

INTEGRATED CHILD DEVELOPMENT SERVICES U.T. ADMINISTRATION OF DAMAN & DIU CITIZEN'S CHARTER

1. INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS):-

The Department has universalized the ICDS Programme in the entire Union Territory functioning with 02 ICDS Projects.

➤ **OUR VISION: -**

The people of a country are its most valuable asset. The strength and prosperity of a nation lies in its people who are healthy, educated and economically self-reliant. Hence, in fulfilling the direction given in the Constitution of India, the U.T. Administration is committed to provide facilities and opportunities to its citizen for education, health and nutrition with a long term goal of ensuring freedom from disease, illiteracy and poverty.

The future of a country is vested in its children. Children of today are the citizens of tomorrow. Hence, it becomes predominantly significant to take adequate steps for the holistic development of the child right from the beginning when he/she is in the womb of his/her mother. Such development of child needs adequate facilities for health, education and nutrition.

➤ **OUR CLIENT: -**

- Children of 0-3 years age group.
- Children of 3-6 years age group.
- Expectant women.
- Nursing mothers.
- Adolescent girls.
- Other referral cases

➤ **OUR ACTIVITY: -**

- Early childhood care and education.
- Immunization
- Referral services
- Nutrition and health education
- Health checkups

➤ **OUR COMMITMENTS: -**

ICDS Department, U.T. of Daman & Diu is dedicated for improving nutritional health and education status of children up to 6 years of age, pregnant women and lactating mothers of the society. Govt. of India and U.T. Administration of Daman & Diu have been providing budgetary support for various interventions for ensuring holistic development of children with particular focus on meeting their needs of sound health, supplementary nutrition and joyful learning.

Our endeavor is to serve the target group more and more effectively so that the children and women from the deprived class of society are free from disease and ignorance.

➤ **PROCESS OBJECTIVES: -**

- Improve the nutritional and health status of children below the age of six years and women in 20-45 years age group. Lay the foundation for the proper physiological, physical and social development of the child.
- Under immunization program ensuring, T.T. shots to pregnant women and D.P.T. & B.C.G. vaccines to 0-6 years children.
- Reduce the incidences of mortality, malnutrition and school dropouts.
- Achieve effective co-ordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child, through proper health and nutrition education.
- Ensure the provision of supplementary nutrition the undernourished and severely undernourished women & children.

➤ **SERVICES: -**

The above objectives are sought to be achieved through a package of services comprising:

1. Supplementary nutrition,
2. Immunization,
3. Health check-up,
4. Referral services,
5. Pre-school non-formal education and
6. Nutrition & health education.

The concept 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 related services.

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker and Anganwadi Helper
Immunization*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

The welfare schemes implemented by this department through the various functionaries of W&CD are given separately indicating the beneficiary wise services.

The beneficiaries covered under various schemes are enumerated below:

Services for Children

New Born
 (0-6) Months
 6 Months –1 Year
 (1-3) Years
 (3-6) Years

Primary School Children

Care for Abandoned / Orphan Children (0-6 Years)
 Orphan & Destitute Children (Upto18 years boys & 25 years girls)
 Welfare of Street Children
 Children in Need of Special Care
 Children in Conflict with Law (Upto 18 yrs)
 Adolescent Girls
 Services to Women
 Women
 Pregnant Women
 Nursing Mothers
 Working Women
 Women in Distress
 Standard of Performance:

- Courteous and helpful services.
- Registering of requests and complaints with acknowledgement.
- Reply in 15 days for individual beneficiaries.
- Reply in 30 days for representation of the General Public.

SERVICES TO CHILDREN:-

❖ NEW BORN:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Weighment at Birth	ICDS	To know the nutritional status	Counseling as required	Medical / Home visit by ANM	Medical Officer/ AWW/ANM
Immunization	ICDS	To protect from 6 killer diseases i.e. Polio, Diphtheria, Pertusis (Whooping Cough) Titanus, TB & Measles	Birth Polio & BCG Mother & Child Protection	Health Care Centre/ AWC	Medical Officer/ AWW/ ANM
Health Check up	ICDS	Health promotion	Diagnosis and treatment. Home visit by ANM/ AWW	AWC/ PHC Home Visit	Medical Officer/ AWW/ ANM
Referral Services	ICDS	Specific treatment if required	Free Medical Service	PHC/ Hospital	Medical Officer

❖ (0-6) MONTHS:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Monthly Weighment	ICDS	Growth monitoring	Counseling as required	AWC	AWW/ ANM
Immunization	ICDS	To protect from Polio, Diphtheria, Pertusis & Titanus	1 st & 2 nd & 3 rd dose Polio & DPT	AWC/ PHC/ Immunization Point	AWW/ ANM/ Medical Officer
Health Check up	ICDS	Health promotion	Diagnosis and treatment.	PHC/ Hospital	AWW/ ANM/ Medical Officer
Referral Services	ICDS	Specific treatment if required	Free Medical Service	PHC/ Hospital	Medical Officer

❖ 6 MONTHS -1 YEAR:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Supplementary Nutrition (SNP)	ICDS	To promote nutritional status of mild, moderate & severely malnourished children	1. Spot feeding for mild & moderate. 2. Hot Cooked Meal severed malnutrition children.	AWC	AWW/ Supervisor/ CDPO
Immunization	ICDS	To protect from Diphtheria, Polio, Measles, Night Blindness	DPT, Polio, Measles & Vitamin-A	AWC/ PHC	AWW/ ANM/ Medical Officer
Health Check up	ICDS	Health promotion	-Diagnosis and treatment. – Home visit by ANM/ AWC –First-aid Medicine	AWC/PHC/ Home visit by ANM/ AWC	Medical Officer (Specialist)
Growth Monitoring (Monthly Weighment)	ICDS	Health promotion	Counselling as required	AWC	ANM/ AWW
Referral Services	ICDS	Specific treatment if required	Free Medical Service	PHC/ Hospital	Medical Officer

