Integrated Child Development Services (ICDS) Scheme

Annual Programme Implementation Plan (APIP)
Bihar    2014-2015

Directorate of ICDS
Department of Social Welfare
Government of Bihar
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Annual Programme Implementation Plan (APIP)/ Bihar (2014-15)

Section 1: Situation Analysis

State Profile: The state of Bihar was bifurcated in November 2000 and a new state Jharkhand was carved out. After its reorganization, Bihar is left with 38 districts. The state covers an area of 94,163 sq. km, which accounts for approximately 2.86% of the total landmass of the country. The state is divided into nine divisions. In all there are 38 districts, 101 sub-divisions, 534 development blocks, 8471 Gram Panchayats, 45,103 villages, 9 urban agglomerations and 130 towns in the state. The major part of the state falls in the fertile Indo-Gangetic region.

Administrative Divisions and Districts of Bihar
Source: Government of Bihar

Demographic and Socio-Economic Profile:
According to 2011 census, Bihar has a total population of 10,38,04,637 which is 8.58% of the total population of India. The population of Bihar raised by 25.07% during 2001 to 2011 a slower rate than in the preceding decade (28.62%). Nearly 90% of Bihar’s population lives in rural areas. 80% of population remains dependent on agriculture without much employment opportunities at the local level. This implies that this population needs special attention as regards to their nutrition, health, and education needs particularly for women and children. The details of some demographic indicators narrated in the next section.

<table>
<thead>
<tr>
<th>Table-Demographic Indicators of Bihar vis-à-vis India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
</tr>
<tr>
<td>Bihar</td>
</tr>
<tr>
<td>India</td>
</tr>
</tbody>
</table>
### Health and Nutrition Status of Women and Children in Bihar

Bihar has become one of the fastest growing state economies and it has shown considerable improvements in many social development indicators including health indicators. However, the state has been facing daunting challenges to overcome wide spread maternal and child malnutrition. There have been significant improvements in some of the health indicators between NFHS-2 (1997-98) and NFHS-3 (2005-6) in Bihar. However all indicators related to child nutrition have not moved significantly. Recent Annual Health Survey also indicates the same.

Broadly the state faces some of the following critical nutrition issues.

As in the case of other similar contexts, most of the malnutrition happens between the ages of 6 months to 24 months.

Data from several surveys indicates that most of the children are malnourished primarily due to following causes:

- Poor rates of age appropriate complementary feeding
- Giving animal milk, water and other foods/ drinks before 6 months of age leading to frequent illnesses in this age group

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1. Source: *Census of India, 2011*
2. Source: **SRS 2011**
3. Source: *Census of India 2001*
- High rates of childhood minor illnesses, with poor levels of timely attention and no focus on feeding during and after illness
- Minimal hand washing and very low levels of sanitation practices

**History of ICDS in Bihar**

In Bihar, the ICDS program was launched in the year 1975 in 2 blocks, covering 277 Anganwadi Centres (AWCs) with assistance of Government of India.

- In September 1993, the ICDS program, in the undivided State of Bihar, received support under the World Bank assisted ICDS-II Project. During this time a total of 355 projects were operational across 589 blocks in 56 districts.

- After the bifurcation of Jharkhand, the State of Bihar was left with 38 districts with 533 blocks and had 171 Projects with 34,925 Anganwadi Centres. Out of these 171 projects, a total of 84 projects were under the World Bank support. Thus, with a population of around 83 million in the State, ICDS reached out to only around 35 million populations, that is, around 42%.

- In the year 2000-01, the State of Bihar received a sanction for 32 projects. This was followed by a further sanction of 30 Projects in the year 2001-02. Thus, by the end of year 2002, the State had a total of 233 projects with 34,925 Anganwadi Centres.

- The World Bank assisted ICDS-III Project was launched in October 2002. A total of 146 projects having 22,712 AWCs were covered under it. As training played a pivotal role in effective delivery and in improving the quality of services to the beneficiaries, the World Bank ICDS Project funds were utilized in improving the infrastructure of the training centres, capacity building of trainers and in improving the quality of training.

Thus, starting with 2 projects initially, the program today has 544 projects with 91,677 sanctioned AWCs spread across all 38 districts in the State. There has been a rapid expansion in the network of AWCs in the last few years. The number of AWCs has increased more than two fold from the year 2004-05 (34,925 AWCs) to 2012-13 (91,677 AWCs).

<table>
<thead>
<tr>
<th>Status of Operationalization</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operations</strong></td>
</tr>
<tr>
<td><strong>Projects</strong></td>
</tr>
</tbody>
</table>
Anganwadi Centres | 86237 | 86237
---|---|---
Mini AWCs | 5440 | 5440

**Status of Infrastructure and Facilities**

**ICDS Offices and Anganwadi Centres:** In the districts, District Programme Officers (DPO) operates from shared premises with other government departments. Most of the CDPO offices are operating both in shared premises of government and rented buildings.

The Status at AWCs is as follows (source: ICDS Data Centre)

<table>
<thead>
<tr>
<th>Description</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating in Government Buildings</td>
<td>18,569</td>
</tr>
<tr>
<td>Operating in Rented and Other Buildings</td>
<td>51,719</td>
</tr>
<tr>
<td>AWCs have Drinking Water Facility</td>
<td>35,467</td>
</tr>
<tr>
<td>AWC have Functional Toilets</td>
<td>8,729</td>
</tr>
</tbody>
</table>

It may be noted that during the last financial year process of construction of 10,739 AWCs has been initiated under financial assistance of RIDF, MSDP, IAP, RSVY, BRGF, SSA, MukhyamantriVikashYojana, JilaParisad etc. The Panachayati Raj Department is constructing 42000 AWC under the 13th Commission over the period of 2014-15.
Section 2: Vision, objectives and results expected

In order to hasten the human development in the state the Government of Bihar has constituted Mission ManavVikas as a Cabinet Sub-Committee under the chairmanship of the Chief minister and membership of related ministers. This multi-sectoral body at the highest level of the executive is mandated to ensure fast-tracking and synergistic implementation of various programs to ensure timebound improvements in key human development indicators. Nutrition is recognized as one the most critical indicators of human development and a number of initiatives by different departments are being channelized towards nutrition outcomes in the state.

Being the nodal department of the state government responsible for ICDS implementation the department of Social Welfare, Government of Bihar has initiated a systematic effort named ‘Baal KuposhanMukt Bihar’ (BKMB) with an objective to bring down childhood malnutrition to below 30% by 2018. While a formal launch of this effort by the state CM is planned for August 15, 2014 the date for complete roll out is set for October 2, 2014.

Following evidence based interventions to reduce childhood malnutrition are prioritized for BKMB.

- Sharper focus of ICDS on children 6 months to 3 years (as nearly 70% of malnutrition occurs by this age)
- Promoting age appropriate complementary feeding (also through feeding demonstrations for mothers)
- Introduction of Egg in SNP for children, including for 6 months to 3 years children (to begin with at least one egg a week and alternate sources of protein for vegetarians)
- Exclusive breast feeding (without even giving water) till six months of age
- Hand-washing with soap and improving sanitation and general hygiene practices
- Regularizing monthly measurement of weight and introduce length measurement of under 3s (to ensure focus on stunting as an indicator of malnutrition)
- Introducing boiling and filtering of water from bore wells to make it safe for drinking (as the water from shallow bore-wells in Bihar, with current levels of open defecation, show a high level of bacterial contamination). Boiling/ filtering of water at AWCs is being introduced more as a demonstration measure to educate communities that the water from shallow bore wells is not completely safe for drinking and to inculcate a habit of using boiled water for drinking.
- Timely treatment of childhood illnesses with significant focus on feeding during and after illness

In order to effectively implement these evidence based interventions, GoB is bringing about some systemic and long term changes in implementation of ICDS within the state and will implement some medium term time bound special initiatives. Some of the activities planned under BKMB include the following:

- Reconstitution of AWC level community management body, to enhance number and diversity of participants. A new AnganwadiVikasSamiti (AVS) is being constituted with representation of beneficiaries; PRI members; teachers and ASHAs
- Utilization of financial resources for SNP to be joint responsibility of AWW and a govt. school teacher under the overall guidance of the AVS.
- Introducing of Egg in the menu of SNP for all children
- Providing resources for purchase of new weighing scales for all AWCs (through the DFID supported state program named SWASTH)
- Providing resources for boiling of water and water filters (including additional cost of fuel as required)
- Establishing a system of hand washing with soap before food at AWCs
- Instituting a structured supervisory monitoring format and ensuring regular inspection visits by all managerial staff
- Initiating a mechanism of 4th Saturday meeting at Panchayat level for review of all health and nutrition programs.
- Inter-sectoral coordination
- Ensure provision and regular availability of ORS-Zn; IFA; VitA; septran tablets for ARI treatment at AWC level
- A multimedia communication and community leadership sensitization campaign starting from Oct 2nd, which will involve use of folk and modern media and creating platforms for nutrition centred dialogue with community leaders and women groups in all villages over the next one year period. Will also involve innovative community mobilization initiatives like pad-yatras and state wide competitions and school based activities to generate momentum around issues of childhood malnutrition.

