No.9-5/2010-IGMSY
Government of India
Ministry of Women and Child Development

...

Shastri Bhawan, New Delhi
Dated 8.11.2010

To

Principle Secretaries/Secretaries/Administrators dealing with ICDS (Women and Child Development Department) (all States/UTs)

Subject: Approval of **Indira Gandhi Matritva Sahyog Yojana (IGMSY) – a Conditional Maternity Benefit (CMB) Scheme**.

Sir/Madam

I am directed to inform that implementation of **Indira Gandhi Matritva Sahyog Yojana (IGMSY) –Conditional Maternity Benefit (CMB),** a new scheme for pregnant and lactating women has been approved by the Government initially on pilot basis in 52 selected districts across the country. The scheme would contribute to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and Lactating mothers. The Scheme will be implemented using the platform of ICDS.

2. IGMSY would be a Centrally Sponsored Scheme under which the grant-in-aid would be released to States/UTs. The Scheme envisages providing cash directly to P&L women during pregnancy and lactation in response to individual fulfilling specific conditions. It would address short term income support objectives with long term objective of behaviour and attitudinal change. The scheme attempts to partly compensate for wage loss to Pregnant & lactating women both prior to and after delivery of the child.

3. The objectives of the scheme are:- To improve the health and nutrition status of pregnant, lactating women and infants by:

i. Promoting appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation
ii. Encouraging the women to follow (optimal) IYCF practices including early and exclusive breast feeding for six months
iii. Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing mothers

4. Pregnant Women of 19 years of age and above for first live births are entitled for benefits under the scheme. All Government/PSUs (Central & State) employees will be excluded from the scheme as they are entitled for paid maternity leave. The beneficiaries will be paid Rs.4000/ in three instalments per P&L women between the second trimester till the child attains the age of 6 months on fulfilling specific conditions related to maternal and child health to partly compensate for wage loss to mothers/women during pregnancy and period of lactation.

5. Anganwadi worker (AWW) and Anganwadi helper (AWH) would receive an incentive of Rs.200/- and Rs. 100/- respectively per P & L woman after all the due cash transfers to the beneficiary are complete.

6. A copy of the Scheme along with the list of the districts selected is enclosed **(Annexure-I)**. The guidelines for implementation of the Scheme are being finalized and would be sent shortly.

7. States/UTs vide Ministry of Women and Child Development letter No. 9-3/2010-IGMSY dated 28th June, 2010 were requested to ensure opening a budget head for the scheme so that there is no delay in the implementation of the Scheme after its approval. State Government/UT Administration would require to start a base line survey for identification of the beneficiaries in the piloted districts to roll out the scheme. The instructions along with the format for conducting the base line survey will be sent separately.

Yours faithfully,

Vivek Joshi

(Vivek Joshi)
Joint Secretary to the Govt. of India
Ph. 23381654
vivek.joshi@nic.in

Copy to: Directors dealing with ICDS (all States/UTs)

INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY) - A CONDITIONAL MATERNITY BENEFIT SCHEME

1. Introduction:

i. The vulnerable condition of the pregnant women belonging to poor and economically deprived families across the country is well recognised. In the Eleventh Five Year Plan document (Vol.II), the Planning Commission has noted that *"Poor women continue to work to earn a living for the family right upto the last days of their pregnancy, thus not being able to put on as much weight as they otherwise might. They also resume working soon after childbirth, even though their bodies might not permit it—preventing their bodies from fully recovering, and their ability to exclusively breastfeed their new born in the first six months. Therefore, there is urgent need for introducing a modest maternity benefit to partly compensate for their wage loss."*

ii. Under-nutrition, especially in infant and young children, adolescent girls and women results in increased susceptibility to infections, slow recovery from illnesses, cumulative growth and development deficits leading to reduced productivity and a heightened risk of adverse pregnancy outcomes for women. A woman's nutritional status has important implications for her health as well as the health and development of her children. A woman with poor nutritional status, as indicated by a low body mass index (BMI), short stature, anaemia, or other micronutrient deficiencies, has a greater risk of obstructed labour, having a baby with a low birth weight and adverse pregnancy outcomes resulting in death due to postpartum hemorrhage, illness for herself and her baby and adversely affecting lactation.

iii. In India, high levels of under-nutrition and anaemia in adolescent girls and women are compounded by early marriage, early child bearing and inadequate spacing between births. Girls and women often face an inter-generational cycle of under nutrition compounded by multiple deprivations - gender discrimination, poverty and exclusion. This vicious cycle needs to be addressed through multi-sectoral interventions. Due to increased nutritional needs during pregnancy and lactation, the pregnant and lactating mothers require greater nutritional support, especially in settings where levels of under nutrition and anaemia are already high. During this period, mothers require access to health care services, enhanced food and nutrient intake, family care, skilled counselling support and a hygienic environment. Therefore, improvement in nutritional status of women especially during pregnancy and lactation, requires multi-sectoral, concerted, convergent and supportive actions.

iv. Maternal under-nutrition is a major challenge in India with more than one third (35.6%) having low Body Mass Index (BMI). Early marriage, early child bearing and frequent pregnancy adversely affect the maternal nutritional status. According to the NFHS-III, 58 per cent women were married before the legal age of 18 years and three quarters (74%) were married before reaching the age of 20 years. Around 30% women aged 25-49 years gave first birth before the age of 18 years and 50% gave first birth when they were at the age of 20 years.

The prevalence of anaemia for ever-married women has increased from 52 % in NFHS-2 to 56 % in NFHS-3. According NFHS-3, 69.5 children aged 6-59 months reported any anaemia with 26.3 per cent having mild anaemia, 40.2 per cent moderate anaemia and 2.9 per cent severe anaemia. Anaemia tends to increase with the number of children ever born and decreases with education and the household's wealth. Anaemia is more prevalent for women who are breastfeeding (63 %) and women who are pregnant (59 %) than for other women (53 %). Therefore, the anaemia situation has worsened over time for both women and young children.

v. The promotion of early and exclusive breastfeeding for the first six months and appropriate complementary feeding continue to be major challenges. According to NFHS-III, only about 25 % of the babies are initiated into breastfeeding within one hour of birth. Only 46 % of children under five months of age are exclusively breastfed. It is significant that complementary feeding has increased substantially. The percentage of infants (between 6 to 9 months) receiving complementary feeding, along with breast milk, increased significantly from 33.5 % to 55.8 % during the period 1998-99 (NFHS-II) to 2005-06 (NFHS-III). According to Lancet 2003 - India Analysis, 16 % of under 5 child mortality in India can be averted by ensuring universal exclusive breastfeeding for the first six months of the infant's life. Another 5 % can be reduced by promoting the universal practice of appropriate complementary feeding.

vi. Maternal mortality is defined by NFHS-III as the death of a woman during pregnancy or delivery or within 42 days of the end of pregnancy from a pregnancy - related cause. Approximately 30 million women in India are pregnant annually, and 27 million have live births. Of these, nearly 136,000 maternal deaths occur annually, most of which can be prevented. According to data from the Registrar General of India quoted in Special Bulletin in Maternal Mortality in India (April 2009), maternal mortality ratio in India is 254 as reported between 2004 and 2006. This is derived as the proportion of maternal deaths per 100,000 live births reported under SRS.

