EDUCATION (Social Welfare and Social Education) DEPARTMENT

2.2 Implementation of Integrated Child Development Services (ICDS) Scheme

2.2.1 Introduction

Integrated Child Development Services (ICDS) one of the flagship programmes of Government of India (GoI), launched in 1975 as an early childhood development programme aimed at addressing health, nutrition and the development needs of young children, pregnant and nursing mothers. The programme recognises that early childhood development constitutes the foundation of human development and is designed to promote holistic development of children under six years, through strengthened capacity of caregivers and communities, and improved access to basic services at the community level. ICDS emphasises convergent interface between communities and other services such as primary healthcare, education, water and sanitation among others.

The package of services provided as part of the programme comprised, *inter-alia* (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 (NHED).

In order to address the gaps in implementation of the scheme, GoI repositioned ICDS as a Mission Mode programme in 2012, with appropriate institutional mechanisms at Central, State, District & Block levels, as well as adequate human and financial resources linked to accountability and outcomes. The restructured ICDS was rolled out in the North Eastern States from the year 2013-14 and was implemented universally across districts, regions and socio-economic groups.

2.2.2 Organisational set-up

The Social Welfare and Social Education Department (SW&SE) is responsible for implementation of ICDS in the State. It implements three components of the programme *viz.*, supplementary nutrition programme, non-formal pre-school education and nutrition and health education directly, while the other three components are implemented in coordination with the Directorate of Food, Civil Supplies and Consumer Affairs and Health and Family Welfare Department (health check-up and referral services and immunisation).

At the apex level, the Secretary/ Special Secretary of the Department and the Director of Social Welfare and Social Education are responsible for policy, planning, coordination and implementation of the programme. At the field level, the Child Development Project Officers (CDPO) and Anganwadis worker (AWW) are responsible for implementing various activities relating to the programme. Medical Officers, Auxiliary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) form a team with the ICDS functionaries to achieve convergence of different services.

The organogram of the Department for implementation of ICDS and institutional arrangement at the Mission Directorate are given in **Charts 2.2.1** and **2.2.2.**

Chart 2.2.1: Organisational set-up of the Department

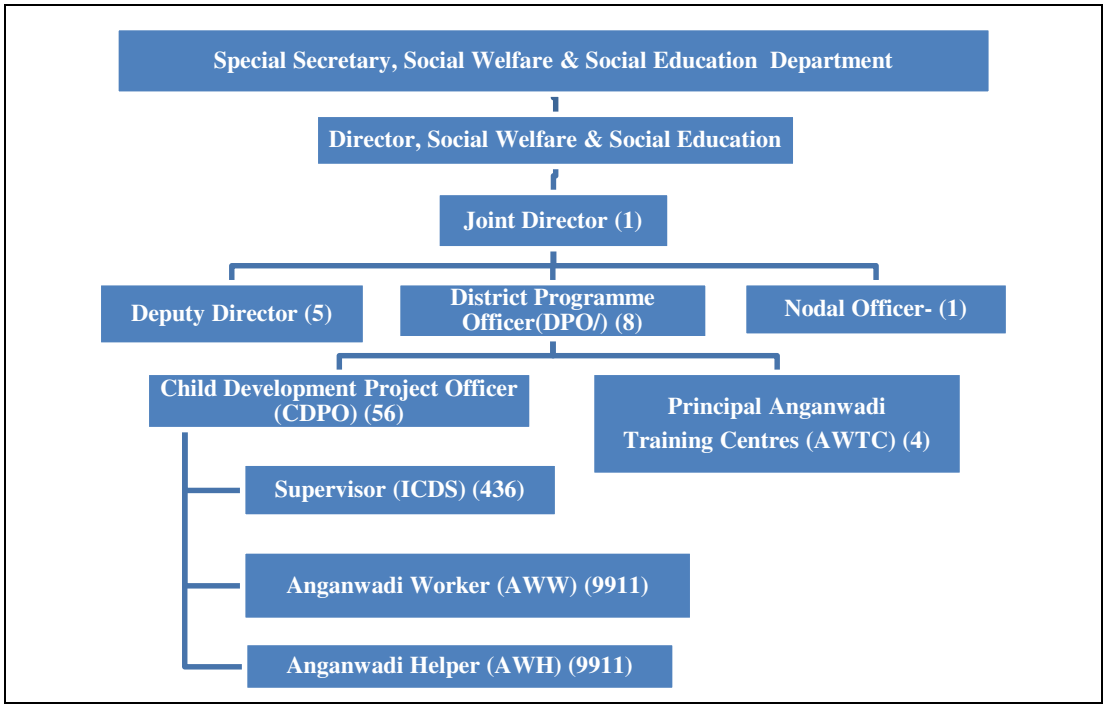

Chart 2.2.2: Institutional arrangement at Mission Directorate

State Empowered Programme Committee

Headed by Chief Secretary. Secretary of the Department of the Social Welfare and Social Education acts as vice Chairperson of the committee and Secretary/Commissioner/ Principal Secretary of other Department converging Department are the members of this Committee. This committee is responsible for planning, supervision and monitoring the effective implementation of ICDS.

