drawings. However, no action was taken for this lapse as well as for initiating work without obtaining revised sanction of the Government.

GoR accepted the facts and stated (August 2018) that cost of the work increased due to inclusion of underground parking, ramp and other items in the original estimate. Further, the proposal for getting revised sanction is under process for approval since July 2018. Reply is not convincing as the requirement of the underground parking was not evaluated before commencement of the work and this has already led to the work lying incomplete even after six years from its sanction.

Thus, failure of the department to properly assess the requirement of underground parking before obtaining the A&F sanction, delay in finalisation of revised design/obtaining additional funds resulted in unfruitful expenditure of ₹ 3.67 crore on construction of OPD cum Emergency Block which is lying incomplete even after lapse of six years from its sanction. Besides, the objective of providing facility of new OPD cum Emergency Block within one year to the patients was not achieved.

Women and Child Development Department

3.6 Functioning of *Anganwadi* Centres

3.6.1 Introduction

Anganwadi Centres (AWCs) are the ground level out posts tasked with implementation of the Integrated Child Development Services (ICDS) programme. ICDS has been implemented as a centrally sponsored scheme since 1975. ICDS offers six services[18] to children under six years of age, pregnant women and lactating mothers through AWCs. After the notification of the National Food Security Act (NFSA) 2013, the standards and quantities prescribed for supplementary nutrition under ICDS have been dovetailed with those under NFSA.

Director, ICDS, functioning under Department of Women and Child Development, Government of Rajasthan (GoR), Jaipur, has overall responsibility for implementation and monitoring of the scheme at State level. At district level, Deputy Director and at block level, Child Development Project Officer (CDPO) are responsible for effective implementation of programmes. Delivery of various services under the scheme takes place at the village/ward level through AWCs by *Anganwadi* Worker (AWW), Helper and Accredited Social Health Activist (ASHA) *Sahayogini*. AWW is mainly responsible for effective delivery of ICDS Services to children and women in the community. *Anganwadi* Helper is appointed to assist an AWW. At the

[18] Supplementary Nutrition, Pre-school Education, Nutrition & Health Education, Immunization, Health Check-up and Referral Services. Three out of the six services namely Supplementary Nutrition, Pre-school Education and Nutrition & Health Education are delivered through Anganwadi Centres and the remaining services are delivered through public health system.

community level, ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children.

During the period 2015-18, ICDS has delivered services to 110.87 lakh beneficiaries through a network of 61,121 AWCs (March 2018) in the State at a cost of ₹ 2,188.31 crore[19], of which a major portion of expenditure was on supplementary nutrition (80.92 *per cent*).

With a view to assess regular and effective delivery of services by AWCs, a thematic audit on Functioning of *Anganwadi* Centres (AWCs) was conducted (June-September 2018) for the period 2015-18. Out of total of 304 CDPOs, 15 CDPOs (including five tribal blocks representing the *Saharia* and *Kathodi* tribes) and 60 AWCs (four AWCs within each selected CDPO) were selected on random sampling basis as detailed in ***Appendix 3.2***. Two AWCs (Pachanwaa mini in Ahore and Ward 13-iii in Gangapur City) were found to be non-functional during field study.

Audit Findings

Important findings related to the functioning of *Anganwadi* Centres regarding planning, availability/utilisation of resources, implementation of schemes and internal controls are discussed in the subsequent paragraphs.

3.6.2 Planning

Formulation of State/District Child Development Action Plan is the key strategy for integrated action under the ICDS Mission. The process of the development of these Plans would be based on initiation, demarcating population, understanding the local context of AWCs and district ICDS development plans. Audit scrutiny of the planning process revealed the following:

3.6.2.1 Lack of inputs in Annual Plans from Districts

ICDS Mission Guidelines focus on decentralized planning and management by identification of specific needs at State, District, Project and local level through Annual Programme Implementation Plans (APIP), prepared at State level, after carrying out needs assessment and local mapping. APIP includes provisions related to development and maintenance of *Anganwadi* Centres so that they are able to deliver services effectively. APIP for ICDS mission are being made annually since 2015-16. In order to develop specific locally relevant strategies, they were to be made with inputs from the district level.

Audit scrutiny revealed that none of the test checked districts prepared any district plan for inclusion in APIP. It was also observed that none of the test checked 58 AWCs forwarded proposals of local requirements to CDPO which would have been used as an input to prepare the district plan.

[19] Supplementary Nutrition Programme- ₹ 1,770.74 crore (80.92 *per cent*), ICDS-General- ₹ 401.44 crore (18.34 *per cent*) and ICDS Systems Strengthening and Nutrition Improvement Project- ₹ 16.13 crore (0.74 *per cent*).

GoR stated (December 2018) that the APIPs were prepared on the basis of information available in Monthly Progress Report received from district/ CDPOs office.

Thus, in absence of local inputs and lack of preparation of district plans, the APIPs were prepared by the Directorate at State Level without incorporating the actual needs of the villages and blocks. Deficiencies in respect of state APIPs noticed are discussed as under:

3.6.2.2 AWCs/mini AWCs & crèches sanctioned without assessment of requirement

As per ICDS Mission Guidelines, CDPO will assess the requirement of AWCs on the basis of survey reports and identify the places where AWCs/Mini AWCs[20] are required in the block.

Scrutiny of records of 15 test checked CDPOs revealed that:

- AWCs/Mini AWCs at four localities in CDPO Bakani, despite being sanctioned, were found non-functional. When enquired, CDPO stated (September 2018) that two localities (Kotda and Koli Mini) already had functional AWCs while the other two were sanctioned in the villages (Borkhedi and Bodikhedi Mini) which were not in existence in the block. This clearly indicates deficiencies in sanctioning due to lack of inputs from village/block/district levels regarding preparation of plans.

- As per guidelines, the provision of day care crèches is essential for care and development of children in six months to six years age group, whose mothers go for work and there are no adult at home to take care. GoR sanctioned (November 2012) 200 creches in CDPO Kishanganj and Shahbad. An additional *Anganwadi* Helper was posted in each AWC cum crèches, whereas only 141 creches remained functional during 2015-18. It was also noticed that none of the children stayed in these creches during 2015-18. On being pointed by audit, CDPO accepted these facts and stated that he had recommended for closure of these creches to Dy. Director ICDS.

  Moreover, an expenditure of ₹ 84.78 lakh incurred on honorarium for additional *Anganwadi* workers posted at these crèches proved to be unfruitful.

GoR stated (December 2018) that the AWCs/Mini AWCs and cr**è**ches were opened as per population norms and identification/examination of locality area. The reply is not tenable as AWCs/Mini AWCs were opened without adhering to population norms and identification of local area. Further, cr**è**ches were opened without assessing the requirement of beneficiaries.

[20] AWC was to be established for minimum population of 400 persons in rural/urban area and 300 persons in tribal area, whereas mini AWC was to be established for minimum population of 150 persons in all areas.

Thus, AWCs/mini AWCs and crèches were sanctioned/opened without obtaining proposals from the village/ block functionaries.

3.6.2.3 Targets not set for Indicators of Nutritional Status

The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. The survey provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anemia, utilization and quality of health and family planning services.

One of the indicators of nutritional status of a child that is provided by NFHS is 'wasting'. It is a weight to height ratio and measures body mass in relation to body length/height thereby indicating the current nutritional status.

