

SOCIAL WELFARE DEPARTMENT

2.2 Integrated Child Development Services

Highlights

The Integrated Child Development Services launched in 1975 aims at holistic development of children up to six years of age, adolescent girls, pregnant and lactating mothers by providing a package of services like supplementary nutrition, immunisation, health check up, nutrition and health education, etc. The review revealed deficiencies in the implementation of the scheme such as delay in release of funds for scheme implementation, failure to cover the entire targeted population, etc., thereby defeating the basic objectives of the Scheme. Contrary to Government of India guidelines, Take Home Food delivered to children between six months and three years in the State was not fortified with micro-nutrients.

The department was not preparing any long term perspective plan. In the absence of the plan, there were deficiencies in creation of new AWCs and insufficiencies in the delivery of services to beneficiaries in various components in ICDS .

(Paragraph 2.2.6)

There was a shortage of 8,619 Anganwadi Centres (21 per cent) in the State. Fourteen additional Anganwadi Centres (AWCs), sanctioned in 2005 by GOI, were yet to be operationalized.

(Paragraph 2.2.8.2)

Many functional AWCs in the test checked ICDS projects were functioning in rented premises and lacked basic infrastructure facilities like safe drinking water, toilets, etc.

(Paragraph 2.2.8.2)

The percentage of child population who were not immunized against Polio and DPT in Palakkad and Malappuram districts were respectively 36 and 31.

(Paragraph 2.2.9)

The objective of universalization of Supplementary Nutrition Programme was not achieved as 56 to 66 per cent of the identified beneficiaries were not covered under the Scheme.

(Paragraph 2.2.11.1)

The percentage of malnourished children below the age of six years in the State ranged between 27 and 39. Test check of records in Idukki, Malappuram, Palakkad and Thiruvananthapuram districts indicated that 110 out of 1180 children who died during 2011-12, were severely malnourished.

(Paragraph 2.2.11.3)

GOI guidelines stipulating periodical weighing of child beneficiaries under Supplementary Nutrition Programme to assess their nutritional status was not adhered to during 2007-12.

(Paragraph 2.2.11.3)

Take Home Ration (THR) valued at ₹ 257.38 crore was purchased from an agency which did not possess the mandatory BIS certification. It was also noticed that an amount of ₹ 22.44 crore was overcharged by the supplier. In a number of cases, test results of the samples of the product were stated to be not satisfactory.

(Paragraph 2.2.12)

2.2.1 Introduction

The Integrated Child Development Services (ICDS) is a Centrally sponsored scheme (CSS) launched in 1975, designed to promote the holistic development of all children below six years, expectant and lactating mothers and adolescent girls of 11-18 years.

The objectives of the ICDS are:-

- (i) to improve the nutritional and health status of children in the age group of six months to six years;
- (ii) to lay the foundation for proper psychological, physical and social development of the child;
- (iii) to reduce the incidence of mortality, morbidity, malnutrition and school dropouts;
- (iv) to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education; and
- (v) to achieve effective co-ordination and implementation among the various departments to promote child development.

These objectives are to be achieved through a package of services comprising Supplementary Nutrition, Immunisation, Health Check-up, Nutrition and Health Education and Non-formal Pre-school Education of children between three and six years.

2.2.2 Organisational Setup

The Principal Secretary, Social Welfare Department is the administrative head for overall implementation of the programme in the State. The Director, Social Welfare is the implementing and coordinating officer who is assisted by an Additional Director, one Joint Director and an Assistant Director. The programme is implemented in the districts by the District Programme Officer (DPO), who is assisted by Child Development Project Officers (CDPOs) and Supervisors. The ICDS services are delivered through Anganwadi Centres (AWCs) by engaging trained female workers designated as Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) on honorarium basis.

2.2.3 Audit Objectives

The objectives of the performance audit were to assess and evaluate whether the:-

- planning was effective and adequate;

- entire eligible population was covered under the scheme;
- allotment of funds were adequate and its utilization was economic, effective and efficient for achieving the scheme objectives;
- required infrastructure facilities were adequate for delivery of quality services;
- delivery of services under various packages under ICDS were provided effectively and economically;
- staff was adequate and their deployment was as per requirement;
- system of monitoring and evaluation was in place and effective; and
- recommendations of the Public Accounts Committee were complied with in respect of PAC Report No. 157 for the period 2008-11.

2.2.4 Audit Criteria

Appropriate criteria from the following were adopted for the Performance Audit:

- Census Report of GOI and circulars issued by GOI and orders of the Supreme Court on universalisation of ICDS services;
- Government of India Orders releasing funds, monthly progress reports of expenditure, etc.;
- Guidelines and instructions issued by GOI for delivering different services under ICDS;
- Recommendations of Public Accounts Committee Reports in respect of Social Welfare Department;
- Prescribed norms for staffing; and
- Monitoring mechanism instituted by the State Government.

2.2.5 Scope and Methodology of Audit

A performance audit covering the period 2007-12 was conducted between April-July 2012 to assess the efficiency, economy and effectiveness in implementation of the various components of ICDS. Audit involved the examination of records of Government in the State Secretariat, Directorate of Social Welfare, District Programme Offices, Child Development Projects, and AWCs. Photographic evidence and physical verification were also taken into consideration to substantiate audit evidences. Selection of districts and the projects was done on Simple Random Sampling method using a random number generator. Four districts, 12 Child Development Project Offices, four²⁷ Local Self Government Institutions, 60 AWCs and four²⁸ Amrithum

²⁷ LSGIs at Nedumangad, Attappadi, Vengara and Thadiyampad.

²⁸ Nutrimix unit at Thekkumkad, Vanitha Vyavasaya Nutrimix, Pooriyad, Nutrimix unit at Thodupuzha, Nutrimix unit at Attappady.

Nutrimix units were selected for detailed scrutiny of records and documents. Incidentally, two selected districts (Malappuram and Palakkad) happened to be the members of the 51 most backward districts in the country selected by GOI for the implementation of Nutritional Programme for Adolescent Girls. The methodology of the performance audit was explained to the Officers of the State Government in the Entry Conference held in April 2012. The audit findings and conclusions were discussed at an exit meeting held in August 2012 and response of the Government incorporated suitably.

2.2.6 Planning

Proper planning and survey of beneficiaries are imperative for achieving the objectives of programmes/schemes. It was observed that regular surveys of children within the age group of three months to six years and lactating and pregnant mothers were being carried out by AWWs. There are no schemes to cater to the physical and psychological needs of girls in the age group of six to 10 years. Kishori Sakthi Yojana, a scheme to impart non-nutritional education and psychological development of girls in the age group is in operation since 2000 and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA) was introduced by GOI (September 2010) for covering the nutritional and non nutritional needs of girls aged between 11 and 18 years and has been in operation only in four²⁹ districts of Kerala. Surveys to identify the women in the age group of 19-45 years for education about the importance of nutrition and health care, as envisaged in the scheme were not conducted by the department.