⇩

District ICDS Mission Society

Chaired by Sabhadhipati and co-chaired by District Magistrate and Collector. It is responsible for coordinating of the Scheme in the district and its monitoring and supervision.

⇩

Block/Project Level ICDS Mission Committee

Chaired by Chairperson of Block Panchayat Samity/BAC and co-chaired by Block Development Officer. It is responsible for effective implementation of ICDS Programme in the Projects/Block.

⇩

Anganwadi Level ICDS Mission Committee

Chaired by the Pradhan of Gram Panchayat/Chairperson of Village Committee/Ward Commissioner and assisted by other members like mothers from Mahila Mandal, Teacher of locality, Retired Government official of the locality, *etc*. It is responsible for effective implementation of ICDS Programme in the AWC level.

2.2.3 Audit Framework

The Office of the Principal Accountant General (Audit), Tripura had carried out (July – September 2012) Performance audit (PA) on 'Integrated Audit of the Education (Social Welfare and Social Education) Department'. The PA also covered the implementation of ICDS during the period 2007-12 and the same was included in the Audit Report of the Comptroller and Auditor General of India for the year 2011-12, Government of Tripura. The report was tabled in the State Legislature on 27 September 2013. It brought out significant lapses in construction of Anganwadi Centres (AWC), non-availability of drinking water facilities, toilets and kitchen sheds in AWCs, non-provision of supplementary nutrition to enrolled beneficiaries, absence of linkages, *etc*.

The current PA is a follow up audit to assess the status of implementation of the programme post restructuring and designating it as a Mission Mode programme in 2012.

2.2.4 Audit objectives

Performance audit was taken up with objectives to ascertain whether:

- the planning for implementation of the Scheme was proper and as per GoI guidelines;
- the funds received under the Scheme were adequate and they were utilised economically and efficiently;
- the infrastructure facilities provided were adequate for Anganwadi Centres for effective delivery of services;
- the various targeted services under the Programme relating to supplementary nutrition, health of mothers and children and education/development of the beneficiary children were delivered/implemented effectively as per norms;
- the monitoring of the Programme was effective;
- the overall Programme implementation was effective and achieved the desired outcomes.

2.2.5 Audit criteria

Audit findings were benchmarked against the following sources of criteria:

a. Government of India's Scheme guidelines, Broad Frame Work for Implementation, 2012 and other instructions;

b. General Financial Rules (GFR) (2005 and 2017), Delegation of Financial Power Rules, Tripura (DFPRT) (2011 and 2017), Perspective Plan, Annual Programme Implementation Plan (APIP), *etc*;

c. Instructions issued by Government of Tripura pertaining to procurement, quality control, distribution and maintenance of records, *etc*.;

d. Prescribed norms for staffing and skill up-gradation;

e. Standards fixed by the National Institute of Public Co-operation and Child Development (NIPCCD) for infrastructure of ICDS projects and training programmes; and

f. Government of India and State Government's prescribed monitoring mechanism.

2.2.6 Scope, Sample and Audit Methodology

Performance audit of ICDS was conducted during July 2019 to November 2019 and covered the implementation of the programme during the period 2014-15 to 2018-19. Audit methodology involved an examination of the records in the Directorate of Social Welfare and Social Education Department at the apex level, four out of eight District Inspectors of Social Education (DISEs) at the district level, three out of four Anganwadi Training Centres (AWTCs), 14 Child Development Project Officers (CDPOs) out of 56 Child Development Project Officers (CDPOs) and 189[1] Anganwadi Centres (AWCs)[2] out of 9,911 AWCs in the State.

Districts were selected for audit sample through Simple Random Sampling (SRS) method and projects and AWCs were selected through Simple Random Sampling Without Replacement (SRSWOR) method. The Department authenticated the findings of the joint physical inspection of assets and infrastructure conducted by the audit along with the departmental representatives.

To support our findings, we also conducted a beneficiary survey covering 50 beneficiaries (February 2020) in Mandainagar Village Council and Ashigarh Village Council under Mandai Block, West Tripura District.