During comparison of NFHS-3 (2005-06) and NFHS-4 (2015-16) it was observed that the performance of the State on indicators, such as percentages of underweight children under five years age had reduced from 39.9 to 36.7. However, percentage of children (under 5 years) who were categorized as 'wasted[21]', increased from 20.4 to 23.0 and 'severely wasted' increased from 7.3 to 8.6. Also, the percentage of 'wasted' and 'severely wasted' children in the State was higher than the national average of 21.00 *per cent* and 7.40 *per cent* respectively. However, no targets were set for 'wasted' and 'severely wasted' categories even though the state performed poorly on these indicators.

GoR stated (December 2018) that the supplementary nutrition was provided to beneficiaries to eliminate malnutrition as per GoI norms. The reply is not convincing as the under nourished children increased in a decade from NFHS-3 to NFHS-4.

Thus, the increase in percentage of 'wasted' children indicates that an important parameter of malnutrition was not identified, recognized and addressed in the supplementary nutrition programme effectively.

3.6.2.4 Non utilisation of funds of SC plan components for bonafide purpose

GoR, in order to achieve the basic objectives of SC/ST Sub-Plan, issued circular and instructed that funds for schemes of personal/group beneficiaries will be marked in proportion to beneficiaries of scheduled castes and also instructed that while making provisions for SC Sub-Plan in budget, the area with dominantly SC population may be given priority.

During scrutiny of records of Commissioner ICDS, it was revealed that the GoI sanctioned ₹ 348.92 crore under SC component for Supplementary Nutrition and ICDS (general). However, the expenditure against this sanction was incurred on all the AWCs without prioritising SC majority areas due to non-identification of such areas.

[21] Wasting is low weight for height, which is strong predictor for mortality among children under five year's age.

GoR accepted the facts and stated (December 2018) that none of the AWCs were identified according to SC population of the locality and the expenditure of Sub-Plan was being booked under general budget. Moreover, the process for identification of AWCs as per Sub-Plan is being carried out and in future funds will be utilised accordingly.

This clearly indicates that the objectives with which the SC/ST Sub-Plan was made, were not achieved with respect to services provided by AWCs.

3.6.2.5 Non Linking with Aadhar under ICDS

As per GoI notification issued in February 2017, with effect from 01.04.2017 (further extended up to 31.3.2018), individuals availing benefits of supplementary nutrition were required to furnish proof of possession of *Aadhar* number or undergo *Aadhar* authentication. Accordingly, GoI accorded (December 2017) sanction for ₹ 13.68 crore for *Aadhar* enrolment kits (i.e. one desktop computer, one laptop, one tablet along with scanner, printer, slap fingerprint scanner, Iris scanner and GPS device).

Scrutiny of records however, revealed that no such kits were procured by the department even after lapse of the target date of completion of *Aadhar* authentication.

As a result, against a target of 100 *per cent Aadhar* seeding of beneficiaries by 31 March 2018, *Aadhar* seeding of 9.14 *per cent* children of age group 0-3 year, 14.82 *per cent of* children of 3-6 year and 62.22 *per cent* pregnant women and lactating mothers only could be achieved.

GoR stated (December 2018) that the instructions to link 100 *per cent* beneficiaries with *Aadhar* upto 31 March 2018 were already issued to Dy. Director/CDPOs. Further, procurement of *Aadhar* Kits is under process. The fact remains that *Aadhar* seeding of beneficiaries was delayed due to lack of procurement of *Aadhar* enrolment kits.

3.6.3 Availability and utilisation of infrastructure, equipment and manpower

Keeping in view the importance and enhanced role being played by AWCs in the delivery of services to the targeted population, GoI prescribed (March 2011) an indicative and suggestive model/layout of AWC buildings. Accordingly, an AWC must have multipurpose room, examination room, consultation room, separate kitchen, store for storing food items, child friendly toilets and space for playing (Indoor and outdoor activities) with safe drinking water facilities. It was also prescribed that it would meet the minimum requirements, if an AWC is constructed in a covered area of not less than 600 square feet as per the standard specifications. The observations of Audit in this regard are discussed below.

3.6.3.1 Infrastructure

(i) Absence of basic infrastructure

There were 61,121 functional AWCs in the State as on March 2018. Of these, toilet facility was available only in 29,410 AWCs (48.12 *per cent*) and drinking water in 47,358 AWCs (77.48 *per cent*). Thus, a substantial number of AWCs were without these basic facilities. Audit test checked 58 AWCs. The test check revealed that:

- Of 30 AWCs which were running in own buildings, 18 AWCs (60 *per cent*) did not have the prescribed land area of 1,500-2,000 square feet and 11 AWCs (36.67 *per cent*) did not have prescribed constructed area of 600 square feet.

- Four AWCs did not have multipurpose room, 27 AWCs (90 *per cent*) were without examination room and 27AWCs (90 *per cent*) did not have consultation room.

- Toilet facility was available only in 18 AWCs (31.03 *per cent*) however, out of these, toilets were not usable in six AWCs due to non-availability of water facility.

- Electricity was available in only three AWCs (5.17 *per cent*).

- Drinking water facility was not available in 12 AWCs (20.69 *per cent*). Further, GoI approved ₹ 2.57 crore (December 2017) for procurement of water containers (10 litres capacity) for 36,697 AWCs. However, no water containers were procured so far despite availability of funds.

GoR stated (December 2018) that there was no provision/budget for providing electricity. Thus, a significantly large number of AWCs were lacking drinking water, toilet and electricity facilities.

(ii) Toilets not constructed despite availability of funds

Audit scrutiny revealed that GoI accorded sanction of ₹ 4.71 crore for construction of toilets in 3,928 AWCs (₹12,000 each for AWCs running in the government buildings) during 2017-18, but construction work was not started.

On being pointed out (October 2018) GoR stated (December 2018) that proposals for construction of toilet and drinking water facilities were not received from the districts. Therefore, funds could not be allotted to them. Further, the funds sanction will be revalidated by GoI and thereafter funds would be disbursed into the PD accounts of respective *Zila Parishads*. The fact still remains that despite availability of sufficient funds, essential facility of toilets were not provided to the beneficiaries at AWCs.

(iii) Construction and funding delays regarding AWC buildings

Guidelines for construction of *Anganwadi* centres under Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) were issued (August 2015 and February 2016) by Ministry of Rural Development to develop the *Anganwadi* centre as a vibrant Early Childhood Development (ECD) centre and to become the first village outpost for health, nutrition and early learning. Accordingly, States/ UTs were required to identify the blocks where there was acute shortage of AWC buildings. The identification of exact location was to be done by the *Gram Panchayats*. Out of 61,039 functional AWCs[22] in the State, only 25,406 AWCs (41.62 *per cent*) were functioning from their own buildings, while other AWCs were running either in rented buildings or other community buildings. Audit scrutiny revealed that:

- Construction work of 1,385 AWCs was included in Annual Plan 2015-16, which were to be completed within six months of issue (March 2016) of financial sanction including first instalment of grant-in-aid amounting to ₹ 8.31 crore. Second instalment was to be released after completion of work, but, construction of these AWCs was not completed within scheduled time. As a result, GoI did not release second instalment of ₹ 8.31 crore for want of completion certificate of works. On being pointed out by Audit, GoR stated (December 2018) that construction work regarding 207 AWC (14.95 *per cent*) buildings was completed, 922 (66.57 *per cent*) was under progress and 256 (18.48 *per cent*) was yet to be started.