❖ 1-3 YEARS:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Supplementary Nutrition (SNP)	ICDS	To promote nutritional status	1. Spot feeding 2. Hot Cooked Meal severed malnutrition children.	AWC	AWW/ Supervisor/ CDPO
Immunization	ICDS	To protect from Polio, Pertusis, Titanus & Night Blindness	Booster Polio, Booster DPT & Vitamin-A (6 monthly)	AWC/ PHC	AWW/ ANM/ Medical Officer
Health Check up	ICDS	Health promotion	-Diagnosis and treatment. –First-aid Medicine	AWC/PHC	AWW/ ANM/ Medical Officer
Growth Monitoring (Monthly Weighment)	ICDS	Health promotion	Counselling as required	AWC	ANM/ AWW
Referral Services	ICDS	Specific treatment if required	Free Medical Service	PHC/ Hospital	Medical Officer

❖ 3-6 YEARS:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Supplementary Nutrition (SNP)	ICDS	To promote nutritional status	1. Spot feeding 2. Hot Cooked Meal severed malnutrition children.	AWC	AWW/ Supervisor/ CDPO
Immunization	ICDS	To protect from 6 killer diseases	2 nd Booster Polio, 2 nd Booster DPT/DT & Vitamin-A (6 monthly)	AWC/ PHC	AWW/ ANM/ Medical Officer
Health Check up	ICDS	Health promotion	-Diagnosis and treatment. - Medicine Kit (First-aid)	AWC/ PHC	AWW/ ANM/ Medical Officer
Growth Monitoring (Monthly Weighment)	ICDS	Health promotion	Counselling as required	AWC	ANM/ AWW
Referral Services	ICDS	Specific treatment if required	Free Medical Service	PHC/ Hospita l	Medical Officer
Pre-school Education	ICDS	To lay foundation for physical, social & psychological development.	Non-formal pre-school education through playway method. Use of Toys, Arunima, Story, Songs etc.	AWC	Supervisor/ CDPO

NOTE: Protection from 6 Killer Diseases i.e. Polio, Diphtheria, Pertusis (whooping Cough), Tetanus, TB & Measles by scheduled immunization is covered under ICDS for the children from New Born to 6 years.

❖ PREGNANT WOMEN:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Helping Pregnant Women & Nursing Mothers	SNP	To improve the health & nutritional status of children in the age group of 0-6 years for a period of 300 days a year as per nutritional norms.	Pregnant women & nursing mothers are provided counseling with regard to certain key services such as ante-natal care, iron-folic acid supplementation & improved care during pregnancy, timely immunization etc.	AWC	AWW Supervisor & CDPO
Immunization	ICDS	To improve the immunization of pregnant women	Immunization to Pregnant Women	AWC/ PHC	AWW/ ANM/ Medical Officer
Health Check up	ICDS	To provide health services to Pregnant Mothers and Nursing Mothers	Ante-natal checkup of pregnant women Post-natal checkup of nursing mothers	AWC ANM sub Center PHC	AWW/ ANM/ Medical Officer
Referral Services	ICDS	To provide health services to women in need of special medical care.	Referral to PHC & Hospital	PHC/ Hospita l	Medical Officer, PHC or CHC
Nutrition & Health Education	ICDS	To provide NHED with an aim to enhance the capacity of mothers and community to look after the health and nutritional need of mother within the family environment.	NHED is provided to mothers whose children suffer from frequent illness.	Home visit/ AWC	AWW Supervisor CDPO

❖ NURSING MOTHERS:

Services	Scheme	Objective	Service Entitlement	Place	Contact Person for further details
Diet supplementation to Pregnant and Lactating Mothers	ICDS	To improve the health & nutritional status of pregnant women & lactating mothers from low income families for a period of 300 days a year as per nutritional norms.	300 days a year food supplementation to nursing mother as per norm i.e. 500 Calories & 20-25gm Protein to P&L mothers	AWC	AWW

➤ **MANDATE, GOALS AND POLICY FRAME WORK :-**

To reduce Malnutrition in 0-6 year Children.

Reduction of Children with low Birth Weight.

To reduce Infant Mortality Rate.

To reduce Maternal Mortality Rate.

To educate Mothers about Nutrition & Health.

To reduce anemia, Vitamin A deficiency and Iodine deficiency among the Children below 6 years and Mothers.

To improve the Feeding Practices.

➤ **OBJECTIVES:**

- ❖ 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.

➤ **TIME TABLE OF ANGANWADI CENTRE**

Anganwadi Timing: 08.30 hrs. to 12.30 hrs.

The time spent on the following different activities:

Sr. No.	Time	Activities
1)	08.30 to 09.00 hrs.	Prayer to God (Prathna)
2)	09.00 to 10.00 hrs.	Oral and Writing of Alphabets and numbering
3)	10.00 to 10.15 hrs.	Recess (morning break-fast kanji, soup, biscuit & chiki)
4)	10.15 to 10.30 hrs.	Indoor Games like musical chair, play with toys, water in bottle etc.
5)	10.30 to 11.00 hrs.	Supply/Serving of Nutrition food to AWC Children, Lactating & Pregnant Mother and Adolescent-Girl.
6)	11.00 to 11.15 hrs.	General knowledge of fruits, animals, flowers and birds. Discussion with children about shape, painting and Colour etc.
7)	11.15 to 11.45 hrs.	Action Songs and Bal Geet.
8)	11.45 to 12.00 hrs.	Stories
9)	12.00 to 12.15 hrs.	Exercise: Routine exercise of hand and feet.
10)	12.15 to 12.30 hrs.	Songs, National Anthem

- Courses (Training in service and pre-service. Capacity building of functionaries).
- Child Development Project Officer has taken one month training for development activities for children and Management for running of the Anganwadis.

