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Report 3

FINAL REPORT

ICDS MTIS

Community Systems Foundation
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This report was produced with support from the United States Agency for International Development, Global Programs, Field Support and Research, Office of Health and Nutrition under the Food Security and Nutrition Monitoring Project (IMPACT). Contract No. DAN 5110-C -00-0014-00, Activity No. 246-108.

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REPORT 3

ICDS MIS

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ICDS MIS

SUMMARY

January 1996

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Title of Activity

Technical Support of the Expansion and Adaptation of the Progress Reporting System (PRS) for the Integrated Child Development Services (ICDS) in India. (Contract Number DAN-5110-Q-00-0014-00. Activity 246-108).

Activity Objectives

The objective of this technical assistance is to provide the technical expertise necessary to expand the Progress Reporting System (PRS) for the ICDS to all states and union territories of India, and adapt it to site-specific requirements.

Summary of Deliverables

The deliverables under the Delivery Order include: 1. Training report plan, 2. Reports on seminars and workshops, and 3. A final report on the results of the expansion of the ICDS Progress Reporting System.

Deliverable 1 - Training Report Plan

The training plan includes background information on the concepts

Deliverable 2 - Training and Data Analysis Reports

This report contains the results of the training and data analysis conducted at the state and national levels using the ICDS MIS Progress Reporting System.

Deliverable 3 - Final Report and Recommendations

This report summarizes the progress made in the strengthening of ICDS MIS using the software package Progress Reporting System and makes recommendations on ways to continue to strengthen ICDS MIS activities through continued training and technical support in priority states. The recommendations are based on the potential usefulness of this system to assist in meeting USAID's requirement for information on the impact of commodity inputs to justify continued allocations of food aid resources to ICDS.

Summary

The development of the ICDS MIS Progress Reporting System was initiated under a USAID supported bilateral ICDS project which aimed to identify innovations which could strengthen the ICDS programme. The software system was designed to assist the Government of India to computerize and strengthen the ICDS MIS.

Under this Delivery Order the system has been progressively expanded and refined to meet the growing needs of ICDS functionaries for information on the status of key indicators to monitor the implementation of ICDS activities. The system was piloted under the bilateral ICDS project in Maharashtra and Gujarat. The experience in these two states was extended to and replicated in Rajasthan, Bihar, West Bengal, Delhi, Arunachal Pradesh, Uttar Pradesh, Kerala, Tamil Nadu and Pondicherry. Under this Delivery Order, further refinement of the software was carried out to adapt the system to state specific needs for monitoring information. In the process, the software system itself was progressively enhanced. Under this Delivery Order, technical support was provided for the strengthening of ICDS MIS through further orientation training, data analysis and workshops at the national level and at the state level in Andhra Pradesh, Karnataka, Rajasthan and Maharashtra. These efforts were made in collaboration with other agencies involved with the support of ICDS MIS activities, such as UNICEF and The World Bank.

Functional Requirements for ICDS MIS Progress Reporting System

Under this Delivery Order, the functional requirements for the ICDS MIS Progress Reporting System were analyzed and defined based on discussion and feedback from ICDS functionaries. The Functional Requirements Document is based on five critical success factors for strengthening the ICDS MIS: 1. Improved perception of the nature of program problems and issues, 2. Motivation to act based on information available, 3. Technical capabilities to capture and analyze relevant information, 4. Resources to establish and maintain the information system, 5. Resources to take action based on the information available. The

ICDS MIS Progress Reporting System V 4.0

The software package that was initially developed under the bilateral ICDS project was progressively enhanced under this Delivery Order. The software package was upgraded from DOS to the more user-friendly Windows environment. Many features of the software package were refined, including:

- data entry using scrolled grids
- data quality assurance through user-defined logic checks
- enhanced report generation
- user-defined data base modifications to add/drop indicators
- optimized performance for handling large data sets
- improved trend analysis
- improved feedback

Adaptation to State Requirements

Under this Delivery Order, the software package was adapted to meet state specific requirements for data management and reporting. For example, in The World Bank assisted states, new project components were introduced which needed to be monitored. These components included:

- Women's Integrated Learning for Life (WILL)
- Adolescent Girls' Schemes
- Therapeutic Food
- Construction of Anganwadi Buildings and CDPO's Office-cum-Godown
- Funding of Referral Cases

These components were added to the block-level (CDPO) monthly progress report as Parts C and D. The software package was enhanced to include these new sections for data entry, logic checks and report generation.

In addition, under this Delivery Order, a feature was added to the software package to provide the system administrator the capability to add/drop key indictors from the system as and when the ICDS MIS is modified without the need to re-code the software package. With this new

feature, the system can be modified by the system administrator at the national and state levels to meet the specific needs for information in which the system is installed.

Priorities for Sustained Efforts to Strengthen ICDS MIS

Institutionalization of the System. Several issues are important with regard to the sustained use of the ICDS MIS Progress Reporting System and the maintenance and continued expansion of the system. While these issues have been addressed under this Delivery Order, more efforts are required in the future to ensure that the system is sustained. It is proposed that the resources available under the Core component of the Impact project agreement with CSF be used to support the following activities as specified in the scope of work of the agreement which ends in July 1996.

An institutionalized approach to strengthening and using ICDS MIS is required, including:

- Systematic review of ICDS MIS at the national and state levels by technical working groups (as initiated under this Delivery Order)
- ICDS MIS training at regular intervals (quarterly?) at the state level to provide adequate support to staff using the system and to provide orientation training to new staff (ICDS staff turn-over is high)
- Development of standardized advocacy material that describes the system to motivate staff to use it (See Report 2)
- Development of standardized training materials for administrators and data analysts to assist in providing training in the use of the system (See Reports 1 and 2).
- Coordination among donor agencies and NGOs involved in providing assistance to the Government of India in the expansion and implementation of the ICDS program.

Key Indicators for CARE-India. USAID requires information on the impact of commodity inputs to justify continued allocations of food aid to India through CARE-India. Under this Delivery Order, a presentation was made to CARE-India and USAID-India (on 28 Sep 95) to explain the potential use of the ICDS MIS Progress Reporting System to assist in monitoring key indicators. The current food commodities monitoring system being used by CARE-India tracks commodity inputs from U.S. ports throughout the distribution network to ICDS

anganwadi centers in India. This system does not provide coverage rates of beneficiaries or other key indicators required to monitor and achieve program impact.

It was demonstrated that the ICDS MIS Progress Reporting System may be able to show trends of key program indicators related to impact. While the proposed CARE-India long-term strategy (under the five-year Integrated Nutrition and Health Program) for monitoring program impact aims to measure trends in terms of coverage based on population-based indicators, the existing ICDS MIS may have the potential to provide some useful data on trends relating to the following key indicators of achievement based on responses from beneficiaries visiting anganwadi centers:

- U1 immunization
- TT immunization
- Growth promotion – % U2s weighed
- Growth faltering
- Growth promotion – % women received supplemental food
- Antenatal care
- Iron supplementation

Further discussions with CARE-India on the potential use of the system have resulted in a decision to begin working with CARE and ICDS functionaries in priority states (first Andhra Pradesh) to examine the usefulness of the trend data available on these key indicators.

Five Additional World Bank Assisted ICDS States. The World Bank is currently providing assistance to four ICDS state programs in Andhra Pradesh, Orissa, Bihar, and Madhya Pradesh. In 1996, the World Bank and UNICEF are in the process of assisting the Government of India to design and implement the expansion of ICDS programs in five additional states. These enhanced programs may use ICDS MIS Progress Reporting System and may provide on-going sustained support for the training and technical assistance required to maintain the system.

Proposed ICDS MIS State-Level Training Activities. The following schedule of proposed training activities is based on USAID-India's needs for information on the impact of the ICDS program in seven CARE-India states. Based on an assessment of the proposed analysis of data generated from the ICDS MIS Progress Reporting in the first state, Andhra Pradesh, the process can be repeated in the other states working with CARE and the state governments in these states. In addition, it is proposed that the ICDS MIS Progress Reporting System be implemented in the World Bank assisted states in coordination with the expansion and strengthening of ICDS activities in these regions.

PROPOSED ICDS MIS STATE LEVEL TRAINING SCHEDULE

States/Uts	Feb-96	Mar-96	Apr-96	May-96	Jun-96	Jul-96
Priority Level 1						
Andhra Pradesh						
Uttar Pradesh						
Madhya Pradesh						
Rajasthan						
Bihar						
West Bengal						
Orissa						
Priority Level 2						
Maharashtra						
Gujarat						
Tamil Nadu						
Kerala						
Karnataka						
Priority Level 3						
Goa						
Haryana						
Punjab						
Himachal Pradesh						
Delhi						
Priority Level 4						
Pondicherry						
Daman & Diu						
Dadra Nagar Haveli						
Lakshadweep						
Andaman & Nicobar						
Chandigarh						
Jammu Kashmir						
Assam						
Manipur						
Tripura						
Nagaland						
Meghalaya						
Arunachal Pradesh						
Mizoram						
Sikkim						

ICDS MIS

FUNCTIONAL REQUIREMENTS DOCUMENT FOR ICDS MIS

October 1994

NATIONAL

ICDS Management Information System

Functional Requirements Document

Integrated Child Development Services

October 1994

ABBREVIATIONS AND ACRONYMS

CTC	Central Technical Committee
CDPO	Child Development Project Officer
DWCD	Department of Women and Child Development
NIC	National Informatics Centre
NICNET	NIC Network
NIPCCD	National Institute for Public Cooperation and Child Development
ICDS	Integrated Child Development Services
IMIS	Integrated Management Information System
GOI	Government of India
MOHRD	Ministry of Human Resources Development, GOI
MMR	Monthly Medical Report
MPR	Monthly Progress Report

CONTENTS

I. BACKGROUND

A. Introduction

1.01 The Integrated Child Development Services (ICDS) programme is one of the eleven key interventions programmes being implemented by the Government of India to meet the objectives of the National Nutrition Policy.[1] The aim of the ICDS Management Information System (MIS) is to assist in the administration of the programme and to provide early warning for potential high-risk conditions to assist in appropriate policy formulation and timely action.

1.02 ICDS began with 33 pilot projects in 1975. By December 1992, it had expanded to 2765 sanctioned projects operating in more than 250,000 villages and poor urban areas with a coverage of beneficiaries for supplementary nutrition of 69.40 lakhs of children below 3 years, 83.13 lakhs of children 3-6 years old, and 30.08 lakhs of pregnant and nursing mothers. In this decade, the Government of India plans to continue to expand the program to reach all needy young children in the country.

1.03 ICDS has an extensive network for gathering community-level information on program implementation. *Anganwadi* workers register services as they are provided and forward periodic summaries to their supervisors. This source of data is an important asset to ICDS planners and managers. The size and complexity of ICDS calls for an automation strategy to support the national plan to monitor and evaluate ICDS.

B. National Plan to Monitor and Evaluate ICDS

1.04 A major effort has been made by the Department of Women and Child Development (DWCD), Ministry of Human Resources Development, Government of India, to implement a monitoring system for ICDS. Under the national plan to monitor ICDS, *anganwadi* workers

[1] Department of Women & Child Development, Ministry of Human Resource Development, Government of India, New Delhi, 1993.

compile standardized monthly and half-yearly reports based on their register data. These reports are forwarded through supervisors to Child Development Project Officers (CDPOs) who are responsible for ICDS project management. The CDPOs consolidate the *anganwadi* reports into project reports and forward the reports to the state and central ICDS headquarters. In general, these reports quantify the status of key indicators pertaining to the major components of ICDS service delivery.

1.05 As ICDS has expanded rapidly, ICDS administrators have looked to an automation strategy to support the national plan for monitoring ICDS. The first stage of automation planning was made in 1985 when DWCD introduced the Integrated Management Information System (IMIS).[2] IMIS focused on ways to standardize ICDS monitoring reports to gather data from projects in all states. Before IMIS was introduced, each state had its own format for reporting ICDS data. This made it difficult to summarize and evaluate ICDS performance at the national level. Once the IMIS uniform formats were introduced, it was possible to combine ICDS data into a national database. In addition to improving data collection, IMIS also suggested ways to use ICDS data to monitor operations. The system described ways to set action flags to monitor key performance indicators. The implementation of IMIS was the first successful step in streamlining the collection and reporting of *anganwadi* data.

1.06 Subsequently, DWCD worked with various related government departments to improve on the IMIS data set. After considerable research and discussion, DWCD amended the data collection forms by sharpening their focus on key indicators:

- services provided to under threes
- services provided to women in the community
- community participation in ICDS activities
- the integration of social welfare and health related activities
- the quality of preschool education activities.

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[2] *Manual on Integrated Management Information System for ICDS*, Department of Women's Welfare, Ministry of Human Resource Development, Government of India, New Delhi, 1986.

In 1991, DWCD introduced an improved set of monitoring formats. These revised formats are now being used uniformly in all projects for data collection. This has been a major contribution by DWCD to the depth and scope of the ICDS monitoring plan.

1.07 In addition to improvements in the data set, DWCD has entrepreneured the computerization and decentralization of ICDS data collection. The department has taken steps to use NICNET, the Union government's national computer network, for data entry at the state, district, and eventually, block levels from where data will be transmitted electronically to the state and central levels.

1.08 As ICDS data are gradually becoming available in a uniform, timely fashion from all projects across the country, the focus of the ICDS monitoring plan needs to converge on the important issue of how to make the best use of the data to support operations management and policy making.

II. GENERAL DESCRIPTION

A. Objectives

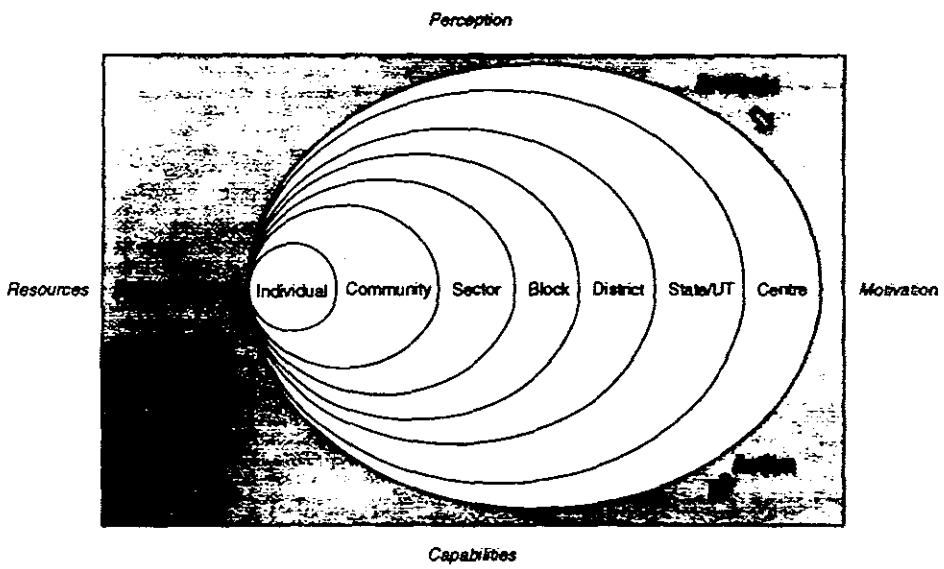
2.01 The ICDS MIS shall have three objectives: (a) to improve targeting of service delivery, (b) to strengthen the capacity of planners to use existing resources for nutrition improvement and (c) to empower communities with increased access to resources for nutrition security and child development.

2.02 For ICDS, these objectives shall be achieved through improved use of the data collected and reported regarding community-level nutrition activities.

B. Scope

2.03 The scope the ICDS MIS shall begin at the level of the individual and extend to all levels of decision making which effect the nutrition security and early development of children.

2.04 For the ICDS MIS, the key administrative levels shall be: community, sector, block, district, state and national. Various functionaries shall be involved at each level. At the community level, the *anganwadi* worker and community leaders, such as, *mahila mandal* leaders, shall be the key ICDS MIS functionaries. At the sector level, the ICDS supervisor and community health workers shall be responsible for integrating ICDS and health care services. At the district and state levels, various health and social welfare officers shall be responsible for the administration of the ICDS MIS. At the national level, the nodal agency for the ICDS MIS shall be DWCD which is responsible for the planning and coordination of all nutrition-related programmes.



C. Strategy

2.05 The ICDS MIS strategy shall be based on the Assessment-Analysis-Action approach[3] to problem solving. This cyclical approach to problem solving shall be based on the repeated assessment of situation-specific child development and nutrition problems, analysis of the causes of the problems, followed by action based on available resources and information, then re-assessment of the situation, refined analysis and better actions.

2.06 The ICDS MIS Triple-A problem-solving strategy shall be applied at all levels of ICDS decision making to improve the quality and impact of the services being provided. This strategy shall aim to integrate community-based nutrition decision making with higher levels of planning and administration. This strategy shall aim to strengthen nutrition decision making at the district, state and national levels as the strategy provides a better understanding of the underlying causes of nutrition problems at the community level.

D. Five Critical Success Factors for ICDS MIS

2.07 The implementation of the ICDS MIS shall be subject to five critical success factors among the users of the system:

- **Perception**. An understanding of the nature of nutrition problems and the causes of these problems.
- **Motivation**. Effective demand for nutrition-related information and motivation to act based on the information.
- **Technical Capabilities**. Ability to capture and analyze nutrition-relevant information.
- **Resources for the System**. Human, economic and organizational resources to establish and maintain a nutrition information system.
- **Resources for Action**. Human, economic and organizational resources to take action based on nutrition information.

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[3] *A UNICEF Nutrition Information Strategy, Improving Decision-Making at Household, Community and National Levels*, Draft 4, Nutrition Section, UNICEF, New York, July 1993.

E. Key Features

2.08 The design of the ICDS MIS shall be based on user-specified demands for information where the volume, frequency and detail of the data collected are kept to a minimum.

2.09 The ICDS MIS shall provide data quality control through data entry logic and range checks and data validation. The data entry process provides for rapid feedback on logical inconsistencies to the individuals responsible for data collection and data entry. The quality of surveillance data are analyzed and validated by periodic sample surveys.

2.10 The ICDS MIS shall provide for flexible report generation based on user-specified needs. The user shall be able to query the data base for a given data set from a specified time period, at a specified level of detail, sorted in a specified order and presented in a specified format, such as, a table, graph, feedback letter or map.

2.11 The ICDS MIS shall provide for localized adaptation of the system to specific user needs while maintaining consistency within the core data base of the system. This means that state governments shall have the flexibility to add state-specific indicators to the core set of national ICDS indicators while maintaining the consistency of the core data set.

2.12 The ICDS MIS shall provide for an archive of data to facilitate research and evaluation of programme trends. As the nutrition MIS is enhanced over time, the consequences of adding, modifying and deleting indicators shall be considered while maintaining the comparability of historical data to the enhanced data sets.

F. Key Measures of Performance

2.13 The ICDS MIS data set shall include a broad set of input, process and output indicators which can be used to manage operations. These indicators include the number of beneficiaries and participants in various activities, the status of staff appointment and training and inventory of supplies and equipment.

2.14 The ICDS MIS data set shall include impact indicators such as the number of severely and moderately malnourished children in various age groups. With adequate data quality assurance measures, these impact indicators shall provide a valuable data source for estimating the nutritional status of children in the country. It is important to consider the value of this information for area-specific planning given the extensive penetration of ICDS across the country.

G. Monitoring Goals

2.15 The ICDS MIS shall be designed to assist in monitoring the goals of DWCD's *National Plan of Action -- A Commitment to the Child*[4] including he following nutrition goals to be achieved between 1990 and 2000:

- reduction of severe and moderate malnutrition among under-fives by half
- reduction of low birth weight
- reduction/control of micro-nutrient deficiencies
- institutionalization of growth promotion
- improved infant feeding
- improved dissemination of knowledge and supporting services to increase food production to ensure household food security

[4]Department of Women & Child Development, Ministry of Human Resource Development, Government of India, New Delhi, 1992.

H. Universalisation and Sustainability

2.16 Under the Eighth Five-Year Plan, ICDS will be extended to all development blocks throughout the country. As the scheme expands, the operations management aspects of programme activities shall become more numerous and complex. The ICDS MIS shall be designed to assist in streamlining the management of the programme and in providing useful information to the right people at the right times.

I. Effectiveness and Efficiency

2.17 The ICDS MIS shall assist in monitoring the effectiveness of ICDS interventions by providing feedback on various aspects of key impact indicators. The ICDS MIS shall assist in monitoring the efficiency of ICDS management processes by providing data on the status of input, process and output indicators.

J. Integration

2.18 The ICDS MIS shall augment the integration of ICDS with related development activities by providing the capacity to share relevant programme implementation indicators with other development initiatives, such as, empowerment of *mahila mandals* for community leadership in nutrition security, opportunities for community-based development through *panchayti raj*, involvement of adolescent girls in ICDS activities and other synergistic programmes.

K. Institutional Framework

2.19 DWCD, which serves as the nodal central government agency for nutrition, shall be the nodal agency for implementation of the ICDS MIS through the ICDS Monitoring Cell and the ICDS Central Technical Committee (CTC). DWCD shall use the system to plan and coordinate ICDS activities with related nutrition intervention programmes with other departments and government agencies.

2.20 Each state and union territory has a state government agency for ICDS administration. These state administrations work with DWCD to implement and monitor ICDS activities. These state government agencies shall be responsible for the implementation and maintenance of the ICDS MIS at the state level.

2.21 The National Institute for Public Cooperation and Child Development (NIPCCD) has a division for Monitoring and Evaluation which conducts periodic surveys and evaluations of ICDS activities. This institution shall be responsible for training ICDS *anganwadi* workers, supervisors and CDPOs in use of the ICDS MIS.

2.22 The National Informatics Centre (NIC) provides DWCD with technical support in the process of streamlining and decentralizing ICDS data entry using the national computer network. NIC shall provide technical support for the implementation, training and maintenance of the ICDS MIS.

2.23 The National Institute of Nutrition (NIN) and other research institutions conduct periodic surveys and studies on ICDS activities which contribute to the understanding of ICDS programme implementation issues. This institute shall be responsible for working with the central and state governments to strengthen the ways in which the ICDS MIS data base is used for decision support.

L. Automation Plan

2.24 Various computerized systems have been developed and tested for ICDS data entry and reporting for both DWCD and CTC. The objectives of these systems have been to assist in managing the large quantities of data collected under ICDS and to report on key indicators. Headway has been made in (a) the decentralization of data entry using the national district-level network, NICNET and (b) the testing of a prototype data analysis system with built-in data quality checks and programme management feedback mechanisms. The functional requirements of the ICDS MIS shall be based on the lessons learned in the development and testing of these existing computerized systems.

III. FUNCTIONAL REQUIREMENTS OF THE ICDS MIS

3.01 This section describes the functional requirements of the ICDS MIS. The functional requirements are organized by the five critical success factors of the ICDS MIS. Each functional requirements is further described in more detail, as shown below:

Serial Number	[Serial number of the function]
Critical Success Factor	[One of the five critical factors]
Function	[Name of the function]
Rationale	[Description of the rational of the function]
Options	[Related optional functions]
Constraints	[Constraints on the system]
Upgrade	[Options to upgrade of the system]
Examples	[Examples related to the function]

Serial Number: A1

Critical Success Factor: Improved Perception and Understanding

Function: ICDS Data Base

Rationale: All ICDS data -- nutrition, health and social welfare indicators -- shall be integrated into a common data base. This archive of pooled nutrition data sets shall be carefully maintained to facilitate trend analysis and macro-level planning. The structure of the data base shall provide for comparability of ICDS data to related health and nutrition data bases. The ICDS data base shall be provided as a public data resource to research institutions.

Options

Constraints

Upgrades

Examples

Serial Number: A2

Critical Success Factor: Improved Perception and Understanding

Functional Requirement: Improved Access to Data

Rationale: ICDS MIS data shall be readily accessible in user-specified formats to enhance nutrition advocacy through improved data presentation. The ICDS MIS report generator shall provide a user-friendly interface to generate graphs, maps, feedback letters and tables. The data shall be available in relevant disaggregated user-specified sub-sets, by geographic area, subpopulations (rural, urban, tribal) and other classifications.