The services under the ICDS package are delivered through AWCs. Infrastructure like buildings for AWCs along with facilities of drinking water, toilets, tables and chairs, toys, etc., were to be created for efficient and smooth delivery of quality services.

A long term Perspective Plan was essential to provide the envisaged facilities within a specific timeframe. It was, however, noticed that though the scheme was being implemented in the State since 1975, the department had neither prepared any Perspective Plan nor any Annual Plan for providing these facilities in the centres. In the absence of these two plans, the department was not in a position to assess the requirements of new AWCs, enhancement of the facilities in AWCs, shifting of AWCs from rented buildings to own building, improve the delivery of services and coverage of population.

2.2.7 Financial Management

The Integrated Child Development Services was a hundred *per cent* GOI funded Scheme up to the year 2008-09 and thereafter in the ratio of 90:10 (GOI: State Government). The expenditure on Supplementary Nutrition Programme (SNP) was borne by Government of India and the State Government on 50:50 basis (from 2006-07 onwards).

²⁹ Idukki, Kollam, Malappuram and Palakkad districts.

During the five year period 2007-12, an amount of ₹ 1,446.38 crore was spent against a sum of ₹ 1,465.07 crore provided in the State budget, including the GOI releases of ₹ 1,186.02 crore for implementing the programme. Details of financial assistance received from GOI and State Government and expenditure incurred on the scheme during the years 2007-12 are given in **Appendix 2.4**.

The State Government initially allocates funds in the State budget every year for scheme implementation. The State Government submits quarterly claims along with statement of expenditure and utilization certificate to GOI for assistance and it is received as reimbursement of expenditure.

Expenditure on Supplementary Nutrition Programme in the State was initially met by the Local Self Government Institutions (LSGIs). In rural areas, the expenditure on SNP was borne by Grama Panchayats and Block Panchayats in the ratio of 2:1, while in urban areas, the entire expenditure was initially met by the Municipalities/ Corporations. Each CDPO quarterly submits the statement of accounts to the Director of Social Welfare Department. The department after verification of the accounts releases allotments to CDPOs and the CDPOs pass on the share to LSGIs.

During the period under review, GOI also provided funds for the following programmes, benefiting ICDS beneficiaries:

- Nutrition Programme for Adolescent Girls (NPAG) – GOI assistance released as 100 *per cent* grant (Special Additional Central Assistance) to the State Government to enable lifting of rice allotted by GOI from Food Corporation of India and its distribution to the targeted beneficiaries, free of cost, through the Public Distribution System.
- Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)- The scheme comprised non-nutritional (100 *per cent* GOI assistance) and nutritional components (shared equally by GOI and the State Government).
- Kishori Shakti Yojana (KSY) – GOI assistance of ₹ 1.10 lakh per ICDS project released as 100 *per cent* grant-in-aid to the State Government to enhance the nutritional and health status of adolescent girls.
- Indira Gandhi Matritva Sahayog Yojana (IGMSY) – A CSS launched in 2010-11 with full grant-in-aid to State Government. Identified pregnant women and lactating mothers of Palakkad district in Kerala were to be given cash incentive of ₹ 4,000 in three instalments, subject to fulfilment of specific conditions.
- Project ‘UDISHA’ – A 100 *per cent* GOI assisted training programme for ICDS personnel till the year 2008-09. From 2009-10 onwards, GOI assistance was to the extent of 90 *per cent* and the balance 10 *per cent* to be met by the State Government.

2.2.7.1 *Parking of funds in TSB Account*

- ICDS guidelines provided financial assistance for the purchase and supply of pre-school kits to all AWCs every year. Audit noticed that an amount of ₹ 3.29 crore allotted in the budget as assistance from GOI for the purchase and supply of pre-school kits during 2010-11 was drawn and deposited in the TSB account of the Director of Social Welfare in March 2011 to avoid the lapse of funds. During the year, the purchase was not made as the tender process was challenged in the court by the tenderers. The Director of Social Welfare also presented false statement of expenditure and Utilization Certificate for ₹ 2.97 crore out of ₹ 3.29 crore to GOI and an amount of ₹ 2.32 crore was expended for the purchase of kits for the year 2011-12. The amount remained in the account since March 2011. The procedure adopted by the Director was totally irregular and a clear violation of the ICDS guidelines.

While accepting the audit observation, the department assured (August 2012) that care would be taken to avoid such instances in future.

GOI assistance of ₹ 54.52 crore for Supplementary Nutrition was withdrawn for construction of AWCs

- In 2011-12, it was seen that ₹ 54.52 crore meant for Supplementary Nutrition Programme was withdrawn (February 2011) from Government accounts and deposited in TSB Account of the Director of Social Welfare for construction of Anganwadi buildings. The amount was shown as spent on SNP in the Quarterly Progress Report submitted to GOI, but the fact remains that the amount is still lying in the TSB account .

Department stated (August 2012) that GOI had permitted (February 2010) to use the savings from SNP for construction of Anganwadi buildings.

At the exit meeting (August 2012), the State Government admitted that the letter of February 2010 was only an opinion and not an explicit approval of GOI to divert SNP funds for construction of AWCs.

2.2.8 **Infrastructure**

The department had not made fully operational Anganwadi centres and the shortage in number of ICDS projects was commented in the Audit Report for the year ended 31 March 2007. Shortage in the number of ICDS projects/AWCs to be operated as per 2011 census is as discussed below:-

2.2.8.1 *ICDS Projects*

According to the prescribed norms, the Community Development Block in a State should be the unit for sanction of an ICDS project in rural/tribal areas, irrespective of the number of villages/population in it, whereas in the urban areas, there should be a project for every one lakh population. As per the 2011 census, Kerala had a population of 333.87 lakh (urban: 159.32 lakh and rural: 174.55 lakh). There are 152 Community Development Blocks in the State.

Based on the norms, there should be at least 311 ICDS projects against 258 currently operational in the State.

Department stated (August 2012) that it was not practicable to strictly adhere to the population norms for operationalising Anganwadi Centres as the population of children up to six years was declining and that pregnant women, lactating mothers and adolescent girls did not avail of services provided by AWCs due to lack of awareness among the targeted beneficiaries and creation of awareness among them would result in enhanced attendance in AWCs.

However, the State being the overall administrator of the scheme, it was responsible for creation of awareness among the targeted population.

2.2.8.2 Anganwadi Centres

Number of Anganwadi Centres was less than what was required

- According to the prescribed norms³⁰, 41,734 AWCs was required as on March 2012 against the 32,986 AWCs and 129 mini AWCs sanctioned resulting in a shortfall of 8,619 AWCs in the State.
- Fourteen AWCs sanctioned by GOI in 2005 in Munnar Grama Panchayat in Idukki district, were yet to be operationalised.