▪ **Recent Initiatives:**

The ICDS Scheme has been under implementation since 1975. The challenges arising out of the future status of child health and nutrition has necessitated introduction of new interventions in next 10 years (2010-2011 to 2019-2020)

- Universalization of the scheme with introduction of Anganwadi on Demand;
- Revision in financial norms of supplementary nutrition;
- Reward mechanism for ICDS functionaries;
- Introduction of cost sharing between Centre & UT in the following ratio 50:50 for SNP and 90:10 for all other components for UT.
- Strengthening of Management Information System (MIS) and Training component of ICDS Scheme.
- Introduction of World Health Organisations Growth Standards(WHO)
- Modern Anganwadi newly construction/repairs/maintenance and furniture/Indoor play equipments etc.

2. SUPPLEMENTARY NUTRITION PROGRAMME (SNP)

Nutrition is the most important service rendered under ICDS. Broadly Morning Snacks and Hot Cooked Meal provided to the beneficiaries at each Anganwadi Centers in 02 ICDS Projects in the UT of Daman & Diu.

➤ **SUPPLEMENTARY NUTRITION UNDER – ICDS:**

- Supplementary Nutrition Programme (SNP), the Nutritional Food is prepared at Anganwadi Centres by the Anganwadi Helpers, as per weekly menu/time-table under supervision of Anganwadi Worker. The Hot cooked meal is provided to the Children in the age group of 06 months to 06 years, Pregnant Women & Lactating Mothers under the scheme of SNP. The Anganwadi Centres also provide Hot Cooked Meal to RGSEAG-SABLA Adolescent Girls under the ICDS platform.

➤ **NUTRITIONAL NORMS:**

Sl. No.	Category	[Revised]	
		(per beneficiary per day)	
		Calories (K Cal)	Protein (g)
1.	Children (6-72 months)	500	12-15
2.	Severely malnourished children (6-72 months)	800	20-25
3.	Pregnant women and Nursing mothers	600	18-20

Under ICDS, more attention is given to the Health of Child & Mother, Specially after delivery, a growth chart is prepared which is very helpful for grading. In every village the AWC conduct survey of Children, Pregnant Woman, Lactating Mother & Adolescent Girls and they get all the benefit of the Scheme. The growths of children are properly monitored including weighting. And based on this monthly report of each child the growth chart prepared & grades are given i.e. General, Grade I & Grade II etc.

In Daman & Diu, no beneficiaries are coming under malnutrition. Besides regular immunization camp is organized to monitor proper immunization programme conducted by Health Department to fight against various diseases at each Anganwadi Centres of District.

➤ **FINANCIAL NORMS:-**

The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries vide this Ministry's letter No. F.No. 4-2/2008-CD.II dated 07.11.2008, the details of which are as under:-

Sl. No.	Category	Revised rates (per beneficiary per day)
1.	Children (6-72 months)	₹.6/- per child / per day
2.	Severely malnourished children (6-72 months)	₹.9/- per child / per day
3.	Pregnant women and Nursing mothers	₹.9/- per PW & NM per day

➤ **NUTRITION INCLUDING SUPPLEMENTARY NUTRITION:**

The supplementary feeding and growth monitoring; and prophylaxis against Vitamin-A deficiency and control of nutritional anaemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.

Growth Monitoring and Nutrition Surveillance are two important activities that are undertaken. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical services.

❖ **Immunization:**

Immunization of pregnant women and infants protects children from six vaccine preventable diseases-poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality.

❖ **Health Check-ups:**

This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by anganwadi workers and Primary Health Centre (PHC) staffs include regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

❖ **Referral Services:**

During health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the Primary Health Centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre.

❖ **Non-formal Pre-School Education (PSE):**

The Non-formal Pre-school Education (PSE) component of the ICDS may well be considered the backbone of the ICDS programme, since all its services essentially converge at the anganwadi – a village courtyard. Anganwadi Centre (AWC) – a village courtyard – is the main platform for delivering of these services. These AWCs have been set up in every village. In pursuance of its commitment to the cause of India's Children, present government has decided to set up an AWC in every human habitation / settlement. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the anganwadi centre - an activity that motivates parents and communities. PSE, as envisaged in the ICDS, focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Its programme for the three-to six years old children in the anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development. The early learning component of the ICDS is a significant input for providing a sound foundation for cumulative lifelong learning and development. It also contributes to the universalization of primary education, by providing to the child the necessary preparation for primary schooling and offering substitute care to younger siblings, thus freeing the older ones – especially girls – to attend school.

❖ **Nutrition and Health Education:**

Nutrition, Health and Education (NHED) is a key element of the work of the anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.

➤ **CONVERGENCE:**

Convergence is therefore, integral to the ICDS Scheme, and the same is envisaged with the Ministries of Health and Family Welfare, Sanitation and Drinking Water, Rural Development and Department of Elementary Education, etc.

➤ **PATTERN:**

ICDS is a Centrally-Sponsored Scheme implemented through the Central Assistance with 100% financial assistance for inputs other than supplementary nutrition. This Central Assistance has been proposed to ensure that supplementary nutrition is provided to the beneficiaries for 300 days in the year as per norms laid down.

The concept of cost sharing ratio between the Centre and the UT w.e.f. 1/4/2009 for which the following sharing pattern has been approved. 50:50 for SNP and 90:10 for all other components for U.T.

