

# INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) SCHEME



*Framework for Development of the  
State Annual Programme Implementation Plans (APIPs)*



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

[www.wcd.nic.in](http://www.wcd.nic.in)

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## Chapter One

### 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 7.28 crore children<sup>1</sup> and about 1.6 crore pregnant and nursing mothers (March 2010). 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>2</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 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> Supplementary Nutrition beneficiaries 6 months to 6 yrs old children

<sup>2</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 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 show wide variations in the nutritional status of the children below five years and other health and nutritional parameters across the States and regions. While several States were 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 mechanisms. 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>3</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 planned by the States/UTs during the year. It is envisaged that the APIPs will help both MWCD and the State Governments monitor the programme performance more effectively and to take mid-course corrections, if any.

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.

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<sup>3</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:** Specific objectives of the proposed annual programme implementation plan framework 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.*

## Chapter Two

### PROCESSES AND TIMELINES

2.1 The APIPs 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 under-nutrition and early childhood education outcomes and reflect the same in the PIP. E.g. for the construction of AWC buildings, States may leverage funds 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, GoI;*
- Step 2: *Formation of 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: *Constitution of 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: *To collect all necessary information for the PIP from existing ICDS documents*
- Step 5: *To 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: *To 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 some uniform structures and processes, necessary orientation of the core team members would be organized at the state level. The MWCD would facilitate these orientation 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 need to initiate the process of preparation of the APIP during the month of October so that the draft APIP is made available to the MWCD by the end of December. During Jan-Feb in the next year, State Governments would make presentation on the APIPs to a designated Committee in the MWCD, who would review and approve the same. The Committee would also review the progress of implementation of the State APIPs on half yearly basis for any mid-course corrections.



**Chapter Three**  
**ANNUAL PROGRAMME IMPLEMENTATION PLAN (APIP)**  
**A Broad Framework**

**SECTION 1: SITUATION AND GAP ANALYSIS**

In this section, an in-depth situation and gap analysis of existing health and nutrition status of women and children along with analysis of related socio-economic conditions prevailing in the State would be presented. Also, constraints/bottlenecks in the existing programme implementation in ICDS that will have linkage in the subsequent sections while describing the programme strategies to address these issues, will be highlighted.

The following issues are suggested to be included in this section:

- a) Provide socio-economic and demographic profile of the State:
  - a) population- rural/urban/tribal; SC/ST breakup
  - b) child population (based on census and ICDS household survey register)
  - c) districts, blocks (Rural/Urban/Tribal)
  - d) No. of villages/habitations un reached or difficult to reach villages
  - e) Female literacy rate etc.( rural, urban and tribal breakup)
  - f) Rural connectivity: All weather, seasonal road
- b) Describe State's Nutrition Policy (if any) briefly – Whether State Nutrition Action Plan has been devised, if so, its broad contours;
- c) Existing mechanism of inter-sectoral convergence at different levels of programme implementation with health and other related departments;
- d) Nutrition and Health Status of Women and Children in the State (use relevant indicators from ICDS MIS data/DLHS-3/NFHS-3 surveys) including status of Infant and Young Child Feeding (IYCF) indicators
- e) History of ICDS in the State: Geographical and population coverage; Year wise expansion of ICDS in the State
- f) State's financial contribution to ICDS implementation including on supplementary nutrition food, in addition to Central Govt's support (provide last two years data)
- 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) Status of operationalization of blocks/AWCs/Mini-AWCs against sanctioned;
- i) Trends in coverage of beneficiaries for supplementary nutrition and pre-school education, separately (use last five years aggregated data based on ICDS MPRs);
- j) Training infrastructure – AWTCs, MLTCs
- 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)

## SECTION 2: VISION STATEMENT

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 summary of the strategies that are proposed to address the child under nutrition and early childhood education issues in the State during the reporting year.

## SECTION 3: ORGANIZATIONAL STRUCTURE OF ICDS PROGRAMME MANAGEMENT AT THE STATE AND DISTRICT LEVEL

- Insert an organizational chart of the State Directorate (with a brief of major roles/responsibilities for each key position) and District Cells
- Describe office infrastructure at State/District/Block level;
- Indicate whether there is a separate WCD Directorate/Department – if not, existing arrangements for ICDS programme management;
- Indicate whether there is any Committee/Task Force on ICDS constituted by the State Govt; If yes, give brief details on constitution and powers of such Committees/Task Force;
- 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).

