3

Child Development

Towards a New Dawn

Chapter 3

Child Development

3.1 Children in the age group 0–6 years constitute around 158 million of the population of India (2011 Census). These children are the future human resource of the country. The Ministry of Women and Child Development is administering various schemes for the welfare, development and protection of children. The details of the schemes and programmes undertaken for children are discussed in the succeeding paragraphs.

I. ANGANWADI SERVICES (UNDER UMBRELLA INTEGRATED CHILD DEVELOPMENT SERVICES SCHEME)

3.2 The Anganwadi Services Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of the country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers.

3.3 **Objectives of the Scheme**:

- To improve the nutritional and health status of children in the age-group 0-6 years;
- To lay the foundation for proper psychological, physical and social development of the child;
- To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Package of Services under Anganwadi Services

3.4 The Anganwadi Services Scheme offers a package of six services, viz.

i) Supplementary Nutrition

ii) Pre-School Non-Formal Education

iii) Nutrition & Health Education

iv) Immunization

v) Health Check-Up and

vi) Referral Services

The last three services are related to health and are provided by Ministry/ Department of Health and Family Welfare through NRHM & Health System.

3.5 The perception of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from the related services.

3.6 For better governance in the delivery of the Scheme, convergence is, therefore, one of the key features of the Anganwadi Services Scheme. This convergence is in-built in the Scheme which provides a platform in the form of Anganwadi Centres for providing all services under the Scheme.

Funding Pattern

3.7 Prior to 2005-06, providing of supplementary nutrition was the responsibility of the States and administrative cost was provided by the Government of India as 100% central assistance. Since many States were not providing adequate funds for supplementary nutrition in view of resource constraints, it was decided in 2005-06 to support the States/UTs up to 50% of the financial norms or 50% of expenditure incurred by them on supplementary nutrition, whichever is less.

From 2009-10:	
Supplementary Nutrition	50:50 (90:10 for NER States)
ICDS (General)	90:10
New components approved	75:25 (90:10 for NER States)

From 2015-16:	
Supplementary Nutrition	50:50 (90:10 for NER and 3 Himalayan States)
ICDS (General)	60:40 (90:10 for NER and 3 Himalayan States)
For Union Territories	100%

From 01.12.2017:

3.8 **Funding Pattern under Anganwadi Services**

	AS (G)	Salary	SN
States/UTs with Legislature	60:40	25:75	50:50
NE/Himalayan States	90:10	90:10	90:10
UT Without Legislature	100:00	100:00	100:00

(From 01.12.2017, Salary under Anganwadi Services Scheme has been restricted only to the select staff of Anganwadi functionaries i.e. DPO & Statistical Assistant one for each district, CDPO & Statistical Assistant one for each Project and Supervisors.)

Population Norms for Setting up of AWCs/Mini-AWCs:

3.9 Population norms for setting up of AWCs and Mini-AWCs to cover all habitations, particularly those inhabited by SC/ST/Minorities are as under:

Population Norms under Anganwadi Services

For AWCs in Rural/Urban Projects	
400-800	1 AWC
800-1600	2 AWCs
1600-2400	3 AWCs
Thereafter in multiples of 800	1 AWC
For Mini-AWC	
150-400	1 Mini-AWC
For Tribal/Riverine/Desert, Hilly and other difficult areas/Projects	
300-800	1 AWC
For Mini-AWC	
150-300	1 Mini-AWC

Revised Nutrition and Feeding Norms under Supplementary Nutrition Component of Anganwadi Services (*revised w.e.f. 24th February, 2009*)

3.10 Provision of supplementary nutrition under the Anganwadi Services is primarily made to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) of children and pregnant women and lactating mothers. Under the revised Nutritional and Feeding norms which have been made effective from February 2009, State Governments/UTs have been directed to provide 300 days of supplementary food to the beneficiaries in a year which would entail giving more than one meal to the children from 3-6 years who come to AWCs. This includes morning snacks in the form of milk/ banana/seasonal fruits followed by a hot cooked meal (HCM). For children below 3 years of age and pregnant and lactating mothers, age appropriate Take Home Rations (THRs) in the form of pre-mix/ ready-to-eat food are provided. Besides, for severely underweight children in the age group of 6 months to 6 years, additional food items in the form of THR have been recommended.

3.11 The Government has promulgated the National Food Security Act, 2013. Sections - 4, 5, & 6 of the said Act pertain to entitlements regarding nutritional support to pregnant and lactating mothers and children under the Anganwadi Services. Nutritional standards for children in the age group of 6 months to 3 years, age group of 3 to 6 years and pregnant women and lactating mothers as per Schedule II of the said Act are as follows:

S.No.	Category	Type of meal	Calories (Kcal)	Protein(g)
1.	Children (6 months to 3years)	Take Home Ration	500	12-15
2.	Children (3 to 6 years)	Morning Snacks and Hot Cooked Meal	500	12-15
3.	Children (6 months to 6 years) who are malnourished	Take Home Ration	800	20-25
4.	Pregnant women and Lactating mothers	Take Home Ration	600	18-20

3.12 As per Section 39 of the NFSA, 2013, the Central Government is required to notify the Rules. Accordingly, MWCD notified the Supplementary Nutrition (under ICDS) Rules, 2017 relating to Sections 4, 5, & 6 of the said Act on 20.02.2017.

Registration of Beneficiaries

3.13 All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the Anganwadi Services Scheme at the AWC. The Scheme is universal and self-selecting for all categories of beneficiaries.

Expansion of ICDS

- Launched in 1975 in 33 Blocks (Projects) with 4891 AWCs.
- Gradually expanded to 5652 Projects with nearly 6 lakh AWCs by the end of 9th Plan.
- Currently 7075 Projects and 14 lakh AWCs have been approved. This also includes a provision of 20,000 AWCs 'on demand'.
- All 14 lakh AWCs have been sanctioned to the States/UTs.

Revised Financial Norms

3.14 Financial Norms of Supplementary Nutrition under Anganwadi Services have been revised as under and would be effective from the date of notification issued by the respective States/UTs:

S. No.	Categories	Old Rates (In Rupees per day per beneficiary)	Revised Rates (In Rupees per day per beneficiary)
1	Children (6-72 months)	6.00	8.00
2	Pregnant Women and Lactating Mothers	7.00	9.50
3	Severely Malnourished Children (6-72 months)	9.00	12.00

Coverage under Anganwadi Services- Trends since March, 2008

3.15 There has been significant progress in the implementation of Anganwadi Services Scheme since XI Plan and which is indicated as under:

Year Ending	No. of Operational Projects	No. of Operational AWCs	No. of Supplementary Nutrition Beneficiaries	No. of Pre-School Education Beneficiaries
Achievement during XI Plan	**1221**	**2,99,029**	**330.33 lakh (88.06%)**	**134.25 lakh (80.60%)**
31.03.2008	6070	10,13,337	843.26 lakh	339.11 lakh
31.03.2009	6120	10,44,269	873.43 lakh	340.60 lakh
31.03.2010	6509	11,42,029	884.34 lakh	354.93 lakh
31.03.2011	6722	12,62,267	959.47 lakh	366.23 lakh
31.03.2012	6908	13,04,611	972.49 lakh	358.22 lakh
Achievement during XII Plan	**1079**	**4,59,868**	**267.06 lakh (37.85%)**	**57.41 lakh (19.09%)**
31.03.2013	7025	13,38,732	956.12 lakh	353.29 lakh
31.03.2014	7067	13,42,146	1045.09 lakh	370.71 lakh
31.03.2015	7072	13,46,186	1022.33 lakh	365.44 lakh
31.03.2016	7073	13,49,563	1021.31 lakh	350.35 lakh
31.03.2017	7074	13,54,792	983.42 lakh	340.52 lakh
30.09.2017	7075	13,56,569	949.39 lakh	325.87 lakh

- The number of operational AWCs/ mini-AWCs increased from 13,04, 611 in March, 2012 to 13,56,569 in September, 2017.
- Number of beneficiaries [Children (6 months to 6 years) and pregnant & lactating mothers] for supplementary nutrition reported 972.49 lakh in March, 2012 and 949.39 lakh in September, 2017.
- Number of beneficiaries [Children (3-6 years)] for pre-school education reported 358.22 lakh in March, 2012 and 325.87 lakh in September, 2017.