- Construction work of 2,000 AWCs was included in Annual Plan 2016-17 and GoI released first and second instalments each of ₹ 12 crore in May 2016 and August 2016 respectively, but exact location of AWCs was not identified before sending proposal to GoI. This resulted in slow progress of construction work. On being pointed out by Audit, GoR stated (December 2018) that construction work regarding 283 AWC (14.15 *per cent*) buildings was completed, 970 (48.50 *per cent*) was under progress and 747 (37.35 *per cent*) was yet to start.

- Construction work of 1,000 AWC buildings in urban localities was included in Annual Plan 2016-17. GoI released first instalment of ₹ 13.50 crore (May 2016), but construction was not started due to non-identification of exact site and sanction of lower construction cost (₹ 4.50 lakh per unit) in urban localities as compared to rural localities (₹ 7.00 lakh per unit). GoR stated (December 2018) that GoI discontinued (December 2017) funding from ICDS for construction work of AWC buildings in urban areas. The fact remains that the funds obtained from GoI were not utilised.

[22] As per information available with construction wing.

- Further, test check of 15 CDPOs revealed that as many as 35 AWCs[23] were running in *kutcha* buildings and six AWCs[24] in open space in one project (CDPO Kishanganj-Baran). GoR stated (December 2018) that the construction work of building would be carried out after availability of funds and land.

Thus, pace of construction of AWC buildings was very slow despite the fact that there was acute shortage of own buildings of prescribed facilities in the state for the AWCs.

(iv) Repair and maintenance of AWCs was not done despite availability of funds

GoR released an amount of ₹ 40 crore in 2016-17 and ₹ 6.29 crore in 2017-18 to Local Bodies for repair, maintenance and construction of wall embedded *almirah* in 5,432 AWCs and 871 AWCs in respective years.

Audit scrutiny of records of Dy. Director, ICDS of 13 test checked districts[25], revealed that out of 2,161 AWCs, construction works of *almirah* were completed only in 130 AWCs while repair and maintenance works were completed in 284 AWCs. Further, there was necessity of repair and maintenance in 14 out of 58 test checked AWCs but no repair and maintenance work was undertaken in these AWCs.

GoR stated (December 2018) that out of 5,432 AWCs, repair and maintenance of 1,663 AWC buildings was completed, work was under progress in 1,603 AWCs and work was yet to start in 2,166 AWCs. GoR, however, did not offer comments on non-completion of *almirah* and repair and maintenance work in 2,161 AWCs of test check districts.

Thus, slow progress in repair and maintenance of AWCs affected delivery of services.

3.6.3.2 Equipment: Non-availability of basic equipments

Equipments[26] like Infantometer, Stadiometer, MUAC (Mid-Upper Arm Circumference) monitor, Weighing Scales (Infant and Adult) are essential to monitor the growth of children while Blood Pressure (BP) instrument, Hemoglobin (Hb) meter, examination table and curtain etc., are needed for health checkup of beneficiaries. Similarly, indoor/outdoor play equipment

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[23] Acharpura Mini, Ahaliyabasti Mini, Asnavar 2, Balon Mini, Bandrpura Mini, Bhairupura Mini, Bhutpura Mini, Bislai, Borda, Chhatarpura Dand 2, Dob Mini, Himmatgad Mini, Jagdevpura, Jalwada 1, Jalwada 4, Kamtha, Karvarikalan 2, Keshwpura Mini, Kundi 3, Laxmipura Mini 2, Mahrawata 3, Missaika Danda Mini, Nahargarh 5, Nahargarh 6, Nahargarh 7, Nahargarh 9, Nathan Mahodri Mini, Pitampura 2, Prempura Mini, Rajkheda Mini, Shariya Basti Ranibadoud Mini, Simlod 2, Suwas Mini, Tagariyadani and Vijaypura Mini.

[24] Madanpura Mini, Mohanbamori Mini, Piliya Dhani, Ramnagar Mini, Shariyabasti Chhinod Mini and Vedhji Tapri Mini.

[25] Baran, Banswara, Barmer, Dausa, Jaipur, Jalore, Jhalawar, Jhunjhunu, Pali, Pratapgarh, Sawaimadhopur, Tonk and Udaipur.

[26] For measurement of length, height and weight of children.

such as swing (*jhula)*, slide and *mat/dari* are essential for the purpose of playing/sitting at AWCs. Audit scrutiny in 58 test checked AWCs revealed that:

- Infantometers/Stadiometers were not available in 18 AWCs (31.03 *per cent*), MUAC monitors were not available in 19 AWCs (32.76 *per cent*).

- Weighing Scales (Infant) and Weighing Scales (Adult) were not available in 11 AWCs (18.97 *per cent*) and 13 AWCs (22.41 *per cent*) respectively. In 19 AWCs Weighing Scales (Infant) and in six AWCs Weighing Scales (Adult) though available but were found non-functional.

- Similarly, BP instruments were not available in 38 AWCs (65.52 *per cent*). Hemoglobin meters were not available in 52 AWCs (89.66 *per cent*) while examination tables were not available in 31 AWCs (53.45 *per cent*). Further, curtains were also not available in 51 AWCs (87.93 *per cent*).

- Indoor/outdoor play equipment like puppet/dolls for role plays, building blocks, props for dramatic play, balls, carom, chess, football etc., were not available in 42 AWCs (72.41 *per cent*).

- Swing (*Jhula*) and slides were not available in 57 AWCs (98.28 *per cent*). Further, mats/*dari* were not available in 9 AWCs (15.52 *per cent*) and damaged mats/*dari* were found in other two AWCs.

Thus, due to unavailability/shortage of prescribed equipment, the monitoring of important development parameters could not be fully done.

3.6.3.3 Manpower management

Efficiency and quality of AWC services are largely dependent on the availability of adequate number of trained supervisory personnel as well as grass root level functionaries. Audit scrutiny revealed the following deficiencies:

(i) Shortage of manpower

The services of ICDS at village/ward level are delivered by *Anganwadi* Workers and Helpers at AWCs. Child Development Project Officers (CDPO) posted at block level, are responsible for effective implementation/monitoring of programmes. Selection of *Anganwadi* Worker, Helper and *Sathin* and operation of *Anganwadi* Centres, distribution of nutrition etc., are being done in coordination with the *Panchayat Samitis* and *Zila Parishads*. Position of vacancies against the sanctioned posts in various supervisory cadres and vacancies in 62,020 sanctioned AWCs/Mini AWCs as on March 2018 are given in the **Table 3.**

Table 3

Name of post	Sanctioned post	Working post	Vacant post	Shortage in *per cent*
CDPO/ACDPO	425	202	223	52.47
Supervisor	2,197	1,501	696	31.68
AWW (Including Mini AWC)	62,020	58,372	3,648	5.88
AWH	55,816	52,295	3,521	6.31
Total	**1,20,458**	**1,12,370**	**8,088**	

It can be seen from the table that there was shortage of 52.47 *per cent* CDPOs, 31.68 *per cent* of supervisors, 5.88 *per cent* of *Anganwadi* Workers (AWWs) and 6.31 *per cent* of *Anganwadi* Helper (AWH) as on 31 March 2018. Shortages of CDPOs and supervisors hampered the effective supervision of AWCs as discussed in **paragraph 3.6.5 (i)**.

