Guidelines for Monitoring & Supervision of the Scheme Central Monitoring Unit (ICDS)

Chapter 1

Integrated Child Development Services (ICDS) Scheme at a glance

Introduction: The Integrated Child Development Services (ICDS) Scheme, launched on 2nd October,1975, on an experimental basis in 33 ICDS blocks, has been gradually expanded to 6284 projects. ICDS is India's response to the challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children. It responds to the inter related needs of children below 6 years, pregnant women, lactating mother and adolescent girls in a comprehensive manner.

2. Objectives: The main objectives of the ICDS are:

- i) To improve the nutritional and health status of children below the age of six years;
- ii) To lay the foundation for proper psychological, physical and social development of the child;
- iii) To reduce the incidence of mortality, morbidity and malnutrition and school drop out;
- iv) To achieve effective coordination of the policy and implementation among various Departments to promote child development; and
- v) To enhance the capability of the mother to look after normal health and nutritional needs of the child through proper nutrition and health education.

3. ICDS Beneficiaries and Services

3.1 Beneficiaries: The beneficiaries under the programme are:

- i) Children below 6 years,
- ii) Pregnant and lactating women,
- iii) Adolescent Girls
- iv) Other women in the age group 15-45 years

3.2 Services: Towards achieving the above objectives, a package of integrated services comprising Supplementary Nutrition, Immunization, Health Check-up, Referral Services, Nutrition and Health Education and Non-formal Education is provided in a comprehensive and cost effective manner to meet the multi-dimensional and interrelated needs of children. Anganwadi Centre is the focal point for delivery of services. Immunization and health-check up

are provided at the Anganwadi through the net work of health services in the project area. The beneficiaries and services under the ICDS Scheme are given in **Table-1**.

Services	Beneficiaries	Services rendered by
i) Supplementary Nutrition	Children (6 months to 72	Anganwadi Worker and
@	months);	Helper
	Pregnant and Lactating	_
	mothers.	
	Children below 6 years;	ANM/MO
ii) Immunization *	Pregnant and Lactating	
	mothers.	
	-do-	ANM/MO/AWW
iii) Health Check-up*	-do-	
iv) Referral Services	Children in the age group	AWW
v) Pre-School Education	of 3-6 years	
	Women in age group of 15-	AWW/ANM/MO
vi) Nutrition & Health	45 Years	
Education		

Table-1: Services and Beneficiaries under ICDS

@Adolescent Girls under Kishori Shakti Yojana (KSY) are also eligible.

*AWW assists ANM in identifying the beneficiaries

4. Pattern : ICDS is a Centrally-sponsored Scheme implemented through the State Govt/UT Administration with 100% financial assistance for all inputs other than supplementary nutrition which the States were to provide out of their own resources. However, many States were not providing adequately for supplementary nutrition in view of resource constraints. It has, therefore, been decided, from 2005-06, to support States upto 50% of the financial norms or 50% of the expenditure incurred by them on supplementary nutrition, whichever is less. Supplementary nutrition is to be provided to the beneficiaries for 300 days in a year as per norms laid down.

5. Supplementary Nutrition Norms: On an average, the effort should be to provide daily nutritional supplements to the extent indicated below:

Beneficiaries	Calories (Cal)	Protein (g)
Children 6 months – 72 months	300	8-10
Severely malnourished children		
on medical advice after health	(double of above)
check-up		
Pregnant & Lactating (P & L) Mothers/ Adolescent Girls (under KSY)	500	20-25
Adolescent Girls (under KSY)	ſ	

6. Financial Norms for Supplementary Nutrition: The financial norms for Supplementary Nutrition revised by the Government of India vide letter No. 19-5/2003-CD-I (Pt.) dated 19.10.2004, as under:

Beneficiaries	Revised Rates
(i) Children	Rs. 2.00 per child/per day
(6 months to 72 months)	
(ii) Severely malnourished children	Rs. 2.70 per child/per day
(6 months-72 months)	
(iii) Pregnant women & nursing	Rs. 2.30 per beneficiary per day
Mothers/Adolescent girls (under	
KSY)	

7. Coverage:

Project: The ICDS scheme has been expanded to 6284 Projects upto 2007-08, out of which 6068 have become operational. The State-wise number of sanctioned and operational ICDS Projects/AWCs is given in <u>Annexure 1.</u>

Beneficiaries: Currently, services under the scheme are being provided to about 830.90 lakh beneficiaries, comprising of about 685.52 lakh children and about 145.38 lakh pregnant and lactating mothers. State-wise details of ICDS beneficiaries, as on are given in **Annexure-2**.

8. Administrative & Organizational Set Up : The Ministry of Women and Child Development is responsible for budgetary control and administration of the Scheme at the Centre. At the State level, Department of Social Welfare, Women & Child Development or the Nodal Department, as may be decided by the State Government, is responsible for the overall direction and implementation of the programme.

The Administrative Unit for the location of an ICDS Project is a Community Development Block in the rural areas, a Tribal Development Block in pre-dominantly tribal areas and ward(s) or slums in urban areas.

9. ICDS Team : The ICDS team comprises of Anganwadi workers (AWWs) and Anganwadi Helper, Supervisors and Child Development Project Officers (CDPOs). In larger rural and tribal projects, Additional Child Development Officers (ACDPOs) are also part of the ICDS Team.

The Anganwadi Worker and Helper are the grassroots functionaries responsible for delivery of services at the Anganwadi level. They are honorary workers from the local community and are paid monthly honoraria. The Child Development Project Officer/ Assistant Child Development Officer is responsible for implementation of the Scheme in the Project area.

10. Training of Personnel : The training of ICDS functionaries is the most crucial component in ICDS Programme. The success of this programme depends on the effectiveness of frontline workers in empowering community for improved child care

practices as well as effective inter-sectoral service delivery. Training of functionaries at all levels has been built into the programme. The National Institute of Public Cooperation and Child Development (NIPCCD) has been designated as an apex institute for training of ICDS functionaries. Training of Child Development Project Officers is conducted by NIPCCD. Training of Supervisors and Anganwadi Workers is organized by NIPCCD through selected organizations/State Training Institutes called the Middle Level Training Centres and Anganwadi Workers Training Centres established in the States.

11. Linkages with Other Programmes: Since the ICDS Scheme is based on the strategy of an intersectoral approach to the development of children, coordination of the efforts of different programmes and Departments at all levels is necessary. For the ICDS to achieve its objectives, an effective synergy is required between the Ministry of WCD and the Ministry of Health & Family Welfare, Department of Elementary Education, Department of Drinking Water Supply, M/Panchyati Raj to meet the requirements of health, sanitation, drinking water, pre-school education etc. Similarly, synergy is necessary between different Departments in the States also.

At National Level, a Coordination and Advisory Committee has been set upto ensure coordination amongst all the concerned Departments/ Ministries and to give advice, from time to time, on better delivery of services.

Instructions have also been reiterated to all State/UTs to activate the Coordination Committees at all levels (State, District, Block and Village Level) and hold meetings at regular intervals.

12. Impact of ICDS Scheme: Reduction in the incidence of mortality, morbidity, malnutrition and school dropout is one of the main objectives of the ICDS Scheme. Infant Mortality Rate (IMR) has declined from 110 in 1981 to 60 per thousand live birth in 2003. Similarly, under-5 mortality has declined from 161 in 1983 to 87 in 2003 (Source: Sample Registration System). Various surveys have revealed that there has been significant impact of the scheme.

12.1. Evaluation of ICDS Scheme: A number of evaluation studies on implementation of ICDS Scheme have been conducted in the past viz. Programme Evaluation Organisation of the Planning Commission in 1982, National Evaluation of ICDS Scheme conducted by National Institute of Public Cooperation and Child Development (NIPCCD) in 1992, Evaluation Results of Annual Survey during 1975-1995, published by Central Technical Committee on Integrated Mother and Child Development on completion of 20 years of ICDS, Nationwide Evaluation of ICDS by National Council of Applied Economic Research (NCAER) 1998-1999 and "Three Decades of ICDS – An Appraisal" by NIPCCD in 2005-06.

Main findings of study conducted by NCAER are as follows:-

- i) IMR of ICDS areas is lower than IMR of ICDS plus Non-ICDS areas;
- ii) Most of the AWCs across the country were located within accessible distance (100-200 metres) from beneficiary households. Another 10 per cent were about 150-200 metres away. Rest were beyond 200 metres. Thus, the factor

of distance of beneficary households from the AWC was unlikely to affect the attendance at the AWC during inclement weather;

- iii) Nearly 50 per cent AWCs reported adequate space, especially for cooking;
- iv) Most of the AWCs in the country, except those in Tamil Nadu, Kerala, Karnataka and Orissa were functioning from community buildings. Of the sampled data, about 40 per cent were functioning from pucca buildings.
- v) Though about 84 per cent of the functionaries reported to have received training, the training was largely pre-service training and in-service training remained largely neglected.
- vi) Community leaders were generally positive about the functioning of the AWCs (more than 80 per cent in all states) while more than 70 per cent found the programme to be beneficial to the community;
- vii) One out of two AWWs was found to be educated at least up to matriculate level across country;
- viii) More than 80 per cent of the children were immunized against all major diseases in the country. AWCs have played a significant role in creating awareness about ante-natal care in most of the states.
- ix) Referral system was found to be quite weak in many states and needs a review;
- x) Toilet facilities were available in only 17 per cent of AWCs across the country;
- xi) On average nearly 66 per cent of the eligible children and 75 per cent of the eligible women were registered at the AWCs. This indicates lack of motivation on the part of the AWW in identifying and registering the entire eligible population.

12.2. Rapid facility Survey by NCAER: The National Council of Applied Economic Research (NCAER) conducted a Rapid Facility Survey on ICDS infrastructure. The draft report submitted by NCAER in December, 2004 has, interalia, brought out that

- i) More than 46% of the Anganwadis were running from Pucca building, 21% from semi-puccas building, 15% from kutcha building and more than 9% running from open space.
- ii) More than 45% Anganwadis have no toilet facilities and 40% have reported the availability of only urinal.
- iii) 27% Anganwadis have reported that they do not have any drinking water facility. On the other hand, 39% of the Anganwadis have hand pump as the drinking water facility.
- iv) More than 90% Centres provided supplementary food, 90% provided Preschool education and 76% weighed children for growth monitoring.
- v) Supplementary nutrition provided to children on an average of 24.84 days in a month i.e. 298 in a year. Similarly, Pre-school education was conducted on an average of 27.5 days in a month i.e. 330 days in a year.
- vi) Nearly 50% of the Anganwadis reported availability of Mats, Shelf, Table, Chair, a national flag, Vessels files, Records, Health Cards, Building Blocks, Counting frames, Toys, Books, Scissors, Stove and Spoons.

- vii) Nearly 90% of the Anganwadis reported maintenance of records such as MPR, Immunization, Weight, Pregnancy, Referral and daily diary.
- 12.3 The study conducted by NIPCCD in 2005-06 attempted to compare the performance of ICDS with its earlier evaluation of 1992. Main findings of 2005-06 appraisal as compared with 1992 evaluation are as under:

Indicators	1992	2005-06
AWCs in Pucca Structure	43%	75%
No. of Children Registered (6-36 months)	45.40%	57.15%
No. of Children availing ICDS services (6-36	78%	75.25%
months)		
No. of Children Registered (3-6 Years)	56%	63.50%
Pregnant & Lactating mothers registered	77%	87%
Low Birth Weight Children	41%	29%
Severely malnourished Children (0-3 Years)	7%	1%
Interruption in supply of Supplementary Nutrition	63.20%	54%

Chapter 2 Monitoring and Supervision of ICDS Scheme

General: 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 term monitoring has come into greater circulation in planning and management terminology in recent years by shifting the focus from inputs to results and outlays to outcomes. Monitoring is a valuable tool and a continuous process, with both the project implementation and outcome indicators to be monitored on a regular basis, and includes availability of a plan of action, continuous or periodical feedback/information on actual performance vis-à-vis the desired objectives with planned course of action, identification of deviations and giving information and signal on deviations.

2. Existing Monitoring System: The ICDS Scheme envisages an inbuilt system of its monitoring through regular reports and returns flowing upwards from Anganwadi Centre to Project Hqs, District HQs, State Hqs and finally to the Government of India, Ministry of Women & Child Development. Till 1992, the social components of the Scheme were being monitored by NIPCCD and the health components were being monitored through a Central Technical Committee in AIIMS which was wound up in 1999 for certain administrative reasons. At present, the Monitoring and Evaluation Unit in the Ministry of Women & Child Development receives monthly and annual reports from the States. But the existing monitoring mechanism is not adequate and does not capture all the aspects of implementation of the Scheme especially the qualitative assessment of ICDS.

3. New Monitoring Set up for ICDS Scheme: There has been a vast expansion of the scheme and the financial outlay has been substantially increased (almost doubled during the past two years.) The B.E. for 2007–08 for the scheme was <u>Rs.5293.00 Crore</u>. India's early child development intervention, the ICDS programme has sustained for over three decades and has been successful in many ways. However, it has not yet succeeded in making significant dent in prevalence of underweight among children. The Govt. of India has, therefore, decided to set up a regular monitoring and supervision mechanism of ICDS Scheme through NIPCCD, in addition to the existing M&E Unit in the Ministry of Women & Child Development, with the following broad objectives:

- i) to identify the strengths and weaknesses of the already existing monitoring system to determine strategy to be adopted to develop effective monitoring mechanism at all levels;
- i) to study convergence of services provided under other schemes of the department;
- ii) to analyse the services delivered under the ICDS at all levels;
- iv) to identify the bottlenecks/problems of the scheme and initiate action for corrective measures;
- v) to test the accuracy of the data received at the national level;
- vi) to prepare detailed recommendations for improving the efficiency and effectiveness of the scheme; and
- vii) to document some of the Best Practices at the state level.

The new Monitoring and Supervision set up will be a three-tier system, monitoring at National level, State level and Community level. The functions and composition of the monitoring and supervision set up will be as under:-

3.1 National Level Monitoring

- **3.1.1.** National level monitoring of the ICDS scheme will be done by the Central Monitoring Unit (CMU) set up at NIPCCD. The broad functions of the CMU would be :
 - i) *Reporting & Monitoring*: A strong strategy would be evolved by the CMU to have constant and effective reporting and monitoring of the services. Reliability of data will be verified through test checks/visits. Quarterly Progress Report (QPR) & Annual Progress Report (APR) proformae have been developed to get a regular flow of information from selected Institutions. Proforma for QPR is at <u>Annexure 3</u> & proforma for APR is at <u>Annexure 4</u>.
 - ii) Organisation of Theme Based Workshops: Theme based workshops on specific aspects of the programme based on the qualitative feedback received from the consultants and proactive State Directors and functionaries of ICDS would be conducted by the CMU, NIPCCD to strengthen certain components of the scheme. These workshops would be participated by the representatives of NIPCCD regional offices, Directors of ICDS, Collectors and CDPOs. Some of the themes are i) convergence of ICDS & NRHM ii) New Growth Standards iii) Medicine Kit iv) Health & Nutrition Education v) Community based Management of Malnutrition vi) Mother & Child Protection Card viii) Self Help Group & ICDS etc.
 - iii) *Cross State Sharing Workshops:* Regular workshops will be conducted by the CMU with a view to share best practices in the implementation of ICDS, which have done good work on some aspects of the programme ICDS Consultants approved by CMU would visit other States to participate in these workshops so that during their assessment reports they would suggest changes required in their respective States.
 - iv) *Review Meetings:* Review meetings would be organised with the States to review & monitor state-wise qualitative reports received from Lead Institutes..
 - v) *Visits of the Officials*: The senior officials from the Ministry of Women & Child Development, GOI and NIPCCD would visit the States and Projects to have meeting with the senior officials of the States (e.g. Chief Secretaries and Ministers In-charge of SW) if performance is not upto the mark.
 - vi) *Supervision Mission*: While continuous monitoring would be an ongoing process, this would be supplemented by *two Central Supervision Missions* to the States. A core team of two officials from the Department, two faculty members of NIPCCD and outside experts will have supervision Mission in the select States once in a year to analyse the impact of the scheme at the field level. The approach would

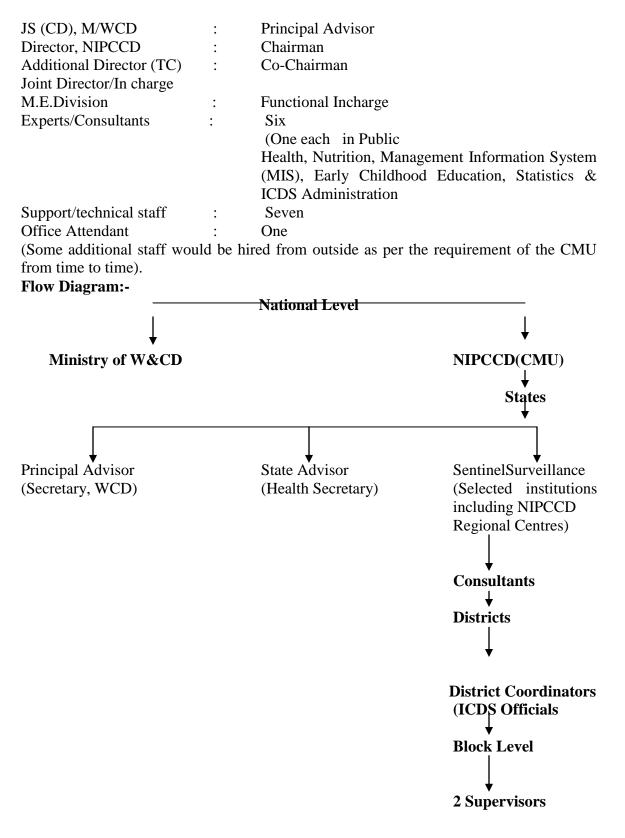
be holistic with emphasis on assessing both the quantitative and qualitative aspects of the implementation of the scheme. The team is expected to pin-point the areas of concern, both in the programme implementation and also in the social scenario in the States. These areas of concern would be focus of monitoring till these are assessed to be suitably rectified by a future supervision mission. It will also prepare a report along with the recommendations to strengthen the monitoring mechanism at the centre.

- vii) *Induction of Personnel*: The CMU will be responsible for hiring a team of personnel/staff with requisite educational/technical/professional qualifications and experts on contractual basis for accomplishment of the desired task at the Central level as well as at the State/District levels.
- *viii) Consolidation of Data*: The CMU will be responsible for identifying the major problem areas in implementing the scheme to bring out a consolidated data.
- *xi) Research*: CMU will carry out/coordinate and outsource research studies pertaining to the problems of the areas in the States through different agencies, if required.
- *xii)Preparation of Guidelines/Instructions:* The CMU will be responsible for preparing the guidelines/instructions on the implementation of ICDS scheme, from time to time.
- *xii*) *Capacity Building*: Provision of imparting training/specialised training would be one of the roles of CMU. It will analyse the requirement of training to the ICDS functionaries as well as of other core team at all levels. If need be, specialized training institutions will be contracted. The core teams carrying out monitoring of the scheme will also be trained in MIS.
- *xiii) Concurrent Monitoring & Evaluationt* On the basis of factual feedback from the State Monitoring Units (SMUs) small booklet containing update information on the performance of the scheme at a glance will be brought out six monthly or yearly.

A system of concurrent evaluation of ICDS (of outcomes and nutritional status of children) at the national level through external agencies/professional bodies and also in each State/UT at the end of every three to five years would be established. Evaluation of NGO run ICDS Projects vis-à-vis those run by State Governments would also be taken up.Issue/area specific operational research studies and periodic social assessment would be introduced to make mid-course corrective actions.

3.1.2. Composition of the Central Monitoring Unit (CMU), NIPCCD:

Joint Secretary (CD) in the Ministry of Women & Child Development will be Principal Advisor. In NIPCCD, the Unit will function under the Chairmanship of Director and Co-Chairmanship of Additional Director (TC) of NIPCCD and one Joint Director would act as functional In-charge of the Unit. Further, the Unit will have the administrative & technical support from NIPCCD as per its norms. This would provide flexibility in engaging consultants, organising state visits, workshops and also hiring of short term consultants for specific tasks along with technical support staff. *The structure of the Unit will be as under:*



4. Secondary and Primary Level Monitoring

The monitoring and supervision of the ICDS Scheme at secondary and primary level would involve (i) state level monitoring; (ii) district level monitoring; (iii) project level monitoring; and (iv) community level monitoring.

4.1 State Level Monitoring: At the State level, various tasks relating to supervision and monitoring of the scheme will be undertaken with help of selected academic Institutions viz. Community Medicine Department of Medical Colleges, Home Science College and School of Social Work.

States with 25 Districts or less may have a single Institution attached to them; States having more than 25 and upto 50 Districts may have two Institutions and States having more than 50 Districts may have three Institutions attached to them. States having peculiar problems related to ICDS or if the State situation warrants would have one additional Institution attached. For States having more than two Institutions, one of the Institutions would act as lead Institution which would be responsible for collecting, compiling and analyzing the data of all Institutions in the respective State for sending it to CMU. The lead Institution, as far as possible, will be one which is located in the capital of the State so as to have easy access and coordination with Principal and State In case, the Lead and other selected Institutions have Advisors. anv functional/coordination difficulty, the same may be mutually resolved and CMU may be informed. NIPCCD's Regional Centres Lucknow, Indore & Bangalore would also act as lead Institutions in those States. Regional Centre, Guwahati would at as lead Institution for NE States. Table – 2 provides the No. of Institutions to be selected from each State.

Table 2: State-wise No. of districts in the country and proposed number ofInstitutions for

S.No.	Name of State	No. of Districts	Proposed No. of Institutions to be selected
1.	Andhra Pradesh	23	2
2.	Arunachal Pradesh	15	1
3.	Assam	23	3
4.	Bihar	37	3
5.	Chattisgarh	16	2
6.	Goa	2	1
7	Gujarat	25	2
8	Haryana	19	1
9	Himachal Pradesh	12	1
10	Jammu & Kashmir	14	2
11	Jharkhand	22	2
12	Karnataka	27	3

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13	Kerala	14	1
14	Madhya Pradesh	48	3
15	Maharashtra	35	3
16	Manipura	9	1
17	Meghalaya	7	1
18	Mizoram	8	1
19	Nagaland	8	1
20	Orissa	30	3
21	Punjab	17	1
22	Rajasthan	32	3
23	Sikkim	4	1
24	Tamil Nadu	30	2
25	Tripura	4	1
26	Uttranchal	13	2
27	Uttar Pradesh	70	4
28	West Bengal	18	2
29	Andaman & Nicobar Islands	2	1
30	Chandigarh	1	1
31	Dadar & Nagar Haveli	1	1
32	Daman & Diu	1	1
33	Delhi	9	1
34	Lakshadweep	1	1
35	Pondicherry	4	1
	Total	602	60

4.2 State-wise list of Lead and Selected Institutions approved so far is at Annexure-5

4.3 Functions of State Monitoring Unit (SMU): State Monitoring Unit shall collect, collate and analyse the data/information from each Project/District and continue to furnish Monthly Progress Report (MPR) and Annual Progress Report (APR) to the M&E Unit of the Ministry of Women and Child Development as at present. In addition, one copy of the MPR & APR will be sent to CMU, NIPCCD and to the concerned selecte Institution of the State. This process should start from the APR for 2007-08 (as on 31.3.2008) and MPR for the month of April, 2008. MPR formats for of AWW, CDPO/DPO & State Level are under revision. Till such time the existing formats may be used.