## SECTION 4: ANNUAL ACTION PLAN - PROGRAMME COMPONENTS

### 4A Human Resources

- Describe the State's recruitment processes for different field functionaries – Adherence to the guidelines of the GOI.
- Indicate whether specific cadre for CDPOs/Supervisors exists, if not, any action plan on having a separate cadre in ICDS;
- State's promotional policy for the field level functionaries (AWWs/Supervisors/CDPOs) *vis-a-vis* GOI's Guidelines;
- Manpower positions/vacancies at all levels up to AWC level - Plan for filling up the vacancies; Indicate constraints, if any (e.g. (legal problems, administrative constraints etc);
- State's additional contribution for honoraria of AWWs and AWHs
- Describe the extent of LIC coverage for AWWs and any other welfare measures for the AWWs/AWHs and plan for FY.

**Table # 01: Manpower Positions**

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

<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>Total: State level</b>					
<b><i>District level (all positions)</i></b>					
Position 1					
Position 2					
....					
<b><i>Block level (all positions)</i></b>					
CDPO					
ACDPO					
Supervisors					
.....					
<b><i>AWC level</i></b>					
AWWs					
AWWs (mini AWCs)					
AWHs					
Additional Worker (if any) provided by the States					
<b>TOTAL</b>					

#### **4B: Procurement of Materials and Equipment**

- a) Status of supply of equipment, furniture, utensils, weighing scales, *dari*, 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;
  - No. and percentage of AWCs (against total operational) having functional baby and adult weighing scales (separately)
- b) Requirements during the FY:

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

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

#### 4C: Delivery of Services at AWCs

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

- Existing 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
- Use the following templates to provide basic information about supplementary food:

##### A. Type of Supplementary Nutrition provided :

<i>Type of food</i>	<i>6 months to 3 years (Items in detail)</i>	<i>3 years to 6 years (Items in detail)</i>	<i>P &amp; L Women (Items in detail)</i>
Take Home Ration (THR)			
Morning Snacks			
Hot Cooked Meal			

##### B. Per unit cost of supplementary nutrition provided (including State share)

<i>Target Group</i>	<i>Unit cost per beneficiary/ day (Rs.)</i>
Children 6 months to 6 years	
Pregnant & Lactating Mothers	
Severely undernourished children	

- iii. Adherence to calorific norms as prescribed by GoI and quantity per child/women per day – analysis of food samples for nutritive value and their results during the last year;
- iv. No. of AWCs with feeding interruption for more than 1 month during the last year;
- v. Total and average beneficiary coverage per AWC by rural-urban-tribal category as on 31<sup>st</sup> March (Children 6 months to 6 yrs; P & L women) and gaps in coverage (against surveyed child population). If available, SC and ST coverage data to be mentioned.
- vi. Special strategy for cut off area planning during monsoon ( no. of districts, blocks and AWCs)
- vii. Any differential strategy for tribal and urban areas in collaboration with Deptts of Tribal/Urban Development?
- viii. Any differential strategy for rural areas in collaboration with SHGs promoted by Rural Development department?
- ix. Expenditure on supplementary nutrition during previous two years – Budgetary allocation and actual expenditure incurred (GoI and State Shares separately)
- x. Quantum of food commodity approved for Wheat based Nutrition Programme (WBNP) and lifted and requirement for the FY.
- xi. Estimated budgetary requirements for the FY;

**Table # 03: Supplementary Nutrition**

<i>Beneficiaries</i>	<i>Population as per AWW's survey register</i>	<i>No. of beneficiaries (as on..... )</i>	<i>Target for current FY</i>	<i>Unit cost</i>	<i>Budgetary requirement for current FY (Rs. Lakh)</i>	<i>Means of verification (MPRs/Ucs)</i>
Children 6 months – 3 yrs						
Children 3-6 yrs						
Pregnant Women						
Lactating mothers (with children below 6 months)						
<b>TOTAL</b>						

- xii. Growth monitoring and promotion:

Provide information for:

- *No. and percentage of AWCs using WHO New Growth Charts*
- *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**

Table # 01: Growth Monitoring, Promotion and Children's Nutrition Status						
Age Group	No. of children as enrolled at AWCs (as on .....)	No. of children weighed (as on .....)	Nutrition Status (as per WHO New Growth Standards) (a) Normal (in %) (b) Moderately underweight (in %) (c) Severely underweight (in %)			Means of Verification (MPRs/ASRs)
Below 3 yrs						
Boys						
Girls						
Total						
3-5 yrs						
Boys						
Girls						
Total						