To provide overall guidance on malnutrition and the activities of BKMB simple guidelines for front line workers and managers have been developed (copies of the same are provided as Annexure 1 and 2, for quick reference).

A two day training of all AWWs is being organized to reiterate on causes, interventions and actions to address childhood malnutrition and to initiate different activities under BKMB (copy of the training module is provided as annexure 3). All the trainings will be completed before the full roll out the initiative on Oct 2nd. Leveraging various development partners supporting the state ICDS, an effort is being made to synergize their efforts and also to evaluate and learn effectiveness of different initiatives under BKMB within next six months of implementation.

Through this intensive effort a number of system level changes are being brought about in ICDS implementation in a campaign approach.

In order to implement these different initiatives under the umbrella of BKMB, resources available as part of restructured ICDS; annual plan of ISSNIP; and annual plan of Multi-Sectoral Nutrition Project (MSNP) are being pooled. However respective project plans/ priorities as well as respective selective districts are being focused and state ensures that resources are used for intended activities in respective districts as per individual project guidelines and norms. All the pooled efforts are discussed in this APIP document and some of the modifications in specific project’s individual activity/ line heads are indicated in respective sections below.

Implementation of SABLA, IGMSY and other Women Empowerment programs: Leveraging the platform of ICDS the state will continue to implement other related programs of the Ministry of
Women and Child Development, GoI in the state. The state government will support with adequate and qualified officers to undertake the portfolio of efforts leveraging ICDS platform.
Section 3: Annual Action Plan - Programme Components

Human resources

Current ICDS program (Regular positions)

The State is following the recruitment guidelines of Government of India but there are few changes required. In some districts Deputy Collectors of Bihar Administrative Service have been given charge of DPOs. Although there is a cadre of CDPOs recruited through the Bihar Public Service Commission, their cadre rules have not been formulated and there are less promotional avenues, which result in low levels of motivation. State ICDS is pursuing with the state government to establish cadre-management rules in ICDS. The policy for promotion of AWWs to Supervisors and from Supervisors to CDPOs exists in the state. 254 AWWs were promoted to lady Supervisors in 2011-2012. Similarly, 132 Lady Supervisors were promoted as CDPOs in 2008. Currently the state ICDS has the following positions sanctioned and vacant (as of March 2014).

Manpower Positions and Vacancies

<table>
<thead>
<tr>
<th>Position</th>
<th>No. of Posts Sanctioned</th>
<th>Positions Vacant</th>
<th>Position</th>
<th>No of Post Sanctioned</th>
<th>Position Vacant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>1</td>
<td>0</td>
<td>DPO</td>
<td>38</td>
<td>1</td>
</tr>
<tr>
<td>Joint Director</td>
<td>2</td>
<td>2</td>
<td>CDPO</td>
<td>544</td>
<td>37</td>
</tr>
<tr>
<td>Deputy Director</td>
<td>3</td>
<td>3</td>
<td>Lady Supervisor</td>
<td>3288</td>
<td>455</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>4</td>
<td>0</td>
<td>AWWs</td>
<td>91677</td>
<td>21788(^4)</td>
</tr>
<tr>
<td>Procurement Director</td>
<td>1</td>
<td>0</td>
<td>AWHs</td>
<td>86237</td>
<td>17668(^5)</td>
</tr>
<tr>
<td>Training Officer</td>
<td>1</td>
<td>0</td>
<td>Statistical officer</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Monitoring Officer</td>
<td>1</td>
<td>0</td>
<td>ACDPO</td>
<td>68</td>
<td>68</td>
</tr>
<tr>
<td>Statistical Officer</td>
<td>1</td>
<td>0</td>
<td>Statistical Asst.</td>
<td>582</td>
<td>340</td>
</tr>
<tr>
<td>Accounts Officer</td>
<td>1</td>
<td>1</td>
<td>Office Superintendent</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>Section Officer</td>
<td>3</td>
<td>3</td>
<td>Accountant</td>
<td>40</td>
<td>32</td>
</tr>
<tr>
<td>Assistant</td>
<td>6</td>
<td>6</td>
<td>Accountant Cum Store Keeper</td>
<td>68</td>
<td>24</td>
</tr>
<tr>
<td>Personal Assistant</td>
<td>4</td>
<td>3</td>
<td>Clerk Cum Typist</td>
<td>752</td>
<td>89</td>
</tr>
<tr>
<td>Statistical Assistant</td>
<td>6</td>
<td>0</td>
<td>Jeep Driver</td>
<td>242</td>
<td>158</td>
</tr>
<tr>
<td>Accountant/Asst.</td>
<td>2</td>
<td>0</td>
<td>Office Attendant</td>
<td>706</td>
<td>313</td>
</tr>
<tr>
<td>Accountant</td>
<td>2</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Entry Operator</td>
<td>4</td>
<td>0</td>
<td>Driver</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Routine Clerk</td>
<td>4</td>
<td>0</td>
<td>Peon</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

\(^4\) The recruitment is in process and will finalize soon.
\(^5\) Same
- State Government has proposed to have a cadre system in ICDS to facilitate their career progression from the level of Supervisors to the DPO by inter-linking their recruitments/promotion/appointment. This opportunity will motivate the existing officials to become more productive. Department will work towards establishing such system with approval of GoB and initiate process of promotions.
- State is making rigorous efforts to fill all the vacant AWW and AWH positions.
- Requests have been made to the state government to allot officers for filling positions at state level.
- In line with the GoIs guidance under Life Insurance Corporation’s Social Security Scheme, all AWWs and AWHs are insured by the state and the amount towards premium (Rs. 100/-) is being paid by the program and the same has been provided for in the APIP under HR budgets.
- Currently the honorarium of AWW and AWH stands at Rs. 3000 and 1500 respectively, as provided for by the GoI.
- State ICDS also make provision for providing uniform/ sarees and badges for AWWs and the budget for the same is made in the APIP.
- As part of a project supported by DFID, named SWASTH, a new initiative of nodal AWCs (one per Gram Panchayat) is being tested in select districts. Nodal AWWs named Uddipika are being recruited and trained to support other 8-10 AWWs in their Panchayat. Workers are on board in one of the districts.

**Proposed Structure under ICDS mission, Child Development society and new positions**

Formation of child development society, as required by the restructured ICDS/ Mission, is being processed and the state cabinet’s approval is awaited. Under the society mode of implementation, various contractual positions will be filled at different levels.

As per the restructuring and ICDS mission guidelines, a large number of new staff needs to be recruited for all levels of program. The state program recognizes the challenge to recruit these many personnel of suitable quality in the short duration of time and will attempt to establish clear process guidelines to help districts and projects in this regard. The state program also recognizes the importance of having an intensive induction, clear work definition and closely engaged proper supervision system for all new staff to be brought on board. There are a number of lessons to be learnt about recruitment, supervision and retention of contractual staff at district and block levels from other programs like NRHM and the state government plans to draw from these experiences.

