WOMEN AND CHILD DEVELOPMENT DEPARTMENT

2.3 Integrated Child Development Services

2.3.1 Introduction

Integrated Child Development Services (ICDS), a Centrally Sponsored Scheme was launched in 1975. The scheme aimed at providing a package of services in an integrated manner to pre-school children, expectant and nursing mothers with a view to improving the nutritional and health status of children in the age group of 0-6 years and enhancing the capability of the mother for looking after the normal health and nutritional needs of the child through proper nutrition as well as health education. The package of services provided in the scheme *inter-alia* comprised (i) Supplementary Nutrition Programme (SNP) (ii) Immunisation, (iii) Health Check-up (iv) Referral Services, (v) Non-formal Pre-school Education (PSE) and (vi) Nutrition and Health Education. Three out of the six services *viz.*, Supplementary Nutrition, Pre-school Education, Nutrition and Health Education are delivered in an integrated manner through the Anganwadi Workers (AWWs) at Anganwadi Centres at village level. The other three services *viz.* Immunisation, Health Check-up and Referral services are delivered through ASHA (Accredited Social Health Activists (ASHAs)/ANM (Auxiliary Nurse Midwives) of Public Health System. With effect from November 2017, ICDS scheme has been renamed as Anganwadi services and is functioning as a sub-scheme under the Umbrella ICDS scheme.

2.3.2 Objectives of the Scheme

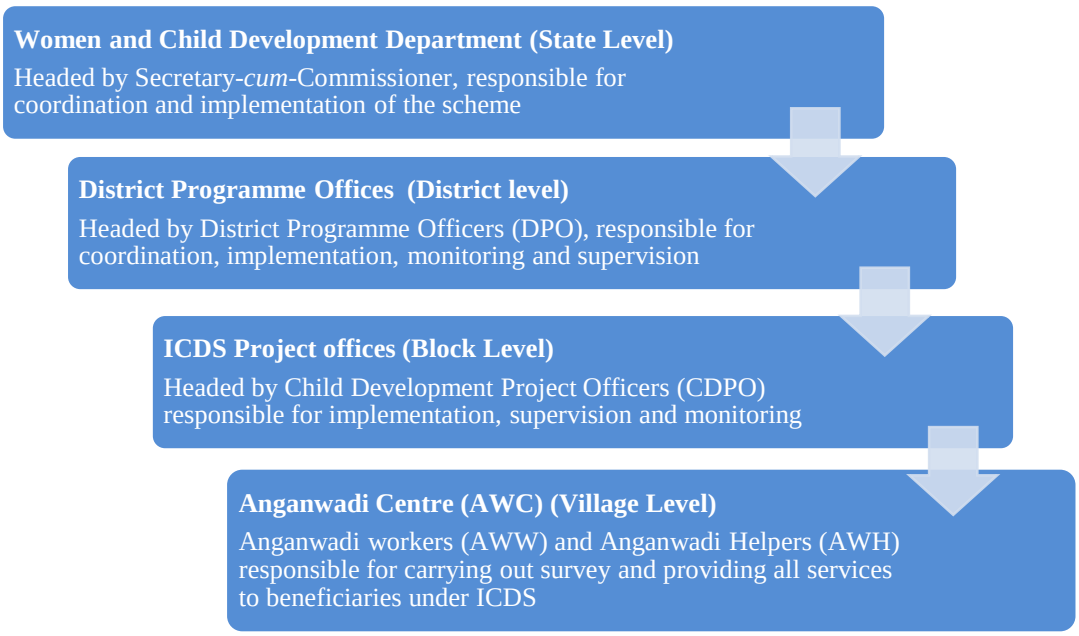
The main objectives of the ICDS scheme are to improve nutritional and health status of the children up to 6 years, lay down the foundation for proper psychological, physical and social development of the child, reduce incidence of mortality, morbidity and malnutrition, enhance capacity of mothers to look after normal health and nutritional needs of their children, and achieve effective coordination among various departments to promote child development.

The achievement of these objectives was to be monitored through improvement in levels of Infant Mortality Rate, Maternal Mortality Rate and malnourishment status.

2.3.3 Organisational Setup

The Women and Child Development (WCD) Department of the Government of Chhattisgarh (GoCG) is responsible for implementation of ICDS Scheme in the State. Organogram of the Department for implementation of the scheme is given in **Chart 2.3.1.**

Chart 2.3.1: Organogram for implementation of ICDS Scheme in the State



2.3.4 Audit Objectives

Performance audit of ICDS scheme was carried out with the objective of assessing whether:

- planning for implementation of the scheme was oriented towards achievement of the scheme objectives;
- financial management was economical, efficient and effective;
- delivery of services at AWCs through AWWs were efficient and effective;
- availability of adequate infrastructure facilities and human resources was ensured;
- system for monitoring and evaluation of the programme was in place and effective.

2.3.5 Audit Scope and Methodology

Performance Audit of ICDS scheme was conducted from October 2018 to February 2019 and covered the period 2014-2019. Audit methodology involved test check of records of the Directorate, WCD Department, District Programme Offices (DPOs), Child Development Project Offices (CDPOs), and Anganwadi centres (AWCs). Out of 27 DPOs, eight DPOs were selected through Stratified Random Sampling without Replacement method. In each of the selected Districts, three CDPOs (total 24 CDPOs) and in each selected Project Office, 10 AWCs (total 240 AWCs) were selected through Simple Random Sampling method (detailed in **Appendix 2.3.1**). Audit methodology also included an analysis of data/information provided by the department, issue of questionnaires, and joint physical verification of selected AWCs along with the ICDS functionaries' i.e. CDPOs/Supervisors/AWWs. Photographic evidence was obtained wherever necessary, to substantiate audit findings.

An entry conference was held in January 2019 with the WCD Department, Government of Chhattisgarh (GoCG), wherein audit objectives, audit criteria, scope, and methodology of the Performance Audit were discussed. An exit conference was held with Secretary, WCD Department in October 2019, and the replies/views of the Government have been suitably included in the report.

2.3.6 Audit Criteria

Audit findings were benchmarked against the criteria sourced from the following:

- Scheme guidelines, circulars, and instructions issued by GoI and GoCG;
- National/State Food Security Act, 2013 (NFSA) and Rules made there under;
- Prescribed monitoring and evaluation mechanism of GoI and GoCG.

Audit Findings

2.3.7 Planning

2.3.7.1 Rationalisation of AWCs

Union Ministry of Women and Child Development directed (October 2016) the State Government to rationalize the requirement of ICDS Projects and AWCs on the basis of population norms, number of children actually attending the AWCs, availability of AWCs at habitation level and possibility of clubbing/relocating/surrendering the AWCs.

In order to assess the additional requirement of AWCs in the State as per population norms, proposals were called for (June 2017) from the districts and based on these proposals, shortfall of 24,318 AWCs/mini AWCs in 17 districts and excess of 4,178 AWCs in 10 districts was identified against the total 52,474 AWCs/mini AWCs sanctioned for the State. There was an overall shortfall of 20,140 AWCs in the State, which would result in inadequate coverage of children and pregnant and lactating women as discussed in **paragraph 2.3.9.1.** However, the process of rationalization of AWCs by clubbing/relocating/surrendering is yet to be completed by the State Government.

During the Exit conference, Government stated that rationalisation of AWCs would be done by their relocation as per future requirement.

2.3.8 Financial management

2.3.8.1 Financial Outlay and Expenditure

ICDS is a centrally sponsored scheme funded on cost sharing basis between Government of India (GoI), and State Government. Funds are allocated for implementation of the scheme under two components:

(i) ICDS (General), for meeting operational costs under which, cost is shared between GoI and State Government in the ratio of 60:40 (90:10 upto 2014-15); and
(ii) ICDS (Supplementary Nutrition Programme) under which, cost is shared in 50:50 ratio between GoI and State Government.

The details of funds released and expenditure incurred during 2014-19 are given in **Table 2.3.1**.

