooking for SNP and MDM take place together. Under ICDS Mission, efforts would be made to rationalize and streamline methods of SNP delivery using learning of various innovative models. Bonafide manufacturer, who fulfils the norms and standard laid down may also be engaged. However, in all of this, the safety and adherence to standards (The Food Safety and Standards Act 2006) and guidelines of MWCD 24.02.2009 are paramount. The State Government / State Organisations and / or Cooperatives, SHG federations / manufacturers could be used for efficacious and nutritious food preparation.

(vii) **Care and Nutrition Counselling service** for mothers of children under three years has been introduced as one of the core services. This includes monitoring and promotion of young child using WHO growth charts and family retained mother & child protection card. Identification of growth faltering and appropriate counselling of care givers specially on optimal infant and young child feeding and health care would be reinforced. Nutrition and health education services would be redefined accordingly to include parent and community education on integrated child development, health and nutrition services. The approach has been adopted in West Bengal and Orissa and has shown decline in rates of undernutrition and sustained care practices which also results in prevention of malnutrition.

In order to focus on under 3 and to improve the family contact, care and nutrition counseling for pregnant and lactating mothers and children under three years of age, there is a need to enhance human resource at the grassroots level in terms of introduction of a care and nutrition counsellor/ additional AWW in AWCs. The presence of 2nd AWW would also enable the existing AWW to focus on improving the quality of centre based early learning and supplementary nutrition activities, related to children 3-6 years of age and in strengthening linkages with SSA and concentration on the centre based activities and mobilizing community support and SABLA programme.

Accordingly, a provision for an additional AWW cum Nutrition Counsellor has been made in the selected 200 high-burden districts that would be provided on demand by State Governments through APIPs. Specifically, the Additional AWW cum Nutrition Counsellor would be responsible for:

- Prime worker for Pregnant and lactating mothers and children under three years
- Ensuring the promotion, protection and support of optimal infant and young child feeding practices, especially early and exclusive breastfeeding for the first six months of life
- Contributing to the operationalisation of the National Guidelines on Infant and Young Child Feeding (MWCD 2006) and effective implementation of the Infant Milk Substitutes Feeding Bottles, and Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 (IMS Act), IMNCI
- Ensuring services at family level for nutrition counselling
- Monitoring and promotion of young child growth and development
- Ensuring full usage and compliance of new joint Mother and Child Protection Card
- Supporting community based child care arrangements and linkages with child care provisions
- Coordinate with ASHA and ANM for health related services for under 3 children
- Organisation of SNEHA SHIVIRS at the AWC, jointly with the AWW and ASHAs
- Facilitating linkage of mothers with IGMSY, a scheme addressing the inter-generational cycle of undernutrition and anaemia
- Promoting early stimulation and care package of ECD
- Early screening / interpersonal communication
- Interaction with community /family in respect of under twos and pregnant and lactating mothers

Alternatively, based on the state context (specifically on the qualification, skill and capability), the additional worker may focus on ECCE, while the existing worker focuses on the under threes.

Besides, in remaining districts, possibility of co-opting ASHA (wherever existing additionally) with payment / incentive, engagement of youth / other volunteers on stipend basis and / or through mobilization of community women volunteers (on a cluster of 4-5 AWC) for improved family contact and prioritized home visits will be explored. The incentives for link workers including ASHA workers would be directly linked to outcomes and subject to overall budgetary limitations.

Funds required for incentives @ Rs. 750/- per link workers would be drawn from the flexible pool under untied fund, with the approval of EPC. The ratio of Centre-State cost sharing would be 75:25.

(viii) **Management of severely and moderately underweight children:** Special and prompt actions would be taken for identification and management of severely and moderately underweight children through community based intervention and SNEHA SHIVIRs. Cases of severe underweight requiring medical attention would be referred to NRCs / MTCs set up under NRHM. Already, some states with high undernutrition prevalence are effectively providing care and treatment to undernourished children at health facilities through strong coordination between ICDS and NRHM.

Village Nutrition Counselling & Child Care Sessions (SNEHA SHIVIR) under the ICDS Mission would be designed to be a community based approach for the prevention and management of moderate and severe undernutrition. These SNEHA SHIVIRs would be held at an Anganwadi Centre selected from amongst the cluster of 4-5 Anganwadi Centres. SNEHA SHIVIR would be organised in the selected areas where numbers of moderately and severely underweight children are high. The overall goals of the SNEHA SHIVIRs would be to ensure quick rehabilitation of undernourished children; enable families to sustain rehabilitation; and prevent future undernutrition in community by changing behaviours in childcare, feeding and health seeking. The key strategies would include: (i) orientation of Anganwadi workers and Supervisors on the approach; (ii) 100% per cent weight monitoring and tracking using growth charts and the Mother and Child Protection Card; (iii) community orientation / sharing of the magnitude of the problem; (iv) showcasing the positive practices in the homes of well-nourished children in poorer households; and (v) setting up Nutritional care and counselling sessions. Each SNEHA SHIVIR would comprise 12 day monthly sessions followed by 18 days home based practices. During the 12-day monthly sessions, the best practices prevalent in the community would be learnt by caregivers of moderately and severely underweight children through a process of “Learning by Doing”. This initiative is need based and wherever required additional funds can be sourced from normal SNP provisions.

The ANM / doctor under the NRHM would be responsible for health check up of all the underweight children reporting to SNEHA SHIVIRs. For those children who are attending the SNEHA SHIVIR and still not showing signs of improvement, the ANM or a doctor assigned by the NRHM would be responsible for deciding on type of referral or treatment facilities required as well as linking the child to the appropriate health care / treatment facility Outline for setting up SNEHA SHIVIRs in selected areas and modalities under this scheme are given at **Annexure – V**.

(ix) **Focussing on Children with special needs:** The ICDS Mission would facilitate integrated and inclusive early childhood care and development services to all children with special needs through its AWCs. A range of interventions including early identification, assessment and determination, care and counselling services as well as family and community based

rehabilitation services for children with special needs would be facilitated by the Mission in close convergence with the line departments including Health, Education and Social Welfare. A provision of Rs.2000/- per child (as untied fund) has been made under the ICDS Mission for ensuring various need based interventions / services, some of the major ones include:

a) **Identification of children with special needs:** In order to ensure early identification and detection of children with special needs, especially children with disabilities, facilities for early screening, determination and rehabilitation services would be made available in convergence with the line departments including Health, Social Welfare, Education, etc.

   Functional and formal assessment of each identified child would be ensured in convergence with SSA (Block level team) / DDRCs (district level institution). If a provision under SSA (Block level team) is not available in a particular block, the AWW would get in touch with the concerned PHC / CHC / DDRC and ensure that this assessment is carried out, on the basis of which appropriate intervention for every child with special needs and their inclusion would ensured. In case assessment facilities available neither at the block nor at district levels, the AWW in consultation with the Medical Officer / ANM from NRHM Team may send a child with special needs (with prior intimation to the concerned Supervisor & CDPO) to a private institution / facility. In such cases, the cost of assessment / tests would be released by the concerned CDPO / DPO from the budget head of children with special needs available with them, i.e., Rs.2000/- per child after specific recommendation from the ALMC of the respective AWC.

b) **Linking children with special needs with existing service provisions:** The District Mission Directorate in each district would develop a convergence mechanism in consultation with the district level focal points from the Departments of Health, Education and Social Welfare – particularly to link children with disabilities with the services of District Disability Rehabilitation Centre (DDRC), Block / Cluster Resource Centre (BRC & CRC) under SSA, and any other similar institutions / interventions for children with disabilities being implemented at the district / state levels.

c) **Training and sensitization of AWWs, Link Workers and Families:** Training to AWWs and Link Workers (including ASHAs)as well as families / parents would be provided information on recognition of early symptoms, need for early action and where to go for receiving further assistance / services. Parents of children with disabilities would receive counselling and training on how to bring them up and teach them basic survival and coping skills. The advocacy and IEC campaign under the Mission would focus on educating families and community on children with special needs, issues related to them and how to access support and rehabilitation services for them and ensure that the environment is inclusive.

d) **Assistive devices / special education kit / books:** Children with special needs requiring assistive devices / special education activity kit / books would be linked with the provisions under relevant schemes of the Ministry of Social Justice and Empowerment, State Social Welfare Departments, National Institutions, voluntary organisations, among others. The concerned AWW and Supervisor would be responsible for making sure these provisions to every child with special needs.

e) **Improved Accessibility:** ICDS Mission would strive to remove architectural barriers in AWC buildings by building ramps etc., for ensuring easy accessibility to children with disabilities. Efforts would be made to ensure a disability-friendly environment for children with special

needs at AWCs including appropriate activity kits. Funds for building ramps in existing AWCs would be leveraged from the relevant scheme of the Ministry of Social Justice & Empowerment. Besides, for using funds available for up-gradation / improvement under ICDS Mission, construction of ramps and other barrier free facilities / access would be a necessary component. For all new AWC buildings, the accessibility features would be integrated in the design itself so as to ensure barrier- free access to children with disabilities.

f) **Referral Services:** Pre-identified referral systems, in convergence with line departments like Health, Education and Social Welfare, would be set up for the AWW, with the help of the ASHA, to refer such children for further care to the Primary Health Centre (PHC), Community Health Centre (CHC), Nutrition Rehabilitation Centre (NRC), District Disability Rehabilitation Centre (DDRC) or any other tertiary care facility. Supervisors would support AWWs in these endeavours.

Detailed guidelines for operationalizing these would be developed by the ICDS Mission for effective implementation and supervision.

(x) **Strengthening Human Resource:** In order to strengthen the human resources under ICDS, a comprehensive Human Resource Policy would be developed that would focus on development and introduction of a transparent appointment and selection policy for functionaries and, particularly, at Anganwadi level, introduction of a separate cadre for ICDS in States where such a cadre does not already exist, will be created, making it essential for States to fill up vacancies at all levels. Allowing States to fill vacant positions on contractual basis for short periods and introducing welfare measures for ICDS functionaries, such as pension scheme for functionaries etc., will be considered. The policy will also prescribe the minimum education and age limit for AWW / AWH.

For better human resource management and to motivate the existing functionaries, the following specific actions would be undertaken:

a) **Evolving a transparent appointment and selection policy** including drafting of model recruitment guidelines for AWW and AWH, selection / appointment method / criteria, constitution of the selection committee, etc. Presently, the States/UTs are not following uniform and transparent HR policies due to which there have been allegations of corruption and favoritism in the matter of appointments, etc. The recruitment rules for different posts vary from State to State which are affecting the morale of the functionaries manning the posts. In spite of the guidelines having been issued, the selection committees are not uniformly constituted. Therefore, a model Selection Committee would be constituted uniformly by all States, subject to State-specific variations, as may be permitted by NMSG. All relevant guidelines etc. would be drafted under the supervision and control of the EPC / NMSG and the same would be issued after the approval of the said Committee.

b) **Separate cadre for ICDS.**A separate cadre for ICDS in States, wherever not existing, would be introduced under the ICDS Mission. The experience has shown that in the absence of dedicated cadre for ICDS, the persons manning various posts are posted for a short period and then transferred to another department by the State. Due to their frequent posting and transfers, they are not able to appreciate the importance of the scheme and are not able to implement it as required. The experience has shown that the posts of CDPO are

being manned by the officers even from various un-related departments and officers from other departments of the State which have no connection / experience in the field of child development. For proper implementation of the scheme and development of children, it is necessary that experienced persons should man the posts, for which a dedicated cadre catering to the ICDS scheme is essential. The dedicated cadre would facilitate their career progression from the level of Supervisor to the DPO by inter-linking their recruitment / promotion / appointment. A provision in the relevant rules and guidelines would be introduced to ensure that persons borne on the cadre of ICDS cannot be transferred to any other cadre, except on deputation as per the rules applicable in the State. While doing so, it would have to be linked to merit and upgradation of skill as well as knowledge in domains related to child development.

c) **Permitting the States to fill up vacant posts** through job contract from outsource/placement agencies on a temporary basis till such time the regular posts are filled to avoid any interruption in the services due to vacancies in any grade. The success of any field based programme depends on the availability of effective man power to man the posts and run the programme. For the success of ICDS programme, it is necessary that, at least, all the operational posts are filled. As per the incumbency position, on an average 15% of various posts sanctioned under the ICDS scheme including AWW/AWH are lying vacant. The States/UTs have been trying their best to fill up these posts but there are practical problems faced by them such as longer time taken by the Staff Selection boards in filling up the vacancies, political interference, non-constitution of selection committees, allegations of corruption and favoritism, court cases, etc. which leads to inordinate delay in filling up the vacancies. Non-filling of the vacancies especially those of the front line workers directly affect the outcome of the scheme and affects the services delivered at the centre. The development and growth of the child who comes to the AWC at a very crucial age, cannot be allowed to be adversely affected due to non-availability of the human resource. Therefore, to overcome this difficulty and as a temporary and interim arrangement, the State Governments would have powers to fill up vacant posts through job contract from outsource/placement agencies on a temporary basis till such time the regular posts are filled to avoid any interruption in the services. The States/UTs may also explore the possibility of filling up such vacancies on deputation basis on temporary basis.

d) **Prescribing minimum education of Matriculation and age limit (18-35 years) for appointment as AWW/AWH.** AWW and AWH are the frontline workers under the ICDS scheme and are expected to deliver the services effectively. The delivery of service with quality largely depends on the knowledge, skill, experience and education of the AWW/AWH. For example, one of the six components of the scheme is pre-school non-formal education, which is to be provided to the children of 3-6 years of age. An AWW not being herself qualified is not expected to provide pre-school non-formal education and such an AWW cannot inspire confidence among the would-be beneficiaries. ICDS Mission would therefore prescribe minimum qualification of AWW/AWH as Matriculation and reduce the maximum age for appointment of AWW / AWH from 44 to 35 years.

e) **Relieving AWWs / AWHs on completion of 65 years of age.** The existing guidelines do not provide uniform age limit for their retirement. Rather, this has been left to the State Governments to decide. Thus, as on date no age has been prescribed for dispensing with the services of AWW/AWH. Prescribing maximum age limit of 65 years for an AWW/AWH has been supported by most of the State Governments at various forums. In view of the above, a uniform policy decision would be undertaken to discontinue the services of

AWW/AWH at the age of 65 years and EPC would ensure its implementation in all the States/UTs.

f) **Opening a Cluster Office.** With the aim to strengthen supervision under the Mission, a Cluster Office would be set up in a strategically located AWC for managing a cluster of 17 - 25 AWCs. One Supervisor in each of these Cluster Offices would be placed who would discharge her functions of supervising the AWCs within her jurisdiction from the said Cluster Office. At present, Supervisor has not been assigned any specific office and she performs her work by field visits only. Once she is strategically located, it will be convenient for her to supervise and monitor the work of AWCs and also she would be available for any guidance/consultation to the concerned AWWs. Besides, additional Nutrition Coordinator and ECCE Coordinators would be engaged in each project who would act as master trainers on the project / block levels to promote maternal and child nutrition & development and ECCE.

g) **Enhancing the honorarium of AWWs of Mini-AWCs:** Mini AWC is manned by an AWW and there is no post of AWH. Most of these AWCs are located in remote and low populated hamlets/villages in the far-flung areas of tribal blocks and difficult hilly terrains where the outreach is difficult. Worker of mini AWC manages all the six services without AWH. However, the honorarium being paid to the AWW of mini-AWCs is equivalent to the honorarium paid to the AWH although they are required to perform the duties of AWW of regular AWC single handedly.

The responsibility and duty hours of AWWs of mini-AWCs and conditions in difficult terrains in which they work and discharge their responsibility single handedly justify that the increase in their honoraria should, at least, be equivalent to the increase given to the AWW of regular AWCs. Thus, it is proposed to enhance the honorarium of AWW of mini-AWCs from Rs. 1500/- to Rs. 2250/-, subject to the condition that the educational qualifications of AWWs of mini-AWCs would be the same as those of Workers of regular AWCs. This cost will be shared on 90:10 ratio between the Centre and State. A separate administrative sanction and order would be issued in this regard.

h) **Rationalizing appointment of AWWs as Supervisors:** As a policy decision, about 25% posts of Supervisors reserved for AWWs would be filled by the method of induction under the ICDS Mission, subject to the fulfillment of desired educational and age criteria. Additional provision for filling up of 25% of vacant posts from AWW based on their merit and track record of service and additional qualification would also be made. Detailed guidelines would be notified with the approval of the NMSG.

i) **Revising cost norms for uniform:** The cost of uniform for the AWW and AWH has been revised from the present rate of Rs.400/- p.a. (for two sarees /suits) to Rs.600/- (for two sarees /suits), while the cost of badge would remain the same, i.e., Rs.25/- per badge. The Centre – State cost sharing pattern for this component has been revised from 90:10 to 75:25.

j) **Enhanced human resource structure** including new posts both regular and contractual would be created at all levels. The table below provides an overview of enhanced human resource structure at all levels approved under ICDS Mission. Details of the structure and number of posts to be created, in phased manner, under the ICDS Mission at all levels are given in **Section-5** of this document.

STAFFING AT EACH LEVEL				
Level	**Sub Level**	**POSTS PER UNIT**		**Additional staff at each level**
		Regular	**Contractual**	
National	Mission Directorate	-	15	Program Manager: 5; Prog. Associate:5; Data Entry Operator: 5
	National ICDS Mission Resource Centre (NIMRC)	-	34	Advisor: 8; Sr. Consultant: 10; Consultant: 10; Data Analyst: 2; Data Entry Operator: 4
	Training Resource Cell ; TRC (5 centers)	-	4	Training Officer: 1; Training Associate: 1; Trg. Methodology Specialist: 1; Curriculum Development Specialist: 1
State	State (Large states - 17)	21	26	Program Manager: 4; Sr. Consultant: 10; Consultant: 10; Data Entry Operator: 2
	State (Small states - 11)		15	Program Manager: 3; Sr. Consultant: 5; Consultant: 5; Data Entry Operator: 2
	UTs		3	Program Manager: 1; Sr. Consultant: 1; Consultant: 1
District	District Team	-	6	District Coordinator: 5; Data Entry Operator: 1
Project	Project ICDS Committee	-	3	M&E and Nutrition Surveillance Coordinator: 1; Nutrition Health Mobilizer: 1; ECCE Coordinator: 1
	Block ICDS Resource Centre (BIRC)#	-	3	Counsellor: 1; Para Counsellor: 1; Outreach worker cum Helpline operator: 1
Cluster	Supervisors (based on number of AWCs)	-	-	
NOTE: Supervisor post (not included) will continue as per the existing norms **Total number of regular positions at state level* *#Only in 10% projects primarily located in 200 High Burden Districts*				

The posts mentioned in the above table are subject to final administrative approval as well as separate and specific sanction to be issued based on approval of the state-specific APIPs by EPC. Recruitment of staff under the ICDS Mission would be phased out in three years beginning with 200 high burden districts in the first year (2012 – 13); additional 200 districts in second year (2013 – 14) including districts from special category States (J&K, Himachal Pradesh and Uttarakhand) and NER and remaining 243 districts in third year (2014-15) of the 12th Five Year Plan. For those States not covered in the implementation plan during initial two years, two technical persons would be provided (out of the total approved posts mentioned in the above table), until the State Mission Directorates are set up and functional in those States.

(xi) **Capacity Development to ensure professional child development services:** Based on training need assessment, regular training and capacity building of all service providers and functionaries at all levels would be ensured to equip and enhance their skills and knowledge on child care and development standards. Professional courses of distance learning would be encouraged to be obtained. NIPCCD, MLTCs and AWTCs would be engaged in carrying out

training and capacity development at all levels. It would be made essential for the MLTCs and AWTCs to run model ICDS Projects / AWCs in their respective practice areas.

States of Tamil Nadu, Rajasthan and Uttar Pradesh have taken various initiatives like putting in place a State Institute for training, cadre of training professional, mobile training teams and synergies with State Institute of Rural Development (SIRD) and similar State Institute of Health & Family Welfare, Home / Social Science Colleges, among others. Building on these innovations in training, ICDS Mission would strive to revamp the existing training mechanism. For this a Child Development Resource Centre at NIPCCD and State Child Development Resource Centres in States / UTs would be set up in collaboration with reputed voluntary organisations / institutions, Home / Social Science Colleges with extensive experience and capabilities.

(xii) **Promoting Community ownership:** The focus would be on mobilizing and engaging the community, especially parents and families, in ensuring maternal and child health, nutrition and development. Flexibility to the State Governments / UT administrations would be provided for putting in place most effective models / modalities for promoting community ownership in the implementation of ICDS.

The Village Health, Sanitation and Nutrition Committees (VHSNCs) would be actively engaged in the management and supervision of the ICDS programme at the village and local levels. They are also recognised as sub committees of the panchayat. A sub-committee of VHSNC (Maternal & Child Nutrition Committee) consisting of community representatives, members of PRIs and village level functionaries would be set up in each village for overseeing the functioning of all AWCs. Order of Ministry of Health & Family Welfare, Government of India, dated 25th July 2011 on expanding the role of Village Health & Sanitation Committee so as to include 'Nutrition' within its ambit is given at **Annexure– VI**.

Anganwadi Level Monitoring & Support Committee (ALMSC) recently constituted by MWCD would be organically linked with the VHSNC, with all AWCs / AWW from the catchment area as members. Several innovative, projects like Dular, INHP, have used local persons to bring about behaviour changes in target families. These groups have been able to effectively enhance visibility of the problems of malnutrition and generate community response to resolve the problem.

2.2.2 Management Reforms

In order to support the programmatic reforms envisaged above, a range of reformative actions related to programme management, monitoring and supervision from the central to the AWC level. The focus would be on:

(i) **Decentralized planning, management and flexible architecture:** The focus would be on identification of specific needs at the State, District, Project and local level through Annual Programme Implementation Plans (APIPs) prepared after carrying out needs assessment and local mapping. It would ensure decentralized planning and managements including timely delivery of services, expeditious / timely availability of funds and human resource, based on state and progressively district specific plans of Action (PIPs) with flexibility in implementation.

Flexibility in implementation to the State Governments would be given in terms of developing innovative models for effectively delivering the core ICDS services in their states. Besides,

delivering the core ICDS services, the State Government would also have flexibility in piloting targeted interventions based on local needs within the financial provision of the programme. The states will also have the flexibility to undertake modifications on all matters such as human resource, travel and transport, programme implementation, revision in population norms considering local situations etc. However, such flexibility should be within the purview of the overall cost under the specific line item provided it is targeted towards more effective implementation of the programme. The States / UTs should include all such items within the APIPs and seek approval of the Empowered Programme Committee.

(ii) **Ensuring convergence** at the grassroots level by strengthening partnerships with PRIs, communities and civil societies to improve outreach and quality. Greater convergence with the health sector and education sector and in particular the NRHM (Reproductive and Child Health (RCH)) programme, Sarva Shiksha Abhiyan (SSA), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and other programmes and Ministries will be ensured (Please refer Annexure IX & IXA).

At the grassroots level, the monthly fixed VHNDs, ECCE Day and other ceremonies would serve as the major platform for convergence of health and nutrition services. Examples of various convergence models that have shown results at the grassroots level include initiatives like joint training, micro-planning for VHNDs and integrated IEC, management of severe undernutrition in Maharashtra, MP and other States. Further the Village Health Sanitation and Nutrition Committees (VHSNC) are one of the major examples of convergent action at the grassroots levels with representation from different sectors.

(iii) **(a) Strengthening Governance – Involvement of PRIs and ULBs:** The Constitution has accorded PRIs and ULBs powers through the 73rd and 74th Constitutional Amendments. The States through their conformity legislations are mandated to devolve powers to the local bodies. As has always been the endeavour, States are encouraged to involve PRIs and ULBs in the implementation of ICDS. A statement indicating State-wise information on the extent of involvement of PRIs is given at **Annexure VI A**. In addition, under the five tier monitoring system PRIs and ULBs have been appropriately given prime position for involvement and participation in ICDS functioning (Refer Annexure XX). Besides for guidelines for supervision visits etc. also envisages role for PRIs and ULBs.

(iii) **(b) Civil society partnership:** The restructured ICDS envisages an important role for civil society, networks, Non-Governmental Organisations (NGOs) / Community based Organisations (CBOs), institutions and voluntary action groups. Comprehensive guidelines for engagement of such organisations / institutions would be developed by the Ministry of WCD. Efforts would be made to involve such organisations and institutions at different levels of the planning, management and service delivery of ICDS. Besides advocacy, they would be involved in strengthening capacity at different levels and evaluation of the child development sector, developing innovative approaches to child development and working together with community organisations and PRIs.

For all of the above, a norm of implementing up to 10% Projects in every State would be recommended following the MoU route. The States and UTs would develop legal instruments for their engagement in a manner that the financial liabilities stay within the norms prescribed.

(iv) **Strengthening of ICDS Management Information System (MIS):** Presently, ICDS has an in-built monitoring system through which regular reports and returns (MPRs) flow upwards from AWC to blocks, district HQs, State Directorates. However, the current monitoring system is geared towards coverage rather than outcome indicators. The revised monitoring system would focus on collecting & providing data on a real time basis to support the programmatic actions and timely interventions.

(v) **Using Information, Communication Technology (ICT):** In order to strengthen the information base and facilitate sharing and dissemination of information, the focus would be on promoting use of ICT under ICDS. Since the reach of internet is limited at this stage and the mobile telephony has reached in all villages of the country, an effort would be made to link the ICDS with the mobile phones infrastructure.

(vi) **Allocating Adequate Financial Resources:** Adequate funds would be required to be made available by the Government of India for the implementation of strengthened and restructured ICDS. Enhanced / additional financial resources would be required for engaging additional human resource support to the State Governments for switching over to PIP mode, cost enhancement of SNP, additional AWW in all AWCs from 200 high-burden districts, strengthen ECCE component, allocation for the construction of AWCs, developing and implementing pilots of flexi models.

A pool of untied / flexi fund would be made available for promoting local innovations based on need-based district level planning. The fund flow mechanism would be reformed to ensure timely releases and removing all bottlenecks in financial management of ICDS.

2.2.3 Institutional Reforms

The programmatic and management reforms envisaged above would require strong institution structures and mechanism at all levels, including:

(i) **ICDS in Mission Mode:** In order to strengthen the existing service delivery mechanism by introducing ICDS in a mission mode with ICDS missions at National, State and District levels. The mission at different levels will have the required human and financial resources and will be empowered for action. It will have a defined structure at all levels and systems including financial, human resource, logistics and procurement, programme and operations monitoring etc. The Mission will support planning and implementation of state specific plans with measured inputs, processes, outputs and outcomes. It will ensure shared programmatic and resource commitments through the instruments of MoU and APIPs. The mission will allow speedy engagement of technical and management support for ICDS. More importantly, they with the collective responsibility of ICDS will be accountable for delivery of quality services. In order to carry out the functions of the mission, State Child Development Societies will be established with powers to establish district units.

(ii) **Guidance and Supervisory Bodies:** The ICDS at an overall level, will be guided by the National Mission Steering Group headed by the Honourable Minister (I/C) MWCD. The ICDS operations will be supervised and monitored at the national level by the Empowered Programme Committee under the Chairpersonship of the Secretary MWCD. Similarly, at the State level the State Mission Steering Group headed by the State Chief Minister will guide the ICDS programme. A State Empowered Programme Committee headed by Chief Secretary will supervise and

monitor the ICDS programme. Advisory bodies at District and Block levels to oversee and guide the ICDS programme would also be created.

(iii) **Greater Involvement of PRIs:** States are urged to promote leadership and steering role at grassroots in order to implement the ICDS Scheme. Particularly States are encouraged to:

a) Support facilitative and supportive supervision in terms of ensuring entitlements and services and support of local gaps in critical and essential needs of AWCs;
b) Acknowledge and understand criticalities of needs of early childhood and maternal care and support systems and work to ensure an enabling and assuring environment free from discrimination, violence and biases to work towards removal of social barriers with knowledge, sense of duty and purpose;
c) Give greater roles, responsibilities to PRIs and ULBs with measures for ensuring their involvement, participation and accountability.

3. ICDS MISSION

3.1 Why ICDS Mission

Over the years, ICDS has become a programme that has been well discussed, debated and often blamed for its failure in single handedly meeting the huge challenges of reducing maternal and child undernutrition without appropriate investment of resources, both in terms of financial and human. Today, it is a well recognized fact that if appropriate and timely investment of resources is made for strengthening the ICDS Scheme, it has the potential of reducing undernutrition in children under three years of age and enhancing early development and learning outcomes in all children under six years of age.

In order to realize this vision implementation of ICDS in the **Mission Mode** with flexibility in implementation on the lines of NRHM and SSA is the utmost priority at this stage. The consensus of transforming ICDS in Mission Mode has emerged after a series of consultations and deliberations held with State Governments, line Ministries, Planning Commission and other stakeholders including members of the civil society and voluntary organisations across the country. The learning from recently initiated Annual Programme Implementation Plans (APIPs) and related discussion have also highlighted the need for transforming the implementation of ICDS in flexible Society / Mission Mode. The experience and lessons learned from the implementation of NRHM and SSA in Mission Mode have shown the advantages of implementing the programme in Mission Mode. These include:

- Improved focus on programme planning, management, monitoring and supervision;
- Improved operational efficiency and accountability at all levels;
- Decentralized, streamlined and accountable financial management systems – improved fund flow mechanism;
- Result based monitoring indicators at different levels;
- Time bound goals, outcomes;
- States' ownership and local solutions;
- Greater engagement with States with clearly laid down MOUs linked with performance based funding;
- Decentralised planning -State, district, block, village habitation;
- Convergent actions by bringing together different sectors;
- Clear and flexible implementation framework;
- Sustainable financing, beyond 5 year plans – greater commitments from States / UTs;
- Induction of professionals and voluntary action groups;
- Normative approach as well as defined service standards;
- Address of gaps as per standards-entitlements;
- Empowerment for local action - Greater participation of women's SHGs, mothers committees in delivery and decision making;
- Centrality of PRIs, partnerships with community based organisations and voluntary agencies;
- Comprehensive guidelines and tools for planning, management, monitoring and supervision at all levels.

3.2 Vision

A transformed ICDS to ensure holistic physical, psychosocial, cognitive and emotional development of children under 6 years of age in nurturing, protective, child friendly and gender sensitive family, community, programme and policy environments with greater emphasis on children under 3 and promotion of optimal early childhood care, development & learning including maternal care.

3.3 Goals

(i) **Preventing and reducing undernutrition as early as possible**, in a life cycle approach, recognising that growth and development deficits are cumulative and irreversible.

(ii) **Focusing on reaching children under three years of age**, pregnant and breastfeeding mothers, for enhanced child survival, nutrition, development and learning outcomes.

(iii) **An integrated approach to early child development**- addressing physical/motor, cognitive, emotional and social development holistically, enabling children to realise full development potential and active learning capacity -without discrimination.

(iv) **Extending from the centre to family and community** based approaches, recognising that service providers and community volunteers need to reach out to the most vulnerable age groups and the most excluded community groups.

(v) **Fostering decentralization**, **flexibility** and community based locally responsive child care approaches, relevant to diverse local contexts, and building upon local innovation and capacities.

(vi) **Ensuring equity** - inclusive approaches to reach the most vulnerable & disadvantaged community groups– Scheduled Castes, Scheduled Tribes, Minorities, etc.

(vii) **Strengthening convergence** to address the inter-related needs of young children, girls and women, in a gender sensitive life cycle approach.

(viii) **Promoting rights based approach, with women's empowerment** as the mover of social change.

(ix) **Moving from outlays to child related outcomes** and ensuring ICDS Universalisation with Quality.

(x) **Ensuring good governance**, accountability and enhanced community participation.

3.4 Objectives of ICDS Mission

(i) To institutionalize essential services and strengthen structures at all levels by:

- Implementing ICDS in Mission Mode to prevent undernutrition and assure children of the best possible start to life;
- Strengthening ICDS - AWC Platform as the first village post for health, nutrition and early learning – as transformed Early Childhood Development Centre (Anganwadi – Bal Vikas Kendra);
- Focusing on children under-3 years;
- Focussing on early child care and learning environment;
- Moving from outlays to child-related outcomes
- Fostering decentralization and community-based locally responsive childcare approaches;

(ii) To enhance capacities at all levels:

- Vertical integration of training of all functionaries / staff to strengthen field based joint action and teamwork to achieve desired results and laid down objectives
- Establish national training resource centres at central & state levels

(iii) To ensure appropriate inter-sectoral response at all levels:

- Ensure convergence at the grassroots level by strengthening partnerships with the panchayati raj institutions (PRIs), communities and civil societies to improve outreach and quality of child development services;
- Coordinate and network with all allied systems i.e. Government departments and Non-Government agencies providing services for children for effective implementation of the scheme.

(iv) To raise public awareness and participation:

- Strengthen maternal and child care, nutrition and health education;
- Raise public awareness at all levels on situation and vulnerabilities of children and families
- Inform the beneficiary group and public on the availability of the six core child development services under ICDS
- Promote social mobilization and voluntary action.

(v) To create database and knowledge base for child development services:

- Strengthen ICDS Management Information System (MIS);
- Use Information, Communication Technology (ICT) to strengthen the information base and facilitate sharing and dissemination of information;
- Undertake research and documentation.

3.5 Indicators of Achievement

Key indicators to achieve the goals and objectives will be as follows:

- Reduction in underweight prevalence
- Improved IYCF
- Contribute to reduction in anaemia, IMR and MMR in collaboration with health
- Reduction in incidence of low birth weight babies
- Improved early learning outcomes

At the outcome level, ICDS aims to increase the percentage of early initiation of breastfeeding within one hour of birth, exclusive breastfeeding till 6 months of age, timely introduction of complementary feeding after 6 months, children being weighed. ICDS will also focus on preventive measures and work towards increasing the percentage of pregnant and lactating mothers receiving counseling, use MCP and progress card, achieving age appropriate developmental milestones andearly stimulation practices.

ICDS has also formulated process indicators to track the quality and delivery of services. These process indicators include increase in: percentage of registered children under 6 years receiving supplementary nutrition, percentage of registered pregnant and lactating women receiving supplementary nutrition, percentage of registered children below 3 years who are weighed every month, percentage of AWCs organising VHNDs every month, percentage of AWCs that have regular health check-ups, percentage of AWCs that are open for at least 6 hrs a day, percentage of AWCs that have conducted fixed ECCE Day etc. The specific impact, outcome and process indicators are given in **Annexure– VII.**

3.6 Core Strategies

The core strategies of the ICDS Mission would largely derive from the programmatic, management and institutional reforms discussed under ICDS restructuring section above. In particular, the core strategies of ICDS Mission would include:

(i) **Strengthening ICDS as a programme with clear focus on accelerating achievement of maternal and child outcomes, repositioning early child development centrally.** This mission will contribute to accelerated reduction in maternal and young child undernutrition and related mortality, and enhanced early child development and learning outcomes, in a nurturing and protective environment for the young child.

(ii) **Developing an implementation framework with programmatic, management and institutional reform**s, **in Mission Mode with a clear time frame** for achieving stated monitorable outcomes for integrated early child development, using a life cycle approach.

(iii) **Strengthening partnership between the Central, State, PRIs /urban local bodies and communities** that recognizes and builds on local initiative and innovation, fostering convergent action with NRHM, SSA, TSC, MGNREGA and others.

(iv) **Facilitating States, districts and communities** to develop specific locally relevant strategies, based on a menu of innovative models/ pilots through decentralised, flexible, locally relevant plans first at state-level and gradually extending to the district plans of action capturing the samples and needs of block and village based pointers for plan of action, designed to achieve mission goals, maternal and child related outcomes, within a defined normative framework through the APIP route.

(v) **Transforming the ICDS system into a learning organization, backed by a strong monitoring and evaluation function, accountability and transparency** through community owned accreditation processes, building on best practices and lessons learnt from implementation experience.

(vi) **Involving PRIs and urban local bodies, community/women's groups/SHGs, mother's committees** in the planning, management and monitoring of AWCs. Strengthened partnerships with parents, families, mothers' committees, Women's SHGs, Mahila Samakhya, VHSNCs, VECs (village education committees), and other grass roots level structures are a key element of the same.

(vii) **Strengthening community and family empowerment approach that promotes nurturing family care behaviours** and a caring community environment for young children, girls and women- especially the most vulnerable and crucial younger child under three years.

(viii) **Functioning as instrument of social change for "more inclusive growth" that ensures equality of opportunity in the crucial early years of life** for fair inclusion and non-discrimination of children belonging to marginalized and /or vulnerable community groups such as SCs, STs, minorities, migrants, children with disabilities, children in need of care & protection.

(ix) **Strengthening capacity development and putting in place a resource network for young children** - networking across different sectors, professionals and institutions of excellence, voluntary agencies and action groups, programme functionaries, community based organizations, and Nutrition and Child Resource Platforms / Centres. National ICDS Mission Resource Centre and collateral strengthening of the NIPCCD, its regional centres and Food & Nutrition Board (FNB).

(x) **Improving basic infrastructure and service delivery through Anganwadi Centres (AWCs)** to progressively make all AWCs the first village post for women and children with community ownership and a child friendly environment.

(xi) **Institutionalising improved delivery of essential services and strengthening and up-scaling innovations in service delivery -** ICDS beyond Anganwadi Centres to fulfill the commitment to reach every young child.

(xii) **Initiating commensurate strategies** to achieve the objectives, goals and vision of the ICDS Mission.

3.7 Service Standards

The purpose of the service standards under the ICDS Mission are to promote and ensure consistent high-quality holistic child development services at all level, while enabling flexibility in the way services are provided to meet the varying needs and capacities of the target population. Largely based on the core service package of the strengthened and restructured ICDS, the service standards listed out at **Annexure – VIII** would provide the mandatory framework for service delivery at all levels.

4. MECHANISM FOR IMPLEMENTATION

In order to ensure that the restructured ICDS is implemented with the spirit and vision in which it is being conceptualized, it would be essential to run it in the **Mission Mode** on the lines somewhat similar of NRHM and SSA, and also learning from their implementation experience.

Restructured and strengthened ICDS would be rolled out in Mission Mode in three years beginning with 200 high burden districts (List of selected High burden districts at **Annexure – VIII A**) in the first year (2012 – 13); additional 200 districts in second year (2013 – 14) - *i.e., w.e.f. 1st April 2013* including districts from special category States (J&K, Himachal Pradesh and Uttarakhand) and NER and remaining 243 districts in third year (2014-15) - *i.e., w.e.f. 1st April 2014* of the 12th Five Year Plan.

4.1 Action at the Central Level

The Central Government's intervention would be on laying policy / guidelines strengthening convergence with key sectors, initiating decentralised planning and support for capacity development at all levels, monitoring and evaluation, providing more human and financial resources to drive reforms and accountability, and sharing the best practices across and within states/districts. In particular, the Central Government would continue to play a leadership role in areas such as:

- Policy and programmatic guidance on child development (and linked programmes) to facilitate states, related sectors, institutions and stakeholders.
- Developing a contextually relevant and flexible framework for effective child development interventions through decentralisation and capacity development
- Institutional capacity development, including development of partnerships with non-governmental stakeholders such as professional bodies, national councils, other related institutions of excellence. Ensuring requisite and sustainable human and financial resource investments in child development.
- Effective monitoring, analysis of programme implementation experience, feedback and mid course corrections, conduct of comprehensive field based reviews and commissioning independent evaluation/studies as needed.
- Convergence with related sectors/ministries to facilitate an enabling and supportive policy environment and enhanced resources.
- Ensure public information, social audits, grievance redressal and other public accountability mechanisms function effectively.

