

These Papers have been prepared

By

individual members/experts

for

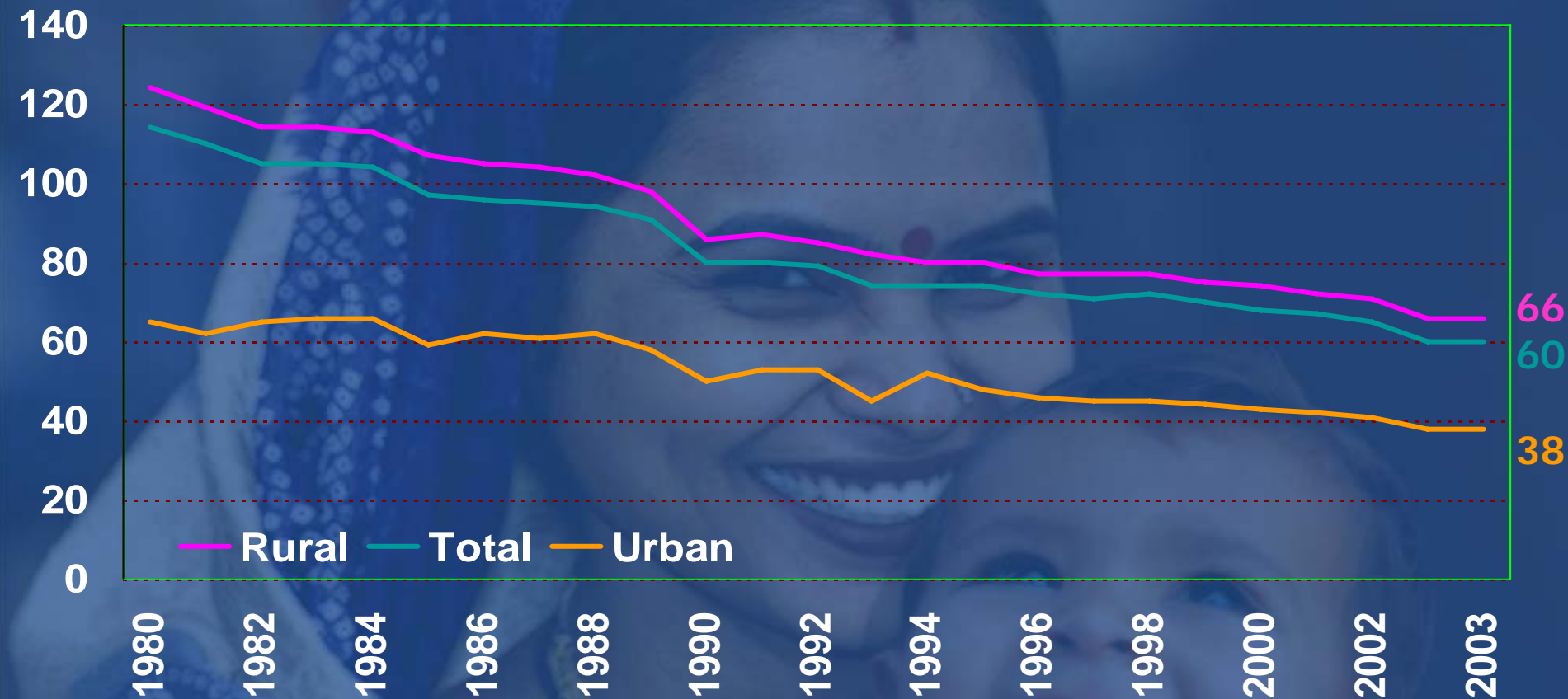
discussion in the NAC and do not, in all cases,

reflect settled conclusions of the NAC

A photograph of a woman in a patterned sari smiling warmly while holding a baby. The image is overlaid with a semi-transparent blue filter. The text is centered over the image in a bright yellow-green color.

**Presentation to Members, NAC on the
ICDS Scheme by the Ministry of Women
and Child Development
(April, 2006)**

Reduction in Infant Mortality Rate



Malnutrition is directly or indirectly associated with more than 50 % of young child mortality

Infant Mortality Rate

IMR of

Five States with Good Results :

Kerala (11), Maharashtra (42), Tamil Nadu (43),
J & K (44) and West Bengal (46)

Five States with Bad Results :

Orissa (83), M.P. (82), Chhattisgarh (77),
U.P. (76) and Rajasthan (75)

Source : Sample Registration System (SRS) April 2005

Mortality in Children Under 5 years



The first 5 years of life are crucial for Growth and Development
Preventing high child malnutrition and mortality is critical for human resource development

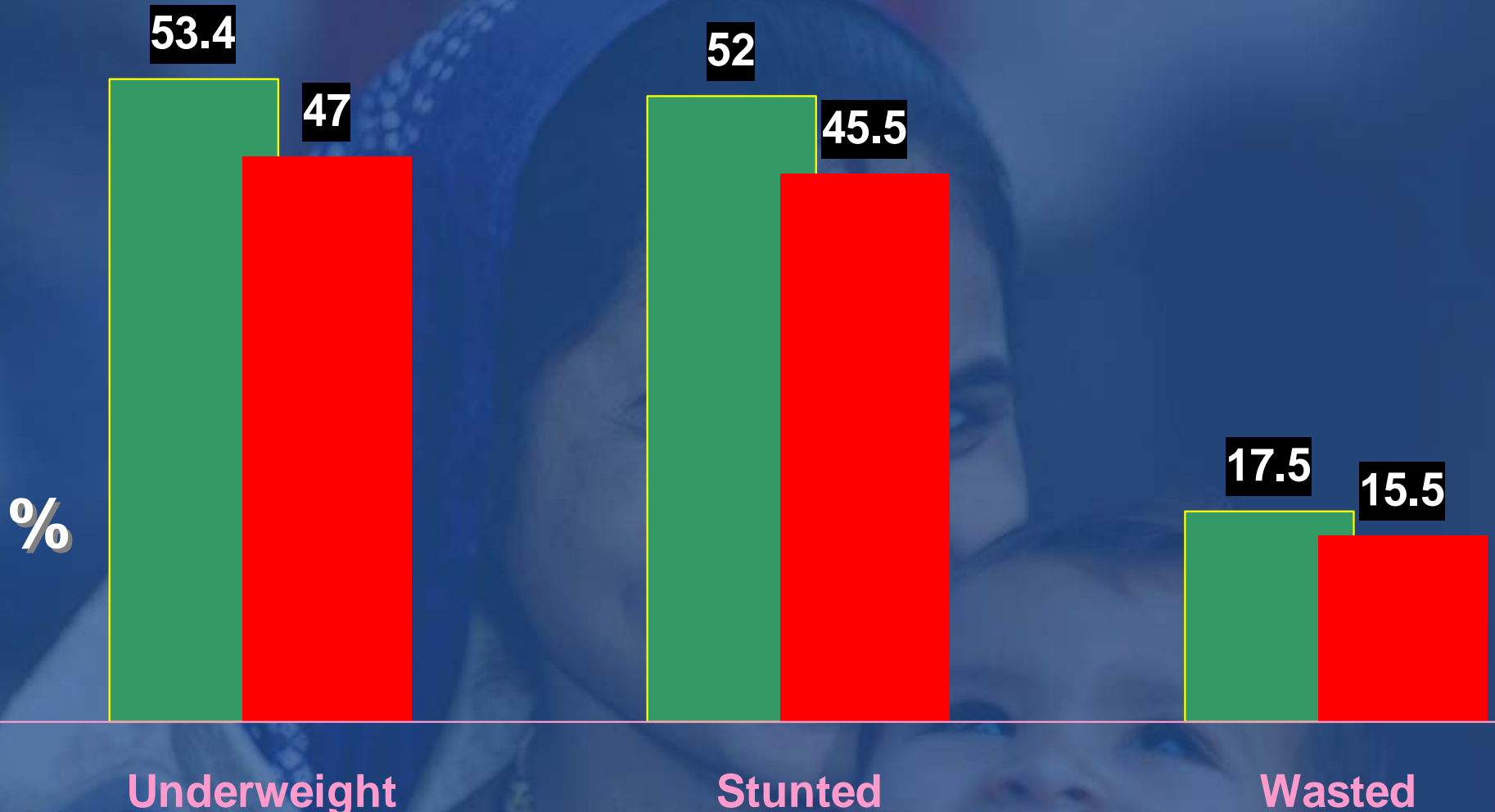
Maternal Mortality Rate

<u>India</u>	<u>Per 1,00,000 level births</u>
1990	570
1992	437
2000	408
Industrial Countries	
2000	13*

Source : RGI

* The State of World Children 2005, UNICEF

Prevalence of Undernutrition in children (under 5 years)



■ NFHS 1 1992-93 (0-4yrs.)

■ NFHS 2 1998-99 (0-3 yrs.)

Underweight :
for measuring

Children more than 2 SD below median on weight for age index. Weight for age chronic and acute under-nutrition.