We discussed the Audit objectives, criteria, scope and methodology in an Entry Conference held on 24 June 2019 with the Special Secretary, Department of Social Welfare and Social Education before commencement of Audit. Draft audit findings were issued to the Government in April 2020 for response. Significant findings were discussed with the Special Secretary of the Department in an Exit Conference (28 May 2020). The responses of the Department have been incorporated in the Report appropriately.

2.2.7 Constraints

Audit was conducted primarily with reference to documents and records of the audited entity. However, various records were either not maintained or maintained partially. Details of the records which were not maintained or partially maintained are given in **Table 2.2.1**.

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[1] Out of the sampled 191 AWCs (six *per cent* of AWCs under each sampled project), two AWCs did not furnish records due to resignation of the concerned Anganwadi Workers (AWWs). Therefore, records of 189 AWCs were checked and physical verification of infrastructure was done in all the 191 AWCs

[2] Six *per cent* operational AWCs from each Project

Table 2.2.1: Status of maintenance of records in AWCs

(Number, percentage of shortfall in parenthesis)

Register No.	Name of Register	No of AWCs checked	No. of AWC not maintaining the records	No. of AWC Partially maintaining the records
3	Supplementary Food Distribution	189	09(4.76)	37(19.58)
4	Pre-School Education	189	18(9.52)	108(57.14)
5	Pregnancy and Delivery	189	31(16.40)	123(65.08)
6	Immunisation and Village Health and Nutrition Day (VHND)	189	19(10.05)	134(70.90)
7	Vitamin A Biannual Rounds	189	63(33.33)	93(49.21)
9	Health check-up/referral	189	133(70.37)	45(23.81)
11	Weight Records of Children/Growth chart	189	25(13.23)	90(47.62)

***Source**: Sampled AWCs Record*

Further, CDPOs and Supervisors entrusted for monitoring of the services delivered at AWCs did not record the quality of food served and pre-school education, lack of infrastructure and shortage of PSE kits in the Inspection diary maintained at the AWCs.

Audit findings

2.2.8 Planning

A Planning process

Planning is a key management process and accordingly ICDS scheme (2012 Framework) envisaged preparation of the State/ District Child Development Plans- a plan for the entire Mission period based on community-based planning process and an Annual Plan that would be based on resource availability and prioritisation exercise. Further, initially, only State Plan would be necessary and gradually on need basis, district specific plan was to be prepared depending on the capacity and requirement. The State/ District Child Development Action Plan was to be the key strategy for integrated action under the ICDS Mission. It was to be formulated on the premise that (i) the community can plan for its children's needs and (ii) there would be greater requirement for developing capacities in communities to do so.

The scheme envisaged key steps in the planning process for the development of district and State ICDS plans *viz.* constitution of the Planning Teams at different levels with a clear demarcation of their roles and responsibilities; need for orientation and training modules; filling of vacant positions and recruitment of additional staff in ICDS; development of survey formats, focus group guides and ICDS mission Registers; mapping of AWC linked facilities and services such as health centres, schools, training centres; and organisation of ICDS Mission village contact drives, public hearings and social mobilisation activities and release of

untied grants to the State ICDS Mission to facilitate planning and social mobilisation activities at district, block and village levels.

B Deficiencies in Planning

As required under ICDS broad framework, the State prepared Annual Project Implementation Plan (APIP) annually and submitted them to GoI to get funding for the programme (GoI funded 90 *per cent* of approved APIP outlays for the North East region). However, the quality of APIP was highly deficient as discussed in subsequent paragraphs.

Test check of APIP, related records and replies to audit revealed that:

- The State APIP did not demonstrate bottom up, decentralised and participatory approach to incorporate the roles of ICDS and Health functionaries in planning while formulating APIPs though they are required to work in a convergence mode. Further, there was nothing on record to demonstrate convergence with local Governance institutions (Tripura Tribal Areas Autonomous District Council, District and Village Panchayats, *etc*.)
- The Central Government while approving each year's APIP laid down certain conditions and suggestions. The conditions and suggestions *inter alia* includes head count of the beneficiaries, restrict payment of salary to the selected regular posts, construction of AWC building in rural areas in convergence with MGNREGA, *etc*. The State APIPs, however, did not explicitly give any assurance about fulfillment of head count of beneficiaries, surprise check, restrict the payment of salary only to the sanctioned posts, *etc*.
- The Directorate/DPO/CDPO had not hired professional experts to facilitate decentralised planning process; and had neither trained Village Health Sanitation Committees (VHSCs) for decentralised planning.
- Village Health Sanitation and Nutrition Committee (VHSNC) had little or no visible role in effective functioning of the AWCs. There was no visible role or active participation of Civil society organisations at AWC or State levels.

