

## Community Mobilisation

### 8.1 Information, Education and Communication

Information, Education and Communication (IEC) and the Nutrition and Health Education (NHED) are two components of ICDS aimed at sustained behaviour and attitudinal change of society for holistic development of child. The main objective of IEC is to create awareness and build up image of ICDS, stimulate demand for its services, affect and sustain behavioural and attitudinal changes in child caring, nutrition and health care practices and elicit sustained community participation. The State Government was to prepare annual implementation plan after assessing communication needs for a particular community/region and accordingly formulate IEC strategy.

#### 8.1.1 Expenditure on IEC

As per the Scheme guidelines, a sum of ₹ 25,000 per operational project per year was provided up to the year 2008-09 for conducting IEC activities, which was revised to ₹ 1,000 per operational AWC per year from the year 2009-10<sup>1</sup>.

Test check of Statements of Expenditure (SOEs) available in the Ministry revealed significant shortfall in expenditure incurred on conducting IEC activities vis-à-vis the funds released to the States/UTs on this account. The States which did not spend funds for the IEC and where the shortfall in the expenditure on this account was more than 40 *per cent* are listed in table 8.1. (State-wise details are given in **Annex 8.1**).

**Table 8.1: Non-utilisation of funds for IEC activities**

Year	States/UTs which did not spend any fund on IEC	States/UTs where shortfall was 40 to 99 <i>per cent</i>
2006-07	Assam, Gujarat, Jharkhand and Manipur (4)	West Bengal: 83 <i>per cent</i> , Tamil Nadu: 63 <i>per cent</i> , Delhi: 52 <i>per cent</i> and Punjab: 45 <i>per cent</i> (4)
2007-08	Goa, Himachal Pradesh, Jharkhand and West Bengal (4)	Karnataka: 93 <i>per cent</i> , Tamil Nadu: 62 <i>per cent</i> , Madhya Pradesh: 51 <i>per cent</i> , and Punjab: 46 <i>per cent</i> (4)
2008-09	Delhi, Goa, Jharkhand and West Bengal (4)	Karnataka: 95 <i>per cent</i> , Punjab: 56 <i>per cent</i> and Uttar Pradesh: 54 <i>per cent</i> (3)

<sup>1</sup> One project consists of about 100 to 200 AWCs

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Year	States/UTs which did not spend any fund on IEC	States/UTs where shortfall was 40 to 99 per cent
2009-10	Delhi, Goa, Himachal Pradesh, Jharkhand, Manipur, Odisha, Uttar Pradesh, West Bengal (8)	Karnataka: 94 per cent, Punjab: 93 per cent, Haryana: 80 per cent, Uttarakhand: 57 per cent, and Madhya Pradesh: 55 per cent (5)
2010-11	Delhi, Goa, Manipur and West Bengal (4)	Punjab: 96 per cent, Odisha: 89 per cent, Haryana: 83 per cent, Andhra Pradesh: 63 per cent, Karnataka: 62 per cent, Kerala: 47 per cent and Madhya Pradesh: 42 per cent (7)

Test-check in sample States further revealed shortfall in expenditure under the State IEC budget. Against the budget of ₹ 149.72 crore for 2006-11 in 12 test-checked States<sup>2</sup>, the actual expenditure was ₹ 71.24 crore and consequent 52 per cent shortfall in expenditure (State-wise details are given in **Annex 8.2**). In five States (Bihar: 13 per cent, Gujarat: 30 per cent, Haryana: 35 per cent, Uttar Pradesh: 42 per cent and Andhra Pradesh: 44 per cent), utilisation of funds under the IEC was less than half of the total provision made during the period 2006-11.

Further, in four test-checked States (Bihar: 81 per cent, Gujarat: 100 per cent, Karnataka: 77 per cent, and Uttar Pradesh: 89 per cent) expenditure on IEC was concentrated at the State level. This indicated that potential of IEC strategy was not fully tapped at the project and the AWC levels.

The Ministry stated (July 2012) that the States/UTs had repeatedly been asked to furnish reasons for not incurring expenditure under IEC. The issue had also been taken up during review meetings and State visits/inspection. It further stated (November 2012) that from the year 2012-13, the entire cost of programme components including the IEC had been included in the second instalment of the grant to enable the States to spend funds earmarked for IEC activities in time.