Stunted :
their age or

Children more than 2SD below median on height for age are considered short of stunted. The height for age index measures linear growth retardation

Wasted :
thin or

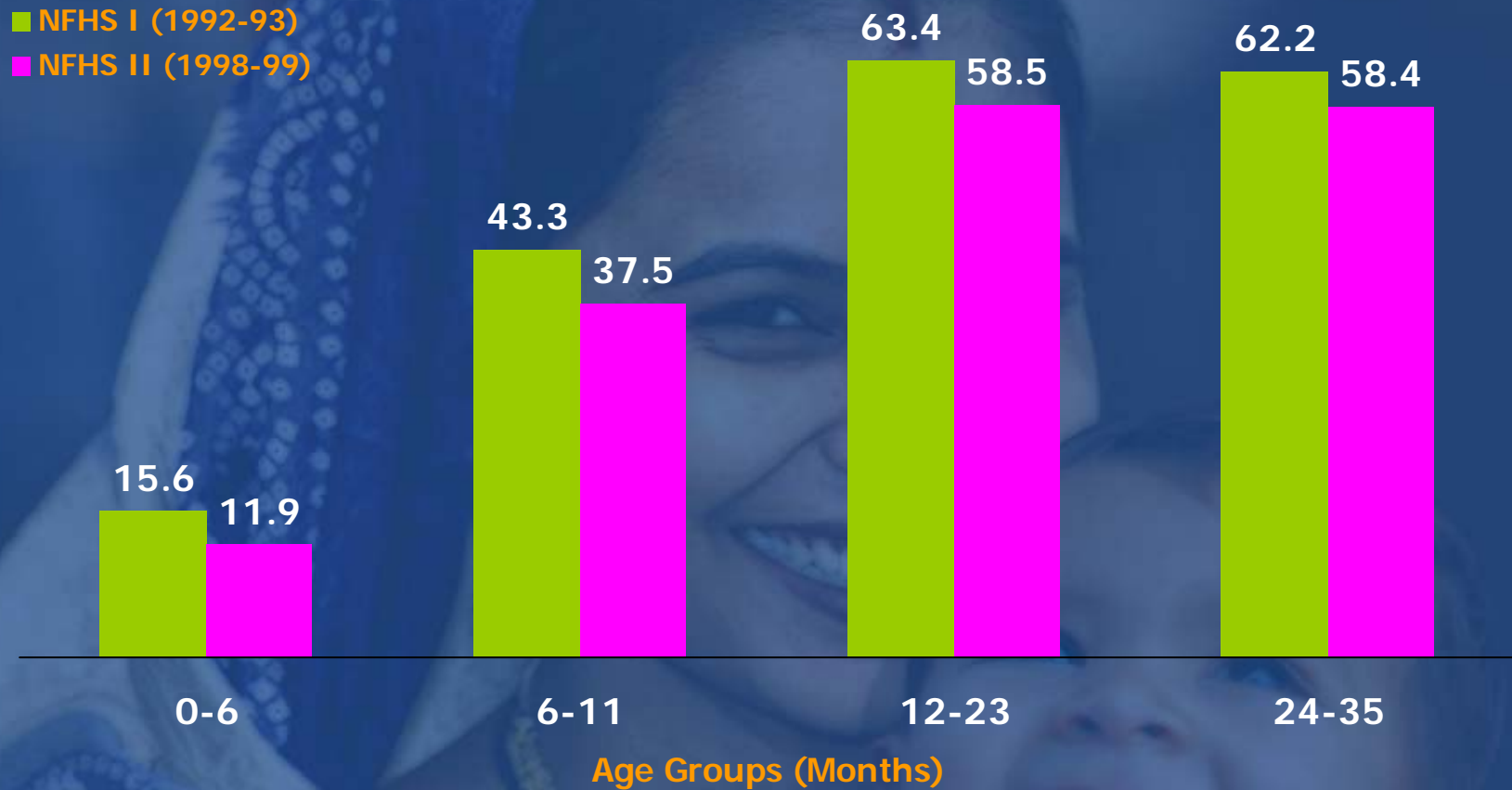
Children more than 2SD below median on weight for height are considered too wasted

India has unacceptably high Malnutrition levels



- 30%** Low Birth Weight Babies
- 47%** Underweight Children (Under 3 years)
- 74.3%** Children (Under 3 years) with anaemia
- 67-90%** Adolescent girls, Pregnant & Lactating Women with anaemia
- 39%** Women with Chronic Energy Deficiencies (37% in Men)

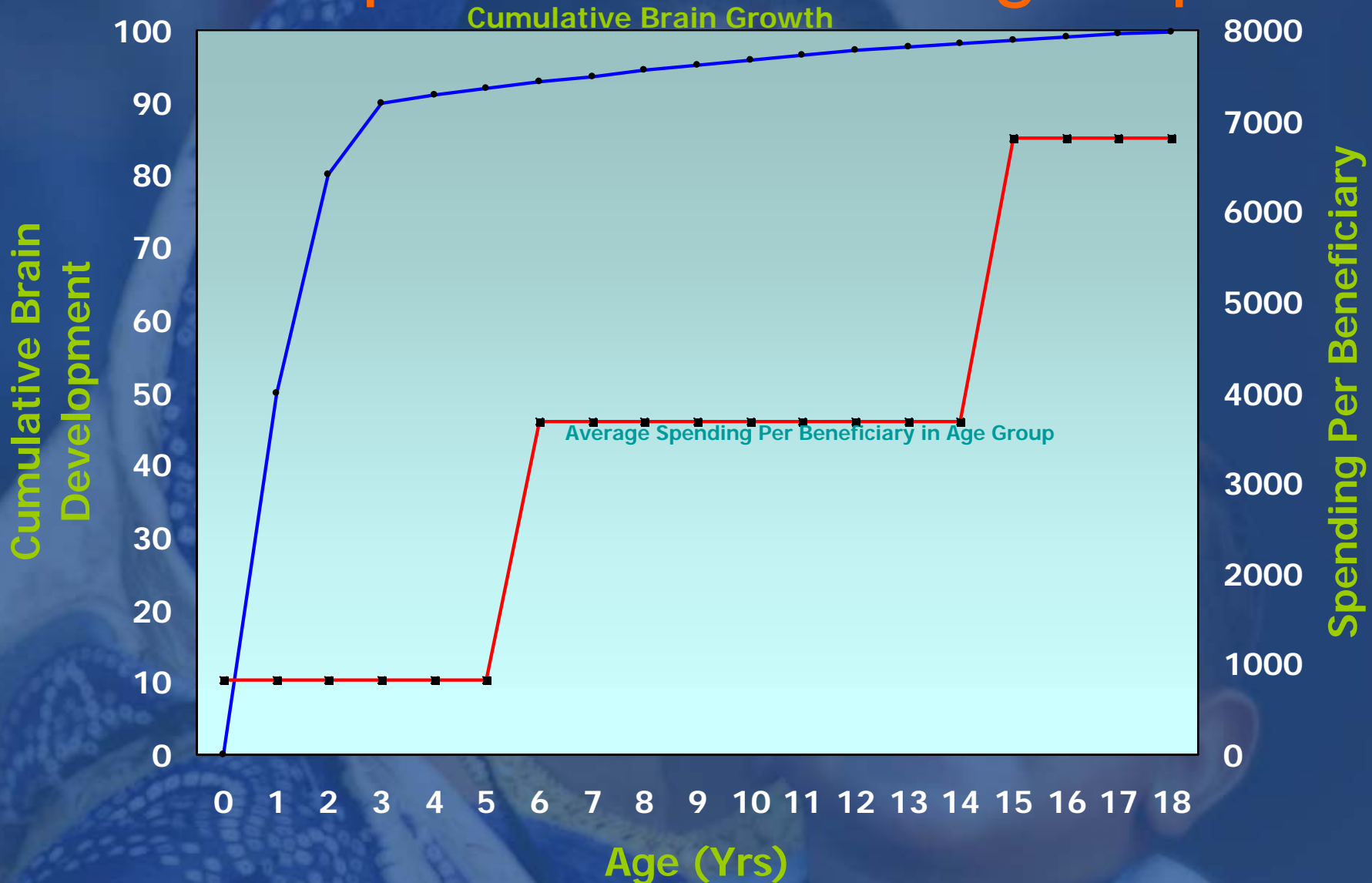
The first few years are forever...



Preventing malnutrition, as early as possible, across the life cycle, is crucial.
Improving caring and infant feeding practices is critical.