vii. Infant and Child Mortality: Around 1.7 million children in India do not reach their first birthday, of these 1.2 million die within the first month. According to the NFHS-3, infant mortality in India has declined from 77 deaths per 1,000 live births in 1991-95 (10-14 years before the survey) to 57 deaths per 1,000 live births in 2001-05 (0-4 years before the survey), thus implying an average rate of decline of 2 infant deaths per 1,000 live births per year. All other measures of infant and child mortality also show declining trends during the years before the survey. By comparing the estimates for the period 10-14 years before the survey with the estimates for the period 0-4 years before the survey, it is seen that the neonatal mortality rate has decreased by 12 deaths per 1,000 live births (from 51 to 39), the postneonatal mortality rate has decreased by 7 deaths per 1,000 live births (from 25 to 18), and the child mortality rate (at age 1-4 years) has decreased by 14 deaths per 1,000 children age 1 (from 32 to 18).

viii. Antenatal care: Among mothers who gave birth in the five years preceding the NFHS-III survey, almost three-quarters received antenatal care from a health professional (50% from a doctor and 24% from other health personnel). Younger women were more likely than older women to receive antenatal care, as were

women with more education and women having their first child.Less than half of women received antenatal care during the first trimester of pregnancy, as is recommended. Another 22 % had their first visit during the fourth or fifth month of pregnancy. Just over half of mothers had three or more antenatal care visits; urban women were much more likely to receive three or more visits than women in rural areas. For 65 % of births, mothers received iron and folic acid supplements, but only 23 % consumed them for the recommended 90 days or more. Three in four mothers received two or more doses of tetanus toxoid vaccine.

ix. Immunisation of children: As per National Family Health Survey (NFHS- 3) Less than half (44 %) of children 12-23 months are fully vaccinated against the six major childhood illnesses: tuberculosis, diphtheria, pertussis, tetanus, polio, and measles. However, most children are at least partially vaccinated: only 5 % have received no vaccinations at all. 78 % of children have received a BCG vaccination, and the same have received at least the recommended three doses of polio vaccine. However, only 59 % have been vaccinated against measles, and only 55 % have received all the recommended doses of DPT.

x. In view of the above situations, there is an emergent need to address the nutritional deficits of the pregnant and lactating mother. This could be promoted by providing maternal support, counseling and services in an enabling environment with a view to enhance the demand and utilization of existing maternal and child care services. Such a support could also be through a direct cash transfer system on achieving certain conditionalities which could be used by the beneficiary for her own care and that of her child.

2. Conditional Cash Transfers (CCTs)

i. Conditional Cash Transfers (CCT) is a departure from more traditional approaches to social assistance that represents an innovative and increasingly popular channel for the delivery of social services. Conditional cash transfers provide money to poor families contingent upon certain behaviour or action, usually investments in human capital such as sending children to school or bringing them to health centres on a regular basis. CCTs seek both to address traditional short-term income support objectives and promote the longer-term objectives of behavioural and attitudinal changes.

ii. The central tenet of CCT is the linking of cash to behaviour by providing money to poor families contingent upon certain verified actions. This focuses on roles and responsibilities of the beneficiaries with short term objectives and promotes long term investments in human capital as opposed to traditional model of providing goods and services.

Interestingly, the provision of some of the national schemes, viz., those relating to maternity benefits and the survival and education of the girl child resemble the provisions in the CCTs currently prominent globally. The main difference is that the orientation in the Indian schemes is more towards the individual rather than the household which is the focus in CCTs internationally.

iii. Some of the national and state level schemes that have similarities with CCTs implemented globally include: (i) Dhanalakshmi Yojana; (ii) Janani

Suraksha Yojana (JSY); (iii) Balika Samridhi Yojana (BSY); (iv) National Programme for Education of Girls at Elementary Level under the Sarva Shiksha Abhiyan (SSA); (v) Kasturba Gandhi Balika Vidyalaya; (vi) Ladli / Ladli Laxmi Yojana in different states; (vii) Vidya Vikas Programme; (viii) Akshara Doshala; (ix) Shishu Shiksha Karmasuchi, (x) Muthulakshmi (Tamil Nadu) etc.

3. Maternity Benefit in India

i. Constitutional Provisions: Article 47 requires that the State should, as its primary duty, raise the level of nutrition and the standard of living of its people and improve public health. Article 42 requires that the State should make provision for securing just and humane conditions of work and for maternity relief. Article 43 mentions that the State shall endeavour to secure to all workers-agricultural, industrial, or otherwise, a living wage, such conditions of work that ensure a decent standard of life.

ii. Maternity Benefit Act 1961: The rights of mothers to maternity benefits were recognized long ago in India with the introduction of the Maternity Benefit Act in 1961. The Act regulates employment of women in certain establishments for a certain period before and after childbirth and provides for maternity and other benefits. Such benefits are aimed to protect the dignity of motherhood by providing for the full and healthy maintenance of women and her child when she is not working. The Act is applicable to mines, factories, circus industry, plantations, shops and establishments employing ten or more persons, except employees covered under the Employees' State Insurance Act, 1948. It can be extended to other establishments by the State Governments.

iii. Employees' State Insurance Act, 1948 provides for certain benefits to employees in case of sickness, maternity and employment injury and to make provision for certain other matters in relation thereto. It provides for periodical payments to an insured woman in case of confinement or miscarriage or sickness arising out of pregnancy, confinement, premature birth of child or miscarriage. The Act prohibits employers from dismissing, discharging, or reducing or otherwise punishing an employee during the period the employee is in receipt of sickness or maternity benefit. It also prohibits dismissal, discharge or reduction or otherwise punishment to an employee during the period s/he is absent from work as a result of illness duly certified in accordance with the regulations to arise out of the pregnancy or confinement rendering the employee unfit for work.

iv. Central Civil Services (Leave) Rules 1972 guarantees maternity leave by an authority competent to grant leave for a period of 135 days (now 180 days as per Sixth Pay Commission) from the date of its commencement to a female Government servant (including an apprentice) with less than two surviving children. During such period, she shall be paid leave salary equal to the pay drawn immediately before proceeding on leave. It also provides for maternity leave not exceeding 45 days may also be granted to a female Government servant (irrespective of the number of surviving children) during the entire service of that female Government in case of miscarriage including abortion on production of medical certificate.