ICDS (General)

Table 2.3.1: Details of funds released and expenditure incurred under ICDS (General)

(₹ in crore)

Year	Funds approved as per APIP			Funds Released			Expenditure incurred			Excess/ Savings
	Central Share	State share	Total	Central Share	State share	Total	Central Share	State share	Total	
2014-15	617.90	68.66	686.56	347.65	43.17	390.82	349.64	43.17	392.81	(+) 1.99
2015-16	215.76	143.84	359.60	161.88	153.21	315.09	229.82	153.21	383.03	(+) 67.94
2016-17	223.44	148.96	372.40	169.21	153.72	322.93	230.57	153.72	384.29	(+)61.36
2017-18	255.00	179.80	434.79	283.45	156.48	439.93	234.73	156.48	391.21	(-)48.72
2018-19	239.43	257.42	496.85	287.36	229.74	517.10	231.70	229.74	461.44	(-) 55.66
Total	**1551.53**	**798.68**	**2350.20**	**1249.55**	**736.32**	**1985.87**	**1276.46**	**736.32**	**2012.78**	**(+) 26.91**

(Source: Statements of Expenditure of Department, and compiled by audit)

During the year 2014-19, total funds of ₹ 2,350.20 crore comprising Central share of ₹ 1,551.53 crore and State share of ₹ 798.68 crore have been approved in the Annual Programme Implementation Plans (APIP). There was short receipt of Central and State share by ₹ 301.98 crore and ₹ 62.36 crore respectively during the period 2014-19 against the approved APIP. Further, excess expenditure of ₹ 26.91 crore have been incurred against the funds released by the GoI as Central share, which needs to be regularized by obtaining funds.

Government accepted (June 2019) the audit observation and stated that grants have been obtained for excess expenditure under ICDS (General), and the funds have been received from the GoI.

ICDS (SNP)

Table 2.3.2: Details of funds released and expenditure incurred under ICDS (SNP)

(₹ in crore)

Year	Funds approved as per APIP			Funds Released			Expenditure incurred			(+)Excess/ (-) Savings (percentage)
	Central Share	State share	Total	Central Share	State share	Total	Central Share	State share	Total	
2014-15	230.00	230.00	460.00	113.02	225.00	338.02	213.54	213.54	427.08	(+) 89.06 (26)
2015-16	151.03	151.03	302.06	328.80	225.00	553.80	210.54	210.54	421.08	(-) 132.72 (24)
2016-17	199.92	199.92	399.84	224.62	225.00	449.62	202.21	202.21	404.42	(-) 45.20 (10)
2017-18	227.00	227.00	454.00	227.00	224.95	451.95	198.80	198.80	397.60	(-) 54.35 (12)
2018-19	271.00	271.00	542.00	242.80	202.53	445.33	242.80	202.53	445.33	0.00
Total	**1078.95**	**1078.95**	**2157.90**	**1136.24**	**1102.48**	**2238.72**	**1067.89**	**1027.62**	**2095.51**	**(-) 143.21**

(Source: Statements of Expenditure of Department and compiled by audit)

It can be seen from the above table that against the total funds of ₹ 2,238.72 crore released during 2014-19, expenditure of ₹ 2,095.51 crore was incurred with overall saving of ₹ 143.21 crore. There was savings to the tune of 10 to 24 *per cent* during 2015-18 while excess expenditure (26 *per cent*) was incurred during 2014-2015 against the funds released.

Government stated (June 2019) that budget was based on estimation, and savings were low and that, expenditure was incurred on actual basis.

2.3.8.2 Non Submission of Utilisation Certificates by AWWs

As per standing instructions issued (September 2009) by Directorate, WCD, the compiled Utilization certificates (UCs) of the actual expenditure incurred by the AWWs were to be obtained quarterly by the CDPOs through Supervisors. Under ICDS scheme, flexi fund of ₹ 1000 and contingency fund of ₹ 500 was provided per annum to each AWC and mini AWC to meet operational exigencies, and day to day expenditure.

Test check of records of 24 selected projects revealed that in 23 projects, during the period 2014-19, an amount of ₹ 3.06 crore as Flexi and Contingency Fund were paid to the AWWs, but their UCs were not obtained by the CDPOs.

Thus, the system of reporting the actual expenditure incurred was not adhered to by the field level functionaries i.e. AWWs, in the absence of which, it could not be ascertained that the funds were utilised for the designated purposes.

Government accepted the audit observation and stated (October 2019) that CDPOs were responsible for obtaining UCs.

2.3.9 Supplementary Nutrition Programme (SNP)

Supplementary Nutrition Programme (SNP) is one of the crucial components of ICDS scheme. The objective of SNP is to bridge the protein-energy gap between the recommended dietary allowance, and average dietary intake of children, pregnant women, and lactating mothers. Every beneficiary under the programme is to be provided with supplementary nutrition for 300 days in a year. As per the SNP guidelines, all children in the age group of six months to six years of age, pregnant women, and lactating mothers are to be provided Supplementary Nutrition (SN). Audit scrutiny revealed the following deficiencies in implementation of SNP.

2.3.9.1 Coverage of beneficiaries under SNP

2.3.9.1 (i) Coverage of children in age group 0-6 years

As per Census 2011, the total number of children in the age group of 0-6 years in the State was 36.62 lakh (14.3 *per cent* share of total population). The details of total number of children who were surveyed and actually benefitted during the five-year period 2014-19 are shown in **Table 2.3.3.**

Table 2.3.3: Status of surveyed and benefitted children

(figures in lakh)

Year	Total surveyed children	Actual beneficiaries	Shortfall in No. of beneficiaries *vis-à-vis* surveyed *(per cent)*
2014-15	28.94	23.09	5.85 (20)
2015-16	27.86	23.45	4.41 (16)
2016-17	28.09	22.65	5.44(19)
2017-18	26.64	19.33	7.31 (27)
2018-19	23.89	16.18	7.71 (32)

(Source: MPR/information provided by Directorate and compiled by Audit)

From the above it is evident that the surveyed children decreased from 28.94 lakh to 23.89 lakh, and actual beneficiaries decreased from 23.09 lakh to 16.18 lakh during the five-year period 2014-19. The percentage of surveyed children to whom the benefit of ICDS scheme could not be extended, ranged from 16 *per cent* in 2015-16 to 32 *per cent* in 2018-19. This percentage ranged between five and 78 in the eight test checked districts during 2014-19. The main reasons for shortfall in surveyed and benefitted children were reluctance of parents due to distance of AWC from their habitation, poor infrastructure/facility in Anganwadis and opening of private nursery schools.

2.3.9.1 (ii) Coverage of Pregnant and lactating women

The details of surveyed and actually benefitted pregnant and lactating women (PW/LW) under SNP during 2014-19 indicated a declining trend as can be seen from the **Table 2.3.4**.

Table 2.3.4: Status of surveyed and benefitted PW/LW

(figures in lakh)

Year	Total surveyed	Total No of beneficiaries	Shortfall in No. of beneficiaries *vis-à-vis* surveyed (*per cent*)
2014-15	5.70	4.97	0.73 (13)
2015-16	5.54	5.03	0.51 (09)
2016-17	5.23	4.56	0.67 (13)
2017-18	5.09	4.01	1.08 (21)
2018-19	4.57	3.75	0.82 (18)

(Source: Information provided by Directorate and compiled by Audit)

During 2014-19, the surveyed PW/LW by the AWCs had decreased from 5.70 lakh to 4.57 lakh, while number of beneficiaries decreased from 4.97 lakh to 3.75 lakh. As such, nine to 21 *per cent* of the surveyed PW/LW were not provided supplementary nutrition during this period. The main reason for shortfall in surveyed and benefitted women was reluctance of women towards availing the services of ICDS due to distance of AWCs from their habitations.

The declining number of children and pregnant and lactating women surveyed and benefitted is indicative of deficient implementation of the scheme and inadequate coverage of targeted beneficiaries. The shortfall in number of AWCs would also result in less coverage of children and pregnant and lactating women under the scheme. Government should have explored various options and taken adequate measures to reach out to the intended beneficiaries in all the habitations.

Government accepted the audit observations relating to inadequate coverage of children and women and stated that it was due to difficult geographical conditions, scattered population, opening of private schools, and reluctance of parents. It was further stated that shortfall would be analysed and corrective action would be taken.

2.3.9.2 Non-distribution of Supplementary Nutrition

ICDS guidelines provide for distribution of supplementary nutrition to the beneficiaries for 300 days in a year. Supplementary Nutrition (SN) includes morning snacks followed by hot cooked meal/take home rations in the form of Ready to Eat (RTE) food. To ensure continuity in distribution of SN, State Government had engaged Self Help Groups (SHGs)/Non-Governmental Organisations (NGOs) for supply of RTE to AWCs for 300 days and at least 25 days in a month.

National Food Security Act (NFSA), 2013 and Supplementary Nutrition Rules, 2017 provide that in case of non-supply of food grains or meal to the beneficiaries, the State Government should pay Food Security Allowance (FSA) to such beneficiaries at the prescribed rates.