% Underweight Prevalence

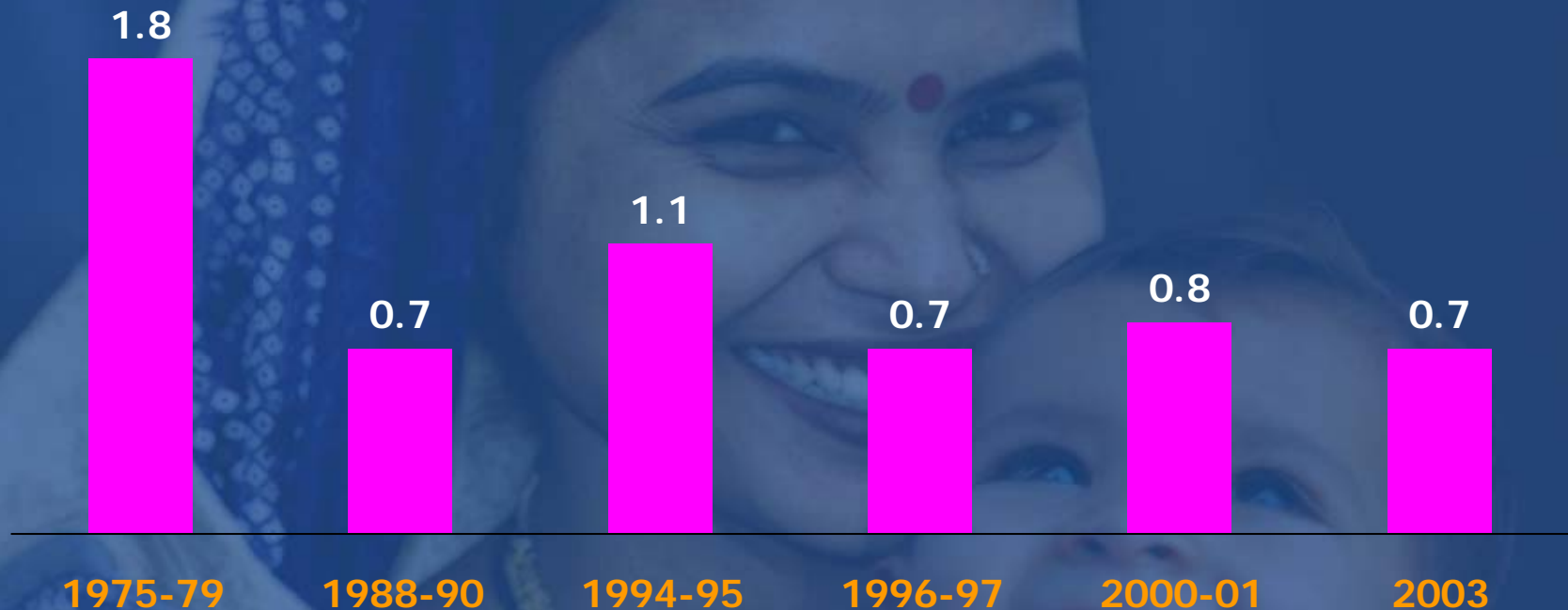
Critical Period In Brain Development – Financing Gap



Source: World Bank, 2004

Preschool Children in India Vitamin A Deficiency

Bitot Spots (%)



WHO cut off level for public health significance = 0.5%

Stagnant Prevalence since 1988-90
requires a comprehensive approach

Consequences of Vitamin A deficiency

- Poor growth of children
- Increased morbidity/mortality due to diarrhoeal diseases and respiratory infections
- Increased mortality due to measles
- Increased risk of degenerative diseases and cancer



Iodine Deficiency Disorders (IDD)

No state in India is free from IDD

Year		Source
1989	21%	ICMR
2004	>10%	DGHS, MOH

More than 10% prevalence in 260 districts (endemic) out of 321 districts surveyed

A Major Landmark

- Recent reinstatement of the ban on the sale of non-iodised salt for direct human consumption

Note : WHO cut-off level for IDD Endemicity = 5%

Consequences of Iodine Deficiency

Foetus

Abortions, Stillbirths, Congenital anomalies, Squint, Deaf-Mutism, Mental Deficiency, Dwarfism

Child & adolescent

**Loss of 10-15 IQ Pts
Impaired Mental function, Retarded Physical Development
Goitre**

Adult

**Goitre with its complications
Hypothyroidism, Impaired mental function**

Iodine deficiency is the leading cause of preventable mental retardation

Constitutional Provisions

Article 45 : “The State shall endeavour to provide early childhood care and education for all children, until they complete the age of 6 years”

Article 47: “The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties

National Plan of Action for Children 2005 :

- To reduce Infant Mortality Rate to below 30 per 1000 live births by 2010
- To reduce Child Mortality Rate to below 31 per 1000 live births by 2010
- To reduce Neonatal Mortality rate to below 18 per 1000 live births by 2010



10th Plan Goals...

- To bring down the prevalence of under-weight children under three years from the current level of 47 per cent to 40 per cent
- To reduce prevalence of severe undernutrition in children in the 0-6 years age group by 50 per cent
- To reduce prevalence of anaemia by 25% and that of moderate/ severe anaemia by 50 per cent
- To eliminate Vitamin 'A' deficiency as a public health problem
- To reduce prevalence of IDD in the country to less than 10 per cent by 2010

Objectives of ICDS

- Improve nutritional & health status of children 0-6 years
- Reduce incidence of mortality, morbidity, malnutrition and school drop-outs
- Enhance the capability of the mother and family to look after the health, nutritional and development needs of the child
- Achieve effective coordination of policy and implementation among various departments to promote child development
- Lay the foundation for proper psychological development of the child



Target Group & Services

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years; Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper
Immunization*	Children below 6 years; Pregnant & Lactating Mother (P&LM)	ANM /MO
Health Check-up*	Children below 6 years; Pregnant & Lactating Mother (P&LM)	ANM / MO/ AWW
Referral Services	Children below 6 years; Pregnant & Lactating Mother (P&LM)	AWW /ANM /MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ ANM/ MO

* AWW assists ANM in identifying the target group.

Supplementary Nutrition under ICDS

Nutritional Norms [300 days in a year]

Normal Children 6 months -6 years : 300 calories & 8-10 g protein

Severely malnourished : double of the above

Pregnant & lactating mothers : 500 calories & 20-25 g (P&LM) protein

Micronutrient Norms laid down 31.1.2006

Financial Norms (supplementary nutrition) per beneficiary/ day (Revised on 19.10.2004)

Normal Children : Rs.2.00

Severely mal-nourished children : Rs.2.70

P&LM : Rs. 2.30

Common Minimum Programme



- Universalize the Integrated Child Development Services (ICDS) scheme to provide a functional anganwadi in every settlement and ensure full coverage for all children (Para 5.17)
- Nutrition programmes, particularly for the girl child, will be expanded on a significant scale (Para 19.B)

Supreme Court Order on ICDS

PIL filed by PUCL on implementation of Social Sector Schemes, including ICDS Directives to UOI

- 28.11.2001 : (i) have a disbursing centre in every settlement.
- (ii) GOI stand was that it has fulfilled its obligations within the parameters of the Scheme. The Apex Court directed that if any State gives an instance of non-compliance UOI will do the needful within the framework of the Scheme.
- 29.4.2004: (i) State period by which it proposes to increase no. of AWCs to count 14 lakh habitation
- (ii) Revise nutrition norm of Re 1 fixed in 1991
- 7.10.2004: (i) BPL shall not be used as eligibility criteria
- (ii) Efforts shall be made that all SC/ ST hamlets/ habitations have AWCs

Integrated Child Development Services (ICDS)



Launched in 1975 in 33 Projects

Period	Projects (Cumulative)		
	Sanctioned	Permitted for Operationalisation	Actually Operationalised
1997-1998	5652	4200	4200
1999-2000	5652	4498	4348
2000-2001	5652	4915	4384
2001-2002	5652	5621	4608
2002-2003	5652	5652*	4903
2003-2004	5652	5652	5267
2004-2005	5671	5671	5422
30.9.2005	6113	6113	5635

- Includes 31 Projects under World Bank Assisted ICDS Projects
- Between April 2004 & September 2005, 368 Projects and 95482 AWCs have become operational

ICDS Coverage: Projects & AWCs



As on September, 2005

- Total no. of projects sanctioned in the country **5,671***
(Rural – 4548 Tribal – 759 Urban – 364) **(prior to expansion)**
- Total no. of Operational ICDS Projects **5,635**
- No. of AWCs sanctioned **7,64,709**
- No. of AWCs operational **7,44,887**

* Includes 19 Projects and 6817 AWCs for J&K sanctioned in December 2004

Between 1st April 2004 & 30th September 2005, 368 Projects and 95482 AWCs have become operational

ICDS Coverage : Beneficiaries

As on September 30, 2005 (in Lakhs)

Child population (0-6 years) as per Census 2001	1578.63
Total Child population (0-6 yr) as per AW survey register	1006.67
Children (6 mths-3 years) receiving Supplementary Nutrition	181.66
Children (3-6 years) receiving Supplementary Nutrition	225.90
Total Children (0-6 years) receiving Supplementary Nutrition	407.56 (40.48%)
Total Pregnant & Lactating Mothers as per AW Survey reg.	183.40
P&LM receiving Supplementary Nutrition	91.49 (49.88%)
Total Beneficiaries under Pre-School Education (PSE)	231.24
Children 3-6 years (Girls: 113.92)	

Total Population of Children(0-6 yrs) & P&LM as per AW Survey Register has gone up from 946 lakh to 1190 lakh(1006.67 lakh Children & 183.40 lakh P&LM) during 1.04.2004 to 30.9.2005. Similarly, no. of beneficiaries of supplementary nutrition & pre-school education has gone up from 415 lakh to 499 lakh and from 204 lakh to 231 lakh respectively during the same period

Current National Immunization Schedule

Vaccine	Age of child				
	Birth	6 weeks	10 weeks	14 weeks	9 months
Primary Vaccination					
BCG	√				
Oral Polio	√ ¹	√	√	√	
DPT		√	√	√	
Hepatitis B ²		√	√	√	
Measles					√

1 In all institutional deliveries and in all endemic areas

2 In pilot areas. A dose at birth is recommended for babies born in health care institutions

Current National Immunization Schedule

Booster Doses

DPT + Oral Polio	18 to 24 months	
DT	5 years	
Tetanus Toxoid	At 10 years and again at 16 years	
Vitamin A	9,18, 24, 30 and 36 month	
Tetanus Toxoid - Pregnant Women	1 st dose	As early as possible during pregnancy after 1st trimester
	2 nd dose	1 month after 1st dose
	3 rd dose	If previously vaccinated within 3 years

Vaccination schedule may get modified if newer vaccine is introduced in future under National Immunization Programme