#### Case study: Improper utilisation of IEC funds in Uttar Pradesh

- During the period 2006-09, an amount of ₹ 3.89 crore meant for IEC was kept in the Personal Ledger Account (PLA) of UP Samaj Kalyan Nigam. Out of this deposit, ₹ 1.77 crore was spent in subsequent years while the balance of ₹ 2.12 crore was refunded in March 2010. The reasons for non utilization were stated to be the delays in release of funds; delay at the Directorate level in finalising the printing order etc.
- ₹ 0.50 crore during 2006-07 and ₹ 13.33 crore during 2010-11 were spent at the Directorate level on purchase of computers, printers and UPSs and printing/supply of mother and child card, growth chart, daily home visit diary, guidelines for Matri Samiti, and guidelines for Anganwadi Workers (AWWs). All these items were, however, not included in the list of

<sup>2</sup> All test-checked States other than West Bengal

activities permissible under IEC. Further, during 2008-09, ₹ 0.29 crore were diverted for printing and supply of pamphlets and application forms for a State Government scheme.

### **Recommendation**

- **The Ministry should ask the States to prepare the annual IEC action plan in accordance with financial norms. Expenditure on IEC should be monitored so as to examine the reasons for shortfall.**

### **8.1.2 Shortfall in implementation of Information Education and Communication (IEC) activities**

As per the Scheme guidelines, IEC activities were to be carried out through district and project level seminars, audio and visual media, folk media, village camps, Mahila Mandal/Mother's Group meetings, home visits and other local media such as posters, slides, flash cards, flip charts, periodical newsletters etc. Test-check of State IEC records revealed the following:

- **Andhra Pradesh:** No seminars/workshops were organized during 2009-2010 at field level in the test checked ICDS Projects<sup>3</sup>, though budget was allotted for IEC activities. Films/slides/overhead projectors were not supplied to any of the Projects in the State. Training was not imparted for exhibition of shows during the five year period 2006-2011. Mahila mandals were also not constituted in any of the 300 test-checked Anganwadi Centres (AWCs) as of March 2012.
- **Bihar:** IEC activities were not undertaken at AWC level because funds were not provided at districts and project levels, even though sufficient funds were available at the directorate level.
- **Madhya Pradesh:** No seminars/workshops were organized at district and project level and none of the AWC in seven test-checked districts received any IEC/publicity material.
- **Odisha:** During the period 2009-11, the services under IEC were totally neglected. No reasons for this were found on record.
- **Uttar Pradesh:** During the years 2006-07 and 2009-10, no funds were released to the districts for conducting IEC activities despite inclusion of activities such as folk media, puppet shows, songs, yatra, electronic media, seminar with Health and Education Departments and observing child health and nutrition month (June and December), ICDS day, breast feeding week in the approved IEC Action Plan. During 2008-09 and 2009-10, the IEC activities

<sup>3</sup> ICDS Projects Makhtal and Bhadragiri

suffered due to delay in the finalisation of the IEC Action Plan by the State Government.

- **West Bengal:** The department did not prepare any yearly activity/implementation plans for IEC after assessment of communication needs for different regions. IEC material, films were not procured by the department. During the period 2006-11, allotment of ₹ 15.60 lakh was made only once (2006-07) for conducting IEC activities. Utilisation of the same could not be ascertained in audit in the absence of utilization certificates.

### 8.1.3 Utilisation of equipment and material for Information Education and Communication (IEC)

In 40 districts of eight States<sup>4</sup>, the IEC material was not received by any of the 1,637 test checked AWCs. No information regarding receipt and utilisation of the IEC material was available on record in 480 test checked AWCs of 12 districts in four States<sup>5</sup>. In Gujarat, IEC material was received and used in only one out of four sample districts during 2007-08 and 2010-11 and in three districts during 2008-09. IEC material was not received during the remaining period. In Rajasthan, IEC material was not received by 40 out of 240 sample AWCs.

### 8.1.4 Evaluation of the effectiveness of Information Education and Communication (IEC)

The Scheme guidelines provide for conducting periodic evaluation of various activities performed under IEC to assess the awareness, knowledge and impact among the community. During the period covered under audit, no evaluation was done to assess the effectiveness of IEC on the ICDS scheme in 10 selected States<sup>6</sup>. In respect of remaining three States<sup>7</sup>, no information was available on record.