On the recommendations of the Sixth Central Pay Commission, the Central Government through an order in September 2008 has provided for granting two years (i.e.730 days) Child Care Leave to women employees having minor children during the entire service for taking care of up to two children.

v. **Infant Milk Substitute, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992 IMS Amendment Act, 2003:** The Ministry of Women and Child Development, Government of India legislated IMS Act to protect, promote and support breastfeeding. In pursuance of the International Code, India framed and adopted the Indian National Code of Marketing of Breast Milk Substitutes in 1983. As the National Code was not found adequate in the absence of legal back-up, the Government of India enacted the 'Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992'. This Act was further amended in 2003 and called the Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Amendment Act, 2003. India is the first such country in the world having given a legislative framework to the WHO resolution to promote exclusive breastfeeding for the first six months of life, as well as continued breastfeeding together with complementary foods for the first two years, in harmony with the global strategy on infant and young child feeding. The National Guidelines on Infant and Young Child Feeding, MWCD-GOI 2006 support operationalization of the IMS Amendment Act and emphasizes enhanced maternal care and nutrition.

vi. **National Maternity Benefit Scheme (NMBS):** Introduced in 2001 to provide nutrition support to pregnant BPL women through a one time payment of Rs. 500/- eight to twelve weeks prior to delivery. In the year 2005, the Government of India launched the Janani Suraksha Yojana under the National Rural Health Mission to provide cash incentives for women to have an institutional delivery. The NMBS was merged into the JSY and with the intervention of the Supreme Court the benefits under the NMBS retained, irrespective of place of delivery.

vii. **Janani Suraksha Yojana (JSY):** It was launched in 2005 with an objective to increase institutional deliveries. Under the scheme, the government provides a cash incentive for pregnant mothers to have institutional births as well as pre- and ante-natal care. The JSY primarily aims at promoting institutional delivery while NMBS component (payment of Rs.500/-) within the Scheme is fairly limited. According to the October 2006 JSY guidelines, all women in Low Performing States (LPS) receive cash assistance if they have their baby in a government health centre or accredited private institution. In rural areas they receive Rs.1400 and in urban areas Rs.1000. The money is to be dispersed at the time of delivery in the institution. The cash assistance to the mother is mainly to meet the cost of delivery.

Under JSY, below poverty line pregnant women above 19 years of age also receive Rs. 500 cash assistance for their first two births if these deliveries are at home. The cash is to be given at birth or around 7 days before for "care during delivery or to meet incidental expenses of delivery."

viii. The above schemes do not holistically address the issues regarding the woman's compulsions to work right up to the last stage of pregnancy and resumption of work soon after child birth. Therefore, a mitigative measure in the form of CCT to provide part compensation of wage loss as maternity benefit is

proposed herein. A need therefore emerged for a new scheme which has been formulated with the aim to improve the health and nutrition status of pregnant & lactating women as well as to create opportunities for engagement of pregnant women with the AWCs so as to ensure Nutrition and Health Education, counselling and promotion of IYCF practices.

ix. The Scheme "**Indira Gandhi Matritva Sahyog Yojana (IGMSY)" – Conditional Maternity Benefit(CMB) Scheme** would be implemented through the platform of Integrated Child Development Services(ICDS) Scheme. The focal point of implementation would be the Anganwadi Centre(AWC) at the village.

4. Objectives

To improve the health and nutrition status of pregnant & lactating women and infants by:

- Promoting appropriate practices, care and service utilisation during pregnancy, safe delivery and lactation;
- Encouraging the women to follow (optimal) IYCF practices including early and exclusive breast feeding for the first six months;
- Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and lactating mothers.

5. Target Group

Pregnant Women of 19 years of age and above for first two live births (benefit for still births would be as per the guidelines of scheme)

All Government/PSUs (Central & State) employees would be excluded from the scheme as they are entitled for paid maternity leave.

6. Coverage

i. Geographical Coverage : The scheme would be implemented as a pilot project. In order to ensure national coverage and diversity of implementation experiences, IGMSY would be piloted in 52 identified districts amongst all the States/UTs across the country. Out of these 52 districts, 11 each are selected from good and weak performing districts, 26 from medium performing districts and 4 are UTs. A mix of good performing, poor performing and medium performing districts have been selected to test check the success of implementation viz-a-viz. demand and supply. The districts have been selected from across the country based on six indicators which are available from DLHS-3. These were given equal weightages. The indicators are :- i) Percent literate Female Population (Age 7+), ii) Mothers registered in the first trimester when they were pregnant with last live birth/still birth (%), iii) Mothers who had at least 3 Ante-Natal care visits during the last pregnancy (%), iv) Institutional births (%), v) Children (12-23 months) fully immunized (BCG, 3 doses each of DPT, and Polio and Measles) (%) and vi) Children breastfed within one hour of birth (%). List of pilot districts is at **Appendix IV**

ii. The beneficiaries: Pregnant and lactating women

In order to estimate the number of pregnant and lactating women that would be covered under the IGMSY, the surveyed population of P & L Women under ICDS(225 lakh) has been taken into consideration. 75 % percent of women in the

52 selected districts have been estimated to avail benefits initially under IGMSY, since it is a self selecting scheme. Based on these calculations, the scheme would cover around 13.8 lakh pregnant and lactating women from these 52 selected districts.

7. Programmes and Services

i. Using the framework of existing ICDS programme, the IGMSY would be implemented as a pilot intervention in selected 52 districts. It would be implemented through the existing District ICDS Cell. Thus, the District ICDS Cell would have the nodal responsibility for the implementation of the IGMSY in all the selected districts, while at the state level the implementation of the scheme would be undertaken through the State ICDS Cell supported by the additional staff provided under the IGMSY at state and district level.

ii. Cash transfer would be provided to all pregnant and lactating women in selected districts to contribute towards supporting their health and nutritional needs. The scheme would contribute to partly compensate the woman for the wage loss that she might incur while caring for herself and the child. It would also increase the demand for mother and child health services by providing incentives based on fulfillment of specific conditions relating to health and nutrition of the mother and child. Each pregnant and lactating mother would receive a total cash incentive of Rs. 4000/- between the second trimester till the child attains the age of 6 months subject to fulfillment of following conditions:

Cash Transfer	Conditions	Amount (In Rs.)	Means of Verification
First (at the end of second trimester)	• Registration of Pregnancy at AWC / health centres within 4 months of pregnancy • At least one ANC with IFA tablets and TT • Attended at least one counselling session at AWC / VHND	1500	Mother & Child Protection Card reflecting registration of pregnancy by relevant AWC/ Health Centres and counter signed by AWW
Incentive under JSY	• JSY package for institutional delivery including early initiation of breastfeeding and ensure colostrum feed.	As per JSY norms	
Second (3 months after delivery)	• The birth of the child is registered. • The child has received: ▪ OPV and BCG at birth ▪ OPV and DPT at 6 weeks ▪ OPV and DPT at 10 weeks • Attended at least 2 growth monitoring and IYCF counselling sessions within 3 months of delivery.	1500	Mother & Child Protection Card, Growth Monitoring Chart and Immunization Register *would also be available for still births and infant mortality.
Third (6 months after delivery)	• Exclusive breastfeeding for six months and introduction of complimentary feeding as certified by the mother • The child has received OPV and third dose of DPT • Attended at least 2 growth monitoring and IYCF counselling sessions between 3rd and 6th months of delivery.	1000	Self certification, Mother & Child Protection Card, Growth Monitoring Chart and Immunization Register

iii. On the basis of the milestones indicated for cash transfer in the above table and fulfillment of related essential conditions, cash benefits would be given to the pregnant and lactating women covered under the scheme. Beneficiaries would be encouraged to avail JSY package for institutional delivery including early

initiation of breastfeeding and colostrum feeding for which incentives are already given under JSY by the Ministry of Health and Family Welfare.

iv. The rationale and benefits of the conditions can be explained as under:

A. Care during pregnancy and delivery: The focus of IGMSY is to improve nutritional and health status of pregnant and lactating women across the country by partly compensating for their wage loss and encouraging increased access to supplementary nutrition under ICDS Scheme.

a) Early Identification and Registration of pregnancy: Early registration of pregnancy is essential for availing facilities offered by the health care services to assess the health and nutritional status of the pregnant woman. It also helps to screen for complications early in the pregnancy. Early identification and registration of pregnancy is being promoted by the Government of India primarily through National Rural Health Mission (NRHM) and Janani Suraksha Yojana (JSY).

IGMSY would also facilitate early registration of pregnancies in target districts through conditional cash transfer. Although, registration of pregnancy should ideally be within two months, under IGMSY registration within four months of pregnancy would be the first milestone for receiving cash benefits of **Rs.1500/-** at the end of second trimester. Every registered mother under the IGMSY would have a Mother and Child Protection Card. Early registration at the AWC would also ensure that the woman gets the benefit of Supplementary Nutrition(SNP) and regular counseling under ICDS during the pregnancy. The woman should have attended at least one counseling session at the AWC or VHND for the condition to be fulfilled.

b) **Antenatal Care (ANC):** During the ANC at the health center, vital milestones of pregnancy are noted. Ideally, apart from the ANC at registration, three ANCs are necessary and are mandated under NRHM. Periodic antenatal check-ups help in early detection, management of complications, timely advice and appropriate referral. This can help improve maternal and neonatal survival. ANC is a key entry point for a pregnant woman to receive a broad range of health promotion and preventive health services, including nutritional support and prevention and treatment of anemia and other infectious diseases associated with reproductive health

Under the NRHM, the Village Health and Nutrition Day (VHND) is organized once every month at the AWC in the village. On this day, AWWs, ASHAs and other health workers mobilize the villagers, especially women and children, to assemble at the AWC. The ANM and other health personnel are also required to be present at AWC on this day to provide maternal health care to pregnant women from the community.

ASHA and other health workers should ensure that every pregnant woman registered under the IGMSY receives the required ANCs. In order to receive the cash benefits under the IGMSY, every pregnant mother would have to mandatorily attend at least one ANC. Monthly supply of Iron and Folic Acid (IFA) tablets would be given to every pregnant woman at the AWC or Health centre or during ANC during this period, along with tetanus vaccination due. Nutrition and health education would also be carried out by the AWW and the health functionary who would also facilitate the above services to the

beneficiary. The details of the services availed would be duly recorded in the Individual Mother and Child Protection Card common to ICDS and NRHM.

c) **Institutional Delivery:** One of the accepted strategies for reducing maternal mortality is to promote deliveries at health institutions by skilled personnel like doctors and nurses. The Janani Suraksha Yojana (JSY) provides cash assistance for Institutional Delivery. The benefits under JSY are linked to pregnant women getting the delivery conducted in health centres / hospitals. *[Early initiation of breast feeding and colostrum feeding may also be ensured]*. No cash transfer has been envisaged under IGMSY at the time of delivery since it is covered under JSY.

B. Infant Care

d) **Immunization:** Immunization of pregnant women and infants protects children from six vaccine preventable diseases - poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles. These are major preventable causes of child mortality, disability, morbidity and related malnutrition. Immunization of pregnant women against tetanus also reduces maternal and neonatal mortality. This service is delivered by the Ministry of Health and Family Welfare under its Reproductive Child Health (RCH) programme. In addition, the Iron and Vitamin "A" Supplementation to children and pregnant women is done under the RCH Programme of the Ministry of Health and Family Welfare. Recognizing the fact that malnutrition and the cycle of ill-health often starts with the mother, IGMSY would strive to ensure the optimal immunization of every pregnant woman in close collaboration with the health workers. The scheme would also ensure accessing provisions for counseling, iron and folic-acid supplements that are vital for the health of both the mother and the child.

e) **Growth Monitoring:** Growth monitoring consists of routine weighments & watching developmental milestone to observe pattern of growth, combined with preventive action when deviations are detected. Under the ICDS Scheme, growth monitoring of children is one of the important activities. Children under three are weighed once a month and children 3-6 years of age are weighed quarterly. Mother and Child Protection Cards are provided to mothers to track the nutritional status, immunization schedule and developmental milestones for both the child and the pregnant and lactating mothers. Through discussion and counseling, growth monitoring also increases the participation and capabilities of families to understand and improve childcare and feeding practices. It helps families understand the linkage between child growth and the dietary intake, health care, safe drinking water and environmental sanitation etc.

Keeping the importance of the growth monitoring in view, it would be mandatory for all the IGMSY beneficiaries to regularly attend the growth monitoring sessions at the AWCs. The AWWs would be responsible for maintaining the weight-for-age growth charts for all infants and young children as per WHO Child Growth Standards included in the Mother and Child Protection Card. This condition would contribute towards improving health and nutrition seeking behaviour.

f) **Infant and Young Child Feeding (IYCF):** IYCF is a critical care practice that can accelerate child survival and development. Research studies (LANCET, 2004) around the world highlight that globally, the universal practice of exclusive breastfeeding for the first six months of life reduces young child mortality by 13 %. Together, universal optimal IYCF practices can prevent around one-fifth of young child mortality in India. The promotion of colostrum feeding is critical because it is the baby's first immunization, ideal nutrition for the newborn that builds resistance to infection, aids recovery from infection and accelerates growth. This would ensure and encourage: a) Colostrum feeding; b) Initiation of breastfeeding within one hour of birth; c) Exclusive breastfeeding for the first six months; d) Introduction of appropriate complementary feeding at six months along with continued breast feeding for two years.

v. Registration of birth of the child, immunization (as per details given in above para 3.2), attending at least 2 growth monitoring and IYCF counseling sessions within 3 months of delivery would be **the second milestone** for receiving cash benefits of **Rs.1500/-** under the scheme after three months of delivery.

vi. **The third milestone** under IGMSY for receiving cash benefit of **Rs. 1000/-** after six months of birth of the child by ensuring exclusive breastfeeding for six months and introduction of complimentary feeding as certified by the mother and the child receiving OPV and DPT at 14 weeks along with attending at least 2 growth monitoring session of the child and IYCF counseling sessions by the mother between 3rd and 6th months of delivery.

8. Flexi Fund

The State would have flexi fund amounting to 2.5 per cent of total annual expenditure under the scheme that can be utilized for funding need-based interventions during the course of implementation of the scheme. The interventions may include such proposals which are promotive of maternal and child health and care. Some indicative examples could be additional cash transfer to disabled women to take care of their child, incentive for first child birth at age of 21 years and beyond, spacing of three years between first two births, etc. These interventions would be undertaken after approval of Ministry of Women and Child Development. The states may formulate innovations to the scheme for enhancing the scheme objectives which may help in better output and outcomes relating to the scheme.