Immunization Coverage for the last three years

Figures in lakh

Vaccine	2002-03			2003-04			2004-05*		
	Target	Achievement	% achie	Target	Achievement	% achie	Target	Achievement	% achie
Tetanus (II Booster) for Expectant mothers	297.55	242.21	81.4	302.89	236.50	78.1	302.50	237.77	78.6
BCG (below 1 year)	251.96	259.31	102.9	256.85	258.00	100.4	256.87	256.67	99.9
Polio (III dose)	251.96	245.66	97.5	256.85	239.46	93.2	256.87	242.00	94.2
DPT (III dose) for Children	251.96	245.29	97.4	256.85	234.62	91.3	256.87	240.65	93.7
Measles below 1 year	251.96	233.47	92.7	256.85	219.98	85.6	256.87	231.92	90.3

* Figures are provisional

Note : No separate targets allocated in respect of health facilities under M/o Defence & Railways

Statewise number of inhabited villages in the country as per Census 2001 data

Sl. No.	State	Number of Inhabited Villages with Population in the range of								Total number of Un-Inhabited Villages	Total number of Villages (Inhabited + Un-inhabited)
		1-150	151-300	301-500	501-700	701-1000	1001-1500	1501 and above	Total number of Inhabited Villages		
1	Andra Pradesh	2352	1995	2133	1912	2554	3699	11968	26613	1510	28123
2	Andaman & Nicobar	249	65	48	33	29	34	43	501	46	547
3	Arunachal Pradesh	2452	654	336	154	112	81	74	3863	202	4065
4	Assam	3515	3507	3743	2979	3252	3544	4584	25124	1188	26312
5	Bihar	2361	2734	3829	3774	4713	6043	15578	39032	6083	45115
6	Chandigarh	1	2	1	1	1	1	16	23	1	24
7	Chhattisgarh	1519	2484	3755	3188	3267	2946	2585	19744	564	20308
8	Daman and Diu	0	1	1	1	4	1	15	23	0	23
9	Delhi	5	1	4	2	7	9	130	158	7	165
10	D & N Haveli	1	3	4	5	7	10	40	70	0	70
11	Goa	26	31	35	27	29	42	157	347	12	359
12	Gujarat	527	923	1635	1825	2436	3295	7425	18066	473	18539
13	Harayana	203	231	421	436	767	1182	3524	6764	191	6955
14	Himachal Pradesh	7099	4649	2820	1250	835	483	359	17495	2623	20118
15	J&K	470	772	936	757	905	970	1607	6417	235	6652
16	Jharkhand	4847	5459	5608	3931	3502	2881	3126	29354	3261	32615
17	Karnataka	2510	2606	3774	3405	3959	4080	7147	27481	1925	29406
18	Kerala	2	0	4	0	0	4	1354	1364	0	1364
19	Lakshadweep	1	1	0	0	0	0	6	8	16	24
20	Maharashtra	2055	3004	5278	5404	6663	7392	11299	41095	2616	43711
21	Manipur	502	607	375	151	172	125	267	2199	76	2275
22	Meghalaya	2075	1736	1035	413	274	137	112	5782	244	6026
23	Mizoram	98	140	163	108	89	51	58	707	110	817
24	Madhya Pradesh	5087	6751	9687	8084	8170	7103	7235	52117	3276	55393
25	Nagaland	59	161	207	185	188	174	304	1278	39	1317
26	Orissa	9691	8583	8461	5949	5461	4704	4680	47529	3820	51349
27	Pondicherry	0	0	0	1	6	7	78	92	0	92
28	Punjab	817	915	1480	1487	1894	2197	3488	12278	395	12673
29	Rajasthan	4066	4312	6319	5436	5849	5816	8901	40699	1600	42299
30	Sikkim	35	26	63	74	83	82	87	450	2	452
31	Tamil Nadu	328	524	980	1164	1633	2487	8284	15400	917	16317
32	Tripura	7	25	35	43	56	96	596	858	12	870
33	Uttar Pradesh	6839	7311	11894	11510	14070	16956	29362	97942	9510	107452
34	Uttaranchal	6177	4038	2484	1162	716	514	670	15761	1065	16826
35	West Bengal	3060	3881	4915	4121	4804	5217	11957	37955	2837	40792
	All India ==>>>	69036	68132	82463	68972	76507	82363	147116	594589	44856	639445

Total no. of Slums as per Census 2001 data, total slum population and population of 0-6 years children

Sl. No.	India/ States/ UTs	No. of towns	Total Slum population			Population in age group 0-6		
			Persons	Males	Females	Persons	Males	Females
	INDIA	640	42578150	22697218	19880932	6070951	3162966	2907985
1	Jammu & Kashmir	5	268513	143416	125097	28780	15260	13520
2	Punjab	27	1159561	629326	530235	153731	84413	69318
3	Chandigarh	1	107125	62762	44363	22395	11681	10714
4	Uttranchal	6	195470	103895	91575	31014	16310	14704
5	Haryana	22	1420407	778734	641673	219001	119399	99602
6	Delhi	16	2029755	1140334	889421	334949	174527	160422
7	Rajasthan	26	1294106	681541	612565	226169	118938	107231
8	Uttar Pradesh	69	4395276	2348679	2046597	715503	381288	334215
9	Bihar	23	531481	282772	248709	93748	48131	45617
10	Tripura	1	29949	15093	14856	3075	1570	1505
11	Meghalaya	1	86304	43078	43226	10011	5051	4960
12	Assam	7	82289	43472	38817	10388	5376	5012
13	West Bengal	59	4115980	2220135	1895845	463074	238231	224843
14	Jharkhand	11	301569	158532	143037	45816	23594	22222
15	Orissa	15	629999	330054	299945	87681	44805	42876
16	Chhattisgarh	12	817908	422096	395812	126259	64815	61444
17	Madhy Pradesh	43	2417091	1269757	1147334	374127	195669	178458
18	Gujarat	41	1866797	1020288	846509	294341	156197	138144
19	Maharashtra	61	11202762	6137624	5065138	1573917	815596	758321
20	Andhra Pradesh	77	5187493	2625745	2561748	684023	349124	334899
21	Karnataka	35	1402971	714413	688558	207912	106690	101222
22	Goa	2	14482	7469	7013	2167	1142	1025
23	Kerala	13	64556	31699	32857	8645	4468	4177
24	Tamil Nadu	63	2866893	1441437	1425456	342420	174767	167653
25	Pondicherry	3	73169	36012	37157	9814	4911	4903
26	A & N Island	1	16244	8855	7389	1991	1013	978

Note : 1. Himachal Pradesh, Sikkim, Arunachal Pradesh, Nagaland, Manipur, Mizoram, Daman & Diu, D & N Haveli and Lakshadweep have not reported any slum during Census 2001.

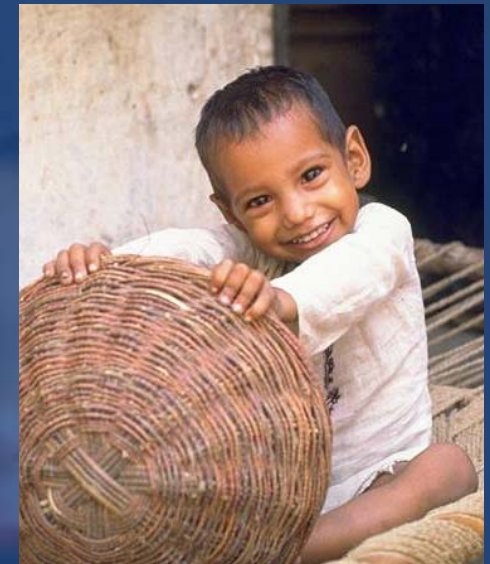
2. Delhi includes thirteen Census towns and U.P. and A.P. one each.

Existing Population Norms

- One Rural ICDS project for one R.D. Block – assumed population 1,00,000. One Tribal Project for one T.D. Block – assumed population 35,000
- One Urban ICDS Project for urban slums – assumed population 1,00,000
- One Anganwadi Centre for 1,000 population in rural/urban project
- One Anganwadi Centre for 700 population in tribal project
- In sparsely populated hilly or desert areas, One Anganwadi Centre in every small village or hamlet with 300+ population
- Mini-Anganwadi Centre in small hamlets/ pockets in tribal blocks situated in far flung area having a population of 150-300

Proposed Revised Population Norms...

- One Anganwadi Centre for 500-1500 population in rural/ urban project
- One Anganwadi Centre for 300-1500 population in tribal project
- One Mini-AWC for 150-500 population in rural/ urban project
- One Mini-Anganwadi Centre for 150-300 population in tribal block



Follow up action on Supreme Court Orders/NCMP

- Financial norms for Supplementary Nutrition doubled in October 2004
- 461 additional Projects and 188055 AWCs sanctioned in August-Sept. 2005 as per existing population norms
- New Projects/ AWCs to be operational in 2006-07
- Instructions reiterated to States to give preference to areas inhabited pre-dominantly by SC/ST and minorities in location of AWCs
- Instructions issued to States not to restrict supplementary nutrition to beneficiaries from low income families only.

