

DEPARTMENT OF WOMEN & CHILD DEVELOPMENT  
GOVT. OF NCT OF DELHI  
PT. RAVI SHANKER SHUKLA LANE, K.G.MARG,  
NEW DELHI-110001

No. F. 76(decentralization)/DWCD/ICDS/2016-17/ 18385-432 Dated: 06 SEP 2018

To,

All CDPOs  
ICDS Projects  
Department of Women & Child Development,  
Government of NCT of Delhi.

**Subject: Decentralization of Integrated Child Development Service Scheme.**

Madam,

In continuation of Department's earlier order dated 3.1.2017, all CDPOs are hereby directed to route the SNP Bill files through concerned District Officers from now on wards so that claims regarding the quantity and quality of the SNP Supplied in the AWCs are corroborated with the physical verification reports of the District Officer.

The following should be ensured before putting up the file to the District Officers by CDPOs:

1. Certificate to be given by CDPO that supply of SNF is as per indent quantity and term & conditions of MOU are followed. CDPO should ensure to place copy of MOU in the file. Copy of certificate is enclosed as Annexure-A.
2. The lab test reports in accordance with the Order No. F. 76(358)-Requirements/DWCD/ICDS/2011-12/47640-766 dated 30 March, 2015 should be placed in the file. The CDPOs are required to send the samples for lab test at least twice in a month for each project. The reports should be authenticated by the CDPO. Copy of letter enclosed as Annexure-B.
3. The kitchen visit report of the CDPO which is conducted by CDPO/Supervisors on monthly basis should be placed in the file duly filled in the prescribed performa. All the columns of the performa should be filled carefully by the CDPO during the visit. Copy of performa enclosed as Annexure-C.
4. The indent of SNF should be prepared strictly as per the requirements of actual beneficiaries given by all AWCs and Supervisors.
5. The beneficiary certificate according to the MPR should be placed in the file.

These issues with the approval of competent authority.

Encl.: As above

  
Shuchi Sehgal  
Deputy Director (ICDS)

No. F. 76(decentralization)/DWCD/ICDS/2016-17/ 18385-432 Dated:

06 SEP 2017

Copy for information to:

1. All District Officers with the request to process the files for onward submission to HQ in accordance with the instructions given in the letter.
2. All CDPOs
3. PA to Director, WCD
4. PA to Addl. Director (ICDS)
5. Assistant programmer (WCD) for uploading on website.

  
Shuchi Sehgal  
Deputy Director (ICDS)

OFFICE OF THE CHILD DEVELOPMENT PROJECT OFFICER  
I.C.D.S. PROJECT  
DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT  
GOVT. OF NCT OF DELHI  
CHILDREN HOME COMPLEX ALIPUR, DELHI-110036

CERTIFICATE

This is certified that cooked food/ Snacks/ Weaning *food for the month of*  
2016 has been received as follows:-

Category Beneficiaries	Indent (Beneficiaries)	No Beneficiaries as per MPR	of Supply	Short Supply (If Any)
<i>Children</i>				
<i>Ladies</i>				
<i>Total</i>				

ICDS PROJECT CDPO

KIND ATTN : 1) FICCI-FRAC 4) SIGMA  
2) AVON LABS 5) ITL LABS  
3) SPECTRO ANALYTICAL LABS

Enc-B  
SPEEDY POS

DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT  
GOVT. OF NCT OF DELHI  
1-A, CANNING LANE, K.G. MARG, NEW DELHI.