Audit noted that the reporting format for the project-wise monthly progress report for SNP provided details for distribution of SN for 'less than 21 days' and 'more than 21 days'. As a result, the status of distribution of SN by AWCs for at least 25 days in a month could not be ascertained in audit. During the period 2014-19, distribution of SN in AWCs as available in the monthly progress report of March of the year for the State is detailed in **Table 2.3.5.**

Table 2.3.5: Status of distribution of supplementary nutrition in the State

In the month of March	No of reporting AWCs	No of AWCs that distributed supplementary nutrition for more than 21 days	No of AWCs that distributed supplementary nutrition for less than 21 days
2015	43519	43197	322
2016	43533	43244	289
2017	43570	43532	38
2018	48112	46081	2031
2019	41845	41670	175

(Source: MPRs of March in each year provided by Directorate and compiled by audit)

As can be seen from the above table, the number of AWCs that distributed supplementary nutrition for less than 21 days in the month of March during the period 2015-19 ranged between 38 in 2017 (0.08 *per cent)* and 2031 in 2018 (4.41 *per cent*). In the eight test checked districts, 2,076 AWCs (77.85 *per cent*) in Bilaspur (March 2015), 907 AWCs (49.05 *per cent*) in Bastar (March 2015) and 792 AWCs in Raipur (March 2018) provided SN to beneficiaries for less than 21 days as detailed in **Appendix 2.3.2**. However, in two test-checked districts (Jashpur and Raigarh), all the AWCs distributed SN for more than 21 days during 2014-15 to 2018-19.

Audit further noted that 76 out of 240 test-checked AWCs did not distribute SN for at least 25 days in 16 to 31 months during 2014-19. The main reasons of non-distribution of supplementary nutrition were delayed supply of food items/RTE by the SHGs and absence of AWWs. Moreover, no FSA was paid as compensation to the beneficiaries in lieu of non-distribution of supplementary nutrition for the prescribed number of days.

Government stated in exit meeting that distribution of FSA would not serve the objectives of ICDS and a robust mechanism has now been instituted for distribution of SN which includes reporting distribution of RTE for 25 days.

Reply of the Government that the distribution of FSA would not serve the objectives of ICDS is contrary to the NFSA provisions of providing FSA in cases where food grains or meals could not be supplied. Also, no action was taken against concerned SHGs/officials who failed to ensure provision of supplementary nutrition and payment of food security allowance as per norms. The Department needs to fix accountability on the officials responsible for failure in providing SN to beneficiaries.

2.3.9.3 Inadequate nutrition in RTE due to allowing tolerance limit

National Food Security Act, 2013 provides the nutritional standards of food to be provided to beneficiaries, and to conform to the nutritional values mentioned in Schedule II of the Act. As per instructions (April 2013) of the State Government regarding distribution of RTE, each 100 gm of RTE should contain a minimum of 11.21 gm protein and 381 calories energy as nutritional value. Accordingly, the quantity is decided for distribution/supply of RTE packets to various categories of beneficiaries.

Scrutiny of records revealed that the Department allowed (September 2015) a tolerance limit of 5 *per cent* in the nutritional content in RTE and accordingly 100 gm of RTE containing 10.65 gm of protein, and 362 calories was considered as standard.

During a scrutiny of the analysis reports of RTE food, audit noticed that out of 127 reports, protein content in 14 reports were found below the allowed tolerance limit of 10.65 gm, while in 95 reports, it was less than 11.21 gm. Thus, adherence to norms of nutritional values contained in RTE was not ensured, which resulted in provision of inadequate nutrition/below standard quality of RTE to the beneficiaries.

Government stated (June 2019) that tolerance limit in RTE did not mean that calorific and protein content was only negative and it might be positive also.

The reply is not acceptable as allowing negative tolerance limit in calories and proteins had compromised the nutritional value of the food as per the standard prescribed under the NFS Act, 2013.

2.3.9.4 Lack of effective quality control on supply of RTE to the beneficiaries

RTE containing wheat, gram, soyabean, groundnut and sugar as main ingredients was to be prepared in a powdered form by the SHGs. Directorate, WCD instructed (August 2009) that samples of RTE of 20 *per cent* SHGs were to be sent for testing by the DPOs every month. In the absence of laboratory in the State, the samples were required to be sent to the five authorized laboratories situated outside the State. The cost of sample analysis was fixed (October 2016) @ ₹ 315 per sample, which was to be shared between the SHG and the Department.

As per revised instructions (October 2016), samples of all the SHGs were to be sent every month. The labs were required to provide test results within 15 days of the receipt of samples. It is pertinent to mention that the expiry period of the RTE was three months.

As per the provisions of NFSA Act 2013, and Rules there under, the State Government should ensure the quality of supplementary nutrition, and DPOs are primarily responsible to ensure that meals meet the nutritional standards and quality. Analysis of samples sent to Laboratories indicated that some test reports of samples were found to be substandard. Details are given in **Table 2.3.6.**

Table 2.3.6: Details of samples sent and results of test reports of RTE

Year	No. of SHGs	No. of samples to be sent	No of samples sent by DPO	Non receipt of test reports	No of samples not as per standards
2014-15	617	1415	1353	862	72
2015-16	620	1388	1177	398	121
2016-17	655	3639	4184	1381	45
2017-18	656	7956	6603	1908	20
2018-19	659	6608	6463	3337	131
Total	**3207**	**21006**	**19780**	**7886**	**389**

(Source: Information provided by DPOs and compiled by the audit)

Audit scrutiny of records in the test checked districts in this regard revealed the following:

- **There were delays ranging from one to eight months in sending the samples for testing by the DPOs, whereas the expiry period of RTE itself was three months.**
- **The number of samples sent for testing during 2014-19 was below the number of samples required. Test reports of 7,886 samples (40 *per cent*) were not yet received as of March 2019.**
- 389 samples did not conform to the standards. Protein content was found lower at 9.70 gm (13 *per cent* less) against the norm of 11.21 gm per 100 gm of RTE, indicating distribution of sub-standard RTE with inadequate nutritional value to the beneficiaries. Though penalty was levied on the SHGs, the objective of providing desired level of nutritional values could not be achieved.

Thus, the Government failed to ensure that the quality of nutrition provided to the beneficiaries was of required standard, which may adversely affect the health of children and pregnant and lactating women and hamper the fulfilment of their nutritional requirements. Further, it had not taken any concrete actions to rectify the recurring deficiencies and deviations in testing of samples.

While accepting the audit observation, Government stated that lab for testing the samples of RTE would be established in the State.

2.3.9.5 Supply of milk without ensuring the quality and nutritional values

Mukhyamantri Amrit Doodh Yojana was launched (April 2016) by WCD, GoCG for providing 100 ml sweetened flavoured milk once a week to the children in the age group of 3 to 6 years at the AWCs. The agency supplying the milk was Chhattisgarh

Co-operative Milk Federation. Guidelines provide for the following nutritional norms for each 100 ml of milk:

Table 2.3.7: Nutritional norms for the milk

Nutrient	Value	Nutrient	Value
Protein	3 gm	Energy	97 Kcal
Fat	3 *per cent*	Carbohydrates	14 gm
Solid-Not-Fat (SNF)	8.5 *per cent*	Added Sugar	10 gm

The Supplier agency had to submit the analysis reports on above parameters of the processing and packaging plant with every monthly bill. Also, a District committee formed by the Collector with DPO as Member Secretary, and officers from other Departments were required to visit at least five AWCs every month to examine the quality of milk, and report to the Collector quarterly. Examination of the samples was also to be conducted at the District or State level through authorised laboratories on random basis.

Scrutiny of records in the test checked districts revealed that the nutritional values contained in milk *viz*. protein, energy and carbohydrates were not being analysed by the Supplier. Independent examination of samples on random basis at State or District levels through authorized laboratory was also not conducted. Further, Audit did not find any details regarding visits to AWCs and examination of quality of the milk by the district committee. In the absence of testing of samples by the Supplier, and the examination by designated committee, nutritional values in milk provided to the children could not be ascertained in Audit.

Government accepted the audit observation (October 2019) and stated that testing of the milk samples is now being done as per the provisions.

2.3.9.6 Non-monitoring of nutritional status of children

As the objective of ICDS scheme is to improve nutritional and health status of the children in the age group of 0-6 years, GoI adopted (August 2008) the WHO Child growth standards for monitoring the growth of children.