Further Expansion of ICDS

- An Inter-Ministerial Task Force set up, on 13.09.2004, to review existing population norms for sanction of a Project/AWC to cover each habitation/settlement as per NCMP and direction of Supreme Court
- Revised population norms recommended by the Task Force circulated on 12/7/2005 and States requested to furnish requirement of additional Projects/ AWCs by 31.1.2006
- Information received from all the States/ UTs so far – (Requirement of 170 Projects, 107082 AWCs and 25961 Mini-AWCs)
- Memorandum for Expenditure Finance Committee for second phase of expansion is ready and would be floated shortly

TIMELINE ACTIVITY FOR OPERATIONALISATION (PERT)

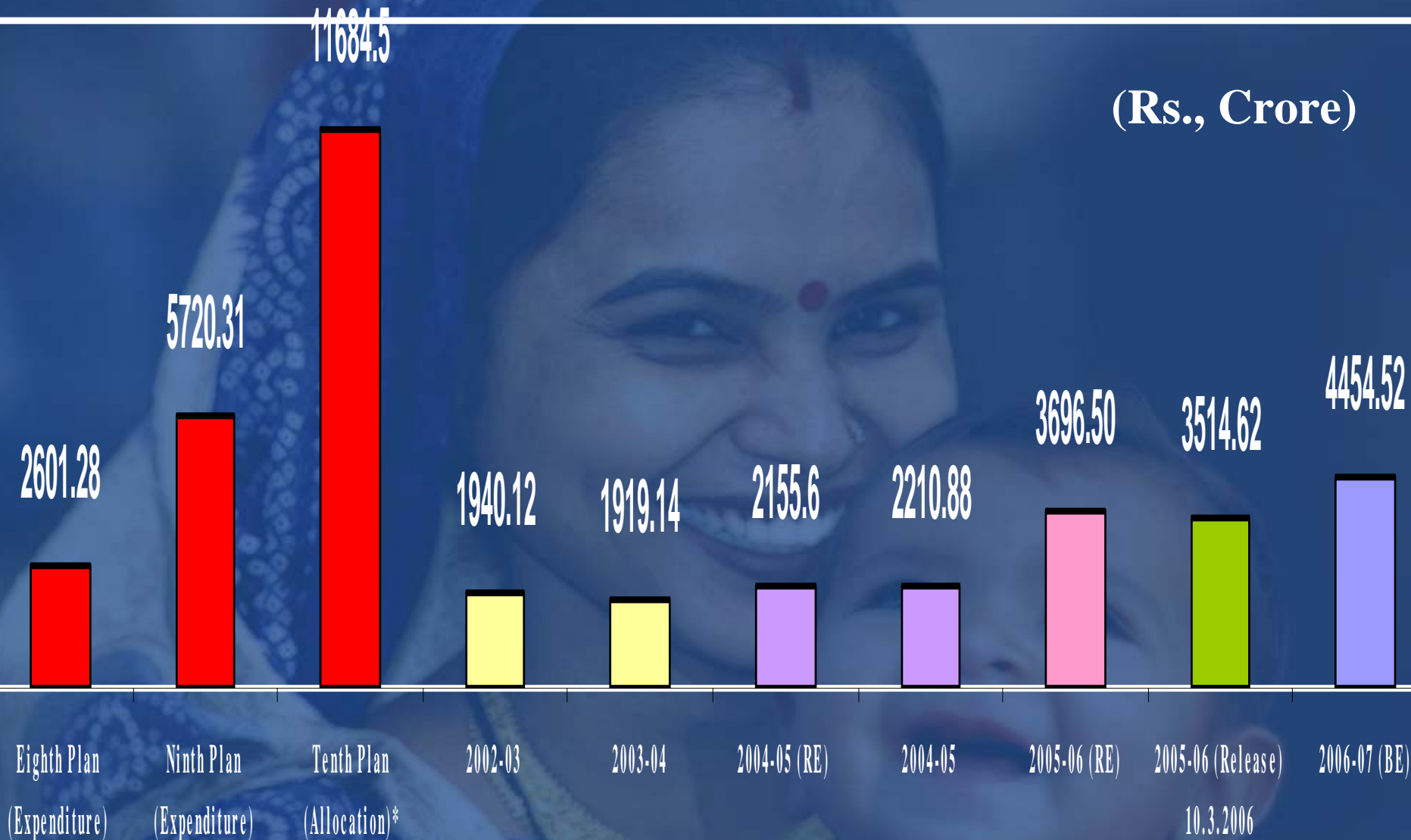
INITIATION OF NEW ICDS PROJECTS AND ANGANWADI CENTRES WITHIN A PERIOD OF ONE YEAR

Activity No.	Activity/ Months	1	2	3	4	5	6	7	8	9	10	11	12
1	Govt. of India conveys sanction of projects to States/UTs	■											
2	States/ UTs sanction Projects		■	■									
3	Appointment of CDPO (additional charge/ deputation/ transfer)				■	■	■						
4	CDPOs training (in cases of deputation/							■					
5	Selection of new Supervisors (from AWWs and direct recruitment)				■	■	■						
6	Existing Supervisors to supervise new AWC				■	■	■						
7	Training of new Supervisors							■	■				
8	Selection of AWWs/ Helpers							■	■				
9	Training of AWWs/ Helpers									■	■		
10	Procurement of material/ equipments								■	■	■	■	
11	Selection of AW Building								■	■	■	■	
12	Send material/ equipment to AWCs										■	■	
13	Setting up (functioning) of AWCs												■

Note : The direct recruitment of Supervisors/ CDPOs may be completed within a period of 10 months so as to make all ICDS Projects/ AWCs operational within a period of one year.

Actual Expenditure during Eighth Plan & Ninth Plan and Allocation/ expenditure during Tenth Plan under ICDS (General + World Bank) Scheme

(Rs., Crore)



* Including Rs.1500 crore each year for supplementary nutrition in 2005-06 & 2006-07

MONITORING

Existing Monitoring System

Management Information System on ICDS at Central, State, District, Block and Anganwadi (village) level in place

Anganwadi (Village) Level

- **Six records/ registers prescribed at the AWCs viz.**
 - i) **AW survey register;**
 - ii) **Services for children;**
 - iii) **Services for P&LM;**
 - iv) **Immunization register;**
 - v) **Stock register (separate register for food and other items)**
 - vi) **Diary-cum-visit book**
- **Information on all the six services delivered by AWW under ICDS Scheme are recorded in these registers**
- **Growth chart for each child (0-6 years) is also maintained at AWC for identifying the moderately/ severely malnourished children**

MONITORING contd....

Existing Monitoring System

Anganwadi (Village) Level

- **AWW's Monthly Progress Report (MPR)/ Half Yearly Progress Reports (HPRs) have been prescribed – following details are captured :**
 - **Population as per AW Survey registers**
 - **Reported births and deaths of children (< 6 years) and death of women during pregnancy/ delivery**
 - **Beneficiaries of supplementary nutrition**
 - **Nutritional Status of children (0-6 years)**
 - **No. of children receiving pre-school education**
 - **Information on Nutrition and Health Education**
 - **Home visits by AWWs, Supervisors and CDPOs/ ACDPOs**
 - **No. of AWCs visited by CDPO/ ACDPO/ Supervisors**
 - **Joint visits of AWCs by CDPO/ ACDPO with MO and Supervisors with ANMs/ LHVs**
 - **No. of AWCs where Mahila Mandal constituted**
 - **Health check-ups by ANM/ LHV/ MO**
 - **No. of children referred to PHC/ CHC/ Sub-centre**
 - **Immunization Status of Children and Pregnant women**
 - **No. of SC/ ST beneficiaries of supplementary nutrition**

- **AWW sends these MPR/ HPR to CDPO**

MONITORING contd...

Existing Monitoring System

Project/ Block Level

- **CDPO's MPR/ HPR have been prescribed. These MPRs/ HPRs captures all the information in MPR/ HPR of AWW.**
- **In addition, CDPO's MPR captures information on :**
 - i) Sanctioned, in-position and vacancy position of ICDS functionaries;**
 - ii) Various problems faced in implementation of an ICDS Project; and**
 - iii) Project level supplies**
- **CDPO sends these MPR/ HPR to State Directorate of ICDS directly where District Programme Office's do not exist. In other projects, MPR/ HPR are routed through District Programme Officer**

MONITORING contd...

Earlier Monitoring System

Central level

- **Monitoring of Social Component of ICDS - NIPCCD**
- **Monitoring of health component - Central Technical Committee (CTC)**

Both have discontinued

- **Social Components – because of abolition/abeyance of posts**
- **CTC because of Legal issues.**

MONITORING contd...

Existing Monitoring System

Central level

- **Following data is collected on monthly basis :**
 - **sanction and operationalisation of ICDS Projects/ AWCs**
 - **Sanctioned and in-position ICDS functionaries**
 - **details of population covered under ICDS**
 - **beneficiaries of supplementary nutrition**
 - **beneficiaries of pre-school education and**
 - **nutritional status of children**
 - **Supply of pre-school & medicine kits**

- **Health Component**
By Ministry of Health & Family Welfare – Anganwadi specific data, however, is not available

MONITORING contd....

Proposed Monitoring System

- From 2005-06, thrust of the GOI has shifted from outlays to outcomes. The following indicators have been identified for monitoring :
 - No. of Operational Projects
 - No. of operational AWCs
 - No. of beneficiaries of supplementary nutrition
 - No. of functionaries trained (job/ refresher training)
 - No. of children (3-6 years) receiving pre-school education
 - Nutritional Status of Children
- Joint Monitoring of ICDS & RCH Programme at Central/ State/ District and Blocks level
- Revision of MIS formats
- Revival of monitoring of social component through NIPCCD
- Proposal for sanction of additional staff for monitoring and evaluation referred to the Ministry of Finance

MONITORING (contd)

Proposed Monitoring System

Three Tiered monitoring as per Sarva Shiksha Abhiyan

- **Community based monitoring by involving select Institutions like mother's committees, Mahila Mandal, Health & Sanitation Committee of Village Panchayat etc.**
- **Continuous monitoring through MIS**
- **Monitoring & Supervision through Supervision Missions/ external agencies**

ICDS EVALUATION

Last evaluation by National Council of Applied Economic Research (NCAER)

- **Covering 60,000 AWCs**
- **Through 60 Networking Institutions**
- **Data collection during 1998-99**
- **Report submitted in July 2001**

ICDS EVALUATION (Contd..)