The Department stated (December 2020) that there were no ghost beneficiaries and that no salary was claimed in APIP by the State in excess of post sanctioned as per the Scheme norms. Further, recruitment of professional experts on outsourcing basis are under process. The VHSCs are being monitored by Health Department in convergence mode.

The replies of the Department on ghost beneficiaries is not tenable in absence of any record showing the headcount of the beneficiaries. Besides, the Department needed to coordinate better with the Health Department for improving the role of VHSCs in implementation of the Scheme.

2.2. 9 Convergence

2.2.9.1 Convergence framework

ICDS scheme (2012 Framework) and related sectorial programmes such as National Rural Drinking Water Programme (NRDWP), Sarva Shiksha Abhiyan (SSA), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) envisaged convergence in planning, funding and delivery of services. The salient features of the convergence framework were formation of one common Village Health Sanitation and Nutrition Committee (VHSNC) as the institutional mechanism for convergence at village level with AWCs playing critical role; preparation of Child Development Plan at Village, Block and District levels based on joint household surveys and village micro-planning exercises involving AWWs, ASHAs, community/women's groups, VHSNCs and Panchayati Raj Institutions (PRIs); appraisal of District ICDS Mission Plans to ensure multi-sectoral interventions for young child health, growth and development .

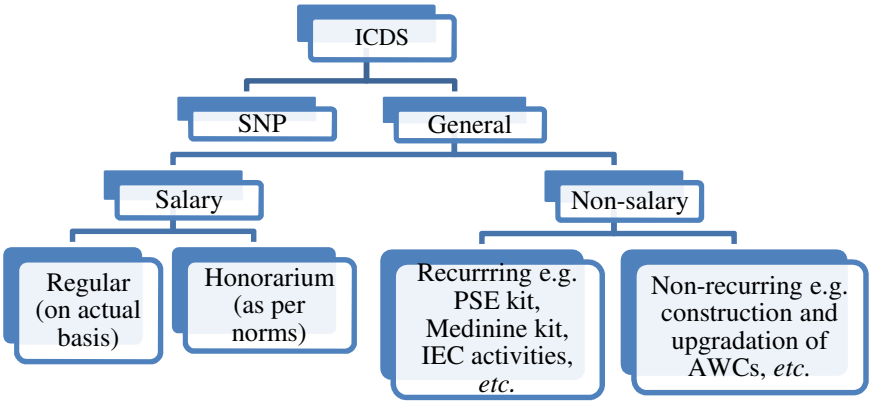
On review, we noticed that there was no institutional mechanism of data sharing and cross validation of data amongst the functionaries of ICDS (AWW) and NHM (ASHA, ANM). Further, CDPOs and MOs did not undertake joint inspection of AWCs.

The Department accepted (December 2020) the audit observation and stated that convergence with MGNREGS was partially implemented.

2.2.10 Financial Management

Fund under ICDS are allocated under two heads, *viz.* the ICDS General (Gen) and the Supplementary Nutrition (SN) to the State. The composition of ICDS scheme components including different core services and activities under different heads is shown in **Chart 2.2.3**.

Chart 2.2.3: Composition of ICDS scheme components



2.2.10.1 Budget, fund release and expenditure under ICDS

The year-wise budget provision and release of fund by GoI and State Government and expenditure incurred during 2014-15 to 2018-19 is given in **Table 2.2.2**.

Table 2.2.2: Budget provision, actual release and expenditure on ICDS Scheme

(₹in crore)

Financial Year	Budget Provision			Release			Expenditure incurred		
	GoI	State	Total	GoI	State	Total	GoI	State	Total
2014-15	241.65	26.48	268.13	140.74	12.69	153.43	162.67	12.68	175.35
2015-16	183.23	42.48	225.71	181.95	12.75	194.70	135.31	18.80	154.11
2016-17	260.26	26.97	287.23	121.34	4.46	125.80	177.08	9.29	186.37
2017-18	134.84	10.63	145.47	131.01	9.22	140.23	126.69	6.83	133.52
2018-19	225.17	23.82	248.99	187.14	15.34	202.48	173.01	13.93	186.94
Total	**1045.15**	**130.38**	**1175.53**	**762.18**	**54.46**	**816.64**	**774.76**	**61.53**	**836.29**

***Source**: Finance Accounts of Government of Tripura & Statement of Expenditure furnished by DSWSE*

During 2014-15 to 2018-19 total release of fund under ICDS was ₹ 816.64 crore (Central share ₹ 762.18 crore and State share ₹ 54.46 crore) against which the Department incurred expenditure of ₹ 836.29 crore (Central share ₹ 774.76 crore and State share ₹ 61.53 crore). The savings of ₹ 62.84 crore during the period were set off by excess expenditure of ₹ 82.49 crore. The reasons for excess expenditure /savings during 2014-19 have not been intimated (September 2020). Further, during the period the State Government did not release the money as per the budget provisions, the shortfall in release being ₹ 75.92 crore.