9. Incentives to Anganwadi Workers (AWWs) and Helpers (AWHs):

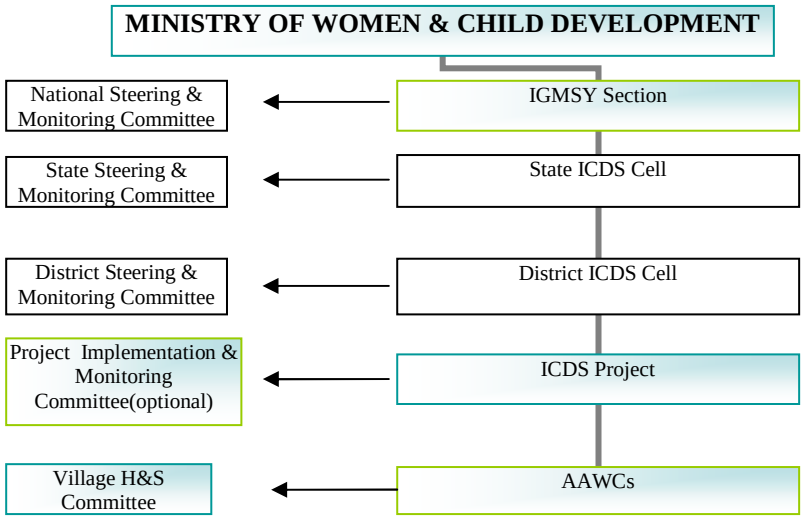
AWW would receive a cash incentive of Rs.200/- per pregnant and lactating woman after all the due cash transfers to the beneficiary is complete. Similarly, a cash incentive of Rs.100/- would be provided to AWH per beneficiary. This would ensure effective implementation of the scheme, since the cash incentives would act as a catalyst to motivate the AWW and AWH to service the beneficiaries efficiently and also encourage more women to participate in the scheme.

10. Modalities and Implementation

i. The Indira Gandhi Matritva Sahyog Yojana (IGMSY) Scheme is a special intervention designed to target pregnant and lactating mothers on a pilot basis. Reaching out to pregnant and lactating mothers and ensuring implementation and monitoring would be a challenging task.

ii. Committees for steering and monitoring would be set up to oversee the effective implementation of the scheme at all levels. States may decide the necessity of Steering and Monitoring Committees as one or two separate Committees. The Committees would consist of heads of health, NRHM, Water and Sanitation, Rural Development and Panchayati Raj Institutions besides Planning and Finance. States may have additional members as deemed necessary.

iii. At the State, District and grassroots level, the scheme would be implemented through ICDS infrastructure. At the State and District levels, the State/District ICDS Cell would be responsible for the implementation of the IGMSY, while at the grassroots level, the ICDS Project lead by the Child Development Project Officer (CDPO) and the AWC would be responsible for the implementation of the scheme. In order to ensure effective implementation of IGMSY, as a special intervention, additional staff of two personnel : one coordinator and one programme assistant would be provided in every State and District ICDS Cell. The proposed service delivery structure under IGMSY would be as under:



10.1 Central Level

An IGMSY Cell would be set up within the Ministry of Women and Child Development, with one Director and one Under Secretary along with the supporting staff of Section Officer, Assistant, Accountant, UDC, 2 PAs and a Peon(on contract). The Section would function under the overall supervision and control of the Joint Secretary (Child Development). The IGMSY Cell would also be assisted by a team of professionals/ consultants: One Consultant and two Data Entry Operators hired on contractual basis for day to day support in

data entry, monitoring and liaison with the State Governments for effective implementation of the scheme.

The IGMSY Cell would be responsible for carrying out following tasks:

i. Overall implementation of the Scheme with the support of the States and Union Territories;
ii. Issue guidelines for effective implementation of the scheme, time to time.
iii. Timely release of funds from the Central Government to the States/UTs;
iv. Monitoring the scheme on the basis of a set of key outcomes and indicators;
v. Facilitate training and capacity building for service providers under IGMSY;
vi. Converge, coordinate and facilitate advocacy and awareness generation on health and nutrition issues of pregnant and lactating mothers;
vii. Supervision and evaluation of the programme from time to time;
viii. Any other matter relating to effective implementation of the IGMSY.

National Steering and Monitoring Committee

In order to ensure effective implementation and monitoring of the IGMSY throughout the country, a National Steering and Monitoring Committee would be set up under the chairpersonship of the Secretary, Ministry of Women & Child Development. The members of this Committee would include representatives from Planning Commission, Ministry of Health & Family Welfare, Ministry of Rural Development, Ministry of Panchayati Raj, two State Secretaries on rotation basis, National Institute of Public Cooperation and Child Development (NIPCCD) and National Institute of Health and Family Welfare (NIHFW). Experts may also be involved as special invitees from time to time. This Committee would meet half yearly or as and when required.

10.2 State, District, Block and Village Level

At State and District levels, the concerned ICDS Cells would be primarily responsible for the implementation of IGMSY. Under the overall supervision of the concerned State Secretary, a Director/Joint Director level officer heading the State ICDS Cell would be responsible for the day to day operations of the scheme at the State level. At the District level, the Deputy Director/ District Programme Officer in-charge of the ICDS Cell would be responsible for effective implementation of the scheme under the overall supervision and control of the District Magistrate/ Collector of the respective district.

Every State ICDS Cell having two districts would have one State Coordinator and one Programme Assistant on contractual basis to support effective implementation of the scheme at the State level. While at the district level, every District ICDS Cell would have one District Coordinator and one Programme Assistant for this purpose.

The AWCs would be the focal point for operationalizing the scheme at the grassroots level. These AWCs would be responsible for the registration of pregnant and lactating mothers as well as ensuring supplementary nutrition, education and health care services at the community level for them in collaboration of health workers. Detailed roles and responsibilities of the ICDS

Project and AWCs as well as its personnel for the implementation of the IGMSY at community level are given at Appendix**-I.**

In order to ensure effective implementation of the scheme at all levels, monitoring committees comprising of representatives from concerned line departments would be constituted. These committees would review, monitor and advise on matters relating to the implementation of the scheme. At the State level, such a committee would be under the chairpersonship of the Chief Secretary, while at the district level, the District Magistrate/ Collector of the concerned district would head such committees. At the Project level, the District Programme Officer would head the monitoring committee having representatives from the concerned line departments at block level. At the village level, the Village Health and Sanitation Committee which also has members of PRI would be responsible for monitoring of the scheme.

The success of the IGMSY largely depends on the successful convergence of ICDS and NRHM. The IGMSY would enhance the demand for services offered by NRHM and the health system. It is therefore expected that health functionaries especially at the District, Block and Village level would support fulfillment of scheme objectives. With adequate information dissemination, this scheme would enhance demand at all levels. Medical personnel at the CHC and the PHC level would have to ensure that demand for services is met adequately. Furthermore, the ANM and ASHA need to positively contribute to the success of the scheme by encouraging enrolment under the scheme and facilitating fulfillment of conditions prescribed along with the AWW. The role of ANM and ASHA would be crucial right from the stage of registration of pregnancy until the disbursement of the final cash transfer after fulfillment of the prescribed conditions. The specific roles and responsibilities of ANM and ASHA is at Appendix**-II.**