Options

Constraints

Upgrades

Examples

Serial Number: A3

Critical Success Factor: Improved Perception and Understanding

Functional Requirement: Information Dissemination

Rationale: The status of key ICDS indicators shall be made available to a wider audience through enhanced information dissemination, including, monitoring and evaluation reports and periodic ICDS newsletters at various levels.

Options

Constraints

Upgrades

Examples

Serial Number: B1

Critical Success Factor: Motivation for Action

Functional Requirement: Data Usage

Rationale: The timely feedback of ICDS data shall be targeted to functionaries with keen sensitivity to their information needs. The devolution of data usage shall be extended to the widest group possible, with special attention to the information required at the community level. The ICDS MIS shall be based on an analysis of the volume, frequency and format of existing and potential data usage at each level of the system: community, sector, block, district, state and national. This analysis shall examine how data are captured and recorded by the *anganwadi* worker and options to simplify what data are recorded at the community level.

Options

Constraints

Upgrades

Examples

Serial Number: B2

Critical Success Factor: Motivation for Action

Functional Requirement: Targets, Incentives and Recognition

Rationale: Innovative methods to motivate functionaries shall be developed within the ICDS MIS. These methods shall encourage timely data collection and usage with built-in control measures for accurate reporting and prompt action.

Options

Constraints

Upgrades

Examples

Serial Number: B3

Critical Success Factor: Motivation for Action

Functional Requirement: Key Indicators

Rationale: The ICDS MIS shall provide a method to convert the large ICDS data set to sub-sets of user-specified key indicators to simplify the data management process. Whereas the ICDS data set contains several hundred indicators, the ICDS MIS shall assist managers to focus on critical indicators where action needs to be taken.

Options

Constraints

Upgrades

Examples

Serial Number: B4
Critical Success Factor: Motivation for Action
Functional Requirement: Trigger Points

Rationale: The ICDS MIS shall provide a method to specify trigger points for specified actions. The trigger points and their resulting actions shall be user-specified to assist ICDS administrators in initiating corrective action based on the data reported.

Options

Constraints

Upgrades

Examples

Serial Number: C1

Critical Success Factor: Technical Capabilities

Functional Requirement: Management of the MIS Design Process

Rationale: The process of the design and enhancement of the ICDS MIS shall be guided by the MIS Coordinating Committee. The committee shall stabilize the design process based on the detailed *Functional Requirements Document* which shall serve as the guide for all system specifications and enhancements. This document shall describe each feature of the MIS and all related details about data usage.

Options

Constraints

Upgrades

Examples

Serial Number: C2

Critical Success Factor: Technical Capabilities

Functional Requirement: Data Collection

Rationale: The ICDS MIS shall provide for data collection based on the national specifications for the project-level CDPO Monthly Progress Report (MPR) and the Half-Yearly Progress Report (HYPR) (See attachments.) These two data collection instruments shall be uniformly used throughout all states and union territories.

In addition, the ICDS MIS shall provide for state-specific augmentation to the national data collection instruments. The system shall provide for each state to add to the MPR and/or HYPR while maintaining the consistency of the national core variables.

Options

Constraints

Upgrades

Examples

Serial Number: C3
Critical Success Factor: Technical Capabilities
Functional Requirement: Decentralization

Rationale: The process of decentralization of data entry shall be accelerated through integration with the implementation of the central government NICNET network at four levels: central, state, district and block.

In addition to data entry, the process of decentralized feedback to appropriate levels shall be accelerated through the same network.

Options

Constraints

Upgrades

Examples

Serial Number: C4

Critical Success Factor: Technical Capabilities

Functional Requirement: Data Quality Assurance

Rationale: The ICDS data entry process shall be supported by logic and range consistency checks. These logic and range consistency checks shall be user-specified.

Once entered, the data sets shall be periodically cross-checked by validation surveys.

Options

Constraints

Upgrades

Examples

Serial Number: C5

Critical Success Factor: Technical Capabilities

Functional Requirement: Reports by Administrative Levels

Rationale: The ICDS MIS shall generate reports at four levels: central, state, district and project (block). The user shall be able to specify the administrative level of the report generated.

Options

Constraints

Upgrades

Examples

Serial Number: C6

Critical Success Factor: Technical Capabilities

Functional Requirement: Reports by User-Specified Indicators

Rationale: The ICDS MIS shall generate reports by user-specified indicators. The user shall be able to define the indicators to be included in a report by selecting any sub-set of the variables available in the ICDS data base. The ICDS MIS shall not be based on a pre-defined set of key indicators.

Options

Constraints

Upgrades

Examples

Serial Number: C7
Critical Success Factor: Technical Capabilities
Functional Requirement: Reports by User-Specified Formats

Rationale: The ICDS MIS shall allow the user to generate a report in any of several report formats, including: table, graph, letter, label, map, graph. The user shall be able to specify the layout and content of the report. The ICDS MIS shall not be based on a pre-defined set of report formats, such as, a fixed set of tables. The user shall be able to modify all aspects of the layout of reports: the content of the columns of a table, the style of a graph (bar, line, pie), the colors of a thematic map.

Options

Constraints

Upgrades

Examples

Serial Number: C8

Critical Success Factor: Technical Capabilities

Functional Requirement: Reports by User-Specified Filters

Rationale: The ICDS MIS shall allow the user to specify filters to be applied to report generation. For example, the user shall be able to specify a report filter to generate a report for tribal projects only or projects without sufficient supplies.

Options

Constraints

Upgrades

Examples

Serial Number: C9

Critical Success Factor: Technical Capabilities

Functional Requirement: Reports by User-Specified Sorting

Rationale: The ICDS MIS shall allow the user to specify the sort order in which the data are presented in reports. For example, the user shall be able to specify a project-level report sorted in alphabetical order or by any key performance indicator (from best to worst or visa versa).

Options

Constraints

Upgrades

Examples

Serial Number: C10

Critical Success Factor: Technical Capabilities

Functional Requirement: Data Base Backup

Rationale: The ICDS MIS shall be supported by a reliable data base backup system to safeguard the data. The backup system shall provide for incremental monthly backup when new data are entered and quarterly/annual comprehensive backup (archived off-site).

Options

Constraints

Upgrades

Examples

Serial Number: C11

Critical Success Factor: Technical Capabilities

Functional Requirement: Data Base Recovery

Rationale: The ICDS MIS shall be supported by a data base recovery system which will allow the data base manager to rebuild the data base from the data archive in the event of system failure.

Options

Constraints

Upgrades

Examples

Serial Number: C12

Critical Success Factor: Technical Capabilities

Functional Requirement: Data Security

Rationale: The ICDS MIS shall be protected by adequate data security measures to safeguard the data base from unauthorized modifications.

Options

Constraints

Upgrades

Examples

Serial Number: C13

Critical Success Factor: Technical Capabilities

Functional Requirement: Data Import and Export

Rationale: The ICDS MIS shall be supported by data import and export features to facilitate the merging of lower administrative data bases with higher levels.

Options

Constraints

Upgrades

Examples

Serial Number: C14

Critical Success Factor: Technical Capabilities

Functional Requirement: Hardware Environment

Rationale: The ICDS MIS shall be designed to be compatible with the established equipment base of the NICNET network, for district and block level data entry, and the microcomputer equipment available to ICDS, for state and national data analysis and report generation.

The ICDS MIS Technical Support Group shall be provided portable notebook microcomputers to assist in providing technical assistance, sensitization seminars and hands-on workshops. (See attachment for specifications.)

Options

Constraints

Upgrades

Examples

Serial Number: C15

Critical Success Factor: Technical Capabilities

Functional Requirement: Operating System Standards

Rationale: The ICDS MIS shall be designed to run under (a) the national operating system standards of the NICNET network, for data entry at the district level (and, eventually, block level), and (b) the international operation system standards for microcomputers, for analysis and report generation at the state and central levels.

Options

Constraints

Upgrades

Examples

Serial Number: C16

Critical Success Factor: Technical Capabilities

Functional Requirement: Documentation

Rationale: The ICDS MIS shall be supported by three types of documentation: Functional Requirements Document, System Specifications, User's Guide, On-Line Help. The Functional Requirements Document shall describe the what the capabilities of the system shall be. The Systems Specifications shall describe the technical aspects of how the system is designed and operates. The User's Guide shall explain how to install and use the system. The On-Line Help shall provide users with context-specific documentation while using the system.

Options

Constraints

Upgrades

Examples

Serial Number: D1

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: Technical Support Network

Rationale: National and state technical support networks shall be created to assist ICDS MIS users in operation of the system. This network shall provide assistance by regularly scheduled training, telephone/fax technical information help-line, and office visits. The technical support network shall assist the MIS Coordinating Committee in the management of user requests for changes/enhancements in the design of the system.

Options

Constraints

Upgrades

Examples

Serial Number: D2

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: State-Level ICDS MIS Coordinators

Rationale: A ICDS MIS Coordinator shall be designated within the ICDS administrative team of each state and union territory to manage the operation of the MIS. Each ICDS MIS Coordinator shall be assisted by at least two MIS assistants/data entry operators.

Options

Constraints

Upgrades

Examples

Serial Number: D3

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: Data Analysis and Research

Rationale: At the national and state levels, data research teams shall be assigned to conduct trend analysis of ICDS data. The objectives of the research shall be to reveal seasonal and long-term trends of key indicators, to study the underlying causes of major problems and to assist planners and administrators in taking corrective action.

Options

Constraints

Upgrades

Examples

Serial Number: D4

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: Software Adaptation

Rationale: Resources shall be provided for software development and adaptation to meet the system design specifications developed and maintained by the MIS Coordinating Committee.

Options

Constraints

Upgrades

Examples

Serial Number: D5

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: Hardware Upgradation

Rationale: Resources shall be provided to upgrade and maintain the hardware required to support the system design specifications developed by the MIS Coordinating Committee and to support the training activities for ICDS MIS.

Options

Constraints

Upgrades

Examples

Serial Number: D6

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: Courseware Development

Rationale: Resources shall be provided for ICDS MIS courseware development for each level of the ICDS training system (AWTC, MLTC) and for senior level administrators, MIS coordinators, and data entry operators.

Options

Constraints

Upgrades

Examples

Serial Number: D7

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: National-Level Seminars

Rationale: Sensitization and motivation seminars shall be organized to demonstrate the potential utility of the ICDS MIS for national-level decision support at meetings of State Secretaries/Directors. These seminars shall use the features of the ICDS MIS to focus on key management issues, including comparative performances among States in reaching programme objectives and goals. The duration of these seminars shall be one day. These seminars shall be conducted at least once a year.

Options

Constraints

Upgrades

Examples

Serial Number: D8

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: Regional-Level Seminars

Rationale: Regional-level seminars shall be held for State ICDS officials to demonstrate the utility of the ICDS MIS for state-level decision support. The duration of these seminars shall be one day. These regional ICDS MIS seminars shall be held at least twice a year in each region.

Options

Constraints

Upgrades

Examples

Serial Number: D9

Critical Success Factor: Resources for ICDS MIS

Functional Requirement: State-Level Workshops

Rationale: Detailed training programmes shall be conducted of one week duration at State level with State and District ICDS officials. The focus of these workshops will be on data entry, data cleaning, feedback and report generation. These workshops shall be held at least twice a year in each state and union territory.

Options

Constraints

Upgrades

Examples

Serial Number: E1

Critical Success Factor: Resources for Action

Functional Requirement: Resource Allocation

Rationale: The system shall be used at the central, state and community levels to rationalize equitable resource allocation for ICDS activities. Analysis of resource requirements to achieve ICDS targets shall be a continuous process. The system can provide ways to efficiently utilize ICDS resources.

Options

Constraints

Upgrades

Examples

Serial Number: E2

Critical Success Factor: Resources for Action

Functional Requirement: Advocacy for Resources

Rationale: Information from the system shall be used to play a critical advocacy role in revamping the perception and understanding of the impact of nutrition security on development programmes. Often the reallocation of resources can be as important as the generation of new resources where several development programmes converge, as is the case with ICDS. ICDS MIS shall be used to help macro- and micro-level planners understand the opportunities for resource sharing with other development programmes, such as, the Public Distribution System, rural employment schemes and women's development programmes.

Options

Constraints

Upgrades

Examples

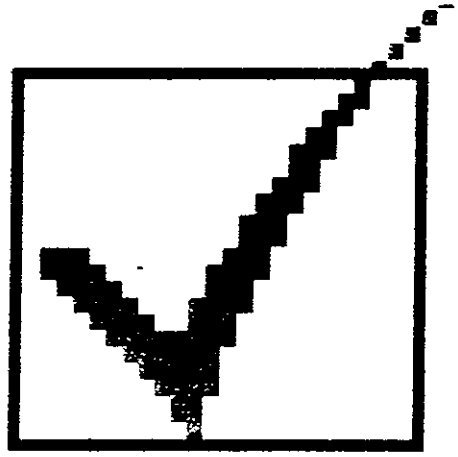
ICDS MIS

ICDS MIS PROGRESS REPORTNG SYSTEM VERSION 4.0 SOFTWARE PACKAGE

ICDS MIS

ICDS MIS PROGRESS REPORTING SYSTEM VERSION 4.0 USER'S GUIDE

User's Guide



Indian ICDS MIS

Progress Reporting System for Windows Version 4.0

ICDS MIS User's Guide - Version 4.0 (first printing)

Printed in India

November 1995

Contents

CHAPTER 1

Introduction and Installation

Integrated Child Development Services (ICDS) is a Government of India scheme to promote the healthy development of young children. The strategy of the scheme consists of providing supplementary nutrition and non-formal education to preschoolers. Other services are also provided, such as, immunization, health check-ups, and medical referrals.

The strategy also aims to enhance the capabilities of mothers to care for themselves during pregnancy and for their babies. ICDS provides supplementary nutrition to pregnant and nursing women. These women are also given heath and nutrition education.

ICDS is administered by projects organized by development blocks. Each project generally has more than 100 village-level service centers with about one center for 700 total population in tribal projects and for 1000 total population in urban and rural projects. The ICDS package of services is delivered through these centers, called anganwadis. Each anganwadi is managed by a social worker who is generally a volunteer from the local community. Groups of anganwadis are monitored by supervisors who report to project managers, called Child Development Project Officers (CDPOs).

ICDS began with 33 pilot projects in 1975-76. As of June 1990, the scheme had been expanded to 2424 sanctioned projects with more than 210,000 anganwadis centers serving 12 million children and 2.3 million mothers.

The process of data collection for planning and operations management begins at each anganwadi center where daily registers are used to record services provided to beneficiaries Registers are kept on supplementary nutrition, nutritional status, preschool education, nutrition and health education (NHEd), heath check-ups, immunisation status, administration and other activities. A five-page monthly report which summarizes the registers of all anganwadis in a block is filled by the CDPO, and sent to the Department of Women & Child Development (WCD) at the state as also national level.

The objective of this management information system (MIS) is to provide the ICDS programme with a decision-support tool for health administrators and policy makers in the rational allocation of resources and the mobilization of ICDS programme activities. The system is designed to rapidly feed back well-focused management reports to appropriate administrative levels for action

Installation

The system requires Microsoft Windows 3.1 and a minimum of 40 Mb of free hard disk space. The system is distributed on 3.5-inch high-density disks. To install the system, follow these steps:

1 Start Windows.

2 Insert the Indian ICDS MIS Disk 1 into drive A and choose the Run option from the Windows Program Manager File menu.

3 In the Run dialog, type the following and press Enter:

A:\SETUP

4 Once Setup is initialized, follow the instructions on the screen to complete the installation procedure.

Starting the System

To start the system, follow these steps:

1 Start Windows.

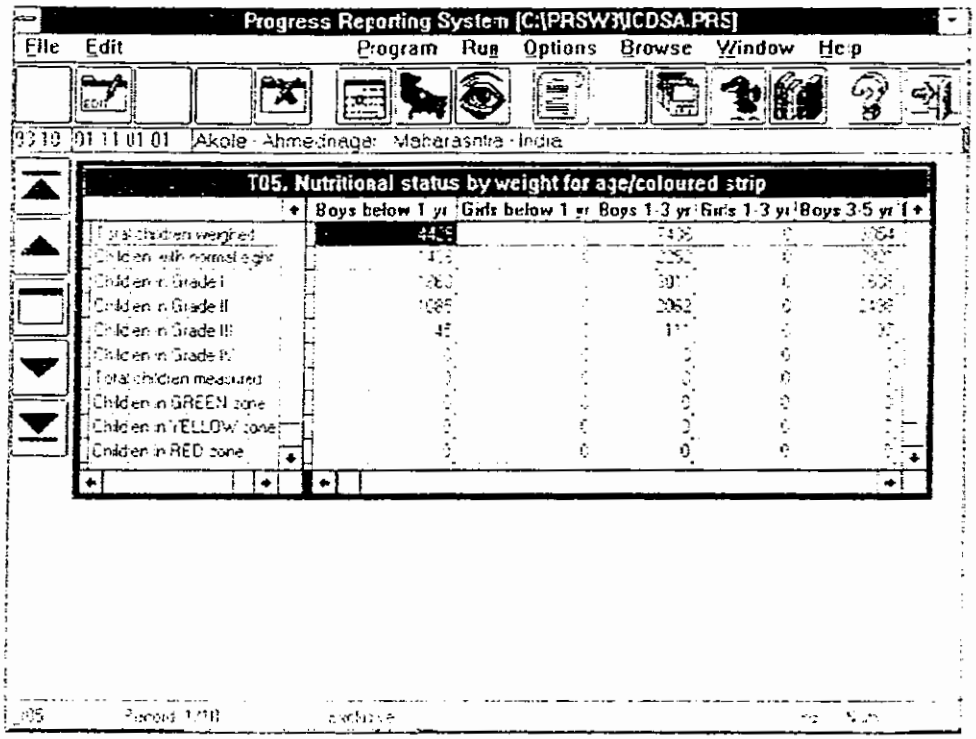
2 Open the Applications window in the Program Manager window.

3 Double-click the ICDS MIS icon.

Stopping the System

Click the Exit button on the main screen to exit the system.

It is very important to exit the system before turning off the computer. While the system is running, several integrated files are opened and linked. To optimize operating efficiency, segments of these files are copied into memory. During the process of exiting the system, these files are updated and safely closed before the system is shut down.



Main Screen

The main screen displays a menu and tool bar of control buttons. Once a record from the data base has been opened, the main screen also shows a data entry table from the data base.

The main screen has fifteen control buttons across the top of the screen. These buttons are used to build and modify the ICDS data base and to create management reports from the data base. The functions of each of the control buttons are described below.

Control Buttons

The following buttons are used to control the system:

New

Edit

Undo


Save


Delete


Date


Location


Find


Print Forms


Logic Checks


Copy Data


Language


Reports

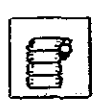

Help

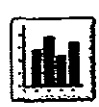

Exit


Table Report


Cross-Tab


Letter


Label


Graph


Map


Report Dates


Report Locations


Browse


Screen

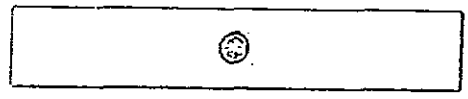

Printer


File


Add


Delete


Reorder


Expression Builder


MOPs


Filters


Sort Order


Layout


OLE Edit


OLE Clear

Backup Copies of System Data

The system stores data files in the \CDS subdirectory. Periodically, make backup copies of system data files by copying all files from this subdirectory on the hard drive to floppy diskette. To copy the files, you may choose from several options, including the Windows File Manager (if the data will fit on one floppy diskette) or a backup software utility package.

CHAPTER 2

Data Entry

Data Base

The system creates and maintains a data base of monthly progress reports. The data base contains a set of integrated electronic tables corresponding to each table in the monthly CDPO report. As new data are entered, monthly records are appended to each table of the data base.

To enter a new monthly report, follow these steps with the detailed instructions explained below:

1 Press the Date button on the main screen. Enter the date of the monthly report.

2 Press the Location button on the main screen. Enter the location code of the monthly report

3 Press the New record button on the main screen to create a new record for the report

4 Enter the data for each table of the report.

5 Save the data.

To modify a data base record of a monthly report, follow these steps:

1 Press the Date button on the main screen. Enter the date of the monthly report.

2 Press the Location button on the main screen. Enter the location of the monthly report. The system will automatically locate the record which matches the date and location entered.

3 Press the Edit record button.

4 Select the table for modifications.

5 Modify the data.

6 Save the data.

Date

Click the Date button to select the date of a data base record. The Date screen displays the year and the month of the current record. Select a new date by changing the year and the month Then, click the OK button to return to the main screen. The selected date now appears below the Date button on the main screen

Location

Click the Location button to select the location of a data base record.

Select a location by selecting a location code from the list of codes. The name of each location appears as you scroll through the list of codes.

Once a location has been selected, click the OK button to return to the main screen The selected location now appears below the Location button on the main screen.

 Use the scroll bar to move quickly through the list, or type the first few digits of the code to move directly to the desired code.

Table and Arrow Buttons

Once a date and location have been selected, the first table of the report is opened for data entry in the main screen.

Click the Table or Arrow buttons to select any of the other tables in the current report.

The Table screen is controlled by a popup menu of the list of tables and three control buttons. Select a table, then click the OK button to move to any table within the current report. Click the Table button in the Table screen, then the OK button, to refresh the alignment of the table shown in the main screen

After data are entered into the last row and last column of a table, the system will automatically ask if you would like to move on to the next table

Find

Click the Find button to view a list of the dates and locations for all the records entered into the data base To select a record, highlight a date and location, then click OK to return to the main screen.

New

Click the New button to create a new record in the data base for the date and location selected When the new record is created, a table opens and data may be entered

Edit

Click the Edit button to edit data in an existing current record in the data base When this button is pressed, the table on the screen is opened and made available for modifications

Undo

Click the Undo button to cancel any changes made to the data base and return to the main screen

Save

Click the Save button to save the current record in the data base and return to the main screen. When the record is saved, each table of data is copied from memory to a record in the data base on the hard disk.

Delete

Click the Delete button to delete the current record from the data base.

 Once the record is deleted, it cannot be recovered

Print Forms

Click the Print Forms button to print out data entry forms. The Print Forms screen is controlled by four control buttons. Click the Edit button to edit the format of the report. Click the Screen button to display the form on the computer screen. Click the Printer button to send the report to the printer. Click the Cancel button to return to the main screen.

Logic Checks

Click the Logic Checks button to generate a report on the logical consistency of the data entered. The Logic Checks screen is controlled by six control buttons. Select the dates and locations of the records to check. Click the Date button to see the records sorted by date. Click the Location button to see the records sorted by location. Click the Detail check box to see the names of the locations along with the numeric identification codes. Click the Screen or Printer button to generate the logic check report and return to the main screen. Click the Cancel button to return to the main screen without generating the report.

To modify the list of logic checks made, see Chapter 4

Copy Data

Click the Copy Data button to import or export records from the data base. Click the Arrow button to copy data from the system to a floppy diskette or from a floppy diskette to the system. The default path for the data on the floppy diskette is:

A:\

Modify this path, if required.

Click the Open button to select the dates and locations of the records to copy from the selection screen. Click the OK button to return to the Copy Data screen. Then, select the records to copy from the list displayed. Click the Check Mark button to select all records in the list. Click the Date button to view the records sorted by date. Click the Location button to view the records sorted by location. Click the Detail check box to see the names of the locations with the location identification codes.

Click the OK button to transfer the data and return to the main screen.

When data are merged from a floppy diskette into the system data base, only records with valid location codes are copied. Also, if an attempt is made to import a record which already exists in the system data base for a given date and location, the record is not copied into the system .

Language

Click the Language button to select another language. The Language screen displays the available languages. Select the language desired, then click the OK button to change the language.

