

*For Discussion Only*

## INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME



*Working Paper for preparation of  
State Annual Programme Implementation Plans (APIPs)*

**D R A F T**



**MINISTRY OF WOMEN AND CHILD DEVELOPMENT  
GOVERNMENT OF INDIA**

6<sup>th</sup> Floor, Shastri Bhawan, Dr. Rajendra Prasad Road, New Delhi 110001  
[www.wcd.nic.in](http://www.wcd.nic.in)

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Dr.S.K.Adhikari/17.9.09/8.10.2009/14-16.10.09/3-5.11.09/3.12.09

## CONTEXT AND OBJECTIVES

1.1 The Integrated Child Development Services (ICDS) programme is India's primary response to the nutritional and developmental needs of the children below six years, pregnant women and nursing mothers. Implemented through a network of over one million village-level *Anganwadi* Centres (AWCs), staffed by *Anganwadi* Workers (AWWs) and *Anganwadi* Helpers (AWHs), it currently reaches around 7.13 crore children and about 1.5 crore pregnant and nursing mothers (August 2009). The programme has since become the world's largest and unique early childhood development programme.

1.2 The ICDS programme has remained in the forefront of the efforts of the Government of India (GoI) and the State Governments to achieve the child nutrition related Millennium Development Goal (MDG1)<sup>1</sup>. The Government of India has committed to achieve the nutrition MDG of halving underweight rates from 54% to 27% between 1990 and 2015, and to achieving the education MDG of universal primary education (MDG2) and the *Education For All* goal of expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. GoI is also committed to reducing infant and child mortality and improving maternal health outcomes (MDGs 4 and 5). Since malnutrition is closely linked to all of these MDGs, the interventions under the ICDS programme are expected to contribute towards achievement of each of these longer-term goals.

1.3 Despite several achievements that the ICDS scheme has witnessed during its three decades of implementation, there remain some major challenges with regard to the high burden of child malnutrition in the country. The recent NFHS-3 (2005-06) reveals that about 43 percent children below five years in the country are still underweight (as per the WHO New Growth Standards; <-2SD) and out of these, about 16 percent are severely malnourished (<-3SD). At the country level, child malnutrition has barely declined at all in a decade and anaemia among women and children has actually risen.

1.4 During the 11<sup>th</sup> Five Year Plan the GoI has taken several measures to strengthen the implementation of ICDS Programme. In order to increase accessibility of the ICDS services to all households in the country, especially those belonging to disadvantaged and weaker sections in the community, the GoI has embarked upon massive expansion of the programme since 2006-07 to reach out to about 14 lakh habitations in the country. As per the order of the Supreme Court, the GoI has already sanctioned 7073 projects and 13.56 lakh AWCs (August 2009) and the programme has been nearly universalized across the villages and habitations in the

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<sup>1</sup> MDG1: *Eradicate extreme poverty and Hunger*. Target 2: *Halving the proportion of people who suffer from hunger*. Indicator 4: *Prevalence of underweight children under 5 years of age*.

country. Provision has also been made for sanction of AWCs on demand basis by the states. Population norms for opening up of the AWCs in rural, urban and tribal areas have been revised. Financial norms of various interventions/activities under the scheme including that for training and capacity building of the ICDS functionaries, have been revised upwardly with effect from April 1, 2009. Honorariums of AWWs and AWHs have been revised since April 2008. Nutritional (calorific) norms for the supplementary food to the children below six years and pregnant and lactating mothers have also been revised. The challenge before the programme authorities is now to harmonize the geographical expansion along with an improved implementation strategy in order to accelerate better and visible programme outcomes.

1.5 It is pertinent to mention here that the 11<sup>th</sup> Five Year Plan has envisaged 'increased coverage in ICDS to ensure rapid universalization; changing the design; and planning the implementation in sufficient details that the programme objectives are not vitiated by the design of implementation. Besides, all its original six services have to be delivered fully for the programme to be effective: (i) supplementary nutrition, (ii) immunization, (iii) health check-ups, (iv) health and nutrition education, (v) referral services, and (vi) non-formal pre-school education' (Planning Commission, 2008).