Considering the time required for constitution of the child development society, and subsequent time required for completing the recruitment process for all levels of contractual positions, the state ICDS anticipates that new staff can be on board only for 6 months during the current FY. Effort will be made to recruit all contractual staff as early as possible. Hence salaries for different contractual positions are budgeted only for 6 months period. The new positions planned to be filled as part of the ICDS mission are as below:
Recruitment of contractual staff at state, district and project levels
Recruitment and training of additional AWWs in the 19 HBDs
Identification, orientation and on boarding of Link Workers in remaining 19 districts
Recruitment and orientation of additional worker for crèches – A total of 4500 creches (5% of AWCs) will be established in the state. For current FY, the state ICDS proposes to initiate creches in about 1375 AWCs in current FY. Considering the need for focusing on complementary feeding of 6 months to 3 years old children, even in rural areas, and learning from experiences of Phulwari in Bilaspur (CG), a significant proportion of creches will also be established in rural areas. The state ICDS proposes to pilot test some models for operational feasibility in both rural and urban areas and then scale up in next FY. Hence current year APIP proposes only for 1375 Creches, on pilot basis.

Nodal AWCs/ Uddipika model: As was reported in earlier APIPs, an innovation of nodal AWCs (One per Gram-Panchayat) named Uddipikais being initiated in 19 districts in 2 phases under the SWASTH project of DFID support. This innovation of creating nodal AWC with an extra worker (one per about 8-12 AWCs) was conceived and initiated to address challenges faced due to vacant supervisory positions and to enhance the effectiveness of service delivery by hand holding and mentoring. While the state government has been able to fill most of the supervisory positions since last two years, the Uddipikainnovation has been modelled to enhance effective performance of AWWs through peer mentoring and more hands-on support to cluster of AWWs. This FY, first batch of Uddipika workers are recruited for few districts and are being trained currently. In light of the ground requirements to focus more on under 3s and enhanced emphasis on interpersonal interactions for behaviour change with mothers and families, the state ICDS plans to refine the Uddipika approach to engage the additional workers less for supervision purposes but more for hand-on counselling, home visits and other BCC efforts. Based on an assessment of effectiveness and lessons from the Uddipikapilot areas, the state ICDS intends to come up with a model that rationalizes roles and responsibilities of all additional HR under ICDS mission (link workers, additional AWWs and Creche workers).

Recruitment for ICDS Mission at state, district and project

As indicated in the following table a large number of professional staff needs to be recruited for the contractual management and technical positions at different levels. The detail guidelines on recruitment and TOR for these positions is yet to come from GoI, the state ICDS considers that these are very important positions and the selection and recruitment needs to be done cautiously, following due procedure.

- Following guidance to be received from GoI, the state will put in place a robust recruitment, induction and on-going supervision system for all these additional contractual staff. As mentioned earlier in this section innovative contracting and HR management modalities will be tried out to minimize threats and to enhance quality of
contribution of such technical staff at all levels. Support of different development partners will be sought to design and test innovative modalities, as required.

As this is the 3rd year of restructured ICDS, the state proposes to have additional contractual staff in all 38 districts, as per the guidance provided in framework for implementation. Accordingly following are the positions proposed to be filled and their costs per annum, under ICDS mission/Child development society.

**Contractual positions to be filled under Mission/ Child development Society**

<table>
<thead>
<tr>
<th>Positions</th>
<th>No. of Posts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State level</strong></td>
<td></td>
</tr>
<tr>
<td>Programme Manager</td>
<td>4</td>
</tr>
<tr>
<td>Sr. Consultant</td>
<td>10</td>
</tr>
<tr>
<td>Consultant</td>
<td>10</td>
</tr>
<tr>
<td>Data Entry Operator</td>
<td>2</td>
</tr>
<tr>
<td><strong>District Level</strong></td>
<td></td>
</tr>
<tr>
<td>District Coordinator(5)</td>
<td>190</td>
</tr>
<tr>
<td>Data Entry Operator</td>
<td>38</td>
</tr>
<tr>
<td><strong>Project Level</strong></td>
<td></td>
</tr>
<tr>
<td>M&amp; E and Nutritional Surveillance Coordinator</td>
<td>544</td>
</tr>
<tr>
<td>Nutrition Health Mobilizer</td>
<td>544</td>
</tr>
<tr>
<td>ECCE Coordinator</td>
<td>544</td>
</tr>
<tr>
<td>Counsellor</td>
<td>54</td>
</tr>
<tr>
<td>Para-counsellor</td>
<td>54</td>
</tr>
<tr>
<td>Outreach worker cum helpline operator</td>
<td>54</td>
</tr>
</tbody>
</table>

- The state proposes to refine scope of work of some of the district and project level contractual consultants to bring in additional competencies required in the state context.
- The state ICDS will have additional contractual staff under ISSNIP at district and block levels (in 19 districts); at block and district levels under the Nutrition Monitoring Unit (NMU) formed as part of SWASTH project of DFID support (in all 38 districts) and additional district level support staff under the Multi Sectoral Nutrition Project (MSNP in 17 districts). State ICDS already has block and district level staff support (jointly for health and ICDS) through a technical support project of Bill and Melinda Gates Foundation. In light of these additional contractual HR support available in the state ICDS, a rationalization of roles of different staff will be undertaken.

All such modifications will be undertaken with the concurrence of state and national ICDS mission and the total number of consultants will be kept within the sanctioned level.
Block ICDS Resource Centres (BIRCs)

- Setting up, staffing and operating the **Block ICDS Resource Centres (BIRCs)** in 10% of projects: In line with the guidelines the state proposes to set up BIRCs in about 30 (55 by end of next FY) identified projects during the current FY. Considering the intensity of efforts required in the initial period, the state proposes to establish all these BIRCs in partnership with NGOs or other appropriate institutions. However, the project officials of concerned block will be closely engaged in the management aspects. As per current plan the following level of staffing and salaries are planned for BIRCs.

<table>
<thead>
<tr>
<th>Positions</th>
<th>No. of Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counsellor</td>
<td>30</td>
</tr>
<tr>
<td>Para Counsellor cum Helpline operator</td>
<td>30</td>
</tr>
<tr>
<td>Outreach Worker</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>90</strong></td>
</tr>
</tbody>
</table>

**Administrative expenses, mobility costs for all levels and flexi funds for AWCs**

As part of the restructured ICDS, the following estimates for administrative expenses and mobility costs for state, district, project and AWC level are being proposed. Budget estimates for Flexi funds for AWC and Mini-AWCs are also included in the current APIP. Travel Allowances for AWWs, Mini-AWWs and additional AWWs to attend monthly review meetings at sector/block level are also being proposed as part of the following estimates.

Considering the importance of supervisory support required for enhancing effectiveness of AWWs and to ensure that the supervisors perform their duties efficiently, the state ICDS realizes that they should be provided some funds for travel and to meet any contingency needs. Hence resources for travel costs and contingency funds for lady supervisors are being proposed as a new component in the state APIP. A contingency amount of Rs. 5000 per annum per LS is proposed as an additional item in this APIP.

State ICDS proposes to utilize part of the Flexi-funds of FY 14-15 to enhance hand-washing and hygiene practices among children. This is an important component of the Bal KuposhanMukt Bihar Initiative of the government of Bihar. Using the flexi funds, AWWs will be directed to provide material and equipment required at AWC for hand washing and personal hygiene among children. AWW will purchase bucket, mug, soaps and towels to promote hand washing and Rs. 400 will be used for procuring nail-clipper; combs, mirror etc for ensuring general hygiene. As per the prevailing practice in the state, all items that can economically and effectively be procured at AWW level will be purchased by AWWs and funds for the same will be transmitted to the accounts of AnganwadiVikasSamitis (described in later sections), that will have participation of community stakeholders.
**Procurement of Materials and Equipment**

As part of BKMB initiation, a number of much needed material and equipment are being procured for use at AWC level. Resources from restructured ICDS and DFID-SWASTH project are being pooled and timely procurement is being completed. Some of these include the following.