CHAPTER 3

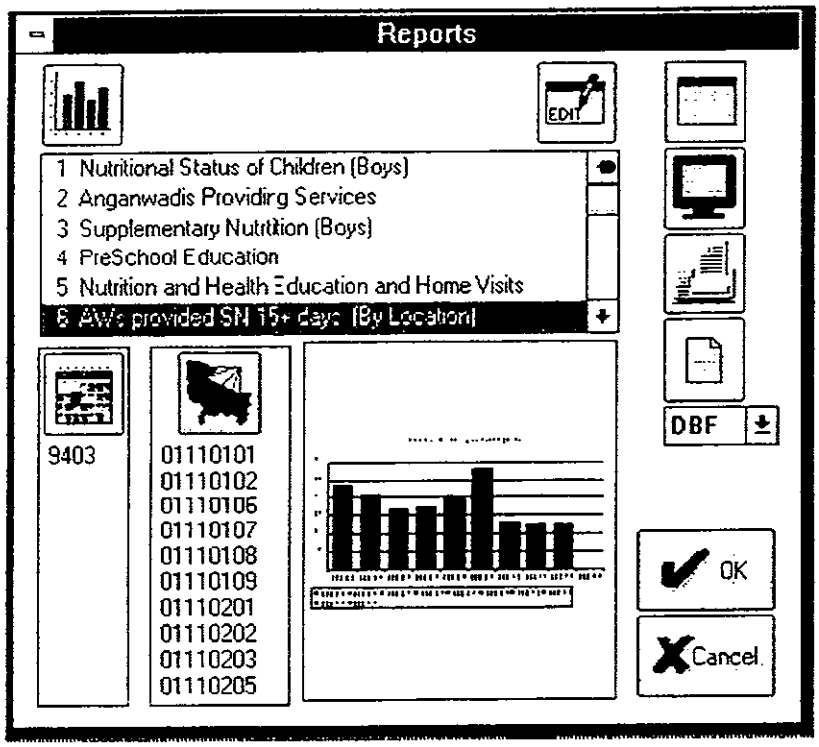
Reports

List of Reports

Click the Report button to view the list of available reports in the Reports screen. This list contains the reports that can be generated from the data base of CDPO records. Each report contains user-specified specifications which determine the dates, locations and content of the report. In some cases, the report may include an OLE-generated object, such as, a graph or a map

To print a report, select a report title from the report list Click the Table button to browse the data included in the report. Click the Screen or Printer button to send the report to the screen or printer Click the File button to export the report data to a selected file format. The default file format is DBF Other options are available in the drop down menu under the File button for export to spreadsheets and text files (WK1, WKS, XLS, SDF, TXT)

Click the OK button to generate the report



Report Formats

A format button appears above the list of reports. This button displays the format of the highlighted report title. There are six formats: table, cross-tab, letter, labels, graph and map

Table. The table format contains rows and columns. The rows can be grouped by user-specified levels of specificity, such as, by administrative level or by date.

Cross-Tab. The cross-tabulation format displays data in a graph or table with data in three categories: X axis (or row), Y axis (or column) and the frequency count of each data point.

Letter. The letter format reports data in a letter with key indicators merged with explanatory paragraphs, names and addresses.

Label. The label format generates labels for mail distribution.

Graph. The graph format displays data in various types of graphs: bar, line, pie and others.

Map. The map format displays data in geographic maps. Maps can be generated at user-specified levels of administration.

Edit Reports

Click the Edit button to edit the list of reports. The Edit button displays the Tools screen which contains the following control buttons: add, delete, copy, format, measures of performance, filters, sort order, layout, OLE edit and OLE clear.

Title. Double-click the report title to edit it. After modifying the title, double-click the upper left hand corner of the Reports browse window to close the window, save the changes, and return to the list of reports.

Add. Click the Add button to add a new report title.

Delete. Click the Delete button to delete a report title. Click the OK button to delete the report or click the Cancel button to return to editing the report.

Copy. Click the Copy button to copy a report title and its contents to a new report record.

Date. Click the Date button to select one or more dates for records to be included in the report. The Date screen displays the list of dates found in the data base. Select one by highlighting it, then click the OK button to return to editing the report.

To select a range of dates, highlight the first date to be selected, hold down the Shift key and highlight the last date to be selected. To select or deselect a date within a highlighted range of dates, hold the Ctrl key down and click the date. Click the OK button to save the selected dates and return to editing the report.

Location. Click the Location button to select one or more locations for records to be included in the report. To select a location, select the button of the desired administrative level, then select the location from the list of available locations within the administrative level. To select a range of locations, highlight the first location to be selected, hold down the Shift key and highlight the last location to be selected. To select or deselect a location within a highlighted range of locations, hold the Ctrl key down and click the location. Click the OK button to save the selected location and return to editing the report.

Measures of Performance. Click the Measures of Performance (MOP) button to select the measures of performance for the report.

To add a new MOP, follow these steps:

1. Click the Add button to add a MOP record

2 Enter the name of the MOP above the Expression Builder. This name will be used to create report columns.

3 Click the Expression Builder button above the equation box. Define an expression using field names stored in the data base. For example, an expression might appear as

```
Field_name1 + Field_name2
```

4 When a valid expression has been entered, click the OK button to return to the MOP screen

Click the Table button in the MOP screen to automatically load all field names from one table into the MOP data base.

Filters. Click the Filters button to select the filter conditions for the report. Use report filters to narrow down the scope of the report to include only those records which meet the conditions of the filter. For example, a filter can be used to generate a report on all projects during a given month which do not achieve a user-specified level of performance.

To add a new filter, follow these steps:

1 Click the Add button to add a filter record.

2 Click the Expression Builder button above the equation box. Define an expression using field names stored in the data base. For example, an expression might appear as

```
Field_name1 / Field_name2 < 0.80
```

3 When a valid expression has been entered, click the OK button to return to the Filter screen

Sort Order Select the Sort Order button to select the fields by which to sort the report

For cross-tabs, use this option to select the three MOPs to be included in the cross-tab

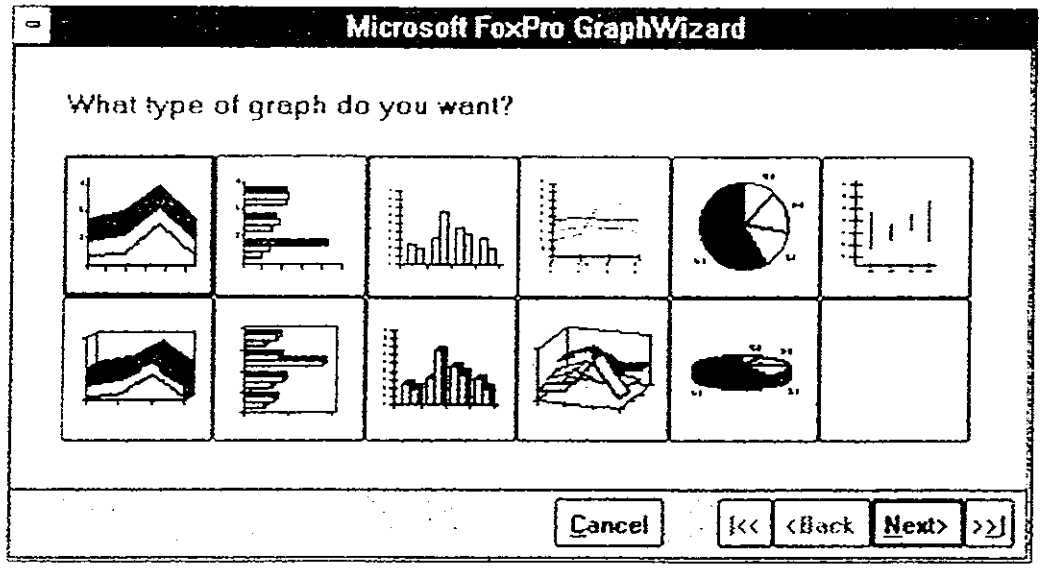

For graphs, use this option to select either 1 Date or 2 Location to be included in the graph. It is not possible to include both date and location in the graph. After selecting date or location, select other MOPs to include in the graph.

Layout. Select the Layout button to modify the layout of a report. This button activates the report editor to view and edit report forms. Use this option to layout report titles, rows and columns.

OLE Edit. Select the OLE Edit button to modify a graph or map once it has been created. This button activates the Object Linking and Embedding (OLE) feature of Windows to view and edit report objects.

OLE Clear. Select the OLE Clear button to delete a report object.

Graph Wizard



Activate this wizard by pressing the OLE Edit button after setting the report type to Graph

CHAPTER 4

Preferences, Utilities and Options

General

Select File | Preferences | General to modify the general preferences of the system. This option allows you to change the system title, system user and system access

Tables

Select File | Preferences | Tables to modify the structure of the tables of the system. This option allows you to change the table titles, columns, rows and fields in the data dictionary.

Logic Checks

Select File | Preferences | Logic Checks to maintain a data base of logic checks Each logic check is an equation which must hold true for each record entered into the data base This option builds logic checks from expressions containing field names stored in the data base.

To add a new logic check, follow these steps.

1. Click the Add button to add a logic record.
2. Click the Expression Builder button above the left part of the equation. Define an expression using field names stored in the data base. For example, an expression might appear as:

   Field_name1 + Field_name2
3. When a valid expression has been entered, click the OK button to return to the Logic Check screen
4. Click the Operator button to select an operator for the equation

5 Repeat steps 2 and 3 for the right part of the equation.

6 Click the Save button to save the logic check.

Locations

Select File | Preferences | Locations to maintain the data base of administrative levels used by the system.

Location Titles. Select the Location Titles button to modify the number of levels used by the system and the title of each level. The system may have from one to five levels. For example, the system may have the following four levels of administration:

1 Nation

2 State

3 District

4 Project

5 [blank]

Location Names. Click the Location Names buttons (one button for each of five levels) to enter or modify the names of the locations.

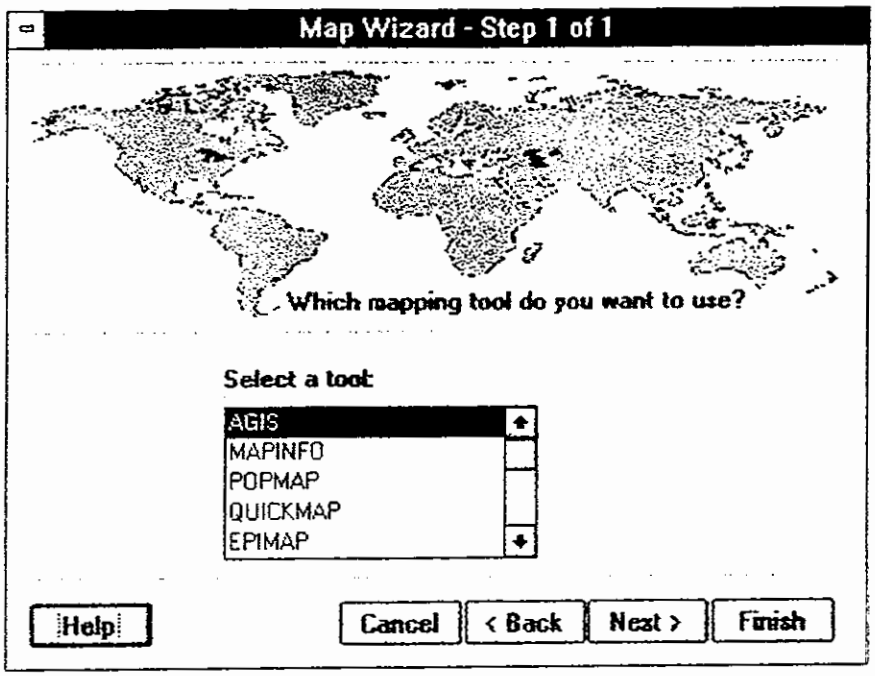
Languages

Select File | Preferences | Languages to modify the default (English) and alternate languages used by the system. This option allows you to select a font and font size for both languages. This option also allows you to translate each phrase in the default language to the alternate language.

Utilities

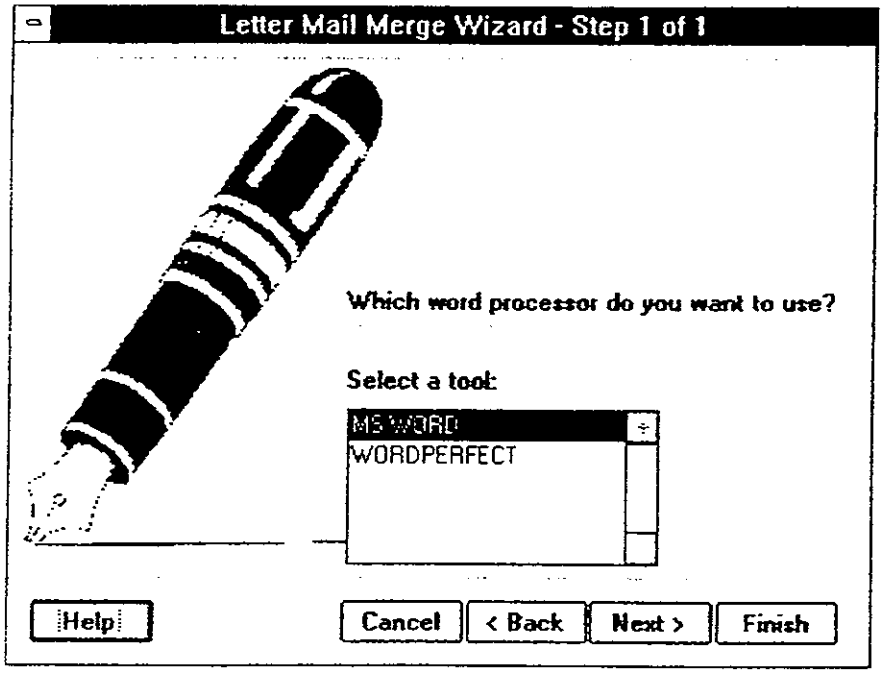
Select File from the main menu to set the system date format, set the clock on or off, set the system bell on or off and set carry on or off. Use Set Carry On to enable data to be carried forward from the current browse record to a new record. This feature is helpful when editing the structure of the data base tables, rows, columns and data dictionary.

Map Wizard



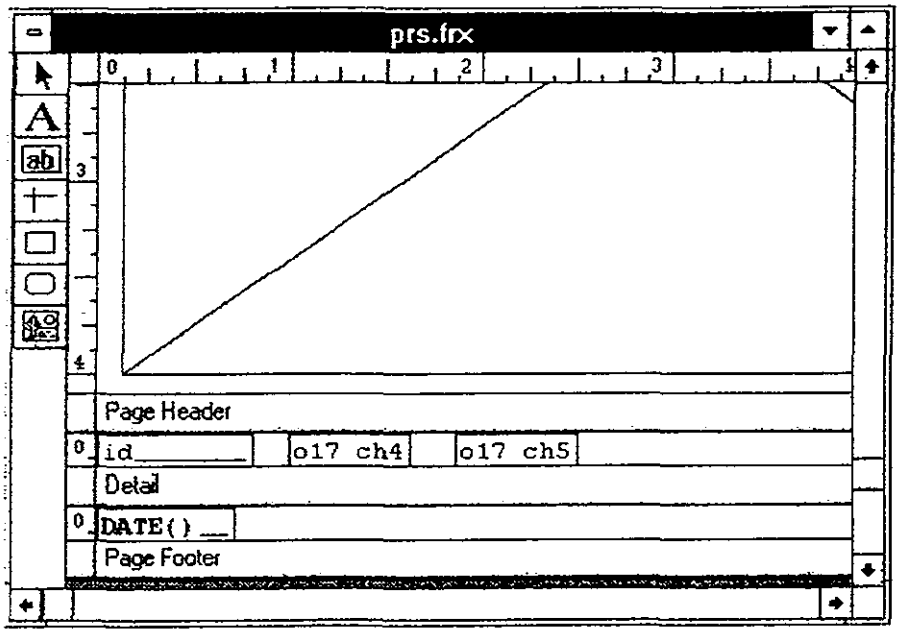
Activate this wizard by pressing the OLE Edit button after setting the report type to Map

Letter Mail Merge Wizard



Activate this wizard by pressing the OK button after setting the report type to Letter.

Report Layout Design Tool



Activate this report design tool by pressing the Layout button. Note that OLE objects created for graphs and maps can be included in the header (as a picture named REPORT.OBJECT) of a report where the body of the report contains the detailed data.

Options

Select Options | Reindex and Pack from the main menu to reindex all tables in the system, remove all records marked for deletion and restart the system

Select Options | Delete Several Records from the main menu to delete a group of selected records.

CHAPTER 5

Sample Reports

MPR March 94

MPR Table 1 — NUTRITIONAL STATUS OF CHILDREN — Page 1

Wed, 4 Oct 95

		Status				By Weight for Age					By Coloured Strip [2]						
						Grade					Zone						
	Anganwadis [1]			Children	Weighed	Normal	I	II	III	IV	Measured	Green	Yellow	Red	MGM		SAM [3]
01 Ahmednagar																	
01 Akole	Sanc	239	<1yr	4705	3518	1199	1039	1032	44	4					2271	59%	43
	Func	239	1-3yr	9330	7440	2240	3145	1915	135	3	0	0	0	0	5525	58%	229
	Rept	239	3-5yr		9462	3037	3949	2425	49	2	0	0	0	0	6374	67%	92
02 Sangamner	Sanc	210	<1yr	4480	3559	1775	1046	671	66	2					2313	64%	67
	Func	210	1-3yr	13455	10412	3639	5013	1991	123	8	0	0	0	0	5215	65%	242
	Rept	210	3-5yr		12813	4779	5909	2243	80	2	0	0	0	0	7951	62%	89
06 Shevgaon	Sanc	166	<1yr	5461	1879	0	1419	447	13	0					1366	73%	18
	Func	166	1-3yr	4606	5441	0	4401	965	84	9	0	0	0	0	5366	98%	93
	Rept	166	3-5yr		7592	0	6767	1094	35	1	0	0	0	0	7861	103%	76
07 Karjat	Sanc	176	<1yr	3637	2700	1491	922	264	20	1					2198	81%	78
	Func	176	1-3yr	9987	5441	2149	2119	1087	78	8	2	0	2	0	3226	59%	85
	Rept	176	3-5yr		8294	3793	3374	1090	37	5	0	0	0	0	4466	54%	37
08 Rahuri	Sanc	200	<1yr	5787	3909	1925	1343	611	26	4					1934	50%	30
	Func	200	1-3yr	8503	7520	2885	3019	1479	134	4	0	0	0	0	4497	60%	138
	Rept	200	3-5yr		9874	4228	3831	1761	52	2	0	0	0	0	5592	57%	58
09 Shrirampur	Sanc	283	<1yr	7159	5193	2848	1675	628	39	2					2353	46%	32
	Func	283	1-3yr	12120	8483	3907	3264	1227	81	4	0	0	0	0	4491	53%	43
	Rept	283	3-5yr		11858	5947	4270	1599	42	0	0	0	0	0	5969	69%	42
Loc Subtotal	Sanc	1274	<1yr	35129	29748	9438	7424	3675	292	14					11689		216
	Func	1274	1-3yr	56035	45137	14820	20967	8549	662	34	0	0	0	0	29515		702
	Rept	1274	3-5yr		60193	21784	29334	10212	390	13	0	0	0	0	38126		503
04 Aurangabad																	

(1) Represents Anganwadis of projects reporting
(2) Mid upper arm circumference is measured if weighing scale is not supplied or is out of order
(3) MGM means moderately malnourished children (G-I G-II Yellow). SAM means severely malnourished children (G-III G-IV Red)

MPR March 94

MPR Table 2
Wed, 4 Oct 95

ANGANWADIS PROVIDING SERVICES

Page 1

	Status		Anganwadis open for days				Anganwadis providing SNP for days				Anganwadis conducting PSE for days			
	Anganwadis [1]		0	1-14	15-20	21+	0	1-14	15-20	21+	0	1-14	15 20	21+
01 Ahmednagar														
01 Akole	Sanc	239	0	0	0	239	0	0	0	239	0	0	0	239
	Func	239	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
	Repo	239												
02 Sangamner	Sanc	210	0	0	0	210	0	0	0	210	0	0	0	210
	Func	210	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
	Repo	210												
06 Shevgaon	Sanc	166	0	0	0	166	0	0	0	166	0	0	0	166
	Func	166	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
	Repo	166												
07 Karjat	Sanc	176	0	0	0	176	0	0	0	176	0	0	0	176
	Func	176	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
	Repo	176												
08 Rahuri	Sanc	200	0	0	0	200	0	0	0	200	0	0	0	200
	Func	200	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
	Repo	200												
09 Shrirampur	Sanc	283	0	0	0	283	0	0	0	283	0	0	0	283
	Func	283	0%	0%	0%	100%	0%	0%	0%	100%	0%	0%	0%	100%
	Repo	283												
Loc Subtotal	Sanc	1274	0	0	0	1274	0	0	0	1274	0	0	0	1274
	Func	1274												
	Repo	1274												
02 Akola														
01 Mangrulpir	Sanc	132	0	1	1	130	0	0	130	2	0	0	132	0
	Func	132	0%	0%	1%	100%	0%	0%	98%	2%	0%	0%	100%	0%
	Repo	132												

[1] Represents anganwadis of projects reporting

MPR March 94

MPR Table 3
Wed, 4 Oct 95

SUPPLEMENTARY NUTRITION

Page 1

Block	Status	Anganwadis [1]	Anganwadis provided service in the month (days): 0	1-14	15-20	21+		Beneficiaries [2] Women: Pregnant	Nursing	Total	Children: 6mo-1yr	1-3yr	3-6yr	Total		Children Served Ratio: 6mo-3yr	3-6yr
01 Ahmednagar																	
01 Akole	Sanc	239	0	0	0	239		2529	2433	5002	3332	9332	13131	26173	Total	[illegible]	[illegible]
	Func	239	0%	0%	100%	0%	Enrolled	2328	2357	4685	3665	8412	12531	24498	Single	[illegible]	[illegible]
	Repo	239					Received	2224	2275	4299	3152	7059	10353	23542		---	---
							Avg (3)	9	9	18	13	30	43	86	Double	[illegible]	[illegible]
																---	---
02 Sangamner	Sanc	210	0	0	0	210		3323	3034	6357	3646	13469	17044	34159	Total	[illegible]	[illegible]
	Func	210	0%	0%	100%	0%	Enrolled	3323	3034	6357	3646	13469	17044	34159	Single	[illegible]	[illegible]
	Repo	210					Received	3852	2651	3715	2539	7594	13931	24264		---	---
							Avg (3)	9	9	18	12	36	66	115	Double	210	[illegible]
																---	---
06 Shevgaon	Sanc	166	0	0	0	166		2156	[illegible]	[illegible]	3500	6606	10665	20771	Total	[illegible]	[illegible]
	Func	166	0%	0%	100%	0%	Enrolled	1646	1696	3342	2324	5836	8718	16659	Single	[illegible]	7852
	Repo	166					Received	1466	1618	3084	1579	4441	7592	15212		---	---
							Avg (3)	9	10	19	11	33	49	93	Double	[illegible]	38
																---	---
07 Karjat	Sanc	176	0	0	0	176		1436	1645	3081	2192	5987	9169	17348	Total	[illegible]	9169
	Func	176	0%	0%	100%	0%	Enrolled	1110	1322	2432	484	1637	7573	9694	Single	[illegible]	8448
	Repo	176					Received	940	1044	1984	192	950	6441	7583		---	---
							Avg (3)	5	6	11	1	5	37	43	Double	0	0
																---	---
08 Rahuri	Sanc	200	0	0	0	200		2314	2611	4925	3176	8593	9990	21669	Total	[illegible]	[illegible]
	Func	200	0%	0%	100%	0%	Enrolled	2206	2014	4220	2686	7216	9991	19893	Single	[illegible]	[illegible]
	Repo	200					Received	1880	1884	3764	2257	5582	8659	16498		---	---
							Avg (3)	9	9	19	11	28	43	82	Double	168	55
																---	---
09 Shrirampur	Sanc	283	0	0	0	283		2732	3134	5836	4055	12120	17195	33370	Total	[illegible]	[illegible]
	Func	283	0%	0%	100%	0%	Enrolled	2319	2766	5085	3229	6809	14278	24316	Single	9649	[illegible]
	Repo	283					Received	2135	2153	4288	2989	6577	11543	21109		---	---
							Avg (3)	8	8	15	11	23	41	75	Double	[illegible]	[illegible]
																---	---