➤ **TYPE OF SUPPLEMENTARY NUTRITION:**

❖ **Children in the age group 0 – 6 months:**

For Children in this age group, States / UTs may ensure continuation of current guidelines of early initiation (within one hour of birth) and exclusive breast-feeding for children for the first 6 months of life.

❖ **Children in the age group 6 months to 3 years:**

For children in this age group, the existing pattern of Take Home Ration (THR) under the ICDS Scheme will continue. However, in addition to the current mixed practice of giving either dry or raw ration (wheat and rice) which is often consumed by the entire family and not the child alone, THR should be given in the form that is palatable to the child instead of the entire family.

❖ **Children in the age group 3 to 6 years:**

For the children in this age group, State/ UTs have been make arrangements to serve Hot Cooked Meal in AWCs under the ICDS Scheme. Since, the child of this age group is not capable of consuming a meal of 500 calories in one sitting. The States/ UTs are serving more than one meal to the children who come to AWCs. Since, the process of cooking and serving hot cooked meal takes time, and in most of the cases, the food is served around noon, States/ UTs provide 500 calories over more than one meal. States/ UTs provide a morning snack in the form of milk/ banana/ egg/ seasonal fruits/ micronutrient fortified food etc.

➤ **TYPE OF SNP FOOD PROVIDED UNDER ICDS SCHEME AT AWCS:**

DAY	06 months to 03 years	03 to 06 years	Pregnant and Lactating mothers	<u>SABLA</u> Adolescent Girls
MONDAY	1) lapsee (60 grams)	1) lapsee (60 grams)	1) lapsee (70 grams)	1) lapsee (70 grams)
TUESDAY	2) Moong.(55 grams)	2) Moong.(55 grams)	2) Moong.(60 grams)	2) Moong.(60 grams)
WEDNESDAY	3) Pauva (60 grams)	3) Pauva (60 grams)	3) Pauva (70 grams)	3) Pauva (70 grams)
THURSDAY	4) Ground-nut / Green peas (60 grams)	4) Ground-nut / Green peas (60 grams)	4) Ground-nut / Green peas (70 grams)	4) Ground-nut / Green peas (70 grams)
FRIDAY	5) Gram (60 grams)	5) Gram (60 grams)	5) Gram (75 grams)	5) Gram (75 grams)
SATURDAY	6) Rice & Moong Dal (55grams)	6) Rice & Moong Dal (55grams)	6) Rice & Moong Dal (65grams)	6) Rice & Moong Dal (65grams)

DAILY	7) Biscuit (5 Pcs)	7) Biscuit (5 Pcs)		
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❖ Details of Cooking items :

1. 06 months – 03years	2. 03 years – 06years	Pregnant & Lactating Mother
(1)	(2)	(3)
1) Shiro ->A sweet article of food made of wheat flour, ghee & sugar.	1) Shiro ->A sweet article of food made of wheat flour, ghee & sugar.	1) Shiro ->A sweet article of food made of wheat flour, ghee & sugar.
2) Moong Soup -> Boiled Mug Water, Ghee, Temaric-powder Salt.	2) Moong Soup -> Boiled Mug Water, Ghee, Temaric-powder Salt.	2) Gruel ->flattend rice
3) Pauva Kheer -> parched rice-roasted rice	3) Pauva Kheer -> parched rice-roasted rice	3) Dal-Rice -> a kind of article of boiled rice, Tur-dal, Green Chilly, Temaric-powder, cinnamon, sweet neem, Salt,
4) Gruel ->flattened rice	4) Gruel ->flattened rice	4) Dal-Rice -> a kind of article of boiled rice, Tur-dal, Green Chilly, Temaric-powder, cinnamon, sweet neem, Salt,
5) Soft Khichri -> a kind of article of rice, mug-dal, ghee, salt.	5) Soft Khichri -> a kind of article of rice, mug-dal, ghee, salt.	5) Lapse ->Daliya, Gur,Ghee,Ground-nut
6) Dal-Rice -> a kind of article of boiled rice, Tur-dal, Green Chilly, Temaric-powder, cinnamon, sweet neem, Salt.	6) Dal-Rice -> a kind of article of boiled rice, Tur-dal, Green Chilly, Temaric-powder, cinnamon, sweet neem, Salt,	6) Mix Beans Pulav -> Rice, Onion, Patota, sprout mug
7) Lapse ->Daliya, Gur,Ghee,Ground-nut.	7) Lapse ->Daliya, Gur,Ghee,Ground-nut	7) Parched rice (Pauva) -Onion, Patota, Gound-nut & sweet neem
8) Mix Beans Pulav -> Rice, Onion, Patota, sprout mug	8) Mix Beans Pulav -> Rice, Onion, Patota, sprout mug	8) Pakoda -> a fried article of food made of Gram Flour, Onion, Patota, Salt Green Chilly, Temaric Powder
9) Parched rice (Pauva) -Onion, Patota, Gound-nut & sweet neem	9) Parched rice (Pauva) -Onion, Patota, Gound-nut & sweet neem	9) Khaman -> an article of food made of such scrapings, Gram Flour, Vegetable oil, Salt.
10) Khaman -> an article of food made of such scrapings, Gram Flour, Vegetable oil, Salt.	10) Pakoda -> a fried article of food made of Gram Flour, Onion, Patota, Salt Green Chilly, Temaric Powder	10) Batata-vada -> Boiled Patota scrapings, Gram Flour, Salt, Green Chilly.
11) Muthiya -> Gram Flour, cooked edible vegetable Salt Green Chilly, Temaric Powder, vegetable oil.	11) Khaman -> an article of food made of such scrapings, Gram Flour, Vegetable oil, Salt.	11) Muthiya -> Gram Flour, cooked edible vegetable Salt Green Chilly, Temaric Powder, vegetable oil.
12) Magaj -> a kind of sweetmeat made of gram flour, sugar, ghee.	12) Batata-vada -> Boiled Patota scrapings, Gram Flour, Salt, Green Chilly.	12) Magaj -> a kind of sweetmeat made of gram flour, sugar, ghee.
13) Patarveliyun -> a fried article of food made of gram-flour spread on such a fan like leaf of a kind of plant.	13) Muthiya -> Gram Flour, cooked edible vegetable Salt Green Chilly, Temaric Powder, vegetable oil.	13) Patarveliyun -> a fried article of food made of gram-flour spread on such a fan like leaf of a kind of plant.

