



ABSTRACT

Social Welfare and Nutritious Meal Programme Department – Integrated Child Development Services Scheme - Untied fund for the Anganwadi Children with special needs in 32 Districts at the cost of ₹97.26 lakh under Restructured pattern of Integrated Child Development Services Scheme - Sanction – Orders – Issued.

Social Welfare and Nutritious Meal Programme (SW7-1) Department

G.O.(Ms) No.02

Dated: 05.01.2015

திருவள்ளூர்வராண்டு 2045

ஜய, மார்கழி 21

Read

1. Letter received from Government of India, Ministry of Women and Child Development, New Delhi No.1-8/2012-CD-1, dated. 22.10.2012.
2. Administrative approval from Government of India, Ministry of Women and Child Development No.4-16/2014 -CD-II, Dated 20.5.2014.
3. Letter received from Government of India, Ministry of Women and Child Development No.4-1/2012-CD-II, Dated 23.5.2014, 30.07.2014, 08.09.2014 and 29.09.2014.
4. Letter received from the Director, Integrated Child Development Services Scheme Roc. No.8554/HM/2014, Dated:20.06.2014

+++++

ORDER:

In the letter 1st read above, Government of India have evolved a broad framework for implementation of ICDS Scheme in the "Mission Mode" by strengthening and restructuring of Integrated Child Development Services Scheme. Further, Government of India have introduced new components under restructured pattern of Integrated Child Development Services Scheme among others UNTIED FUND for Anganwadi Children with Special needs @ ₹2,000 per child in the sharing pattern of 75:25 basis as detailed below:-

Item	Existing	Approved	Sharing Pattern	Item Sub Components
UNTIED FUND – Children with Special Needs	<u>AWC/Mini AWC</u> NIL	<u>AWC/Mini AWC</u> ₹2,000 per children	75:25	Subject to total cap within the budgetary allocation and Subject to conditions as per guidelines.

The Guidelines for the implementation of Children with Special needs as per restructured pattern of Integrated Child Development Services Scheme is furnished in Annexure-I and the activities to be carried out by the Anganwadi Workers is furnished in Annexure-II.

2. In the letter 2nd read above, Government of India have conveyed the administrative approval for ₹760.09 crore inclusive of ₹72.945 lakh as 75% of Government of India share to be utilized for 4,863 Anganwadi Children with special needs @ ₹2,000 per child in 32 Districts during 2014-2015.

3. In the letters 3rd read above, Government of India have released a sum of ₹261.51 crore under General Integrated Child Development Services Scheme for the year 2014-2015.

4. In the letter 4th read above, based on the approval of Government of India, the Director, Integrated Child Development Services Scheme has sent proposal to accord sanction for ₹97.26 lakh as untied fund to be utilised for 4,863 Anganwadi Children with Special Needs in 32 Districts stating that the Government in its policy and in its legislations of the various Acts of Parliament (Persons with Disability Act; Rehabilitation Council Act) and the National Trust Act recognizes that a child with disability should enjoy a decent life in full conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. The policy also recognizes the right of the child with disability to special care that enhances his/her self esteem and one that is appropriate to the child's condition and to the circumstances of living of the parents or the care-givers of the child.

5. Taking into consideration, the financial resources of the parents and recognizing the special needs of the child with disability, the assistance extended should be provided free of charge, whenever called for. The new born with low birth weight is also a child which needs special attention for survival up to 1 year of age. Early identification of such children with developmental delay is important in the primary care setting at the Anganwadi Centres. Waiting until a young child misses a major milestone, such as walking or talking, may result in late deformity e.g. hearing deformity if not talked at the age of 3-9 months will lead to a permanent defect and early intervention may improve the outcome of children with mental retardation, pervasive developmental disorders, etc.

6. Children with disabilities face extreme disparities and daunting challenges in enjoying academic, social and community participation. Accessible and assistive technologies are a critical means to bridge the disparity/gaps between children with and without disabilities and offer an important solution in leveling the playing field for children with disabilities. Assistive devices cover a wide range of devices or systems that allow individuals to perform tasks they would otherwise be unable to do or increase the ease and safety with which tasks can be performed and range from low-tech devices, such as pictorial communication boards or adapted eating utensils, to high-tech devices such as adapted software and voice output devices with speech synthesis.

7. Assistive devices can empower children with disabilities by enhancing functioning in activities of daily living, early childhood development, recreation, socialization, mobility and such education-related skills as reading, learning and studying, math, writing, composition, communication, and computer access. By facilitating the participation, inclusion and mainstreaming of children with disabilities, assistive devices can significantly impact their self-image, self-esteem and sense of self-worth.