State-wise details of number of sanctioned/operational projects and AWCs and number of beneficiaries under both supplementary nutrition and pre-school education components as on 30th September, 2017 are placed at Annexure XVI.

Financial Progress during XII Plan Period onwards

3.16 With wider spread of the Scheme, Plan Allocation, which stood at Rs. 44,400 Cr. for the Eleventh Plan was increased to Rs. 1,23,580 Cr. for the Twelfth Plan.

For the 5th year of the Twelfth Plan i.e. for 2016-17, an amount of Rs. 14,430.32 Cr. was released to States/UTs against Budget Estimates (BE) of Rs. 14,000 Cr. The funds released to States/UTs as on 31.03.2017 under Anganwadi Services Scheme against RE of Rs. 14,560.60 Cr. was 99.11%. This includes an amount of Rs. 7629.67 Cr. for Anganwadi Services (General), Construction of AWC buildings, Training and Rs. 6800.65 Cr. for Supplementary Nutrition component under Anganwadi Services Scheme. During the financial year 2017-18, an amount of Rs. 11,572.18 Cr. has been sanctioned to various States/UTs as on 31.12.2017 as detailed at Annexure XV.

Budget Allocation and Expenditure under Anganwadi Services Scheme for the XII Plan onwards:

(Rupees in Crores)

S. No.	Years	Budget Estimates(BE)	Revised Estimates(RE)	Expenditure	Percentage w.r.t. RE
1	2012-13	15,850.00	15,850.00	15,701.50	99.06%
2.	2013-14	17,700.00	16,312.00	16,267.49	99.73%
3	2014-15	18,195.00	16,561.60	16,581.82	100.12 %
4	2015-16	8,335.77	15,483.77	15,438.93	99.71%
5	2016-17	14,000.00	14,560.60	14,430.32	99.11 %
6.	2017-18	15,245.35	-	*11,572.18	**75.91 %

*as on 31.12.2017
** w.r.t BE

Approval of Strengthening and Restructuring of ICDS in the 12th Five Year Plan

3.17 In order to address various programmatic, management and institutional gaps and to meet administrative and operational challenges, Government approved the strengthening and restructuring of ICDS Scheme with an allocation of Rs. 1,23,580 Cr. during 12th Five Year Plan. Administrative approval in this regard was issued to the States/UTs on 22nd October, 2012.

3.18 Restructured and Strengthened ICDS has been rolled out in 200 high burden districts in the first year (2012-13); in additional 200 districts in second year (2013-14) (i.e. w.e.f. 01.04.2013) including districts from special category States and NER; and in remaining districts in third year (2014-15) (i.e. w.e.f. 01.04.2014).

3.19 **Key Features of Strengthened and Restructured ICDS, inter-alia, include Addressing the Gaps and Challenges with**:

A. Programmatic Reforms

- Construction of AWC Building and revision of rent including up-gradation, maintenance, improvement and repair.
- Strengthening Package of Services – strengthening ECCE, focus on under-3s, Care and Nutrition Counseling service for mothers of under-3s and Management of severe and moderate underweight.
- Improving Supplementary Nutrition Programme with revision of cost norms.
- Management of severe and moderate underweight– identification and management of severe and moderate underweight through community based interventions, etc.
- Strengthening, training and capacity as well as technical human resource, etc.

B. Management Reforms

- Decentralized planning, management and flexible architecture introduction of Annual Programme of Implementation Plan (APIP) and flexibility to States for innovations.
- Ensuring convergence at all the levels including the grassroots level.
- Strengthening governance– including PRIs, civil society & institutional partnerships with proposed norm of up to 10% projects to be implemented in collaboration with such agencies.
- Strengthening of ICDS Management Information System (MIS).
- Using Information, Communication Technology (ICT) – Web enabled MIS and use of mobile, telephones and others.

C. Institutional Reforms

- ICDS in Mission Mode with missions at National, State and District levels.
- Introducing APIPs and MoUs with States/UTs.
- District Mission Unit would be set up as per the phasing plan of the ICDS Mission. Besides, District ICDS Cells to continue to operate as per existing norms and District Cells to be set up in those districts where the Cell is not there;
- Constitution of a National Mission Steering Group (NMSG) and Empowered Programme Committee (EPC) at national and state levels for effective planning, implementation, monitoring and supervision of ICDS Mission.

Revised Anganwadi Services

3.20 Under the revised Anganwadi Services, keeping in view the Prime Minister's vision for Swachchh Bharat, following two new components has been introduced:

i. Construction of Toilets in AWCs

ii. Providing Drinking Water Facilities in AWCs

3.21 For effective implementation of the Scheme, cost norms for most of the components have been revised. The rent for AWC buildings have been revised up to Rs. 1000, Rs. 4000 and Rs. 6000 per month per unit for Rural/Tribal, Urban and Metropolitan cities respectively, revised norms for pre-school education (PSE) kits @ Rs. 5000 per AWC (both for main AWC and Mini-AWC) p.a. including ECCE training; uniforms, medicine kit, administrative cost for AWCs etc. have also been revised subject to overall budgetary allocations.

Wheat Based Nutrition Programme (WBNP)

3.22 Under the Wheat Based Nutrition Programme (WBNP), food grains, viz. wheat, rice and other coarse grains are allocated at subsidized rates under NFSA to the States/UTs through the Department of Food & Public Distribution (Ministry of Consumer Affairs, Food & Public Distribution), for preparation of supplementary food in Anganwadi Services. The Ministry is responsible for processing and approval of the proposals from the States/UTs for allocation of food grains in coordination with the D/o F&PD. During 2017-18, the Ministry of Women and Child Development has allocated 805200 MTs of wheat and 594463 MTs of rice to 28 States/UTs.

Anganwadi Karyakartri Bima Yojana (AKBY)

3.23 The Anganwadi Services envisages Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) as honorary workers who are paid a monthly honorarium. AKBY under the LIC's Social Security Scheme is one of the welfare measures extended to the grassroots functionaries of the Anganwadi Services. The Government of India has introduced the Anganwadi Karyakartri Bima Yojana with effect from 01.04.2004.

3.24 The salient features of this Bima Yojana are as follows:

- Natural Death: Rs.30,000
- Accidental Death/ Total Permanent Disability: Rs.75, 000
- Partial Permanent Disability: Rs. 37,500

A. Migration of Anganwadi Karyakarti Bima Yojana to Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and Pradhan Mantri Suraksha Bima Yojana (PMSBY):

This Ministry has decided to migrate the AWWs/AWHs under the existing AKBY in the age group of 18-50 years to Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) for life cover and those in the age group of 18-59 years to Pradhan Mantri Suraksha Bima Yojana (PMSBY) for accidental cover. The AWWs/AWHs in the age group of 51-59 years would continue with the modified Anganwadi Karyakatri Bima Yojana (AKBY).

