

**Study on Governance at District
Level and Below on Policies,
Programmes and Schemes Related to
Children in Two States
*Chittoor (Andhra Pradesh)***

June 2020

All Rights Reserved @Child Rights and You (CRY) 2020

This joint report reflects the activities of individual agencies around an issue of common concern. The principles and policies of each agency are governed by the relevant decisions of its governing body.

Each agency implements the interventions described in this document in accordance with these principles and policies and within the scope of its mandate.

The text has not been edited or fact-checked to official publications standards and CRY accepts no responsibility for error.

All Rights Reserved
@Child Rights and You (CRY) 2020
Research and Writing by the following members of Centre for
Budget and Policy Studies (CBPS), Bangalore:
Madhusudhan Rao B.V., Susmitha M. V., Raghavi Purimetla and Jyotsna Jha.

This paper can be quoted in part, with the full citation.
Suggested citation:
Rao, B.V. M., Susmitha, M.V., Purimetla, R. and Jha, J. (2020).
Study on Governance at District level and below on
Policies Programmes and Schemes related to Children in Two States - Chittoor (Andhra Pradesh).
Centre for Budget and Policy Studies and Child Rights and You, India.

Table of Contents

| | |
|---|----|
| Acknowledgments | 1 |
| List of Tables | 2 |
| List of Figures | 3 |
| List of Abbreviations | 4 |
| Chapter 1: Introduction..... | 7 |
| Chapter 2: Objectives of The Study | 8 |
| Chapter 3: Methodology of The Study | 9 |
| 3.1. Selection of Mandals and Gram Panchayats (Villages) for The Study | 9 |
| Chapter 4: Findings of The Study | 11 |
| 4.1. Education and Nutrition in The District | 13 |
| 4.1.1. Child Marriage, Child Labour and Child Trafficking | 15 |
| 4.2. Mapping of Institutions/Schemes to Understand the Key Departments and Critical Schemes Meant for Children | 17 |
| 4.3. Role of Collectorate, Important Departments and Committees – With Focus on Children | 19 |
| 4.3.1. District Magistrate and Collectorate Office | 19 |
| 4.3.2. School Education Department | 22 |
| 4.3.3. Women Development and Child Welfare Department | 24 |
| 4.3.4. Health Department (District Medical and Health Officer)..... | 26 |
| 4.3.5. Social Welfare Department..... | 28 |
| 4.3.6. Role of Panchayat Raj Institutions..... | 29 |
| 4.3.7. Non- Governmental Organizations in The District | 31 |
| 4.4. Field Impressions (Relating to Implementation and Monitoring of Schemes, Flow of Funds, Sharing of Data and Feedback from The Lowest Level) | 32 |
| 4.4.1. Early Child Care (0-6 years) | 32 |
| 4.4.2. Health, Education and Nutrition of Children (6-18 years)..... | 36 |
| Chapter 5: Identified Gaps for Possible Interventions | 43 |
| 5.1. Adolescent Healthcare and Nutrition | 43 |

| | |
|---|----|
| 5.2. Identification of Drop-Outs, Child Marriages, Street Children, Child Sexual Abuse and Child Trafficking to Strategize Alternative Educational and Protection Practices | 43 |
| 5.2.1. Child Care Continuum Through Data Management and Analysis | 44 |
| 5.2.2. People Involvement and Space for Advocacy | 44 |
| 5.2.3. Adequacy of Infrastructural Support | 44 |
| Annexure 1 | 46 |
| Annexure 2 | 52 |
| Annexure 3 | 58 |
| Annexure 4 | 60 |
| Notes | 76 |
| Notes | 77 |
| Notes | 78 |
| Notes | 79 |

Acknowledgments

The study team would like to thank Ms Shreya Ghosh and Dr Varun Sharma from Child Rights and You for their support in providing us with the inputs for the study. We also like to thank the district offices especially the office of the District Collector, heads of the departments of education, health, social welfare and officials concerned with Juvenile Justice for their co-operation by way of providing information, data and sharing valuable insights. We would also like to thank the officials at the block level, GP level and including the school education staff for their support in this study.

We thank Child Rights and You for funding CBPS to conduct this study.

Research Team at Centre for Budget and Policy Studies (CBPS), Bangalore:

Madhusudhan Rao B.V.

Susmitha M. V.

Raghavi Purimetla and

Jyotsna Jha

List of Tables

| | |
|--|----|
| Table 4. 1: Profile of Chittoor District..... | 16 |
| Table A3. 1: Budget Matrix..... | 58 |
| Table A4. 1: Description of Important Schemes..... | 60 |

List of Figures

| | |
|---|----|
| Figure 4. 1: District Profile of Chittoor – With Focus on Children | 11 |
| Figure 4. 2: Political Map of Andhra Pradesh..... | 12 |
| Figure 4. 3: Scheme Matrix: Child Related Schemes Under Four Key Departments .. | 18 |
| Figure 4. 4: Organogram of Collectorate, Chittoor | 19 |
| Figure 4. 5: Revenue Administration in Chittoor District..... | 21 |
| Figure 4. 6 and Figure 4. 7: Organogram of Education Department at District Level | 23 |
| Figure 4. 8: ICDS Implementation Structure..... | 24 |
| Figure 4. 9: District Child Protection Unit | 25 |
| Figure 4. 10: Organogram of Health Department in the District | 27 |
| Figure 4. 11: Organogram of the Social Welfare Department | 28 |
| Figure 4. 12: Structure of PRIs in Chittoor District | 29 |
| Figure 4. 13: Village Secretariat in Chittoor District | 30 |

List of Abbreviations

| | |
|--------|---|
| AC | Assistant Commissioner |
| AD | Additional Director |
| ADM&HO | Additional District Medical and Health Office/Officer |
| AE | Actual Expenditure |
| AEZ | Agricultural Economic Zone |
| AIDS | Acquired immunodeficiency syndrome |
| ANM | Auxiliary Nursing Midwifery |
| AO | Administrative Officer |
| AP | Andhra Pradesh |
| APC | Assistant Project coordinator |
| ARSH | Adults Reproductive Sexual/ Friendly Health |
| ART | Antiretroviral Treatment |
| ASHA | Accredited Social Health Activist |
| ASO | Assistant Statistical Officer |
| ASWO | Assistant Social Worker Officer |
| ATSWA | Annai Theresa Social Welfare Action Trust |
| AWC | Anganwadi Centres |
| AWW | Anganwadi Workers |
| BBBP | Beti Bachao Beti Padhao |
| BC | Backward Caste |
| BE | Budget Estimates |
| CARA | Central Adoption Resource Authority |
| CDPO | Child Development Project Officer |
| CHO | Common Health Officer |
| CRP | Cluster Resource Persons |
| CRY | Child Rights and You |
| CWC | Child Welfare Committee |
| DA | Dearness Allowance |
| DCPO | District Child Protection Officer |
| DCPU | District Child Protection Unit |
| DCR | Digital Classrooms |
| DEO | District Education Officer |
| DIO | District Immunization Officer |
| DM&HO | District Medical and Health Office/Officer |
| DPO | District Program Officer |
| DRO | District Revenue Officer |

| | |
|---------|--|
| DTBCO | District Tuberculosis Control Officer |
| Dy. CEO | Deputy Chief Executive Officer |
| EVIN | Electronic Vaccine Intelligence Network |
| FICCI | Federation of Indian Chambers of Commerce and Industry |
| GP | Gram Panchayat |
| GPDP | Gram Panchayat Development Plan |
| GVA | Gross Value Added |
| HC | High Court |
| HM | Head Master/Mistress |
| IAS | Indian Administrative Service |
| ICDS | Integrated Child Development Services |
| ICPS | Integrated Child Protection Services |
| ICT | Information, Communication and Technology |
| IMR | Infant Mortality Rate |
| JA | Junior Assistant |
| JJB | Juvenile Justice Board |
| JSSK | Janani Shishu Suraksha Karyakram |
| JSY | Janani Suraksha Yojana |
| MDM | Mid-Day Meals |
| MEO | Mandal Education Officer |
| MHT | Mobile Health Team |
| MNREGA | Mahatma Gandhi National Rural Employment Guarantee Act |
| MO | Medical Officer |
| MPDO | Mandal Parishad Development Office/Officer |
| MPEO | Multi-Purpose Extension Officers |
| MPHO | Multi-Purpose Health Officers |
| MRO | Mandal Revenue Officer |
| MSME | Micro, Small and Medium Enterprises |
| MSW | Masters in Social Work |
| MUFG | Mitsubishi UFJ Financial Group |
| NGO | Non-Governmental Organizations |
| NHM | National Health Mission |
| PCPNDT | Pre-Conception and Pre-Natal Diagnostic Techniques Act |
| PD | Project Director |
| PDS | Public Distribution System |
| PHC | Primary Health Centre |
| PHN | Public Health Nurse |

| | |
|--------|---|
| PMC | Parent Monitoring Committee |
| PMMVY | Pradhan Mantri Mathru Vandana Yojana |
| PO | Project Officer |
| PRI | Panchayat Raj Institutions |
| PTC | Parent Teacher Committee |
| RASS | Rashtriya Seva Samithi |
| RBSK | Rashtriya Bal Swasthya Karyakram |
| RE | Revised Estimates |
| RKSK | Rashtriya Kishor Swasthya Karyakram |
| RMSA | Rashtriya Madhyamik Siksha Abhiyan |
| SA | Senior Assistant |
| SC | Scheduled Caste |
| SHG | Self Help Groups |
| SMC | School Management Committee |
| SO | Statistical Officer |
| SSA | Sarva Siksha Abhiyan |
| ST | Scheduled Tribe |
| TA | Travel Allowance |
| TN | Tamil Nadu |
| U-DISE | Unified District Information System for Education |
| VRO | Village Revenue Officer |
| YSR | Yeduguri Sandinti Rajasekhara Reddy |
| ZP | Zilla Parishad |

Chapter 1: Introduction

Enhancing the welfare of the marginalized communities (both social and economic) has become more critical than ever before for the improvement of the overall averages of development indicators for any district/state/region. Rights of children in general and those of marginalized communities in particular have to be addressed in a holistic approach for achieving substantial reduction in disparities (of income, voice, representation) across different sections of population in a sustainable manner. The functioning of Government at different levels, its interactions with different stakeholders holds the key to success of any developmental program or intervention aimed at improving the welfare of people especially of marginalized communities and children. With the historical 73rd and 74th amendments to the Constitution, the third-tier governments have been created across Indian states. The three tier Panchayat Raj Institutions (PRIs) at District, Block and Village level came into existence in rural setup. Similarly, the Town Panchayats, City Municipal Councils, City Corporations were formed in urban areas. The 11th and 12th schedule of the Constitution listed 29 and 18 subjects that can be transferred to rural and urban local governments respectively. The subject of local government is in 'State list' and the State Governments are empowered to have the final say in terms of devolution of Functions, Functionaries and Funds (also referred to as 3 Fs). The extent of devolution of these 3 Fs varies across states. It is therefore very important to understand the functioning of these development departments together with PRIs at level of district and below their convergence in implementing the welfare schemes including the role of collector and collectorate in enhancing the welfare of children.

This study focused on understanding the governance at district level and below with a special focus on welfare of children, particularly the processes of planning, budgeting, implementation and monitoring of child welfare programs, access of the entitlements under various laws, policies are ensured in the district. This included the understanding of the functioning of the core departments concerned with the welfare of children, their interaction with state government, PRIs, collectorate and NGOs and other stake holders down below and vice-versa in enhancing the welfare of the children.

Chapter 2: Objectives of The Study

The key objectives of this study are -

1. Understanding and mapping the governance (focused on child welfare) at district level in terms of planning including budgeting, implementation, monitoring and the flow of information (from State - district – Block - Panchayat level and vice-versa)
2. Collating the information on all child related legislations, guidelines, programmes and schemes implemented in the district comprising of Central schemes/Centrally Sponsored Schemes, State Sponsored Schemes).
3. Understanding the convergence among departments at district level and below for implementation and monitoring of child welfare programmes.
4. Documenting the role of other stakeholders (NGOs, corporates etc.) working on the aspects of children and their focus areas

Chapter 3: Methodology of The Study

The study involved a comprehensive desk review (web search) of schemes and policies related to children in the state. A budget analysis was undertaken to understand the important schemes and budget provisions meant for the children to identify important and critical schemes to understand the implementation and monitoring processes at the district level and below leading up to the last level.

This was followed by an intensive field work at the district level which involved

- a) Consultations using semi-structured interviews to understand the functioning of the important departments, implementation of important schemes including convergence among departments and role of collectorate (District Magistrate) and Panchayat Raj Institutions. (Annexure 1) The questionnaire for all the key departments focused on beneficiary identification, data assimilation, planning, fund allocation, channels of communication, implementation, monitoring and challenges. This questionnaire was supported with scheme specific questions to trace out the governance of the schemes and the functioning of departments. Information has been collected through semi structured interviews. At the district level, Zilla Parishad office was also visited to understand the role of panchayat raj institutions in implementing child welfare schemes.
- b) Consultations using semi-structured interviews with village level field functionaries covering Gram panchayat, schools, PHC/sub centre and Anganwadi centres to understand the implementation of schemes, flow of information and data upwards for planning and budgeting, issues of convergence and flow of funds (Annexure 2). Interviews were also conducted with few important officials like Mandal Parishad Development Office/Officer (MPDO) and Mandal Education Officer (MEO).
- c) Consultations were also held with Child Welfare Committee, prominent Non-Governmental Organizations such as Annai Theresa Social Welfare Action Trust (ATSWA) and Rashtriya Seva Samithi (RASS).

3.1. Selection of Mandals and Gram Panchayats (Villages) for The Study

Satyavedu and *Nagalapuram* mandals were selected for the study. These mandals were selected based on enrolment, schools with no toilets, drop-out rates, presence of residential schools, number of mid-day meals served, schools with functional and non-functional digital classrooms, pupil-teacher ratio, pupil-classroom ratio. Two mandals selected in such a manner so that different scenarios could be examined

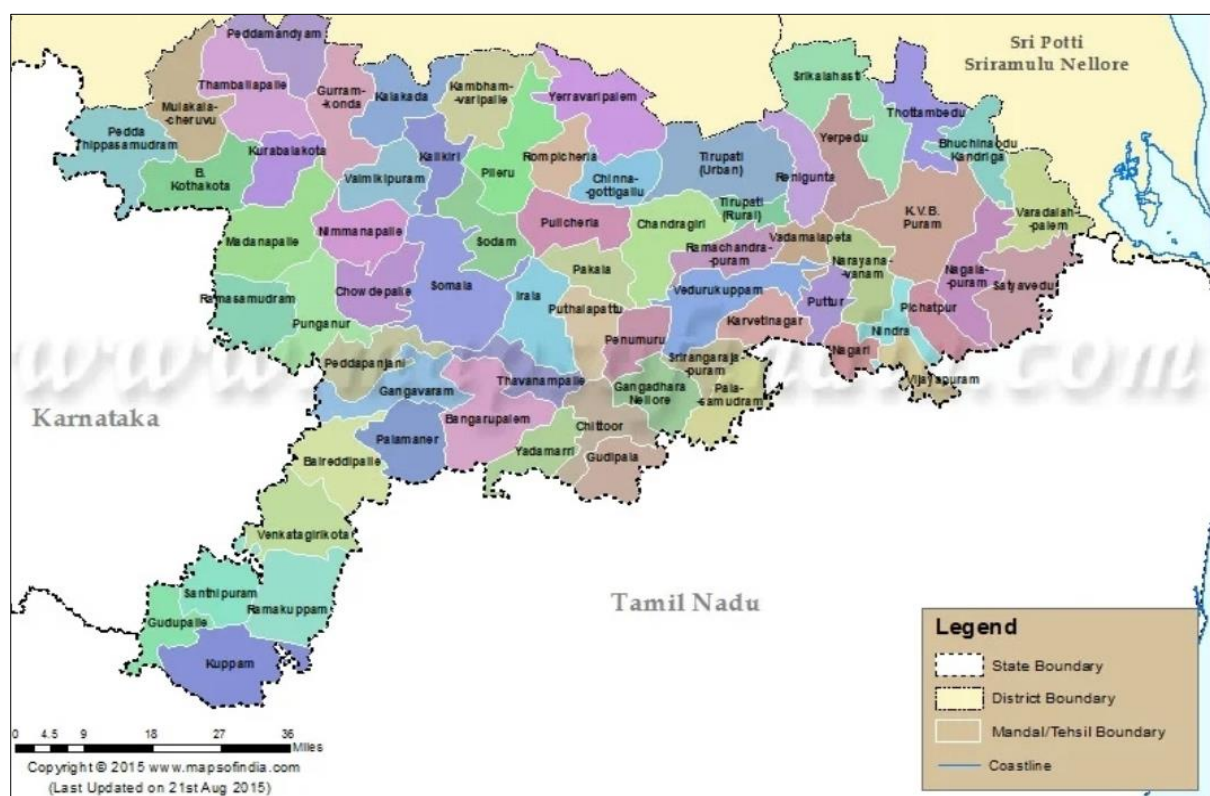
(based on the indicators) and accordingly be probed for reasons for such contrasting scenarios as well. Satyavedu is relatively a larger mandal with 29 GPs, while Nagalapuram is the smallest with 12 GPs from the list of seven mandals¹. Satyavedu is the only mandal to have the girls' enrolment higher than the boys in SC, ST category. This mandal also recorded the lowest dropout rate as per 2018-19. In Nagalapuram the boys' enrolment outnumbered the girls in all caste categories. Nagalapuram has one school with a dysfunctional digital class room (DCR) while there are no dysfunctional DCRs in Satyavedu.

