



## Monitoring of ICDS Project for CDPO

### Details of ICDS Project/ AWCs monitored

#### A. Background Information:




- I. Name of the state/UT: .....
- II. Name of the District: .....
- III. Whether District is High Burden district : Yes  No

#### B. Project Information:

- I. Name of the ICDS Project: .....
- II. Type of the Project:  Rural  Urban  Tribal
- III. Year of Operationalization of Project: .....
- IV. Status of the ICDS project:

Total AWCs sanctioned #	AWCs operational #	Mini-AWCs sanctioned #	Mini-AWCs operational #

#### C. Profile of CDPO:

- 1.1 Name of the CDPO: .....
- 1.2 Address of the CDPO Office: ..... [With Pin code]
-  Telephone: ..... [With STD code]  Mobile: .....
-  E- mail: .....

- 1.3 Ownership of CDPO Office's Building? State Govt. Building  Rented building
- 1.4 Space in CDPO's Office Building? Adequate  Inadequate
- 1.5 Qualification of CDPO: Undergraduate  Graduate  Post graduate
- 1.6 Mode of Recruitment: Direct  Promotion  Deputation  Others
- 1.7 Grade Pay ..... or Pay Band/ Scale ..... [Whichever is applicable]
- 1.8 Total Work Experience: .....
- 1.9 Years of Experience as CDPO in the present project: .....

1.10 Total Experience of CDPO in ICDS:

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

1.11 a) Demographic Profile of Project:

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

b) Beneficiaries for Pre- School Education:

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

Age group	Total in the last survey	Total registered	Total availing PSE 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					
crèche worker					
AWHs					
Statistical Asstt.					

2.2 Educational qualification of functionaries in the project:

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

2.3 Position of Training:

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

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

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

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

2.4 Is CDPO office work as Resource Centre: Yes  No

**If Yes then:**

a) Total number of Training courses conducted at Project Level: .....

b) Total number of Orientation courses conducted at Project Level: .....

c) Type of Training [Last financial year till date of visit]

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

**E. CDPO's Office as Resource Centre**

3.1 Supplies to Anganwadis [as reported by CDPOs]:

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

\* Please list name of registers below:

- |         |         |
|---------|---------|
| 1.....  | 2.....  |
| 3.....  | 4.....  |
| 5.....  | 6.....  |
| 7.....  | 8.....  |
| 9.....  | 10..... |
| 11..... | 12..... |

\*\* Please list name of Medicines provided in Medicine kit

- 1..... 2.....
- 3..... 4.....
- 5..... 6.....
- 7..... 8.....
- 9..... 10.....
- 11..... 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)	Availability of Beti Bachao Beti Padhao Guidelines	
(18)	Five tier Monitoring System Guidelines	
(19)	Monitoring Guidelines	
(20)	Restructured ICDS Booklet	
(21)	Any other (Please specify)	

### 3.3 Saris and Badges supplied to the Anganwadi Workers:

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

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

**F. Financial Benefits :**

- 4.1 Whether Anganwadi Karyakartri Bima Yojana (AKBY) is being implemented in the project? Yes  No
- 4.1.2 If Yes -- 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/- .....
- 4.3 When AWWs were paid last..... for which month .....
- 4.4 Is the provision of Flexi Fund been made at the Anganwadi Level under ICDS Scheme? Yes  No
- 4.5 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 .....
- 4.8 Use of Flexi Funds in various activities:
- Transportation cost for referral of pregnant mothers / nursing mother in emergency.
  - Transportation of severely ailing children / malnourished children (0-6 years) for medical 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.
    - 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. Observation of CDPOs regarding availability of following materials at AWCs in the project:

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

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

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

3. Are you aware of ECCE day?  Yes  No

4. How many ECCE days have been conducted in the last two quarters before the visit in the project?

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Ist                  IInd

5. 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 in last three months Before visit	
Birth- 1 yrs	1-3 yrs

7. Are you aware of ECCE policy? Yes  No

8. If yes, were you part of framing Curriculum? Yes  No

9. Are you planning to roll out the ECCE policy? Yes  No

**H. Supplementary Nutrition**

a) Is the Supplementary Nutrition (SN), Centralized  Decentralized .

b) Please ✓ where ever applicable in the columns provided.

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 in one month? .....

e) Total Number of Self Help Groups active in the project:

f) 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 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 group of Children		Total Registered	Nutritional Grade		
			Normal	Moderately Underweight	Severely Underweight
0-3 yrs	Boys				
	Girls				
3-6 yrs	Boys				
	Girls				
Total					

**J. Referral Services:**

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

Yes  No  None

6.1 If Yes, Number of Children:

S.No.	Age Group	Number of Differently abled children/children with special needs
1.	0-3yrs	
2.	3-6 yrs	
Total		

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.



6.2 Have you received Fund (2000/- Rs) per special child for need based interventions/Services:

Yes  No

6.3 Is District Disability Rehabilitation Centre is there in your Area: Yes  No

6.4 Does AWWs received any training in DDRRC: Yes  No

6.5 Number of referral cases in the six months in the project area:

[Please write No. in the box provided]

6.6 Are you aware of the Nutrition Rehabilitation Centre (NRC)? Yes  No

6.6.1 Is there NRC in your project area? Yes  No

6.6.2. Please provide the address of NRC also .....

6.6.3. Distance of NRC from the project area? ..... KMs. [Please write distance in KMs.]

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

6.7. Has State initiated Sneha Shivirs? Yes  No

[Sneha Shivar- 12 days nutrition counseling programme for severely malnourished children]

6.8. Number of "Sneha Shivar" 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  No

7.2 If No, why?

To be printed  No supply  No instructions from DPO  No Funds

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			

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

9.	Regular Health check- up of Children			
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**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 girls? Yes  No

8.4 Is SABLA Kit available with AWCs where SABLA scheme is being implemented?  
Yes  No

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 project	Total number provided training
Sakhi		
Saheli		

8.5 Number of CBOs identified/involved for imparting training to AGs on Non-nutritional 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. of registered Pregnant women	Total No. of Pregnant women enrolled in IGMSY	First Installment		Second Installment		Third Installment	
		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

**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:

	Pamphlets/ Wallboard
	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 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?