4.4 Composition of SMUs: The SMUs, at the state level, will comprise of State Secretary, In-charge of ICDS as Principal Advisor, State Secretary, Health as State Advisor and Consultants of selected Institutions in the State for effective and smooth monitoring of the Scheme at the State level. The existing State Monitoring Unit will continue to provide administrative /functional support.

4.4.1 Principal Advisor (State Secretary In- charge of ICDS) who has overall responsibility for efficient implementation of the ICDS Scheme in the State will ensure

that Lead and Selected Institutions engaged in the monitoring and supervision of the Scheme are provided such necessary support as may be required from time to time. He will also coordinate with State Advisor (State Health Secretary) for convergence of health and nutrition services.

4.4.2. State Advisor (State Health Secretary) will ensure successful delivery of health and nutrition services to ICDS beneficiaries.

4.5 Primary (Project) Level Monitoring: Existing mechanism of monitoring at below district level would be strengthened in order to have an effective monitoring of the outcomes of ICDS interventions. Community based monitoring mechanism would be encouraged to bring in transparency and accountability in delivery of services by the AWW and to ensure reporting of correct data at the Project/AWC level.

4.6 Time schedule for submission of MPR, QPR & APR at different levels will be as under:

MPR

- AWW to Supervisor by 2^{nd} working day of the following month Supervisor to CDPO by 5^{th} of the following month i.
- ii.
- CDPO to DPO/SMU- by 10th of following month iii.
- by 16th of the following month SMU to M/WCD iv. CMU, NIPCCD & Selected Institutions

<u>Q</u>PR

(i) State Institution to Lead Institution and CMU by 16th of the following month.

(ii) Ouarterly progress Report will be furnished by the Lead Institutions to CMU, NIPCCD and Principal State Advisor by 20th of the month following the quarter ending (20th April, 20th July, 20th November and 20th January)

APR

(i) SMUs will furnish the APR by 25th April every year to M/WCD, CMU, NIPCCD & Institutions in the State. Seleced

(ii) The Lead Institutions will furnish APR to CMU, NIPCCD by 30 April every year.

4.7 The States should make earnest efforts to on-line update the data wherever such facility(web site) is available at Project, District or State level. Complete and accurate data should be updated for MPR, QPR and APR as per time schedule indicated in the preceding para for upward transmission and downloading.

5. Tasks to be carried out by the selected Institutions

5.1 The selected Institutions would carry out the following tasks:

(i) Collate and analyse the data and reports received from the Districts and State Headquarters on the performance of ICDS Scheme on predetermined set of indicators.

(ii) Collect data through field visits to selected ICDS Projects in the area assigned to it and furnish the data/reports to the lead Institution for the State.

(iii) **Every Institution shall**:

- a) Visit the ICDS Projects
- b) Launch Supervision Missions
- c) Monitor Anganwadi Workers Training Centres/MLTCs.
- 5.1.2. The details of above mentioned tasks are as under.
- (i) <u>Visit to ICDS Project :</u>
 - i. It is essential for the Consultants to have comprehensive and accurate information about the functioning of urban, rural and tribal ICDS projects in the State in which they are located so as to make qualitative and quantitative assessment of ICDS correctly. In order to provide assessment report of the ICDS projects it has been decided that Consultants would visit atleast 10% of Districts, one Project and five Anganwadi Centres every quarter on rotational basis, make assessment, test the accuracy of data (on sample basis) based on progress reports and furnish to CMU detailed recommendations for improving efficiency and effectiveness of ICDS Scheme. Such visits would also enable the Consultants to identify the projects where the Central Mission teams could visit.
 - ii. The visits should be planned in advance and the CDPO of the project concerned informed accordingly.
 - iii. During the visit to ICDS project, the Consultants are required to collect baseline information about the project area as also the system of delivery of package of services, coverage of the target group, problems faced by the project functionaries in the delivery of services, support they receive from the local community etc.
 - iv. In the interest of coordination and economy of time and effort, as far as possible, visit to ICDS project and visit to AWTC/MLTC for purposes of monitoring should be combined. The initial visits to ICDS projects may be undertaken preferably in projects where IMR, Malnutrition and other indicators are poor as per district/state data record.
 - v. The Consultants may either prepare a comprehensive report about the ICDS project visited by them or prepare separate write-ups on different aspects of the programme as obtained in different projects for quality aspects. Such documents would provide a basis for discussion during state level advisory meeting.
 - vi. The selected Institution would send the report to the (i) Lead Institution of the State; (ii) CMU, NIPCCD; and (iii) Principal State Advisor. One copy may be retained as office copy.

The proforma to be used by the Consultants to collect information from the ICDS projects during their visit is given at **Annexure - 6**.

ii) Launch one or two State Supervision Mission every year, preferably during the months of September-December and April- June. The team for States supervision mission in case of one – Institution would comprise of three members, with two Institutions four members and more than two Institutions five members.

Based on the feedback received from the Consultants, the State Supervision Mission Team will visit selected ICDS Projects, Anganwadis, MLTCs and AWTCs. The State Supervision Mission will primiarly focus on coverage of beneficiaries, service delivery system, maintenance of records and registers and follow-up action. It will identify the strength of AWWs and gaps in the programme implementation, including community awareness and participation. After the visit and observation of activities, a brief discussion should be held with DPO/CDPO/Supervisor/AWW on main points of observations and suggest workable solutions, keeping in view the factors like literacy rate of women, socio-economic problems of the community, topography of the area, support available to AWW by local community and other project functionaries etc. The Mission will also assess the skills of MLTCs and AWTCs, efficiency of ICDS functionaries in programme planning and implementation and give suggestions/recommendations on training content enrichment. Proforma for State Supervision Mission is placed at Annexure-7.

iii) Monitoring of Anganwadi Workers Training Centres/MLTCs

(a) MLTCs impart training to Supervisors. AWTCs impart training to AWWs/Helpers. The Consultants should carefully study the contents, pattern and methodology of training of AWWs/Supervisors and be conversant with the working of the AWTCs/MLTCs. The suggestions given by them in this area should be specific and related to the syllabus. The syllabus of ICDS functionaries is available on the website <u>www.wcd.nic.in</u>

(b) The reports of visits of AWTCs/MLTCs should be on rotational basis so that that same AWTCs are not visited repeatedly and others are not left out completely. In case there is only one Institution in a State, it may decide the AWTC/MLTC to be visited. In a State where there are two or more selected Institutions, the lead and other selected Institutions should mutually decide the specific AWTCs/MLTCs to be monitored in a given area, under intimation to CMU. A list of AWTCs and MLTCs is at Annexure 8.

(c) Each AWTC selected for monitoring during a given year should be visited by the Consultant only once a year. A separate file should be maintained for each AWTC containing the details of the visits in each area.

(d) The lead Institution may organize an annual meeting of Principals, Instructors of AWTCs/MLTCs to discuss the usefulness of the monitoring system, and take other suggestions for improving the quality of training.

(e) The information may be collected as per the proformae prepared by NIPCCD which is placed at **Annexure-9.** Proformae for the purpose of monitoring the AWTCs/MLTCs has been developed in two parts – one for the collection of data and the other for observation during training course. The proforma should be carefully filled in by the visiting Consultant themselves. The report of the visits should reach CMU, NIPCCD before 21^{st} of the month in each quarter ending.

(f) The task of monitoring of AWTCs through visits assumes importance in view of the fact that a large number of AWTCs/MLTCs are located in small town and rural areas and do not have an easy access to experts and resource persons for consultation. Further, many of them do not have adequate infrastructural facilities such as staff, library, equipment, hostel accommodation etc. necessary for providing effective training of AWWs./MLTCs In view of this, it has been decided that the institutions will act as State Resource Centres for providing the necessary guidance and support to AWTCs/MLTCs on a systematic basis.

(g) The AWTCs in the State should be divided among the Consultants of the institutions for purposes of monitoring and providing continuous guidance and support to them. Each Consultant will be responsible for the functioning of the AWTCs/MLTCs assigned to him/her. Each Consultant will visit each AWTC/MLTC assigned to him/her at least once a year to maintain continuous contact and correspondence in between their visit so as to help them provide quality training to AWWs/Supervisors. In states having more than one institution, the Lead institution in consultation with CMU may be requested to divide the AWTCs/MLTCs between each institution so as to avoid duplication of work and ensure proper monitoring of the group of AWTCs / MLTCs. Visits should be planned in advance to ensure that the Consulants visit the centers when the training of AWWs is in progress.

5.1.3. The selected Institution shall intimate the name and complete address of each Consultant to the NIPCCD immediately after the Consultant is engaged.

5.1.4. The lead and other Institutions may also be required to furnish such data, information and report on any or all aspects of ICDS Scheme as may be necessary in the exigencies of public interest.

5.1.5. The Consultants of the lead and other Institutions shall be members of the State Monitoring Unit. The consultants should have:-

i) Research and training experience of at least 5-10 years in Women & Child health,

Nutritionand development. Preference may be given to those consultants who have worked either in RCH programme or in ICDS programme.

ii) Must have published five articles/supervised two P.G. thesis on the subject DS.

of ICDS.

iii) Should be willing to spare 1 to 2 hours every day for ICDS work.

5.1.6. The lead Institution, in addition to carrying out the tasks/functions assigned to selected Institutions, shall collect, collate and analyse the data and reports received from other Institutions in the State and furnish to the CMU, NIPCCD the requisite reports on quarterly and annual basis. For the year ending 31^{st} March, the report would be given both for the last quarter of the year and Annual Progress Report for the year. This process should start from APR for 2007-08 (as on 31.3.2008) and MPR for April, 2008. Format for QPR is at <u>Annexure -3</u> and for APR is at Annexure -4.

6. Financial Support to Selected Institutions

6.1. Each Institution including Lead Institution may engage maximum three Consultants for which NIPCCD shall provide funds @ Rs. 6000/- per Consultant per annum, upto Rs. 30,000/- per annum for field visits, state visits and monitoring, and Rs. 1.00 lakh per annum for space and utility & other services.

6.2. The funds shall be released by NIPCCD to in suitable installments every year. First instalment representing about 50% of total entitlement for year will be resleased in or around May. Remaining 50% will be released on receipt of audited statement of accounts and Statement of Expenditure (SOE) for the previous year. The format for SOE will be circulated in due course. The SOE should be submitted by 30 September every year to enable NIPCCD to process release of balance funds.

7. Financial Guidelines for visiting the Training Centres and ICDS Project and submission of expenditure statement.

7.1. Each Consultant may finalise the dates of visit to ICDS projects/Training Centres in consultation with Principal Advisor/State ICDS Advisor. The first visit to ICDS Project/Training Centre should be done by the Consultant himself. He may also depute the faculty working under him for repeat visits. The funds released to the Institution shall be utilized for the following purposes:

- i. Honorarium of Consultants to Select Institution/Lead Institution
- ii. Visit to ICDS Projects and Training Centres for their monitoring and
- iii. Participation in StateSupervision Missions
- iv. Recurring expenditure for utility Services.

7.2 The funds will be utilized as under:

i. Honorarium to the Consultants: The rate of honorarium has already been fixed. Therefore, on completion of each quarter and after submitting the QPR to CMU, they may like to draw the amount.

ii. Visit to ICDS Projects/Training Centres

TA/DA to the Consultants for visits: Consultants may avail of any of the following mode to travel to visit the ICDS project/training centre

- Departmental Transport: POL and DA to Driver or per kilometer charges may be claimed according to the Institution's rules/State Govt. rules. These rules may be forwarded to the CMU along with the first bill.
- By rail or bus for which TA/DA will be paid according to the State Govt. rules as per their entitlement
- By Taxi on approved State Tourism or Transport Department Rules or Cooperatives. Such conveyance may be used on collective basis (all Consultants may visit together) and if other mode of conveyance i.e. 1 & 2 mentioned above are not convenient and cost effective.
- **iii. Participation in State Missions:** TA/DA rules for visit and participation in State Missions would remain the same.
- **iv. Space and Utility for the Institutions:** This is not an exhaustive list but some of the important items which Consultants may like to use are as follows:
- a) Purchase of furniture, fax, broad band facility and telephone (BSNL/MTNL), Desk Top Computers (but not Lap Top Computers). Priority may, however, be given to Computer operation with internet facility.
- b) Maintenance of equipments used for the work of CMU.
- c) Stationery
- d) Printing and duplication of reports for submission to CMU

> NB: The list of above items required by Institutions may be sent to CMU before making purchases. It may be noted that no request of purchase of Air conditioner, Genset, room coolers, water coolers, Mobile phones etc. would be entertained.

- No request for increase in the ceiling of Rs.1 lakh would be entertained.
- No institutional/administrative changes should be charged and included in the SOE.

8. Maintenance and submission of Accounts :

8.1 Every Institution should open a separate account in the name of Head of the Department or Principal or Head of the Institution in respect of funds released by NIPCCD for monitoring and supervision of the ICDS Scheme.

8.2 Institutions or Organizations receiving grants should, irrespective of the amount involved are required to maintain subsidiary accounts of the Government grant and furnish to the Accounts Officer a set of audited statement of accounts. These audited

statements of accounts should be furnished of NIPCCD after utilization of the grant-in-aid or whenever called for.

.8.3 The accounts of all grantee institutions or organizations shall be open to inspection by the sanctioning authority and audit, both by the Comptroller and Auditor-General of India under the provision of CAG (DPC) Act 1971 and internal audit by the Principal Accounts Office of the Ministry of Department, whenever the institution or organization is called upon to do so and a provision to this effect should invariably be incorporated in all orders sanctioning grants-in-aid.

9. Memorandum of Understanding (MOU): Every selected Institution and NIPCCD shall sign a MOU in the format placed at **Annexure-10**.

Chapter – 3 Monitoring and Research System

Almost at the very outset of ICDS in 1975, it was decided that the academic community of the medical colleges of India would constitute the 'external investigator' component for evaluation and research. In this endeavour, as many as 29 senior faculty members from 27 medical colleges, located within a reasonable distance to 33 experimental ICDS projects, unanimously resolved at a meeting held at the All India Institute of Medical Sciences (AIIMS), New Delhi in November, 1975, to act as its honorary consultants with the twin role of (i) evaluation and research, and (ii) orientation and training of the functionaries under the overall guidance of the Central Technical Committee (CTC) of ICDS.

Based on old experience following guidelines to achieve various goals of ICDS have been laid-down for consultants.

- a) The evaluation and research methodology should be updated from time to time through meetings/ correspondence of the consultants and the academic staff of the CMU;
- b) The evaluation and research should involve minimum possible resources with active participation of the postgraduate students and faculty members belonging to the respective departments of the ICDS Consultants;
- c) The collection of data and its first stage tabulation should carefully be done by the Consultants themselves; Thereafter they may ask their facultymembers to collect the data.
- d) The consistency checks and the final tabulation of data should also be undertaken by the Consultant.
- e) The consultants may freely communicate the findings of their ICDS studies in appropriate journals;
- f) The national data, as a matter of policy, would invariably be published by the CMU with due acknowledgment of the consultant's work of their inclusion as co-author as the case may be; and
- g) Evaluation and research data generated by the consultants will be used mainly for three purposes viz.(i) to know the coverage and impact of ICDS services in health and nutrition sector; (ii) for planning the expansion of ICDS; and (iii) to disseminate globally the results of Indian experiments of ICDS.

The contribution by the consultants proved to be highly cost-effective at the time CTC was functioning therefore the same approach has been used. The number of consultants are likely to be increased periodically, with the expansion of ICDS and home science colleges and schools of social work would be further included to provide support

in training also. Similarly, it has been decided that the consultants may work on this once again under direction of CMU of NIPCCD.

1. Evaluation and Research Approaches

Following two approaches would be adopted by CMU:

- Multi-centric projects to be initiated by the CMU. This includes (i) Annual Surveys (ii) Collaborative Research Studies (iii) Research for Qualitative data reporting.
- Individual research projects by the Consultants.

Multi-centric Projects

(i) Annual Surveys

Surveys on PSE, Community participation & health and nutrition parameters to be conducted annually through an external evaluation system by teams led by senior members of the departments of Community medicine and Paediatrics of various Medical Colleges in the country. Similar annual surveys were carried out by CTC from 1976-1996.

The annual surveys provided data in the coverage of the beneficiaries by the ICDS services such as supplementary nutrition, immunization and primary health care and its impact on the health and nutritional status of the beneficiaries. Similar APR proforma has been prepared for the consultants to further assess the qualitative aspects also.

(ii) *Collaborative Research Studies*

Besides annual surveys various multi-centre collaborative research studies were also planned by the CTC to generate data-related to the specific objectives of the studies. These studies were conducted by consultants and their post-graduates and were confined to predetermined specified projects. Similar studies would now be initiated by Consultants. CMU may outsource some of the studies.

(iii) Individual research projects by the consultants

These research projects are usually taken up by the post –graduate students in the form of dissertations/thesis under supervision of their post-graduate teacher and guide. The consultants are requested to initiate such proposals.

The contribution of Consultants would be monitored through MPR annexed at Annexure-XII.

National Evaluation:

National Evaluation of ICDS would be conducted by CMU, NIPCCD at suitable intervals with the help of consultants and separate grant would be made available to them.

Annexure -1

State-wise number of ICDS Projects and AWCs.

S.No.	States/UTs		ctioned Proj		No. of Operation al Projects		AWCs San	No. of Operational AWCs as on 29.2.08	
		Upto 2005-06	During 2006-07	Total		Upto 2005-06	During 2006-07	Total	
i)	ii)	iii)	iv)	v)	vi)	vii)	viii)	ix)	x)
1	A.P.	376	9	385	385	75766	7843	73944	69611
2	Arunachal Pradesh	79	6	85	58	3037	1240	4277	4277
3	Assam	219	4	223	223	32075	5007	37082	36849
4	Bihar	538	7	545	394	80528	560	81088	80211
5	Chhattisgarh	158	5	163	158	29437	5500	34937	29355
6	Goa	11	-	11	11	1012	100	1112	1112
7	Gujarat	260	-	260	260	41484	2695	44179	43104
8	Haryana	128	9	137	137	16359	833	17192	17192
9	Himachal Pradesh	76	-	77	76	18248	-	18248	18248
10	J&K	140	-	146	129	18772	6711	25438	16409
11	Jharkhand	204	-	204	204	30854	1243	32097	31074
12	Karnataka	185	-	185	185	51614	2646	54260	54260
13	Kerala	163	-	163	163	28651	3464	32115	32115
14	M.P.	367	-	367	367	59324	9914	69238	68306
15	Maharashtra	416	35	451	416	75580	9877	84867	75741
16	Manipur	34	4	38	37	4501	3120	7621	7621
17	Meghalaya	39	2	41	41	3179	209	3388	3195
18	Mizoram	23	-	23	23	1592	90	1682	1682
19	Nagaland	56	-	56	56	3035	159	3194	3194
20	Orissa	326	-	326	326	37480	4217	41697	41697
21	Punjab	148	-	148	148	17421	2748	20169	20169
22	Rajasthan	274	4	278	278	46862	1510	48372	48363
23	Sikkim	11	-	11	11	988	-	988	988
24	Tamil Nadu	434	-	434	434	45726	1539	47265	47265
25	Tripura	51	3	54	54	6094	1257	7351	7351
26	U.P.	835	62	897	889	137557	13170	150727	146785
27	Uttaranchal	99	-	99	99	7792	1872	9664	8834
28	West Bengal	416	-	416	411	74640	17512	92152	87665
29	A&N Island	5	-	5	5	621	51	672	672
30	Chandigarh	3	-	3	3	329	41	370	370
31	Delhi	34	16	50	50	4428	1678	6106	6106
32	D&N Haveli	2	-	2	2	215	4	219	219
33	Daman & Diu	2	-	2	2	97	10	107	97
34	Lakshadweep	1	-	1	1	74	13	87	87
35	Pondicherry	5	-	5	5	688	-	688	688
	Total	6118	166	6284	6068	946060	106833	1052638	1010912

Annexure – 2

		Beneficiaries for Supplementary Nutrition					Ben. for Pre-school Education				
SI. No.	State/UT	Children (0 - 3 years)	Children (3 - 6 years)	Total Children (6 months - 6 years)	Pregnant & lactating Mothers (P&LM)	Total Beneficiaries (Children 6 mo-6 years plus P&LM)	Boys (3 - 6 years)	Girls (3 - 6 years)	Total (3 - 6 years)		
1	Andhra Pradesh	1908652	2051959	3960611	994202	4954813	981642	983482	1965124		
2	Arunachal Pradesh	96014	82100	178114	23552	201666	42916	43016	85932		
3	Assam	1519445	1661218	3180663	630644	3811307	631454	608232	1239686		
4	Bihar	1786099	1721778	3507877	710378	4218255	981475	955923	1937398		
5	Chhattisgarh	1009919	763706	1773625	478403	2252028	401044	408845	809889		
6	Goa	26137	20058	46195	11445	57640	10150	9934	20084		
7	Gujarat	1115906	1128080	2243986	392902	2636888	619251	565008	1184259		
8	Haryana	594828	455288	1050116	283819	1333935	241895	213393	455288		
9	Himachal Pradesh	254285	192828	447113	99830	546943	87596	85290	172886		
10	Jammu & Kashmir	262197	211708	473905	113341	587246	111716	100880	212596		
11	Jharkhand	1019073	1119237	2138310	631892	2770202	559256	569454	1128710		
12	Karnataka	1622885	1466020	3088905	739740	3828645	733521	733121	1466642		
13	Kerala	521999	449617	971616	184428	1156044	229352	225885	455237		
14	Madhya Pradesh	2052138	2070104	4122242	931045	5053287	1201102	1150292	2351394		
15	Maharashtra	2647312	3003567	5650879	932850	6583729	1525740	1433822	2959562		
16	Manipur	158140	156516	314656	38704	217609	74248	72486	146734		
17	Meghalaya	141949	159978	301927	55367	357294	68580	68454	137034		
18	Mizoram	56652	38246	94898	26255	121153	15002	14962	29964		
19	Nagaland	169754	116108	285862	54535	340397	59230	57423	116653		
20	Orissa	2020295	2059276	4079571	772677	4852248	561868	550587	1112455		
21	Punjab	505245	523693	1028938	279209	1308147	282559	253748	536307		
22	Rajasthan	1761532	1167724	2929256	780969	3710225	642123	627950	1270073		
23	Sikkim	15821	947	16768	5489	22257	6914	6649	13563		
24	Tamil Nadu	975571	1195794	2171365	530114	2701479	604502	591292	1195794		
25	Tripura	128366	146462	274828	48893	323721	65856	63882	129738		
26	Uttar Pradesh	9490615	8510655	18001270	3677541	21678811	4764661	4416439	9181100		
27	Uttarakhand	258654	186642	445296	96134	541430	105216	104015	209231		
28	West Bengal	2563192	2533858	5097050	808417	5905467	1142370	1132903	2275273		

State-wise details of ICDS beneficiaries

29	A & N Islands	10556	8805	19361	4305	23666	4184	4182	8366
30	Chandigarh	17831	14183	32014	6909	38923	7030	7153	14183
31	Delhi	341200	224909	566109	162375	728484	115780	107868	223648
32	Dadra & N Haveli	9628	7947	17575	2975	20550	3139	3058	6197
33	Daman & Diu	3798	3271	7069	1714	8783	1562	1709	3271
34	Lakshadweep	3044	2512	5556	1782	7228	1270	12422	2512
35	Pondicherry	23018	5695	28713	9482	38195	2586	2603	5189
	All India	35091750	33460489	68552239	14538143	83090382	16886790	16175182	33061972

Annexure - 3

Quarterly Progress Report on Implementation of ICDS Scheme for the Quarter ending

- 1. Name of the State :
- 2. Total population
- 3. Child Population (0-6 years)
- 4, No of ICDS Distt cells
- 5. No. of development block/ talukas
- 6. No. of ICDS Projects :
 - (i) Sanctioned vs. Operational

Projects	No. of ICDS Projects						
	Rural	Urban	Tribal	Total			
Sanctioned by GOI							
Operational							
(ii) No. of Projects							
run by :							
State Government							
NGOs							
PRIs							

- 7. No of AWCs :
 - (i) Sanctioned vs. Operational

AWCs		No. of AWCs					
	Rural	Urban	Tribal	Total			
Sanctioned by GOI							
Operational							
(ii) No. of Mini-AW	Cs						
Sanctioned by GOI							
Operational							
(iii) No. of AWCs							
run by:							
State Government							
NGOs							
PRIs							

8. (i) Details of Beneficiaries

Age group/ Category	Total No. as per Survey Register		Those registered in AWC					
	SC	ST	Others	Total	SC	ST	Others	Total
(a) Children below 6 mo	nths							
Boys								
Girls								
(b) Children 6-36 month	S							
Boys								
Girls								
(c) Children 36-72 mont	hs							
Boys								
Girls								
(d) Expectant women								
(e) Lactating mother								
(f) AG's								
Total								

(ii) % of children (0-6 years) registered to total population

- 9. Services
 - (i) No. of beneficiaries to whom SN provided

Age group/ category	SC	ST	Other	Total
(a) Children 6-3	6 months			
Boys				
Girls				
(b) Children 36-	72 months			
Boys				
Girls				
© P&L				
mothers				
(d) AG's				
Total				

- (ii) Number of feeding days per month for which SN was provided during the quarter______ (Feeding days of the quarte`r shall be total of average feeding days of 3 months of the quarter as per SN Register)
- (iii)% of beneficiaries who were provided SN to those registered
 (a) Children (6-72 months) _____ (b) P&L mothers _____ (c) AGs _____

(iv) Quality of supplementary nutrition

	Quality	Number of AWCs
(a)	Good	
(b)	Acceptable	
(c)	Poor	
(d)	Not Provided	

(v) Number of Children below 6 months exclusively Breastfed.....