- Weighing scales for all AWCs are being provided from resources (DFID’s Financial Assistance to GoB).
- Water purifier will be provided to all AWCs as part of the Furniture and equipment (once in Five years) under restructured ICDS norms.
- Hand washing and hygiene kits are being sourced out of flexi funds available for each AWC.
- Medicine kit and PSE kit are as part of restructured ICDS norms

Except for medicine kit, funds for procurement of all other items listed above are being transferred directly to the accounts of AWWs and product specifications are being provided from state level. Through this approach the state ICDS plans to ensure complete transparency, decentralized procurement by the actual user and avoiding all sorts of centralized purchases. Procurement of medicine kits has been delegated to the Bihar state medical supplies and infrastructure corporation, which is an entity of the state government, so as to ensure economies of scale as well as uniform standards of medical supplies.

**Infrastructure: Creation and Up-grading**

Based on the restructuring guidelines the state ICDS proposes the following components for infrastructure creation and up grading of existing infrastructure.

**Construction of new AWC**

Considering the budget guidelines and suggestions for convergence with other programs for building new AWCs provided by GoI, the state ICDS proposes to build about 2915 new AWCs in FY 14-15.

While the prevailing unit cost of construction of AWC in the state is much higher than the norm indicated in the restructuring guidelines, the state government is planning to mobilize the additional resources from other programs/ schemes like MNREGA, BRGF, Finance Commission and other state resources.

One of the districts, Purnia, has come up with a model of AWC building which is built using low cost material and technology and approximate cost estimate is about Rs. 8.5 lakhs. State ICDS will adopt such a model and the additional resources required to bridge the gap will be mobilized from other programs/ schemes.
Up gradation of AWCs and mini-AWC building including additional room for AWC cum crèche

During the FY 14-15 the state proposes to upgrade about 3000 AWCs located in own buildings to make them suitable to accommodate crèche and to be child friendly. Another 2000 AWCs in poor conditions will be upgraded. During the initial months a systematic assessment of existing AWCs across the state will be undertaken based on standards required to establish crèche. Subsequently districts/ projects will undertake the up gradation activity in a timely manner.

Maintenance costs for government owned AWC buildings

In order to make the AWCs child friendly and to increase their functional status, a maintenance cost of Rs. 2000 will be provided to about 5000 AWCs that are currently functioning in government buildings.

Delivery of Services at AWCs

Supplementary Nutrition

ICDS in the state provides Hot Cooked Meal and Take-Home Rations (THR) as part of the supplementary feeding for pregnant women, lactating mothers and children aged 6 months to 6 years.

While state implemented SNP for a fixed number of beneficiaries in each AWC till recently, currently under the Right to Food Act ICDS is [universalizing the SNP component of ICDS](#). Beneficiary survey to include all eligible and willing beneficiaries is underway in the state. Population based estimates of eligible beneficiaries is derived and is used for budgeting purposes in this APIP, however allocations to district, projects and AWCs will be made on actual number of beneficiaries surveyed. While the state ICDS requires additional AWWs to ensure universal coverage with quality, currently it plans to deliver the program through existing 91,677 AWCs sanctioned AWCs.

Proposed number of beneficiaries to be covered in SNP under universalized ICDS

While the ICDS program in the state was delivering supplementary nutrition component only to limited number of beneficiaries per AWC, it will now be delivered universally to all eligible beneficiaries who want to access the service from the currently existing AWCs. In light of the universalization of SNP, the state ICDS estimates that there will be a steady increase in the demand and hence proposes, the following number of beneficiaries to be covered in the coming years, which is much higher than earlier coverage.
<table>
<thead>
<tr>
<th>Beneficiaries</th>
<th>No of Eligible Beneficiaries</th>
<th>Target for Current FY</th>
<th>Unit Cost</th>
<th>Budget Requirement for Current FY (Lakh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 6 Months - 6 Years</td>
<td>14602452</td>
<td>14602452</td>
<td>- Rs. 6 for Pre-School Children &amp; 6months to 3 years</td>
<td>4221,02.03</td>
</tr>
<tr>
<td>Estimated SAM Children (for large rations)</td>
<td>1067484</td>
<td>1067484</td>
<td>- Rs. 7 for Pregnant and lactating mothers</td>
<td></td>
</tr>
<tr>
<td>Pregnant &amp; Lactating Mothers</td>
<td>6032393</td>
<td>6032393</td>
<td>- Rs. 9 for Severely Malnourished (in all 38 districts with 544 projects)</td>
<td></td>
</tr>
<tr>
<td>Adolescent Girls</td>
<td>178837</td>
<td>178837</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>4221,02.03</strong></td>
</tr>
</tbody>
</table>

**Introducing Egg in SNP for children as source of animal protein**

Considering the criticality of animal proteins in child nutrition the state ICDS will introduce provision of eggs to children of all age groups. Within the currently provided unit costs per child and ensuring that the minimum calorie requirement is met (as prescribed by the Right to Food Act) the state ICDS aims to provide eggs to all children. For children/families who do not prefer consuming eggs, alternate source of protein like Soya, nuts or milk products will be provided.

Continuing with the current system of procurement of SNP commodities at AWC level, system is being established for procurement of eggs locally. AWWs will be required to provide boiled eggs to children 6 months to 6 years on fixed days of the week at the AWC. Through this measure children 6 months to 3 years (who get Take Home Rations, once a month in Bihar) will be brought to AWC at least twice a week additionally and this is expected to give extra contacts for AWWs with under 3 children. Thus the approach of providing of Eggs for this age group will contribute to increasing focus of ICDS on the most critical age group to prevent malnutrition.

**Growth monitoring and promotion - including Community based care and Management of underweight children**

Growth monitoring of children and nutrition surveillance are important activities of ICDS. Children under three are weighed once a month and children 3-6 years of age are weighed quarterly.

**Plans for FY 14-15**

As part of the revised/ reformatted package of services of ICDS, state ICDS will adopt a comprehensive approach to address severe and moderate forms of malnutrition, while continuing to emphasize on prevention of malnutrition in the state. Some of the re-defined and newly introduced components within the existing ICDS service package will be rolled out in a systematic manner across the state.
Community based care and Management of underweight children will be one of the important areas of focus and will involve the following components:

1. 100% weighing of all eligible children and Identification of underweight children
2. Referral to NRCs for children requiring medical attention
3. 12 day Nutritional counselling and care sessions for moderately and severely underweight children (SNEHA SHIVIRs)
4. 18 day home care and follow up during home visit
5. Monitoring of weight gain after 12 days and 18 days

As discussed above the AWWs are already undertaking regular weighing of all eligible children. In order to address any remaining gaps in the program, state ICDS will provide all three types of weighing scales to all AWCs this year as part of BKMB through funds of NMU (DFID-SWASTH funds). The state ICDS also proposes to introduce measuring and tracking of length of children, especially the under 3s on a periodic basis. Equipment and skills of AWWs will be enhanced to introduce this system. State plans to undertake technical consultations and develop operational modalities for introducing length measurement, so that the program focus shifts to prevent stunting (chronic malnutrition) along with current focus on underweight.

WHO growth charts will be printed and distributed as part of restructured ICDS program, using the M &E funds allocated (about Rs. 500 per AWC out of the available Rs. 1000 MnE funds per AWCs).

SnehaShivirs

Following the ICDS restructuring guidelines, the state ICDS will initiate implementation of SnehaShivirs during the FY 14-15. Adaptation of operational guidelines will be developed and communicated to all districts and projects. State proposes to initiate the implementation of SnehaShivirs in select locations across the state and by end of FY 14-15 this will be taken to scale across all HBDs as per GoI guidelines.

Following the model of SnehaShivir, the 12 day camp approach as well as 18 day home care components will be implemented. And AWWs will be made responsible for regular contacts during the home care period.

As part of the regular home visits the AWWs will be mandated to focus on monitoring weight gain after the 12 days of SnehaShivir and the 18 day home care period.