B. Female Critical Illness (FCI): Female Critical Illness benefits would continue as before with additional premium as determined by the LIC.

Benefits: An amount of Rs. 20,000/- is payable on the diagnosis of invasive cancers (malignant tumour) manifest in the organs (i) Breast, Cervix, Uteri, (ii) Corpus Uteri, (iii) Ovaries, Fallopian Tubes, (iv) Vina/Vulva. A malignant tumour characterized by uncontrolled growth and spread of malignant cells and invasion of tissue that originates in one of the above anatomical sites is covered under the Scheme.

C. Shiksha Sahyog through Anganwadi Karyakartri BimaYojana (AKBY-LIC):

A free add-on scholarship benefit is available for the children of Anganwadi Workers covered under the AKBY Scheme. Scholarship of Rs. 300/- per quarter for students in 9th to 12th standard (including ITI courses) is provided. Scholarship is limited to two children per family. The scholarship to children of these beneficiaries would be available to those who are eligible during the current year 2017-18.

D. Awards to Anganwadi Workers under Anganwadi Services

The Government of India first formulated a scheme of award for Anganwadi Workers at the National Level and State Level for the year 2000-2001. The Scheme is being continued on a year to year basis. At the National level, the State Governments/UT Administrations nominate AWWs for National level awards out of the awardees of the State/UT level award. The number of nominations of AWWs depends on the size of the State/UT and number of operational Anganwadi Services projects. The AWWs award at the National level comprises of Rs. 25,000/- and a citation and State level award carry cash award of Rs. 5,000/- and citation.

3.25 Based on performance on two parameters i.e. (a) exemplary performance in improving the coverage and quality of services to children and pregnant & lactating mothers under the ICDS Scheme; and (b) contribution towards implementation of other Programmes/ Schemes of Central/ State Governments/ Local Bodies, the Ministry of Women and Child Development has recently organized one day function on 31st August, 2017 in Pravasi Bharatiya Kendra, Chanakyapuri, New Delhi to confer National Awards to 51 Anganwadi Workers out of 97 nominations received from the States/UTs, selected for their exceptional achievement for the year 2016-17. Smt. Maneka Sanjay Gandhi, Hon'ble Minister for Women and Child Development had conferred the Awards to the awardees during the function.

AWC Infrastructure

3.26 It is necessary that AWC is consolidated as the first village/ habitation post for health, nutrition and early learning centre or platform on which the two Schemes of Scheme for Adolescent Girls – SAG (earlier SABLA) and Pradhan Mantri Matritva Vandana Yojana – PMMVY (earlier IGMSY) are also implemented. Under the Convergence Scheme of Anganwadi Services (under Umbrella ANGANWADI SERVICES) with MGREGA, Central share for construction of new Anganwadi building (one lakh number of Anganwadis per

year) will be @ Rs. 1 lakh per AWC for all States/UTs. This amount will be reimbursed to States/UTs after completion of construction of AWC buildings. For upgradation of AWC buildings, there is a provision of Rs. 2,00,000/- per AWC/ Mini-AWC building (for 20,000 number of AWC buildings p.a.) on cost sharing ratio between GoI and States/UTs as per norms.

3.27 As per the information available as on 30.09.2017 from 12.56 lakh AWCs/ mini-AWCs, about 79.56% AWCs are running from the *pucca* buildings and remaining 20.44% from *kutcha* buildings; 34.45% running from Government owned buildings; 29.52% rented building including 4.70% from AWWs/AWHs house and 24.82 from others; 36.03% from Community buildings including, 21.61% running from school premises; 5.47% from Panchayat; 8.10% from others and 0.85% running from open space.

Convergence with other Programmes

a. Construction of AWCs under Multi-Sectoral Development Programme:

3.28 The Ministry of Minority Affairs (MoMA) has identified 90 minority concentration districts (MCDs) in the country during 2007-08, which were backward in terms of basic amenities and socio-economic parameters. A Multi-Sectoral Development Programme (MSDP) to address the 'development deficits' especially in education, skill development, employment, sanitation, housing, drinking water and electricity supply was launched from 2008-09 for these districts. Baseline surveys to identify 'development deficits' were carried out in all the districts by MoMA. MoMA has identified the construction of AWCs in identified districts as one of the development deficits. As convergence with other Ministries/Departments is an inherent component of ICDS Scheme, the Ministry of WCD supported construction of AWCs under MSDP in minority concentration districts. An indicative standard for construction of an AWC may be a minimum of 600 sq. feet of covered area i.e. a sitting room for children/ women, separate kitchen, store for storing food items, child friendly toilets and space for playing of children with drinking water facilities. The schedule of rates of construction need to be based as applicable for the district of the state certified by the respective State Government before according approval or funds are released by an authority. Constructions of 37,068 AWCs (27,595 AWC buildings during XI Plan and 9,473 during XII Plan) based on the District Plans have already been approved by MoMA of which construction of 24,097 AWCs Buildings have been completed. MWCD has requested MoMA to continue construction of AWC buildings under MSDP, during remaining XII Plan period and remaining period of 14th Finance Commission, as an approved activity.

b. Construction of Anganwadi Centres by M/s Vedanta under Corporate Social Responsibility (CSR):

3.29 A Memorandum of Understanding (MoU) has been signed between MWCD and M/s Vedanta on 21st September, 2015 for a period of three years for construction of 4000 Anganwadi Centre buildings

through its own resources as a part of Corporate Social Responsibility primarily in the States of Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha, Rajasthan, Telangana and Uttar Pradesh.

Implementation of Anganwadi Services as per State Annual Programme Implementation Plan (APIP)

3.30 During 2017-18, an amount of Rs. 15,245.19 Cr. has been allocated under Anganwadi Services. Empowered Programme Committee (EPC) meetings for consideration of APIPs of all 36 States/UTs for the year 2017-18 have been held in month of August, 2017 and Administrative Approval amounting to Rs. 7,224.41 Cr. for Anganwadi Services (General) and Training and Rs. 7,455.86 Cr. for Supplementary Nutrition Programme have been conveyed to States/UTs. Anganwadi Service under Umbrella ICDS Scheme has been revised w.e.f. 01.12.2017. After revision of the Scheme, Empowered Programme Committee (EPC) meeting for consideration of APIPs of the States/UTs was held on 6th December, 2017 as per the revised norms. Accordingly, the allocation for the States/UTs has been revised from Rs. 14,680.27 Cr. to Rs. 15,698.01 Cr. (central share). Under the revised APIP 2017-18, funds to the tune of Rs. 54.14 Cr. have been allocated for construction of toilets in Government owned AWC buildings and Rs. 13.24 Cr. have been earmarked for providing Drinking Water Facilities in AWCs. Further, Rs. 203.32 Cr. has been allocated to all States/UTs for providing 3 sets of Aadhar Enrolment Kits at all CDPOs offices in the country. Under PSE Kits, allocation has been revised from Rs. 405.95 Cr. to Rs. 676.58 Cr. Accordingly, funds for construction of toilets, providing of Drinking Water Facilities in AWCs and procurement of 3 sets each of Aadhar Enrolment Kits for all CDPO offices across the country have been released to all States/UTs.