2.2.10.2 Non-utilisation of funds provided for Infrastructure Development, Repair of AWCs and basic facilities

The Ministry of Women and Child Development (MWCD) had issued guidelines stating that AWCs should be child friendly with all relevant infrastructures. It was seen that the Department was slow in spending the funds received from GoI, the details of which are given below:

(i) The MWCD, GoI released first instalment of ₹ 8.47 crore (October 2013) for construction of 188 AWCs, of which the Department utilised ₹ 5.94 crore only for construction of 132 AWCs (August 2019) as against 188 AWCs for which the fund was sanctioned. Construction of 56 AWCs (estimated cost of ₹ 2.52 crore) remained incomplete (November 2019). The Department could not utilise the fund as on 31 March 2019 even after a lapse of 36 months from the date of release of fund. They however submitted (February 2016) false utilisation certificate to GoI of having spent the entire fund of ₹ 8.47 crore (first instalment) for construction of all 188 AWCs to obtain further fund.

The Department did not furnish the reasons for non-utilisation of fund. During Exit Conference (May 2020), the Department informed that the funds were being sub-allocated during 2020-21 to the DM & Collector for construction and up-gradation of AWCs in convergence with MGNREGS.

(ii) Similarly the second instalment of ₹ 8.47 crore received from GoI (March 2016) for construction of 119 AWCs and repairing of 500 AWCs could not be utilised by the Department as on 31 March 2019, even after a lapse of 36 months since receipt of the fund, though they were required to spend the funds within six months of receipt.

As a result, no new construction and repairing works was carried out with the second instalment.

(iii) GoI sanctioned and released (December 2017) ₹ 36.29 lakh for construction of toilets and providing drinking water facilities. However, the State was unable to utilise the funds even after 15 months (March 2019) from the date of release. As a result of non-utilisation of fund within the stipulated time, AWCs suffered from poor infrastructure facilities as described in subsequent paragraphs.

The Department accepted (May 2020) the audit observations and assured to monitor the timely utilisation of fund in future. They also assured that the completion certificates would be obtained from the line departments in future to ensure the execution of the works before sending the utilisation certificates to GoI. The Department also stated that it would request the State/Finance Department to release the pending State share for better implementation of the scheme.

This indicated that the Special Secretary, being the chief accounting authority of the Department had failed to ensure timely utilisation of funds.

2.2.10.3 Shortfall in expenditure under non-salary component under ICDS (Gen)

Expenditure on non-salary component under ICDS (Gen) like providing preschool kit, medicine kit, flexi fund, Information Education, communication (IEC), Early Childhood Care & Education Development (ECCED), uniform, *etc*. forms the integral part of the packaged services delivered under ICDS.

Micro analysis of component wise expenditure for salary and non-salary component revealed that the core non-salary component like supply of PSE kit, medicine kit, organisation of ECCED, IEC, *etc*. was not funded adequately during the period 2014-19, with the shortfall ranging between ₹ 1.23 crore (IEC) to ₹ 3.96 crore (Medicine Kit) which was 24.85 *per cent* and 80 *per cent* respectively. As a result, delivery services in ICDS were largely affected.

2.2.10.4 Idle parking of funds in Civil Deposits

Financial Rules [3] provides that, unless there is an immediate requirement of disbursement, no money should be drawn from State exchequer to avoid lapse of budget grants. Directorate of Social Welfare and Social Education had drawn ₹ 5.08 crore between March 2016 and July 2017 in anticipation of providing fund to different projects for organising training programme, Early Childhood Care and Education programme, supplying of medicine kit and pre-school kit. Audit noticed that out of the total fund of ₹ 5.08 crore, the Department provided only ₹ 0.13 crore to the projects and the balance of ₹ 4.95 crore was deposited[4] in '8443-Civil Deposits' and funds remained unspent (April 2020).

[3] Rule 290 of the Central Treasury Rules, Volume-I

[4] ₹ 14.38 lakh on September 2016 and ₹ 480.04 lakh on December 2017

The Department accepted (May 2020) the audit observation and assured that necessary steps have already been taken to utilise the funds.

2.2.10.5 Grains procured under the ICDS

Director of Food, Civil Supplies and Consumer Affairs (DFCS&CA) and Directorate of Social Welfare and Social Education (DSW&SE), Government of Tripura maintained Food grain accounts. The accounts are required to be reconcile on monthly basis as per agreement[5].

On review, Audit noticed that during 2014-15 to 2018-19 the Department had booked 51,004 MT rice against the actual requirement of 55,042 MT rice for implementation of SNP. The Department had lifted 43,478 MT of rice during that period for supplying to different CDPOs. Thus, there was shortfall of 11,564 MT rice against the actual requirement for distribution under the SNP. The Department paid the full cost of ₹ 28.29 crore on DFCS&CA for 51,004 MT rice. As a result, the cost of total short lifted quantity of 7,526 MT food grains amounting to ₹ 3.33 crore had been lying with the Food and Civil Supplies Department. Further, the Department did not reconcile the Food grain accounts to know the exact quantity of short lifting as per the agreement, and neither did they furnish district wise details of the food grains lifted.

The Department admitted (May 2020) the facts and assured that necessary measures would be taken to reconcile the food grain account and the accounts maintained by DSW&SE and the correct figure would be reflected in the UC.

2.2.10.6 Cash payment by Anganwadi Training Centres in violation of GoI instructions

GoI made it mandatory[6] to transfer all types of payments like Honorarium, TA/DA, *etc*. to the trainees and guest faculty through Direct Benefit Transfer (DBT) mode to ensure transparency in payment. Besides that, Government of Tripura restricted[7] all types of payments exceeding ₹ 500 (Rupees five hundred) in Cash, in respect of payment of salary, wages and other dues/claims of officers/employees and all third party payments.

Scrutiny of records during 2014-15 to 20181-9 revealed that in three districts of Kulai, Dhalai District, Kakraban, Gomati District and Narshingarh, West District, the AWTCs made cash payment of ₹ 1.55 crore for disbursement of various allowances, honorarium and payments to NGOs (for food) instead of payment through DBT, thereby violating the GoI/State instructions.

The Department admitted the facts and assured that necessary steps would be taken to make all payments through DBT mode/ through cheques from the financial year 2019-20 onwards.

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5 As per memorandum issued by the Director of Food, Civil Suppliers and Consumers Affairs dated December 13, 2005

6 From April 2017

7 vide No.F.28 (6) FIN (G)/75 dated 11.07.2005

2.2.11 Scheme Implementation

2.2.11.1 Enrolment of beneficiaries and coverage of beneficiaries

The coverage of beneficiaries under the programme is detailed in **Table 2.2.3**.

Table 2.2.3: Coverage to beneficiaries in the State

(in number, percentage in parenthesis)

Type of beneficiary	Year	2014-15	2015-16	2016-17	2017-18	2018-19
Children (3 to 6 years old)	Eligible	176735	176313	176788	171907	169911
	Enrolled	176581	176313	176788	170469	169871
	Coverage	152728	157055	155666	157567	152174
	Shortfall	23853(14)	19258(11)	21122(12)	12902(8)	17697(10)
Children (6 months to 3 years old)	Eligible	170982	166573	163356	162096	155608
	Enrolled	170828	166573	163356	160446	155548
	Coverage	147179	149455	147024	151995	147470
	Shortfall	23649(14)	17118(10)	16332(10)	8451(5)	8078(5)
Pregnant Women	Eligible	31987	31259	31259	30544	29232
	Enrolled	31982	31244	31244	30544	29225
	Coverage	29082	29005	29005	29192	28539
	Shortfall	2900(9)	2239(7)	2239(7)	1352(4)	686(2)
Lactating Women	Eligible	51586	44664	44664	38760	34190
	Enrolled	51581	44643	44643	38760	34190
	Coverage	47138	41271	41246	36920	32530
	Shortfall	4443(9)	3372(8)	3397(8)	1840(5)	1660(5)

***Source**: Departmental figures*

From the **Table 2.2.3** it appears that:

i) The Department could achieve 86 to 98 *per cent* coverage of the targeted beneficiaries during 2014-19 which is encouraging.

ii) In the Health Management Information System (HMIS) report of Health Department it was noticed that there was discrepancy in the number of pregnant women and lactating mother identified for SNP under ICDS. As per HMIS report, the number of pregnant woman during 2014-19 ranged from 72,307 to 77,290 whereas that of lactating mothers ranged between 49,477 and 51,833. It appeared that all pregnant and lactating women eligible for SNP had not been identified.