4.2 States' Leadership & larger Commitment in Implementation

The ICDS Mission is an endeavour to empower states to carry out the required reforms. While recognising the leadership and implementation role of the states, it is expected that the states would:

- Use the given flexibility to take care of the local needs and socio-cultural variations, within a normative framework.
- Advance towards mutually agreed outcomes, objectives, milestones and interventions within the existing national policy framework, which would be reflected in the MoU and APIP.
- Continue to provide additional resources to meet the diverse child development needs of young children through innovative approaches.
- Undertake action to create a separate department of Women and Child Development (if not done already) and move towards creating a dedicated cadre for ICDS and adequate human

resources, meet state commitments, increase their resources and expenditure on the child development sector by a stipulated percentage every year over the Mission period.

- Ensure that where posts are vacant for more than 60 days, interim contractual arrangements / outsourcing are made and an indication is given when State PIPs are finalised.
- Ensure decentralised planning and implementation arrangements to ensure that need-based and community-owned District Child Development Action Plans become the basis for interventions in the child development sector, converging interventions from related sectors.
- Constitute missions and other related structures / institutional mechanisms and enhance training capacity, as specified.
- Progressively devolve sufficient administrative and financial powers to the PRIs and ULBs, depending upon the state context- to improve the reach, coverage, quality, supervision, monitoring and effectiveness of childcare services.

4.3 Management of ICDS Mission Activities at State / District / Block and Village Levels

The success of decentralisation of the functions of ICDS Mission would depend on the management capacities at all levels. The ICDS Mission at State / District / Block and Village levels would:

- Enhance human resource and capacity of the ICDS by appointing additional manpower (on contractual basis) with technical capacity for early child development, nutrition, and managerial skills for decentralised participatory district planning, improved community processes, communication and training, procurement and logistics, financial management, the use of information technologies, improved management information systems and evaluation.
- Establish strong managerial capacity at the block / project would be the essential link between villages and districts.
- Make State, District, and Block / Project level offices responsible for (i) planning (ii) community awareness and mobilisation (iii) capacity building at village level (iv) facilitating inter-sectoral convergence, especially with NRHM, SSA, TSC and (v) monitoring and feedback.
- Support the development of management capacities at the district level so that progressively, DPOs and their technical support units are equipped professionally.
- Make management structures at all levels accountable to various committees / mission structures, i.e., National-Level Mission/Steering Group, State-Level Mission and District / Block / Village level mechanisms.
- Empower the district and regional councils (North-eastern States) in consultation with the tribal councils (as per Sixth Schedule) to decide about structures and representation in the ICDS Mission Councils and Committees at the district, block and village levels.
- Support utilization of amount available under the management cost for improving the work environment as such improvements directly lead to better outcomes
- Develop appropriate institutional arrangements for effective delivery of services under ICDS Mission
- Provide clarity of tasks, fund flow, powers, functions, account keeping, audit, etc. at all levels through implementation guidelines and financial rules.
- Undertake review of management structure and devolution of powers and functions to carry out any *mid-course* correction.
- Attempt to strengthen State, District, Block / Project level managerial capacities as per need
- Ensure assessment of the ratio of the CDPO and Supervisors to AWCs on priority, with the redefined role of supervisors in providing mentoring support to AWWs and ASHAs. Enable

capacity development in respect of additional AWW cum Child care and Nutrition counsellor and link workers, where taken up by States.

- Provide support to block level for improving the mobility (using revolving funds) and connectivity (using specified contribution for mobile phone charges) of the functionaries.
- Utilize existing NIC connectivity provided under programmes at district / block / village level – including to panchayats, optimally.

4.4 Convergence with Other Ministries/Departments

The indicators of early childhood development depend on psychosocial care, the early learning environment and the quality of caregiver interaction, nutrition, as well as upon health, drinking water, sanitation, female literacy, empowerment, etc. A detailed matrix of the programmatic and thematic multi-sectoral convergent actions under the ICDS Mission is attached at **Annexure – IX** and **Annexure – IX A.** Recognising the importance of wider determinants of child development, ICDS Mission seeks to adopt a convergent approach for intervention under the umbrella of the District Plan for ensuring the following:

- AWC at the village/ habitation level ALMCs to be the convergent point for child development action.
- ICDS Mission to progressively move toward one common Village Health Sanitation and Nutrition Committee as the institutional mechanism for convergence at village level (building on extending existing 4.97 lakh VHSNCs under NRHM).
- Involvement of PRIs and ULBs to ensure that the gains of integrated action are reflected in the District Child Development Plans and processes.
- Village Child Development Plan/Block Plan/District Plan to provide an opportunity for catalytic resources for convergent action.
- ICDS Mission's joint household surveys and village micro-planning exercises involving AWWs, ASHAs, community/women's groups, VHSNCs and PRIs to include availability of health outreach services, drinking water, sanitation, school linkages and related issues.
- APIPs of inter-related programmes to reflect programmatic & institutional cross-linkages and commitments.
- Appraisal of District ICDS Mission Plans to ensure that multi-sectoral interventions for young child health, growth and development are envisaged with convergent community action.

4.5 (a) Role of Local Bodies

As mentioned earlier, the Constitution has accorded PRIs and ULBs powers through the 73rd and 74th Constitutional Amendments. States are encouraged to involve PRIs and ULBs in the implementation of ICDS. The current level of participation of local bodies in different States has been discussed at Annexure VI A. The ICDS has issued guidelines for monitoring and supervision with the involvement of local bodies. Further, States are urged to support involvement of PRIs and ULBs in implementing the ICDS, wherever possible.

4.5 (b) Role of Civil Society and Voluntary Action

The ICDS Mission envisages an important role for civil society, networks, Non-Governmental Organisations (NGOs) and voluntary action. In a few states, partnerships with NGOs have already been established and the partnership is: (i) extending service management &outreach; (ii) enriching service quality; and (iii) strengthening specific components like training, communication and community mobilization and monitoring. Efforts would be made to involve NGOs at different levels

of the ICDS Mission delivery system. For this purpose, a norm of implementing up to 10% of the Projects in every State in collaboration with such agencies / institutions would be mandated under MoU, above guidelines and other legal instruments. Besides advocacy, NGOs would be involved in contributing to programme management, strengthening capacity at different levels and evaluation of the child development sector, developing innovative approaches to child development and working together with community organisations and PRIs. Outline for involving NGOs / voluntary organisations under the ICDS Mission are given at **Annexure – X.**

A norm of implementing up to 10% Projects in every State has been recommended. The States and UTs would develop legal instruments for their engagement in a manner that the financial liabilities stay within the norms prescribed.

4.6 Strengthening Human Resources

In view of expansion of the ICDS programme, inclusion of multifaceted activities in the programme for achieving its objectives, it would be necessary to:

- Design a need based training and a long term human resource policy envisaging motivation, recognition, pathways for development and enhancement of benefits to all
- Provision of adequate technical support at all levels for implementation of the programme
- Carry out need based assessment of the workload of AWW for rationalisation of the same with revised population norms, need for additional AWW cum nutrition counsellor, use of local women / community volunteers/ ASHA as link workers and incentives for them.
- Appoint an additional AWW cum Nutrition Counsellor based on local need assessment and district plans initially in 200 high burden districts, to be provided on demand by State Government duly approved through APIP by the EPC under the Mission.
- Increase the availability of human resources through convergence and partnership
- Ensure that NRHM provides for a trained incentivised activist — ASHA — at the village level and for one ANM at each sub-health centre, with an additional ANM from NRHM in high focus states
- Ensure that child development related outcomes are achieved / improved through ECCE provisions and school readiness packages
- Ensure that MGNREGA provides a paid worker for each crèche, where childcare provisions are applicable
- Ensure appropriate orientation and joint training to support early child care and development initiatives and involvement of PRIs, communities and parents in the process.

4.7 Training and Capacity Development

Training and capacity building is crucial as the achievement of programme goals depend on the effectiveness of frontline workers in empowering families and communities for improved childcare practices and efficient and effective delivery of anganwadi service. The ICDS Mission would:

- Ensure that training needs assessment is carried out and based on that a comprehensive plan for training and capacity building of frontline workers as other stakeholders including members of panchayati raj institutions, etc. as well as families and community at all levels.
- Creating a training resource cell at NIPCCD including regional centres.
- Facilitate States to closely examine the training infrastructure available within the state, including Middle Level and AWW Training Centres, State Health and Family Welfare Institute, ANM Training Centres, State and District-Level Education Training Centres (SCERT, DIET), SIRD and Extension

Training Centres (ETCs), Home Science, Nursing, Medical Colleges and Management Institutes/Schools and identify the investment required in them to successfully carry out the training/sensitisation programmes.

- Develop and implement a comprehensive human resources management policy to provide support for capacity building at all levels including PRIs/community.
- Make essential for the MLTCs and AWTCs to run model ICDS Projects / AWCs in their respective practice areas.
- Revamp and strengthen the existing institutional structures and mechanism for training and capacity building at all levels.
- Strengthen National / State level Empowered Training Task Force/s to streamline mechanism and quality of ICDS training

Outline for strengthening training and capacity building at all levels under the ICDS Mission is given at **Annexure – XI**.

4.8 Strengthening and scaling up Evidence-based Innovative Interventions

Over the years, ICDS has evolved with differential approaches across the States and there are many examples of innovative and successful models implemented by the State Governments that have shown good results and have potentials of being up-scaled. Other innovations including graded best practices / potential good practices could be piloted by other states or scaled up under the central fund. State-wise list of some of these interventions along with their focus area has been detailed at **Annexure– XII**. Under this component, the ICDS would provide flexibility to the State Governments to initiate relevant innovative interventions with proven track record of improving the availability, accessibility and quality of child development services, especially those interventions that are not covered by the existing components of the ICDS Scheme. The State ICDS Mission would have an untied fund at its discretion for supporting such innovative interventions. Some of the major innovative interventions that could be piloted under this component would include:

(i) **Anganwadi cum Crèche / Day Care Centres:** Based on district child care needs assessment and district plans, different crèches models would be piloted and up-scaled - including making the AWC an AWC cum crèche, allowing MGNREGA crèches more flexibility, crèches at key work sites, community based volunteer child care arrangements in fields / forests, responding to local patterns of women's work and time, catalytic support from NGOs. ICDS services will be redefined to include provision for piloting of crèches and longer day care support and flexibility in timing provided to states to respond better to patterns of women's work and time. In this proportion of Central and State / UT share would be on 75:25 basis. Please refer Annexure – I for details regarding additional requirement of the Anganwadi-cum-crèche.

4.9 Logistics Management including Procurement

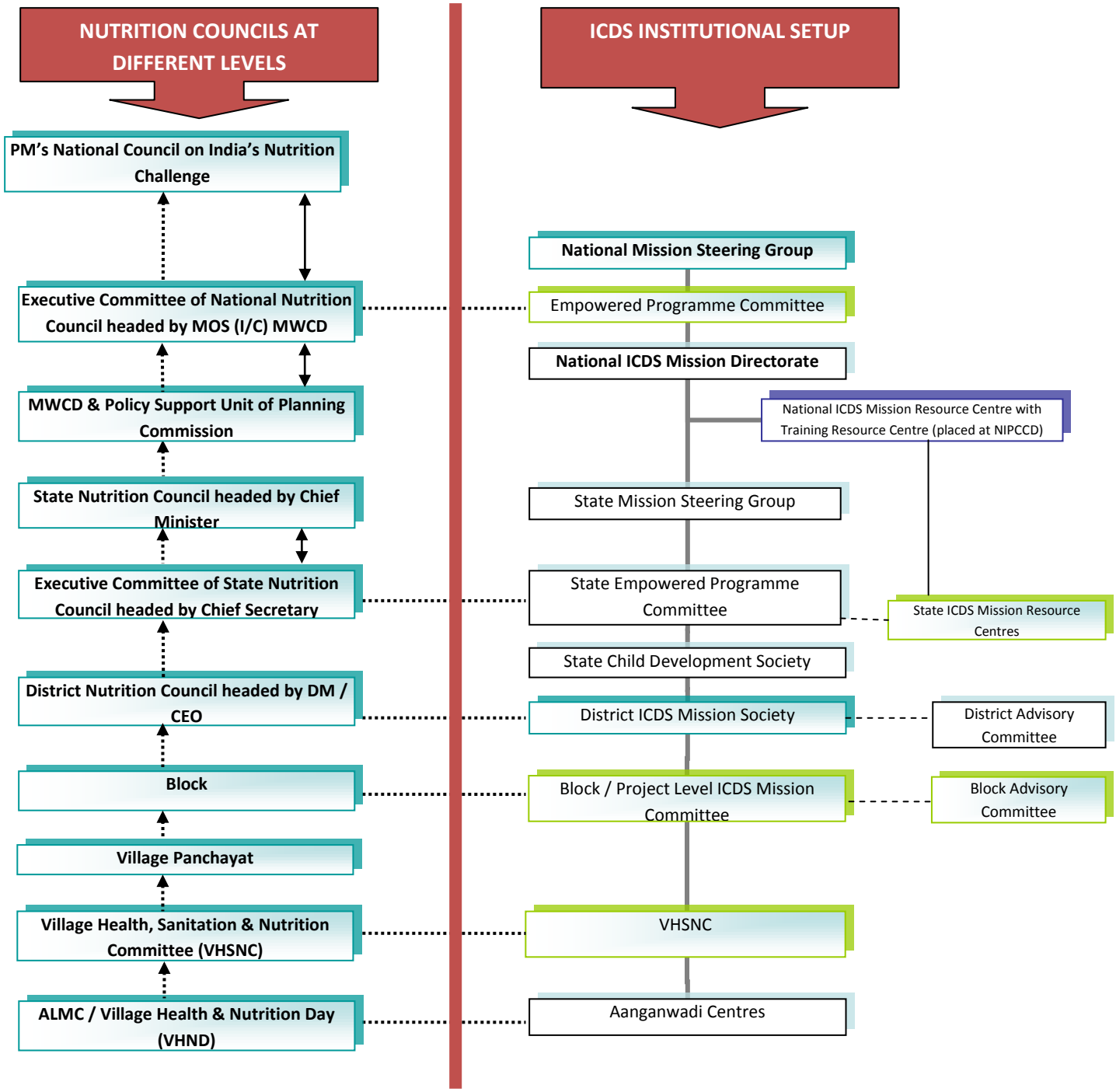
Timely supply of supplementary nutrition, availability of Kit A supplies, vaccines, medicine kits, pre-school play/learning kits, weighing scales, mother child cards, community charts, registers, their maintenance and replenishment and logistics management is important in the ICDS Mission framework. Under ICDS Mission, the capacity of States would be strengthened for more effective management of the supplementary nutrition component, as well as capacity for procurement, distribution and replenishment of goods and services. Detailed guidelines for logistics and procurement management under the ICDS Mission would be laid down under the Implementation Manual to be developed by the Ministry of WCD.

4.10 Monitoring/Accountability Framework

- The ICDS Mission proposes an intensive accountability framework through a three-pronged process: (i) community-based monitoring and accreditation, (ii) internal monitoring and (iii) concurrent external monitoring of ICDS.
- AHS District Level Household Surveys and NFHS would act as the baseline for the ICDS Mission against which the progress would be measured.
- The Mission Steering Group and the Empowered Programme Committee at the Central and State / UT levels would also monitor progress periodically.
- Organisation of periodic public hearings and social audits would strengthen the direct accountability of the ICDS Mission system to the community and beneficiaries.
- The Mission would involve Voluntary Action teams, NGOs, resource institutions, other sectors and local communities in mission reviews, monitoring, thematic enrichment and mentoring support.
- Periodic external, household and facility surveys would track the effectiveness of the various activities under the ICDS Mission for providing quality child development services.
- Beside these surveys, supervision Missions would be conducted twice in every state to help monitor the outcomes.
- Linking family based mother and child protection card and cohort-tracking with ICDS MIS.
- The computer-based MIS would be strengthened for rigorous monitoring of activities,using real time data through ICT and mapping***(strengthening of monitoring and evaluation systems including MIS under ICDS has been discussed in details at Section – 8 below)***.

5. INSTITUTIONAL ARRANGEMENTS of ICDS MISSION

For the success of any programme efficient, effective and accountable implementation arrangements are essential. ICDS in Mission Mode would require a strong implementation, monitoring and supervision mechanism right from central level to the grassroots levels.ICDS mission would envisage creating such arrangements at all levels. The existing service delivery mechanism will be strengthened through setting up of a National ICDS Mission Directorate and Child Development Societies at State with powers to constitute District units. These Missions will be responsible for the effective implementation of the ICDS. Advisory bodies at all levels would be created to oversee and guide the ICDS Mission. An Empowered Committee at the National level will be set up and equipped with the decision making powers so as to ensure that the system keeps moving at a fast pace and work is not held up for lack of decision. **The institutional arrangement of ICDS will work in synchronisation with the institutional set up for nutrition in the country. An overview of the institutional arrangements under the ICDS Mission, along with proposed linkages to the Nutrition Councils at all levels** is given as under:



5.1 Institutional arrangements at Central Level

The Ministry of WCD would continue to be the focal point for the implementation of restructured ICDS Scheme in Mission Mode. It would continue to play a role in: (i) policy and programme development, providing guidance to enable states in more effective implementation, supervision and monitoring of the ICDS Scheme; (ii) developing a framework for effective interventions through decentralisation and capacity development; and (iii) development of partnership with all stakeholders including government and non-government agencies and civil society to achieve child related outcomes. The thrust of the Central Governments intervention would be on support for capacity development at all levels, monitoring and evaluation, providing more financial resources to drive reforms and accountability, and sharing the best national and international practices.

The ICDS Mission will be constituted to provide leadership, policy support and guidance to the states, with an empowered structure called the National Mission Steering Group (NMSG) and the Empowered Programme Committee (EPC) respectively under the chairpersonship of Hon'ble MOS (I/C) for Women and Children and the Secretary, MWCD. The National Mission Directorate of ICDS will be headed by a Mission Director - a Joint Secretary level officer of the Government of India, who will be responsible for handling day-to-day administration of the ICDS Mission. The National Mission Director will be vested with appropriate executive and financial powers as approved by the NMSG to enable him/her to function in effective manner to achieve the goals of the ICDS Mission. Besides, a National ICDS Mission Resource Centre would be set up that would serve as an apex body for technical assistance, dissemination and for functioning as a Centre of Excellence for facilitating the National and State ICDS Mission Directorates in all issues concerning implementation, supervision and monitoring of ICDS Scheme. Outline for setting up the institutional arrangements at the national level including the National ICDS Mission Directorate are given at **Annexure – XIII**. Detailed guidelines in this regard will be issued along with the implementation guidelines.

5.2 Institutional arrangements at State / UT Level

In order to provide leadership, policy support and guidance for effective implementation of ICDS in the State/UT, an empowered structure called the State Mission Steering Group (SMSG) and the State Empowered Programme Committee (SEPC) under the chairpersonship of the Chief Minister and Minister in-charge of the WCD Department of the State / UT as the Vice Chairperson and the Chief Secretary as Chairperson and the Secretary of the WCD Department of the State / UT as Vice Chairperson, would be set up respectively. The State ICDS Mission would provide additional resources to the States /UTs to enable them meet the diverse nutrition and child development needs of young children. The functions under the State ICDS Mission would be carried out through the State Child Development Society that will be headed by a State Mission Director at the rank of a Special Secretary/Additional Secretary (an IAS Officer of JAG/Selection Grade/ higher).The State Mission Director would be vested with appropriate executive and financial powers as approved by the SMSG to enable him/her to function in effective manner to achieve the goals of the ICDS Mission. Outline for setting up the institutional arrangements at the State levels including the constitution of the State Child Development Society are given at **Annexure – XIV.** Detailed guidelines in this regard will be issued along with the implementation guidelines.

5.3 Institutional arrangements at District Level

Every district would have a District ICDS Mission headed by the chairperson of its Zila Parishad and the District Magistrate / Collector of the concerned district would be the co-chairperson. In districts, where the District Magistrate / Collector is the Chairperson, the Zila Parishad Chairperson

will be the Co-Chairperson and the District Programme Officer ICDS as the District Mission Director. The Mission would include public representatives such as Members of Parliament (MP), MLAs, MLCs from the concerned district, chairpersons of the Standing Committees of Zila Parishad, chairpersons of Panchayat Samitis and district Programme Managers from relevant departments as official representatives, state representatives, representatives of NGOs and experts. The District ICDS Mission would serve as the District Unit of the State Child Development Society to effectively discharge all relevant roles and responsibilities of the ICDS Mission in the respective districts. District Mission Unit would be set up as per the phasing plan of the ICDS Mission. Besides, District ICDS Cells would continue to operate as per existing norms and District Cells would be set up in those districts where the Cell is not there.

Outline for setting up the institutional arrangements at the District levels including the constitution of the District Child Development Mission are given at **Annexure – XV**. Detailed guidelines in this regard will be issued along with the implementation guidelines.

5.4 Institutional arrangements at Block/Project Level

At the Block / Project level, each Block would have a Block ICDS Mission Committee headed by the SDM or the Chairperson of the concerned Panchayat Samiti. The Block Development Officer (BDO) of the concerned Block would act as the co-chairperson and Child Development Project Officer (CDPO) as the convenor of this Committee. Other members would include public representatives such as from the block, members of Panchayat and Block-Level Officers from relevant departments, such as Block Medical Officer, Block Education Officer, Extension Officer, Water and Sanitation, two or three ICDS Supervisors (on rotation), District-Level Officer, NGOs, two or three professionals/experts/practitioners. Detailed guidelines in this regard will be issued along with the implementation guidelines.

The functions under the Block ICDS Mission Committee would be carried out through the Block ICDS Mission Team headed by the concerned Child Development Project Officer (CDPO).S/he will be responsible for ensuring effective implementation of the ICDS Scheme at the Block / Project levels as well as achieving the goals of the ICDS Mission in their respective work area with the help of a small team of professionals hired on contractual basis.

Block ICDS Resource Centre (BIRC) would be piloted in 10 per cent of the total Projects across the country to accelerate progress on nutrition and survival of women and children at block & village levels by effectively promoting exclusive breastfeeding for the first six months and timely and appropriate complementary feeding after six months along with continued breastfeeding, infant and young child feeding as well as lactation support counselling services. Besides, focussed attention on promoting ECCE activities and training & capacity building for all personnel and service providers on nutrition, IYCF, ECCE, growth monitoring and other related ICDS services will be given. Under the BIRC, a Nutrition Helpline will be set up that will help provide basic counselling services over the phone as well as act as the emergency outreach services for moderately or severely undernourished children at the block levels. The emergency outreach services will be ensured by the Nutrition Helpline in close collaboration with the Health Department / NRHM Team at the District and Block levels. State-wise selection of blocks where these BIRCs can be piloted will be done on the basis of needs and availability of infrastructure, planned by the respective State Governments / UT Administrations through respective APIPs, approved by the EPC headed by Secretary, Ministry of WCD.

Outline for setting up the institutional arrangements at the Block levels including the constitution of the Block Child Development Mission are given at **Annexure – XVI**.

5.5 Institutional Arrangements at Village /Ward Level

a) ***Village Health Sanitation and Nutrition Committee (VHSNC):*** At the village / ward (urban areas) level, the VHSNC would be responsible for all activities in the Child Development and Nutrition Sector would be under the committee to facilitate decision making at the AWC level. VHSNC would function as the sub-committee of PRI.

b) ***Anganwadi Centre – The first village post for Health, Nutrition & Early Learning:*** The AWC would remain the hub for promoting young child survival, growth and development activities at village habitation level. In ICDS Mission, the Anaganwadi platform would be strengthened as the first village/habitation post for health, nutrition and early learning, with provision of additional financial resources for infrastructure and facilities, anchoring ASHAs and converging multi sectoral interventions for young children, adolescent girls and women. At the AWC level, the ALMC would be responsible for the management and supervision, as prescribed.

Outline for setting up the institutional arrangements at the village / ward levels including are given at **Annexure – XVII.** Detailed guidelines in this regard will be issued along with the implementation guidelines.

6. STATE / DISTRICT ICDS PLAN (APIP)

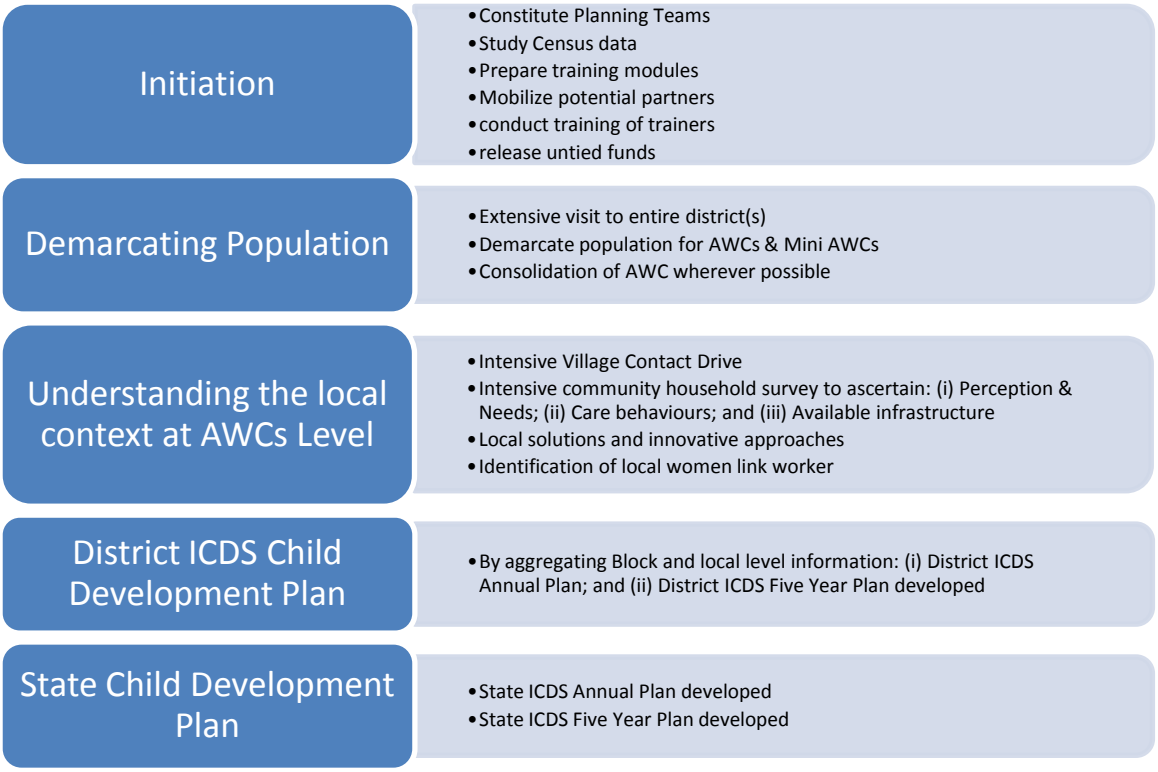
In order to develop specific locally relevant strategies, based on a menu of innovative models / pilots through decentralised, flexible, locally relevant planning first at state-level and gradually extending to the district plans of action capturing the samples and needs of block and village based pointers for plan of action, designed to achieve mission goals, maternal and child related outcomes, within a defined normative framework, will be required. The management and institutional reforms would augment appropriate human resource at the State, District and sub-district levels to support among others decentralized planning as in case of other flagship programmes including NRHM and SSA.

The State / District Child Development Action Plan would be the key strategy for integrated action under the ICDS Mission. Since the success of ICDS Mission would depend upon the quality of the community-based planning process, it would be formulated on the premise that (i) the community can plan for its children's needs and (ii) there would be greater requirement for developing capacities in communities to do so. As even within a village there are different scattered habitations/ hamlets and community groups, the ICDS Mission would recognise a habitation, rather than a village as a unit of planning. In urban areas, a cluster of households in the same urban poor settlement would be a unit of planning. Provision of distinctive planning for young children from urban poor communities would be undertaken either as a separate plan or integrating the same in the district plans. Appropriate changes in urban planning and bye laws would have to be made appropriate authorities to provide earmarked land / child friendly building.

The State / District Child Development Plans would be prepared keeping the above in mind. The State would be expected to prepare a plan for the entire Mission period as well as an Annual Plan that would be based on resource availability and prioritisation exercise. The District Child Development Society will recommend the Annual Plan and Budgets to the State-Level ICDS Mission under the Chief Minister. Initially, only State Plan would be necessary and gradually on need basis, district specific plan may be prepared depending on the capacity and requirement.

Steps for Preparing Child Development Plans

At the state level, the State Child Development Society will need to ensure that the core teams at the District and Block levels are carefully identified and are committed to the task of achieving the vision of ICDS in Mission Mode. The purpose is to have competent District Planning and Block-Level teams who would be able to mobilise community support for a new generation ICDS. Broadly, the process of the development of State and District Child Development Plans would be based on the following process:



Specifically, the key steps in the planning process for the development of district and state ICDS plans would include:

- Constitution of the Planning Teams at different levels with a clear demarcation of their roles and responsibilities. While specifying the broad norms for planning activities, it would be essential to provide for diversity and innovations. It is possible that the existing ICDS structure and the related departments may not have staff with adequate capacity to take up the planning assignment. In such cases, the States would engage professionals on contract at the State, District and Block levels.
- Study of the Census data for demarcating the population for an Anganwadi/ Mini Anganwadi Centres. This would be essential for reaching the children in hamlets, scattered desert/hilly areas and urban areas (authorised slums and unauthorised urban poor settlements), migrant and/or construction labour and other children from socially excluded groups. This would also facilitate the assignment of (i) status of 'District' to mega cities and cities with larger number of slums, and (ii) smaller town and towns with smaller slum populations as part of the existing 'District'.
- Orientation & Training Modules would need to be developed for strengthening the capacity of existing staff and key members of the planning teams at various levels. Also, survey formats, focus group discussion guides, Village ICDS Mission Registers would be required to be developed.
- Understanding the nature of powers devolved to PRIs and ULBs in the state with respect to ICDS and related services.
- Mapping of AWC linked facilities and services such as health centres, schools, training centres etc.
- A survey of NGOs, women's SHGs and other organisations, for their possible role in planning activities and contribution to the ICDS Mission.

- Organisation of ICDS Mission village contact drives, public hearings and social mobilisation activities so that the planning process is also a process for creating community ownership of child care services and mobilising collective support for the same.
- Filling of vacant positions and recruitment of additional staff in ICDS.
- Release of untied grants to the State ICDS Mission to facilitate planning and social mobilisation activities at district, block and village levels.

7. FINANCIAL RESOURCES AND FLOW OF FUNDS

ICDS is an ongoing Centrally-sponsored programme being implemented through the State Governments/ UT administrations based on a cost sharing ratio between the Central Government and the State Government. Centre – State cost sharing pattern of all new components including staff salary (new staff to be recruited for the Mission) to be 75:25, other than NER, where it will be at 90:10. Besides, the major financial norms under ICDS Mission would be as under:

7.1 Construction of Anganwadi Centres (AWCs):

In order to facilitate better delivery of services, construction of AWCs, as a distinct activity, in a phased manner under the ICDS Scheme is extremely essential. A class infrastructure of requisite building (3-4 rooms) with facilities and skilled human resources is needed at the village level. The MWCD has issued guidelines stating that AWCs should be child friendly with all relevant infrastructure and the space should be at least 600 sq. ft. Please refer MWCD's letter in this regard at Annexure – II. Moreover, many states have developed designs and constructed AWCs that are locally viable. A sample design of the AWC is also given at Annexure –II. More designs are available at www.wcd.nic.in. Under the ICDS Mission, 2 lakh AWC buildings across the country in phased manner costing @Rs.4.5 lakh per unit would be constructed. This is on a 75:25 centre-state cost sharing basis. Further funds are also being allocated for up-gradation of at least 2 lakh AWCs (including crèche) @ Rs. 1 lakh per unit on 75:25 cost sharing basis. This includes making the AWC child friendly. States would be encouraged to co-locate AWC with schools, wherever feasible and practical. The construction would follow the phased roll out plan.

7.2 Rent for Anganwadi Centre:

According to the latest NCAER report, around 17 per cent of AWCs are functioning from the rented premises. The monthly rent of the AWC has increased from Rs.50 to Rs.200 for rural and tribal projects and from Rs.300 to Rs.750 for urban projects. However, this rate is grossly inadequate and it is very difficult to find a rented premise for AWCs within this range. Under the ICDS Mission, the monthly rent for the AWC would be enhanced. The monthly rent of the AWC is now revised as:

- Rs.200 to Rs.750 for AWCs / Mini-AWCs in rural and tribal projects
- Rs.750 to Rs.3000 for AWCs / Mini-AWCs in urban projects
- Rs.5000 for AWCs / Mini-AWCs in metropolitan cities

The revised rent for AWCs will only be applicable for centres offering a space of at least 500 - 600 sq. ft. The AWC should also have adequate infrastructure facilities. Guidelines and standards for a child-friendly AWC (including safe drinking water and sanitation) would be developed and it would be made mandatory in hiring rented accommodations. Wherever such space is not available, there will be proportionate decrease in rentals too. Further, additional rent for space for crèche is also envisaged.

7.3 Supplementary Nutrition:

Supplementary Nutrition is an important component as it acts as an entry point for other services provided by the AWC. The cost sharing ratio of the supplementary nutrition between the centre and States/UTs is on 50:50 basis for states other than NER and 90:10 for NER states. The cost norms for supplementary nutrition were last revised in October 2008. However, due to unprecedented increase in the prices of food items and fuel in the past two and half years, various State Governments have expressed difficulty in providing supplementary nutrition within the prescribed financial norms. To meet this challenge, the SNP norms are revised based on the Consumer Price

Index for Rural Labourer (CPI-RL) with base year 1986-87. Secondly, cost per beneficiary has been factored based on cost of food items (Mean BPL landing rates for cereals), transportation cost, cooking fuel cost, Micronutrient Fortification Cost, Processing & storage cost and others to the extent feasible. SNP in any case should adhere to the guidelines issued by MWCD on 24.02.2009 read with any further clarification.

Accordingly, the revised SNP cost norms under the ICDS Mission would be as under:

Category	Existing Norms (w.e.f. 16.10.08)	Revised Norms effective from the date of approval (per beneficiary per day)
(i) Children (6-72 months)	Rs.4.00	Rs.6.00
(ii) Severely underweight children (6-72 months)	Rs.6.00	Rs.9.00
(iii) Pregnant women and Nursing mothers	Rs.5.00	Rs.7.00

Roll out of SNP with revised norms will be according to implementation plan initiating with 200 high burden districts in Year-1 and achieving universalization in Year-3. Till Year-3, SNP norm in other districts will remain same as that of existing norm. States who are providing additional top up may continue to do so. Other states should also consider making additional provision. It will be prudent to request for food grains (wheat, rice, millets) under WBNP wherein facility to provide food grains at BPL rates is available.

In case of pilots of AWC cum Crèche / Day Care Centres, additional meal as per crèche norm would be provided to children for which additional financial resource would either be tapped from under the Crèche Scheme or supported by ICDS Mission through State APIPs approved by the Empowered Committee.

For better management and control, SNP with revised norms will be rolled out according to the phasing plan of ICDS Mission.

7.4 Grading and Accreditation:

Based on the achievement of pre-defined quality standards and child related outcomes, grading and accreditation of AWCs, ICDS Projects and District Mission would be carried out. This would be carried out through a participatory process with appropriate mechanisms for validation of child friendly AWC and better performing centres and projects. It would help improve motivation of ICDS functionaries and communities for enhanced performance outcomes and ICDS quality. In order to strengthen the concept of ECD beyond AWC, accreditation of private pre-schools would also be carried out. A lump-sum provision of Rs.2.5 lakh per district has been made for grading and accreditation under the ICDS Mission.

7.5 Operational Cost:

The operational cost of ICDS implementation in Mission Mode at National, State, District, Block/ Project and Village levels works out to be Rs. 1,23,580 crore for five years with the cost for 2012-13 being Rs. 16,542 crore. Besides the staff salary and honorarium, it will include recurring expenses, such as rent, travel allowances, administrative expenses, and funds for advocacy and public education, training, research, contingencies for AWW, preschool material, information education material and medical kit.

7.6 Budget:

A separate ICDS Mission Budget head would be created to allow flexibility and integration within the child development and nutrition sectors and for convergent action with wider determinants of maternal and child under-nutrition. In order to ensure effective implementation of ICDS in Mission Mode as well as to achieve the above mentioned goals and objectives, Rs. 1,77,456/- crore has been approved during the 12th Five Year Plan, of which Rs.1,23,580/- would be the GoI share and Rs.53,876/- State share. The comparative statement showing existing and approved norms under ICDS mission is given at **Annexure XVIII**. The detailed component-wise and year-wise break up of budgetary requirements for implementing the ICDS in mission mode during the 12th Five Year Plan is at **Annexure XIX**.

SUMMARY - XII PLAN APPROVED BUDGET (Rs. in Cr)			
Particulars		**Total Plan (GOI)**	**% w.r.t. Total GoI Budget**
Salary	-	16,829	13.6
Honorarium	-	31,386	25.4
SNP	-	42,626	34.5
Construction, Up-gradation and Maintenance of AWCs	-	8,771	7.1
Programme Components (ICDS)	New Components	11,522	9.3
	Existing Components	12,446	10.1
TOTAL		**1,23,580**	**100**

YEAR -WISE BREAK-UP (Rs. In Cr)						
Plan Period - GOI Share	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total (Rs in Cr)**
Recurring	16,454	21,129	24,543	25,703	25,733	**1,13,562**
Non-Recurring	88	898	1,990	2,750	4,292	**10,018**
Year wise total (Rs in Cr)	**16,542**	**22,027**	**26,533**	**28,454**	**30,025**	**1,23,580**

7.7 Release of Funds and Fund Flow

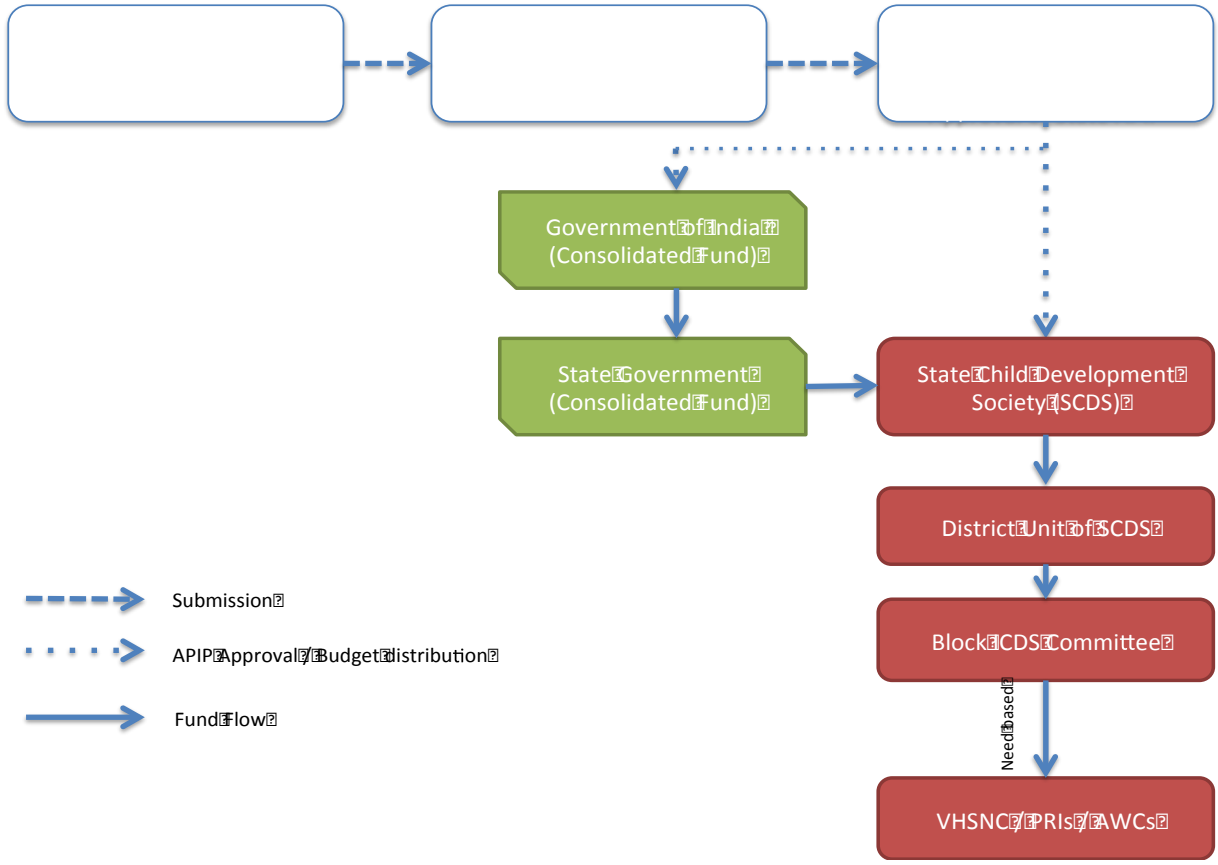
The procedure for release of funds and fund flow mechanism under the ICDS Mission would be based on State APIPs, following the broad Framework for implementation. A Memorandum of Understanding (MoU) between the Government of India (Ministry of WCD) and State Government / UT administration would be executed through which State Governments / UT Administrations would be required to give written commitments regarding its additional contributions towards ICDS Mission. The fund allocations to the State Governments would be made on the basis of the magnitude of the problem / challenges, core services and activities and commitments to reforms and resources by the State Governments.