1.6 The NFHS-3 results had shown that there have been wide variations in the nutritional status of the children and other health and nutritional parameters across the states and regions. While several states had been able to reduce the level of child malnutrition significantly over the last seven years, some have already reached the MDG level of 27%, but the problem remained acute in many other States, affecting the country's overall nutritional status. It is well known that malnutrition is a multi-dimensional problem and various determinants affect the nutritional status of children including food security, educational level of parents, water and sanitation, diseases, and many other socio and demographic factors. Through a common package of six services across the 35 States and UTs, the ICDS programme follows an *integrated* approach for the holistic developmental of the children below six years as well as health and nutritional needs of the pregnant women and nursing mothers. It is imperative to know how effective is the existing implementation strategy in addressing the varying needs of children and women. It has been often found that service delivery mechanism in ICDS varies significantly across states, districts and blocks. But in the absence of a detailed implementation plan at the State or district level, it has not been possible to capture the programme effectiveness against the set targets or track expenditures against the physical achievements. Though ICDS is a 'centrally sponsored scheme', wherein the GoI provides 90 per cent of the total programme cost to the States/UTs with effect from April 2009 (except the cost for supplementary nutrition, which is 50:50 between GoI and States, and 90:10 in NE States), the basic responsibility for implementing the programme rests with the State Governments. The role of State Governments in monitoring the programme implementation is, therefore, paramount. Till now, the GoI has been releasing funds to the States/UTs under ICDS without having any State specific detailed

implementation plan (except that for training programmes), but based on the utilization certificates and monthly/quarterly progress reports.

1.7 In view of the growing concern over the programme not being able to achieve its core objectives, it has been felt that there needs to be a paradigm shift in the programme's annual planning in order to improve and strengthen the existing implementation strategy. The existing annual planning process in ICDS that is currently followed by the State Governments needs re-structuring and standardization, by bringing in clear focus on the programme 'outcomes' rather than on 'outlays' as was envisioned by the then Finance Minister of India during his annual budget speech on 28 Feb 2005.<sup>2</sup>

1.8 The MWCD now contemplates to introduce a comprehensive annual planning process through the development of an Annual Programme Implementation Plan (APIP) by each of the States/UTs every year. The APIP will have all details of activities with their physical and financial targets that are to be undertaken by the States/UTs during the year. It is envisaged that the APIP will help both central and States/UTs monitor the programme performance more effectively and take necessary mid-course corrections.

1.9 This planning process is also critical to translating the vision of the Prime Minister of India, articulated in his letter to the State Chief Ministers, dated 9 January 2007. Urging that the ICDS programme be closely monitored, he stated that *"proper implementation of the programme critically depends on political will, decentralized monitoring and meticulous attention to day-to-day operational issues. Otherwise, problems like irregular functioning of Anganwadi centres (AWCs), inability to provide hot, cooked food and leakage of food material meant for infants, will persist..... We are in the process of universalizing ICDS. But I am afraid, unless we take stock of the present position and remove the lacunae; universalization will mostly remain on paper and will not help our children secure a brighter future. The core objective of the ICDS Scheme in the 11<sup>th</sup> Plan should be universalization with quality."*

1.10 This document outlines a broad structure of the annual programme implementation plan with necessary templates for providing requisite information under various components of the programme. The States/UTs are required to examine the prescribed format of the APIP including various physical targets and the total funds requirement. Processes and timelines that are to be followed for the preparation of the PIP are also discussed in the document. The States/UTs may send their comments on the draft APIP framework by **15 January 2010** to enable the MWCD finalize the document and draw an action plan for its early rollout.

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<sup>2</sup> *"I must caution that outlays did not necessarily mean outcomes... We shall also ensure that programmes and schemes are not allowed to continue indefinitely...without an independent and in-depth evaluation..."* (Ministry of Finance, Government of India, *Outcome Budget 2005-06*, <http://finmin.nic.in/reports>)

**1.11 OBJECTIVES:** Key objectives of the development of annual programme implementation plans in ICDS are:

- a) *to strengthen the existing programme management, planning and implementation to help accelerate programme outcomes as envisaged in the ICDS objectives;*
- b) *to strengthen the existing monitoring of the programme implementation through tracking of expenditures against physical targets;*
- c) *to acknowledge and capture the diversity across the 35 states/UTs in respect of health, nutritional needs of women and children and also pre-school needs of 3-6 year olds and their feasible responses;*
- d) *to facilitate States to develop State specific strategies/interventions in respect of various programme components of ICDS in general and to achieve the health, nutritional and early learning outcomes through monitorable indicators; and*
- e) *to enhance the quality of programme implementation in order to achieve ICDS universalization with quality.*