#### Recommendations

- ***The impact evaluation of the IEC activities should be carried out periodically.***
- ***The compendium of IEC activities undertaken by the States, highlighting innovative and positive measures as well as gaps and areas for betterment, should be periodically circulated among the States.***

<sup>4</sup> Andhra Pradesh, Bihar, Chhattisgarh, Haryana, Karnataka, Madhya Pradesh, Odisha and Uttar Pradesh

<sup>5</sup> Jharkhand, Madhya Pradesh, Meghalaya and West Bengal

<sup>6</sup> Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, Karnataka, Madhya Pradesh, Rajasthan, Uttar Pradesh and West Bengal

<sup>7</sup> Jharkhand, Meghalaya and Odisha

## 8.2 Nutrition and Health Education

Nutrition and Health Education (NHED) is the key element of the work of the Anganwadi Worker (AWW). NHED has the long term goal of capacity-building of women so that they can look after their own health, nutrition and development needs as well as that of their children and families. Under this programme, counselling sessions, home visits and demonstrations are to be carried out by the AWW. The entire responsibility of implementation and monitoring of NHED rests with State Governments.

The Scheme guidelines provided for at least two to three home visits daily by AWWs. Further, one meeting of mothers' group was to be conducted every month in each Anganwadi Centre (AWC). Test check in States revealed the following shortcomings in implementation of NHED:

### 8.2.1 Home visits

Audit found that AWWs were not visiting homes of beneficiaries as per the targets fixed. In selected districts of eight States there was a shortfall of 23 to 70 *per cent* during 2006-07 to 2010-11. Details of home visits undertaken by AWWs are given in table 8.2.

#### Good practice

In West Bengal, AWWs conducted 5.37 lakh visits against the target of 1.67 lakh, which accounted for more than three times of the target fixed.

**Table 8.2: State –wise details on home visits by AWWs at test-checked AWCs**  
(Figures in lakh)

State	Home visits targeted in the selected AWCs	Home visits actually undertaken	Shortfall	Percentage shortfall
Andhra Pradesh	25.58	8.25	17.33	67.74
Chhattisgarh	9.00	3.64	5.36	59.55
Gujarat	12.00	9.22	2.78	23.16
Karnataka	7.47	4.75	2.72	36.41
Meghalaya	0.58	0.36	0.22	37.93
Odisha	3.46	1.04	2.42	69.94
Rajasthan	17.90	9.29	8.61	48.10
Uttar Pradesh	12.17	6.77	5.4	44.37
Total	88.16	43.32	44.84	50.86

The Child Development Projects Officers (CDPOs) of test-checked projects of Gujarat attributed the reasons for shortfall in household visits by the AWWs to frequent meetings, leave and training. The concerned project officers in Chhattisgarh stated that instructions would be issued to make the visits as per the norms.

### 8.2.2 Films and slideshows

- Odisha, Rajasthan and West Bengal had not targeted any film/slideshows. However, 146 shows were conducted in these States for imparting the NHED.
- Andhra Pradesh failed to organise even a single show, though 1190 shows were targeted.
- Film/slide shows were neither planned nor conducted in other eight States<sup>8</sup>.

### 8.2.3 Demonstration/orientation course

- Despite the fact that Rajasthan did not plan any orientation course, it actually conducted 104 courses during the period 2006-11.
- West Bengal conducted courses as per their plan and in respect of Karnataka, Meghalaya and Odisha achievement was more than 80 *per cent* of the targets set.
- Targets were set in Andhra Pradesh to conduct 1488 orientation courses. However, none was conducted.
- Short demonstration oriented courses were not targeted or conducted in six States<sup>9</sup>.

### 8.2.4 Mothers' meetings

- Six States<sup>10</sup> failed in achieving their targets for mothers' meet and shortfall in their case ranged between 3 to 43 *per cent*.
- In Madhya Pradesh neither was any target fixed nor was any meeting held for the education of mothers.

#### Good practice

In six States (Andhra Pradesh, Bihar, Gujarat, Karnataka, Meghalaya and West Bengal) mothers' meetings, intended to educate mothers/ expecting mothers on child care were held as per targets fixed or more than that.

### 8.2.5 Other aspects of Nutrition and Health Education(NHED)

- In 12 States<sup>11</sup>, NHED campaigns to educate community on the importance of 'infant and young child feeding practices (IYCF)' and the importance of vegetables, fruits, milk and egg in supplementary nutrition (SN) were organised. Benefits of immunisation and importance of micronutrients for growth, development and

<sup>8</sup> Bihar, Chhattisgarh, Gujarat, Haryana, Karnataka, Meghalaya, Madhya Pradesh and Uttar Pradesh

<sup>9</sup> Bihar, Chhattisgarh, Gujarat, Haryana, Madhya Pradesh and Uttar Pradesh

<sup>10</sup> Chhattisgarh, Haryana, Jharkhand, Odisha, Rajasthan and Uttar Pradesh

<sup>11</sup> Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Meghalaya, Odisha, Rajasthan, Uttar Pradesh and West Bengal

immunity of children were also shared in these campaigns. Besides, mothers were advised to give 'Take Home Ration (THR)' in small frequent meals to children.