Two Gram Panchayats (villages) were chosen from each mandal in consultation with mandal level functionaries based on the data provided by the district functionaries. *Nagalapuram* and *Karani* in Nagalapuram mandal and *Das Kuppam* and *Madnambedu* in Satyavedu mandal were the Gram Panchayats were visited for the study

¹List of Seven mandals were provided by CRY- *Thottambedu, Buchinaidu, Khandriga, Varadaiahpalem, Satyavedu Nagalapuram, KVB puram.*

Chapter 4: Findings of The Study

Figure 4. 1: District Profile of Chittoor – With Focus on Children



Chittoor district is the fifth largest district in AP in terms both geography and population. It has an area of 15,563 Sq. Kms and a population of 41,78,061 as per 2011 census. The district borders with Karnataka and Tamil Nadu and district has advantages from its strategic location between the industrial areas of Chennai-Bangalore. Chittoor is also a part of the Bangalore -Chennai industrial corridor coming up under the aegis of National Industrial Corridor Development and Implementation Trust (NICDIT). Though there is a presence of river basin in the district, less than 6000 hectares are under canal irrigated area. Large part of the irrigation in the district is through the borewells (over 1.07 lakh ha). Mango, Sugarcane, groundnut and millets are the chief crops of the district. Majority of people are dependent on the Primary sector which has contributed 33.92% to the total Gross Value Added (GVA) of the district in 2017-18, whereas Territory sector contributed 44.46% of the total GVA. The district benefits significantly from the service sector and the handloom industry. The district is also known for its Agricultural Economic Zone (AEZ) with lot of MSMEs operating in the food processing sector. GVA of the district has increased by 11.52% in 2017-18, per capita income raised from Rs.1,16,338 to Rs.1,35,008 but it is lesser than the state's average. The district has very famous temples (religious places) and people across the country

especially the southern states visit these temples at Tirupati and Srikalahasthi and this is very significant as religious tourism.

The primary occupation has been in the primary sector (Handbook of statistics, 2010-11. Chittoor district). People are from backward castes and are landless laborers account for significant proportion of the population. Possessing livestock, micro credit services are the other major economic activities in the district. However, different sections of the population are exposed to vulnerabilities in different ways in the district, the SCs and OBCs in the district are more vulnerable economic hardships where as women of these communities face multi-dimensional poverty due to the twin effect of economic and social exclusion.

Figure 4. 2: Political Map of Andhra Pradesh



The political environment of Chittoor is little unique, because being the former Chief Minister's own district Chittoor has been destination for many investments. It has been allotted with the World Bank/ DFIDs developmental project and special funds under 'Janmabhoomi' and 'Velugu' programs (Commission, 1997-98). With the legacy of Vijaya dairy the district is a suitable place for dairy cooperatives and food

processing industries. Under TDP rule, the ruling class largely belonged to one political party and worked co-operatively with the local administration to attract the investments and implement the anti-poverty programs of the state government. Though the programs were routed through the Mandal and GP level officials, they had no decision-making authority because the implementation was mainly through stake holder based/ community-based associations like Pani Panchayats (WUAs), Vana Samrakshana Samithi etc. in addition to these community owned associations SHGs were also proactive in implementation of various schemes. The peculiar aspect of policy environment in Chittoor is presence large number of NGOs which act in tandem with the government agencies and provide complimentary service in policy implementation. The district has relatively higher presence of SHGs and NGOs working in various sectors providing micro credit services and trainings for entrepreneurial activities, economic activity and livelihood generation. However, currently many NGOs are not functioning effectively due to lack of funds. Formal employment is less in the district. The NGOs also work in areas of education and marketing of rural and forest produce. Self Help Groups also play crucial role in program implementation at the tail end. Participation and pro-activeness of the NGOs and SHGs have significantly influenced the mobilization and responsiveness at the grassroot level. However, the civil society also has been facing blame in the district for its blurry accountability framework because of the stronger presence and control by upper castes and groups in the NGOs and SHGs sphere.

4.1. Education and Nutrition in The District

The literacy rate in Chittoor is 72.36% (2011) and it is more than the state's average and there is also huge difference in male and female literacy rates. The district has 6.58 lakh students undergoing school education (class 1 to 12²). About 54% of them are enrolled under Government schools about 44% of the students are enrolled in private schools. Higher secondary students constitute for 13 % of the students under school education in the district while the proportion is 10.4% at the state level. The transition rates for upper primary to secondary is about 95% while the transition rates for secondary to higher secondary is about 69% (UDISE 2018-19). Chittoor has been facing the problem of high dropout rates among the marginalized communities at the secondary level in the Mandals like Bangarupalem and in the villages across Chittoor-Bangalore highway. Most of the dropouts were girl students belonging to Scheduled Caste community studying in high school and parental occupation of all the dropouts is farm labour or some odd village employment (Night watchman for

²<http://dashboard.seshagun.gov.in/#!/reports>

crops or cleaners etc.). A consortium of NGOs has been working in the districts to reduce the dropout rates and bring back the kids to school; K. Dhanasekharan heading one of the NGOs opined that poverty, illiteracy of parents, lure of modern lifestyle and influence of digital entertainment are the reasons for increased dropout rates among the students (K.Umashanker, 2019).

The stunting and wasting among the children below five years follow the same trend as that of the state average. While 17.2% are wasted in the state, the proportion in the district is 18.2%. Similarly, the IMR for the district and state stands at 13 and 12 respectively. The MMR for the state is at 93 while it is 79 for the district. The presence of NGOs and their working over a period of last decade has had a high degree of influence in enhancing the institutional deliveries and thereby reducing MMR apart from working on the nutrition of pregnant women.

The district has 4768 Anganwadi centres catering to 2 lakh children with supplementary nutrition and preschool education. The YSR Amrutha Hastam which is providing one full meal to pregnant women and lactating mothers is run very well in the district. The YSR Kishori Vikasam focusing on the empowerment of adolescent girls conducts training sessions covering issues related to child rights, menstrual health and hygiene, social issues like child marriages, child abuse, child trafficking importance of education and skill development, nutrition advantages and disadvantages of social media etc. The education, health, police departments together with the District Child Protection office conducts this empowerment programme in the district for the secondary school and college students. About 48000 sessions are conducted in the district benefitting 1.26 lakh girls and 0.89 lakh boys.

Children in Chittoor are mainly affected by migration. Proximity of three major urban and metropolitan cities like Tirupati, Bangalore and Chennai influence the migration among poor families (belonging to marginal communities) due to which children are left behind without proper care and education. The children in Sugali tribe known for its continuous migration are facing severe malnutrition problem (Venkata shiva Reddy, 2016). The levels of malnutrition, diarrhea and ARI are more among Sugali children in urban areas than other tribal children living in rural areas. As per a study done in Madanapalle revenue division on the issue of malnutrition in Sugali tribe, half of the mothers of malnourished children were illiterates and their main occupation was agricultural and manual labour. Majority of children underwent traditional and home-based treatment for diarrhea due to lack of money and time indicating the plight of one of the several tribal communities in the district.

4.1.1. Child Marriage, Child Labour and Child Trafficking

Child marriage has been a routine affair among the locals of Chittoor especially among the poor tribals and dalits. Though the intensity and the number has reduced, still during the time of Maha Shivaratri, many child marriages are reportedly being conducted happen at the Sri Kalahasthi temple as it is considered to be an auspicious time for marriage by the locals. With efforts from non-government organizations like Pragathi, the incidence of child marriages during Maha Shivaratri has been reduced. In spite of state and non-state actors working for the prevention of child marriage, the problem persists. Bordered by the forests of Tamil Nadu and Karnataka, Chittoor district has a number of villages and tribal population. Illiteracy, lack of medicare, poverty and lack of roads are the reasons for the prevalence of child marriage. A majority of the families that perform child marriages belong to agriculture laborers and migrant workers from the neighboring States³. The *Mathamma*⁴ which is a degradation form of devadasi cult still prevails in some reduced form in the districts of Chittoor and Nellore districts. Several NGOs including Rural Institution for Science Education (RISE), Peoples Voice for Child Rights-(PVCR)⁵, RAIDS⁶ and Stree shakti sanghatana formed District level anti Child Marriage Forum and made concerted efforts towards addressing this evil. They provided the documentary evidence to district authorities which was pivotal in initiating the state action during the Shivaratri festival.

Child trafficking menace is also prevalent in the district and NGOs such as RISE and Bachpan Bachao Andolan (BBA) are working in rescuing and rehabilitation efforts. BBA recently rescued children from who were trafficked from Chhattisgarh. According to NGOs, girls are trafficked to prostitution at Goa and other places. Child labour were found in pockets of slums in Tirupati by NGO-RISE and have been rehabilitated. Though the incidences of child trafficking child labour and child marriage have reduced significantly in the district with the concerted efforts of NGOs and district administration, there is a need to address these issues in a more comprehensive manner. NGOs are also making concerted efforts in improving the efficacy and reach of child welfare programs by working with community and welfare departments⁷.

³<https://www.thehindu.com/news/national/andhra-pradesh/a-way-of-life-in-western-mandals-of-chittoor/article19483557.ece>

⁴http://www.risengo.in/child_care.php

⁵<http://www.pvcrap.org/index.php/projects/networking/>

⁶<https://www.globalgiving.org/projects/educate-girl-students/reports/?subid=124023>

⁷<https://www.cry.org/projects/pragathi>

Table 4. 1: Profile of Chittoor District

| Indicator | Value |
|---|--|
| Area of the District (in Sq. KM) | 15,563 Sq. Km |
| Number of revenue divisions | 3 (Chittoor, Tirupati and Madanapalle) |
| Number of Municipal corporations | 2 (Chittoor and Tirupati) |
| Number of villages | 1540 |
| Number of Gram Panchayats | 1372 |
| Total Population (2011 Census) (in persons) | 41,78,061 |
| Total Male Population | 20,90,204 |
| Total Female Population | 20,83,860 |
| Sex Ratio | 997 |
| Density of Population (2011 census) | 275 |
| Decadal Population Growth rate (2001-2011) | 11.43 |
| People living in Rural areas | 29,42,678 |
| People living in Urban areas | 12,31,386 |
| Percentage of Urban population to total | 29.50 |
| GDDP share of the district at constant prices (2017-18) | 11.36% |
| Contribution to the State DGP | 8.01 |
| GVA of agricultural sector (2017-18) | 33.92% |
| GVA of Industrial sector (2017-18) | 21.62% |
| GVA of territory sector (2017-18) | 44.46% |
| Annual Per capita income at constant price (2017-18) | Rs.1,35,008 |
| Number of Persons working* | 8,72,085 |
| Total Population of children (0-14) | 10,29,734 |
| Total Male children (0-14) | 5,31,457 |
| Total Female children (0-14) | 498,277 |
| Population of children in 0-4 age group | 3,09,945 |
| Population of children in 5-14 age group | 7,19,789 |
| Population of children below 0-6 age group | 4,44,572 |
| Child Sex ratio | 931 |
| Children living in Urban areas | 2,94,330 |
| Children living in Rural areas | 7,35,404 |
| Birth rate* | 13.40 |
| MMR* | 79 |
| IMR* | 13 |
| Number of Primary Health Centres (PHCs)* | 103 |
| Number of beds available for exclusively for children* | 44 |
| Under-five Mortality Rate | NA |
| Children under 5 years who are stunted (%) | 31.4 |

| Indicator | Value |
|---|-------------|
| Children under 5 years who are wasted (%) | 18.1 |
| Children under 5 years who are severely wasted (%) | 4.6 |
| Children under 5 years who are underweight (%) | 32.4 |
| Children age 12-23 months fully immunized (BCG, Measles, 3 doses of each polio and DPT) (%) | 67.6 |
| Women between age 20-24 married before 18 years | 26.6 |
| Children age 6-59 months who are anaemic (%) | 46.6 |
| Pregnant women aged 15-49 who are anemic (%) | 58.9 |
| Literacy rate | 71.53 |
| Male literacy rate | 79.83 |
| Female literacy rate | 63.28 |
| <u>Number of Schools:</u> | <u>6212</u> |
| Central Government | 5 |
| State Government | 158 |
| MPP / ZPP | 4510 |
| Municipal | 156 |
| Private Aided | 56 |
| Private Un-aided | 1327 |
| Total students Enrolled | 5,71,597 |
| Single class room schools | 13.8% |
| Single teacher schools | 16.3% |
| Schools with Play ground | 46.8 |
| Schools with toilets for girls | 99% |
| Schools with toilets for boys | 100% |
| Schools with WASH facility | 67% |
| Schools provided with mid-day meals | 98.7% |
| Net enrolment ratio at Elementary level | 76.7% |
| Gender Parity Index at Elementary level | 0.91 |
| Transition rate elementary to secondary | 97.4% |
| Pupil-teacher ratio | 18 |
| Student classroom ratio | 18 |

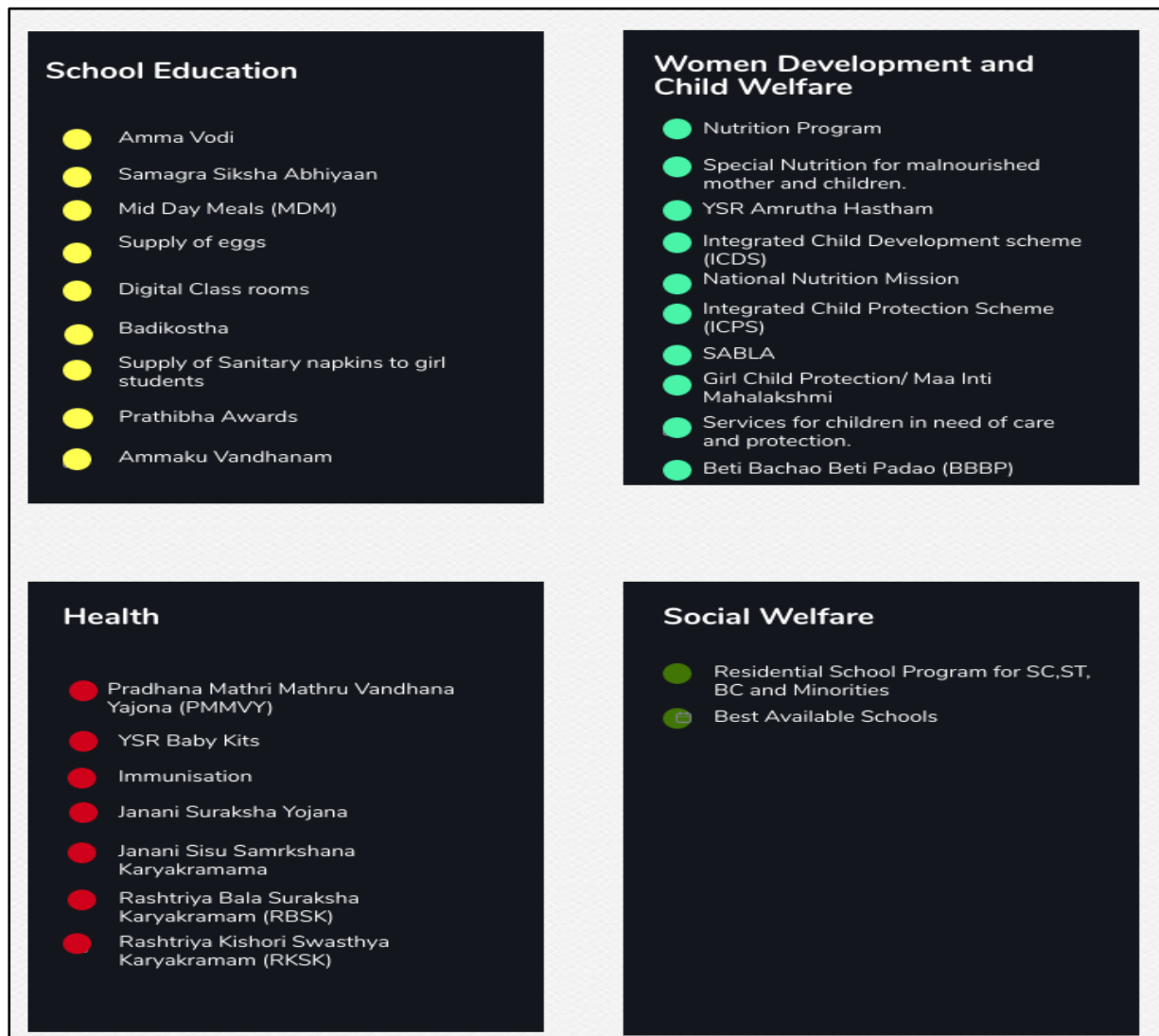
Source: Statistical abstract of AP 2018: NFHS 4 (2015-16) - District Profile , District report cards- UDISE 2016-17

4.2. Mapping of Institutions/Schemes to Understand the Key Departments and Critical Schemes Meant for Children

The AP state budget was analysed to identify the most spending line items for child development. The average revenue expenditure on child exclusive schemes has been analysed for the three latest financial years; 2017-18 AE, 2018-19 RE and 2019-20 BE

to identify prominent schemes and budget line items meant for children under each department (Annexure 3). This was used to prepare a matrix on child related initiatives including central and state government programs to understand the policy environment and governance structure. The matrix indicates the type of scheme (state/central), objective of the scheme, target group, implementation mechanism and outputs/outcomes to be achieved (Annexure 4).

Figure 4. 3: Scheme Matrix: Child Related Schemes Under Four Key Departments

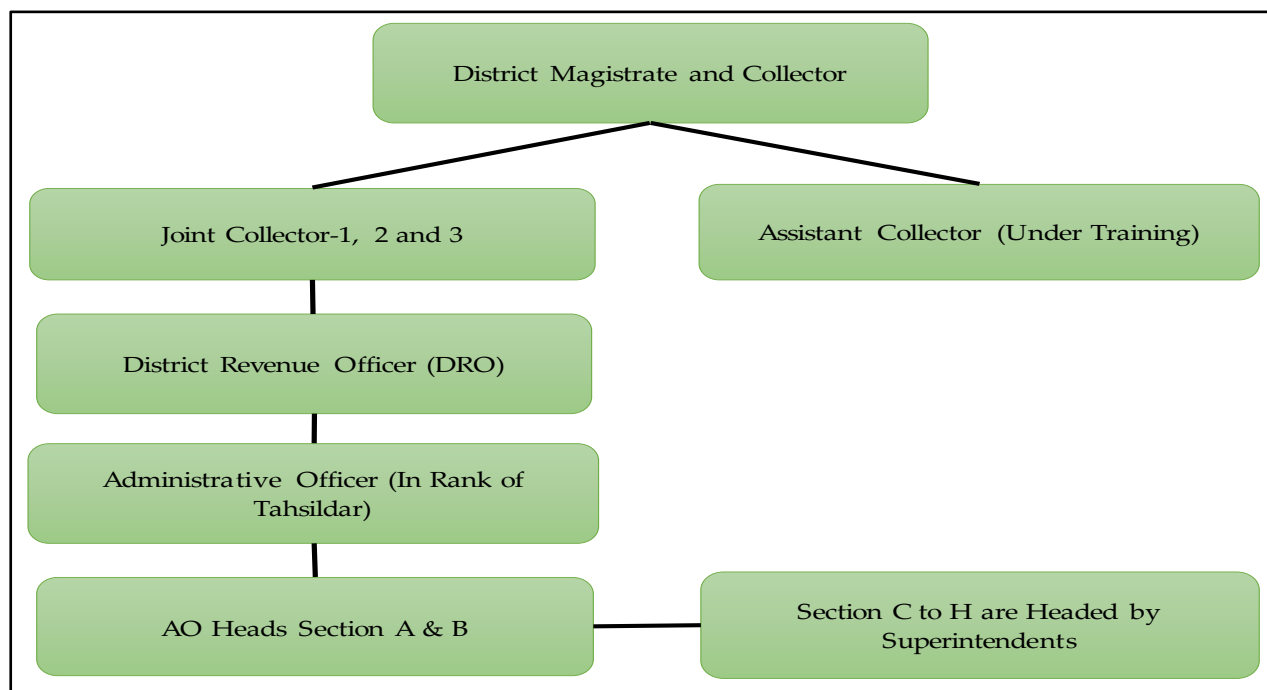


Source: Collected by CBPS

4.3. Role of Collectorate, Important Departments and Committees – With Focus on Children

4.3.1. District Magistrate and Collectorate Office

Figure 4. 4: Organogram of Collectorate, Chittoor



Source: Collected by CBPS

Powers/Functions of the Collectorate Office: As a supreme administrative body at the district level, Collectorate plays an important role in implementing all the schemes, augmenting the resources & ensuring co-ordination among departments and in making key decisions. All the important appointments and official decisions made by departments at the district level are appropriated by the Collector's office. It acts as a converging point for all the departments, any communication among the departments has to pass through the Collectorate. This overarching presence of collectorate may sometimes add to the administrative burden of the departments as it becomes mandatory for them even to get permission for a small event. As indicated by one of the officials implementing the ICPS, it becomes cumbersome and time consuming at times for them to get approval even for conducting awareness programs in schools because the file seeking permission goes to DEO only through the Collectorate. The long travel of file also often adds to the bureaucratic delay as it gets crowded at the Collectorate with the files from other departments.

Collector is assisted by Joint Collector1, Joint Collector2 and Joint Collector 3 who are being made responsible for Rythu Bharosa and Revenue, Village and Ward Secretaries and Development and Asara (pensions) and welfare respectively⁸⁹.

Decision Making of the Collectorate Office: The Collector is omnipresent in all decision-making bodies related to child development. He heads the Child Protection Committee/Unit, supervises the functions of Child Protection Officers, and is the Grievance Redressal Authority for Child Welfare Committee. He makes decisions on rationalisation of schools, merger of AWCs in accordance with the State policy and accords approval for NGOs that run child homes etc. The Project Officer of SSA and RMSA needs approval from the Collector for incurring expenditures above Rs.1 lakh. This also provides Collector to have the panoptic view of all the program and functionaries in the district right from departmental heads to the frontline workers. S/he evaluates the performance of all departments by conducting review meetings every month, during which he probes into the minute details about unfulfilled targets or miss happenings and questions the concerned line agency. Recently, when there was a maternal death in the district, the Collector had summoned the ANM and ASHA responsible for it, enquired about the situation and suspended the ANM for not doing her duties properly. S/he also conducted surprise visits to review the activities and conditions in schools, hostels, PHCs and Anganwadis. In an incident of child rape, the Collector had immediately responded and had ordered a compensation of Rs. 5 lakhs to the victim apart from ensuring proper punishment for the convict quickly. One of the members of Child Welfare Committee (CWC) informed about the increase in reporting of child abuse cases after the Collector's action.

Grievance Redressal at the Collectorate Office: As part of a state initiative called Spandana, grievance day is conducted every Monday at the district level in the supervisory presence of the Collector along with joint collector and DRO and with all the departmental heads including police. In the session of about 4 hours starting at 8 AM Collector address the citizens problems both in offline and online. The session starts by taking calls from the citizens across the district, a trouble facing citizen can call to the district Collectorate number which will directly attended and addressed by the Collector immediately. In the offline, citizens can also submit their petitions to the collector who would direct the petitions to the respective

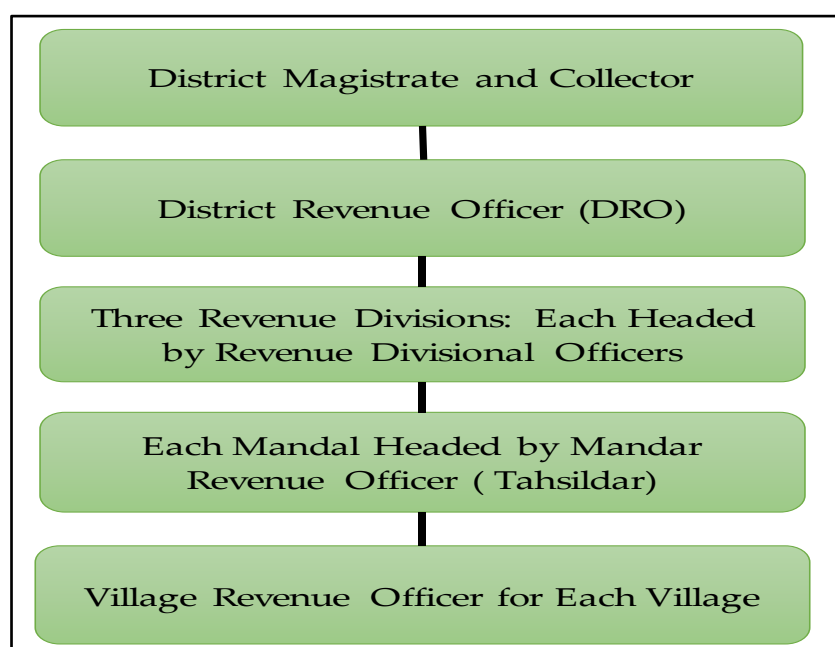
⁸<https://government.economictimes.indiatimes.com/news/governance/andhra-pradesh-govt-appoints-3-joint-collectors-in-each-district-dedicated-to-welfare-programmes/75671054>

⁹<https://www.newindianexpress.com/states/andhra-pradesh/2020/may/11/28-ias-officers-appointed-joint-collectors-in-andhra-pradesh-as-part-of-reforms-2141837.html>

departments. The unsolved petitions at the end of the session would be submitted at the Tapal section (cell where petitions are supplied) of Collector's office which will be delivered to the Collector eventually. In the absence of Collector Joint Collector will address the session and it is mandatory for all the departmental heads to attend the meetings. Collector also reviews the actions taken by departments on the cases filed in Spandana at the beginning of the next session and at the individual review meeting of the departments. It is a platform for the public to register grievances.

Revenue Administration of the District: The district is divided into three revenue divisions which are further divided into 66 mandals. The line authority under the district revenue officer is responsible for the maintenance of village revenue and land records, collection of taxes/cesses pertaining to revenue department, maintenance of birth, death and marriage certificates, issue of certificates like residence certificate, protection of land, land acquisition for government projects, land alienation etc. The collector is also responsible for the performing executive magistrate functions including Law and Order. The PDS system is implemented under the supervision of MRO at the Mandal level. In general, though it also responsible for community welfare and development by providing assistance to the respective departments, they are occupied mainly with the revenue functions.

Figure 4. 5: Revenue Administration in Chittoor District



Source: Collected by CBPS

Communication: A scheme is communicated to the respective departments at the district by state directorates or nodal agencies. The district officials communicate it

further to the implementing agencies at the mandal level who are responsible for taking it to the last mile. Collectorate acts as a converging point for all the departments at the district level.

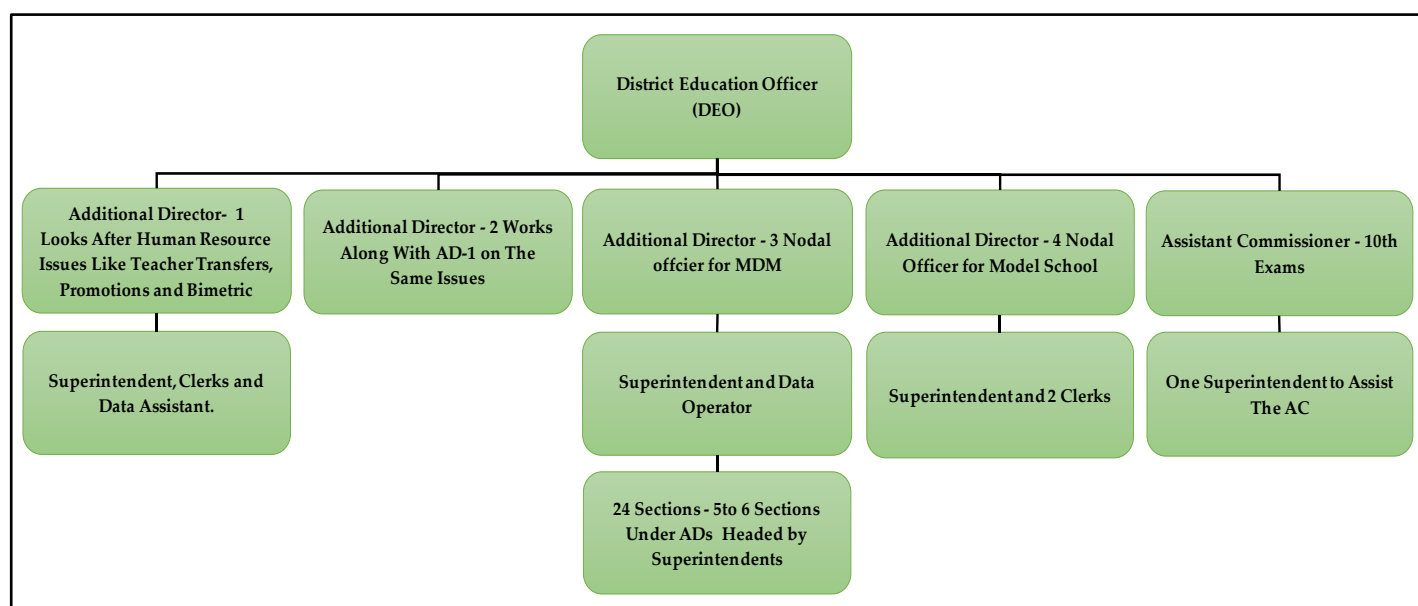
Disha Committee: The District Development and Monitoring Committee (DISHA) is formed for the improvement of infrastructure and rural development. It is formed with a view to improve development coordination and monitoring within the Constitutional framework of responsibilities with the Centre, State and Local governments. A DISHA committee comprises of a chairperson who is an elected member of the Parliament in the Lok Sabha. The other members of the parliament of the Lok Sabha who represent the district are considered as co-chairpersons. An elected Member of Parliament of the Rajya Sabha is also elected as the co-chairperson by the Ministry of Rural Development. The member secretary of the DISHA committee is the District Magistrate. In his absence (in case of special circumstances), the meeting is attended by the Senior ADM or the DM could authorize the Zilla Parishad to be the Member secretary. The other members consist of all members of the state legislative assembly, one representative of the state government, all members of the Gram Panchayat, Chairperson of the zilla panchayat, CEO of zilla panchayat, project director. The Department of rural development nominates up to 4 members as the member of the committee namely one member of an NGO, one representative each of SC, ST and women, Lead bank officer of the district, SP or SSP of the postal department and district level functionaries who will be under the purview of DISHA.

Meetings of DISHA should be held once in every quarter. At least 4 meetings have to be organized in a year.

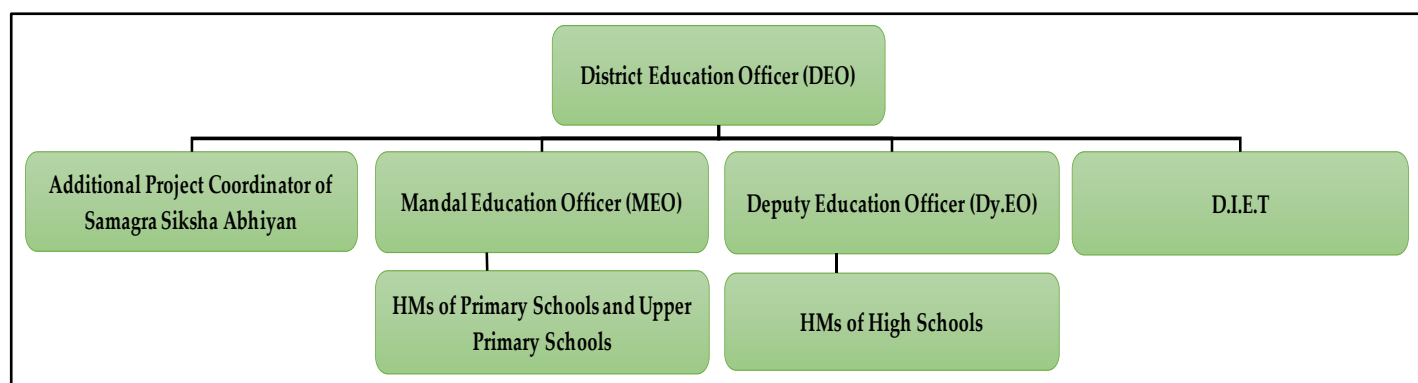
4.3.2. School Education Department

School education department is responsible to implement the schemes related to education, recruit and maintain the teachers, conduct the board exams, and to address the grievances in education related issues.

Figure 4. 6 and Figure 4. 7: Organogram of Education Department at District Level



Source: Collected by CBPS



Source: Collected by CBPS

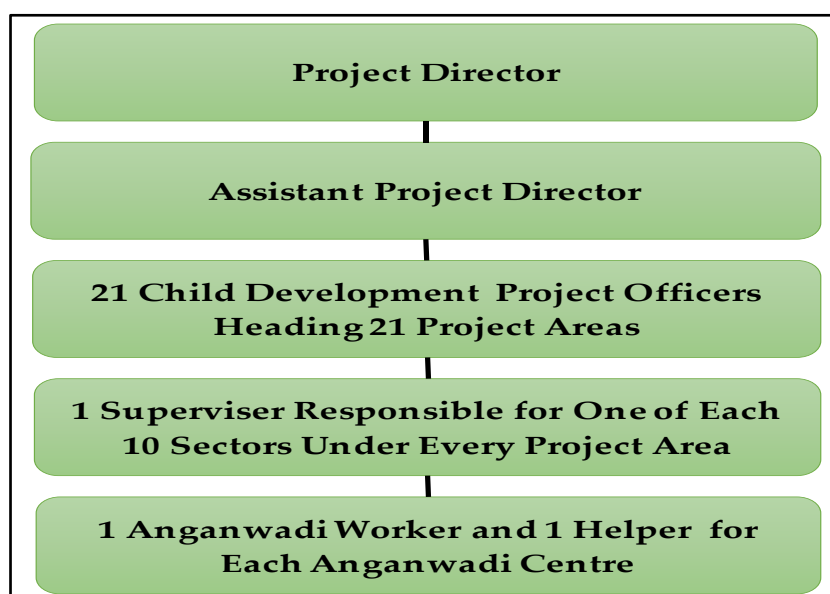
The main objectives are to provide access to quality education, reduce the dropout rates and enhance the retention rates. As a part of implementing the schemes, the department is responsible for supply of textbooks, uniforms and shoes to the students and provision of midday meals in the schools. It is also responsible for providing training to the teachers and other important officials at lower levels like Mandal Education Officer (MEOs) and Cluster Resource Person (CRPs). Till recently, the SSA-RMSA project office has been headed by a Project Officer whose line authority falls under the state Project Director. With Samagra Siksha Abhiyaan being rolled out, it is now renamed as Samagra Siksha Abhiyan project office, headed by Additional Project Coordinator (APC) who comes under the purview of state Project Director and DEO according to the norms.

4.3.3. Women Development and Child Welfare Department

The department has two divisions; Integrated Child Development Services unit that implements ICDS and District Child Protection Unit (DCPU) that is responsible for the implementation of Integrated Child Protection Services. At the state level, DCPU comes under the administrative control of State Child Protection Society.

The WCD's main function is to promote women, child and juvenile welfare through empowerment, institutional and legal support. At the district level, they implement schemes for reducing malnutrition, infant and maternal mortality. The department acts as a preventive care institution focusing on women and children to improve the nutritional status, to support them in avoiding and dealing with difficult circumstances.