.....

.....

9.6 Other activities organized:

	NHED
	Celebration of Breast Feeding week/ Nutrition week
	Organizing Village Health & Nutrition days
	Mahila jagriti Shivar/ KSY/ Mahila Mandal Campaign/ Health Camp
	Distribution of Communication material
	Awareness Camps/Rally conducted in each AWC
	Nutrition Exhibition
	Broadcasting nutrition related messages using local TV channels

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

	Slogan writing/wall writing
	Any other (Specify)

[Please ✓ which ever applicable in the space provided before any 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

9.9 Does VHND have special emphasis on Sanitation aspects? Yes  No

9.10 Any guidelines issued from your side for VHNDs? Yes  No

9.11 What all aspects are covered in VHND?

	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 you attended VHND in your project area? Yes  No

9.13 If Yes, Number of VHND attended in last three months? .....

9.14 Does AWWs in your area provide Nutrition Care and Counselling? Yes  No

9.15 If Yes, What are the topics that are covered by AWWs during counselling?

.....  
 .....

9.16 Have you participated in Village Health Nutrition and Sanitation Committee (VHNSC) meetings?  
 Yes  No

**N. Monitoring and Supervision:**

10.0 Supervision:

a) Do you check records & registers of AWWs? Yes  No

b) How 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] .....

c) In case of incomplete records & registers or discrepancy in records what is your plan of action?

- Ask supervisor to check AWWs records.
- Ask worker to complete the records
- Provide handholding support.

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

- None of the above.
- Any other [please specify] .....

d) By what time monthly progress report of the project is submitted to you by supervisors/ AWWs?

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

e) Have you identified/ reported any poor performers and those violating the norms on the basis of field visits?    Yes     No

f) Who prepare the tour plan for supervisors?

- CDPO     Supervisor     No Tour Plan is prepared     Have not heard of Tour Plan

g) Does supervisor submits her tour plan in the CDPO office?    Yes     No

h) How you plan continuing education session for Supervisor/AWWs.

i) 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 SABL A Kit	
9.	Any other	

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

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

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

l) 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

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

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

3.		
4.		
5.		

10.1 Monitoring Visits:

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

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

Inter & Intra Deptt. Meetings	No. of meetings held & attended by CDPO at different levels.							
	Sector		Block		District		State	
	Held	Attended	Held	Attended	Held	Attended	Held	Attended
ICDS meeting								
Review meeting with health								
Review meeting with PRIs								
Review meeting with other departments								

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

10.3 If No, [Please specify .....]

10.4 How do you monitor the AWCs?

- Visits only (observation & interview)
- Use checklist
- Through MPR

10.5 Have you heard of Grading and Accreditation of AWCs? Yes  No

[No.1-8/2012CD-I, 26.12.12 Circular]

10.6 Have you received any guidelines for Grading and Accreditation of AWCs? Yes  No

10.7 \* 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

10.8 Have you received any guidelines regarding five- tier monitoring system? Yes  No

[National Level Monitoring Committee (NLMC) → State Level (SLMC) → District Level (DLMC) → Block Level (BLMC) → Anganwadi Level (ALMC)]

10.9 Has the Block level Monitoring committee (BLMC) formed at block/ project level?

Yes  No

10.10 If No, what is the status of BLMC's?

To be Formed  Waiting for approval  Delay from other partner/s [Please Specify..... ]

Other problem/s [Please Specify.....]

10.11 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]

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

Additional Job Responsibilities:

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

10.13 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/ 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)		
Assignments			
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.	Deworming Day		
11.	Others (Specify)		

10.14 Whether Supervisors are given additional tasks besides ICDS/ Monitoring and Supervision of AWCs:

Yes  No



10.15 If yes, specify the Tasks /Responsibilities 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)	

**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 Improvements/ 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 & Sanitation		
2.	Education Department		
3.	National Rural/ Urban Health Mission		
4.	Rural development Department and 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]		

**P. Management Information System (MIS):**

12.1 Have you received any guidelines related to Revised Management Information System?

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 \_\_\_\_\_ ]

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

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

Other 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 Did you provide any inputs in Annual Programme Implementation Plan (APIP)? Yes  No

13.2 If yes, please enlist the suggestions:

1. ....
2. ....
3. ....
4. ....
5. ....
6. ....

13.3 Date on which suggestions for APIP were submitted? DD ..... /M..... / year .....

**R. Information & Technological Initiatives in ICDS:**

14.1. Are you aware of e- learning, courses of NIPCCD?

Yes  No

14.2. Have you visited following website?

[www.poshan.nic.in](http://www.poshan.nic.in) (Nutrition resource platform)

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

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

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

14.4. Are you aware of Mobile Applications for Anganwadis (MAA)? Yes  No

14.5. If Yes, Have you started any initiatives at your project level?

[As per State Govt. Guidelines / MWCD]

1. ....
2. ....
3. ....

- 4. ....
- 5. ....

**S. Best Practices:**

Name of the Best Practice: .....

Year Initiated: .....

Description:

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

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Cost Effectiveness:

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Impact, if any:

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

Visiting Interviewer needs to explain the ICDS functionary whenever required, on any aspect during the monitoring exercise.

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

Suggestions by CDPOs/ACDPOs to improve ICDS programme:

Suggestions by Consultant/Faculty:

Name & Signature of Investigator:

Date of visit: