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NETHERLANDS ASSISTED PROJECTS - ANDHRA PRADESH - PHASE III
INTEGRATED RURAL WATER SUPPLY PROJECTS (NALGONDA AREA)

WOMEN AND CHILD HEALTH/DEVELOPMENT

COVERAGE: 150 VILLAGES
PERIOD: 4 YEARS (1992-1996)
COST: RS. 198.400 LAKHS

7/1/91
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HYDERABAD
28 NOVEMBER 1990

NAP-AP III
NALGONDA
COMPONENT:
COMMUNITY BASED SUPPORT ACTIVITIES.
PART: 3
MOTHER & CHILD HEALTH/DEVELOPMENT.
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1. BACKGROUND TO ICDS INVOLVEMENT IN NAP-AP III:

1.1 The proposed NAP AP III has adopted an integrated approach t the core project of providing safe drinking water to th people in rural areas. These complementary activities hav been identified as: community organisation and education provision of sanitary facilities, income generatin activities oriented towards women, health and nutrition fo women and children. Experiences show that all these ar related issues and interventions in all the sectors ar required if the project is to make any significan contribution to improving the quality of life and hhealt standards of the target groups, especially women of th disadvantaged groups.

1.2 The department of Women's Development and Child Welfare ha been invited by the Netherlands Assisted Projects Office t take up programmes for women and children that could b interlinked with the other activities being entrusted t various specialist agencies, both governmental and voluntary.

1.3 While formulating schemes and programmes for women an children, this department takes the view that such programme cannot be formulated in isolation i.e. away from othe existing programmes for women and children, either under thi department, or under the women's component of othe departments. Efforts have been made to avoid duplication o programmes and for only filling up the critical gaps wit NAP assistance.

1.4 ICDS (Integrated Child Development Service) launched in 1975, is now a broad-based programme, covering 141 blocks out o 330 blocks in the state of Andhra Pradesh. Infrastructure an services already being provided under ICDS will be the bas on which the components for strengthening of the mother an child oriented programmes with the proposed NAP assistanc are to be built up. Available infrastructure, staff an monitoring systems, with a few additionalities under NAP, would be able to launch the new components.

1.5 The additional activities proposed under NAP include: organisation of mahila mandals as pivotal to the running o the anganwadis, construction of Anganwadi/health sub-centre buildings, Income Generating Activities for women, improve facilities for pre-school education, supplementary nutritio programmes for severly malnourished children,and additional medical and health inputs, improved linkages with the primary health centres, etc. Since ICDS is a nation wide service an since Government of India is now concerned with expanding the minimum package of services to cover all the blocks in the Country during Eighth Five Year Plan, it would not be possible for Government of India to provide these additional inputs. At the same time the inputs now proposed can not

only serve to improve the health delivery to mothers and children, but also serve as a model of Improved ICDS Packages.

2. BACKGROUND INFORMATION ON ICDS IN A.P:

2.1 What is I.C.D.S?

National Policy for Children has laid emphasis on integrated delivery of early childhood services and services for expectant and nursing women. Based on the recommendations of the Inter-Ministerial Study Team set up by the Planning Commission, the scheme of Integrated Child Development Services (ICDS) was evolved to launch a coordinated and integrated delivery of a package of such services.

Government of India started the ICDS Scheme on an experimental basis in 33 blocks in the country in the year 1975-76. As far as Andhra Pradesh is concerned, ICDS today covers 141 blocks, serving around 15 lakh beneficiaries. Government of India assists 132 of these blocks and the remaining 9 are fully funded by the State Government.

2.2 The objectives of ICDS:

a) to improve the nutrition and health status of children in the age group 0-6 years;

b) to lay the foundations for proper psychological, physical and social development of the child;

c) to reduce the incidence of mortality, morbidity, malnutrition and school drop-out;

d) to achieve effective coordinated policy and its implementation amongst the various departments to promote child development;

e) to enhance the capability of the mother to look after the normal health and nutrtional needs of the child through proper nutrtion and health education.

2.3 ICDS Units:

The administrative unit for an ICDS Project is the community development blocks in rural areas, tribal development blocks in predominantly tribal areas and wards or slums in urban areas.
In the selection of projects in rural areas, priority

consideration will be given to the following factors:

a) areas predominantly inhabited by tribes, particularly backward tribes;
b) backward areas;
c) drought-prone areas;
d) areas inhabited predominantly by Scheduled Castes;
e) areas poor in development of social servicess;

2.4 Population Coverage under ICDS:

While the demographic and other characteristics may differ from one project area to another, the following general assumptions can be made:

a) RURAL PROJECT: will cover generally a community development block with an average population of 1 lakh of which 17% (17,000) will be less than 6 years of age, 3% (3,000) will be of less than 1 year, 6% (6,000) will be in the age group of 1-2 years, and 8% (8,000) will be in the age group of 3-5. The number of women in the age group 15-44 years will be 20,000 of which 4,000 will be nursing and expectant mothers. The number of villages in a rural project is assumed to be 100, each with an average population of 1000. Thus on an average, each rural ICDS will have 100 anganwadis, one per village.

B) TRIBAL PROJECT: a tribal development block is assumed to have a population of 35,000 of which 17% (5,950) will be of less than 6 years, 3% (1,050) will be less than 1 year, 6% (2,100) in the age group of 1-2 years and 8% (2,800) in the age group of 3-5 years. The number of women in the age group of 15-44 years is estimated at 7,000 of which 1,400 wil be expectant and nursing mothers. The number of villages in a tribal project is assumed to be 50. i.e. for every 700 population there will be an Anganwadi Centre.

C) URBAN PROJECT: one or more wards/slums is assumed to have the same demographic characteristics as a rural project.

2.5 Service Package under ICDS:

i) Supplementary Nutrition
ii) Immunization
iii) Health Check-up
iv) Referral Services
v) Nutrition and Health Education
vi) Non-formal Education

The target groups are pregnant and lactating mothers and children of the age group 0 to 6.

3. ORGANISATIONAL SET UP OF ICDS:

3.1 At the VILLAGE LEVEL, the anganwadi centre is the focal point for delivering ICDS services. As discussed earlier, there will generally be one Anganwadi Centre per 1000 population in rural and urban areas and one per 700 population in tribal areas. The Anganwadi Centre is staffed by a locally-recruited women Worker (Anganwadi Worker) and a woman Helper. The Anganwadi Worker is a part-time honorary worker paid between Rs.225/- and Rs.275/- per month depending on educational qualifications.

The responsibilities of the Anganwadi worker cover the following areas:

a) growth monitoring of children under 6 years of age, organising supplementary feeding, providing non-formal pre-school education for the older children,

b) imparting nutrition and health education to mothers, including home visits, ensuring community participation through mahila mandals etc.

c) organising primary health care and immunisation programmes for children, peri-natal care for mothers, referring the needy to health personnel, and maintaining contact with the health sub-centre for medical and health services. She will assist Primary Health Centre/Sub-Centre staff in implementation of immunization, health check-up, referal services, family planning and health education programmes.

d) maintaining records and furnishing reports to ICDS supervising officers.

3.2 At the CIRCLE LEVEL, the work of the anganwadi workers is supervised by Supervisors who also guide and help them. Each rural, urban and tribal project has five, four and three Supervisors respectively. They are responsible for supervising the working of Anganwadi Centres through regular field visits, helping Anganwadi Workers in developing community contacts. They function as a liaison between the Anganwadi Workers under their supervision and the Child Development Project Officer. They assist the Child Development Project Officer in his tasks of project administration and implementation by periodicaly checking the records, registers, cash and accounts, stock and material at each Anganwadi Centre.

3.3 At the PROJECT LEVEL, a full time Child Development Project Officer is appointed for implementation of the ICDS programme in each project area. The CDPO is directly incharge of the scheme and is responsible for administering and implementing the scheme at the field level. The CDPO, as the leader and the coordinator of the ICDS team, supervises and guides the

work of Supervisors and Anganwadi Workers through periodical field visits and staff meeting. She makes the necessary arrangements for obtaining, transporting, storing and distributing various supplies. The CDPO maintains liaison with block staff, PHC/health staff and other project level functionaries and organisastions. She also acts as the convenor or secretary of the block/project level coordination committee. She makes efforts for obtaining local community's involvement and participation in implementing ICDS programme. She is responsible for preparing and despatching periodical reports to concerned higher officials.

3.4 At the DISTRICT LEVEL, the Collector is responsible for coordination. Where ever the districts are having 5 or more ICDS Projects, District ICDS Cells are being set up, headed by a Programme Officer of the cadre of Assistant Director in the department.

3.5 At the STATE LEVEL, the Secretary to Government and the Director of Women's Development and Child Welfare Department as the nodal authority have overall responsibility for ICDS.

3.6 At the GOI LEVEL, the Department of Women and Child Development in the Ministry of Welfare is responsible for budgetary control and direction of implementation of the scheme.

3.7 The Governments of India and of the States share ICDS costs. The Government of India provides training and operating costs including salaries, equipment, supplies, play materials, petrol and oil expenses, and medical kits. State Government meets the cost of supplementary food.

4. BACKGROUND TO ICDS ACTIVITIES IN NALGONDA DISTRICT:

4.1. In NALGONDA DISTRICT, at present there are 4 ICDS Projects:

PROJECT	POPULATION	ELIGIBLE WMN/CHLDRN	ANGANWADIS
1. Mothukur	135152	10346	124
2. Devarakonda	144632	3333	156
3. Peddavoora	142424	17510	157
4. Chintapally	115353	12835	112
	537561	44024	549

A new project is now being launched in Huzurnagar area.

4.2. All these four projects are within the proposed AP III project area. The villages/anganwadis within each ICDS project that fall under the project area are as follows:

1.	Mothukur	-	1 anganwadi
2.	Devarakonda	-	32 anganwadis
3.	Peddavoora	-	11 anganwadis
4.	Chintapally	-	95 anganwadis
			139 anganwadis

Making provisions for anganwadis that may be adjacent to the project villages but covering the project population, the total number of anganwadis to be covered under the project is estimated to be 150.

4.3. Out of these 150 anganwadis, 18 have sub-centres of the primary health centres operating in the same village. The project proposes to provide permanent structures at these 18 places for housing both the anganwadi and the sub-centre within the same building.

4.4. The ICDS management in the district is under 1 programme officer and 5 CDPOs.

5. CONCEPTS AND STRATEGIES FOR THE PROPOSED INTERVENTION:

5.1 Based on the finding of the monitoring and evaluation studies, certain weak areas in the existing services under I.C.D.S. have been identified as requiring strengthening.

5.2 These interventions are proposed in the following areas:

a) Construction of Anganwadi/Health Sub-centre buildings, including provision of sanitation facilities and assured drinking water supply;

b) Strengthening of Pre-school Education;

c) Supplementary Nutrition programmes for severely mal-nourished children;

d) Strengthening the Mahila Mandals and Organisation of Income Generating Activities for Women;

e) Referrals of severely mal-nourished children and critically ill mothers to primary health centres;

f) Improved linkages with the primary health centre and sub-centre;

g) Institutional development support to ICDS;

h) Infrastructure support to ICDS

5.3. Construction of Permanent Structures for Anganwadis/Health sub-centres:

Since the anganwadi centre is the focal point for all ICDS activities at the village level, the facilities available and the location of the centre become critically important. Since ICDS does not have provision for construction of permanent buildings, invariably the anganwadi centres are located in rented premises, which are not often spacious enough or well ventilated and do not have adequate space for pre-school, storage of food, conducting of meetings and open space for children. The cramped atmosphere is not promotive of hygiene and health.

Similarly, most of the health sub-centres are also located in rented buildings.

It is proposed to construct permanent buildings for anganwadis and health sub-centres under the NAP project. Sub-centres will be taken up only in those villages where anganwadis exist. Wherever a sub-centre and an anganwadi operate together in one village, it is proposed to provide one permanent structure for housing both the anganwadi and the sub-centre. Wherever only anganwadis exist, they will be provided with permanent structures.

ICDS has identified 18 villages which have both anganwadis and health sub-centres, and 132 villages which have only anganwadis. Hence it is proposed to construct 18 anganwadi cum sub-centre buildings and 132 anganwadi buildings under the project.

The Panchayati Raj Engineering Department will extend assured drinking water supply connection and sanitary facilities, from budgets allocated under the sanitation component of the project.

The land for construction of the centres is to be provided by the community/gram panchayat free of cost.

5.4. Strengthening Pre-school Education:

Pre-school Education is a very crucial component of the package of services under ICDS, as it seeks to lay the foundation for proper physical, psychological, cognitive and social development of the child. Non-formal education is to be imparted at the anganwadi centre to children in the age group 3 to 6. Pre-schooling contributes to the socialisation process of the children and in reducing incidence of dropouts in primary schools. The need for pre-school

education is considered more pronounced in the case of children from culturaly and socio-economically disadvantaged homes.

Play and education materials and equipment used in Anganwadi for non-formal pre-school activities should be of indigenous origin, designed and made by the Anganwadi Workers or local artisans, and inexpensive. Anganawadi Workers should play a leading role in designing and making of these materials. Materials like sand, clay, seeds, leaves, twigs, water etc. have immense possibilities. Slides, sandpits, resting frames, crayon and brush drawings and paintings, paper cuttings, beads etc. have been found to be more popular with pre-school children than sophisticated dolls, toys and other equipments. The traditional festival dolls and folk toys also have a great deal of educational possibilities. Similarly picture books are of great interest and importance to young children. They develop reading interests in children and facilities their language development.

In the training curriculum for anganwadi workers, preparation of educational material for pre-schools is included and a budget of Rs.100/- per Anganwadi Worker is provided for the preparation of such educational kits, which include pictures, charts, education and play materials etc. These are to be prepared and developed by the Anganwadi Workers during their training period. These kits should be easily prepared by them by utilising local inexpensive materials. But in reality, the Anganwadi Workers can make only very insufficient number of kits which cannot cater to the full needs of the children. Her tendency is more to preserve the two to three sets available with her for record purpose, than to place them at the disposal of children for free play. There is a felt demand is for a good number of sets, so that, even if a few are kept for samples, the others can be actually used.

It is proposed to provide grants to each anganwadi to develop adequate sets of education/play materials and equipments.

5.5. Supplementary Nutrition programme for Severely Mal-nourished Children:

Malnutrition among children is the single largest contributor to high rate of infant and child mortality and morbidity. Protein energy malnutrition is widely prevalent and a recent survey conducted by the National Nutrition Monitoring Bureau (1981) has revealed that about 85% of the pre-school children have body weights below 75% of the normal weight for their age. Of these, 5% suffer from severe malnutrition, 5 to 10% have Vitamin 'A' deficiency and run the risk of possible blindness, 40-60% pre-school children are anaemic.

25-30% expectant mothers suffer from nutritional anaemia particularly in the last trimester of pregnancy. Low birth

weight is also associated with poor maternal nutrition. It has grave consequences in terms of higher rates of peri-natal mortality, and morbidity during the early years of the child's life.

The factors responsible for malnutrition are poverty, prevailing ignorance and prejudices in making the best use of locally available foods, and repeated infections and worm infestation, diarrhoeal and respiratory diseases. Hence supplementary Nutrition and nutrition education are important components of the package of services in ICDS.

ICDS has a supplementary nutrition programme for children. However, it is proposed to provide further nutrition inputs to severely Malnourished children/pregnant and lactating mothers under the NAP component. On an average it is estimated that 10 children/mothers will require such nutrition support.

The nutrition input could consist of milk/egg/fresh vegetables/fruits which are locally available.

The beneficiaries to be covered under the scheme will be identified by the Anganwadi worker with the assistance of the Auxiliary Nurse-Midwife and the Medical Officer of the PHC.

5.6 Strengthening of Mahila Mandals and Organisation of Income Generating Activities for Women:

For ICDS, Community Participation is an inbuilt concept. It is necessary for strengthening ICDS qualitatively, and for generating awareness that it is peoples' programme, and that services cannot be delivered by bureaucratic machinery alone. The nodal point for eliciting community participation is the Mahila Mandal. The recruitment of local staff also contribute to enhanced community participation.