## PROCESSES AND TIMELINES

2.1 The AIPs of the ICDS programme will be prepared following a decentralized planning process wherein the district and block officials and other key stakeholders from the line departments, especially health, education, rural development, water and sanitation, and PRI would be consulted on the respective planned activities that are to be taken up with support from these departments during the year. While preparing the PIP, it is imperative to assess the existing gaps in programme implementation at various levels. Attempt should be made to rationalize various efforts of the State Governments to address the problem of child malnutrition and early childhood education outcomes and reflect the same in the PIP. E.g. for the construction of AWC buildings, funds may be leveraged from different sources, and to provide potable water to AWCs, coordination with the water and sanitation department would be necessary.

2.2 The following processes are suggested for the preparation of the APIP at the State level:

- Step 1: *Formation of a Steering Committee at the state level under the chairpersonship of Secretary (WCD)/Social Welfare) comprising members (Secretaries/Directors) from line departments, Planning Department, selected District Collectors, Regional Director of NIPCCD, representative from the MWCD;*
- Step 2: *Form a core team for the preparation of PIP comprising of key programme officials from the ICDS Department/Directorate (including Finance and Accounts Officer), Representatives from Health, PHE, Panchayat & RD, Horticulture mission,, FNB Officials, selected District Programme Officials (ICDS), selected Instructors of Training Centres (AWTCs/MLTCs), NGOs and representatives of the development partners who are working with ICDS in the state.*
- Step 3: *Constitute a core team for drafting the PIP (Hire consultants if required/Seek support of INGOs/Development partners) (If required Seek external support for orientation and training of Core team members. Budgetary provisions can be made for such external support out of other training/monitoring fund)*
- Step 4: *Collect all necessary information for the PIP from existing ICDS documents*
- Step 5: *Access and use NRHM State PIP for common information compiled by them and whether ICDS requirements have been adequately projected and given priority. Preferably there should be separate template for requirement and services under NRHM for AWC.*
- Step 6: *Consult district/state plans of drinking water mission/ Panchayat /BRGF plans and horticulture mission plan focusing on infrastructure, facilities and nutrition thrust in the plan.*
- Step 7: *Include plans of development partners, nutrition and ECE interventions utilizing AWCs by NGOs, Universities and others ( if any) in the district/state plan*
- Step 8: *Hold consultations with all stakeholders (at least thrice) to discuss, asses and identify gaps in the existing implementation mechanism in respect of six services in ICDS and all other cross-cutting issues like programme management, financial management, IEC, M & E, Training etc.; Give special emphasis on cut off area planning and special requirements of migrants, mobile AWCs. Special mention needs to be made for contingency plan for*

*disaster, conflict areas and inaccessible areas if any. Special emphasis on linking activities to output to /outcome to impact needs to be given in the results framework.*

*Step 9: Prepare the draft APIP and submit to MWCD*

2.3 Since the APIP will be prepared for the first time following standardised structures and processes, necessary orientation training of the core team members need to be organized at the state level. The MWCD would facilitate these orientation-training programmes. If required, States may seek external support for orientation and training of Core team members. Budgetary provisions may accordingly be made for such external support.

2.4 States would initiate the process of preparation of the APIP in the month of October and the draft APIP should be made available to the MWCD by end of December. During Jan-Feb, State Governments will be required to make presentation on their APIPs to a designated Committee in the MWCD, who would review and approve the APIPs. The same Committee would also review the progress of implementation of State APIPs on half yearly basis for any mid-course corrections.

## **OUTLINE OF THE ANNUAL PROGRAMME IMPLEMENTATION PLAN (APIP)**

### *Broad structure and Templates*

#### **3.1 VISION AND STRATEGIES**

In this section, State may describe its vision for the development of children and women aligned with the core objectives of the ICDS Programme. Also describe the strategies that are currently followed to address the child under nutrition and early childhood education problems in the State during the financial year.

#### **3.2 SITUATIONAL ANALYSIS**

Before presenting the annual implementation plan, an in-depth situation analysis of the health and nutrition status along with other socio-economic conditions prevailing in the State is a necessity, in order to identify constraints and gaps in the existing programme implementation and develop the programme strategies accordingly.