10. (i)	Nutritional	Status of	children	by wei	ght for age.
	1		•••••••••		

Nutritional Status	No. of Children (0-3years)		No. of Children (3-6 years)			
	Boys	Girls	Total	Boys	Girls	Total
Normal						
Grade I						
Grade II						
Grade III & IV						
Total						

NB: Include children below 6 months as in Col 8 (i)

- (ii) No. of AWC's/equipped with Medicine Kits
- (iii) No of AWCs having functional weighing Scale
- (iv) No of AWCs having Growth Chart
- (v) Availability of IFA TabletsRegular/Occasional/Not available
- (vi) Availability of Vit.A TabletsRegular/Occasional/Not available

11. Pre-school Education

(i) No. of Children (3-6years) who attended PSE atleast 16 days in a month

	SC	ST	Other	Total	% of those Registered
Boys					
Girls					
Total					

(ii) No. of AWCs which were provided PSE kit during the year

(iii)No. of Children who joined regular school after leaving AWC

	SC	ST	Other	Total	% of those who attended PSE
Boys					
Girls					
Total					

12. Immunization Coverage

- (i) No. of Children (0-3 years) who received all dozes of Immunization
 - (ii) No. of Children (3-6 years) who received all dozes of Immunization

(iii) No. of expectant women who were given 2 dozes of TT

- (iv) No of expectant women who were provided IFA tablets
- (v) % of children (0-6 years) covered by ICDS to total child population

13. Details of births and deaths during the quarter

No. of	No of	No. of low birth	No.	of death of chil	dren	No of
live births	still	weight babies	Within	Within one	Within 1-5	maternal
	birth	only live births	one month	year of birth	years	deaths
Boys						
Girls						

- 14. NHED activities
 - (i) No. of NHED activities organized at AWC by AWW and Supervisor
 - (ii) No. of NHED sessions organized jointly with Health Staff (Asha/ANM)
 - (iii) No. of Home Visits by (a)AWW_____ (b) Jointly by AWW & Asha/ANM _____
 - (iv) No. of women participated in NHED
 - (v) Use of mass media
 - (vi) Special Campaign/Health Melas organised
 - (vii) Demonstration of cooking by FNB CFNEU

15. Other facilities lacking at AWC

- (i) No. of AWCs without Handbook for AWW
- (ii) No. of AWCs without cooking materials/plates/spoons
- (iii) No. of AWCs without mats/Durries
- (iv) No. of AWCs without complete records/ registers

16. Frequency of visits to AWC by

(a) CDPO	Once in 3	Once a	Twice a
	months	month	month
(b) Supervisor			
(c) ANM			
(d) ASHA			
(e) Joint visits by ICDS & Health			
Functionaries			

17. (i) Training of ICDS functionaries

Functionary	No. in-	No. who have	No. who have	Short fall (col.2
	position	received in-	undergone	– col. 3) in
		service training	refreshers' Course	training
(1)	(2)	(3)	(4)	(5)
CDPO				
ACDPO				
Supervisor				
AWW				

(ii) Number of joint training of (a) AWW-ASHA/ANM(b) CDPO-MO

(c) PO-CDMO.....

18. Coordination Committees

	State	Distt.	Project	Village
	Level	Level	Level	Level
(i) Whether Coord. committees				
formed (Yes- $\sqrt{No-X}$)				
(ii) No. of meetings held during the				
year				

19. IEC/Community participation

- (i) No. of Mass / Electronic media Compaigns organized for public awareness of ICDS Programme_____
- (ii) No. of meeting held with community/PRIs to elicit support by
 - (a) CDPO _____ (b) Supervisor _____
- (iii) No. of AWCs where Mahila Mandals/SHGs are involved in procurement and distribution of SN
- (iv) Details of support extended by community like Bins for S.N., Building, Toys, Games etc.

(i)	Irregular flow of funds from GOI to State	1	2	3	4	5
	Government					
(ii)	Irregular flow of funds from State	1	2	3	4	5
	Government to implementing agencies					
(iii)	Lack of community interest/ involvement	1	2	3	4	5
(iv)	Village Politics	1	2	3	4	5
(v)	Ineffective convergence with other Departments					
(vi)	Lack of Supervision	1	2	3	4	5
(vii)	Distance/accessibility to assess to AWCs	1	2	3	4	5
(viii)	Lack of staff	1	2	3	4	5
(ix)	Lack of adequate interest/capability of AWW	1	2	3	4	5
(x)	Delayed are insufficient supplies	1	2	3	4	5
(xi)	Any Other, please specify :	1	2	3	4	5

20. Implementation Constraints, please tick the applicable box (taking '1' as

21. Recommendation for improving implementation/impact of the scheme

Annual Progress Report on Implementation of ICDS Scheme for Year ending 31.3.....

1.	Nar	ne of the State :				
2.	Tot	al population				
	(a)	Urban population :		(b)	% of SC	C population
	(c)	% of ST Population				
3.	Chi	ld population (0-6year	rs)			
4.	No	of Districts				
5.	No	of ICDS Distt cells				
6.	No.	of development block				
7.	No.	of Urban Slums with	population :			
		1 lakh and above	between 50,0	00 to	1 lakh	between 25,000 – 50,000

- 8. No. of ICDS Projects :
 - (i) Sanctioned vs. Operational

Projects	No. of ICDS Projects					
	Rural	Urban	Tribal	Total		
Sanctioned by GOI						
Operational						
(ii) No. of Projects						
run by						
State Government						
NGOs						
PRIs						

- 9. (i) Total No of Villages
 - (ii)No. of Villages/hamlets with at least 40 children
 in 0-6 years but no AWC
 (after taking into account the new AWC sanctioned by Govt. of India till date)
- 10. No. of Primary Schools.....
- 11 No. of Health Centres (i)Sub Centres (ii)PHCs......(iii)Total......

12. No of AWCs :

(i) Sanctioned vs. Operational

AWCs	No. of AWCs						
	Rural	Urban	Tribal	Total			
Sanctioned by GOI							
Operational							
(ii) No. of Mini-AW	Cs						
Sanctioned by GOI							

Operational		
(iii) No. of AWCs		
run by :		
State Government		
NGOs		
PRIs		

13. ICDS functionaries :

Functionaries	Sanctioned	In-position	Vacant
Distt. Programme officers			
CDPO			
ACDPO			
Supervisors			
AWWs			

14. Angawadi building :

Constructed or premises	No. of AWCs					
provided by	with toilet & drinking water facility	with only toilet facility	with only drinking water facility	without toilet & drinking water facility	Total	
(i) No. of AWCs in own and	pucca building	•				
(a) Central Govt./ World Banl						
(b)State Govt.						
(c)Panchayats						
(d) Primary School						
(e)Community						
(f) Other (Specify)						
Total						
(ii) No. of AWCs in rented premises (including those functioning in AWW/ Helpers house)						

(iii) No. of AWCs in Kutcha building/open space15. (i) Details of Beneficiaries

Age group/	Total No. as per Survey			Register	Th	Those registered in AWC			
Category	SC	ST	Others	Total	SC	ST	Others	Total	
(a) Children below 6 months									
Boys									
Girls									
(b) Children 6-3	36 mont	ths				-			
Boys									
Girls									
(c) Children 36-72 months									

Boys				
Girls				
(d) Expectant				
women				
(e) Lactating mother				
mother				
(f) AG's				
Total				

- (ii) % of children (0-6 years) registered to total population _____
- 16. Services

(i) No. of beneficiaries to whom SN provided

Age group/	SC	ST	Other	Total
category				
(a) Children 6-3	36 months			
Boys				
Girls				
(b) Children 36	-72 months			
Boys				
Girls				
© P&L				
mothers				
(d) AG's				
Total				

- (iii)% of beneficiaries who were provided SN to those registered

(a) Children (6-72 months) _____ (b) P&L mothers _____ (c) AGs _____

Nutritional Status	No. of Children (0-3years)			No. of Children (3-6 years)		
	Boys	Girls	Total	Boys	Girls	Total
Normal						
Grade I						
Grade II						
Grade III & IV						
Total						

17. Nutritional Status of children by weight for age.

NB: Include children below 6 months as in Col 15 (i)

- (ii) No. of AWC's/equipped with Medicine Kits
- (iii) No of AWCs having functional weighing Scale
- (iv) No of AWCs having Growth Chart

18. Pre-school Education

(i) No. of Children (3-6years) who attended PSE for 16 days plus in a month.

	SC	ST	Other	Total	% of those registered
Boys					
Girls					
Total					

(ii)No. of AWCs which were provided PSE kit during the year (iii)No. of Children who joined regular school after leaving AWC

	SC	ST	Other	Total	% of those who received PSE at AWC
Boys					
Girls					
Total					

19. Immunization Coverage

- (i) No. of Children (0-3 years) who received all dozes of Immunization
- (ii) No. of Children (3-6 years) who received all dozes of Immunization
- (iii) No. of expectant women who were given 2 dozes of TT
- (iv) No of expectant women who were proved IFA tablets

21. Education qualification of Anganwadi Workers

	Tication	No.
(i)	Illiterate	
(ii)	Literate but below V Standard	
(iii)	Between V to IX Standard	

- (iv) Matriculates (X Pass)
- (v) Graduate & above
- 22. Details of births and deaths

No. of	No of	No. of low birth	No. of death of children			No of
live births	still	weight babies	Within	Within one	Within 1-5	maternal
	birth	only live births	one month	year of birth	years	deaths
Boys						
Girls						

23. NHED activities

- (i) No. of NHED activities organized at AWC by AWW and Supervisor
- (ii) No. of NHED sessions organized jointly with Health Staff (Asha/ANM)
- (iii) No. of Home Visits by (a)AWW_____ (b) Jointly by AWW & Asha/ANM _____
- (iv) No. of women participated in NHED
- (v) Use of mass media
- (vi) Special Campaign
- (vii) demonstration of cooking by FNB CFNEU
- 24. Other facilities lacking at AWC
 - (i) No. of AWCs without Handbook for AWW
 - (ii) No. of AWCs without cooking materials/plates/spoons
 - (iii) No. of AWCs without mats/Durries
 - (iv) No. of AWCs without complete records/ registers

25. Frequency of visits to AWC by

(a) CDPO	Once in 3 months	Once a month	Twice a month
(b) Supervisor			
(c) ANM			
(d) ASHA			

26. Training of ICDS functionaries

Functionary	No. in-	No. who have	No. who have	Short fall (col.2
	position	received in-	undergone	– col. 3) in
		service training	refreshers' Course	training
(1)	(2)	(3)	(4)	(5)
CDPO				
ACDPO				
Supervisor				
AWW				

27. Coordination Committees

	State	Distt.	Project	Village
	Level	Level	Level	Level
(i) Whether Coord. committees formed (Yes- $\sqrt{/No-X}$)				
(ii) No. of meetings held during the				
year				

28. IEC/Community participation

- (i) No. of Mass/Electronic media Compaigns held for public awareness of ICDS Programme
- (ii) No. of meeting held with community/PRIs to elicit support by
 (a) CDPO ______ (b) Supervisor ______
- (iii) No. of AWCs where Mahila Mandals/SHGs are involved in procurement and distribution of SN

ii) 	Details of support extended by community like H etc.	Bins for	S.N., B	uilding,	Toys, C	Game
-	nentation Constraints, please tick the applicable b aints and '5' as least constraints)	oox (tak	ingʻl'a	as majo	r	
(xii)	Irregular flow of funds from GOI to State Government	1	2	3	4	5
(xiii)	Irregular flow of funds from State Government to implementing agencies	1	2	3	4	5
(xiv)	Lack of community interest/ involvement	1	2	3	4	5
(xv)	Village Politics	1	2	3	4	5
(xvi)	Ineffective convergence with other Departments					
(xvii)	Lack of Supervision	1	2	3	4	5
. ,	Distance/accessibility to assess to AWCs	1	2	3	4	5
(xix)	Lack of staff	1	2	3	4	5
(xx)		1	2	3	4	5
	Lack of adequate interest/capability of AWW	1				
(xxi)	Lack of adequate interest/capability of AWW Delayed are insufficient supplies	1	2	3	4	5

30. Recommendation for improving implementation/impact of the scheme.

Annexure 5

State-wise List of Institutions selected for Monitoring of ICDS

Andhra Pradesh

- Dr. T.S.R. Sai Prof. & Head Deptt. of Community Medicine S.V. Medical College Tirupati-517507
- Dr. Prakash Bhatia Professor Deptt. of Community Medicine Osmania Medical College Hyderabad – 500001

Assam

- Dr. Minoti Phukan Prof. & Head Deptt. of Child Development and Family Relations Faculty of Home Science Assam Agricultural University Jorhat-785013
 - Dr. Ratna Sharma Professor Deptt. of Community Medicine Gauwahati Medical College Gwuahati – 32

C.C. to

Dr. (Mrs.) Sajida Ahmed Prof. & Head Deptt. of Community Medicine

Gauwhati Medical College Guwahati - 32

Bihar

- Dr. Tatheer Fatima Asstt. Professor College of Home Science Rajendra Agricultural University, Samstipur, Pusa Bihar
- Dr. Pramila Prasad
 Prof. & Head
 P.G. Department of H.Sc. Food
 & Nutrition
 T.M. Bhagalpur Univ.
 Bhagalpur 812007
 Bihar
- 7. Dr. Rashmi Singh Professor
 Patna Medical College
 Patna
 Bihar

Chhattisgarh

- 8. Dr. Zehra Hasan Principal Bhilai Mahila Mahavidyalaya Hospital Sector-9 Bhilainagar-490009 Chhattisgarh
- 9. Dr. Yogendra Badgaiyan Professor & Head Deptt. Of Community Medicine Chhattisgarh Institute of Medical Sciences Bilaspur Chhattisgarh - 495001

Dr. A.T. Kannan
 Prof. & Head
 Deptt. of Community Medicine
 University College of Medical
 Sciences
 Dilshad Garden
 Delhi – 95

Goa

 Dr. Vinita Gracia Pinto Silva Assistant Professor Deptt. of PSM Goa Medical College Bambolim Goa – 403202

Gujarat

- Dr. S.L. Kantharia Prof. & Head Govt. Medical College Department of Preventive Medicine Vadodara-390001 Gujarat
- Dr. Sudha Yadav Prof. & Head Deptt. of PSM Govt. Medical College Rajkot Gujarat

Haryana

14. Dr. Pardeep Khanna Professor & Head Deptt. of Community Medicine Pt. B.D.S., PGIMS, Rohtak – 124001 Haryana

Himachal Pradesh

15. Dr. Rajni Modgil Associate Professor Deptt. of Food Science & Nutrition College of Home Science, CSK HPKY Palampur - 1760062 Himachal Pradesh

Jammu & Kashmir

- Prof. Rajni Dhingra Professor
 P.G. Deptt. of Home Science University of Jammu Jammu-180 006
- 17. Prof. Muneer A. Masoodi Prof. & Head
 Deptt. of Social & Preventive Medicine
 Govt. Medical College
 Srinagar – 190010

Jharkhand

- 18. Dr. Shamim Haider Prof. & Head Deptt. of PSM Rajendra Institute of Medical Sciences Bariatu; Ranchi-834009 Jharkhand
 19. Dr. Parmanand Singh
- 19. Dr. Parmanand Singh Prof. and Head Deptt. of PSM Patliputra Medical College Dhanbad - 826005

Karnataka

 20. Dr Jacinta D'Souza Principal School of Social Work Roshni Nilaya, Post Box 521 Mangalore - 575002 Karnataka

C.C. to Dr. Prakash N. Thartan Dean

Dr. Pawan Kumar
 Prof. & Head
 Deptt. of Community Medicine
 Kasturba Medical College
 Manipal University
 Manipal-576104
 Karnataka

Kerala

22. Dr. Leela Itty Amma Prof. & Head Deptt. of Community Medicine Medical College Thiruvananthapuram Kerala

Madhya Pradesh

- 23. Dr. D.K. Pal Prof. & Head Deptt. of Community Medicine NSCB Medical College Jabalpur (M.P.)
- 24. Dr. Sanjay Dixit Professor
 Deptt. of Community Medicine MGM Medical College Indore
 Madhya Pradesh

25. Dr. Rashmi Dwivedi
 Prof. & H.O.D.
 Deptt. of Pediatrics
 Gandhi Medical College
 Bhopal
 Madhya Pradesh

Maharashtra

- 26. Dr. Mohan K. Doibale Associate Professor Deptt. of PSM Govt. Medical College Aurangabad-431001
- 27 Dr. Sanjay Kubde
 Associate Professor
 Deptt. of PSM
 Indira Gandhi Govt. Medical
 College
 Central Avenue Road
 Nagpur-18
- 28. Dr. B.S. Garg Professor & Head Deptt. of Community Medicine Mahatma Gandhi Institute of Medical Sciences Sewagram – 442102 Wardha, Maharashtra

Manipur

29. Dr. Th. Achouba Singh Prof. & Head Deptt. of Community Medicine Regional Institute of Medical Sciences Imphal Manipur

Orissa

 Prof. Aparajita Chowdhury Prof. & Head
 P.G. Deptt. of Home Science Berhampur University Bhanja Bihar Berehampur – 760007 Orissa

- 31. Dr. B. Mohapatra Prof. & Head Deptt. of PCM SCB, Medical College Cuttack Orissa
- Prof. Om Prakash Panigrahi Professor & Head Deptt. of Community Medicine V.S.S. Medical College Burla, Sambhalpur Orissa - 768017

Punjab

- 33. Dr. Paramjeet Kaur
- Prof. & Head Deptt. of Community Medicine Govt. Medical College Patiala – 147001 Punjab

Rajasthan

- 34 Dr Kunjan Trivedi
 P.G. Deptt. of Home Science
 Jai Narain Vyas University
 Bhagat Ki Kothi
 Jodhpur, Rajasthan
- Dr. Akhilesh Bhargava Prof. Community Medicine SMS Medical College Jaipur

Sikkim

Dr. M.K. Ghosh
 Prof. & Head of Deptt.

Deptt. of Community Medicine, SMIMS, 5th Mile Tadong Gangtok – 737102 Sikkim

Tamilnadu

- 37. Dr. G. Baradha Professor Human Development Department Avinashilingam University for Women Coimbatore-641043 Tamilnadu
- Prof. Udaya Mahadevan Social Work Deptt. Loyola College IInd floor, Elite Empire Flats 317 V.K. High Road, Nungambaldom Chennai-34 Tamilnadu
- 39. Dr. Thomas Chako Prof. & Head Deptt. of Community Medicine PSG Institute of Medical Sciences Iind Floor, Elite Emprises Flats Coimbaote, Tamil Nadu

Uttar Pradesh

- 40. Dr. J.V.Singh Professor Deptt. of Community Medicine K.G. Medical College Lucknow
- 41. Dr. J.V. Singh Prof & Head Deptt. of Community Medicine Muzzaffarnagar Medical College Muzzaffarnagar

Uttar Pradesh

42. Prof. S.C. Mohapatra Prof. & Head Deptt. of Community Medicine Institute of Medical Science Banaras Hindu University Varanasi, (U.P.)

Uttaranchal

 43. Dr. Surekha Kishore Prof. & Head Deptt. of Community Medicine Himalayan Institute of Medical Sciences Swami Rama Nagar Dehradun, Uttaranchal

West Bengal

- 44. Prof. J. Majumdar Deputy Director School of Social Work Vidhyasagar University DD-18/4/1, Salt Lake City Kolkata-700064
- 45. Dr. A. Bandhu Biswas Prof. & Head Deptt. of Community Medicine B.S. Medical College Bankura – 722 102 West Bengal

Andaman & Nicobar Islands

46. Dr. A.P. Sugunan Deputy Director Regional Medical Research Centre (ICMR) Post Bag No. 13, Dollygunj Port Blair-744101 Andaman & Nicobar Islands

Chandigarh

47. Dr. Arun Kumar Aggarwal Additional Professor School of Public Health PGIMER Chandigarh-160012

Damn & Diu

48. Dr. S.D. Bhardwaj Research Officer Directorate of Medical & Health Services U.T. of Daman & Diu Room No. 205, CHC, Moti Daman Daman - 396220

Dadar & Nagar Haveli

49. Dr. L.N. Patra Chief Medical Officer and Mission Director (NRHM) Admn. Of Dadra and Nagar Haveli Medical and Public Health Department (Statistical Section) Silvassa – 396 230

Pondicherry

50. Dr. M. Bala Soudarssanane Prof. & Head Deptt. of PSM JIPMER Dhanvantri Nagar Puducherry – 605006

r					Annexure - 6
		Proforma :	for	g of ICDS Projec	et
l			CDPO		
		Details of	TICDS Project/ A	WCs monitored	
Bac	ckground I	Information:			
	I. Name	of the state:			
Ι	I. Name	of the District:			
Pro	oject Inform	mation:			
	I. Name	of the ICDS Proje	ect:		
Ι	I. Type of	of the Project:	Rural 🗌 Urb	an 🗌 Tribal	
II	I. Year of	Operationalizatio	on of Project:		
IV	7. Status o	f the ICDS projec	t:		
		Total AWCs sanctioned #	AWCs operational #	Mini-AWCs sanctioned #	Mini-AWCs operational #
Pro	ofile of CD	PO:			
		ne CDPO:			
		the CDPO Office			
[W	ith Pin cod	le]			
A	Telephone	e:	[With	STD code]	Mobile:
C					
	E- mail:	:			
1.3 bu	Ownershij ilding	p of CDPO Office	's Building? Sta	te Govt. Building	Rented
1.4	Space in C	CDPO's Office Bu	ilding? Adequate	e Inadequate	
1.5	Qualificat	ion of CDPO: Un	dergraduate 🗌	Graduate 🗌 Post g	graduate

- Mode of Recruitment: Direct
 Promotion
 Deputation
 Others 1.6
- Grade Pay or Pay Band/ Scale [Whichever is 1.7 applicable]
- 1.8 Total Work Experience:

A.