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No.F.76(358)-Requirements/DWCD/ICDS/2011-12/

47640-766

Dated:

30 MAR 2015

Sub: Lifting of samples for lab analysis under ICDS Scheme

In continuation to our Office Order No.F76(358)/Requirements/DWCD/ICDS/2011-12/31943-32070 dated 8<sup>th</sup> December, 2014, the following instructions are to be followed:-

1. Samples of SNP of each project are to be sent for lab test atleast twice in a month.
  2. The samples are to be lifted from the Anganwadi Centre itself, as it is the responsibility of the NPO to supply hygienic, nutritious food to Anganwadi Centre.
  3. CDPO to ensure that lab agency itself picks up sample. In case it is found that NPO vendor is lifting or sending sample, responsibility of the CDPO and Supervisor concerned will be fixed and will also be construed to be unfair practice on both the part of NPO as well as testing labs and strict action will initiated against them.
  4. Sample is to be lifted in the presence of Supervisor and Anganwadi Worker staff and representative of concerned NPOs.
  5. The CDPO is to inform the lab authority at 7.30 A.M. in the morning to collect the sample by 9.30 A.M. from Anganwadi Centre. Choice of Anganwadi Centre is to be done by CDPO on a surprise, random and shifting basis so that the entire kitchens are uniformly covered.
- DD(ICDS) is to ensure that atleast ten samples in a month are lifted out of 95 projects on shifting basis, by orders from headquarter, on a surprise basis. This is in addition to samples lifted by CDPO's @2 per month. This may be combined with visits by headquarter staff to Anganwadi Centre so that sample is lifted by the lab in the presence of headquarter staff. DD (ICDS) i.e. Ms. Lata Negi is personally responsible for giving a monthly report about 10 inspections and lifting of ten samples by headquarter staff of ICDS branch under her.
7. Sample will be collected by opening seal of container in front of lab representative NPO representative and department.



18/11/0

**SHG KITCHEN VISIT REPORT**

Sl. No. of Inspection: (For H.Q. Use)

ICDS Project: \_\_\_\_\_ Type of Agreement with NPD  Bipartite  Tripartite  
 Date of Visit: \_\_\_\_\_ Time of visit from \_\_\_\_\_ to \_\_\_\_\_

Name of the CDPO \_\_\_\_\_ Posted since \_\_\_\_\_  
 Name of Supervisor \_\_\_\_\_ Posted since \_\_\_\_\_  Regular  Contractual  Outsourced  
 Name & address of SHG Kitchen: \_\_\_\_\_ (Should be visited before 9 AM)

Name of the NPO/MNPO: \_\_\_\_\_  
 Details of and No. of AWCs Catered to by SHG: \_\_\_\_\_

**SHG Related Information:**

- Whether SHG Exist in reality (as per the agreement) or women working on wage basis: \_\_\_\_\_  
 Total members in SHG \_\_\_\_\_ (a) Male members \_\_\_\_\_ (b) Female members \_\_\_\_\_  
 (c) ICDS Beneficiaries as Members (mothers of ICDS beneficiaries/ beneficiaries of ICDS Services) \_\_\_\_\_
- Frequency of meeting of SHG, weekly  monthly  No meeting
- Who is the main cook, if SHG member  From out side
- Whether SHG members are wearing Apron \_\_\_\_\_ Head Gear \_\_\_\_\_ and Caps \_\_\_\_\_
- Whether SHG women aware of the location of AWCs attached to the kitchen, YES  NO
- SHG kitchen Board is as prescribed by the Deptt. is displayed outside the kitchen, YES  NO

**Status of Maintenance of various Records at SHG kitchen**

(Specify whether the following records are maintained by SHG kitchen, if yes Tick & mention the last entry)

**I. Supplementary Nutrition Food related records**

- Stock register for each food items issued for preparing SNF, YES  NO
- Registers containing details of equipments installed in the kitchen for preparing SNF including date of installation, life span, services /maintenance due on date, YES  No
- RO system installed, YES  NO  Whether domestic  Industrial
- Capacity \_\_\_\_\_ Date of installation \_\_\_\_\_ serviced on \_\_\_\_\_ Service due on \_\_\_\_\_
- Pest control records with schedule of service are maintained, YES  NO
- Date of pest control done \_\_\_\_\_ Next due date \_\_\_\_\_
- Gas Chulas & other equipment's fitness & service records, YES  NO
- Register/File containing signed copy of Indent, Fin.Yr. wise, YES  NO

