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भारत सरकार
राष्ट्रीय सलाहकार परिषद
नई दिल्ली

**GOVERNMENT OF INDIA**
**NATIONAL ADVISORY COUNCIL**
**NEW DELHI**

सत्यमेव जयते

**DHIRAJ SRIVASTAVA**
**Officer on Special Duty**

5th May, 2006

Respected Madam,

Please find enclosed herewith copy of the Minutes of the Meeting held on 12.4.2006 to review the implementation of ICDS Scheme, for perusal.

With regards,

Yours sincerely,

(**Dhiraj Srivastava**)

*Encl: as above*

Smt. Aruna Roy
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that while the sanction for 5652 Projects was accorded by the end Eighth Plan (1996-97), all these Projects were not permitted

**Minutes of the meeting with National Advisory Council held on 12.4.2006 and highlights of presentation on ICDS in the chamber of Secretary(WCD)**

**PRESENT: -**

1. Shri Jairam Ramesh, Member, NAC
2. Dr. V.Krishnamoorthy,Member, NAC
3. Dr. Madhav Chavan,Member, NAC
4. Ms. Sehba Hussain,Member, NAC
5. Rep. of Dr. N.C. Saxena, Member, NAC
6. Shri Arun Bhatnagar, Secretary, NAC
7. Ms. Jayanti Ravi, Deputy Secretary,NAC
8. Smt. Reva Nayyar, Secretary, M/WCD
9. Shri Chaman Kumar, Joint Secretary, M/WCD
10. Shri K.P.Singh, Director, M/WCD
11. Shri K. Rajeshwara Rao, Director, M/WCD
12. Shri M.S. Negi, Deputy Secretary, M/WCD
13. Dr. A.K. Gopal, Director, NIPPCD
14. Dr. Dinesh Paul, Addl. Director, NIPCCD
15. Dr. Ashok Kumar, Joint Director, NIPCCD

Secretary (Women & Child Development) welcomed the Members of National Advisory Council and briefly outlined the steps taken in the recent past towards more effective implementation of the ICDS Scheme. Thereafter, a Presentation made by Shri Chaman Kumar, Joint Secretary, the highlights of which are as follows:

- The ICDS provides integrated services in the areas of Nutrition, Health and Education. The concept of providing a package of services (immunization, supplementary nutrition, health check-up, referral services, nutritional & health education, pre-school education) is based primarily, on the consideration that overall impact on the health & nutritional status of the beneficiaries is much more if the different services are delivered in an integrated manner; the efficacy of a particular intervention depends upon the support it receives from other related services.

- Launched in 1975 in 33 blocks on an experimental basis, the Scheme has progressively been expanded to 5652 ICDS Projects. It was pointed out that while the sanction for 5652 Projects was accorded by the end of the Eighth Plan (1996-97), all these Projects were not permitted to be operationalised in the Eighth Plan. In 1997-98, about 4200 Projects were operational; the remaining 1452 Projects were permitted to be operationalised, in a phased manner, by the year 2001-02 i.e. by the end of the Ninth Plan. As on 31.3.2002, only 4608 Projects were actually operationalised by the State Governments and UT Administrations.

- In the Tenth Plan period, implementation of ICDS was confined to 5652 Projects and no expansion was allowed because of financial constraints.

- In view of the present Government's commitment (as enunciated in the **NCMP**, to set up an AWC in every habitation/settlement and Hon'ble Supreme Court's directions to increase the number of AWCs., the scheme was, in the first phase, expanded to 467 additional Projects and 1.88 lakh AWCs in 2005-06. This expansion was based on existing population norms the Projects/AWCs expected to become operational in 2006-07 (it takes almost a year for a Project/AWC to be functional from the date of sanction by the Govt. of India).

- **Progress in operationalisation of AWCs:** During the last two years, there has been considerable progress in respect of Projects/AWCs which were permitted for operationalisation till 2001-02, but not actually made operational. Consequently, the number of beneficiaries also increased as indicated below:

| | No. of operational Projects | No. of operational AWCs | No. of SNP beneficiaries |
|---|---|---|---|
| 31.3.2004 | 5267 | 649307 | 41508678 **(4.15 cr.)** |
| 31.3.2005 | 5422 | 706872 | 48442113 **(4.84 cr.)** |
| 31.10.2005 | 5645 | 745120 | 51471120 **(5.14 cr.)** |
| Increase | 378 | 95813 | 9962442 **(0.99 cr.)** |

It was mentioned that 27806,32,896 and 7263 AWCs in the States of Uttar Pradesh, Bihar and Jharkhand respectively became operational during this period.