Mahila Mandals are organised/strengthened by the ICDS to involve the mothers and through them the community in several of the activities to be taken up at the anganwadi centre:

a) bring children for immunization, health check-ups and supplementary nutrition;

b) help the Anganwadi Centre staff to prepare supplementary nutrition and keep the children clean;

c) help Anganwadi Worker to provide health and nutrition education to women;

d) supplement the efforts of the Anganwadi Workers in pre-school education for 3-6 years old children;

e) report cases of illness among mothers and children (especially under 3 years of age);

To encourage close collaboration between the Anganawadid Centre and the Mahila Mandal, a one-time grant of Rs.1,000/- is being given to each of those Mahila Mandals which actively assist the Anganwadi Worker in achieving pre-specified service coverage levels. The Mahila Mandals will have freedom to use this money for a variety of worth while purposes but would be encouraged to purchase equipments, materials, books necessary for nutrition and health activities.

However, this amount is not sufficient if the members of the Mahila Mandals want to take up income generation activities on a substantial basis. It is proposed to provide additional funds under the project to encourage Mahila Mandals to take up supplementary income generation programmes at the village level, focussing on the anganwadi as a meeting point.

Apart from providing additional income, such activities can provide forum for close interaction between anganwadi and mothers. Further, the beneficiaries can be encouraged to participate in and support the various programmes taken up by the anganwadi. Assured source of income can also contribute to improved nutrition standards and improved level of functioning of the anganwadi.

5.7 Referrals of Severely Mal-nourished Children and Critically ill Mothers to Primary Health Centres:

In view of the limited medical and health services/ infrastructure available at the Anganwadi/sub-centre level, referral services have to be provided by the Anganwadi Worker for cases of very sick pregnant and lactating mothers and children of 0-6 years. Subsequent treatment/follow-up instructions provided by the referring institutions will be taken up by the anganwadi worker.

In order to strengthen the hands of the field functionaries for more effective referral services, it is proposed to set up a "REFERRAL FUND", to be managed by the CDPO at the project level. In consultation with the anganwadi worker, Mahila Mandal and the voluntary organisation, the money is to be utilised for transport and medicine for patients requiring Emergency Referral Services.

5.8 Improved Linkages with the Primary Health Centre and Sub-centre:

In 1977, the Government of India launched a Rural Health Scheme, based on the principle of "Placing people's Health in People's Hands". It is a 3-tier system of Health Care Delivery, based on the recommendations of the Shrivastav Committee (1975). Close on the heels of these recommendations, the Alma Ata Declaration (1978) set the goal of 'Health for All by the year 2000'. The Ministry of Health and Family Welfare has evolved a National Health Policy under

which, it is sought to establish primary Health Care services to reach the population even in the remotest areas of the Country, so that the goals of Health for all by 2000 A.D. can be met.

The National Health Policy provided a plan of action for re-orienting and shaping the existing rural Health infrastructure with the specific goals to be achieved by 1995 within the framework of the Five Year Plans and the new 20-Point Programme. Steps are already under way to implement the National Health Policy towards achieving Health for All by the year 2000 A.D.

To achieve the above mentioned objective the SUB-CENTRES are established in the Primary Health Care delivery system. The Sub-Centre is the Peripheral outpost of the existing Health delivery system in rural areas. The Government of India have taken up the establishment of sub-centres and Primary Health Centres under the Minimum Needs Programme.

The official goal is now to establish one Sub-Centre for every 5,000 population, and for every 3,000 population in the hilly, tribal and backward areas.

Each sub-centre is to have one Male and One Female Health Worker. They provide mainly MCH care, and Immunization Services in addition to Family Planning services. Their work is supervised by Male and Female Health Assistants. According to the revised norm one female Health Assistant will supervise the work of 6 female Health Workers. In rural Health Scheme, these Workers are also referred to as Multipurpose Workers (MPWS).

Pattern of Inputs for Rural Sub-centres:

a) Government of India sanctioned 900 Additional Sub-Centres to be opened under Family Welfare Programme (1987-88):

I. Non-recurring: Equipments, Furniture, etc. Rs.3,200/-

II. Recurring:

Health Worker(Female)/Auxilliary Nurse Midwife: As per State Scale of pay & Allowances

Voluntary Workers on an Honorarium of Rs.50/- pm
Rent for the building : Rs.1,000/- per annum.
Medicines: Rs.2,000/- per annum.

III. Contingencies:

Rs.600/- per annum.

One of the important elements in ICDS is the strengthening of health infrastructure in the project area, so as to ensure effective delivery of health services to pre-school children and pregnant and lactating mothers. The Anganwadi Worker will assist Primary Health Centre/Sub-Centre staff in the implementation of the following health services:

1. Immunization;
2. Health Check-up;
3. Referral Services;
4. Health Education;

Mother and child welfare is inseparably tied to delivery of effective and prompt health services at the village level. ICDS has recognised the critical requirement of health inputs and sanitation/hygiene for the overall growth of the child. While schemes for adolescent girls for discouraging early marriage are being taken up with the assistance of UNICEF, the need for improved health services has to be further looked into. As such the proposal for the construction of Sub-Centre alongwith the Anganwadi centre. This will ensure better coordination with the health centre staff. It is reasonaly expected that the location of the Sub-Centre closer to the Anganwadi will give fillip to Immunization programmes for children and peri-natal care for mothers.

The programme will have provisions for close interaction with the PHC and Sub-centre staff at the field level and with the DM&HO at the district level. ICDS, Health Department and the voluntary agency will closely interact in training programmes and health/immunization/family welfare and planning programmes.