**II. Purchase Related Records/Registers**

- Bills / Voucher records/register for bulk purchase of SNF items/ingredients, YES  NO
- Bills/Voucher register for daily expenditure/purchase of vegetables etc., YES  NO
- Bills register for payment of services to an agency/person in the kitchen, YES  NO
- Payment register for staff & other services (out sourced) in the kitchen, YES  NO

**III. Account related records**

	YES	NO		YES	NO
1 Cash book			4 Distribution register		
2 Purchase register			5 Statement of expenses		
3 Stock Register			6 Bank Statement		

**IV. SHG related records**

	YES	NO		YES	NO
1 Meeting Register			3 Ledger with member's thrift & credit records		
2 Bank account details			4 loan & repayment register		

IV. SNP related information

	YES	NO
1 Whether menu and recipe as prescribed by the Deptt. is being followed in preparing SNP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Whether the Charts/Boards of the Deptt. menu and recipe is displayed in the Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
3 Whether AWC wise distribution register and AWCs wise indent register maintained	<input type="checkbox"/>	<input type="checkbox"/>

V. Details of item wise SNP prepared on the day of visit

SNF ITEM PREPARED	No. of beneficiaries for whom SNP prepared	Ingredients used for preparing the SNP ( mention item wise Name & Quantity used )
Snack		
Cooked Food		
Weaning Food		

Observation regarding quality and quantity of ingredients used for preparing the SNP :

- Whether Proper paper sealing and AWC wise marking of SNP containers is being done before delivery to AWCs \_\_\_\_\_ if Yes, Type of paper Sealing \_\_\_\_\_ and marking \_\_\_\_\_
- Whether SHG member & Kitchen staff are trained to handle fire extinguisher in case of emergency \_\_\_\_\_
- Whether functional weighing scale available in the Kitchen, YES  NO

VI. Water supply related information/ records :

- Source of water for cooking purpose: Ground Water  DJB Supplied potable water  Other source  for washing purpose \_\_\_\_\_
- Conditions of taps/pipes in the kitchen (Whether hygienically maintained), YES  NO
- Storage of water, For Cooking \_\_\_\_\_ For Washing \_\_\_\_\_
- Whether any cleaning schedule of water storage/tank is followed, if yes please specify \_\_\_\_\_
- Whether any record/register for water tank cleaning is maintained \_\_\_\_\_
- Whether Covered Dustbin available in the Kitchen \_\_\_\_\_ if yes, Size of Dustbin \_\_\_\_\_
- Whether the supervisor concerned was available in the kitchen at the time of visit \_\_\_\_\_
- No. of visit by the supervisor in the kitchen in previous month \_\_\_\_\_ in current month \_\_\_\_\_
- No. of visit By the CDPO's visit in the kitchen in previous month \_\_\_\_\_ in current month \_\_\_\_\_
- Whether kitchen visit register maintained \_\_\_\_\_ Date of last entry \_\_\_\_\_
- Whether separate room/spac. for storage in the kitchen \_\_\_\_\_ if yes, Size \_\_\_\_\_
- Whether storage is free from insects /rodents \_\_\_\_\_
- Whether pest control being done by authorised/certified agency \_\_\_\_\_ frequency, \_\_\_\_\_
- Whether separate space for cooking and washing area available in the kitchen \_\_\_\_\_
- Size of kitchen area \_\_\_\_\_ Size of cooking area \_\_\_\_\_ Size of washing area \_\_\_\_\_

VII. Other Infrastructure

- Whether proper waste disposal system is in the kitchen \_\_\_\_\_
- Condition of drainage system inside and outside the kitchen \_\_\_\_\_
- Cleanliness inside and outside the kitchen \_\_\_\_\_
- Mode of transporting SNP to AWCs \_\_\_\_\_ Distance of farthest AWC from the kitchen \_\_\_\_\_
- Whether route map approved by CDPO is available in the kitchen \_\_\_\_\_

SUGGESTIONS:

Signature \_\_\_\_\_ Name \_\_\_\_\_ Designation \_\_\_\_\_ Date \_\_\_\_\_