- a) Provide socio-economic and demographic profile of the State:
  - ✓ Population- rural/urban/tribal; SC/ST breakup
  - ✓ Child population (based on census and ICDS household survey register)
  - ✓ Districts, blocks (Rural/Urban/Tribal)
  - ✓ No. of villages/habitations un reached or difficult to reach villages
  - ✓ Female literacy rate etc. (rural, urban and tribal breakup)
- b) State's Nutrition Policy (if any) – Brief description
- c) State Nutrition Action Plan
- d) Nutrition and Health Status of Women and Children in the State (use relevant indicators from ICDS MIS data/DLHS-3/NFHS-3 surveys)
- e) History of ICDS in the State: Geographical and population coverage; Year wise expansion of ICDS in the State
- f) State's share to ICDS (physical and financial) including on supplementary nutrition food, in addition to Central Govt's support (provide last two years information)
- g) Infrastructure status of all operational AWC Buildings (own/rented; pucca/kuccha etc) - State's plan for construction of AWC buildings using funds from RIF/NABARD, MPLAD/BRGF and other development partner sources etc.; potable water supply and child friendly toilets at the AWCs; smokeless chulhas, medicine supply in health sub centres, renewable energy sources etc.
- h) Vacancy positions at different levels and plans to fill such vacancies.
- i) Status of operationalization of blocks/AWCs/Mini-AWCs against sanctioned during last three expansions;
- j) Trends in coverage of beneficiaries for immunization, supplementary nutrition and pre-school education, separately (use last five years aggregated data based on ICDS MPRs/QPRs);

- k) Major gaps/constraints in programme implementation (highlight specific districts/blocks which need special focus and in which areas).
- l) Status of inter departmental coordination and convergence (particularly with Health, drinking water, sanitation and Panchayat)

### 3.3 ORGANIZATIONAL STRUCTURE OF ICDS PROGRAMME MANAGEMENT AT THE STATE LEVEL

- a) Insert an organizational chart of the State Directorate (with a brief of major roles/responsibilities for each key position)
- b) Whether separate WCD Directorate/Department - if not, existing arrangements for ICDS programme management
- c) Whether any Committee/Task Force for ICDS constituted by State Govt (please give brief details)
- d) Devolution of powers at the State/District/Block levels (both administrative and financial, such as decentralized procurement of PSE kits at the district level; procurement of food grains at the district/block level etc).

### 3.4 ANNUAL ACTION PLAN - PROGRAMME COMPONENTS

#### 3.4A: Human Resources

- a) Describe the State recruitment processes for different field functionaries (adherence to the existing guidelines of the GOI)
- b) Whether specific cadre for CDPOs/Supervisors exists
- c) Promotional policy for the field functionaries (AWWs/Supervisors/CDPOs)
- d) Human resource positions/vacancies at all levels (State/District/Block/Sector/ AWC) as against sanctioned
- e) Honoraria of AWWs and AWHs - *State's contribution*;
- f) Reasons for not filling up vacancies (legal problems, administrative constraints etc);
- g) Describe the extent of LIC coverage for AWWs and any other welfare measures for the AWWs/AWHs and plan for FY.

**Table # 01: Human Resources**

<i>Functionaries</i>	<i>Sanctioned</i>	<i>In-position</i>	<i>Timeline for filling up vacancies</i>	<i>Salary/Honoraria per month</i>	<i>Estimated budgetary requirement for the FY</i>
<b><i>State level</i></b>					
Position 1					
Position 2					
..					
<b>Total: State level</b>					
<b><i>District level</i></b>					
Position 1					

<i>Functionaries</i>	<i>Sanctioned</i>	<i>In-position</i>	<i>Timeline for filling up vacancies</i>	<i>Salary/Honoraria per month</i>	<i>Estimated budgetary requirement for the FY</i>
Position 2					
....					
<b><i>Block level</i></b>					
CDPO/ACDPO					
Supervisors					
.....					
<b><i>AWC level</i></b>					
AWWs					
Mini-AWWs					
AWHs					
Addition Worker (if any) by the States					
<b>TOTAL</b>					

### **3.4B: Procurement of Materials and Equipment**

- a) Status of supply of equipment, furniture, utensils, storage box, computers/printers etc at different levels. Provide information on:-
- No. and percentage of Blocks having functional computers and printers;
  - No. and percentage of District Offices having functional computers/printers;
  - No. of functional vehicles at State, district and block levels;
- b) Requirements during the FY