MAJOR FINDINGS

- IMR:** Lower in ICDS areas
- Immunization:** More than 80 per cent children immunized against all major diseases.
- Ante-natal Care:** AWCs played significant role in creating awareness.
- Referral system:** Quite weak, needs review.
- Coverage:** 66 per cent of eligible children and 75 per cent of eligible women registered at AWCs

FRESH EVALUATION (Contd...)

- **National Institute of Public Cooperation and Child Development (NIPCCD) is conducting fresh Evaluation**
- **Report likely by April/ May 2006**



RAPID FACILITY SURVEY ON INFRASTRUCTURE FACILITIES : NCAER 2004

(Sample size : 287684 reporting Anganwadi Centre)

- Report submitted in March, 2005
- AWCs housed
 - In Own building (35.63%)
 - Panchayat -15.99%
 - Community - 1.80%
 - Urban Municipality/ Corporation – 0.85%
 - World Bank/ GOI – 6.93%
 - RD/ DRDA – 4.09%
 - Provided by any other – 5.97%
 - Not in Own building/ rented (64.27%)
 - AWW's house – 8.74%
 - Helper's house – 6.91%
 - In primary School – 9.50%
 - Any religious place – 2.63%
 - Other place – 36.49%

RAPID FACILITY SURVEY ON INFRASTRUCTURE FACILITIES : NCAER 2004

(Sample size : 287684 reporting Anganwadi Centre)

- 46.11% AWCs running from Pucca building; 21.20% from Semi-pucca; 14.58% from Kutcha; 3.30% from partially covered space; 9.17% from uncovered space and 5.64% running from other places
- 26.99% AWCs do not have drinking water facility
- 45.99% AWCs do not have Toilet facility

RAPID FACILITY SURVEY ON INFRASTRUCTURE FACILITIES : NCAER 2004

- **Only 50 per cent AWC reported providing referral services**
- **65 per cent health check-up of children**
- **53 per cent for health check-up for women**
- **More than 75 per cent AWC conducted nutrition and health education**
- **Nearly 90 per cent AWC reported the maintenance of records and registers**
- **Nearly 75 per cent of the AWC reported availability of medicine kits and 78 per cent reported availability of baby weighing scale.**
- **49 per cent AWC reported adult weighing scale**

SPECIAL FOCUS ON NORTH EAST

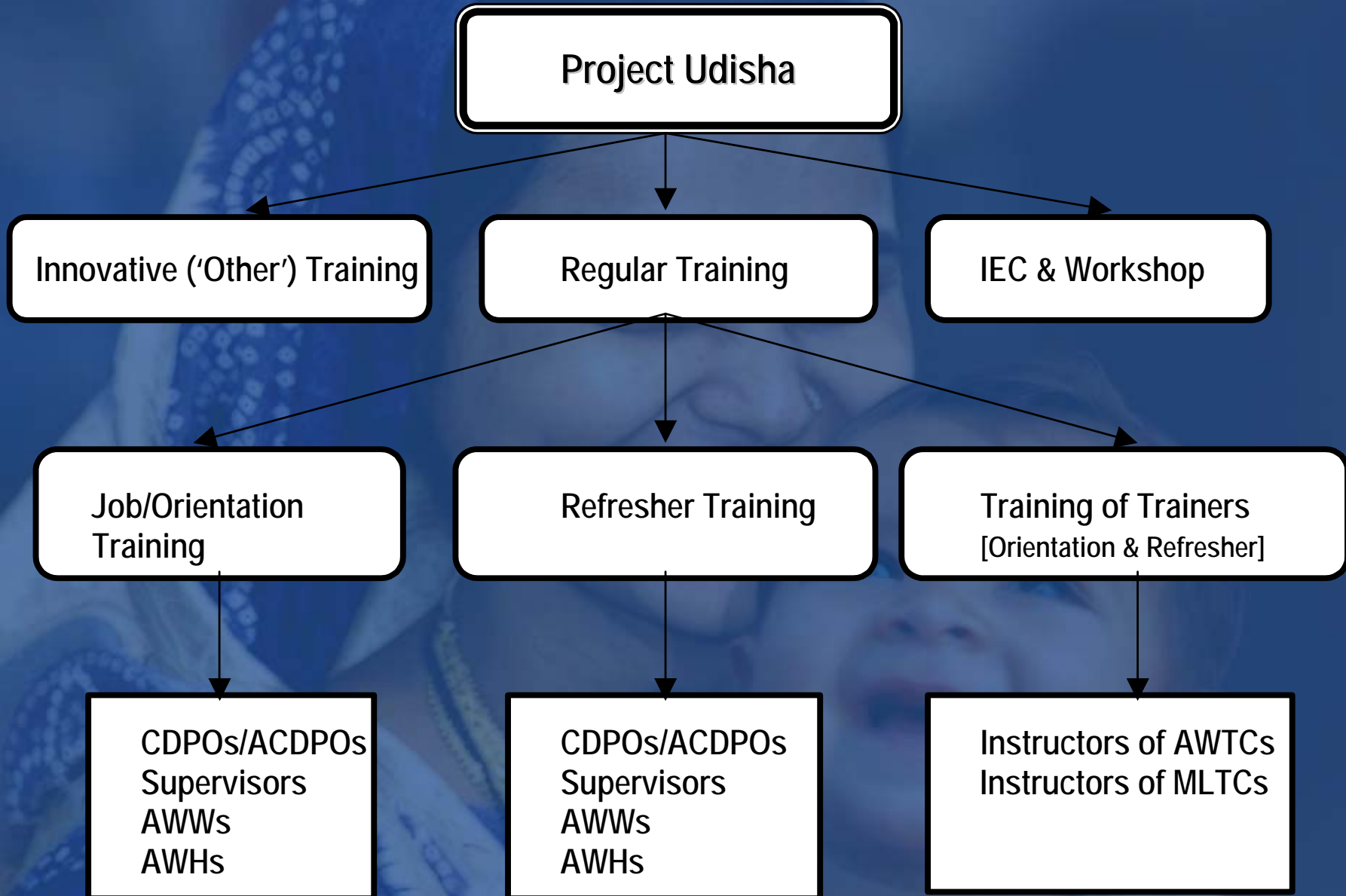
- ICDS Scheme does not provide for construction of AWCs except in World Bank assisted ICDS Projects. However, as a special case, Government has permitted construction of AWCs in North-Eastern states
- Construction of 4800 Anganwadi Centres (AWC) sanctioned during 2001-02; 7600 in 2002-03 and 7600 in 2004-05 @ Rs.1.25 lakh/ AWC; 14725 AWCs @ Rs.1.75 lakh/ AWC in 2005-06
- It has been decided, from 2005-06, to undertake construction of AWCs in NE States at enhanced cost of Rs.1.75 lakh per AWC, out of NE component of the Deptt.'s Plan outlay
- Construction of all AWCs, prior to expansion in 2005-06, has been sanctioned

Construction under World Bank assisted APER, ICDS I, II & III Project

World Bank Assisted Projects	Year of the Project	No. of AWC buildings constructed
ICDS-I (A.P. & Orissa)	1991-1997	8042
APER (A.P.)	1999-2005	9216
ICDS-II (Bihar, Jharkhand, M.P. & Chhattisgarh)	1992-2002	15010
ICDS-III (U.P., Raj., Maha., Kerala, T.N., M.P., Chhattisgarh, Bihar, Jharkhand, J&K, Orissa & Uttaranchal)	1999-2006	16937

ICDS Training Programme (Project UDISHA) :

Project Components



World Bank assisted ICDS Training Programme Project UDISHA – Status as on 31.12.2005

ICDS Training Programme - Project Udis ha

Physical Status - All India [35 States /UTs]

Functionaries	Job Training			Refresher Training		
	<i>PIP Target *</i>	<i>Trained</i>	<i>% of PIP Target</i>	<i>PIP Target *</i>	<i>Trained</i>	<i>% of PIP Target</i>
Anganwadi Worker	341,365	336,875	98.68%	554,352	465,370	83.95%
Supervisor	18,180	11,759	64.68%	28,496	21,974	77.11%
CDPO/ACDPO	4,419	3,598	81.42%	6,586	1,482	22.50%
Anganwadi Helper	440,104	533,977	121.33%			
ALL	804,068	886,209	110.22%	589,434	488,826	82.93%

* Targets given in the Project Implementation Plan (PIP), estimated during 1998-99. Based on the current manpower position, actual training targets vary from State to State.