14) Ganthiya -> a fried article of made of gram-flour, termic-powder, vegetable oil, salt.	14) Magaj -> a kind of sweetmeat made of gram flour, sugar, ghee.	14) Ganthiya -> a fried article of made of gram-flour, termic-powder, vegetable oil, salt.
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1. 06 months – 03years	2. 03 years – 06years	Pregnant & Lactating Mother
(1)	(2)	(3)
	15) Patarveliyun -> a fried article of food made of gram-flour spread on such a fan like leaf of a kind of plant.	15) Asproat of Moong - > A kind of article onion, chilly-powder, turmaric, sweet neem, oil, coriander, salt etc.
	16) Ganthiya -> a fried article of made of gram-flour, termic-powder, vegetable oil, salt.	16) Edible Vegetable - > A kind of article prepared from ground-nut, onion, chhily-powder, Taramaric-powder, sweet neem, garlic, ginger, coriander, oil, salt etc.
	17) Asproat of Moong - > A kind of article onion, chilly-powder, turmaric, sweet neem, oil, coriander, salt etc.	17) Chana(Gram) - > A kind of article prepared from boiled chana(gram), onion, chilly-powder, turmaric, sweet neem, oil, coriander, salt etc.
	18) Edible Vegetable - > A kind of article prepared from ground-nut, onion, chhily-powder, Taramaric-powder, sweet neem, garlic, ginger, coriander, oil, salt etc.	
	19) Chana(Gram) - > A kind of article prepared from boiled chana(gram), onion, chilly-powder, turmaric, sweet neem, oil, coriander, salt etc.	

➤ **ROLE & JOB RESPONSIBILITES OF A HELPER:**

❖ **General Duties**

- Assisting Anganwadi Worker in conducting all the activities of the Anganwadi Centre, such as:
- Counselling mothers and other caregivers of beneficiary children
- Pre-School education activities
- Health check-up, weighting of Children, immunization of children/mothers.
- Mothers/Community meeting.
- Maintenance of discipline among children.

❖ **Specific Duties**

- Cleaning premises of Anganwadi Centre and surrounding area.
- Fetching drinking water for daily use.
- Cooking and serving supplementary nutrition for beneficiaries.
- Inspection of cleanliness of children and assisting them in grooming themselves.
- Preparation of preschool teaching aids under the guidance of an Anganwadi Worker.

- Collection and storage of items received for supplementary nutrition.
- Contacting beneficiaries, parents and others in the community to attend meetings or for conveying messages.
- Collecting and dropping small children.
- Opening and closing of an Anganwadi Centre under supervision of an Anganwadi Worker.

➤ **HONORARIUM:**

❖ **Rate of pay to Anganwadi Worker & Helpers:**

○ **Honorarium : (Central Share) :**

(A) Anganwadi Worker		
1 Non-Matriculate		₹.2938/-
2 Non-Matriculate with 5 year honorary work		₹.2969/-
3 Non-Matriculate with 10 year honorary work		₹.3000/-
4 Matriculate		₹.3000/-
5 Matriculate with 5 year honorary work		₹.3031/-
6 Matriculate with 10 year honorary work		₹.3063/-
(B) Anganwadi Helpers		₹.1500/-

○ **Additional Honorarium : (U.T. Share):**

- (A) Anganwadi Worker : ₹1,000/-
- (B) Anganwadi Helper : ₹600/-

Performing all the duties of an Anganwadi Worker when she is sick, absent or away from duty or on leave.

❖ **Facilities at the AWCs:**

U.T. of DAMAN & DIU	Building situated in Govt. / Pvt.		Toilet facility	Water facility	Cooking Arrangement	Adequate space of Building
(Total 97 AWCs. in Daman & Diu District)	Govt. Premises	76	37	76	76	52
	Community Hall	4	0	4	4	4
	Private House	17	17	17	17	2
	Samaj House	5	0	5	5	4
	T O T A L	102	54	102	102	62



3. RAJIV GANDHI SCHEME FOR EMPOWERMENT OF ADOLESCENT GIRLS (RGSEAG) - *Sabla*

SABLA is the most important service rendered under ICDS the nutritional & health status of girls in the age group of 11-18 years as well as equip them to improve & upgrade their home-based & vocational skills; and to promote their overall development including awareness about their health, personal hygiene, nutrition, family welfare & management at Anganwadi Centers in 02 ICDS Projects in the UT of Daman & Diu.

SABLA is a new scheme Rajiv Gandhi Scheme for Empowerment of Adolescent Girls is launched by replacing the earlier Nutrition Programmes for Adolescent Girls (NPAG) and Kishori Shakti Yojana (KSY) scheme.

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) – SABLA is implemented in the U.T. Administration of Daman & Diu, as on 01/04/2011.

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA has been implemented using the platform of ICDS Scheme through Anganwadi Centers (AWCs), in the UT of Daman & Diu.