3.31 The requisite information on Training & Capacity Building and State Training Action Plans (STRAP) related to ICDS Training Unit are as under:-

Training & Capacity Building: - Training is an active area involving interaction, questioning, learning by doing, role plays, team games and practical activities. It has visible impact in equipping the field functionaries with new tools and techniques to become competent to perform a job. Emphasis is laid on providing more hands on training to various levels of functionaries. This Ministry has made a comprehensive training strategy focusing towards the holistic development of the project beneficiaries to help in achieving the objectives of the Anganwadi Services (ICDS) Programme and the desirable outcome. Training & Capacity building is crucial for the achievement of programme goals and objectives. Hence, the emphasis is laid on strengthening the training at State levels, strengthening monitoring and accreditation of National Institute of Public Cooperation & Child Development (NIPCCD), Middle Level Training Centres (MLTCs) and Anganwadi Workers Training Centres (AWTCs) besides revision of course curricula/modules/ training and learning materials, upgradation of training facilities, mandatory in-service regular training programmes, training on needs assessment and revision of financial

norms. One of the major training reforms is strengthening of training institutions like MLTCs and AWTCs followed by monitoring and accreditation of all such Training Institutions by this Ministry.

This Ministry has prepared a Comprehensive Training Guidelines for selection of Middle Level Training Centres (MLTCs) and Anganwadi Workers' Training Centres (AWTCs) for selection of a suitable training institute. It also covers human resource for training and capacity building, suitable infrastructure for training, norm for upgradation of training centres, course curriculum, management of funds availed by training centres as per the approved financial norms of this Ministry through Direct Benefits Transfer (DBT) as per extant instructions from the NITI Aayog, monitoring and accrediation of AWTCs/MLTCs for strengthening quality of training. The e-Learning modules have been developed by the NIPCCD for the benefit of field functionaries.

3.32 **e-Learning for ICDS Functionaries:**

Under the Digital India Programme, this Ministry has launched e-Learning web-portal **www.nipccd-elearning.wcd.in** on 25th May, 2016. The e-Learning portal is an interactive, user friendly and a self-study platform, created to provide an opportunity and access to technical concepts and knowledge to communicate and build their capacity with a much wider audience at a faster pace. The portal aims at widespread coverage in order to reach out to more beneficiaries via the internet along with a standardized curriculum which is free from the delivery of the trainers. The portal has been created to offer Job Training Courses, Refresher Courses, theme-based courses for all the Anganwadi Services functionaries, like Child Development Project Officers (CDPOs), District Programme Officers (DPOs), Instructors of Training Centres, Supervisors and Anganwadi Workers (AWWs). Besides the Anganwadi Services functionaries, the portal is also open to general public. The courses that are uploaded on the website aim to enrich as well as increase digital literacy amongst the Anganwadi Services functionaries, especially of a CDPO who is Project in-charge at the block level, and create awareness regarding health and nutrition among the general public. The portal is absolutely free of cost.

Easy tools embedded in the e-Learning courses help the individuals to learn and move at their own pace and take a formal assessment after each lesson, providing instant results and feedback. In case an individual is not able to score properly in a particular unit they are requested to re-read the chapter and go through the assessment again. On passing this test which is based on the technical knowledge and application of skills, the individuals can deepen their understanding related to the project.

3.33 **Training Centres**:

Training programmes for various field functionaries under Anganwadi Services (ICDS) are organized through the following:

(i) Anganwadi Workers' Training Centres (AWTCs) for the training of Anganwadi Workers and Helpers;

(ii) Middle Level Training Centres (MLTCs) for the training of Supervisors and Instructors of AWTCs;

(iii) State Training Institute for the training

of Instructors of MLTCs and CDPOs/ACDPOs in Tamil Nadu; and

(iv) National Institute of Public Cooperation & Child Development (NIPCCD) and its four Regional Centres (at Guwahati, Lucknow, Bengaluru and Indore) for training of CDPOs/ACDPOs and Instructors of MLTCs.

3.34 **State Training Action Plans (STRAPs):** Under the Anganwadi Services (ICDS) Training Programme, all States/UTs are required to submit their annual State Training Action Plans (STRAPs) delineating details of various types of training programmes for Anganwadi Services (ICDS) field level functionaries.

II. NATIONAL NUTRITION MISSION

3.35 Government of India has approved for setting up of National Nutrition Mission on 30.11.2017 with the vision to ensure attainment of a "*Suposhit Bharat*" which is free of stunting, wasting and anaemia-the effects of under-nourishment. National Nutrition Mission aims to achieve improvement in nutritional status of children, pregnant women and lactating mothers and reduce anemia among children and women. NNM strives to reduce the level of stunting, under-nutrition, anaemia and low birth weight babies. It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and the States/UTs to achieve the targeted goals. The targets fixed are to be achieved in time bound manner for which action is required in mission mode across all the States. NNM has a comprehensive convergent approach addressing the immediate and underlying determinants of under nutrition that includes interventions related to different Ministries. The mission endeavours to implement interventions through existing schemes by bringing operational efficiency through better monitoring.

A. Goals of NNM:

S. No	Objective	Target
1.	Prevent and reduce stunting in children (0-6 years)	By 6% @2% p.a.
2	Prevent and reduce under-nutrition (underweight prevalence) in children (0-6 years)	By 6% @ 2% p.a.
3	Reduce the prevalence of anemia among young children (6-59 months)	By 9% @ 3% p.a.
4	Reduce the prevalence of anemia among women and adolescent girls in the age group of 15-49 years.	By 9% @3% p.a.
5	Reduce Low Birth Weight (LBW).	By 6% @2% p.a.

3.36 The goal of NNM is to achieve improvement in nutritional status of children from 0-6 years, pregnant women and lactating mothers in a time bound manner during the next three years beginning 2017-18 with fixed targets.

3.37 The Mission aims to reduce mal-nourishment from the country in a phased manner, through the life cycle concept, by adopting a synergised and result oriented approach. The Mission will ensure mechanisms for timely service delivery and a robust monitoring as well as intervention infrastructure. Target of mission is to bring down stunting of children in the age group of 0-6 years from 38.4% to 25% by the year 2022.

B. Rollout of NNM: All the States and districts will be covered in a phased manner i.e 315 districts in 2017-18, 235 districts in 2018-19 and the remaining districts in 2019-20. An amount of Rs. 9,046.17 Cr. will be expended for three years commencing from 2017-18. Year wise details are as under :

Year	States/districts to be covered
2017-18	315 common districts identified in the descending order of prevalence of stunting from amongst 201 districts identified by NITI Aayog on the basis of National Family Health Survey-4 data, 162 districts covered under the ICDS System Strengthening & Nutrition Improvement Programme (ISSNIP) and 106 districts of Scheme for Adolescent Girls.
2018-19	235 districts based on the status of under-nutrition in various States/UTs to be identified generally based on prevalence of stunting.

3.38 NNM will be funded by Government Budgetary Support (50%) and 50% by IBRD or other MDB. Government budgetary support would be 60:40 between Centre and States/UTs, 90:10 for NER and Himalayan States and 100% for UTs without legislature. The total cost of the above proposals as GoI share for a period of three years commencing from 2017-18 comes to Rs. 2,849.54 Cr. The financial implications along with proposed source of funding are given below:

(Rs. in crore)

Year	NNM#	GOI share without EAP*
2017-18	2602.75	819.87
2018-19	3526.08	1110.71
2019-20	2917.34	918.96
Total	9046.17	2849.54
GOI Share	2849.54	

3.39 Subject to the Approval of the Fund by the Competent Authority:

(i) *50% funding through Gross Budgetary Support as per applicable cost sharing ratio between the Centre and the States & UTs with legislature will be 60:40. For North-Eastern States & Himalayan States it will be 90:10. It will be 100% for Union Territories without legislature.*

(ii) *50% Externally Aided Project (EAP) funding through IBRD (International Bank for Re-construction and Development)/Multi-lateral Development Banks (MDBs).*

(iii) *50% funding through Gross Budgetary Support as per applicable cost sharing ratio between the Centre and the States & UTs with legislature will be 60:40. For North-Eastern States & Himalayan States it will be 90:10. It will be 100% for Union Territories without legislature.*

3.40 BE for NNM for 2017-18 is Rs. 1,100 Cr., against which as on 31.12.2017, a sum of Rs. 431 Cr. have been released to States/UTs.

