



ABSTRACT

Social Welfare and Nutritious Meal Programme Department – Integrated Child Development Services Scheme – Placing / treating Anganwadi Helpers as Link Workers/Link Volunteers to provide Integrated Child Development Scheme Services in hard to reach/ tribal/ hilly areas at the cost of ₹25.65 lakh for a period of 3 months during the year 2014-2015- Sanction – Orders – Issued.

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

G.O.(D) No.13

Dated:02.02.2015

திருவள்ளூர்நெய்விநியோகம் 2046

ஐயி, மைத 19

Read:

- 1 Letter received from Government of India, Ministry of Women and Child Development No.1-8/2012-CD-1, Dated 22.10.2012.
- 2 Letter received from Government of India, Ministry of Women and Child Development No.4-16/2014-CD-II, Dated 20.05.2014.
- 3 Letter received from Government of India, Ministry of Women and Child Development, F.No.4-1/2012-CD-II, Dated 23.5.2014, 22.08.2014, 30.07.2014, 08.09.2014, 29.09.2014, 18.12.2014 and 24.12.2014.
- 4 Letter received from the Director, Integrated Child Development Services Scheme Roc.No.10000/E3-2/2014, Dated 31.7.2014.

+++++

ORDER:

In the letter 1<sup>st</sup> read above, Government of India have evolved Broad Frame Work to strengthen and restructure the Integrated Child Development Services Scheme in MISSON MODE and conveyed the revised sharing pattern of various schemes under General Integrated Child Development Services Scheme. In the Government of India guidelines for Restructuring of Integrated Child Development Services Scheme, it has been stated that, the existing Accredited Social Health Activist of Health Department may be considered as Link Volunteer.

2. In the letter 2<sup>nd</sup> read above, Government of India have conveyed the administrative approval for ₹760.09 crore inclusive of ₹19.24 lakh as 75% of Government of India share for the 1<sup>st</sup> quarter towards the placement of 1,140 Link Volunteer during 2014-2015.

3. In the letters 3<sup>rd</sup> read above, Government of India have released a sum of ₹494.41 crore under General Integrated Child Development Services Scheme for the year 2014-2015.

4. In the letter 4<sup>th</sup> read above, the Director, Integrated Child Development Services Scheme has sent proposal stating that as per the suggestion of the State Empowered Programme Committee the placement of Link Volunteer on pilot basis in the remote and hard to reach tribal/hilly areas where Anganwadi Centres are placed has been proposed in the Annual Programme Implementation Plans (APIP) 2014-2015. Hence, wherever the minority population (Scheduled tribes) is more than 40% in the Anganwadi Centres area as per the norms of Adidravidar and Tribal Welfare Department, 1,140 Anganwadi Centres have been identified out of the total tribal Anganwadi Centres of 1,215 as per the mapping exercise. Further, the Director, Integrated Child Development Services Scheme has stated that the mapping exercise with Health department is ongoing and wherever the Accredited Social Health Activists are available will be considered as Link Volunteer and the existing Accredited Social Health Activist in the Community will be provided with incentive of ₹750 per month for the role of Link Volunteer. The Director, Integrated Child Development Services Scheme has also furnished the justification for the placement of Link Volunteer in Anganwadi Centres of hard to reach/tribal/hilly areas and Role of Link Volunteer which is furnished in the Annexure.

5. In the State Empowered Programme Committee Meeting held on 08.01.2014 under the Chairpersonship of Chief Secretary it was deliberated by the Principal Secretary, Finance that the possibility of placing the Link Volunteer may be explored in tribal/unreached areas and also suggested to explore the possibilities of treating the Anganwadi Helper as link worker and requested to obtain the funds of ₹750 per month from Government of India for Link Volunteer. The then Principal Secretary/ Commissioner, Integrated Child Development Services Scheme has informed that one link volunteer is placed for every four Anganwadi Centres and their role is to provide outreach services, to bring the children to Anganwadi centre and provide follow up health and nutrition services to the children with severely and moderately underweight.

6. The Director, Integrated Child Development Services Scheme has also furnished the details of criteria for selection of Link Volunteer, mode of payment and district wise distribution of 1,140 Link Volunteer and therefore requested the Government to issue necessary orders.

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

- i. The Director, Integrated Child Development Services Scheme is permitted to implement the scheme of Link Volunteers by placing/treating the existing 1,140 Anganwadi Helpers to provide Integrated Child Development Scheme Services in hard to reach tribal/hilly areas.
- ii. accord sanction for ₹25.65 lakh (Rupees twenty five lakh and sixty five thousand only) (Government of India's share @ 75% ₹19.24 lakh and State share @ 25% ₹6.41 lakh) towards treating Anganwadi Helpers as Link Workers with an additional incentive of ₹750 per month per Helper to provide Integrated Child

Development Scheme Services in hard to reach tribal/ hilly areas for the period of 3 months during the year 2014-2015.