Department stated (August 2012) that the AWCs were not operationalised due to non-appointment of Anganwadi workers and helpers and action had been initiated to obtain consent from Munnar Grama Panchayat to shift these AWCs to needy places.

- In April 2007, for the third phase of expansion of ICDS, GOI directed State Government to furnish specific requirement of additional projects, Anganwadi Centres (AWCs) and mini AWCs in predominantly SC/ST/minority habitations. The CDPOs after consultation with the Panchayati Raj Institutions, projected a requirement of 5,079 AWCs and 129 mini AWCs. However, State Government sought only 871 AWCs and 129 mini AWCs, which were sanctioned by GOI in December 2008.

Department stated (August 2012) that a need based assessment of requirement of AWCs was made before seeking approval of GOI for new AWCs as opening of new AWCs involved commitment of expenditure from local bodies for providing building and other facilities.

³⁰ The scheme envisaged establishment of one AWC for 400-800 population in a rural/urban project and one AWC for 300-800 population in a tribal project. It also provides for one Mini-AWC for a population between 150-400.

Directions of Honourable Supreme Court of India/GOI on opening of new AWCs were not complied with

- Honourable Supreme Court directed (December 2006) that settlements of rural communities and slum dwellers which had no Anganwadi in spite of having at least 40 children under six years of age are entitled to an 'Anganwadi on Demand' within three months from the date of demand. In May 2009, GOI directed the State Government to ensure that stipulated formalities be completed on priority basis and forward proposals to GOI within a period of 45 days from the date of receipt of such demand. Proposals for 194 AWCs were received by Director of Social Welfare between July 2010 and July 2011. At least in 75 proposals, the conditions stipulated by the Supreme Court order for sanction of Anganwadi Centres on demand were satisfied. However, the Director of Social Welfare did not forward even a single proposal to the State Government for onward transmission to GOI. Thus, the vulnerable groups who had articulated the demands for an Anganwadi centre were deprived of the benefits arising from the various services provided under the programme.

The Director, Social Welfare stated (April 2012) that they were ascertaining the genuineness of each and every demand.

It was difficult to comprehend as to why the Director of Social Welfare was not able to assess the bonafides of even a single proposal, in the light of the Hon'ble Supreme Court's direction.

Rented accommodation

- Adequate space for play way learning and separate space for storage and cooking were essential for the effective functioning of AWCs. Out of 33,084 operational AWCs and Mini AWCs in the State, 13,100 (40 *per cent*) were functioning in rented accommodation as of March 2012. In the four test checked districts, 3,751 (33 *per cent*) out of 11,245 AWCs, were functioning in rented accommodation. It was seen that in many instances, AWCs were functioning from make shift accommodation and there was danger of the structure collapsing and posing risk to the lives of the beneficiaries/staff of these AWCs.



AWC in Malappuram



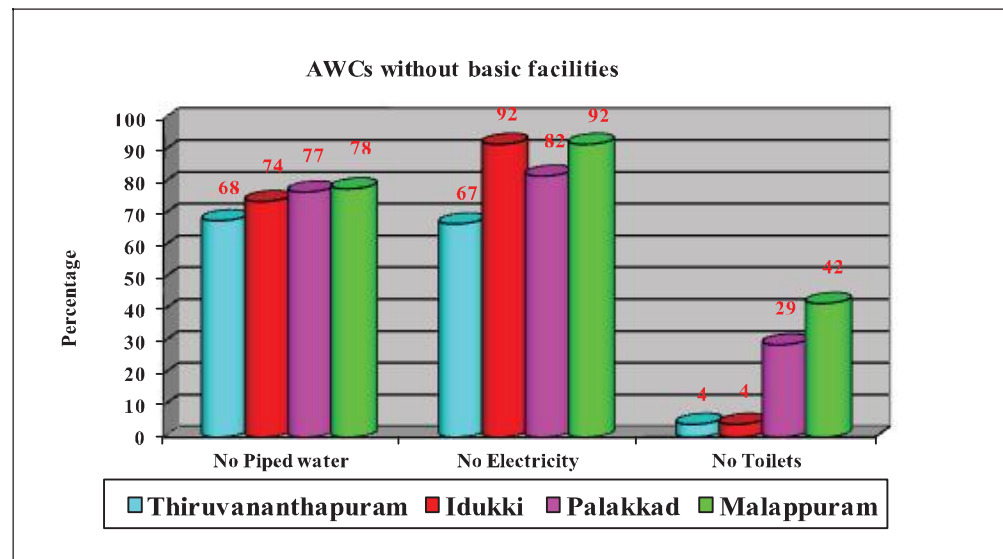
AWC in a dilapidated rented structure in Idukki



Majority of AWCs in test checked districts had no basic facilities

Electricity, piped water and toilets

The deficiencies in basic facilities such as lack of piped water, electricity and toilets were noticed in the test checked districts and the results were compiled and the percentage of deficiencies are as illustrated in the chart below:-



Source: Annual Survey Report of 2011 in respect of Thiruvananthapuram, Palakkad, Malappuram and information received from DPO, Idukki

- Only four per cent of the AWCs in Idukki and Thiruvananthapuram districts were without toilets. However, the facility of drinking water and electricity was not available in majority of AWCs in all the four districts. Audit noticed that parents were unwilling to send their children to AWCs functioning without basic facilities and this was one of the reasons attributed for the low attendance in AWCs. The parents preferred sending their children to well-equipped pre-school institutions rather than to ill-equipped ones.

Department, while accepting (August 2012) the fact of non-availability of basic facilities in those AWCs which did not have own building, stated that since AWCs were transferred institutions, the responsibility of providing these facilities rested with the LSGIs concerned.

While Audit acknowledges that the AWCs are the transferred institutions to LSGIs, the fact remains that the Government, being responsible for overall implementation of the scheme in the State, needs to ensure that the basic facilities under the programme are made available to the targeted beneficiaries.

2.2.9 Health Care

Immunisation, health check up, referral services and treatment of common ailments were the health related services of ICDS. ICDS guidelines stipulate that during health check-up and growth monitoring, sick or malnourished children in need of prompt medical attention be referred to PHCs or their sub-centres. Health check-up service includes ante-natal care of expectant mothers, post-natal care of nursing mothers and care of newborn babies and children below six years of age. The health check-up and medical care are to be rendered by the Anxilliary Nurse Midwives under the guidance of the Medical Officers of the PHC. The following observations are made in this regard:-

In Malappuram district, less than five per cent of children between zero and six years and less than 12 per cent of pregnant women, lactating mothers and adolescent girls underwent health check-up

- No records were seen maintained in the test checked AWCs in respect of identified malnourished children referred to PHCs for further check-up.
- In Malappuram district, only less than five *per cent* of the population of children between zero and six years of age underwent health check-up, while the percentage of population of pregnant women, lactating mothers and adolescent girls who had undergone health check-up was less than 12 *per cent*. The details of health check-up were as detailed in **Appendix 2.5**.
- Medical Officer (MO) was to visit each sub centre under his supervision at least once in a week including the AWCs located at sub-centre/village area. It was seen that only one out of 60 AWCs test checked was visited by a MO during the period 2007-12.