(1) Represents Anganwadis of projects reporting
(2) Receiving SNP for 15 days or more
(3) Average per Anganwadi receiving SNP for 15 days or more

BEST AVAILABLE COPY

MPR March 96

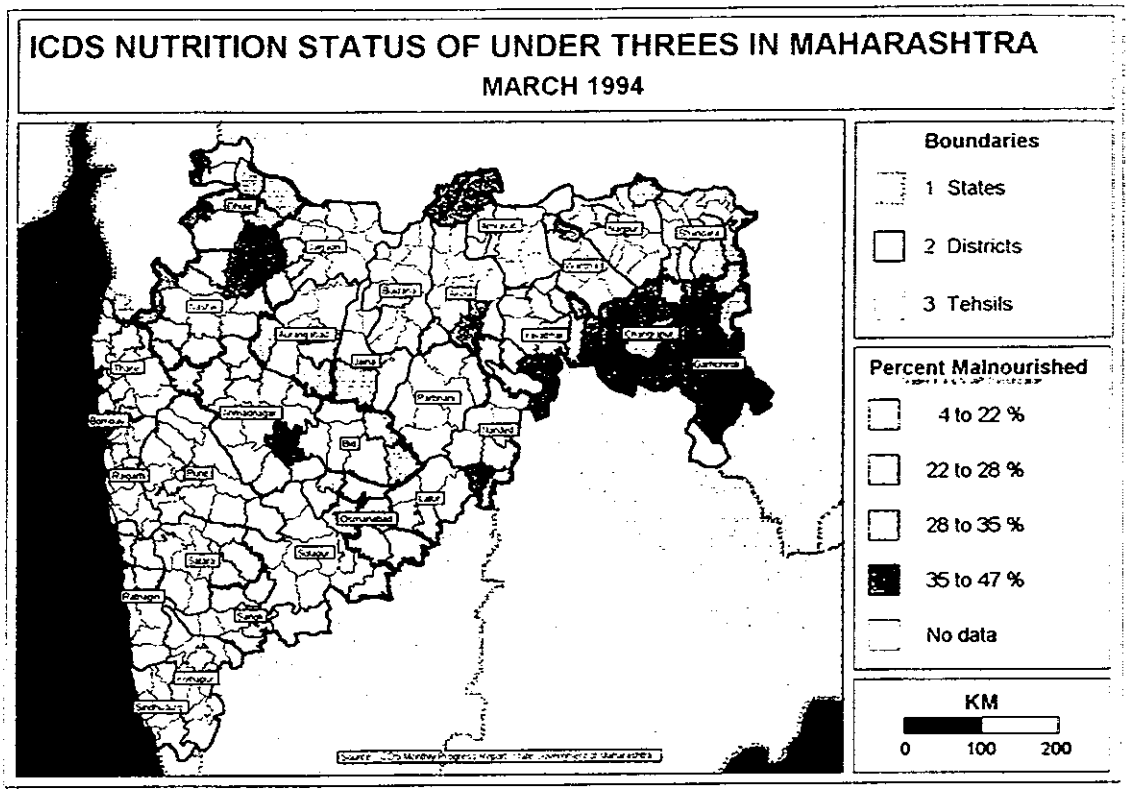
NUTRITION AND HEALTH EDUCATION AND HOME VISITS

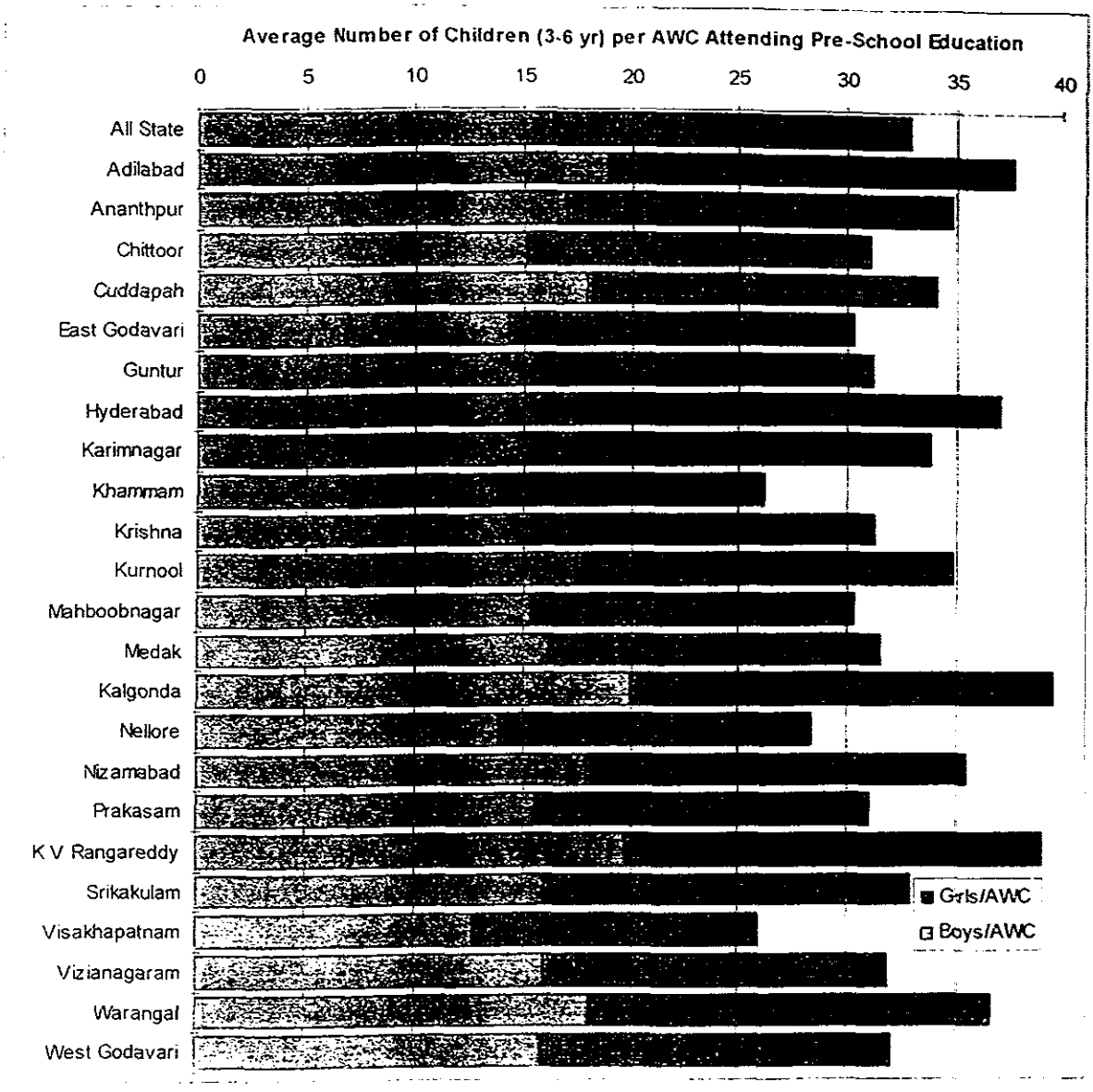
Page 1

MPR Table 5
Wed, 4 Oct 95

		Status	Anganwadis Conducted NNEd Activities	Women		Anganwadis where Audio Visual Aids were used	NNEd sessions where Health Staff Participated		Home Visits By		
		Anganwadis[1]		Total	Participated				AWWs	Supervisors	CDPOs & ACDPOs
01 Ahmednagar											
01 Akole	Sanc	239	239	5002	4833	158	197		20911	4080	235
	Func	239	100%		96%	66%	82%	Avg	93	85%	233
	Repo	239									
02 Sangamner	Sanc	210	210	6357	4276	0	0		22450	1222	42
	Func	210	100%		67%	0%	0%	Avg	107	109	42
	Repo	210									
06 Shevgaon	Sanc	166	166	4117	4025	0	0		15971	205	102
	Func	166	100%		134%	0%	0%	Avg	116	205	51
	Repo	166									
07 Karjat	Sanc	176	176	3081	2216	0	114		22441	535	70
	Func	176	100%		72%	0%	65%	Avg	105	168	70
	Repo	176									-
08 Rahuri	Sanc	200	199	4925	3503	199	97		19894	452	243
	Func	200	100%		71%	100%	49%	Avg	99	90	81
	Repo	200									
09 Shrirampur	Sanc	283	283	5836	7685	0	283		24630	537	6
	Func	283	100%		132%	0%	100%	Avg	87	60	2
	Repo	283									
Loc Subtotal	Sanc	1274	1273	29318	26638	357	691		125233	3101	698
	Func	1274	-								
	Repo	1274									
02 Akola											
01 Mangrulpir	Sanc	132	132	3157	1476	21	0		14416	366	45
	Func	132	100%		47%	16%	0%	Avg	109	61	45
	Repo	132									

(1) Represents Anganwadis of projects reporting





ICDS MIS

ADAPTATION TO STATE REQUIREMENTS CDPO MPR

D.O. No.13-10/93-WBP/677

कन्या बचाओ भविष्य देश का
CARE FOR THE GIRL CHILD

Telex : 31-61542 WCD IN
भारत सरकार
(महिला एवम् बाल विकास विभाग)
शास्त्री भवन, नई दिल्ली-110001
GOVERNMENT OF INDIA
(DEPARTMENT OF WOMEN & CHILD DEVELOPMENT)
Shastri Bhavan, New Delhi-110001

..L. GUPTA
Project Manager
Tel.No.311 520

Jeevan Deep Bldg.,Mezzanine Floor,
Parliament Street,New Delhi-110001.

12 January, 1994.

Dear Shri Sengupta,

This is with reference to our telephonic discussion regarding upgradation of the software, namely PRS4, developed earlier with USAID assistance for monitoring the ICDS Programme in India. I mentioned to you that, consequent upon certain amendments made in the progress reporting formats for normal ICDS programme and introduction of some additional components, like Women's Integrated Learning for Life (WILL), Adolescent Girls' Schemes, Therapeutic Food, Construction of Anganwadi Buildings and CDPO's Office-cum-Godown, funding of referral cases etc. in the World Bank Assisted ICDS Projects, it was necessary to upgrade the PRS4. You indicated that Mr. Kris Oswalt author of the PRS4, was here these days and you have already been arranging for the upgradation of the PRS4 for the desired purpose. You also indicated that it would be possible for USAID to fund the cost of this upgradation through their own funds.

2. I now enclose two sets of progress reporting formats, including their up to date amendments. One set relates to normal ICDS programme, while the other set relates to the World Bank Assisted ICDS Projects. Further, as you are aware, we are presently getting some data through the NIC-NET. We would like that conversion of that data into a constituent part of the PRS4 package may also be considered to avoid duplication of effort in the Central level Project Management Office. These formats and points may kindly be kept in view while upgrading the PRS4, which should also cover logical verification of the additional items, added at the time of such upgradation.

With kind regards,

Yours sincerely,

(K.L. GUPTA)

Shri Samresh Sengupta,
USAID, B-28 Institutional Area,
Qutab Hotel Road,
New Delhi-110 016.

Format of MPR for Normal ICDS

Integrated Child Development Services (ICDS)

To
Research Officer
Department of Women& Child Development
Ministry of Human Resource Development
Shastri Bhawan
New Delhi - 110 001

SUBJECT : CDPO's Monthly Progress Report for the month of. . . . . 19.

Name of State ..... Rajasthan ..... Code [ ][ ]

Name of District ..... Code [ ][ ]

Name of project ..... Code [ ][ ]

Name/s of PHC

CHC

Referal Hospitals

No. of Sub-centres in the block area

No. of Dispensaries in the block area

Category of Project - Central Sector/~~State Sector~~.....

Nature of Project..... Rural/Tribal/Urban

Year of sanction .....

Name of CDPO .....
Postal Address .....
..... Pin Code .....

No. of AWs sanctioned	136	9
No. of AWs functioning	125	12
No. of AWs reporting	124	15

No. of AWs opened for

0 day	1-14 days	15-20 days	21days & above	
[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	[ ][ ][ ]	27

The duly completed MPR for the project is furnished herewith

Date : .....

बाल विकास परियोजना अधिकारी
Signature of CDPO

---

1. Complete the proforma in Triplicate and send One Copy to Research Officer, Department of Women and Child Development, Ministry of Human Resource Development, Shastri Bhawan, New Delhi-1 by the 7th of the following month.
2. 2nd copy to be sent to the State Government.
3. Retain the third copy for record.
4. Part-A of this report is a consolidation of MPRs received from Anganwadi Workers through Supervisors.
   Part-B pertains to information on Administration & Coordination and is to be provided by CDPO.
5. Write one and only one digit in each box. Only numbers are to be written in boxes.
6. If the number of digits is less than the number of boxes, the excess number of boxes on the left should be filled by zeros.
   If the number of boxes is less than the number of digits, it indicates an error in your reporting or totalling.
7. If some information is not avilable cross out the boxes.

95

PART-A

1. ICDS Project population details in reporting AWs (as per Aw Survey Registers)

   i) Total Population of AWs

   (all age groups) Male Female

   ii) Children:-

Below 6 months	6Months-1 years	1 - 3 years	3-6 years

   iii) Women: Pregnant Nursing
   (first 6 months of lactation)

2. Reported births and deaths

   i) Births Live Births Still Births

   ii) Deaths

Below 1 year	1-3 years	3-6 years

   iii) Deaths of Women during Pregnancy and delivery

Supplementary Nutrition

3. No. of AWs provided

   SNP in the month

0 days	1-14 days	15-20 days	21 days & above

4. Number of beneficiaries for

a) Supplementaray Nutrition in all reporting Aws	Total No.eligible	Total No. Enrolled	No. received SNP for 15 days or more
i) Pregnant Woman			
ii) Nursing Mothers (first 6 months of lactation			
iii) Children 6 months-1years (Boys)			
iv) Children 6 months-1 years (girls)			
v) Children 1-3 years (boys)			
vi) Children 1-3 years (Girls)			
vii) Children 3-6 years (Boys)			
viii) Children 3-6 years (Girl)			

b) Total Number of children served		Single Ration	Double Ration
i) Children 6 months-3 years	Boys		
	Girls		
ii) Children 3-6 years	Boys		
	Girls		

5. Classification of Nutritional Status:-

(a) By Weight for Age

Years	Boys Below 1 Year	Girls Below 1-3 Years	Boys Below 1-3 Years	Girls Below 1-3 Years	Boys Below 3-5 Years	Girls Below 3-5
i) No of children weighed	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
ii) No of children						
- With NORMAL weight	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
- in GRADE-I	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
- in GRADE-II	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
- in GRADE-III	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
-in GRADE-IV	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

b) By Coloured Strip (fill this column only if weighing scale is either not suplied or out of order) 247

	Boys 1-3 Years	Girls 1-3 Years	Boys 3-5 Years	Girls 3-5 Years
i No of children measured	[illegible]	[illegible]	[illegible]	[illegible]
ii) No of children in				
- GREEN zone	[illegible]	[illegible]	[illegible]	[illegible]
- YELLOW zone	[illegible]	[illegible]	[illegible]	[illegible]
- RED zone	[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

Preschool Education

6. No. of AWs conducted Preschool education in the month — 0 days: [illegible]; 1-14 days: [illegible]; 15-20 days: [illegible]; 21 days & above: [illegible] [illegible]

7) Total Children (3-6 yrs) enrolled in the preschool Registers in all reporting AWs during the month — Boys [illegible] Girls [illegible] [illegible]

8) Total No of children actually attended for 15 days or more — Boys [illegible] Girls [illegible] [illegible]

9) (a) AWs where PSE activities conducted per day for No of AWs — 30 minutes: [illegible]; 1 Hour: [illegible]; 1 Hour 30 minutes: [illegible]

b) Preschool material/toys used by majority of children in No of AWs — Regularly: [illegible]; Some of the days: [illegible]; Rarely: [illegible] [illegible]

10. Nutrition and Health Education (NHED)

(a) No. of AWs where NHEd activities were organised [illegible]

(b) Total women participated in all AWs [illegible]

(c) No. of AWs where A.V. Aids were used for conducting NHEd sessions [illegible]

(d) Total No. of NHEd sessions organised in which Health staff also participated [illegible] 354

11. Total number of families contacted through Homevisits by

AWWs	Supervisors	CDPO & ACDPO
[illegible]	[illegible]	[illegible]

369 / 9

12. Number of AWs visited by

	Visited not even once	Once	Twice	More than Two times
CDPO	124	000	000	000
ACDPO	444	444	444	444
Supervisors	033	086	004	002
ANMs	000	000	000	003
LHVs	000	000	000	000
MOs	000	000	000	003

435

13. No. of joint visits to AWs by CDPO/ACDPO with MO 00 Supervisors with ANMs/LHVs 00

14. No.of AWs where Mahila Mandals exist 006 No of AWs with no Mahila Mandal 000

No. of AWs where Mahila Mandal Meetings were held 006

151

15. Health check-ups by ANM/LHV/MO (Number of persons)

Children 0-3 years	Children 3-6 Years	Pregnant women	Nursing mothers
00000	30000	00009	00030

659

16. Mothers referred to subcentre 5 PHC 5 CHC 5
Children referred to sub centre 5 PHC — CHC 8

559

17. Immunisation status

	Number Immunised this month	
	1st dose	IInd dose/Booster
a) Pregnant women given II	0135	0132
b) Children 0-1 years	1st Dose	
BCG	0102	
MEASLES	0088	

515

b) Children 0-1 year	1st Dose	IInd Dose	IIIrd Dose
DPT	0118	0098	0070
POLIO	0118	0098	0096

c) Children 1-3 years	DPT Booster	0036	POLIO Booster	0029
d) Children 3-6 years	DT Booster	0032	2nd Dose	0012

(given to those children who could not be immunized during 1-3 yrs of age)

555

98

Part B

Administration & Coordination

18. Appointments

	Sanctioned	In position	Vacant
i) CDPO	1	1	0
ii) ACDPO	4	4	4
iii) Supervisors	07	07	00
iv) AWWs	136	125	011
v) Helpers	136	125	011
vi) Ministerial posts	02	02	00
vii) Driver	1	1	0
viii) Peon	1	1	0

5 5 7

19. No. of joint meetings of Health and Non health staff organised by CDPO 00

20. Funds received by CDPO for
    - POL Yes/No
    -- Other expenditure Yes/No

0 0 1

21. Problems faced in Project implementation (Tick applicable items)

a) Non-availability of Funds ✓
b) Irregular Food Supply ✓
c) Non-availability of Medicine ✓
d) Non-availability of Medicine Kit ✓
e) Non-availability of PSE material ✓
f) Irregular Health Check up
g) Irregular Immunisation
h) Apparatus not in working condition ✓
i) Any other

6 1 6

22. Project - level supplies

	Received during the month	Received earlier: in working condition	Received earlier: needs replacement
a) Jeep		1	
b) Trailer		1	
c) Mopeds			✓
d) Cycles			✓
e) Typewriter		1	
f) Duplicator			✓
g) Slide Projector		1	
h) FilmStrips			✓
i) Weighing Scales		150	
j) Weighing Measures		✓	
k) Growth Charts		✓	
l) Nested Beaker		✓	

Date :

(Signature of CDPO)
Name of CDPO
बाल विकास परियोजना अधिकारी
[illegible]

7 5 4

9 9

FORMAT of MPR for Bank Assisted ICDS Projects

Integrated Child Development Services (ICDS)

To
Research Officer
Department of Women& Child Development
Ministry of Human Resource Development
Shastri Bhawan
New Delhi - 110 001

SUBJECT : CDPO's Monthly Progress Report for the month of. . . . . 19.

Name of State . . . . . Code

Name of District . . . . Code

Name of project . . . . . Code

Name/s of PHC

CHC

Referal Hospitals

No. of Sub-centres in the block area

No. of Dispensaries in the block area

Category of Project - Central Sector/State Sector . . . . . .

Nature of Project. . . . . Rural/Tribal/Urban

Year of sanction . . . .

Name of CDPO .

Postal Address . . . .

. . . . . Pin Code . . . . . .

No. of AWs sanctioned

No. of AWs functioning

No. of AWs reporting

No. of AWs opened for

0 day	1-14 days	15-20 days	21days & above
000	000	000	12

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(Signature of CDPO) जिला

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   Part-B pertains to information on Administration & Coordination and is to be provided by CDPO.
5. Write one and only one digit in each box. Only numbers are to be written in boxes.
6. If the number of digits is less than the number of boxes, the excess number of boxes on the left should be filled by zeros.
   If the number of boxes is less than the number of digits, it indicates an error in your reporting or totalling
7. If some information is not avilable cross out the boxes.