Preferably the state proposes to initiate the implementation in districts that have Uddipikas in place, so that additional support is available to learn and scale up. Based on the initial testing of the concept of SnehaShivirs, detailed instructions for scale up as well as appropriate recording and reporting systems will be established for adoption across state in a standardized manner.

Non formal Pre-School Education (PSE)
Update of current program situation

The pre-school education component under ICDS Scheme is an important component of the package of services envisaged under the scheme. In Bihar the Pre-school Education program in terms of content, curriculum and duration follows MWCD, GOI guidelines. In the past, PSE program had not received adequate attention under the ICDS program due to a number of reasons. The scenario is changing considerably in recent years. There is now greater awareness among the community to enroll children for pre-school education. The state has undertaken development of PSE kits and curriculum in consultation with NIPPCD.

Plans for FY 14-15

In line with the revised package of ICDS services, the scope and approach of PSE in the state will be refined over the coming 2-3 years period and it will be developed as an integral part of the comprehensive Early Childhood Care Education & Development (ECCED) intervention.

ICDS in the state will modify the ongoing PSE component to make it a more holistic Early Childhood Care and Education (ECCE) approach. These refinements will be initiated in FY 14-15 and will include improved services through AWC and beginning of interventions beyond AWCs. Some of the components of ECCE, especially the ones directed at children under 3 years of age, will be primarily delivered as part of AWW’s home contacts through the parents and care givers. AWC based activities will be age-specific activities using improved PSE kits.

ECCE interventions will be delivered through the following channels:

1) AWC based ECCE services: These will include
   a. AWW led interventions: Age specific joyful pre-school education for 3-6 years olds children; home based guidance to care givers and mothers on early stimulation of under three children and early screening and referral for delayed growth and development of children.

ICDS in the state will develop guidelines and communication aids for AWWs to undertake all the above 3 services and through ongoing reviews/meetings all AWWs will be oriented/trained on the newer elements of service delivery. With recruitment of contractual technical and management staff especially at the project level, the state program will be able to support implementation of the revised components of ECCE.

As discussed in the subsequent section, during the FY, state ICDS will undertake infrastructure improvements to make AWCs child friendly. This is critical to ensure adequate space and scope for initiating the joyful and age-specific PSE activities.

PSE kits are being procured for all AWCs in the state in the current FY. As per the revised norms, state ICDS will increase the cost per PSE kit from the current FY. Rs. 3000 per kit per AWC and Rs. 1500 for each mini-AWC is planned for the current FY and the total estimate is indicated in the budget below.
For effective PSE, activity books will be designed, printed and supplied to children in all AWCs as part of ISSNIP project. Costs towards production of activity books, report cards etc are included in the ISSNIP Annual Action Plans (appended for reference).

b. Parent led interventions: The state ICDS will design and implement a pilot to develop operational approach of establishing a parent led ECCE initiative at AWCs. This pilot will be designed in consultation with the national ICDS mission resource center and tried in some of the urban and peri-urban areas during the current FY.

2) ECCE services beyond AWC: The state prioritizes the component of regulating and streamlining quality of private sector school led interventions for the FY 14-15 and will work in close collaboration with the national ICDS mission resource center to draft policy and regulatory framework for the private sector pre-primary/nursery schools. State ICDS will coordinate with state education department, law department and other relevant sectors to ensure adoption of regulatory system and collaborative functioning in the state.

The entire package of ECCE will be made to include the following components specific to each age group:

**For Children under 3 years**

- Focus on Health, nutrition and early psycho social stimulation through free play and a lot of adult child interaction (infant games, traditional songs & syllables, access to variety of play materials, individualized adult attention and interaction, opportunities to explore, early introduction to stories, infant books, drawings etc) in safe, spacious and clean environment.
- Use the Mother Child Protection Card to enhance care for development, early stimulation and for early detection and intervention of developmental delays, linking this with other key care behaviours.

**For Children between 3 to 4 years**

- Planned play based programme for all round development with more of free play. (2-3 hours)
- Continuous opportunities, more free but some guided, for adult –child, child to child interaction and interaction with play materials and environment through a variety of individual, small group and large group activities.
- Opportunities to listen to stories, learn rhymes, create, indulge in imaginative play, ask questions, do simple problem solving, experiment to promote active and interactive learning and generally have a ‘feel good’ experience for a positive self image.

**For Children between 4 to 5 years**
- Moving towards an increasing ratio of adult guided vs. free play activities, and more of large group activities and focused more on specific school readiness, with increasing complexity in all of above.(3-4hours)
- Reading Readiness: e.g. picture–sound matching, shapes, phonetics; increasing vocabulary; verbal expression, developing bond with and interest in reading thru picture books, storytelling, charts etc
- Writing Readiness: e.g. eye hand coordination, interest in writing, left to right directionality
- Math: developing skills in classification, seriation, pattern making, reasoning, problem solving, forming concepts: pre number and number concepts and space concepts and vocabulary, environment concepts
- Motor development: fine and large muscle development
- Creativity and aesthetic appreciation

**For Children between 5 to 6 years**

- The concepts of school readiness on various facets would focus on; sentence comprehension, visual perception and discrimination, number and space concepts, concepts of more/less, near/far, thick/thin, classification of one and two, giving words for letters, reading readiness, colour, object identification, early numeracy, early literacy etc.

**Monthly ECCE Day**

Organizing of monthly ECCE days will be initiated during the year across all districts and based on early experiences the state ICDS will institutionalize ECCE days across all AWWs. As per the indicated cost norms, Rs. 1000 per AWC/Mini-AWC will be programmed during the FY for conduct of ECCE days.

As part of the routine work as well as through the monthly ECCE days, AWWs will undertake monitoring and promotion of child growth and developmental milestones. For effective implementation of this priority significant level of capacity building and

**Nutrition and Health Education (NHE)**

As discussed under the initiative of BKMB a number of new Nutrition and Health Education (NHE) focused activities are proposed to be undertaken in the state during the current FY. NHE will be delivered by AWWs at the AWCs through one to group activities and through one-to-one interpersonal interactions during home visits. Attempt is being made as part of BKMB initiative to structure and sharpen focus of one to group and one to one interactions specific to different age groups. Primary focus will be especially on complementary feeding, hand washing, exclusive breast feeding and childhood illnesses.

Some of the NHE activities are discussed below.
- **Feeding and recipe demonstration for promoting complementary feeding** on a fixed
each month: Realizing the importance of complementary feeding, the state proposes to
establish a system of feeding demonstration every month at each AWC. Over the next 6-8
months regular focus will be ensured on age appropriate feeding quantities, responsive
feeding techniques, seasonal and culturally appropriate recipes for feeding children of
different age and feeding during and after illness. A resource allocation of about Rs. 100
per AWC per month is being made out of the IEC funds available for each AWC.
- A detailed guideline towards initiating this effort has been issued by the state ICDS
directorate.
- Under ISSNIP annual action plans, community level IEC events have been planned twice
a quarter (at a cost of Rs. 150 per event). The state proposes to modify this to align with
other 19 districts, and will organize the events every month at a cost of Rs. 100 per
month.
- Community level orientation of mother groups/ SHGs and PRI representatives on
nutrition issues and role of ICDS will be organized in all villages. As discussed further
below, mid-media events (NukkadNaatak and other events) will be organized as part of
BKMB initiative on child malnutrition issues. And on the same day of mid-media event,
external resource persons will visit the village (as part of the mid-media team) and
organize orientations for mothers groups/ SHGs and PRI and other leaders separately.
- Home visits to mothers and their families will be undertaken by AWWs to counsel during
key life cycle periods. Such home visits will be the most critical opportunities for IPC by
AWWs. With support from DPs the state ICDS has introduced home visit planner in
select districts and it is being scaled up to entire state as part of revised MIS. Through use
of home visit planners AWWs identify priority households to be visited and communicate
information specific to the age group of the contact using the ready-recknor provided in
the planner. However a system of supervision of home visits by LSs through their own
interactions with mothers and families is still to be introduced and the state ICDS aims to
introduce this as part of BKMB initiative.