5.9 Institutional Development Support to ICDS:

Under this component the project will take up the following activities:

a) Training programmes for Anganwadi workers
b) Training programmes for Supervisory Staff
c) Coordination meetings involving ICDS/Health Department/Voluntary agency
d) Additional incentives to Anganwadi workers

5.10 Infrastructure Support to ICDS:

Under this component the project will support ICDS for setting up an exclusive project implementation/monitoring unit at the district level, staffed by a Woman Project Officer, who reports directly to the Programme Officer. She is to be provided with adequate support staff and infrastructure/mobility.

6 OPERATIONAL PLANS/ESTIMATES

6.1 Construction of Anganwadi Centres (132):

The cost of Anganwadi Building has been provisionally worked out at Rs.60,000/-. Sufficient floor space for running the classes, Supplementary Nutrition Programme and for storage of food and materials will be made.

Construction of Anganwadi cum sub-centre Building (18):

The cost of such buildings has been provisionally worked out at Rs.1,50000/-. It consists of one examination room, Clinic and the anganwadi facilities as discussed above.

The Andhra Pradesh Industrial Infrastructure Corporation which is at present undertaking most of the construction activities for the department, will be entrusted with the construction of the centres.

Since PRED is to provide water supply and sanitation, tapping the budget provisions under the sanitation component, the cost for such infrastructure is not included in the present estimates.

6.2 Strengthening Pre-school Education Activities:

Basing on Workshop recommendations conducted in July, 1990, by Women's Development and Child Welfare Department for strengthening of the pre-school education component, it was decided that the pre-school education-aids kit must contain the items from among the 4 categories mentioned below, meant for development of certain areas in the child. The four categories are as follows:

i) Physical Development;
ii) Psychomotor Development;
iii) Cognitive Development;
iv) Social and Emotional Development;

It is proposed to supply education materials/play items to further improve the Pre-school Education Kit in each Anganwadi Centre with an estimated cost of Rs.3,000/- for first year and Rs.500/- per year for the remaining three years. The NAP input under this component would be Rs.4500/- per Anganwadi centre.

6.3 Special Nutrition Programme:

It is proposed to supply fruits/eggs/milk/fresh vegetables, as are seasonally available, to severely malnourished children (Grade III & IV) and critically ill mothers.

At an average of 10 beneficiaries per anganwadi, 1500 children/mothers are to be covered under the programme. At the rate of Rs.1.20 per beneficiary per day, the annual cost of the component would be Rs.6.570 lakhs.

The programme will be managed by the anganwadi worker under the supervision of a village committee in which the Mahila mandal, the health sub-centre and the voluntary agency are represented. The Mahila Mandal and the Voluntary Agency could together plan the programme, ensuring as far as possible, long term sustainability by linking the programme with income generating activities.

6.4. Health Referral Services to PHC:

As already pointed out, only the emergency referral cases are brought in the fold of this Scheme.

The case can be referred by the Anganwadi Worker either to PHC, and, if she is aware that adequate facilities are not available in PHCs, to Taluq Hospital/District Hospitals.

The Medical Officer of the PHC will impart training to Anganwadi Worker in detection of the high risk pregnant and lactating women and children of 0-6 years. The Anganwadi Worker will also be informed about available services in PHC/CHC/Upgraded PHC/Taluq Hospitals/District Hospitals.

At the Anganwadi Centre, the Anganwadi Worker will take help of ANM for detection of the emergency cases. For very severe cases, the Anganwadi Worker will follow the patient to referral hospital, admit the patient and then return. For such visits she wil be paid TA & DA as per normal ICDS rules.

The emergency cases of the following will be referred:

CHILDREN:

1. Diarhhoea not responding to O.R.T.
2. Acute Respiratory Infections.
3. Febrile cases.
4. Severely malnourished children.
5. Babies weighing less than 2.5 lbs.
6. Babies born 4 weeks before term.
7. Babies not breathing properly or cyanosed.
8. Malformed baby.
9. Jaundice
10. Fever not responding to treatment at Anganwadi.

MOTHERS:

1. Cases advised by ANM/LHV/MO during health check-ups at Anganwadi.
2. Incomplete abortion.
3. Obstricted labour.

4. Bleeding P.V. before delivery of the Child.
5. Post-partum Haemorrhage.

An amount of Rs.2000/- per annum is to be made available for each anganwadi centre for such referral services. The amount is to be kept with CDPO, who will release funds to the anganwadis as per requirement.

The CDPO will be responsible for administering the funds. She has to maintain the accounts systematically in a separate account book.

6.5. Mahila Mandali Level:

a) Organisation of Mahila Mandals:

Mahila Mandal is to consist of at least 20 members, organised and supported by the Anganawadi Worker with the assistance of her Supervisor. In the past, Mahila Mandali Members have tended to be women from well-to-do segments of the village. However, in the project areas, Anganwadi Workers would encourage participation of women whose children are the prime targets for ICDS. The role of Mahila Mandals would be redefined and expanded to include their more active involvement. In addition to helping the Anganwadi Worker in her activities, they may take responsibility for various activities taken up by the anganwadi/health centre.

The Mahila Mandali is the basic unit on which other women's development activities are based. Therefore, it is anticipated that Mahila Mandals will be formed in all Anganwadi Centres in the Project area.

b) Women's Income Generating Activities:

Government currently operates a programme called 'Development of Women and Children in Rural Areas' (DWCRA) as part of the national Integrated Rural Development Programme (IRDP). Under the DWCRA programme, 30 Mahila Mandals in each block are provided with a grant of Rs.15,000/- to be used as a revolving fund to give loans to members for individual or group income generating activities.