Under this scheme adolescent girl between the aged group of 16 years and above (out of school) are provide to Vocational Training Courses. (Like a 1) Computer related Courses, 2) Tailoring & stitching, 3) Jute boys etc...

➤ **SERVICES**

1. Nutrition provision;
2. Iron & folic acid (IFA) supplementation;
3. Health check-up and referral services;
4. Nutrition & Health Education (NHE)
5. Counseling/Guidance on family welfare, ARSH, child care practices & home management;
6. Life Skill Education & accessing public services;
7. Vocational training for girls aged 16 and above under National Skill Development Program (NSDP)

➤ **BRIEF DESCRIPTION OF SERVICES:**

➤ **NUTRITION & HEALTH EDUCATION**

Nutrition is given to all adolescent girls in the AWC jointly by the ICDS. The adolescent girl will be given at least 600 calories and 18-20 gms. of protein and micronutrients (which is approx. 1/3 of recommended dietary allowance) per day for 300 days in a year. The out of school adolescent girls attending AWCs daily will be provided hot cooked meal at the centre itself alongwith the other ICDS beneficiaries. The nutrition given to the adolescent's girls is as per the specifications by the quantity given to the children or the calorific & protein content of energy dense food like oil, groundnut, vegetables, eggs, roots and tuber, coconuts, chana, milk and its products, other locally available healthy supplements, etc.

Cost for Nutrition provision: The cost is Rs.5/- per beneficiary per day. Government of India shares the cost of nutrition to adolescent girls up to 50% of the financial norms.

And also adolescent girls are given information on food fortification, dietary diversification and advantages of weekly supplementation for combating IFA deficiency by ANM/AWW.

Health Education are given to all adolescent girls in the AWC jointly by the ICDS and health functionaries and resource persons / field trainers and information on these issues will result in a better health status of the girls, leading to an overall improvement in the family health and also help in breaking the vicious intergenerational cycle of malnutrition. And also include encouraging healthy traditional practices & dispelling harmful myths, healthy cooking & eating habits, use of safe drinking water & sanitation, personal hygiene, including management of menarche, etc. The adolescent girls are informed about balanced diet & recommended dietary intake, nutrient deficiency disorders & their prevention, identification of locally available nutritious food, nutrition during pregnancy & for infants and also include imparting information about common ailments, personal hygiene, exercise / yoga & holistic health practices.

IFA supplementation: Under RCH-2 of National Rural Health Mission, school children (6-10 years) and adolescent (11-18 years) have been included in the National Nutrition Anaemia Control Programme (NNAPP). States/UTs establish convergence with the programme being implemented by Health & Family Welfare to provide adult tablets of IFA to each beneficiary. IFA tablets are distributed to all AGs on Kishori Diwas.

This are provided at the AWC by the resource persons from NGOs with the help of AWW, ASHA, ANM and Supervisor. The supervisor are also responsible for facilitating information on existing facilities in the areas of health and family welfare, legal rights, home management and child care practices and also knowledge for the 2 age groups of 11-14 and 14-18 years with respect to reproductive cycle, safe sex, HIV/AIDS, contraception, menstrual hygiene, marriage and pregnancy at right age and child care and child feeding practices, exclusive breast feeding, etc. are also imparted.

➤ **LIFE SKILLS EDUCATION AND ACCESSING PUBLIC SERVICES:**

Life skills refer to the personal competence that enables a person to deal effectively with the demands and challenges of everyday life. The AGs are acquired knowledge and develop attitudes and skills and promote the adoption of healthy and positive behavior in them and to enable adolescent girls in self development. The training for development of life skills included confidence building, self awareness and self esteem, decision making, critical thinking, communication skills, rights & entitlement, coping with stress and responding to peer pressure, functional literacy, etc.

Awareness talks and visits should be arranged in collaboration with PRI members, NGOs, Police Personnel, Bank/Post Officials/Health functionaries etc. Information/guidance about entry/re-entry into formal schools and motivation also provided in coordination with Primary Education Department.

➤ **VOCATIONAL TRAINING:**

Vocational training is major contributor to the socio-economic enhancement of any individual. Imparted to Out of School Girls above 16 years of age for orientation towards self employment after 18 years of age. Its focus on non-hazardous income generating skills. The Trades training are provided to adolescent girls are included the following: Book Binding, Health Care, Beauticulture, Paper Mache Kala, Soft Toys, Crop Production, Sericulture, Mushroom cultivation, Bio fertilizers, Catering, Dyeing, Masonry, Repair & Maintenance of watch, radio & TV, Computer Application etc. Identification of artisans, drawing up a programme for the AGs ensuring that the necessary raw material is available, done in consultation with the concerned supervisor and under the overall guidance of the CDPO.

➤ **HEALTH CHECK-UP AND REFERRAL SERVICES**

1. General health checkup for all AGs, at least once in three month on a special day called the Kishori Diwas. The Medical Officer/Auxiliary Nurse Midwife (ANM) will provide the Deworming tablets to the Girls required as per specific guidelines. Height, weight measurement of the AGs on this day. The Weighing Scales provided under ICDS will be used for weighing AGs.
2. Primary Health Care Infrastructure including PHCs, CHCs will deliver the following health services: -
 - i. Health Check-up and Referrals
 - ii. Supply & Distribution of IFA tablets;
 - iii. De-worming

➤ **TRAINING PLAN**

ICDS functionaries (CDPOs, Supervisors & AWWs) on scheme components for all round development of AGs will be carried out. Separate training module for ICDS functionaries and identified AGs (Sakhi & Saheli) will be development and orientation of health functionaries will be carried out. Oriental / training needs to be development & joint training of field level functionaries such as AWW, ANM to be carried out by the U.T's.