The District Programme Officer (DPO), Malappuram stated that even though the Medical Officers were participating in immunization camps at selected AWCs, they were not conducting health check-up.

The reply of the DPO is not convincing as the supervision and health check-up by the Medical Officers is an important component of the services under ICDS and hence there is an urgent need for effective convergence between the Social Welfare and the Health Departments for establishing greater accountability of Medical Officers in discharge of vital health services under ICDS.

36 per cent children in Palakkad and 31 per cent in Malappuram were not immunized against Polio and DPT

- Thiruvananthapuram and Idukki districts achieved almost 100 *per cent* immunization during 2007-12.
- Thirty six *per cent* of the child population in Palakkad district and 31 *per cent* in Malappuram district were not immunized against Polio and DPT (**Appendix 2.6**). Failure to immunize all children exposed the children to the risk of being afflicted with Diphtheria and the re-emergence of Polio in these districts.

While accepting the observations, the department stated (August 2012) that a combined effort with the Health Department would be taken up for effective immunization, health check-up and referral services.

2.2.10 Pre-school education

The ICDS guidelines stipulate that the objective of pre-schools is not to impart formal learning, but develop desirable attitudes and provide intellectual stimulation through non-formal play activities. Government of India allocation for ICDS included funds for pre-school kits also. **Table 2.19** gives details about the children enrolled in AWCs for pre-primary education in the State.

Table 2.19: Children attending AWCs

Year	No. of children attending Pre-school classes
2007-08	566415
2008-09	544979
2009-10	531096
2010-11	514040
2011-12	451171

Source: Progress Report of March of every year

- The number of children attending AWCs show a declining trend. Fifty nine out of 60 AWCs visited by audit showed poor attendance of children. The poor attendance was mainly due to the lack of infrastructural facilities mentioned in the previous paragraphs.

Accepting the poor attendance in AWCs, the department stated (August 2012) that it was due to the introduction of pre-primary schools by private English Medium schools, presence of more equipped pre-school institutions etc.

2.2.11 Supplementary Nutrition

The Supplementary Nutrition Programme is a major component of the ICDS intended to bridge the gap between the Recommended Dietary Allowance (RDA) and Average Dietary Intake (ADI) to combat malnutrition. GOI decided (2005-06 onwards) to support states up to 50 *per cent* of financial norms or 50 *per cent* of expenditure incurred by States on supplementary nutrition, whichever is less.

Mention was made in the Audit Report (Paragraph 3.1.9.1 to 3.1.9.4) for the year ended 31 March 2007 regarding the lacunae in implementation of Supplementary Nutrition Programme such as shortfall in coverage of beneficiaries, shortage in number of feeding days, food items distributed not having the stipulated nutritional value, etc. In the Action Taken Note submitted to PAC in November 2011, Government assured that necessary steps would be taken to rectify the situation. However, the shortfalls continued to exist, as discussed below:-

2.2.11.1 Coverage of beneficiaries

The ICDS guidelines prescribed that all children in the age group six months to six years, pregnant women and lactating mothers are required to be provided with Supplementary Nutrition. The coverage of beneficiaries in the State under SNP during 2007-12 is given in **Table 2.20**:

Table 2.20: Shortfall in coverage of SNP beneficiaries

Year	Total number of eligible beneficiaries (Children between six months to six years + Pregnant & lactating women)	Number of beneficiaries covered under SNP	(Population in lakh)	
			Shortfall in coverage of eligible beneficiaries under the SNP (<i>per cent</i>)	
2007-08	31.93	14.10	17.83	(56)
2008-09	33.62	13.84	19.78	(59)
2009-10	32.24	13.52	18.72	(58)
2010-11	32.48	12.57	19.91	(61)
2011-12	32.04	10.82	21.22	(66)

Source: Data obtained from Monthly Progress Reports of the Department

There was shortfall in coverage of beneficiaries under SNP

In the test checked districts, 5.88 lakh to 7.13 lakh (ranged from 54 to 62 *per cent*) beneficiaries were not covered under SNP during the five year period 2007-12. The coverage of beneficiaries in these districts was very poor during 2011-12 as only 4.38 lakh out of 11.51 lakh (38 *per cent*) identified beneficiaries were covered. Thus, the objective of universalization of the scheme remains largely unachieved.

Department accepted (August 2012) the shortfall in coverage of eligible beneficiaries under SNP and stated that they plan to launch more awareness programmes among general public.

2.2.11.2 Interruption in feeding

GOI assistance for Supplementary Nutrition was released by State Government partially and belatedly to LSGIs

In Kerala, the Supplementary Nutrition component of the ICDS was implemented by the LSGIs. The Supplementary Nutrition Programme is a continuous programme to provide free nutrition for at least 300 days in a year. To ensure uninterrupted feeding, timely and sufficient funds were required by the LSGIs. Audit of implementation of the programme along with test check of 60 AWCs revealed the following:

Shortfall in feeding days was noticed in AWCs

- The assistance received from Government of India for implementation of Supplementary Nutrition Programme was released by State Government only partially and belatedly to the LSGIs. The percentage of non-utilisation of GOI assistance ranged between 17 and 83 every year.
- Only 20 out of 60 test checked AWCs met the GOI stipulated 300 feeding days. While 37 AWCs reported feeding days between 200 to 290 days, the remaining three centres reported 100, 115 and 159 feeding days respectively.
- Due to belated and partial release of funds, feeding interruptions were observed in all the test checked AWCs.

Government stated (August 2012) that belated release of GOI assistance would be avoided in future to ensure uninterrupted feeding to SNP beneficiaries.