**Table # 02: Procurement of Materials and Equipment**

<i>Items</i>	<i>No. to be procured during the year</i>	<i>Estimated budgetary requirement (Rs.)</i>	<i>Timeline of supply (Tentative Date)</i>	<i>Means of Verification (MPRs/UCs/Inspection Reports.....)</i>
<b><i>State level</i></b>				
Item 01				
....				
<b><i>District level</i></b>				
Item 01				
.....				
<b><i>Block level</i></b>				
Item 01				

<i>Items</i>	<i>No. to be procured during the year</i>	<i>Estimated budgetary requirement (Rs.)</i>	<i>Timeline of supply (Tentative Date)</i>	<i>Means of Verification (MPRs/UCs/Inspection Reports.....)</i>
.....				
<i>AWC level</i>				
Item 01				
.....				

### **3.4C: Service Delivery**

#### ***C1: Supplementary Nutrition (SN)***

- i. Existing strategy/ mechanism for procurement and distribution of SN (as per Supreme Court's Order and GOI's revised budget norms) - Local food model, distribution through SHGs/Mahila Mandals, etc
- ii. Types of supplementary food provided at AWCs (snacks/hot-cooked meals/ready-to-eat)/calorific values (as per the revised norms) and quantity per child/women;
- iii. Whether any provision for Take Home Rations (THRs) - type of foods;
- iv. No. of Blocks/ AWCs where supplementary food is supplied twice a day
- v. Total and average beneficiaries coverage per AWC (R/U/T) as on 31<sup>st</sup> March (Children 7 months to 6 yrs; P & L women, AGs) and gaps in coverage (against surveyed child population) [If available, SC and ST coverage data to be mentioned]
- vi. Physical targets for the FY [how many children and P & L women are expected to be covered during the year]
- vii. Special strategy for cut off area planning during monsoon ( how many districts, blocks and AWCs)
- viii. Any differential strategy for tribal and urban areas in collaboration with Deptts of Tribal/Urban Development?
- ix. Any differential strategy for rural areas in collaboration with SHGs promoted by Rural development department?
- x. Expenditure on supplementary nutrition during previous two years (say, 2008/9 and 2009/10) - Budget and actual expenditure incurred (GoI and State Shares separately)
- xi. Quantum of food commodity approved for Wheat based Nutrition Programme (WBNP) and lifted; Requirement for the FY.
- xii. Estimated budgetary requirements for the FY;
- xiii. Whether State proposes any change in the existing strategy on supplementary nutrition food during the FY

**Table # 03: Supplementary Nutrition**

Beneficiaries	Population as per AWW's survey register	Provided supplementary food (as on..... )	Target for current FY	Cost norms per child/ woman	Budgetary requirement for current FY (Rs. Lakh)	Means of verification (MPRs/UCs)
Children 6 months - 3 yrs						
Children 3-6 yrs						
Pregnant Women						
Lactating mothers (with children below 6 months)						
Adolescent Girls						
<b>TOTAL</b>						

xiv. Growth monitoring/promotion and nutrition status: provide information for:

- No. and percentage of AWCs (against total operational) having functional baby and adult weighing scales (separately)
- No. and percentage of AWCs received WHO New Growth Charts (separately for boys and girls)
- Percentage of AWCs using new Mother and Child Health Cards/any other tools for counselling

**Table # 04: Growth Monitoring/Promotion and Children's Nutrition Status**

Age Group	No. of Children as per household survey (as on .....)	Average no. of children weighed (as on .....)	Nutrition Status (as per WHO New Growth Standards)	Target for the FY (reduction in malnutrition)	Means of Verification (MPRs/ASRs)
Below 3 yrs (Boys and Girls separately)			<ul style="list-style-type: none"> <li>▪ Normal (in %):</li> <li>▪ Moderately malnourished (in %):</li> <li>▪ Severely malnourished (in %)</li> </ul>	<ul style="list-style-type: none"> <li>▪ % reduction of moderately malnourished children</li> <li>▪ % reduction of severely malnourished children</li> </ul>	

Age Group	No. of Children as per household survey (as on .....)	Average no. of children weighed (as on .....)	Nutrition Status (as per WHO New Growth Standards)	Target for the FY (reduction in malnutrition)	Means of Verification (MPRs/ASRs)
3- 5 yrs (boys and girls separately)			<ul style="list-style-type: none"> <li>▪ Normal (in %):</li> <li>▪ Moderately malnourished (in %):</li> <li>▪ Severely malnourished (in %)</li> </ul>	<ul style="list-style-type: none"> <li>▪ % reduction of moderately malnourished children</li> <li>▪ % reduction of severely malnourished children</li> </ul>	