PART-A

1. ICDS Project population details in reporting AWs (as per Aw Survey Registers)

   i) Total Population of AWs

   (all age groups) Male [illegible] Female [illegible]

   ii) Children:-

Below 6 months	6Months-1 years	1 - 3 years	3-6 years
[illegible]	[illegible]	[illegible]	[illegible]

   iii) Women: Pregnant [illegible] Nursing [illegible]
   (first 6 months of lactation)

2. Reported births and deaths

   i) Births Live Births [illegible] Still Births [illegible]

   ii) Deaths

Below 1 year	1-3 years	3-6 years
[illegible]	[illegible]	[illegible]

   iii) Deaths of Women during Pregnancy and delivery [illegible]

Supplementary Nutrition

3. No. of AWs provided

SNP in the month	0 days	1-14 days	15-20 days	21 days & above
	[illegible]	[illegible]	[illegible]	[illegible]

4. Number of beneficiaries for

a) Supplementaray Nutrition in all reporting Aws	Total No.eligible	Total No. Enrolled	No. received SNP for 15 days or more
i) Pregnant Woman	[illegible]	[illegible]	[illegible]
ii) Nursing Mothers (first 6 months of lactation	[illegible]	[illegible]	[illegible]
iii) Children 6 months-1years (Boys)	[illegible]	[illegible]	[illegible]
iv) Children 6 months-1 years (girls)	[illegible]	[illegible]	[illegible]
v) Children 1-3 years (boys)	[illegible]	[illegible]	[illegible]
vi) Children 1-3 years (Girls)	[illegible]	[illegible]	[illegible]
vii) Children 3-6 years (Boys)	[illegible]	[illegible]	[illegible]
viii) Children 3-6 years (Girl)	[illegible]	[illegible]	[illegible]

b) Total Number of children served		Single Ration	Double Ration
i) Children 6 months-3 years	Boys	[illegible]	[illegible]
	Girls	[illegible]	[illegible]
ii) Children 3-6 years	Boys	[illegible]	[illegible]
	Girls	[illegible]	[illegible]

5. Classification of Nutritional Status:-

(a) By Weight for Age

Years	Boys Below 1 Year	Girls Below1-3 Years	Boys Below1-3 Years	Girls Below1-3 Years	Boys Below3-5 Years	Girls Below3-5
i) No of children weighed						
ii) No of children						
- With NORMAL wt.						
- in GRADE-I						
- in GRADE-II						
- in GRADE-III						
-in GRADE-IV						

b) By Coloured Strip (fill this column only if weighing scale is either not suplied or out of order)

	Boys 1-3 Years	Girls 1-3 Years	Boys 3-5 Years	Girls 3-5 Years
i No of children measured				
ii) No of children in				
- GREEN zone				
- YELLOW zone				
- RED zone				

Preschool Education

6. No. of AWs conducted Preschool education in the month

0 days	1-14 days	15-20 days	21 days & above

7) Total Children (3-6 yrs) enrolled in the preschool Registers in all reporting AWs during the month — Boys _____ Girls _____

8) Total No of children actually attended for 15 days or more — Boys _____ Girls _____

9) (a) AWs where PSE activities conducted per day for

	30 minutes	1 Hour	1 Hour 30 minutes
No of AWs			

b) Preschool material/toys used by majority of children in No of AWs

Regularly	Some of the days	Rarely

10. Nutrition and Health Education (NHED)

(a) No. of AWs where NHEd activities were organised _____

(b) Total women participated in all AWs _____

(c) No. of AWs where A.V. Aids were used for conducting NHEd sessions _____

(d) Total No. of NHEd sessions organised in which Health staff also participated _____

11. Total number of families contacted through Homevisits by

AWWs	Supervisors	CDPO & ACDPO

12. Number of AWs visited by

	Visited not even once	Once	Twice	More than Two times
CDPO	124	000	000	000
ACDPO	[illegible]	[illegible]	[illegible]	[illegible]
Supervisors	033	086	004	002
ANMs	000	000	000	000
LHVs	000	000	000	000
MOs	000	000	000	000

13. No. of joint visits to AWs by CDPO/ACDPO with MO 00 Supervisors with ANMs/LHVs 00

14. No.of AWs where Mahila Mandals exist 006 No.of AWs with no Mahila Mandal 000

No. of AWs where Mahila Mandal Meetings were held 500

15. Health check-ups by ANM/LHV/MO (Number of persons)

Children 0-3 years	Children 3-6 Years	Pregnant women	Nursing mothers
00052	00000	0003	0020

16. Mothers referred to subcentre [illegible] PHC [illegible] CHC [illegible]
Children referred to sub centre [illegible] PHC [illegible] CHC [illegible]

17. Immunisation status

	Number Immunised this month	
	Ist dose	IInd dose/Booster
a) Pregnant women given II	0135	0132
b) Children 0-1 years	Ist Dose	
BCG	0102	
MEASLES	0088	
b) Children 0-1 year	Ist Dose	IInd Dose / IIIrd Dose
DPT	0118	0098 / 0070
POLIO	0118	0098 / 0090
c) Children 1-3 years	DPT Booster 0036	POLIO Booster 0029
d) Children 3-6 years	DT Booster 0032	2nd Dose 0012

(given to those children who could not be immunized during 1-3 yrs of age)

Part B

Administration & Coordination

18. Appointments

	Sanctioned	In position	Vacant
i) CDPO	1	1	0
ii) ACDPO	4	4	4
iii) Supervisors	07	07	00
iv) AWWs	136	125	011
v) Helpers	136	125	011
vi) Ministerial posts	02	02	00
vii) Driver	1	1	0
viii) Peon	1	1	0

19. No. of joint meetings of Health and Non health staff organised by CDPO 00

20. Funds received by CDPO for
    - POL — Yes/No
    - Other expenditure — Yes/No

21. Problems faced in Project Implementation (Tick applicable items)

a) Non-availability of Funds ✓
b) Irregular Food Supply ✓
c) Non-availability of Medicine ✓
d) Non-availability of Medicine Kit ✓
e) Non-availability of PSE material ✓
f) Irregular Health Check-up
g) Irregular Immunisation
h) Apparatus not in working condition ✓
i) Any other

22. Project - level supplies

	Received during the month	Received earlier: in working condition	Received earlier: needs replacement
a) Jeep		1	
b) Trailer		1	
c) Mopeds			✓
d) Cycles			✓
e) Typewriter		1	
f) Duplicator			✓
g) Slide Projector		1	
h) FilmStrips			✓
i) Weighing Scales		150	
j) Weighing Measures		✓	
k) Growth Charts		✓	
l) Nested Beaker		✓	

Date :

(Signature of CDPO)
Name of CDPO

PART-C

(For World Bank-Assisted ICDS Project areas only)

22. a) No. of AWs which conducted Village level exhibitions

b) No. of AWs which conducted Baby-shows

23. No. of AWs which had Delivery kits

24. No. of AWs which had Medicine kits

25. a) Referral slips

i) Total No. of AWs which have issued referral slips: [(ii) + (iii) + (iv)]

ii) For Pregnant women

iii) For Nursing mothers

iv) For Children (0-6 years)

Total

b) i) Total No. of Referral slips issued [(ii) + (iii) + (iv)]

ii) Pregnant Women

iii) Nursing mothers

iv) Children (0-6 years)

c) i) Total No. of referred cases attended to by M.Os : [(ii) + (iii) + (iv)]

ii) Pregnant women

iii) Nursing mothers

iv) Children (0-6 years)

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a) Activities of AWs/Mahila Mandals

S.No.	Activities conducted	No. of participants
i)	Programmes of folk troupes conducted:	
ii)	Exhibitions conducted:	
iii)	Baby shows conducted:	
iv)	Children's competions conducted:	
v)	Bhajan sessions conducted:	
vi)	Radio-Video programmes conducted:	
vii)	Other audio programmes conducted:	
viii)	Talks of experts arranged.	

b) Funding activites of AWs/Mahila Mandal

S.No.	Purpose for which funds given	No. of Mahila Mandals/ Groups	No. of Beneficiaries
1.	Initial Registration etc.		
2.	Equipments & Training		
3.	Income Generation Activities		
4.	Other (specify).....		

27. a) Are WILL classes being conducted in your block/project Yes/No

b) If conducted, then :

(1) No. of AWs which have conducted WILL classes during the month

(2) No. of AWs in which instructor is other than AWW

(3) No. of Women attending the WILL classes during the month

26. Adolescent Girls - Scheme-I

a) No. of Adolescent Girls associated with CBO

b) No. of Adolescent Girls given (i) 3 day training

(ii) 1 day training

c) No. of Adolescent Girls given SNP for 15 days or more

29. Adolescent Girls - Scheme-II

a) Whether the Scheme is being implemented : Yes/No

b) If implemented, then :

(1) No. of Centres :

(2) No. of Girls given SNP for 15 days or more. :

30. Nutritious food :

a) Whether any experimentation is being done, Yes/No

b) If done, coverage of Beneficiaries

	No. of beneficiaries	
	Total enrolled	Those given food for 15 day or more
Pregnant Women		
Nursing Women		
Children under 7 : Grade II		
Children under 7 : Grade III&IV		

31. CDPOs Referral Fund :

(1) Number of cases

(2) Expenditure incurred (in rupees)

- on Transportation

- on Medicines

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PART-D

32. a) No. of AWs functioning in :

- Rented Accommodation: [ ][ ][ ]
- Non-rented Accommodation: [ ][ ][ ]

b) No. of AWs for which Buildings, if any, are proposed for construction [ ][ ]

c) Stage of construction of the proposed AW buildings

No. in which

- Site/Land has been acquired [ ][ ]
- Foundation pits dug [ ][ ]
- Basement is over [ ][ ]
- Window level is over [ ][ ]
- Lintel level is over [ ][ ]
- Roof has been laid [ ][ ]
- Finishing stage is over [ ][ ]
- Construction is over [ ][ ]
- AW centre has been shifted [ ][ ]

33. a) No. of AWs having Handpump [ ][ ][ ]

b) No. of AWs, if any, where installation of Handpump is proposed. [ ][ ]

c) Stage of completion (for (b) above only)

No. in which :

- Site approved [ ][ ]
- Installation begun [ ][ ]
- Installation over [ ][ ]
- Handpump operational [ ][ ]

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34. a) Location of CDPO's Office — In rented place/Not in rented place.

b) Whether CDPOs Office-cum-Godown proposed. — Yes/No

c) If proposed, state of construction

* Site/Land has been acquired	Yes/No
* Foundation pits dug.	Yes/No
* Basement is over.	Yes/No
* Window level is over.	Yes/No
* Lintel level is over.	Yes/No
* Roof has been laid.	Yes/No
* Finishing stage is over.	Yes/No
* Construction is completed.	Yes/No
* Office-shifted to this building.	Yes/No

35. **Mahila Samridhi Yojana (MSY)**

a) Total No. of Accounts in Post Offices opened by CDPO/Supervisors/AWWs :

b) Total amount involved in deposits in these accounts. :

Date.....

.....
(Signature of CDPO)

ICDS MIS

PROGRESS REPORT

September 1994

Community Systems Foundation
1130 Hill Street
Ann Arbor, MI 48104
Phone 313-761-1357
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PROGRESS REPORT

Title of Activity

Technical Support of the Expansion and Adaptation of the Progress Reporting System (PRS) for the Integrated Child Development Services (ICDS) in India. (Contract Number DAN-5110-Q-00-0014-00, Work Order Number 246-108).

Activity Objectives

The objective of this technical assistance is to provide the technical expertise necessary to expand the Progress Reporting System (PRS) for the ICS to all states and union territories of India, and adapt it to site-specific requirements.

Task 1

Description of Task

Identify and train a core ICDS PRS software technical assistance group (TAG) for the implementation and maintenance of the system at the current level and in each state.

Status and Action Planned

1. Concept Paper on Strengthening ICDS MIS. A concept paper was developed to assist the technical assistance group in establishing objectives for the group and terms of reference. See the attached document.

2. Working Group on ICDS MIS. A national ICDS MIS working group was established by December 1993 to strengthen the ICDS MIS. The first working group meeting was convened in February 1994 by the Director of Child Development, Department of Women and Child Development, Ministry of Human Resources Development, Government of India. Other members include: Chairman, Central Technical Committee on ICDS (AIIMS); Joint Director, Monitoring and Evaluation, National Institute for Public Cooperation and Child Development; Principal Systems Analyst, National Information Center Network (NICNET); and Child Development Programme Officer, UNICEF/India.

The primary objective of the national working group is to reorient and strengthen the development and expansion of ICDS MIS to yield reliable information on programme outcome indicators of programme effectiveness related to nutrition, health and early childhood development. This group aims to strengthen strategies for use of the data collected in the ICDS monthly progress reports for analysis and action at appropriate administrative levels of the programme. The group also aims to broaden the focus of analysis and action from the current analysis of inputs to include the analysis of relevant process, outcome and impact indicators.

The terms of reference of the working group are:

a. To facilitate strengthening of the management information system in ICDS, at different levels, to improve both programme efficiency and effectiveness and to provide a mechanism for monitoring the State Plans of Action (SPACs) for women and children.

b. To enhance the focus on monitoring goals for malnutrition reduction, with emphasis on young children (under three years of age), as embodied in the National Plan of Action for children, and the National Nutrition Policy, with particular emphasis on the establishment and maintenance of a national/ state/ district/ block data base of ICDS MIS data to facilitate trend analysis.

c. To strengthen the capacity at different levels for improved programme planning, management and monitoring through the development of regularly scheduled regional management training programmes.

d. To promote capacity building for the process of assessment, analysis and action for malnutrition reduction, spiraling up from communities to project, district, state and national levels.

e. To facilitate networking of a core technical support group and trainers to enable adaptation of MIS to suit state specific monitoring requirements while maintaining the integrity of the national ICDS MIS data base.

f. To share and integrate quantitative programme information being generated by different data sources to enable policy formations based on improved programme integration.

g. To strengthen ICDS MIS with respect to the following areas:
   monitoring programme inputs (food, supplies)
   monitoring programme support (staffing, training)
   monitoring institutional capacity for programme support (training centers)
   monitoring programme outputs and physical/financial progress
   monitoring programme impact (nutrition status)

2. Some discussions have already helped to begin to clarify key programme indicators from ICDS which can be useful in monitoring the situation of women and children in India:

a. percentage of severe and moderate malnutrition among under threes in ICDS project areas as the lead programme indicator for malnutrition reduction

b. percentage of measles immunization of under ones in ICDS projects as a proxy indicator for the achievement of health care in ICDS areas

c. potential for micronutrient indicators related to vitamin A and IFA (after restructuring formats)

d. potential for care indicators related to early registration of pregnant women, exclusive breastfeeding and number of complementary feeds per day for nine-month olds (after restructuring of formats)

Reports and Documentation

1. Concept Paper on Strengthening ICDS MIS

Task 2

Description of Task

Develop an operational strategy and training plan that will allow the core national TAG to expand the ICDS PRS system to all States and Union Territories. This shall be carried out through a series of Regional Executive Seminars and User's Workshops.

Status and Action Planned

1. State Working Groups and Action Schedule. A proposed action schedule was developed to assist state government in the process of the development of state plans of action to strengthen ICDS MIS. These action plans were distributed to all major states through UNICEF State Representatives and Child Development/Nutrition Project Officers.

2. Regional training is planned to begin in October 1994.

Reports and Documentation

1. Proposed Action Schedule for states.

Task 3

Description of Task

Adapt the system to state-specific monitoring requirements, especially with respect to the key indicators of state-level programs which are not part of the national CDPO monthly progress report.

Status and Action Planned

1. In a letter from the Department of Women and Child Development to USAID/India, the Government of India requested technical assistance to upgrade the ICDS Progress Reporting System (Version 4) to meet their new requirements. Amendments have been made to the monthly progress report formats to enable monitoring of new components introduced in some ICDS areas (funded by the World Bank). These new components include: Women's Integrated Learning for Life. Adolescent Girls Scheme, Therapeutic Food, Infrastructure Strengthening, Funding of Referral Cases.

2. The project has completed a major portion of the software enhancements requested. The new upgrade will be released as: ICDS MIS, Progress Reporting System for Windows Version 1.0. Testing and debugging of the software package is underway. The release of the package is scheduled during the training planned to begin in October 1994.

Reports and Documentation

1. Revised monthly progress reporting formats.

ICDS MIS

PROGRESS REPORT

October - December, 1994

Community Systems Foundation
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Title of Activity

Technical Support of the Expansion and Adaptation of the Progress Reporting System (PRS) for the Integrated Child Development Services (ICDS) in India. (Contract Number DAN-5110-Q-00-0014-00).

Activity Objectives

The objective of this technical assistance is to provide the technical expertise necessary to expand the Progress Reporting System (PRS) for the ICDS to all states and union territories of India, and adapt it to site-specific requirements.

Task 1

Description of Task

Identify and train a core ICDS PRS software technical assistance group (TAG) for the implementation and maintenance of the system at the current level and in each state.

Status and Action Planned

1. State-Level Working Groups on ICDS MIS. As reported in September, 1994, a national ICDS MIS working group was established by December 1993 to strengthen the ICDS MIS. The first working group meeting was convened in February 1994 by the Director of Child Development, Department of Women and Child Development, Ministry of Human Resources Development, Government of India. Other members include: Chairman, Central Technical Committee on ICDS (AIIMS); Joint Director, Monitoring and Evaluation, National Institute for

Public Cooperation and Child Development; Principal Systems Analyst, National Information Center Network (NICNET); and Child Development Programme Officer, UNICEF/India.

Since the establishment of the National Working Group on ICDS MIS, efforts have been focused on the establishment of state-level working groups. Progress has been made in several states toward the establishment of state-level working groups: Maharashtra, Karnataka, Andhra Pradesh, and Rajasthan. The primary objective of these state-level working groups is to work with ICDS staff, and other state government departments responsible for women and child development, to strengthen the development and expansion of ICDS MIS in a decentralized manner.

The terms of reference of the state-level working groups, which are adapted to specific state-level needs, are:

a. To facilitate strengthening of the management information system in ICDS, at different levels, to improve both programme efficiency and effectiveness and to provide a mechanism for monitoring the State Plans of Action (SPACs) for women and children.

b. To enhance the focus on monitoring goals for malnutrition reduction, with emphasis on young children (under three years of age), as embodied in the National Plan of Action for children, and the National Nutrition Policy, with particular emphasis on the establishment and maintenance of a national/ state/ district/ block data base of ICDS MIS data to facilitate trend analysis.

c. To strengthen the capacity at different levels for improved programme planning, management and monitoring through the development of regularly scheduled regional management training programmes.

d. To promote capacity building for the process of assessment, analysis and action for malnutrition reduction, spiraling up from communities to project, district, state and national levels.

e. To facilitate networking of a core technical support group and trainers to enable adaptation of MIS to suit state specific monitoring requirements while maintaining the integrity of the national ICDS MIS data base.

f. To share and integrate quantitative programme information being generated by different data sources to enable policy formations based on improved programme integration.

g. To strengthen ICDS MIS with respect to the following areas:

monitoring programme inputs (food, supplies)
monitoring programme support (staffing, training)
monitoring institutional capacity for programme support (training centers)
monitoring programme outputs and physical/financial progress
monitoring programme impact (nutrition status)

Task 2

Description of Task

Develop an operational strategy and training plan that will allow the core national TAG to expand the ICDS PRS system to all States and Union Territories. This shall be carried out through a series of Regional Executive Seminars and User's Workshops.

Status and Action Planned

1. State Working Groups and Action Schedule. During the last quarter, an action schedule was developed to assist state government in the process of the development of state plans of action to strengthen ICDS MIS. These action plans were distributed to all major states through UNICEF State Representatives and Child Development/Nutrition Project Officers. At the request of the

state government of Andhra Pradesh, a workshop was held in November, 1994 on ICDS MIS. The workshop was held in collaboration with UNICEF. The objectives of the workshop were:

to assess options for strengthening ICDS MIS with reference to implementation of the state work plan to achieve Mid-Decade Goals,

- to finalize adaptation of ICDS Monthly Progress Report (MPR) to meet state requirement,
- to develop management plan based on key indicator list with emphasis on nutrition outcomes,
- to plan and improve quality of ICDS monthly progress report data,
- to develop training plan on ICDS MIS for data entry and report generation,
- to plan to link ICDS data to maps for decision support, and
- to strengthen and monitor ICDS training programme support capacity.

3. Regional training planned to begin in October 1994 is now scheduled to begin after April 1995, as per the decision of the National Working Group on ICDS MIS.

Reports and Documentation

1. Report: Workshop on Management Information System in ICDS, Andhra Pradesh, November 1994.

Task 3

Description of Task

Adapt the system to state-specific monitoring requirements, especially with respect to the key indicators of state-level programs which are not part of the national CDPO monthly progress report.

Status and Action Planned

1. During this quarter, an additional request was received from the Department of Women and Child Development to USAID/India, the Government of India with regard to the upgradation of ICDS Progress Reporting System (Version 4). (See letter from AK Nanda dated 7 Oct 94). With this letter, the department specified further changes to the CDPO Monthly Progress Report Formats. The changes included the addition of variables and the reformatting of existing variables.

2. The project has completed most of these software changes requested. The new upgrade has been not been released, however, as testing and debugging is still continuing. The target date for release is March 1995.

Reports and Documentation

1. Revised monthly progress reporting formats.

ICDS MIS

PROGRESS REPORT

January - March, 1995

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Title of Activity

Technical Support of the Expansion and Adaptation of the Progress Reporting System (PRS) for the Integrated Child Development Services (ICDS) in India. (Contract Number DAN-5110-Q-00-0014-00).

Activity Objectives

The objective of this technical assistance is to provide the technical expertise necessary to expand the Progress Reporting System (PRS) for the ICDS to all states and union territories of India, and adapt it to site-specific requirements.

Task 1

Description of Task

Identify and train a core ICDS PRS software technical assistance group (TAG) for the implementation and maintenance of the system at the national level and in each state.

Status of Activities and Related Outputs

1. Status of Working Groups on ICDS MIS. As reported in September, 1994, a national ICDS MIS working group was established by December 1993 to strengthen the ICDS MIS. The first working group meeting was convened in February 1994 by the Director of Child Development, Department of Women and Child Development, Ministry of Human Resources Development, Government of India. Other members include: Chairman, Central Technical Committee on ICDS (AIIMS); Joint Director, Monitoring and Evaluation, National Institute for Public Cooperation and Child Development; Principal Systems Analyst, National Information Center Network (NICNET); and Child Development Programme Officer, UNICEF/India.

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After establishing the national working group, efforts have been focused on the establishment of state-level working groups.

2. National-Level Working Group on ICDS MIS meeting convened during the quarter. (See minutes for details of decisions made.)

3. State-Level Working Group on ICDS MIS established in Rajasthan.

Results

1. National and state level working groups on ICDS MIS are beginning to actively pursue the implementation and maintenance of the system at the national level and in several states (e.g. Andhra Pradesh, Karnataka, Rajasthan). During the course of the project, more state working groups are planned. Next states likely to be included are: Maharasthra, Madhya Pradesh.

Task 2

Description of Task

Develop an operational strategy and training plan that will allow the core national TAG (working group) to expand the ICDS PRS system to all States and Union Territories. This shall be carried out through a series of Regional Executive Seminars and User's Workshops.

Status of Activities and Related Outputs

1. Rajasthan State Working Group. During the last quarter, an action schedule was developed to assist state government in the process of the development of state plans of action to strengthen ICDS MIS. These action plans were distributed to all major states through UNICEF State Representatives and Child Development/Nutrition Project Officers. At the request of the state government of Rajasthan, a workshop was held in March, 1995 on ICDS MIS. The workshop was held in collaboration with UNICEF. The broad objective of the workshop was to strengthen the MIS in ICDS through improved quality of data generation, access and use of available

information at various levels, i.e. sector, block, district and state, with reference to implementation of State Plan of Action for Children to attain the goals of PEM reduction, control and elimination of micro-nutrient deficiencies, improve child health and achieving early learning opportunities.

Specific objectives included:

- to identify the key indicators to be monitored at various levels and establish a system of review at district and state level for appropriate action with particular reference to focused responsibilities.
- to review and modify the ICDS monthly progress report on the basis of the key indicators to be monitored to meet the requirements of the Plan of Action.
- to identify training needs for enhancing skills and capacity to collect and collate date, to analyze and interpret data for corrective action.
- to develop a training plan on ICDS MIS for data entry and report generation with a view to yield information which is simple, easy to use and interpret for appropriate levels.

Results

1. In Rajasthan, a state-level working group is developing an operational strategy and training plan to sustain the implementation of the ICDS MIS system in the state.

Reports and Documentation

1. Report: Workshop on Management Information System in ICDS, Rajasthan, March 1995.

Task 3

Description of Task

Adapt the system to state-specific monitoring requirements, especially with respect to the key indicators of state-level programs which are not part of the national CDPO monthly progress report.

Status and Action Planned

1. During this quarter, software development continued based on the additional request for system modifications which was received during the last quarter from the Department of Women and Child Development to USAID/India, the Government of India with regard to the upgradation of ICDS Progress Reporting System (Version 4). (See letter from AK Nanda dated 7 Oct 94). With this letter, the department specified further changes to the CDPO Monthly Progress Report Formats. The changes included the addition of variables and the reformatting of existing variables.

ICDS MIS

INFORMATION ON USAID SUPPORT FOR ICDS MIS DEVELOPMENT

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THE ICDS MANAGEMENT INFORMATION SYSTEM

Dr. Heather W. Goldman and Ashi Kohli Kathuria, USAID/India

The Integrated Child Development Services has since its inception paid considerable attention to the issues of monitoring and evaluation. It has had a strong data collection system for which a standardized set of reports and registers from the Anganwadi Center (AWC) level onwards up to the project level had been devised that have been modified as the ICDS monitoring system has evolved over time. Initially, many data were collected but used inadequately at the field, state and central levels. It was recognized then that monitoring is not simply data collection. It requires data analysis, interpretation and use for it to serve as an effective management tool which could be used for planning, advocacy, identifying strengths and weaknesses and making managerial decisions. Most important of all, workers who collect data need feedback on how their managers used it to measure change and progress.

Government of India, in 1983 decided to consolidate data collection and flow using its own integrated computerized system. The Central Technical Committee supported by All India Institute of Medical Sciences (CTC/AIIMS) was set up during the same year to guide, monitor and evaluate the social components of ICDS especially Health, Pre-school education, Nutrition and Health education and Community participation.

Computerization of the MIS:

A large amount of data is collected at the AWC level. The data from the AWCs is compiled at the block level. The Monthly Progress Report (MPR) is sent to the central MIS cell and the Monthly Monitoring Report (MMR) to the CTC/AIIMS. In a program as large as the ICDS the built-in monitoring system needs rapid consolidation of: the MPR; information from the baseline and quarterly surveys for population based data; and a mechanism to provide rapid feedback to staff at all levels. Critical information on factors that directly pertain to nutrition such as attendance, feeding, health interventions and nutritional status for those at risk as well as coverage of vulnerable groups are priorities. In view of this need, Government of India initiated efforts to computerize and strengthen the ICDS MIS at various key points - center, state and district. USAID supported these efforts as part of the USAID supported bilateral ICDS project in Gujarat and Maharashtra.