Figure 4. 8: ICDS Implementation Structure



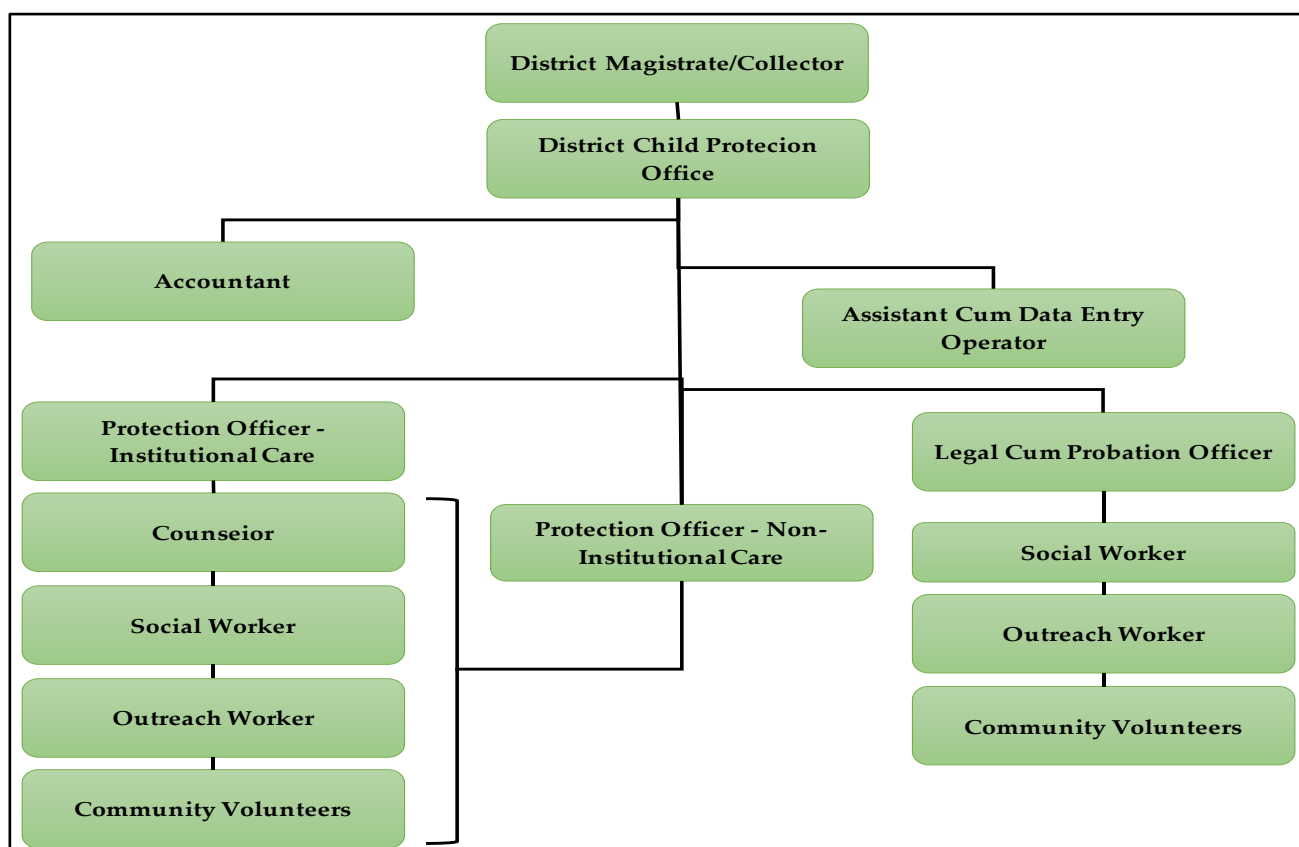
Source: Collected by CBPS

ICDS unit of department is responsible for implementation of nutrition related schemes and missions. It mainly concentrates on the 6 components under ICDS for which the whole district is divided into 21 project areas which are again divided into sectors. Each project is headed by a Child Development Project Officer (CDPO) and a sector is headed by a supervisor. The ICDS unit works to achieve the WHO targets given by the State and Central governments under Poshan Abhiyan. The program has the targets as follows.

- a) To reduce stunting every year by 2 percent.
- b) To reduce underweight every year by 2 percent.

- c) To reduce Anaemia by 3 percent every year among 14-49 years girls and women and 7 months to 3-year children.
- d) To reduce low birth weight 2 percent every year.

Figure 4. 9: District Child Protection Unit¹⁰¹¹



Source: Collected by CBPS

The District Child Protection Unit is headed by District Child protection officer who is under the administrative control of the District Magistrate. It is responsible for the implementation of all child protection services, acts and legislations like child labour Prohibition and Regulation Act 2016. The Protection of Children from Sexual Offences Act, 2019, The Prohibition of Child Marriage Act 2006. Childline India Foundation (CIF) is the “Mother NGO” for running ChildLine Services in the country. Integrated Child Protection scheme strengthens the capacity of ‘Mother NGO’ by supporting its Regional Centres, as required, besides supporting its Headquarters in the country.

¹⁰<http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf>.

¹¹Certain staffs are transferred to Juvenile Welfare department vide memo dated P2/100/2015 -dated 3/2/2016

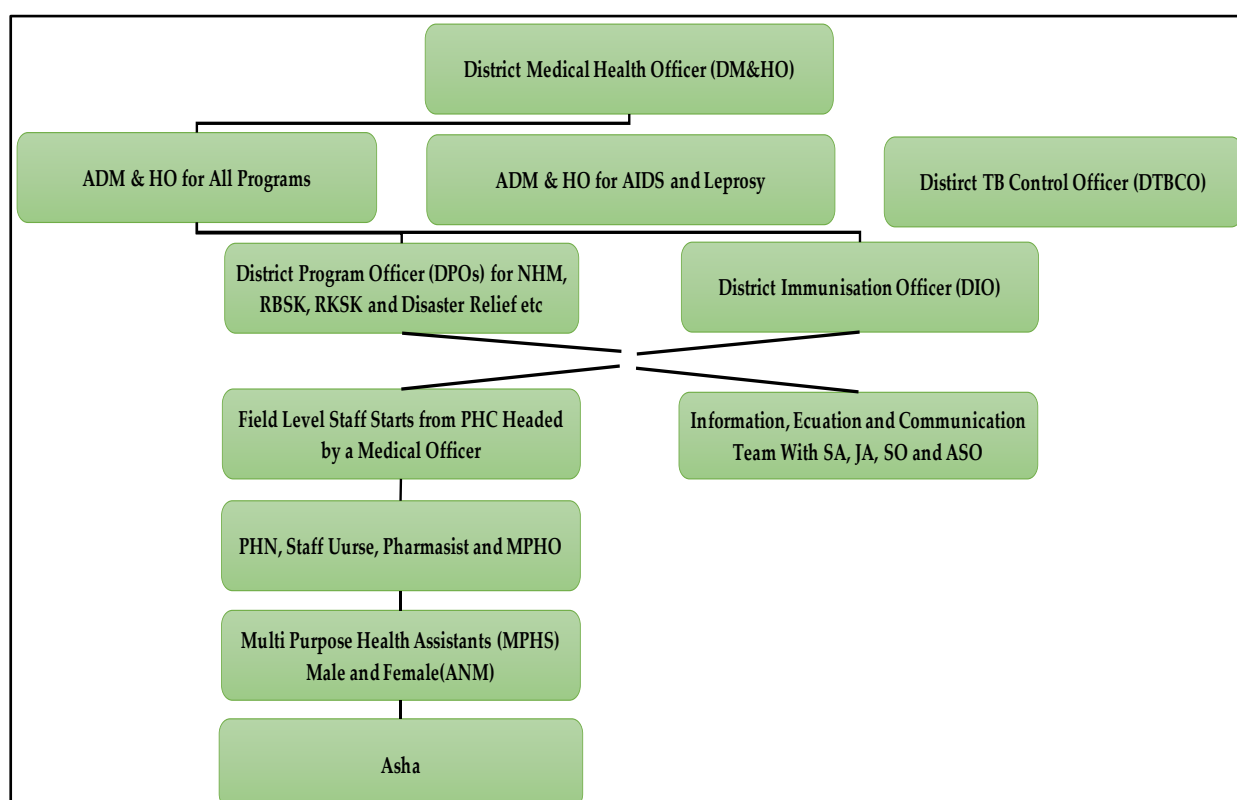
Child Welfare Committee (CWC) and the Juvenile Justice Board (JJB) constituted as per the Juvenile Justice Act, 2015 are located in Tirupati. CWC is responsible for the protection of children in need of care and support. All the members of CWC are selected by a state level selection committee which consists of a HC judge, a child expert, one sociology and one psychology professor. The members must have a minimum of 7 years' experience in child issues with an MSW or law background and one of them should be a woman. The members are appointed for a term of 3 years.

The Juvenile Justice Board (JJB) performs first class magistrate functions in cases involving juvenile crime. It comprises two social workers and a chairman who is of the rank of Principal Magistrate. The social workers of the board must have a minimum of 7 years' experience who are also selected by a state level committee. The selection committee comprises a High Court judge, head of Child Rights Commission etc. The members are appointed for a term of 3 years.

4.3.4. Health Department (District Medical and Health Officer)

The District Medical and Health Office (DMHO) is responsible for improving the health status and quality of life in the district. It implements all the national, and state health schemes like National Health Mission and Immunisation (Mission Indra Dhanush). The District Program office of NHM would include officers responsible for the implementation and monitoring of schemes under NHM like RBSK, RKSK etc. The office administers all PHCs and sub- centres in the district. Several health schemes are implemented to improve the accessibility of healthcare services and to build an enabling environment for the mother and child development. It looks over the issues of maternal and infant deaths. The department is responsible for stopping and containing the outbreak of contagious diseases and fever. It is in charge of conducting medical camps during disasters. Apart from Implementation of various schemes, the department is also responsible for training Medical Officers in the district on various acts like PCPNDT etc.

Figure 4. 10: Organogram of Health Department in the District



Source: Collected by CBPS

Rashtriya Bal Swasthya Karyakram (RBSK): Rashtriya Bal Swasthya Karyakram (RBSK) is an important initiative under NHM that aims for early identification and early intervention Defects at birth, Deficiencies, Diseases, Development delays including disability among 0-18 age group. Child Health Screening and Early Intervention Services under RBSK envisages to cover 30 selected health conditions for Screening, early detection and free management. Screening takes place by mobile heath teams at community level; Anganwadi centres, schools, urban slums and at facility level; Primary Health Centre, Community Health centre and District hospital. The mobile health team consist of four members - two Doctors (AYUSH) one male and one female, at least with a bachelor degree from an approved institution, one ANM/Staff Nurse and one Pharmacist with proficiency in computer for data management

Rashtriya Kishor Swasthya Karyakram (RKSK): Rashtriya Kishor Swasthya Karyakram (RKSK) has been designed under NHM to strengthen the adolescent development including nutrition, sexual & reproductive health, injuries and violence (including gender-based violence), non-communicable diseases, mental health and substance misuse. 10-19 age group adolescents are covered under the programme

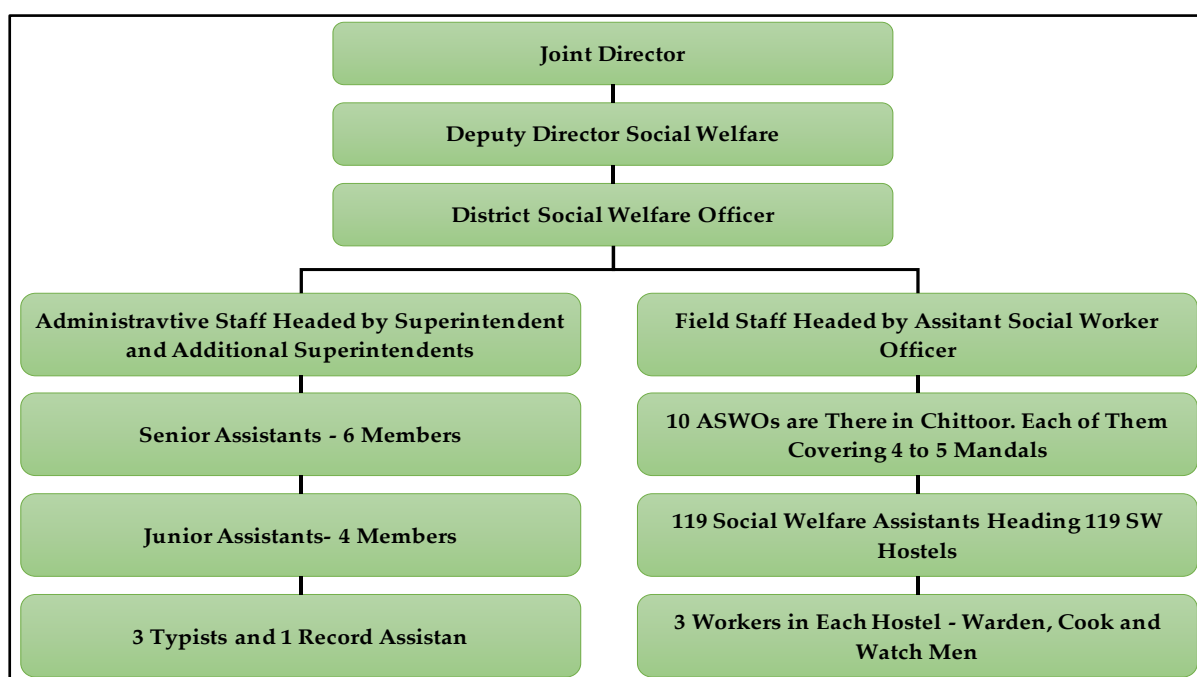
those in and out of school, married or unmarried, and vulnerable groups. At CHC level, ARSH clinics are set up with dedicated Adolescent Health counsellors

To ensure coverage of adolescents in both schools and out of school, two peer educators (i.e., one male and one female) will be selected to work with adolescents in school, and similarly, two peer educators will be selected to work with adolescents, out of school children. Under RKSK program, 39 PHC's have been selected for implementation of Yuva clinics in Chittoor district. In these PHC's, two doctors are working. One PHC doctor has been given the training on the functioning of the Yuva Clinic and his role majorly to go to the schools and colleges and sensitize the adolescent girls. District Project officer collect the data from these doctors and reported to DM&HO.

4.3.5. Social Welfare Department

The Social welfare department along with Tribal, BC and Minority welfare departments follow a similar departmental structure. Social welfare department acts as the nodal office that coordinates with all other welfare departments. These departments mainly function for the welfare and protection of all the disadvantaged groups namely, SC, ST, OBC, Kapus and minorities in socio, economic and educational fronts. They run hostels and residential schools for the respective caste groups with a special focus on girl children. The department looks and facilitates the scholarship process under Jagananna Vidhya Deevan.

Figure 4. 11: Organogram of the Social Welfare Department

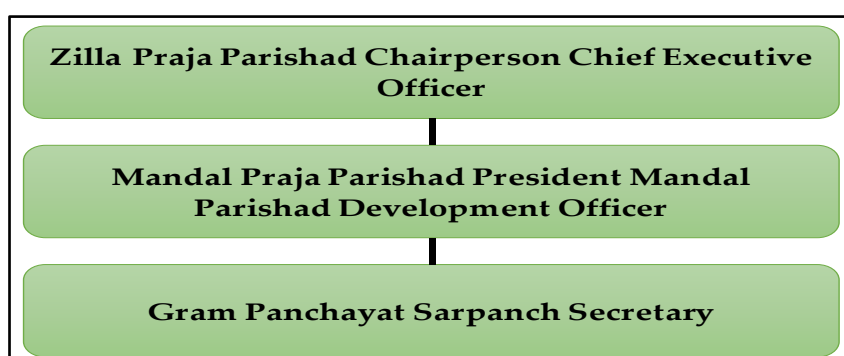


Source: Collected by CBPS

4.3.6. Role of Panchayat Raj Institutions

The Andhra Pradesh state has three tier Panchayat Raj Institutions in place viz, Gram Panchayat, Mandal Praja Parishad and Zilla Praja Parishad at village, mandal and district levels respectively. Gram Panchayat being is authorized to collect taxes and prepare Gram Panchayat Development. The Andhra Pradesh state Government has devolved 10¹² functions out of 29 functions listed in the eleventh schedule to PRIs. Funds to PRIs are released by the line departments.

Figure 4. 12: Structure of PRIs in Chittoor District



Source: Collected by CBPS

All the civil works, allocation of lands, sanctioning of buildings etc. for any scheme has to be undertaken by the Panchayat Raj Institutions. The Zilla Parishad and Mandal Parishad have a stipulation of spending 15% of the funds received for the welfare of women and children (*G.O. Ms. No. 15 PR, RD, & Relief (Accts..IV) dept. dt. 10-1-95*).

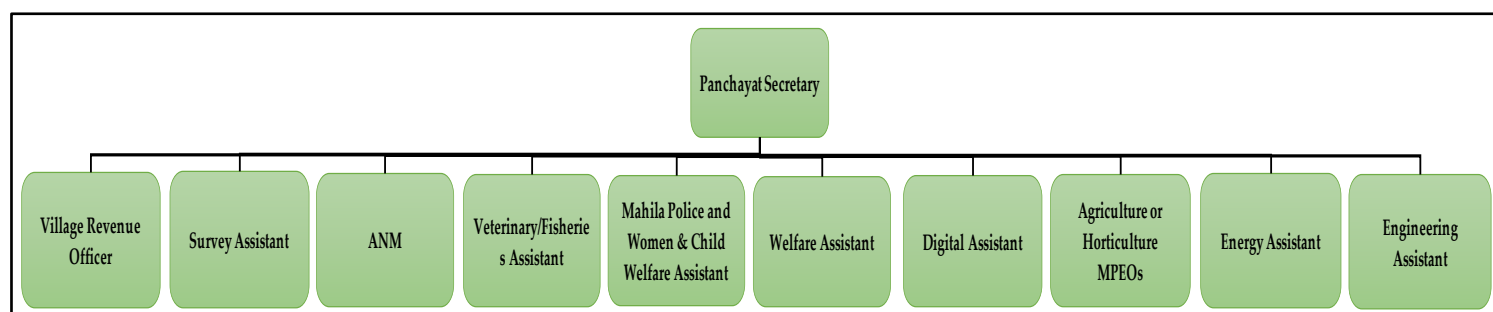
At the mandal level, Mandal Parishad Development Officer (MPDO) is responsible for proper implementation and monitoring of all developmental activities and welfare schemes. The collector communicates regularly through video conferences with MPDO than the MRO in the district as the MPDO acts as the unit of coordination. MPDO receives orders/ instructions from the ZP office, Collector, Joint Collector, Project Directors of concerned lined departments. However as said by one MPDO, the communication with the women and child welfare department has become irregular recently. MPDO is also the program officer of MGNREGA. The

¹²(i) Agriculture and Agriculture Extension (ii) Animal Husbandry, Dairy and Poultry (iii) Fisheries (iv) Health and Sanitation (v) Education, including Primary, Secondary and Adult Education and non-formal education (vi) Drinking Water (vii) Poverty Alleviation Programme (viii) Women and Child Development (ix) Social Welfare, including Welfare of the Handicapped and Mentally retarded (x) Welfare of the Weaker sections and in particular of the Scheduled Castes and Scheduled Tribes

MPDO requires technical approval from the women and child welfare department for the programmes planned.

Village secretariat system: The departments are functioning with the volunteers at the grassroot level. Aarogya Mitra – for health, Grama deepikas, vidya volunteers- for education, Udyogamitrulu- for employment. Government of Andhra Pradesh has introduced Village Secretariat system in 2019 (Gram Sachivalay) and gram volunteers to reach out the programs to the people is also a step in this direction at village level covering health insurance, reimbursement of fees of children, incentive to send children to school, incentives to farmers including crop insurance, loans for women through SHGs, Housing scheme and Pension scheme¹³.