B.

C.

1.10 Total Experience in ICDS:

S.No.	Designation	Total Experience
1.	Anganwadi worker	
2.	Supervisor	
3.	ACDPO	
4.	CDPO	

1.11 Demographic Profile of Project:

Beneficiaries	Total population in	Total registered	Total
	last survey	beneficiaries	beneficiaries
			availing SN
			service
Children (6m-3years)			
Children (3 yrs – 6			
yrs)			
Pregnant women			
Lactating mothers			
Adolescent girls			

a) Beneficiaries for Pre- School Education:

[Indicating total available in the area registered and average number availing services]

Age group	Total in the last	Total registered	Total availing PSE
	survey		service
3- 6 years			
children			

D. ICDS Manpower

2.1 Position of ICDS functionaries:

Post	No. of posts Sanctioned	No. of filled up posts	No. of trained functionaries	No. of officials attended at least one job training	Number of officials attended at least one Refresher Training
CDPOs					
ACDPOs					
Supervisors					
AWWs					
Additional workers (crèche worker)					
AWHs					
Statistical Asstt.					

2.1.1 Total Number of Self Help Groups active in the project:

ICDS functionaries	Total	Num	Number of ICDS functionaries with percentage				
		Under	Matric	12 th Pass	Graduate	Post	
		Matric				Graduate	
CDPOs							
ACDPOs							
Supervisors							
AWWs							
Additional workers							
(crèche worker)							
AWHs							
Additional Worker							
(High burden district)							

2.2 Educational qualification of functionaries in the project:

2.3 Position of Training:

a) Number of Training/Orientation Courses attended at various levels:

S.	Level	Job	Refresher	Orientation
No.				
1.	National (NIPCCD/ Any other)			
2.	State			
3.	District			

b) Number of training/ orientation courses in which he/she is involved as trainer:

S.	Level	Job	Refresher	Orientation
No.				
1.	State			
2.	District			
3.	Project			
4.	AWTC/MLTC level			

- c) Total number of Training courses conducted at Project Level:
- d) Total number of Orientation courses conducted at Project Level:
- e) Type of Training [Last financial year till date of visit]

Type of	Name of Training	Duration	Period of	No. of
Training		(No. of	Training	Participants
(Job/		working days)	(Date)	
Orientation)				

E. CDPO's Office as Resource Centre

S. No		Item	Yes-1	Total	Functional in	n No. of AWCs
			No- 2	Available in	Total	No. of AWCs
				the project	AWCs in	having supply
					the project	
(1)		Kit A (0-3 yrs)				
	PSE	Kit B (3-6 yrs)				
(2)	a. Weighing	Salter Scale/Spring				
	Scales	Balance				
		Weighing Pan				
		Bar Scale				
		Weighing Machine				
		Taring Scale (Electronic)				
		Taring Scale				
		(Non Electronic)				
		Any Other				
	b. Growth	Old Growth Chart				
	Chart	Registers				
	Register	New WHO Growth Charts				
(3)	Utensils	For Cooking				
		For Serving				
(4)	Register & Rec	cords*				
		below in the space				
	provided]					
	0	cords [Revised MIS] :				
	(Specify the no	. & names)				
(5)	Referral Slips					
(6)	MPR Forms (o	ld)				
	Revised MPR					
(7)		First –Aid Kit**				
		y date in 'yes' column)				
		pply/- Timely				
	Replacement					
(8)	NHED Kit					
(9)		ild Protection Card				
(10)	Any Other					

3.1 Supplies to Anganwadis [as reported by CDPOs]:

* Please list name of registers below:

1	. 2.
3	4.
).
7	
9	
·····	

5.

.....

12.... ** Please list name of Medicines provided in Medicine kit

1	
3	
	,
7	
9	•
	•
12	

3.2 Material Available at CDPO's Office:

[Observe and Record if following books/ material is available at CDPOs office]

S. No.	Material/ Aids	Availability 1-Yes, 2- No
(1)	Manual on ICDS/ ICDS Booklet	
(2)	Guidebook for AWWs/Supervisors	
(3)	Growth Monitoring manual	
(4)	Growth Chart Register	
(5)	Compilation of Guidelines & Instruction of ICDS (Issued by States/GOI)	
(6)	PSE Kit Material	
(7)	NHED Kit Material (Check)	
(8)	National guidelines on optimal IYCF Practices	
(9)	Booklet on SHG/Mahila Mandal & Community Participation	
(10)	MPRs & MIS Manual	
(11)	Musical Instruments	
(12)	Records& Registers (New)	
(13)	Records& Registers (Old)	
(14)	Guidebook on MCP Card	
(15)	IGMSY and SABLA Training Module (If implemented)	
(16)	Implementation guidelines for SABLA & IGMSY	
(17)	Any other (Please specify)	

3.4 Saris and Badges supplied to the Anganwadi Workers:

•	Uniform: Yes No. of Uniform/s given: ;Date of issuing uniform	/	/	/
	[Please write No. in the box provided]			

If no, specify the alternative arrangements made.....

•	Badge: Yes No ; No. of Badge/s given:		; Date of issuing	/	/
	badges				
	[Please write No. in the box provided]				
	If no, specify the alternative arrangements made	••••			

F. Financial Benefits :

4.1 Whether Anganwadi Karyakartri Bima Yojana (AKBY) is being implemented in the project?

Yes	□ No □
4.1.1	If Yes, please give your views on implementation status?
	······
4.1.2	Number of Anganwadi Workers and Helpers Insured. [Please write No. in the box provided]
4.1.3	If No, Why?
4.2	What is Monthly Honorarium of AWW in your project area? Rs/-
4.4 Scher Yes	When AWWs were paid last for which month Is the provision of Flexi Fund been made at the Anganwadi Level under ICDS ne. No Total amount received for flexi fund in previous financial year by the CDPO Rs/- [Please write amount in the space provided]
4.6 •	Flexi Fund given to each anganwadi centre: AWC: Rs/- Mini- AWC: Rs/- [Please write amount in the space provided]
4.7	Date on which Flexi Funds for AWCs were received? DD /M / year
eme	Use of Flexi Funds in various activities: Transportation cost for referral of pregnant mothers / nursing mother in ergency. Transportation of severely ailing children / malnourished children (0-6 years) for nedical care.
	Purchase of feeding / kitchen utensils (Plates, Spoon, Glass, etc.). Cleanliness and sanitation of AWC. Replacement of weighing Trousers/Pants of Salter weighing scale. Observation of different "Community contact programmes / days" e.g.
	cost function of anticione community contact programmes / augs c.g.

Nutrition Day / Week

Breast Feeding Day / Week

Annual Day / Sports Day

Hand Washing Day, etc.

☐ Other emergency service if any. [Please specify

G. ECCE

]

1. Current status of Early Childhood Care and Education in the project

Total number of children (3-6 yrs) in the project	Total number of children registered (3-6yrs) in the project	Average number of children attending AWC for last three months

- 2. Percentage of AWWs implementing PSE components successfully in the project.
- 3. Observation of CDPOs regarding availability of following materials at AWCs in the project:

Material/ Aids	Availability	If Yes, specify its
	[Yes / No]	number
Usable time table for PSE at AWC	Yes / No	
PSE kit/ materials	Yes / No	
Guidebook issued by State Govt. for PSE	Yes / No	

4. Rating of CDPO on use of following Materials/aids at AWCs in the project

Material/ Aids	Rating on 10 points scale
Extent of use of Time table	
Use of PSE Material	
Use of Guide Book issued by State Govt.	

5. Enrollment status of AW children in primary school at the time of visit.

Total number of children in the project	Total number of children in the project
eligible for enrollment in Primary School	Enrolled in Primary School

- 6. Are you aware of ECCE day? Yes No
- 7. How many ECCE days have been conducted in the last two quarters before the visit in the project?



8. Efforts made by AWWs to improve Early Childhood Stimulation in the project?

Number of AWCs (with percentage) in which mothers were guided by AWWs for conducting early						
	childhood stimulation activities					
1 st Quarter	before visit	2 nd Qu	arter before visit			
Birth- 1 yrs 1-3 yrs		Birth- 1 yrs	1-3 yrs			

[1st quarter means first 3 months preceeding the month of visit for example, if the visit is made in November 2013, then 1st quarter would be from August- October 2013. Similarly, 2nd quarter means second 3 months preceeding the month of visit for an example, if the visit is made in November 2013 then, 2nd quarter would be from May – July 2013. This meaning will be applicable in all term "quarter" used in all monitoring schedules.]

9.	Are you aware of ECCE policy? Yes No	
10.	If yes, were you part of framing Curriculum? Yes	No

11. When are you planning to roll out the ECCE policy? Yes 🗌 No 🗌

H. Supplementary Nutrition

~	-									-			
b)	Please ✓	where	ever	applicab	le in	the column	is prov	video	1.			L	
a)	Is the Sup	pleme	ntary	Nutrition	n (SN	N), Centraliz	zed	Ι	Decei	ntrali	zed].

Supplementary Nutrition	Headquarters	District	Block	Project
Centralised				
Decentralised				

c) If SN is supplied from Head quarters/ District level, did you face any delay in supply? Yes No

d) If Yes, for how many days?

e) Delivery of Supplementary Nutrition:

S. No	Categories	Morning Snacks	HCM	THR	Weaning food	Others
i.	Average No. of days services provided in the last 6 months					
ii.	% of AWCs providing supplementary food for 21 or more days per month in the last 6 months [No. of AWCs >21 days/ Total No. of AWCs]					

[Meaning of last 6 months means if the visit is made in November 2013 then last 6 months would be from May- October 2013]

I. Growth Monitoring:

5.1 Have you adopted New WHO Growth Charts in the project area? Yes No
5.2 If No, why?
To be printed No supply No instructions from DPO No
Funds
No Training Other problem/s [please specify]
5.3 If Yes, percentage of AWCs using New WHO Growth Charts in the project area?
[No. of AWCs using WHO Growth Charts/Total No. of AWCs]

5.4 Nutritional Grades of the children in your project:

[One month before the visit i.e. if the visit is made in November 2013, then status of October 2013 to be mentioned]

New WHO Child Growth Standards

Age grou	up of	Total	Nutritional Grade			
Children		Registered	Normal	Moderately	Severely	
				Underweight	Underweight	
0-3 yrs	Boys					
	Girls					
3-6 yrs	Boys					
	Girls					
Total						

5.5 Have you identified Differently abled Children with special needs in your area?

Yes	No	None	
-----	----	------	--

If Yes, N	Number of Children:	
S.No.	Age Group	Number of Differently abled children/children with special needs
1.	0-3yrs	
2.	3-6 yrs	
Total		

J. Referral Services:

5.6

6.1	Number of referral cases in the six months in the project area:
	[Please write No. in the box provided]
6.2	Are you aware of the Nutrition Resource Centre (NRC)? Yes No
6.2.1	Is there NRC in your project area? Yes No
6.2.2	Please provide the address of NRC also
	Distance of NRC from the project area?

6.3 If yes, Number of cases referred to NRC. [Please write No. in the box provided]

6.4 Has State initiated Sneha Shivirs? Yes No Since No Si

6.5 Number of "Sneha Shivir" organized in the project during last 3 months. [Last 3 months means if the visit is made in November 2013 then last 3 months would be from August- October 2013]

K. Mother & Child Protection Card:

7.1	Have you adopted Mother and Child Protection Card (MCPC) in the project area?
Yes	
7.2 Г	If No, why? To be printed No supply No instructions from DPO No
Fun	nds
	No Training Other problem/s [Please Specify]

7.3 If Yes, percentage of AWCs using MCP Cards in the project area?

[No. of AWCs using MCP Cards/Total No. of AWCs]

%

7.4 MCP Card Status Project wise [from last one year]:

[Meaning of last year is that if the visit is made in November 2013 then last year would be from November 2012 to October 2013]

S. No.	Status	Total Population	No. of beneficiaries who availed services	Percentage
1.	Pregnant women registered			
2.	Women received 1 ANC			
3.	Women received 2 ANC			
4.	Women received 3 ANC			
5.	Women received 4 ANC			
6.	Women received PNC			
7.	Immunized Children			
8.	Regular Health check- up of			
	lactating mothers			
9.	Regular Health check- up of			
	Children			

L. IGMSY & SABLA Scheme:

8.1 Does your project implement SABLA scheme? Yes No

8.2 No. of Kishori Samooh formed as on date of visit. [Please write No. in

the box provided]

8.3 Is Kishori card available under SABLA scheme to adolescent gi

Yes No

8.4 Is SABLA Kit available with AWCs where SABLA scheme is being

implemented?

8.4.1 Number of Sakhis and Sahelis available in the project and number of them have been trained.

Adolescent Girls	Total available in the	Total number provided	
	project	training	
Sakhi			
Saheli			

8.5 Number of CBOs identified/involved for imparting training to AGs on Nonnutritional component

8.6 Number of training organised for AGs in the last 3 months

8.7 Status of supply of IFA tablets to AGs

.....

8.8 Number of Kishori Diwas organized in the last 3 months.

8.9 Does your project implement IGMSY scheme? Yes No

8.10 No of beneficiaries under IGMSY in the last visit. [Please write No. in the box

provided]

8. 11 Status of reimbursement of installments [from last one year]:

Total No. Total No. of		First Installment		Second Installment		Third Installment	
of registered Pregnant women	Pregnant women enrolled in IGMSY	No. of Pregnant women entitled	No. of Pregnant women actually received payment	No. of Pregnant women entitled	No. of Pregnant women actually received payment	No. of Pregnant women entitled	No. of Pregnant women actually received payment

8.12 Problems experienced in implementation of IGMSY and SABLA.

IGMSY	SABLA

ſ	

M. IEC Activities:

- 9.1 Does the project has an IEC plan? Yes 📃 No
- 9.2 If yes, what were the activities of IEC campaign:

3.2 If yes, what were the activities of the campaign.	
Pamphlets/ Wallboard	1
Slogan writing/ Wall writing	
Organizing NHED/ Breastfeeding/ Nutrition week /Health Camps.	
As per the action plan by health department.	
Special week days like Som divas, Mangal divas	
Any Other (Please Specify)	
[Please ✓ which ever applicable in the space provided before	e any option]
9.3 If No, Why? [State specific reasons]	
	_
9.4 Did you use all funds of IEC in the last financial year? Yes No	
9.5 If No, What were the reasons for not utilizing the IEC funds available	to your
project in the last financial year?	5
9.6 Other activities organized:	
NHED	
Celebration of Breast Feeding week/ Nutrition week	
Organizing Village Health & Nutrition days	
Mahila jagriti Shivir/ KSY/ Mahila Mandal Campaign/ I	Health Camp
Distribution of Communication material	······
Awareness Camps/Rally conducted in each AWC	
Nutrition Exhibition	
Broadcasting nutrition related messages using local TV	channels
Slogan writing/wall writing	
Any other (Specify)	
[Please \checkmark which ever applicable in the space provided before	e any option]
Li louse - which ever uppheuble in the space provided before	sur option

- 9.7 Does AWW organize Village Health and Nutrition Day (VHND)? Yes No
- 9.8 Are there any planned dates for conducting VHND? Yes 🗌 No 🗌

	HND have special emphasis on Sanitation aspects? Yes No
9.10 Any gu	idelines issued from your side for VHNDs? Yes 📃 No 📃
9.11 What a	ll aspects are covered in VHND?
	Health Check, Un
	Health Check- Up Referrals NRC
	NHED
	Immunization
	Demonstration
	Take-home rations distributed
	Vitamin A supplements administered
	Antenatal check-ups
	Any other (Specify) [Please ✓ which ever applicable in the space provided before any option]
9.12 Have yo	ou attended VHND in your project area? Yes No
9.13 If Yes,	Number of VHND attended in last three months?
9.14 Does A	WWs in your area provide Nutrition Care and Counselling?
Yes N	
9.15 If Yes, 7	What are the topics that are accurred by ΔWW_{c} during coupselling?
	What are the topics that are covered by AWWs during counselling?
,,	what are the topics that are covered by Aw ws during counsening?
, ,	what are the topics that are covered by Aw ws during counsening?
, 	what are the topics that are covered by Aw ws during counsening?
, 	what are the topics that are covered by Aw ws during counsening?
9.16 Ha	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No
9.16 Ha 9.17 (V	ve you participated in Village Health Nutrition and Sanitation Committee
9.16 Ha 9.17 (V	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ye	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion:
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ye	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: bu check records & registers of AWWs? Yes No ou check records & registers of Records & Registers:
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ye	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: bu check records & registers of AWWs? Yes No of do you assess the appropriateness of Records & Registers: Completion of Records & Registers
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ye	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: bu check records & registers of AWWs? Yes No do you assess the appropriateness of Records & Registers: Completion of Records & Registers No discrepancy in the records
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ye	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: bu check records & registers of AWWs? Yes No of do you assess the appropriateness of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do yo 2) How	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: ou check records & registers of AWWs? Yes No do you assess the appropriateness of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify]
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ya 2) How 2) How 1 1 3) In cas	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: bu check records & registers of AWWs? Yes No do you assess the appropriateness of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify]
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ya 2) How 2) How 3) In cas plan of a	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: ou check records & registers of AWWs? Yes No do you assess the appropriateness of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify]
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ya 2) How 2) How 3) In cas plan of a A	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: ou check records & registers of AWWs? Yes No ou check records & registers of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify] se of incomplete records & registers or discrepancy in records what is your ction? sk supervisor to check AWWs records.
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ya 2) How 2) How 3) In cas plan of a A	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: ou check records & registers of AWWs? Yes No ou check records & registers of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify]
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ya 2) How 2) How 3) In cas plan of a A A P	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: ou check records & registers of AWWs? Yes No ou check records & registers of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify] se of incomplete records & registers or discrepancy in records what is your ction? sk supervisor to check AWWs records. sk worker to complete the records rovide handholding support.
9.16 Ha 9.17 (V Monitoring a 10.0 Supervi 1) Do ya 2) How 2) How 3) In cas plan of a A A P N	ve you participated in Village Health Nutrition and Sanitation Committee HNSC) meetings? Yes No and Supervision: sion: ou check records & registers of AWWs? Yes No ou check records & registers of Records & Registers: Completion of Records & Registers No discrepancy in the records Complete & No discrepancy in records Any Other [Please Specify]

4)	By what time monthly progress report of the project is submitted to you by
supe	ervisors/ AWWs?

Within first week of next month 10- 15 days of next month 15- 20 days of next month

- 5) Have you identified/ reported any poor performers and those violating the norms on the basis of field its? s No
- 6) Who prepare the tour plan for supervisors?

	CDPO	Supervisor	No Tou	r Plan is prepare	d 🗌	Have not heard
of Tour Plan	L					

- 7) Does supervisor submits her tour plan in the CDPO office? Yes No
- 8) How you plan continuing education session for Supervisor/AWWs.
- 9) Number of demonstration sessions organized by you during the last three months on following components.

S.No.	Component	No. of session organized
1.	WHO Growth Chart	
2.	New ECCE curriciulum	
3.	New revised records & registers	
4.	New revised MPRs	
5.	Community participation	
6.	Use of MCP card	
7.	Use of Kishori cards	
8.	Use of SABLA Kit	
9.	Any other	

h) Does Supervisor submit visits reports to you? Yes No

i) List of reports submitted to you in the last month:

- 1.
- 2.
- 3.
- 4.
- 5.
- j) Is there any local non governmental organization / community based organization (CBO) in the project/ projects taken up as corporate social responsibility in social sector? Yes No

k) If yes, specify name & area of work for each:

	NGO/CBO/CSR	Area of work
S.No.		
1.		
2.		
3.		
4.		

5.

10.1 Monitoring Visits:

	10.1 Monitoring Visits:			a
C N	Visited By	Prescribed by MWCD, GOI	No. of	% of
S.No		Dated 22-10-2010	AWCs	AWCs
•				Visited
1.	ICDS Supervisor	\leq 50% AWCs/month.		
2.	ANM/LHV	$\leq 10\%$ AWCs/month.		
3.	Health Supervisor			
4.	CDPO/ACDPO	100 AWCs once in a quarter.		
5.	Medical Officer			
6.	DPO	\leq 15% AWCs/ year.		
7.	Joint Visit by CDPO/ACDPO with	25% AWCs once in a		
	MO or any other Health Department Official	quarter		
8.	Joint Visit by DPO with CMHO	5% of the AWCs once a		
		quarter.		
9.	Any other Joint Visit by [Please Specify]			
10.	State Level	5-20% AWCs/Blocks*		
10.	Officials	[*Subject to the designation		
	[Please Specify]	of State level Officer]		
11.	Officials from	10% AWCs/Blocks*		
	Central	[*Subject to the designation		
	Government	of Central govt. Officer]		
	[Please Specify]] [

10.2 Participation in review Meetings [from last one year]:

Inter & Intra	No. of meetings held & attended by CDPO at different leve												
Deptt.	S	ector	E	Block	D	istrict	(State					
Meetings	Held	Attended	Held	Attended	Held	Attended	Held	Attended					
ICDS													
meeting													
Review													
meeting with													
health													
Review													
meeting with													
PRIs													
Review													
meeting with													
other													
departments													

10.2 If No, [Please specify

.....]