Computer hardware was installed at the central MIS cell, Delhi and the state cells in Gujarat and Maharashtra. A user-friendly, menu-driven, soft-ware design called the Progress Reporting

System (PRS) was developed; and orientation and training in the use of the system was provided to senior management and ICDS staff at the center and the two states. This helped the transfer of data into useful information and appreciation of the various advantages of a computerized MIS that would satisfy multiple information needs.

The Progress Reporting System (PRS):

The software that was initially developed has been progressively refined and the present version provides graphic and summary reports on nutritional status, supplementary feeding, pre-school education, staff appointments and training and project performance. Reports can be generated as summary reports, snapshots, charts, action lists and using its Geographic Information system mapping of states on these indicators. It has a number of built-in logic checks that screen data for consistency. The system automatically generates feedback letters outlining actions to be taken. Invaluable to managers are the features that automatically compare performance/achievements to targets, rank states or projects, compare performance and allow time series and trend analysis. The PRS has been recognized by users as a powerful and flexible management tool, satisfying administrator's needs for priority information and at the same time providing specific feedback mechanisms to highlight and communicate problems to the field.

Expansion of the MIS:

The Gujarat and Maharashtra MIS experience was extended to and replicated in the states of Rajasthan, Bihar, West Bengal, Delhi, Arunachal, Uttar Pradesh, Kerela, Tamil Nadu and Pondicherry. Agencies like World Bank and UNICEF provided additional support in the strengthening of ICDS MIS through further orientation training and workshops in Andhra Pradesh, Karnataka, Rajasthan and Maharashtra. UNICEF have also incorporated results of the ICDS MIS into a national nutrition data base that gives information on various indicators from different sources and at various levels i.e. state, district and block.

MIS usage and critical issues:

The computerized MIS can still be considered to be evolving in terms of its full usage and expansion. A number of critical issues are involved in its further expansion, optimal utilization and sustainability.

Decentralization needed for timely turn-around and data quality:

The present turn-around of more than two or three months for completion of entries and basic reports needs to be reduced to improve the MIS efficiency. This is largely due to entry time and is expected to improve with decentralized data entry. Progress is being made on decentralized data entry and processing using National Informatics Center (NIC) to enter data at the district level to generate simple summaries for use at that level. Closely inter-related is the issue of data quality. Where findings are not used at the level of collection, data reporting can become irregular and of poor quality. Quality of data was found to progressively improve in the USAID supported projects in Maharashtra and Gujarat by simply requesting blocks to revise reports which were found inconsistent by the computer check at the state level.

Staff turn-over and the need for an institutionalized approach to MIS training for new staff: Sustained use of the MIS and maintenance of the system are issues of prime importance. Experience during the expansion phase of the MIS has indicated waning interest in the use of MIS when trained personnel are transferred and the replacements do not have the requisite MIS orientation and perception. Institutionalizing MIS training; developing standardized advocacy material that describe the system and motivate staff to use it; and developing training material to standardize ICDS MIS training for administrators and data analysts could address the issue of sustained use. A technical committee at state level for maintenance of the system and trouble-shooting would probably be helpful.

Feedback to all levels is essential: Feedback of relevant information to each level of management is desirable and monitoring should be organized at each level of management - Center,state, district, block, sector and anganwadi center. In general, the level that records information should be able to use it - Anganwadi Workers (AWWs) do not know what use they could make of their MPRs and MPR from the block may not always be used as a management tool by Supervisors and Child Development Poject Officers (CDPOs). Steps to show the major users and data collectors i.e. CDPOs/Supervisors and AWW and perhaps a feedback to the community how the data can be useful at their level of operation for corrective action would help complete the process of two-way information flow.

Make fuller use of potential applications: A wider range of functions and a number of potential applications, including trend analysis, program evaluation, nutritional surveillance and field use, need to be explored. The MIS serves as a vital planning tool to predict and monitor the pace and capacity of ICDS

expansion so as to balance the pressure of increased coverage as well as to guide the pace of addition of new components that have been added on to ICDS such as Women's development, Adolescent girls' scheme and Income generation.

Inclusion of health indicators: Inclusion of key health indicators in the ICDS MIS has started the process of a combined information set which needs to be carried forward through integration of more health information with ICDS. Sharing of information on key health indicators with Health personnel at all levels is of utmost importance. The MPR (ICDS) and the Half Yearly Progress Report (Health), both should guide policy and implementation between the ministries of Health and the Department of Women and Child Development.

Synthesizing data for advocacy: The MIS has been extensively used for advocacy. The benefits in having reliable, timely information for policy and budget needs is especially useful in strengthening ICDS and answering Parliament questions. However, it is important to bear in mind that advocacy and management needs can differ greatly. Political focus is often to indicate expansion, coverage, or numbers reached within the nation or state with perhaps less emphasis on quality of service, whereas the qualitative aspect and reliable data is important for effective program management.

Operations Research: Operational research will become an added useful programmatic tool to identify specific problems and test alternative solutions.

ICDS MIS

UNICEF ACTIVITIES FOR STRENGTHENING ICDS MIS

Tentative Agenda

Day I

09.00	Introduction Objectives of the workshop
09.30	Nutrition information systems: past and present
10.15	Experience from other countries
11.00	Suggestions for a nutrition information strategy
12.00	Key indicators at different levels
13.00	*Lunch*
14.00	Nutrition database
15.30	ICDS MIS

Day II

09.00	Formation of working groups: 1. NPAN monitoring and feedback mechanisms 2. Nutrition database functional requirements 3. ICDS MIS improvement
13.00	*Lunch*
14.00	Working group presentations
15.30	Main recommendations

PROPOSAL FOR A NATIONAL WORKSHOP ON NUTRITION INFORMATION SYSTEMS

New Delhi, 23-24 January 1996

Traditionally, four primary objectives of nutrition information systems are recognized. i) problem identification and sensitization/advocacy, ii) macro and micro-level planning, iii) timely warning, and iv) programme monitoring and evaluation. In India, there are information systems that cover (i) e.g. NNMB and (iv) e.g. ICDS MIS. Nutrition-related data from several sources have become available during 1995, and additional data are expected. Examples include the NFHS (1992-93) state-wise survey, the NNMB 1994-95 survey and the forthcoming series of district-wise surveys commissioned by DWCD. Others sources of nutrition-relevant data include the NSSO, Registrar General, Health and Family Welfare, Dept. of Economics and Statistics.

There is now a need to systematically compile these data in such a way that both the outcomes and the causes of malnutrition are presented to the right people at the right time. That is, as well as an *assessment* of the problem, an *analysis* of its causes is required before appropriate *action* can be taken. There is a need to know how decisions on actions can be improved by appropriate information, and thus what information should be collected and how it should be presented and disseminated. This might be done by carrying out a "decision-audit" first. To facilitate effective implementation of the National Plan of Action for Nutrition (NPAN), appropriate information needs to be communicated rapidly to key sectoral decision-makers.

Nutrition Database

At national level, a nutrition database within the nodal Department of Women and Child Development (DWCD) might fulfill such a role, with responsibility for monitoring NPAN implementation (process and outcome) and routing this information to key sectoral decision-makers, including the National Nutrition Council when it meets. At state-level the NNMB infrastructure might be utilised to maintain this communication with DWCD, while key nutrition-relevant indicators at district-level could be identified and data fed into NICNET to be made accessible at state and national levels.

Such a system would be essential for monitoring the NPAN and progress towards the national nutrition goals for year 2000. Different sectors would also come to see their role in nutritional improvement more clearly, particularly in the context of the NPAN, if information became available to link their sectoral concerns with nutrition outcomes.

ICDS Management Information System

In addition to such a database, there is a need to strengthen ongoing systems, such as the ICDS MIS and improve the focus on key indicators of malnutrition and its causes. A higher priority may need to be attached within ICDS to monitoring the process (quality) of implementation and its outcomes (child nutritional status) viz a viz inputs. It is necessary to know who is malnourished.

where and, as far as possible, why. Nutrition outcome information (e.g. percentages of under-threes in Grades II and III/IV) should be functionally disaggregated (by age, sex, socio-economic group, location, season) so as to guide decision-makers at different levels from the community to the national level.

Experience shows that most nutrition management information systems are characterized by a lot of data collected.....some of it compiled.....a little communicated.....but very little actually used. This needs to change. Data should be maximally utilised at the level it is collected *before* it is transmitted to more central levels. Overall, the emphasis should probably be on: i) the frequency, timeliness, improved coverage and understandable presentation of a few simple usable population-based *outcome* indicators, and ii) supplementing these outcome data with summary data (at agreed frequency) that relate to the likely *causes* of these outcomes e.g feeding practices, health-related variables, household food security, etc.

An action-oriented system of generating and using minimum amounts of relevant data -- progressively from the level of communities to blocks to districts to states -- will improve ICDS programme implementation and impact.

Objectives of the Workshop

i) to review the ICDS MIS from a child nutrition perspective and examine options for improvement;

ii) to agree on summary indicators for monitoring NPAN implementation and a feedback mechanism to route appropriate information to responsible sectors in a timely manner;

iii) to discuss the feasibility and functional requirements of a national nutrition database to monitor implementation of the NPAN;

KO

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803/3/102/1029

16 November 1995

Dear Mr Bhargava,

Nutrition Management Information Systems: Proposal for Workshop

As suggested in our previous discussion and in my letter to you of 27 October, here is a draft agenda for the workshop which I hope we will be able to discuss when we meet next week. I have also been discussing the whole MIS issue with Tony Measham in the context of the preparation for the World Bank-assisted projects -- and we would be very much interested to hear your views.

Adarsh Sharma at NIPCCD has told me she is able to participate in the 24 November meeting at 11.00 a.m. in your office, to discuss implementation of mahila mandal training in the NORAD states and the issue of referral funds. Deepika Shrivastava and myself will participate from UNICEF.

I look forward to meeting you at this time.

With best wishes.

Yours sincerely,

Stuart Gillespie

Stuart Gillespie
Child Development and Nutrition

Mr S K Bhargava
Dy Secretary
Dept. of Women & Child Development
Shastri Bhawan
New Delhi - 110 011

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WORKSHOP ON MANAGEMENT INFORMATION SYSTEM (MIS) IN ICDS
17 NOVEMBER 1994

Commissionerate of Women's Dev. & Child Welfare

OBJECTIVES

1. To strengthen MIS in ICDS with reference to implementation of state work plan to achieve Mid Decade Goals

2. To finalise adaptation of ICDS Monthly Progress Report (MPR) to meet state requirement

3. To develop management plan based on key indicator list with emphasis on nutrition outcomes

4. To plan and improve quality of ICDS monthly progress report data

5. To develop training plan on ICDS MIS for data entry and report generation

6. To plan to link ICDS data to maps for decision support

7. To strengthen and monitor ICDS training and programme support capacity

HYD/AP/805/3/3274

NOTE FOR THE RECORD

ICDS - MIS Meeting held in Hyderabad on 17 November

1. A one-day workshop was organised by Dte of WD&CW on 17 November at Hyderabad.

2. The objectives of the workshop are attached.

3. The participants included state level officials from all the concerned departments, NIN, CARE, A.P.Foods, MLTCs, NGOs and senior officials from the Commissionerate. Regional Deputy Directors and Programme Officers from the district also participated. In addition 3 CDPOs, supervisors and AWWs from selected projects were invited. UNICEF officers from ICO and field office acted as resource persons.

4. This was the very first meeting to review MIS. Concept paper prepared by GOI was shared with all the participants. The analysis of the data from A.P. revealed the actual status of programme activities and all the participants were greatly impressed and involved in the discussions.

5. Mrs. Subba Rao, Commissioner WD&CW took active interest and was leading the discussions.

6. A state working group was established at the end of the workshop and the date for the first meeting of the working group was also fixed for 9th December when the terms of reference for the state working group will be finalised with reference to the GOI TOR.

7. All the participants and resource persons were extremely happy at the outcome of the workshop and the representatives from Health, Family Welfare and ICDS medical consultants suggested that we need to go into the details, identify the problems faced at the anganwadi workers, supervisor, and CDPOs levels in completing the reports on time. Copies of the formats currently used were also shared with the participants.

8. Mrs. Subba Rao mentioned that we need to meet again at the state level to finalise the MIS strategy and plan.

22 November 1994

Annamma Joseph
Project Officer

c.c. 04/SG/DS/KO/JP

CONSTRAINTS	SOLUTIONS		ACTION REQUIRED	BY WHOM?
	IMMEDIATE	MEDIUM-TERM		
State Level 1. Existing Ranking system is inadequate	Introduce a modified package for ranking		1.1 Develop software package. 1.2 Analysis of key indicators for ranking of districts and projects. 1.3 Feedback to district + project level	Consultant Mr Bhamburkar -- do --
No analysis of trends takes place	Introduce a software package for analysing trends.		2.1 Introducing additional modules (programmes) within existing MIS to allow for analysis of trends of identified indicators. 2.2 Package for charts/graphical presentation and mapping to be installed linking to the MIS.	Consultant + Mr Bhamburkar Consultant + Mr Bhamburkar

CONSTRAINTS	SOLUTIONS		ACTION REQUIRED	BY WHOM?
	IMMEDIATE	MEDIUM-TERM		
3. Information on training status available but inadequate	3. Introduce a system for obtaining feedback from State level.		3.1 Information on existing format (trg) from State to District. 3.2 Action by district/project to send identified staff. 3.3 Feedback to State on staff not being sent 3.4 Action by State - depute alternative personnel. 3.5 Information on training status from AWTCs/ MLTCs	Mr Jajurkar Dy. CEO/CDPO Dy. CEO/CDPO Mr Jajurkar AWTCs/MLTCs
4. No revalidation of projectwise data on service/impact		Introduce CES/Rapid Assessement of services/Impact/KABP annually.	4.1 Design CES (Coverage Evaluation Survey) formats & questionnaires. 4.2 Field Test in pilot districts. 4.3 Trng. to teams for conducting CES. 4.4 Implementation in all districts. 4.5 Comparison with Annual reported data. 4.6 Feedback to Projects/districts.	Director of ICDS Jt. Director & Team (ICDS) Jt. Director & Team (ICDS) Dy. CEO Jt Director Jt Director

CONSTRAINTS	SOLUTIONS		ACTION REQUIRED	BY WHOM?
	IMMEDIATE	MEDIUM-TERM		
District Level 1. No compilation of AWCwise & blockwise done	Compilation of AWC wise & blockwise information		1.1 Identify key indicators (process and impact) 1.2 Develop software package with flexibility and user friendly. 1.3 Training of SA/ Tech. Assist. 1.4 Field Testing (Pilot Project) 1.5 Installation in all districts (computerisation).	Mr Bhamburkar + Mr Chowdhary Consultant Mr Bhamburkar + NIC representative -- do -- -- do --
2. Information on supplies (e.g. food, kits, etc.) not generated	Introduce format for collecting data on supplies & utilisation.	Computerise the data	2.1 Design format & distribute. 2.2 Analyse projectwise. 2.3 Feedback to project 2.4 Information to State 2.5 Follow up with agencies	Jt. Director Mr Bejalwar Dy. CEO Dy. CEO Dy. CEO Mr Bejalwar

MAHARASHTRA

DIRECTORATE OF ICDS

UNICEF

DRAFT

MANAGEMENT INFORMATION SYSTEM

CONSTRAINTS	SOLUTIONS		ACTION REQUIRED	BY WHOM?
	IMMEDIATE	MEDIUM-TERM		
Anganwadi Centre Level Information on services to beneficiaries is not easily available due to multiple registers/ formats	To streamline - Introduction of two registers only: a) one for pregnant women & lactating women b) for 0-6 years children. Both to be followed as a cohort.		1.1 Designing the registers to incorporate all services provided for both category of beneficiaries. 1.2 Printing and distribution of registers. 1.3 Training Project level officers (PLOs) by CDPOs. 1.4 Training to AWWs by PLOs	Mr. Jejurkar (OSD) in consultation with field staff. Directorate of ICDS Mr Jejurkar, Dte of ICDS 4. PLOs
Block/Project Level MPR format lacking certain indicators which need analysis at district level.	Modifying the MPR format to include additional indicators for analysis at district level, feedback to block level and action at AWC level.		1.1 Identify critical indicators. 1.2 Modify MPR format, print and distribute. 1.3 Analysis at district level. 1.4 Feedback to Project. 1.5 Action at AWC level.	Directorate of ICDS Mr Bhamburkar Dy. CEO -- do -- CDPO/MS/AWW

20-POINT IMMEDIATE ACTION PROGRAMME TO STRENGTHEN ICDS IN MAHARASHTRA

Draft

1. All ICDS functionaries will be oriented and equipped to carry out community-level IEC activities in health and nutrition.

2. In-service training will be conducted on a regular and recurrent basis every month or quarter.

3. Activities will be carried out to make known to parents the importance and content of the ECE programme.

4. Anganwadis will in future operate on a five-day week.

5. The programme will move towards a growth monitoring programme where the growth charts are parent retained.

6. Creches for the 0-3 years age group will be established adjacent to all anganwadis.

7. All CEOs will be oriented and instructed to strengthen coordination at district level, especially with Health and Education.

8. A suitable nutritional supplement for under-threes will be developed.

9. Personnel policy will be changed, so that the majority of vacancies for mukhya sevikas and CDPOs would be filled by promoting AWWs and mukhya sevikas, respectively.

10. More female CDPOs will be recruited, with the aim of the cadre becoming at least 50% female.

11. The skills of anganwadi helpers will be developed, so they may contribute more effectively to the programme.

12. AWW will no longer have to fulfil sterilization targets.

13. CDPOs will be given the responsibility of facilitating and supporting the creation and functioning of mahila mandals.

14. The number of registers maintained by the AWW will be reduced and streamlined.

15. Mukhya sevikas will be made accountable for the identification and monitoring of all high-risk children.

16. The MIS will be strengthened and decentralized such that keying in of data, and first-level electronic analysis, will be carried out at district level.

17. AWWs, mukhya sevikas and CDPOs will be oriented, so that they analyse, and not only collect, critical programme indicators.

18. Revalidation of data collection will be done annually through the conception and implementation of a coverage evaluation survey.

19. Regular use will be made of the MIS for needs assessment for health and nutrition interventions.

20. Guidelines will be developed and disseminated for NGO involvement in ICDS.

STATE LEVEL WORKSHOP ON HEALTH & NUTRITION

MIS IN ICDS

Background note

ICDS has a fairly well developed system of MIS for it's activities. The Monthly Performance Report and Monthly Monitoring Reports are being regularly submitted from the projects. However, these reports are not being collated, analysed, reviewed and acted upon at the district and state level. The reports are compiled at the Central Technical Cell, DWCD, GOI which is supposed to give feedback. This feedback again is not being used in a systematic fashion for improving the programme. In addition to these reports, the ICDS also generates information in the form of :

i) Baseline surveys
ii) Annual surveys including births and deaths
iii) Studies done by Medical Colleges on various aspects of ICDS work
iv) Reports of consultants on training of Medical Officers in ICDS.

In view of the need to monitor the Mid-decade Goals, especially the ones related to Protein Energy Malnutrition (PEM) and other micro nutrient deficiencies such as Vitamin A deficiency, Anaemia, we need to strengthen the MIS in ICDS. The routine reports as well as the special surveys should be giving the information to facilitate monitoring of Protein Energy Malnutrition. The National Nutritional Monitoring Bureau, NIN, ICMR, covers 10 States but does not cover Rajasthan. Hence the ICDS MIS is the only system available to us for monitoring PEM in Rajasthan. Information and data collected through this system could be further validated by conduct of CES and ECES and other independent evaluations from time to time.

To plan any improvement in this, we need to take stock of the present situation, identify areas of weakness and strengthen these. The first step in this direction is a workshop of all concerned departments. A two day workshop is proposed for this purpose involving all concerned partners such as ICDS, Health, UNICEF, etc.. The recommendation of the workshop will be implemented immediately and reviewed regularly. It will be reviewed every month by nodal officers in Health and Women and Child Development Departments and quarterly at a state level meeting with participation from all concerned agencies.

STATE LEVEL WORKSHOP ON HEALTH & NUTRITION

MIS IN ICDS

TENTATIVE PROGRAMME

DAY I

1000-1015	Welcome
1015-1030	Objectives of the workshop
1030-1100	TEA
1100-1300	Situational Analysis MIS in ICDS . MPR . MMR . Present system of review, monitoring and feedback - within the State - from Central Technical Cell DISCUSSION
1300-1400	LUNCH
1400-1700	Baseline and annual surveys DISCUSSION Studies done by Medical/Home Science Colleges on ICDS DISCUSSION Reports of consultants on MOs training, etc DISCUSSION

STATE LEVEL WORKSHOP ON HEALTH & NUTRITION

MIS IN ICDS

TENTATIVE PROGRAMME

DAY II

1000-1100	Briefing on group work and grcup formation
1100-1300	Group work
1300-1400	LUNCH
1400-1600	Group work
1600-1700	Presentation
1700-1730	Concluding session

* The groups will cover :
    1. Routine Reports - MPR, MMR
    2. Baseline and Annual Surveys
    3. Studies done by Medical/Home Science Colleges
    4. Reports of Consultants and other informers

* The group will analyse actual report from fields, at State level and feed back mechanism.

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JPR/ 805/3/063/660

March 3, 1995

Dear Mr Mohanty,

Sub: Holding of ICDS-MIS Workshop on 14-15 March 1995

As discussed with you, I am proposing that a workshop be organized as per our plan to review the ICDS-MIS system in Rajasthan with a view to streamline the system to track the progress of the goals related to children for Health and Nutrition with specific reference to PEM reduction and control and elimination of micro-nutrient deficiencies. The workshop participants should consist of a mixed group of both ICDS as well as Health functionaries of different levels in order that there may be a fruitful interaction. It is also very necessary to invite the ICDS Health Consultants who are usually the Professors of PSMs of Medical Colleges. In a recently held review of these Consultants in New Delhi in February all seven ICDS consultants for health from Rajasthan attended the workshop organized by the Central Technical Committee in the Department of Women and Child Development, Government of India. Therefore, these Consultants along with the other key health department officials also should be invited both as resource persons as well as participants.

From Delhi, we would be inviting our colleague Mr Stuart Gillespie who is an MIS expert and has worked extensively in different areas of nutrition, health and food security and Ms Deepika Srivastava who is looking after ICDS in Delhi.

We are attaching a background note and a tentative programme schedule for your information. I am also asking Ms Sangita Jacob to be in touch with you and work out further details including fine tuning of the agenda. Dr Sanjiv Kumar would help us with the invitation to the Health Department officials and the ICDS consultants. Accordingly, we are asking our Delhi people to make their travel arrangements.

With best regards,

Yours sincerely,

Sanjiv Kumar

for Sumita C. Ganguly
State Representative

Mr J.C. Mohanty, IAS
Director
Women & Child Development Department
Government of Rajasthan
Jaipur.

cc: Ms Pramila Surana, Additional Director, Women & Child Development Department, Government of Rajasthan, Jaipur.

bcc: [redacted], CD&N Section, ICO
bcc: Ms Deepika Srivastava, CD&N Section, ICO

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MIS WORKSHOP

BROAD OBJECTIVE:

To strengthen the MIS in ICDS through improved quality of data generation, access and use of available information at various levels, i.e. sector, block, district and state, with reference to implementation of State Plan of Action for Children to attain the goals of PEM reduction, control and elimination of micro-nutrient deficiencies, improved child health and achieving early learning opportunities.

SPECIFIC OBJECTIVES:

- To identify the key indicators to be monitored at various levels and establish a system of review at district and state level for appropriate action with particular reference to focussed responsibilities.
- To review and modify the ICDS monthly progress report on the basis of the key indicators to be monitored to meet the requirements of the Plan of Action.
- To identify training needs for enhancing skills and capacity to:
  - (a) Collect and collate data
  - (b) Analyse and interpret data for corrective action
- To develop a training plan on ICDS MIS for data entry and report generation with a view to yield information which is simple, easy to use and interpret for appropriate levels.

NOTE FOR THE RECORD

Strengthening ICDS MIS 13 May 1994

OY, SG, KO & DS participated in the meeting. Details are as per SG's NFR.