Figure 4. 13: Village Secretariat in Chittoor District



Source: Collected by CBPS

This system envisages to provide government services at the door steps of the beneficiaries. At the village level this would be the converging unit of the line departments, working as a single window system for ensuring the implementation of all the department schemes. The mandate of the village secretariat is to facilitate the people in receiving the government provisions by ensuring transparency and accountability. The core functions of the secretariat are presently formulated for the implementation of Navaratnalu- the nine welfare schemes. One Village Secretariat has been set up for every population of 2,000. Each secretariat consists of 11 important functionaries; Village Revenue Officer, Survey Assistant, ANM, Veterinary/Fisheries Assistant, Mahila Police and Women & Child Welfare Assistant, Engineering Assistant, Energy Assistant, Agriculture or Horticulture MPEOs, Digital Assistant, Education and Welfare Assistant headed by a Panchayat Secretary who is the Drawing and disbursing officer for all the staff of Village Secretariat. Under the village secretariat, village volunteers provide services where one volunteer is positioned for 50 households. The volunteers are given an honorarium of Rs.5000

¹³For more see <https://chittoor.ap.gov.in/navaratnalu/>

per month. These volunteers act as a link between the village secretariat and the citizens who will deliver the services to the households, appraise the citizens of the various government schemes and provisions and spread awareness for improving the community participation in the governance. For instance, the volunteers will be delivering the monthly ration to the beneficiaries in their homes itself as many have complained that they lose one day wage standing in queues to get the supplies from ration shops. This system is envisioned to bring credibility in the governance through social audit. Village Secretary holds the gram sabha and prepares the GPDP plans accordingly for seeking the government funds. The GPs have been dissolved for last one and a half years¹⁴, no GP is receiving the 14th Finance Commission grants for the same.

4.3.7. Non- Governmental Organizations in The District

The main Non-Government Organizations (NGOs) working in the child welfare space are Pragathi and Peoples Organization for Rural Development, Rashtriya Seva Samithi (RASS) and Annai Theresa Social Welfare Action Trust (ATSWA). However, consultations have been conducted with RASS and ATSWA only.

For both the NGOs, child welfare is one of the various sectors that they are involved with. RASS is working through funding from both government and non-governmental organizations like Save the children, Action aid, Water aid etc., while ATSWA largely works through donors and corporate partnerships. RASS is working on nutrition and improving infrastructural facilities in schools. RASS is implementing one of the 21 ICDS projects in Tirupati where in except the CDPO remaining staff members in the project area are recruited by this organization and provided supplementary training along with ICDS. No special services are provided by RASS apart from the one mentioned in ICDS. Earlier RASS used to provide training to AWWs and Supervisors but it is stopped due to orders from the government. It follows a holistic approach towards child development, hence empowers women/mothers by providing alternative livelihood opportunities so that they can take good care of the children. RASS runs child helpline and classes for the differently-abled children. RASS has adopted Das Kuppam village and it is providing drinking water and sanitation facilities. It is also providing drinking water and toilet facilities for the schools in Satyavedu Mandal. Apart from RASS, two other organizations FICCI and MUFG are also providing toilet facilities. ATSWA runs child care homes in Satyavedu mandal. It homes poor children, orphans, and

¹⁴GPs term ended in May 2019 and elections are not held for the same.

diseased children. Funding of ATSWA comes from donations. A children-home staff consists of a warden, a teacher, a watchman and a helper. The children in these homes are sent to nearby government schools and those who needed health care are taken to hospitals. ATSWA home at Madnambedu has two kids suffering from AIDS who were being taken to Tirupati ART centre every month for the treatment. Rural Institution for Science Education (RISE) has been recognised by Childline, while RISE and Peoples Voice for Child Rights-(PVCR) are part of child rights forum and Anti child-marriage forum the district.

Interactions with the State and Convergence at the District: Trainings and Capacity Building and Data Management: Apart from the collectorate and departments at the district which act as communication points to down below, the training and capacity building program also acts as an important forum for understanding the field realities by the higher-level officials while the lower level official get to know the ways of implementing the programs. State directorates undertake continuous training for the capacity building of district level functionaries. Scheme specific trainings also happen through workshops, video conferences etc. The district functionaries in turn train the mandal or project level functionaries who build the capacity of lower level staff like CRPs, HMs, AWWs, ANMs and ASHAs etc. Beneficiaries for all the schemes are identified at the state level and funds are released accordingly, the district departments only act as a conveyor belt for the distribution of benefits.

Data management: Each scheme has a comprehensive or scheme specific web portal where the data on implementation is uploaded. These websites are relied upon for identification of beneficiaries and for monitoring. The data collected from the implementation point is consolidated at the mandal level or district level and sent to state directorates/ nodal agencies at regular intervals.

4.4. Field Impressions (Relating to Implementation and Monitoring of Schemes, Flow of Funds, Sharing of Data and Feedback from The Lowest Level)

4.4.1. Early Child Care (0-6 years)

Availability and Access: The district had a total of 372 (IMR=6.2) infant deaths in the year 2018-19. Contrarily, no GP in the sample had noted any infant death for the past one to two years. ANM and ASHAs in the GPs visited have had the track of deliveries and high-risk pregnancies in the village. They assist the antenatal and postnatal care right from conception to last dose of vaccination and they make sure

that no home deliveries happen. Observations from the four GPs showed that no home deliveries have happened in recent past. As soon as the baby is born, zero dose vaccines are compulsorily administered to the infants. As per the data provided by DM&HO, around 85% of total children are vaccinated. The district or field staff didn't face any problem in administering the vaccines as the people proactively participate in taking vaccines. From procurement to the distribution, the vaccines are stored and transported under sterile conditions and monitored through an app called EVIN which is handled by the pharmacist at the PHC level. But the pharmacist posts were vacant in both the PHCs visited. One of the ANM informed that pregnant women and children are referred to the nearby Tamil Nadu health centres due to shortage of iron tablets at the PHC. Apart from that, the high-risk antenatal cases were also referred to Tirupati and Tamil Nadu as there was only one 108 service for four PHCs covering four large mandals. The data on childbirth and health services provided to children was readily available at the district and PHCs level, but there was a mismatch. For example, live births in Nagalapuram PHC were less as per the DM&HO records, whereas data at the PHC showed higher value. Similarly, the number of anemia and severe anemia cases prevalent among pregnant women and children recorded also had discrepancies in Das Kuppam.

ICDS scheme appeared to have a better channel of communication and service delivery. Two out of four AWCs have their own buildings and all of them were fully staffed. However, absence of compound wall in all of the AWCs was one of the major lacunae to attract children in preschool. One centre had very less space without a separate kitchen and storage facility, the children were made to sit next to a gas cylinder which is dangerous and risky. AWC in Madnambedu which is located in SC colony has got electricity connection recently, but it doesn't have other facilities like toilet, light and fan. The infrastructure problems have been brought to the notice of the GP and village secretary which is yet to act upon it.

Under the nutrition component, food along with egg is served to 3-6 years children, Pregnant and lactating women. 7 months to 3-year-olds are served with Balaamrutham (1.5 kg packet of nutritious flour). There has been no delay in the supply of the food materials. Earlier special nutrition was given to malnourished mothers and children under Bala Sanjeevani scheme. The scheme has been discontinued recently because the tenders of the contractors supplying the food materials were revoked as there were long pending bills.

All the AWWs were aware of their functions and responsibilities as there is continuous training and regular monitoring. There is a continuous online and offline

monitoring through tabs and mobile phones for reporting and uploading data online. There were problems of devices going bad and issues of connectivity. AWWs reported of using their own devices as well. Apart from the data on services delivered, they also maintained data on the total number of children in 0-6 years age.

Systemic factors: PHC in both the mandals were suffering from a severe shortage of staff. Most of the lower level staff like ANMs, ASHAs, and the sanitation workers complained about not receiving their salaries regularly. In addition to the shortage of staff, some of the existing ANMs have now moved to the newly formed village secretariat which seems to be more remunerative for them and this has added to the problem. These ANMs have to report to PHCs as well as the secretariat, it is increasing their work burden as they are put into other secretariat functions along with health services. District officials and PHC level staff have also raised concerns about the transfer of control over ANMs to secretariat. Along with human resources, PHCs are also facing several infrastructural issues. Both the PHCs visited were very old buildings with poor/no maintenance. One of the PHCs does not have regular water supply and is situated between two villages and are almost equidistant from the villages of Das Kuppam and Chinneli. Both the gram panchayats are not willing to provide water supply and are suggesting the PHC to obtain water supply from the other GP. The absence of elected panchayat has turned the situation into worse with nobody to mediate and ensure water supply for the PHC. The plight of sub centres was worse than the PHCs. Three out of seven sub centres under Das Kuppam PHC didn't have own buildings, Madnambedu has a sub centre which is certified as not fit for use thirty years ago. Though Rs.15 lakh fund was sanctioned for its construction, the work has not yet been started. As a result, the ANMs are facing problems in delivering the services.

At the mandal level, Mandal Parishad Development Officer (MPDO) is responsible for proper implementation and monitoring of all developmental activities and welfare schemes. However, lack of staff has been a big problem. One of the MPDOs said that the field officials do not feel that they are answerable to MPDO, which is making him/her less powerful in supervising the developmental programs. Raising concerns over the same, he suggested that there should be a secretariat at mandal like that of the GP level to bring better coordination between different departmental officials like MEOs, CDPOs, MOs, Social workers and police etc. Absence of such coordinating unit at the lower level has resulted in compartmentalized functioning of departments, which has led to poor implementation of certain schemes like YSR Kishori Vikasam and Rashtriya Kishori Swasthya Karyakram. The ICPS unit in co-

ordination with the other departments, trains the volunteers from degree colleges under YSR Kishori Vikasam on wide variety of issues like child rights, menstrual health and hygiene, social issues like child marriages, child abuse, child trafficking etc. The trained volunteers conduct counselling sessions in high schools, secondary and higher secondary schools. None of the school teachers visited reported any such counselling sessions being conducted by degree college volunteers. This clearly evidences that lack of effective monitoring and communication mechanisms below the district level has been hampering the implementation of schemes. It is being felt that the main reason for this to be the lack of converging mechanisms at the lower level that can monitor the scheme implementation. With the dissolution of Gram Panchayats in 2019, MPDO has become an important functionary as he is the special officer in the absence of Sarpanch to supervise funds like hospital development funds etc. It was informed that MPDOs merely sign the papers submitted by the hospital authority without any discussion. One of the superintendents at the Social Welfare department said that their job is like a “postman” as their responsibility of verification and monitoring are also now diverted to online or done through newly formed village secretariat. One of the village secretaries informed that the absence of elected representatives has not only hampered the finances but also the quality of gram sabhas and functioning of Standing Committees and the true potential of newly formed village secretariat is yet to be discovered. Absence of elected body has only exacerbated the problem of infrastructure among schools, health centres and AWCs since PRIs (elected body) are in-charge of building and maintenance of infrastructure.

At the district level there were no complaints on the training provided. But the lower level staff like HMs and Common Health Officers expressed that there are too many training sessions without a proper schedule which disturbs their regular work. They also opined that trainings are sometimes conducted just to utilize the funds.

However, trainings conducted under ICDS has a fixed schedule, hence none of the AWWs had any issues with it. When it comes to influencing policy changes, there is very less discretion to the district officials. They can only communicate the need for a policy change to the higher level which may or may not be accepted.

People’s experience/expectations: Overall while the services are better delivered with respect to early childhood care, the poor infrastructure and shortage of staff at PHCs has impacted the services. All the cash or kind transfer schemes under NHM like JSY, JSSK, PMMVY and Baby kits are implemented with fewer glitches. There have been no major complaints on these schemes. However, people complained

about the discontinuation of Basavatharakam mother kits which were provided to the mothers who delivered in government hospitals. AWWs opined that the parents were not willing to send their kids to AWCs for preschool despite repeated counselling on the services provided at AWCs free of cost. They also opined that the parents think that sending their kids to private schools is a matter of prestige apart from the fact that they also feel it is worth to pay for it. Another recurring concern from the AWCs was that since it is a border area between AP and TN, the mothers and children don't prefer rice (Pachibiyyam) that is provided under SNP as they are used to consume another variety of rice (Uppudubiyyam) in their homes. This issue has been raised in the meetings with higher officials and is yet to be resolved. Samagra Siksha Abhiyan has provided with a provision for the merger of preschool education with the school education. The effort to merge AWCs with adjacent schools has not been successful in the district except in Tirupati. Though some schools have allocated space for AWC to run preschool, no progress has happened as the AWWs are not in favour of the merger. AWWs seemed to be unaware of the upcoming structural rearrangements of preschool education. They felt that merger of AWC (preschool) with school would deprive them of their basic function and a threat to their post¹⁵.

4.4.2. Health, Education and Nutrition of Children (6-18 years)

Access and Availability: Under RBSK, children are screened and treated for dental problems, language and motor delay, severe anemia, convulsive disorders and skin problems. In the villages that are visited, the most screened and treated diseases were found to be dental problems and skin disorders. Children coming from childcare home run by ATSWA were reported to have scabies and other skin related allergies due to poor sanitation facilities. All schools have reported the visits by Mobile Health Teams (MHTs) at schools. Apart from it, under YSR Kanti Velugu scheme, eye checkups have also been done to the students, but no further treatment or spectacles were provided to the identified children. Adults Reproductive Sexual/Friendly Health (ARSH) clinics are established at CHCs and AHs under RKSK to deal with the psychological and reproductive issues in the puberty period. However, no schools and ANMs have reported any such cases and no school staff was aware of this scheme. Unlike in RBSK, there was no channel to identify the children facing transition issues. In order to address the transitional issues, degree students are also trained under YSR Kishori Vikasam as part of Beti Bachao Beti Padhao to provide

¹⁵One of the AWW during the field visit reported that one of the AWC shifted to school premises was allegedly set on fire to protest the merger proposition in Puttur mandal.

information on the same to adolescents in schools. But no school visited has reported conducting the peer group training. Under ICDS, health checkups were conducted to the adolescent girls. Since the checks are now done at schools under RBSK, ICDS has discontinued the service. With the roll out of Poshan Abhiyaan, there is a provision of take-home rations to the adolescent girl dropouts. According to ICDS, 209 girls in the district are availing the benefits under this scheme. As per the officials, it is hard to identify the dropouts as the education department does not disclose the data on dropouts. It was also evident from the field that one of the school teachers said they don't remove the names of dropped out students from their database to avoid the wrath of the higher officials. Therefore, ICDS rely on AWCs to collect data of dropouts at village level but it is not being done regularly due to shortage of staff time for identifying them. All the primary schools visited had conducted census to maintain a record on school age children, students enrolled in their school and other schools. None of the schools have reported dropouts and out of school children. Out of four primary schools visited one school in Karani had single classroom with one teacher for 23 students in 1st to 5th standard. The school infrastructure where NGO - RASS had given support was found to be much better with better sanitation facilities like handwash, toilet and drinking water along with a compound wall.

Comparatively high school buildings were in a better condition than the primary schools. Merger of SSA and RMSA into Samagra Siksha Abhiyan was welcomed by both school and district level officials as it avoided preparation of two different plans for 6-8th class and 9-10th class at high school.

In order to promote extracurricular activities Bal Bhavans are established for 5-16-year-old children. Government school students have to pay Rs. 20 per year as an admission fee where as a private school student has to pay Rs.50 per year. National Bal Bhavan formulates a yearly plan for subordinate Bal bhavans to follow, the children from district are sent to national Bal bhavan to showcase their work.

Chittoor has two district Bal Bhavans at Tirupati and Chittoor. Only one service (drawing) is provided at the District Bal Bhavan (DBB) in Chittoor.

Ammavodi scheme has been launched in Chittoor on January¹⁶ 9 2020 to provide financial support the mothers who send their kids to the school. For the first time a comprehensive survey called Navshakam¹⁷ has been happening in the state to verify the beneficiaries for welfare schemes, Amnavodi is one among them which provides

¹⁶<https://currentaffairs.gktoday.in/amma-vodi-scheme-launched-in-andhra-pradesh-012020323428.html>

¹⁷<http://navasakam.ap.gov.in/>

Rs. 15000/- per year for the parents of children belong to BPL and send their children to school. The only other criteria for the receipt of the scheme benefit is to have maintained a minimum of 75% attendance during the year. The other program Naadu-Nedu focuses on assessment and improvement of infrastructure in the schools. It assesses the present conditions of government schools and plan to transform them with required infrastructure, upgradation of skills apart from providing basic amenities and involvement of parent monitoring committee.

The District Child Protection Unit at the district level is in charge of implementation of schemes related to child protection. There 41 child care homes for children in need of care and protection, out of which 2 are run by ICDS, 5 are run by Juvenile Welfare Board and the rest are run by NGO. The NGOs are given approval by Project Officer at Guntur and CWC based on the criteria like experience, safety measures and infrastructure.

Systemic Factors: Dy. CEO of Zilla Parishad reported that funds are mostly used for livelihood activities for women and only when there is surplus of funds, child related expenditure takes place. So, along with the district administration, child welfare has to be seen as a priority by the panchayat raj institutions. The channel of communication was found to be weak between the Zilla parishad and departments. None of the departments that were interacted with informed about any instances or any meetings that were held jointly for any decision making or implementation of schemes relating to women and children. Zilla parishad officials also said that they play a rudimentary role in implementation of the schemes. Recently, a district review committee meeting was conducted after 5 years in Chittoor with both political representatives and the department heads of district administration. The meeting was presided over by District in-charge Minister who was the Minister of Industries, Commerce, and Information Technology in the Government of Andhra Pradesh.

MEO of one of the mandals opined that the comprehensive scheme would also help in enhancing accountability as SSA and RMSA was headed by two Project Officers (POs) who were usually from non-education background while Samagra is headed by DEO in the district. The merger is also expected to make monitoring easier and more effective as there would be one-line authority. According to the district functionaries and MEO, the Project Officer at the district level is usually from the non-educational background and often makes it difficult to appreciate the issues of education department. They were of the opinion that a person like DEO should be heading the project office who has better knowledge on the educational

requirements of the district. Though the Additional Project Coordinator (APC) who coordinates Samagra is brought under DEO, he is still appointed from a non-educational background (cooperative sector) which is the main concern for officials.

ICT driven schemes like Digital Classrooms (DCRs) are implemented with some assumptions like schools are already equipped with the required infrastructure which is not true. Accordingly, the state funding is only limited to the procurement of projectors and software installation, the maintenance costs of the equipment is drawn from the funds under Rastriya Madhyamika Shiksha Abhiyan (RMSA). The old hardware in the school was incompatible with the software provided for DCR, hence the upgradation costs are also met from RMSA funds. In Karani high school, the DCR was found to be not functioning as there was a delay in receiving RMSA funds for upgradation of hardware. Monitoring of the scheme is limited to online and the physical monitoring is weak as there is no TA and DA for the monitoring staff. Funds under RMSA and SSA were received usually in the middle or towards the end of the academic year. Because of this delay, headmasters were facing difficulties in meeting the maintenance cost and were forced to spend out of their pockets. Bulk of the expenditure was done on paying electricity bills and very less was spent on improving the basic infrastructure issues like sanitation, levelling of ground etc.

School Management Committee (SMC) now changed into Parent Monitoring Committee (PMC)] is an important decision-making body formed at school level. It comprises of 15 members with three parents from each class. The committee holds meeting on the second Thursday of every month. But the committee seemed limited to the paper and HM took all the decisions on behalf of it.

As per the District Child Protection Officer, monitoring of the homes is weak due to lack of field staff. This has affected the ability to take prompt action in the time as they have to collaborate with various other departments like Police, health and education on issues of child abuse, child marriage and child labour. He opined the need for the convergence between AWWs, Child Welfare Police Officer, constables and Social Workers at the field level. He also informed about the need for a situation analysis, research and documentation to undertake appropriate actions.

An NGO should have a minimum of three years' experience and should contribute 10 percent of total expenditure in order to get the government project. As informed by Mr. G. Muniratnam, Padmashree awardee and secretary of RASS, an NGO should get approval from the screening committee, Internal Financial Division of the concerned Ministry. The NGO is also required to provide a matching contribution of

10% for receiving GoI grants. The approval seeking process usually takes at least one year as permissions need to be obtained from different ministries.

People's Experience/Expectations: Students belonging to SC and ST communities come from far away hamlets to high schools and absence of transport facilities was found to be a major concern for the students to come to school on time. Though the schemes like free bus pass facility and free distribution of cycles (only to girls) to the students, there has been a very little impact on students coming from these hamlets which is a hilly terrain wherein use of cycles is very difficult and parents also feel that using bicycle for sending girl students to school lonely track is unsafe. However, district officials and the school headmaster claim that the scheme was a success. The provisions like textbooks, uniforms and shoes have been supplied at the beginning of the year except the textbooks which are supplied in the phases according to the need. Stitched uniforms were provided earlier are now replaced with unstitched cloth and Rs. 40 is transferred to parents' bank account as a stitching cost¹⁸. Both the teachers and parents expressed dissatisfaction about this change as stitching costs provided are nowhere near the market price and become a burden on parents. Provision of the shoe also seemed like a wasteful expenditure as most of the students were not using them as they feel hurt while sitting down on the floor.

Mid-Day Meal is cooked and supplied by cooks and helpers who are from a local SHG in all schools. No school has meals supplied from centralised agencies. There are mixed responses from the MEOs and HMs about the proposal for supply of food from centralised kitchens mooted in the district. Few favoured the centralised kitchens as it would reduce the tensions among local SHGs and it would be easier for the centralised kitchens to bear the financial burden because of the scale. But most of them believe that it would be difficult to transport hot cooked food to the remote or interior places on time. Few schools reported that students coming from Tamil dominated areas are not eating the meals as they find it difficult to eat the rice which is different from the variety they eat at home. At school level, cooking and supply of meals is monitored by teachers, HMs and MEO who not only oversee the cooking but also taste the food. They also complained that the cooks haven't received the daily ration money in the past two years. Complaints were also heard about supply of raw egg instead of boiled egg for the mid-day meals.

¹⁸It was given to understand by the UNICEF field team that the stitching charges have been revised to Rs 80/- and each student would get 3 pairs of uniform from the year 2020-21. Nadu-Nedu program is reportedly bridging the infrastructure gaps in a quicker manner.

Though there is demand for co-curricular activities at DBB, due to lack of instructors it is not fulfilled. The demands were sent to the District Collector and DEO and posts are yet to be filled. Most of the beneficiaries were found to be from private schools. Most of the parents were agricultural labourers and they didn't attend the Parent Monitoring Committee (PMC) meetings as it meant a loss of one day's earnings for them. The school management informed that parents are less aware and are least interested to take part in any school meetings/activities without monetary benefits. It was informed that the parents demanded for introduction of English education and provision of transport facilities.

In the two mandals that were visited as part of the field work, child marriage was not reported as a major challenge, however it is an important issue in the district. In a holy town named Srikalahasthi, during Maha Shivaratri many child marriages take place as the people believe in conducting marriages on the auspicious day. It was informed that District Child Protection Unit along with its child protection officers, police, village functionaries, social workers, other district officials including the Collector often go to the temple on duty to stop these child marriages and offer counselling to the families. Though the rate of child marriages has dropped, it was reported that it is yet to stop completely. It was informed that in spite of counselling provided the child marriage takes place without the officials getting to know about it. So, it is important for the government to view counselling as a long-term process and not a one-time activity at the spot of incidence. The protection of health, education, sexual and reproductive health rights and human rights of children in general needs to be prioritized during counselling/awareness to prevent such incidents further. Child Welfare Committee (CWC) at Tirupati takes all the decisions related to children in the homes right from admission to adoption. Children in the homes are provided with counselling services, vocational training, food, clothing, yoga and sports apart from lodging facilities. DCPO opined that skills that are useful in promoting entrepreneurship should be given as a part of vocational training, while only tailoring is provided currently. The decisions regarding the training is taken at the state level leaving very less discretion is left to the district officials. The children were also sent to schools both government and private (officials request private schools to take the children as a philanthropic initiative). Adoption of children is made through the approval from CWC. The adoption details and process are uploaded in CARA website from the time a child is certified legally free for adoption. But monitoring of the process is also found to be weak due to shortage of human resources. Another major problem is that when the CWC identifies the whereabouts of a child's family, escorting is done only till the nearest urban centre to

location of family due to financial and jurisdictional issues mainly from the police department. The issue becomes more serious when it involves interstate escort. One of the CWC members discussed about the lack of awareness among the NGOs on the child protection laws. CWC however, has no funds to provide training. All criminal cases involving children are dealt by Juvenile Justice Board in the district at Tirupati. The proceedings take place every monday, most of the cases reported in Chittoor district are related to theft. Accused and convicted children are kept in two different homes and provided food, clothing, non-formal education, indoor games and yoga etc.

Chapter 5: Identified Gaps for Possible Interventions

5.1. Adolescent Healthcare and Nutrition

Adolescent stage is an important phase in human development as this period involves transition in physical, psychological and social aspects. In the backdrop of extensive research suggesting the need for investment/focus in adolescent development, there is very little importance given for this group. While streamlining of existing schemes like RKSK along with YSR Kishori Vikasam is essential, the interventions are required in the education sector as well. Awareness building, behavioural change communication is critical for addressing the dropout of girl students at secondary and higher secondary (intermediate) level prevalent in the district. Along with this ensuring safe and enabling environment in schools is critical. The high prevalence of anaemia and severe anaemia among pregnant women and children, shortage of iron supplements has added to the vulnerability of the adolescence. This calls for immediate support in through nutrition programs apart from counselling about the need proper nutrition especially among girls as a first step towards having healthy generation. While schemes are being implemented well, the awareness building and counselling seems to be a big missing link which also has poor funding.

5.2. Identification of Drop-Outs, Child Marriages, Street Children, Child Sexual Abuse and Child Trafficking to Strategize Alternative Educational and Protection Practices

The authentic data on drop-out status is apparently not available and this has caused a problem to implement other schemes like nutrition to adolescent girls under Scheme for Adolescent Girls (SAG). There is also a need to address the dropouts' issue by sharing the data with the panchayats and involving them in efforts for reducing school dropouts. While there are efforts in collecting data and managing the huge databases regarding enrolment, there is little done to analyse the gaps between the attendance and enrollment. The process of identification and tracking such children who remain absent would help in understanding the intricacies of their problems and analyse the reasons in a better way for their reluctance. With such an understanding, alternative practices that can better suit the needs of those children can be strategized and implemented. While the Kishori Vikasam focuses on empowerment including the importance of education, it is also imperative that the adolescent girls are made aware of the possible opportunities of education, employment. Strengthening the vocational education focusing on the disciplines

appropriate for the district needs to be undertaken in a big manner effective mechanisms has to be formulated to maintain data on child marriages, child trafficking, child abuse and child labor so that situation analysis can be done better and implement necessary strategies to prevent such crimes.

5.2.1. Child Care Continuum Through Data Management and Analysis

Government is building databases through Navashakam. The Navashakam survey is administered for all the Navaratnalu- 9 welfare schemes by the concerned department at every district of Andhra Pradesh of which Ammavodi is one. Door to-door surveys are being conducted for scrutinizing and verification of the list of the beneficiaries. This kind of a database seems to have potential use for analyzing the reach of schemes for eligible beneficiaries. All the primary schools and anganwadis also maintain repositories of child population data and the beneficiary data of various government schemes. This data can be converged and used for better understanding, analysis and program implementation. Tracking child from the child birth through birth certificate seems to be the best option going forward as this would give an estimate of the child population at different age groups and accordingly the government can tailor the services.

5.2.2. People Involvement and Space for Advocacy

Community participation is key to the success of any scheme. Observations from the field shows lean participation of people in the intended platforms at GP level like Gram Sabha and Parent Teacher Committee (PTC) etc. As per the official records public participation in such platforms is around thirty percent which could be varying in reality. Since these local meetings are primary determinants of local needs, lack of participation from people would result in programs bereft of actual needs. Hence there is an urgent need to improve community participation to not only promote needs-based policy making but also to keep the frontline workers in check. According to school officials, parent turnout was more for the meeting on Amma vodi as it involved monetary benefits for the mother. Using the extensive network of NGOs and SHGs seems to be a viable option for the same.

5.2.3. Adequacy of Infrastructural Support

Lack of infrastructure was also seen as a major impediment in providing efficient services and also to attract people to the government schools, anganwadis and subcenters. All of the institutions visited were found to be lacking in terms of adequate infrastructure. This has a far-reaching effect. Often poor supply is equal to no supply and spreading of expenditure thinly fail to serve the purpose and would

also hamper the efficacy of implementation of good schemes. Advocating for adequate human and infrastructure support is the need of the hour. The dissolution of GPs has exacerbated the problem of infrastructure deficits and this needs to be addressed at the earliest.

Annexure 1

Questionnaire to the department officials at the district level

Beneficiary identification and data assimilation:

1. How are the beneficiaries identified? What is the information that is relied upon while deciding the beneficiaries?
2. Does the department set any target? If yes, how are they set? Who sets them? What is the data/information that is considered before setting the target? What is the time frame that is set to achieve that target?
3. Do you conduct needs assessment for the state to formulate scheme by collecting and sharing the data/ information (or by any other means)?

Communication:

4. How are you informed about the new scheme? What are the means and official routes of communication?
5. Is there any discretion to district officials to make changes in the scheme according to the need? If yes, how are they done? If no, will the need/ problem be communicated to the state level?

Planning and fund allocation:

6. When a scheme is formulated at the ministry level, is there a role that the district departments play? If yes, how does that collaboration happens?
7. How do you plan for implementation? Who plans at the district level? And who approves that plan? Who can revise the approved plan if revision is necessary?
8. What is the planning process? Are there any meetings conducted? If yes, who are the participants? Who decides the participants? Who records and who preserves the minutes of the meeting?
9. How are the funds allocated to a district for one particular scheme? Is it based on the demand raised? Or population? Or size of beneficiaries?
10. How is the fund allocation different for CSS schemes, state schemes and local initiatives? How is the 40% state share being used? Are they run under a different name?
11. How are the funds routed from state to GP at each level? What is the role of Department in allocation of funds to Mandals/GPs?

Implementation:

12. What are the departments that are contacted before planning or implementing a particular scheme? How do you coordinate with the other departments (i.e. at what level and to what extent)?

13. What is difference in implementation process of schemes involving cash/kind transfer and schemes involving service delivery? How is the scheme implemented at various levels?
14. How is the information related to a scheme is shared with the lower levels of administration? What is the point of contact, how is it communicated to the Mandal and GP level?
15. Is there a particular cell or nodal office that is vested with the responsibility of coordination and implementation of the scheme?
16. Who is the last bureaucrat or official who implements the scheme? How does the district and mandal level authority maintains contact with him/her? How do they report to the higher level officials?
17. What is the role of Zila Parishad in planning/implementation of a scheme?
18. Are there any collaborations with NGOs/CBOs for the implementation? If yes. How are the collaborations formed? How are the NGO/CBOs hold accountable?

Monitoring and Evaluation:

19. Is there a review mechanism for the scheme? If yes, how is it reviewed? Who reviews it? Were there any reviews done till date?
20. Are there any reviews done by external agencies (state and non-state)?
21. Can you describe the review process?

Challenges and Suggestions:

22. What are the problems faced during planning (like data inadequacy) and implementation (lack of resources) period? How are they tackled at various levels?
23. Is there a feedback mechanism that is sent by the officials at District and below? If yes, how does that work?

General questions:

1. Do you know how many NGOs are functional working on child welfare? On what sectors or age groups do they work?
2. Total no. of children in the district by category wise- SC, ST, minority, OBC? Also, by age group?

Scheme specific questions:

Health

Immunization:

1. NFHS shows that 67.6% of children are fully immunized. Do you have any alternative data sources on immunization to indicate the total level of immunization? If so, how is this local data collected, for what age groups and what is the time frame at which it is updated?
2. What has been the role of Indradhanush in improving the immunization levels?

3. How does the implementation process differ from rural to urban area? In terms of frontline workers and the presence of NGOs/ CBOs.
4. Are there any area wise differences in the levels of immunization?
5. What are the challenges of implementing the scheme? Like; shortages, logistical problems.

NHM

1. What are the components under NHM for maternal and child care and how is the respective budget allocation done for those components?
2. What are the other agencies that are involved in implementation? (Like NACO, SERP)?
3. Do you have the data on child population and health indicators like- IMR, MMR, Malnutrition etc.?
4. Are there any studies/ reports on child health- impact of NHM?
5. Are there any specific initiatives to Chittoor that have taken or in the planning to improve certain indicators?

PMMVY

1. Is it applicable to single mothers and divorcees? Can non-resident of A.P (migrant labour) be registered for the benefit? Does the process vary?
2. During what period should the application be filled? Who are responsible for communicating the timeline to the intended beneficiaries?
3. How are the women tracked if they deliver the baby in a different place other than where they have registered?

Baby kits:

1. How are the kits are procured?
2. Is there data recorded on the distribution of kits? Who does it? Does the monitoring happen at the district level and how?
3. Do you have district level data on birth rate? If yes, how is it collected? Is it used in setting the targets for distribution of kits?

SCHOOL EDUCATION

Mid-day meal:

1. What is the total no. of beneficiaries that are benefited through the scheme by age group?
2. How are the new schools added and the dysfunctional schools deleted?
3. How are the food materials procured?
4. How are the cooks appointed/ Who appoints them? How are they paid?
5. Do the procurement or implementation or convergence mechanisms differ with the type of school (Govt/Aided/Madrassas/ Central Govt)? If so, how?

Supply of eggs:

1. Is it part of MDM fund? If yes, why is the expenditure accounted under separate head? If no, a) how is the eggs supplied under MDM separate from the eggs supplied from this scheme?
2. How are the eggs procured and distributed?
3. Where are the eggs distributed to the students?

Samagra Siksha Abhiyan:

1. Are there any new components added after the merger of SSA and RMSA under Samagra Siksha Abhiyan?
2. What is the institutional re-arrangement that took place?
3. What are the views on such an integrated scheme?
4. What are the challenges faced in merging and implementation of the scheme?
5. Does this scheme account for any issues under the earlier scheme and what changes has the scheme brought to address them?

Badikostha:

1. Is the scheme in operation currently?
2. How are the cycles procured and distributed? When are the cycles distributed to the students?
3. How is the issue of misuse tackled?
4. Since the scheme is focussed to reduce the drop-out rates, how successful or how challenging has it been ensuring the objective?

Ammavodi:

1. What are the schemes that are being replaced by Amma vodi?
2. How is it different from pre-matric scholarships and Pratibha scholarships?
3. How different is the implementation and monitoring of the Ammavodi scheme from the earlier scholarships' schemes?
4. How does the departmental responsibility changes in implementing this scheme as it replaces the scholarship schemes which were earlier under social welfare department?
5. What are the reasons for rolling out a comprehensive scholarship scheme like Ammavodi?
6. Does it cover the students with disability or schools of CWSN?

Pratibha scholarships:

1. Since the scholarships are targeted for only BC students, why is not under the BC welfare department and been run by school education department?
2. What is the minimum time period for disbursement of scholarship amount?

Sanitary Napkins:

1. Why is there central assistance provided for 10th class students? What is the central share?
2. How are the pads procured and distributed? When, where and by whom are the pads distributed?
3. Who provides training on the usage and safe disposal?
4. What is the limit on no. of pads supplied per student?

Ammakuvandanam:

1. Is it mandatory to conduct this program for every school?
2. Is it applicable to residential schools?
3. How is it communicated to the mothers?

Digital Classrooms

1. How many schools have been allotted with the digital classrooms in the district?
2. How are the schools selected? What is the data that is relied on?
3. Given that 30% of funds are coming from NRI Diaspora, are they used for any specified purposes? Apart from the monetary contribution, do they participate in the planning or monitoring?
4. How do they monitor the implementation? Are there any external agencies that are involved?

Women and Child**YSR Amrutahastham:**

1. Is it implemented by SERP now? If yes, how does the fund transfer and coordination take place? If no, what is the new implementation mechanism?
2. How is it different from special nutrition program for malnourished mothers and children?

National Nutrition Mission:

1. How is it different from Poshan Abhiyaan?
2. What are state specific programs under NNM?
3. Are there sub components projects under NNM?

SABLA:

1. How do you identify the out of school children? Do you have the data?
2. What are the activities under non-nutrition component and how are the services/ training provided? What is the institutional mechanism?
3. How is the fund divided between nutrition and non- nutritional components?
How and at what level is this decision made?