GoR stated (December 2018) that recruitment of CDPO/Supervisor is under process.

(ii) Shortfall in achievement of targets related to trainings

At the time of joining of service the Supervisors, *Anganwadi* Workers and *Anganwadi* helpers were required to be imparted job orientation training which would include exposure to duties to be discharged by incumbents effectively while delivering the ICDS services. A refresher course was also required to be provided after two years of job orientation training.

The year wise targets of job orientation trainings/refresher courses for Supervisor, *Anganwadi* Worker (AWW) and *Anganwadi* helper (AWH) and achievements there against are given in **Table 4** below:

Table 4

Details of participants	2015-16		2016-17		2017-18		Total		
	Target	Achieve-ment	Target	Achiev-ement	Target	Achiev-ement	Target	Achiev-ement	Shortfall (*per cent*)
Job Orientation training									
Supervisors	-	-	75	44	200	146	275	190	85 (30.91)
AWW	1,330	1,179	2,275	1,971	2,205	2,014	5,810	5164	646 (11.12)
AWH	2,400	1,765	4,250	2,960	3,200	2,240	9,850	6,965	2,885 (29.29)
Refresher course									
Supervisors	875	455	700	409	275	189	1,850	1,053	797 (43.08)
AWW	13,440	11,244	11,800	9,413	10,640	8,958	35,880	29,615	6,265 (17.46)
AWH	14,900	10,091	9,500	6,974	13,800	10,177	38,200	27,242	10,958 (28.69)

It can be seen from the above table that there was overall shortfall of 30.91 *per cent*, 11.12 *per cent* and 29.29 *per cent* in job orientation training for Supervisors, AWWs and AWHs respectively and 43.08 *per cent*, 17.46 *per cent and* 28.69 *per cent* in refresher courses for Supervisors, AWWs and AWHs during 2015-18.

3.6.4 Implementation and Delivery of services

The primary goal of ICDS is to break the inter-generational cycle of malnutrition, reduce morbidity[27] and mortality caused by nutritional deficiencies. Under the scheme six services namely Supplementary Nutrition, Nutrition & Health Education (NHE), Pre-school Education (PSE), Immunization, Referral Services and Health Check-up are provided at the *Anganwadi* Centres (AWCs). While the provision of first three services is the primary task of the *Anganwadi* Centre, the remaining three are designed to be delivered through the public health system. The responsibility of coordination with the health functionaries for provision of these services rests with the *Anganwadi* worker (AWW).

Scrutiny of records at various offices and test check of selected AWCs revealed the following:

3.6.4.1 Supplementary Nutrition Programme

Supplementary Nutrition is one of the six services provided under the Integrated Child Development Services (ICDS) Scheme which is primarily designed to reduce intergenerational malnutrition. Supplementary Nutrition is to be prepared and supplied to AWCs by Self Help Group (SHG) functioning at local level and given to the children (6 months to 6 years), pregnant women and lactating mothers under the ICDS. Supplementary nutrition includes morning snacks, hot-cooked meal and take home ration to be given to beneficiaries as per feeding and nutrition norms of Ministry of Women and Child Development which is given in **Table 5**.

Table 5

S. No.	Categories (Age group)	Type of meal/food	Quantity (Per day)	Calorie/Protein (Per day)
1	Children (Between 6 to 36 months)	Take home ration	125 gram baby mix	500 calories and 12-15 gram protein
2	Severely Malnourished children (between 6 to 36 months)	Take home ration	200 gram baby mix	800 calories and 20-25 gram protein
3	Children (between 3 to 6 years)	Morning snacks and hot cooked meal	55 gram (roasted *chana*with *gur/rice* with *jaggery*) or 50 *gramhalwa* and 80 gram (*khichdi/ dalia*)	500 calories and 12-15 gram protein
4	Severely Malnourished children (Between 3 to 6 years)	Morning snacks and hot cooked meal	55 gram (roasted *chana* with *gur/rice* with *jaggery*) or 50 gram*halwa* and 80 gram (*khichdi/ dalia*). Additional 75 gram baby mix	800 calories and 20-25 gram protein
5	Pregnant women and lactating or nursing mothers	Take home ration	155 gram baby mix	600 calories and 18-20 gram protein

[27] As per National Cancer Institute (NCI), Morbidity Refers to having a disease or a symptom of disease, or to the amount of disease within a population.

Audit scrutiny revealed the following:

(i) Shortfall in coverage of targeted beneficiaries

ICDS Mission guidelines have fixed the targets for providing Supplementary Nutrition to all the registered beneficiaries (100 *per cent*).

Scrutiny of records related to targets, achievements and shortfall in distribution of supplementary nutrition in the state has been tabulated in the **Table 6**.

Table 6

Year	Targeted beneficiaries	Actual beneficiaries	Shortfall	Percentage of shortfall
2015-16	57,76,537	37,38,622	20,37,915	35.28
2016-17	55,60,866	37,08,367	18,52,499	33.31
2017-18	57,80,866	36,39,539	21,41,327	37.04
Total	**1,71,18,269**	**1,10,86,528 (64.76 *per cent*)**	**60,31,741 (35.24 *per cent*)**	

It can be seen from the above table that supplementary nutrition was provided annually to an average of only 64.76 *per cent* of the targeted eligible beneficiaries during 2015-18, depriving annually an average of 35.24 *per cent* from the benefits of Supplementary Nutrition programme. Further, number of deprived beneficiaries also increased to 37.04 *per cent* in 2017-18 as compared to 35.28 *per cent* in 2015-16.

GoR stated (December 2018) that a beneficiary is registered for all six services provided at AWCs, however, supplementary nutrition is given to only the willing beneficiaries. Therefore, difference between registered and actual beneficiaries of supplementary nutrition is obvious. The reply is not convincing as all the registered beneficiaries were required to be provided Supplementary Nutrition according to the ICDS Mission guidelines.

(ii) Shortfall in provision of Supplementary Nutrition as per prescribed days

According to ICDS guidelines, supplementary nutrition was to be provided for 300 days in a year, that is, 25 days in a month. The similar provisions for supplementary nutrition were also given in the Supplementary Nutrition Rules, 2015 made under the National Food Security Act 2013. GoI issued (May 2012) instructions to follow the directions of Supreme Court that the supplementary nutrition was to be procured from Self Help Groups (SHG) and local *Mahila Mandals*.

Scrutiny of records revealed that no supplementary nutrition was provided, even for a single day, by 65 AWCs out of 60,267 AWCs (0.11 *per cent*) in 2015-16 and 577 AWCs out of 60,733 AWCs (0.95 *per cent*) in 2016-17 to the targeted beneficiaries. On being enquired (April 2018), the Commissioner, ICDS attributed this irregularity to non-availability of Self Help Groups (SHGs) within the AWCs/Mini AWCs locality as well as provision of lower rates for Supplementary Nutrition. Further, instructions have been issued from time to time to CDPO/DD offices to comply with the provisions of NFSA .

It was further observed during test check that in one project (Mahuwa-Dausa district) all 211 AWCs did not provide supplementary nutrition to the beneficiaries during the period April 2017 to March 2018. Similarly, in Kishangarhbas project, all 261 AWCs did not provide morning snacks to 2,941 beneficiaries during 2013-18. When enquired, Deputy Director, Dausa stated that on the basis of complaints regarding alleged fraud, payment to SHG was denied due to which it had discontinued further supply. CDPO Kishangarhbas replied that nutrition was not provided as no SHG accepted the prescribed lower rates for supply of morning snacks.

Further, the data regarding providing supplementary nutrition at AWCs for minimum 25 days in a month was not maintained. Instead, it was being maintained for 21 days. It was found during scrutiny of records that 2,235 AWCs out of 60,267 AWCs in 2015-16 (3.71 *per cent*) and 2,605 AWCs out of 60,733 AWCs in 2016-17 (4.29 *per cent*) did not provide the supplementary nutrition to the targeted beneficiaries for minimum prescribed days.

The failure of the department to provide supplementary nutrition for the minimum prescribed days in these cases needs to be viewed in the light of the fact that providing supplementary nutrition was the primary objective of the ICDS programme.

(iii) Denial of additional supplementary nutrition to malnourished children

World Health Organisation prescribed growth standards for children and has classified children in three categories of normal, malnourished and severely malnourished children in the age group 6–60 month old on the basis of score for standard deviation from median standards of weight for age for normal child.

ICDS guidelines for supplementary nutrition to 'severely malnourished children' prescribed 800 calories and 20-25 gram protein per day for such child. Subsequently, NFSA-2013 prescribed 800 calories and 20-25 gram of protein per day for 'malnourished child'.

Scrutiny of records of the Commissioner ICDS revealed that supplementary nutrition was provided only to 'severely malnourished children' and therefore the 'malnourished children' were not getting additional supplementary nutrition as per NFSA-2013.

Thus, 23.30 lakh (20.78 *per cent*) malnourished children (6–60 month old) were deprived of additional supplementary nutrition though mandated under NFSA-2013as given in the **Table 7**.

Table 7

Year	Total children	Classification of nutritional status for 0-5 years children		
		Normal Children	Underweight children (malnourished)	Severely underweight children (severely malnourished)
2015-16	37,92,042	28,84,443	8,99,976	7,623
2016-17	36,97,489	29,15,733	7,76,563	5,193
2017-18	37,24,072	30,65,758	6,53,572	4,742
Total	**1,12,13,603**	**88,65,934**	**23,30,111**	**17,558**

Source: Monthly Progress Report of the department.

GoR stated (December 2018) that, as per orders issued by GoI, the department is providing supplementary nutrition to children (6-72 months), severely malnourished children and pregnant women and lactating mother. Further, ICDS financial norms and nutrition standards have not been changed by GoI, to comply with NFSA and rules and hence malnourished children were not provided additional supplementary nutrition. The reply is not tenable because the department did not make any efforts to provide additional supplementary nutrition to malnourished children and get the norms changed by GoI.

(iv) Inadequacies in Growth Monitoring

A joint policy directive dated 6 August 2008 was issued by Ministry of Women and Child Development (MWCD) and Ministry of Health and Family Welfare (MoHFW), Government of India to the Secretaries of Women and Child Development and Health and Family Welfare of all the States stated that the new World Health Organisation (WHO) child growth standards would be adopted also in India with effect from 15 August 2008 and applicable to both ICDS and National Rural Health Mission. Accordingly, children below the age of three years are weighed once in a month and children in the age group of 3-6 years are weighed quarterly and results marked in a WHO Growth Monitoring Chart for each child. Identification of growth faltering would be done on this basis and appropriate counselling of care-givers especially on optimal infant and young child feeding and health care would be reinforced.

It was observed during test check that out of 58 selected AWCs, 30 AWCs (51.72 *per cent*), were not maintaining WHO card during 2017-18 for growth monitoring, therefore, the objective of early identification of faltering of growth was defeated and opportunity to take timely corrective action was lost. These shortcomings should also be viewed in light of the fact that there were shortages in health monitoring equipment such as infantometers, stadiometers etc., at the AWC levelas discussed in ***paragraph 3.6.3.2***.

GoR did not offer specific comments on the issue discussed in the para (December 2018).

(v) Supplementary Nutrition provided without Micronutrient Fortification

As per ICDS guidelines Supplementary Nutrition was to be provided through micronutrient fortification (salt with iodine and iron, wheat flour with iron, folic acid and Vitamin B-12 and edible oil with Vitamin A and D) to curb malnutrition. Further, fortified Supplementary Nutrition was to be procured through SHGs/local *Mahila Mandals* as per directions (2009) of the Supreme Court.

It was, however observed that no AWC in the state provided Supplementary Nutrition with micronutrient fortification.

GoR stated (December 2018) that Supplementary Nutritioncould not be fortified as SHGs did not have sufficient funds and technical capacity for micronutrient fortification. Further, a letter was issued to Food Department asking them to provide fortified wheat flour and oil at local level. Once it

would be available, instructions would be issued to use fortified raw material in preparing supplementary nutrition.

The fact, however, remains that beneficiaries are being deprived of fortified Supplementary Nutrition. Thus, the objective of addressing micronutrient related deficiencies by providing fortified Supplementary Nutrition was defeated**.**

(vi) Non adherence to prescribed procedure for quality tests of Supplementary Nutrition

In order to ensure quality of Take Home Ration (THR) being supplied by Self Help Groups (SHGs), instructions were issued by GoR in September 2016. Accordingly, samples were required to be tested for prescribed norms of protein and calories for recipe of 100 gram supplementary nutrition through NABL accredited labs, at the prescribed rates. Samples were to be selected randomly from the AWCs. In case of failure of samples, the concerned SHG would be warned to maintain the quality of Supplementary Nutrition in future and a prorata recovery was also to be effected.

Scrutiny of records of Deputy Director, Jalore revealed that 346 samples of Supplementary Nutrition (supplied by 21 SHGs) collected from 23 AWCs were sent to *'Fare Lab'* Gurgaon during October 2017 to March 2018. Of these, contamination due to yeast and mould[28] was found in 23 samples (6.65 *per cent*). Despite the fact that samples were not of the prescribed quality, Supplementary Nutrition of same batch was distributed to beneficiaries as quality test was not made mandatory prior to distribution of the Supplementary Nutrition.

Further, the requisite follow up action regarding warning to terminate the MoU with SHG was initiated by the Deputy Director in August 2018 only after four months and at the instance of Audit. This placed the beneficiaries at risk of getting sick due to consumption of contaminated supplementary nutrition.

GoR accepted the fact and stated (December 2018) that in a decentralised system, the supplementary nutrition is prepared by hand at large scale at local level by SHG because of which possibility of contamination may not be ruled out in some cases.

The fact remained that there was lack of effective efforts by the department to ensure the quality of supplementary nutrition being delivered as the follow up action to terminate the MoU with SHG who failed to adhere the prescribed quality norms was initiated by the Deputy Director in August 2018 only after four months and at the instance of Audit.

[28] Presence of yeast and mould is known to cause allergic reactions and many respiratory problems.