2.2.11.3 Delivery of stipulated Nutritional values

The requirement of Calories and Protein per day for children, pregnant women and lactating mothers as stipulated in GOI norms is given in the **Table 2.21**:

Table 2.21: GOI stipulated norms for SNP

Type of beneficiary	Up to January 2009		From February 2009	
	Calories (Kcal)/day	Protein (gms)/day	Calories (Kcal)/day	Protein (gms)/day
Children (six to 72 months)	300	8-10	500	12-15
Severely malnourished children (six to 72 months)	600	20	800	20-25
Pregnant women and lactating mothers	500	20-25	600	18-20

Source: GOI guidelines

SNP for pregnant women, lactating mothers and adolescent girls did not provide stipulated nutrient values

Children in the age group of six months to three years were required to be supplied with Take Home Ration (THR) in the form of a ready-mix product called 'NUTRIMIX' at the rate of 100 grams per day up to December 2009. This was enhanced to 135 grams per day from January 2010 onwards. Pre-school children attending AWCs were provided with morning feeding, noon feeding and general feeding (at 3 PM). Pregnant women and lactating mothers were also offered general feeding. The LSGIs were authorized to plan and procure various ingredients for preparation of hot cooked meals under SNP, based on local needs without affecting the nutritive value. The following observations were made during the course of audit:

- Nutrient values delivered to the beneficiaries depend on the type and quantity of food items delivered to them. In respect of pregnant women, lactating mothers and adolescent girls, eight CDPOs³¹ under Thiruvananthapuram, Idukki and Malappuram districts failed to deliver the requisite nutrition during 2009-12. CDPOs of Tirur and Nilambur in Malappuram district could deliver only 438 Kcal of energy per day as against the stipulated 500/600 Kcal during 2007-12.

Government stated (August 2012) that directions would be issued to LSGIs to deliver the required calorific and protein values to the beneficiaries.

- Audit noticed that many AWCs in the test checked districts had no adult/baby weighing scales or the scales available were non-functional as shown in **Table 2.22**:

Table 2.22: Availability and Status of Weighing Scales in AWCs test checked

Name of district	Number of AWCs as on March 2012	Number of functional adult scales	Number of AWCs with no/non-functional adult scales	Number of functional baby scales	Number of AWCs with no/non-functional baby scales
Thiruvananthapuram	3061	1830	1231	1039	2022
Malappuram	3805	2478	1327	2758	1047
Idukki	1547	1284	263	1245	302
Palakkad	2832	619	2213	2832	Nil

Source: Data furnished by the Department

- Audit noticed that 33 to 42 *per cent* of identified children in the State were not weighed during the years 2007-12. Out of the remaining (58 to 67 *per cent*) children weighed, 27 to 39 *per cent* were in various stages of malnourishment (**Appendix 2.7**).
- The number of severely malnourished children in Palakkad and Malappuram districts at the end of March 2012 were 4,633 (three *per cent* of 1.37 lakh children weighed) and 2,760 (one *per cent* of 2.14 lakh children weighed) respectively.

³¹Thodupuzha, Devikulam and Idukki in Idukki, Vengara, Tirur and Nilambur in Malappuram and Parassala and Nedumangad in Thiruvananthapuram districts.

**Periodical
weighment of
pre-school
children was not
done**

- Government of India directed (November 2008) the State Government to use World Health Organization (WHO) recommended Growth Charts which were gender specific wherein separate growth charts were prescribed for boys and girls. Growth charts (33,000 copies) printed by the State Government at a cost of ₹ 0.62 crore and delivered to AWCs to plot the weight of the child taken monthly against the age on a graph to assess the nutritional status were not gender specific and could not be used for plotting the data for boys. State Government sanctioned (August 2011) printing of 36,000 copies of rectified growth chart for boys at a cost of ₹ 0.32 crore. These charts were not yet printed and supplied to AWCs (August 2012).
- Records indicated that during 2007-12, Supplementary Nutrition norms in respect of pre-school children were achieved in all the test checked districts and all 12 CDPOs in test checked districts delivered more than double the requirement of energy and protein during 2007-09. But growth monitoring and nutrition surveillance for assessing nutritional status and growth faltering were not done as stipulated in the guidelines by monthly weighment and close monitoring through the maintenance of growth charts for all children below five years.

**Stipulation with
regard to
weighment of
boys was not
followed**

- Audit noticed that the entire 60 test checked AWCs stopped recording the weight of boys from October 2010, as there was no merit in recording the weight of boys in the growth chart meant for girls. This resulted in inability to assess their nutritional status.

**Out of 1,180 children
who died during
2011-12 in
Malappuram, Idukki,
Palakkad and
Thiruvananthapuram
districts, 110 children
were severely
malnourished**

- Records maintained by District Project Officers in Idukki, Malappuram, Palakkad and Thiruvananthapuram districts showed that 110 out of 1,180 children, who died during 2011-12, were shown as severely malnourished.

While accepting the audit observations, the Department (August 2012) assured that efforts would be taken to provide weighing machines at all AWCs. However, no time-frame was furnished for equipping all AWCs with weighing machines and for the maintenance of growth charts.

However, the fact remains that the growth monitoring and nutrition surveillance for assessing nutritional status and growth faltering were not done as stipulated in the guidelines by monthly weighment and close monitoring through the maintenance of growth charts for all children below five years.

2.2.12 Procurement of Take Home Ration for children between six months and three years

Expenditure on Take Home Ration (THR) constitutes the single largest component of expenditure (75 *per cent*) in the Supplementary Nutrition

Programme. During 2007-12, ₹ 257.38 crore was expended on procurement of 'NUTRIMIX'³², which was issued as THR.

The State Government without following any tender procedures, engaged (September 2006) Kudumbasree³³ as the sole agency for supply of Nutrimix at ₹ 35 per kilogram to all the blocks in the State. The price was revised to ₹ 40 per kg in September 2007 and further revised to ₹ 56 per kg in May 2011. A quantity of 60,464.96 MT of Nutrimix was procured during 2007-12 at a cost of ₹ 257.38 crore. A review of the procurement of Nutrimix revealed the following:

₹ 22.44 crore was over charged by Kudumbasree on sale of Nutrimix

- The revision of rate of Nutrimix from ₹ 40 to ₹ 56 per kg, audit observed, was based on a proposal (February 2011) of Kudumbasree, which reckoned the proportionate cost of wheat and milk powder per kilogram of Nutrimix³⁴ as ₹ 8.10 and ₹ 13.42 respectively. It was however, noticed that the product did not contain milk powder and wheat was made available to Kudumbasree at subsidized rate of ₹ 4.15 per kg. The price of Nutrimix was thus in excess by ₹ 19.65 per kg. The overcharging on 11,419.958 MT of Nutrimix procured during the period May 2011 to March 2012 resulted in Kudumbasree obtaining undue benefits of ₹ 22.44 crore.

Government stated (August 2012) that a proposal to engage a private party for supply of required food stuff in addition to Kudumbasree was under consideration so that the price paid to Kudumbasree could be benchmarked to the price quoted by the private party, in order to obtain the product economically. It was also stated that the loss pointed out by Audit would be looked into.

Quality of Nutrimix was not ensured

- As per Rule 49(19) of Prevention of Food Adulteration Rules 1955, 'No person was to manufacture, sell, store or exhibit for sale of processed cereal based weaning food except under Bureau of Indian Standards (BIS) certification mark' but there was no standardization across Kudumbasree units. The ingredients and quantity used into the making of Nutrimix were not of same quality and varied from unit to unit. As even mild deficiencies of micronutrients (vitamins and minerals) adversely affect development, immunity and growth of children, GOI

³²Take Home food supplied by Kudumbasree to children between six and 36 months under ICDS in Kerala.