8. The Director, Integrated Child Development Services Scheme has stated that the untied fund is utilized for 4,863 Anganwadi Children with Special needs Assessment, Investigation and referral services, assistive devices, Special Booklets and other Toolkits @ ₹166.6 for 12 months per child at the total cost of ₹2000 per annum per child totaling ₹97.26 lakh. The Director, Integrated Child Development Services Scheme has therefore requested the Government to issue necessary orders.

9. After careful examination, Government issues the following orders:-

- i. accord sanction for a sum of ₹97.26 lakh (Rupees ninety seven lakh and twenty six thousand only) towards the untied fund to be utilized for 4,863 Anganwadi Children with special needs @ ₹2,000 per child in 32 Districts under the restructured pattern of Integrated Child Development Services Scheme in the sharing pattern of 75:25 during the year 2014-2015.
- ii. The Director, Integrated Child Development Services Scheme is permitted to implement the scheme of provision of untied fund to the 4,863 children with special needs enrolled at Anganwadi center furnished in Annexure III for the year 2014-2015.
- iii. The Director, Integrated Child Development Services Scheme is permitted to authorize the District Project Officers concerned for the implementation of the scheme towards the utilisation of untied fund to the children with special needs and the District Project Officers concerned are also authorized to release the funds of ₹97.26 lakh to the Child Development Project Officers concerned.

- iv. Government authorize the Child Development Project Officers to e transfer the funds of ₹2,000 per special child/annum as an untied fund directly to the bank account of care taker/parent of the children as a Direct Bank Transfer.
- v. The Child Development Project Officers of the project have to ensure that the funds of ₹2,000 per child per annum are being utilized for the requirement such as investigation and referral of the child to the hospital/PHC, assistive devices, booklets and other tool kits viz., purchase / repair of wheel chair, prosthetic limbs, spectacles, calipers, crutches, items required for hearing aid such as batteries, adapted eating utensil, special shoes, dental care etc as per the need of the children concerned with National Card holder for disability.
- vi. The Child Development Project Officers have to maintain a record for the same at the Anganwadi centre and also at the block office along with the signed vouchers obtained from the care taker / parent of the children with special needs for the expenses availed under the scheme.
- vii. The Director, Integrated Child Development Services Scheme is permitted to change the number of children from one Anganwadi centre to another centre/Block/District based on the need within the overall approved/ allotted funds and the amount sanctioned.
- viii. The Director, Integrated Child Development Services Scheme is requested to submit the necessary Utilization Certificate to Government within time.

10. The expenditure sanctioned in para 9(i) above shall be debited under the following head of account

2236 Nutrition-02.Distribution of Nutritious Food & Beverages-101.Special Nutrition Programmes-III.Centrally Sponsored-Schemes in the Twelfth Five year Plan- IV scheme shared between State and Centre—UB Distribution of Flexi Fund to Anganwadi and Mini Anganwadi -09 Grants-in-aid 09 others. (DPC: 2236-02-101-UB-0997)

11. The expenditure sanctioned at para 9(i) above shall constitute an item of "New Service" and approval of the Legislature shall be obtained in due course of time by an inclusion in the Supplementary Estimates for the year 2014-2015. Pending approval of Legislature, the expenditure shall initially be met by drawl of an advance from the contingency fund. Orders regarding this will be issued by the Finance (BG-I) Department separately. The Director, Integrated Child Development Services Scheme shall apply to the Government in Finance (BG-I) Department in prescribed format along with a copy of this order for sanction of an advance from the Contingency fund required for the current Financial year. The Director, Integrated Child Development Services

Scheme shall also send necessary draft explanatory notes for inclusion of the above expenditure in the Supplementary Estimates for the year 2014-2015 to Finance (SW) Department without fail.

12. This order issues with the concurrence of Finance (SW) Department vide its U.O. No. 69984/Fin(SW)/2014, Dated 02.01.2015 and Additional Sanction Ledger No.2050 (Two thousand and fifty).

(BY ORDER OF THE GOVERNOR)

P.M. BASHEER AHAMED
Secretary to Government

To

The Director, Integrated Child Development Services Scheme, Chennai – 600 113.

The District Programme Officers concerned (through The Director, Integrated Child Development Services Scheme)

The Child Development Project Officers concerned (through The Director, Integrated Child Development Services Scheme)

The Secretary to Government, Health and Family Welfare Department,

The Principal Secretary to Government, Welfare of Differently Abled Persons Department, Chennai -600 009

The Accountant General, Chennai – 600 018.

The Accountant General (Audit I / II), Chennai-600 018.

The Commissioner of Treasury & Accounts, Chennai -600 015

The Pay and Accounts Officer (South), Chennai – 600 035

The Resident Audit Officer, Secretariat, Chennai -600 009

Copy to

The Hon'ble Chief Minister Office, Chennai – 600 009.