ICDS intends to modify the DWCRA approach to the extent that revolving capital would be released in two instalments and not at one time, so that finance can go to the deserving Mandalis only, after assessing their activities closely.

Among the functioning Mahila Mandals, about 3/4th may be in a position to activate their members for income generating activities. These groups may be encouraged to develop specific proposals for approval by appropriate

ICDS functionaries. The participants would be from poor households who are also ICDS target beneficiaries. The proposals would be evaluated for their viability based on existing skills, raw-materials and marketing channels.

Selected Mahila Mandals would be given an initial grant of Rs.4,000/-. It is estimated that about 120 Mahila Mandals will benefit from the scheme. The budget requirement would be Rs.4.800 lakhs.

Of the Mahila Mandals who have initiated income generating activities, it is expected that about 3/4th would be able to expand their activities further, for which an additional grant of Rs.15,000/- would be given as revolving fund. About 90 Mahila Mandals would avail of the second grant. The budget for this works out to Rs.13.50 lakhs.

6.6. Skill Development for Mahila Mandalis:

It can be assumed that most of the Mahila Mandals have proficiency in some skill or other and that some of the Mahila Mandals have to be shown activities for income generation from the start. In the first case, it will mean upgradation of the existing skills and in the second case, it will mean training the members of the Mahila Mandals in a new skill. Choice of the skills will definitely depend on the demands for certain projects in the local areas, availability of raw-materials locally and possible market tie-up. Either way, the salaries of an Instructor/Instructress can be built into the entire financial outlay and it can be reasonably expected that the salary can be Rs.400/- per month per Instructor. Since A.P.Women's Cooperative Finance Corporation is running District Level Training in vocational trades in department's own Complexes in the District Head-quarters, the Department will take the responsibility for identifying the Instructors and getting the members trained.

Since the income generating activity for the ICDS mothers who are the members of the Mahila Mandali is conceived as a group activity, necessarily the training has to be imparted at the level of the Anganwadi Centre so that commutation of long distance or dislocation from the family can be avoided. Since the Project also envisages the construction of Anganwadi Centres, the income generation activity can as well take place in the Anganwadi Centre itself, after the pre-school activity. Since the activity is conceived on the basis of revolving capital, the cost is calculated for the entire project period and provision is made for training for one year by the Instructor and the salary of the Instructor is calculated accordingly.

At the rate of Rs.400/-per instructor per month, the budget requirement would be Rs.5.76 lakhs.

6.7. Training of Anganwadi Workers:

Under the existing system in I.C.D.S., Government of India contemplate that Anganwadi Workers should undergo a job course training for a period of 3 months. They will be given refresher training also once in two years. The Helpers will undergo 8 days training.

It is, however, proposed that specific training programmes on community health, water, sanitation, etc. be organised under the project. The anganwadi workers and supervisory staff will be exposed to other community health programmes and their coordination with the health department and the voluntary organisations will also be covered under training. The teaching skills and extension skills of the anganwadi staff will also receive attention.

It is proposed to organise at least one training programme every year under NAP, involving anganwadi workers and their supervisory staff. Each batch would consist of 30 trainees and there will be 6 batches per year. The resource persons will consist of trainers from ICDS, experts in community development/community health/pre-school education, child psychology etc.

At the rate of Rs.250/- per trainee the total cost of training per annum works out to Rs.45000/-, and including cost of resource materials etc; the annual budget for inservice training is estimated at Rs.50000/-.

7. INFRASTRUCTURE DEVELOPMENT/PERSONNEL MOBILISATION:

7.1. At Village Level:

Under Netherlands Assisted Project, it is proposed to pay an additional honorarium of Rs.50/- per month per Anganwadi Worker, and Rs.15/- per month per Helper to look after the additional activities proposed under NAP: Income Generating Activities, Infrastructure facilities to Anganwadi, Pre-School Education etc.

At Rs.65/-per month per anganwadi, the annual budget under this component would be Rs.1.170 lakhs.

7.2. At District Level:

The District ICDS Cell is headed by a Programme Officer of the cadre of Assistant Director in the Women's Development and Child Welfare Department. She monitors and reviews the activities of all the blocks in the district, holds periodic

reviews and meetings, coordinates with the other concerned departmental officers.

Under Netherlands Assisted Project, it is proposed to strengthen the District ICDS Cell with the following:

POST	PAY SCALE	PER MONTH	PER ANNUM
Wmn Dvlpmt Offcr	1810-70-3230	Rs.3,500/-	Rs. 42,000
Supervisor	1330-60-2630	Rs.2,500/-	Rs. 30,000
Senior Asstnt	1100-40-2050	Rs.2,000/-	Rs. 24,000
Typist	910-30-1625	Rs.1,500/-	Rs. 18,000
		Total:	Rs.114,000

In addition to salary, the following annual establishment costs are also to be met from the project:

i) Mobility	Rs.0.25 lakhs
ii) Contingencies	Rs.0.05 lakhs
iii) T.A./F.T.A.	Rs.0.15 lakhs
iv) Rent, Postage, Stationery	Rs.0.45 lakhs
	Rs.0.90 lakhs

Non-recurring expenditures charged to the project are for provision of a four wheeler and for a minimum of office infrastructure for the woman project officer:

i) Jeep	Rs.2.00 lakhs
ii) Furniture and Equipment	Rs.0.30 lakhs
	Rs.2.30 lakhs

7.3. At the Block and State Levels:

No additional provision has been made under Netherlands Assisted Project. Existing ICDS infrastructure/personnel will manage the project.