10.3 How do you monitor the AWCs?

 Visits only (observation & interview) Use checklist Through MPR
 10.4 Have you heard of Grading and Accreditation of AWCs? Yes No [No.1-8/2012CD-I, 26.12.12 Circu 10.5 Have you received any guidelines for Grading and Accreditation of AWCs? Yes No
10.6 * Number of AWCs Accredited: [Please write No. in the box provided]
* Number of AWCs Graded: [Please write No. in the box provided]
Five Tier Monitoring System
 10.7 Have you received any guidelines regarding five- tier monitoring system? Yes No No [National Level Monitoring Committee (NLMC) → State Level (SLMC) → District Level (DLMC) → Block Level (BLMC) → Anganwadi Level (ALMC)]
10.8 Has the Block level Monitoring committee (BLMC) formed at block/ project

Circular]

roject level? Yes No 10.9 If No, what is the status of BLMC's? To be Formed Waiting for approval Delay from other partner/s [Please Specify..... ______ 1 Other problem/s [Please Specify.....] 10.10 If Yes, Members included at Block Level Monitoring Committee (BLMC): Panchayati Raj Institutions (PRIs) [Panchayat members] Urban Local Bodies (ULB) Sub District Magistrate (SDM) Block Development Officer (BDO) Child Development Project Officer (CDPO) Block Medical Officer Block Education Officer Extension Officer Water and Sanitation Officer

Supervisors [2-3 on rotation basis]

District Level Officer [] [Please write
designation]	-
NGOs Expert [2-3 representatives]	

Additional Job Responsibilities:

10.11 Have you done any additional work apart from ICDS? Yes 🗌 No 🗌

10.12 If yes, details of additional assignments/ policies/ schemes during last one year where ICDS is used as platform:

S.No.	Additional Assignments	No. of Working Days	Assessment of awareness level of CDPO by investigator
Policies	s/ Schemes		
1.	IGMSY		
2.	SABLA		
3.	ICPS		
4.	National Nutrition Policy/ National Plan of action		
	on Nutrition		
5.	WBNP		
6.	National policy for women		
7.	ECCE Policy		
8.	National Mission for Empowerment of Women		
9.	Priyadarshini		
10.	Ujjawala		
11.	Rajiv Gandhi Crèche scheme		
12.	Integrated scheme for women empowerment		
13.	UNCRC		
14.	Protection of Children from sexual		
	offences (POCSO)		
15.	Any Other (please specify)		
Assign	nents		
1.	Protection Officer		
2.	Poll duty		
3.	Old age pension scheme/Old age homes		
4.	Survey/ Census		
5.	Implementation of various Acts/Schemes		
6.	Additional Charge		
7.	Health activity (Pulse Polio etc)		
8.	Training activities		
9.	Sterilization camps		
10.	Others (Specify)		

10.13 Whether Supervisors are given additional tasks besides ICDS/ Monitoring and Supervision of AWCs: Yes No

10.14 If yes, specify the Tasks /Responsibilities assigned:	10.14	If yes, s	pecify the	Tasks /Re	esponsibilities	assigned:
---	-------	-----------	------------	-----------	-----------------	-----------

S. No.	Additional Assignments	No. of Working Days
1.	Poll duty	
2.	Welfare scheme of MWCD of other Departments	
3.	Survey/ Census reporting	
4.	Additional Charge	
5.	Health activity (Pulse Polio etc)	
6.	Training activities	
7.	Others (Specify)	

10.15 Norms: [Assessment by Investigator]

The awareness level of CDPO on different norms need to be rated. These norms as developed and placed under annexure 2, 3, 4 under administration guidelines dated 26.12.2012 are enclosed with the Proforma.

O. Coordination & Convergence among lined Departments:

11.1 Details of Convergence with line Departments and its impact.

S.No.	Name of Deptt./ Organisation in which convergence is required	No. of Meeting/ major discussions organised/ held in last one year	Actual Improv ements/ input on ICDS in quantifiable terms. e.g. 5% anganwadis got tubewells installed by Ministry of Drinking Water and Sanitation e.g. Two need based immunization camps were organised to cover 100% beneficiaries in 5% village of area "X"
1.	Drinking Water & Sanitaiton		
2.	Sarva Sikhsha Abhiyan		
3.	National Rural Health Mission		
4.	MNREGA		
5.	Ministry of labour, National Skill Development Programme (NSDP)		
6.	PRIs		
7.	NGOs [Pls. Specify name of the NGO]		
8.	Any Other		

[Pls. Specify]		

11.2 Rating by Faculty on Cooperation received by ICDS from other lined Departments

Name of Projects	Rating* of	•	-	ale based on a inctionaries a			n CDPO,
visited	Drinking Water & Sanitaiton	Sarva Sikhsha Abhiyan	National Rural Health Mission	MNREGA	PRIs	NGOs [Pls. Specify name of the NGO]	Any Other [Pls. Specify]
Total							

[*Rating needs to be done keeping in view job responsibility of ICDS and health functionaries for delivery of ICDS services.]

P. Management Information System (MIS):

12.1 Have you received any guidelines related to Revised Management Information

System?

-
Yes No Yes No 12.2 If yes, have you received New Records and Registers? Yes No
12.3 Please specify the time line for rolling out of revised MIS
12.4 If No, why? To be printed No supply No instructions from DPO No Funds No Training
Other problem/s [Please Specify]
12.5 Have you received any training on revised MIS? Yes 🗌 No 🗌
12.6 If No, why? No instructions from DPO No Funds for training Training plan not prepared
Uther problem/s [Please Specify]
12.7 Training Received as: State Level Master Trainer District Level Master Facilitator
12.8 Have you received formats for New Monthly Progress Report (MPR) Yes No
12.9 Have you been oriented to New MPR formats Yes No

Q. Implementation Plans:

Annual Programme Implementation Plan (APIP)

13.1 Yes	Did you provide any inputs in Annual Programme Implementation Plan (APIP)?
13.2 1.	If Yes, please enlist the suggestions:
2.	
3.	
4.	
5.	
6.	
7.	
8.	
<u> </u>	
9.	
10	
10.	
Date	on which suggestions for APIP were submitted? DD /M / year
Inform	nation & Technological Initiatives in ICDS:
14.1	Are you aware of e- learning, Nutrition Resource Platform (NRP)? Yes 📃 No
14.2	Have you initiated any IT- based Initiatives in the project? Yes No
14.3 speci	If Yes,
14.4	Have you visited NRP website? Yes 🗌 No 🗌
14.5	Website visited by you:
Г	www.poshan.nic.in

www.akshayaposhan.gov.in

R.

14.6 Are you aware of Information Communication Technology (ICT)? Yes No

S. Best Practices:

Name of the Best Practice:

.

.....

Year Initiated:

Description:

[Indicating clearly the objectives, implementation plan and process, coverage of area and beneficiaries]

Cost Effectiveness:

••	••	••	••	••	• •	• •	•	•••	••	••	••	••	• •		••	• •	•	• •	• •	• •	• •	• •	• •	• •	• •	• •	•	• •	•	• •	•	• •	• •	•	• •	• •	• •	• •	• •	•	• •	• •	• •	•	••	• •	••	••	•	• •	••	••	• •	• •	• •	• •	•	••	••	••
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Impact, if any:

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[If possible please provide the photographs also of the Best Practices]

Constraints/Difficulties faced by CDPOs/ACDPOs in implementing ICDS Programme-

Suggestions by Faculty:

Name & Signature of Investigator: Date of visit:

Annexure-2

Compai	rative Statement of	Existing and Appro	oved Norm	Annexure s under ICDS Mission	e-2
Item	Existing	Approved	Sharin g Patter n	Item Sub Components	Awareness of CDPO Yes/No
Supplementa ry Nutrition (SN)	i) Children (6months to 72 months) Rs. 4.00 per child per day	i) Children (6months to 72 months) Rs. 6.00 per child per day	90-10 (NER States)	Food items cost, Transportation cost, Fuel cost for cooking, Micronutrient Fortification cost, Monitoring cost, Processing & Storage cost	Yes/No
	 ii) Severely malnourished Children (6months to 72 months) Rs. 6.00 per child per day 	 ii) Severely malnourished Children (6months to 72 months) Rs. 9.00 per child per day 	50-50 (Other States)		Yes/No
	iii) Pregnant women and Nursing mothers/Adole scent Girls (under KSY) Rs. 5.00 per child per day	 iii) Pregnant women and Nursing mothers/Adole scent Girls (under KSY) Rs. 7.00 per child per day 			Yes/No
Medicine Kit	AWC/Mini AWC Rs. 600/- per AWC per annum Rs. 300/- per Mini AWC per annum	AWC/Mini AWC Rs. 1000/- per AWC per annum Rs. 500/- per Mini AWC per annum	90:10	As per revised approved kit	Yes/No
Pre-school Education (PSE) kit	<u>AWC/Mini</u> <u>AWC</u> Rs. 1000/- per AWC per annum	<u>AWC/Mini</u> <u>AWC</u> Rs. 3000/- per AWC per annum	90:10	Puppets, soft toys sets, Mirror and props for play, Strings and heads, Pre number cards,	Yes/No

	Rs. 500/- per Mini AWC per annum	Rs. 1500/- per Mini AWC per annum		Shape cut outs, Pre- reading/writing cards, Wooden blocks, Clay/ Plasticine, Colour and paint brushes and Balls	
Contingencie s/ (Renamed as Admin Expenses)	State Cell (per state cell per annum)Rs. 1,20,000 (with less than 50 projects)Rs. 1,60,000/- (with 50 to 200Projects)Rs. 2,00,000/- (with more than 200Projects	<u>State Cell</u> No change	75:25	Electricity and water expenses, Minor repairs, Misc. expenses not covered under other budget heads	Yes/No
Item	Existing	Approved	Sharin g	Item Sub Components	Awareness of CDPO
			g Patter n	components	Yes/No
Contingenci es/ (Renamed as Admin	District Cell Rs. 1,00,000/- per district cell per annum	District Cell No change			
es/	Rs. 1,00,000/-		Patter n		Yes/No

r		1		1	
IEC/ITCF	District Cell Nil Project Rs. 50,000/- per project per annum	District Cell Rs. 1,00,000/- per district cell per annum <u>Project</u> No change	75:25		Yes/No
	<u>AWC/Mini</u> <u>AWC</u> Rs. 1,000/- per annum per operational AWC	<u>AWC/Mini</u> <u>AWC</u> No change			
Rent	<u>National</u> Nil	National Rs. 6,00,000/- per month for Training Resource Centre/Mission Resource Centre at National level	100:0	Maximum cap for the rent norms is indicated. Approval would be given only after assessment by authorized agency of corresponding state (in correspondence with Soft)	Yes/No
	State Cell Rs. 10,000 per month	<u>State Cell</u> Nil.	-		Yes/No
	District Cell Nil.	<u>District Cell</u> Nil	-		Yes/No
	Project Rural/Tribal-Rs. 30,000/- per prject per annum Urban-Rs. 40,000/- per project per annum	Project Rs. 79,200/- per project per annum (Rs. 6,600/- per project per month)	75:25		Yes/No

Item	Existing	Approved	Sharing Pattern	Item Sub Components	Awareness of CDPO Yes/No
Rent	AWC/Mini/AWC Rs. 200/- per AWC per month in Rural/Tribal Projects Rs. 750/- per AWC / poor month in Urban Projects	AWC/Mini/AWC Rural/Tribal-Rs. 750/- per AWC per month Urban-Rs. 3000/- per AWC per month Metropolitan –Rs. 5000/-per AWC per month	90:10		Yes/No
Petrol, Oil and Lubricant (POL)	State Cell Rs. 1,20,000/- per vehicle per annum of State Cell (Where hired vehicle are not provided, NER States) Rs. 2,15,000/- per vehicle per annum at State Cell (Where hiring of vehicles to allowed' Other States)	<u>Sate Cell</u> No Change	75:25	POL includes the cost of fuel provided at different levels for field visits and official travel.	Yes/No
	District Cell Rs. 1,20,000/- per vehicle per annum at district level	District Cell Rs. 1,5,000/- per vehicle per annum at district level	75:25		Yes/No
	Project Rs. 1,25,000/- per vehicle per annum at project level	Project Rs. 1,75,000/- per vehicle per annum at project level	75:25		Yes/No
Purchase of vehicle (for NER States only)	<u>State Cell</u> Rs. 5,00,000/ 7,00,000/- per vehicle	<u>State Cell</u> Rs. 5,00,000/ 7,00,000/- per vehicle	90:10	Provision of purchase for NER states only within budgetary allocation (as per existing patter)	Yes/No
Monitoring and Evaluation	AWC Rs. 500/- per operational AWC per annum <u>Mini AWC</u> Rs. 100/- per operational Mini AWC per annum	AWC/Mini AWC Rs. 1000/- per operational AWC/Mini AWC annum Rs. 50/- per AWW for ICT	90:10	Printing of various records/registers, Monthly mobile recharge cost per AWW at each AWC/Mini AWC	Yes/No

Item	Existing	Approved	Sharing Pattern	Item Sub Components	Awareness of CDPO Yes/No
Equipment/ Furniture (Non- recurring- once in 5 years)	<u>National</u> Nil	<u>National</u> -Rs. 62 lakh for TRC, Mission Resource Centre and other requirements	100:0		Yes/No
	State Cell -Rs. 1,00,000/-(For less than 50 projects- -Rs. 2,00,000/- (For more than 50 projects)	State Cell -Rs. 5,00,000/- (per state cell (for all states excluding UTs) -Rs. 2,00,000/- per cell (For UTs)	75:25	Furniture for office staff, Computer/Laptop, Printer, Fax machine (figures are according to additional staff at each level)	Yes/No
	District Cell Rs. 1,50,000/-	District Cell Rs. 4,00,000/- per district cell	75:25		Yes/No
	Project Rs. 1,50,000/- per project	Project Rs. 2,00,000/- per project	75:25		Yes/No
	AWC/Mini AWC Rs. 5,000/- per AWC (incl. weighing scales)	AWC/Mini AWC Rs. 7,000/- per AWC. Rs. 5,000/- per Mini AWC	90:10	Gas burner with connection, Utensils, Mat/Carpet and other necessary equipments	Yes/No
Uniform	AWC/Mini AWC Rs. 200/- per Saree	AWC/Mini AWC Rs. 300/- per Saree	75:25	2 Sarees/Uniforms set for each AWW, AWW cum Nutrition Counsellor and AWH per annum.	Yes/No
Badge	AWC/Mini AWC Rs. 25/- per badge	<u>AWC/Mini AWC</u> No Change	75:25	1 Badge for each AWW, AWW cum Nutrition Counsellor and AWH per annum	Yes/No
AKBY (Anganwadi Karyakartri BimaYojana)	AWC/Mini AWC Rs. 100/- per beneficiary per annum (LIC)	No change	100:0	Premium paid by GOI against insurance of AWW.AWH	Yes/No
Flexi Fund	AWC/Mini AWC Rs. 1000/- per AWC per annum	No change	90:10	For sudden requirements like referral arrangements, meeting up any shortage of medicines, utensils, etc.	Yes/No
Weighing Scales	AWC/Mini AWC Rs. 500 per AWC per annum (only repair cost merged with Monitoring previously)	AWC/Mini AWC Rs. 5000/- per WC/Mini AWC for replacement at 15% AWC per annum	90:10	Flat weighing machine, Suspended type weighing machine, Adult weighing machine	Yes/No

Statement of Unchanged Norms Under ICDS Mission

Item	Existing	Approved	Sharing Pattern	Item Sub Components	Awareness of CDPO Yes/No
Contingencies/ (Renamed as Admin Expenses	State Cell (per state cell per annum) Rs. 1,20,000 (with less than 50 projects) Rs. 1,60,000/- (with 50 to 200 Projects) Rs. 2,00,000/-(with more than 200 Projects	<u>State Cell</u> No Change	75:25	Electricity and water bill, Telephone expenses, Minor repairs, Internet Expenses and Misc. expenses not covered under other budget heads.	Yes/No
	District Cell Rs. 1,00,000/- per district cell per annum	District Cell No change	75:25		Yes/No
IEC/IYF	Project Rs. 50,000/- per project per annum <u>AWC/Mini AWC</u> Rs. 1000/- per annum per operational AEC	Project No change <u>AWC/Mini</u> <u>AWC</u> No change	90:10		Yes/No
Petrol, Oil and Lubricant (POL)	State Cell Rs. 1,20,000/- per vehicle per annum of State Cell (Where hired vehicle are not provided, NER States) Rs. 2,15,000/- per vehicle per annum at State Cell (Where hiring of vehicles to allowed' Other States)	State Cell No Change	75:25	POL includes the cost of fuel and hiring charges for field visits and official travel	Yes/No
Purchase of vehicle (for NER States only)	<u>State Cell</u> Rs. 5,00,000/- 7,00,000/- per vehicle	State Cell No Change	90:10	Provision of purchase for NER states only within budgetary allocation (as per existing pattern)	Yes/No
Badge	AWC/Mini AWC Rs. 25/- per badge	<u>AWC/Mini</u> <u>AWC</u> No change	75:25	1 Badge for each AWW, AWW cum Nutrition Counsellor and AWH per annum	Yes/No

Item	Existing	Approved	Sharing Pattern	Item Sub Components	Awareness of CDPO Yes/No
АКВҮ	AWC/Mini AWC Rs. 100/- per beneficiary per annum (LIC)	<u>AWC/Mini AWC</u> No change	100:0	Premium paid by GOI against Insurance of AWW/AWH	Yes/No
Flexi Fund	AWC/mini AWC Rs. 1000/- per AWC per annum		90:10	For sudden requirements like referral arrangements, meeting up any shortage of medicines, utensils etc.	Yes/No

Note : Norms for POL and Admin Expenses at corresponding level mentioned above are not changed but Centre State Sharing pattern has been changed.

Annexure-4

New Items Under ICDS Mission (for NER States Centre, State : State Sharing Ratio 90:10)

90:10)					
New Items	Existing	Approved	Sharing Pattern	Item Sub Components	Awareness of CDPO Yes/No
ECCE Day	Nil	AWC/Mini AWC Rs. 1,000/- per AWC per annum	75:25	Parents meet, Involvement of local artisans and craftsmen for making toys community involvement etc.	Yes/No
Grading & Accreditation	Nil.	District Cell Rs. 2,50,000/- per district cell (twice in 5 years)	75:25	Grading and Accreditation of AWCs and other pre schools (ECCE beyond AWCs)	Yes/No
Construction of AWC Building	Rs. 1,75,000/- per AWC Building (NER State only)	Rs. 4,50,000/- per AWC Building (All States subject to total cap)	75:25	Total 2,00,000 buildings to be constructed in Xii plan.	Yes/No
Maintenance of AWC Building	<u>AWC/Mini AWC</u> Nil.	AWC/Mini AWC Rs. 2,000/- per AWC per annum (for owned AWCs)	75:25	Applicable for Govt. owned and non rental ICDS buildings	Yes/No
Up-gradation of AWC Building	<u>AWC/Mini AWC</u> Nil	AWC/Mini AWC Rs. 1,00,000/- per AWC Building including additional room for AWC cum crèche (All States subject to total cap)	75:25	Maximum ceiling is given while allocation will be based on APIP approval.	Yes/No
Sneha Shivir	<u>AWC/Mini AWC</u> Nil	AWC/Mini AWC Rs. 5,950 per camp over sa cluster of 4 AWCs (3 camps per annum)	75:25	Nutrition cost, Medical facilities and Misc. camp requirements (200 HB districts)	Yes/No
United Fund- AWC –cum- creche	AWC Nil	AWC Rs. 18,000/- per AWC (n on- recurring cost, once in 5 years)	75:25	Cost of cradles, additional best and bed linen (Establishment cost)	Yes/No
	<u>AWC</u> Nil	AWC RS. 3,000/- per worker per month	75:25	Honorarium to Additional/Creche Worker	Yes/No
	<u>AWC</u> Nil	AWC Rs. 28,000/- Per AWC per annum	75:25	Care items, soft toys, cleaning materials, cost of additional evening snacks to children etc.	Yes/No

Proforma for Monitoring of ICDS Project
for
A 1º 1

Anganwadi worker

Details of ICDS Project/ AWCs monitored

T. Background Information:

- 1. Name of the State:
- 2. Name of the District:
- 3. Name of the Project:
- 4. Name of Anganwadi Worker:
- 5. Name of Helper:
- 6. Name and Number code of AWC:
- 7. Address of AWC:

.....

U. Anganwadi Centre Information:

- Type of the Pr_ct: ural ban Tribal
 Year of Starting AWC:
- 3. Experience of AWW in ICDS: Up to one Year 2-5Years 5-10 years 10 Years & above

4.	Education	al qualification:	Below Matric	Matriculate	110+2
	Graduate	Post Graduate			

- 5. Monthly Honorarium:
- 6. Training of AWW

Type of Training	Duration	Month/ Year of
	(No. of working	Training
	days)	
Job		
Ref		
Orientation		
Skill Training in WHO Growth Standards		
Skill Training in Mother & Child Protection		
Card		
IGMSY		
SABLA		
Others		

V. Physical Infrastructure of AWC:

1. Type of Building: Kuchcha Dica Open Space				
2.1 Ownership of AWC Building: Constructed by Government Rent free Govt.				
building School building Community/Patayat building with				
rent Rented building Own House Helper's House				
 2.2 (a) Is electricity available at AWC? Yes No (b) If Yes, whether electrical points are above five feet from floor? Yes No 				
3. Is the sign board of AWC displayed? Yes No				
a) Is the sign board visible from the road Yes No				
b) Condition of sign board Good Satisfactory Poor				
4. Distance of AWC from the village:				
Less than 100 Mts $100-200$ Mts $300-400$ Mts $More than 500^{14}ts$				
Within Village				
5. Total built size of AWC: Adequate Inadequate				
5.1 Number of rooms in AWC?				
6. Is Separate Kitchen Available at AWC? Yes No				
7.1 If No, what are the cooking arrangements?				
Cooking is done under covered space Cooking is done in open				
Cooking is done by SHGs At AWW's house Any Other (Specify)				
7. 2 Is there a provision of cooking gas at A es No				
8. Is there a separate space for storage : Available Not Available				
9. If No, what are the arrangement for storage:				
□ In the Anganwadi itself				
At school				
AWW/AWH House				
Any other place [Please specify]				
10. What is the source of Drinking Water:				
 Deep hand pump available in AWC campus Deep hand pump available nearby AWC Shallow hand pump/ Well/ Pond Tap water supply from PHD/local Admn. 				
11. What is the Drinking Water Storage facility available at the AWC? [Observe]				
Directly from the source (Tap)				

Stored in covered utensils with ladle

Stored in uncovered utensils

Stored in un-cleaned utensil in unhygienic condition

12. Is Toilet Facility available in the AWC? Available Not Available Available but not usable

Available but not child friendly

13. Is there a separate toilet facility for Girls and Boys Yes No

14. Current position of toilet facility:[Observation by investigator]

Toilet available with water facility in usable condition

Toilet available without water facility but usable

Toilet available but not usable

15. Arrangement where toilet facility is not available/usable

- Facility provided by community
- Go to road side
- Go to nearest house
- Go to own house

D. ECCE

9. Status of Early Childhood Care and Education:

Total number of children	Total number of children (3-	Average number of children attending
(3-6 yrs) in the AWC area	6yrs) registered in AWC	AWC for last three months

10. Skill of AWWs on organization of PSE activities in 10 point rating scale by observing PSE activities organized by AWWs [based on organising objective based activities, activities as per time table, using guidebook, using PSE kit, satisfying curiosity of children and sustaining interest of the children and their involvement]

11. Availability ECCE Material available at AWC

Material/Aids	Availability [Yes / No]
Availability of time table for PSE at AWC	Yes / No

Availability of appropriate & adequate PSE material	Yes / No
Availability of appropriate & adequate PSE Kit	Yes / No
Availability of any Guidebook issued by State Govt. for PSE	Yes / No

12. Rating on use of PSE Materials/aids

Material/ Aids	Rating on 10 points scale
Extent of coverage of all aspects of child development with the help of PSE materials/aids	
Extent of use of Time table	
Use of PSE Material	
Use of Guide Book issued by State Govt.	