The Personal Assistant to Hon'ble Minister for Social Welfare and Nutritious Meal Programme Department, Chennai – 600 009.

The Finance (SW/BG-I,II) Department, Chennai – 600 009.

The Private Secretary to Government, Social Welfare and Nutritious Meal Programme Department

The Resident Audit Officer, (through Social Welfare and Nutritious Meal Programme (SW2) Department)

The Social Welfare and Nutritious Meal Programme (SW2) Department, Chennai – 600 009

Stock file / Spare copy.

// Forwarded By Order //

RL. S. Sundararaj
05/01/15
Section Officer

5/1/15

1/4

ANNEXURE - I

G.O.(Ms) No.02, Social Welfare and Nutritious Meal Programme Department, Dated
05.01.2015.

+++++

Guidelines for the utilisation of untied funds towards implementation of Children with
Special needs under restructured pattern of Integrated Child Development Services
Scheme

Focussing on Children with special needs:- The Integrated Child Development Services Scheme Mission would facilitate integrated and inclusive early childhood care and development services to all children with special needs through its Anganwadi Centres. A range of interventions including early identification, assessment and determination, care and counseling services as well as family and community based rehabilitation services for children with special needs would be facilitated by the Mission in close convergence with the line Departments including Health, Education and Social Welfare. A provision of ₹2000 per child as untied fund has been made under the Integrated Child Development Services Scheme Mission for ensuring various need based interventions/services, some of the major ones include:-

- a. Identification of children with special needs: In order to ensure early identification and detection of children with special needs, especially children with disabilities, facilities for early screening, determination and rehabilitation services would be made available in convergence with the line Departments including Health, Social Welfare, Education, etc.

Functional and formal assessment of each identified child would be ensured in convergence with SSA (Block level team) / DDRCs (district level institution). If a provision under SSA (Block level team) is not available in a particular block, the Anganwadi Workers would get in touch with the concerned PHC/CHC/DDRC and ensure that this assessment is carried out, on the basis of which appropriate intervention for every child with special needs and their inclusion would be ensured. In case assessment facilities are available neither at the block nor at District levels, the Anganwadi Workers in consultation with the Medical Officer/ANM from National Rural Health Mission Team may send a child with special needs (with prior intimation to the concerned Supervisor & Child Development Project Officers) to a private institution/facility. In such cases, the cost of assessment/ tests would be released by the concerned Child Development Project Officers/District Programme Officer from the budget head of children with special needs available with them, i.e., ₹2000 per child after specific recommendation from the ALMC of the respective Anganwadi Centres.

- b. Linking children with special needs with existing service provisions: The District Mission Directorate in each district would develop a convergence mechanism in consultation with the District level focal points from the Departments of Health, Education and Social Welfare particularly to link children with disabilities with the services of District Disability Rehabilitation Centre (DDRC), Block / Cluster Resource Centre (BRC & CRC) under SSA, and any other similar institutions / interventions for children with disabilities being implemented at the District / State Levels.

- c. Training and sensitization of Anganwadi Workers, Link Workers and Families: Training to Anganwadi Workers and Link Workers (including ASHAs) as well as families / parents would be provided information on recognition of early symptoms, need for early action and where to go for receiving further assistance/ services. Parents of children with disabilities would receive counseling and training on how to bring them up and teach them basic survival and coping skills. The advocacy and Information Education Communication campaign under the Mission would focus on educating families and community on children with special needs, issues related to them and how to access support and rehabilitation services for them and ensure that the environment is inclusive.
- d. Assistive devices / special education kit / books: Children with special needs requiring assistive devices / special education activity kit / books would be linked with the provisions under relevant schemes of the Ministry of Social Justice and Empowerment, State Social Welfare Departments, National Institutions, voluntary organizations, among others. The concerned Anganwadi Workers and Supervisor would be responsible for making sure these provisions to every child with special needs.
- e. Improved Accessibility: Integrated Child Development Services Scheme Mission would strive to remove architectural barriers in Anganwadi Centres buildings by building ramps etc., for ensuring easy accessibility to children with disabilities. Efforts would be made to ensure a disability-friendly environment for children with special needs at Anganwadi Centres including appropriate activity kits. Funds for building ramps in existing Anganwadi Centres would be leveraged from the relevant scheme of the Ministry of Social Justice & Empowerment. Besides, for using funds available for up-gradation / improvement under Integrated Child Development Services Scheme Mission, construction of ramps and other barrier free facilities / access would be a necessary component. For all new Anganwadi Centres buildings, the accessibility features would be integrated in the design itself so as to ensure barrier free access to children with disabilities.
- f. Referral Services: Pre-identified referral systems, in convergence with line departments like Health, Education and Social Welfare, would be set up for the Anganwadi Workers, with the help of the ASHA, to refer such children for further care to the Primary Health Centre (PHC), Community Health Centre (CHC), Nutrition Rehabilitation Centre (NRC), District Disability Rehabilitation Centre (DDRC) or any other tertiary care facility. Supervisors would support Anganwadi Workers in these endeavours.