### C2: Pre-school Education

- a) Describe if State has developed any policy/guidelines/curricula for pre-school education
- b) No. and percentage of AWCs (against total operational) having received PSE kits during previous year
- c) Specific interventions on pre-school education made during recent years; whether any training on PSE for AWWs/Supervisors conducted; etc
- d) Mention the strategy for children 6 months-3 years for early childhood development stimulus Mention the strategy for preparing 3-6 children for school readiness.
- e) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments
- f) Contents of PSE Kits and supply positions during previous two years;

**Table # 05: Pre-school Education**

No. of AWCs providing pre-school education (as on .....)	No. of children 3-6 yrs as per AWW's survey register (as on .....)	No. of 3-6 yrs children attended PSE for at least 16 days in the previous month (as on.....)	Target for the FY	Estimated budget requirement for PSE Kits (@Rs. 1000 per kit per AWC per year)	Means of Verification (MPRs/ASRs/UCs)

### C3: Nutrition and Health Education

- a) Describe State's strategy on nutrition and health education: Organization of breastfeeding and nutrition weeks, celebration of 'annaprashans', 'mangal diwas' etc.
- b) Status of implementation of national guidelines on infant and young child feeding practices;

- a) Existing mechanism for counselling of mothers on nutrition and health issues by AWWs/Supervisors during home visits.
- b) NHED sessions during VHND/NHD - use of IEC materials (tools) during NHEDs and home visits
- c) Monitoring mechanism
  - Possibility of involving ASHA and ANM in NHED/ Home visits
  - Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments

**C4: Immunization**

- a) Current immunization coverage rates (based on DLHS-3/ICDS MPRs) in the state ;
- b) Existing mechanism for immunization service (including Vita A supplementation) – such advance planning with health, its implementation and joint monitoring, etc.
- c) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments

**Table # 06: Immunization**

<i>No. of AWCs received and provided Vita A during last year</i>	<i>No. of children below 24 months (As on .....)</i>	<i>No. of children who completed 12 months during the last year and were fully immunized as per routine immunization schedule during last year</i>	<i>Target for the FY (Estimated no. of children aged 12 months who will be fully immunized during the year)</i>	<i>Means of Verification (MPRs/ASRs)</i>

**C5: Health Check-ups**

- a) Describe existing mechanism for health check-ups of pregnant women (antenatal care) and children;
- b) Status of coverage of 3 ANCs during the last year.
- c) Supply of IFA tablets to pregnant women through RCH-II - No. of AWCs provided IFA during last year;
- d) Strategy to improve health check-ups during the FY.
- e) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments

**Table # 07: Health Check-ups**

<i>No. of AWCs operational (As on.....)</i>	<i>No. of AWCs having received medicine kits during previous year (As on .....)</i>	<i>Target for the FY (# AWCs)</i>	<i>Estimated budget requirement for Medicine Kits (@Rs. 600 per kit per AWC per year)</i>	<i>Means of Verification (MPRs/ASRs/UCs)</i>

*Note: Except Medicine kits, no cost is involved for health check-ups in ICDS. All services provided by Health.*

### C6: Referral Services

- a) Existing mechanism for referral services (with health)
- b) Constrains in effective referral services
- c) Strategy to improve this component during the FY.

NOTE: Physical targets cannot be fixed. No specific allocation for this service.

### 3.4D. Nutrition and Health Days

- a) Mechanism for observance of monthly nutrition and health days (NHDs) – Existing planning and schedule and monitoring; Convergence with NRHM – Village Health and Nutrition days;
- b) List out activities taken up during NHDs;
- c) Whether support received from community/PRI for observance of nutrition and health days;
- d) Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments.

**Table # 08: Nutrition and Health Days**

No. of AWCs operational (as on.....).	Average no. of AWCs reported conducting monthly NHDs during the previous year:	Percentage of AWCs conducted NHDs during the previous year	Target for the FY (# AWCs to be covered for monthly NHDs)	Means of Verification (MPRs/ASRs)

### 3.4E. Information, Education and Communication (IEC)

- a) Describe activities carried out under IEC component during last year;
- b) List out the IEC materials that have been developed;
- c) Details of campaigns organized on nutrition and pre-school education;
- d) Describe activities that are planned during the current year.