13. Enrollment status of AW children in primary school as on the date of visit

	Total number of shildren	Total number of children					
	Total number of children						
	eligible for enrollment in Primary School	Enrolled in Primary School on the last occasion					
	·						
14	Are you aware of ECCE day Y	No					
15	5. How many ECCE days have been conducted in the last two quarters before the						
	visit?	-					
	Ist IInd						
16	16. Do you receive support of parents in organizing PSE activities?						
Yes No							
17	17. Do parents contribute in preparation of PSE material/ Aids? Yes No						
18	3. If yes what type of support is received?						
	1						
	2.						
	2						
	3						
	4						

19. Number of parents involved with organization of PSE activities in the last two quarters before visit

Quarter	Number of parents involved
1 st Quarter	
2 nd Quarter	

[1st quarter means first 3 months preceeding the month of visit for example, if the visit is made in November 2013, then 1^{st} quarter would be from August- October 2013. Similarly, 2^{nd} quarter means second 3 months preceeding the month of visit for an example, if the visit is made in November 2013 then, 2^{nd} quarter would be from May – July 2013. This meaning will be applicable in all term "quarter" used in all monitoring schedules.]

20. Efforts made by AWW to improve Early Childhood Stimulation?

Number of mothers guided for conducting early childhood stimulation activities					
1 st Quarter before vis	it	2 nd Quarter befo	re visit		
Birth-1 yrs	1-3 yrs	Birth- 1 yrs	1-3 yrs		

13. Number of PSE materials developed and nature walk conducted by AWW to improve PSE?

Quarter	Materials developed	Nature walk conducted
First Quarter		
Second Quarter		

E. Supplementary Nutrition:

1. Details of Beneficiaries:

Category	Total No. in the area covered by AWC		Total No. of beneficiaries registered		
	5		1 st Quarter	2 nd Quarter	
	before visit	before visit	before visit	before visit	
Pregnant women					
Lactating mothers					
Children (6mo - 3 yrs)					
Children (3-6 years)					
Adolescent girls					

2. Beneficiaries availing SN

Category	Total No. of beneficiaries who availed SN during in 1 st Quarter before the visit	Total No. of beneficiaries availing SN in 2 nd Quarter before visit
Pregnant women		
Lactating mothers		
Children (6 mo- 3 yrs)		
Children (3-6 years)		
Adolescent girls		

3. Type of Food Supplied to beneficiaries:

Categories	Morning Snacks	HCM	THR	Others*	Average Quantity given per beneficiary, per day basis
					r J Outsis

6 months-3yrs.							
Byrs6yrs.							
Pregnant Women & Nursing Mother							
Adolescent Girls							
 5. Is the supp 6. Is the quar 7. Does AW 8. Does AW 	lity of the supple plementary nutri ntity of the supp W have adequat W have adequat uption in supple	tion accepta lementary m e cooking ut te serving ut	ble to th utrition a tensils	e benefic as per no Yes Yes	ciaries prm/menu (s No s No		No No I by investigator) Yes No
Yes	No 🗌						
	i ii iii iii iiv						······
F. Growth r	nonitoring						
1. Has new W	nonitoring VHO Growth sta AWW for growth					Yes [No
 Has new W Skills of A a) Weight b) Plottin c) Interpretent 	WHO Growth sta AWW for growth ing g	n monitoring care givers	g of child	dren [obs Accurat Accurat Accurat Accurat	servation] te Inac te Inac te Inac te Inac	curate curate curate curate	
 Has new W Skills of A a) Weight b) Plottin c) Interpred) Couns 	WHO Growth sta AWW for growth ing g retation	h monitoring care givers	g of child	Iren [obs Accurat Accurat Accurat Accurat Accurat hould be f the AW	servation] te Inac te Inac te Inac te Inac te Inac e asked to d /C visited:	curate curate curate curate emonstrate	
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4. Are you aware of the Nutrition Rehabilitation Centre (NRC)? Yes No
5. Is there any NRC in your project area?
know
6. Do you refer severely underweight children? Yes No
6.1 If yes, whether refer is made to Health centre or NRC ? Health Centers
NRC
7. Number of children referred to NRC during last 3 months:
8. Has State initiated Sneha Shivirs? Yes No
[Sneha Shivir- 12 day nutrition counseling programme for underweight children]
9. Number of children referred to Sneha Shivir during last 3 months:
10. Please discuss the 12 day counseling programme with AWW [Topics & suggestions given by them/ no. of beneficiaries attended programme etc.]?
G. Immunization

1. Status of vaccination among children & pregnant women:

S.No.	Vaccines	Last	tmonth
		No.of eligible	Total Children/
		children/ women	women immunized
1.	BCG		
2.	DPT/OPV(First dose)		
3.	DPT/OPV(Second dose)		
4.	DPT/OPV(Third dose)		
5.	Measles (First dose)		
6.	Measles (Second dose)		
7.	Vitamin A		
8.	Hepatitis B		
9.	MMR(Introduced only in 2 states)		
10.	Hib(Available in some States only)		
11.	TT (First dose)		
12.	TT (Second dose)		
13.	Pentavalent(In selected states only)		
14.	Japanese Encephalitis (in select endemic districts after the		
	campaign)		
15.	Any other (specified by State Govt.)		

[The immunization schedule is adapted from MOHFW 2011, and IAP, 2013]

2. At which place immunization f or children and pregnant women are conducted? Sub centre

- Primary Health centre
- Anganwadi centre

Others (please Specify.....)

3. If Immunization is conducted at AWC indicate your role from the following? [Please ✓ one or more as applicable in the space provided]

Provide information to beneficiaries about date and day.

Conducting immunization during VHNDs

Managing sitting arrangement (chairs & durries)

Provide support to ANM

Helping beneficiaries' mothers/ care takers

Arranging snacks

Arranging drinking water

Updating the immunization registers

Any other (please specify).....

H. Health Check-Up

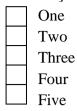
1. Frequency of Health check- up of children:

- i. Monthly
- ii. quarterly
- iii. six monthly
- iv. unplanned
- v. never during last six month

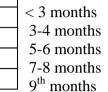
• Aspects of health check-up of children

i	Checking and recording weight	Y	Ν
ii	Checking and recording height	Y	Ν
iii	Checking mile stones in growth and development of	Y	Ν
	the child		
iv	Checking up skin	Y	Ν
v	Checking-up eyes	Y	Ν
vi	Checking up ears	Y	Ν
vii	Checking worm infestation	Y	Ν
viii	Checking up for diseases like diarrhea	Y	Ν
Ix	Checking up for diseases like dysentery	Y	Ν
Х	Checking up for diseases like ARI	Y	Ν
xi	Checking up for Anaemia	Y	Ν
Xii	Checking up for Vitamin-A deficiency diseases	Y	Ν
Xiii	Checking up for Iodine deficiency diseases	Y	Ν
xiv	Blood test	Y	Ν
XV	Urine test	Y	Ν
xvi	Oedema	Y	Ν
xvii	Pallor	Y	Ν
xviii	Any other	Y	Ν

2. Average number of ANCs / Health check- up provided to pregnant women in your area? [Please ✓]



3. What is the average month for first ANC/ Health check- up of pregnant women in your area



• Aspects of health check-up of pregnant women

i	Taking weight	Y	Ν
ii	Measuring blood pressure	Y	Ν
iii	Urine examination	Y	Ν
iv	Examination of blood	Y	Ν
v	Measuring pulse rate	Y	Ν
vi	Checking oedema	Y	Ν
vii	Checking fetal movement	Y	Ν
Viii	Any other	Y	Ν

• Aspects of health check-up of lactating mother

i	Pallor	Y	Ν
ii	Pulse rate	Y	Ν
iii	Blood pressure	Y	Ν
iv	Temperature	Y	Ν
v	Breasts Soft/engorged	Y	Ν
vi	Nipples Cracked/normal	Y	Ν
vii	Uterus Tenderness Present/absent	Y	Ν
viii	Bleeding P/V Excessive/normal	Y	Ν
Ix	Lochia Healthy/foul smelling	Y	Ν
Х	Episiotomy/Tear Healthy/infected	Y	Ν
xi	Family planning Counselling	Y	Ν
Xii	Any other complications And	Y	Ν
	referral		

I. Referral Services

1. Do you refer beneficiaries to health facility? \Box Yes \Box No

- 2. Do you have referral slip to refer beneficiaries to health facilities? Yes No
- 3. Do you use these referral slips? Yes No
- 4. Number of referral case:

S.No.	Category of beneficiaries	No. of beneficiaries referred during last six months
1.	Pregnant women	
2.	Lactating mothers	
3.	Children (7-36 months)	
4.	Children (3-6 years)	
5.	Adolescent girls	

5. Number of cases have been followed up by AWW

J. Nutrition and Health Education (NHE)

- 1. Number of NHE Sessions conducted during last three months
- 2. Number of participants participated in the NHE sessions during last three months:

S.No.	Category	Total of Number attended in all sessions conducted during last three months
1.	Women beneficiaries	
2.	ANM	
3.	LHV	
4.	Medical Officer	
5.	Adolescents Girls	
6.	PRI/Community leaders	
7.	Nutrition Counselor	
8.	ASHA /Link Worker	
9.	Supervisor/CDPO	
10.	Others	

3. List of major topics covered in the NHE sessions conducted in the last three months:

1				
4				
•••••	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••

4. Rating by investigator on 10 point scale based on observations of Women beneficiaries who attended NHE sessions:

S.No.	Criteria	Rating
1.	Knowledge	
2.	Skill	
3.	Understanding	

[The officer should visit some of the beneficiaries to make the assessment of effectiveness of above NHED sessions; Also AWW may conduct an NHED session]

5. Participation of Adolescent Girls in the activities of AWC: Excellent Very Good Good None

K.	Mother & Child Protection Card:
1.	Has the MCPC been provided to the eligible beneficiaries? Yes No
2.	Has the MCPC been filled properly with right information by both AWW and ANM?
	Yes No
3.	If no, indicate the gap/the information not filled-up.
	12
4. H Yes	Has the MCPC been used by women/mothers (Discussions to be held with women)? $S \square No \square$
5.]	If Yes, how? [List down usage (Discussions to be held with women)] 1
	2
	3
	 4
6. I	Has MCPC been timely updated? Yes No
	Based on the observation of filled MCP cards, has the AWW/ANM got the right inderstanding and skill for filling-up MCPC (Rating in 10 point scale)?
	IGMSY:
L.	
1	Is IGMSY implemented in the project? Yes No
	No of registered beneficiaries under IGMSY [Please write No. in the box vided]

3. Status of reimbursement of installments [from last one year]:

Total No. of			First Installment		Second Installment		Third Installment	
Pregnant women	Pregnant women enrolled in IGMSY	No. of Pregnant women entitled	No. of Pregnant women actually received payment	No. of Pregnant women entitled	No. of Pregnant women actually received payment	No. of Pregnant women entitled	No. of Pregnant women actually received payment	

3. a) Are you aware of the cash incentives to AWW and AWH under IGMSY?

Yes No

b) If yes, indicate the amount of cash incentive

		A	AWW		
		A	WH		
5	5. Problems if any	, in implementat	ion of IGMSY?		
	•				
	6. Is MCP card u	used as tool for v	erification for IGM	SY? Yes	No
	8. If yes, who fi	Ils the card $\square A$	AWW ANM	ASHA	
	M. SABLA	-	CADI A achomo?X		
	1. Does this pro	oject implement	SABLA scheme? Y	es No	
	2. How many a	dolescent girls an	re registered under	SABLA?	
[]	Number]				
	3 No. of Kishor	i Samooh forme	d as on date of visit	. [Please write	No in the
					Tto. III the
	box provided]				
	4. Status of Ki	shori diwas & Ki	ishori card:		
	Total No. of	No. of girls	No. of kishori	Number of Kishori	No. of Kishori Diwas
	Adolescent	having kishori	cards having	Diwas conducted in	attended by health
	girls	card	updated	the last one year	officials
			information		

5. List down services provided to adolescent girls

- 1.
- 2.
- 3.
- 4.
- 5.

6. List down the training activities organised for adolescent girls

 7. Problems if any, in implementation of SABLA.

N. Medicine Kit

- 1. Is medicine kit available at AWC during the visit? Yes No
- 2. When the medicine kit was supplied last? Date
- 3. List the medicines mostly given to the beneficiaries?
- 4. List the medicines that are rarely given to the beneficiaries?
- 5. List the medicines that are never given to the beneficiaries?
- 6. Rate the understanding level of AWW about symptoms of diseases and doses of medicine in 10 point scale.
- 7. Rate use of medicine in 10 point scale.

O. Involvement of Community

1.

Perception of the community on delivery of ICDS services

[Discussion with at least 10 beneficiaries / non-beneficiaries to be held for getting their views and record their perception]

- I. ECCED: Very Good Good Satisfactory Average Poor
- II. SN: Very Good Good Satisfactory Average Poor
- III. Counselling Very Good Good Satisfactory Average Poor
- IV. Health: Very Good Good Average Poor
- V. Advocacy: Very Good Good Average Poor
- VI. Village Health & Sanitation Very Good Good Satisfactory Average Poor

Committees [Community based monitoring]

- 2. List the efforts made by AWW to involve community in the implementation of ICDS programme?
- 3. Please enlist the contribution made by the community and their involvement in implementation of ICDS?

4. What is the role of community in monitoring activities of AWC?

5. How far the community is involved in monitoring/village level committee?

P. Records & Registers:

- 1. Are the new records and registers available at AWC? Yes/ No
- 2. If No, what are the reasons?

.....

.....

- 3. Have you been trained for filling up and maintaining new records and registers? Yes No
- 4. Are the records and registers been updated? Yes/ No
- 5. If No, what are the reasons?

.....

Q. Home visit

1. Number of home visits made by AWW per week as per the guidelines?

2. Number of home visits made by AWW in the last week (Before monitoring visit)?

3. List down the purpose and activities during home visits made last week:

- 1.
- 2.
- 3.
- 4.
- 5.

R. Additional Work

1. Name of additional work performed by AWW in the last six months indicating the working days?

2. Problems experienced by AWWs in performing the additional work:

S. **Crèche** facilities

- Do you have crèche` facilities at your AWC? No 1.
- 2. Type of building for AWC- cum Crèche? Own Rented
- 3. In case of rented building; Do you pay additional rent for the crèche facility? Yes No
- 4. If Yes, How much? Rs _____/-
- 5. What is the approx. *percentage* of working women in area out of the total women's population?
 - 10-30%31- 50% 51-80% 81-100%
- 6. What is the nature of work they are usually involved in?
 - **Farming**
 - Daily wage worker
 - Domestic helper
 - Self Employed/ Business
 - Any other (Please Specify)

.....

7. Number of hours women are engaged in a day?

3-4 hrs
5-8hrs
10-12 hrs
$\square > 12$ hrs
8. If yes, what are working hours of the crèche?
Upto 2 hrs
Upto 4 hrs
Upto 6 hrs
Upto 8 hrs
Upto 10 hrs
9. Is there an additional worker? Yes No
10. If No, Who manages the crèche?
11. What is the monthly honorarium provided by State Government to additional worker

or to you for providing crèche facilities at AWC? Rs_____/-

12. List the additional facilities provided in the AWC- cum- crèche?
 13. As an additional worker crèche worker what are your roles & responsibilities? Providing care & attention Providing supplementary nutrition for children under 3 Conducting play way activities Making them sleep/rest Overall management Any other (Please Specify)
14. Total no. of children present in the centre for full day (on the day of visit)?
15. Average number of children in the current month.
16. What is the cost of SN per child provided at AWC- cum- crèche?
Rs/-
17. For how many days SN is provided in a year?
18. Does the AWC- cum- crèche has adequate space? Yes No [6-8 sq-ft/child]
19. Is the AWC- cum crèche facility located in protective/ safe environment?
Yes No
20. Does AWC- cum crèche centre worker, work on Full time basis/ on shift
basis?
21. In case AWC- cum- crèche is running on shift basis how much time is devoted by workers?
2 hrs 3-4 hrs Upto 6 hrs
22. Has the additional worker received basic care training for children under six?
Yes No
23. If yes, please specify the place of training with address

24. What was the focus of child care training for children under six?

PSE for 3-6 yrs
Crèche management
Care & stimulation of under 3
□ None of the above
☐ All of the above
25. Is there any non – government organisition implementing this model?
Yes No
26. If Yes, Specify (Name & Address)
······
27. Do you get support from other local bodies as well AWC- cum- crèche? Yes No If yes please ✓ from whom
Panchayat
MNREGA
Primary school teacher
Any Other
28. Does the AWC- cum- crèche have adequate supply of the following:
Care items (Soap, Towel, Diapers, Antiseptic
Soft toys/ Playing Material
Cleaning material
Medicine Kit
Sleeping & Rest material
Additional Bed
Cooking & Food

T. Problems and suggestions

1. Problems experienced by AWWs and her suggestions for effective implementation of ICDS?

Signature: Name of the Investigator: Date of visit:

New Items	Existing	Approved	Sharing Pattern	Item Sub Components	Awareness of CDPO Yes/No
	AWC Nil	AWC (per AWC per month) Rural/Tribal- Rs. 500/- Urban-Rs. 1,000/- Metropolitan-Rs. 2,000/-	75:25	Additional Rent for additional space required for Creche purpose only	Yes/No
United Fund- Additional AWW cum Nutrition Counsellor	AWC Nil	AWC Rs. 3,000/- per worker month	75:25	Honorarium of additional worker (200 HB districts) on demand from states on approval of APIP	Yes/No
United Fund- Honorarium of AWW at Mini AWC	AWC/Mini AWC Rs. 1500/- per worker per month	Mini AWC Rs. 2,250/- per worker per month	90:10	Increment of Rs. 750/- per worker per month (Separate AA would be issued)	Yes/No
United Fund- Link Worker	AWC/Mini AWC Nil	AWC/Mini AWC Rs. 750/- per worker per month	75:25	One worker over a cluster of 4 AWCs in remaining 440 districts (Need based/on demand approval through APIP)	Yes/No
United Fund- Children with Special Needs	AWC/Mini AWC Nil	AWC/Mini AWC Rs. 2000/-per children	75:25	Subject to total cap within the budgetary allocation and Subject to conditions as per guidelines	Yes/No

List of Anganwadi Workers Training Centres (AWTCs) (As on Jan' 08)

Andhra Pradesh

- District Manager Durgabai Mahila Shishu Vikas Kendra AWTC, Etcheria Srikakulam-532405 Andhra Pradesh
- The Secretary, AWTC Yuva Vijnana Parishad H.No.MIG, 30, APHB Colony (Opp. ZP) Srikakulam Andhra Pradesh
- 3. The Secretary Integrated Rural Development Society (IRDS) Amadalavalasa Srikakulam-532185 Andhra Pradesh
- District Manager
 Durgabai Mahila Shisu Vikas Kendra
 AWTC
 V.T. Agraharam
 Vizianagaram
 Andhra Pradesh
- The President Mahalaxmi Welfare Society Door NO.5-8-10, Dakkini Street Vizianagaram Andhra Pradesh
- 6. The Secretary Resource Educational Society AWTC Kothaveedhi Dasannapet Vizianagaram Andhra Pradesh

- 7. The Executive Director Agency for Sustainable Rural Development & Relief (ASSURED) MIG-3, Vivekananda Colony Cantonment Viziangaram-535003 Andhra Pradesh
- 8. District Manager
 Durgabai Mahila Shishu Vikasa
 Kendra
 AWTC Mudaonova
 Pineapple Colony
 Visakhapatnam
 Andhra Pradesh
- 9. The Secretary AWTC Society For Education and Environment Development D.No.45-52-5/2, Aravind Appartments Abid Nagar Visakhapatnam-530016 Andhra Pradesh
- Secretary Teetla Ramaiah United Social Service (TRUSS), 45-35-27 Jagannadhapuram, Visakhaptnam-530016 Andhra Pradesh
- Secretary

 Sneha Education and Voluntary Society
 D.No.4-91, Beside Chruch
 Main Road, Naiduthota Bus Stop
 Vepagunda (Post)
 Visakhapatam-530047
 Andhra Pradesh
- 12. District Manager Durgabai Mahila Shishu Vikas Kendra AWTC Bommuru Rajahmundry East Godavari Distt.

Andhra Pradesh

- Provincial Prathinidhi, AWTC-I Kasturba Gandhi National Memorial Trust, Seethanagaram East Godavari Distt. Andhra Pradesh
- Provincial Prathinidhi
 AWTC-II
 Kasturba Gandhi National
 Memorial Trust, Seethanagaram
 East Godavari Distt.
 Andhra Pradesh
- District Manager Durgabai Mahila Shishu Vikasa Kendra, AWTC, Tadikalapudi (Village) Via (Eluru), Kamavarapukota (Mandal) West Godavari Distt. Andhra Pradesh
- President/Special Officer
 District Federation of Mahila
 Mandal, AWTC-I
 Eluru, Ashok Nagar
 West Godavari Distt.
 Andhra Pradesh
- President/Special Officer
 District Federation of Mahila
 Mandal, AWTC-II,
 Eluru, Ashok Nagar
 West Godavari Distt.
 Andhra Pradesh
- 18. The President Sri Venkateshwara Mahila Mandali AWTC Donduluru, West Godavari Distt. Andhra Pradesh

- The President Sri Jhansi Laxmi Bai Mahila Sangam AWTC Kammara, Attili Mandal, West Godavari Andhra Pradesh
- 20. President AWTC
 Adamalayam Voluntary Service Organization, 50-5-8, Kothapeta Palakol-634260
 West Godavari Distt.
 Andhra Pradesh
- 21. District Manager Durgabai Mahila Shishu Vikasa Kendra AWTC Pamarru (Mandal) Nimakuru Krishna Distt Andhra Pradesh
- 22 President District Federation of Mahila Mandal

AWTC-I Gita Mandir Road Seetharampuram, Krishna Distt. Andhra Pradesh

- 23. President
 District Federation of Mahila Mandal
 AWTC-II
 Gita Mandir Road, Seetharampuram
 Krishna Distt, Andhra Pradesh
- 24. President District Federation of Mahila Mandal AWTC-III, Gita Mandir Road, Seetharampuram Krishna Distt Andhra Pradesh
- 25. President

 Anganwadi Training Centre
 Vasavya Mahla Mandali
 D.No.40/9/1-16, Vasavya Nagar
 Benz Circle
 Vijayawada-520010

Krishna Distt. Andhra Pradesh

- 26. District Manager Durgabai Mahila Shishu Vikasa Kendra, AWTC Opp. Zila Parishad Office Guntur-522004 Andhra Pradesh
- 27. Co-ordinator AWTC-I Sri Venkateshwara Bala Kuteer Chetana, Chowdavaram Guntur District Andhra Pradesh
- 28. Co-ordinator AWTC-II
 Sri Venkateshwara Bala Kuteer Chetana, Chowdavaram, Guntur Distt, Andhra Pradesh
- 29. Secretary AWTC – I Academy of Rural Development and Research, Gudavalli, Cherukupalli, Kanagula Guntur Distt-522259 Andhra Pradesh
- 30. Secretary AWTC – II Academy of Rural Development and Research Gudavalli, Cherukupalli Kanagula, Guntur Distt-522259 Andhra Pradesh
- 31. Principal & Correspondent JMJ College Tenali, Guntur District Andhra Pradesh
- 32. President Srimath Nandamuri Basava
- Tarakam Smaraka Memorial Mahila Mandal Shalemnagar Narsarapet Guntur

Andhra Pradesh

- 33. District Manager
 Durgabai Mahila Shishu Vikasa Kendra
 Anganwadi Workers Training Centre
 Endaluru Donka (Via)
 Santhanuthalpaadu, Ongole
 Prakasham Distt
 Andhra Pradesh
- 34. Secretary

 District Federation of Mahila Mandal
 AWTC-I
 Chirala Unit-I
 Prakasham Distt
 Andhra Pradesh
- 35. Secretary AWTC- II Distt Federation of Mahila Mandal Chirala Unit II Prakasham Distt Andhra Pradesh
- 36. Distt Manager
 Durgabal Mahila Shishu Vikasa Kendra
 Anganwadi Workers Training Centre
 Vedayapalem,
 Gandhi Nagar
 Nellore-4
 Andhra Pradesh
- 37. Secretary Muralikrishna School of Nursing Post Box No.21 Nethaji Nagar, Poalkur Road Nellore-524004, Andhra Pradesh
- 38. District Manager Durgabai Mahila Shishu Vikas Kendra Anganwadi Workers Training Centre Tirchanur Road, Postal Colony Tirupathi-517503, Chittoor Distt. Andhra Pradesh
- 39. General Secretary Anganwadi Workers Training Centre Rashtriya Seva Samithi National Head Quarters, 9, Old Huzur Office Buildings

Tirupathi-517502, Chittoor Distt.