3.41 NNM is to ensure convergence with various programmes i.e. Anganwadi Services Scheme, Pradhan Mantri Matru Vandana Yojana (PMMVY) and Scheme for Adolescent Girls of this Ministry; Janani Suraksha Yojana (JSY) and National Health Mission (NHM) of MoH&FW; Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S); Public Distribution System (PDS) of Ministry of Consumer Affairs, Food & Public Distribution (CAF&PD); Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development (MoRD); Drinking Water & Toilets with Ministry of Panchayati Raj and Urban Local Bodies through Ministry of Urban Development. Mapping of various schemes' contribution towards addressing malnutrition shall form the basis of the Convergence Action Plan. VHSND is an effective platform which could be used for achieving effective integration of the field machinery of relevant Departments. For monitoring, convergence among line Ministries/ Departments, a 'Technical Unit' shall be set-up under NITI Aayog. A National Council under the Chairmanship of Vice-Chairman, NITI Aayog and an Executive Committee under the Chairmanship of Secretary, MWCD has been established at Central level.

3.42 The NNM will have ICT based real-time monitoring system through Common Application Software (CAS), the backbone for the Real Time Monitoring mechanism for the Mission (ICT-RTM) for effective operation of the system and to provide IT-related assistance to the field functionaries. The ICDS-CAS shall be integrated with the Mother & Child Tracking System/Reproductive Child Health (MCTS/RCH portal), developed under Ministry of Health and Family Welfare facilitating availability of synchronised information across dashboards. The ICDS-CAS dashboard facilitates Nutrition outcome oriented monitoring triggered by mapping of weighment efficiency, height and nutrition status of children under-five years. The service delivery to pregnant women and lactating mothers can be monitored through the software application dashboard. This would help in individual and Aadhaar based tracking of children for nutritional outcomes and would also aid in area based tracking of under-nutrition status in the country.

3.43 The ICDS-CAS has two components, namely the mobile application which is made available to the field functionaries pre-loaded on mobile phones and a six tier monitoring dashboard for desktops. The software allows the capture of data from the field on electronic devices (mobile/tablet). It enables collection of information on ICDS service delivery and its impact on nutrition outcomes in

beneficiaries on a regular basis. It is aimed to improve the ICDS service delivery and also shall enable the Mission to effectively plan and take fact based decisions.

3.44 The Mission intends to annually incentivize those States/UTs which achieve the goal in improving the status of targeted beneficiaries. The performance will be assessed on the basis of the reduction in the level of under nutrition and related parameters. States/UTs which are incentivized shall in turn incentivize the better performing Districts/ Block/Gram Panchayats who have contributed in improving the indicators out of the incentive amount sanctioned by the centre.

3.45 A corpus fund of Rs. 150.00 crore shall be created at National level and the interest income accrued therefrom shall be used for giving cash awards @ Rs. 1.50 lakh per team comprising Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs), Auxillary Nurse Midwife (ANM) who have participated as a team in achieving the targeted goals and contributed significantly in reducing under-nutrition and anaemia. The awards will be given annually on the recommendations of the States/UTs and finalized by a team to be constituted by MWCD. Detailed guidelines will be issued subsequently.

3.46 To encourage AWWs to adopt ICT-RTM, an incentive fund of Rs. 500/- shall be provided for each AWW per month. This incentive fund will be linked to achievement of certain milestone/targets like, correct entry of data, carrying out house visits etc., at the AWW level.

3.47 In order to provide a comprehensive direction to sectoral programmes, a single unified technical agency namely a National Nutrition Resource Centre-Central Project Management Unit (NNRC-CPMU) would be set-up. This will enhance and strengthen the quality of nutrition programme implementation, monitoring and systems in the country.

3.48 Advocacy, Education and Communication would be used for promoting nutritional related activities for creating an enabling environment by the Mission besides supporting such drives undertaken by various schemes. PRIs would be involved in community mobilization for BCC. **Jan Andolan** will focus on converting the agenda of improving nutrition into a Jan Andolan through wide public participation.

III. NATIONAL EARLY CHILDHOOD CARE AND EDUCATION (ECCE) POLICY

3.49 Ministry has formulated the National Early Childhood Care and Education (ECCE) Policy and the same has been approved and notified by the Government of India in the gazette on 12.10.2013. The Policy lays down the way forward for a comprehensive approach towards ensuring a sound foundation for survival, growth and development of child with focus on care and early learning for every child. It recognizes the synergistic and interdependent relationship between the health, nutrition, psycho-social and emotional needs of the child. This would add impetus to the ECCE activities mentioned in the revised service package of Anganwadi Services. In view of the furtherance of the objectives of the National ECCE Policy, the following have been formulated and circulated to all states and UTs:

i) **National ECCE Curriculum Framework**: The purpose of the framework is to promote quality and excellence in early childhood education by providing guidelines for practices that would promote optimum learning and development of all young children and set out the broad arrangement of approaches and experiences rather than detailed defining of the content. A cautious approach is being adopted to not provide a detailed curriculum/syllabus which would be prescriptive and 'delivered' to the young children in a 'straight jacketed manner'. The Curriculum Framework calls attention to the common principles and developmental tasks, at the same time, respecting the diversity in the child rearing practices and contextual ECCE needs.

ii) **Quality Standards for ECCE**: The main purpose of this document is to provide a framework that will assess the implementation of the ECCE programmes across the country and assist the ECCE centres and service providers in developing and maintaining dynamic quality programmes that reflect the objectives, the programmes, standards and practices of the ECCE policy. It provides an opportunity for the authorities to ensure on a regular basis that the standards and practices of the programmes are being maintained.

iii) **Age Appropriate Child Assessment Cards**: Age appropriate Child Assessment Cards have been developed for use for formative assessment of children in the age bracket of 3-6 years

3.50 The National ECCE Curriculum Framework, the Quality Standards for ECCE and Age Appropriate Assessment Cards have been prepared, notified and circulated to all States and UTs and also uploaded on the MWCD website.

National ECCE Council and ECCE Cell

3.51 Government of India has notified the resolution for National ECCE Council and the same has been circulated to all states. The National ECCE Council will lay the National vision and strategy for ECCE in India. It will be a National level organization under the Ministry of Women and Child Development, Government of India, providing systems of training, curriculum framework, standards and related activities; and promoting action research with an aim to improve the field of early childhood care and education. The main objective of the National Early Childhood Care and Education (ECCE) Council is to embed the concept and practice for holistic and integrated development with requisite quality for the young children in the age group of 0-6 years. The Council would promote ECCE policies and advance evidence-based practices in families, communities and society at large. It also will lay down the regulation and proper maintenance of norms and standards in the early childhood care and education system and for matters connected therewith.