(vii) Supplementary Nutrition not provided to adolescent girls

AWCs were to provide both nutritional and non-nutritional components to adolescent girls in the age group of 11 to 18 years in 10 districts[29] under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-Sabla, introduced by GoI in January 2011. The scheme envisaged providing 600 calories for 300 days in a year at ₹ five per beneficiary per day. Later, GoI extended the coverage of the scheme to other districts of the State (during November 2017 to April 2018) and renamed the scheme as "Scheme Adolescent Girl[30]" (SAG).

Scrutiny of records revealed that 6,25,423 adolescent girls were provided supplementary nutrition during 2014-15 but none were provided during 2015-18, despite availability of fund amounting to ₹ 29.81 crore since April 2015.

On being pointed out (May 2018), the Department stated (December 2018) that there was disparity in the rates of nutrition under ICDS and SABLA and SHGs could not be paid at two different rates for same Supplementary Nutrition. Hence, GoI was requested to modify the rates accordingly. Further, GoR also denied consent for additional funds to match the gap between the two schemes and therefore, the scheme could not be implemented. Reply is not tenable as GoI revised (October 2017) the rate to ₹ 9.50 and released (December 2017) additional funds ₹ 39.38 lakh but none of the adolescent girls were provided supplementary nutrition (March 2018). Thus, large number of potential beneficiaries were deprived from the benefits of the scheme.

3.6.4.2 Pre School Education

Pre School Education (PSE) is one of the most important components of the ICDS and in many ways can be considered to be the backbone of the programme. The purpose of PSE is to provide sustained activities through joyful play-way method that helps to prepare the child for regular schooling. PSE, as envisaged in the ICDS, focuses on holistic development of children up to six years. Audit scrutiny revealed the following:

(i) Shortfall in coverage of beneficiaries

Scrutiny of records revealed that shortfall in achieving target of PSE during 2015-18 remained 40.27 to 41.99 *per cent* as detailed below in **Table 8.**

Table 8

Year	Targeted beneficiaries	Actual beneficiaries	Shortfall in targets	Percentage of shortfall
2015-16	16,69,117	9,68,244	7,00,873	41.99
2016-17	16,53,708	9,87,811	6,65,897	40.27
2017-18	16,53,708	9,64,295	6,89,413	41.69
Total	**49,76,533**	**29,20,350 (58.68 *per cent*)**	**20,56,183 (41.32 *per cent*)**	

[29] Bhilwara, Banswara, Bikaner, Barmer, Dungarpur, Sriganganagar, Jaipur, Jodhpur, Jhalawar and Udaipur.

[30] Sub scheme of Umbrella ICDS.

It can be seen from the above table that only 58.68 *per cent* of targeted beneficiaries were provided PSE during 2015-18. Further, it was observed during test check that out of 58 selected AWCs, 38 AWCs (65.52 *per cent*) in 2015-16, 47 AWCs (81.03 *per cent*) in 2016-17 and 45 AWCs (77.59 *per cent*) in 2017-18 did not provide PSE to all the registered children.

GoR stated (December 2018) that the efforts are being made to reduce the difference in target and achievements.

(ii) Shortfall in provision of PSE as per prescribed days

As per guidelines issued (July 2014) by GoI, PSE/Early Childhood Care and Education (ECCE) programme should be conducted for four hours daily for minimum 21 days in a month.

Scrutiny of records at Commissioner ICDS revealed that 325 AWCs out of 60,267 functional AWCs (0.54 *per cent*) in 2015-16, 196 AWCs out of 60,733 functional AWCs (0.32 *per cent*) in 2016-17 and 1,839 AWCs out of 61,029 functional AWCs (3.01 *per cent*) in 2017-18 (December 2017) did not provide PSE for prescribed 21 days in a month.

Further, during test check it was observed that out of 58 selected AWCs, in seven AWCs[31] in 2015-16, PSE was provided for days ranging from 85 to 249 days instead of prescribed minimum 252 days. However, in other AWCs, PSE was provided for prescribed days during 2015-18.

(iii) Non procurement of PSE kits

Pre-school education (PSE) is a crucial component of ICDS and imparted through a joyful play and activity based approach by the use of PSE kit containing local and culturally relevant play and learning material. As per guidelines (January 2014) of the scheme, the PSE kit was required to be provided for each year for all functional AWCs. PSE kits having suggested 14 items in prescribed quantities valuing ₹ 3000 per kit for AWCs[32] and ₹ 1500 per kit for mini AWC per annum were required to be provided. Sharp edge items were not to be included in PSE kits. Scrutiny of records revealed the following:

- GoR decided to procure fewer items in lesser quantities (valuing ₹ 1000 for AWCs and ₹ 500 for mini AWCs) than the prescribed items as mentioned above during 2016-17. Thus, seven items (as suggested by GoI) were not provided at all and three items were provided in lesser than prescribed numbers.

[31] Bhawarani Mini, Bithuda, Khoripada, Mandali-2, Muliyawas, Serawala and Udaipur Bada.

[32] Puppet/Dolls for role plays (4 No.), Building Blocks (set of 40) (1No.), Props for dramatic play (5 props), Strings and beads (coloured) (2 sets), Pad, paper, coloured, A4 size plain, 50 sheets (1 pack), Memory game (set of 32 cards) (2 packs), Slates (5 Nos.), Educational toys (lacking animals/Puzzles (human body, animals etc.)/Shape cut outs etc. (4 sets), Pre-reading/writing cards & flip books (set of 4) (1 set), Story Flash cards/Charts (5), Clay/Plasticine (5), Colours (water, sketch, wax) paint brushes (5 sets), Balls (5 No.), Local indigenous material as per requirement of activities planned.

- Contrary to prescribed guidelines, some sharp edge items, like pencil and pencil colour were procured. Moreover, extra items like gum and colour chalks were provided without any recommendation of specialists of ECCE/SCERT[33].

- Despite availability of funds ₹ 30.34 crore provided by GoI during 2017-18, no PSE kit of any type was procured by the department.

- Out of 58 test checked AWCs, PSE kits were not available in 19 AWCs in 2015-16, 20 AWCs in 2016-17 and 19 AWCs in 2017-18.

- Out of test checked 13 offices of Dy. Director ICDS, in three Offices (Banswara, Jaipur and Udaipur), PSE kits were not purchased for 9,483 AWCs during 2016-17 despite availability of funds (₹ 0.91 crore).

GoR accepted the facts and stated (December 2018) that the PSE kits were not procured during 2015-16 and 2017-18. Further, PSE kits in three districts were not procured during 2016-17 due to shortage of manpower/time for carrying out the tendering procedure. Further, items of PSE kits were decided by the GoR as per local requirement.

While the children were deprived of quality PSE due to non-availability of PSE Kits, the fact remains that they were also put at risk due to inclusion of sharp edge items in the kits that were made available.

(iv) Child Assessment Cards not maintained

As per guidelines, a Child Assessment Card was to be maintained to assess the child's learning and development needs. It helps to understand how the child is developing in terms of age and what he is able to do well and where he needs further help and support. The *Anganwadi* worker was required to assess and report the child's progress to his/her parents once in every three months.

Out of 58 test checked AWCs, child assessment cards were not maintained in 44 AWCs (75.86 *per cent*) in 2015-16, 43 AWCs (74.14 *per cent*) in 2016-17 and 40 AWCs (68.97 *per cent*) in 2017-18.

GoR accepted the facts and stated (December 2018) that in 2015-16 AWWs/AWHs were not trained for filling the Child Assessment Cards. Further, the cards were provided during 2018-19 only.