Audit scrutiny revealed that the Department was monitoring the nutritional status of children in the age group of 0-5 years through WHO growth chart, which is designed for children up to five years. The nutritional status of children in age group of 5 to 6 years was not being monitored as no standard was adopted/developed by the Department for these children.

During the exit conference, the State Government stated appropriate action would be taken in this regard to ensure the growth of children between 5 to 6 years of age is monitored.

2.3.9.7 Shortfall in Aadhaar authentication of beneficiaries

The Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act, 2016 provides for use of Aadhaar as the identity document for delivery of services or

benefits to beneficiaries, and also aims to simplify the delivery processes to bring in transparency and efficiency.

MoWCD, GoI notification (February 2017) provides for Aadhaar based Direct Benefit Transfer (DBT) under SNP, and honorarium of AWW/AWHs at AWCs. As per instructions contained therein, the Aadhaar authentication of all beneficiaries and AWWs/AWHs was to be completed by March 2018. Accordingly, UIDAI approved (November 2017) WCD Department as UIDAI Registrar and Enrollment Agency for undertaking Aadhaar enrollment process for the beneficiaries of SNP and AWWs. Scrutiny of records revealed the following:

- In Chhattisgarh, Aadhaar linking of only 43 *per cent* children and 97 *per cent* of pregnant and lactating women was done as of December 2019. Further, test check of enrollment and attendance registers of selected 240 AWCs revealed that out of 11,085 enrolled children in these AWCs, 9,562 children (86 *per cent*) were attending the AWCs, and Aadhaar linking of only 5,844 children (61 *per cent*) was completed by the Department as of February 2020. Similarly, out of total enrolled 2,645 pregnant and lactating women, 2,491 (94 *per cent*) pregnant women and lactating women were availing services of AWCs and Aadhaar linking of 1,956 (79 *per cent*) was completed as of February 2020.
- GoI had sanctioned (December 2017) ₹ 9.90 crore for procurement of Aadhaar Enrolment Kits[24], and released its share of ₹ 5.94 crore. The Aadhaar Enrollment kits were, however, not procured, and the central share of ₹ 5.94 crore remained unutilized because sanction of GOCG for procurement of enrolment kit was awaited as of February 2020.

Aadhaar authentication for all the beneficiaries, particularly children, could not be completed by the target date due to non-procurement of Aadhaar kits by the Department. However, Aadhaar authentication of 98 *per cent* AWWs, and 96 *per cent* AWHs was completed by February 2020.

The implementation of DBT, and Aadhaar authentication of all the beneficiaries would have helped in tracking the delivery of the services to eligible beneficiaries in a transparent manner.

Department Stated (June 2019) that due to non-procurement of Aadhaar kits, registration could not be completed.

2.3.9.8 Status of IMR, MMR and Malnutrition in Chhattisgarh

The objective of the ICDS scheme was to reduce the incidence of mortality, and malnutrition as well as to improve the nutritional and health status of children under the age of six. The details of Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), and Under 5 Mortality Rate (U5MR) at National and State level are detailed in **Table 2.3.8**.

[24] one desktop computer, one laptop, one tablet along with scanner, printer, fingerprint scanner, Iris scanner and GPS device.

Table 2.3.8: Status of IMR, MMR and U5MR at National and State level

Year	IMR		MMR		U5MR	
	India	Chhattisgarh	India	Chhattisgarh	India	Chhattisgarh
2015	37	41	130	173	43	48
2016	34	39	130	173	39	49
2017	33	38	113	159	37	47
2018	32	41	113	159	36	45

(Source: Sample Registration System Bulletins, GoI)

As can be seen from the above table, during 2015-18, all three parameters - IMR, MMR and U5MR of the State were above the national indicators. While MMR and U5MR registered a declining trend in the State during the period 2015-18, IMR has increased from 38 in 2017 to 41 in 2018.The Department has not fixed any specific targets and time lines to reduce IMR, MMR, and U5MR.

Government stated (June 2019) that efforts had been made to reduce IMR, MMR, and U5MR.

2.3.10 Preschool Education/Early Childhood Care & Education

Early Childhood Care and Education (ECCE) is defined as holistic and integrated provision for children below 6 years, and refers to the informal early psycho-social stimulation for children below 3 years and planned non-formal Preschool Education (PSE) for children between 3 to 6 years. It aims at school readiness, development of cognitive processes, motor, and muscular skills of children.

2.3.10.1 Delay in implementation of ECCE curriculum

GoI guidelines (July 2014) for rolling out of annual curriculum of ECCE provided for *Gatividhi Pustak (GP), and Aaklan Patraks (AP)* for children of age 3 to 6 years to be made available at every AWC within two months. As per the GOCG instruction (August 2001), all the government related printing and publication work would be done through Samvaad i.e. an agency of Public Relation Department, GOCG.

Audit noticed that GoCG accorded (January 2016) sanction for printing of ECCE material for ₹ 6.19 crore after a delay of one and a half years of rolling out the annual curriculum of ECCE by the GoI. The Directorate issued (September 2016) work order to *Samvaad* without any time frame for supply. The supply of books and child assessment cards was completed in April 2017.

Thus, the ECCE curriculum to be implemented from October 2014, was finally implemented with a delay of more than two years. Hence, 17.57 lakh[25] children in the age group of 3-6 years were deprived of the benefits of the ECCE curriculum during 2015-17.

2.3.10.2 Delay in supply of Pre-School Kit (PSE) to AWCs

PSE kits include puppets, soft toys, mirrors and props for play, pre number cards, shape cut out of fruits/vegetables/animals, pre reading/writing cards, story flash cards, building blocks and dolls etc. to educate the children through joyful learning at AWCs. The

[25] Actual beneficiaries (3-6 years) = 9.03 lakh in 2015-16 and 8.54 lakh in 2016-17.

approved cost norms for supply of PSE kits were ₹ 3,000 and ₹ 1,500 per annum for AWC and mini AWC respectively.

During 2015-16, Department released ₹ 14.11 crore for procurement of PSE kits for all the AWCs and mini AWCs. WCD (September 2015) decided that printing of discussion pictures, picture cards and puzzles would be done through *Samvaad* and other items of kits blocks, dolls and models of animals/vegetables were to be procured by the DPOs (District Project Officers). The printing order was placed by the Department in January 2016 and the items of PSE kits were supplied to AWCs in April 2017. Thus there was a delay of 18 months in supply of PSE kits items.

Government accepted the audit observations and stated that action would be taken to strengthen the mechanism to ensure timely procurement and distribution of appropriate PSE kits.

2.3.10.3 Non/short imposition of penalty in procurement of PSE kits

Rule 4.13 of Chhattisgarh Store Purchase Rules, 2002 provides that in the event of failure to supply within the stipulated time period, the competent authority shall impose penalty of two *per cent* per month.

Scrutiny of records in test checked districts for 2014-17 revealed that there was delay of one to 12 months in supply of PSE kits by 12 suppliers. However, no penalty was imposed by the DPOs, resulting in non/short-imposition of penalty of ₹ 42.70 lakh (**Appendix 2.3.3**) on suppliers. Thus, ECCE activities through the kits as envisaged could not be provided during the period of delay.

While accepting the audit observation, Government stated (June 2019) that instructions have been issued to the concerned officials in this regard.

2.3.11 Health Care and Referral Services

2.3.11.1 Procurement of Medicine kits for AWCs

As per ICDS guidelines, every AWC is to be provided a medicine kit containing basic medicines for common ailments like fever, cold, cough, worm infestation, etc. The cost (October 2012) per kit was ₹ 1,000 for AWC and ₹ 500 for mini AWC per annum, which was revised (November 2017) to ₹ 1,500 and ₹ 750 per kit in 2018-19.

Scrutiny of records revealed that Directorate issued (January 2014) work order valuing ₹ 4.70 crore to Chhattisgarh Medical Services Corporation (CGMSC) for supply of medicine kits at Project Offices by March 2014 and paid ₹ 93.36 lakh as advance. Further, the Directorate withdrew (March 2014) ₹ 3.77 crore and parked in Public Account (K-Deposits[26]) in anticipation of payment. However, the kits were not supplied till the date of audit (October 2019) due to failure on part of CGMSC and the Directorate to resolve issues such as place of delivery, items/quantity of medicine in the kits etc.

[26] Fund not required for immediate disbursement may be drawn from treasury with prior approval of Finance Department, GoCG and can be kept in K-deposit account of DDOs.

Non-procurement of medicine kits during 2014-19 led to non utilisation of GoI's assistance of ₹ 17.31[27] crore approved in the APIPs 2014-19.

During physical verification of the sampled AWCs, audit noticed that in the absence of medicine kits, the AWWs had to utilise the flexi fund and contingency fund to meet immediate requirements of medicines during emergencies.

During the Exit conference, Government confirmed that for procurement of medicine kits, CGMSC was selected but the same could not be procured, and that, the Kits would be procured in 2019-20 in coordination with the Health department.

2.3.11.2 Referral of severely malnourished children to NRCs

During health check-up and growth monitoring, the sick and malnourished children were referred to Primary/Community Health Centre (PHC/CHC), while severely malnourished children were further referred to Nutrition Rehabilitation Centres (NRCs) in coordination with the Health Department. The nutritional status and overall health of severely malnourished children was monitored at NRCs by intensive treatment for 14 days through medication, dietary supplements and nutritional meals.

Scrutiny of records in selected districts revealed shortfall in referral and treatment of children at NRCs during 2016-19, as detailed in **Table 2.3.9**.

Table 2.3.9: Details of treatment of severely malnourished children at NRCs

Name of District	Total malnourished children	Severely malnourished children	
		Identified at CHCs/ PHCs (*per cent*)	Malnourished children not admitted in NRCs (*per cent*)
Rajnandgaon	27834	7467 (27)	5498 (74)
Bastar	97442	25562 (26)	21103 (83)
Jashpur	49781	17256 (35)	15613 (90)
Raigarh	5990	2117 (35)	503 (24)
Koriya	15047	2614 (17)	2475 (95)
Kondagaon	11677	8652 (74)	8220 (95)
Bilaspur	20919	4802 (23)	3447 (72)
Raipur	16643	7046 (42)	6351 (88)
	2,45,333	**75,516**	**63,210 (84)**

(Source: Information provided by DPOs and compiled by audit)

It is evident from the above table that in the eight test checked districts, out of the total 75,516 children identified as severely malnourished at CHCs/PHCs, only 12,306 (16 *per cent*) were admitted to NRC for intensive treatment during 2016-19. The shortfall in treatment of severely malnourished children at NRCs ranged from 24 to 95 *per cent*.

In the Exit conference, the State Government stated that the main reason was unwillingness of parents to take their children to NRCs due to distance and other reasons. It further stated that the concept of NRCs would be de-centralized to make it more effective.

[27] GoI Assistance during 2014-19 = ₹ 4.20 crore + ₹ 2.82 crore + ₹ 3.00 crore + ₹ 3.00 crore + ₹ 4.29 crore = ₹ 17.31 crore.

2.3.11.3 Rehabilitation and treatment of Children with Special Needs

As per GoI directions (October 2012), the Department should facilitate integrated early childhood care and development services to all children with special needs (CWSN) through its AWCs. A provision of ₹ 2,000 per child has been made for various interventions *viz*., training and sensitization of AWWs/families for recognition of early symptoms of disability, and need for early action, providing assistive devices/special education activity/books to children, and referral of children to PHCs/NRCs etc. These were to be done in close convergence with Health, Education, and Social Welfare Departments.

Scrutiny of records revealed that Department had issued (February 2015) guidelines for identification of CWSN aged 0-6 years. However, no expenditure was incurred by the Department under these interventions despite approval of funds by the GoI in APIPs of 2014-17.

While accepting the audit observation, Government stated (June 2019) that action could not be taken as sufficient funds were not received from GoI. However, instructions would be given at all levels again in this regard.

Reply is not acceptable as children with special needs were deprived of the special care envisaged under the scheme.

2.3.12 Infrastructural arrangements

2.3.12.1 Availability of own AWC buildings

AWCs are the focal points for delivery of various services under ICDS. It was observed that the construction of all the sanctioned AWCs could not be completed despite availability of funds, as detailed below.

Audit noticed that as on October 2019, construction of 44,809 Anganwadi buildings was sanctioned, out of which, construction of 38,894 (87 *per cent*) buildings was completed and construction of 5,915 (13 *per cent*) was not completed (including 2,138 buildings not yet taken up for construction as of October 2019). Out of the 38,894 Anganwadis constructed, 37,407 buildings were utilized for functioning of the AWCs and the remaining 1,487 buildings were not being used either due to dilapidated condition or long distance of habitation from the constructed building.

As a result, the Government could not ensure that dedicated building for AWCs were available to provide quality services, and basic amenities, despite having funds (₹ 104.70 crore) for the purpose.

Government stated (October 2019) that efforts were being made to solve the issue for early completion of construction of AWCs.

2.3.12.2 Availability of basic facilities in AWCs

As per ICDS guidelines, the AWCs should preferably have built up space of at least 600 sq. feet with separate sitting room for children/women, separate kitchen, store room for

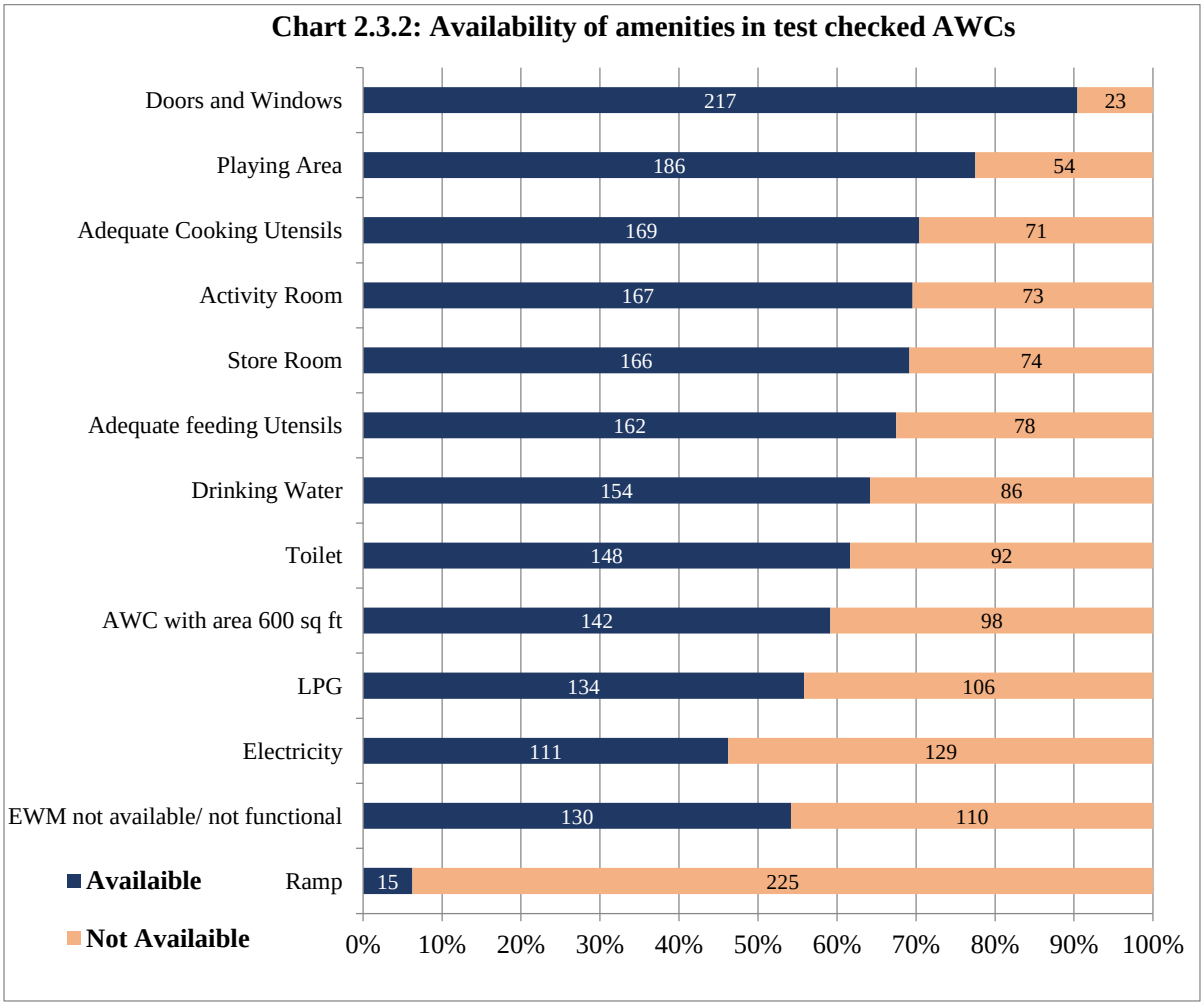
food items, child friendly toilets, electricity and playing area for children with all relevant infrastructure. Further, as per the provisions of NFSA 2013, every AWC should have facilities for cooking meals, drinking water and sanitation.