The Annual Programme Implementation Plans of the ICDS Mission would be jointly appraised by a team of experts constituted jointly by the National and State Level Society. The National ICDS Mission would approve the Annual Plan on the basis of relevant financial and technical guidelines and release funds to the State Child Development Societies. The release of the first instalment to the State/UT would be processed after receipt of the above documents/commitments on a lump sum basis. The appraisal and approval of Plans would be completed in time for the first instalment, to meet the expenditure of the first six months, to be released by 15th April. There would be some departure from the norm in the first year.

Every year there would be two instalments the detailed instructions on which be issued separately : The second instalment would be based on the (i) adequate utilisation of 1st instalment and (ii) the quality of implementation and progress. Certain conditions like achievements in the previous year, fulfilment of commitments made in MoU, Utilization certificates / SoEs / Audit reports, Financial monitoring reports, etc. Approval of APIP by EPC would be essential before release of 2nd instalment in the subsequent year. Auditing requirements would be as per standard government practice.

Fund transfer of the ICDS Mission will be channeled through the Consolidated Fund of the State. However, in the event the State fails to transfer the funds within 15-days, it will be liable to pay interest on the amount on the pattern of releases for the Finance Commission funds. Broadly, the fund flow mechanism for ICDS Mission would be as under:

Chart - I: Fund Flow Mechanism:



8. MONITORING, REVIEW AND EVALUATION

Under the ICDS Mission, monitoring would be carried out at Anganwadi / village, block, district, state and national levels. At each level, a standardized format and the set of input, output and outcome indicators for evidence based monitoring would be established. To improve public accountability and transparency, consistent with current government initiatives like Sevottam Compliance and Citizen's Charters, four major community based mechanisms would be introduced for monitoring and promoting child development outcomes. These are:

(i) **Introduction of a Common Review Mission (CRM)** on the lines of NRHM would be carried out on annual basis. Alternatively, considering the fact that MHFW / NRHM is responsible for three core service packages of ICDS, joint CRMs with NRHM could be carried out. The recommendations of the joint CRM would provide the basis for annual mid course corrections in the programme design and feedback to the National and concerned State & District ICDS Missions. The constitution of NRHM CRM Teams would be adjusted accordingly to reflect representation from the Women and Child Development sector as well as ICDS Mission at all levels.

(ii) **Jan Sunvai** where monitoring teams consisting of a mix group of National, State and District level (of different districts) officials and members of the Voluntary Action Group would visit a defined sample of hot-spots / areas repeatedly reporting higher numbers of moderate and / or severe undernourishment. Through public interaction and focused group discussion (FGDs) with members of families and communities, these teams would carry out qualitative analysis of interventions, gaps and further measures required for improving the child development outcomes and impact. The teams would prepare and submit analytical reports with recommendations to the District, State and National ICDS Missions. Jan Sunvai could either be linked to joint ICDS - NRHM CRM or could be need-specific based on nutrition surveillance data as may be decided by the National and State ICDS Mission.

(iii) **A community owned accreditation system** would be piloted and progressively expanded under the ICDS Mission to ensure quality standards in child care service delivery at different levels. This would imply the grading of service delivery points including AWCs, Health Sub Centres at village / cluster levels, mandals, blocks and districts based on health, nutrition and development outcomes. Community based recognition and awards would be instituted along the lines of the Nirmal Gram Puraskaar (TSC) for high performing panchayats, blocks, districts and states. The award could take the form of higher untied funds allocated through APIPs and other measures as decided by the National and State ICDS Mission from time to time. Higher performing districts would be 'living universities' for learning by other districts / states.

(iv) **Community disclosure and public information:** The community level indicators of the ICDS Mission would be tracked at the village level through the community chart with key indicators for the village displayed prominently outside the AWCs, Health Sub Centres and Gram Panchayats. At the AWCs, a community chart for monitoring development and nutrition status of children under five years in the community will also be displayed. This chart would be updated on fixed monthly Village Health & Nutrition Days (VHNDs) and should be validated based on family held Mother & Child Protection Cards.

Besides, in line with the guidelines for constitution of Monitoring & Review Committee at different level to review progress in implementation of ICDS scheme issued by MWCD on March 31, 2011

(copy at Annexure XX), a five-tier monitoring and review mechanism from the Central level to AWC level would be set up. These include: (i) National Level Monitoring & Review Committee (NLMRC); (ii) State Level Monitoring & Review Committee (SLMRC); (iii) District Level Monitoring & Review Committee (DLMRC); (iv) Block Level Monitoring Committee (BLMC); and (v) Anganwadi Level Monitoring & Support Committee (ALMSC).

As part of the ongoing process of strengthening the ICDS, MWCD has already initiated the process of reforming the existing ICDS MIS that would be carried out in two phases. The first phase would include refining and revising the recording and reporting systems at various levels, while the second phase would include strengthening supervision and program management. Under the second phase new tools to achieve focus on quality of ECE, NHED, etc. as well as tools for programme management would be made available to the Supervisors / CDPO / DPO / Directorates.

The reformed MIS in ICDS is expected to (i) help AWWs spend less time on reporting and paperwork, making her time available for focused home contacts (ii) provide greater clarity of data flow from primary records to reports; (iii) generate more meaningful, credible and verifiable data for all users (iv) help digitization of MIS and (v) move towards results focus. Apart from revising/ developing the monitoring formats and tools, following new initiatives during the 12th Plan would be undertaken:

(i) ***Provision of data entry at AWC / Sector level by third party:*** All data and information pertaining to the services and the beneficiaries are captured at the AWC level. As outlined above, all other levels above AWC consolidate this data and process/analyze it and add some more data pertaining to each level. Ideally, data generated every month at AWCs should be electronically entered on computer and must be maintained at centralized server at State WCD and/or NIC/ MWCD. For this purpose, a provision of outsourcing the monthly data entry through pre-designed web-enabled software at block / district level @ Rs. 10 per AWC Report would be allowed.

(ii) ***IVR Based Monitoring through Nutrition Resource Platform****:* The MWCD has set up a Nutrition Resource Platform (NRP) at NIPCCD, New Delhi with support from CARE/USAID as part of their INHP Program. The objective of the NRP is to create an interactive knowledge resource base on Nutrition and Child Development. NRP will serve as digital resource on Nutrition including blasting of messages, provide interactive forum and exchange of information. In addition it will have facilities to capture Interactive Voice Response (IVR) system based data capturing mechanism. Data captured would be integrated in the MIS reporting system on identified indicators. To improve the connectivity/ communications with the AWCs by the ICDS functionaries, a mobile phone along with SIM card to Anganwadi Workers at AWCs would be provided.

Besides, the Ministry of WCD would also commission a third party evaluation of the ICDS Mission to review the impact of the programme. Based on the findings of the third party evaluation, the Ministry of WCD would carry out necessary mid-course correction for enhancing the overall impact of the programme.

Under the ICDS Mission, adequate allocation of both financial and human resource at all levels would be made available to strengthen the implementation of the ICDS MIS for enhancing data flow, accuracy and availability of credible and verifiable data for informing policy decisions pertaining to ICDS. Comprehensive guidelines for strengthening the monitoring, review and evaluation under ICDS Mission would be developed by the National ICDS Mission Directorate.

9. GRIEVANCE REDRESSAL SYSTEM

In order to strengthening accountability as well as providing a platform for registering and resolving complaints of beneficiaries / community, a grievance redressal mechanism would be put in place in consultation with the States / UTs. In the proposed mechanism, the VHSNC would act as the Grievance Redressal Committee at the village level, while at the block level, the Panchayat Samiti / Standing Committee would be the responsible committee for addressing all complaints / grievances. At the district level, the Zila Parishad lead by the CEO / District Magistrate / Collector (to be decided by States) would be responsible for the registration and redressal of all complaints / grievances. At the State level, the concerned Executive Committee under the State Nutrition Council and at the National level the Empowered Committee headed by the Secretary, MWCD would be responsible.The higher-level authority at block, district, state level would act as the Appellate Authority, MWCD being the highest level authority.

With the aim at enhancing the process of grievance registration and redressal, a web-enabled platform would be set up under the ICDS Mission. In this system, beneficiaries / citizens would be able to register their grievances either by calling a toll free number or by submitting a written complaint through fax, e-mail and / or by visiting the ICDS Mission web portal. Detailed guidelines for setting up the Grievance Redressal System will be mentioned in the proposed implementation guidelines**.**

10. ANNEXURES

Annexure I

OUTLINE OF AWC-CUM-CRÈCHE IN SELECT AREAS

The provision of day care crèches is essential for care and development of children in the 0-6 years of age, whose mothers go for work. This is essentially required in cases where there are no adult care givers at home after the mothers have left for work. Currently, the State Governments are not investing at all in the day care centres. The availability of crèches under the Rajiv Gandhi Scheme for Crèches is limited to about 22000 Crèches for the entire country and is managed by mother NGOs without involvement of State / UT governments. That being the case, there is a need for providing day care crèche facilities at the AWCs which have an outreach upto the habitation levels. The AWCs are considered best suited to work as day care centres as they are meant for children 0-6 years of age for providing supplementary nutrition. Pre –school education and health check up. What will additionally be required is augmentation of physical infrastructure, human resource, care related equipments and facilities for children below 3 years of age. Specifically, the additional requirements will include:

1. *Personnel:* One additional Crèche worker who will primarily be responsible for providing care and attention to children under 3 at the centre and for providing supplementary nutrition. The honorarium of Crèche worker is kept at par with AWW at the rate of Rs 3,000/- per month.

2. *Supplementary Nutrition:* For children who stay in the crèche all day provisions will be made for breakfast/mid-morning snack, lunch and evening snack. All children at the centre may not stay the whole day. It is assumed that not more than 15 children will be left at the centre for the whole day by parents. Cost for supplementary nutrition for these children is kept at Rs 6/- per children per day in addition to the normal AWC – SNP provisions for 300 days in a year.

3. *Infrastructure:* Additional space of 6-8 sq. ft. (total: 150-175 sq. ft.) per child will be required to ensure adequate space for children to play, rest, and learn without any hindrance as well as for providing a safe and protective environment for under 3's. In AWCs where the introduction of crèche facilities will require construction of an additional room, or where there is a need to shift to a building with greater space, the cost sharing between the Centre and the State will be 75:25. This cost has been budgeted under AWC up-gradation at the rate of Rs 1 lakh per unit for 2 lakh units in a phased manner, of which the AWC cum crèche upgradation would be the priority.

4. *Timing:* The centre will have to be open for at least 8 hours. Timings should be set in accordance with mothers' requirements and may be different in different areas/ seasons. Largely, they may coincide with primary school timings as that makes it possible for older children to support the picking up and dropping of under six. The workers at the centre may plan their schedule (on a shift basis) such that the workers do not have to spend more than 6 hours at the centre.

5. *Training:* All three workers will require base training to care for children under six. Greater specialization for providing preschool education will be required for AWW 1, and more focused training for crèche management and care and stimulation for under threes will be required for Creche Worker. Supervisors and CDPOs will also need to be trained on the new model of AWC-cum-Crèche to enable them to guide and monitor it.

The AWC-cum-crèche model will be piloted in 5% AWCs on a 75:25 cost sharing cost sharing basis with the States. To begin with, emphasis will be placed on implementing the model in Urban Areas. Implementation schedule in Urban: Rural would be in a ratio of 60:40. Out of 60% Crèche in urban areas, 17% would be piloted in metropolitans. States may explore the engagement of non-governmental organizations in implementing the model. If the State wishes to implement the model on its own, it may explore the engagement of non-governmental organizations with expertise in the provision of crèche facilities such as Mobile Crèches in developing AWC-cum-crèche models and in providing training and technical support to ensure smooth implementation of the same. States interested in piloting the model will work out detailed implementation

arrangements and protocols for the model and place it for approval in their APIPs. Implementation of AWC cum Crèche in 70,000 AWCs in a phased manner will be done as per the following schedule:

Particulars	Year-1	Year-2	Year-3	Year-4	Year-5
Number of AWC cum Creche (in proportion with construction)*	**0**	**20,000**	**40,000**	**70,000**	**70,000**
Creche in Metropolitan area (40%)	0	8,000	16,000	28,000	28,000
Creche in Urban area (43%)	0	8,600	17,200	30,100	30,100
Creche in Rural area (17%)	0	3,400	6,800	11,900	11,900

ADDITIONAL DETAILS – AWC CUM CRECHE

Facilities at AWC cum Crèche	Cost Norm	Remarks
Additional Crèche Worker	Rs 3000/- per worker per month	Honorarium
Cradles, additional bed and bed linen	Rs 18,000/- per Crèche	Establishment cost (once in 5 years)
Care items, soft toys and cleaning materials	Rs 1,000/- per annum	Misc requirements
Additional rent for additional space to be utilized for Crèche	Additional Rent (per Crèche per month) Rural/Tribal – Rs 500/- Urban – Rs 1,000/- Metropolitan – Rs 2,000/-	Rent will be area specific and subject to state schedule of rent (SoR) and up to maximum ceiling as laid down in norms
Evening snack for all children at Crèche	Rs 6/- per beneficiary per day	Cost of evening snack/ milk etc.

NOTE: *All norms (incl. honorarium of Crèche worker) will be shared in a ratio of 75:25 between Centre and State*

Annexure II

No.16-3/2009-ME Vol.II
Government of India
Ministry of Women & Child Development

Shastri Bhawan, New Delhi,
Dated the 10th March, 2011

To

The Secretaries in all States/UTS dealing with ICDS

Subject: Construction of Anganwadi Centres.

Sir/Madam,

As you may be aware, the Integrated Child Development Service (ICDS) Scheme is one of the flagship programmes being implemented through a network of Anganwadi Centres (AWCs) across the country. The scheme offers a package of six services for children below six years of age and pregnant and lactating mothers. An AWC is, therefore, the first out post at the habitation level for nutrition, health and early childhood development and learning.

2. There is currently no provision for construction of Anganwadi buildings, except for North Eastern States under the ICDS Scheme. Several State Governments have been constructing AWCs by using their own funds and funds available under schemes of different Ministries, such as BRGF, MPLADS, MLADS, NREGA, PRI, MsDP, ADP, BADP and State Plans including RIDF, etc. There is a need to accelerate such efforts in order to consolidate the AWC as a platform more so to focus on early childhood learning and also in view of Sabla and IGMSY schemes being rolled out.

3. Keeping in view the important and enhanced role being played by the AWCs in the delivery of services to the targeted population, it has been felt necessary to give an indicative and suggestive model/layout of AWC buildings so that States/UTs make minimum provisions for these facilities at the AWCs. This matter has been discussed with various agencies and it has been felt that an AWC must have a separate sitting room for children/ women, separate kitchen, store for storing food items, child friendly toilets and space for playing of children (indoor and outdoor activities) with safe drinking water facilities. It is also felt that it would meet the minimum requirements if an AWC is constructed in a covered area of **not less than 600 sq feet as per the standard specifications**.

4. Some of the **indicative layout models of the AWCs** received from CPWD New Delhi, State Governments of Andhra Pradesh, Rajasthan, Tamil Nadu, Bihar and Chhatisgarh are enclosed for ready reference. These are, however, **suggestive and do not represent any fixed parameters**.

5. It is requested that the foregoing details may be **kept in view while considering proposals for construction of AWCs in your State/UT**.

Yours faithfully,

(Dr. Shreeranjan)
Joint Secretary to the Govt. of India

Copy to:

i) Directors dealing with ICDS in States/UTs.

ii) TD (NIC) to upload on to the Website of MWCD

(H.S. Nanda) 10/3/2011

Deputy Secretary to the Govt. Of India

SAMPLE DESIGN OF THE AWC

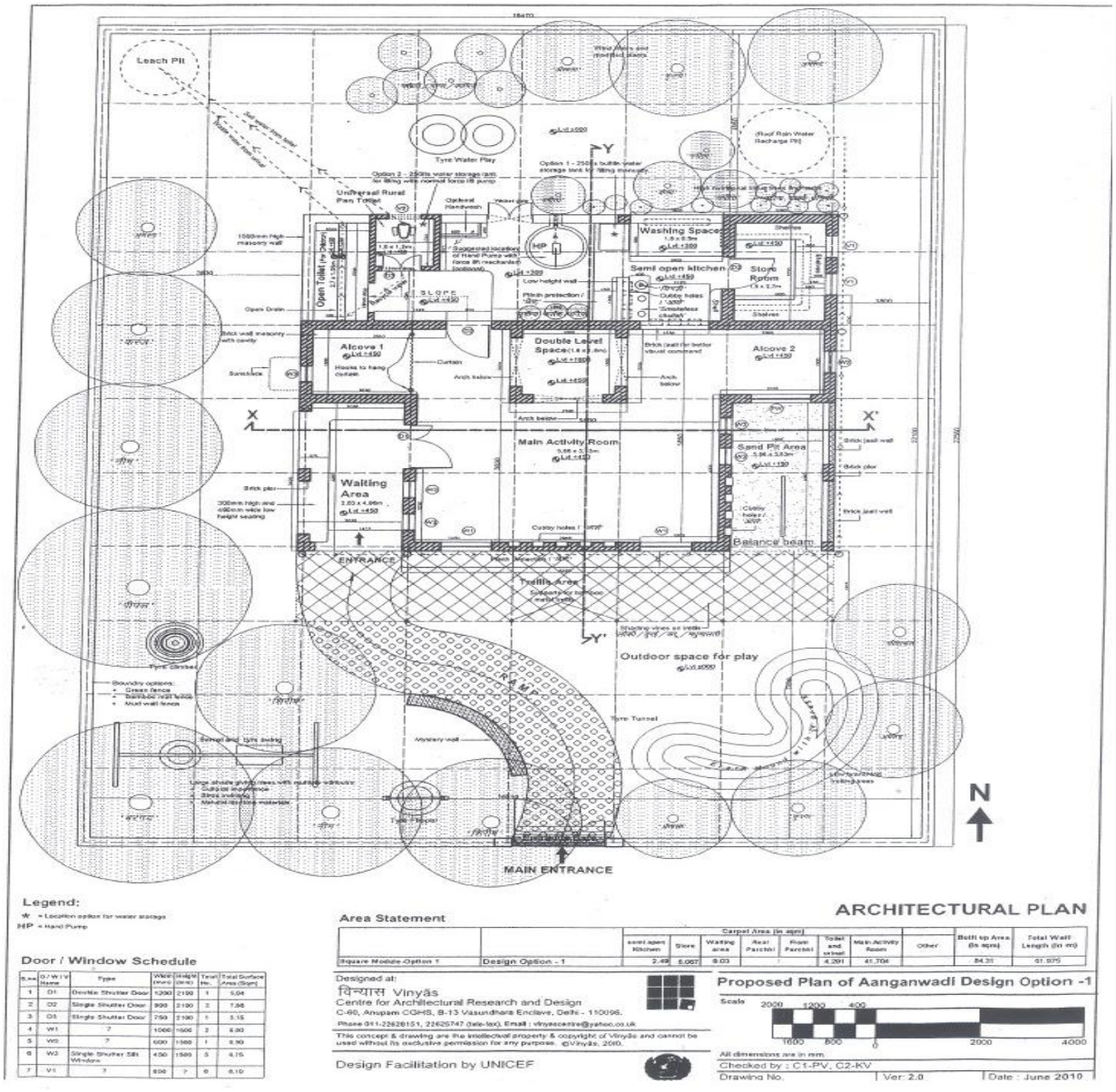
CHHATISGARH
Alternative designs of AWCs

1. Design option 1 :Area = 84.31 sq.m. Costing@Rs 4000/- per sq.m = Rs 3,37,240/-
2. Design option 2 : Area = 100.5 sq.m. Cost @ Rs 4000/- per sq.m = Rs 4,02,000/-

However note the following:-

1. We are suggesting use of various cost effective building technologies
2. Cost of toilet is included in the above
3. Convergence of scheme from various departments is not included here.
4. This is a tentative/ preliminary cost and due to lack of data from RES, it is based on previously avail.

One sample has been given below. Detailed sample of all relevant designs are available in www.wcd.nic.in.



Annexure III

CORE PACKAGE OF SERVICES UNDER ICDS MISSION

1. Early Childhood Care Education and Development (ECCED)

Early Childhood Care and Development (ECCD) under the ICDS Mission is defined as holistic and integrated provisions / environment for children below 6 years, that would enable and ensure their care, protection, learning and all round development, through family, community and center based interventions. Within the framework of ECCD, the Early Childhood Care & Education (ECCE) refers to the informal early psychosocial stimulation for children below 3 years and more planned Non-formal Preschool Education for children between 3 to 6 years, which is child friendly, focused around play and individuality of the child and aimed towards the child's holistic development and readiness for school.

1.1 Non-formal Pre-school Education / Early Childhood Care & Education (ECCE):

The Preschool Education (PSE) is one of the most important components of the ICDS and in many ways can be considered to be the backbone of the programme. The purpose of PSE is to provide sustained activities through joyful play-way method that helps to prepare the child for regular schooling. PSE, as envisaged in the ICDS, focuses on holistic development of children up to six years. The Anganwadi strives to satisfy the curiosity of the child and channel the child's creative energy by providing a learning environment for promotion of social, emotional, cognitive, motor, physical and aesthetic development of the child. The early learning component of the ICDS Mission would ensure a significant input for providing a sound foundation for cumulative lifelong learning and development. It would also contribute to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus, freeing the older ones- especially girls-to attend school.

With the aim to strengthen the early child care and learning environment, ICDS in Mission Mode would invest resources on proper quality improvement in ECCE through the AWC platform, with joyful early learning initiatives that would increase the demand for ICDS services and participation in the same, by the local communities and other stakeholders such as mothers' groups. The focus would be on making AWCs as the ECCE child friendly centre equipped with the locally appropriate play / learning materials, aids, and facilities for teaching by trained AWWs. Details of key actions for strengthening ECCE under ICDS Mission at the micro and macro levels are given at **Appendix – I.**

In order to strengthen the existing ECCE services, ICDS would focus on providing a broad range of services to children both at the Anganwadi Centre and beyond Anganwadi Centre. These services would be broadly provided through the following main interventions:

(i) ECCE Services at Anganwadi Centres: The focus would be on strengthening early childhood care and education as a core service of the Anganwadi Centres with dedicated four (4) hours of early childhood education sessions followed by supplementary nutrition, growth monitoring and other related interventions. In particular, the ECCE Services at the Anganwadi Centres would largely be delivered through:

(a) <u>Anganwadi Worker-led Intervention</u>: In order to improve the quality of the ECCE service delivery under ICDS, the Anganwadi Worker would be trained. She would be responsible for the education and care of all children upto the age of 6 years with focus on the holistic development of the child. The AWW would provide home based guidance to care givers and mothers and early stimulation of the under-threes. She will also undertake early screening for delayed development and referral. For children in the age group of three to six years effort would be on ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development. Developmentally appropriate curriculum would be designed in order to foster holistic development in all domains. Starting from planned play based programme for 3-4 year olds with more of free play, and thereafter, moving towards an increasing ratio of adult guided large group activities focused more on specific school readiness for 5-6 year olds. In order to ensure a joyful learning process and child friendly environment,

provision of adequate space for a play based programme / activities and age specific developmentally appropriate play and learning materials would be made. In order to strengthen the Pre-school Education component, the ICDS Mission would encourage tapping existing resources at district level for additional inputs wherever required. Assistance of SSA would be sought for need based training of AWW, provision of learning materials, building advocacy on the importance of early childhood care & development, organizing training programmes for community leaders, providing for intensive planning for ECCE & promoting convergence between school system & ECCE.

(b) Parent-led AWC – based Intervention: As a pilot initiative, the parents would be encouraged to come forward to provide education and care for their children at AWC. The Mother's Groups and Parents' Groups (wherever available) would be involved in taking care of this intervention. The focus would be on parents as first educators, learning through play and the child's individual interests. Initially, the parents may be made responsible for supporting the management of the early childhood care and education services twice a week, with the support and guidance of the AWW. The number of days of parent-led ECCE intervention may be increased or decreased on the basis of the success of this pilot initiative. Monthly Fixed ECCE day will be organised at the AWCs for advocacy and capacity building of the parents including Grand Parents and elderly citizens.

(ii) ECCE Services beyond Anganwadi Centres: The focus would be on strengthening early childhood care and education as a core service with dedicated four (4) hours of early childhood education sessions followed by supplementary nutrition, growth monitoring and other related interventions. In particular, the ECCE Services beyond the Anganwadi Centres would largely be delivered through:

(a) Parent-led home-based Intervention: As a pilot initiative, the parents would also be encouraged to hold ECCE interventions in their home settings. Regular training and capacity building to parents would be ensured by the ICDS Mission to carry out this responsibility.

(b) NGO-led Interventions: In order to strengthen the ECCE services beyond Anganwadi Centres, voluntary organizations / NGOs would be involved to implement interventions. They would provide education and care services to young children either in the child's own home or centre based. This may be all-day or part-day education and care. The aim of this service would be to provide learning opportunities for children in small groups within homelike surroundings. Voluntary organization implementing this component would operate playgroups, so that educators and children can have regular social and educational contact. Voluntary organizations engaged for carrying out this activity would engage qualified and registered teachers as "ECCE Coordinators" to support the educators / caregivers. Behaviour change communication between parents and educators / caregiver would be an important feature of this service. Regular training and capacity building of educators / caregiver would be carried out to improve their understanding and knowledge of how children learn. The ECCE Coordinators would regularly visit the community / families to check on children's safety, well-being and learning process.

(c) Private sector schools (pre-primary & nursery etc.) led interventions: Although there are no accurate figures available, according to some estimates, the number of children enrolled in private-sector initiatives (including day-care centres, nurseries, kindergartens, and pre-primary classes) was about 1 crore (2001), or about as many children as the number under ICDS at that time[1]. Today the initiatives of the private sector may be as large as the programmes undertaken by the government sector, which caters to different classes. Though originally confined to the upper and middle classes in cities, today private-sector initiatives have spread to small towns, villages, semi-urban areas, urban slums, etc., reflecting the unprecedented demand for and popularity of such services. However, within the private sector too, there is wide variability—ranging from a handful of well-established elite schools of high quality offering excellence, to the great mass of poorly managed, overcrowded, and under-equipped

[1] *DEE & L, MHRD 2004 as quoted in the Position Paper - National Focus Group on Early Childhood Education, National Council of Educational Research and Training, 2006*

schools.[2] With the aim to ensure the quality and standards of ECCE services provided by above institutions, appropriate policies and regulations would be developed and implemented. All private sector schools (pre-primary & nursery etc.) would be brought in the ambit of such policies and regulations on ECCE.

In order to strengthen the concept of ECCE beyond AWC, various innovations would be piloted under the ICDS Mission including providing funds for promoting early intervention and stimulation, monthly monitoring and promotion of child growth and developmental milestones as well as linkage of such private sector schools with VHNDs among others. For this purpose, per child cost of SNP under ICDS Mission may be allocated on pilot basis to selected private sector schools (pre-primary & nursery etc.), if demanded or essentially required, while such institutions would also have freedom to raise funds from other sources for this purpose. Accreditation of private sector schools (pre-primary & nursery etc.) would also be carried out under the ICDS Mission to promote healthy competition and quality ECCE services.

1.2 Supplementary Nutrition: The supplementary nutrition component of ICDS would comprise of supplementary feeding component and survey of families in the community to identify the target beneficiaries etc. The beneficiaries will avail supplementary nutrition provision for 300 days in a year. By providing supplementary nutrition, the scheme attempts to bridge the calorie gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children below six years and pregnant and lactating mothers. This pattern of feeding aims only at supplementing and not substituting for family food. Under the restructured scheme, these beneficiaries will continue to receive the supplementary nutrition as per provisions laid down under the revised nutritional and feeding norms issued by the MWCD in 24th February 2009 (see table above). Based on the local needs and food habits, states would have flexibility in the selection of food supplements.

NUTRITIONAL & FEEDING NORMS ISSUED BY MWCD ON 24TH FEBRUARY 2009		
Category	**Calories (K Cal)**	**Protein (g)**
Children (6-72 months)	500	12-15
Severely underweight children (6-72 months)	800	20-25
Pregnant women and Nursing mothers	600	18-20

With the aim to ensure normative approach to SNP, the SNP financial norms are revised based on CPI-RL considering the inflationary price rise in the cost of food items, cooking fuel etc. Moreover, to facilitate the processing, storage and transportation from FCI warehouses/ SHGs to AWCs, provision has been included in the revised norm. Besides, states would be incentivized to manage SNP with minimal wastage and use the savings as flexi- funds / untied resources improvement of infrastructure of the centres, based on clearance from the EPC. Use of locally appropriate feeding choices for take home ration for pregnant and breastfeeding mothers and children 6 months - 3 years, with greater participation of local communities, women's SHGs, mothers' committees, village health, sanitation and nutrition committees would be promoted.

2. Care and Nutrition Counselling:

Child Care and Nutrition Counselling to all women in the age group of 15 to 45 years would be provided with the aim to enhance the child care abilities / capacities of mother and / or other caregivers to look after the health and nutritional needs of children within the family environment. The focus of this component would be to provide counselling and behaviour change communication (BCC) to women on issues relating to basic health care, nutrition, maternal care and healthy food habits, childcare, infant feeding practices, utilization of health services, family planning and environmental sanitation. The AWW / Additional AWW in 200 high burden districts would be responsible for imparting counselling and behaviour change communication through community and home visits as well as demonstrations of appropriate feeding practices. In order to achieve the

[2] *Ibid.*

objective of enhancing the child care abilities and promote health and nutrition of children, the services / interventions would be offered under this component:

(i) **Growth Monitoring and Promotion:** It being one of the vital services mandated under ICDS guidelines, all eligible children 0-3 years would be weighed monthly and 0-6 years children on quarterly basis. Identification of growth faltering and appropriate counselling of care givers specially on optimal infant and young child feeding and health care would be reinforced. Family retained Mother and Child Protection Card would be used by care givers to monitor the growth of their children,

(ii) **Infant and Young Child Feeding (IYCF) Counselling:** IYCF practices comprising of both breastfeeding, especially early initiation and exclusive breastfeeding for the first six months of life, as well as appropriate complementary feeding help ensure young children the best possible start to life. Optimal IYCF practices can be enhanced with skilled one to one counselling through home visit and support to pregnant and lactating women, mothers of children under three, the family and the community. Under this component, these practices would be promoted. It would also include feeding and care during illnesses, addressing prevailing myths and misconceptions, preparation of complementary foods, hygiene and sanitation especially during feeding. During such counselling sessions, benefits of breastfeeding for both mother and baby would also be discussed.

(iii) **Lactation Support:** This would include support for initiation of breastfeeding, women often not producing enough milk for their babies, breast milk immediately not produced after birth and difficulty in breast feeding due to certain problems like cracked nipple etc. In order to help lactating women build their confidence in their ability to fully breastfeed their babies especially immediately after birth, skilled counselling support would be provided through home and community visits.

(iv) **Maternal Care Counselling:** In order to promote maternal health and nutrition during pregnancy and post delivery, counselling and behaviour change communication would be carried out. Pregnant women, their mothers, mother-in-laws and other caregivers will be counselled about care during pregnancy and birth, nutritious diet, rest, IFA compliance, information on ANC and postnatal check-ups, etc. The household elders would be involved to become facilitators instead of barriers in promoting good practices and reinforce the same. The Additional AWW cum Child Care and Nutrition Counsellor and ASHA under the overall supervision and guidance of ANM and other health functionaries would be responsible for this task.

(v) **Nutrition and Health and Hygiene Education:** VHND and SNEHA SHIVIRS under the ICDS Mission would serve as an important platform for nutrition and health education. Besides, nutrition and health and Hygiene education would also be imparted to the beneficiaries through monthly sessions, small group meetings of mothers / Mahila Mandals, community and home visits, THR days, village contact drives, local festivals / gatherings for nutrition, health and developmental education. Demonstration of low cost recipes, promotion of balance & nutritious diet, local nutritious foods, will be undertaken. Child care and nutrition counselling would be carried out at the AWC where women will be trained and would be able to approach the AWW cum Child Care & Nutrition Counsellor about queries related to child and maternal care. Celebration of special events and days like Nutrition Week, ICDS day, Breastfeeding week etc will be organized to sensitize the community and families.

(vi) **Monitoring & Promotion of Child Growth and Development:** Growth monitoring of children and nutrition surveillance are important activities of ICDS at grassroots level. Children under three would be weighed once a month and children 3-6 years of age would be weighed quarterly. For this purpose there is a provision of two types of weighing scales –baby weighing Scale and 25 kg Salter scale. Weight-for-age growth charts would be maintained for all children below six years as per WHO Child Growth Standards. These growth charts would help identify children in various categories like normal children, moderately underweight children and severely underweight children. There would be two separate charts for girls and boys. The tracking through these charts would help detect growth faltering and facilitate prompt action and referral.

A joint Mother and Child Protection Card would be provided to each mother to track the nutritional status, immunization schedule and developmental milestones for both the child and the pregnant and lactating mothers. Through discussion and counselling, growth monitoring also increases the participation and capabilities of families to understand and improve childcare and feeding practices. It helps families understand the linkage between child growth and the dietary intake, and care

(vii) **Community based management of Severely and Moderately Underweight Children:** Hands on training on caring practices will be given at Sneha Shivirs to mothers and caregivers of underweight children at AWCs for 12 days, followed by 18 days of home practice. This will help the child to gain weight and within 6-8 sessions the child is on the path of rehabilitation.
Those severe underweight children requiring medical attention will be referred to NRCs / MTCs in consultation with ANM and / or MO. Close monitoring and follow up of these children after discharge will be facilitated by AWWs.

3. Health Services:

The following three major health services under the ICDS Mission would continue to be delivered through public health infrastructure under the Ministry of Health and Family Welfare:

(i) **Immunization:** The focus would be on ensuring immunization of pregnant women and infants. Sub Health Centre would be responsible for carrying out immunization of infants and pregnant women as per the national immunization schedule. Children would also be given Vitamin A and booster doses. The AWW and ASHA would assist the health functionaries in complete coverage of the target population for immunization as well as in organizing the fixed day immunization sessions- popularly known as "Village Health Nutrition Days (VHND)" at the AWC.

(ii) **Health Check-up:** Health check-up under the ICDS would continue as health care of children under six years of age, antenatal care for pregnant mothers and postnatal care for lactating mothers. The various health services provided for children by ANM and PHC staff (MO) would include regular health check-ups, recording of weight, immunization, support to community based management of malnutrition, treatment of diarrhoea, deworming and distribution of iron and folic acid and medicines for minor illnesses. A medicine kit would be provided at every AWC every year containing basic medicines for controlling common ailments like fever, cold, cough, worm infestation, etc. including medicines and basic equipments for first aid.

NRHM would provide doctors for health check up at AWC level preferably on monthly basis but at least once in a quarter. Planning Commission would issue directives for making such mandatory provision under NRHM using doctors from their own pool including AYUSH doctors and involvement of appropriately trained RMP, where qualified doctors are not available.

(iii) **Referral services:** During health check-ups and growth monitoring sessions, sick and malnourished children as well as pregnant and lactating mothers in need of prompt medical attention, would be referred to health facilities. The Anganwadi worker would facilitate the referrals and also detect disabilities in young children and refer to health facilities. ANM and / or MO would be primarily responsible for referrals.

4. Community Mobilization, Awareness Advocacy and IEC:

Advocacy and Education & Communication would be used for promoting early child development, maternal & child care and nutrition for creating an enabling environment by the ICDS Mission. With the aim of enhancing the community participation and ownership in ICDS initiatives for social mobilisation and sensitisation of the community by involving community members / PRIs / women groups / village elders / civil society organisations etc. would be undertaken. Appropriate IEC tools and training would be provided to the functionaries at all level. Specifically, the following advocacy and IEC activities would be carried out to achieve this vision:

(i) **Sensitization and Engagement of PRIs / Mothers Committees / SHGs on Nutrition & Child Development:** To increase community ownership, PRIs / SHGs / Mother Groups / prominent community members and motivators would be identified by the AWW and ASHA and oriented on child development and nutrition related issues like care during pregnancy and feeding, early and exclusive breastfeeding, timely initiation of complementary feeding, supervised growth monitoring, care for development, early learning, sharing of nutrition status at Gram Sabha meeting, etc.

(ii) **Social mobilization campaign in partnership with Song and Drama Division of Ministry of Information and Broadcasting:** In order to specifically target tribal areas, rural areas and other areas where the mass media reach is poor, puppet shows, folk dances, plays, skits, in local languages would be carried out in association with the units of Song and Drama Division.

(iii) **Use of Mass Media for Awareness Generation:** Building on the National IEC Campaign against malnutrition to be launched by MWCD; the ICDS Mission would strive to extend the nutrition and health education activities to the district, block and village levels. Mainstream media channels like TV, radio, print media, newsletters, etc would be utilised for propagating nutrition and health related messages including promotion of IYCF practices, care during pregnancy, healthy food habits and program services like growth monitoring among others. Posters and banners would be put up at strategic locations. Feasibility of setting up and running community radio would also be explored. State level newsletters carrying key messages, information on feeding, low cost nutritious items and recipes would be published every quarter. The State ICDS Mission would be responsible for the implementation of the tasks associated with this activity with the technical support and inputs from the locally available team of the Food & Nutrition Board (FNB).