(v) Non enrolment of children in primary school

As per scheme, PSE provided at AWCs would enable easy transition of children from AWC to primary school. Accordingly, it was the duty of *Anganwadi* Worker (AWW) to maintain records for the transition to primary school, which should be monitored and analysed by the CDPO for shortfall in number of children joining primary school.

[33] State Council of Educational Research and Training.

Out of 58 test checked AWCs, 12 AWCs (20.69 *per cent*) in 2015-16, 10 AWCs (17.24 *per cent*) in 2016-17 and 11 AWCs (18.97 *per cent*) in 2017-18 did not enrol children ranging one to 30, in primary school after completion of Pre School Education (PSE).

GoR stated (December 2018) that efforts are being made for convergence with Education department to ensure 100 *per cent* enrolment in primary schools.

3.6.4.3 Nutrition and Health Education

(i) Nutrition and Health related education

One of the key roles of the *Anganwadi* worker and ASHA *Sahyogini* was to provide health and nutrition related education to all women in the age group of 15-45 years, ensure optimal uptake of services and entitlements and practice of recommended household behaviour through pictorial and audio visual aids.

It was observed that out of 58 test checked AWCs, necessary pictorial or interactive communication aids required to interact with the beneficiaries were not available in 53 AWCs (91.38 *per cent*) in 2015-16, 52 AWCs in 2016-17 (89.66 *per cent*) and 52 AWCs in 2017-18 (89.66 *per cent*).

(ii) Shortfall in organising Mother & Child Health Nutrition day (MCHN)

Monthly MCHN day is organised at each AWC on a predetermined date with the joint efforts of ICDS and Medical Department. MCHN day is organised once a month at each of the AWC and is attended by the ANM[34]. For effective implementation of MCHN days, the presence of ANM is a pre-requisite. The Medical Department ensures the presence of ANM along with the vaccines and medicines at the AWC to conduct immunization of children and pregnant women and to conduct their health check-ups. Nutrition Counselling through *Godbharai*[35] and *Annaprashan*[36] is imparted.

Audit scrutiny revealed that MCHN days were organised for less than specified period (12 days in a year) in 16 AWCs during 2015-16 ranging from 1 to 12 days , in 14 AWCs during 2016-17 ranging from 1 to 8 days and in 14 AWCs during 2017-18 ranging from 1 to 12 days. There was overall shortfall of 173 MCHN days in 58 test checked AWCs. Though presence of ANM on MCHN day was a pre-requisite, there was shortfall in participation of ANMs in 13 AWCs in 2015-16 ranging from 2 to 12 days, in 12 AWCs in 2016-17 ranging from 2 to 12 days and in 17 AWCs in 2017-18 ranging from 1 to 12 days. Overall, ANMs were absent for 318 MCHN days in these AWCs.

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[34] Auxiliary Nurse Midwifery: Works of ANM are include maternal and child health alongwith family planning services, health and nutrition education, efforts for maintaining environmental sanitation etc.

[35] *Godbharai* is a ceremony held in local communities to welcome unborn baby and bless the mother -to be.

[36] *Annaprashan* is a ceremonial beginning of solid food intake by the baby after attaining 6 months of age

GoR accepted the facts and stated (December 2018) that due to availing of long period leave by ANMs or vacant posts, MCHN days could not be organised. However, efforts are being made for alternative arrangements.

Thus, the services of immunization, health check-ups and Nutrition Counselling were hampered to the extent of shortfall in organisation of MCHN days and less participation of ANMs.

3.6.4.4 Immunisation and Referral services

Health check-up, immunisation, and referral services and treatment of common ailments were the health related services of ICDS. Health check-up service includes ante-natal care of expectant mothers, post-natal care of nursing mothers and care of new born babies and children below six years of age. The health check-up and medical care are to be rendered by the Auxiliary Nurse Midwifery under the guidance of the Medical Officers of the PHC. 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.

(i) Immunisation

- ***Vaccinations:*** Under ICDS, for protection from six vaccine preventable diseases namely, poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles, children up to the age of one year were required to be administered the prescribed doses of BCG, DPT, OPV[37] and Measles vaccines with the help of Medical Department at AWCs.

Audit scrutiny of the 58 test checked AWCs revealed that 312 of the identified 3,766 beneficiaries (8.28 *per cent*) were not administered the prescribed vaccines. Further, five AWCs (8.62 *per cent*) in 2015-16, four AWCs (6.90 *per cent*) in 2016-17 and 4 AWCs (6.90 *per cent*) in 2017-18 did not even identify the beneficiaries for immunisation.

- ***IFA Tablets/Syrup:*** As per guidelines of Weekly Iron & Folic Supplementation Scheme (WIFS) weekly dose of 100 mg iron and 500 mcg folic acid was to be given to adolescent girls. Audit scrutiny however, revealed that Iron Folic Acid (IFA) tablets were not provided to 291 beneficiaries (4.56 *per cent*) of the identified 6,381 beneficiaries at 58 test checked AWCs. Further, 12 AWCs (20.69 *per cent*) in 2015-16, 13 AWCs (22.41 *per cent*) in 2016-17 and 15 AWCs (25.86 *per cent*) in 2017-18 did not even identify the beneficiaries.

Similarly under National Iron plus Initiative Program (NIPI), IFA syrup was to be given two days in a week to children of age group 6-60 months. Audit scrutiny however, revealed that IFA syrup was not provided to 551 beneficiaries (10.82 *per cent*) of the identified 5,092 beneficiaries at 58 test checked AWCs. Further, 22 AWCs (37.93 *per cent*) in 2015-16, 16 AWCs

[37] BCG: Bacille Calmette-Guerin, DPT: Diphtheria, Pertussis, Tetanus, OPV: Oral Polio Vaccine.

(27.59 *per cent*) in 2016-17 and 19 AWCs (32.76 *per cent*) in 2017-18 even did not identify the beneficiaries.

- ***Vitamin-A dose:*** As per instructions issued (November 2006) by Ministry of Health and Family Welfare, vitamin-A dose was required to be administered to all children of 9 months to 5 years of age at AWCs.

Audit scrutiny however revealed that dose of vitamin-A was not provided to 700 beneficiaries (6.63 *per cent*) of the identified 10,558 beneficiaries at 58 test checked AWCs. Further, 8 AWCs (13.74 *per cent*) in 2015-16, 4 AWCs (6.90 *per cent*) in 2016-17 and 3 AWCs (5.17 *per cent*) in 2017-18 did not even identify the beneficiaries.

This was indicative of lack of coordination & responsibility between ICDS (*Anganwadi* workers) and medical and health department (Auxiliary Nurse Midwifery).

(ii) Referral services

During health check-ups and growth monitoring sessions, sick/malnourished children as well as pregnant women and lactating mothers in need of prompt medical attention, were required to be referred to health facilities. The *Anganwadi* worker is required to facilitate the referrals and also detect disabilities in young children and refer to health facilities with a referral slip.

It was observed during test check of 58 AWCs, that two AWCs did not refer 29 out of 40 (72.50 *per cent*) severely malnourished children to health facilities in 2015-16. Similarly, four AWCs did not refer 13 out of 20 (65.00 *per cent*) severely malnourished children in 2016-17 and two AWCs did not refer 16 out of 23 (69.57 *per cent*) severely malnourished children in 2017-18. Thus, 58 children were deprived of specific treatment though identified at AWCs.