³³ 'Kudumbasree' - a Mission registered under the Literary, Scientific and Charitable Societies Act, 1955. The management and administration is vested in a Governing Body with Minister (LSG) as Chairman and Principal Secretary (LSG) as the Vice Chairman. The Secretaries, Social Welfare Department, Finance, Health & Family Welfare Departments and others form part of the Governing Council.

³⁴Price of Nutrimix was enhanced from ₹ 40 to ₹56 per kg on the basis of a proposal from Kudumbasree which reckoned price of Wheat as ₹ 18 per Kilogram and Milk powder as ₹ 268.42 per kg. Since one Kilogram of Nutrimix comprised 450 gms Wheat and 50 gms of Milk, it was reckoned that cost of wheat and milk powder in One Kilogram of Nutrimix would be ₹ 8.10 and ₹ 13.42 respectively. Since wheat was procured at subsidized price of ₹ 4.15 per kg from GOI, proportionate cost of wheat in One Kg of Nutrimix would be only ₹ 1.87. Thus, excess charged per Kg of Nutrimix was (₹ 8.10 – ₹ 1.87) + ₹ 13.42 on account of milk powder not used = ₹ 19.65.

recommended (January 2006) to fortify the Take Home Ration (THR) with micronutrients. It was noticed that Nutrimix delivered to children between six months and three years in Kerala was not being fortified with micro nutrients (August 2012).

- Samples of Nutrimix manufactured by various Kudumbasree units were sent for testing to Government Public Analysts, Regional Analytical Laboratory, Kozhikode and the test results in many cases were not satisfactory.
- The Executive Director, Kudumbasree requested (February 2009) the State Government to address GOI to obtain exemption to Amrutham Nutrimix (a food product of Kudumbasree) from BIS certification. The Government without obtaining the exemption, allowed the Kudumbasree to supply the Nutrimix and thus failed to ensure the quality.
- The Government failed to ensure economy and quality in supply of Nutrimix to children between the ages six months to six years served as Supplementary Nutrition as envisaged by GOI. Government stated (August 2012) that the question of Kudumbasree units not possessing BIS certification, poor quality of Nutrimix, absence of micro-nutrients in the product would also be looked into.
- Feeding of children can be a challenge if the food given is not palatable and tasty. Audit observed that this vital aspect was ignored as the AWCs under two CDPOs³⁵ in Malappuram and Idukki districts reported poor consumption of Nutrimix. In an AWC in Idukki district, children were reportedly reluctant to consume the Nutrimix due to lack of taste and the product was being used by the parents as cattle feed. Further, in 15 out of 30 AWCs test checked in Malappuram and Idukki, the quantity of Nutrimix distributed to the children ranged from 1.875 kgs to three Kgs against the stipulated quantity of 3.375 kgs per month. In Thiruvananthapuram district, under CDPO, Nedumangad, the quantity of Nutrimix distributed ranged from 1.2 kgs to 3.5 kgs per month.
- Continuity in feeding without interruption is also an important requirement. Audit noticed that children in the test checked districts were not supplied with Nutrimix on a number of occasions. Feeding gaps ranged from one month to 15 months in 12 out of 60 AWCs test checked. Nutrimix was not issued to children in one AWC³⁶ for 15 months from February 2008 to April 2009. Reasons for inability to issue Nutrimix for 15 months was stated (June 2012) by Child Development Project Officer, Nedumangad to be shortage of funds with the local bodies and delay in supply of Nutrimix by Kudumbasree Units.

Poor consumption of Nutrimix due to lack of taste and palatability

Continuity in feeding of children was not ensured

However, an important concern remains that the nutrients supplied were largely unpalatable and that led to reluctance of children to partake them. This needs to be addressed by the department urgently.

³⁵ Devikulam in Idukki district and Vengara in Malappuram district.

³⁶ AWC No.13, Vettampalli in Thiruvananthapuram district under CDPO, Nedumangad.

2.2.13 Other Schemes implemented through ICDS

2.2.13.1 Nutrition Programme for Adolescent Girls

The GOI scheme of Nutrition Programme for Adolescent Girls (NPAG) was launched in 2002-03 and implemented in the State till 2009-10. The scheme envisaged weighing of all adolescent girls (11-19 years) in the community four times in a year so as to identify adolescent girls with body weight less than 30 kgs in the age group 11-15 years and 35 kgs in the age group 15 to 19 years. These identified girls were to be given six kgs of foodgrains per month free of cost for three months through Public Distribution System. At the end of third month, the under weighed girls were to be weighed again. Those girls who remained underweight were to be examined by AWW/ANM³⁷ and if necessary referred to Medical Officer, PHC for investigation and treatment.

Audit scrutiny of implementation of the scheme revealed:

- Delays in implementation of the scheme every year because of delayed receipt of permission for continuation of the scheme, resulted in the scheme being implemented only in some months of the year. State Government focused only on distribution of food grains to the adolescent girls without adhering to the stipulation of GOI to weigh the girls every three months.
- In Malappuram district, during 2008-09, only 65 *per cent* (1.94 lakh) of the identified adolescent girls (three lakh) were weighed of whom 42 *per cent* (0.82 lakh) were found to be under weight. However, only 52 *per cent* (0.43 lakh) of the identified underweight girls obtained free food grains under the Scheme. During 2009-10 also, only 62 *per cent* (1.73 lakh) of the identified girls (2.81 lakh) were weighed of whom 36 *per cent* (0.63 lakh) were found to be under weight. However, only 79 *per cent* (0.50 lakh) of identified underweight girls obtained free food grains under the scheme. The reason for poor coverage was stated to be shortage of allotment of rice under the scheme. Department's failure to lift 38.11 MT of rice from FCI godowns in Malappuram and Palakkad districts during 2009-10 also contributed to poor coverage.
- The rice required for distribution to NPAG beneficiaries received by the Authorised Ration Dealers (ARDs), were stacked in their godowns. On the basis of the request of the department, the State Government permitted to distribute the rice in two instalments (six kgs and 36 kgs) instead of distributing six kgs per month as envisaged in the guidelines.

Government did not provide free food grains to all identified under-nourished adolescent girls in Malappuram district

Government failed to monitor continuously the nutritional status of the adolescent girls

Department stated (August 2012) that the rice had to be distributed in bulk to clear the stock of grains from ARDs and also to prevent the grains from being damaged.

³⁷ Anganwadi Worker/Auxilliary Nurse Midwife.

The reply is not acceptable as the food grains were not distributed as per guidelines and weighing and monitoring of the beneficiaries were not done as stipulated.