(iv) **Awareness Campaign /Village Contact Drives through Local / Folk media:** District ICDS Missions would be responsible for identifying local troupes, who would perform on the assigned themes in local language. The shows would be carried out at the village level so as to penetrate tribal / rural areas on, preferably on the VHND / ECCE Days / other village contact days.

(v) **Inter-personal Communication (IPC):** The inter-personal communication would be carried out in the context of local knowledge & practices and individual variation of abilities in accessing, adapting and applying knowledge and appropriate to the life cycle stage. The aim would be to create a demand for the ICDS services by generating awareness about the significance of IYCF, growth monitoring, supplementary nutrition, and early childhood & maternal care for the development of the child including appropriate food demonstrations. The mother-in-laws and other caregivers would also be sensitised to ensure appropriate care and feeding practices at home. IPC would be carried out both at the AWC as well as through home visits.

(vi) **Voluntary Action:** Voluntary action for promoting nutrition / ECCE, child development and maternal care actions through village and block level nutrition and other service oriented champions / mentors who would undertake to mobilise community / social mobilisation and participation in a big way. Block level Nutrition mobilisers and trained supervisors would have a role in capacity building of the functionaries and members of the community. The trained champions / mentors would be involved in undertaking home visits and counselling to mothers and families on breastfeeding and complementary feeding. The Voluntary Action Group (VAG) at various levels would include linkups with various relevant organisations, research and educational institutions, community based organisations, civil society groups, local community groups and institutions. In addition, the VAG would also draw a mix set of people from different spectrum of community including retired senior functionaries, teachers, doctors, parents etc. Amongst women, this could be an important channel for involving educated unemployed homemakers, who may feel the need to provide valuable service to the community.

Annexure - IV

DEVELOPMENTALLY APPROPRIATE/AGE APPROPRIATE ACTIVITIES FOR ECCE

For Children Under 3 years

- Focus on Health, nutrition and early psycho social stimulation through free play and a lot of adult child interaction. Egs. (infant games, traditional songs & syllables, access to variety of play materials, individualized adult attention and interaction, opportunities to explore, early introduction to stories, infant books, drawings etc.) in safe, spacious and clean environment.
- Use the Mother Child Protection Card to enhance care for development, early stimulation and for early detection and intervention of developmental delays, linking this with other key care behaviours.

For Children between 3 to 4 years

- Planned play based programme for all round development with more of free play. (2-3 hours)
- Continuous opportunities, more free but some guided, for adult –child, child to child interaction and interaction with play materials and environment through a variety of individual, small group and large group activities.
- Opportunities to listen to stories, learn rhymes, create, indulge in imaginative play, ask questions, do simple problem solving, experiment to promote active and interactive learning and generally have a 'feel good' experience for a positive self image.

For Children between 4 to 5 years

- Moving towards an increasing ratio of adult guided vs. free play activities, and more of large group activities and focused more on specific school readiness, with increasing complexity in all of above.(3-4 hours)
- Reading Readiness: e.g. picture –sound matching, shapes, phonetics; increasing vocabulary; verbal expression, developing bond with and interest in reading thru picture books, story telling, charts etc
- Writing Readiness: e.g. eye hand coordination, interest in writing, left to right directionality
  - Math: developing skills in classification, seriation, pattern making , reasoning, problem solving, forming concepts: pre number and number concepts and space concepts and vocabulary, environment concepts
  - Motor development : fine and large muscle development
  - Creativity and aesthetic appreciation

For Children between 5 to 6 years

- The concepts of school readiness on various facets would focus on; sentence comprehension, visual perception and discrimination, number and space concepts, concepts of more/less, near/far, thick/thin, classification of one and two, giving words for letters, reading readiness, colour, object identification, early numeracy, early literacy etc.

Annexure V

OUTLINE FOR SNEHA SHIVIRS IN SELECTED AREAS – COMMUNITY BASED APPROACH FOR PREVENTION AND MANAGEMENT OF MODERATE & SEVERE UNDERNUTRITION

Undernutrition in the first six years of life needs special emphasis since it has a lifelong adverse impact on growth and development and a much greater impact on child mortality. Nearly every second young child in India today is undernourished– underweight (42.5 % of children under five years) or stunted (48 % of children under five years) and 19.8 % are wasted. Several studies and evaluations have highlighted the major causes as: (i) irregularity and low coverage of children for growth monitoring; (ii) Absence of interpretation of the growth curve and counselling; (iii) Poor visibility to malnutrition – a silent emergency; (iv) Lack of knowledge of mothers and caregivers especially among the first time mothers on proper feeding and caring practices for children under three; and (v) Sub optimal breastfeeding and Inadequate focus on timely and appropriate complementary feeding.

Although addressing this challenge is a tough task, it is a well established fact that a very small section of the underweight children require medical attention and treatment at the health facilities. A large proportion of them could be easily rehabilitated and managed at the community / village level itself. In order to overcome the problem and accelerate the prevention and reduction of moderate and severe undernutrition under ICDS Mission, efforts would be made to ensure community based prevention and management of undernutrition through SNEHA SHIVIRs, conducted at an Anganwadi centres selected among a cluster of 4-5 Anganwadi centres. This approach is being adapted under the ICDS Mission based on the learning from the Positive Deviance Approach which has shown positive results in terms of rapid reduction of undernutrition in Vietnam, Mynamar, West Africa etc. In India, the approach was piloted using the ICDS structure in West Bengal and then Orissa, which has shown positive results and potentials for scaling up as an innovative intervention.

The Positive Deviance approach is an effective community based approach which galvanizes communities and families into action for solving the problem of undernutrition. It focuses on solutions within the community, use of local resources and sustained changes in behaviour. It is based on the premises that some children thrive better than others in the same socio economic strata basically because their care givers follow some positive care practices. These practices need to be discovered and promoted to convince mothers / caregivers of undernourished children. As the practices are local and indigenous it is culturally acceptable, affordable, and sustainable. Propagating them at Nutritional Care and Counseling Sessions has made a dent on the nutritional outcomes. Care behaviours are intrinsically linked and include infant and young child feeding, health, hygiene, psychosocial care and care for girls and women.

Using this approach, SNEHA SHIVIRs under the ICDS Mission would be designed to be a community based approach for the prevention and management of moderate and severe undernutrition. The overall goals of the SNEHA SHIVIRs would be to ensure quick rehabilitation of malnourished children; enable families to sustain rehabilitation; and prevent future malnutrition in community by changing behaviours in childcare, feeding and health seeking. The key strategies would include: (i) orientation of Anganwadi workers and Supervisors on the approach; (ii) 100% weight monitoring and tracking using growth charts and Mother Child Protection Card; (iii) community orientation / sharing of the magnitude of the problem; (iv) enlisting the positive practices in the homes of well-nourished children in poorer household; and (v) setting up Nutritional care and counselling sessions.

During the SNEHA SHIVIRs the Anganwadi workers with the help of community volunteers, mothers groups and SHGs would facilitate a- learning –by doing technique for mothers and caregivers of moderate and severe underweight children. Caregivers and mothers of these children would practice new cooking, feeding, hygiene, health and caring behaviours shown to be successful for rehabilitating underweight children. The selected practices would come from both public health accepted behaviours and from the positive practices seen in the homes of healthy children living in the same milieu and belong to similar socio economic group. The SNEHA SHIVIRs would promote behaviour change and empower caregivers to take responsibility for nutritional

rehabilitation of their children using local knowledge and resources and peer learning at 12 day sessions followed by 18 days home based practices.

During the 12 days children would be fed additional high calorie local foods, provided by ICDS and from contribution from individual caregivers of underweight children and community, demonstrating positive care practices and optimal feeding behaviours. Children regain appetite and visible changes are seen as also indicated by gain in weight. A gain of 200-400 gms is expected during these 12 days. The 12 day session is followed by 18 day home based care during which the practices learnt at the sessions are followed at home. Anganwadi workers will closely monitor these children through home visits during 18 days. A further weight gain is expected if the practices are followed. During this process of rehabilitation the mothers will imbibe the practices thoroughly so that they can sustain the rehabilitation and prevent malnutrition in other siblings. There is also a ripple effect which leads to an improvement in care practices in other families.

Key interventions of SNEHA SHIVIRs organised during the 12 day session would largely include:

- Selection of moderate and severe undernourished children (preferably not more than 15 per AWC / cluster)
- Orientation of mothers and caregivers of selected children
- Weight monitoring of the selected children
- Deworming of these children
- Ensure IFA and complete immunization for these children
- 12 day hands on practice sessions for mothers and care givers to promote improved feeding and child care practices.
- Recording of weight on first day, 12th day and after 18 days
- Theme based education using IEC on feeding, health, hygiene and psychosocial care on each of the 12 days, using mother child protection card package
- Health check-up and referral services
- 18 days home based practices
- Repeat of session for each child till child becomes normal
- Monitoring progress – child-wise, AWC-wise as well as at the block and district levels.

Annexure VI

Order on Expanding the Role of Village Health & Sanitation Committee

Z.18015/8/2011-NRHM-II
Government of India
Ministry of Health and Family Welfare
National Rural Health Mission

Nirman Bhawan, New Delhi
Dated 25th July 2011

ORDER

It has been decided to expand the role of Village Health & Sanitation Committee (VHSC) so as to include 'Nutrition' within its ambit with the active participation of Anganwadi Workers, ANMs and ASHAs. The Committee henceforth will be named as Village Health, Sanitation and Nutrition Committee (VHSNC). In addition to the defined activities of VHSC as per NRHM framework of implementation, VHSNC will also engage with and monitor status, issues and action pertaining to nutrition. **The broadened mandate of VHSNC will include the following activities in addition to the existing mandate of VHSC.**

- Create awareness about nutritional issues and significance of nutrition as an important determinant of health.
- Carry out survey on nutritional status and nutritional deficiencies in the village especially among women and children.
- Identify locally available food stuffs of high nutrient value as well as disseminate and promote best practices (traditional wisdom) congruent with local culture, capabilities and physical environment through a process of community consultation.
- Inclusion of Nutritional needs in the Village Health Plan- The committee will do an in-depth analysis of causes of malnutrition at the community and household levels, by involving the ANM, AWW, ASHA and ICDS Supervisors.

- Monitoring and Supervision of Village Health and Nutrition Day to ensure that it is organised every month in the village with the active participation of the whole village.
- Facilitate early detection of malnourished children in the community, tie up referral to the nearest Nutritional Rehabilitation Centre (NRC) as well as follow up for sustained outcome.
- Supervise the functioning of Anganwadi Centre (AWC) in the village and facilitate its working in improving nutritional status of women and children.
- Act as a grievances redressal forum on health and nutrition issues.

The committee may, preferably, act as a sub-committee of Gram Panchayat and function under the overall supervision of Gram Panchayat. States are accordingly advised to issue the necessary notifications and guidelines on constitution of VHSNC to all concerned. States are also requested to consider notifying VHSNC as a subcommittee of Gram Panchayat.

(P.K. Pradhan)
Special Secretary & Mission Director (NRHM)
Government of India

To,

Pr. Secretaries (H&FW) / Secretaries (H&FW) / Mission Directors (NRHM) of all States/ UTs.

Copy to:

1. Secretary (WCD)
2. Sr. Advisor, Planning Commission
3. All programme officers in the Ministry of Health & FW
4. NRHM Facility Centre -for uploading in website.

Annexure – VI A

Involvement of Panchayat Rai Institutions [PRIs] in the implementation of ICDS Scheme

PRIs are actively involved in implementation of ICDS Scheme in different States in various activities. States have devolved responsibilities, powers and involvement to PRIs depending upon their presence and effectiveness in the State. The various activities in which PRIs involved are as under:

PARTICIPATION LEVEL		Supervision of PRIs	Selection of AWWs/AWHs	Location/ Construction/ Maintenance of AWCs	Supervision of SNP	Member of Monitoring/ Supervision Committee	Monitoring of Honorarium
STATES/UTs							
1.	**Andhra Pradesh**						
2.	**Bihar**	✓	✓	✓	✓	✓	✓
3.	**Chandigarh -UT**		✓	✓			
4.	**Chhatisgarh**		✓			✓	
5.	**Daman & Diu**			✓			
6.	**D & N Haveli**		✓	✓			
7.	**Delhi**	**Does not have PRIs.**					
8.	**Goa**					✓	
9.	**Gujarat**	✓	✓		✓	✓	
10.	**Haryana**	✓	✓		✓		✓
11.	**J & K**	✓			✓		
12.	**Karnataka**	✓		✓		✓	

13.	**Kerala**	✓		✓	✓	✓	
14.	**Lakshadweep-UT**	✓	✓			✓	
15.	**Madhya Pradesh**	✓	✓	✓	✓	✓	
16.	**Maharashtra**	✓	✓			✓	
17.	**Meghalaya**	**No PRIs in the State**				✓	
18.	**Mizoram**	**PRIs are not in existence**	**Village Council [VC]**	**VC**	**VC**		
19.	**Nagaland**	✓					
20.	**Orissa**	✓	✓	✓			
21.	**Punjab**	✓	✓	✓	✓	✓	
22.	**Rajasthan**	✓	✓				
23.	**Tamil Nadu**	✓		✓		✓	
24.	**Tripura**		✓			✓	
25.	**Uttar Pradesh**	✓	✓				
26.	**Uttrakhand**	**Functionaries working at District/Project/Village level are accountable to 3 tier PRIs also**					
27.	**Pondicherry**	**No PRIs.**					
28.	**West Bengal**	✓		✓	✓		

Annexure VII

List of Result Indicators with Targets

Indicators	***Current Status***	***Target*** *(End 12th Plan)*	***Means of verification***
A. Impact Level			
i. Reduction in percentage of underweight (<-2SD) children below 3 and 5 years *(separately)*	42.5 % (NFHS-3) for below 5 yrs	10 percentage point	NFHS/AHS/ Periodic Surveys
	40.4 % (NFHS-3) for below 3 yrs		Do
ii. Reduction in percentage of severely underweight (<-3SD) children below 3 years	16.0 %(NFHS-3)	50%	Do
iii. Reduction in prevalence of anaemia in under-5 children	78.9 % (NFHS-3)	20 %	Do
iv. Reduction in prevalence of anaemia in pregnant women	57.9 % (NFHS-3)	20%	Do
v. Reduction in incidence of low birth weight babies	22% (NFHS-3)	10%	Do
vi. Percentage of 5-6 yrs children at the AWCs who are school-ready	NA	60%	Periodic survey
B. Outcome Level			
ICDS Core:			
i. Percentage of children weighed at birth within 24 hours	46.5% (NCAER, 2009)	90%	AHS/ Independent surveys
ii. Percentage of children initiated breastfeeding within one hour of birth	40.5% (DLHS-3)	75%	NFHS/ DLHS/ AHS
iii. Percentage of children exclusively breastfed till 6 months of age	46% (NFHS-3)	75%	NFHS/ DLHS/ AHS
iv. Percentage of children 9-23 months who have been given complementary feeding after 6 months in addition to breastfeeding	57.1% (DLHS-3)	90%	NFHS/ DLHS/ AHS
v. Percentage of mothers receiving counseling on post weighing of their children	48.9 (NFHS-3)	100%	NFHS/AHS Independent survey
vi. Percentage of mothers of 0-3 yrs children who are using MCP card and are aware of early stimulation practices as outlined in MCP Card	NA	70%	
vii. Percentage of families using child progress card for tracking children in 3-6 years age achieving age appropriate developmental milestone	NA	50% of those attending ICDS PSE	Independent Survey
Common with Health: [3]			
i. Percentage of children 12-23 months received full immunization	20 % (NFHS-3)	(85 %)	NFHS / AHS /DLHS
ii. Percentage of children who received Vitamin A dose in last 6 months	24.9% (NFHS-3)	(75%)	NFHS/AHS
iii. Percentage of children below 3 years with diarrhoea treated with ORS	34.2 (DLHS-3)	(70%)	NFHS/ DLHS/ AHS
iv. Percentage of pregnant women receiving at least 3 or more ANC checkups	50.7 (NFHS-3)	(80%)	NFHS/ DLHS/ AHS
v. Percentage pregnant women who consumed at least 100 IFA tablets	46.6 (DLHS-3)	(80%)	NFHS/ DLHS/ AHS
Indicators	**Current Status**	**Target**	**Means of**

[3] As per Health targets

Indicators	***Current Status***	***Target*** *(End 12th Plan)*	***Means of verification***
		(End 12th Plan)	**verification**
C. Process Level			
i. Percentage of registered children 6 to 71 months who received supplementary nutrition for at least 21 days/month *during the last 3 months*		100%	ICDS MIS
ii. Percentage of registered pregnant and lactating women receiving supplementary nutrition for at least 21 days per month *during the last 3 months*		100%	Do
iii. Percentage of eligible children below 3 yrs who are weighed every month *during the last three months*		100%	Do
iv. Percentage of AWCs organized VHNDs every month *during the last 3 months*		80%	Do
v. Percentage of AWWs who conducted at least one session on health and nutrition issues per month *during the last 3 months*		70%	Do
vi. Percentage of AWCs that have regular health check-ups		70%	Do
vii. Percentage of AWWs who have been imparted job/refresher training (separately)		90%	Do
viii. Percentage of AWCs that are open for at least 6 hrs per day during the reporting month		90%	Do
ix. Percentage of AWCs that have conducted at least 4 activities on PSE *(as per new MIS)*		70%	Do
x. Percentage of AWCs that have conducted fixed monthly ECCE Day		50%	ICDS MIS/Periodic survey/ assessment
xi. Percentage of AWWs who have conducted *Sneha Shivirs*		50%	Do
xii. Percentage of AWWs reporting at least 15 home visits in a month		70%	Do
xiii. Percentage of AWCs conducting one ALMC per month		80%	Do
xiv. Percentage of AWCs conducting PSE and ECCE activities for at least 21 days in a month		70%	Do
xv. Percentage of AWWs who are able to identify growth faltering and provide counselling support		70%	Do
D. Input Level			
Percentage of AWCs equipped with: a. Adequate indoor and outdoor space b. Adult & baby weighing scales c. WHO new growth charts d. Joint MCP Cards e. PSE kits and graded curriculum f. Medicine kits g. Revised MIS Registers		100%	ICDS MIS

Annexure VIII

SERVICE STANDARDS UNDER ICDS MISSION

1. **Early Childhood Care Education and Development (ECCED):**
   - A functional child friendly AWC based on population norms with a trained AWW, which is open for 6 hours daily (including 4 hours of ECCED, SNP and 2 hours for home visits and other AWC related services) and provides all ICDS services – through respective service providers/programmes
   - A safe, protective & joyful early learning environment with necessary building, infrastructure and facilities (including clean environment, safe drinking water, child friendly toilet, play space and local play/learning activity support material)
   - SNP for P&L mothers (as per norms)
   - Need based services for Crèches and day care as locally determined
   - Supplementary nutrition as per norms for children 6 months – 6 years (THR, Morning snack, food supplement, differential provisions for moderately & severely underweight, as per norms) for at least 300 days in a year
   - Developmentally appropriate early joyful learning activities (ECCE) for 3-6 year olds for 4 hours a day for at least 21 days in a month
   - School readiness interventions/package for 5 plus & linkages with school (pre-primary / primary)
   - Platform for out of school adolescent girls (where applicable)
   - Regular Monthly fixed ECCE Day (Anganwadi/ Balbodh Divas)

2. **Child Development, Care and Nutrition Counselling**
   - Skilled counselling support for Infant and Young Child Caring and Feeding practices for under 3s (including EEBF for 0-6 months)
   - Availability of support materials (weighing scales, cards, charts, PSE kit, local play / learning materials, medicine kits, mats, cooking facilities, utensils, records and registers etc.)
   - Home visits at critical contact points including at least newborn postnatal and neonatal care (Days 1, 4,7, 14, 21 and 28) by respective service providers
   - Monthly monitoring and promotion of young child growth and development of children under 3 years - using new WHO child growth standards and MCP Card package and quarterly for 3-5 year olds.
   - NHED for mothers and women (at least 1 sessions/month)
   - SNEHA SHIVIRs for locally appropriate feeding and care, nutrition care and counselling sessions with feeding demonstrations for prevention of nutritional deterioration and referral support for severely undernourished children in high burden pockets
   - Parenting support for families through prioritized home visits and counselling
   - Regular Quarterly parents meet (for under 3 and 3-6 on both nutrition & development indicators using joint MCP card, community charts and ECCE card) (applicable when rolled out)
   - Maternity benefits for pregnant mothers as may be applicable

3. **Health Services**
   - Linkages with ASHA, ANM & others under JSY & JSSK for early registration of pregnancy and at least 3 ANCs, IFA supplementation and institutional delivery.
   - Linkages with health for timely and complete immunisation, Vitamin A supplementation, IFA supplementation (as per norm). [Deworming as per national guidelines]
   - Linkages with health for management of common neonatal and childhood illnesses such as diarrhoea with ORS and zinc supplements and ARI
   - Regular Health check-ups for all infants and children – by health functionaries / systems
   - Priority care at health centres when referred for sick and / or severely undernourished children
   - Regular Monthly fixed VHND

4. **Community Mobilization, Advocacy and IEC**
   - Quarterly AWC management committee meetings (M&E circular)
   - Quarterly VHSNCs meeting (as collective action)

**Above standards would imply involvement of PRI and local community and appropriate social commitments and agreements*

Annexure VIII A

SELECTED HIGH-BURDEN DISTRICTS

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

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

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

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

Annexure IX

MATRIX ON PROGRAMMATIC AND THEMATIC CONVERGENCE IN ICDS

Theme	Critical Service	Activities	Primary Responsibility		Supportive Responsibility		Site of service delivery	Means of Verification	Guidelines available
			Ministry	Worker	Ministry	Worker			
Care of Adolescents	Nutrition education and Life Skill Education	Awareness generation	MoHFW	ANM	MWCD	AWW	AWC	SABLA records	Guidelines for ARSH/ SABLA/ WIFS
		Counseling					AWC	SABLA records	
		Training						SABLA records	
	Deworming and Anaemia Control	Counseling					AWC	Kishori card	
		Supervised administration of IFA	MWCD	AWW	MoHFW	ANM	AWC	Kishori Card	
		Twice annual deworming	MWCD	AWW	MoHFW	ANM	AWC	KIshori card	
Care of Pregnant Women	Early Registration	Registration at SHC	MoHFW	ANM	MWCD	AWW	SHC	ECCR/ MCPC	Operational Guidelines for MCHN
		Confirmation of Pregnancy	MoHFW	ANM	MOHFW	ASHA	SHC/ PHC	ECCR	
		History Taking	MoHFW	ANM	MWCD	AWW	SHC	ECCR/MCPC	
		Laboratory examination	MoHFW	ANM	MOHFW	ASHA	SHC/PHC	ECCR	
	Antenatal Care	Measurement of BP	MoHFW	ANM			VHND	MCPC	
		Weight Recording	MoHFW	ANM	MWCD	AWW	VHND/ AWC	MCPC	
		IFA and anaemia	MoHFW	ANM/ ASHA	MWCD	AWW	VHND/AWC/SHC	MCPC	
		TT	MoHFW	ANM			VHND	MCPC	
		Abdominal Examination	MoHFW	ANM			VHND/SHC	MCPC	
		Check up for oedema	MoHFW	ANM	MWCD	AWW	VHND	MCPC	
		Counseling on diet , rest , use of iodized salt and SNP	MWCD	AWW	MoHFW	ANM/ ASHA	VHND/ AWC/HV	AWC records	
		Detection of danger signs and referral	MWCD	AWW	MoHFW	ASHA	VHND/HV	MCPC	
	Birth planning	Counseling for birth preparedness	MoHFW	ANM/ ASHA	MWCD	AWW	VHND/ HV		
	Safe Delivery	Institutional delivery and transportation	MOHFW	ASHA			Health Facility	MCPC	Guidelines for JSY
		Preparation for home delivery only if Institutional delivery not possible	MoHFW	ASHA			Home	MCPC	

Care of Mother including Postnatal Care and Essential New Born Care	Support for initiation of breastfeeding	Initiation of breast feeding, correct positioning no prelacteal feeding	MoHFW	ASHA/ Staff Nurse	MWCD	AWW	Place of delivery		IYCF and IMNCI guideline
	Examination of mother	Fundal height	MoHFW	ANM			VHND	Record of ANM	Operational Guidelines for MCHN
		Temperature	MoHFW	ANM			VHND	Record of ANM,	
		Identification of complication	MoHFW	ASHA/ ANM			HV/VHND	Record of AWW/ASHA	
		Referral	MoHFW	ASHA			HV /VHND	Health facility	
	Lactation and Infant feeding	Counseling for Exclusive breastfeeding, management of lactational failure	MWCD	AWW	MOHFW	ANM/ ASHA	Home visit	Record of AWW	IYCF and IMNCI
	Counseling of mother	Advice on diet and rest	MWCD	AWW	MOHFW	ANM	HV/ VHND	Record of AWW	
		Counseling for family planning and spacing	MOHFW	ANM	MWCD	AWW	HV/VHND	Record of ANM / ASHA	
		Home visits within 6 weeks of delivery	MOHFW	ASHA/ ANM	MWCD	AWW	Home	Record of AWWs	
		Birth Registration	MoRD	Panchayat	MoHFW / MWCD	ASHA, ANM, AWW		Panchayat Records MCPC	
	Examination of baby	Birth Weight	MOHFW	Staff Nurse	MWCD	AWW	Place of delivery	Record of Institution / MCPC	Guidelines for Essential New born Care/ Home Based Newborn Care
		Referral	MoHFW	ASHA	MWCD	AWW	HV	MCPC	
		Care of umbilical cord	MOHFW	ASHA/ ANM	MWCD	AWW	HV		
		Management of hypothermia			MWCD	AWW	HV		
		Care of low birth weight	MWCD	AWW			HV / Health Facility	Health facility records	
		Recognition of danger signs	MoHFW	ASHA	MWCD	AWW	HV	Records of HV	
	Examination of baby	Identification of congenital malformation and disability	MWCD	AWW	MoHFW	ANM	HV	AWWs Records	
		Referral	MoHFW	ASHA	MWCD	AWW	HV	MCPC / records of AWW/ ASHA	
	IYCF	Exclusive breast feeding	MWCD	AWW	MoHFW	ASHA	HV	HV records	

Care of children under 3	Growth monitoring and development	Monthly Growth Monitoring, identification of growth faltering and counseling	MWCD	AWW			AWC/ VHND	MCPC/ Indl Growth Chart	Guidelines for growth monitoring
	IYCF	Counseling and follow up for appropriate complementary feeding with continued breastfeeding	MWCD	AWW			AWC/VHND / HV	Records of AWW	IYCF Guidelines
	Rehabilitation of malnourished children	Referral of severely malnourished children	MWCD	AWW	MOHFW	ANM	AWC/ VHND/ HV	Records of AWWs	
Care of children under 3	Rehabilitation of Malnourished children	Follow up of severely malnourished children	MWCD	AWW			HV/ AWC	Records of AWW	
		Rehabilitation of Severe malnourished children with medical complication	MoHFW	MO	MOHFW	ANM	Health Facility	Institution records	Protocol for facility based management of severe acute malnutrition
		Community based approaches for care and rehabilitation	MWCD	LS AWW	MoHFW	ANM ASHA	AWCs	AWC records	
	Care of sick children	Identification of common childhood illnesses	*MOHFW*	ANM	MWCD	AWW	HV	Records of ANM/ AWW	IMNCI guidelines
		Management of childhood illnesses-diarrhoea, ARI, Malaria, fever	MoHFW	ANM	MWCD	AWW	HV	Records of ANM/ AWW	
	SNP	THR	MWCD	AWW			AWC	AWWs records	
	Immunization	Primary immunization	MoHFW	ANM/ ASHA	MWCD	AWW	VHND	MCPC	Guidelines for immunization
		Booster doses	MoHFW	ANM	MWCD	AWW	VHND	ANMs records	

Annexure IX A

Issues of Convergence with ICDS

Ministry (in partnership with organizations)	Issues for Convergence
MOHFW / NRHM (NIHFW, ICMR, NIN, Nutrition Foundation of India, BPNI,PFI, Pediatric association of India, IIPS, NYKs, MCI, National level medical colleges)	• Regular Fixed Monthly VHNDs • Joint training of ANMs and AWWs on IMNCI and IYCF. • Adoption of joint MCP Card and New WHO Child Growth Standards • Concerted efforts for ANC / PNC check up and rehabilitation of severely underweight children. • Earmarking a counter for referrals of AWCs and official recognition to referral slips of AWWs. • Increasing priority to MCHN support services through ANMs, designated MOs for ICDS beneficiaries. • Immunization Sessions • Ensure availability and supply of medicine kits, drugs and contraceptives. • Ensure health services to ECD centres beyond ICDS like ECE under SSA, Creches, NGOs etc. • Joint visits of AWW and ANMs to ECD centres beyond AWC. • Joint review and planning meetings at the State, District and Block level. • Participation of in Village Sanitation and Nutrition Committee meetings. • Joint planning and implementation by ANM ASHA and AWW in SABLA, Kishori Shakti Yojna and Nutrition Programme of Adolescent Girls. • Ayush package/ tools and linkages with Practitioners.
Department of Drinking Water and Sanitation, Ministry of Rural Development (NIRD, State Resource Centres)	• Provision of safe drinking water and sanitation facilities in all habitation and AWCs • Constitution of Joint Village, Health, Sanitation and Nutrition Committees. • Implementation of Vector Borne Diseases Control Programme (VBDCP) activities by the village and Sanitation Committees (VHSC) for prevention of vector borne disease at the village level out of annual untied grants of Rs. 10,000 to each VHSC. • Community mobilization on importance of sanitation facilities and health and hygiene education programmes particularly in school and anganwadis. • Capacity building programmes for ASHA, ANMs, MPHW, AWW & other officials under TSC. • Integrated Information Education Communication (IEC) action plans.
Ministry of Rural Development (NIRD , SIRDs)	• Implementation of the enabling provision for women and children under MGNREGS. • Construction & repairs of AWCs, kitchen and other facilities of AWCs to be funded under MGNREGS in convergence. • Ensure employment for families of malnourished children. • Preference for construction of AWCs in works undertaken out of funds for post natural calamity. • Supply of smokeless chullahs at AWC. • Provision of rural godowns at CDPO office. • Linkages with rural livelihoods programmes.
Ministry of Housing & Urban Poverty Alleviation	• Allocation of land / building for AWC especially in urban poor settlements. • Inclusion of provisions related to ICDS in all urban and housing development plans. • Support the development of innovative city models run by ULBs especially within the 200 high burden districts and metropolis.
Sarva Shiksha Abhiyan, School Education and Literacy, Ministry of HRD (NCERT, NCTE, SCERT and higher learning organizations for Child Development)	• Harmonisation with primary Schools for direct enrolment. • Joint planning in SSA PIP. • Preferably collocating AWC in primary school wherever feasible. • Monthly fixed village ECCE day. • Local teacher participation in ECCE day. • School Readiness Package.
Ministry of Panchayati Raj (NIRD , SIPRD/SIRDs)	• Provide support in mobilization and sensitization of village community • Collaboration and coordination of PRIs with Monitoring & Review Committees at different levels to review progress in implementation of ICDS Scheme.
Ministry of I & B (Song and Drama Division / Field Publicity Division and other Units)	• Support for wider awareness generation on maternal and child care through measures to promote good life supporting IEC ad BCC measures. Integrate child development, maternal care, nutrition and ECE in its localised activities such as Songs and Drama Division / Field Publicity Units etc. • Regulating false claims and promoting maternal and child care provisions as CSR by private channels or in allocation of licences etc.

Ministry of Social Justice and Empowerment (RRTCs and State Vocational Rehabilitation Centres)	• Extending disability detection services through AWC. • Referrals to District Rehabilitation centres / Health System. • Devising special training courses for AWWs and other functionaries through RRTCs. • Preparation of reference material for AWWs on early detection of disabilities. • Block level special centres for early intervention.
Ministry of Agriculture and Allied Departments	• Promotion, production and consumption of fruits, vegetables, protein sources, promotion of millet usage etc. • Kitchen gardening, promotion of vegetable mini kits and preferably leafy vegetables for anaemia prevention. • Increase availability of locally available animal food sources like fish, poultry and dairy products at affordable prices. • Promotion for consumption of animal foods • Other measures to promote food diversification, nutrition orientation in research, production and extension. • Agro-horti afforestation along with forestry practices in community.
Ministry of Food	• Provision of foodgrain at BPL rates for SNP preparation in ICDS under WBNP. • Provision of rural godowns at project / cluster level for storage etc. • Adequate buffer stocks for difficult and far flung areas.

Annexure X

OUTLINE FOR INVOLVING NGOS / VOLUNTARY ORGANISATIONS UNDER THE ICDS MISSION

In order to promote involvement of NGOs / voluntary organisations in the planning, implementation, monitoring and supervision of ICDS, the Ministry of WCD has made provisions for handing over implementation of ICDS Projects / AWCs to them. Various state-specific assessments / studies on the NGO run AWCs / ICDS Projects have found the overall performance of NGO managed AWCs to be better in terms of service delivery and outreach, ECE activities, supplementary feeding activities, governance in terms of AWCs maintenance, child attendance, community involvement, record maintenance, continued capacity development, monitoring etc.

Despite the provision for the engagement of NGOs / voluntary organisations in the implementation of the ICDS by the Ministry of WCD, the total number of ICDS projects run by NGOs has remained at 67 between 1992 and 2010. Reasons behind this could be either NGOs are not coming forward in very large numbers in taking up the programme or there has been a lack of initiative from the State Governments to involve NGOs in implementation of ICDS. In order to strengthen involvement of NGOs / voluntary organisations in the implementation, monitoring and supervision of ICDS under the ICDS Mission, following key steps would be undertaken:

- Allocation of entire project to a particular NGO rather than allocating a cluster / group of 20-40 such AWCs.
- MOUs with NGOs that are implementing the projects for more than five years on a continuum basis to be renewed for at least three fiscal years at a stretch with condition of their third party accreditation / performance report.
- State ICDS Mission to be responsible for managing and monitoring all tasks connected with implementation of ICDS by NGOs involvement like selection of NGOs, reviewing the progress of the NGOs running ICDS Projects, granting extension, withdrawing the work of ICDS Project implementation, signing of MOUs, accreditation/performance appraisal, release of grants in aid etc needs to be executed only after approval of this committee.
- Involvement of NGOs / voluntary organisation having infrastructure and requisite experience as well as in position to provide some additional inputs to ICDS. NGOs / Voluntary organisation to be engaged in running ICDS in those areas in which they have already established their credentials.
- Regular engagements of DPOs in the ICDS Project / AWCs run with the involvements of NGOs including identification of the potential NGOs, supporting them in fulfilling various administrative tasks connected with implementation of ICDS project in the concerned district among others.
- Flexibility to NGOs to re-appropriate the budgetary provisions from one head to another with the approval of the State / District ICDS Mission. For this, the concerned NGOs would be required to submit a revised budget proposal to the State / District Mission before actually incurring the expenditure. The pattern of expenditure may again vary from year to year depending upon the changing needs of the project. However, this provision would exclude the expenditure head like salary and supplementary feeding. The NGOs would also need to be given the appropriate functional autonomy aimed at better implementation of ICDS.

Detailed operational guidelines for the engagement of NGOs / Voluntary organisations in the implementation of ICDS Projects / AWCs would be laid down in the Implementation Guidelines of the ICDS Mission.

Annexure XI

OUTLINE FOR STRENGTHENING TRAINING AND CAPACITY BUILDING AT ALL LEVELS UNDER THE ICDS MISSION

Training is the most crucial element in ICDS, since the achievement of programme goals depends upon the effectiveness of frontline workers in improved delivery of packages under ICDS. At the National level, the National Institute of Public Cooperation and Child Development (NIPCCD) is an apex institution for ICDS training programme. It has the overall responsibility of planning, coordination and monitoring of ICDS training programme, designing curricula, training contents and materials. NIPCCD has been responsible for developing training curricula for various categories of functionaries ranging from Job training courses of longer duration to short term courses like refresher courses, induction and skill development courses. The Institute is also the nodal institute for conducting regular training of CDPOs/ACDPOs and regular refresher courses for them from time to time. Prior to 1999, the Middle Level Training Centers (MLTCs) were under the administrative & financial control of NIPCCD and therefore it was also responsible for quality monitoring of training of Supervisors as well. However, with the launch of Project UDISHA during 1998-99, training was decentralized and the MLTCs were brought under the control of respective State Governments.

At the State level training centers engaged in the training of Supervisors and Instructors of AWWs and Helpers are called as Middle Level Training Centres (MLTCs) whereas those engaged in the training of AWW and AWH are known as Anganwadi Workers Training Centres (AWTCs). The MLTCs and AWTCs are engaged in different kinds of training on a regular basis such as Induction, Job / orientation and Refresher Training for Supervisors, AWWs and AWHs. Other than this, the MLTCs are also engaged in imparting Orientation Training to Instructors of AWTCs. There are altogether 526 Training Centres including 498 AWTCs and 28 MLTCs (as on 31.12.2010) that are functioning all over the country. Most of these Training Centres are run by NGOs, Trusts and professional / technical institutions like Schools of Social Work and Colleges of Home Science. There are also a few States / UTs which are running their own AWTCs and MLTCs for imparting training to AWWs and Supervisors.

Despite the presence of the above training institutions and range of training and capacity building programmes carried out by them, there exists some gaps and lacunae in the existing training systems and structures. These include: (i) ad-hocism in training and capacity building, despite massive expansion of ICDS due to universaliation and third phase of expansion; (ii) absence of management structures for training and capacity building at state levels; (iii) ad-hocism in increasing and decreasing the actual duration of training syllabi and contents without any systematic & scientific evaluation; (iv) weakening of NIPPCD and other training institutions due to downsizing of these institutions due to economic measures; (v) inadequate financial norms; and (vi) inadequate monitoring and evaluations of training and capacity building programmes for understanding its impact as well as to facilitate informed planning and implementation.