8. PROJECT ORGANISATION/TIME SCHEDULE:

8.1. At the State Level, the Director, Women's Development and Child Welfare Department, will have the overall responsibility for the implementation of NAP Programme.

8.2. The Project period will cover 4 years i.e. starting from the financial year 1992-93 to 1995-96.

8.3 It is proposed to construct the buildings in a phased manner, within the first three years. But the other activities proposed under NAP assistance will be started in all the Anganwadi Centres in the first year itself, as the Anganwadi Centres are already functioning.

9. PROJECT MONITORING/COORDINATION/REVIEW/ACCOUNTING:

9.1 A monitoring system has already been developed for monitoring ICDS programmes. The programmes are being monitored through regular monthly and quarterly feed back from each project.

9.2 The main components of this feed-back are:

i) progress reports from the Anganwadi Worker to the CDPO through Supervisors;

ii) quarterly progress report from the Supervisor to the CDPO;

iii) monthly and quarterly progress reports from the CDPO to the State Government with copies to the concerned district officials.

9.3. As far as the Netherlands Assisted Project is concerned, the Woman Project Officer will consolidate the reports from the CDPOs and will present monthly and quarterly reports to the Director who in turn will furnish them to the Netherlands Assisted Projects Office. Monitoring formats will be finalised later.

9.4. As per normal procedure, quarterly reviews will be done at the district level by the concerned RDOs/Joint Collectors. In addition the Project Officer and the Woman Development Officer will participate in all district level reviews organised by NAP. At the State level, the project will be represented by the Director.

9.5. Separate accounts will be maintained by the Project Officer, the Woman Development Officer, CDPOs, and Anganwadi Workers. As far as income generating activities are concerned, the Voluntary Organisation will be provided with funds by the CDPOs who will also obtain statement of accounts from them and consolidate these into their reports.

10. ROLE OF VOLUNTARY AGENCY:

10.1 Government of India and the State Governments have recognised the need for involvement of voluntary organisations in welfare programmes, especially programmes relating to women and children.

10.2 The schemes that have been proposed under NAP Project include both welfare and developmental aspects. The emphasis on women particularly as a target group is a recent phenomenon, and the preparatory activities that are required to make these target group ready for the schemes that are created for them require the participation of non-governmental organisations, in addition to the efforts of the official machinary. It would not be improper in this case to mention that already one ICDS Project is being run in the State of Andhra Pradesh by a Voluntary Organisation and similarly all the Anganwadi Training Centres are being run by Voluntary Organisations at present, unlike in many other States.

10.3 This department is accustomed to work in coordination with voluntary organisations and has realised the necessity of enlisting the support of non-controversial, result oriented voluntary organisations for furtherance of development of welfare programmes for women and children.

10.4 Under the NAP project, the voluntary organisations in the project areas can be involved in the following activities:

- Organisation of Mahila Mandals
- Initiating income generating activities for women
- Ensuring community participation in the anganwadi programme
- Ensuring participation by especially the needy women, through such strategies as house to house visit, Grama Sabhas, through banners, posters, through programmes like folk songs.
- Supporting the anganwadi worker in taking up health education programmes, immunization programmes, supplementary nutrition programmes, training programmes for women, leadership development programmes, etc.
- Ensuring community involvement in the construction of the anganwadi centre

10.5. It is proposed that District and Village level coordination committees be formed involving the ICDS staff, health department, the voluntary organisation and other related

agencies to ensure smooth implementation of the programme.

11. PROJECT SUSTAINABILITY:

11.1. The total project period is 4 years. As far as infrastructure aspects like Anganwadi Buildings, strengthening of pre-school education are concerned, the question of sustainability would not arise because almost all the expenditure are non-recurring in nature.

11.2. The question of sustainability comes only in the field of income-generating activities, supplementary nutrition and referral fund. So far as the income generating activities are concerned, since the voluntary organisation will continue to work in the project areas, they can ensure follow up, if necessary availing of programmes under district development agencies.

11.3. So far as the continuation of supplementary nutrition and referral services are concerned, no commitment can be given for continuation at this time. However since the voluntary organisation will be working to strengthen the Mahila Mandals, they may be able to motivate and organise these mandals to continue several of the activities initiated under the project.

11.4. Personnel Recruited under the Project at the District Level would be absorbed into the department, if their continued presence in the project is not required.

12. BUDGET SUMMARY

12.1 The budget summary is provided below:

			(Rs. in lakhs)
1.	Construction of Buildings	...	Rs. 117.282
2.	Strengthening Pre-School	...	Rs. 6.375
3.	Income Generation	...	Rs. 24.060
4.	Supplementary Nutrition	...	Rs. 22.995
5.	Referral Fund	...	Rs. 10.500
6.	Training	...	Rs. 2.000
7.	Salaries	...	Rs. 4.914
8.	Incentives for Anganwadi Staff	...	Rs. 4.095
9.	Establishment Costs	...	Rs. 3.879
10.	Vehicle, Furniture and Equipments	...	Rs. 2.300
	Total	...	Rs.198.400

(Rupees one hundred and ninety eight lakhs and forty

thousand only)

12.2 The year-wise Budget requirement is indicated below:

Year		Amount
Year 1	...	Rs. 50.740 lakhs
Year 2	...	Rs. 70.937 lakhs
Year 3	...	Rs. 62.371 lakhs
Year 4	...	Rs. 14.352 lakhs

12.3 The amounts may be released to the Director and Ex-officio Joint Secretary, Women's Development and Child Welfare Department, Government of Andhra Pradesh.