➤ **MODALITIES FOR IMPLEMENTATION:**

1. KISHORI SAMOOH (KS) : A group of 15-25 AGs will be formed at the AWCs. The number of AGs is more than 25 and then additional Samooths will be formed accordingly. KS will be headed by three girls called Sakhi and Sehelis selected from the group. Sakhi will be the leader, assisted by two Sahelis. Identified girls, Sakhi & Saheli, will be imparted training as per the prescribed module at the project / sector level to serve as peer monitor/educator for others. The AGs may participate in day to day activities of AWCs like Pre-School Education, Growth Monitoring and SNP and facilitate the AWW in other activities.
2. TRAINING KIT : A training kit will be provide at every AWC to assists AGs to understand various health, Nutrition, social, legal issues by conducting activities in an interesting and interactive manner.

3. **KISHORI DIWAS:** A special day, once in three months, will be celebrated as Kishori Diwas, when general health check up of all adolescent girls will be done by Medical Officer/ANM. On that day, the Medical Officer/ANM will provide IFA & Deworming tablets to the girls. The day will be utilized for imparting Information Education & Communication (IEC) to community/parents/siblings etc.
4. **HEALTH CARDS:** Adolescent health cards for all AGs will be maintained at AWC. Information about the weight, height, Body Mass Index (BMI), IFA supplementation, Deworming, referral service and immunization etc. will be recorded on the card. The card will be filled up by Sakhi and countersigned by the AWW. The card will also carry important milestones of AGs life.
5. **PERSONNEL :** The constitution of Monitoring and Supervision Committee for Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA are been constituted at UT Level, District Level, Project Level and Village Level, in the UT of Daman & Diu.

➤ **SUPPLEMENTARY NUTRITION PROGRAMME:**

- Beneficiaries are provided supplementary nutrition as per norms fixed by Government for 300 days in a year. The norms are as below:

Category (beneficiaries)	Per beneficiary / Per Day rate	Protein	Calories
Children (6-72 months)	₹6.00	12-15	500
Severely malnourished children (6-72 months)	₹9.00	20-25	800
Pregnant/Nursing Mother/Adolescent Girls	₹9.00	18-20	600

➤ **JOB RESPONSIBILITIES OF ANGANWADI HELPER**

She has to work 4 hours a day to help the Anganwadi Worker in the following ways:

1. Cooking and service the food to children and mothers;
2. Cleaning the Anganwadi premises daily; fetching water for Anganwadi;
3. Cleanliness of small children and
4. Collection of small children from village at the Anganwadi.

Helper should develop skills in:

- Training children to be hygienic in their personal and toilet habits;
- Assist AWW in health check-ups, weighing of children and immunization of pregnant women and children;
- Preparation of simple recipes, conservation of nutrients through correct methods of sanitation, storage and cooking;
- Disposal of food wastes peels etc;
- Developing a small kitchen garden;
- Organizing and conducting simple play and creative activities for the overall development of children;
- Organizing group activities like singing songs with music and actions, story telling dramatization etc. using folk media;
- Eliciting participation of mothers in the Anganwadi Programme;
- Creating an awareness among mothers about nutrition, health and play needs of their children and
- Arrange equipment in the Anganwadi.

➤ **JOB RESPONSIBILITIES OF ANGANWADI WORKERS**

For effective implementation of the programmes the Anganwadi Worker (AWW), who has to be a local woman belonging to the same village/ward and required to perform the following functions:

1. Community survey and enlisting beneficiaries. The community to be covered should be surveyed to find out the number of children below six years of age, pregnant and nursing mothers. Data about the number of families, family members and income should be obtained. Vital statistics particularly of new births and deaths (specially child and maternal deaths) should be recorded. Handicapped, exploited and destitute children should also be listed. In the collection and compilation of all this information, the supervisor would be guiding and helping the AWWs.
2. Supplementary feeding of 0-6 years of children and pregnant and nursing mothers.
3. Health and nutrition education to women, children and community, population education to women and parent and community education.
4. Non-formal pre-school education of the children between 3 to 6 years of age.
5. Primary health care and first-aid to children under six and pregnant and nursing mothers.
6. Detection of impairments among children in the early stage and help in the prevention of disabilities.
7. Contacting the parents of children coming to the Anganwadi through home visits and enlisting their participation in the programme.
8. Assisting health staff in immunization and health check-up.
9. Referral services for severely under-nourished/ mal-nourished, sick and atrisk
10. Children and cases of communicable diseases and children with impairments.
11. Maintaining records/ registers particularly weight cards, child health cards,
12. Supplementary nutrition records, anganwadi attendance records etc.
13. Maintaining liaison with other institutions in the village/urban slub e.g. Panchayats, Mahila Mandals, Schools, Local organizations etc. and seeking
14. Their support and participation in the ICDS programme.

➤ **ADDITIONAL RESPONSIBILITIES**

- She will do annual village level Educational Survey of all households alongwith Primary School Teachers.
- Arrangements and support for demonstration on NHED
- Provide information on growth of each child from the Growth Chart maintained by her.
- Act like Village Rehabilitation Worker, she will create awareness for early detection of disability, its prevention and making appropriate referrals.
- She will involve adolescent girls in the various activities of AWCs and provide services under the schemes for Adolescent Girls.