(BY ORDER OF THE GOVERNOR)

P.M. BASHEER AHAMED
Secretary to Government

// Forwarded By Order //

R.L. Shinde
05/11/15
Section Officer

86
5/11/15

2/11

ANNEXURE – II

G.O.(Ms) No.02, Social Welfare and Nutritious Meal Programme Department,
Dated 05.01.2015.

+++++

Activities to be carried out by the Anganwadi Workers

- The Anganwadi Workers have regular contact with such children before they identify the developmental and other health problems early in a child's life which improves the child's chances of reaching his or her full potential for physical, mental, and social health and well-being.
- The Anganwadi Workers are able to provide family- centered, comprehensive, coordinated care, including a more complete medical assessment when a screening indicates a child is at risk for a developmental problem. In some cases, the Anganwadi Worker might choose to refer the child and family to a specialist for further assessment and diagnosis, such as to a neuro developmental pediatrician, a developmental-behavioural pediatrician, a child neurologist, a geneticist, or an early intervention program that provides assessment services.
- The field functionaries have already been trained in identification of risk factors, their management and referrals with specific reference to prevention of developmental disorders and the care and management of such children with disabilities in co-ordination with Health and Differently abled department
- Under Integrated Child Development Services Scheme, in Districts such as Thiruvallore, Kancheepuram, Nammakkal, Pudukotai, Thanjavur, Thiruvarur and Dindugul, the Field nutrition functionaries have already been trained for watching the delays in milestone during 1-3 years of age in the pre school children in coordination with the Department of Differently abled. Any child found to have problem will be referred to the Medical Officer of the concerned PHCs. The field functionaries have been given training in identifying the major visible congenital problems, by developing a simple tool of enlisting all feasible criteria and follow up of such children at various crucial point.
- Guidance are being given to expectant mothers in taking appropriate prenatal care for safe delivery. Parental involvement in the development and training of the children.
- Creating greater public awareness, particularly in the family members, about the causes of disability, the possible preventive measures, care and management of the persons with disabilities during Village Health and Nutrition day and Take home ration day.

(BY ORDER OF THE GOVERNOR)

P.M. BASHEER AHAMED
Secretary to Government

// Forwarded By Order //

R.L. Srinivasan
05/01/2015
Section Officer

5/1/15

2/1

ANNEXURE – III

G.O.(Ms) No:02, Social Welfare and Nutritious Meal Programme Department, Dated
05.01.2015.

+++++

Districts wise details of expenditure

S. No	District	Differently abled	Mentally retarded	Total children with special needs	Special needs of Differently abled Children @ ₹2,000 / Child / annum (₹ in lakh)
1	Ariyalur	131	72	203	4.06
2	Chennai	24	51	75	1.50
3	Coimbatore	43	53	96	1.92
4	Cuddalore	70	51	121	2.42
5	Dharmapuri	21	7	28	0.56
6	Dindigul	185	250	435	8.70
7	Erode	63	21	84	1.68
8	Kancheepuram	34	64	98	1.96
9	Kanyakumari	76	21	97	1.94
10	Karur	44	40	84	1.68
11	Krishnagiri	12	55	67	1.34
12	Madurai	114	92	206	4.12
13	Nagapattinam	42	26	68	1.36
14	Namakkal	102	76	178	3.56
15	Nilgiris	21	7	28	0.56
16	Perambalur	24	24	48	0.96
17	Pudukottai	37	35	72	1.44
18	Ramanathapuram	88	12	100	2.00
19	Salem	65	68	133	2.66
20	Sivagangai	51	31	82	1.64
21	Thanjavur	1	48	49	0.98
22	Theni	264	226	490	9.80
23	Thirunelveli	274	175	449	8.98
24	Thirupur	39	40	79	1.58
25	Thiruvannamalai	308	201	509	10.18
26	Thiruvarur	87	48	135	2.70
27	Thiruvallur	30	28	58	1.16
28	Thoothukudi	7	5	12	0.24
29	Trichirapalli	62	124	186	3.72
30	Vellore	25	30	55	1.10
31	Villupuram	166	197	363	7.26
32	Virdhunagar	109	66	175	3.50
	Total	2619	2244	4863	97.26

(BY ORDER OF THE GOVERNOR)

P.M. BASHEER AHAMED
Secretary to Government

// Forwarded By Order //

R.L. Shanmugasundaram
05/01/2015
Section Officer

5/1/15
1/1