Audit observed that in eight test checked districts, out of 14,646 AWCs operating from their own buildings, 2,209 AWCs (15.08 *per cent*) did not have toilet facilities, 2,509 AWCs (17.13 *per cent*) were deprived of drinking water facility, 8,105 AWCs (55 *per cent*) did not have playing area for children, and 9,268 AWCs (63 *per cent*) were without electricity.

Lack of basic amenities in AWC premises expose the beneficiaries to unhealthy and unhygienic environment, which could hamper their psychological and physical development, besides impeding the process of vital behavioural changes in beneficiaries with regard to hygienic habits.

Test check of records of 240 AWCs covering 9,446 children beneficiaries, revealed that the prescribed room size, doors/windows, open space, ramp for disabled, store room, adequate cooking, and feeding utensils, drinking water, functional electronic weighing machines (EWMs), and LPG were not available in the AWCs, as detailed in the **Chart 2.3.2.**

Chart 2.3.2: Availability of amenities in test checked AWCs



Further, it was observed that 39 AWCs were functioning in rented buildings, of which 16 AWCs were operational in *kutcha* huts with very limited space. During physical inspection of the AWCs, audit noticed that the AWCs were operating from dilapidated buildings as depicted in Photo 2.3.12.2 (a) and 2.3.12.2 (b).

Photo 2.3.12.2 (a) - AWC Kolanpara (Gourella) operating in dilapidated building which poses safety hazard for children.

Photo 2.3.12.2 (b) - AWC Tendumunda (Gourella) dilapidated building (from inside) not being used and food was being cooked outside in open in temporary shelter

During the exit conference, Government stated (October 2019) that no provision for electricity was made in the estimates prior to 2012. It was assured that drinking water facility would be provided in every AWC and appropriate action would be taken on all the issues pointed out in audit.

2.3.12.3 Under-utilisation of electronic weighing machines

GoI guidelines provide for weighing scales at every AWC for monitoring the growth of children. Accordingly, the Department decided (January 2014) that each AWC was to be provided Electronic Weighing Machine (EWM) with integrated growth monitoring system and chargeable battery to monitor status of children. EWM had USB slot for extraction of data, and uploading the same on server for malnourishment analysis and assessment.

Scrutiny of records in test checked districts revealed that for extraction of data, pen-drives were not available with the AWCs, and data continued to be recorded and monitored manually. In AWCs without electricity, EWM could not be charged, necessitating charging from other places. Thus, the advanced features of EWM were not fully utilised as the data continued to be recorded and monitored manually.

In the test checked districts, out of 20,805 operational AWCs, 17,845 AWCs were provided with EWM, of which 13,513 machines (76 *per cent*) were operational while

4,332 EWMs (24 *per cent*) valuing ₹ 2.16[28] crore were non-operational (March 2019), even though funds were provided to the districts for repairing and maintenance of the EWMs.

In the exit conference, Government accepted (October 2019) the audit observation and stated that option of solar EWMs would be explored.

2.3.13 Human Resource Management

2.3.13.1 Shortfall in training

As per scheme guidelines, refresher training was to be imparted to the ICDS functionaries once in every two years. Accordingly, 50 *per cent* of the available strength of ICDS functionaries was to be trained every year.

Scrutiny of records revealed that targets of training for different functionaries under ICDS were not fixed as prescribed. During 2014-19, shortfall in fixation of targets was 42 to 100 *per cent* for CDPOs, 15 to 85 *per cent* for Supervisors and 40 to 65 *per cent* for AWWs/AWHs for refresher training. Further, the targets fixed were also not achieved and shortfall was 44 to 90 *per cent* for CDPOs, 25 to 51 *per cent* for Supervisors while 02 to 100 *per cent* for AWWs/AWHs as detailed in **Appendix 2.3.4**.

Government stated (June 2019) that refresher training courses for various cadres were organised as per the availability of eligible candidates and that, CDPOs were trained by NIPCCD batch-wise as per their programme.

Reply is not acceptable as targets were not fixed to ensure that the skills of all the ICDS functionaries are upgraded in at periodicity.

2.3.14 Monitoring

2.3.14.1 Monitoring and Review committees on ICDS

As per GoI circular (October 2010), monitoring and supervision was to be ensured for effective delivery of services at grass roots level. GoI issued (March 2011) further guidelines for setting up a 5-tier monitoring and review mechanism from national level to AWC level. In accordance with this, State Level Monitoring and Review Committee (SLMRC), District Level Monitoring and Review Committee (DLMRC), Block Level Monitoring Committee (BLMC), and Anganwadi Level Monitoring and Support Committee (ALMSC) on ICDS were to be set up in the State for ensuring effective monitoring/review of the performance of the ICDS scheme, while discharging designated roles.

The constitution of committees and details of their working during the period between 2014-15 and 2018-19 in the test checked Districts/Projects/AWCs is detailed in the **Table 2.3.10.**

[28] Number of non functional EWMs x Rate per EWM = 4332 x ₹ 4977 = ₹ 2.16 crore.

Table 2.3.10: Details of Committees and their working

Name of Committee	Constitution and frequency of meeting	Status of formation	No. of meetings held
State Level Monitoring and review committee (SLMRC)	SLMRC was to be constituted under the Chairmanship of Chief Secretary with 18 other members. SLMRC had to meet Bi-annually.	The SLMRC was formed in the State but was subsequently merged with the State Empowered Programme Committee (SEPC).	SEPC met only twice (April 2014 and March 2016) during the last five years.
District Level Monitoring and review committee (DLMRC)	DLMRCs were to be constituted under the Chairmanship of District Collector with 16 other members. DLMRC had to meet quarterly.	DLMRC was constituted in only four districts: Kondagaon, Koriya, Raigarh and Rajnandgaon	Kondagaon:19 Koriya: No details available for the period 2014-19. Raigarh: Nil Rajnandgaon: Nil
Block Level Monitoring committee (BLMC)	BLMCs were to be constituted under the Chairmanship of Sub Divisional Magistrate with eight other members. BLMC had to meet quarterly.	Out of 24 test checked Projects, BLMCs were constituted in six projects.	Chirmiri: 10 Tilda: 30 Makdi: Nil Manendragarh, Kosir and Baikunthpur: No records of meetings available.
Anganwadi Level Monitoring and Support committee (ALMSC)	ALMSCs were to be constituted under the Chairmanship of Gram Panchayat/Ward Member (preferably woman member) with 6 other members. ALMSC had to meet monthly.	ALMSCs were constituted in all the test checked AWCs.	89 – No meetings 104 – 1 to 19 meetings 47 – 20 or more meetings *(20 meetings or more in 5 years indicate that the committee was meeting at least once in a quarter)*

It was noticed that the GoCG did not set up the required committees in five districts and 18 projects and there was a shortfall in conducting meetings at District/Project/AWC Level committees as brought out in the above table.

On this being pointed out, the Department stated that District and Block level committees were functioning.

Reply is not acceptable as these committees were not holding meetings as per prescribed norms.

2.3.14.2 Shortfall in Supervision by ICDS functionaries

Scrutiny of records in the 24 test checked Project offices revealed that only four[29] CDPOs had inspected the AWCs as per norms during 2014-19. It was noticed that records of inspection of the officials were not maintained in four[30]project offices during 2014-19.

The minimum requirements of official visits by Supervisors and CDPOs to AWCs are indicated in **Table 2.3.11.**

[29] Chirmiri, Bagicha -2, Kosir and Pussore.

[30] Badedongar, Bastar, Makdi and Manpur.

Table 2.3.11: Supervision of AWCs by CDPOs and Supervisors

Category of officials	Minimum requirement	Remarks	Shortfall against minimum requirement
Supervisors	A minimum of 50 *per cent* of AWCs under the Supervisor's jurisdiction every month.	Each AWC under a supervisor's jurisdiction should be visited at least six times in a year.	20 to 78 *per cent* in six project offices
CDPOs	At least 20 AWCs per month on a rotational basis and to ensure coverage of 100 *per cent* AWCs in a year.	Each AWC under a project should be visited by the concerned CDPO at least once in a year.	15 to 71 *per cent* in 19 project offices
Joint visit by CDPOs with Medical Officer	At least 5 AWCs per month and these can be part of the visits mentioned above.	-	22 to 98 *per cent* in 10 project offices

In the selected 240 AWCs, it was noticed that inspections were not conducted as per norms during 2014-19 by the respective Supervisors in 105 AWCs and CDPOs in 64 AWCs.