Through these various approaches for imparting NHE, the state will focus on the following
intervention areas:

- Maternal care and counselling: Timely and regular contacts with Ante-natal women
especially mandatorily with women in third trimester of pregnancy. Counselling during
post natal care visits will be focused on the mother and the new born. These opportunities
of post natal visits will be used not just for NHE focused on new born care and infant
feeding practices but also for referral of new born and post natal women with any danger
signs requiring attention. Convergence with ASHA, ANM and the health facilities in the
vicinity will be integral to this component of NHE.
- Infant young child feeding (IYCF) practices: Significant focus of NHE by the AWW and
additional AWWs will be on promoting appropriate IYCF practices – the breast feeding
as well as timely/ adequate complementary feeding. Considering the importance of
childhood illnesses in causing malnutrition the NHE will also be focused on timely
detection and treatment of childhood illnesses and feeding during and after illnesses.
- Growth monitoring and promotion: Integral link between NHE and growth monitoring
and promotion services will be established and staff at levels will ensure that the mothers
and community groups are regularly informed about the status of children in the community and timely action will be facilitated at household and community level.

State proposes to pool resources from following sources to organize communication activities:

- Funds planned for BCC and community mobilization in ISSNIP;
- IEC resources under restructured ICDS (Rs 1,000/AWC);
- State and district level IEC resources in MSNP; and
- Part of the gap filling resources under MSNP (state and district level resources)

Further details are discussed in the ‘community mobilization and communication’ section below.

**Health services**

As part of the revised ‘package of services’, Immunization, Health Check-ups and Referral services are being consolidated as ‘health services’ and the state ICDS will ensure that all three of these components are given due attention and adequate convergence with health at all levels will be ensured to effectively deliver these 3 critical services to all beneficiaries in the state.

**Immunization**

Immunisation for children and pregnant women is provided by the ANMs during the immunisation sessions held at AWC and at sub-centres. The sessions are held on fixed days of the month as per the micro-plan developed.

**Plans for FY 14-15**

As part of the restructured ICDS the critical service of Immunization will be grouped as a component under the ‘Health Services’ category and the scope will be explicitly enhanced to include ‘Immunization and Micro nutrient Supplementation’.

Following components of ICDS program will be included as part of this section of the package of services.

- Regular Fixed Monthly VHSNDs
- Primary Immunization and Boosters for pregnant women and children as per GoI’s protocol for the state
- Vitamin A supplementation (9 months – 5 years)
- IFA supplementation (infants after 6 months of age and pregnant women)
- Deworming as per guidelines
- Counseling on all the above interventions

While sustaining the high immunization coverage rates in the state is an important joint priority of health and ICDS, it is also critical to increase the full and timely immunization rates to near universal levels. This requires a more robust tracking of individual mother and child over the period starting at least from pregnancy till the first 2 years of life. Coordinated functioning of ASHA and AWWs at the community level and use of tracking tools like the home visit register
and immunization registers by AWWs will enhance the possibility of tracking and provision of timely immunization to all children.

Regular organization of VHSNDs and joint service delivery by health and ICDS will be a priority for the state during the FY. While the overall improvements in immunization coverage and regularity of service delivery through VHNDs are observed at state levels, there continue to be geographical pockets and population groups that have low coverage rates and challenges in regularity of service delivery. During FY 14-15 ICDS along with NRHM will develop tools and methods to undertake a disaggregated analysis and review of immunization coverage and regularity of sessions up to sub-centre and AWC levels. With support from relevant development partners, regular reach of immunization and other critical child health services to all vulnerable pockets.

Continuing support to the current Vitamin A Supplementation (VAS) program, ICDS functionaries will ensure that all children below 5 years will be given Vitamin A in a timely manner. With the introduction of the new Vitamin A register as part of the revised ICDS MIS, AWWs will be able to track and ensure complete coverage of VAS program in the state.

While the guidelines for paediatric IFA supplementation are communicated to the functionaries, the practice is not widely prevalent. Revised communications will be sent jointly by state ICDS and NRHM providing more operational guidelines for administration and collaboration with NRHM. District and project ICDS officers will be directed to focus on the micronutrient and deworming components including adequacy and timeliness of supplies on the ground. Convergence between ICDS and NRHM at the district and project levels will be strengthened to identify and address supply problems in an on-going manner.

**Health Check-ups**

Over the years, ICDS has been delivering the service of health check ups for women and children through AWCs. Primary focus of health check ups has been through ANC examination during VHSNDs, PNC visits by AWWs that are targeted at post-partum women and new born children, and facilitating health check ups of under nourished children.

Substantial emphasis will be placed on timely treatment and referral for childhood illnesses. State ICDS will ensure provision of medicine kits to all AWCs in a time bound manner so that all childhood illnesses are managed in time. As per the norm, Rs, 1000 per AWC is budgeted in current APIP for supply of medicine kit, through Bihar medical supplies and infrastructure corporation.

ICDS functionaries will continue to collaborate with ANMs, ASHAs and other health functionaries at PHCs to facilitate regular health check ups for women and children at the community level. Following areas are being prioritized for strengthening as part of the health check ups component of ICDS during FY 14-15.
- Identification, timely management and referral if required for all childhood illnesses.
- Identification of severely underweight children requiring medical attention
- Screening and identification of developmental delays and other abnormalities in children for appropriate referral
- ANC period (including promotion of institutional deliveries and communicating about JSY)
- PNC period – focused on identification of complications and danger signs in the mother and newborn child to facilitate timely referrals and also for ensuring appropriate feeding and newborn care practices

These services will be delivered through the regular ANC clinics at VHNSDs, screening in ECCE days, home visits to postnatal mothers and sick children. AWWs will undertake treatment of minor ailments using the medicine kit to be supplied.

**Referral services**

During the day to day course of work, through health check-ups and growth monitoring sessions, sick and malnourished children as well as pregnant and lactating mothers in need of prompt medical attention, are identified and referred to health facilities.

In the current FY, the state ICDS will prioritize following as critical sub-components of referral-services and will develop effective approaches to achieve results on these areas in close collaboration with health and other related departments.

- Referral of severely underweight to health facility/NRCs
- Referral for complications during pregnancy
- Referral of sick newborns
- Referral of sick children

While some AWWs are capacitated to undertake the identification and referral of the above cases, most of them will require updating of information and skills for early recognition and referral of newborn sicknesses and pregnancy danger signs. Easy to use and standard protocols and approaches to recognize the cases in time for referral are required. AWWs will also require guidance/ protocols on where to refer when and what to do before referring in a particular situation. State ICDS in collaboration with health and other development partners will identify already tested and established standard protocols and tools related to the above four categories of cases and adapt them to the state context as appropriate. With the involvement of the contractual technical staff to be recruited at district and project levels skills and capacities of AWWs in identification and timely referral will be built.

Close convergence with health and other related sectors will be facilitated to develop and implement a robust referral system that includes pre-referral care at community/ primary facility level and effective referral transportation options.
Institutional arrangements

Setting up of institutional arrangements at state, district, project and village levels

In line with the restructuring guidelines the state proposes to set up suggested institutional structures at state, district, project and village levels.

State level

As mentioned earlier, the state government has set up the Mission ManavVikas at the highest level, headed by the Chief Minister, to ensure fast tracking of all human development oriented programs and schemes and nutrition is one of the major points of its agenda. This body will provide the overall direction, policy guidance as well as interdepartmental coordination for effective implementation of ICDS program in the state. Mission ManavVikas will be the governing body of the state ICDS mission and will also function as the State Mission Steering Group– Chaired by the Chief Minister. State Empowered Programme Committee, will be constituted under the chairmanship of the Chief Secretary.

In order to carry out the functions of State ICDS Mission a state child development society will be established. The state society will have an executive committee headed by the Principal Secretary of the Department of Social Welfare. Notifications as decided by the state government, with details of membership, roles and responsibilities will be issued based on GoI guidelines provided in the framework for implementation of restructured ICDS.