**Table # 09: IEC**

No. of operational AWCs (As on.....)	No. of AWCs supplied IEC materials during last year	No. of AWCs carried out any IEC campaign during last year	Allocation & Exp during last year	Estimated Budgetary requirement for the FY	Means of Verification (UCs)
			Allocation:	i. Activity1 ii. Activity2 .....	
			Exp:		

### 3.4F. Monitoring and Evaluation

- a) Describe existing monitoring and supervision mechanism at different levels (reporting, field visits, review meetings, feedback system etc)

- b) Constraints in monitoring and supervision (human resources, capacity building, mobility of functionaries etc)
- c) Any assessment/evaluation studies carried out by the State Govt. during last two years - *brief details*
- d) Whether the State has rolled out revised MIS as prepared by the MWCD
- e) State's strategy to improve the existing MIS.
- f) Community monitoring mechanism.
- g) Structured feedback mechanism.

**Table # 10: Monitoring and Evaluation**

No. of operational AWCs (As on.....)	No. of AWCs having revised records and registers	No. of Blocks using IT for MIS	No. of review meetings held at the state level during past year	Allocation & Exp during last year	Estimated Budgetary requirement for the FY (@Rs. 500 per AWC/year)	Means of Verification (MPRs/ASRs/UCs)
				Allocation:		
				Exp:		

### 3.4G Training and capacity building

As per the existing procedure, States are required to prepare a State Training Action Plan (STRAP) outlining the following:

- a) Training status of functionaries who are in-position and assessment of training backlogs (separately for job and refresher training) as on 1 April of the FY - Mechanism for assessing backlogs of training (computerized roaster/records at district/block level)
- b) Training needs assessment of ICDS functionaries in view of working with PRI system.
- c) Describe available training resources in the state (AWTCs/MLTCs/SRCs etc) - No. of sanctioned and operational AWTCs/MLTCs and their details including training status of Instructors. It may also be mentioned whether capacity of the training centres has been reviewed during the year.
- d) Training centre wise training calendar;
- e) Monitoring and supervision mechanism under ICDS Training Programme
- f) Review of performance during the last two years as per the QPRs and approved STRAPs;
- g) Proposal for 'other training' activities should include needs for the same and their expected outcomes; and
- h) Total financial requirements for the FY.

### 3.4H Convergence with Line Departments

- a) Existing mechanism for convergence and coordination (separately) with other line departments including health, education, water and sanitation, rural development Panchayat raj etc.

- b) Status of joint planning with health at District/block levels;
- c) Joint visits/review with health and other departments; Joint training between ASHA/ AWW/ANMs/Supervisors;

**Table # 11: Convergence**

<i>No. of Blocks developed micro plans for NHDs jointly with health</i>	<i>No. of districts/blocks integrated ICDS plans with NRHM/SSA plans</i>	<i>Average no. of AWCs reported conducting monthly NHDs with participation of ANMs during the previous year</i>	<i>Means of Verification (ASRs)</i>
<i>No. of sectors meetings attended by health staff</i>	<i>No. of blocks organized convergence meeting of ICDS, health, PRI and other line departments</i>	<i>No. of districts organized convergence meeting of ICDS, health, PRI and other line departments</i>	<i>Means of verification (ASRs)</i>

### **3.4I Community Participation and Involvement of PRIs**

- a) Provide existing mechanism for community participation and involvement of PRIs in the implementation of ICDS programme *in respect of the following*:
- *recruitment of AWWs/AWHs*
  - *supplementary food distribution,*
  - *nutrition and health days*
  - *immunization,*
  - *construction of AWCs,*
  - *supply of materials to AWCs,*
  - *mobilization of community support to AWC,*
  - *awareness generation on health and nutrition issues, etc.*
- b) Percent of AWCs participated in at least one *Gram Sabha* meeting during last year;
- c) Per cent of AWCs received any support from the Panchayat/Community based organizations (SHGs, *Mahila Mandals*, Mother's committee etc)/NGOs. Briefly describe the type of supports received from PRIs during the previous year.
- d) Percent of monthly Gram Panchayat meeting attended by AWWs.
- e) Percent of Bi- monthly *Panchayat Samiti* meeting attended by ICDS staff.
- f) Percent of *Zilla Parishad* meetings reviewing ICDS and Health activities in the district.