In the Exit conference, Government stated that action had been initiated for ensuring adequate supervision on delivery of services under ICDS Scheme.

2.3.15 Good Practices: Initiatives for Malnourished children

Good practices noticed during the course of audit in the test checked districts are detailed in **Table 2.3.12.**

Table 2.3.12: Details of new initiatives at Koriya and Kondagaon districts

Name of District	Initiatives	Target group	Salient features and achievements
Koriya	*Jagruk Mahtari Swastha Laika Karyakram* (January to April 2017)	Moderate and severely malnourished children	• Medical examination, nourishment with additional nutritive items and counseling. • Home visits by AWWs. • *Poshan Anushravan Card* (records for parents of child) were maintained to monitor the nourishment. • Out of the identified 14,758 moderately and severely malnourished children, 3959 children turned normal during this period.
Kondagaon	*Suposhan Kendra* (initiated in January 2018 and continuing)	Severely malnourished children	• Treatment at *Suposhan Kendra*, nourishment and monitoring. • Free transportation, distribution of medicines, and clothes to the children on discharge • Information, Education and Communication (IEC). • Total 1345 Severely malnourished children were treated under the scheme and 300 turned normal while 490 turned moderate.

In the Exit conference, Government stated that the initiatives taken by the District administration as pointed out by audit would be studied for implementation in other places in the State.

2.3.16 Conclusion

Performance audit of implementation of ICDS scheme revealed that supplementary nutrition was not provided to 30.72 lakh children (out of 135.42 lakh) of the age group of 0-6 years and 3.81 lakh pregnant and lactating mothers (out of 26.13 lakh) during the period 2014-15 to 2018-2019. There was a gradual decline in the actual number of beneficiaries of the scheme over the years during the audit period. Aadhaar seeding of both beneficiaries and Aganwadi workers/helpers was not yet fully achieved, despite sanction of funds by the GoI.

Department was not able to ensure quality of meals as envisaged in the scheme guidelines, due to delays in sending the samples or non-receipt of Ready to Eat (RTE) food's test reports from the laboratories, and deviation in the tolerance limits in nutritional value from National Food Security Act (NFSA) standards. Early Childhood Care and Education curriculum was implemented with delay of more than two years and medicine kits for Aganwadi Centres (AWCs) were not procured for the last one decade.

Availability of infrastructure and equipment in AWCs was deficient *vis-à-vis* norms and lack of basic facilities, such as drinking water, toilet, playing area, store room, ramp, electricity, cooking and feeding utensils, usable toilets, facility to wash hands, equipment for cooking, essential drugs and material for monitoring health severely constrained the functioning of the AWCs. Only 37,407 AWCs were operating from dedicated buildings with delays in completing the construction of buildings of 5,915 AWCs and non-use of 1,487 AWC buildings due to long distance from the habitations. Monitoring of AWCs was poor as was evident from acute shortfall in field visits by Child Development Project Officers and Supervisors.

2.3.17 Recommendations

- ***Government should expedite the process of rationalisation of AWCs, and ensure that all the eligible beneficiaries are brought within the ambit of ICDS scheme.***
- ***Government should ensure distribution of supplementary nutrition and make provision for food security allowance as per norms in case of failure as per the provisions of NFSA. Erring officials should be held accountable for non-provision of supplementary provision and payment of FSA in all cases.***
- ***Considering the high percentage of IMR, MMR and U5MR in the State as compared to the national average, specific time bound targets for their reduction should be set by the State Government expeditiously and followed up vigorously for their achievement.***
- ***Government should strengthen the quality control procedures relating to testing of food samples. It should establish a laboratory expeditiously with well equipped apparatus to enable testing of samples within the envisaged timeframe and ensure***

that RTE supplied to the beneficiaries conforms to the prescribed quality parameters.

- ***Urgent steps should be taken by Government for treatment of severely malnourished and special children at NRCs/AWCs, and availability of medicine kits in AWCs should be ensured;***
- ***Government should monitor the implementation of the scheme scrupulously to ensure that the envisaged benefits of the scheme reach the targeted beneficiaries.***

Appendix 2.3.1

(Referred to in para : 2.3.5)

Statement showing selected District, Project and Anganwadi Centers

Sl. No.	Name of District	Name of the Child Development Project office	Name of AWC	Sl. No.	Name of District	Name of the Child Development Project office	Name of AWC
1	Raipur	Tilda	Mura 2	**51**	Rajnandgaon	Rajnandgaon (urban)	Gaurinagar 14 no.-1
2			Khapridihkhurd	**52**			Bakhshi 04 no.-2
3			Khaprikhurd	**53**			Baldevprasad 16 no.1
4			Adsena	**54**			Hira moti 38 no.1
5			Jalso	**55**			Ambedkar ward 13 no.-4
6			Kohka	**56**			Shankar pur 10 no.1
7			Gaitra	**57**			Janta colony 30 no.2
8			Hathbandh	**58**			Mohara 47 no.2
9			Ghivra – 2	**59**			Guru govindsingh 23 no.1
10			Ghivra – 1	**60**			Mahatma buddha 2 no.1
11	Raipur	Dharsiwa,	Pirda	**61**	Raigarh	Pussore	Guddudipapara
12			Dharampura	**62**			Nawapali (mini awc)
13			Mana camp -8	**63**			Lingir 2 dipapara
14			Boriyakhurd	**64**			Tadola main basti
15			Nakti 2	**65**			Loharsingh 3 riyadipa
16			Ayodhyanagar	**66**			Nawapara 1
17			Saddu 3	**67**			Thengagudi
18			Hathbandh 2	**68**			Dewalsurra
19			Dunda 5	**69**			Jogitaraibadenayak (mini)
20			Nakti 1	**70**			Chhatamura 5 school para
21	Raipur	Raipur 2	Danganiya-3	**71**	Raigarh	Lailunga	Ghumagudaaamapali
22			Kalinagar	**72**			Labhanipara
23			Tarunnagar	**73**			Ledarimouhabhakurra
24			Yadavpara	**74**			Imliparapupdega
25			Rajiv nagar-2	**75**			Rajpur “sha”
26			Ramsagarpara	**76**			Ghatgaon
27			Khamardih-2	**77**			Rukukelakendatikra
28			Aamanaka	**78**			Basdand
29			Kalingnagar	**79**			Daduparajhagarpur
30			Kushalpur	**80**			Fitingpara
31	Rajnand gaon	Manpur	Sarkheda no.-2	**81**	Raigarh	Kosir	Amlipali 1
32			Bukmarka	**82**			Kapisda
33			Raja boria-1	**83**			Devgaon
34			Tumrikasa	**84**			Mudwabhantha 1
35			Manpur no.-4	**85**			Chhatouna
36			Ghotia-2	**86**			Sindhanpur 1
37			Pitemeta	**87**			Tilaimuda
38			Medha	**88**			Salhe 1
39			Rajkatta-1	**89**			Bhaijnar
40			Michgaon-2	**90**			Tedhinala
41	Rajnand gaon	Rajnandgaon 2	Badhera-1	**91**	Bilaspur	Sarkanda	Lingiyadih 5
42			Uparwah-1	**92**			Bahatarai 3
43			Bharkatola	**93**			Semertal
44			Padumtara-3	**94**			Pathrapali
45			Basula-1	**95**			Bitkuli 1
46			Botepara-2	**96**			Sendri 1
47			Bhendarwani-2	**97**			Birkona 3
48			Badhera-2	**98**			Sidhri 1
49			Turipaar	**99**			Manikpur
50			Baatgaon	**100**			Basha 1