Further, no beneficiaries in need of prompt medical attention (other than the severely malnourished children) were referred to health facilities during 2015-18 by 50 out of 58 test checked AWCs.

Thus, due to lack of motivation among AWW and their inability to identify and counsel the target beneficiaries, the referral services were not as effective as desired.

3.6.5 Internal Controls

The monitoring and supervision of the ICDS Scheme is recognised as one of the essential requirements for the effective working of the scheme. Regular field visits to AWCs/ICDS Blocks by programme officials at different levels is essential to monitor the working at AWCs. Audit scrutiny however, revealed the following:

(i) Shortfall in stipulated supervision related field visits

As per norms, each CDPOs was to supervise at least 25 AWCs per month on a rotational basis and was to ensure coverage of 100 *per cent* AWCs in a

year. Supervisors were required to supervise all AWCs during a month in her sector and in case of holding additional charge, 50 *per cent* AWCs of each sector.

Year wise details of supervision/inspection conducted by CDPOs/Supervisors, as provided by the 12 test checked projects (out of 15 projects) is given in the **Table 9**.

Table 9

Years	CDPOs				Supervisors			
	Target	Achieve-ment	Shortfall	Shortfall (*Per cent*)	Target	Achieve-ment	Shortfall	Shortfall (*Per cent*)
2015-16	2,571	966	1605	62.43	30,852	10,336	20,516	66.50
2016-17	2,597	1008	1589	61.19	31,164	12,879	18,285	58.67
2017-18	2,607	930	1677	64.33	31,284	13,001	18,283	58.44
Total	**7,775**	**2,904**	**4871**	**62.65**	**93,300**	**36,216**	**57,084**	**61.18**

It can be seen from the table that there was a huge shortfall in supervisions/ inspections of the AWCs by CDPOs (62.65 *per cent*) and Supervisors (61.18 *per cent*). Further, out of 58 test checked AWCs, the Supervisors did not inspect 36 AWCs in 2015-16 (62.07 *per cent*), 35 in 2016-17 (60.34 *per cent*) and 34 in 2017-18 (58.62 *per cent*).

GoR accepted the facts and stated (December 2018) that shortfall in visits remained due to vacancy in supervisory posts. However, audit is of the view the government may revisit the feasibility of the norms set for supervision by CDPOs/Supervisors.

(ii) Incomplete data reported in Rapid Reporting System

GoI has been taking steps to revamp the Management Information System (MIS) under the ICDS programme. It is a web-enabled data entry system for use across all States/UTs for entry of revamped reporting formats at State/UT level.

Audit scrutiny revealed that 43.71 *per cent* (932 AWCs) of 2,132 AWCs of 10 test checked projects[38] did not upload their Monthly Progress Reports on Rapid Reporting System (RRS) MIS during March 2018.

Further, it was observed that in two (Chaksu and Jamawa Ramgarh) of these projects, despite provision of Android tablets, the Supervisors did not utilise them for uploading the same.

(iii) Monitoring committee not constituted at AWC level

As per instructions issued (March 2011) by GoI, an AWC level monitoring committee was to be constituted to review and take/suggest action to improve delivery of service at the AWC.

[38] Ahore, Anandpuri, Bakani, Buhana, Balotra I, Chaksu, Devgarh, Gangapur City, Jhadol and Jamawa Ramgarh.

Audit scrutiny revealed that out of 58 test checked AWCs, in 37 AWCs (63.79 *per cent*) such committee was not constituted. Though such committees were constituted in two AWCs, regular meeting were not held during 2017-18.

3.6.6 Conclusion

Anganwadi Centres are the first outpost for delivery of supplementary nutrition, pre-school education and other services under the ICDS programme to children in the age group of 6 months to 6 years, pregnant women and lactating mothers. Audit noticed that there were deficiencies in planning, availability of infrastructure, equipment and manpower in these Anganwadi centres. There was shortfall of 35.24 per cent and 41.32 per cent in coverage of targeted eligible beneficiaries for supplementary nutrition and pre-school education respectively. A substantial number (23.30 lakhs) of malnourished children were deprived of additional nutrition. None of the AWCs were able to provide micronutrient fortified supplementary nutrition as the Self Help Groups who supplied food did not have the capacity for fortification. Shortage of critical personnel like CDPOs/ACDPOs (52.47 per cent) and Supervisors (31.68 per cent) and shortage in prescribed trainings also affected various aspects of delivery of the programme. These deficiencies coupled with lack of regular supervision resulted in weaknesses in the delivery of services.

Recommendations:

GoR should

1. *Ensure that Annual Plans are prepared after taking inputs from villages and blocks.*

2. *Review the increasing percentage of 'wasted' children in the state in comparison to the national average and specific targets for reduction may be set so that this could be monitored effectively.*

3. *Ensure that all the identified beneficiaries including the malnourished children who have so far been excluded from the prescribed additional nutrition are provided fortified supplementary nutrition.*

4. *Ensure appointment and training of staff, especially of CDPOs and Supervisors so that implementation and supervision of ICDS programme is made more effective.*

5. *Ensure that all the identified beneficiaries are provided pre-school education with prescribed PSE kits and to mandatorily maintain Child Assessment Cards to assess the child's learning needs.*

Appendix 3.2

(Refer paragraph 3.6.1; page 81)

Statement showing List of selected projects (CDPOs) and AWCs

S.No.	Selected Projects	Total AWCs	Selected AWCs	Type of Projects
1	Ahore	178	Bhanwarani Mini, Pachanwaa Mini, Bithuda and Rasiyavas Khurd	
2	Anandpuri	213	Udaipura Bada, Serawala 1, Khoripada and Kobadmajara	Tribal
3	Bakani	228	Nasirabad, Rajpura, Kohadijhar and Motipura	
4	Buhana	201	Bhopalpura, Singhana II, Nuhaniya and Banibadh	
5	Balotara I	228	Rebariyonka was Pachpadra, Jasol-5, Meghwalo ki Dhani and Kharwa	
6	Chaksu	246	Kothun I, Jagrampura, Srikishanpura and Bhojyad	
7	Dausa City	90	Nagarpalika Bandui-21-II, Nagarparishad Dausa-16, Nagarpalika Lalsot-14-II and Nagarparishad Dausa-13	
8	Devgarh	171	Semlopura 2, Gardoda, Haji ka Pathar and Chotilak	Tribal
9	Gangapur City	88	Ward No. 15-ii, Ward No. 14-ii, Ward 13-iii and Ward No. 2-i	
10	Jamwa Ramgarh	272	Chakmal ki Nangal, Mini ka Baadh, Ramyawala and Daulatpura	
11	Jhadol	310	Bamangarh, Lakhguda, Shivpura and Badlipaada	Tribal (Kathodi)
12	Kishanganj	269	Khandela Khedi, Ranwasi, Kadilee and Prempura	Tribal (Saharia)
13	Malpura	284	Bairwa Dhani Kiraval, Tordi III, Antoli III and Joginada	
14	Pali rural	113	Muliyawas, Dari-I, Mandali-2 and Indra Nagar	
15	Shahbad	188	Bilkhedadang, Sahrol Talahti 2, Sandhari and Hariya Nagar	Tribal (Saharia)