Girl Child Protection

1. What is the implementation status of the scheme?

2. If it is not implemented? Why has it been stopped? What is the position of the beneficiaries?

3. Role of LIC?

ICDS

1. What are the sub- components under ICDS? Under every component do you have the total no. of beneficiaries?

2. How are the funds allocated under each component? Are those guidelines set or do you have the description to allocate funds based on the needs?

3. Are Amrutahastham and Gorumuddalu run under ICDS? Or are they different state funded schemes?

4. Is the scheme different in tribal areas?

Services for children in need of care and protection:

1. Are these services covered under ICPS and what are these services?

2. How is the need defined? What kind of children are being provided the services with? (destitute/orphans etc.)

National Creche Scheme:

1. How are creches different from anganwadis?

2. Can a child be registered in both an anganwadi and creche?

3. How is the implementation different from rural to urban areas? What kind of challenges are faced in both scenarios?

4. Does the scheme include the women employed in the informal sector? How is their employment status verified?

SOCIAL WELFARE

Residential School Program:

1. Given that multiple departments are implementing for different sections of people, how is it coordinated? Is there one department responsible to oversee the implementation?

2. Do you have data on SC, ST, minority students studying in different types of schools?

3. What is the target population of this scheme?

Amma Vodi:

1. What is the present role of welfare department in implementing Amma vodi? Is the responsibility of the implementation completely under the school education department?

2. How is the scholarship executed for residential schools?

Annexure 2

Questions to the village level officials

Gram Panchayat - Panchayat Secretary

1. What is the basic profile of the GP?
2. What is the institutional structure? Are there any vacancies?
3. How often is a Gram Sabha conducted? What is the average attendance? Who participate (women SHGs, school teachers, HMs, AWW, ASHA, ANM, MEOs, CDPOs)? What kinds of issues are raised during Gram Sabha? Are there any child related issues that are raised?
4. Are there any standing committees working for child welfare? What are the appointment procedures, roles and functions of the committees? What is the frequency at which these committees meet? What is the agenda of these meetings? Are any issues related to children discussed? How?
5. What are the important child related schemes in this GP?
6. Do you have any scheme for adolescent care? Are you aware of the schemes; RBSK and RKSK? Is there any role that GP play in coordination and implementation of these schemes at the GP level?
7. What are the child related issues in the GP? How do you identify problems like child marriage, child labour, beggary, child abuse and so on? After they are identified, how do you rehabilitate? Is there any separate committee for these types of issue? How do you address them? How do they monitor the steps taken by them to address these issues?
8. How often do you have immunization, health camps, enrolment drives?
9. What kind of interactions takes place with department functionaries like MEOs, CRPs, CDPOs?
10. How does GP get funds? Who gives them? Is there any source of funds other than state and centre?
11. How is the GPDP plan formulated? Elaborate the process on how the priority works are decided?
12. Is there any NGO working on child and adolescent welfare?
13. What child related data is being collected and maintained by the Gram Panchayat? What is the process of the data collection? To whom is this data reported to?
14. Can you please explain the channels and frequency of interaction from state and district to panchayat level and vice versa?
15. What are the infrastructural issues? Are the budgets approved for them? What has the reason for delay in work if there is any?

16. Are there any trainings provided to the staff? Who provides them? What is the feedback on the trainings?
17. What is the kind of support required for child development in the GP?

Schools- Head Masters/Mistress

1. What is the school strength?
2. Are there any vacancies in the school?
3. Are there any delays in the salaries to the academic and non-academic staff?
4. What are the different language mediums in the school?
5. What are the infrastructural issues? Are the budgets approved for them? What has the reason for delay in work if there is any?
6. Are there any out of school children in the village? What are the major reasons for it? How do you address them?
7. Are there drop-outs in the school? What are the main reasons for it? How do you address them?
8. Has SMC been formed? What is its composition? What is the frequency of the meetings? What is the average attendance of the meetings? What are the critical problems or issues discussed? What are the complaints from parents about the school, academics, student performance etc.?
9. What is the general attitude of the parents towards government schools? Is there any preference towards the private schools? If yes, what are the reasons?
10. How does the interaction take place with higher officials like MEO, DEO. Are there review meetings that are conducted? How often are they conducted? Who attends them?
11. When are trainings conducted to the teacher? Are there any scheme specific workshops/ meetings that are conducted? Are there any issues with respect to the meetings or training sessions that are conducted?
12. What are the students supplied with under MDM? How are the eggs and rice supplied? Where is the food cooked? How is it monitored? How do you handle with the shortage and excess of meal in schools? How does MDM work at school level? What is student's response on this MDM?
13. Are you aware of Samagra Shiksha Abhiyan? What are your views on such an integrated scheme? What has been the response from the parents, students and teachers towards introduction of pre-school education?
14. How are the Sarva Shiksha Abhiyaan funds allotted separately to the elementary school and high school? What are the changes in fund structure after implementation of Samagra?
15. At what time of the year do you receive SSA funds?

16. What has been the response towards the introduction English medium education under the present government? Are the trainings provided and how satisfactory are they?
17. Are you aware of the schemes; RBSK and RKSK? What are the frequent issues while screening? Has there been any follow up procedure that is followed after screening?
18. Are there any particular schemes that you think have had positive impact on education of the children? (Like reducing drop-outs etc)
19. What kind of data is maintained at the school level? Who maintains it? Does this increase the administration burden to the school?
20. On what type of data (school attendance or enrolment), you estimate the demand for any supplies provided to students?
21. Is there delay in any of the supplies? How do you address the issue of shortages?
22. Any training programmes? Who gives them? When does it happen? Does this time taken in training of teachers hamper the class timings? How do you manage these things?
23. Explain the functioning of all the schemes?
 - What has been the coverage of the particular scheme in your school?
 - What are the issues with respect to the implementation?
 - What are your views on these schemes?
 - How effective have they been?
 - What are the challenges faced? How are the issues addressed?
 - Who monitors? Are there any surprise visits from any of the higher officials?
 - What kind of actions have taken if there is any problem with any of the schemes?
 - How responsive and positive are the parents and students towards the schemes?
 - What is the feedback on these schemes?
24. Is there any support received from any NGOs? How satisfactory have you been with the support provided? In future, what kind of support is required?
25. Do you know who the GP members are? Do they call you for meetings, please elaborate? What do you usually discuss if you have attended these meetings?

PHC/Sub Centre- Medical Officer, ANM

1. What is the framework of a PHC and Sub centres? Who are the people at different level of this framework and what are their roles? Roles of ANM and ASHA at sub-centres and PHC. How are they appointed?
2. Are there any vacancies in Hospital and field staff?

3. What are the infrastructural issues? Are the budgets approved for them? What has the reason for delay in work if there is any?
4. On an average, how many deliveries happen at the this PHC per month?
5. Have there been Maternal or infant deaths under this PHC?
6. If a there is any MMR or IMR how does the higher administration reacts to it?
7. Do you have any targets to meet in order to reduce MMR and IMR?
8. How do you track pregnancies from first trimester to birth?
9. What are the critical issues with the 0-6 years kids and adolescents (14-18 years) which you observe at the centres? What are the frequent child and adolescent cases that come to this PHC? How are they addressing this issue and cases? are there any specific schemes to address this issue? If yes, has there been any positive impact of this programme or scheme on this critical issue?
10. Recent vaccination drive and health check-up drive?
11. How do you maintain data at PHC or sub centre level? What is the basis of estimating the demand? What are the issues in maintaining and uploading data? Who monitor or supervise this data? Are they using RTM (Real time monitoring; mentioned by the district department) based application to upload the data? Do they get any mobile or tab for using RTM? If these devices do not work, how do they maintain data?
12. How are funds appropriated?
13. Is there a shortage of drugs? If yes. How is it dealt with?
14. Do you (ANM worker) work as mentor for the meeting between *peer educators and adolescent*? If yes, when was your last meet?
15. Are you aware of the schemes; RBSK and RKSK? What are the frequent issues while screening? Have there been any follow up procedure that took place for the children?
16. *How do you coordinate with Aanganwadi workers for schemes like immunization and so on?*
17. *What are the services provided for high risk mothers and malnourished children?*
18. Is there any NGO which is supporting in the welfare of child and adolescent? How satisfactory have you been with the support provided? In future, what kind of support is required?
19. Explain the functioning of all the schemes?
 - What are the issues with respect to the implementation?
 - What are your views on these schemes?
 - What are the challenges faced? How are the issues addressed?
 - Who monitors? Are there any surprise visits from any of the higher officials?

- What kind of actions have taken if there is any problem with any of the schemes?
 - How responsive and positive are the beneficiaries towards the schemes?
 - What is the feedback on these schemes?
20. Are there any training provided to ANM, ASHA? How well are these trainings received? What are the complaints or issues raised during training programs?
 21. Who attends the review meetings if there are any? What issues are discussed in these meetings? How often are they conducted?
 22. Do you know who the GP members are? Do they call you for meetings, please elaborate? What do you usually discuss if you have attended these meetings?
 23. With introduction of Village secretariat, are there any change in the roles and functions of an ANM?
 24. What is the role of GP in appropriating the funds like Hospital development funds and village health & sanitation fund?

AnganwadiCentres- Anganwadi workers

1. What are your daily works/responsibilities? What are the schemes that you work on?
2. What is the number of total beneficiaries under various categories?
3. Do you conduct weight and height checkups to the children? If yes, how frequently? And where do you upload that data?
4. Do have any targets to meet in order to eliminate malnutrition?
5. How do you identify high risk pregnant mothers and malnourished children? What is the special care and services provided to these mothers and kids?
6. Do you know who the GP members are? Do they call you for meetings, please elaborate? What do you usually discuss if you have attended these meetings?
7. What are the infrastructural and maintenance issues (drinking water, toilets) according to you? Is this AWC is rented or permanent?
8. What responses do you get from the beneficiaries on the nutritious meal provided to them?
9. How and when do you collect data? Is there any mobile or tab given to you for uploading the data? If yes, how do you maintain data if devices do not work?
10. What is the frequency of training sessions conducted to you?
11. Is there any delay in supply of food materials and pre-school kits for kids? If there is any shortage, how do you deal with the situation?
12. In general, if you get any issues or challenges, how do you address these issues? Do you get positive responses?

13. Are you aware of Samagra Shiksha Abhiyan? What has been the response till now towards the merger of AWC and moving to the school premises?
14. Explain the functioning of all the schemes?
 - What are the issues with respect to the implementation?
 - What are your views on these schemes?
 - What are the challenges faced? How are the issues addressed?
 - Who monitors? Are there any surprise visits from any of the higher officials?
 - What kind of actions have taken if there is any problem with any of the schemes?
 - How responsive and positive are the beneficiaries towards the schemes?
 - What is the feedback on these schemes?
15. How do you coordinate with ASHA workers for schemes like immunization?
16. Do you pay any home visits for ante and post-natal?
17. Is there any NGO which is supporting in the welfare of child in this village?
18. What is the support that is required in future with any NGO?

Annexure 3

Table A3. 1: Budget Matrix

| Department wise schemes | AVG EXP* (in Rs. lakh) | Type of funding |
|--|---------------------------|---|
| BACKWARD CLASSES WELFARE | 14217.47 | |
| Assistance to APREI | 14217.47 | State |
| HEALTH, MEDICAL AND FAMILY WELFARE | 11624.11 | |
| Pradhan Mantri Mathru Vandana Yojana | 10697.85 | CSS |
| NTR Baby Kits/YSR Baby kits | 912.58 | State |
| MINORITIES WELFARE | 525.59 | |
| Minority Girls Residential Schools | 525.59 | State |
| SCHOOL EDUCATION | 541547.89 | |
| Jagananna Ammavodi | 215193.37 | State |
| Samagra Shiksha Abhiyan | 137534.94 | CSS |
| Nutritious Meals Programme (MDM) | 62424.36 | CSS |
| Supply of Eggs to 1st to 10th Class Students | 11434.25 | State |
| Digital Class Rooms for High Schools | 2428.29 | State |
| Badikostha | 2341.46 | State |
| Sanitary Napkins to Girl Students of 8th, 9th and 10th Classes | 1538.99 | State-8,9 CSS-10th |
| Pratibha Scholarships | 1107.79 | State |
| District Bal Bhavans | 12.93 | State |
| Ammakuvandanam | 10.27 | State |
| SOCIAL WELFARE | 84836.04 | |
| Best Available Schools | 4215.47 | State |
| Pre-Matric Scholarship for students belonging to SCs Studying in Class V-X | 2887.60 | State- V-VIII, Central assistance- IX-X |
| TRIBAL WELFARE | 19395.05 | |
| Residential Schools for Tribal students | 14409.93 | State |
| Pre-Matric Scholarships | 3191.37 | State scheme with central assistance |
| WOMEN DEVELOPMENT & CHILD WELFARE | 99590.18 | |

| Department wise schemes | AVG EXP* (in Rs. lakh) | Type of funding |
|--|---------------------------|--------------------------------------|
| Nutrition Programme | 48021.99 | CSS |
| Special Nutrition for Malnourished Children and Mothers | 17813.52 | State scheme with central assistance |
| Anna/YSR Amrutahastham | 13667.62 | State |
| Integrated Child Development Service (ICDS) | 10930.12 | CSS |
| National Nutrition Mission (NNM) | 3012.19 | CSS |
| Integrated Child Protection Scheme (ICPS) | 2422.75 | CSS |
| Giri Gorumuddalu | 1309.49 | State |
| Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)replaced by SAG | 504.99 | CSS |
| Services for Children in need of care and protection | 38.95 | State |
| National Creche Scheme | 33.33 | CSS |
| A.P State Commission for Protection of Child Rights | 5.15 | State |
| Beti Bachao Beti Padhao | 3.33 | CSS |