In view of bridging the above gaps and strengthening training and capacity building of ICDS personnel at all levels, the following core actions would be taken under the ICDS Mission:

1. **Strengthening Training at State levels:** In order to strengthen training and capacity building of ICDS functionaries at State and local levels, the following major steps would be undertaken:

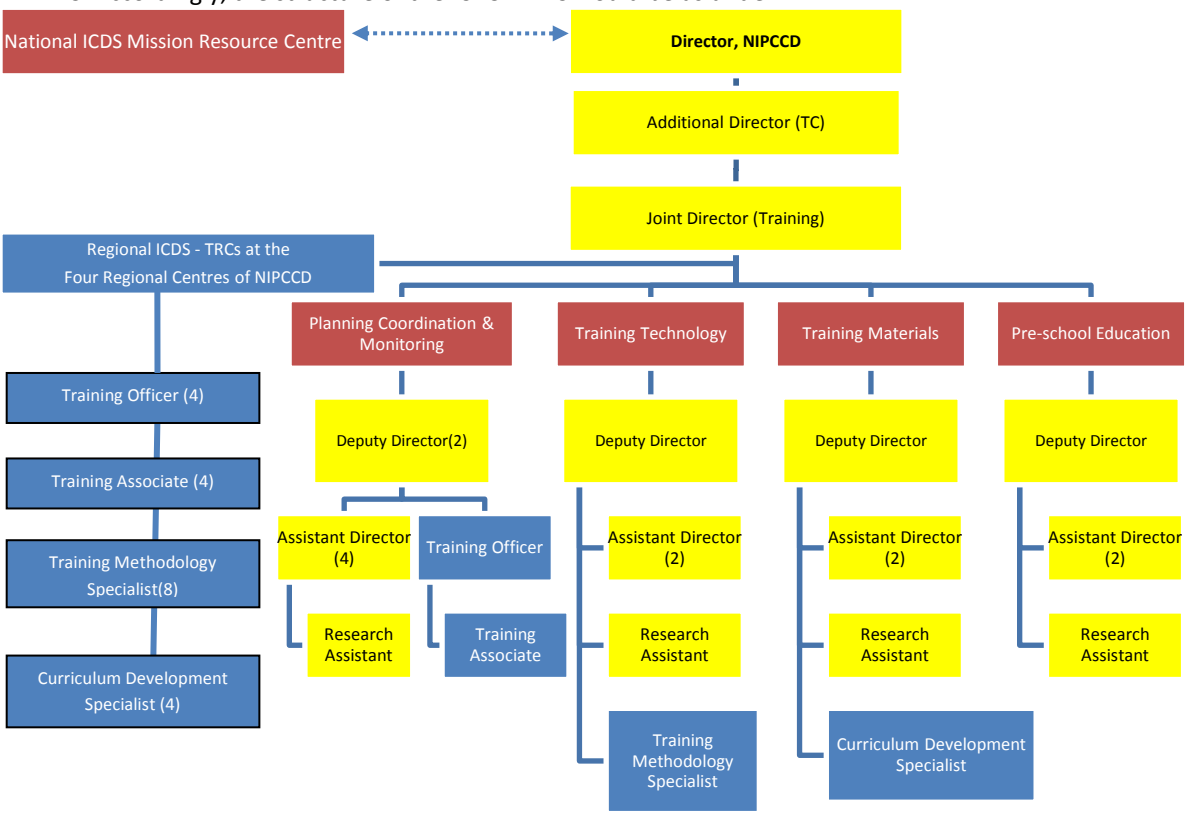
   a) **Setting up of Training Cells at State level:** In order to facilitate proper planning, implementation, monitoring and evaluation of training and capacity building for the ICDS functionaries and stakeholders at the State level, a Training Cell would be set up under the State ICDS Mission. This Training Cell would be responsible for carrying out all activities for strengthening training and capacity building at the state level including carrying out training needs assessment, coordination between the training institutions, ICDS National / State Missions and the State Government, creation and maintenance of proper database on the status of training of all functionaries, monitoring of state-level training institutions, ensuring timely release of funds to State-based training institutions, among others. Such a Training Cell would function under the overall supervision and control of the State ICDS Mission and would be manned by one State Coordinator (Training), one Programme Associate (Training) and one Data Entry Operator. The State Coordinator (Training) appointed in each State ICDS Mission Directorate would provide support to the State Training Cell in managing all training and capacity building activities in the respective district. Flexibility will be provided to the State

Governments for increasing the number of personnel at the State Training Cell based on the need through APIPs approved by EPC. The State Training Cell would be eventually transferred to the State ICDS Mission Resource Centre as and when it is set up by the concerned State Government.

b) Setting up of State Training Institutes (STIs) for ICDS (in 10 States): Training of the field level ICDS functionaries, viz., AWWs, AWHs and Supervisors, is mostly conducted through NGO-rum AWTCs/MLTCs and continuation of these training centres is made on year-to-year basis. NIPCCD is responsible for training of CDPOs/ACDPOs and also Training of Instructors of MLTCs. However, it is found that the existing infrastructure for training is inadequate to cater the emerging needs of training and capacity building, especially in view of the huge backlogs that are accumulated due to universalization of the ICDS Scheme and also introduction of new schemes like SABLA, IGMSY which are implemented using AWC platform. Except in Tamil Nadu, which has established its own Training Institute at the State level for training of CDPOs/ACDPOs, and other senior functionaries, out of the funds available under the erstwhile Udisha Project, there is no permanent training infrastructure for ICDS in the States, which has adversely impacted continuous training and capacity building of functionaries. This is in contrast with the Health; Education or Rural Development programmes which have their own State / District based permanent training institutes (SIHFWs / SIRDs / DIETs etc).

Keeping in view of this, State Training Institutes (STIs) for ICDS in 10 major States would be setup in association with SIRDs / SIHFWs etc., during the 12th Plan. It is envisaged that the STIs will cater to the needs of the individual States as well as the neighboring States for the training of district / block ICDS officers and other senior officials of the State ICDS Directorates.

2. Strengthening of NIPCCD: NIPCCD which is the apex training Institution of the MWCD for training of ICDS functionaries needs to be adequately strengthened to enable it to play its role effectively. Currently, this responsibility is being carried out by NIPCCD with the help of four main units created under its Training Wing. These units include: (i) Planning Coordination & Monitoring; (ii) Training Technology; (iii) Training Materials; and (iv) Pre-school Education. Each of these units is headed by a Deputy Director level officer who is assisted by one Assistant Director and one Research Assistant. In order to strengthen the institutional capacity of NIPCCD to improved training and capacity building outcomes, a separate ICDS Training Resource Centre (ICDS – TRC) would be set up within NIPCCD, under the ICDS Mission. The above-mentioned human resource responsible for ICDS training would be subsumed within the ICDS – TRC. Accordingly, the structure of the ICDS – TRC would be as under:



The management and monitoring of MLTCs would be carried out by the Planning, Coordination and Monitoring Unit within the ICDS – TRC based at NIPCCD Headquarters with the active support of its regional centres. For this purpose, a Regional ICDS – TRC would be set up in each of the five regional centres of NIPCCD. These Regional ICDS – TRCs would function under overall supervision and guidance of the concerned Regional Director. A Deputy Director level officer would head this unit in each regional centre who would be assisted by one Assistant Director, one Research Officer and one Assistant cum Data Entry Operator. Similar, ICDS – TRC would be set up in new Regional Centres of NIPCCD to be set up in Bihar and Punjab.

The ICDS – TRC would keep a close liaison with the training cells within the State ICDS Mission to plan, implement and monitor training of CDPOs / ACDPOs, master trainers and other service providers and stakeholders. It would also create and maintain a national and state-specific database of the ICDS functionaries trained to monitor the requirement of skill training, job / refresher training etc. The ICDS – TRC would draw a National and State-specific Annual Action Plan of Training of ICDS functionaries for its headquarters, Regional Centers of NIPCCD and State Training Cells. The TRC would be responsible for carrying out periodic revision/development of the training modules/contents as well as relevant research and evaluation of training across the country with the support of the respective regional centres, state training cells and other training institutions. It would also provide academic support to the AWTCs/MLTCs and STIs (when established) and would be responsible for the management of all the MLTCs including release of funds, monitoring and training of trainers.

3. **Strengthening of MLTCs and AWTCs - Monitoring and Accreditation:** Institutional strengthening of training institutions like MLTCs and AWTCs would be one of the major training reforms under the ICDS Mission. While the existing system of contracting these training centers to NGOs would be continued, a system of long-term partnership would be put in place by contracting NGOs for at least three - five years. Such long-term contracts would be initially awarded to at least 10% of the better performing MLTCs and AWTCs in each State. This would not only provide some kind of permanency to these centers but also motivate the parent NGOs to raise better infrastructure for training. Additional funds for improving the existing infrastructure including Hostel, Furniture, furnishing of classrooms and audio-visual aids etc. would also be provided to these centres.

   Monitoring and accreditation of all such training Institutions would be the responsibility of the ICDS – Training Resource Centre based at NIPCCD headquarters. However a committee of experts who have experience of ICDS training would be constituted on the pattern being followed by NCTE, AICTE etc. This committee will make on the spot visits to organizations running these training centres and give its recommendations for accrediting these.

4. **Revision and development of course curricula / modules / training and learning materials:** Considering the fact that a number of new interventions are to be introduced under ICDS Mission, which would result into additional responsibilities of various ICDS functionaries at all levels, revision / modification and development of training curricula / modules / training and learning materials would be given high priority. Careful review and revision of training curricula / contents would be undertaken for making them more focused on core service delivery packages of ICDS Mission including: (i) Early Childhood Care Education and Development (ECCED); (ii) Child Care, Development and Maternal Counselling; (iii) Health and Nutrition Education with special focus on IYCF; and (iv) IEC, Social Mobilization & voluntary action. Strengthening training contents on the roles and responsibilities of functionaries especially in the context of evolving priorities of the programme would also be undertaken. Emphasis would also be given on providing more hands on training to various levels of functionaries. Revision and development of course curricula / modules / training and learning materials would be undertaken in consultations with States, NIPCCD, experts, trainers of MLTCs / AWTCs and some of the selected functionaries.

5. **Up-gradation of Training Facilities:** Various assessment reports highlighted the need for up-gradation of training facilities at the training centres, viz. equipments, furniture etc for better management of training programmes. Currently an amount of Rs. 1.25 lakh as one –time grant has been provisioned for the newly opened AWTCs. No such funds are available for old AWTCs or old/new MLTCs. A lump-sum amount of Rs. 2.5 lakh would be provided for up-gradation of training facilities to each of the newly opened AWTCs and also to the old AWTCs who are in operation continuously for at least 5 years. Similarly, an amount of Rs. 3

lakh is would be given as one-time grant to all newly opened MLTCs as well as to the old MLTCs that are in operation for at least 5 years.

6. **Regular Training Programmes:** All ICDS functionaries, viz., AWHs, AWWs, Supervisors, ACDPOs / CDPOs and also Instructors of AWTCs / MLTCs are imparted mandatory regular trainings viz., job / orientation training on their initial appointment. Short duration induction training is also given to AWWs, Supervisors and CDPOs / ACDPOs in order to operationalize the ICDS projects / AWCs, before they are deputed to one-time job training course. During their service, refresher training is given to the ICDS functionaries and Instructors of AWTCs / MLTCs every two years to equip them with knowledge, skills and capabilities to implement the ICDS Scheme. These regular training programmes along with other innovative training, workshops, seminars etc. would continue to be organized with revised financial norms detailed out in section – 9 below until the National and State ICDS Mission Directorates are set up and functional. After which a comprehensive training need assessment would be carried out across the country to ascertain the training requirement of each functionary at all levels, based on which all regular / existing training programmes / plans would be revised and / or strengthened.

7. **Training Need Assessment:** The National ICDS Mission Directorate with the support from National ICDS Mission Resource Centre, NIPCCD and State Mission Directorates would carry out a comprehensive training need assessment across the country to ascertain the training requirement of each functionary at all levels. The training needs assessment would be outsourced to a third party organization / institution with extensive knowledge and experience of conducting training needs assessment and / or similar activities. Based on the findings of the training needs assessment, National and State level Training Plans would be drawn up and implemented during the remaining period of the 12th Five Year Plan.

8. **Revision of financial Norms:** Financial norms relating to training of various ICDS functionaries and trainers, conducted at AWTCs/MLTCs and NIPCCD, were last revised in April 2009 after a gap of 10 years, based on recommendations of a specially constituted Committee. Since 2009, due to escalation of prices, the revised norms have become inadequate. Some studies have highlighted that due to the low financial norms, quality of training is considerably affected and often Training Centres are not able to retain good Trainers, who are mostly post graduates in Nutrition, Home Sciences or Child Development. Therefore these norms would be enhanced by a suitable percentage under different items of training courses as per the detailed given at Table-1 below.

Detailed guidelines on strengthening training and capacity building under ICDS Mission would be laid down in the Implementation Guidelines of the ICDS Mission to be prepared by the Ministry of WCD.

Table-1: Comparative Statement on Existing and Revised Norms for some Unit Costs (where changes suggested) for various ICDS Training Courses			
Cost Classification	**Item Head/ Category of Staff/Programme**	**Existing Norms/Provision (W.e.f. 1.4.2009)**	**Revised Norms/ Provision**
I. Fixed Cost			
IA: Anganwadi Training Centre (AWTC)			
a. Recurring	Rent	Average @ Rs.9000/- pm *[i. Metro/A-1/A Cities: Rs.12, 000/- p.m.* *ii. B-1/B Cities: Rs.10, 000/- p.m.* *iii. District Level Towns: Rs. 7,000/- p.m.* *iv. Block Level & Other Towns: Rs. 6,000/- p.m.]*	Average 13,000/- pm *[i. Metro/A-1/A Cities: Rs.18,000/- p.m.* *ii. B-1/B Cities: Rs.15,000/- p.m.* *iii. District Level Towns: Rs. 10,000/- p.m.* *iv. Block Level & Other Towns: Rs. 9,000/- p.m.]*
	Electricity & water charges	*(@ Rs.2000/-pm for electricity &* *@ Rs.500/- pm for water*	*(@ Rs.3000/-pm for electricity &* *@ Rs.750/- pm for water*
	Communication (Tele/fax)	Rs.750/- per month	Rs. 1000/- pm
b. Non-Recurring			
	Up-gradation of equipments, furniture, training materials etc (for both old and new Training Centres)	Rs.1.25 lakh	Rs. 2.5 lakh
IB. Middle Level Training Centre (MLTC)			
a. Recurring	Monitoring visits by MLTC faculty to AWTCs and ICDS Projects/AWCs	Rs. 12,500/- per annum (5 visits per year)	Rs. 18,000/- per annum (10 visits per year)
	Newspaper, Magazine, Fax, Internet etc.	Rs. 750/- per month	Rs. 1500/- pm
	Electricity and Water	Rs.2000/- for electricity and Rs.500/- for water	Rs. 4000/- for electricity & Rs.1000/- for water
b. Non-recurring	Up-gradation of equipments, furniture, training materials etc	No provision	Rs. 3.00 lakh (for both old and new MLTCs)
II. Recurring Variable Cost (both for AWTC and MLTC)			
A. Graded Honoraria to AWTC/MLTC Staff	Coordinator of MLTC	Rs. 2000/- (fixed)	Rs. 3000/- (fixed)
	Principal of AWTC/ Instructor of MLTC	i) Initial appointment: Rs.10000/-	Rs. 12250/-
		ii) On completion of 5 yrs: Rs. 12,500/-	Rs. 15625/-
		iii) On completion of 10 yrs: Rs. 15,000/-	Rs. 18750/-
		iv) On completion of 15 yrs: Rs. 17,500/-	Rs. 21875/-
		v) On completion of 20 yrs: Rs. 20,000/-	Rs. 25000/-
		vi) On completion of 25 yrs: Nil	Rs. 30000/-
	Instructors of AWTC	i) Initial appointment: Rs. 8000/-	Rs. 10,000/-
		ii) On completion of 5 yrs: Rs. 10000/-	Rs.12,250/-
		iii) On completion of 10 yrs: Rs. 12000/-	Rs. 15,000/-
		iv) On completion of 15 yrs: Rs. 14000/-	Rs. 17,500/-
		v) On completion of 20 yrs: Rs. 16000/-	Rs. 20,000/-
		vi) On completion of 25 yrs: Nil	Rs. 25,000/-
	Accounts Clerk at AWTC Typist at AWTC Typist-cum-clerk at MLTC Assistant Accountant at MLTC	i) Initial appointment: Rs. 6000/-	Rs. 7,500/-
		ii) On completion of 5 yrs: Rs. 7500/-	Rs. 9, 375/-
		iii) On completion of 10 yrs: Rs. 9000/-	Rs. 11,250/-
		iv) On completion of 15 yrs: Rs. 10500/-	Rs.13,125/-
		v) On completion of 20 yrs: Rs. 12000/-	Rs. 15,000/-
		vi) On completion of 25 yrs: Nil	Rs. 18,000/-
	Lady Warden at AWTC/MLTC	i) Initial appointment: Rs.5000/-	Rs. 6,250/-
		ii) On completion of 5 yrs: Rs. 6000/-	Rs. 7,500/-

Table-1: Comparative Statement on Existing and Revised Norms for some Unit Costs (where changes suggested) for various ICDS Training Courses			
Cost Classification	**Item Head/ Category of Staff/Programme**	**Existing Norms/Provision (W.e.f. 1.4.2009)**	**Revised Norms/ Provision**
		iii) On completion of 10 yrs: Rs. 7000/-	Rs. 8,750/-
		iv) On completion of 15 yrs: Rs. 8000/-	Rs. 10,000/-
		v) On completion of 20 yrs: Rs. 9000/-	Rs. 11,250/-
		vi) On completion of 25 yrs: Nil	Rs. 14,000/-
	Cook/Peon/Chowkidar at MLTC/AWTC	i) Initial appointment: Rs.4500/-	Rs. 5,625/-
		ii) On completion of 5 yrs: Rs. 5500/-	Rs. 5,875/-
		iii) On completion of 10 yrs: Rs. 6500/-	Rs. 8,125/-
		iv) On completion of 15 yrs: Rs. 7500/-	Rs. 9,375/-
		v) On completion of 20 yrs: Rs. 8500/-	Rs. 10,625/-
		vi) On completion of 25 yrs: Nil	Rs, 13,200/-
	Craft Teacher, Music Teacher, and Visiting Doctor on part time basis; Sweeper [both for AWTC and MLTC]	Rs.1000/- each	Rs. 2000/- each per month
B. Honorarium to Resource Persons/ Guest Speakers inclusive of conveyance	Induction/Job/Refresher Training of AWWs/AWHs and Orientation/Refresher training of Instructors of AWTCs	@ Rs. 250 per lecture	Rs. 500/- per lecture
	Induction/Job/Refresher Training of Supervisors	@Rs. 250 per lecture	Rs. 750/- per lecture
	Job/Refresher training of CDPOs/ACDPOs and Orientation/Refresher training of Instructors of MLTCs	@Rs. 750/- per lecture	Rs. 1500/- per lecture
	Induction Training of CDPOs/ACDPOs	@ Rs. 250/- per lecture	Rs. 750/- per lecture
C. Boarding and Lodging cost for trainees	Induction/Job/Refresher Training of AWWs/ AWHs	Rs. 75/- per day per trainee	Rs. 150/- per day per trainee
	Induction/ Job/Refresher Training of Supervisors and Orientation/ Refresher training of Instructors of AWTCs	Rs. 120/- per day per trainee(Rs. 90/ for boarding and Rs.30/- for lodging)	Rs. 250/- per day per trainee
	Job/Refresher Training of CDPOs/ACDPOs and Orientation/Refresher training of Instructors of MLTCs	Rs. 225/- per day per trainee (Rs. 125 for boarding and Rs. 100 for lodging)	Rs. 500/- per day per trainee
	Induction Training of CDPOs/ACDPOs	Rs. 150/- per day per trainee (Rs. 110/- for boarding and Rs. 40/- for lodging)	Rs. 300/- per day per trainee
D. TA to trainees	Induction/Job/Refresher/ Orientation training of AWWs/AWHs	Rs. 300/- per trainee subject to actual	Rs. 450/- per trainee, subject to actual
	Job/Refresher training of Supervisors and Orientation/Refresher training of Instructors of AWTCs	Rs. 1000/- per trainee as per entitlement OR subject to actual	Rs. 1500/- per trainee as per entitlement OR subject to actual
	Job/Refresher training of CDPOs/ACDPOs	Rs. 5000/- per trainee as per entitlement OR subject to actual	Rs. 7500/- per trainee as per entitlement OR subject to actual
	Orientation/Refresher training of Instructors of MLTCs	Rs. 3000/- per trainee as per entitlement OR subject to actual	Rs. 4500/- per trainee as per entitlement OR subject to actual
	Induction Training of Supervisors	Rs. 800/- per trainee as per entitlement OR subject to actual	Rs. 1200/- per trainee as per entitlement OR subject to actual
E. Conveyance and Field visits during training	Job Training of AWWs	Rs. 7500/- per course	Rs. 10000/- per course
	Induction/Refresher Training of AWWs and Induction training of Supervisors	Rs. 1000/- per course	Rs. 2000/- per course
	Orientation/Refresher training of AWHs	Rs. 2250/- per course	Rs. 3000/- per course
	Job Training of Supervisors	Rs. 7500/- per course	Rs. 10000/- per course
	Refresher training of Supervisors	Rs. 2000/- per course	Rs. 4000/- per course
	Orientation/Refresher training of Instructors of AWTCs	Rs. 2000/- per course	Rs. 3000/- per course

Table-1: Comparative Statement on Existing and Revised Norms for some Unit Costs (where changes suggested) for various ICDS Training Courses			
Cost Classification	**Item Head/ Category of Staff/Programme**	**Existing Norms/Provision (W.e.f. 1.4.2009)**	**Revised Norms/ Provision**
	Job training of CDPOs/ACDPOs	Rs. 24,000/- per course	Rs. 30,000/- per course
	Refresher training of CDPOs/ACDPOs	Rs. 3000/- per course	Rs. 4500/- per course
	Induction Training of CDPOs/ACDPOs	Rs. 1000/- per course	Rs. 3000/- per course
	Orientation/Refresher training of MLTC Instructors	Rs. 3000/- per course	Rs. 4500/- per course
F. Incentives	Incentives to Trainee AWWs on completion of job training	Rs. 500/- per trainee	Rs. 1000/- per trainee
G. Contingencies	Job training of AWWs	Rs. 3000/- per course	Rs. 4500/- per course
	Refresher training of AWWs	Rs. 500/- per course	Rs. 2000/- per course
	Induction training of AWWs	Rs. 1500/- per course	Rs. 2000/- per course
	Job training of Supervisors	Rs. 5000/- per course	Rs. 7500/- per course
	Induction/Refresher training of Supervisors and Orientation training of Instructors of AWTCs	Rs. 2000/- per course	Rs. 3000/- per course
	Refresher Training of Instructors of AWTCs	Rs. 1500/- per course	Rs. 2000/- per course
	Job training of CDPOs/ACDPOs	Rs. 10,000/- per course	Rs. 15,000/- per course
	Induction/Refresher training of CDPOs	Rs. 5000/- per course	Rs. 7,500/- per course
	Orientation/ Refresher Training of Instructors of MLTCs	Rs. 3000/- per course	Rs. 4,500/- per course

Annexure XII

ICDS OPERATIONALIZATION IN DIFFERENT STATES – MODELS OF POTENTIAL GOOD PRACTICES

Practice / Intervention	State and Support	Approach	Thrust Areas	Outcomes/ Results
Tamil Nadu Integrated Nutrition Program	Dept. of Social Welfare and Women and Child Development, Govt. of Tamil Nadu and World Bank.	- Provisioning of a package of services - nutrition education, primary health care, supplementary on-site feeding of children who were severely malnourished or whose growth was found to be faltering, education for diarrhoea management, administration of vitamin A, periodic deworming, and supplementary feeding of a limited number of women - Establishment of a Community Nutrition Centre (CNC).	- Growth monitoring, nutrition education and food supplementation	- Vit A supplement increased from 46% in 1982 to 70% in 1986 but dropped to 57% in 1990. - Deworming coverage increased from 42% in 1982 to 66% in 1986 and dropped to 51% in 1990. - 63% of children were completely immunized in 1982, this increased to 79% in 1986 and further increased to 83% in 1990.
INHP II in Reproductive and Child Health, Nutrition and HIV/AIDS (RACHNA) Program	CARE-India USAID , ICDS	- Demonstration and innovation of best practices through NGO partnerships. - Replication through the government systems. - Strategic alliances with stakeholders. - Promotion of Gender equity.	- Cadre of Community volunteers catering to 15 – 20 Households. - Nutrition health days synergized with Take Home Ration - Community based monitoring systems utilized. - Block level resource mapping used for review.	- Impact on improving appropriate complementary feeding practices was disappointing. - Prevalence of providing recommended quantity of semisolids to children of 12 – 23 months was low. - No significant improvement in providing semi solids to 6 -11 months children - No improvement in mothers including at least 3 different food groups (no adding oil to the diet) for 6 – 23 months children. - No improvement in feeding 6- 23 months children with adequate frequency. - Less than 5 % of children 12 – 23 months had consumed any food ration in last 24 months.
Dular Strategy	UNICEF, ICDS and Govt. of Jharkhand	- Dular adopts a life course approach to the care of children under three children. - The Dular strategy seeks to ensure that girls and women of reproductive age have access to adequate nutrition, health care, and information about childcare throughout their lives especially while they are pregnant and nursing their young children. - The Dular strategy initiated community mobilization effort and specially trained community members to	- Community mobilization - Village Contact Drive - Growth Monitoring	- 2005 evaluation indicates that Dular villages had a significantly higher rate of colostrum feeding at 84 per cent than the non-Dular villages (64%). - However the median age of introduction of complementary feedings for six to 12 months did not show any significantly different between the two groups and remained high at eight months - For ages six to nine months: Dular 48.3 per cent and Non-Dular 52.7 per cent (P=.641) have received solid foods in the previous 24 hours and 48.9 per cent and 51.3 per cent (P=.871) had respectively had given milk outside of breast milk. - For ages 9 to 12 months 73.8 per cent of Dular and 72.5 per cent of non-Dular (P=1)

		disseminate information and to encourage healthy behaviors and practices in the places where they live. - Dular initiated a two-day village contact drive (VCD) where the whole community participates. The VCD uses participatory methods and demonstrations to enhance awareness and participation of the community. - Dular introduced a new cadre of volunteers named Local Resource Persons (LRPs) to assist the AWW. - Household counselling on various issues related to health and nutrition. - Regular weighing of children.		had received complementary solid foods in the previous 24 hours, and 42 per cent and 48 per cent (P=.140) respectively had milk other then breast milk.
Kano Parbo Na (Why can't we do it?) –West Bengal Positive Deviance Model	Integrated Child Development Services (ICDS), West Bengal	- The PD approach seeks to identify the feeding practices of mothers in the community with healthy children and transmit them to other mothers through a community based approach using locally available resources. -Community mobilization around the Positive Deviance Approach through participatory processes, which involve the formation of village committees and pro-active dialogues between social groups and institutions, using cultural methods such as village picnics, fairs, etc. -Convergence and partnership between the service providers, administration and NGOs involved in implementation. - Capacity building of childcare functionaries and the community through regular review of activities. - Community based management of malnutrition emphasizing on positive behavioral changes in childcare practices (12 days of spot feeding and 18 days of take-home rations for grade II, III and IV children) - Hands-on training of mothers or caregivers over a 12 day period, on infant feeding, healthcare, hygiene and psycho-social care practices followed by practice sessions at home for a further 18 days. The cycle extends over 6-9 months within which period mothers/caregivers start showing behavior changes.	-Community Mobilisation - Growth Monitoring - Nutrition Counselling and Childcare	- Initiation of Complementary Feeding was in relatively higher proportion of children in PD area (37%) compared to control area (19%). - The proportion of children receiving formula milk was relatively lower in PD area (5% to 9%) compared to control area (6% to 13%). - Relatively small proportion of children reportedly was receiving semisolids or solids in the PD area (3% each) compared to control area. - At 6 months of age, a relatively higher proportion of infants received home made semi-solid or solid foods (33%) in PD area compared to (21%) in control area. - In children aged 7-11 months of age, 44% in PD and 34% in control areas were receiving home made solid foods. - Among 6 months old children currently receiving complementary feeding, around 40% in PD and 43% in control area were receiving the same ? 3 times a day, while the rest, it was ?4 times a day. A significantly ($p<0.01$) higher proportion (58%) of children in PD area were receiving complementary feeding ?4 times a day, compared to control area (29%) . - Of those who were receiving complementary feeding, a higher proportion (53%) of mothers <12 months children in PD area were reportedly using spoon to feed the children, compared to control area (44%). - In about 44% of children in PD area and 29% in the control area, complementary feeding was initiated at 6 months of age, the difference in proportions being statistically significant ($p<0.01$), while in a higher ($p<0.05$) proportion of children in control area (50%) compared to 41% in PD, the same was initiated at ?7 months of age. -The types of complementary foods given were mostly homemade solids (PD: 78%; Control: 82%) followed by homemade semisolids (PD: 16%; Control: 9%, $p<0.01$). A significantly ($p<0.01$) higher proportion (52%) of children in PD area received such foods 4-5 times a day, compared to only 33% in the control area. - The extent of sub-optimal complementary feeding in terms of frequency (2-3 times a day) was significantly ($p<0.01$) lower in the PD area (21%) compared to 61% in the

				control area - Significant higher (p<0.01) proportion (50%) of children in PD areas were weighed 9 times in a year, compared to only about 13% in control areas
Community-Based Mother and Child Health and Nutrition Project	UNICEF and ICDS – Govt. of Uttar Pradesh	-Multi-sectoral (Health,ICDS,PRI) participation, for addressing immediate and underlying determinants of malnutrition. -Promoting community mobilization and concentrating on selected "at risk" families who are reached through elected community volunteers.	- Community mobilization and HH counseling. - Involvement of local volunteers (Bal Privar Mitra/Friends - Establishing 3 district and two state nutrition centers	- The practice of initiating breast feeding within one hour of birth increased by five times, (Base line 4.6% and end line 21.9%). - Nearly 78 per cent mother confirmed having given something or other (pre-lacteal feeds) to their infants before initiating the breast feeding. - 60 per cent of mothers were aware about the importance of colostrums feeding. - There was significant improvement regarding the practice of colostrums feeding in the end line (Baseline 28% Endline 53%). - Semi solid food was introduced between six to nine months, substantial increase from 18 per cent in the Baseline to 63 per cent in the End line. - High proportion of cases 87 per cent washing hands with soap by person assisting delivery was observed in the end line, similarly bathing of new born after third day of birth was reported in 22 per cent cases but base line figures were not available for comparison with both the variable. - Source of advice about additional diet and IFA during pregnancy clearly shows the functioning of BPMs, 61.9 per cent beneficiaries got advice on additional diet from BPMs; 30.1 per cent from ANMs eight per cent from AWW & others. - Source of information on immunization & vit-A by BPM 28.9 per cent ANM 27.4 per cent AWW16.7 and others 27 per cent clearly show that BPMs emerged as the main source of information in the community
Anchal Se Angan Tak	Integrated Child Development Services, Govt. of Rajasthan and UNICEF	- Life cycle approach is the cornerstone of the program strategy. - Counselling on health and nutrition at the household level. - Advocacy for awareness generation in the community, mass media, counselling, folk media. - Training and capacity building. - Gram Sampark Samooh (GSS)-Community based action, group of 18-25 members in each group. Each household is responsible for 15-20 households. -Maternal and Child Health and Nutrition (MCHN) Days - held at the AWC and facilitated by the ANM and AWW with assistance from the Sahyogini and the AWC.	- HH level counseling and centre based health and nutrition education services.	-Significant difference in the per cent of women who feed the newborn colostrums (18% versus 47%). - 39.6 per cent of ASAT mothers gave sugar water compared to 51.3 per cent of non-ASAT mothers to child before breast feeding. - Mean age of introduction of complementary foods was 9.39 in ASAT and 9.92 in Non-ASAT
Community-Based Nutrition Education for Improving Infant Growth	Belaku Trust and UNICEF	- Appropriate use of locally available food, appropriate feeding frequency, gradually increasing food diversity in complementary feeding by counseling.	- Nutrition Education	- 41 per cent & NI 29 per cent (p value 0.15) were not feeding animal milk between ages seven to eleven months. - 85 per cent and NI 72 per cent (p value 0.06) did not use bottle for feeding children (7 -11 months). - 32 per cent & NI 26 per cent (p value 0.45) were fed semi solid food in 7 -11 months

				age. - 33 per cent & NI three per cent (p value < 0.001 with very high significance) children 7 -11 months were fed banana. -78 per cent NI 55 per cent (p value <0.001 with very high significance) were fed at least four times in 24 hrs in addition to breast milk ages seven months to 11 months; - At age 11 months; IA 42 per cent & NI 19 per cent (p value 0.01 with significance) were fed at least five different food groups (dairy, cereal, protein, fruit, vegetable, oil/fat, sugar and savory snacks)
Bal Poshan Swasthya Mah in Madhya Pradesh, Uttar Pradesh and Jharkhand.	National Rural Health Mission (NRHM), the Department of Health (DOH), Reproductive and Child Health (RCH) program and Integrated Child Development Services (ICDS).	- Sustainable high coverage vitamin A supplementation (VAS) - Maternal anemia reduction - Reducing anemia in children 6–23 months	- Build partnerships to expand vitamin A coverage.	- Child Health and Nutrition Months strategy in Jharkhand. - Statewide use of VAS tool package. - Strong advocacy with state government ensuring timely supply of vitamin A. - Strengthened HMIS by introducing a twice-annual reporting format and instituting timely reporting.
Maharastra Nutrition Mission	State of Maharastra	- Training and Motivation - Coordination - Monitoring and Evaluation - Community involvement and participation	- State evolves a coordinated and integrated approach in its efforts to significantly reduce child malnutrition and mortality.	- 38 per 1000 live births in 2005-06 (NFHS III - MMR 1.49 per 1000 live births - CBR 18.1 in 2007 (SRS 2008) - TFR 2.2 in 2005 (SRS 2006)
Mother's Committee	Andhra Pradesh	- Formation of Mother's committee who are devolved multifunctional responsibilities	- Mother's Committee act as change agents within the village.	- 40% of mothers' committees are formally involved in the ICDS Program. - Awareness of the committees is higher in tribal areas (49% of women and 34% of adolescent girls) than in rural areas (25% of women and 15% of girls) and urban areas (20% of girls)

Annexure XIII

OUTLINE FOR SETTING UP THE INSTITUTIONAL ARRANGEMENTS AT THE NATIONAL LEVEL

The National ICDS Mission will be constituted to provide policy support and guidance to the states, with an empowered structure called the National Mission Steering Group (NMSG) and the Empowered Programme Committee (EPC) respectively under the chairpersonship of Hon'ble MOS (I/C) for Women and Children and the Secretary, Ministry of Women and Child Development. The institutional arrangements at the national level would be as under:

1. **The National Mission Steering Group (NMSG)** will be the apex body for providing direction, policy and guidance for implementation of ICDS and will have the following composition:

1.	Minister of State (I/C) for Women and Child Development - Chairperson	Chairperson
2.	Member, WCD, Planning Commission	Vice Chairperson
3.	Ministers of 5 Region by rotation	Member
4.	Secretary, Ministry of WCD	Member
5.	Secretary, Expenditure, Ministry of Finance	Member
6.	Joint Secretary & FA, Ministry of WCD	Member
7.	Secretaries of line Ministries / Departments such as Health and Family Welfare, Panchayati Raj, Rural Development, Drinking Water Supply, Agriculture and Food.	Members
8.	Chief Secretaries of 5 regions (but different States) by rotation	Members
9.	Experts in the relevant fields (5) – to be co-opted	Members
10.	Mission Director - Member Secretary and Convener.	Member

The National Mission Steering Group will meet once in six months and will be responsible for following functions:

- Approval of policies and programmes for the Scheme of ICDS;
- Ensure effective convergence of policy and administration among the various Departments;
- Advise the Empowered Programme Committee of the ICDS Mission on policies and oversee programme implementation;
- Review the outcomes and suggest mid course corrections that may be required in the policy design;
- Appraise recommendations of the EPC related to proposals and schemes and approve them based on the broad normative framework;
- Appraise and approve recommendations of the EPC on hiring of experts and functionaries on a contractual basis for carrying out the activities under the ICDS Mission;
- Carry out any such modifications in operational modalities as may be warranted, from time to time, for effective implementation of the ICDS Mission
- Any other matter with policy implications affecting the target group of this Scheme.

2. **The Empowered Programme Committee (EPC)** headed by the Secretary, Ministry of Women and Child Development would be the highest technical body for planning, supervising and monitoring the effective implementation of ICDS Mission. The composition of the EPC will be as under:

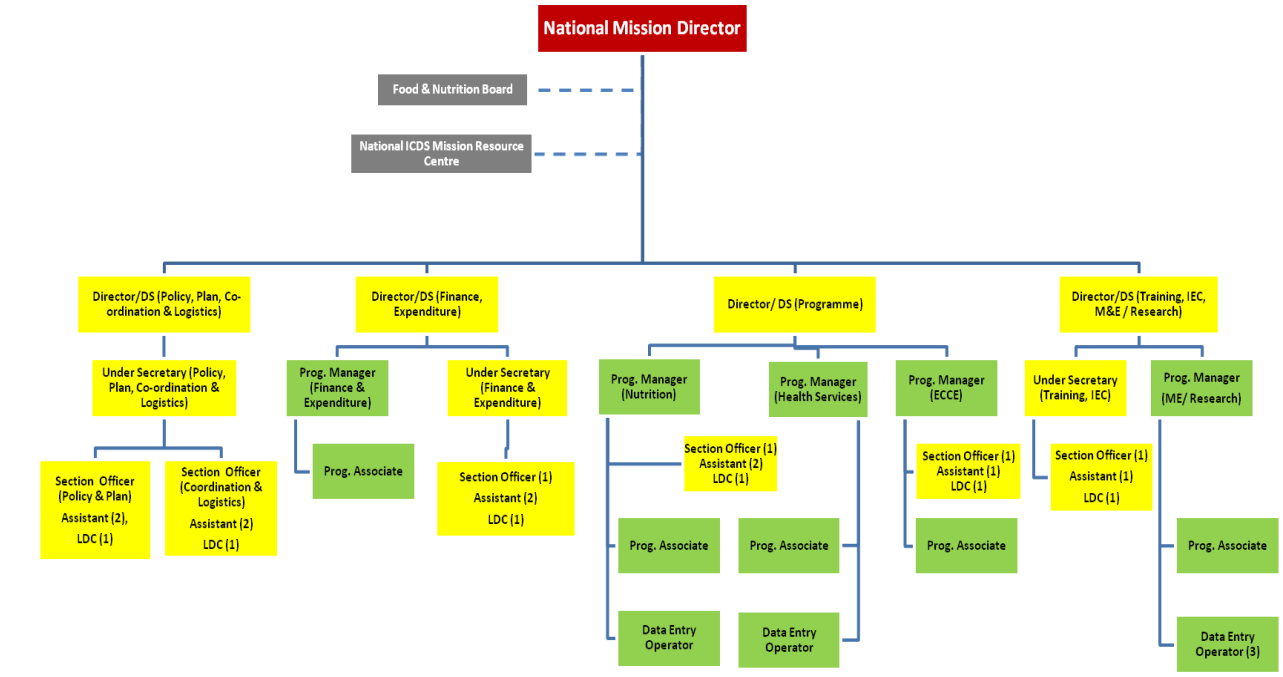
1.	Secretary, Ministry of Women and Child Development	Chairperson
2.	Senior Advisor, Planning Commission	Member
3.	Joint Secretary, Department of Expenditure, Ministry of Finance	Member
4.	Joint Secretary & FA, Ministry of WCD	Member
5.	Representatives of line Ministries / Departments, such as Health and Family Welfare, Human Resource Development, Drinking Water & Sanitation, Panchayati Raj, Food, Rural Development	Member
6.	Director, NIPCCD	Member
7.	Joint Secretary (Incharge), SABLA, MWCD	Member
8.	Secretary of States from five regions by rotation	Member

9.	Director, NIN	Member
10.	Mission Director	Convener

The chairperson of the EPC may co-opt other members to assist the committee in its task or invite to the meetings as special invitees such persons as may be deemed necessary. For effective functioning, the EPC would be empowered on the lines of empowerment already provided in SSA and the NRHM. The EPC will meet once in every quarter (three months) and will be responsible for the following functions:

(i) Plan, and monitor Mission activities and programmes, to achieve stated goals and objectives.
(ii) Frame rules and procedures and place the same before the NMSG for approval.
(iii) Facilitate State ICDS Missions in planning, implementing and monitoring State/District ICDS plans.
(iv) Approve APIPs as well as make modifications of norms of approved schemes / items of expenditure, within the overall budget of ICDS Mission / Ministry of Women and Child Development.
(v) Carry out any such modifications in operational modalities as may be warranted, from time to time, for effective implementation of the ICDS Mission.
(vi) Track progress on key outcomes with an analysis of lagging states and supportive action.
(vii) Make recommendations regarding programmes, personnel and budget etc. for approval of the Mission Steering Group.
(viii) Exercise executive and financial powers to implement the ICDS Scheme.
(ix) Approve the plans under the broad approved framework.
(x) Approval of new Projects/AWCs recommended by the State Empowered Programme Committee.
(xi) Approval of proposals on training, advocacy and IEC, monitoring including MIS and evaluation.
(xii) Mentor and support State EPCs for effective decentralized functioning
(xiii) Any other relevant tasks assigned by the National Mission Steering Group.