District, block and village levels

- At district level a district ICDS mission headed by the Zillaparishad chairman and a district mission directorate under the leadership of ICDS DPO will be established
- At block level Block ICDS mission and block mission team will be constituted
- At Village level VHSNC will be responsible for overall health and nutrition efforts and in the state of Bihar the newly constituted AnganwadiVikasSamiti will be responsible for all ICDS specific components.

The state government will ensure that all the relevant institutional structures are put in place by appropriate authorities during FY 14-15 and will adopt the roles, responsibilities and devolution of powers as per national guidelines.

Community Mobilization & Communication
As part of the BKMB initiative, a series of community mobilization and communication initiatives have been planned and preparations are underway for their initiation from October 2, 2014.

As mentioned earlier under the section on NHE, communication and community mobilization priorities of ISSNIP and MSNP are being integrated with similar efforts under restructured ICDS and by pooling of resources of all three projects state wide saturation with community mobilization and communication efforts will be achieved.

A package of community level mobilization and group communication event is being designed and named as ‘PoshanSamvad’. The main objective of this initiative is to reach to all mothers and family members of children under 3 years of age and to emphasize on age appropriate feeding practices, especially complementary feeding and exclusive breast feeding; and sanitation and childhood illnesses components. Orientation meetings with mothers of children between 6 to 12 months age; orienting of women SHG members (especially of women from most marginal sections of the population) and with PRI leaders and community opinion leaders will be organized. On the same day group communication events like Nukkadnaataks and other traditional folk media will be used to sensitize communities about child feeding and caring practices and importance of well nourished childhood for better human development.

ISSNIP has resources for undertaking such mid media activities and community level orientations (for PRIs and CBO/SHGs) as well as community level events like annaprashan, goudhbharai etc as BCC tools in selected 19 districts. Similarly the MSNP also has resources for IEC efforts as well as for gap filling support for district level. Considering that no other sector has dedicated resources for community mobilization and large scale communication on childhood malnutrition, especially complementary feeding, exclusive breastfeeding, sanitation and childhood illnesses, the state ICDS plans to use part of gap filling resources for current year for community mobilization and awareness generation.

Through a team of folk artists and facilitators trained on child nutrition dimensions and community mobilization techniques a series of events will be organized in each village. Resource persons from women SHG groups of livelihood programs, who often function as facilitators of scaling up livelihood group formation will be engaged as resource persons. They will have more direct access to local women and their households.

Coupled with mass media campaign through Television and newspapers the mid media shows and mobilization efforts will be used to saturate all 38 districts. In order to create a momentum on age appropriate feeding practices, handwashing and safe drinking water, school based and newspaper based contests will be organized as part of BKMB. A mass rally in the form of Pad-Yatra will also be organized in different areas of the state, ultimately culminating in a central place to ensure community mobilization along with way.

**Monitoring and Evaluation**

In line with the restructured ICDS guidelines the state will adopt a three pronged MnE approach which will have accountability as an essential component.
Internal monitoring mechanisms

Revised ICDS MIS

While the state’s printing of registers is stalled due to a judicial matter, the state has gone ahead with creation of district level master facilitators and is planning to undertake LS trainings (level 2). The state ICDS will complete all preparations for roll out of revised MIS and the actual induction training of Level 1 will be undertaken as soon as printed registers become available. Resources for roll out of revised MIS have been provided by GoI in previous year and the same are being used for this purpose. ISSNIP’s annual action plan has also proposed to provide resources for roll out trainings and the state ICDS would like to utilise these funds for community mobilization and communication activities at state level.

Structured supervisory monitoring and review at all levels: A updated version of supervision/inspection tool is being developed by state ICDS which will enable every level to access field situation related information in a realtime. AWC visits and monthly program reviews by Supervisors, CDPOs and DPOs will be more structured and will involve use of data from revised MIS.

Integrated Program Management System (IPMS): Incorporating the learnings on technology based solutions for performance enhancement from the districts of Saharsa, Jehanabad and Nalanda, state ICDS plans to design and roll out a mobile phone based system to enhance performance. The main objectives are

a. To facilitate AWWs with an ICT tool to carry-out their day-to-day activities at AWCs and during home visits of the beneficiaries;

b. Achieving internal efficiency & effectiveness of the ICDS functionaries in the state by automating and optimizing the back office processes;

c. To provide online access to the current, complete and accurate information related to the functions and services provided by AWCs to the beneficiaries;

d. Develop interface of the ICDS with other departments to facilitate seamless sharing of information for better administration and governance.

To begin with it will be introduced in 4 districts and subsequently scaled to cover entire state.

Five tier monitoring system: Following the GoI guidelines to establish 5 tier monitoring and review system, the state has constituted committees at all levels, up to the AWC level. However no activities were undertaken by these committees since their constitution. During current FY, members of the review committees will be oriented on their roles and will be provided the revised inspection/supervision formats being designed.
**Grading and accreditation of AWCs:** Using the resources available for each district, an exercise to grade AWCs based on their performance levels will be undertaken by end of the current FY. Performance in roll out of different initiatives under KMBK and achieving of outputs in terms of increased contacts with mothers and families; effective counselling for changing feeding behaviours and increasing sanitation practices will be some of the measures used to grade AWCs. Instead of limiting to the building/ infrastructural aspects to assess and accredit AWCs, emphasis will be given to process of delivery of key interventions even in the absence of AWC building etc.

**External monitoring and evaluation**

Concurrent monitoring and ongoing external evaluation of different kinds are being undertaken in the state by development partners of ICDS. For example, SWASTH project’s technical assistance involves a concurrent monitoring system. Similarly BMGF-CARE’s technical support project has a component of concurrent monitoring, learning and evaluation through which key health and nutrition information is collected from household and AWW levels in an ongoing manner. Under ISSNIP, conducing of District level Rapid Assessments and surveys using LQAS methodology (Lot Quality Assurance Sampling) are planned to be implemented. A number of pilots/ innovations and operation’s research initiatives are planned under ISSNIP and each of them will involve a baseline and end line surveys. Under MSNP, a considerable focus is placed on district wise periodic evaluations using 3rd party impact assessments.

The state ICDS proposes to combine all these concurrent monitoring and evaluation initiatives and to the extent possible, rationalize to ensure a uniform geographic spread and coverage of all critical age groups and interventions. Attempt will be made to ensure uniformity of definitions, investigation techniques and sampling methodologies across different surveys/ assessments so that most of them are comparable with each other.

**Community based monitoring efforts**

Constitution of AngawadiVikasSamiti is a significant step in the direction of enhancing community oversight on ICDS program implementation. This community group will support in management of AWC performance and will also act as first level of community monitoring.

The proposed 4th Saturday meeting at panchayat level will also play a significant role to ensure community monitoring of key components of ICDS implementation at lowest level.

The state has initiated Social Audit at all AWCs twice a year on a fixed day across the state. One such social audit was conducted on June 20, 2014 in all AWCs of the state. Similar effort will happen again after six months. Resources are being provided for conducting the social audit at AWCs (out of the MnE resources allocated for AWCs).

**Training and capacity building**
There are 63 AWTC and one MLTC in the state. Spread of AWTCs is not uniform across districts.

As per the prevailing practice the state will continue to plan and conduct the job and refresher trainings for AWWs, and supervisors through the AWTCs and MLTC. The new cost norms for different levels of trainings and training institutions suggested in the ICDS restructuring guidelines are being followed in estimation of the required budget for these trainings in next FY. A separate State Training Action Plan (STrAP) has been submitted and trainings are proceeding as per plan.

As mentioned earlier, the BKMB related training initiative is being coordinated through the training division of ICDS. While financial resources for initial trainings are sourced from NMU under SWASTH project, facilitation support is being provided by ICDS staff and DP support.

Similarly induction trainings of revised MIS roll out are lined up for roll out as soon as the printed registers become available. State master trainers and district level master facilitators have been trained and will be pressed into services to roll out to LS and AWWs levels.