**Section Four**

**SUMMARY OF ACTION PLAN FOR THE FY**  
**Physical Targets and Financial Estimates**

(Note: Interventions/activities in col. 3 are only *indicative*, not *exhaustive*)

Sl.No.	Programme Component	Interventions/ Activities	Unit	Norm	Timel ine (date)	Target <sup>3</sup>			
						Physical	Financial (Rs. Lakh)		
1	2	3	4	5	6	7	8		
1	Human Resources	<b>Filling up of vacancies</b>							
		State level	No. of personnel			100%			
		District level	No. of personnel			100%			
		Block level	No. of personnel			100%			
		Sector level (Supervisors)	No. of Supervisors			100%			
		AWC level	No. of AWWs/ AWHs						
		<b>Salary of ICDS Staff (attach details)</b>							
		State							
		District							
		Block/Sector							
		AWC							
		<b>SUB-TOTAL-1</b>							
		2	Admn. Cost	<b>Rent/ Vehicles/POL/ Contingency</b>					
				<b>Rent</b>					
State	No.								
District	No.								
Block	No.								
AWC	No.								
Total	No.								
<b>Hiring of Vehicles</b>				No.					
State	No.								
District	No.								
Block	No.								
<b>POL</b>				No.					
State	No.								
District	No.								

<sup>3</sup> Can be split into four quarters

Sl.No.	Programme Component	Interventions/ Activities	Unit	Norm	Timel ine (date)	Target <sup>3</sup>	
						Physical	Financial (Rs. Lakh)
1	2	3	4	5	6	7	8
		Block	No.				
		Total	No.				
		<b>Contingency</b>	No.				
		State	No.				
		District	No.				
		Block	No.				
		<b>SUB-TOTAL-2</b>					
3	Supplementary Nutrition	<b>Supply of SN to children, P &amp; L women and AGs</b>					
		Children 6 months-6 yrs	No.				
		P & L women	No.				
		AG	No.				
		<b>SUB-TOTAL-3</b>					
4	Procurement	<b>Supply of materials and equipment</b>					
		PSE Kits	No.				
		Medicine kits	No.				
		Weighing Scales					
		<i>Baby</i>	No.				
		<i>Adult</i>					
		<b>Computers/Printers</b>					
		<i>State level</i>					
		<i>District level</i>					
		<i>Block level</i>					
		Almirah/Storage box/ Utensils etc					
		<i>State level</i>					
		<i>District level</i>					
		<i>Block level</i>					
		<i>AWC level</i>					
		<b>SUB-TOTAL-4</b>					
5	Training	Regular Training (Induction/Job/ Refresher)	# Functionaries				

Sl.No.	Programme Component	Interventions/ Activities	Unit	Norm	Time line (date)	Target <sup>3</sup>	
						Physical	Financial (Rs. Lakh)
1	2	3	4	5	6	7	8
		Other Training	# activities				
		Up gradation of Training Centres	# Training Centres				
		<b>SUB-TOTAL-5</b>					
6	IEC	Activity 1	No.of AWCs				
		Activity 2	No.of AWCs				
		Activity 3	No.of AWCs				
		...	No.of AWCs				
		<b>TOTAL-6</b>					
7	Monitoring and Evaluation	Activity 1	No.of AWCs				
		Activity 2	No.of AWCs				
		Activity 3	No.of AWCs				
		...	No.of AWCs				
		<b>TOTAL-7</b>					
8	Others	Uniform to AWWs/AWHs	No.				
		Flexi Funds at AWCs	No.				
		Convergent workshops	No.				
		Construction of AWC Buildings *	No.				
		.....					
		<b>TOTAL-8</b>					
	<b>GRAND TOTAL</b>						

\* GOI provides cost of construction of AWC Buildings only in N-E States. Other States are expected to leverage funds from various programmes/RIF for construction of AWC building. Cost of such constructions need not be included in the budget above.

**ADDITIONAL INFORMATION**

All additional information related to the ICDS implementation may be given in annex.

- Names, addresses, contact nos. (with email IDs) of Key Programme Officials (State/District level)
- Website (if any) on ICDS
- Mechanism for redressal of grievances
- Relevant data on ICDS (including expenditures during last three years)
- Brief details of support received from the Development Partners in ICDS (brief description of their interventions on nutrition and pre-school components of ICDS);
- Arrangement for protections from elements/harsh natural conditions like snow fall, high temperature, and monsoon ( cut off area planning)
- Any Other