** *Revised Target: No. of persons trained up to 31.12.05 (+) No. of untrained persons as on 31.12.05, which include vacancies and anticipated recruitment. Targets increased due to recent expansion of the ICDS programme.*

Major Initiatives/Achievements

1. Expansion (I Phase) of ICDS Scheme in 2005-06
2. Increase in no. of operational Projects from 5267 in March 2004 to 5422 in March 2005 and 5635 in Sept. 2005 (368 Projects)
3. Increase in no. of operational AWCs from 649405 to 744887 during this period (95482 AWCs)
4. Increase in no. of children (0-6 years) & mothers as per AW Survey Register from 946 lakh in April 2004 to 1190 lakh in Sept. 2005
5. Increase in no. of beneficiaries for supplementary nutrition from 4.15 crore in March 2004 to 4.99 crore in Sept. 2005 (an increase of 20.48%)
6. Revision in financial norms for supplementary nutrition w.e.f October 2004
7. Sharing of supplementary nutrition cost with States. Provision of Rs.1500 crore in 2005-06

Major Initiatives/ Achievements Contd..

8. **(i)** Introduction of Anganwadi Karyakartri Bima Yojana from 1.4.2004, covering critical illnesses, permanent and total disability ,loss of limb(s) and death. Scholarship for children of AWW/AWH studying in 9th to 12th standard.
(ii) Grant of terminal benefits being worked out with LIC (without increase in premium)
9. **Ban on sale of non-iodised salt reimposed on 17.11.2005**
10. **Construction of AWCs in NE and World Bank assisted States**
11. **Enhancing of rent of AWCs from 1st September 2005 from Rs. 50 to Rs100 in Rural/ Tribal Projects and from Rs.300 to Rs.500 in Urban Projects**
12. **Doubling of honoraria in January 2003 effective from April 2002**
13. **Increase in no. of National Level Awards for AWWs from 35 to 51 in 2004-05**
14. **Increase in amount for State Level AWW Award from Rs.2500 to Rs.5000 in 2004-05**

Constraints

1. Infrastructure

The Scheme does not provide for construction of AWC 21.20% AWC running from semi-pucca building; 14.58% from Kutcha building, 3.3% from partial, 9.17% in open space & 5.64 from other places

45.99% AWCs do not have toilet facility

26.99% AWCs do not have drinking water facility (*Rapid Facility Survey 2005*)

2. Filling up of vacancies :

2293 posts of CDPOs/ ACDPOs; 10472 posts of Supervisors; 34786 posts of AWWs and 40662 posts of Helpers lying vacant in projects sanctioned permitted for operationalisation 2002-03

3. Under-staffing at Central and State level :

- ❑ To strengthen the administrative structure at the Central Level a proposal for creation of 15 posts including one DS and two US in the ministry has been submitted to the Ministry of Finance.
- ❑ Similarly for the state directorates of ICDS, District Programme Officers and Projects Officers, a proposal for rationalization of Staffing pattern has also be submitted to the Ministry of Finance.
- ❑ Abolition of posts in M&E Division of NIPCCD

Constraints (contd....)

4. Supplementary Nutrition :

Under-provisioning by States, System of procurement/ supply of supplementary nutrition varies from State to State – Centralised vs. Decentralised Procurement

5. Kits : Procurment of Medicine & PSE kits needs improvement.

Year	Type of Kits procured at the AWCs	
	Medicine	Pre-school
2003-04	120151	101369
2004-05	58537	111753

6. Rigidity: in programme design - no flexi-funds provided.

7. Vehicles : No provision for vehicles hampers supervision by CDPOs who, in most of the States, are women

Moving Forward

Ensuring Universal Access

- Immediate operationalisation of 17 projects (1 in A.P., 4 in Bihar, 1 in Tripura, 7 in U.P, 3 in W.B & 1 in Delhi) and 13005 AWCs permitted for operationalisation by 2002-03
- Operationalisation of 461 projects and 1.88 lakhs AWCs sanctioned in 2005-06 – would become operational in 2006-07 (2nd or 3rd quarter)
- Second phase of expansion – sanction expected by June 2006
- Extending coverage- Increasing outreach
 - Bridging the gap between child population and those registered with AWC
 - bridging the gap between registered and actual beneficiaries
- Increase in honorarium of AWCs & AWHs
- Monitoring coverage of SC/ST/ minority population
- Inclusion of micro-nutrients in supplementary nutrition
- Iodised salt in ICDS

Moving Forward (contd....)

- Improving the quality of early learning
 - ✓ Nurturing Joyful Learning Environment at AWCs
 - ✓ Regular procurement and supply of pre-school kits
 - ✓ Upgradation of AWCs to nursery schools through convergence with Sarva Shiksha Abhiyan, DPEP etc.

Tamil Nadu Experience : 10,000 AWCs upgraded to Nursery Schools through convergence with SSA & ICDS-III

- Improving infrastructural support
 - ✓ Construction of AWCs through convergence with the schemes of M/o Rural development
 - ✓ Safe Drinking water through Convergence with the schemes of M/o Rural Development, D/o Drinking Water Supply

Moving Forward Contd...

Sector	Services
Health and Family Welfare	<ul style="list-style-type: none">• Ensure Immunization, health check-up and referral services• Strengthen health infrastructure• Joint training of ICDS and health functionaries• Nutrition and Health Education of beneficiaries and community
Sanitation and Drinking Water	<ul style="list-style-type: none">• Drinking water and toilet facilities in AWCs under TSC and Swajaladhara and hygiene education
Rural Development	<ul style="list-style-type: none">• Construction of AWCs
Elementary Education	<ul style="list-style-type: none">• Strengthen the ECCE component, school transition, joint mobilization and training

Coordination Committees at State, District, Block and Village level have been constituted to facilitate convergence

Moving Forward (contd....)

Enhancing quality – reaching Under-3s

- **Strengthening Family/ Community Participation**
 - Panchayati Raj Institutions – Civil Society Organization
 - Local Resource Groups, Peer Counsellors, Mother Support Groups, State Holder Committee
 - Prioritised home visits
- **Strengthening Convergence with Health & Family Welfare**
 - Use of common mother-child growth and development card, counselling kit by Health and ICDS
 - Convergence with NRHM, RCH II – Team Work – Defining the roles of AWW, ASHA and ANMs.

Moving Forward (contd....)

Enhancing Quality – Child Friendly Anganwadi Centres

- **Quality Improvement in ICDS training**
 - Innovative field based training
 - Joint Training
- **Increase in honoraria**
- **Increase in financial norm for supplementary nutrition**

MOVING FORWARD (contd....)

EARLY CHILDHOOD CARE AND PRE-SCHOOL EDUCATION

- PSE is one of the six services provided under ICDS Programme. The subject of pre-school including pre-primary education has been recently transferred from D/O Elementary Education & Literacy to Ministry of WCD under Allocation of Business Rules (Notification No. Doc. CD-498/2005 dated 1st September 2005)
- No funds/ staff transferred
- D/O EE&L has not informed of the progress made so far
- M/o WCD is taking stock of the situation and status of pre-school and pre-primary education under DPEP/ SSA, State Sector and Private Sector for further planning and action. Dialogue initiated with the State Govts./ UT Administration on the subject.



KISHORI SHAKTI YOJANA (KSY)

Objectives

- To improve the nutritional and health status of girls(11-18 years)
- To provide literacy and numeracy skills through non-formal stream of education
- To train and equip adolescent girls to improve/ upgrade home based and vocational skills
- To promote awareness of health, hygiene, nutrition, family welfare, home management, child care and to take measures to marry only after 18 years
- To encourage adolescent girls to initiate various activities to be productive and useful members of the society.

Coverage

- Launched in 2000 blocks in the year 2000
- In 2005-06, the scheme has been expanded from 2000 ICDS Projects to 6113 rojects.

Financial Assistance

- Rs. 1.1 Lakh per block per year
- During 2005-06, an amount of rs. 49.06 crores released to the States/ UTs



KISHORI SHAKTI YOJANA (KSY)

Implementation

- Implemented through ICDS infrastructure.
- Panchayati Raj Institutions, NGOs other institutions are involved for the implementation of the Scheme.

Interventions

States can choose one or more interventions out of the following options :

- **AG-I, Girl to Girl Approach (11-15 yr)**
 - To provide simple and practical messages on preventive health, hygiene, nutrition and education, Family life education and provide supplementary nutrition to AGs (500 calories and 20 gms. protein per day per beneficiary for 6 days in a week)
- **AG-II, Balika Mandal (11-18 yrs)**
 - Learn about significance of Personal hygiene, Environmental sanitation, Education and life skills, preventive health, Nutrition and Home nursing, child care and development, Constitutional rights and their impact on the quality of life; Participate in creative activities; Skill development and provide supplementary nutrition (500 calories and 20 gms. protein per day per beneficiary for



KISHORI SHAKTI YOJANA (KSY)

Interventions Contd ...

- **Convergence with RCH scheme for IFA supplementation alongwith deworming interventions and nutrition and health education.**
- **Convergence with Department of Education for non - formal education with particular attention on school dropouts and functional literacy among illiterate adolescent girls. The education is provided through experts, consultants, NGOs and specialized Government functionaries.**
- **For two selected girls from each AWC, vocational training courses are organised for adolescent girls at District level.**
- **Synergy with self-employment and income generation schemes**



KISHORI SHAKTI YOJANA (KSY)

Monitoring and Evaluation

- **The ICDS monitors the Scheme at Project/District/State level.**
- **Till last year monitoring of KSY was being done along with that of ICDS.**
- **To improve monitoring of the scheme, formats have been revised in August, 2004 and details such as type of intervention adopted, no. of beneficiaries for each intervention along with financial progress are being collected on quarterly/ annual basis**
- **Evaluation of KSY is being entrusted to Institute of Research in Medical Statistics,ICMR.**

NUTRITION PROGRAMME FOR ADOLESCENT GIRLS (NPAG)

- Launched by the Planning Commission on a pilot basis in the year 2002-03 to provide free food grains to undernourished adolescent girls (11-19 years), and expectant and nursing mothers & continued in the year 2003-04 also.
- The scheme was not implemented in 2004-05
- Being implemented through M/WCD in the year 2005-06 but the coverage is confined to Adolescent Girls only.