On being pointed out, the Department stated (May 2020) that it was providing SNP to all the eligible beneficiaries who had enrolled as per scheme guidelines.

The gap between the two set of figures needs to be addressed in consultation with the Health Department.

2.2.11.2 Early Childhood Care Education and Development (ECCED)

Early Childhood Care & Education (ECCE), earlier named as Pre-School Education (PSE) refers to the informal early psychosocial stimulation for children below three

years and more planned non-formal Pre-school Education for children between three to six years, which is child friendly, focused around play and individuality of the child and aimed towards the child's holistic development and readiness for school.

The status of delivery of early child hood care and development during 2014-19 were as follows:

2.2.11.2.1 Coverage of beneficiaries under Pre-school Education

The scheme mandates enrolment of all eligible children of the age group of three to six years for non-formal preschool education for at least 21 days in a month. However, the Department could not provide non formal pre-school education to all eligible beneficiaries enrolled as shown in **Table 2.2.4**.

Table 2.2.4: Shortfall in providing Preschool education to 3-6 years' children

(in number, percentage of shortfall in parenthesis)

Year	2014-15	2015-16	2016-17	2017-18	2018-19
No of children enrolled in the State for pre-school education	176581	176313	176788	170469	169871
No of eligible children in the State who were not provided pre-school education for at least 21 days in a month	23853 (14)	19258 (11)	21122 (12)	12902 (8)	17697 (10)
No of children enrolled in the Sampled AWCs for pre-school education	3501	3702	3804	3752	3529
No of eligible children in the sampled AWCs who were not provided pre-school education for at least 21 days in a month	567 (16)	633 (17)	597 (16)	517 (14)	563 (16)

***Source**: Records of Department and sampled AWCs*

During the period 2014-15 to 2018-19 the achievement for enrollment for pre-school education ranged from 86 to 92 *per cent* in the State and it ranged from 83 to 86 *per cent* in the sampled AWCs. The shortfall in coverage of enrolled children for pre-school education ranged between eight to 14 *per cent* in the State whereas in the sampled AWCs the shortage was between 14 to 17 *per cent*. The reasons for such decline was due to poor infrastructure facilities, non-availability of pre-school kit, monthly ECCE days not organised to address the various issues. These are discussed in subsequent paragraphs.

The Department while acknowledging (May 2020) the shortfall in providing ECCE could not furnish reasons for low coverage[8].

2.2.11.2.2 Delay in implementation of ECCE curriculum and Child assessment card

The Early Childhood Care Education and Development (ECCE) component of ICDS envisaged roll out of age and development appropriate annual contextualised ECCE Curriculum and Child Assessment Card simultaneously on per child basis.

[8] A child is deemed to be covered under ECCED if he/she is enrolled and attends AWC for 21 days or more in a month

Accordingly, GoI released ₹ 9.45 lakh[9] in July 2015. On review, Audit observed that, the Department delayed rolled out the ECCE curriculum in local language by 27 months[10] after the stipulated date of circulation and even then could not publish the assessment cards for use of AWCs for over 22 months[11] after receipt of funds. Failure of the Department to roll out the assessment cards to AWCs made it difficult to assess the effectiveness of ECCE.

The Department accepted the fact and stated (May 2020) that the ECCE curriculum in local language were printed and distributed to each AWW during May 2017 to September 2017.

2.2.11.3 Care and Nutrition Counselling

Child Care and Nutrition Counseling to all women in the age group of 15 to 45 years would be provided with the aim to enhance the child care abilities/capacities of mother and/or other caregivers to look after the health and nutritional needs of children within the family environment.

2.2.11.3.1 Nutrition and Health Education (NHED)

The scheme envisaged Nutrition and Health Education Day (NHED) as the key element to educate the beneficiaries on the interventions[12] provided under 'Care and Nutrition Counseling' service. To achieve the objectives, the AWWs should conduct activities like home visits and demonstration course, films and slides shows and mothers meetings. Monthly mothers' meeting was to educate the mothers on improving the child caring practices, feeding, health and hygiene and psychological development

Test check of records maintained at 189 sampled AWCs revealed the shortfall, as detailed in **Table 2.2.5**.