Under ISSNIP’s annual action plan, series of incremental learning events for AWWs through sector meetings and health sub-center meetings are planned for the 19 districts. The modules and content to be developed in the 19 ISSNIP districts will also be made available for roll out in other 19 districts through sector meetings and other platforms available. Block and district level support of other DPs will be sought in the non-ISSNIP districts to ensure ongoing capacity building and on job training of AWWs.

**Financial Management and Funds Flow Mechanism**

The state proposes to follow the present system of fund transfer from state to districts and below through the treasure route. Once the Child Development Society is constituted, fund flow through the society will be adopted as suggested in the restructured ICDS framework for implementation.

**Summary budget**

Summary budget is provided in [Annexure 4](#).
### SLNo. | Budget Heads wise Programme Components | Sub component/Activities | Type of expense | Unit | Cost Norm (in Rs) | Centre: State sharing ratio | Total funds required (Rs. In Lakh) | GOI Share (of col. 9) | State Share (Rs. In Lakh)
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
1 | Salaries Regular Staff | State Level | Recurring | 1 | 90:10 | 262.36 | 236.12 | 26.24 | 1000000
2 | Block Level | Recurring | 344 | 90:10 | 905.25 | 702.21 | 123.04 | 685200
3 | Block Level | Recurring | 544 | 90:10 | 959.92 | 863.65 | 95.27 | 95930
4 | AWWs/AWHs | Honorarium for link worker (6 months) | Recurring | 10607 | 75:25 | 477.31 | 357.99 | 119.33 | 1140000
5 | AWWs/AWHs | Honorarium for additional AWWs (6 months) | Recurring | 49257 | 3000 | 866.58 | 664.48 | 2216.30 | 480368.43
6 | Uniform and Badges | AWWs/AWHs | Non recurring | 177914 | 625 | 1111.96 | 1000.77 | 111.19 | 1320000
7 | AKBY | AWWs/AWHs insurance | Recurring | 177914 | 100 | 117.91 | 177914 | 142.37 | 4940000

**Sub Total**

### SLNo. | Budget Heads wise Programme Components | Sub component/Activities | Type of expense | Unit | Cost Norm (in Rs) | Centre: State sharing ratio | Total funds required (Rs. In Lakh) | GOI Share (of col. 9) | State Share (Rs. In Lakh)
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
8 | Bent | State Level | Recurring | 1 | 75:25 | 60.00 | 45.00 | 15.00 | 1000000
9 | District Level | Recurring | 34 | 75:25 | 45.69 | 34.04 | 11.65 | 272000
10 | Block | Recurring | 544 | 75:25 | 318.18 | 233.60 | 84.59 | 3726.43
11 | PSE Kit | AWCs Level | Recurring | 72223 | 750/3000 | 6737.14 | 5629.72 | 1107.42 | 266.76
12 | Medicine Kit | AWCs Level | Recurring | 86237 | 3000/1500 | 2668.71 | 2214.01 | 454.70 | 266.76
13 | Flexi fund | AWCs Level | Recurring | 91677 | 5000/500 | 889.57 | 711.61 | 177.96 | 88.96
14 | Admin Expenses | State Level | Recurring | 1 | 75:25 | 0.00 | 0.00 | 0.00 | 0.00
15 | District Level | Recurring | 34 | 75:25 | 0.00 | 0.00 | 0.00 | 0.00
16 | Block/Sector Level | Recurring | 544 | 75:25 | 0.00 | 0.00 | 0.00 | 0.00

**Sub Total**

### SLNo. | Budget Heads wise Programme Components | Sub component/Activities | Type of expense | Unit | Cost Norm (in Rs) | Centre: State sharing ratio | Total funds required (Rs. In Lakh) | GOI Share (of col. 9) | State Share (Rs. In Lakh)
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
17 | Furniture Shelves | 19 HBCS cluster of 4 AWCs | Recurring | 36939 | 990 | 2197.87 | 1648.40 | 549.47 | 372000
18 | RGE Day | Recurring | 91677 | 1000 | 916.77 | 687.50 | 229.27 | 229.27
19 | Grading & Accreditation | Recurring | 38 | 250000 | 95.00 | 71.25 | 23.75 | 23.75
20 | AWC cum Creche | Pilot 5% of the total AWCs - will initiate in few AWCs this FY | Recurring | 1375 | 52000 | 715.00 | 536.25 | 178.75 | 178.75
21 | IEC (including IYCF Activities) | District Level (recurring) | Recurring | 544 | 100000 | 272.00 | 224.80 | 47.20 | 47.20
22 | AWCs Level (compensated,demol) | Recurring | 91677 | 1000 | 916.77 | 687.50 | 229.27 | 229.27

**Sub Total**

### SLNo. | Budget Heads wise Programme Components | Sub component/Activities | Type of expense | Unit | Cost Norm (in Rs) | Centre: State sharing ratio | Total funds required (Rs. In Lakh) | GOI Share (of col. 9) | State Share (Rs. In Lakh)
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
23 | Capital Assets | Construction of AWCs (out of GOI Funds) | Non-Recurring | 295 | 450000 | 131175.00 | 98381.38 | 32783.62 | 32783.62
24 | AWC up-gradation | Non-Recurring | 500 | 100000 | 50000.00 | 37500.00 | 12500.00 | 12500.00
25 | Maintenance | State Mission Cell | Recurring | 5000 | 2000 | 4000.00 | 5000.00 | 1000.00 | 1000.00
26 | Cost of establishment | District Mission Cell | Recurring | 75:25 | 5.00 | 3.75 | 1.25 | 1.25
27 | Block Mission Cell | Recurring | 75:25 | 152.00 | 114.00 | 38.00 | 38.00
28 | AWCs resources | Recurring | 75:25 | 1088.00 | 816.00 | 272.00 | 272.00
29 | Furniture & fixtures | State | (once in 5 yrs) | recurring | 1 | 50000 | 5.00 | 3.75 | 1.25
30 | Furniture and fixture - district | (once in 5 yrs) | recurring | 38 | 400000 | 152.00 | 114.00 | 38.00 | 38.00
31 | Furniture and fixtures | (once in 5 yrs) | recurring | 544 | 2000000 | 1088.00 | 816.00 | 272.00 | 272.00
32 | Furniture and fixture | AWCs (WATER FILTER And CANDLES for 2 years) | (recurring) | 86237 | 70000/5000 | 6308.59 | 4731.44 | 1577.15 | 1577.15

**Sub Total**

Grand Total | | | | 547480.69 | 317735.37 | 229754.32 | 229754.32

### M&E

| SLNo. | Budget Heads wise Programme Components | Sub component/Activities | Type of expense | Unit | Cost Norm (in Rs) | Centre: State sharing ratio | Total funds required (Rs. In Lakh) | GOI Share (of col. 9) | State Share (Rs. In Lakh)
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
23 | Monitoring | M & E | Recurring | 91677 | 1000 | 916.77 | 825.09 | 91.68 | 91.68
24 | Hiring of Vehicle & POL | State Level | Recurring | 2 | 120000 | 2400.00 | 1808.00 | 608.00 | 608.00
25 | Project | Recurring | 38 | 215000 | 81.70 | 61.28 | 20.43 | 20.43
26 | Furniture & fixtures | State | (once in 5 yrs) | non recurring | 1 | 50000 | 5.00 | 3.75 | 1.25
27 | Furniture and fixture - district | (once in 5 yrs) | non recurring | 38 | 400000 | 152.00 | 114.00 | 38.00 | 38.00
28 | Furniture and fixtures | (once in 5 yrs) | non recurring | 544 | 2000000 | 1088.00 | 816.00 | 272.00 | 272.00
29 | Furniture and fixture | AWCs (WATER FILTER And CANDLES for 2 years) | (non recurring) | 86237 | 700000 | 6308.59 | 4731.44 | 1577.15 | 1577.15

**Sub Total**

Grand Total | | | | 9682.86 | 7568.92 | 2113.94 | 2113.94

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*Note: The table above represents a summary of budget heads wise programme components along with sub components, type of expense, cost norm, centre state sharing ratio, total funds required, GOI share, and state share. The figures are rounded to the nearest thousand.*