**C2: Pre-School Education (PSE)**

- Describe if State has developed any policy/guidelines/curricula for pre-school education and pre-school kits in ICDS
- Provide information on number and percentage of AWCs (against total operational) having received PSE kits during the previous year
- Specific interventions on pre-school education made during recent years; whether any training on PSE for AWWs/Supervisors conducted; etc
- 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.
- Any specific interventions for tribal/rural/urban AWCs in conjunction with Tribal/Rural/Urban Development departments
- Contents of PSE Kits and supply positions during previous two years;
- No. of children who have graduated from AWCs to formal Primary Schools during the last FY.

**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; Availability and use of NHED kits (if any).
- b) NHED sessions during VHND/NHD - use of IEC materials (tools) during NHEDs and home visits, separately;
- 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**

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

### **C5: Health Check-ups**

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

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

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

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

**C6: Referral Services**

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

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

**4D. Observance of Nutrition and Health Days**

- Mechanism for observance of monthly nutrition and health days (NHDs) - Existing planning and schedule and monitoring; Convergence with NRHM - Village Health and Nutrition days;
- Summary of activities that are taken up during the NHDs;
- Whether support received from community/PRI for observance of nutrition and health days;
- 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)

**4E. Information, Education and Communication (IEC)**

- Describe activities carried out under IEC component during last year;
- List out the IEC materials that have been developed;
- Details of campaigns organized on nutrition and pre-school education;
- 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:	ii. Activity	
			Exp:	ii. Activity2 .....	

#### 4F. Monitoring and Evaluation

- Describe existing monitoring and supervision mechanism at different levels (reporting, field visits, review meetings, feedback system etc)
- Constraints in monitoring and supervision (human resources, capacity building, mobility of functionaries etc)
- Any assessment/evaluation studies carried out by the State Govt. during last two years – *brief details*
- Whether the State has rolled out revised MIS as prepared by the MWCD
- State's strategy to improve the existing MIS.
- Community monitoring mechanism.
- 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:		

#### 4G Training and capacity building

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

- 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);
- Training needs assessment of ICDS functionaries in view of working with PRI system.
- Describe available training resources in the state (AWTCs/MLTCs/SRCs etc) – Sanctioned and operational AWTCs/MLTCs and their details including training

status of Instructors. Indicate whether capacity of the training centres has been reviewed during the FY.

- d) Detailed training calendar – Training Centre wise;
- e) Monitoring and supervision mechanism – Quality checks;
- f) Review of performance during the last two years as per the QPRs and approved STRAPs; Give reasons for not achieving the targets in previous 2 years (if performance is less than 80% of the STRAP Targets).
- g) Proposal for ‘other training’ activities should include rationale for the same and their expected outcomes;
- h) Financial requirements for the FY.

A summary of the STRAP highlighting key features may be enclosed in the PIP Document.

#### 4H Convergence with Line Departments

- a) Existing mechanism for convergence and coordination with line departments including health, education, water and sanitation, horticulture, rural development Panchayat Raj, Deptt. of AYUSH etc.
- b) Status of joint planning with health at district/block/village levels;
- c) Joint visits/review with health and other departments; Joint training between ASHA/ AWW/ ANMs/Supervisors;

**Table # 11: Convergence**

No. of blocks that have developed micro plans for VHNDs with health	No. of districts/blocks having integrated ICDS plans with NRHM/TSC/ NRDWP/SSA (for pre-school) Plans	Average no. of AWCs reported conducting monthly NHDs with participation of ANMs during the previous year	Means of Verification (Review Reports/Field Visit Reports)
No. of sector meetings attended by health staff	No. of blocks that have organized convergence meeting of ICDS, health, PRI and other line departments	No. of districts organized convergence meeting of ICDS, health, PRI and other line departments	Means of verification (MPRs)

#### 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,
  - regularity of opening of AWCs
  - observance of VHNDs
  - immunization
  - construction of 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) Percent 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 meetings attended by AWWs.
- e) Percent of Bi- monthly *Panchayat Samiti* meetings attended by ICDS staff.
- f) No. of districts where the *Zilla Parishad* have reviewed ICDS programme implementation during the last year.