Annexure 4

Table A4. 1: Description of Important Schemes

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|--|---|--|--|--|
| Health Department | | | | | | |
| PMMVVY | CSS | To ensure that Pregnant women take adequate rest before and after pregnancy by providing cash incentives. The cash incentives improve the health seeking behaviour among Pregnant and lactating mothers. | Pregnant and lactating women who give birth in public health institutions | <p>The beneficiaries are identified through AWCs and ANMs by making them to fill the PMMVY form. The cash is disbursed directly to the beneficiaries account in three instalments. The AWCs and the institutions where delivery took place are responsible for entering the details regarding the status of Pregnant women. At block level the application process and fund transfer are monitored by CDPO/ Block health official. At district level, District Nodal Officer designated by state government is responsible for implementation.</p> | <p>The scheme is monitored by centrally developed dash boards and by constituting steering and monitoring committees at various levels of implementation.</p> <p>1. The national steering committee comprises of secretaries from ministries of women and child, health and family welfare. secretaries from department of expenditure and financial services and advisor from NITI Aayog etc. the committee looks into the aspects of policy and programmatic guidance, implementation experience, in depth analysis of scheme performance, feedback on state specific implementation process etc.</p> <p>2. The state monitoring and steering committee consists of secretaries from implementing department, Women and Child,</p> | <p>Women covered under Maternity Benefit Programme (Rs.5000/- to each Pregnant women /Lactating Mother in three instalments) – first births (Target=Lakh 4.5), Providing partial compensation in three instalments to pregnant and Lactating women (Target=Lakh 4.5)</p> |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|---|---|---|--|--|
| | | | | | Planning, Panchayati Raj and IT and Nodal officer etc. the committee's main functions include in-depth analysis of implementation process, ensuring Public audits, grievance redressal and funds availability etc. 3. District level steering includes District Collector, CMO, lead bank GPOs, DPO, all CDPOs and MOs etc. The main functions of the scheme include Monitoring implementation and grievance redressal. | |
| YSR baby Kits | State | The aim is reduce IMR by providing effective post-natal care through improved medical facilities. It also aims to promote institutional deliveries. | Mothers who gave birth at Public health institution | The program is implemented by distributing Baby kits to the mothers who gave birth in government hospitals. Beneficiaries are registered as soon as they join the hospital for delivery. Each Baby Health Care Kits contain the following items. Baby Wrap 1; Baby Bed cum Carrier with ZIP 1; Liquid Hand Wash 250 ml ; one Baby Protective Net. | At the district level the Implementation process is monitored by DM&HO. | Supply of Baby kits to Infants (Target= Lakh 5.00) |
| Immunization (NHM) | CSS | To protect the children from life threatening diseases which are preventable | Children from 0-16 years of age | Under the Universal Immunization Programme, Government of India is providing vaccination to prevent | The scheme is monitored by centrally developed dash boards and by constituting steering and monitoring committees at | |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|-----------|--------------|--|---|--------|
| | | | | <p>seven vaccine preventable diseases i.e. Diphtheria, Pertussis, Tetanus, Polio, Measles, severe form of Childhood Tuberculosis and Hepatitis B, Hemophilus influenza type b (Hib) and Diarrhea.</p> <p>Integrated Disease Surveillance Project (IDSP) provides the evidence base for planning and development of the immunization procedure through the country.</p> <p>Accordingly, vaccination is carried out across the country with set of targets each year. As per Coverage Evaluation Survey (2009), 89.8% of vaccination in India is provided through Public sector (53% from outreach session held at Anganwadi centre (25.6%), sub centre (18.9%) etc.) while private sector contributed to only 8.7%.</p> | <p>various levels of implementation.</p> <p>1. The national steering committee comprises of secretaries from ministries of women and child, health and family welfare. secretaries from department of expenditure and financial services and advisor from NITI Ayog etc. the committee looks into the aspects of policy and programmatic guidance, implementation experience, in depth analysis of scheme performance, feedback on state specific implementation process etc.</p> <p>2. The state monitoring and steering committee consists of secretaries from implementing department, Women and Child, Planning, Panchayati Raj and IT and Nodal officer etc. the committee's main functions including depth analysis of implementation process, ensuring Public audits, grievance redressal and funds availability etc.</p> <p>3. District level steering includes District Collector, CMO, lead</p> | |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|---|-----------------|---|--------------------------------|---|--|--|
| | | | | | bank GPOs, DPO, all CDPOs and MOs etc. The main functions of the scheme include Monitoring implementation and grievance redressal. | |
| Rastriya Kishore Swasthya Karyakram (NHM) | CSS | To promote Nutrition, sex education, enhance mental health and prevent Substance abuse. | adolescent girls (15-19 years) | It addresses the health needs of the 243 million adolescents. It introduces community-based interventions through peer educators, and is underpinned by collaborations with other ministries and state governments. National Adolescent Health Strategy has been developed by the MOHFW and UNFPA. | | |
| School Education | | | | | | |
| Samagra Siksha Abhiyaan | CSS | To treat school education holistically without segmentation from pre-nursery to Class 12 with the broader goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes. Its overall goals include universal access and | Children in schooling age 6-18 | Under the scheme AP Samagra Siksha Abhiyaan, the commissioner of school education will implement existing schemes under SSA and RMSA under one umbrella. The scheme aims at modernising education system by promoting ICT, Infrastructure development, and by providing advanced learning facilities like libraries, labs, computers etc. | Under the Integrated Scheme, there will be a continuing evaluation by State Government agencies through a regular and well-structured system of field visits. Apart from regular monitoring by State and District officials, Panchayati Raj institutions are also involved to identifying and verifying the eligible students for hostels/Residential schools. | Grants in aid – schools (Target= 43508), Training to students(target=76654), Training to teachers Lakh (target=3.69), Supply of uniform to students (2sets) (target=Lakh 31.27), Civil works i.e, c/o new buildings, c/o compound walls and repairs (target= |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|--|-----------------|--|---|--|---|---|
| | | retention, bridging of gender and social category gaps in education and enhancement of learning levels of children | | | | 4273), School equipment (Target=No. of schools 2200), vocational centers (target= No. 26) |
| Nutritious Meals Program (MDM) Programme (Total) | CSS | To enhance the retention, enrolment and attendance by providing nutritious meal to the students. | School going children in Govt and govt aided schools. | <p>The scheme is implemented through MHRD at national level. Below the state level a nodal agency designated by the state government is responsible for the execution.</p> <p>1. A hot cooked meal is served to the students of primary and upper primary schools with the calorie content of 630 and 855 calories respectively. The meal is served once in day for 200 days a year.</p> <p>2. In AP the scheme is also extended to High school with 100% state funding.</p> <p>3. It is implemented in the schools covered under Sarva Siksha Abhiyan (SSA) Government schools, government aided schools, Local body STC, Madrasas and Maqtabas etc.</p> <p>4. There are two implementation</p> | National Steering and Monitoring Committee (SMC) reviews the MDM work at national level and submits the report to Program Implementation Board based on whose approval the subsidies are released. State level SMC will monitor the implementation at state level along with the nodal department responsible for implementation. | <p>Eligible Students of IX and X Class covered with MDM (target=7.32 lakh students)</p> <p>Eligible Students (1 to 8th Class) covered with MDM (Target=29.85 lakh students)</p> <p>Eligible Students (1 to 5th Class) covered with MDM (TARGET=18.32 lakh students)</p> <p>Eligible Students (6th to 8th Class) covered with MDM (Target=11.53 lakh students)</p> |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|---|-----------------|---|---|--|--|---|
| | | | | models; centralized model and decentralized. AP follows both the models. in centralised model one agency is given funds to cook food for all schools in the district/Mandal. in decentralised model the funds are diffused to each school to prepare food locally. | | |
| Supply of Eggs to 1st to 10th students to 10th Class Students | State | To increase attendance by providing nutritious food | Students studying 1st to 10th class in Govt and Govt aided schools. | As per the standardized menu prescribed by the NIN, Home Science College and Agriculture University, eggs are supplied to the students from 1 to 10th class for 5 times a week. The project is implemented as a part of MDM, eggs are procured from centralised contractors. | The project is monitored as a part of MDM. The Commissioner for school education also evaluates the program periodically through DEO and staff | Eligible students covered (Target=Lakh No. 37.18) |
| Badikostha | State | Increase the retention rate and attendance of girl students in high school. | Girl students in class 8th and 9th going to government schools | Girl students in 8th and 9th standard are provided with the bicycles for free of cost. HMs of the school will distribute the cycles to the students who are legal residents of AP and studying in government schools. | Monitoring is based through mobile app called Badikostha. This app must be downloaded on the mobile phones/tablets of school/Head master and utilized for updating the data related to the delivery of the bicycles to each student per day by HM/PET. | Supply of bicycles to girl child (Target=Lakh No. 2.80) |
| Digital Class Rooms for High Schools | State | Objective is to improve the learning outcomes by providing digital lessons in English and | 5000 Govt schools in AP | The project is implemented by Department of school education along with the NRI diaspora | Commissioner of school education department looks over the implementation process. | Establishment of Digital Class Rooms (target= 263) |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|---|--|--|--|--|
| | | Telugu. The target for 2018 was to provide digital class rooms in 5000 government schools. | | which provides 30% of total funds. | | |
| Amma Vodi | State | The student welfare program aims to reduce illiteracy and dropout rates among school students by providing 15,000rs per annum as a financial support. The amount will be credited directly into the mother's account. | All school going children till secondary education | In order to be eligible the student who are legal residents of AP and should be studying in the recognised schools of AP, should hold a BPL card, must have 75% of attendance. School's Inspector Officer verifies the details once the candidates submit their application form. The enrolment form will then be sent to the Education Officer of the district or Intermediate Education Board's Inspection Officer. Special Volunteers will be dispatched in the rural areas, who will inform the parents and students about the scheme. They will also assist with the application process. | | Total students covered (including intermediate students) (Target=Lakh 43.04) |
| Prathibha Scholarships | State | To provide Financial support to the meritorious students from backward classes in intermediate. | Backward class students (studying 11th and 12th) who have scored | Commissioner of school education is responsible for implementation of the scheme. An online notification is released for the eligible students to get registered. The scholarship of | The application reaches to the office of commissioner of school education before the allotment of the money. The applications, the mark sheets and the socio-economic certificates are | Awards Distribution (Target=2628), Tabs for Awardees (Target=2628), Gold coated copper medals to the |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|------------------------------------|-------------------------|---|--|--|---|--|
| | | | 60% in previous public exam and have parental income less than one lakh per annum. | 5000rs per annum is awarded to the students who has secured more than 60% of marks in their preceding public examinations, it also depends on the student's caste and parental income. The application filled by the students is verified at the school, local government level and at the district level before awarding the scholarship. The amount will not be processed if there is wrong or less information. | verified at three levels (State, District and school) before being selected for cash transfer. | Awardees(target=2628), TA to awardees and escorts(5256) |
| Sanitary Napkins to girls students | State (8,9,10class-CSS) | To increase school attendance and menstrual hygiene of girl students | Girls students of 8th, 9th and 10th standard in Govt and Govt aided schools | Sanitary pads are supplied to girl students in Govt and Govt aided schools through ICDS and Civil supplies. | | Total students covered (Target=Lakh 6.50) |
| Physical literacy in schools | State | The main aim of Physical literacy policy is to change physical literacy from being an extracurricular activity to a curricular activity, so as to stimulate the student's educational and health attainments. | | The commissioner of school education is a nodal implementing authority of the program in coordination with other departments like Sports and Youth Affairs, Panchayat Raj & Rural Development, Health, Urban Development, Sports Authority of Andhra Pradesh (SAAP), etc. At school level, it is | The monitoring plan would be developed by the Commissioner of school education at state level. Along with the PETs, School HMs, MEOs and DEOs are also monitored and evaluated. | Teams participated in National Games under 14, 17, and 19 years age (Target=No. of Games 16). Physical Literacy in high schools (Yoga, Tippa, Syllogist) |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|---|--|--|------------|---|
| | | | | <p>implemented by school assistant and Physical Education Teachers.</p> <p>The program is implemented in four stages to create awareness, provide continuous training and coaching, to achieve state wise coverage and to make champions in the long run.</p> | | (Target=Students 60315). |
| Ammakuvandana m | State | A unique program to pay tribute to mother | Students studying in Government schools and their mothers. | <p>Regional joint directors of school education and District Educational Officer are responsible for implementation of the program. At each school, teachers are pivot players in the implementation.</p> <p>As per this scheme, mothers of students, school management, and eminent persons etc are invited on the day of Vasanth Panchami to celebrate the greatness of Mother. The students would clean their mother feet in traditional ways and take their blessings, the teachers will explain about greatness of mother and conduct some quiz and essay writing competition around the theme of Mother.</p> | | Conduct of Ammakuvandana Programme in all Primary, Upper Primary and High Schools (Target=8000) |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|---|-----------------|---|--|--|--|---|
| Women and Child Development | | | | | | |
| YSR Amrutahastham/Special Nutrition Program for Women and Child Malnourished Children and Mothers | State | Increase Nutrition among pregnant women | Pregnant and lactating mothers | SERP (Society for elimination of Rural poverty) is a nodal agency which implements the scheme by providing lunch to all pregnant and lactating women through AWCs | | One Full Meal to Pregnant and Lactating Mothers (Target=Lakh no. of Beneficiaries 2.74) |
| National Nutrition Mission | CSS | The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner during the next three years beginning 2017-18 | Children between 0-6 years Adolescent girls between 11 to 18 years of age, Pregnant and lactating mothers. | The scheme converges all nutrition schemes like ICDS, PMVVYS, Adolescent girl scheme etc and looks over the implementation process through effective data management and use of ICT. The task of implementation of POSHAN Abhiyaan is to be carried out through the Technical Support Unit (TSU) established at NITI Aayog which, in addition to the M&E, will also provide research, policy and technical support to the Abhiyaan. | As a part of its mandate, NITI Aayog is required to submit implementation status reports of POSHAN Abhiyaan every six months to the PMO. | CAS, ILA, BCC, CAP Innovation, incentives, Jana Andolan - Poshan Abhiyan to Reduce the Prevalence of Anaemia amongst women and AGs (Target=Lakh No. of women 15.40) |
| ICDS | CSS | 1.To increase the nutrition and health conditions of children | Children between 0-6 years | MWCD provides many services under ICDS like provision of supplementary nutrition, pre | Central level ICDS monitoring unit at MWCD looks over the monitoring and evaluation of | Implementation of ICDS Services in the State of AP |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|---|--|--|--|--|
| | | <p>between 0-6 years old</p> <p>2. To promote psychological, physical and social development of a child by providing preschool education</p> <p>3. To guide and increase the capabilities of mothers in nourishing the infant or child.</p> | <p>Nutrition for 0-3 years children, nutrition and preschool education for 3-6 years.</p> | <p>school non-formal education, immunization, health checkups and referral services.</p> <p>The services are provided by Anganwadi Centres specially created for the purpose. As per 2015 ICDS report, 13.46 lakh AWCs are operational across India.</p> <p>The funds and orders for implementation of the schemes flow from CDPOs at state level to DPOs at District level.</p> <p>Supply of medicines and vaccines is done from Central drug of the district to DM&HO or to the PHC from where the ANMs and ASHAs collect.</p> <p>Supply of food and supplementary items are outsourced to local contractors or FPOs in the mandal or village.</p> | <p>the scheme. It collects and analysis data from all the state governments.</p> <p>The state governments collect data from ASHAs and AWDs who will enter the daily status of operations with the help of district Project Officers.</p> | <p>(Target=No. of ICDS Projects 514).</p> |
| ICPS | CSS | <p>The scheme aims at bringing all the child related schemes under one umbrella to ensure effective data management and to strengthen the</p> | <p>Children between 0-6 years</p> <p>Nutrition for 0-3 years children, nutrition and preschool</p> | | | <p>Implementation of Integrated Child Protection Scheme.</p> <p>(Target=No. of District Child Protection Unit-13</p> <p>No. of Specialised Adoption Agencies -14</p> |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|--|--|---|--|---|
| | | structures, enhance capacities at all levels. | education for 3-6 years. Adolescent girls in 11-18 years age. | | | No. of Children Homes-46) |
| SABLA | CSS | The scheme Sabla aims at empowering Adolescent Girls (AGs) (11-18 years) through nutrition, health care and life skills education. | Nutrition: All girls between 14 to 18 years. out of schools girls between 11 to 14 years attending Anganwadi. Non-Nutrition: School going girls between 11-18 years (IFA supplementat ion) School going girls between 16-18 (Vocational training, awareness on access to public services, skill | The scheme includes two components Nutrition and Non-nutrition. Under nutrition, the out of school girls between 11-14 years age and all girls in 14-18 years age are provided with supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients, per day for 300 days in a year through Anganwadi centres. The non-nutrition component addresses the developmental needs of adolescent girls by providing IFA supplements to the school going girl children in age group 11-18 and the girls in age group 16-18 are provided with the training on family welfare, access to public services, skill development and vocational training. | The monitoring and supervision mechanism set up under the Integrated Child Development Services (ICDS) Scheme is used for the scheme Sabla as well. Performance of the scheme is reviewed on a quarterly/annual basis to identify gaps and the monitoring committees are setup at four levels (State, district, block and village) by the Ministry of Women and Child Development at centre and State level. By the department of Women and Child Development at the district level and below. | Supplementary Meal to Adolescent Girls of 11 to 14 Years who are out of school. (Target=No. of Beneficiaries 42000) |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|--|-----------------|---|--|--|------------|--|
| | | | education and family welfare etc.) | | | |
| Girl Child Protection | State | The Girl Child Protection Scheme is aimed at preventing gender discrimination by empowering and protecting rights of girl children through direct investment from the State Government. | Girl children students between 0 to 20 years of age. i.e. from birth to graduation. Parents/ Guardians of the registered girl child. | The scheme provides monetary benefits for the family (with less than 20,000rs income in rural area and 24,000rs in Urban areas) with girl child/children till the girl attains the age of 20, In case of a single girl child she is entitled to receive Rs.1.00 lakh after completion of 20 years of age. In case of two girl children, both of them are entitled to receive Rs.30,000/- each, after completion of 20 years age. Both the "single girl child" and "two girl children" are entitled to receive Rs1,200/- per annum as scholarship from 9th class to 12th class (including ITI course) during their period of study. | | Payment of pending premium to LIC of India, Hyderabad (Target=No. of Beneficiaries 8799) |
| Services for children in need of care and protection | State | | | | | Special Nutrition to Anaemic Pregnant and Lactating Mothers and Malnourished Children (7 Months to 6 Yrs.) (TARGET=Lakh no. of Beneficiaries 1.37) |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|--|-----------------|--|--|---|---|--|
| National Creche Scheme | CSS | It aims at providing a safe place for mothers to leave their children while they are at work, and thus, is a measure for empowering women as it enables them to take up employment | children of 6 months to 6 years of working women in rural and urban areas (who are employed for a minimum period of 15 days in a month, or six months in a year) | <p>The scheme will provide an integrated package of</p> <ol style="list-style-type: none"> 1. Daycare Facilities including Sleeping Facilities 2. Early Stimulation for children below 3 years and Pre-school Education for 3 to 6 years old children. 3. Supplementary Nutrition (to be locally sourced) 4. Growth Monitoring, Health Check-up and Immunization to the children <p>Implementation is done by Rajiv Gandhi National Creche Centres with 90% of funds coming from Ministry of women and child and 10% of the funds are facilitated by the local NGO.</p> | <p>At the local level, community monitoring is done by forming Local Creche Committee by the state government with BDO, CDPO and a representative from the health department. The local committee would visit the creche once in a month and looks into the issues of grievance redressal raised by the mothers.</p> <p>At district level the scheme is monitored by the funding NGO and a District creche committee formulated by District Collector, MP and MLAs of the district. The committee monitors the creche once in six months. Central committee monitors the quality of food, vaccines and hygiene facilities under the vigilance of Project Officer. Apart from it, Ministry of Women and Child development will constitute the independent monitoring agency if need is felt.</p> | New Creche Centres in Tribal Areas (Target= Number of centres 32). |
| Minorities/ Backward classes/ Social welfare | | | | | | |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|--|--------------------------------------|---|---|--|--|--|
| Residential School Program- BC, Tribal, minorities (girls) | State | | | | | Existing Schools for tribal (Target=No. 189), Enrolment of the students in Tribal R schools (Target=No. 58755). Construction of Buildings for Hostels & Residential Schools (Target=No. 5). Purchase of Pvt. Lands (Target=No. of Complex 20). |
| Pre matric scholarships (SC/ST students) | State scheme with central assistance | To reduce the high dropout rates among ST students who are studying in primary and secondary education level. | SC/ST students studying in 8th, 9th and 10th standards. | Andhra Pradesh State Minorities Finance Corporation LTD is the nodal agency for the implementation of the scheme. It sends out the notification for eligibility, selection process, and rate of scholarship. | The commissioner of social welfare, AP monitors the process of implementation by checking a) Map all authorized schools / hostels to Hostel Welfare Officers. b) Impart training to Headmasters/Hostel Welfare Officers and ASWOs on the online system. c) Ensure that all the Hostel Welfare Officers undertake physical verification by the process of Online Authentication with UIDAI & physical verification. d) Ensure that all District | Scholarship to (IX & X) class students (Target= No. 33906), Students admitted in Best Available Schools (Target=No. 11531), Day scholar ST students in V to VIII classes (Target=No. 83503) |

| Department wise schemes | Funding Pattern | Objective | Target group | Implementation | Monitoring | Output |
|-------------------------|-----------------|---|---|--|---|--|
| | | | | | Officers proactively co-ordinate with the concerned Departments for verification and sanction of Pre-Matric Scholarships. e) Ensure that the online system is put in place by the Centre for Good Governance and has a full-fledged help line for assistance to users. | |
| Best Available Schools | State | Private school education is made available to the SC and ST students in a district by providing an opportunity to enter into private schools through government test at 3rd, 5th and 8th classes. | SC and ST students from 3rd to 8th standard | An online notification of identification of beneficiaries is released through Janmabhoomi website. | | Day Scholars & Residential (Target=No. of students 14435) |

Source: Collected by CBPS from scheme documents

Notes

Notes

Notes

Notes



632, 2nd floor, Lane No.3
(Beside Delhi Haath & Rajasthan Emporium Shops),
Westend Marg (Saket Metro Station to Garden of Five Senses,
Saiyad ul Ajaib), New Delhi - 110030
Tel: +91 011 2953 3451



Maitri Bhavan, Number 4, M.N. Krishna Rao Road,
Basavangudi, Bangalore – 560004
Tel: +91 2656 0735
Fax: +91 2656 0734
Email: info@cbps.in
Website: www.cbps.in