3. **The National ICDS Mission Directorate:** In order to carry out the functions mandated by the NMSG / EPC, a National ICDS Mission Directorate would be established in the Ministry of Women and Child Development. The National Mission Directorate of ICDS will be headed by a Mission Director - a Joint Secretary (in-charge, ICDS) of the Government of India will be responsible for handling day-to-day administration of the ICDS Mission. The National Mission Director will be vested with appropriate executive and financial powers as approved by the NMSG to enable him/her to function in effective manner to achieve the goals of the ICDS Mission. The overall structure of the ICDS Mission Directorate would be as under:



Joint Secretary (Child Development) MWCD - Existing Post

Existing Post

New Post - Contractual

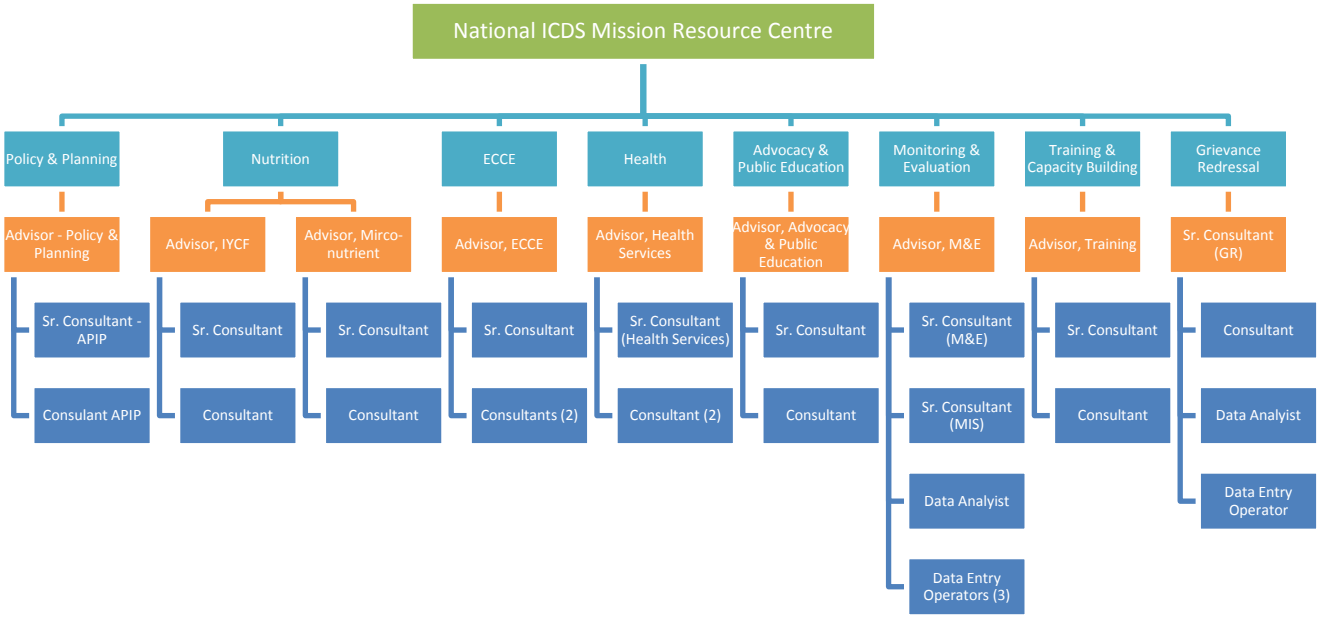
The specific roles and responsibilities of the National Mission Directorate will include:

(i) Operationalise planning, implementation and monitoring of the Mission activities;
(ii) Planning and effective implementation of the ICDS Scheme;
(iii) Track progress on key outcomes- with an analysis of lagging states/ high burden districts and supportive action;
(iv) Exercise the executive and financial powers as may be approved/delegated by the National Mission Steering Group/Empowered Programme Committee;
(v) Facilitate evaluation, operations research, independent studies to assess progress and ensure mid-course correction as needed;
(vi) Ensure effective operational coordination and linkages with key sectoral ministries / programmes such as NRHM, SSA, TSC, MGNREGS for effective implementation of scheme as well as management of supplies, infrastructural inputs and other resources;
(vii) Appraise and process the State Plans under ICDS Mission for approval from NMSG / EPC;
(viii) Work closely with States / UT Administrations to improve their capacity to plan and implement programmes as well as provide mentoring support to the State Mission Directorates;
(ix) Ensure advocacy and public education (IEC) with a view to achieve the enunciated objectives of ICDS Mission;
(x) Supervise and review the work of FNB & NIPCCD administration through concerned Joint Secretary;
(xi) Develop parameters and tools for effective monitoring and supervision of ICDS throughout the country;
(xii) Carry out monitoring, supervision and evaluation of the programme from time to time;
(xiii) Facilitate training and capacity building of functionaries with the help of National ICDS Mission Resource Centre, NIPCCD & its regional Centres, FNB and other relevant training institution at national, state and district level;
(xiv) Enable institutional capacity Development, supervise and review the functioning of the National ICDS Mission Resource Centre;
(xv) Provide regular feedback to EPC on any outstanding issues that need to be resolved or referred to the NMSG;
(xvi) Any other task (s) assigned by the NMSG / EPC / Ministry of Women and Child Development, Government of India.

4. **The National ICDS Mission Resource Centre:** A National ICDS Mission Resource Centre would be set up in NIPCCD that would serve as an apex body for technical assistance, dissemination and for functioning as a Centre of Excellence for facilitating the National and State ICDS Mission Directorates in all issues concerning implementation, supervision and monitoring of ICDS Scheme. This resource centre would provide necessary technical assistance to the Mission Directorate. Besides having experts in the areas such as nutrition (IYCF, Micronutrients), psychosocial care and early learning, communication (social mobilisation and advocacy) and nutrition surveillance, monitoring and evaluation, it would be assisted by four to five thematic groups such as IYCF, micronutrients, communication for changing care and feeding practices, early learning / preschool education, nutrition surveillance, monitoring and evaluation, etc. These groups, involving different professionals, institutions, voluntary agencies would assist in developing strategies and capacity-building activities.

The National ICDS Mission Resource Centre would draw upon resources from and link with other national institutions to respond to requests from states and districts for technical support in planning and implementation of the programme. Besides facilitating programme implementation, it would also improve the quality and relevance of work done in these institutions. National institutions would also catalyse the creation of a network of state, district resource institutions to promote local capacity development.

STRUCTURE OF THE NATIONAL ICDS MISSION RESOURCE CENTRE



Annexure - XIV

OUTLINE FOR SETTING UP THE INSTITUTIONAL ARRANGEMENTS AT THE STATE LEVEL

The ICDS Mission would be an endeavour to empower States / UT Administrations to carry out the required reforms for achieving the vision of restructured ICDS to reduce undernutrition in children under three years of age and to enhance early development and learning outcomes in all children under six years of age. Recognising the leadership role of the States, ICDS Mission would provide necessary flexibility to the State Governments / UT Administrations to take care of the local needs and socio-cultural variations. The States/UTs would be expected to adhere to mutually agreed objectives/milestones which would be reflected in a Memorandum of Understanding (MoU) signed with Centre by each state.

The ICDS Mission would also provide additional resources the States /UTs to enable them meet the diverse nutrition and child development needs of young children and would be urged to take up innovative approaches to deal with local issues. States would also be required to take action for increasing their expenditure on the child development sector by a stipulated percentage every year over the Mission period.

The states, in turn, will decentralise planning and implementation arrangements to ensure that need-based and community-owned District Child Development Action Plans become the basis for interventions in the child development sector. Keeping in view the decentralisation envisaged under ICDS Mission, states would be required to devolve sufficient administrative and financial powers to the PMs and ULBs to improve the reach, coverage, quality, supervision and monitoring of childcare services.

At the State / UT level, the State Child Development Societies will be constituted to provide policy support and guidance for effective implementation of ICDS in the State/UT. An empowered structure called the State Mission Steering Group (SMSG) and the State Empowered Programme Committee (SEPC) respectively under the chairpersonship of the Minister in-charge of the WCD Department of the State / UT and the Secretary of the WCD Department of the State / UT.

1. **The State Mission Steering Group (SMSG):** The State Mission Steering Group headed by the Chief Minister will be the apex body for providing direction, policy and guidance for implementation of ICDS in respective State / UT and will have the following composition:

   (i) The Chief Minister - Chairperson
   (ii) The Minister in-charge of Women and Child Development in the State – Vice Chairperson
   (iii) Chief Secretary – Executive Vice Chairperson
   (iv) Secretaries of the relevant State Departments – Members
   (v) Representative of National ICDS Mission Directorate - Member
   (vi) Representative of Food and Nutrition Board – Member
   (vii) Regional Director of NIPCCD – Member
   (viii) District Magistrate / Dy. District Collector from two / three districts(on rotation) – Members
   (ix) Four-Six Non-official experts, Mother's Committee and Voluntary Agencies – Members.
   (x) Principal Secretary / Secretary in-charge of ICDS – Member Secretary and Convener.

The State Mission Steering Group would meet at least once in three months and would be responsible for following tasks:

(i) Appraisal of the proposals and schemes and approve them on the broad normative approved framework;
(ii) Consideration and approval of Annual State Action Plan for ICDS Mission;
(iii) Appraisal and review of implementation of Annual Action Plan and achievement of child related outcomes;
(iv) Suggest any mid course correction that may be required in the State mission strategy design framework.
(v) Ensure effective convergence of policy and administration among the various Departments;
(vi) Review the follow up action on decisions of the State ICDS Mission;
(vii) Approval of proposals for institutional management reforms for ICDS in the State;
(viii) Advise the State Empowered Programme Committee on policies and oversee programme implementation;

(ix) Appraise recommendations of the SEPC related to proposals and schemes and approve them based on the broad normative framework;
(x) Appraise and approve recommendations of the SEPC on hiring of experts and functionaries on a contractual basis for carrying out the activities under the ICDS Mission;
(xi) Any other matter with policy implications affecting the nutritional status of the target group of this Scheme.

2. **The State Empowered Programme Committee (SEPC):** The State Empowered Programme Committee headed by the Chief Secretary of the State would be the highest technical body for planning, supervising and monitoring the effective implementation of ICDS at the State / UT levels. The composition of the EPC will be as under:

(i) Chief Secretary of the State – Chairperson.
(ii) Pricipal Secretary/ Secretary, WCD – Vice Chairperson
(iii) Principal Secretary/ Secretary, Finance & Planning - Member
(iv) Principal Secretaries of the relevant Departments– Members.
(v) State Mission Director – Convener.

The chairperson of the SEPC may co-opt other members to assist the committee in its task or invite to the meetings as special invitees such persons as may be deemed necessary. The SEPC will meet once in every month and will be responsible for the following functions:

(i) Consider and approve proposals from districts and other implementing agencies/District Action Plans;
(ii) Prepare State Action Plan for approval of State Mission Steering Group;
(iii) Execution of approved State Action Plan;
(iv) Review implementation and achievement of child related outcomes;
(v) Analysis of lagging districts and supportive action;
(vi) Finalization of working arrangements for inter-sectoral coordination;
(vii) Coordination with NGOs/Donors/other agencies and organisations;
(viii) Review of expenditure;
(ix) Release of funds to the District Societies as per Annual Action Plan;
(x) Establish Resource Group of Professionals to facilitate design and implementation of the core strategies; and
(xi) Any other task assigned by the State Mission Steering Group.

3. **The State ICDS Mission:** Headed by the Chief Minister of the concerned State, the State ICDS Mission will be responsible for overseeing child development and nutrition system, consideration of policy matters related with child development and nutrition, review of progress in implementation of ICDS in Mission Mode by tracking child-related outcomes, using nutrition status of young children under three years as the lead outcome indicator; facilitate inter-sectoral coordination & convergence, advise on advocacy measures required to promote ICDS visibility in the State among others. The concerned State WCD / Social Welfare / Justice Minister would be the co-chairperson of the State ICDS Mission, with the Secretary/Principal Secretary/Secretary WCD /Social Welfare/Justice as the convenor. Other members of the State ICDS Mission would include:

- Ministers in-charge of Departments relevant to Child Development such as Health, Rural Development/Water and Sanitation, Urban Development PHED, Panchayati Raj, Tribal Welfare, Minorities, Elementary Education, Planning, Finance;
- Five to ten public representatives such as Members of Parliament (MP), MLAs, chairperson Zila Parishad, local bodies;
- Official representatives — Women and Child Development, Development Commissioner, Secretaries in-charge of relevant departments stated above, representative of MWCD, GoI, NIPCCD HQ/Regional Centre and representation from two or three districts—DM/DDC/ZP (on rotation basis).
- Two or three members drawn from ICDS field functionaries such as DPOs/CDPOs/LS/AWWs
- Five to eight nominated non-official members such as Child Development, Nutrition, Health, Early Education experts and voluntary agencies.

The State ICDS Mission would meet at least once in every six months and would have powers to co-opt members as and when needed.

The functions under the State ICDS Mission would be carried out through the State Child Development Society that will be headed by a State Mission Director who will be a senior officer of the State Government / UT Administration of the rank of a Special Secretary/Additional Secretary (an IAS Officer of JAG/Selection Grade). The State Mission Director will be vested with appropriate executive and financial powers as approved by the SMSG to enable him/her to function in effective manner to achieve the goals of the ICDS Mission. The infrastructure and human resource of the existing State ICDS Cell would be subsumed with the overall structure of the State Child Development Society. Accordingly, the structure of the Child Development Society in every State / UT would be as under:

Chart – 1: Mission Directorate in large States (with 15 or more districts)

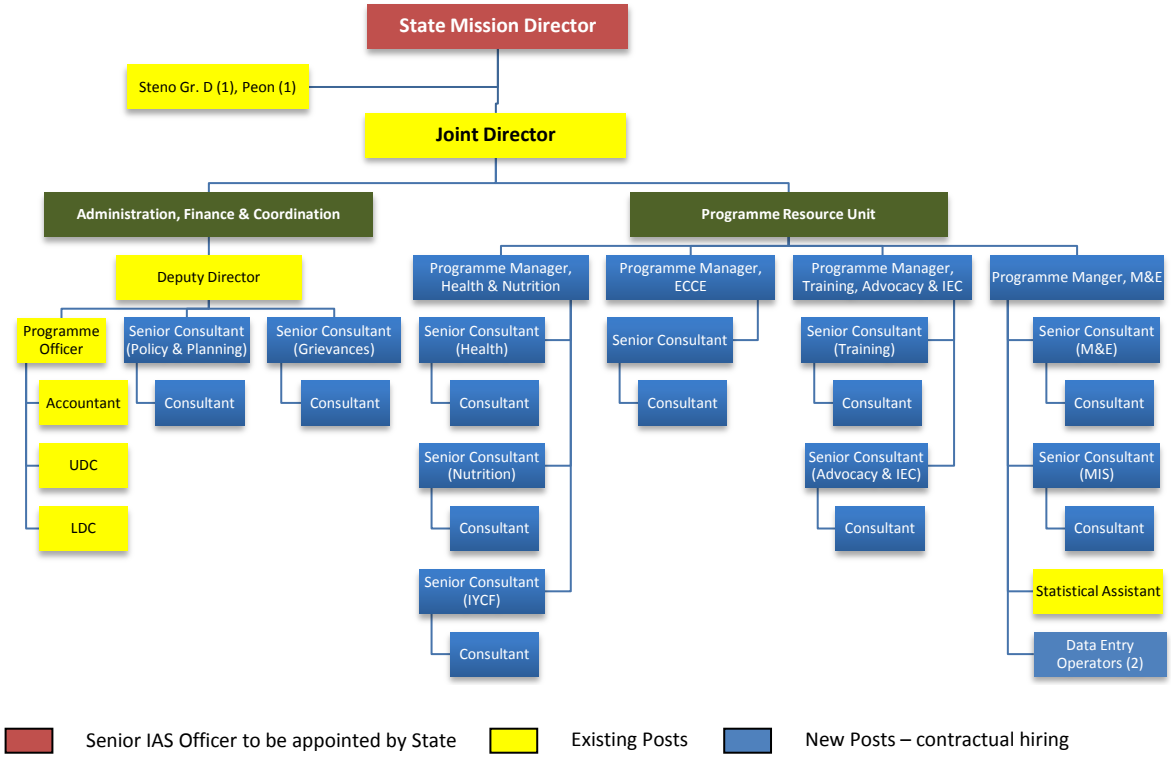
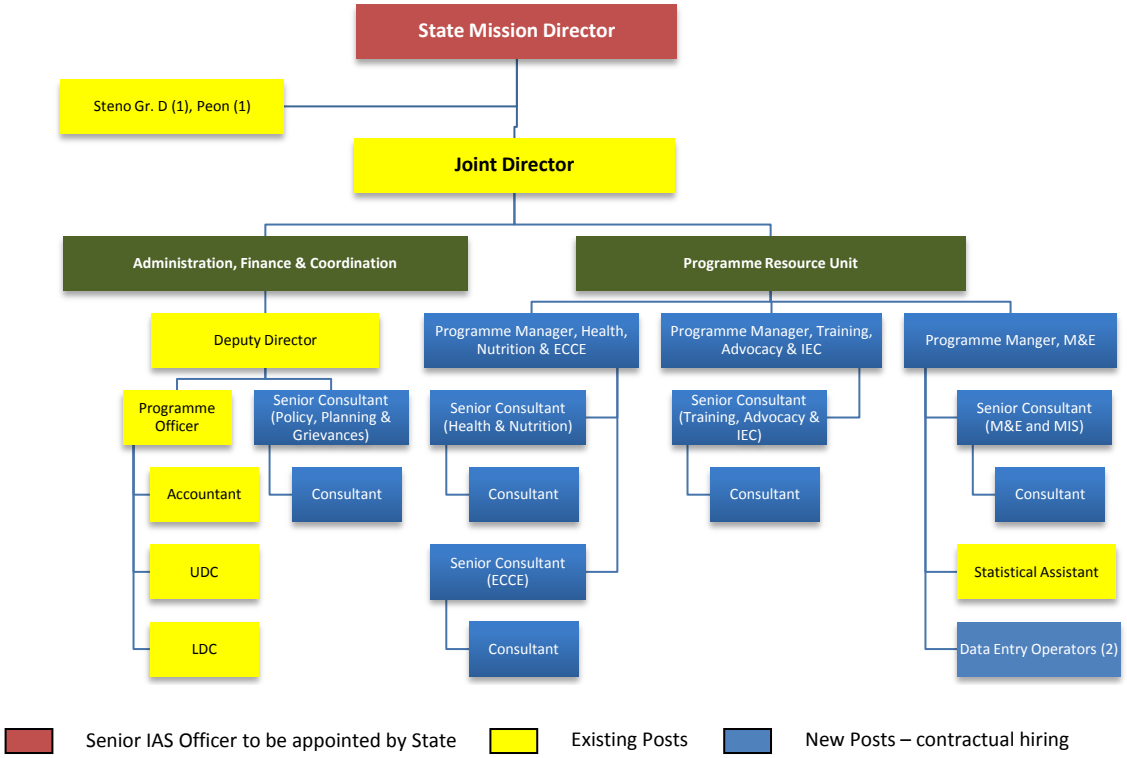


Chart – 2: Mission Directorate in smaller States (with less than 15 districts)



Note: In case of UTs one Programme Manager, one Senior Consultant and one Consultant would be supported under the ICDS Mission. As discussed above, the implementation of ICDS Mission would be rolled out in a phased manner, therefore, the staff appoints would also be phased out accordingly. For those states not covered in the implementation plan during initial two years, two technical persons (One Programme Manager and One Senior Consultant) would be provided, until the State Mission Directorates are set up and functional.

4. **The State Child Development Society:** In order to carry out the functions of the State ICDS Mission there is a strong need for a dedicated institutional mechanism. Therefore, a State Child Development Society will be set up in every State / UT, with powers to set up its District units, to carry out functions of the State Mission Directorate and all other functions mandated by the SMSG / SEPC for effective implementation of the ICDS Scheme at the State / UT level. The State Child Development Society would have a Governing Body and an Executive Committee under the respective chairperson of the Chief Secretary and Principal Secretary / Secretary Women and Child Development.

The Governing Body would include as members: Secretaries of the relevant departments; GoI representative - MWCD; Regional Director NIPCCD, representation from two or three districts-DM / DDC / ZP (on rotation basis) and two or three Divisional Deputy Directors ICDS / DPOs, selected representation of ICDS functionaries / mothers committees, four to six non-official nominated experts and voluntary agencies etc. The Governing Body of the State Child Development Society will be responsible for:

- Endorsement of Annual State Action Plan for ICDS Mission and a longer term road map;
- Review of implementation of Annual Action Plan and achievement of child-related outcomes;
- Suggest any mid-course correction that may be required in the state Mission strategy design framework;
- Review of inter-sectoral coordination;
- Review of status of follow-up action on decisions of the State ICDS Mission;
- Appraise recommendations of the Executive Committee of the proposals and schemes and approve them based on die broad normative approved framework;
- Approval of proposals for institutional reforms; and
- Approve recommendations of the EPC on hiring of the experts and functionaries.

The Executive Committee of the State Child Development Society would function under the chairpersonship of the concerned Principal Secretary / Secretary Women and Child Development / Social Welfare / Social Justice. The convenor would be the State Mission Director and members would include Secretaries / Technical Officers from Child Development-related sectors, GoI-MWCD representative, Development of North-East Region in applicable states; Financial Advisor, Women and Child Development; and two or three Divisional Deputy Directors ICDS / DPOs, selected representation of ICDS functionaries / mothers committees, as well as two to

three professionals/ experts (by rotation for a period of two years). The Executive Committee would meet once every month and would be responsible for:

- Approving proposals from districts and other implementing agencies / District Action Plans (DAPs);
- Review implementation and achievement of child-related outcomes;
- Execution of approved State Action Plan (SAP);
- Analysis of lagging districts and supportive action;
- Finalisation of working arrangements for inter-sectoral coordination;
- Follow-up on action on decisions of the Governing Body;
- Coordination with NGOs / donors / other agencies and organisations;
- Review of detailed expenditure;
- Release of funds for programmes at state level as per Annual Action Plan;
- Release funds to the District, Block and Gram ICDS Mission Societies;
- Provide leadership to state and district teams;
- Finalisation of working arrangements for intra-sectoral and inter-sectoral coordination; and
- Establish a resource Group of professionals to facilitate design and implementation of the core strategies.

Annexure XV

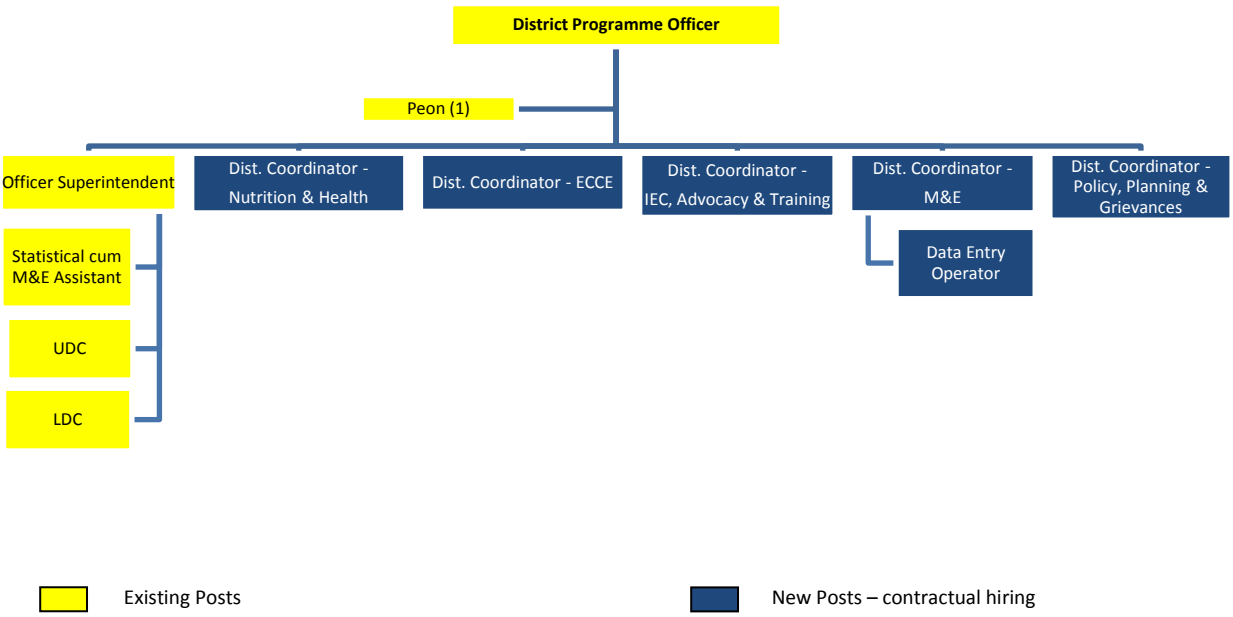
OUTLINE FOR SETTING UP THE INSTITUTIONAL ARRANGEMENTS AT THE DISTRICT LEVEL

Every district would have a District ICDS Mission headed by the chairperson of its Zila Parishad. The District Magistrate / Collector of the concerned district would be the co-chairperson and the District Programme Officer ICDS as the District Mission Director. The Mission may include public representatives such as Members of Parliament (MP), MLAs, MLCs from the concerned district, chairpersons of the Standing Committees of Zila Parishad, chairpersons of Panchayat Samitis and district Programme Managers from relevant departments as official representatives, state representatives and representatives of NGOs. These guidelines are indicative and may be appropriately customised by the State.

The District ICDS Mission would provide a platform where the three arms of governance, ZP/Urban Local Bodies, District Child Development Administration and District Programme Managers or ICDS Mission sectors, would get together to operationalize ICDS in Mission Mode. They would discuss and take decisions on child development issues of the district and delineate their mutual roles and responsibilities. Specifically, the District ICDS Mission would be responsible for following functions:

- Promote integrated planning;
- Endorse Annual District Child Development Plans;
- Review district child-related indicators and outcomes and recommend district-specific interventions;
- Outcome-based assessment of progress;
- Ensure inter-sectoral convergence and coordination;
- Review annual Plans for the district.
- Ensure that institutional reforms are carried out; and
- Supervise the process of hiring of experts and functionaries at district and local levels.

District ICDS Mission Directorate: A District ICDS Mission Directorate would be set up in every district to support the District ICDS Mission in effectively discharging its duties. The infrastructure and human resource of the existing District ICDS Cell would be subsumed with the overall structure of the District ICDS Mission Directorate. Accordingly, the structure of the District ICDS Mission Directorate in every district would be as under:



The District ICDS Mission Directorate would be responsible for following tasks:

- Planning, implementing, monitoring and evaluating the progress of ICDS Mission at the district level;
- Review child-related indicators and outcomes and make recommendations for interventions;

- Outcome-based assessment of progress, with nutrition status of young children under three years as the lead outcome indicator;
- Ensure facilities for information compilation and data analysis;
- Review and approve District Child Development and Nutrition Annual and Prospective Plans;
- Conduct ICDS accreditation of AWCs, projects;
- Review budget and budget analysis;
- Approve transfer of funds to Projects, VHSNCs and AWCs;
- Facilitate the working of the District ICDS Mission;
- Coordinate with NGOs/donors/other agencies and organisations.
- Ensure recruitment of staff for the District Mission Directorate;
- Ensure support for hiring of technical experts on a contractual basis;
- Establish transparent systems of procurement and accountability; and
- Any other task(s) assigned by the National / State Mission Direcotrate from time to time.

Annexure XVI

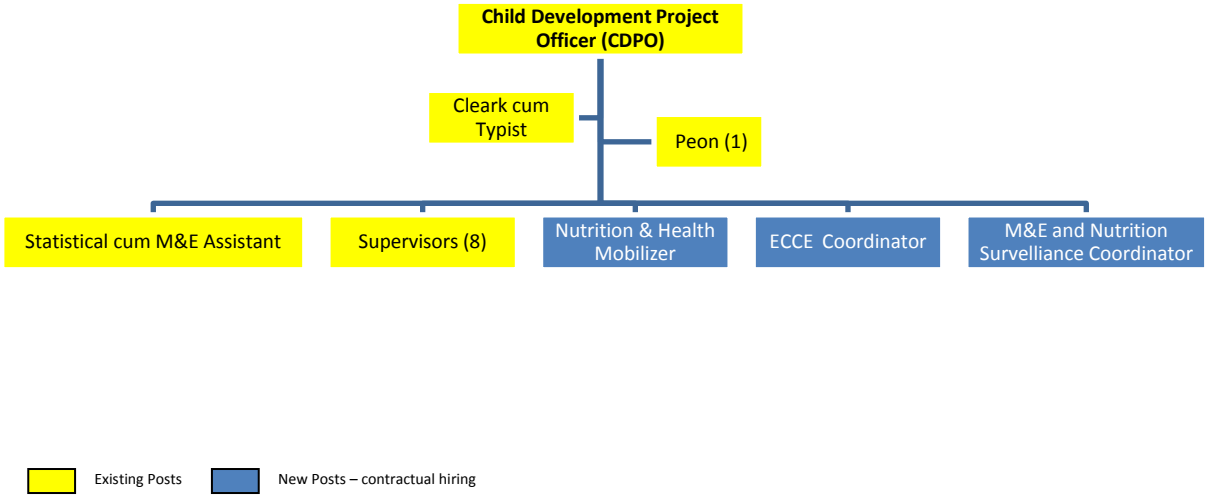
OUTLINE FOR SETTING UP THE INSTITUTIONAL ARRANGEMENTS AT THE BLOCK / PROJECT LEVEL

Block ICDS Mission: At the Block / Project level, each Block within a district would have a Block ICDS Mission Committee that would be headed by the chairperson of the concerned Panchayat Samiti. The Block Development Officer (BDO) of the concerned Block would act as the co-chairperson and Child Development Project Officer (CDPO) as the convenor of this Block ICDS Mission Committee. Other members of this Committee may include public representatives such as MLAs, MLCs from the block, members of Panchayat and Block-Level Officers from relevant departments, such as Block Medical Officer, Block Education Officer, Extension Officer, Water and Sanitation, two or three ICDS Supervisors (on rotation), District-Level Officer, representatives of NGOs and two or three professionals / experts / practitioners. These guidelines are indicative and may be appropriately customised by the State.

The Block ICDS Mission Committee would meet once in every month and would be responsible for following tasks:

- Finalise Block-Level Child Development Plans to meet the needs of children in the Block;
- Track nutrition status of young children with intensive support to lagging villages/habitations;
- Facilitate conducting of habitation surveys, and determine the number of AWCs required in the block and local innovative strategies to reach the younger infant/child. Based on survey findings, determine location of the AWCs and Mini Anganwadi Centres (AWC);
- Provide assistance for establishing AWCs/mini AWCs;
- Provide guidance for preparation of village/gram/urban centre ICDS Mission Plans;
- Provide supportive supervision to supervisors and AWWs;
- Facilitate procurement of the Nutrition Supplement by the village/urban centre ICDS Mission Committee;
- Ensure proper distribution of supplies and equipment to AWCs;
- Facilitate organising a fixed monthly Mother-Child Day linked to NRHM Village Health Day;
- Participate in monthly Mother-child Divas and facilitate organising of theme exhibitions in the village/urban centre;
- Facilitate in conducting feedback through public hearings, ICDS community accreditation systems, etc.;
- Strengthen linkages for making AWCs child friendly, with local contributions of play/learning materials and joyful learning activities;
- Facilitate convergence with MOs, LHVs, ANMs, ASHAs and SSA. Provide supervision for civil works in the villages;
- Conduct / organise orientation / training programmes for AWWs, community leaders and also organise mobile training teams;
- Facilitate coordination and converge with all stakeholders and line departments;
- Compile monitoring reports and share feedback;
- Prepare budget for the block and conduct budget analysis;
- Ensure timely audit of accounts;
- Review village/habitation/urban centre-level budgets;
- Development of operational policy and time schedule for various activities;
- Ensure that rules and procedures are adhered to in hiring the staff and experts on a contractual basis;
- Hiring of adequate contingent of staff and experts.

Block Mission Team: The functions under the Block ICDS Mission Committee would be carried out through the Block ICDS Mission Team headed by the concerned Child Development Project Officer (CDPO). S/he will be responsible for ensuring effective implementation of the ICDS Scheme at the Block / Project levels as well as achieving the goals of the ICDS Mission in their respective work area with the help of a small team of professionals hired on contractual basis. Accordingly, the structure of the Block / Project level ICDS Mission, for a Project with 100 Anganwadi Centres, would be as under:



Block ICDS Resource Centre (BIRC): The above mentioned institutional arrangements will be operational in 90 per cent of the Projects across the country, while in remaining 10 per cent Projects, the concept of Block ICDS Resource Centre (BIRC) will be piloted. State-wise selection of blocks where these BIRCs can be piloted will be done on the basis of needs and availability of infrastructure, planned by the respective State Governments / UT Administrations through respective APIPs, approved by the EPC headed by Secretary, Ministry of WCD.

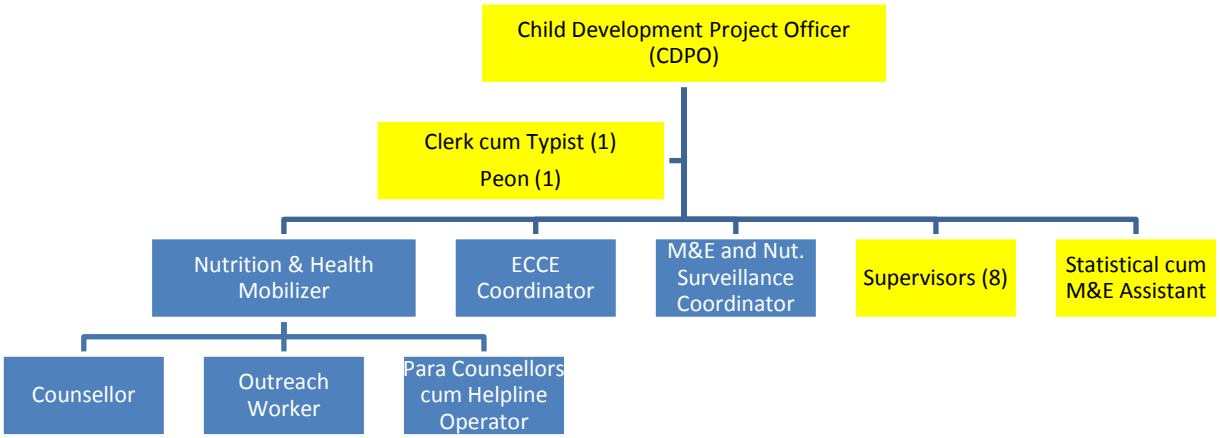
The goal of setting up BIRCs will be to accelerate progress on nutrition and survival of women and children at block & village levels by effectively promoting exclusive breastfeeding for the first six months and timely and appropriate complementary feeding after six months along with continued breastfeeding, infant and young child feeding as well as lactation support counselling services. Besides, focussed attention on promoting ECCE activities and training & capacity building for all personnel and service providers on nutrition, IYCF, ECCE, growth monitoring and other related ICDS services will be given. Under the BIRC, a Nutrition Helpline will be set up that will help provide basic counselling services over the phone as well as act as the emergency outreach services for moderately or severely undernourished children at the block levels. The emergency outreach services will be ensured by the Nutrition Helpline in close collaboration with the Health Department / NRHM Team at the District and Block levels.

During the piloting of BIRCs, following two models will be piloted:

(i) NGO led Model: In this model, the services pertaining to Nutrition & IYCF and training at the Block level will be outsourced to a selected NGO. Accordingly, the unit lead by the Nutrition & IYCF Coordinator, in the structure of the BIRC given below, will be outsourced to the selected NGO. The selected NGO will be required to ensure services pertaining to Nutrition / IYCF Counselling, Nutrition Helpline, IYCF Training for the respective BIRC under the overall guidance and supervision of the concerned CDPO.

(ii) Project led Mode: In this model, the entire services of the BIRC will be carried out by the respective ICDS Project itself. The respective CDPO will be the focal point for the implementation and management of the BIRC with the assistance of the project staff at the block levels. For this model, the staff as per the structure of the BIRC given below will be hired on contractual basis, who will work under direct supervision and control of the concerned CDPO for implementation of all activities of the BIRC.