11. Funding pattern and Functional Responsibilities

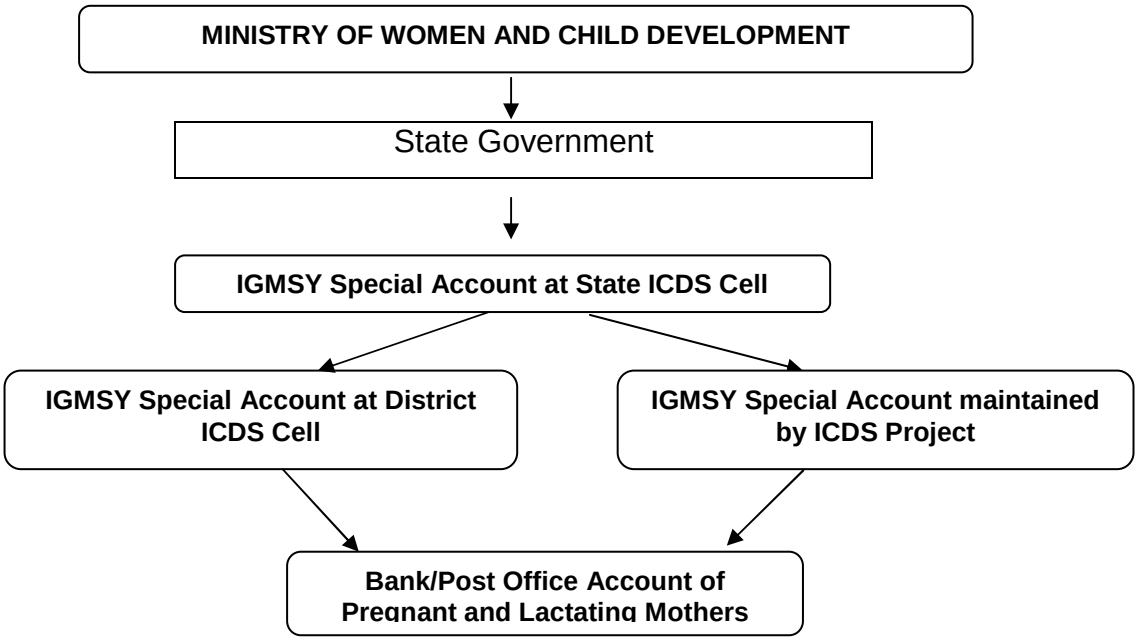
i. IGMSY is a centrally sponsored scheme which would be implemented through the State ICDS Cells with 100 % financial assistance from the Ministry of Women and Child Development. The day to day implementation and administrative matters would be the responsibility of the State Government.

ii. All financial powers at the State level would be vested in the concerned State Secretary responsible for ICDS implementation who would be assisted by the State ICDS Cell. Every State and District ICDS Cell would open and maintain a separate special bank account for IGMSY transactions. Every ICDS Project also would open such a special bank account in a nationalized bank and maintain separate accounts.

12. Fund Flow and Disbursement

i. The financial assistance to the State Governments would be given in two instalments by the Ministry of Women and Child Development. The Ministry of Women and Child Development would transfer the funds to the Consolidated account of the concerned State Government. States may have an IGMSY Special Bank Account operated by the State ICDS Cell. The State ICDS Cell shall in turn provide grant-in-aid to the District ICDS Cell and the ICDS Projects

implementing the scheme at the grassroots level as the case may be. The District ICDS Cell and the respective ICDS Projects may also operate a Special Bank Account for IGMSY and funds would be transferred by the State ICDS Cell in that account as may be decided by the respective State Governments. The Special Bank Account at the district level would be jointly operated by the concerned District Magistrate/Collector and the District Programme Officer handling ICDS Scheme. State Governments/UTs may make appropriate arrangements to this effect and inform the Ministry of Women and Child Development. The suggested fund flow of the scheme would be as per the following flow chart:



ii. The State Government/UT Administrations would have flexibility to further decide the modalities of having special bank accounts at the district/ICDS project level as per their administrative convenience for smooth and expeditious fund flow and disbursement. The processing of disbursement to the beneficiaries for each tranch should be preferably completed within 15 days and the actual disbursement to the bank account of the beneficiary shall be within one month of claim becoming due.

iii. At the ICDS Project level, the Child Development Project Officer (CDPO), who is the overall in-charge of the ICDS Project, would be responsible for the implementation and accounting of the IGMSY. With the support of the Supervisors, the CDPO would ensure the implementation, supervision and monitoring of the scheme.

iv. The financial responsibility for cash transfers to the beneficiaries account would be vested in the CDPO/DPO through Bank/Post Office/ any single window convergence centre. On receipt of the list of beneficiaries from each supervisor, the CDPO/DPO would transfer the cash in the bank or post office account of every pregnant and lactating mother. Supervisor would send the list only after ascertaining the compliance of conditions by beneficiaries and authentication of the list sent by AWWs. The CDPO would carry out periodic supervision and random checks on the beneficiaries. Supervisors would ensure that bank

accounts or accounts in Post Offices are opened for each beneficiary in a timely manner (if not already existing for any other scheme).

13. Training and Capacity Building

i. Training and capacity building holds the key for successful implementation of the IGMSY. Since the scheme is to be implemented through the existing ICDS personnel at the State, District and grassroots levels, the capacities and skills of those personnel would be crucial for ensuring effective implementation of the scheme. All these personnel would also be required to be trained.

ii. NIPCCD would be the nodal agency to undertake all training and capacity building under IGMSY. NIPCCD would prepare and provide guidelines, curriculum and also prepare job aids for personnel at various levels. Under the guidance of MWCD, NIPCCD along with its Regional Centres would spearhead the training and capacity building programmes of all relevant personnel and stakeholders involving Middle Level Training Centres (MLTCs) and Anganwadi Training Centres (AWTCs) for ensuring effective implementation of the IGMSY.

iii. AWW and AWH, along with the ASHA would receive ongoing training in child care, health, nutrition and hygiene since the AWW is expected to support the ANM in her work to facilitate immunization and health check-ups followed by appropriate referrals and health and nutrition education. Joint training mechanism would be developed in consultation with M/H&FW. Similarly, for block and district level functionaries such mechanism would have to be evolved and acted upon. Frequent sensitization and orientation programmes for all concerned would be organized.

14. Proposed Budget

Under the scheme, cash benefit of Rs.4000/- would be provided to every pregnant and lactating woman covered under the IGMSY. Apart from this, cash incentives to the Anganwadi Workers (Rs. 200/-) and Anganwadi Helpers (Rs. 100/-) would be provided which would together be Rs.300/- per beneficiary, i.e., pregnant and lactating women covered under the scheme. The budget consists of recurring and non recurring costs on the district, state and central cell alongwith provision for consultants. Baseline surveys, Evaluations and endline surveys have been duly provided for. Training and capacity building at 3 %,Contingency at 2 % and Flexifund at 2.5 % of the total cost is also included in the proposed budget. Details of all components are at Appendix- **III.**

15. Monitoring and Evaluation

i. Monitoring and supervision plays a vital role in the success of any program. Since the IGMSY is to be implemented using ICDS framework, the monitoring and supervision mechanism set up under the ICDS at the national, state, district and project level would be used for this programme as well. Additionally, steering and monitoring committees at all level would oversee the monitoring and evaluation tasks in which civil society /PRIs & other stake holders would be involved. Efforts would be made towards e-monitoring of beneficiaries.

ii. Records to be maintained: Register (to be opened every year) has to be maintained at the AWC by AWW under the supervision of supervisor/CDPO. Project wise physical and financial progress report on quarterly/ annual basis in formats (to be prescribed by the Ministry) would be consolidated by the CDPO/DPO and sent to the State Government which in turn would be sent to the Ministry by the State Governments/UT Administrations. Supervisor would ensure that accurate records of P&L women are maintained at the AWC, compiled and reported in the format prescribed.

iii. Evaluation: Baseline and end-line surveys would be conducted for every selected district to be able to measure the impact of the scheme. The scheme would be evaluated periodically to assess its impact and take corrective measures through mid-term and final evaluations.

iv. **Social Audit:** Appropriate provision of social audit by external agencies would be made.