- **Second phase of expansion:** In view of the Government's commitment as also the directions of the Hon'ble Supreme Court to set up an AWC in every settlement/habitation under the ICDS Scheme, the population norms for setting up an AWC have been relaxed. Based on the revised population norms, a requirement of 165 Projects, 107082 AWCs and 25961 Mini AWCs has been received from States/UTs; the EFC Note to obtain approval for sanction of these Projects and AWCs has been prepared.

- Guidelines to ensure the **convergence of services** (Nutrition, Health and Education), were issued (right from the inception of the Schemes) to set up Coordination Committees at State, District and Project level. In the last two years or so, the States have been pointedly advised to activate the Coordination Committees at the State, District and Project levels.

- The existing Monitoring System is likely to be strengthened by setting up three tier mechanisms on the pattern of the Sarv Shiksha Abhiyan (SSA). Under the proposed system, there would be community-based monitoring

by involving select institutions/Mahila Mandals/PRIs, continuous monitoring through MIS and monitoring and supervision through external agencies.

- The Scheme has been evaluated recently by NIPCCD and while the Report has yet to be finalized, the preliminary findings of the evaluation, on a sample size of 150 Projects, are as under:
  - The number of children in the age group 6 months – 3 years increased from 45.4% to 57.15%; those availing of the services in the same age group increased from 78% to 78.25% between 1992 -2006.
  - In the case of children in the age group of 3-6 years, number of children registered increased from 56% to 63.5%. As regards pregnant and lactating mothers, the increase in the number of those registered and availing of such facilities was from 77% to 87% and from 78% to 88% respectively between 1992 -2006.
  - The percentage of children with low birth weight decreased from 41 in 1992 to 29 in 2006.

**The Presentation brought out the following constraints:**

- **Infrastructure-** The Scheme does not provide for construction of AWCs. As per the Rapid Facility survey conducted by the NCAER in 2003-04 (Report submitted in March, 2005), about 21.20% AWCs were being run from semi-pucca buildings, 14.58% from Kutcha buildings, 3.3% from partially Kutcha premises, 9.17% in open space & 5.64 from other places; also,45.99% AWCs did not have toilet facilities and 26.99% AWCs were without drinking water facilities.
- **Under-staffing at Central and State level:** While the Scheme has expanded over the years, there has been no increase in secretarial staff at the Centre and in the States (proposals in this behalf stand referred to the Ministry of Finance).
- **Supplementary Nutrition:** Even as a decision has been taken to share the cost of supplementary nutrition with the States/UTs on 50:50 basis, there is under-provisioning by certain States, including in the North-Eastern Region, which affects the delivery of Supplementary Nutrition under the scheme.
- **Vehicles:** The ban on procurement of new vehicles and replacement of old vehicles has adversely affected the supervision by CDPOs who, in many cases, are women. The hiring of vehicles is seldom a practical option.

**Road map to move forward :**

- To ensure operationalisation, as early as possible, of new Projects/AWCs sanctioned in the year 2005-06.;
- Sanction of additional AWCs (second phase of expansion) based on revised population norms;
- Bridging the gap between the number of children in the age group of 0-6 years and those registered with AWCs;
- Bridging the gap between the numbers registered and those actually availing of the services;
- To motivate the AWWs & AWHs through increase in honorarium;
- To provide for construction of Anganwadi Centres with toilet and safe drinking water facilities through **convergence** with the Schemes of the Ministry of Rural Development, MPLAD etc. ;
- Increase in financial norms for Supplementary Nutrition;
- Improving the quality of the pre-school component of ICDS;
- Universalisation of the Nutrition Programme for Adolescent Girls (NPAG)
- Effective convergence of services through the relevant schemes of the Ministries/Departments of Health & Family Welfare, Rural Development, (including Drinking Water Supply) and Elementary Education;
- Focus on reaching out to children under 3 years;
- Strengthening family/community participation – PRIs, Voluntary Organizations, Local Resource Groups and Mothers' Committees to build in accountability in implementation.