Sl. No.	Name of District	Name of the Child Development Project office	Name of AWC	Sl. No.	Name of District	Name of the Child Development Project office	Name of AWC
101	Bilaspur	Sakri	Khamhriya-1	**151**	Koriya	Baikunthpur	Schoolpara
102			Pendari-1	**152**			Jagatpur
103			Chorbhattikhurd-2	**153**			Piparpara
104			Bhilouni	**154**			Odgi
105			Khamhriya-2	**155**			Pandopara
106			Muru-1	**156**			Manpur
107			Sakri 7	**157**			Ahirapara
108			Sakri 8	**158**			Chitmarpara
109			Kharkena 1	**159**			Devri
110			Belmundi 3	**160**			Narkeli
111	Bilaspur	Gaurella	Chotianjani	**161**	Koriya	Chirmiri	Kapursingh dafai-2
112			Padvaniya	**162**			Sarkaridafai -3
113			Kotriyadand	**163**			Shankar dafai-6
114			Tendumunda	**164**			Gairejdafai
115			Ward n0 4	**165**			Balmikivard
116			Khattapara	**166**			Santravidas ward
117			Uparpara	**167**			Sonamani
118			Baldhar	**168**			Masjitdafai
119			Bhariyanpara	**169**			Kalsidafai
120			Jogidongri	**170**			Behra dafai-1
121	Jashpur	Tapkara	Khadiyatoli	**171**	Koriya	Manendragarh	Navaparachenpur
122			Sindribahla	**172**			Tendudand
123			Saajbahar	**173**			Ward no. 9
124			Ghanshyamnagar	**174**			Eitadaphai
125			Beladeepa	**175**			56 dphai
126			Uparkachhar	**176**			Harra
127			Kadelkachhar	**177**			Shroli
128			Kadamtoli	**178**			Maleipara
129			Bhatthitola	**179**			Kariyabhra
130			Aawaratoli	**180**			Shrirampur
131	Jashpur	Bagicha-2	Majhatoli	**181**	Bastar	Jagdalpur (Rural)	Nangur 3
132			Devarkona	**182**			Asnapurananpara
133			Ekamba	**183**			Sanjay nagar 2
134			Bhadu	**184**			Khuta para
135			Gurguri	**185**			Amaguda
136			Poskat	**186**			Pujaripara, khaspara
137			Kakmaitola	**187**			Babusemra
138			Manjurchuon	**188**			Kalcha , khaspara
139			Manjhapara-2	**189**			Billori, betalpara
140			Gariyapath	**190**			Alipur, haplbapara
141	Jashpur	Kansabel-2	Darupisa	**191**	Bastar	Bastar	Satnamiparadeora
142			Kachuvakani	**192**			Lamker 1
143			Bhaytoli	**193**			Sadhuparamadhota
144			Mundatoli	**194**			Fafni
145			Muskuti	**195**			Bhursundi
146			Raigarhia	**196**			Icchapur 1
147			Naktimunda	**197**			Mundapal
148			Togritoli	**198**			Madigudapara
149			Girjapara	**199**			Semalnar
150			Majhatoli	**200**			Bhawliguda

Sl. No.	Name of District	Name of the Child Development Project office	Name of AWC	Sl. No.	Name of District	Name of the Child Development Project office	Name of AWC
201	Bastar	Tokapal	Sadakpara 2	**221**	Kondagaon	Badedongar	Bangolikhalepara
202			Kadamguda	**222**			Kohlakotplatpara
203			Mawliparapatellpara	**223**			Alorbhimbhata
204			Telimarenga	**224**			Amgaon
205			Boingpara	**225**			Kolanga
206			Raikot	**226**			Palna
207			Taragaon	**227**			Banachpai
208			Thothapara	**228**			Kotparda
209			Pakhnarcha	**229**			Mohpalkohilpara
210			Irikpalmangharpara	**230**			Badedongarsarakpara
211	Kondagaon	Makdi	Amodipara	**231**	Kondagaon	Baderajpur	Pujaripara,
212			Nayapara	**232**			Semerdihi
213			Anantpur 1	**233**			Bhandarpara
214			Hirapur 1	**234**			Palna 3
215			Shampurplatpara	**235**			Palnaplatpara 2
216			Bijapur 1	**236**			Pendravan 1
217			Kerawati 1	**237**			Halbapara 1
218			Dhadigaonawaspara	**238**			Marangpuripatelpara
219			Lubha 1	**239**			Honavandikhaspara
220			Bhatgaon	**240**			Bishrampuri

Appendix 2.3.2

(Referred to in para : 2.3.9.2)

Statement showing non-distribution of SNP

District	For the Month of March	No. of AWCs sanctioned	No. of operational AWCs	SNP distribution in AWCs			
				Not Provided	1-14 days	15-20 days	More than 21 days
Kondagaon	**2015**	1445	1445	0	0	0	1445
	2016	1445	1445	0	0	0	1445
	2017	1445	1445	0	0	0	1445
	2018	1830	1830	0	0	0	1830
	2019	1827	1827	10	0	0	1817
Bilaspur	**2015**	2667	2667	0	684	1392	591
	2016	2667	2667	0	0	0	2763
	2017	2667	2667	0	0	0	2763
	2018	2763	2763	0	0	0	2763
	2019	2763	2763	0	0	0	2763
Baster	**2015**	1849	1849	0	623	284	942
	2016	1849	1849	6	1	242	1600
	2017	1849	1849	6	1	242	1600
	2018	2040	2040	0	0	19	2021
	2019	2040	1987	0	0	1	1452
Jashpur	**2015**	2946	2929	0	0	0	2929
	2016	2946	2929	0	0	0	2927
	2017	2946	2929	0	0	0	2929
	2018	4333	4278	0	0	0	4278
	2019	4333	4305	0	0	0	4305
Koria	**2015**	1357	1357	0	0	1	1356
	2016	1357	1357	0	0	0	1357
	2017	1357	1357	0	0	0	1357
	2018	1797	1775	0	0	0	1775
	2019	1792	1792	6	0	1	1785
Raipur	**2015**	1828	1825	0	0	0	1825
	2016	1828	1825	0	0	26	1799
	2017	1828	1825	0	0	13	1812
	2018	1886	1849	0	0	792	1057
	2019	1886	1874	4	0	3	1867
Rajnandgaon	**2015**	2463	2434	0	0	0	2434
	2016	2463	2434	0	0	0	2434
	2017	2463	2433	0	0	0	2433
	2018	3159	2881	0	0	8	2873
	2019	2999	2999	0	0	0	2999
Raigarh	**2015**	2680	2680	0	0	0	2680
	2016	2680	2680	0	0	0	2680
	2017	2680	2680	0	0	0	2680
	2018	3409	2897	0	0	0	2897
	2019	3358	3358	0	0	0	3358

Appendix 2.3.3

(Referred to in para : 2.3.10.3)

Short- imposition of penalty on suppliers of PSE Kits

(₹ in lakh)

Name of District	Years of supply	Value of Supply	Period of delay	Penalty to be imposed	Penalty actually imposed	Short imposition of penalty
Raigarh	2014-15 and 2015-16	163.8	one to four months	3.47	0	3.47
Rajnandgaon	2014-15 and 2016-17	135.25	One to seven months	11.42	1.56	9.86
Bastar	2015-16 and 2016-17	62.66	Three months	3.76	0	3.76
Raipur	2014-15 and 2015-16	64.75	Two to four months	4.04	0	4.04
Kondagaon	2015-16 and 2016-17	51.96	Two to three months	2.6	0	2.6
Jashpur	2014-15 and 2015-16	189.55	One to four months	4.03	0	4.03
Koriya	2014-15, 2015-16 and 2016-17	52.55	One to two months	0.82	0	0.82
Bilaspur	2014-15, 2015-16	157.54	One to 12 month	14.12	0	14.12
Total		**878.06**		**44.26**	**1.56**	**42.70**

Appendix 2.3.4

(Referred to in para : 2.3.13.1)

Statement showing shortfall in fixation of target and achievement of refresher training

Year	Post	Person in position	Target required 50%	Target fixed	Shortfall in fixation of target	Percentage shortfall	Achieve-ment	Percentage shortfall in achievement
2014-15	**CDPO**	156	78	40	38	49	20	50
2015-16		159	80	40	40	50	4	90
2016-17		159	80	40	40	50	8	80
2017-18		166	83	48	35	42	27	44
2018-19		166	83	0	83	100	0	--
2014-15	**Supervisor**	1632	816	500	316	39	374	25
2015-16		1687	844	175	669	79	124	29
2016-17		1687	844	125	719	85	91	27
2017-18		1548	774	450	324	42	220	51
2018-19		1699	850	725	125	15	378	48
2014-15	**AWW**	48884	24442	9440	15002	61	4347	54
2015-16		48793	24397	8640	15757	65	5887	32
2016-17		48793	24397	11120	13277	54	9166	18
2017-18		48886	24443	8837	15606	64	8647	2
2018-19		50210	25105	15000	10105	40	3738	75
2014-15	**AWH**	42555	21278	11000	10278	48	8580	22
2015-16		42320	21160	8000	13160	62	2400	70
2016-17		42320	21160	10300	10860	51	0	100
2017-18		42758	21379	10000	11379	53	0	100
2018-19		43985	21993	11550	10443	47	0	100