#### **4J Financial Management and Funds Flow Mechanism**

- a) Describe existing mechanism of funds flow from State HQs to Districts/Blocks/ Sectors; Provision of separate accounts; Delegation of powers etc;
- b) Steps taken to ensure timely payment of honoraria of AWWs/AWHs; funds flow to ensure delivery of supplementary nutrition uninterrupted;
- c) State's plan for establishing Society structure under ICDS up to District level; if possible;
- d) Provide detailed minor head-wise break-ups of allocation for different programme activities;
- e) Attach statement of expenditure (SOE) of previous year with trend analysis.

## Key Points

(Must be addressed in APIP)

Issues	Points
<b>Physical/Geographical Coverage (Universalization)</b>	<ul style="list-style-type: none"> <li>• Mapping of habitations/villages</li> <li>• Trend analysis of registration of beneficiaries (over last 3 years)</li> <li>• Attendance efficiency</li> <li>• Coverage of SC/ST/Minority groups to address social exclusion</li> </ul>
<b>Operationalization of Projects and AWCs</b>	<ul style="list-style-type: none"> <li>• Timelines</li> <li>• Provision of all services at AWCs</li> </ul>
<b>Manpower position at all levels</b>	<ul style="list-style-type: none"> <li>• Vacancies</li> <li>• Actions proposed/timelines</li> </ul>
<b>Material Resources (component-wise)</b>	<ul style="list-style-type: none"> <li>• Gaps</li> <li>• Replacement rate of key materials e.g. PSE kit, Medicine kit, weighing scales etc.</li> <li>• Actions proposed/timelines</li> </ul>
<b>Delivery of Six Services</b>	<ul style="list-style-type: none"> <li>• Current status</li> <li>• Strategy for improvement, etc</li> </ul>
<b>Supplementary Nutrition</b>	<ul style="list-style-type: none"> <li>• Current methods of delivery</li> <li>• Type of food/adherence to calorific norms</li> <li>• Feeding efficiency</li> <li>• Monitoring mechanism</li> </ul>
<b>Convergence</b>	<ul style="list-style-type: none"> <li>• Existing mechanism of convergence with health and line departments</li> <li>• Joint planning for immunization, health check-ups and referral services</li> <li>• Observance of nutrition and health days</li> </ul>
<b>Monitoring &amp; Supervision Mechanism</b>	<ul style="list-style-type: none"> <li>• Social audit if any</li> <li>• Public display/hearing, if any</li> </ul>
<b>Proposed flexible model</b>	<ul style="list-style-type: none"> <li>• Likely innovations proposed</li> <li>• Replicable intervention, if any and proposal for scaling up;</li> </ul>
<b>Additional support required from GOI</b>	<ul style="list-style-type: none"> <li>• Physical – component-wise</li> <li>• Financial – component-wise</li> </ul>
<b>Expected achievement during the year</b>	

**Chapter Four**  
**SUMMARY OF ACTION PLAN**

**Physical Targets and Financial Estimates**

(Note: Interventions/activities in col. 3 are only *indicative*, not *exhaustive*. Please refer to the SOE Format prescribed by GOI)

Sl.No.	Programme Component	Interventions/ Activities	Unit	Norm	Time line (date)	Target	
						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.				
		Block	No.				
		Total	No.				
		<b>Contingency</b>	No.				

Sl.No.	Programme Component	Interventions/ Activities	Unit	Norm	Timel ine (date)	Target	
						Physical	Financial (Rs. Lakh)
1	2	3	4	5	6	7	8
		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					
		Baby	No.				
		Adult					
		<b>Computers/Printers</b>					
		State level					
		District level					
		Block level					
		Almirah/Storage box/ Utensils etc					
		State level					
		District level					
		Block level					
		AWC level					
		<b>SUB-TOTAL-4</b>					
5	Training & capacity building	Regular Training (Induction/Job/ Refresher)	# Functionaries				
		Other Training	# activities				

Sl.No.	Programme Component	Interventions/ Activities	Unit	Norm	Timel ine (date)	Target	
						Physical	Financial (Rs. Lakh)
1	2	3	4	5	6	7	8
		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.

## ***Chapter Five*** **ADDITIONAL INFORMATION**

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

- Names, addresses and contact nos. (with email IDs) of key Programme Officials (State/District level)
- ICDS Website URL
- Mechanism for redressal of grievances
- Relevant data on ICDS (including programme component wise 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.