The National Early Childhood Care

3.52 The National Early Childhood Care and Education (ECCE) Policy and the Broad

Framework for Implementation envisions the Anganwadi Centre (AWC) as a "vibrant child friendly ECD centre" with adequate infrastructure, financial and human resources for ensuring a continuum of ECCE in a lifecycle approach and attaining child development outcomes. The vision of "vibrant child friendly ECD centre" calls for strong interconnection between the goals of the programme, the objectives of the services provided, the quality standards and non-negotiable criteria to achieve quality and how the adaptation of existing built environment or design of new infrastructure can help proactively in achieving them through sensitive design of spaces and settings

3.53 A Design Framework of innovative design options with the concept of BaLA (Building as Learning Aid) for Anganwadi/ECCE Centres addresses these issues intrinsically. In this context, a comprehensive design framework for AWCs has been developed for different target groups which are: (a) Administrators and Planners, (b) Implementing Agencies and (c) Supervisors and Anganwadi Workers/ ECCE Teachers.

3.54 This has been comprehensively developed by an experienced interdisciplinary team at VINYÃS, Centre for Architectural Research & Design and printed by the World Bank.

Annual Curriculum Contextualization

3.55 All the States/Union Territories have carried out Annual ECCE Curriculum Development and contextualization as per the National ECCE Curriculum Framework. In this regard, NIPCCD (National Institute of Public Cooperation and Child Development), Delhi in coordination with the respective states, has developed state specific ECCE curriculum, related activity books for children and PSE kits for transaction of the Annual Curriculum. In furtherance of this, the Hon'ble Minister for Women and Child Development, Smt. Maneka Sanjay Gandhi launched the following documents relating to ECCE through Video Conferencing with States/UTs on 01.09.2017:

i. Activity Books for 3-4 years old children

ii. Activity Books for 4-5 years old children

iii. Activity Books for 5-6 years old children

iv. Recommended list for Play and Learning Material (PSE Kit)

v. Child Assessment Card

3.56 Copies of the documents/documents along with the soft copies have been sent to all States/UTs for wide dissemination upto the pre-primary school level. States/UTs and State Education Boards have also been suggested to carry out minor modifications, if required.

Training of Anganwadi Functionaries on ECCE

3.57 With the development of Annual Contextualized Curriculum, Assessment Cards, Activity Books for children, it has become imperative to conduct ECCE training for different functionaries for implementing the ECCE curriculum in the AWCs. Several initiatives have been taken up by MWCD and NIPCCD to that effect.

3.58 ECCE Training Module for AWWs has also been launched by Hon'ble Minister for Women and Child Development, Smt. Maneka Sanjay Gandhi on 01.09.2017. Copy of the Training Modules has also been circulated to States/UTs for action. This document describes the details of training required for different Anganwadi functionaries at different levels, preparation for roll out of the Annual Curriculum in the AWCs and recommended steps to be taken by State officials to facilitate the roll out process.

IV. COOPERATION WITH DEVELOPMENT PARTNERS

3.59 Several international agencies/ development partners including UNICEF provide technical assistance to ANGANWADI SERVICES programme, both at the central and state level. Some of them are as given below:

GoI-UNICEF Programme of Cooperation

3.60 The partnership between UNICEF and the Government of India spans over more than 60 years. UNICEF has continued its support to government in enhancing systems and improving delivery of services to women and children especially from the vulnerable and marginalized sections. The Basic Agreement that provides basis of the relationship between the GoI and UNICEF dates from 10th May, 1949 and was amended on 5th April, 1978. Over the last 60 years, a succession of Country Programmes has been implemented in conformity with the Basic Agreement. Currently, the Govt. of India collaborates with UNICEF based on an agreed five year Country Programme Action Plan (CPAP).

3.61 The current CPAP for 2018-22 between MWCD and UNICEF has been approved with thrust on factors such as reduction of child and maternal mortality, reduction of under-nutrition of children and adolescent girls, safe and sustainable water and sanitation and hygienic services, protecting children from violence, abuse and exploitation, etc.

3.62 **WFP (World Food Programme)** provides technical assistance to the Ministry at the central level and also provides technical support in Anganwadi Services Scheme implementation. A Country Strategic Plan (CSP) 2015-18 has been signed between Government of India and UN World Food Programme in August 2015. A Sub-group of Inter-Ministerial Group (IMG) has been constituted under the Chairpersonship of Director General, Central Statistics Office (CSO) to guide the technical matters and other processes relating to strategic priority. Director (Anganwadi Services), Ministry of Women and Child Development has been nominated as a member of the said committee.

V. MANAGEMENT INFORMATION SYSTEM (MIS)

3.63 The Ministry has the overall responsibility of monitoring the implementation of the Anganwadi Services Scheme. A separate Monitoring Unit within the Child Development Bureau in the Ministry is responsible for compilation and analysis of the periodic monitoring reports received from the States/UTs in the prescribed formats (Format I and II). States/UTs are required to send the monthly consolidated reports by 17th day of the following month. Information received from States/UTs are compiled, processed and analyzed at the central level on quarterly basis. The progress and shortfalls indicated in the reports are reviewed with the States/UTs

through regular review meetings and necessary feedbacks are sent.

3.64 Under the existing MIS, a standardized data collection procedure is employed across all States/ UTs and for most part of this process; it relies on manual entries and compilations. All primary data relating to service delivery are recorded by the AWWs using the prescribed registers. Once in a month, AWWs compile this information into a standardized Monthly Progress Report (MPR) that contains a number of input, process and impact indicators. These MPRs are then sent to the Supervisors (each of whom supervise about 25-30 AWCs) who consolidate the reports and forward them to the Child Development Project Officers (CDPOs), who in turn assemble the reports by project/block and remit them to the State HQs. At the central level, some of the key indicators are analyzed and Quarterly Progress Reports (QPRs) are prepared and detailed feedbacks are sent to state governments. These key indicators include information on Anganwadi personnel, operationalization of projects and AWCs, beneficiaries of supplementary nutrition and pre-school education, number of births and deaths, and nutritional status, etc.

VI. RAPID REPORTING SYSTEM (RRS)

3.65 Ministry has revamped Anganwadi Services reporting system called Rapid Reporting System (RRS) to monitor the implementation on the monthly basis. A new web-portal http://www.icds-wcd.nic.in/icds/ has been created for enabling the MIS data entry by the States/UTs. As part of implementation of RRS, it is mandatory to complete assigning and uploading of the 11 digit unique code to each Anganwadi Centre (AWC) in the country so that data of Anganwadi Monthly Progress Reports (AW-MPR) for the month of March 2016 and onwards can be entered online onto RRS of Anganwadi Services w.e.f. 01.04.2016. Child Development Project Officer (CDPO) and Supervisors are required to complete it immediately so that the AW-MPR can be uploaded onto RRS and AW MPR can be retrieved by the Anganwadi functionaries at all levels viz. National, State, District, Project/Block, Sector and Village/ Anganwadi Levels.

3.66 The implementation of the RRS is continuously monitored by MWCD with States/ UTs. So far, 13.37 lakhs AWCs out of 13.56 lakhs operational AWCs have been assigned 11 digit unique code by the States/ UTS and uploaded onto Rapid Reporting System (RRS) of ICDS Scheme. Month-wise details of the number of AWC sent AW-MPR through RRS are given at Annexure XVI. It may be seen that States/UTs are in various stages of implementation of the RRS of ICDS which is evident from the fact that more than 9.16 lakhs AWCs have been sent the AW-MPR through RRS. The Ministry is maintaining a database of facilities for number of supplementary nutrition beneficiaries of Anganwadi Centres and now the Aadhaar seeding platform has been created in Rapid Reporting System (RRS) to complete Aadhaar seeding and data validation of beneficiaries of all DBT schemes by 31.03.2018 (www.icds-wcd.nic.in).