Coverage

- Being implemented in 51 backward districts on a pilot project basis

NUTRITION PROGRAMME FOR ADOLESCENT GIRLS (Contd...)

Beneficiaries & Services

- Undernourished Adolescent Girls (weight < 35 kg.) are covered under the scheme.
- Free food grains @ 6 kg. per beneficiary per month are provided to undernourished adolescent girls.
- Besides free food-grains, the following services are also provided:
 - The beneficiaries and their families are imparted appropriate nutrition education.
 - The beneficiaries are given regular health check-up and referral services, if required.
 - Health education.

NUTRITION PROGRAMME FOR ADOLESCENT GIRLS (Contd..)

Implementation

- Operationalised through the administrative set up of ICDS at the state, district, block and Village level.
- Funds are allocated as Special Central Assistance (SCA), on 100% grant basis
- Food grains, at the BPL rates, are allocated by Ministry of consumer Affairs, Food & Public Distribution
- In 2005-06, Rs. 162.97 crore have been earmarked for NPAG
- Evaluation of NPAG has been entrusted to Nutrition foundation of India (NFI)

Issues

- Expansion of NPAG
- Merger of Kishori Shakti Yojana (KSY) with Nutrition Programme for Adolescent Girls (NPAG)
- Proposal for allocation of about Rs. 1600 crore for universalisation of NPAG and its merger with KSY is sent to the Planning commission – the proposal, however, could not be included in the budget of 2006-07

Prevent Malnutrition -
Promote Early Child Development
The Foundation of
Human Resource Development



Statewise number of ICDS Projects with anganwadi centres in different groups

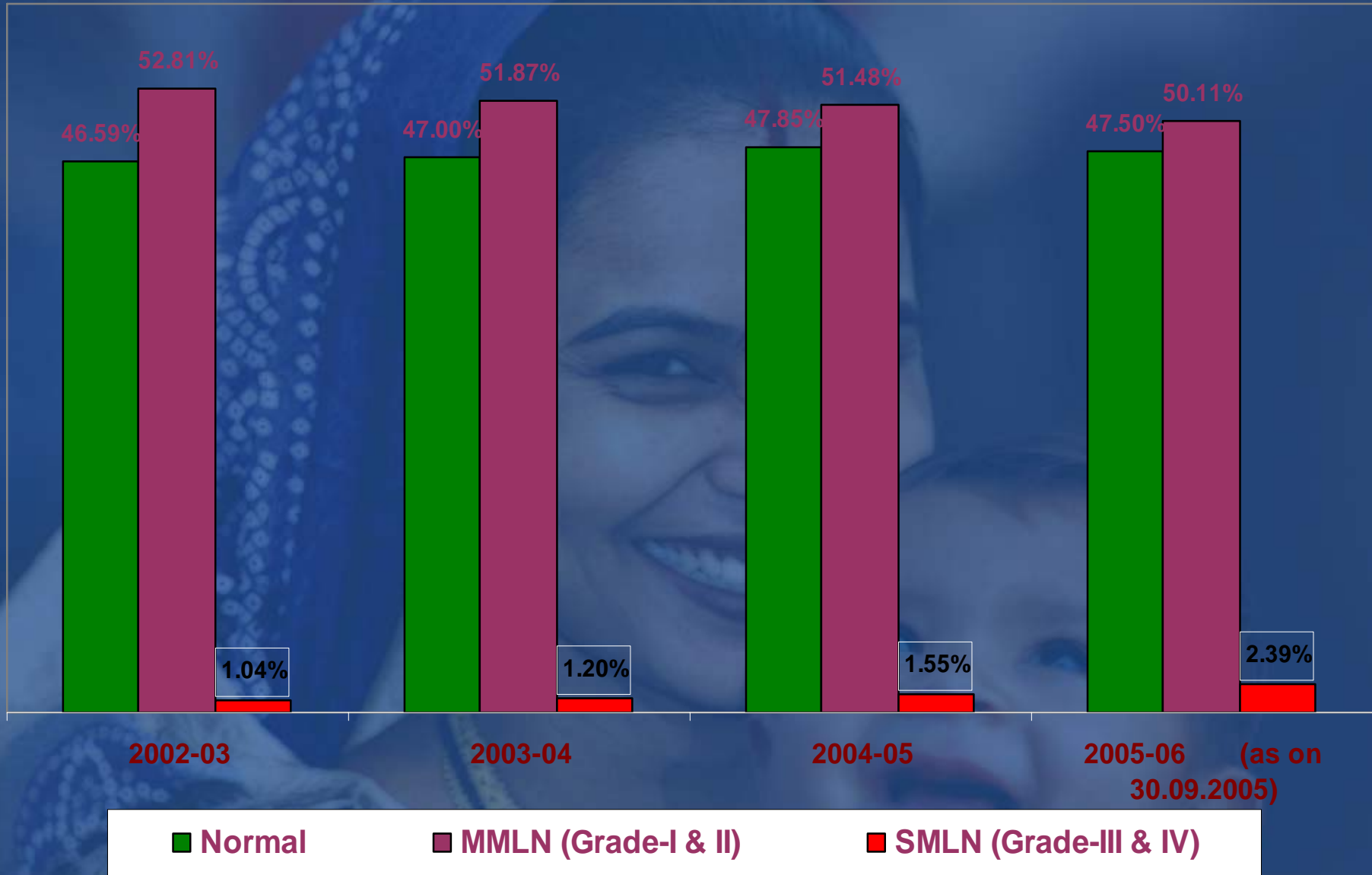
Sl. No.	State	Range of number of AWCs in a project										State total
		0-10	11-20	21-30	31-50	51-100	101-150	151-200	201-250	251-350	350 & above	
1	Andhra Pradesh	0	0	0	0	30	117	126	63	37	3	376
2	Arunachal Pradesh	3	15	15	23	12	10	1	0	0	0	79
3	Assam	0	1	2	6	58	58	53	24	13	4	219
4	Bihar	0	0	0	7	98	147	137	89	48	7	533
5	Chhattisgarh	0	0	0	3	4	50	44	29	27	1	158
6	Goa	0	0	0	1	5	3	1	1	0	0	11
7	Gujarat	14	0	0	3	43	51	64	28	40	17	260
8	Haryana	0	0	0	0	38	52	26	9	2	1	128
9	Himachal Pradesh	0	0	0	0	11	8	9	13	23	12	76
10	Jammu & Kashmir	0	0	4	6	39	38	30	18	4	1	140
11	Jharkhand	0	0	0	2	47	83	39	26	5	2	204
12	Karnataka	0	0	0	0	2	17	28	27	71	40	185
13	Kerala	0	0	0	1	12	73	51	19	5	2	163
14	Madhya Pradesh	0	0	0	0	51	147	105	40	20	4	367
15	Maharashtra	0	0	1	3	34	157	82	51	60	28	416
16	Manipur	0	1	1	1	9	10	4	5	3	0	34
17	Meghalaya	0	0	1	0	30	6	2	0	0	0	39
18	Mizoram	0	0	0	5	14	4	0	0	0	0	23
19	Nagaland	0	2	2	31	21	0	0	0	0	0	56
20	Orissa	0	0	0	5	119	150	47	4	1	0	326
21	Punjab	0	1	0	0	36	82	24	3	1	1	148
22	Rajasthan	0	0	0	0	21	81	109	41	19	3	274
23	Sikkim	0	1	2	2	1	3	0	1	0	0	11
24	Tamil Nadu	0	0	1	2	131	271	24	4	1	0	434
25	Tripura	0	0	0	8	16	13	7	5	2	0	51
26	Uttar Pradesh	0	0	0	3	51	282	384	92	21	2	835
27	Uttaranchal	0	1	8	33	38	18	1	0	0	0	99
28	West Bengal	0	0	0	10	54	94	128	68	47	9	416
29	A & N Islands	0	0	0	1	2	1	0	1	0	0	5
30	Chandigarh	0	0	0	0	3	0	0	0	0	0	3
31	Delhi	0	0	0	0	4	18	5	1	1	0	29
32	Dadra & N Haveli	0	0	0	0	0	1	0	1	0	0	2
33	Daman & Diu	0	0	0	1	1	0	0	0	0	0	2
34	Lakshadweep	0	0	0	0	1	0	0	0	0	0	1
35	Pondicherry	0	0	0	0	0	2	3	0	0	0	5
	ALL INDIA TOTAL PROJ.	17	22	37	157	1036	2047	1534	663	451	137	6108

1. * excluding information of no. of AWCs in Gangtok/ Samdong ICDS project sanctioned during 2005.

2. ** excluding information on no. of AWCs in 6 projects (namely Burdwan-II, Pandabeswar, Harirampur, Matigara, Kharibari and North Barrackpur) which is not available as it have been sanctioned on account of bifurcation of existing 6

3. In addition, 5 new projects in Delhi during 2005-06 have been sanctioned. Details of no. of AWCs in each project is yet to be finalised by Govt. of NCT of Delhi

NUTRITIONAL STATUS OF CHILDREN (0-6 YEARS) UNDER ICDS SCHEME



MMLN : Moderately Mal-nourished

SMLN : Severely Mal-nourished