- iii. The Director, Integrated Child Development Services Scheme is permitted to authorise the District Programme Officers of the concerned tribal/hilly areas to depute the respective Anganwadi Helpers as Link Workers/Link Volunteers with an incentive of ₹750 per month per worker to provide Integrated Child Development Services Scheme in hard to reach tribal/hilly areas.
- iv. The Director, Integrated Child Development Services Scheme is permitted to authorise the District Programme Officers to draw and disburse the amount sanctioned in para 7(ii) above towards the implementation of the scheme.

8. The expenditure sanctioned in para 7(ii) above shall be debited under the following Head of account:-

"2236 – Nutrition – 02 - Distribution of Nutritious Food and Beverages-101- Special Nutrition programmes-Schemes in the Twelfth Five year plan - VI Schemes shared between State and Centre UE-Strengthening and Restructuring of Integrated Child Development Services Scheme 33- Payment for professional and Special services - 04- contract payment (D.P.Code:2236-02-101-UE-3345")

9. Necessary additional funds will be provided in FMA 2014-2015. Pending provision of such funds in FMA 2014-2015, the Director, Integrated Child Development Services Scheme is authorized to draw and disburse the amount sanctioned on paragraph 7(ii) above. The Director, Integrated Child Development Services Scheme should include this additional expenditure while sending the proposal to the Government in Finance (SW) Department for inclusion in FMA 2014-2015 without fail. However, this expenditure shall be brought to the notice of Legislature by specific inclusion in the Supplementary Estimates 2014-2015. The Director, Integrated Child Development Services Scheme is also requested to send necessary draft explanatory notes to Government in Finance (SW/BG-1) Department for inclusion in the Supplementary Estimates 2014-2015.

10. This order issues with the concurrence of Finance Department vide it's U.O.No.3361/Fin(SW)/2015, Dated 28.01.2015 and Additional Sanction Ledger No. 2328 (Two thousand three hundred and twenty eight).

(BY ORDER OF THE GOVERNOR)

P.M. BASHHEER AHAMED  
Secretary to Government

To  
The Director,  
Integrated Child Development Services Scheme,  
Tharamani, Chennai-600 113.  
The District Programme Officers concerned (Through the Director, Integrated Child Development Services Scheme)  
The Pay and Accounts Officers, Chennai/Madurai  
The Accountant General (A&E), Chennai-600 018. (By name)

The Accountant General (Audit-I/II), Chennai-600 018.  
The Treasury/Sub Treasury Officers concerned (through the Director, Integrated  
Child Development Services Scheme)  
The Resident Audit Officer, Secretariat, Chennai-600 009.

Copy to:  
The Hon'ble Chief Minister's Office, Chennai – 600 009.  
The Finance (SW/BG-I&II) Department, Chennai-600 009.  
The Senior Personal Assistant to Hon'ble Minister (Social Welfare and Nutritious  
Meal Programme Department), Chennai-600 009.  
The Senior Private Secretary to Secretary to Government,  
Social Welfare and Nutritious Meal Programme Department, Chennai-600 009.  
The Resident Audit Officer (through Social Welfare and Nutritious Meal Programme  
(SW2) Department)  
The Social Welfare and Nutritious Meal Programme (SW2) Department, Secretariat,  
Chennai -600 009.  
Stock file/Spare copy

// forwarded by order //

R.L. Shudanshi  
Section Officer.  
02/02/2015

*RS*  
02/02/2015

Annexure

to G.O.(D) No.13, Social Welfare and Nutritious Meal Programme  
(SW-7(1) Department, Dated 02.02.2015

Role of Link Volunteer

- According to 2011 census, the total population of the Scheduled Tribes in our State is 7.94 lakh constituting 1.14 per cent of total population. The main problem is that they are scattered throughout the State.
- Tribal communities in general and primitive tribal groups in particular are highly disease prone.
- Health problems among tribal population across Tamilnadu are not uniform. Despite a number of interventions by the State Government, the vulnerable tribal community is still unable to access basic health care.
- They continue to face a number of social, cultural, and economic constraints. Constraints faced by the tribal are low weight birth, poor nutrition, unsafe drinking water, poor sanitation, lack of education / awareness, health service providers are either not available or available for few hours in a day, remoteness of many villages from the nearest PHC/Hospital etc.
- Their misery is compounded by lack of education / awareness, poverty, illiteracy, ignorance of causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc.
- Also as per the monthly report furnished by the District Programme Officers it has been observed that prevalence underweight is more in tribal / hilly areas in the State.
- The Tribal development strategies need to be more human-centred with health and nutrition at its centre. The conventional approach of looking at health and nutrition issues for tribal in a sectoral, compartmentalised manner can have little impact on achieving health and nutrition goals.
- The strategies and approaches adopted in non-tribal areas cannot be automatically adopted in the tribal areas which are characterised by dispersed populations, poor communications low literacy and social and cultural variations/barriers.
- Providing universal access of quality health and nutrition care to children, pregnant and nursing mothers is one of the major objectives of the Integrated Child Development Services Scheme.

P.M. BASHHEER AHAMED  
 Secretary to Government

// forwarded by order //

*R.L. Shanmugasundaram*  
 Section Officer.  
 02/02/2015

*R.L. Shanmugasundaram*  
 02/02/2015