A summary of follow up action points related to ICDS are listed below:

1. Progress Review

Details of last meeting on 5 May with NICNET were shared (NFR available). The initiation of clearance of backlog of ICDS MPR data entries (1990-93) will be a major step forward for development of nutrition status trend profile and analysis. Status of follow up action with DWCD was outlined by DS.

2. Discussions in Karnataka

OY/DS shared the highlights of the same i.e

(a) Keenness of STAR, UNICEF FO and his team, state Directorate and key partners to develop a model state POA for strengthening ICDS MIS for monitoring Nutrition and Health MDG goals and process indicators.

(b) Broad agreement reached in the meeting with the state government was that while initially the idea is strengthen monitoring of MDGs on H&N through the CDS network, this is the beginning of a process of capacity building in DWCD. Since DWCD is the focal point for monitoring SPACs the proposed MIS design could be gradually built up and linked with other sectors such as Health, to facilitate DWCD in monitoring SPACs and achievement of MDGs, using specified process indicators, through various outreach programmes. Strengthening of ICDS MIS should be viewed as an entry point for this.

(c) STAR UNICEF and state government endorsed the idea of setting up an ICDS MIS working group - patterned on the national group, so that the process of developing a model state POA would also help build local capacity and be decentralised in nature.

(d) In consultation with STAR, next discussions will be held in Bangalore - after DWCD, GOI goahead & development of an outline of steps to be taken for the same. (SG/KO/DS to meet on 17th to finalise the Outline).

3. Output expected for quarter I (May-July) for ICDS MIS

(i) Strengthened version of NICNET paper(Ref NFR of 6 May meeting which would serve as the functional requirements paper).

(ii) Support and facilitate NICNET/group in the initiation of process of clearance of backlog of ICDS MPR data entry.

(iii) Better analysis and presentation of ICDS MPR data pertaining to lead programme indicators for health and nutrition, and indicators of programme efficiency for decision support.

- National sheets
- State specific sheets
- Model/sample state maps with information disaggregated at block level e.g. Karnataka

These would be used for DWCD, as well as appropriately presented for STARs/POs meeting and progress of states

Trend profile analysis can be expected only in next quarter (depending on when data entry gets underway).

(iv) Outline of steps/activities for model state POA development

(v) Initiation of activities for MIS strengthening in atleast 1 model state.

2. Meeting on 5 May, 1994

Dr Murthy & Mr Singh from NICNET met DS & Kris Oswalt

2.1 NICNET shared the latest ICDS MPR and the QPR for the Ist quarter of 1994

2.2 The minutes of the ICDS MIS working group meeting had been received on 4 May 1994. It was heartening that the minutes provided UNICEF with the mandate for a dialogue with NICNET and support for software development and operationalisation. NICNET also shared a draft outline of the process for strengthening ICDS MIS - covering most of the points discussed previously. (The draft however, needs to be strengthened). It was suggested by Dr Murthy, that DS go through the same and add to it. NICNET would then present it in the next ICDS MIS working group meeting. (Prior discussions will be held with DWCD to ensure clearance of the same in the larger meeting).

2.3 The draft terms of reference for the ICDS MIS working group were also discussed and agreed upon(SG/KO to also give their inputs to DS).

2.4 Dr Murthy confirmed that he will be able to arrange a NICNET dial up connection for UNICEF as a member of ICDS MIS working group set up by DWCD, for the purpose of ICDS. A request letter was given to NICNET in the desired format by DS. It will take approximately a month to process.

2.5 Dr Murthy agreed that the clearance of backlog of data entries for ICDS MPRs is a major task requiring additional support. NICNET would hire an agency if UNICEF could release support to NICNET. DS suggested that UNICEF will write to DWCD as a follow up of the minutes received, seeking concurrence for release of support to NICNET for the purpose. Once this is done, then Mr Rajesh Sharma (working with Kris) can facilitate the work of the agency and assist NICNET in this major task. The letter for Mr S K Bhargava, DWCD was then drafted in consultation with Dr Murthy.

2.6 The possibilities of model state/s were discussed. NICNET is keen on Karnataka because of the fact that the state directorate is keen, has insisted on use of NICNET & the NICNET Regional Centre at Hyderabad would be glad to render necessary support. They agreed that Maharashtra could also be added because of the older USAID project, possibilities offered by ICDS Exploratory blocks and the state specific problem of tribal areas requiring MIS strengthening.

3. Follow-up Action

3.1 NICNET to process UNICEF request for NICNET connection (in process)

3.2 DS to check on in house arrangements and seek OY's intervention accordingly.
ACTION TAKEN: DS informally checked with Keith Alexander, O-I-C S & P. He suggested that we should ask Administration for a clear telephone line, immediately. Even if there is a delay in processing the SL/SCF for DS's PC - S & P will make some temporary adjustments with PCs ordered for counter parts. So that NICNET connection can be operationalised as early as possible. We need to write to Administration formally now.

3.3 DS to meet Mr S K Bhargava, DWCD to follow up with DWCD for goahead on:
(a) finalistation of states/s for model POA
(b) release of support to NICNET for clearing backlog of ICDS MIS data entry
(c) finalisation and circulation of ICDS MIS working group TOR
ACTION TAKEN: DS met SKB, DWCD on 9 May and followed up on the above. He suggested that we will need approval of JS,DWCD. Meeting with MAC scheduled on OY's return(week of 23rd May).

3.4 DS to improve NICNET draft paper incorporating suggestions/inputs from OY/SG/KO.

3.5 In house we need to develop steps/action schedule for process of developing a model state POA for strengthening ICDS MIS.
ACTION TAKEN: In house brain storming scheduled on 17 May.

NOTE FOR THE RECORD

STRENGTHENING ICDS-MIS

Two meetings were held with NICNET on 2nd April and 5th May in the afternoon in the UNICEF office to discuss follow up of the ICDS-MIS working group meeting. A summary of action points is provided below:

1. Meeting on 21 April 1994

Dr Murthy and Mr Singh from NICNET met OY & DS.

1.1 NICNET shared the ICDS MPR data of the last quarter of 1993. For the first time, the MPR compilation of assessment of nutrition status in ICDS projects (disaggregated by age group) was also shared by NICNET with us.

1.2 ICDS MPR project level and district level data for Karnataka for the last quarter of 1993 was also shared by NICNET

1.3 DS shared with NICNET the National Plan of Action for children, the Karnataka state plan of action, the write up on MDGs and process indicators and explained MDG process indicators which could be culled out from ICDS MPRs(using the ICDS exploratory blocks concept paper). The need for facilitating a spiralling process of assessment, analysis and action at each level of ICDS data was also explained.

1.4 The above was followed by discussion on what are the various steps to strengthen ICDS MIS that need to be taken and their possible sequencing. It was agreed that NICNET will prepare an outline which will be discussed again before the next ICDS MIS working group meeting. The broad steps will include:

(i) Preparation of a concept paper.
(ii) Clearing backlogs of data entry of ICDS MPRs to develop a trend profile analysis.
(iii) Brainstorming session to finalise concept paper and develop activity schedule of different partners.
(iv) Workshop for software development
(v) Sensitisation and advocacy meetings of policy/decision makers(state secretaries etc).
(vi) Planning meeting with partners to finalise identification of model state/s, sequencing of states to be taken up & activity schedule.
(vii) Identification and training of core trainers.
(viii) State specific planning meetings to develop state POAS for MIS strengthening.
(ix) Training of regional training teams and finalisation of training schedules.
(x) Training of MIS coordinators and programme implementors.
(xi) Hands on training of data entry operators.
(xii) Activities related to compilation of data sets, data quality improvement, validation etc. - appropriately sequenced.
(xiii) Similar dialogue with CTC and NIPCCD to participatively, develop and integrate activities for strengthening MIS with regard to ICDS programme inputs - staffing/training/institutional support capacity - NIPCCD; and Health and nutrition related programme outcome data from CTC

1.5 NICNET agreed to explore the possibility of obtaining a NICNET connection for us to access available ICDS MPR data, disaggregated at block and district levels as well as routine district/block development related information.

1.6 This meeting helped establish rapport with NICNET & sensitise them to UNICEF concerns. It also strengthened their interest in developing ideas for ICDS-MIS strengthening, so that the process for the same is owned by them & contributes to the process of capacity building at different levels.

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Ms. Minni Mathews of WFP

Mr. Ken Davies of WFP

Mr. Steve Atwood of CARE

Mr. Gordon J. volitor of Care

Mr. K.G. Krishnamurthy

Ms. Meera Shekar

Mr. D. Thangaraj Ministry of Family Welfare

Dr. B.K. Nandi Ministry of Food

Ms. Shashi Prabha Gupta Ministry of Food

Dr. Adarsh Sharma of NIPCCD

Dr. Shanti Ghosh

Dr. Eimi Watanabe

Ms. Ann-Lis Svensson

Mr. R. Lores

Dr. T. Bishaw

Dr. Richard H. Young

Ms. Karuna B. Bishnoi

Dr. Sheila Vir

Ms. Pushpa Subramanium

Dr. J. Rohde

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January 29, 1993

Dear Dr. Nandi,

Sub: Presentation and Demonstration of the ICDS Progress Reporting System (PRS)

We are pleased to invite you to a presentation and demonstration on the ICDS Progress Reporting System, by Mr. Kris S. Oswalt of Community Systems Foundation, and Mr. Samaresh Sengupta of USAID. The PRS was developed as part of the DWCD/USAID collaboration towards improving management information system to monitor ICDS activity and to evaluate their impact.

The ICDS PRS had been successfully tested in the two states of Maharashtra and Gujarat and at the Central level. Technical assistance was also provided under this collaboration for orientation in the use of this PRS in the states of Kerala, Tamil Nadu, Rajasthan, Uttar Pradesh, Bihar, West Bengal, Arunachal Pradesh, Delhi and U/T Pondicherry.

The presentation will be held in the UNICEF Conference Room (Basement) from 2.30 pm to 4.30 pm on 3 February 1993. You are cordially invited to participate.

With best wishes.

Yours sincerely,

Olivia Yambi
Officer-in-Charge
Child Development & Nutrition

Dr. B.K. Nandi
Technical Adviser
Ministry of Food
Krishi Bhawan
New Delhi 110 001

ICDS MIS

PRESENTATION TO CARE-INDIA AND MONITORING KEY INDICATORS

CARE INDIA
B-28 GREATER KAILASH-I, POST BOX 4220, NEW DELHI-110048
GRAMS : CAREIND ● Telex : 031-70125 CARE IN ● TCN 1362 ● Fax : 011-6451731
PHONES : 6418341 — 6418421 — 6418422 — 6473098 — 6471527 — 6451728

FAX No. (313)761-1357

September 1, 1993

Mr. Kris S. Oswalt
Director, Information Systems
Community Systems Foundation
1130 Hill Street, Ann Arbor
Michigan 48104-3399
USA

Dear Mr. Oswalt,

Thanks for your letter of August 27. I was, in fact, writing you on the same topics.

Concerning CARE collaboration on strengthening the MIS system of ICDS, I want to first correct something that I said at our meeting in June. I said that CARE did not have money to offer towards assisting ICDS improve their MIS. Although we do not now have the money, CARE has access to two possible funding sources for such activities. We've submitted an application for monetization of PL-480 commodities and could include strengthening to ICDS MIS as a possible activity. Additionally, CARE is eligible for Farm Bill Section 202 E Funding for activities which support the distribution of PL-480 commodities. Perhaps, we could jointly put together an application for these funds before the 15 April, 1994 deadline for US Fiscal Year 1995.

The reason I was enquiring about maping is that I am considering using maps of India indicating areas with, for example, high Infant Mortality Rates or high Illiteracy Rates, as a criteria for geographic focusing of our programming. Can CSF assist CARE in preparing these maps? If yes, can you refer me to someone who can. If it is, do you think I could get some very rough drafts of these maps ready before a September 26 workshop?

I am look forward to your response and hope you are having a productive stay in the States.

Sincerely,

Gordon J. Molitor

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→ Gita — This looks like too big a group for our Conference Rm. You might need to cut the [illegible] participants to about 1/2.

September 26, 1995

To : Ginny
Judy
Pradeep

From : Gita *Gita*

Sub : Presentation by Chris Oswald

For your information attached please find the list of participants who plan to attend the presentation on ICDS and MIS Capabilities by Chris Oswald on 28 September 1995

Thanks.

EXPECTED PARTICIPANTS FOR 28 SEPTEMBER'95

Presentation on ICDS and MIS Capabilities by Chris Oswald

1.	*Chris Oswald*	..	*UNICEF*
2.	*Heather Goldman*	..	*USAID*
3.	*Ashi Kathuria*	..	*USAID*
4.	*Terry Myers*	..	*USAID*
5.	*Bill Goldman*	..	*USAID*
6.	*Hema Ramaswamy*	..	*USAID*
7.	*Madhu Gujral*	..	*USAID*
8.	*Nancy Hardig*	..	*USAID - Washington*
9.	*Bill Canny*	..	*CRS*
10	*Ginny Ubik*	..	*CARE India*
11.	*Judy Schroeder*	..	*CARE India*
12.	*Pradeep Singh*	..	*CARE India*
13.	*Gita Pillai*	..	*CARE India*
14.	*Philip Viegas*	..	*CARE India*
15.	*Anjali Widge*	..	*CARE India*
16.	*Sushama*	..	*CARE India*
17.	*Rajeev Sadana*	..	*CARE India*
18.	*Mithulina Chatterjee*	..	*CARE India*
19.	*Rajeev Nambier*	..	*CARE India*
20.	*Utpal Moitra*	..	*CARE India*
21.	*UVKV Sastry*	..	*CARE India*
22.	*PR Chauhan*	.	*CARE India*
23.	*B. Rohatgi*	..	*CARE India*
24.	*SK Kukreja*	..	*CARE India*
25.	*NN Tulsiani*	..	*CARE India*
26.	*VK Chopra*	..	*CARE India*
27.	*KV Janardanan*	..	*CARE India*
28.	*DD Hosing*	..	*CARE India*
29.	*Jaishree Jain*	..	*CARE India*
30.	*BR Poonia*	..	*CARE India*
31.	*Anju Dadhwal*	..	*CARE India*
32.	*Rina Dey*	..	*CARE India*
33.	*Renu Kaushal*	..	*CARE India*
34.	*Sunita Gupta*	..	*CARE India*
35.	*YP Gupta*	..	*CARE India*
36.	*Vaishali Sharma*	..	*CARE India*
37.	*Amitabha Dutta*	..	*CARE India*
38.	*Vijay Mahindroo*	..	*CARE India*
39.	*SEAD Unit (2)*	..	*CARE India*
40.	*Harry Sethi*	..	*CARE India*

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CONCEPTUAL FRAMEWORK FOR ACHIEVING HEALTH AND NUTRITION IMPACT

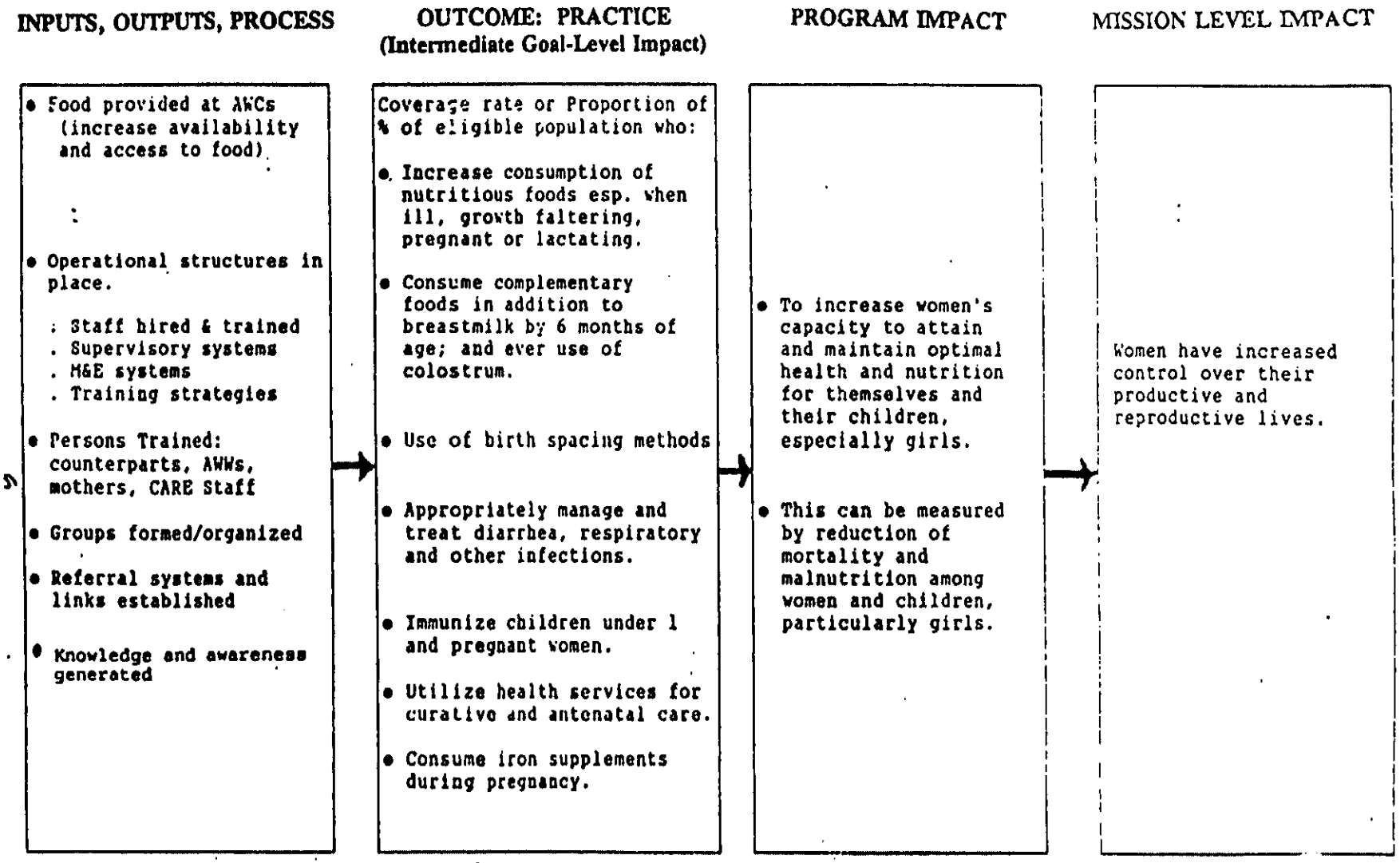
The goal of the Integrated Nutrition and Health Program is "to increase women's capacity to attain and maintain optimal health and nutrition for themselves and their children, especially girls." This can be measured by reduction in mortality and malnutrition among women and children, especially female children.

Intermediate goals of the program contain a measurable indicator of practice (not knowledge, input or process) that has a proven correlation with reduction in mortality and malnutrition. Indicators used to construct program goals provide a concrete measure of the desired condition, respond to a problem identified, set quantifyable targets of achievement, are time limited, and target defined populations. They are expressed in terms of the percentage of the population (and not only the number) who practice behaviors which are associated with improved chances of health and survival. The indicators used are consistent with those prioritized by the Government of India, WHO, UNICEF, and USAID. Hence, it will be possible to compare program achievement with international and national standards.

A range of strategies and inputs have been identified as steps toward achieving intermediate goals. Program inputs will include the provision of food, training of counterparts, liaising with communities, and the development and implementation of operational structures. Planned inputs and outputs are listed as activities and generally expressed in absolute numerical terms. They include, the number of groups formed, food distributed, persons trained, institutions and services established, etc. While the provision of inputs consume most program efforts, it is recognized that their achievement alone does not translate into health and nutritional impact. Therefore, the measurement of program achievement will be measured in terms of intermediate goals, and not be limited to achieving planned inputs and outputs.

The Nutrition and Health strategy and goals directly contribute to CARE-India's mission level impact goal "to increase women's control over their productive and reproductive lives." Women form the majority of the poor, unhealthy, and food insecure in India. They are discriminated against in their access to health and livelihood resources, and they lack the power to influence family and community in decision making. Yet, they are responsible for maintaining and attaining health and nutrition for themselves and their children. This program will focus on women as priority targets, measure achievement disaggregated by gender, and actively develop and support strategies which involve women as leaders, decision makers, and participants in program activities.

CONCEPTUAL FRAMEWORK



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LINKING FOOD SECURITY WITH NUTRITION AND HEALTH IMPACT

To address the problem of food insecurity and hunger in India requires program efforts in sustainable agriculture, economic productivity education, as well as in health and nutrition. However, the Integrated Nutrition and Health Program of CARE-India will narrow its focus to health and nutrition interventions in the next 5 years. Limiting the focus is done intentionally to prevent the dilution of scarce resources, and allow the program to achieve in one realm of food security before expanding to others. The program draws on the UNICEF framework of food security and the causes of malnutrition to define program emphasis (see appendix).

On the other hand, recognizing the need for complementary programs, INHP will make a concerted effort to invest in geographical areas where other NGOs or CARE program sectors have interventions in expanding household economic opportunities, agricultural production, population, and formal education. Program efforts in general, and particularly in these geographical areas, will emphasize inter-sectoral coordination and the mutual reinforcement of activities.

To address the problem of food availability, the GOI and USAID funded programs strive to reduce the population growth, increase production, and increase foreign exchange available for imports. To improve access to food resources, the GOI, CARE-India, NGOs and USAID work to increase women's income and their control over that income and invest in formal and informal training to build skills needed to expand income earning opportunities. INHP will focus primarily on improving the utilization of food resources, by promoting the practice of health and nutrition behaviors, including the consumption of appropriate foods among those at highest risk of malnutrition and death. This is consistent with USAID's objective to use food aid resources to improve household nutrition, especially among women and children.

Food aid resources will be used to develop and implement the INHP program, as a part of broader efforts by the GOI, USAID, other donors, NGOs, and CARE-India to address food security and hunger in India. INHP strategies will aim to build local and national capacities to sustain interventions that reduce malnutrition and death, so that continued progress is attainable after US assistance ends.

Finalize: Expand as needed, after input.

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POPULATION

CARE-India will prioritize reaching the population eligible for GOI ICDS services, based on 1) those at highest risk of malnutrition and death and 2) those with greatest potential to effect indicators of health and nutritional status.

The Government of India specifies that the population eligible for ICDS services must fall within one of the following categories 1) women who are pregnant and nursing (up to 6 months postpartum); 2) children: ages 0-6, birth weight under 2.5 kg., twin births, grade 3 and 4 malputrition, birth order 4 or more, 2 or more dead siblings, birth spacing less than 2 years, recurrent diarrhea, measles, TB, or whooping cough, parent dead, father unemployed or alcoholic, only child after long married life, failure to gain weight in 3 successive months, identified as Integrated Rural Development Program target family; and 3) adolescent girls (added in 1991).

INHP will strive to reduce mortality and malnutrition among pregnant women and children under 2, by enhancing the capacity of women (pregnant women, mothers of children under 2, and female adolescents) to care for and feed themselves and their children. Hence, the priority eligible population of INHP are pregnant women and children under 2, while the target population is pregnant women, women with children under 2, and adolescent girls.

Children up to age 6 remain part of the ICDS eligible population, and those that come to Anganwadi centers will continue to receive supplemental feeding supported by CARE-India. However, INHP will invest most of its efforts on improving the health and nutrition status of pregnant women and children under 2, and targeting households with this population.

COUNTERPARTS AS BENEFICIARIES AND TARGETS

The primary program strategy of CARE-India is to provide support to government and NGO counterparts to implement programs that benefit women and children, rather than to directly implement the program. Hence, while the ultimate beneficiary and target are women and children in the communities in which we work, the "intermediate beneficiaries" are counterparts that receive training and support to implement the program proposed. These "participants" include Anganwadi Workers, Supervisors, CDPOs, and Community Leaders in select areas. Their application of skills promoted by CARE during their training, will also be an indication of program success.