- Maintenance of records in connection with the campaign under NHED was satisfactory in eight States<sup>12</sup> but five States<sup>13</sup> had not maintained any records for NHED activities.
- Child Development Project Officers (CDPOs) in Gujarat stated that there was no such facility at districts/projects/AWCs level but Nutrition and Health Education activities were carried out by organizing Mahila Mandal meetings, Food recipe competition, celebrations of nutrition week. Similarly, in Haryana NHED activities were carried out through Mothers' Meet during the period 2006-11.
- In Jharkhand, nutrition days were organised once a month on the day of distribution of Take Home Ration (THR) among the women who came to receive the dry ration at Anganwadi Centres (AWCs). Audit noted that all eligible women (15 to 45 years) were not enrolled in the AWC. The NHED was not being implemented through home visits or joint visits with Auxiliary Nursing Midwives (ANMs). This resulted in inadequate coverage as unidentified eligible women remained deprived of the benefits of NHED.
- Other activities like special camps, demonstration of cooking and feeding were not held in any of the selected AWCs in the test checked projects of five States<sup>14</sup>.

The NHED initiative, despite the shortcomings pointed out above, played a perceptible role in educating the intended beneficiaries on nutrition and health aspects. It also helped to generate awareness on the importance of micronutrients for growth, development and immunity of children.

### 8.3 Village Health Nutrition Day

As per the scheme guidelines, Village Health Nutrition Day (VHND) is to be organized at each AWC once every month. VHND if organized regularly and effectively can bring about the much needed behavioural changes in the community. This can also induce health-seeking behaviour in the community leading to better health outcomes. This is to be planned jointly by the Medical Officer of the Primary Health Centre (PHC) and CDPOs. Medical Officer/ Auxiliary Nursing Midwife (ANM),

<sup>12</sup> Gujarat, Haryana, Karnataka, Meghalaya, Odisha, Rajasthan, Uttar Pradesh and West Bengal

<sup>13</sup> Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand and Madhya Pradesh

<sup>14</sup> Andhra Pradesh, Chhattisgarh, Gujarat, Haryana and Meghalaya

Anganwadi Worker (AWW) and Accredited Social Health Activist (ASHA) are required to be present on this day for health check-ups, immunization of children and women. Registers for Ante Natal Care (ANC), Post Natal Care (PNC), health checkups etc. are to be maintained by the AWW with the help of ASHA.

Test-check at project offices and Anganwadi Centres (AWCs) revealed the following:

- **West Bengal:** Village Health and Nutrition Day (VHND) was not organized during the period from 2006-10 in the test-checked districts. During 2010-11, only 50,220 VHNDs (11 *per cent*) were conducted against the requirement of 4,75,152 in test checked districts.
- **Rajasthan:** Out of 2,400 VHNDs organised in test checked AWCs (40 in a district) during 2006-11, ANMs were not present in 1,209 VHNDs in four districts.
- **Odisha:** Against the requirement of 4,215 VHNDs in 198 test-checked AWCs in five test-checked districts during the period 2008-09 to 2010-11 only 2,178 VHNDs were actually organised.
- **Karnataka:** There was shortfall ranging from 20 to 21 *per cent* in conducting VHNDs in test-checked AWCs in Bellary and Uttara Kannada districts. Further, ANMs were not present on VHNDs in Chickmagalur and Uttara Kannda districts.
- **Gujarat:** State Nodal Directorate did not have information on the number of VHNDs targeted and actually organised, documentation of proceedings and planning of VHND by Auxiliary Nursing Midwife (ANM)/Medical Officer and Anganwadi Worker (AWW). The Department stated that the Health and Family Welfare Department was the nodal department for observance of VHNDs and maintenance of records. The reply of the Department should be seen in light of the fact that the VHNDs were organised at the AWCs. It provided an opportunity for convergence between the health and the nutrition services at the grass root level by imparting nutrition and health education to the ICDS beneficiaries. Thus, the maintenance of records of the VHNDs was desirable on the part of both the Women and Child Development Department and the Health Department.

The shortfall in VHNDs indicated lack of proper coordination between the supervisors and the Lady Health Visitors (LHVs), Medical Officer in charge of Public Health Centre and Child Development Project Officers. Further, the opportunity to spread awareness on nutritional and health aspects among the beneficiaries of the ICDS could not be fully exploited.