****

Appendix-I

ROLES AND RESPONSIBILITIES OF THE ICDS PROJECT, AWCS AND ITS PERSONNEL

1. **ICDS Project:** The ICDS Projects would play a vital role in effective implementation and supervision of the IGMSY at the Block and Village levels. Lead by the Child Development Project Officer (CDPO), the ICDS Projects would be the focal point for operationalizing the IGMSY in their target area. The specific roles and responsibilities of CDPO and other personnel of ICDS Projects for the implementation of IGMSY at Block/Village would be as under and would be detailed in the Guidelines:

1.1. **Child Development Project Officer (CDPO)**: The CDPO heading the ICDS Project implementation would be responsible for the implementation of the IGMSY in his/her project. At the Project level, the CDPO would act as the focal point for transferring the benefits of the scheme to pregnant and lactating mothers as well as ensuring the compliance of conditions laid down by the scheme. The CDPO would open a special IGMSY Bank account in a nationalized Bank and would be responsible for the disbursement of funds to the target beneficiaries through Bank transfers.

1.2 **Supervisor:** The Supervisors would help CDPO in regular monitoring of IGMSY implementation as well as compliance of conditions by selected pregnant and lactating mothers. For monitoring the compliance of conditions, the Superviser would make periodic visits to a few randomly selected pregnant and lactating mothers receiving scheme benefits and submit a report to the CDPO.

2. **Anganwadi Centre (AWC):** AWCs would act as the hub for the implementation of the IGMSY at the grassroots level. The AWW would be responsible for the implementation of the scheme with the support of AWH. The specific roles and responsibilities of these functionaries for the effective implementation of IGMSY would include:

2.1. **Anganwadi Worker (AWW):** AWW would be the focal person for the effective implementation of the IGMSY at village/ward level. In order to ensure effective implementation of the IGMSY at the grassroots level, each AWW would be required to perform the following functions:

- Overall coordination and management of the activities of the IGMSY at the village level;
- Baseline survey establish number of beneficiaries;
- Resource mapping to identify resource at the local levels;
- Health and nutrition education to pregnant and lactating women(as in ICDS);
- Ensure participation of community members and parents in programmes and activities of IGMSY through community and home visits;

- Registration of pregnant and lactating mothers under IGMSY and maintain necessary records
- Coordinate with the health workers for timely health checkups, ANC and immunization of pregnant and lactating women in the village/ward (as in ICDS);
- Provide appropriate referral services for pregnant women detected with complications related to pregnancy or child birth;
- Assist all pregnant and lactating mothers in opening an account in the nearest Post Office or Bank with help of Supervisor;
- Ensure compliance of conditions as well as timely disbursement of cash benefits to the pregnant and lactating mothers;
- Maintain liaison with other institutions in the village/ward, viz., Panchayat, Mahila Mandals, Schools, Mothers and Parents Groups, Village Health and Sanitation Committee (VHSC), local organization etc. and seek their support and participation in IGMSY;
- Involve adolescent girls in various activities of IGMSY;
- Prepare and submit monthly report to the Supervisor;
- Any other task assigned by the CDPO or District ICDS Cell related to IGMSY.

2.2. Anganwadi Helper (AWH): The AWH would provide assistance to the AWW in discharging her duties for effective implementation of the IGMSY at the village level. She would support in collecting data/information on the pregnant and lactating women in the community, support health workers in carrying out health checkups, ANC and immunization, bring pregnant and lactating mothers to the AWC on VHND, among other responsibilities. The AWH would also help the AWW in ensuring the compliance of conditions of the scheme and that the cash benefits are reaching to the actual beneficiary.

Appendix-II

ROLES AND RESPONSIBILITIES OF HEALTH FUNCTIONARIES AT THE COMMUNITY LEVEL

1. Auxiliary Nurse Midwife (ANM): Within the overall responsibilities assigned under the NRHM, the ANM would support all health related interventions under the IGMSY in coordination with the AWWs. The specific roles and responsibilities of ANM pertaining to IGMSY would include:

- Registration of pregnant women under IGMSY and maintain records
- Provide information to AWW about registration of pregnant women at PHC/CHC/ Sub Centre;
- Coordinate with the ASHA and the AWW.
- Ensure that the VHND is held regularly on time.
- Ensure that the supply of vaccines and other supplies reach the site well before the VHND.
- Timely health checkups, ANC and immunization of pregnant and lactating women registered under IGMSY in the village/ward;
- Health and nutrition education to pregnant and lactating women including counselling for birth preparedness, care and appropriate feeding of newborn
- Linking pregnant women registered under JSY with IGMSY and vis-e-versa;
- Primary health care and first aid to pregnant and nursing mothers
- Referral for women with signs of complications during pregnancy and those needing emergency care, as and when required;
- Registration of new births;
- Ensure participation of community members and parents in programmes and activities of IGMSY through community and home visits;
- Any other task assigned by the CDPO or District ICDS Cell related to IGMSY.

2. ASHA: Under the overall supervision of the ANM, the ASHA would support all health related interventions under the IGMSY in coordination with the AWWs. The specific roles and responsibilities include:

- Make Home Visit in coordination with AWWs for identification and timely registration of pregnant women;
- Tracking of drop out cases and linking them with services under IGMSY;
- Facilitate ANC for all pregnant women registered under IGMSY.
- Facilitate immunization of infants and young children
- Ensure attendance of pregnant women on the VHND
- Support AWWs in carrying out nutrition and health education
- Community sensitization and awareness generation
- Coordinate with the AWW and the ANM.