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PRIORITIZING THE TARGET POPULATION

Women who are pregnant or who have children under 2 are the prioritized target population for INHP, because these women need to take action to attain health and nutrition for themselves and their children. The principal aim of the program is to enhance the capacity of women to care for themselves and their children, and not just to feed children. Without reaching women with information, counselling, services, and supplemental food, changes in health and dietary practices that prevent malnutrition, and death cannot be expected.

First Priority: Pregnant women

The importance of reaching pregnant women with supplemental food, health education, and services, is increasingly recognized as critical to influencing maternal health, birth weight, and child growth and health in the first 5 years of life. The nutrition and health of pregnant women affects the health and birth weight of the newborn, which has a subsequent effect on the child's health and growth. Hence, CARE-India's first priority under this new program initiative will be to reach pregnant women with supplemental food and education aimed at influencing health practices that prevent malnutrition and death among women and their children, especially during the first 24 months of life. Pregnant women represent approximately 3% of the population. Hence in any village of 1,000 there will be approximately 30 women who need to be prioritized for education, counselling, and supplemental feeding.

Second priority: Women with children under 2, including lactating women

As a means of maintaining the health and nutrition of children under 2, reaching mothers of children under 2 with health education and counselling will be prioritized. Take home rations and guidance on the preparation of foods to complement breast milk after 6 months of age, will be incorporated. Children under 2 represent approximately 5% of the population. Hence in any village of 1000 there will be approximately 50 children under 2, and this many or fewer mothers of children under 2. Since some women with children under 2, will also be pregnant or have another child under 2, the total number of women in the target group in any village will be 60 or fewer. This represents approximately 60 priority households for follow-up visits in each village.

Third priority: Adolescent girls

Adolescent girls, defined as females between age 10 and 19, often care of younger siblings and are the pregnant women and mothers of tomorrow. They represent approximately 11% of the population, with one half aged 10-14, and one half aged 15-19. In India about 43% of all adolescent girls are married. Married adolescents have the highest rates of maternal mortality and morbidity, and adult nutritional deficiencies; and their children have higher rates of mortality. Although the adolescent girl represents future productivity and childbearing, her health and nutrition are generally neglected, and her access to information, counselling, and services is limited. While investments in improving the health and social status of female adolescents are likely to have the greatest long term impact on the health of women and children, the urgent and immediate problems faced by pregnant women and children under 2 preclude us from making female adolescents the first priority. Hence, project priorities will remain with pregnant women and children under 2, however experimentation with interventions to reach adolescent girls, perhaps newly married adolescent girls, will be encouraged and attempted.

Inclusion of men and mother-in-laws

In the cultural context of rural India, no person is an island. A woman does not act independently of her husband, mother-in-law, siblings, neighbors, and friends. Identified as most critical amongst these players in influencing her health practices and decisions are her husband and her mother-in-law. The integrated nutrition and health program will develop strategies to reach husbands and mother-in-laws, to support women in the practice of health and dietary practices that prevent malnutrition and death.

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POPULATION COVERAGE

Program goals are defined in terms of population coverage, or the proportion of the eligible population that practice behaviors which prevent illness, malnutrition, and death. The following population definitions used throughout this proposal will provide clarity when discussing coverage:

Total population, is all persons living within a geographical boundary. For example, this would includes all men, women, adolescents, children and elderly living within a village.

Eligible population, is a subset of the total population who would benefit from practicing a particular health behavior. The eligible population varies with each intervention, and is based on age, sex, and current health status. The eligible population for each intervention is specified on the opposite page.

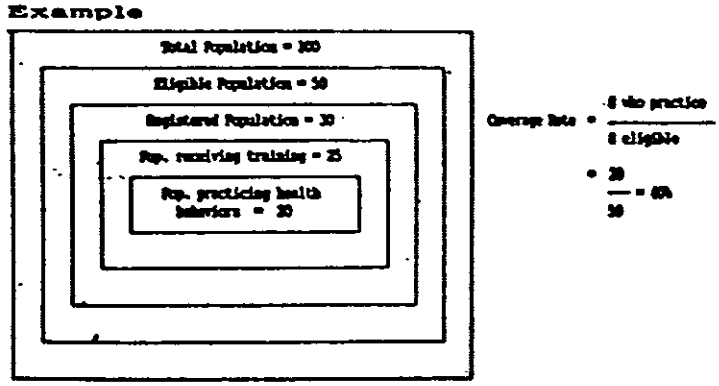
Registered population, is often a subset of the eligible population who have contact with the AWW. Although in theory systems are designed to register all those who are eligible, in reality the discrepancy between the registered population and the eligible population varies from 20 to 50%. Eligible people who are not registered tend to be weakest and at highest risk. Under INHP, program efforts will strive to increase the proportion of eligible persons who are registered in order to achieve the population-based goals of the program.

Beneficiary population is the subset of the eligible population who practice health behaviors, or in other words benefit from the program. It is not the subset who receive training or services. A focus on practice takes into account the gap between training or knowledge and practice. The practice of health behaviors associated with reducing the risk of malnutrition and death benefits people, while their training and knowledge without action does not.

Target population, includes the women who need to take action to attain health and nutrition for themselves and their children. More specifically, it includes women who are pregnant, women with children under 2, and female adolescents. The target population will be systematically identified and followed for counseling and education to motivate the practice of health behaviors associated with reducing mortality and malnutrition.

To reflect the change from a center-based program to a population-based program, goals and achievement will be defined in terms of the proportion of the eligible population that practice health behaviors. This represents a change from previous programs that defined program goals and achievement in terms of the proportion of the registered population that received services.

Example



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POPULATION COVERAGE RATES USED AS INDICATORS OF ACHIEVEMENT

Coverage Rate = # who practice specific health behavior / # eligible to practice

Intervention	Eligible Population	Target Pop.	Population Coverage Rate
U1 Immunization	Children under 1	Women with children under 1	# children aged 1-2, immunized by age 1/ total # aged 1 - 2.
TT Immunization	Pregnant women	Women who are pregnant	# women with TT2 by delivery, among those preg. in past year/total # who delivered in the past year.
Diarrhea Management	Children with diarrhea in past 2 wks.	Women with children under 2	# U2 with diarrhea in past 2 weeks who were appropriately managed / total U2 with diarrhea in past 2 weeks.
ARI Management	Children with respiratory infection in past 2 weeks.	Woman with children under 2	# U2 with respiratory infection in past 2 weeks who were appropriately managed / total U2 with resp. infection in past 2 weeks.
Growth Promotion	Children under 2 Growth faltering children under 2.	Women with children under 2	# U2 weighed in past 2 months/ total U2 # U2 who were growth faltering in past 6 months, who 1) received and 2) consumed additional food / total U2 growth falthering in past 6 months. # U2 growth faltering in past year and now gaining weight/ total U2 who were growth falthering in the past year.
Growth Promotion	Pregnant women	Women who are pregnant.	# preg. women who 1)received and 2) consumed supplemental food / total # pregnant women
Breastfeeding	Children under 2	Women who are pregnant and Women with U2	# U1 given colostrum at birth/tot. # of children born live # aged 1-2 who received complementary food by 6 months / total # aged 1-2.
Antenatal care	Pregnant women	Women who are pregnant	# women who delivered in past year who received 2 or more antenatal visits before delivery / total # women who delivered in past year.
Family Spacing	Women 15-45, not pregnant or sterilized	Women 15-45	# of women who are using a temporary spacing method / total # of women 15-45, not pregnant, and not sterilized.
Iron Supplementation	Pregnant women	Women who are pregnant	# women who delivered in past year who consumed at least 100 iron supplements before delivery / total # of women who delivered in the past year.

Key: U1 = Under 1; U2 = Under 2

Coverage is the proporation of the eligible population who ultimatly practice behaviors which prevent malnutrition and death. Coverage of health and feeding practices with proven association to nutrition and health status, is incorporated within each intermediate goal, and is used as a proxy for measuring health impact. Program efforts will initially focus on expanding coverage of eligible persons that receive food, education or services, and ultimately measure program achievement by the proportion of the eligible population that practice health behaviors that prevent illness, malnutrition and death.

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POPULATION AND PROGRAM SCALE
Totals for all CARE-Assisted ICDS Blocks

Program scale, both in terms of geographical scope and total population, is estimated below.

GEOGRAPHICAL SCALE:

States	UP	MP	Raj.	Ori.	Bihar	WB	AP	Total
Districts	9	26	17	19	18	17	15	121
Blocks	58	130	76	127	115	164	105	775
AWCs	6258	15812	10230	15801	10701	22835	13173	94,810

POPULATION ESTIMATES:

	Each Block	Each village/ AWC Area	TOTAL POP. All Areas
Total population	100,000	1000	77,500,000
Women 15-45 (17%)	17,000	170	13,175,000
Females10-19 (11%)	11,000	110	8,525,000
Preg. Women (3%)	3,000	30	2,325,000
Children U6 (17%)	17,000	170	13,175,000
Children U2 (5%)	5,000	50	3,875,000
HHs with preg wom or U2	6,000	60	4,650,000

COUNTERPARTS:

States	UP	MP	Raj.	Ori.	Bihar	WB	AP	Total
AWWs	6258	15812	10230	15801	10701	22835	13173	94,810
Supervisors	313	791	512	790	535	1142	659	4741
ACDPOs	58	130	76	127	115	164	105	775
CDPOs	58	130	76	127	115	164	105	775
DO	9	26	17	19	18	17	15	121
MO	290	650	380	635	575	820	525	3,875

- This proposal represents plans for the first 5 years of a 10 year strategy.
- The phased implementation of all programs is elaborated upon in the strategy section.
- The high impact program will cover an estimated 10% of all CARE ICDS areas by 6/2000.
- The basic program will cover an estimated 75% of all CARE ICDS areas by 6/2000.

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INTERVENTIONS AND INDICATORS

INTERVENTIONS: INHP will concentrate on the categories of interventions listed below, which address the prioritized problems and causes:

1) **Prevention of malnutrition:**
   - consumption of colostrum
   - consumption of foods that complement breast milk after 6 months of age
   - diagnosis and management of infection
   - consumption of iron during pregnancy

2) **Detection and rehabilitation of growth faltering and malnourished:**
   - growth monitoring and promotion; or weighing and counselling
   - targeted provision of supplemental food

3) **Promotion of women's health and nutrition:**
   - consumption of additional food during pregnancy
   - intake of iron during pregnancy
   - use of family spacing methods to time the birth of the next child.

4) **Prevention of infection:**
   - immunizations during infancy and pregnancy
   - promotion of breast feeding, including the use of colostrum

5) **Diagnosis and management of infection:**
   - diagnosis and management of diarrhea
   - diagnosis and management of respiratory infection
   - diagnosis and management of context specific infectious diseases, such as malaria

Context specific interventions may be included, if they will play a significant role in reducing malnutrition and mortality. Specifically, the following interventions will be incorporated in the strategy where appropriate and feasible:
- Malaria control and maternal anemia (for example in Orissa)
- Combatting micronutrient deficiencies, especially Vitamin A.
- Bio-intensive gardening to address food availability and vitamin A deficiency.

INDICATORS: The program aims to achieve an increase in the percentage who:
1. Consume nutritious foods, especially when ill, growth faltering, pregnant or lactating.
2. Consume complementary foods in addition to breast milk by 6 months; use colostrum.
3. Use birth spacing methods to control the timing and spacing of births.
4. Manage the treatment of diarrhea, respiratory infection, and other infections
5. Completely immunize children under 1 and pregnant women.
6. Utilize health services for curative care and antenatal care.
7. Consume supplements of iron and vitamin A.

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GOALS

CARE-India's goal, as stated in the 1995-99 Long Range Strategic Plan, is:

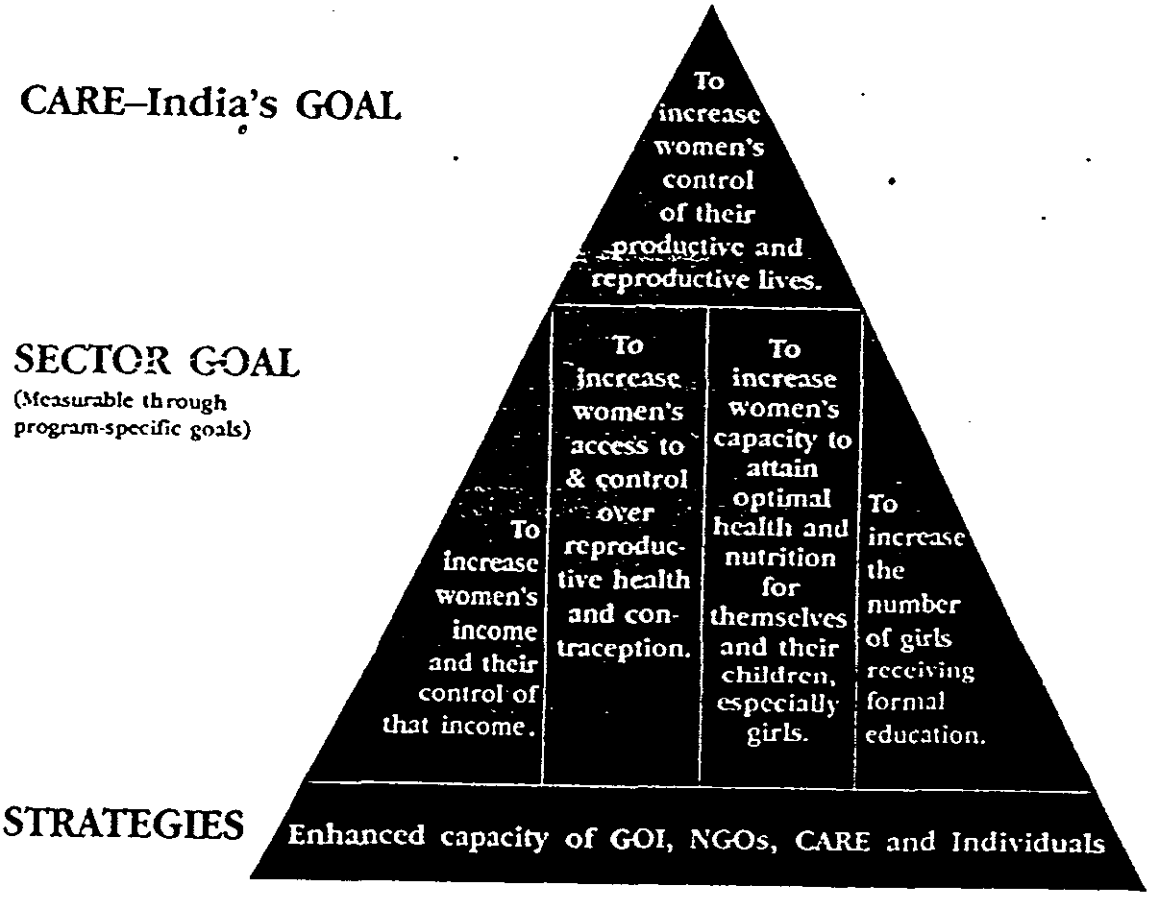
" To increase women's control of their productive and reproductive lives."

In essence, CARE-India is committed to the empowerment of women and their families, as a key strategy to promote the development of poor people in India.

Nutrition and Health Unit Sector Goal is:

"To improve women's capacity to attain and maintain optimal health and nutrition for themselves and their children, especially girl children."

This goal can be measured by reduction in mortality and malnutrition among women and children. This goal of the nutrition and health unit is consistent with the priorities of the Government of India, Ministry of Human Resource Development / Department of Women and Child Development, USAID India, and with CARE-India's goal, stated above.



Nutrition and Health Intermediate Goals:

The intermediate goals adopted by INHP are specific and consistent with global standards. Each goal addresses a specific problem, contain a measurable indicator of health behavior, is time- limited, and targeted to a defined population. State-specific targets will be developed for state-specific detailed implementation plans. The aggregation of state-specific plans, and the results of baseline surveys will result in the revision of targets presented.

Program achievement will be planned and measured by coverage rates reflecting the proportion of the population that practice behaviors that promote health and survival. INHP intermediate goals are detailed in the worksheets that follow. The baseline and target coverage rates, and the corresponding target numbers, will vary by state and may be modified after the baseline is conducted.

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PREVENTION OF AND REHABILITATION FROM MALNUTRITION

Overall IG: Timely prevention and rehabilitation from growth faltering among ___# of children, to prevent malnutrition & death

UNDERLYING CAUSES	INTERMEDIATE GOAL			ACTIVITIES/STRATEGIES
REHABILITATION FROM MALNUTRITION AND GROWTH FALTERING				
Late identification and rehabilitation of growth faltering and malnourished children.	By 7/2000	65%	of children under 2 in _____ blocks will be weighed regularly (at least once every 2 months)	. Establish systems for identifying and regularly weigh children under 2.
Malnutrition is the underlying cause of 67% of all child deaths due to infections diseases. More than 80% of all nutrition-related deaths occur in growth faltering children who are mildly or moderately malnourished. UNICEF estimates 69% are moderate and severely malnourished, and 27% are severely malnourished (1995).		70%	of children weighed who are found to be growth faltering (weight loss or no weight gain over last 3 weighings) who (1) receive and (2) consume supplemental foods	. Develop and implement protocol for counselling mothers of children who are growth faltering and ill. . Implement strategies, such as take home rations and mother's days, to improve coverage of growth faltering children who receive supplemental food.
		70%	of children who were growth faltering in the past year, are now gaining weight.	
33% of all children are born low birth weight.	By 7/2000	80%	of all pregnant women in _____ blocks will receive and consume supplemental food.	. Develop and implement home based growth and food card, which links nutrition and health status. . Educate mothers on link between infection and malnutrition, and their diagnosis treatment.
BREASTFEEDING				
It is estimated that 26.4% are exclusively breastfed for the first 6 months of life.	By 7/2000	70%	of children will be given colostrum.	. Implement take home rations for children under 2.
Only 44% of children receive complementary food in addition to breastmilk by 6 months of age.		75%	of children will receive complementary food in addition to breastmilk by 6 months of age.	. Train community worker to identify and educate pregnant women and mothers of children under 2. . Provide food (double ration) to pregnant women. . Promote breastfeeding

1. Baseline and target coverage rates will vary by state. In the meantime, all India (UNICEF 1985) rates are used.
2. Strategies will also vary by state. But, in general, identifications of growth faltering children using growth monitoring and most importantly subsequent counselling and education will be stressed.
3. The target % and numbers of people and blocks to be reached will be specified once state level plans are developed.
4. May be modified to include insufficient weight gain over past 3 weighings.

WOMEN'S NUTRITION AND HEALTH

Overall IG: To improve the health and nutrition status of _____ of women.

UNDERLYING CAUSES	INTERMEDIATE GOAL			ACTIVITIES/STRATEGIES
Only 49.4% of pregnant women have at least 2 antenatal visits by the time of delivery.	By 7/2000	80%	of all pregnant women will have at least 2 antenatal visits by time of delivery.	. Identify pregnant women and provide support for seeking antenatal care.
Maternal anemia is extremely prevalent, with rates between 70% and 90% in India. This contributes to complications and deaths during delivery, as well as to poor health of the newborn.	By 7/2000	70%	of all pregnant women will have taken 100 tablets of supplemental iron and folic acid by time of delivery.	. Work with govt. counterparts to insure supply of iron and folic acid and work with communities, women and ANM to generate demand.
33% of all children are born low birth weight.	By 7/2000	70%	of pregnant and lactating women will receive and consume supplemental food, in addition to their normal diet.	. Provide double rations to pregnant women.
81.6% of all preg. women are immunized against tetanus. Rates in areas where we work tend to be much lower.	By 7/2000	90%	of all pregnant women will receive TT2 by time of delivery.	. Generate demand for TT vaccine and work with government counterparts to insure supply.
Only 40% of married women who are not pregnant and do not want another child use a family spacing methods.	By 7/2000	50%	of eligible couples will be using a spacing method.	. Identify eligible couples (women) and provide information and counselling, on where to get family spacing methods.
Gender disparity is evident in rates of malnutrition, mortality, health service utilization, etc.	By 7/2000		there will be a narrowing of disparity between females and males on key health indicators.	

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PREVENTION OF INFECTION BY IMMUNIZATION

Overall IG: Timely prevention of infection among _____ # children under 2, to prevent malnutrition and death

UNDERLYING CAUSES	INTERMEDIATE GOAL	ACTIVITIES/STRATEGIES
IMMUNIZATION Deaths from immunizable diseases account for 25% of all deaths, and high proportion of disability. National statistics estimate all India immunization coverage rates to be: 82% of children 12-23 months fully immunized 77% of women receive TT by time of delivery However, the rates in disadvantaged areas where CARE works tend to be much lower than national rates.	By 7/2000 85% of children 12-23 months in _____ blocks will be completely immunized w/DPT3, OPV3, and measles by age 1. By 7/2000 85% of children 12-23 months in _____ blocks will be vaccinated with measles before age 1. By 7/2000 85% of pregnant women in _____ blocks will receive TT? by the time of delivery.	Work with counterparts to improve systems for : . Identification of pregnant women and children under 1 . Community participation in achieving coverage . Motivation to get vaccinated . Increase knowledge and awareness of prevention of immunizable diseases. . Ensure and maintain cold chain, transport for Medical Officer and availability of vaccines.

1. Baseline and target coverage rates will vary by state, and will be modified after baseline in conducted. In the meantime, all India rates (UNICEF 1985) are used. Rates in areas where we work tend to be lower than rates quoted here.

2. However, all states will focus on generating demand for immunization, and support government counterparts to the extent possible to maintain cold chain, transportation for block medical officers, and vaccine supply.

3. States will specify in their detailed plans how they will address both demand and supply side issues to increase immunization coverage rates. Strategies to achieve immunization coverage are expected to be context specific and to vary from state to state.

4. Immunization coverage will be monitored and evaluated for all blocks: high impact, basic, and food only.

5. The target % and numbers of people and blocks to be reached will be specified once state level plans are developed after baseline.

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MANAGEMENT OF INFECTION

Overall IG: Timely diagnosis and treatment of infection among ____ # children under 3, to prevent malnutrition and death.

UNDERLYING CAUSES	INTERMEDIATE GOAL			ACTIVITIES/STRATEGIES
MANAGEMENT OF DIARRHEA Diarrhea accounts for the deaths of 25% of all children under 5. Diarrhea is a common illness, leading to malnutrition, dehydration and deaths - which are preventable w/ appropriate case management. The ORT use rate in India is 40%	By 7/2000	70%	of children who had diarrhea in the past 2 weeks (from time of survey) will have been correctly managed: 1) used ORS 2) gave additional liquids, 3) continued food or breast milk, 4) sought medical care for rehydration or serious cases.	Work with counterparts to: . Identify and diagnosis of cases of diarrhea. . Educate families on diagnosis and appropriate care. . Ensure supply of ORS in the community. . Strengthen links with MOH & FW for referral and treatment.
	By 7/2000	85%	of children referred for treatment of Diarrhea were successfully treated.	
	By 7/2000	70%	of all families with a child under 2 have atleast one member who can demonstrate (explain) correct preparation and use of ORT (including provision of liquids, ORS, and foods during diarrhea) (used with indicator of practice)	
MANAGEMENT OF ARI AND PNEUMONIA ARI and Pneumonia lead to the deaths of 20% of children under 5. ARI and Pneumonia are common infections, leading to malnutrition and deaths which can be prevented.	By 7/2000	70%	of children who had respiratory infections in the past 2 weeks will have been appropriately managed (including feeding during illness).	Work with counterparts to: . Work identify diagnosis and manage treatment of ARI and Pneumonia. . Educate families on case detection, diagnosis and care. . Ensure supply of antibiotics in the community. . Coordinate with MOHFW health facilities to receive and treat severe cases.
	By 7/2000	85%	of children referred for the treatment of ARI were successfully treated.	
	By 7/2000	70%	of all families will have at least one family member who can explain how to diagnose and manage a case of ARI and Pneumonia. (used with indicator of practice)	
OTHER IMPORTANT INFECTIONS (State specific) These may include: i) Malaria ii) Intestinal Parasites iii) Vitamin A or Iodine deficiency To be added to plan of particular state if prevalent and important to effecting mortality and malnutrition.	To be defined according to context specific needs and priorities.			To be defined by state concerned.

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