2.2.13.2 *Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)*

GOI introduced (September 2010) the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or SABLA in Malappuram, Palakkad, Idukki and Kollam districts. It aimed at covering adolescent girls in the age group of 11 to 18 years in the districts by way of providing for both nutritional and non-nutritional components. The nutritional component provided for Take Home Ration or Hot Cooked Meals to Out of School girls aged 11 to 14 years. Girls aged between 14 and 18 (both Out of School and School going girls) were also to be provided with supplementary feeding. The non-nutritional component was aimed at self development of adolescent girls, mainstreaming Out of School girls into formal education, etc. The scheme envisaged provision of 600 calories for 300 days in a year at ₹ five per beneficiary per day.

Audit noticed the following:

- Shortfall in delivery of nutrients was noticed in Malappuram, Idukki and Palakkad districts**

 - The THR/Hot cooked meal supplied to the adolescent girls failed to deliver the stipulated nutrient values. Shortfall noticed was up to 359 calories and 14 grams protein per day in Idukki district, while there was shortfall of up to 430 calories and 15 grams of protein per day in Malappuram district. Shortfall in delivery of nutrients to the extent of 353 calories and 11 grams of protein per day was also noticed in Palakkad district. Department stated (August 2012) that instructions would be issued to CDPOs to deliver THR/Hot cooked meal as per stipulated nutrient values.
 - Feeding breaks ranging from one to five months were noticed in 25 out of 45 AWCs under nine CDPOs in the three³⁸ test checked districts. Out of the remaining 20 AWCs, no feeding break was noticed in 10 AWCs, and details were not available in the other 10 AWCs. Department stated (August 2012) that as the responsibility of delivering THR was vested with LSGIs, instructions would be issued to ensure continuous feeding.
 - Iron Folic Acid (IFA) tablets were not seen supplied by any of the AWCs test checked. Department stated (August 2012) that instructions had been issued to Health department to provide necessary quantities of IFA tablets to the SABLA beneficiaries.
 - Life skill education was not being imparted by majority of the AWCs.
 - Health cards of Adolescent girls to record height, weight, Body Mass Index, immunization particulars, etc., were not maintained in any of the AWCs test checked. Apart from allocating funds for arranging training sessions in AWCs for imparting Life skill education, Department stated

³⁸ Malappuram, Idukki and Palakkad.

(August 2012) that health cards would be printed and distributed among the SABLA beneficiaries at the earliest.

2.2.14 Manpower & Training

Mention was made in Paragraph 3.1.11.4 of the Audit Report for the year ended 31 March 2007 that the incumbent to the post of Director of Social Welfare Department changed 11 times during 2002-07. The situation continued to persist during the current audit period also. It was observed that frequent changes to the position of Director of Social Welfare (17 times) during the period 2007-12 resulted in an incumbent getting an average tenure of only less than four months, thereby adversely impacting the implementation of the programme as detailed in preceding paragraphs.

Audit noticed shortfall in deployment of staff and on-the-job training of personnel in key areas of programme implementation.

Inadequate manpower affected the programme implementation

As against the sanctioned strength of 295 CDPOs/ACDPOs and 1,302 Supervisors, only 214 CDPOs/ACDPOs and 1,150 Supervisors were in place leaving a shortage of 81 CDPOs/ACDPOs (27 *per cent*) and 152 Supervisors (12 *per cent*) as of March 2012.

Department stated (August 2012) that action had been initiated to fill up all the vacancies.

The aim of ICDS training is to develop the field functionaries into agents of social change. Adequate training is essential for the effective delivery of services under ICDS. The scheme envisaged providing 'Job Training' (Training given for the first time) to Anganwadi Workers and to Anganwadi Helpers on their appointment. Refresher training courses were also to be conducted after every two years.

There was shortfall in providing on-the-job training

During 2007-12, on-the-job training was given only to 9,661 AWWs (78 *per cent*) against a target of 12,348. In respect of AWHs, 11,997 (73 *per cent*) were trained against the target of 16,408. Target fixed for training Supervisors was also not achieved. Against a target of 379, only 334 supervisors (88 *per cent*) were trained during 2007-12. Thus, 2,687 AWWs, 4,411 AWHs and 45 Supervisors discharged their functions without any training during 2007-12 (**Appendix 2.8**). There was also shortfall in respect of refresher training across all categories.

2.2.15 Monitoring

2.2.15.1 Shortfall in maintenance of registers

As per GOI guidelines, the State Government was responsible for the implementation of different packages under ICDS. Basic data for the scheme was required to be maintained at AWCs in various registers like Family Survey Register, Immunization Register, Register for pregnant women and lactating mothers, Mortality Register, etc. Defective maintenance of these

Registers was commented in the Audit Report (Civil) for the year ended 31 March 2007. Audit noticed that these omissions continued to persist in all the AWCs test checked. As the information in the registers were incomplete, the very purpose of the maintenance of registers is defeated.

2.2.15.2 *Shortfall in supervision by CDPOs*

For effective implementation of the scheme and for its physical monitoring, each CDPO was required to visit at least 20 AWCs per month on a rotational basis to ensure 100 *per cent* coverage of AWCs in an year. Supervisors were also required to visit 50 *per cent* of the AWCs under their jurisdiction every month.

Poor
monitoring of
Scheme
implementation

Shortfall in visits by Programme Officers/CDPOs and Supervisors commented in the Audit Report for the year ended 31 March 2007 (Paragraph 3.1.11.2) was discussed by Public Accounts Committee and the Department stated that poor supervision was consequent to the supervisors being entrusted with various programmes of LSGIs and that directions had been issued to LSGIs by the State Government to relieve those officers from other programmes of LSGIs. These deficiencies were being continued and during 2007-12, visits by CDPOs to AWCs in test checked districts ranged from nine to 77 *per cent*. The visits by supervisors to AWCs in the test checked districts during 2011-12 were short by 51 *per cent* in Malappuram, 48 *per cent* in Palakkad, 42 *per cent* in Idukki and 27 *per cent* in Thiruvananthapuram.

Department stated (August 2012) that, supervisors being implementing officers of local bodies find little time for inspection of Anganwadis and that they were being directed to attend to the works of local bodies contrary to instructions of GOI and State Government. It was also stated that surprise inspections would be undertaken by senior officers to ensure adequate monitoring.