- 40. District Manager Durgabai Mahila Shishu Vikasa Kendra Anganwadi Workers Training Centre Mariyapuram Rakarajuapally (Village) R V Nagar (Post) Kadapa-518003 Andhra Pradesh
- 41. The President Shylaja Mahila Mandali Unit-I Somavandipalli (Village) Mamillapalli (Post) Chintakommadinne Mandal Cuddapah Distt. Andhra Pradesh
- 42. The President Shylaja Mahila Mandali Unit-II Somavandipalli (Village) Mamillapalli (Post) Chintakommadinne Mandal Cuddapah Distt.
- 43. Distt. Manager
 Durgabai Mahila Shishu Vikasa
 Kendra
 Anganwadi Workers Training
 Centre
 State Home
 Kurnool
 Andhra Pradesh
- 44. Distt. Manager
 Durgabai Mahila Shishu Vikasa
 Kendra
 Anganwadi Workers Training
 Centre
 Prasannavapally (village)
 Rama Krishna Nagar

Rapetedu Mandal Engineering College Road Ananthapur Dist. Andhra Pradesh

- 45. Distt. Manager Durgabai Mahila Shishu Vikasa Kendra Anganwadi Workers Training Centre Madikonda, Warangal Dist. Andhra Pradesh
- 46. President

 Anganwadi Workers Training Centre
 All India Women's Conference (Branch)
 Hanumakonda, Nakkalgunta
 Lakshmi Nagar
 Warangal Distt-506002
 Andhra Pradesh
- 47. District Manager
 Durgabai Mahila Shishu Vikasa Kendra
 Anganwadi Workers Training Centre
 Chincholi "B" Sanragapur Mandal
 Via Nirmal, Adilabad Distt.
 Andhra Pradesh
- 48. General Secretary
 Vanitha Bharathi Bala Bharathi Unit V
 Chincholi "B"
 Sanragapur Mandal, Via Nirmal
 Adilabad Distt., Andhra Pradesh
- 49. District Manager Durgabai Mahila Shishu Vikasa Kendra Anganwadi Workers Training Centre Khanapur Haveli, Talukapalli Near Indiranagar Colony Khammam-50002, Andhra Pradesh
- 50. President
 Distt. Federation of Mahila Mandal
 AWTC-I, H No.10-2-36
 Mammillagudem, Khammam Distt
 Andhra Pradesh
- 51. President Distt. Federation of Mahila Mandal AWTC-III, H No.10-2-36 Mammillagudem, Khammam Distt.

Andhra Pradesh

- 52. District Manager Durgabai Mahila Shishu Vikasa Kendra Anganwadi Workers Training Centre, LMD Colony Timmapuram Karim Nagar Distt. Andhra Pradesh
- 53. The Secretary Prakriti Environment Society Anganwadi Workers Training Centre, Ashok Nagar Karimnagar Distt.-505001 Andhra Pradesh
- 54. President Kamala Nehru Mahila Mandali Opp. Police Grounds Mahaboobnagar Andhra Pradesh
- 55. Chairman Bharatiya Grammena Mahila Sangam, AWTC-II RTC Quarters New Hanuman Temple Shadnagar Mahaboobnagar Dist. Andhra Pradesh
- 56. District Manager Durgabai Mahila Shishu Vikasa Kendra Anganwadi Workers Training Centre, Gollaguda Beside Boothing Unit, Miryalaguda Road Nalgonda Distt. Andhra Pradesh
- 57. District Manager Durgabai Mahila Shishu Vikasa Kendra Anganwadi Workers Training Centre

Perkit Armour (Mandal) Nizamabad-503224 Andhra Pradesh

- 58. General Secretary Vanitha Bharathi Bala Bharathi Anganwadi Workers Training Centre-I D No.5-5-202 Vivekananda Colony Behind Railway Station Kamareddy, Nizamabad Distt. Andhra Pradesh
- 59. District Manager
 Durgabai Mahila Shishu Vikasa Kendra
 Moinabad(Mandal)
 Chilkuru, Ranga Reddy Distt.
 Andhra Pradesh
- 60. The Chairman Bharatiya Grameena Mahila Sangam, AWTC-I, Palm Spring H.No.10-3-300/A/12 Humayan Nagar, Ranga Reddy Distt. Andhra Pradesh
- 61. Coordinator Bharatiya Grammena Mahila Sangam AWTC-III
 56/2, Jallpally, Mamdipally (Post) Saroor Nagar (Mandal) Ranga Reddy Distt. Andhra Pradesh
- 62. District Manager
 Durgabai Mahila Shishu Vikasa Kendra
 C/o A.P. Working Women's Hostel
 Allwyn Colony, Kukatpally
 Hyderabad Dist., Andhra Pradesh
- 63. General Secretary Vanitha Bharathi Bala Bharathi AWTC-II Lingampalli, Near BHEL Hyderabad Dist., Andhra Pradesh
- 64. General Secretary Vanitha Bharathi Bala Bharathi

AWTC-III, Lingampalli Near BHEL, Hyderabad Distt. Andhra Pradesh

- 65. General Secretary Vanitha Bharathi Bala Bharathi AWTC-IV, Lingampalli Near BHEL, Hyderabad Dist. Andhra Pradesh
- 66. Principal Anganwadi Workers Training Centre SWATI, Directorate Premises 8-3-222, Ameerpet Vengalrao Nagar, Hyderabad-38 Andhra Pradesh

Arunachal Pradesh

- Principal Anganwadi Workers Training Centre Tezu, Distt. Lohit Arunachal Pradesh
- Principal Anganwadi Workers Training Centre Along , Distt East Siang Arunachal Pradesh
- Principal Anganwadi Workers Training Centre 4. Khonsa, Distt. Tirap Arunachal Pradesh
- Principal Anganwadi Workers Training Centre Roing, Distt. Lower Dibang Valley 5. Arunachal Pradesh
- 5. Principal Anganwadi Workers Training Centre Bomdila, Distt. West Kameng

Arunachal Pradesh

Delhi

- Hony. General Secretary Anganwadi Workers Training Centre -I Delhi Council for Child Welfare Civil Lines, Yamuna Marg Qudsia Garden Near ISBT Delhi-110054
- Hony. General Secretary Anganwadi Workers Training Centre -II C/o Delhi Council for Child Welfare Orthopaedic Centre D-34, Institutional Area Janak Puri Delhi-110058
- Hony. General Secretary Anganwadi Workers Training Centre -III C/o Delhi Council for Child Welfare Vocational Training Centre Block-27, Trilokpuri Resettlement Colony Delhi-110091
 - Director Anganwadi Workers Training Centre Vocational Training College J-30, South Extn, Part-I New Delhi-110049
 - Director Anganwadi Workers Training Centre Home Economics Education Society Old Institute of Home Economics J-30, South Extn, Part-I New Delhi-110049

Jammu

- Principal Anganwadi Workers Training Centre Working Women's Hostel, Muthi Mode Lower Roop Nagar P.O. Roopnagar Jammu
- Principal Anganwadi Workers Training Centre Model Institute of Educational Research, B.C. Road Jammu-180001
- Principal Anganwadi Workers Training Centre Institute of Women & Child Welfare, 68, Taj Mahal Nitco Lane Extn., Jammu
- Principal Anganwadi Workers Training Centre Kashmir Eves Organisation Eves Garden, Opp. Police Station Bathendi, Jammu
- Principal Anganwadi Workers Training Centre, MAA-CREED for Education Research & Development 270-A, Krishna Nagar Opp. Science College Jammu
- 6. Principal Anganwadi Workers Training Centre, Women Welfare Organisation 483, Jullaka Mohalla, Jammu Tawi-180001
- Principal Anganwadi Workers Training Centre CMH Educational Society Chhawani Top, Sainik Colony Jammu

Kashmir

5.

- Principal Anganwadi Workers Training Centre M.B.K. Miskeen Bagh Mehraban Women and Child Welfare Institute, Srinagar Jammu & Kashmir
- Principal Anganwadi Workers Training Centre Kashmir Environmental Foundation, Kursoo, Rajbagh, Srinagar Jammu & Kashmir
- Principal Anganwadi Workers Training Centre S.E.M. Humhama New Airport Road Distt. Budgam, Jammu & Kashmir
- Principal Anganwadi Workers Training Centre Lalded Sopore, Achabal Road Near Government Degree College Sopore, Jammu & Kashmir
 - Principal Anganwadi Workers Training Centre Muslim Musafir Khana, Sopore Baramulla Jammu & Kashmir
- Principal Anganwadi Workers Training Centre Mujilisun Nissa, Sopore Baramulla, Jammu & Kashmir
- Principal Anganwadi Workers Training Centre Anantnag, Jammu & Kashmir

- Principal Anganwadi Workers Training Centre Kashmir Creative Education, Foundation, Pulwama, J & K
- Principal Anganwadi Workers Training Centre Leh Nutrition Project Housing Colony Leh Ladakh, J & K

Karnataka

- 1. The Principal Anganwadi Workers Training Centre, KSCCW, Nandidurga Road, Jaymah, Bangalore-32 Karnataka
- 2. The Principal Anganwadi Workers Training Centre, KSCCW, Ambedkar Nagar, K.V. Colony Maravanji Road, Kadur Karnataka
- The Principal Anganwadi Workers Training Centre, KSCCW Vanita Samaja Building P.J. Extension, II Main, II Cross, Davangere, Karnataka
- 4. The Principal Anganwadi Workers Training Centre, Tenginamata Arts & Education Society, Harapanahally, Karnataka
- 5. The Administrative Officer Anganwadi Workers Training Centre, S.T.J. Rural Education Society, Sirigere-577541 Karnataka

- 6. The Principal Anganwadi Workers Trg. Centre KSCCW Near Basaveshware Temple Mahadevapet, Madikeri Karnataka
- The Principal Anganwadi Workers Training Centre Sri Venkateshware Education Society Hose Line, Hassan Karnataka
- 8. The Principal Anganwadi Workers Training Centre Sri Siddarameshwara Education Society Opp. JKE Hospital Shivabasavangara Poona Bangalore Road Belgaum, Karnataka
- 9. The Principal Anganwadi Workers Training Centre Sri Kengal Hanumanthaiah Education Society, Bethamangala, Karnataka
- 10. The Principal School of Social Work Anganwadi Workers Training Centre Roshini Nilaya, Navajeevan Marg, Ullal Karnataka
- The Principal Anganwadi Workers Training Centre C/o Kasturba Medical College Manipal, Karnataka
- 12. The Principal K.L.E. Society's Educational Institutions Ankola, Karnataka
- The Principal Ishwariya Vishwala Vidyalaya Brahmakumari Tapovans Anganwadi Workers Training Centre, Yellapura, Karnataka

- The Principal River Valley Organisation Anganwadi Workers Training Centre, Shirneeru, Kola Extension, Mandya Karnataka
- 15. The Chairman Sangameshwara Vidya Vardhaka Sangha Anganwadi Workers Training Centre, Amingad, Hungund Taluk, Bagalkot Karnataka
- 16. The Administrative Officer Sri J.G.G. Samskrutika Samsthe Anganwadi Workers Training Centre Guledguda Karnataka
- The Principal Anganwadi Workers Training Centre Sri Gavi Siddeshwara High School Kukkanur Yelburga Taluk Koppal Karnataka
- The Principal Anganwadi Workers Training Centre KSCCW, Jayanagar (E) 6th Main Shettihalli Post Tumkur Karnataka
- The Principal Anganwadi Workers Training Centre C/o District Council for Child Welfare Sitha R.M.R. Road Park, Layout Shimoga Karnataka

Kerala

 Anganwadi Workers Training Centre Idichakaplamoodu, Parassala Kerala State Council for Child Welfare, Thycaud P.O. Thiruvananthapuram-14 Kerala

- Anganwadi Workers Training Centre Trained Nursery Teachers Cooperative Society Ltd., TC-64/201, Kaimanam Anantha Bhawan, Pappanamoodu P.O. Thiruvananthapuram-695018 Kerala
- 3. Anganwadi Workers Training Centre Kerala Institute for Social Welfare, Research and Training Sreevenkanteswaram KWRA-112/1 Thiruvathira, Kalady West, Karamana P.O., Thiruvananthapuram-2, Kerala
- 4. Anganwadi Workers Training Centre Kerala Institute for Social Welfare, Research and Training, Koliyoor Thiruvananthapuram, Kerala
- Anganwadi Workers Training Centre Community Welfare Centre Reg.No.302/78, Kallattumukku Manacaud P.O., Thiruvananthapuram-9 Kerala
- Anganwadi Workers Training Centre-I Kerala State Council for Child Welfare Thycaud, Thiruvananthapuram Kerala
- Anganwadi Workers Training Centre Vallikkeezh, Kerala Sociologists Forum Medayil Junction Kavanad P.O. Kollam-3, Kerala
- Anganwadi Workers Training Centre Kerala State Council for Child Welfare Ramakrishna Buildings Near Kailas Auditorium, Ettumanoor, Kottayam, Kerala

- 9. Anganwadi Workers Training Centre Kerala State Council for Child Welfare Gandhinagar, Kadanthra Kochin-20 Kerala
- Anganwadi Workers Training Centre Rajagiri College of Social Sciences Rajagiri P.O., Kalamasseri-683104 Kerala
- Anganwadi Workers Training Centre Nair Service Society Mannam Vidya Bhawan Union Buildings Perumbvoor Earnakulam Distt. Kerala-683542
- Anganwadi Workers Training Centre Kerala State Council for Child Welfare, Kalanthode Ollukkara P.O. Thrissur-680655 Kerala
- Anganwadi Workers Training Centre Deeseeya Mahila Samajam ICDS Training Centre Nadakkave P.O. Calicut-11, Kerala
- 14. Anganwadi Workers Training Centre Kerala Sociologist Forum Thiruvangad, Thalassery Kannur, Kerala

Meghalaya

- Principal Anganwadi Workers Training Centre Lachaumiere Shillong-1 Meghalaya
- Principal Anganwadi Workers Training Centre C/o District Programme Office Tura West Garo Hills Meghalaya

Manipur

1. Principal Anganwadi Workers Training Centre-I Manipur State Council for Child Welfare, Moirangkhom Bazar Imphal-795001 Manipur

Mizoram

1.

Principal
Anganwadi Workers Training Centre,
Peter
Social Welfare Department
Street Khada
R. Thanzauva Building
Aizwal – 796001
Mizoram

Nagaland

 Principal Anganwadi Workers Training Centre Diphupar Dimapur Nagaland

Orissa

- Principal Anganwadi Workers Training Centre Utkal Navjeevan Mandal (NGO) PO & Dist.Angul Orissa-759122
- Principal
 Anganwadi Workers Training Centre
 Home Economic Training
 Centre
 Barpalli, Unit-I
 Department of Women and
 Child Development
 Distt. Baragarh
 Orissa

- Principal Anganwadi Workers Training Centre Home Economic Training Centre Barpalli, Unit-II Department of Women and Child Development, Distt. Baragarh Orissa
- 4. Principal Anganwadi Workers Training Centre Home Economic Training Centre Barpalli, Unit-III Department of Women and Child Development Distt. Baragarh Orissa
- Principal Anganwadi Workers Training Centre Home Economic Training Centre Barpalli, Unit-IV Department of Women and Child Development Distt. Baragarh, Orissa
- Principal Anganwadi Workers Training Centre Society for Weaker Community Sankarpur, Near Bada Masjid P.O. & Dist. Bhadrak-756100 Orissa
- Principal Anganwadi Workers Training Centre Kasturba Gandhi National Memorial Trust, Satyabhamapur Distt. Cuttack, Orissa
- Principal Anganwadi Workers Training Centre Servant of India Society, At. & P.O. Choudwar Distt. Cuttack, Orissa
- 9. Principal Anganwadi Workers Training Centre, Dhenkanal, Distt. Dhenkanal Orissa

- Principal Anganwadi Workers Training Centre, Berhampur At Gopabandhu Nagar P.O. Hillpatna, Berhampur, Distt. Ganjam, Orissa
- Principal Anganwadi Workers Training Centre Bharatiya Adim Jati Sevak Sangha Thakkar Bappa Ashram At Dangariguda, PO-Deypoore, Via Bhawanipatna, Distt. Kalahandi Orissa
- Principal Anganwadi Workers Training Centre Home Econimic Training Centre, BBSR Laxmisagar Unit-I, Department of Women and Child Development Distt. Khurda, Orissa
- Principal Anganwadi Workers Training Centre Home Econimic Training Centre, BBSR Laxmisagar Unit-II Department of Women and Child Development , Distt. Khurda Orissa
- Principal Anganwadi Workers Training Centre Home Econimic Training Centre, BBSR Laxmisagar Unit-III, Department of Women and Child Development Distt. Khurda, Orissa
- Principal Anganwadi Workers Training Centre Home Economic Training Centre, BBSR Laxmisagar Unit-IV, Department of Women and Child Development Dist. Khurda, Orissa

- Principal Anganwadi Workers Training Centre, BBSR Plot No. G-12, BJB Nagar, Distt. Khurda, Orissa
- Principal Anganwadi Workers Training Centre Bal Sevika Talim Kendra, Koraput Distt. Koraput, Orissa
- Principal Anganwadi Workers Training Centre Ambaguda, Koraput Distt. Koraput, Orissa
- Principal Anganwadi Workers Training Centre Baripada, Unit I Distt. Mayurbhanj, Orissa
- Principal Anganwadi Workers Training Centre, Baripada Unit II Distt. Mayurbhanj Orissa
- Principal Anganwadi Workers Training Centre, Baripada Unit III Distt. Mayurbhanj Orissa
- Principal Anganwadi Workers Training Centre Banabasi Seva Samiti At. P.O. Balliguda, Kandhamal Distt. Phulbani Orissa

- 23. Principal Anganwadi Workers Training Centre Nilachal Seva Pratisthan, Kanas Distt. Puri Orissa
- 24. Principal Anganwadi Workers Training Centre Servant of India Society Choudwar (Helper's Unit) Distt. Cuttack
- 25. Principal Anganwadi Workers Training Centre Society for Weaker Community Bhadrak (Helper's Unit) At Hanuman Hat, Charampa Distt. Bhadrak Orissa
- Principal Anganwadi Workers Training Centre Kastuba Gandhi Natiaonal Memorial Trust Satyabhamapur Cuttack (Helper's Unit) Distt Cuttack Orissa
- 27. Principal Anganwadi Workers Training Centre Utkal Navjeevan Mandal, Angul (Helper's Unit) P.O. & Distt. Angul Orissa

Punjab

- 1. Principal Anganwadi Workers Training Centre, Kothi No.65, Jeevan Preet Nagar, Ludhiana, Punjab
- 2. Principal Anganwadi Workers Training Centre, Fatehgarh Chungi, Rahimpur Road Hoshiarpur, Punjab
- Principal Anganwadi Workers Training Centre, Gandhi Vanita Ashram Kapurthala Chowk Jalandhar, Punjab
 - Principal Anganwadi Workers Training Centre Red Cross Building Jalandhar, Punjab
- Principal Anganwadi Workers Training Centre Working Women's Hostel Civil Lines, Bathinda, Punjab

Sikkim

1. Principal Anganwadi Workers Training Centre Social Justice Empowerment & Welfare Department Upper Sichey Gangtok-737101 Sikkim

Tripura

 Principal Anganwadi Workers Training Centre TCCW A.D. Nagar P.O. Village A.D. Nagar Agartala-799003 Tripura(West)

- 6. Principal Anganwadi Workers Training Centre Zila Parishad Near Sadik Chowk Faridkot, Punjab
- 7. Principal Anganwadi Workers Training Centre Near Empowerment Park & Gurudwara Daukhniwaran Sahib Jail Road Patiala, Punjab
- Principal
 Anganwadi Workers Training Centre
 Home No.20, Near Gulmohar Complex
 Village Desu Majra
 Tehsil Kharar
 Distt. Mohali
 Punjab
- 9. Principal Anganwadi Workers Training Centre Bal Bhawan Phase IV, Distt. Mohali Punjab
- Principal Anganwadi Workers Training Centre, Jogendranagar TCCW P.O. Jogendranagar Village Jogendranagar Agartala Tripura (West)
- Principal Anganwadi Workers Training Centre, Indranagar TCCW PO Abhoynagar Village Abhoynagar Agartala Tripura

- 4. Principal Anganwadi Workers Training Centre, Kulai TCCW PO Ambassa Village Kulai Agartala Tripura (Dhalai)
- 5. Principal Anganwadi Workers Training Centre, Kakraban Government of Tripura PO Kakraban Udaipur Tripura (South)
- 6. Principal Anganwadi Workers Training Centre, Ramanagar Government of Tripura PO Dharmanagar Dharmanagar Tripura (North)

West Bengal

- Principal Anganwadi Workers Training Centre Ananda Niketan P.O. Bagnan Howrah West Bengal
- Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-I Distt. Balighat West Bengal
- Principal Anganwadi Workers Training Centre CUSCON Bachurdoba P.O. Jhargram Paschim Midnapur West Bengal

- 4. Principal
 - Anganwadi Workers Training Centre Taraknath Maternity and Child Welfare Centre (Baby Clinic) Tarakeshwar Hoogly West Bengal
- 5. Principal Anganwadi Workers Training Centre Joyprakash Institute of Social Change-I, Balarampur Kharagpur Distt. Paschim Midnapur West Begnal
- 6. Principal Anganwadi Workers Training Centre Prabuddha Bharati Sishutirtha Inda Kharagpur Paschim Midnapur West Bengal
- Principal Anganwadi Workers Training Centre Ramkrishna Vivekananda Mission (A) Jairambati, Bankura West Bengal
- 8. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-II 42, Ramesh Mitra Road (Behind Landsdowne Market) Kolkata-700025 West Bengal
- 9. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-III, Baliaghata CIT Scheme, Plot 5/1, Baliaghata Main Road Kolkata-700010, West Bengal

- Principal Anganwadi Workers Training Centre Association for Social Health in India 9, Ashok Avenue (Bansdroni) Kolkata-700047 West Bengal
- Principal Anganwadi Workers Training Centre Gram Seva Sangha-I Hatthuba, Ashok Nagar North 24 Parganas West Bengal
- Principal Anganwadi Workers Training Centre Ramkrishna Mission Loksiksha Parishad (A) Narendrapur 24 Parganas (South) West Bengal
- Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-IV Ramanagar (Near Baruipur Railway Station) South Ramanagar 24 Parganas West Bengal
- Principal Anganwadi Workers Training Centre Satya Bharati, Nabagram Konnagar, Hooghly West Bengal
- 15. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-V Satya Bharati Complex Nabagram, Konnagar Hooghly West Bengal