Appendix-III of Annex-I

Proposed budget for the IGMSY for the remaining period of the Eleventh Five Year Plan					
Sl. No.	**Particulars**	**No. of Units**	**Cost per Unit**	**2010-11**	**2011-12**
1	**Baseline & Preparatory work**	52		30000000	
2	**IGMSY Section at MWCD**				
2.1	Recurring Cost	1	7879600	-	7879600
2.2	Non Recurring Cost	1	730000	500000	230000
3	**State ICDS Cell**				
3.1	Recurring Cost	20	1120000	11200000	22400000
3.2	Non Recurring Cost	20	180000	1800000	1800000
4	**District ICDS Cell**				
4.1	Recurring Cost	52	656000	17056000	34112000
4.2	Non Recurring Cost	52	130000	3380000	3380000
5	**Total number of P&LM**	1380000			
6	**Cost of CCT @Rs.4000 per person**		4000	3450000000	5520000000
	50%-2 tranches of Rs. 1500 & 1000, 25% - 1 tranche of Rs.1500, 25% - 1 tranche of Rs.1000]				
7	**Incentive for AWW/ AWH per P & L Woman**	1380000	300	Would become due in 2011-12	414000000
8	**Provision for hiring of technical support/ consultants at national level**			600000	1800000
9	**End Line Survey & evaluation##**	52	1000000		30000000
	Total Cost			**3514536000**	**6035601600**
10	**Training, Capacity Building & IEC @3% (Maximum)**			52718040	140000000
11	**Contingency @ 2 % of the total cost (Maximum)**			35145360	100000000
12	**Flexi Funds @ 2.5% of the total cost (Maximum)**			43931700	120000000
				131795100	**360000000**
	Grand Total			**3646331100**	**6395601600**
	Total Cost of the Scheme during XI Five Year Plan				**10041932700**

75% of 225 lakhs x 52/ 634 = 13.84 [75% of surveyed population For 52 districts out of 634]

Cost for 2010-11 taken for half year.

The financial implications both at the Central and the State level

Estimated Cost: ***IGMSY Section:***

Sl. No.	Item	Amount (in Rs.)
A. Non-recurring Expenditure		
1.	Furniture and other office equipments (tables, chairs, cupboards, Xerox machine, etc.)	5,00,000/-
2.	Six Computers with Web Cam and UPS @Rs.35000/- and Two Printers cum Scanners @Rs.10000/-	2,30,000/-
	Total (A)	**7,30,000/-**
B. Recurring Expenditure		
3.	**Staff Salary**	
	1 Director (37,400-67,000)+8700	14,16,000/-
	1 Under Secretary (15,600-39,100)+6600	8,76,000/-
	1 Section Officer(9,300-34,800)+4800	7,68,000/-
	1 Assistant (9,300-34,800)+4200	7,32,000/-
	1 Accountant (9,300-34,800)+4200	7,32,000/-
	1 UDC/ LDC (5,200-20,200)+2400	4,35,600/-
	1 PS for Director (9,300-34,800)+4800	7,68,000/-
	1 PA for Under Secretary (Grade-C) (9,300-34,800)+4200	7,32,000/-
	1 Peon (4,400-7,440)+1800	1,80,000/-
	Total Salary	**66,39,600/-**
4.	Travel allowance for IGMSY staff at applicable Central Government rates (as per actual)	5,00,000/-
5.	Administrative Expenses (water, electricity, postage, stationary, telephone with STD, etc.) @Rs.20,000/- per month	2,40,000/-
6.	Miscellaneous Contingencies	5,00,000/-
	Total (B)	**78,79,600/-**
	Total Expenditure (A+B)	**86,09,600/-**

State ICDS Cell:

Sl. No.	Item	Amount (in Rs.)
A. Non-recurring Expenditure		
1.	Furniture and other office equipments (tables, chairs, cupboards, etc.)	1,00,000/-
2.	Two Computers with Web Cam and UPS @Rs.35000/- and One Printers cum Scanners @Rs.10000/-	80,000/-
	Total (A)	**1,80,000/-**
B. Recurring Expenditure		
3.	**Staff Salary**	
	1 State Coordinator @Rs.30,000/-	3,60,000/-
	1 Programme Assistant @Rs.15,000/- per month	1,80,000/-
	Total Salary	**5,40,000/-**
4.	**Rent for hiring the space** *(if not available within the premises of the State ICDS Cell) @5000/- per month x 12 months (as per actuals)*	60,000/-
5.	Travel allowance for IGMSY staff at applicable State Government rates (as per actual)	2,00,000/-
6.	Administrative Expenses (water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @Rs.10,000/- per month	1,20,000/-
7.	Miscellaneous Contingencies	2,00,000/-
	Total (B)	**11,20,000/-**
	Total Expenditure (A+B)	**13,00,000/-**

4.1 District ICDS Cell:

Sl. No.	Item	Amount (in Rs.)
A. Non-recurring Expenditure		
1.	Furniture and other office equipments (tables, chairs, cupboards, etc.)	50,000/-
2.	Two Computers with Web Cam and UPS @Rs.35000/- and One Printers cum Scanners @Rs.10000/-	80,000/-
	Total (A)	**1,30,000/-**
B. Recurring Expenditure		
3.	**Staff Salary**	
	1 District Coordinator @Rs.20,000/-	2,40,000/-
	1 Programme Assistant @Rs.10,000/- per month	1,20,000/-
	Total Salary	**3,60,000/-**
4.	**Rent for hiring the space** *(if not available within the premises of the District ICDS Cell) @3000/- per month x 12 months (as per actuals)*	36,,000/-
5.	Travel allowance for State IGMSY Unit staff at applicable State Government rates (as per actual)	1,00,000/-
6.	Administrative Expenses (water, electricity, postage, stationary, telephone with STD, Xeroxing, etc.) @Rs.5,000/- per month	60,000/-
7.	Miscellaneous Contingencies	1,00,000/-
	Total (B)	**6,56,000/-**
	Total Expenditure (A+B)	**7,86,000/-**

4.2 Summary

Sl. No.	Item	Non-Recurring	Recurring	Total Amount
1.	IGMSY Section	7,30,000/-	**78,79,600/-**	**86,09,600/-**
2.	State ICDS Cell	1,80,000/-	**11,20,000/-**	13,00,000/-
3.	District ICDS Cell	1,30,000/-	6,56,000/-	7,86,000/-
	Total	**10,40,000/-**	**96,55,600/-**	**106,95,600**

Annexure-1

LIST OF DISTRICTS COVERED UNDER IGMSY

S.NO.	State	District
1	Andaman and Nicober Island	South Andaman
2	Andhra Pradesh	West Godavari, Nalgonda
3	Arunachal Pradesh	Papum pare
4	Assam	Kamrup, Goalpara
5	Bihar	Vaishali, Saharsa
6	Chandigarh	Chandigarh
7	Chattisgarh	Dhamtari, Bastar
8	Dadra & Nagar Haveli	Dadra & Nagar Haveli
9	Daman and Diu	Diu
10	Delhi	West, North West
11	Goa	North Goa
12	Gujarat	Bharuch, Patan
13	Haryana	Panchkula
14	Himachal Pradesh	Hamirpur
15	J & K	Kathua, Anantnag
16	Jharkhand	East Singh Bhumi, Simdega
17	Karnataka	Kolar, Dharwad
18	Kerala	Palakkad
19	Lakshadweep	Lakshadweep
20	Madhya Pradesh	Chindwara, Sagar
21	Maharashtra	Bhandara, Amravati
22	Manipur	Tamenglong
23	Meghalaya	E.Garo Hills
24	Mizoram	Lawngtlai
25	Nagaland	Kohima
26	Orissa	Bargarh, Sundargarh
27	Pondecherry	Yanam
28	Punjab	Amritsar, Kapurthala
29	Rajasthan	Bhilwara , Udaipur
30	Sikkim	West Sikkim

31	Tamil Nadu	Cuddalore, Erode
32	Tripura	Dhalai
33	Uttar Pradesh	Sultanpur, Mahoba
34	Uttarakhand	Dehradun
35	West Bengal	Jalpaiguri, Bankura