2.2.16 Conclusion

The department did not prepare any perspective plan and hence they were not in a position to plan in advance the requirement of new AWCs, enhancement of facilities in the existing AWCs and improvement in delivery of services. The implementation of the scheme suffered as the State failed to cover the entire targeted population under the scheme, despite availability of GOI assistance. Instances of parking of GOI funds in Treasury Savings Bank Account were noticed. The Kudumbasree overcharged the State Government an amount of ₹ 22.44 crore on supply of Nutrimix. Many of the AWCs were functioning in rented buildings, which lacked basic facilities such as safe drinking water, electricity, toilets, etc. Take home ration was procured from Kudumbasree which did not possess mandatory BIS certification. The objective of ensuring micro nutrients in diet as per Recommended Dietary Allowance remains unachieved. Shortfalls in deployment of staff and in training of personnel in key areas of programme implementation were noticed. The deficiencies pointed out in the Audit Report for the year ended

31 March 2007 on the implementation of ICDS were continued to persist during the five year period 2007-12.

2.2.17 Recommendations

- Government should prepare a perspective plan for effective implementation of the various components of ICDS.
- State Government should take steps to cover the entire targeted population and ensure quality and uninterrupted delivery of services to ICDS beneficiaries.
- Department should co-ordinate with the Local Self Government Institutions to ensure construction of buildings to accommodate those AWCs functioning in rented premises. Basic facilities like safe drinking water, electricity and toilets should be ensured in all AWCs.
- Monitoring of ICDS programme should be strengthened to make its implementation more effective.

Appendix 2.4
Budget Provision, GOI Assistance and Expenditure
(Reference : Paragraph 2.2.7; Page 46)

(₹ in crore)

	2007-08			2008-09			2009-10			2010-11			2011-12			TOTAL 2007-12		
	Budget Provision	GOI Assistance	Expenditure	Budget Provision	GOI Assistance	Expenditure	Budget Provision	GOI Assistance	Expenditure	Budget Provision	GOI Assistance	Expenditure	Budget Provision	GOI Assistance	Expenditure	Budget Provision	GOI Assistance	Expenditure
ICDS General	155.19	96.88	154.09	169.17	150.21	184.20	197.89	142.87	200.13	226.66	125.95	202.76	320.27	293.14	316.55	1069.18	809.05	1057.73
SNIP*	46.16	39.79	45.96	66.61	55.97	66.34	81.02	75.46	80.79	59.99	80.71	59.88	92.31	74.60	92.17	346.09	326.53	345.14
NPAG	5.76	2.60	5.65	0.00	0.00	0.00	2.38	2.38	2.38	5.84	0.00	0.00	0.00	0.00	0.00	13.98	4.98	8.03
KSY	1.71	0.00	1.71	1.78	2.44	1.78	1.79	1.79	1.78	0.00	0.90	0.00	0.00	1.62	0.00	5.28	6.75	5.27
Sabla	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5.13	8.82	5.01	15.63	12.85	15.55	20.76	21.67	20.56
IGMSY	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.58	0.00	0.00	4.98	0.00	0.00	8.56	0.00
Udhisha	0.00	2.39	0.00	1.30	0.25	1.21	2.50	2.50	2.47	3.11	1.56	3.10	2.87	1.78	2.87	9.78	8.48	9.65
Total	208.82	141.66	207.41	238.86	208.87	253.53	285.58	225.00	287.55	300.73	221.52	270.75	431.08	388.97	427.14	1465.07	1186.02	1446.38

Source: VLC figures of PAG (A&E) and Utilization Certificates of Director of Social Welfare for schemes mentioned above and Sanction orders from GOI

*This does not include the expenditure incurred by LSGIs over and above the GOI assistance and budget provision of GOK under the Head of Account 2235-02-102-69 (Plan).

Appendix 2.5
District wise consolidation of Health check-ups conducted during the years 2007-12
(Reference : Paragraph 2.2.9; Page 51)

District	0-3 years			3-6 years			Adolescent Girls			Lactating mothers			Pregnant women		
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage
Thiruvananthapuram	586448	491516	83.81	654550	245632	37.53	956326	202700	21.20	102837	102837	100	87308	87308	100
Malappuram	1252562	60926	4.86	1153436	47574	4.12	1452171	149277	10.28	196492	19738	10.05	210182	23677	11.26
Idukki	152607	123600	80.99	144687	114026	78.81	305834	190313	62.23	26607	25853	97.17	26073	26073	100
Palakkad	346531	254100	73.33	321053	202793	63.16	256703	202323	78.82	73610	46220	62.79	70375	47598	67.63

Source : Data furnished by District Programme Officers

Appendix 2.6
District wise consolidation of Immunization particulars during the years 2007-12
(Reference : Paragraph 2.2.9; Page 51)

District	DPT			POLJO			BCG			MEASLES			T T		
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage
Thiruvananthapuram	313162	312233	99.70	313062	312313	99.76	206508	206490	99.99	261078	260128	99.64	118774	118681	99.92
Malappuram	304879	210254	68.96	304857	210254	68.97	400821	350316	87.40	122011	72575	59.48	145674	134053	92.02
Idukki	15601	15572	99.81	15602	15572	99.81	21465	21285	99.16	15955	15829	99.21	9395	9276	98.73
Palakkad	659253	422957	64.16	659253	422957	64.16	659253	422957	64.16	659253	422957	64.16	143985	93826	65.16

Source: Data furnished by District Programme Officers

Appendix 2.7
Shortfall in number of children (zero-six years) weighed and their nutritional status
(Reference : Paragraph 2.2.11.3; Page 54)

(figures in lakh)

Year	Population 0-6 years	Weighed 0-6 years	Percentage weighed	Percentage shortfall	Normal	Percentage normal	Percentage various degrees of malnourished	Moderately malnourished	Severely malnourished	Percentage severely mal- nourished
2007-08	27.84	17.89	64.27	35.73	10.89	60.87	39.13	1.39	0.01	0.06
2008-09	29.36	18.66	63.55	36.45	11.51	61.67	38.33	6.99	0.01	0.05
2009-10	27.97	18.81	67.22	32.78	11.76	62.51	37.49	7.04	0.01	0.06
2010-11	28.12	18.61	66.20	33.80	11.74	63.08	36.92	6.86	0.02	0.08
2011-12	27.75	16.31	58.78	41.22	11.84	72.59	27.41	4.33	0.14	0.86

Source: Monthly Progress Report of end-March every year submitted by Director.

Appendix 2.8
Target and achievement on job training
(Reference : Paragraph 2.2.14; Page 60)

Year	Supervisors			Anganwadi workers				Anganwadi Helpers				
	Target	Achieved	Shortfall (-)	Percentage of Shortfall	Target	Achieved	Shortfall (-)	Percentage of Shortfall	Target	Achieved	Shortfall (-)	Percentage of Shortfall
2007-08	75	71	4	5.33	3408	2032	1376	40.37	3608	2930	678	18.79
2008-09	100	32	68	68.00	4600	2452	2148	46.70	5000	1992	3008	60.16
2009-10	25	21	4	16.00	2625	2962	(+)337	-	3600	1452	2148	59.66
2010-11	54	96	+42	-	350	301	49	14	2250	1421	829	36.84
2011-12	125	114	11	8.80	1365	1914	(+)549	-	1950	4202	(+)2252	-

Source: Quarterly Progress Report for the 4th Quarter of each year