- Principal Anganwadi Workers Training Centre IMSE, Manachatra Lavpur, Distt. Birbhum West Bengal
- 17. Principal Anganwadi Workers Training Centre Elhmirst Institute of Community Studies Nababithika Andrew's Pally Shantiniketan Distt. Birbhum West Bengal
- Principal Anganwadi Workers Training Centre
 S. John. Ambulance Association-I Raiganj, Guha Villa Devinagar, Uttar Dinajpur West Bengal
- 19. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-VI 9/9, Kalitala 2nd Lane Distt Malda, West Bengal
- 20. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-VII
 2, Govt. Colony PO & Distt. Malda West Bengal
- 21. Principal Anganwadi Workers Training Centre Joyprakash Institute of Social Change-II 14, Riverside Road PO Barackpore North 24 Parganas West Bengal

- 22. Principal Anganwadi Workers Training Centre Child-In-Need Institute Daulatpur, PO Pailan Via Joka South 24 Parganas West Bengal
- 23. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare-VIII Thakurpukur Save the Children Building PO Joka South 24 Parganas West Bengal
- Principal Anganwadi Workers Training Centre Child Development Research & Youth Welfare Centre PO Banpur Distt. Nadia West Bengal
- 25. Principal Anganwadi Workers Training Centre Haldia Samaj Kalyan Parishad Gandhia Ashram PO Anantapur Haldia Purba Midnapur
- Principal Anganwadi Workers Training Centre Joyprakash Institute of Social Change-III Balarampur Paschim Midnapur West Bengal
- Principal Anganwadi Workers Training Centre St. John Ambulance Association-II Birnagar, Raiganj Uttar Dinajpur West Bengal

- Principal Anganwadi Workers Training Centre Gram Seva Sangh-II Hatthuba North 24 Parganas West Bengal
- 29. Principal Anganwadi Workers Training Centre Prabuddha Bharati Sishutirtha-II Bishnupur Bankura West Bengal
- 30. Principal Anganwadi Workers Training Centre West Bengal Council for Child Welfare IX Jalpaiguri Unit, Assam More Jyotinagar P.O. Mohitnagar Distt. Jalpaigudi West Bengal

Goa

 Principal Anganwadi Workers Training Centre Academy for Community Development and International Living Alto Betim Goa-403521

List of MLTCs

Andhra Pradesh

- Coordinator

 Middle Level Training Centre, SWATI
 Directorate Premises
 Department of Women Development
 & Child Welfare
 8-3-222, Ameerper
 Vengalrao Nagar,
 Hyderabad-38
 Andhra Pradesh
- 2. Coordinator Middle Level Training Centre 1, Krishi Vigyan Kendra Banagana Pally Mandal Kurnool District – 518124 Andhra Pradesh
- Coordinator Middle Level Training Centre, Sri Venkateshwara Bala Kuteer Chetana, Chowdavaram Guntur – 522019 Andhra Pradesh
- 4. Coordinator Middle Level Training Centre -III Department of Home Science SV University Collage of Arts & Sciences Tirupathi-517502 Andhra Pradesh

Arunachal Pradesh

 Coordinator Middle Level Training Centre, Vivek Vihar Itanagar Arunachal Pradesh

Assam

1. Coordinator Middle Level Training Centre Sodou Asom Gramya Puthibharal Santha Teliapatty Chanmari Road Haibergaon District Nagaon Assam

Jammu & Kashmir

- 1. Coordinator Middle Level Training Centre Lower Roop Nagar P.O. Roop Nagar Jammu
- Coordinator Middle Level Training Centre M.B.K.Miskeen Bagh Mehraban Women & Child Welfare Institute, Srinagar. Jammu & Kashmir

Karnataka

3. Coordinator Middle Level Training Centre Sri Dharmasthala Manjunatheshwara Education Trust (SDMET), Ujjire-574240 Karnataka

Kerala

4. Coordinator Middle Level Training Centre Rajagiri College of Social Sciences Post Office Rajagiri Kalmassery-683104 Ernakulum Kerala

Meghalaya

 Coordinator Middle Level Training Centre Directorate of Social Welfare Bawri Mansion, 3rd Floor Dhankheti Shillong-1, Meghalaya

Orissa

 Coordinator Middle Level Training Centre State Institute of Rural Development (SIRD) Unit No. 8, Near Delta Bhubaneshwar – 751012

Tamil Nadu

 Coordinator
 Middle Level Training Centre
 Indian Council of Child Welfare
 No.5, 3rd main Road
 West Shenoy Nagar
 Chennai - 600030
 Tamil Nadu

Delhi

- Coordinator
 Middle Level Training Centre
 Vocational Training Centre
 J-30, South Extention Part – I
 New Delhi
- Coordinator Middle Level Training Centre Home Economics Education Society J-30, South Extention Part – I New Delhi

Punjab

1. Coordinator Middle Level Training Centre Fatehgarh Chungi, Rahimpur Road Hoshiarpur Punjab

West Bengal

- Coordinator

 C/o Child in Need Institute
 Middle Level Training Centre -I
 Daulatpur, P.O. Joka, Distt South 24 Parganas
 South 24 Parganas
 West Bengal-700104
- Coordinator Middle Level Training Centre - II C/o Child in Need Institute Daulatpur, P.O. Joka, Distt South 24 Parganas South 24 Parganas West Bengal-700104
- Coordinator Middle Level Training Centre Ramakrishna Vivekanand Mission Lokshiksha Parishad Ramakrishna Mission Ashram Narendrapur, District-24 Parganas (South) Kolkata-700103
- 4. Coordinator Middle Level Training Centre Ramakrishna Vivekanand Mission 7, Riverside Road Barrackpore, PO Vivekananda Math Narendrapur, District 24 Parganas (North) West Bengal
- Coordinator Middle Level Training Centre West Bengal Council for Child Welfare PO Berhampur District Murshidabad West Bengal

Annexure - 9

NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT

PROFORMA

for

MONITORING TRAINING CENTRES

A AWTCs

STATE:

B MLTCs

STATE:

Name of the Faculty Member:

Date of Visit: _____

Date of Last Visit: _____

NATIONAL INSTITUTE OF PUBLIC COOPERATION & CHILD DEVELOPMENT

Date of Visit: _____

:

1.0 Baseline Information :

1.1 Name & Complete Address of Training Centre: AWTC/ MLTC

(Tel No, Email, Fax No.)

- 1.2 Year of Establishment _____
- 1.3 Source of funding for the AWTC / MLTC
- 1.4 State Govt/ Parent Organization/ Any other
- 1.5 Name & Address of Parent Department/Organization Full Address with Tel No, Email, Fax No
- 1.6 Nature of Parent Organization/Body:
- i) NGO or Private Organization.

- ii) Trust
- iii) Govt. Institution
- iv) Academic Institution
 - College of Social Work/Home Science/ Any other
- 1.7 Name of the Principal/Coordinator/Incharge of the Training Center.
- a) Educational Qualification of Principal/Coordinator/Incharge.
- b) Total years of experience as Principal/Coordinator
- c) Experience of Working with ICDS Training (No. of Years)

2.0 Physical Infrastructure and Facilities

2.1 Class Rooms

- a) Total No. of Class rooms :
- b) Size of rooms:
- c) Seating Capacity of each Room (No. of Trainees)
- d) Is there any separate Practical Room (Indicate no. size) :

2.2 Classroom Furniture

S.No	Furniture	No. Available	Remarks
а	Chairs		
b	Benches only		
с	Chairs with desk		
d	Low Desk		
e	Durri with low desks		
f	Durri/ Carpets/ Mats		

:

2.3 Light and Ventilation

Number

Functional Yes/No

a) Ceiling

- b) Table Fans
- c) No. of Windows in the classroom
- d) Lights (Tubelights/Bulbs)
- e) Air Cooler/A/C (If any)

2.4 Drinking Water Facility

- a) Tap Water
- b) Stored in Bucket/Pot
- e) Water Cooler
- f) Tube Well
- g) Well

2.5 Toilet Facility (specify condition also) Number Condition

- a) Urinals only
- b) Toilet
- c) Any other

2.6 Classroom Training Equipment's/Aids

	Classroom Training Equipme	ent's/Aids		
		Available Yes/No	Condition Good/B ad	Remarks
i	White Board			
ii	Black Board/B.B. Cloth			
iii	Flip chart			
iv	Display Board/Stand			
V	Overhead Projector (OHP)			
vi	VCR/VCP			
vi i	T.V			
vi ii	Weighing Scales			
ix	Computer with LCD Projector			
X	Any other			
	Supporting Equipment			
i	Computer with Printer			

ii	Xerox Machine		
iii	Fax Machine		
iv	Duplicating Machine		
V	Any other		

2.7 **Hostel Facilities**

- Location of Hostel a) i)
- In the same building In the same premises
 - ii)
 - Outside the Training Centre iii)
- If located outside, how far is the hostel from the Training Centre (km) b)
- How do the trainees commute to the Training Centre? c)
- Number of Rooms/Dormitories d)
- Number of Cots/Almirah in each Room e)

2.8 **Facilities Available in the hostel**

1	2	3	4	5	6
No. of Rooms	Is Classroom used	No. of Trainees	Are trainees	Is there	If no, where do
& Approx size	as hostel rooms?	Accommodated	give separate	seperate	trainees eat
	(Yes/No)	in one room	cot/bed	Kitchen &	food?
			(yes/No)	Dinning Hall	- Dinning Hall
				(Yes/No)	- Verandas
					- Rooms

7	8	9	10	11	12
Is there a cook or trainees cook themselves? - No. of cooks	Water & Electricity facility (Good/Bad/Not available	No. of fans available in the rooms	Toilet/Bath rooms are adequate/ not adequate	Sources of drinking water Top/cooler/ well/pump	Is there any recreation room for trainees
13	14	15	16	17	18
What type of Recreation facilities are available, specify i)Indoor ii)Outdoor	Is there any local doctor or clinic tied up with Training Centre (Yes/No)	If case of any eventuality where do the trainees go?	Is there Security/ Chowkidar in the hostel	Is there a telephone in the hostel or PCO/STD available?	Remarks : Record your observation

3.0 Staffing Pattern of AWTC/MLTC

3.1 Full Time Instructors:

1	2	3	4	5	6	7	8	9
S. No	Name of Instructor(s)	Date of joining	Educational Qualification	Subjects Taught	Training Orient./ Refresher	Total No. of working experience as Instructor	Salary/ Hon.	Addl. Information if any

3.2	Part Tim	e Ins	tructors									
1	2		3	4		5	6	7		8		9
S. No	Name of Instructo	rs	No. of days and timing	Education Qualificat		Subjects Taught/Ot her	Received Training	Total No working experienc as Instruc	e	Salary Hon.		Addl. Information if any
С	Adminis	trati	ve/Support	ive Staff								
S.	Name	D	esignation	Date of	Qu	alification	Total	Na	ture	of	To	tal Salary
No			-	Joining			Experience	Арр	ointı	nent	Но	n. Per month
							-	Full time	Pa tin			

3.4 Staff Turn over

1 No. of Instructors left the Training Centre:

2005-06	06-07	07-08

2 Reasons for leaving :

3.5 Library Facility

- i. Total Number of books
- ii. Have you prescribed any Journals? Yes/No
- iii. If yes, specify name and number
- iv. Any other documents

4.0 Planning and Organisation of Training Programme

S.No	Type of Training	Nature of Trainees (AWWs/ Supervisors)	No. of Trainees in a batch	Remarks
	Job			
	Refresher			
	Others			

4.1 Status of Training Programme

4.2 Planning by the Instructors

- a) Does Training Centre receive adequate number of nominations from State Government? Yes/No
- b) Does State Govt. send the list of nominations in advance? Yes/No
- c) If yes, please mention the actual duration/period of receiving nomination from State Govt.
- d) If no, please indicate the possible reasons
- e) Does the training Centre made follow up with State Govt. if trainees are not deputed for training

4.3 Course Preparation

- 1) Do all the Instructors plan the course in a team in advance? Yes/No
- 2) If yes, please mention the following

S.N o	Items		ays in Ad e exact day	
-		15 days	One Week	one day Before
i	Preparation of Programme Schedule			
ii	Putting up budget or request for funds			
iii	Confirmation of guest speakers			
iv	Classroom display and other arrangements			
V	Receipt of money for kit material/honorarium/stipend/board & lodging etc from parent organization or State Govt.			
vi	Preparation for the background material/hand outs or reading compendium etc.			
vii	Purchase of kit folder and raw material for the classroom practical exercises/preparation of PSE aids			
viii	Arrangement of Training Equipment/Aids			
ix	Preparation of Evaluation Proforma or Feedback Mechanisms if any			
X	Selection of ICDS Project/AWC for the Supervised Practice Activities. - Transport Arrangements/Preparation of Task Sheets etc.			
xi	Any Other			
	Remarks			

1.	2.	3.	4.	5.	6.	7.
S.No	Name of Component (s)	Date & Time	No. of Trainees	Name of the Session(s)	Training Methods	Language
			Present in the class	Topics	used	
i	Orientation to ICDS					
ii	ECCE					
iii	Nutrition					
iv	Health					
v	Community Participation					
vi	Communication Skill					
vii	Organization & management					
	8	9	10	11	12	13
	Training Equipment Aids used (OHP/LCD)	Practical Exercises Session (Indoor/ Outdoor)	Feedback method/ Technique s used	Assignments given (If any) (Yes/No) pls. mention	Team Trg. by Trainers (Yes/No)	Overall Assessment/ Comments of the observer

4.4 A. Observation of Sessions

B. Interview with Trainers (one to one)

- i. Name of the instructor
- ii. Work Experience in ICDS

II Training Programmes Attended

S.No	Training Attended	Yes/No	Year	Place	Utilization of
					Trg.

i	Orientation Training		
ii	Refresher Training		
iii	Skill Training on		
	ECE/NHED/CD/Communication/		
	IMNCI/PLA Techniques/		
	Supervision and Monitoring		
iv	Any other training		

- **4.5** a) Is Training conducted as per the prescribed syllabus ? Yes/No
 - b) If no, do you prepare your own programme schedule of the course? Yes/No
 - c) Are any regional topics included in the programme schedule. (Please mention the topics)
- **4.6** a) Do you prepare Training Aids/Material with the trainees? Yes/No
 - b) If yes, submit a list of material prepared in last course
- **4.7** Record the views of Instructors on;
 - i) Clarity of the syllabus of Training
 - ii) Skills for conducting various training methods/techniques
 - iii) Lesson/session planning
 - iv) Skills on using Power Points with LCD Projector
 - v) Planning Mock Sessions Group Exercises/Campaign
 - vi) Use of different feedback methods/techniques
 - vii) Planning time table for preschool
 - viii) Number of PSE activities/Games/Rhymes/PSE aids etc.
 - ix) Innovative Techniques introduced in the course (if any) please mention here
 - 4.8 Problems and difficulties faced by the Instructors in conducting Training

4.9 Observational Visit

- i) Total No. of observational/Field visits organized **last year/previous year**
- ii) Details of the visit arranged for the last course

Name of the Project visited	If not visited please specify the reasons	Mode of Transpo rt used/ other modes	Date & Time of visit	No. of Instructor s accompani ed Trainees	Purpos e of the visit	Cases/ Aspect s observ ed	Use of checklis t for observa - tional Visit Yes/No	Remark s of the visiting Faculty

iii) Arrange discussion with the participants in the end of the training or during break regarding the field visit. Record their experiences views/comments/suggestions, if any.

5.0 Supervised Practice

Enclose a copy of checklist of worksheet given to trainees

1	2	3	4	5	6	7
S.No	Name of the	No. of AWCs	No. of	Distance	Mode of	Duration
	ICDS Project	selected and	trainees	from Trg.	transport	
		AWC Codes	placed in	Centre	used	
			one AWC	(KM)		

8 No. of Instructors deputed for Supervised Practice		Activity of n carried by tr (Yes/No)	9 naterial folder rainees	10 Type of support received from ICDS Project Staff	11Difficultiesfaced by heTrainees/Trainers duringSupervisedPracticed	12 Comments/ Suggestions if any

5.1 Kit Material/Background Material

- 5.2 Mention below the material given in the kit bag/folder of trainees
 - i) ii)
 - iii)
 - iv)
 - v)
- 5.3 Details of the background material given to trainees. Enclose a list of back ground material along with its sources here. Record you observations here. (Quality of material)
 - a) Is the kit material adequate for trainees? Yes/No
 - b) If no, please specify the reasons

5.4 **Resource Persons**

S.	Name of	Name of	Qualifica	Design	Topic	Amount	Max. No.	Remarks
No.	the	Resource	tion and	ation	Name of	of Hon.	of sessions	
	Component	Person(s)	Subject		the	Paid	taken in	
	-		Specializ		Session		this course	
			ation					

5.5 Evaluation of Trainees

A. Area of Assessment

S. No.	Type of Assessment/Methods followed	Marks for each component	Remarks
1.	Oral Test (Checklist)		
2.	Written Test (sample questions to be enclosed)		
3.	Supervised Practice Enclosed a copy of Task Sheets used		
4.	Preparation of Material/Demonstration		
5.	General Behaviors(Punctuality and Discipline)		
5.	Any others		

- B. Enclose a copy of the Evaluation Performa Questions of last batch (Find out percentage of pass trainees)
- 5.6 a) Do you bridge the gaps in learning (Yes/No)
 - b) If yes, please specific the procedures/methods.

6. Submission of Course Reports & SOE

- i) Do you prepare course report on time? Yes/No
- iii) If yes, please enclose a copy of the report of last course.

- iv) If no, specify the reasons for not preparing the report
- v) To whom do you submit the course report? (NIPCCD/State Govt/MWCD/Parent body)
- 6.2 i) Do you submit the Statement of Accounts of the course after Training Yes/No
 - ii) If yes, what is the time period for Submission Accounts
 - iii) If no, who settles the accounts?
- 6.3 i) Do you receive Funds on time? Yes/No
 - ii) If no, please specify the reasons
- 6.4 i) Do you submit the SOE on time? Yes/Noii) To whom do you submit

6.5 Contribution of the following

- i) Parent organization for quality of training
- ii) State Govt.
- iii) NIPCCD
- iv) Any other

7 Utilization of teaching Staff

- 7.1 i) Are you are fully aware of your tasks/job responsibilities? Yes/Noii) If no, please give reasons
- 7.2 a) Do you undertake additional tasks/assignments besides ICDS Training? Yes/No
 - b) If yes, please submit details below:

S.No	Activities	Total	Nature of	Who assigns	Do these	Problems
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Tasks (Additional)	occupation in a year	Job Tasks	such Tasks activities	tasks affect the quality of ICDS Training (Yes/No)	difficulties faced

- 7.3 a) Do you undertake visits to ICDS Project/Other training centre? Yes/No
 - b) If yes, please mention the place you visited last (Date and time)

7.4 Details of visits

S.No.	Date and Time	Name of the Project Trg. Centre	Duration	Purpose How does it help in the trg.	Report submitted (Yes/No)	Remarks

7.5 Your Contribution for the visit in brief

8.0 a) Mode of involvement/contribution of Academic Staff in the Training Centre (AWTCs/MLTCs). Collect a copy of the Annual Report of last year

- Financial Support of Parent Organisation to Training Centre (if release b) funds delayed) Yes/No
- Is the Training Centre (AWTC/MLTC) monitored regularly? (Yes/No) 8.1 a) b)
 - If yes, who does monitoring:
 - NIPCCD i)
 - ii) State Govt.
 - Parent Body only iii)
 - Others iv)

Name & Signature Date :

of

Memorandum of Understanding between National Institute of Public Cooperation & Child Development and ______ on Monitoring and Supervision of Integrated Child Development Services Scheme

Whereas the Govt. of India has decided to set up a Monitoring and Supervision mechanism of the Integrated Child Development Services (ICDS) Scheme through National Institute of Public Cooperation and Child Development (NIPCCD) in addition to the existing Monitoring and Supervision Unit in the Ministry of Women and Child Development. The monitoring set up will be a three-tier system; monitoring at community (Village) level, State level and National level.

AND whereas the Central Monitoring Unit (CMU) set up in NIPCCD would, at the national level, analyse the data and reports received from the selected institutions in the States on the performance of the ICDS Scheme.

AND whereas the lead and other selected institutions in the States shall furnish to the CMU, the data and reports at regular intervals on the qualitative and quantitative outcomes of the ICDS Scheme on pre-determined set of indicators.

AND whereas _____upon consideration of its consent, has been selected to function as one of the institution in the State of _____ on the following terms and conditions:

- The ______ shall collate and analyse the data and reports received from the districts and state HQs on the performance of ICDS Scheme on pre-determined set of indicators.
- 2. The ______ shall collect data through field visits to selected ICDS Projects in the area assigned to it.

- 3. The ______ shall furnish the data/reports to the ______ which is lead institution for the State of ______.
- 4. The ______will, in addition, function as lead Institution for the State of
- 6. Every Institution shall:
 - (i) Visit at least 10% of Districts, one Project and five Anganwadi Centres every quarter on rotational basis, make assessment, test the accuracy of data (on sample basis) based on progress reports and furnish to CMU detailed recommendations for improving efficiency and effectiveness of ICDS Scheme.
 - (ii) Launch one or two State Supervision Mission per year, preferably during the months of September-December and April- June. The team for States would comprise of three members, with two Institutions four members and more than two Institutions five members.
 - (iii) Collect and analyse sample reports of the Anganwadi Training centres/Middle Level Training Centres in the State both qualitatively and quantitatively.
 - (iv) Make visit to selected Anganwadi Training Centres/Middle Level Training Centres in the State at least twice a year.

- 7. The ______may engage maximum three Consultants for which NIPCCD shall provide funds @ Rs. 6000/- per Consultant per annum. In addition.....(each Institution) will receive upto Rs. 30,000/- per annum for field visits, state visits and monitoring and Rs. 1.00 lakh per annum for space and utility & other services.
- 8. The funds shall be released by NIPCCD to the......(each Institution) in suitable installments every year.
- 9. Every Institution, irrespective of the amount involved is required to maintain subsidiary accounts of the Government grant and furnish to the Accounts Officer a set of audited statement of accounts. These audited statement of accounts should be required to be furnished after utilization of the grant-in-aid or whenever called for.
- 10. The accounts of every Institution shall be open to inspection by the sanctioning authority and audit, both by the Comptroller and Auditor-General of India under the provision of CAG (DPC) Act 1971 and internal audit by the Principal Accounts Office of the Ministry of Department, whenever the Institution or Organisation is called upon to do so.
- 11. Theshall intimate the name and complete address of each Consultant to the NIPCCD's immediately after the Consultant engaged.
- 12. The Consultants of the lead and other Institutions shall be members of the State Monitoring Unit. The lead and other Institutions may also be required to furnish such data, information and report on any or all aspects of ICDS Scheme as may be necessary in the exigencies of public interest.

 The MOU shall come into force upon signatures by both parties. For termination of MOU, prior notice of at least three months from either party shall be necessary.

(For and on behalf of NIPCCD)

(For and on behalf of.....)