VII. MONITORING & SUPERVISION

3.67 Besides the revamping of ICDS-MIS, the existing practice of monitoring and

supervision visits in the field has been standardized and minimum visits required to be made at various levels have been stipulated to ensure effectiveness in the delivery of services in Anganwadi Services along with active involvement of Panchayati Raj Institutions (PRIs) in monitoring of AWC activities. A check list of various aspects to be monitored/ supervised by the State and central level officials during their visits has also been prescribed for their guidance.

3.68 In the context of universalization of ANGANWADI SERVICES with focus on improved quality in delivery of services and also in the proposed strengthening and restructuring of ICDS as also to rationalize and harmonize the monitoring mechanism in all States/UTs with an objective of strengthening the coordination and convergence with the line departments, a 5-tier monitoring and review mechanism at the central level and upto Anganwadi level has been introduced. The people's representatives (MPs/MLAs/PRIs) have been included in the Monitoring Committees to make the mechanism participative and more transparent.

VIII. ENROLMENT OF CHILDREN BELOW 6 YEARS UNDER AADHAAR

3.69 The Aadhaar Act has been notified in the Gazette of India conferring legal status upon the Unique Identification Authority of India (UIDAI) to issue Aadhaar to resident of India including Children below 5 years of age. UIDAI has advised that WCD department of States/UTs to get on-boarded as Registrar for Aadhaar enrolment of children below 5 years. The services under the ANGANWADI SERVICES are delivered through Anganwadi Centres to the target group of children (0-6 years) and these children are more easily accessible at the Anganwadi Centres. It has been impressed upon the States/UTs to set up Aadhaar Enrolment Camps to ensure that every child beneficiaries have Aadhaar. Thereafter, States/UTs have been asked for organizing Aadhaar Enrolment Camps at least twice a year in every Anganwadi to ensure that every new child beneficiary joining AWC has Aadhaar. UIDAI has informed that Aadhaar saturation among children below 5 years of age in the country is 43.1 as on 30th November, 2017.

IX. ICDS SYSTEMS STRENGTHENING AND NUTRITION IMPROVEMENT PROJECT (ISSNIP)

3.70 The Ministry of Women and Child Development is implementing the International Development Association (IDA) assisted ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) in 162 high malnutrition burdened districts across 08 States viz. Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh covering 3.83 lakh Anganwadi Centers (AWCs). The project was restructured laying focus on certain high impact activities and project has been extended upto to 30th June, 2018. ISSNIP has the following Project Development Objectives:

Project Development Objectives

a. To strengthen the Integrated Child Development Services (ICDS) policy framework, systems and capacities, and facilitate community engagement, to ensure greater focus on children under three years of age.

b. To strengthen convergent actions for improved nutrition outcomes.

Project Approach

3.71 The Restructured ISSNIP follows the results-based financing through Disbursement-Linked Indicators (DLIs) Approach. The results-based financing is meant to link the project funding directly to pre-agreed results that are measured through predefined performance indicators referred as Disbursement-Linked Indicators (DLIs) in the instant project. Disbursement-Linked Indicators (DLIs) for the purpose of this project are duly defined at the outset. IDA disbursements entirely depend on the achievement of different DLIs milestones and on independent verification of the achievements by a third party against the norms detailed in the DLI Verification Protocol of the project.

3.72 A Central Project Management Unit (CPMU) housed within the Ministry of Women and Child Development (MWCD) provides guidance to project, which is being implemented at the state level by the Directorates of ICDS or Departments of Social Welfare. To facilitate the implementation of the project across ISSNIP States, MWCD has issued an Operational Manual (OM) and Administrative Approval & Guidelines which clearly outline Disbursement Linked Indicators (DLIs), Centre-State allocation for DLI milestones, detailed verification protocols, results framework and fiduciary arrangements including audit, etc. The facility of Technical Assistance (TA) to complete all key milestones has been made available to the ISSNIP States through a World Bank Executed Multi-Donor Trust Fund (MDTF).

Project Activities

a. **Information and Communication Technology enabled Real Time Monitoring (ICTRIM) of ICDS:** Information and Communication Technology enabled Real Time Monitoring (ICT-RTM) of ICDS implemented in 77 districts of the 8 project States namely Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Rajasthan and Uttar Pradesh covering 1,74,170 Anganwad is under ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP).

The objective of ICT-RTM is to get real time information on nutritional indicators for improving the nutritional status of women and children at grassroots level. In this, Anganwadi Workers have been equipped with Smart Phones and Lady Supervisors with Tablets pre-installed with a Common Application Software to capture and analyze the beneficiary wise information about the nutrition services and nutrition status. The road map has been developed and implementation guidelines have already been circulated to the ISSNIP States. The program has already been rolled out in six states, namely, Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh and Rajasthan. As on November, 2017, 58,312 AWWs across 49 districts in

these six states are using the mobile application to feed in the data, in respect of approximately 49 lakh beneficiaries. The data can be analysed against various nutrition indicators across geographies, using the software dashboard. The data is available on a real time basis and can be viewed by different functionaries at block level, district level, state level and national level through dynamic dashboard using credentials. The dashboard is accessible at https://www.icds-cas.gov.in.

b. **Capacity Building of the Front Line ICDS Functionaries through Incremental Learning Approach (ILA):** The project focuses on building the capacity of front-line ICDS functionaries in effective and consistent service delivery by using Incremental Learning Approach (ILA). Under ILA, functionaries are being trained on thematic modules following the cascade of training of State Resource Group (SRG), District Resource Groups (DRGs) and Block Resource Groups (BRGs). Implementing states have so far been provided with 19 ILA modules and most of the states have completed training on **15** training modules (except Uttar Pradesh).

c. **Organization of Community Based Events (CBEs):** In order to strengthen processes for community engagement, empowerment of beneficiaries and increased social accountability of ICDS, the project provides for the organization of Community Based Events (CBEs) once in a month on a fixed day of a week by each Anganwadi Centers and if needed twice in a month preferably on two different days. The processes under this component also encompass outreach visits by Anganwadi Worker to prioritized households to promote Infant and Young Child Feeding (IYCF) practices; development of well-researched, designed and tested communication plan & IEC materials and intensive Mass Media Campaign on Nutrition. During the year, all eight ISSNP States have completed around 24,06,973 Community Based Events.

d. **Innovative Pilots for Convergent Nutrition Action (CNA):** The project also provides scope for innovation and pilots showing the convergent nutrition action to achieve one or more nutritional outcomes. The MWCD had provided the detailed guidelines for the development and designing of Innovation Pilots. Subsequently, all the project states designed the innovative pilots on the subjects approved by MWCD. The states have started implementing the respective innovation pilots. Besides, the **ISSNIP** States, the Innovation Pilot under Convergent Nutrition Action are also being implemented by the states of Odisha, Delhi and Uttarakhand. Delhi has already started implementing whereas Odisha and Uttarakhand are still in preliminary stage. The successful pilots may be scaled up in similar contextual specificities on a broader platform.

X. SCHEME FOR ADOLESCENT GIRLS UNDER THE UMBRELLA OF ICDS SCHEME

3.73 A comprehensive scheme for the holistic development of adolescent girls called **Scheme for Adolescent Girls** is being implemented in 205 selected districts across the country using the ICDS platform. The Scheme for Adolescent Girls, a centrally sponsored scheme being implemented through the State Governments/UTs, aims at an all-round development of Adolescent Girls (AGs) of 11-18 years by making them self-reliant through facilitating access to learning, health and nutrition through cost effective interventions. Anganwadi Centre is the focal point for delivery of the services. The scheme has two major components viz. Nutrition and (ii) Non Nutrition Component.

