

## **Monitoring and Supervision of ICDS – A Concurrent Evaluation**

### **Central Monitoring Unit (CMU)**

Monitoring and supervision play an important role in achieving the desired objectives through a systematic process of keeping track of the performance and progress of a programme by continuously reviewing the flow of inputs and outcome indicators. The process also helps in introducing mid-course corrections and modifications whenever necessary. The ICDS Scheme envisages an inbuilt system of monitoring through regular reports and returns flowing upwards from Anganwadi Centre to Project Headquarters, District Headquarters, State Headquarters and finally to the Government of India, Ministry of Women & Child Development.

As the existing monitoring mechanism was not adequate and did not capture all the aspects of implementation of the Scheme especially the qualitative assessment of ICDS, the Govt. of India decided to set up a **regular monitoring and supervision mechanism** of ICDS Scheme through NIPCCD and technical Institutions in states, in addition to the existing M&E Unit in the Ministry of Women & Child Development.

Implementation of a monitoring mechanism of this kind required careful planning of logistics and other operational details. Keeping this in view, the selected 42 institutions deployed 126 consultants to make monitoring visits to ICDS projects. At present, the Institute is receiving regular monitoring data on quarterly basis from all the identified institutions for the purpose. A total of 328 CDPOs and 1749 Anganwadi Workers in 26 States/UTs were interviewed. In addition, Observation method was also used by the Consultants to collect information till March, 2010.

The main findings/conclusions and suggestions that have emerged out of the concurrent evaluation are summarized as below:

#### ***Responses of CDPOs***

- ? PSE kits were reported to be supplied by 63.4% CDPOs. Weighing scales and growth chart register were supplied to Anganwadi centers by 88.1% and 81.4% CDPOs respectively. The supply of medicine kit was on an average 56.4% in all States
- ? On an average 90.2% CDPOs reported that they visited AWCs regularly and 68% of them were having check list for monitoring AWCs.
- ? The assessment of AWCs was done regularly by 80.8 percent CDPOs.
- ? More than three fourth CDPOs helped their supervisors to plan the monitoring visit to AWCs. About 95 percent of CDPOs were providing guidance to field functionaries, however, mothers meeting/Balvikas

Samiti meetings were not being conducted regularly at AWCs level as reported by majority of CDPOs (96.5%).

- ? The IEC activities were organized regularly by majority of CDPOs (66%) however, the States of Assam, Delhi, and Uttarakhand did not utilize any IEC funds as reported by the CDPOs of these States .
- ? The involvement of PRIs was stated by 70.7% CDPOs.
- ? Most of the ICDS functionaries at the project/ village level were given additional task/assignments related to their own department as well as other ministries/departments such as Health and Family Welfare, Rural Development, Food and Civil Supplies and Education etc.
- ? Forty five percent of the CDPOs mentioned lack of proper infrastructural facilities as constraints/problems in implementation of ICDS.

### ***Responses of Anganwadi Workers***

- ? Majority of the AWWs were literate (16.1 percent graduate and 4.1 percent AWWs were postgraduate) As high as 84.8 percent AWWs had undergone job training and About 64 percent AWWs had also received Refresher Training
- ? About 90 percent AWCs were located in pucca/semi-pucca buildings and 30 % of these were housed in own/State Govt./Primary school buildings. Majority of AWCs (66.8%) had sufficient indoor and outdoor (68%) space were available, however, 17.1 % of AWCs were without drinking water facility and only 47.9% AWCs had toilet facilities. Separate Space for cooking and storage was available in 48.4% and 55% AWCs respectively. In two third of the AWCs utensils for cooking and serving supplementary food were available.
- ? In two third Anganwadi centers hot cooked meal was provided to the beneficiaries while in 6.5 % RTE and in one fourth both cooked meal and RTE was served. About 87% AWWs reported that food was well acceptable by the beneficiaries.
- ? An interruption in distribution of supplementary nutrition was reported only in 16.4 % AWCs.
- ? The data revealed that 63.2 percent AWCs had salter scale/spring balance. Gujarat, Delhi, and West Bengal reported cent percent (100.0%) availability of salter scales in comparison to Bihar (56%), Punjab (47.3%), Rajasthan (50%) and Uttar Pradesh (38%) AWCs had no weighing scale.
- ? It was observed that at all the AWCs PSE activities were being conducted. Different methods were being used including play way method (48.5%), role play (6.7) etc. at the AWCs. The Consultants found the pre-school activities were satisfactory in more than three fourth AWCs (77.1).
- ? Health cards were maintained properly in 41.2% AWCs, however, the Consultants observed the records/registers regarding health check up and immunization were not available in 13.1 % AWCs.

- ? The availability of referral slips at AWCs was reported in 21.7 percent AWCs and no slips were available in any of the centers in Goa which is a matter of great concern.
- ? Majority (82%) of AWWs were organizing meetings with local women groups/SHGs.
- ? About 63% AWWs had reported that they provided information on nutrition and health care to the beneficiaries.
- ? Adolescent girls were provided supplementary nutrition (56%), IFA tablets (50.3%), de-worming tablets (39.2%) and counseling on reproductive health (61.8%) at AWCs.
- ? The major problem reported by AWWs was lack of facilities (89.6%). These were mainly lack of infrastructure and improper drinking water and toilet facilities. Other problems listed were lack of funds (8.5%), excess workload (7.2) and lack of community support (6.9%).

The major **suggestions** for improving implementation of ICDS programme include:

- ✍ Proper infrastructural facilities at project level as well as AWC level
- ✍ Convergence of services with health department for health check-up, immunization and referral
- ✍ Filling up of vacant position
- ✍ Strict monitoring and supervision of delivery of services
- ✍ Regular supply and quality of supplementary nutrition programme to be ensured
- ✍ Proper Growth Monitoring and functional weighing scales
- ✍ Ensuring supply of medicine kit and vaccines at AWCs
- ✍ PSE / NHED kits to be made available
- ✍ Availability of vehicle for monitoring
- ✍ Village level involvement of PRIs for village level monitoring