WOMAN AND CHILD HEALTH/DEVELOPMENT - NALGONDA - AP III
INTEGRATED CHILD DEVELOPMENT SERVICES - HYDERABAD
BUDGET REQUIREMENT FOR FOUR YEARS

(Rupees Lakhs)

S.NO	PROJECT COMPONENT	UNT CST	1992-93		1993-94		1994-95		1995-96		TOTAL	
			ANGWD	AMOUNT	ANGWD	AMOUNT	ANGWD	AMOUNT	ANGWD	AMOUNT	ANGWD	AMOUNT
1	Cnstrctn of bldngs:											
	a) Anganwadi Buildings	0.600	40	24.000	50	33.000	42	30.492			132	87.492
	b) Anganwadi/sub-centre	1.500	6	9.000	6	9.900	6	10.890			18	29.790
	Total of 1		46	33.000	56	42.900	48	41.382			150	117.282
2	Strngthng of Pre-School											
	a) One-time Grant	0.030	75	2.250	75	2.250					150	4.500
	b) Annual Grant	0.005			75	0.375	150	0.750	150	0.750		1.875
	Total of 2		75	2.250	150	2.625	150	0.750	150	0.750	150	6.375
3	Income Generation											
	a) Initial Grant	0.040	60	2.400	60	2.400					120	4.800
	b) Instructors Salary	0.048	60	2.880	60	2.880					120	5.760
	c) Additional Grant	0.150			45	6.750	45	6.750			90	13.500
	Total of 3			5.280		12.030		6.750				24.060
4	Supplmntry Nutrition (Rs.1.2/10chldn/365d/Ang)	0.044	75	3.285	150	6.570	150	6.570	150	6.570	150	22.995
5	Referral Fund	0.020	75	1.500	150	3.000	150	3.000	150	3.000	150	10.500
6	Training	0.500		0.500		0.500		0.500		0.500		2.000
7	Salaries	1.140		1.140		1.197		1.257		1.320		4.914
8	Incntvs fr Angwdi Staff (Rs.65/pm/anganwadi)	0.0078	75	0.585	150	1.170	150	1.170	150	1.170	150	4.095
9	Estblishment Costs	0.900		0.900		0.945		0.992		1.042		3.879
10	Vehicle/Frntre/Eqpmnts	2.300		2.300								2.300
	GRAND TOTAL			50.740		70.937		62.371		14.352		198.400

LIST OF VILLAGES WHICH ARE HAVING ANGANWADI CENTRES IN NALGONDA AREA

DEVARAKONDA

1. Medaram
2. Tirmalgiri
3. Chanpur
4. Polkamapalli
5. Ghanpally
6. G.Beemanpally
7. Gudipally-2
8. P.A.Pally - 2
9. Mallapur
10. Waddipatla
11. Pulicherla
12. Pothunur
13. Pinavoora
14. Dugyal
15. K.Mallepally - 2
16. Doniyal
17. Chilkamarri
18. Gumdavelli
19. Utlapally
20. Kethepally
21. Chinnadaserapply
22. Kulmanthalapahad
23. Bheemanapalli Patti Koppol
24. Kollakkal
25. Pelipakala
26. Chintakuntla
27. Chammaram
28. Sarupalli
29. Kesamnenipalli

PEDDAVOORA

30. Parvedula
31. Peddavoora _ 2
32. Singaram
33. Mukkamala
34. Yacharam
35. Marepally - 2
36. Turkapally
37. Gowraram
38. Chintapalli

MOTHUKUR

39. Pallepahad

CHINTAPALLY

40. Mosangi
41. Chepoor - 3
42. Junuthla
43. Gurrampode - 2
44. Chamled
45. Amloor
46. Bollaram
47. Nadikuda
48. Koppole 3
49. Kalvapally
50. Mustipally - 2
51. Medlavai
52. G.Mallepally
53. Revally
56. Thummalapally
57. Mohammadapur
58. Devathapally
59. Pasnoor
60. Tirumalagiri
61. Nampally - 3
62. Peddapur - 2
63. Chamalpally
64. Ganugupally
65. Pochampally
66. Nelvalpally
67. Chittampahed
68. Makkapalli
69. Gadiagowraram - 2
70. T.P.Gouraram
71. Mallaprajupally
72. Tirmalapur
73. Vaddepally
74. S.Lingotum
75. Damera
76. Markala
77. Vimjamuru
78. Chintapally - 3
79. Narsarlapally - 2
80. Tahkkadlapally
81. Chakalisherpally
82. Kurmed
83. Kurmapally - 2
84. P.K.Mallepally

85. Marriguda - 3
86. Wattipally - 2
87. D.Bhemapally - 2
88. Madnapur
89. Polepally R'nagar - 2
90. Godakondla
91. Tirgandlaplly
92. Tammadapally
93. Mondoor
94. Indurthy
95. Sarumpet
96. Lenkalapally
97. Somarajugudem
98. Anthampet
99. Yerugandlapally - 3
100. Metchaandapoor
101. Vattikode
102. K.Gauraram
103. Homanthulappally
104. Madanapur
105. Mallareddypally
106. Polepalli Ramannapur
107. Thided (Venkatampet)
108. Vinjamur
109. Juriguda
110. Marrapalli
111. Palvai
112. Pegadispally
113. Tenepalli
114. Chintaguda
115. Sultanpur
116. Alwal

TOTAL CENTRES = 142