A. Nutrition

3.74 The adolescent girls under the scheme are provided supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients @ Rs. 5/- per beneficiary per day for 300 days in a year in the form of Take Home Ration or Hot Cooked Meal. Nutrition is provided to 11-14 years out-of-school girls and all girls of 14-18 years age (out of school and in school girls). While the nutrition component aims at improving the health & nutrition status of the adolescent girls, the non-nutrition component addresses the developmental needs.

3.75 The Government of India and States share the cost of supplementary nutrition in ratio of 50:50. For eight North Eastern States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and Sikkim) and three special category Himalayan States (H.P, J&K and Uttarakhand), the share of Centre and State is in the ratio of 90:10 and Union Territories (without legislation) are funded 100% of the financial norms or the actual expenditure incurred whichever is less.

B. Non Nutrition Component

3.76 Under this component, the out of school adolescent girls (11-18 years) are being provided IFA supplementation, Health check-up and Referral services, Nutrition & Health Education, Counselling/Guidance on family welfare, Adolescent Reproductive Sexual Health (ARSH), child care practices and Life Skill Education and accessing public services. The adolescent girls aged 16-18 year are also provided vocational training in different trades in order to empower them. Emphasis is made on convergence of services under various schemes/ programmes of Health, Education, Youth Affairs & Sports, Panchayati Raj etc. so as to achieve the desired impact.

3.77 The Government of India and States share the cost under non-nutrition component in ratio of 60:40. For eight North Eastern States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura and Sikkim) and three special category Himalayan States (H.P., J&K and Uttarakhand), the share of Centre and State is in the ratio of 90:10 and Union Territories are funded 100% of the financial norms.

3.78 The integrated package of services provided to adolescent girls under **SAG** is as under:-

Services

i. Nutrition provision (600 calories and 18-20 gm of protein and micronutrients, @Rs.5 per beneficiary per day for 300 days in a year)
ii. Iron and Folic Acid (IFA) supplementation
iii. Health check-up and Referral services
iv. Nutrition & Health Education (NHE)
v. Counselling/Guidance on family welfare, ARSH, child care practices and home management
vi. Life Skill Education and accessing public services
vii. Vocational training for girls aged 16 and above under National Skill Devel opment Program (NSDP)

3.79 Progress under the scheme: During 2017-18 (as on 23.11.2017) under the scheme, 76.96 lakh beneficiaries have been covered for nutrition, 17.19 lakh beneficiaries have been provided IFA supplementation; health check-up and referrals have been conducted for 8.01 lakh beneficiaries; 11.64 lakh beneficiaries have been provided Nutrition and Health Education; 10.40 lakh adolescent girls are provided Counselling/Guidance on family welfare, ARSH and Child care practices; life skill education is being provided to 7.55 lakh adolescent girls, 2.89 lakh beneficiaries have been guided for accessing public services and 0.115 lakh adolescent girls have been provided vocational training.

3.80 State-wise physical and financial achievements under the scheme for 2016-17 (up to March, 2017) and 2017-18 (up to 23.11.2017) are at Annexure XII & XIV.

3.81 Realizing the multi-dimensional needs of out of school adolescent girls (11-14 years) owing to the onset of second growth spurt during this period and with a aim to motivate these girls to join school system, the Government on 16.11.2017 approved implementation of the Scheme for Adolescent Girls for out of school girls in the age group of 11-14 years, providing them nutritional support @ Rs.9.50/beneficiary/day for 300 days in a year, motivating out of school girls to go back to formal schooling or vocational /skill training under non-nutrition component of the scheme. Government has also approved expansion and universalisation of the Scheme for Adolescent Girls in a phased manner i.e. in additional 303 districts in 2017-18 and the remaining districts in 2018-19 with the simultaneous phasing out of Kishori Shakti Yojana. The on-going Kishori Shakti Yojana is also limited to out of school girls in the age group of 11-14 years and would be phased in sync with roll out of Scheme for Adolescent Girls.

3.82 The best practices and success stories have been shared by the States/UTs while implementing the scheme.

Kishori Shakti Yojana (KSY)

3.83 **KSY** is being implemented through the infrastructure of ICDS for addressing their needs of self-development, nutrition and health status, literacy and numerical skills, home based skills and life skill, etc. of adolescent girls in the age group of 11-18 years. With the introduction of the Scheme for Adolescent Girls (SAG), a centrally-sponsored in the year 2010, KSY was phased out in the selected 205 districts, and continued to be operational as before, in remaining non SAG districts. Now with the introduction of restructured SAG, the scope of KSY will also be limited to adolescent girls in the age group of 11 to 14 years. KSY being implemented as before in remaining non SAG districts across the country will be phased out with expansion of SAG. Financial assistance @ Rs. 1.1 lakh per project per annum under KSY is shared between the centre and the state in the ratio of 60 (Centre): 40 (State) except for North East and Special Category States for which the ratio would be 90 (Centre): 10 (State) and Union Territories will be funded 100% of the financial norms The expenditure on central share under KSY is met out of the funds of Scheme for Adolescent Girls.

Success Story of Adolescent Girls: Karnataka

3.84 Kolur village comes under ICDS project of Ballari Grameena, DWCD provided training on Computer, Mehendi Design & Tailoring to the selected skilled adolescent girls. Now in this village, adolescent girls are self-employed and they are ready to survive their life independently and now they are taking care of their family members also.

3.85 The best example of few adolescents in computer training held at Kolur Village are namely Miss Leelavathi, D/o Padmachari and Miss. Vidya, D/o Veerabhadra Gouda. After this training, these girls are having self-confidence and they are giving training to others in their village, in addition they are doing part time job, at Computer Institutions. They are very thankful to this programme.

3.86 Like that, some adolescent girls have taken Mehandi Training conducted at Yerrangali Village of Ballari. Two girls, Miss Rashmi, D/o Mallikarjuna and Miss Bhargavi, D/o Nagaraja are now earning by using this skill at various functions, marriage parties, kitty parties etc. and providing financial support to the family. These girls are now providing training to other girls also.

3.87 Under this programme every Monday iron tablets are provided to girls and they have become fit and healthy. These girls are participating in all social and cultural

activities. They are well aware of public services for day do activity like banking and postal department and health services and current affairs.

As one proverb says, "where there is a will, there is a way", they are independent through the support of this scheme.

Success Story of SABLA Scheme:

1. Exposure Visits under SABLA Scheme to Adolescent Girls for Different Places

2. Vocational Training to Adolescent Girls like Pot Making, Poster Making, Display Board, Cake Making, etc.



3. Beautician Course to Adolescent Girls

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4. Engaged Adolescent Girls in the Group Activities

5. Other Activities for Overall Development of Adolescent Girls.

PHOTOGRAPHS OF SABLA, DISTT. YAMUNANAGAR

Exposure Visit


Skill Development Training, Block Sadhaura WCDPO Ms. Seema

CELEBRATION OF SABLA KISHORI DIWAS, DISTT. YAMUNANAGAR



Smt. Sarita Kumari, DPO, Yamunanagar and WCDPO Ms. Seema, Sadhaura

PHOTOGRAPHS OF SABLA VOCATIONAL TRAINING, DIST. ROHTAK