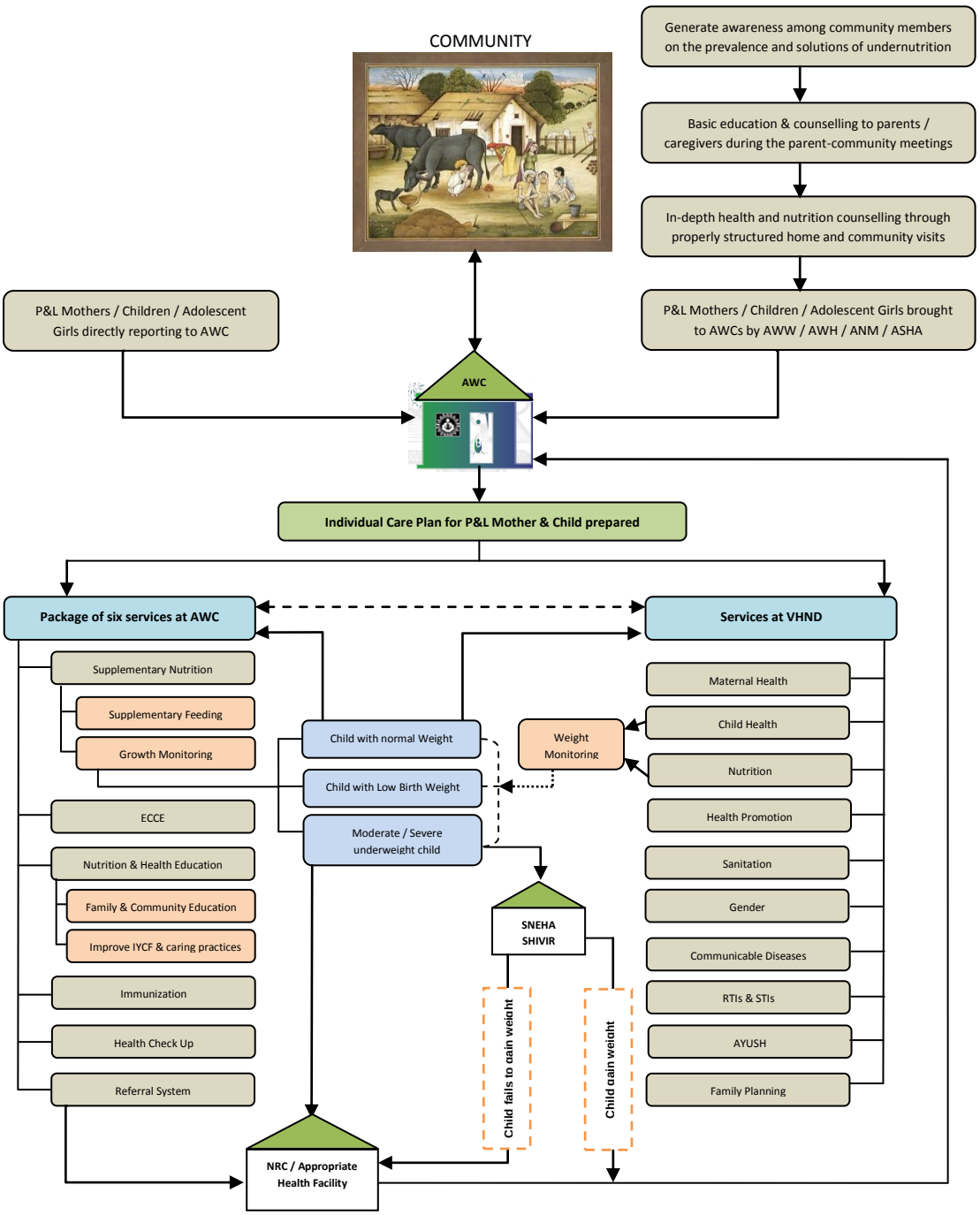
Accordingly, the structure of Block ICDS Resource Centre is given below:


Child Development Project Officer (CDPO)
Clerk cum Typist (1)
Peon (1)
Nutrition & Health Mobilizer
ECCE Coordinator
M&E and Nut. Surveillance Coordinator
Supervisors (8)
Statistical cum M&E Assistant
Counsellor
Outreach Worker
Para Counsellors cum Helpline Operator

Annexure XVII

OUTLINE FOR SETTING UP THE INSTITUTIONAL ARRANGEMENTS AT THE VILLAGE / WARD LEVEL

At the village / ward (urban areas) level, the VHSNC would be responsible for all activities in the Child Development and Nutrition Sector and would facilitate decision making at the AWC level. VHSNC would function as the sub-committee of PRI. The services of an Anganwadi Centre (AWC) under the revamped ICDS would be largely based on the following conceptual model:



In order to achieve this vision, the AWCs would be strengthened as a comprehensive village maternal, child & adolescent girl care centre with adequate space for children with adequate infrastructure, facilities and resources. Specifically, the following major steps would be undertaken for strengthening the Anganwadi platform:

- **Expanding operations & activities:** The focus would be on expanding the activities of the AWC to regularly provide a package of core services including crèche & day care, early childhood education, nutrition & health counselling, balanced & nutritious diets, among others. For ensuring such services, pilots in selected areas would be conducted where the AWCs may be opened for at least 6-7 hours a day, on a time conveniently determined by the local community and parents.

- **Strengthening the physical infrastructure:** In order to facilitate better delivery of services under the Scheme, construction of Anganwadi Centre, as a distinct activity, in a phased manner under the ICDS Scheme will be undertaken. The Planning Commission has also supported the idea during the Mid-Term Appraisal. Adequate financial allocations for this critical intervention will be required for developing a class infrastructure of requisite building (3-4 rooms) with facilities and skilled human resources at the village level. In this setup, a separate room for Ante Natal Care checkups for pregnant women and centre for adolescent girls (RGSEAG), hygienic SNP arrangements with a kitchen, store, safe drinking water and child friendly toilets, gas stove, utensils and early play/learning material etc., would be constructed.

- **Strengthening human resource – Provision of a second Anganwadi Worker:** The position of a second anganwadi worker would be created under the restructured ICDS in 200 high burden districts. This second AWW would be responsible for visiting and counselling families on better nutrition and ensuring that the children below 2 who do not come to the centre get food supplements. Such a person would be additional to ASHA. In addition to reaching food supplements, she would provide crèche services, and assist in pre-school education and all other functions of the first anganwadi worker. She would also weigh newborns and children below 2- at home. Growth monitoring and food supplementation and nutrition counselling are thus the three key functions which she provides plus crèche where this is possible and assistance to the first AWW in managing the AWC.

- **Safe Water and Toilet Facilities:** Provision of safe drinking water and toilet facilities in all AWCs would be mobilised through convergence with the schemes of the Department of Drinking Water Supply through the Accelerated Rural Water Supply Scheme and Total Sanitation Campaign.

- **Weighing scales:** The monitoring and promotion of young child growth and development is an important component of the ICDS programme. All the AWCs would be provided with the following three types of weighing scales:
  (i) Salter Baby Weighing Scales - To weigh neonates and infants.
  (ii) Dial Salter or Equivalent balance: To weigh children from 6 months up to five years of age.
  (iii) Adult Weighing Scale: To weigh pregnant and nursing mothers & adolescent girls.

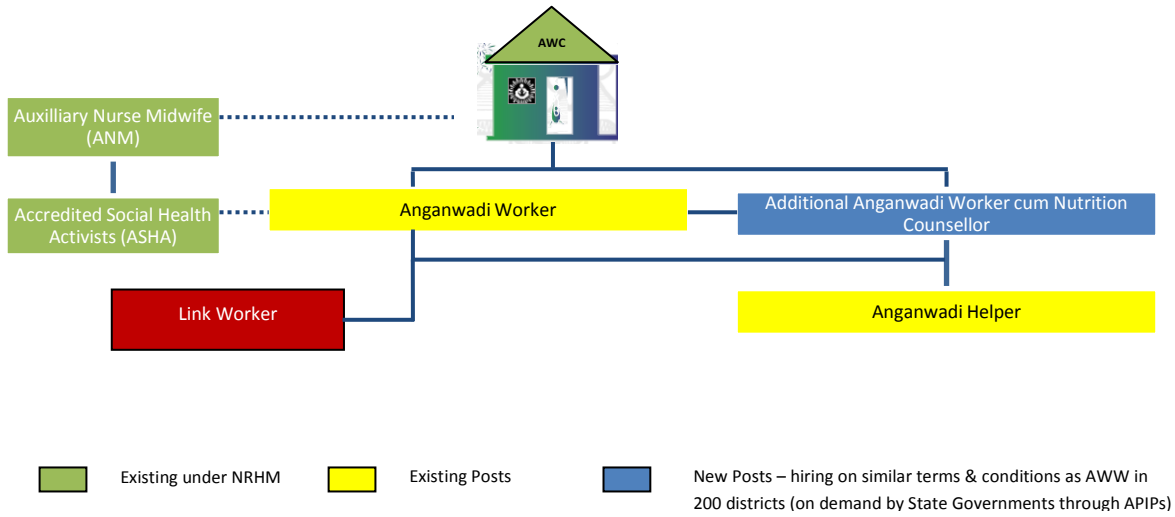
- **Mother and Child Protection Cards & other monitoring tools:** The Joint Mother-Child Protection Cards, Cohort Registers, Growth Monitoring Registers and community charts would be provided to every AWC. Mother-Child Protection Cards would be provided to every pregnant mother and would be used for family empowerment, counselling, mother-child tracking and monitoring. A Parenting Support Kit, including counselling cards and charts on issues of nutrition, growth and development would be provided to every AWC for use during home visits, and observance of the fixed monthly Village Mother Child Day and Anganwadi Divas.

- **Kitchen equipments and utensils:** Every AWC would be equipped with appropriate kitchen equipments and utensils for cooking, serving and eating. A provision would be made for the procurement of these items every five years by the ICDS Mission at the district level.

- **Early Play and Learning Material:** An essential and critical aspect of the ECCE programme is the nature and range of play experiences it provides to children. There is a need for essential early learning play materials at every AWC, through interaction with which, children's learning and development would be fostered. A basic minimum kit, which would cater co about 30-40 children in the age-group of three to six years, would be identified by experts in the area of ECE. This kit would be procured by the ICDS Mission at the district level, ensuring that it is suited to the local context. This would be complemented by local early learning play activity support materials made by AWWs/women's SHGs/mothers' committees through contingency amounts for raw material/or through community contribution.

- **Medicine Kit:** As ASHA of the NRHM also gets a medicine kit containing basic medicines for use in the village, the list of medicines in ASHA's kit would be reviewed before finalising the list for AWC. However, there is a need to upwardly revise the unit cost of medicine kits for AWCs

AWCs would be strengthened as "vibrant ECD centres" to become the first village outpost for health, nutrition and early learning with adequate infrastructure and human resources. Strengthening of human resource at AWC would be undertaken by appointing an Additional AWW cum Child Development & Nutrition Counsellor in 200 high-burden districts and / or co-opting for a payment / incentive to ASHA (wherever existing additionally), recruitment of youth volunteers on stipend basis and / or through mobilisation of community women volunteers (one for 15-20 households) for improved family contact and prioritised home visits at critical contact points. Accordingly, the AWC level structure would be as under:



The roles and responsibilities of the Village / Ward level ICDS Mission Committee would include:

- Promote integrated planning, management and implementation;
- Endorse Village Child Development Plans;
- Review village-level child-related indicators and outcomes and recommend village / habitation / family-specific interventions, including local solutions to reach the younger infant child;
- Monitor and supervise activities of the AWC and other projects / personnel involved with ICDS Mission;
- Coordinate with NGOs/CBOs, SHGs, Mothers Groups / Mahila Mandals among others;
- Appraise proposals and approve them based on the broad framework.
- Approve use of untied funds;
- Ensure that institutional reforms are carried out;
- Approve recommendations on service delivery, programme components and social mobilisation and capacity building;
- Provide guidance in preparing Annual Action Village/Urban Centre Plans based on the felt-needs of the children and women in the village/urban settlement.
- Assist in conducting habitation/household survey;
- Ensure participation of all children under six years, pregnant and nursing women, including innovative strategies to reach the younger infant/child;
- Provide guidance for implementing the activities;
- Facilitate procurement and proper distribution of nutrition supplements;
- Facilitate organising of a fixed monthly Village Mother—Child Day, linked to NRHM Village Health Day;
- Provide assistance for organising a monthly Anganwadi Divas in the village/ urban settlement;
- Contribute to making AWCs child friendly, with play/learning materials and joyful learning activities;
- Facilitate converge with ASHAs, ANMs, SSA and other relevant service providers at the village level;

- Facilitate in conducting feedback through ICDS accreditation systems and community public hearings;
- Facilitate proper maintenance of registers and monitoring formats;
- Monitor programme activities and assist in preparing monitoring reports; and
- Provide supervision for civil works in the villages/urban centre.

However, States / UTs may assign the above roles to either the VHSNC or ALMSC as per local context and efficiency in programme management.

Annexure XVIII

COMPARATIVE STATEMENT OF EXISTING AND APPROVED NORMS UNDER ICDS MISSION

ITEM	EXISTING	APPROVED	SHARING PATTERN	ITEM SUB COMPONENTS
Supplementary Nutrition (SN)	(i) Children (6 months to 72 months) Rs. 4.00 per child per day	(i) Children (6 months to 72 months) Rs.6.00 per child per day	90:10 (NER States) 50:50 (Other States)	**Food items cost, Transportation cost, Fuel cost for cooking, Micronutrient Fortification cost, Monitoring cost, Processing & Storage cost**
	(ii) Severely malnourished Children (6 months-72 months) Rs. 6.00 per child per day	(ii) Severely malnourished Children (6 months-72 months) Rs. 9.00 per child per day		
	(iii) Pregnant women and Nursing mothers/ Adolescent Girls (under KSY) Rs. 5.00 per child per day	(iii) Pregnant women and Nursing mothers/ Adolescent Girls (under KSY) Rs. 7.00 per beneficiary per day		
Medicine Kit	AWC/Mini AWC Rs. 600/- per AWC per annum Rs. 300/- per Mini AWC per annum	AWC/Mini AWC Rs 1000/- per AWC per annum Rs 500/- per Mini AWC per annum	90:10	**As per revised approved kit**
Pre-school Education(PSE) Kit	AWC/ Mini AWC Rs. 1000/- per AWC per annum Rs. 500/- per Mini AWC per annum	AWC/ Mini AWC Rs. 3000/- per AWC per annum Rs. 1500/- per Mini AWC per annum	90:10	**Puppets, Soft toy sets, Mirror and props for play, Strings & heads, Pre number cards, Shape cut outs, Pre reading/writing cards, Story flash cards, Wooden blocks, Clay/ Plasticine, Colour & paint brushes and Balls**
Contingencies/ (Renamed as Admin Expenses)	State Cell (per state cell per annum) Rs. 1,20,000 (with less than 50 Projects) Rs. 1,60,000/-(with 50 to 200 Projects) Rs. 2,00,000/- (with more than 200 Projects)	State Cell No change	75:25	**Electricity and water expenses, Minor repairs, Misc expenses not covered under other budget heads**
	District Cell Rs. 1,00,000/- per district cell per annum	District Cell No change	75:25	**Electricity and Water bills, Telephone expenses, Minor repairs, Internet Expenses and Misc expenses not covered under other budget heads**
	Project Rs. 40,000/- per project per annum	Project Rs. 60,000/- per project per annum	75:25	
	AWC/ Mini AWC Rs. 600/- per AWC per annum Rs. 300/- per Mini AWC per annum	AWC/ Mini AWC Rs. 1000/- per AWC per annum Rs. 500/- per Mini AWC per annum	90:10	
IEC/IYCF	District Cell NIL	District Cell Rs 1,00,000/- per district cell per annum	75:25	
	Project Rs 50,000/- per project per annum	Project No Change	90:10	
	AWC/ Mini AWC Rs. 1,000/- per annum per operational AWC	AWC/ Mini AWC No Change	90:10	
Rent	National NIL	National Rs. 6,00,000/- per month for Training Resource Centre/ Mission Resource Centre at National level	100:0	**Maximum cap for the rent norms is indicated. Approval would be given only after assessment by authorized agency of corresponding state (in correspondence with SoR)**
	State Cell Rs. 10,000/- per month	State Cell NIL	-	

ITEM	EXISTING	APPROVED	SHARING PATTERN	ITEM SUB COMPONENTS
	District Cell NIL	District Cell NIL	-	
	Project Rural/Tribal - Rs. 30,000/- per project per annum Urban - Rs. 40,000/- per project per annum	Project Rs. 79,200/- per project per annum (Rs. 6,600/- per project per month)	75:25	
	AWC/Mini AWC Rs. 200/- per AWC per month in Rural/Tribal Projects. Rs. 750/- per AWC/per month in Urban Projects.	AWC/Mini AWC Rural/Tribal - Rs. 750/- per AWC per month Urban – Rs. 3000/- per AWC per month Metropolitan - Rs. 5000/- per AWC per month	90:10	
Petrol, Oil and Lubricant (POL)	State Cell Rs. 1,20,000/- per vehicle per annum at State cell (where hired vehicle are not provided; NER States) Rs. 2,15,000/- per vehicle per annum at State cell (where hiring of vehicles is allowed; Other states)	State Cell No Change	75:25	**POL includes the cost of fuel provided at different levels for field visits and official travel.**
	District Cell Rs. 1,20,000/- per vehicle per annum at district level	District Cell Rs. 1,50,000/- per vehicle per annum at district level	75:25	
	Project Rs. 1,25,000/- per vehicle per annum at project level	Project Rs. 1,75,000/- per vehicle per annum at project level	75:25	
Purchase of vehicles (For NER states only)	State Cell Rs. 5,00,000 - 7,00,000/- per vehicle	State Cell Rs. 5,00,000 - 7,00,000/- per vehicle	90:10	**Provision of purchase for NER states only within budgetary allocation (as per existing pattern)**
Monitoring and Evaluation	AWC Rs. 500/- per operational AWC per annum Mini AWC Rs 100/- per operational Mini AWC per annum	AWC/ Mini AWC Rs 1000/- per operational AWC/ Mini AWC annum Rs 50/- per AWW for ICT	90:10	**Printing of various records/registers, Monthly mobile recharge cost per AWW at each AWC/ Mini AWC**
Equipment/ Furniture (Non-recurring – Once in 5 years)	National NIL	National - Rs 62 lakh for TRC, Mission Resource Centre and other requirements	100:0	**Furniture for office staff, Computer/Laptop, Printer, Fax machine (figures are according to additional staff at each level)**
	State Cell - Rs. 1,00,000/- (For less than 50 Projects) - Rs. 2,00,000/-(For more than 50 Projects)	State Cell - Rs. 5,00,000/- per state cell (For all states excluding UTs) - Rs. 2,00,000/- per cell (For UTs)	75:25	
	District Cell Rs. 1,50,000/-	District Cell Rs. 4,00,000/- per district cell	75:25	
	Project Rs. 1,50,000/- per project	Project Rs 2,00,000/- per project	75:25	
	AWC/ Mini AWC Rs. 5,000/- per AWC (incl. weighing scales)	AWC/ Mini AWC Rs 7,000/- per AWC Rs 5,000/-per Mini AWC	90:10	**Gas burner with connection, Utensils, Mat/ Carpet and other necessary equipments**

ITEM	EXISTING	APPROVED	SHARING PATTERN	ITEM SUB COMPONENTS
Uniform	AWC/ Mini AWC Rs 200/- per Saree	AWC/ Mini AWC Rs 300/- per Saree	75:25	**2 Sarees/ Uniform set for each AWW, AWW cum Nutrition Counsellor and AWH per annum**
Badge	AWC/ Mini AWC Rs 25/- per badge	AWC/ Mini AWC No Change	75:25	**1 Badge for each AWW, AWW cum Nutrition Counsellor and AWH per annum**
AKBY	AWC/ Mini AWC Rs 100/- per beneficiary per annum (LIC)	No change	100:0	**Premium paid by GoI against insurance of AWW/AWH**
Flexi Fund	AWC/ Mini AWC Rs 1,000/- per AWC per annum	No change	90:10	**For sudden requirements like referral arrangements, meeting up any shortage of medicines, utensils etc.**
Weighing Scale	AWC/ Mini AWC Rs 500 per AWC per annum (only repair cost merged with Monitoring previously)	AWC/ Mini AWC Rs 5,000 per AWC/Mini AWC for replacement at 15% AWC per annum	90:10	**Flat weighing machine, Suspended type weighing machine, Adult weighing machine**
NEW ITEMS UNDER ICDS MISSION (FOR NER States Centre: State sharing ratio 90:10)				
ECCE Day	NIL	AWC/ Mini AWC Rs 1,000/- per AWC per annum	75:25	**Parents meet, involvement of local artisans and craftsmen for making toys, community involvement etc**
Grading & Accreditation	NIL	District Cell Rs. 2,50,000/- per district cell (twice in 5 years)	75:25	**Grading and Accreditation of AWCs and other pre schools (ECCE beyond AWCs)**
Construction of AWC Building	Rs 1,75,000/- per AWC Building (NER States only)	Rs 4,50,000/- per AWC Building (All States subject to total cap)	75:25	**Total 2,00,000 buildings to be constructed in XII plan**
Maintenance of AWC Building	AWC/ Mini AWC NIL	AWC/ Mini AWC Rs 2,000/- per AWC per annum (For owned AWCs)	75:25	**Applicable to Govt. owned and non rental ICDS buildings**
Up-gradation of AWC Building	AWC/ Mini AWC NIL	AWC/ Mini AWC Rs 1,00,000/- per AWC Building including additional room for AWC cum Creche (All States subject to total cap)	75:25	**Maximum ceiling is given while allocation will be based on APIP approval**
Sneha Shivir	AWC/ Mini AWC NIL	AWC/ Mini AWC Rs 5,950/- per camp over a cluster of 4 AWCs (3 camps per annum)	75:25	**Nutrition cost, Medical facilities and Misc camp requirements (200 HB districts)**
UNTIED FUND - AWC Cum Crèche	AWC NIL	AWC Rs 18,000/- per AWC (non- recurring cost, once in 5 years)	75:25	**Cost of cradles, additional bed and bed linen (Establishment cost)**
	AWC NIL	AWC Rs 3000/- per worker per month	75:25	**Honorarium to Additional Crèche Worker**
	AWC NIL	AWC Rs 28,000/- per AWC per annum	75:25	**Care items, soft toys, cleaning materials, cost of additional evening snacks to children etc.**
	AWC NIL	AWC (per AWC per month) Rural/Tribal – Rs 500/- Urban – Rs 1,000/- Metropolitan – Rs 2,000/-	75:25	**Additional Rent for additional space required for Crèche purpose only**
UNTIED FUND - Additional AWW cum Nutrition Counsellor	AWC NIL	AWC Rs 3,000/- per worker month	75:25	**Honorarium of additional worker (200 HB districts) on demand from states on approval of APIP**
UNTIED FUND - Honorarium of AWW at Mini AWC	Mini AWC Rs 1,500/- per worker per month	Mini AWC Rs 2,250/- per worker per month	90:10	**Increment of Rs 750/- per worker per month (Separate AA would be issued)**
UNTIED FUND - Link Worker	AWC/ Mini AWC NIL	AWC/ Mini AWC Rs 750/- per worker per month	75:25	**One worker over a cluster of 4 AWCs in remaining 440 districts (Need based/ on demand approval through APIP)**

ITEM	EXISTING	APPROVED	SHARING PATTERN	ITEM SUB COMPONENTS
UNTIED FUND - Children with Special Needs	AWC/ Mini AWC NIL	AWC/ Mini AWC Rs 2,000/- per children	75:25	**Subject to total cap within the budgetary allocation and Subject to conditions as per guidelines**

NOTE: Existing norms will continue to remain wherever no change has been made
Revised Training norms will be as per guidelines

Annexure XIX

COST OF ICDS MISSION AT NATIONAL, STATE, DISTRICT, BLOCK / PROJECT AND VILLAGE LEVELS

YEAR-WISE BREAK-UP SUMMARY SHEET (Rs in Cr)							
Sl. No.	**Particulars**	**XII PLAN**					**Plan Total (GOI)**
		Year - 1	**Year -2**	**Year - 3**	**Year - 4**	**Year -5**	
1	Recurring	16,454	21,129	24,543	25,703	25,733	**1,13,562**
2	Non Recurring	88	898	1,990	2,750	4,292	**10,018**
	TOTAL	**16,542**	**22,027**	**26,533**	**28,454**	**30,025**	**1,23,580**

Sl. No.	**RECURRING Budget Heads**	**XII PLAN**					**Plan Total (GOI)**
		Year - 1	**Year -2**	**Year - 3**	**Year - 4**	**Year -5**	
1	Salaries	2,304	3,177	3,783	3,783	3,783	16,829
2	Honoraria	5,715	5,890	6,593	6,593	6,593	31,386
3	SNP	6,635	7,927	9,151	9,457	9,457	42,626
4	Rent	217	833	738	615	479	2,883
5	PSE Kit	117	360	360	360	360	1,559
6	Medicine kit	68	126	126	126	126	572
7	Flexi Fund	122	126	126	126	126	626
8	Uniform and Badges	122	135	140	146	146	689
9	Monitoring	140	307	268	258	274	1,247
10	Hiring and POL	120	122	122	122	122	607
11	IEC (Including IYCF activities)	169	174	174	174	174	864
12	Admin Expenses	161	165	165	165	165	820
13	Rewards	4	4	4	4	4	18
14	AKBY	31	31	31	31	31	155
15	Training	116	174	232	290	348	1,159
16	ECCE	102	210	240	272	272	1,095
17	Sneha Shivir	194	194	194	194	194	970
18	Grading & Accreditation	-	16	-	-	16	32
19	Voluntary action, NGO, Innovations etc	58	58	464	811	927	2,318
20	Untied fund for Creche	0	147	266	459	419	1,291
21	Untied fund for link worker	0	163	163	163	163	651
22	Untied fund for additional AWW	0	705	1,058	1,411	1,411	4,585
23	Management cost	58	87	145	145	145	580
	Total	**16,454**	**21,129**	**24,543**	**25,703**	**25,733**	**1,13,562**

Sl. No.	NON RECURRING Budget Heads	XII PLAN					Plan Total (GOI)
		Year - 1	Year -2	Year - 3	Year - 4	Year -5	
1	Construction of AWCs	0	343	1,199	1,884	3,426	6,851
4	AWC Upgradation & Maintenance cost	0	330	480	555	555	1,920
3	Weighing scales replacement @ 15% per annum	0	95	95	95	95	378
6	Purchase of vehicles	2	2	2	2	2	10
5	Cost of establishment	86	129	215	215	215	859
	Total	**88**	**898**	**1,990**	**2,750**	**4,292**	**10,018**

NATIONAL LEVEL - BUDGET SHEET (Rs. In Cr)									
Sl. No.	Particulars	Heads	Sharing Pattern (Centre: State)	GoI Share					
				Year-1	Year-2	Year-3	Year-4	Year-5	Total
	Non-Recurring Heads			**Non-Recurring Expenditure**					
1	Office equipments for National ICDS Mission Resource Centre (NIMRC) & Training Resource Centre (TRC)	Equipments	**100:0**	0.06	0.09	0.16	0.16	0.16	**0.62**
	Total - A			**0.06**	**0.09**	**0.16**	**0.16**	**0.16**	**0.62**
	Recurring Heads			**Recurring Expenditure**					
2	New staff salary (Regular/Contractual Staff) at National level including NIMRC and TRC	Salary	**100:0**	1	8	8	8	8	**32**
3	Office space for additional staff and NIMRC (including ECCE cell, Training cell and M&E cell) with increase of 10% every year	Rent	**100:0**	0	1	1	1	1	**3**
4	Administrative expenses (Taxi, Staff hiring for clerical work) subject to actuals with a maximum limit upto 20 lakhs per annum	Admin	**100:0**	-	0.20	0.20	0.20	0.20	**1**
5	Monitoring cost (Online web portal, Mid term and End term evaluation, PRI line and server installation)	ME	**100:0**	0.04	56	25	9	25	**114**
6	Grading & Accreditation of AWC, ICDS projects, District @ Rs 1,50,000/- per district cell and for other pre schools @ Rs 1,00,000/- per district cell	Grading	**75:25**	-	16	-	-	16	**32**
7	Rewards for staff at each level	Reward	**100:0**	3.6	3.6	3.6	3.6	3.6	**18**
8	IEC and Advocacy (Lumpsum) at National level (including ECCE, New interventions etc)	IEC	**100:0**	10	10	10	10	10	**50**
9	GOI contribution to LIC for Anganwadi Karyakartri Bima Yojana (AKBY) @ Rs 100/- per AWW/AWH per annum (incl additional AWW)	AKBY	**100:0**	31	31	31	31	31	**155**
10	**UNTIED FUND**								
10A	Untied Fund for Link Worker like ASHA, required over a cluster of 4 AWCs @ Rs 750/- per month	Link Worker	**75:25**	0	163	163	163	163	**651**
10B	Untied fund for additional AWW in 200 high burden districts @ Rs 3000 per month (as per phasing plan)	Add. AWW	**75:25**	0	705	1,058	1,411	1,411	**4,585**
10C	Untied Fund for AWC cum Creche (5% of total AWC to be transformed into AWC cum Creche)	Creche	**75:25**	0	147	266	459	419	**1,291**
10D	Untied for Innovation, Best practices & Voluntary action, implementation through NGOs, fund for facilitating referrals for children with Disabilities or children with special needs	Innovation	**75:25**	58	58	464	811	927	**2,318**
10E	Management Cost	Mgmt	**75:25**	58	87	145	145	145	**580**
	Total-B			**161**	**1,285**	**2,174**	**3,052**	**3,159**	**9,830**
	Total A+B			**161**	**1,285**	**2,174**	**3,052**	**3,159**	**9,831**

STATE LEVEL - BUDGET SHEET (Rs. In Cr)									
Sl. No.	Particulars	Heads	Sharing Pattern (Centre: State)	GoI Share					
				Year-1	Year-2	Year-3	Year-4	Year-5	Total
	Non-Recurring Heads			**Non-Recurring Expenditure**					
1	Office equipments for State Mission directorate & State Mission Resource Centre @ Rs 5 lakh/ state cell and @ Rs 2 lakh/ UT	Equipments	**75:25**	0.14	0.21	0.35	0.35	0.35	**1.39**
2	Construction (OTHER STATES) of 1.85 lakh AWCs @ Rs 4.5 lakh per AWC building (Year-1: 0; Year-2: 18,500; Year-3: 46,250; Year-4: 55,500; Year-5: 64,750)	Construction	**75:25**	0	312	1,093	1,717	3,122	**6,244**
3	Construction (NER STATES) of 15,000 AWCs @ Rs 4.5 lakh per AWC building (Year-1: 0; Year-2: 1,500; Year-3: 3,750; Year-4: 4,500; Year-5: 5,250)	Construction	**90:10**	0	30	106	167	304	**608**
4	Upgradation of 2.0 lakh AWCs (in a phased manner: Year-2: 30000; Year-3: 50000; Year-4: 60000; Year-5: 60000) for making them child friendly @ Rs 1 lakh per unit	Upgradation	**75:25**	0	225	375	450	450	**1,500**
5	Maintenance of 7.0 lakh AWCs for making them child friendly @ Rs 2000 per unit per annum	Maintenance	**75:25**	0	105	105	105	105	**420**
6	Weighing scale (Baby, Adult and Suspended type) replacement/repair cost @ Rs 5,000/- per AWC/ Mini AWC considering replacement at 15% AWCs (w.r.t. total AWCs) each year	Weighing scale	**90:10**	0	95	95	95	95	**378**
7	Purchase of 200 vehicles for projects in a phased manner @ Rs 6,00,000/- per vehicle for NER states only (as per existing norms)	Vehicles	**90:10**	2	2	2	2	2	**10**
	Total - A			**2**	**769**	**1,776**	**2,536**	**4,077**	**9,161**
	Recurring Heads			**Recurring Expenditure**					
8	Existing staff salary at State cells (Year-1: 80% actualization; Year-2: 90% actualization)	Salary	**90:10**	28	32	36	36	36	**167**
9	New staff (Regular/Contractual Staff) salary at State Mission Directorates	Salary	**75:25**	0	87	97	97	97	**379**
10	POL cost for mobility @ Rs 1.75 lakh per state cell per annum	POL	**75:25**	0.46	0.46	0.46	0.46	0.46	**2**
11	Administrative Expenses (water electricity postage stationary telephone, xeroxing etc.) subject to actuals @ Rs 1,20,000/- per annum for State with less than 50 projects, @ Rs 1,60,000/- per annum for States with 51-200 projects and @ Rs 2,00,000/- per annumfor States with more than 200 projects	Admin	**75:25**	0.51	0.51	0.51	0.51	0.51	**3**
12	Cost of printing of ECCE activity book for 3.7 Cr children, expert team on call, consultations for drafting policy framework and printing of child assessment card	ECCE	**75:25**	0	105	135	167	167	**573**
13	Monitoring cost (Printing cost for MCP card and Data entry of MPRs)	ME	**90:10**	0	23	9	9	9	**50**
14	Training cost for all levels (incl. training of additional AWW)	Training	**90:10**	116	174	232	290	348	**1,159**
	Total-B			**146**	**421**	**510**	**599**	**657**	**2,333**
	Total A+B			**148**	**1,190**	**2,286**	**3,135**	**4,735**	**11,494**

DISTRICT LEVEL - BUDGET SHEET (Rs. In Cr)									
Sl. No.	**Particulars**	**Heads**	**Sharing Pattern (Centre: State)**	**GoI Share**					
				Year-1	**Year-2**	**Year-3**	**Year-4**	**Year-5**	**Total**
	Non-Recurring Heads			**Non-Recurring Expenditure**					
1	Office equipments for District cell @ Rs 4 lakh per cell	Equipments	**75:25**	2	3	4	4	4	**17**
	Total - A			**2**	**3**	**4**	**4**	**4**	**17**
	Recurring Heads			**Recurring Expenditure**					
2	Existing staff salary at District cells (Year-1: 80% actualization; Year-2: 90% actualization)	Salary	**90:10**	140	175	194	194	194	**899**
3	New staff (Regular/Contractual Staff) salary at District Mission Team	Salary	**75:25**	-	68	109	109	109	**397**
4	Administrative Expenses (water, electricity, postage, stationary, telephone, xeroxing etc.) subject to actuals @ Rs 1,00,000/- per annum per district cell	Admin	**75:25**	5.2	5.8	5.8	5.8	5.8	**28**
5	POL cost for mobility @ Rs 1.50 lakh per district cell per annum	POL	**75:25**	6.5	7.2	7.2	7.2	7.2	**35**
6	IEC and Advocacy (including Breastfeeding promotion campaigns for IYCF) @ Rs 1,00,000/- per district cell per annum	IEC	**75:25**	5.2	5.8	5.8	5.8	5.8	**28**
	Total-B			**157**	**262**	**323**	**323**	**323**	**1,387**
	Total A+B			**159**	**265**	**327**	**327**	**327**	**1,404**

PROJECT LEVEL - BUDGET SHEET (Rs. In Cr)									
Sl. No.	**Particulars**	**Heads**	**Sharing Pattern (Centre: State)**	**GoI Share**					
				Year-1	**Year-2**	**Year-3**	**Year-4**	**Year-5**	**Total**
	Non-Recurring Heads			**Non-Recurring Expenditure**					
1	Office equipments for Project team @ Rs 2 lakh per project	Equipments	**75:25**	10	14	24	24	24	**96**
	Total - A			**10**	**14**	**24**	**24**	**24**	**96**
	Recurring Heads			**Recurring Expenditure**					
2	Existing staff salary at Project Level (Year-1: 80% actualization; Year-2: 90% actualization)	Salary	**90:10**	2,134	2,422	2,691	2,691	2,691	**12,628**
3	New staff (Regular/Contractual Staff) salary at Project level	Salary	**75:25**	-	385	647	647	647	**2,326**
4	Rent for block office premises @ Rs 79,200 per annum (Year-1: Budgeted with existing norm of Rs 40,000 p.a.)	Rent	**75:25**	21	42	42	42	42	**191**
5	Administrative Expenses (water, electricity, postage, telephone, xeroxing etc.) subject to actuals @ Rs 60,000/- per annum per project	Admin	**75:25**	38	38	38	38	38	**191**
6	IEC and Advocacy (including Breastfeeding promotion campaigns for IYCF) @ Rs 50,000/- per projetc per annum	IEC	**90:10**	32	32	32	32	32	**159**
7	POL cost for mobility @ Rs 2.15 lakh per project per annum which includes cost of hiring a vehicle	POL	**75:25**	113	114	114	114	114	**570**
	Total-B			**2,338**	**3,033**	**3,565**	**3,565**	**3,565**	**16,065**
	Total A+B			**2,347**	**3,047**	**3,589**	**3,589**	**3,589**	**16,160**

AWC/MINI AWC LEVEL - BUDGET SHEET (Rs. In Cr)									
Sl. No.	**Particulars**	**Heads**	**Sharing Pattern (Centre: State)**	**GoI Share**					
				Year-1	**Year-2**	**Year-3**	**Year-4**	**Year-5**	**Total**
	Non-Recurring Heads			**Non-Recurring Expenditure**					
1	Requirements at AWCs/ Mini AWCs like Utensils, Furniture, Cooking stove, Carpet etc. @ Rs 7,000/ AWC and @ Rs 5,000/ Mini AWC	Equipments	**90:10**	74	112	186	186	186	**744**
	Total - A			**74**	**112**	**186**	**186**	**186**	**744**
	Recurring Heads			**Recurring Expenditure**					
2	Honorarium of existing AWW and AWH (Year-1: 90% actualization; Year-2: 90% actualization)	Hon	**90:10**	5,715	5,890	6,593	6,593	6,593	**31,386**
3	SNP at AWC/ Mini AWC (As per revised norms in selected districts- Year-1: 200 districts [Budgeted for 75 days]; Year-2: 400 districts; Year-3 onwards: 640 districts [Full scale]); Remaining districts till Year-3 will continue to operate with existing norm.	SNP	**50:50; 90:10 (NER)**	6,635	7,927	9,151	9,457	9,457	**42,626**
4	Rent of AWC Buildings @ Rs 750/- per month for Rural/ Tribal, @ Rs 3000/- per month for Urban and @ Rs 5000/- for AWCs in Metropolitans (AWCs phasing in proportion with construction)	Rent	**90:10**	196	790	695	572	436	**2,689**
5	Administrative Expenses (water,electricity,postage, xeroxing etc.) Subject to actuals @ Rs 1000/- per AWC per annum and @ Rs.500/- per Mini AWC per annum	Admin	**90:10**	117	120	120	120	120	**598**
6	Cost of conducting ECCE day at each AWC in a month (including Parents meet, involvement of local artisians and craftsmen for making toys, community involvement etc) @ Rs 1000/- per AWC/ Mini AWC per annum	ECCE	**75:25**	102	105	105	105	105	**522**
7	IEC @ Rs 1,000 per AWC/ Mini AWC per annum	IEC	**90:10**	122	126	126	126	126	**626**
8	Monitoring @ Rs 1,000/- per AWC per annum and @ Rs 500/- per Mini AWC per annum which includes cost of stattionary required for rolling out of revised MIS. [Incl. ICT cost]	ME	**90:10**	140	228	234	240	240	**1,083**
9	Uniform (2 Sarees/- for each AWW incl. additional AWW & AWH) @ Rs 300/- per saree and Badges (1 badge for each AWW incl. additional AWW and AWH) @ Rs 25/- per badge per person per annum	Uniform	**75:25**	122	135	140	146	146	**689**
10	Flexi Fund @ Rs 1,000/- per annum for each AWC/ Mini AWC	Flexi Fund	**90:10**	122	126	126	126	126	**626**
11	Medicine Kit @ Rs 1,000/- per kit p.a at each AWC & @ Rs 500/- per kit per annum at each Mini AWC	Med kit	**90:10**	68	126	126	126	126	**572**
12	PSE Kit @Rs 3,000/- per kit p.a at each AWC and @ Rs 1,500/- per kit per annum at each Mini AWC	PSE kit	**90:10**	117	360	360	360	360	**1,559**
13	Sneha Shivir (3 rounds per annum) over a cluster of 5 AWCs in 200 HB districts	Sneha Shivir	**75:25**	194	194	194	194	194	**970**
	Total-B			**13,652**	**16,128**	**17,972**	**18,165**	**18,029**	**83,946**
	Total A+B			**13,726**	**16,240**	**18,158**	**18,351**	**18,215**	**84,690**

Annexure XX

GUIDELINES FOR CONSTITUTION OF MONITORING & REVIEW COMMITTEE AT DIFFERENT LEVEL TO REVIEW PROGRESS IN IMPLEMENTATION OF ICDS SCHEME ISSUED BY MWCD ON MARCH 31, 2011

F.No.16-8/2010-ME
GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(ICDS M & E UNIT)

Shastri Bhavan, New Delhi – 110 001

Dated: 31 March, 2011

To

1. Chief Secretaries in all States/Principal Advisors to Administrators in all UTs
2. Secretaries dealing with ICDS Scheme – 35 States/ UTs
3. Directors dealing with ICDS Scheme – 35 States/ UTs

Subject: Guidelines for Constitution of Monitoring & Review Committees at different levels to review progress in implementation of the ICDS Scheme – *Regarding.*

Sir/Madam,

The Government of India (GoI) has taken several measures for strengthening the monitoring and supervision mechanism in the Integrated Child Development Services (ICDS) Scheme for its better and effective implementation. The Scheme has a Management Information System (MIS) through which monthly progress reports (MPRs) on key programme indicators are generated by each of the Anganwadi Workers (AWWs) at the AWC level and by the Child Development Project Officers (CDPOs) at the block/project level. The MIS in ICDS is under final stage of revision by the Ministry of Women and Child Development (MWCD) for making it more results-focused and also web-enabled.

2. In the past, guidelines on developing Community Based Monitoring Mechanism (CBMM) were issued by GoI [*vide* F.No. NI/No.12-11/93 CD-I dated 20.1.1994] to ensure monitoring of the Scheme at the grass roots level by the community themselves. The CBMM envisaged constitution of *Bal Vikas Mahila Samitis* at the village, block and district levels.

3. Recently, the MWCD has issued guidelines [*vide* F.No. 16-3/2004-ME (Pt) dated 22.10.2010] on monitoring and supervision visits to AWCs/projects by officials from various levels and also involvement of PRIs in monitoring of AWC activities. All these measures are directed towards strengthening the existing monitoring and supervision mechanism under ICDS.

4. In the context of universalisation of ICDS with focus on improved quality in delivery of services and also proposed strengthening and re-structuring of ICDS, it is now proposed to put in place a **5-tier monitoring and review mechanism** at the central level and up to the AWC level. This is also proposed to rationalize and harmonize of such mechanisms which are in vogue in several States/UTs with an objective of strengthening the co-ordination and convergence with the line

departments and also monitoring and reviewing the progress made in the implementation of the Scheme.

5. Composition and key roles of such Committees at different levels are outlined in the following sections. States/UTs may make adjustments and appropriate changes in the designations of Officers/functionaries at various levels as per local conditions and institutional structures.

I. NATIONAL LEVEL MONITORING & REVIEW COMMITTEE (NLMRC) ON ICDS

IA. Composition

i)	Secretary, Ministry of Women & Child Development	Chairperson
ii)	Principal Advisor, WCD, Planning Commission	Member
iii)	Secretary, Ministry of Health and Family Welfare	Member
iv)	Secretary, Ministry of Human Resource Development	Member
v)	Secretary, Deptt. of Food	Member
vi)	Secretary, Ministry of Rural Development	Member
vii)	Secretary, Ministry of Minority Affairs	Member
viii)	Secretary, Deptt. of Drinking Water Supply & Sanitation	Member
ix)	Secretary, Ministry of Panchayati Raj	Member
x)	Secretaries from any 5 States from each region *(on rotation basis)*	Member
xi)	Additional Secretary & Financial Adviser, MWCD	Member
xii)	Director, NIPCCD, New Delhi	Member
xiii)	Director, National Institute of Nutrition, Hyderabad	Member
xiv)	Joint Secretary(ICDS), MWCD	Member
xv)	Director (ICDS), MWCD	Member Secretary

Note:

- Two Experts on child development/nutrition/ECE and representatives from the Development Partners may be called to the meeting as Special Invitee.
- The Committee shall meet once in six months or as and when required at the direction of the Chairperson.

IB. Roles

The National level Committee will monitor and review the following key issues and recommend appropriate actions:

i. Overall progress made by the States/UTs in ICDS with regard to:
   - *Universalization of ICDS – status of operationalization of projects/AWCs;*
   - *Implementation of State Annual Programme Implementation Plans (APIPs);*
   - *Nutritional status of children below 6 years- weighment, roll out of WHO growth standards and joint mother and child protection cards; reduction in proportion of underweight and severely undernourished children*
   - *Performance of pre-school education.*

ii. Convergence and coordination with other programmes:

- Health/NRHM: *Issues relating to micronutrient supplementation and fortification, management of severely malnourished children, health related service delivery at AWC or at VHNDs - immunization, antenatal check-ups of pregnant women, supply of Vit-A, de-worming and IFA tablets, referral services, health check-ups; Functioning of VHSC etc;*
- Water & Sanitation: *Provision of potable water and sanitation facility at AWCs through convergence with Total Sanitation Campaign and Rajiv Gandhi National Drinking Water Mission;*
- *Sarva Siksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc.*
- *PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWC.*

iii. Status and number of State/UT-wise coverage of SC/ST and minority concentrated habitations;

iv. Manpower vacancies at the field level and States' action plan thereon;

v. Status of State/UT-wise supply of essential items to AWCs - Medicine and PSE kits, weighing scales, joint MCP card, WHO Growth monitoring charts, etc.

vi. Leveraging funds for construction of AWC Buildings with NREGA, Multi-Sectoral Development Programme (MSDP), BRGF, IADP, MPLADS, etc;

vii. Status of arrangement for supplementary nutrition; status of release and lifting of food grains under the Wheat Based Nutrition Programme (WBNP);

viii. Identification of local/community level innovative practices which yielded results and exploration of the possibility of scaling up of the same;

ix. Review of reports of the field visits undertaken by MWCD/Planning Commission etc., along with assessment/evaluation reports on ICDS (if any) and suggesting corrective actions;

x. Financial management: funds flow mechanism, utilization of funds, estimated requirements etc;

II. STATE LEVEL MONITORING & REVIEW COMMITTEE (SLMRC) ON ICDS

IIA. Composition

i.	Chief Secretary	Chairperson
ii.	Secretary, Planning	Member
iii.	Secretary, Finance	Member
iv.	Secretary, Health & Family Welfare	Member
v.	Secretary, Rural Development	Member
vi.	Secretary, Panchayati Raj Institution	Member
vii.	Secretary, Drinking Water Supply & Sanitation	Member
viii.	Secretary, Education	Member
ix.	Secretary, Agriculture/Horticulture	Member
x.	Secretary, Food	Member
xi.	Secretary, WCD (*in charge of ICDS*)	Member
xii.	5 Members of Parliament (MP)*	Members
xiii.	5 Members of Legislative Assembly (MLAs)*	Members
xiv.	State Mission Director, National Rural Health Mission	Member
xv.	Regional Director, NIPCCD (*from the region*)	Member
xvi.	Food & Nutrition Board, State/Regional Office	Member
xvii.	Principal, Middle level Training Centre (MLTC)**	Member
xviii.	Principal, Anganwadi Worker Training Centre (AWTC**)	Member
xix.	Director, WCD (*in charge of ICDS*)	Member Secretary

* *Members of Parliament and MLAs in the State/UT would be Members of the Committee on rotational basis for one year and their selection shall be such as to give representation to as many political parties as possible.*

** *On rotation basis in each year;*

NOTE:

- Experts/Representatives from the prominent Institutions and Development Partners, who are working in the State with ICDS programme, may also be invited as Special Invitees.
- The Committee will meet every six months or earlier as and when required on the notice of the Chairperson. The Chief Secretary will, however chair the meeting once in six months.

IIB. Roles

The State level Committee will monitor and review the following issues and recommend appropriate actions:

i. Overall progress with regard to:

- *Universalization of ICDS – status of operationalisation of sanctioned projects/AWCs, coverage of all habitations/ hamlets in the State and factors coming in their way;*
- *Preparation and implementation of State Annual Programme Implementation Plan (APIP) in ICDS;*

- *Status of nutritional status of children below 6 years – weighment, roll out of WHO growth standards and joint mother and child protection cards; district-wise comparison of proportion of moderate and severely undernourished children; Measures being taken for addressing them and progress thereon on half yearly basis;*
- *Performance of non-formal pre-school education provided at AWCs; Methodology and participation of children in non-formal pre-school education at AWCs; use of locally developed learning and play materials, toy bank and other initiatives;*
- *Identification of low performing districts in ICDS and factors responsible for it.*

ii. Convergence with line departments/programmes:

a. Health/NRHM: *Status of full immunization at AWCs, provision of ante-natal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, de-worming tablet) to AWCs; Functioning of VHND,VHSC and promotion of IYCF.*

b. Water & Sanitation: *Provision of potable water and sanitation facility at AWCs through convergence with Total Sanitation Campaign and Rajiv Gandhi National Drinking Water Mission or any other schemes of State Govt.;*

c. *Sarva Siksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc.*

d. *PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs;*

iii. Coverage in general and, specifically, of SC/ST/Minority habitations/ beneficiaries against the surveyed population;

iv. Other issues relating to programme implementation and actions thereon with respect to:

a. *Regularity of functioning of AWCs - overall and specifically, those in SC/ST/minority concentrated habitations;*

b. *Manpower vacancies at AWW/Supervisor/CDPO level and their training status;*

c. *Fund flow and timely payment of honoraria to AWWs/AWHs;*

d. *Availability of funds for POL, contingency etc at district/block level and flexi-fund at AWC level as per revised norms;*

e. *Disruptions in supply of supplementary nutrition at AWCs as per revised norms and reasons for it, such as method of delivery, engagement of SHGs etc.;*

f. *Arrangement for fortification of supplementary food and use of iodized salt at AWCs;*

g. *Methodology and participation of children in non-formal pre-school education at AWCs;*

h. *Procurement and supply/availability of essential items to AWCs -medicine and PSE kits, weighing scales, joint MCP card, WHO Growth Charts, etc.;*

i. *Monitoring and supervision visits by officials at different levels as per norms;*

j. *Engagement of ICDS functionaries in non-ICDS activities and arrangements to desist them from it;*

k. *Any other matter as may be relevant for improved implementation;*

v. Improving the AWC Infrastructure: Construction of AWC buildings by leveraging funds from under different schemes/programmes, such as BRGF, MSDP, MPLADs etc.;

vi. Use of IEC in creating awareness about ICDS services/health and nutrition issues and possibility of convergence with IEC activities under other schemes/programmes.

II. DISTRICT LEVEL MONITORING & REVIEW COMMITTEE (DLMRC) ON ICDS

IIIA. Composition

i.	District Magistrate/Collector/Dy. Commissioner	Chairperson
ii.	Chief Executive Officer (CEO)	Vice-Chairperson
iii.	District Development Officer, *Zilla Parishad*	Member
iv.	Chief Medical Officer, Health & Family Welfare	Member
v.	District Planning Officer	Member
vi.	District Social Welfare Officer	Member
vii.	District Agriculture/Horticulture Officers	Members
viii.	District Officer, Rural Development/MNREGA	Member
ix.	Executive Engineer, PHED	Member
x.	District Education Officer	Member
xi.	Member of Parliament (MP) in the District	Member
xii.	Members of Legislative Assembly (MLAs)	Members
xiii.	Principal, Middle level Training Centre (MLTC)*	Member
xiv.	Principals, AWTCs (*any 2*)*	Members
xv.	Field Unit of Food & Nutrition Board	Member
xvi.	CDPOs (*any* 3)*	Members
xvii.	District Programme Officer (ICDS)	Member Secretary

* *On rotation basis in each year*

Note: The Committee will meet *at least* once in a quarter or as and when required on the notice of the Chairperson and will submit its review report to the Chief Secretary/Secretary (WCD) clearly outlining actions taken at the district level and support required from the State Govt.

IIIB. Roles

The District level Committee will monitor and review block/project-wise progress of implementation of the Scheme and suggest/take appropriate corrective actions with regards to following issues:

i. Overall progress in implementation with regard to:

   a. ***Status of operationalization*** *of all sanctioned projects/AWCs, coverage of all habitations/ hamlets in the district, especially SC/ST and minority concentrated and remote areas;*

   b. ***Coverage of beneficiaries:*** *Block-wise analysis of registered vs. actual beneficiaries for supplementary nutrition and pre-school education at AWCs as against surveyed population;*

   c. ***Regularity in supply and quality of supplementary nutrition*** *at AWCs: provision of take home ration, morning snacks and hot cooked meals for stipulated number of days in a month and block-wise comparison of feeding efficiency;*

   d. ***Nutritional status of children 0-3 years and 3- 6 years*** *– weighment, roll out of WHO growth standards and joint mother and child protection cards; block-wise comparison of proportion of moderate and severely undernourished children; Measures being taken for addressing them and progress thereon on half yearly basis;*

   e. *Performance of non-formal pre-school provided at AWCs;*

ii. Coordination and convergence with line departments/ programmes:

   a. Health/ NRHM: *Immunization of children at AWCs, ante-natal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, de-worming tablet) to AWCs; Functioning of VHSC, VHND and promotion of IYCF; joint visits of health and ICDS functionaries to AWCs;*

   b. Water & Sanitation: *Provision of potable water and sanitation facility at AWCs;*

   c. *Sarva Siksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc.*

   d. *PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs;*

iii. Other issues relating to programme implementation and actions thereon with respect to:

   a. *Regularity of functioning of AWCs - overall and specifically, those in SC/ST/minority concentrated habitations;*

   b. *Manpower vacancies at AWW/Supervisor/CDPO level and training status of functionaries;*

   c. *Payment of honoraria to AWWs/AWHs and travelling allowances to Supervisors;*

   d. *AWC infrastructure: Construction of AWC buildings through convergence with other schemes/programmes;*

   e. *Supply of essential items to AWCs - medicine and PSE kits, weighing scales, joint MCP card, WHO Growth Chart, etc.;*

   f. *Availability of funds for POL, contingency etc at district/block level and flexi-fund at AWC level as per the revised norms;*

g. *Mobility of CDPOs/Supervisors – availability of vehicles and non requisitioning of programme related vehicles;*

h. *Monitoring and supervision visits by CDPOs/Supervisors to AWCs as per norms and submission of reports;*

i. *Method (s) of delivery of supplementary food at AWCs – engagement of SHGs and use of iodized salt at AWCs and addition of leafy vegetables;*

j. *Methodology used and participation of children in non-formal pre-school education at AWCs; use of locally developed learning and play materials, toy bank and other initiatives;*

k. *Engagement of ICDS functionaries in non-ICDS activities and arrangements to desist them from it;*

l. *Identification of low performing blocks in ICDS implementation and factors responsible for it;*

m. *Any other matter as may be relevant for improved implementation.*

iv. *Financial issues:* Fund flow and status of component-wise allocation and expenditures during the reported period and adherence to revised financial norms prescribed by GoI;

v. *Complaints/grievance redressal mechanism:* Actions on the complaints received from individuals, community, PRIs, etc regarding ICDS services such as regularity in AWC functioning, quality of supplementary nutrition, etc and ICDS functionaries;

vi. *IEC*: Preparation and undertaking of IEC action plan on issues like location of AWCs, services available under ICDS, entitlement of beneficiaries, grievances redressal mechanism, etc;

Note: The following sources of information may be used for the review meeting:

a. Minutes and reports of the Block Level Monitoring Committees;

b. Analysis of Block Monthly Progress Reports (MPRs) and Block Annual Status Reports (ASRs);

c. Reports of field visits by Members of the Committee, and other officials in the district and any evaluation/assessment report; and

d. Reports from the public/media (if any).

IV. BLOCK LEVEL MONITORING COMMITTEE (BLMC) ON ICDS

IVA. Composition

i.	Sub Divisional Magistrate (SDM)	Chairperson
ii.	Block Development Officer/TDO	Vice-chairperson
iii.	*Block Representative of* Health (BMO/MO in charge PHC/CHC)	Member
iv.	*Block representative of* Education (Block Education Officer/Dy. Inspector of School/in charge of SSA)	Member

v.	*Block Extension officers* of Agriculture/Horticulture	Member
vi.	Representative of Block/*Nagar/Taluka Panchayat*	Member
vii.	Principal, Anganwadi Training Centre*	Member
viii.	Representatives, local NGOs (2)	Members
ix.	CDPO	Convener

** if there is any.*

Note:

- The Committee will meet once in a quarter and will submit its report to the District Committee with a copy to the State Directorate of ICDS.
- Representation of level of officials from concerned departments at the block level in the Block level Committee may be decided as may be deemed fit by the State Govt.
- Representatives of Animal Husbandry/Dairy/Fishery etc., may be invited as required.
- 2-3 Supervisors (ICDS) in the block may also be invited to the meeting on rotation basis.

IV B. Roles

The Block level Committee will monitor and review the following issues and suggest/take appropriate actions:

i. Overall progress in implementation with regard to:
   - a. *Coverage of all habitations/hamlets in the block, especially in SC/ST and minority concentrated and remote areas;*
   - b. *Coverage of beneficiaries: Sector-wise analysis of registered vs. actual beneficiaries for supplementary nutrition and pre-school education at AWCs as against surveyed population;*
   - c. *Quality of supplementary nutrition;*
   - d. *Nutritional status of children 0-3 years and 3- 6 years – weighment, roll out of WHO growth standards and joint mother and child protection cards; sector-wise comparison of proportion of moderate and severely undernourished children; Measures being taken for addressing them and progress there on half yearly basis;*
   - e. *No. of AWCs providing take home ration, morning snacks and hot cooked meals for more than 21 days in the reporting month;*
   - f. *Number of AWCs which organized the monthly Village and Health Nutrition Days (VHNDs) and details of activities undertaken during VHNDs.*

ii. Coordination and convergence with line departments/programmes:
   - a. Health/NRHM: *Joint planning and implementation of timely immunization of children at AWCs, ante-natal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, de-worming tablet) to AWCs; Functioning of VHND And VHSC and promotion of IYCF; planned visits of ANM to AWCs;*

b. Water & Sanitation: *Provision of potable water and sanitation facility at AWCs;*

c. *PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs;*

iii. Other issues relating to programme implementation and actions thereon with respect to:

a. *Regularity of functioning of AWCs – overall, and specifically, those in SC/ST/minority concentrated habitations and submission of MPRs by AWWs;*

b. *Manpower vacancies at AWW/Supervisor/CDPO level and their training status;*

c. *Payment of honoraria to AWWs/AWHs and travelling allowances to Supervisors;*

d. *AWC infrastructure: Construction of AWC buildings through convergence with other schemes/programmes;*

e. *Status of supply of all essential items to AWCs (Medicine and PSE kits, weighing scales, joint MCP card, WHO Growth Chart, etc);*

f. *Availability of funds for POL, contingency etc at the block level and flexi-fund at AWC level as per revised norms;*

g. *Home visits by AWWs during critical contact periods - counseling of pregnant and lactating mothers and families of children under two on key health and nutrition issues;*

h. *Supportive supervision by the Supervisors; organization of sector level review meetings; analysis of MPRs; etc.* [To review frequency of supervisory visits and reasons for lower than expected frequency]

i. *Observance of Village Health & Nutrition Days (VHNDs) – participation of ANM and PRI Members;*

j. *Method(s) of delivery of supplementary nutrition at AWCs - engagement of SHGs and use of iodized salt at AWC;*

k. *Methodology and participation of children in non-formal pre-school education at AWCs - use of locally developed learning and play materials, toy bank and other initiatives;*

l. *Engagement of AWWs and Supervisors in non-ICDS activities and arrangement to desist them from it;*

m. *Identification of low performing AWCs/Sectors in ICDS implementation and factors responsible for it;*

n. *Any other matter as may be relevant for improved implementation.*

iv. *Complaints/grievance redressal mechanism:* Actions taken on the complaints received from individuals, community, PRIs, etc regarding ICDS services such as regularity in AWC functioning, quality of supplementary nutrition, etc and also on dereliction of duties by Supervisors/ AWWs;

Note: The following sources of information may be used for the review meeting:

a. Minutes and reports of the AWC Level Monitoring Committees;
b. Analysis of AWC Monthly Progress Reports (MPRs)/Annual Status Reports (ASRs);
c. Reports of field visits to AWCs by Members of the Committee, and other officials in the block/district;
d. Reports from the public/media (f any).

V. ANGANWADI LEVEL MONITORING & SUPPORT COMMITTEE (ALMSC) ON ICDS

VA. Composition

i.	Gram Panchayat/ward member (*preferably woman member*)	Chairperson
ii.	*Mahila Mandal* (2 ***Members*** *on rotation*)	Members
iii.	ASHA	Member
	Representatives of:	
iv.	Community Based Organization **(2)**	Members
v.	Community (Teachers/Retired Govt Officials/ Parents of Children attending AWC) **(3)**	Members
vi.	*Sakhi* under SABLA Programme (*if any*)	Member
vii.	Anganwadi Worker	Convener

Note:

- The Committee will organize regular monthly meetings to discuss various issues in the anganwadi area in the village or ward/slum and record minutes of the meeting. A copy of the minutes may be sent to the Block level Committee and CDPO.
- ICDS Supervisor, ANM, LHV may be invited to the meeting as may be required.

VIB. Roles

The Anganwadi level Committee will review and take/suggest actions to improve delivery of services at the AWC. The Committee is authorized and expected to play the following roles:

i. Check regularity of functioning of AWC;
ii. Ensure coverage of all eligible beneficiaries as against the surveyed population;
iii. Review status of supply of supplementary food to all beneficiaries for at least 21 days in a month;
iv. Review nutritional status of children 0-3 years and 3-6 years, weighment, availability of WHO New Growth Charts and joint mother & child protection card; and number of moderate and severely undernourished children and steps taken;

v. Review functioning of non-formal PSE – activities per day, development/use of local learning and play materials; organization of parents meet; etc.

vi. Ensure participation of AWWs at VHSC meetings;

vii. Ensure participation of at least one of the Members (other than AWW, ASHA and ANM) on the monthly Village Health and Nutrition Day at each AWC and to ensure that it is well-organized and well-attended, and that all due services are rendered on that day;

viii. Review facilities available at the AWC in the light of established norms (Infrastructure including clean water, functioning toilet, play area, PSE/ medicine kits, cooking utensils, etc);

[*The Committee may consider ways of locally strengthening the AWC infrastructure mobilizing resources from the community/other schemes*]

ix. Review receipt and utilization of consumables such as food supplements and medicines as well as physical stocks;

- *Find reasons for any shortfalls from expected norms, or discrepancies in stocks;*
- *Document and report such shortfalls and discrepancies to the Block Level Monitoring Committee and CDPO;*

x. Attend to any local disputes related to the AWC or AWW, and resolve such disputes amicably; flag unresolved disputes to the *Gram Panchayat* or Block level Monitoring Committees;

xi. Interact with the AWW/ICDS Supervisor to understand reasons for any short falls in services provided at the AWC, and find ways to locally strengthen services or correct shortfalls; formally document and report unresolved issues to the Block Level Monitoring Committee, with a copy to CDPO, MO/PHC and *Gram Panchayat* as appropriate & concerned.

xii. Any other matter as may be relevant for improving service delivery.

NOTE:

i. To ensure any/all of the above, the AWC level Committee Members are expected to:

- *Familiarize themselves with the objectives and spirit of the ICDS programme.*
- *Familiarize themselves with the established norms and guidelines for ICDS by obtaining a copy of such guidelines from the Block Level Monitoring Committee; interact with Members of the Block level Monitoring Committee, or the Supervisor or CDPO, or with the LHV or MO/PHC to seek any clarifications regarding these norms.*
- *Visit the AWC periodically and interact with other members of the community to enquire about the functioning of the AWC.*
- *Convene a monthly meeting to transact its business, preferably soon after the preparation of the AWC MPR, and maintain minutes recording the attendance of Members, issues reviewed, findings, and action taken.*
- *Send a copy of the minutes of the monthly meeting to the Block Level Monitoring Committee.*

ii. On any issue, while it is always preferable to have negotiated and unanimous decisions, the Members present may take decisions based on guidelines and norms. Unresolved issues may be sent to higher level for direction.

iii. The Committee and its Members will conduct their business in a manner that does not disturb the day-to-day activities of the AWW/AWC.

6. States/UTs are requested to take necessary actions in constituting the Monitoring & Review Committees at different levels as suggested in para 5 above. An action taken report on this may be sent to GoI by **30 June 2011** along with a report on the impact of the above monitoring mechanism, for discussions in the meeting of the National Level Monitoring & Review Committee and/or review meeting with the State Secretaries.

Yours faithfully,

(Dr. Shreeranjan)
Joint Secretary to the Government of India
Tel: 2338 7683

Copy:

(i) Secretary, Ministry of Health & Family Welfare
(ii) Secretary, Ministry of Human Resource Development
(iii) Secretary, Ministry of Rural Development
(iv) Secretary, Ministry of Minority Affairs
(v) Secretary, Department of Food
(vi) Secretary , Department of Drinking Water Supply & Sanitation
(vii) Secretary, Ministry of Panchayati Raj
(viii) Principal Advisor (WCD), Planning Commission
(ix) Director, NIPCCD, New Delhi
(x) Regional Directors, NIPCCD (Guwahati, Bangalore, Indore and Lucknow)
(xi) Director, National Institute of Nutrition, Hyderabad
(xii) All Directors/Dy. Secretaries dealing with ICDS Scheme, MWCD
(xiii) Joint Technical Advisor, Food & Nutrition Board, MWCD
(xiv) PS to MOS (I/C), MWCD
(xv) PPS to Secretary, MWCD
(xvi) PS to AS & FA(WCD)
(xvii) PS to JS(CD)/ JS(WD)/ JS(WW)/EA/SA
(xviii) US(CD-I)/ US(CD-II)/ US (Training)/AD(WB/ME)
(xix) Guard File/Sanction Folder
(xx) Technical Director, NIC, MWCD – *with a request to upload in Ministry's website (Child Development Section)*

(Dr. Shreeranjan)
Joint Secretary to the Government of India

F. No. 16-3/2004-ME (Pt)
Government of India
Ministry of Women and Child Development

Shastri Bhawan, New Delhi 110 001

22 October 2010

To

a) State Secretaries in charge of ICDS Scheme (All States/UTs)
b) Directors in charge of ICDS Scheme (All States/UTs)

Subject: Guidelines for Monitoring and Supervision Visits to ICDS Blocks and AWCs by Officials of State and Central Governments - *Regarding*

Sir/Madam,

The monitoring and supervision of the ICDS Scheme is recognized as one of the essential requirements for effective working of the Scheme. The Ministry of Women and Child Development has been taking steps to revamp the whole management information system (MIS) under the programme. Along with collection of regular monitoring data through the MIS, regular field visits to the AWCs/ICDS Blocks by programme Officials at different levels are essential to monitor the working of Anganwadi Centres (AWCs). Through intensive monitoring and supervision visits, problems/bottlenecks in the delivery of services at AWCs can be addressed. Along with, the views and perspectives of the community for improvement in day-to-day functioning of AWCs and service delivery can be elicited for taking appropriate corrective actions.

2. In order to standardize the existing practice of monitoring and supervision visits which are being followed differently by different States/UTs, the Ministry of Women and Child Development has prepared the Guidelines which cover Officials at both State and Central Governments. The Guidelines prescribe the minimum requirements of visits that are to be made at various levels. **A Copy of the Guidelines is attached herewith.**

3. The States/UTs are requested to adhere to the Guidelines and share the same with the Health Department and District Collectors for implementation. The States/UTs may ensure having a mechanism for reviewing the monitoring and supervision Reports at the appropriate levels for necessary corrective actions.

4. The State Govts/UT Administration may inform this Ministry about the action taken for implementation of these Guidelines. In case, they already have a system in place that meets the requirement laid down in these Guidelines, they may intimate the details to this Ministry.

Yours sincerely,

(Dr. Shreeranjan)
Joint Secretary
Tel: 2338 7683

Copy:
(i) Director, NIPCCD
(ii) Regional Directors of NIPCCD (Guwahati, Indore, Lucknow, Bangalore)
(iii) Food and Nutrition Board and its all Field Units
(iv) Directors/Dy. Secretaries in CD Bureau, MWCD Dir (RD)
(v) US (CD-I/III)/US (CD-II)/US (WB)/US (Training)/US (ME)/Sr. Programmer / AD (WB & ME)
(vi) Plan and Research Unit, MWCD

Guidelines for Monitoring and Supervision Visits to ICDS Blocks and Anganwadi Centres (AWCs) by Officials of the State and Central Governments and Involvement of PRIs in Monitoring of AWC Activities

October 2010

ICDS MONITORING & EVALUATION UNIT
MINISTRY OF WOMEN AND CHILD DEVELOPMENT
GOVERNMENT OF INDIA

Guidelines for Monitoring and Supervision Visits to ICDS Blocks and AWCs by Officials of the State & Central Governments and Involvement of PRIs in Monitoring of AWC Activities

The Integrated Child Development Services (ICDS) Scheme has an in-built monitoring system since its inception through which regular reports and returns flow upwards from Anganwadi Center (AWC) to block, district, State and finally in an aggregated form to the Government of India (GoI). In addition to collection of regular monitoring data through the programme management information system (MIS), periodic field visits to ICDS blocks/AWCs by Officials at various levels and review of the programme implementation at different levels are also undertaken as part of the regular monitoring of the programme.

2. To provide necessary support to the ICDS field functionaries in improving the quality of service delivery by addressing various problems/bottlenecks and also to elicit views and perspectives from the community for improvement in day-to-day functioning of AWCs and service delivery, intensive monitoring and supervision visits by Programme Officials at different levels are essential for taking appropriate corrective actions. In order to standardize the existing practice of monitoring and supervision visits which are being followed differently by different States/UTs, the following Guidelines are prescribed, that provide minimum requirements of monitoring and supervision visits to ICDS Blocks/AWCs by Officials from both State and Central Governments. It also outlines involvement of PRIs in monitoring of AWC activities.

3. **Monitoring and Supervision Schedule:** The following monitoring and supervision schedule to ensure effectiveness in the delivery of services in ICDS is stipulated and directed for the State and Central Officials:

Sl. #	*Category of official(s)*	*Schedule/proposed requirement*
A. <u>At the State level</u>		
1	Supervisors (ICDS)	A minimum of 50% of AWCs under the Supervisor's jurisdiction every month
2	Joint visit by ICDS Supervisors with ANM/LHV	At least 2-3 AWCs every month and the visits given in sl.no. 1 can also be under this category.
3	CDPOs/ACDPOs	At least 20 AWCs per month on a rotational basis and to ensure coverage of 100% AWCs in a year.
4	Joint visit by CDPOs/ACDPOs with Medical Officer (MO)	At least 5 AWCs per month and these can be as part of the visits mentioned under sl.no. 3.

Sl. #	*Category of official(s)*	*Schedule/proposed requirement*
5	ICDS District Programme Officers (DPOs)/RDDs/Dy. CEOs	All blocks to be covered per quarter. At least 3 AWCs during each block visit To ensure 10% AWC coverage in a year equally spreading them across the year.
6	Joint visit by DPOs with CMHO	At least 1 Block and 2 AWCs each month
7	District Magistrates/Collectors (DMs/DCs)/ADMs/Planning Officers/District Social Welfare Officer	At least 15 AWCs (preferably on Village Health and Nutrition Days) and 25% blocks every 6 months
8	*CEO/Zilla Parishad* Officer *(wherever entrusted the responsibilities of ICDS)*	At least 15 AWCs (preferably on Village Health and Nutrition Days)and 25% blocks every 6 months
9	Nodal Officer (M & E/MIS) from State Directorate *(wherever in position)*	At least 10 AWCs and 2 Blocks each month.
10	Other Directorate Officials (Dy. Director/Jt. Director/ Asstt. Director)	At least 5 AWCs each month and 20% of Blocks every year *(to be equally distributed across all districts in the state)*
11	State Director (ICDS)	At least 20 AWCs in each quarter and 10% of blocks every year *(to be equally distributed across all districts in the state)*
12	State Secretary (WCD) (including officials from Under Secretary to Special Secretary)	At least 50 AWC and 25 blocks every year *(to be equally distributed across all districts in the state)*
13	Official from Field units of Food & Nutrition Board (CFENU)	10 AWCs per month or as prescribed, whichever is more. *(to be equally distributed across all districts in the state)*
14	Instructors of AWTCs/MLTCs	5 AWWs/5 Supervisors after 2 months of completion of each of the Job/Refresher trainings of AWWs/Supervisors as a follow-up of training courses conducted at AWTCs/MLTCs respectively.
15	Consultants from Home Science Colleges/Medical Institutes, appointed by Central Monitoring Unit (CMU) of NIPCCD	As per the agreement made in the terms of references of CMU.
B. <u>At the Central level</u>		
16	Officials from ICDS M & E Unit of MWCD	1 State per month *(@ 1 district per state, 2 blocks per district, 4 AWCs per block per visit)*

Sl. #	*Category of official(s)*	*Schedule/proposed requirement*
17	Other Senior Officials of MWCD (Dy. Secretary/ Director/ Joint Secretary)	At least one State in a month *(@ 2-3 AWCs per state/1 district HQs/1 block office)*
18	Faculty of NIPCCD (including all regional centres)	2 States per quarter *(@ 2 project & 2-3 AWCs, 1 AWTC and 1 MLTC per State)* **OR** as per the existing arrangement whichever is more
19	Officials from Food & Nutrition Board (HQs)	1 State per month *(@ 2-3 AWCs per state per visit)*

4. Preparation of Action Plans: States will prepare district-wise action plans in advance on the monitoring and supervision visits by the Officials at various levels for every six months. For joint visits along with the Health Officials, an advance plan would be prepared in consultation with the Health Department by aligning with their monitoring visits. States may enhance the scope of joint visits by involving Officials from other line departments as well *viz., Sarva Siksha Abhiyan* (SSA), PRI and Rural Development, Drinking Water Supply and Sanitation etc., in order to assess/strengthen effectiveness of convergence of ICDS Scheme with these programmes.

5. Checklists for making monitoring & supervision visits to ICDS Blocks and AWCs by the State and Central Government Officials

A. For Officials at the State level

The following aspects of the ICDS programme implementation are to be monitored/supervised during the field visits[1]:

i. Availability of infrastructural facility (building, adequate space, toilets, separate closed kitchen and space for women health check-ups); provision for electricity; supply of potable water to AWC; etc

ii. Availability of functional weighing scales (baby and adult) and growth charts for all children;

iii. Availability of cooking utensils, water storage container, medicine and PSE kits, all prescribed registers/reporting formats (MPR) in printed form;

iv. Regularity in working of AWCs and also to see whether AWW is present daily at the centre.

v. Whether snacks and hot cooked supplementary food are provided 25 days a month without disruption to the children 3-6 years and Take Home Rations (THR) to pregnant women, lactating mother, and children 6-36 months;

[1] This check-list is in re-iteration/addition to the existing checklists that are used by the ICDS Supervisors.

vi. Involvement of Self-Help Groups or any women groups in preparation and distribution of supplementary food/or any other decentralized arrangements;

vii. Whether the beneficiaries liked the taste and quality of the supplementary food;

viii. Whether prescribed calorific norms are being met or not? (*to be validated by all monitors from Food & Nutrition Board/State and Central Govt.*)

ix. Whether regular weighing of the children is done (to check growth charts and verify age and weight of a few sample children and their nutritional status as recorded in the growth charts)

x. Whether immunization and health check-ups are done regularly (*to check last 2 months' records*);

xi. Observance of village health and nutrition days (VHNDs): The monitors need to look for village-wise micro plan for VHNDs and it should be available with the CDPO at the block and district level.

xii. No. of children present at the AWC on the day of visit and received supplementary food as against total registered; (to compare this figure with the previous one week's average figure).

xiii. No. of children who received pre-school education at the AWC (*what activities were undertaken by the AWW?*) on the day of visit as against total registered;

xiv. Whether there is any community support to the AWC. If not, why? (*to talk with some village committee/PRI members*).

xv. Whether AWWs make regular home visits and counsel the mothers and their families during critical contact periods of pregnancy, infancy or during sickness of the children (to validate by visiting a few such households);

xvi. General perception of the community towards functioning of the AWC. Whether there has been any improvement over the last 2-3 years?

xvii. Suggestions, if any.

B. ***For Officials at the Central level:***

Besides the above checklist, Officials from the Central Ministry would take up some of the following issues with the State Government Officials:

i. Status of operationalization of new blocks and AWCs;

ii. Organizational structure of ICDS at the state and district level (staffing positions, vacancies, timeline and processes for filling-up vacancies, whether separate cadre of ICDS officials; etc);

iii. Promotional avenues for AWWs/Supervisors/CDPOs;

iv. Mechanism to monitor regular reviews and monitoring visits to AWCs/blocks;

v. Fund flow from Govt. to Directorate to District/Blocks/AWCs – Time taken at each level;

vi. Adherence to the GOI prescribed financial/feeding norms at all levels for effective programme implementation (e.g. SNP, POL, contingency, MIS, IEC, flexi funds at AWC;

vii. State's plan for strengthening the AWC infrastructure (*leveraging resources from other programmes/departments*);

viii. Mechanism for effective convergence with health and other line departments;

ix. Lifting position of food grains under Wheat Based Nutrition Programme (WBNP) and its end use; etc.

Note:

i. *The above points are only indicative. The States/UTs can add more indicators based on specific needs/problem of the area.*

ii. *During joint visits with health, issues like regular immunization, drop-outs of immunization, ANM's presence on VNHDs, referral services etc should be taken up.*

iii. *Some of the visits should be made during the VHNDs.*

iv. *Officials should devote considerable time to one AWC visit to get a clear and true picture of the programme and its delivery to the intended beneficiaries.*

v. *Selection of AWCs for inspection should be done in a manner that interior areas are covered and there is no undue emphasis on visiting the road side villages.*

vi. *Some of the visits to AWCs by the state and national level Officials should be from those that have been recently visited by the CDPOs/DPOs to see whether any action has been taken based on their field reports and also to ensure some quality improvements at the block/AWC level.*

6. **Reporting and Feedback:** Each Official up to the level of DPO will prepare a brief report (*maximum 2 pages*) critically analyzing the programme implementation in respect of the aforesaid aspects/issues and ensure necessary feedback is given to AWWs/Supervisors/CDPOs. The Supervisors and CDPOs/ACDPOs will reflect the findings of their field visits in their respective monthly/quarterly progress reports. Findings from the field visits would be discussed at the sector/block/district/state level review meetings. State Directorate will have the overall responsibility to compile the district-wise key findings of the field visits at the end of every quarter and submit the same to the GoI. Officials from the central level would prepare state specific reports by analyzing key factors and ensure transmission of the feedback to the State Governments through the bureau-head of the MWCD within ten days of their visits.

7. **Involvement of PRIs in monitoring of AWC activities:** The need for involvement of PRIs in monitoring of ICDS activities has been always felt and desired in order to build an accountability mechanism for delivery of services and availability of supplies at AWC level. However, in the absence of clear defined guidelines, involvement of PRIs in supporting the implementation of ICDS has rather been sporadic and limited to selection of AWWs and AWHs, construction of AWC buildings etc. It is proposed that PRIs may be involved in monitoring of the day-to-day functioning of the AWCs, especially with respect to the following:

i. Regularity in functioning of AWCs
ii. Regularity in supplementary food (snacks, hot-cooked meals and THR), its quality and acceptance by the community
iii. Coverage of all households and eligible beneficiaries
iv. Regular weighing of children
v. Regular supply of IFA, vitamin A and de-worming medicines by health
vi. Organization of the monthly joint meetings between health and ICDS (Village Health and Sanitation Committees)
vii. Monthly observance of Village Health and Nutrition Days (VHNDs)
viii. Availability of prescribed records and registers at AWC
ix. Monitoring of regular payment of honoraria to AWWs & AWHs
x. Construction of AWCs and its maintenance
xi. Community mobilization by motivating people to participate in ICDS service delivery; and
xii. Involvement in Health, Nutrition and Sanitation Education

States may devise appropriate reporting mechanism in consultation with the State PRI Department to review the feedback received from the PRI members and to take necessary corrective actions.

Note: The above guidelines may be appropriately embedded into the existing monitoring and supervision mechanism in ICDS programme implementation as being followed by the States/UTs.