

***Guidelines for
Monitoring and Supervision Visits to ICDS Blocks and AWCs by
Officials of the State & Central Governments***



**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 AND CENTRAL GOVERNMENTS

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 monitoring data on various programme parameters, periodic field visits to AWCs and blocks by officials at various levels, review of the programme implementation at different levels and participation of Panchayati raj institutions (PRIs) in monitoring of the AWC activities are the other measures undertaken as part of the regular monitoring of the programme.

2. In order to support the AWWs in improving the quality of service delivery and also, elicit various problems/bottlenecks with views and perspectives from the community for its improvement, regular field visits to the AWCs by officials of all levels is necessary for success of the programme. These guidelines are proposed to strengthen and provide minimum requisites of the existing monitoring and supervision mechanism in ICDS programme implementation that are being followed by various States in different ways.

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

<i>Sl. #</i>	<i>Category of official(s)</i>	<i>Schedule/proposed requirement</i>
A. <u>At the State level</u>		
1	Supervisors	A minimum of 50% of AWCs under the Supervisor's jurisdiction every month
2	Joint visit by Supervisors with ANM/LHV	Minimum 10% AWCs every month and the visits given in sl no, (1) above can be under this category also.
3	CDPOs/ACDPOs	100 AWCs once in a quarter on a rotational basis and to cover all the AWCs at least twice a year
4	Joint visit by CDPOs/ACDPOs with Medical Officer (MO)	25% AWCs once in a quarter and these can be as part of the visits mentioned under Sl No, (3).
5	ICDS District Programme Officers (DPOs)	They should touch base all the blocks of the district each quarter by covering at least 15% of the AWCs in a year equally spreading them across the year.
6	Joint visit by DPOs with CMHO	5% of the AWCs once a quarter.

Sl. #	Category of official(s)	Schedule/proposed requirement
7	District Magistrates(DMs) /ADMs/Planning Officers/District Social Welfare Officer	5-10% AWCs and 25% blocks every 6 months Or Participation in 15% NHDs each.
8	CEO/Zilla Parishad Officer (wherever entrusted)	10-15% AWCs every 6 months and at least 50% blocks every quarter.
9	Nodal Officer (Monitoring) from State Directorate	Minimum 300 AWCs and 25% blocks per year (to be equally distributed across all districts in the state)
10	Dy. Director/Jt. Director/Asst. Director from State Directorates	Minimum 100 AWCs and 15-25% blocks every year (to be equally distributed across all districts in the state)
11	State Director (ICDS) (including officials up to Asstt. Director level)	At least 200 AWCs and at least 20% blocks every year (to be equally distributed across all districts in the state)
12	State Secretary (WCD) (including officials from Under Secretary to Spl. Secretary)	At least 100 AWC and at least 10% 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	At least 5 AWCs 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.
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. At the Central level		
16	Officials from ICDS M & E Unit of the MWCD	1 State per month (@ 1 district per state, 2 blocks per district, 4 AWCs per block per visit)
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

<i>Sl. #</i>	<i>Category of official(s)</i>	<i>Schedule/proposed requirement</i>
19	Officials from Food & Nutrition Board (HQs)	1 State per month (<i>@ 2-3 AWCs per state per visit</i>)

4. Preparation of Action Plan: States are required to draw a district-wise advance action plan for the monitoring/supervision visits by officials at various level for every six months. For joint visits along with the health officials, the advance plan may be prepared in consultation with the Health and Family Welfare Department by aligning with their monitoring visits. States may enhance the scope of joint visits by involving officials from other line departments viz., SSA, Panchayati Raj and Rural Development, Drinking Water Supply and Sanitation etc., in order to assess effectiveness of convergence of ICDS with these programmes.

5. Checklists for making monitoring/supervision visits to AWCs/projects by State and Central Officials

For Officials at the State level: The following aspects/issues of the ICDS programme implementation are to be checked in re-iteration/addition to using the existing checklist used by the ICDS Supervisors:

- 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
- Availability of functional weighing scales (baby and adult) and growth charts for all children
- Availability of cooking utensils, water storage container, medicine and PSE kits, all prescribed registers/reporting formats (MPR) in printed form;
- Whether snacks and hot cooked food are being provided regularly to the children 3-6 years and take home rations (THR) to pregnant women, lactating mother, and children 6-36 months;
- Involvement of Self-Help Groups or any women groups in preparation and distribution of Supplementary food/or any other decentralized arrangements;
- Whether the beneficiaries liked the taste and quality of the supplementary food;
- Whether prescribed calorific norms are being met or not? (to be validated by all monitors from FNB/ State and national Govt.)
- 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)
- Whether immunization and health check-ups are done regularly (to check record);
- Observance of village health and nutrition days: 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.

- 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 average figure).
- No. of children received pre-school education at the AWC (what activities were undertaken by the AWW?) on the day of visit as against total registered;
- Whether there is any community support to the AWC. If not, why? (to talk with some village committee/PRI members).
- 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 (validate by visiting a few households);
- General perception of the community towards functioning of the AWC. Whether there has been any improvement over the last 2-3 years?
- Suggestions, if any.

For Officials at the Central level:

Besides the above checklists, Senior Officials from the GOI may take up the following issues with the State Government Officials:

- Review of operationalization of the new blocks and AWCs
- 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)
- Promotional avenues for AWWs/Supervisors/CDPOs
- Mechanism to monitor regular reviews and monitoring visits to AWCs/blocks
- Fund flow from Govt. to Directorate to District/Blocks/AWCs – Time taken at each level
- Adherence to the GOI prescribed financial/feeding norms at all levels for effective programme implementation (e.g. SNP, POL, contingency, MIS, IEC, flex funds at AWC;
- State’s plan for strengthening the AWC infrastructure (leveraging resources from other programmes/departments);
- Mechanism for effective convergence with health and other line departments;
- Lifting position of food grains under WBNP and its end use; etc.

Note:

- The above points are only indicative. States may add more indicators based on specific needs/problem of the area.*
- During joint visits with health, issues like regular immunization, drop-outs of immunization, ANM’s presence on NHDs, referral services etc may be taken up.*

- iii. *Some of the visits should be made on 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. *There should be a systematic method adopted for selection of the AWCs rather than everyone visiting the road side villages.*
- vi. *Some of the visits by the state and national level officials should be from those that were recently visited by the CDPOs and DPOs to ensure some quality improvements at the block and 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 need to be discussed at the monthly sector/block/district/state level meeting. 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 the 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:

- Regularity in functioning of the AWCs
- Regularity in supplementary food (snacks, hot-cooked meals and THR), its quality and acceptance by the community
- Coverage of all households and eligible beneficiaries
- Regular weighing of children
- Regular supply of IFA, vitamin A and de-worming medicine by health
- Organization of the monthly joint meetings between health and ICDS (Village Health and Sanitation Committees)
- Monthly observance of Village Health and Nutrition Days (VHNDs)
- Availability of prescribed records and registers at the AWC; etc
- Monitoring of regular payment of honoraria to AWWs/ AWHs

- Construction of AWCs and its maintenance
- Community mobilization by motivating people to participate in ICDS service delivery
- Involvement in Health, Nutrition and Sanitation Education

States may devise appropriate reporting mechanism in consultation with the 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.