2. Secretary (Women and Child Development) explained that, as per the existing procedure, considerable time is required for processing the proposal and obtaining the clearance of the EFC ; a similar exercise of inter-Ministerial consultations has to be carried out before the same can be placed before the Cabinet Committee. Clearly, the processes involved need to be substantially compressed and inter-Departmental consultations shortened, at least for cases which are within the purview of the NCMP.

3. Dr. Madhav Chavan mentioned that since quite some time is taken up in operationalisation of the newly sanctioned Projects/AWCs by the States, it was necessary for the States to be advised to initiate Advance Planning for the next phase of expansion; the States could, for instance, prepare larger panels of Anganwadi Workers, Helpers (and other regular functionaries), to the extent of

their requirements, in the next phase of expansion. It was clarified that while the entire process normally starts with the sanction of Projects/AWCs by the Government of India, the feasibility of implementing this suggestion would be duly examined, in consultation with the State Governments. In regard to the existing MIS System, Dr. Madhav Chavan felt that the record keeping duties entrusted to Anganwadi Workers need to be considerably simplified and the burden reduced so that more time and attention may be devoted to service delivery and home visits. Dr. Chavan suggested that the Anganwadi Centres ought, as far as possible, to be located in or close to Primary Schools and the possibilities of community support for the preparation, supply and monitoring of Supplementary Nutrition seriously explored, at least experimentally.

4. Shri Jairam Ramesh said that he had, in his interactions with field level ICDS functionaries in several States, been told that they had not yet received the orders for new Projects/Anganwadi Centres sanctioned in 2005-06. In response, it was stated that while communications in respect of the new Projects/AWCs sanctioned in August-September, 2005 had been sent to the States/UTs., the position would be **re-checked immediately** for all the States/UTs.

5. It was pointed out that States like Bihar, Uttar Pradesh and Jharkhand had operationalised a large number of pending Projects/Anganwadi Centres during the last two years. The locations of all new Projects and Anganwadi Centres, it was suggested, may be placed in the public domain through the websites of the State Governments; it was mentioned that this was also necessary to comply with the direction of the Hon'ble Supreme Court issued on 7th October, 2004.

6. Shri Jairam Ramesh was of the view that "peer review" of the NIPCCD's Evaluation Study could be usefully conducted and the findings placed on website. The need for **Concurrent Evaluation** of the Scheme was also emphasized. It was felt that having regard to the magnitude and utility of the Scheme, adequate funds would have to be provisioned for Monitoring and Concurrent Evaluation.

7. Shri Jairam Ramesh observed that the Women's Self Help Groups (SHGs) were performing excellently in the implementation of AWCs in Andhra Pradesh; in other States as well, the SHGs were establishing firm roots and could be involved, in a big way, in the implementation of ICDS. There appears to have been inordinate delays (in some States) in the release of funds by the State Finance Departments to the implementing Department and Organisations, which can be tackled by setting up District Level Societies (on the pattern, generally, of SSA/NRHM) and effecting direct release of funds to such Societies.

8. After further discussion, the following consensus emerged in the light of which requisite consideration and follow-up steps could be initiated and coordinated in the Ministry:-

- Setting up District level Societies to ensure that the funds released by the Government of India are not diverted and actually reach the field functionaries in time. A beginning could made in Bihar, Jharkhand, Orissa, Chhattisgarh & Uttar Pradesh.
- Concurrent Evaluation of the ICDS scheme may be undertaken by reputed/ independent Organisations.
- Review of the Evaluation Study recently conducted by the NIPCCD.
- Involvement of Women Self Help Groups in implementation of ICDS
- Review and revision of the MIS at AWC level to eliminate unnecessary record keeping.
- Locations of new Projects/AWCs operationalised in Uttar Pradesh, Bihar & Jharkhand during the last two years to be placed on the website of the State Governments concerned.
- Anganwadi Centres may be located in or as close to the Primary Schools as possible.
- The Eleventh Plan should specifically focus on Infrastructure Facilities, including the construction of Anganwadi Buildings, provision of Safe Drinking Water and Sanitation facilities.

9. In conclusion, Secretary (Women and Child Development) thanked all the participants for finding the time to join the discussions and for offering useful suggestions in regard to the ICDS Scheme.