➤ **JOB RESPONSIBILITIES OF SUPERVISOR**

1. A Supervisor will provide continuous on the job guidance to Anganwadi Workers to bridge the gap between training and job requirements.
2. She will visit each anganwadi atleast once a month, liaise with LHV for the joint visit to one anganwadi once a week, and make atleast one night halt every week in a village located at a distance of more than 5 Kms. from her Circle Headquarters.
3. During her visit to Anganwadi, she will perform the following tasks:
 - I. Guide Anganwadi Workers in conducting household surveys, updating the survey data on a quarterly basis on preparing accurate lists of families and eligible beneficiaries.
 - II. Check the enlisting of beneficiaries from low economic strata and severely malnourished, particularly children those below 3 years of age.
 - III. Guide Anganwadi Workers in the assessment of correct ages of children, correct weighing of children and plotting their weights on the growth charts, especially in respect of severely malnourished.
 - IV. Help the Anganwadi Workers in identifying “at-risk” children and mothers and referring them to PHC or Hospital.
 - V. Check the weights by actual weightment of severely malnourished children and guide the Anganwadi Workers in their rehabilitation.
 - VI. Guide the Anganwadi Workers in conducting pre-school activities by demonstrating techniques of story telling, organizing play, identification of shapes and colours etc.
 - VII. Demonstrate to Anganwadi Workers effective methods of providing health and nutrition education to mothers and help them to the same;
 - VIII. Guide Anganwadi workers in prevention and early detection of early childhood disabilities;
 - IX. Visit homes of severely malnourished children and “at-risk” mothers and guide Anganwadi Workers and mothers about proper care in such cases.
 - X. Check the entries of deaths and births in the survey register and the immunization register;
 - XI. Check the records of Anganwadi Workers and guide them in proper maintenance of records;
 - XII. Organizing help in cases of those Anganwadi Workers who are not educated enough to fill in the registers and records;

- XIII. Check the arrangement of storage, preparation and distribution of food and stocks of supplies such as supplementary nutrition, medicines, material for pre-school education, registers and records etc. and report shortages to the CDPO.
 - XIV. Help Anganwadi Workers in organizing and strengthening Mahila Mandals, which could support various activities of the Anganwadis;
 - XV. Keep in touch with village leaders and local institutions such as Mahila Mandals, Panchayats, Primary Schools and Youth Clubs and involve them in the ICDS programmes.
 - XVI. Find out the personal and work related problems of Anganwadi Workers; provide guidance to them to cope with these problems, and report gaps to CDPO.
 - XVII. Ascertain the number of visits by ANM to the Anganwadi during the period between the Supervisors previous visit and the current visit, and whether the ANM's visit was properly utilized by collecting children and mothers at the Anganwadi for health check-up, immunization and health education by the ANM as well as by joint visits to the homes of those children and mothers who were too sick to come to the Anganwadi.
 - XVIII. Check whether the weekly time table of activities at the Anganwadi is being properly implemented and
 - XIX. Ascertain the number of unimmunized children and report it to the CDPO.
4. The Supervisors shall organize monthly meetings of Anganwadi Workers in her circle with the participation of concerned LHVs and ANMs. The work done in the previous meetings should be reviewed and work for the ensuing months should be planned including preparation of weekly time tables of activities at the Anganwadi.
 5. The Supervisor shall maintain a diary in the prescribed form in which she will keep a record of the work done by her during her visit to the Anganwadi and maintain the statistic of the Anganwadis in her area relation to population, number of pregnant and nursing mothers, number of beneficiaries of different services, number of severely malnourished children etc.
 6. The Supervisor will ensure timely submission of monthly progress reports by Anganwadi Workers to the CDPOs and also check the accuracy of these reports.
 7. At the monthly meeting at Project HQ the Supervisor will assist CDPO in:
 - I. Payment of honoraria to AWW and helpers;
 - II. Alternative arrangements in case of AWW and Helpers who may go on leave in her circle;
 - III. Finalization of mutually convenient date for monthly meeting in the following months;
 - IV. Informing the meeting about any special event or problem or achievement in her circle; and
 - V. The issue of materials from the Project Office to the Anganwadi Workers.
- She will carry out such other tasks as may be entrusted to her by the CDPO.

➤ **JOB RESPONSIBILITIES OF CDPOs**

The Child Development Project Officer is the key functionary of the scheme of ICDS. She is responsible for the organization of services as also for administration and implementation of the scheme at the field level.

The Child Development Project Officer will:

1. Be the Principal executive functionary of the ICDS team at the project level.
2. Allocate monthly and yearly budgets to each Anganwadi Centre and release funds.
3. Supervise and guide the work of the entire project team, including Supervisors and AWWs.
4. Help the AWWs in initial stages in carrying out a quick and sample census survey of the project.
5. Ensure proper maintenance of registers and records both at Project and AWC level. He will inspect the records periodically.
6. Make necessary arrangements for procurement, transportation, storage and distribution of various supplies.
7. Ensure all the equipment and material supplied are accounted for and used and maintained properly.
8. Acts as the Convenor of the Project Coordination Committee or Functional Committee.
9. Act as an integral part of the Block team.
10. Incur contingency expenditure on articles, materials etc. required by AWWs and other Project functionaries and would act as DDO for ICDS scheme, excluding health inputs.
11. Make effort to obtain local community's involvement and participation in programme and services.
12. Help AWWs informing and operating village level coordination committees.
13. Arrange educational programmes such as nutrition and hygiene.
14. Responsible for preparing and dispatching periodical progress reports to concerned higher officials.
15. Take all necessary measures for staff recruitment and development in the capacity of incharge ICDS team and the block level. He will depute Supervisors and AWWs for training/ orientation as and when required.
16. Undertake field visit periodically and will submit his monthly tour programme to higher officials.

❖ **Additional Responsibilities**

- She/ He will make effort to arrange own building of AWC.
- Coordinate with Urban Development Department to install smokeless chullah, sanitary latrines and water filters at AWCs in urban areas.
- She / he will coordinate will Rural Water Supply / PHE department to install handpumps in those AWCs where no drinking water facility is available in the vicinity.