Table 2.2.5: Shortfall in Home Visits and Mother Meetings in sampled AWCs
(*in number, percentage of shortfall in parenthesis*)

Service/Year	2014-15	2015-16	2016-17	2017-18	2018-19
Home visit target[13]	15012	14648	13856	14032	13508
Shortfall in Home visit	14242 (95)	13551 (93)	11909 (86)	10834 (77)	9433 (70)
Mothers meeting target[14]	2268	2268	2268	2268	2268
Shortfall in Mother meetings	1256 (55)	1234 (54)	1087 (48)	1133 (50)	1143 (50)

***Source**: Sampled AWCs record*

[9] ₹ 5.62 lakh for Printing Charges for 10,000 copies of ECCE curriculum *plus* ₹ 3.83 lakh for printing of evaluation sheets

[10] By 27 months from the prescribed roll out date to the date of supplying it to the AWCs

[11] The fund for ecce curriculum was received in July 2015

[12] 1) Infant and Young Child Feeding (IYCF) Counselling; 2) Maternal Care Counselling; 3) Care, Nutrition Health and Hygiene and Education; 4) Community based care and management of underweight children

[13] AWW has to conduct 4 visits within 4-9 months of pregnancy and 12 visits after delivery till the child is 24 months old

[14] Mother meeting should be conducted once in every month in each AWC. Target=2268 (i.e., 189 AWCs x12 months)

It was noticed that the AWWs in the sampled AWCs could not conduct monthly meeting as per the target envisaged in the guideline. The shortfall in home visits ranged between 70 *per cent* to 95 *per cent* and the shortfall in conducting of mother meetings ranged between 48 *per cent* to 55 *per cent* during 2014-19.

Further, no seminar, street show, drama cultural events were organised during 2014-19 at field level in any of the sampled AWCs under 14 selected ICDS Projects. No expenditure was incurred at AWC level on print media, audio visual media, pamphlets, hoarding, and wall paintings to give wide publicity to IEC activities.

In reply, the Department stated (May 2020) that actual details of home visits and mothers' meeting undertaken were not adequately captured in the records maintained at AWCs. Further, the Department also stated that for wide publicity of IEC activities the same was covered under the POSHAN Abhiyan[15].

The Department's reply is not verifiable in absence of any documentary evidence in support of its claim of having conducted mothers' meetings and home visits.

2.2.11.4 Supplementary Nutrition Programme

Supplementary Nutrition Programme (SNP) is an important component of ICDS to bridge the protein-energy gap between the recommended dietary allowance and average dietary intake of children, pregnant women and lactating mothers. ICDS programme envisaged Supplementary Nutrition[16] (SN) for pregnant and lactating women, infants (six months to three years) and children (three to six years). The audit findings are discussed in subsequent paragraphs.

2.2.11.4.1 Non implementation of Take Home Ration

The Scheme envisaged provision of Take-Home-Ration (THR) as supplementary nutrition to pregnant and lactating women and infants (six months - three years). On review, Audit observed that the Department had rolled out THR in only one district (Gomati) in the State. This was against the Para No. 2.2.1 (vi) of the Broad framework for implementation of ICDS.

As per instruction (6 March 2010) the concerned Supervisor shall verify fortnightly to THR register maintained at the AWCs under his/her jurisdiction and submit consolidated report to the CDPO by 5th working day every month about the quality of mixed rice and dal provided as THR to the beneficiaries. The CDPOs shall compile the reports of the Supervisor under his/her jurisdiction and send the complied report of THR to the Directorate. However, none of the Supervisor in the sampled AWCs in Gomati district had furnished the consolidated report of THR to the CDPOs. As a result, the CDPOs also did not furnish the complied report to the Directorate. Thus,

[15] POSHAN Abhiyaan or National Nutrition Mission, is Government of India's flagship programme to improve nutritional outcomes for children, pregnant women and lactating mothers

[16] The supplementary nutrition to children was to be provided for 300 days in year while Pregnant and Lactating women were to be provided during pregnancy and lactation period of six months. Besides, differential provisions for moderately & severely underweight children were applicable. Further, the supplementary nutrition was to be provided universally irrespective of income, residence

data of food grains distributed in the selected districts as THR was not available.

Though the Department assured (May 2020) to take all necessary steps for implementation of THR throughout the State, it did not furnish any cogent reasons for not fully implementing THR, despite scheme guidelines and availability of food grains as mentioned earlier in **Paragraph 2.2.10.5**.

2.2.11.4.2 Nutritional status of children

Under the scheme, children in accordance with their age, weight, status are divided into five categories *viz*. normal, grade-I, grade-II grade-III and grade-IV. The children falling under grade-I and grade-II are treated as moderately malnourished whereas children under grade-III and grade-IV are treated as severely malnourished and are required to be provided additional Supplementary Nutrition, regular health check-up and referral to the health centres. The year wise nutritional status of children in the State during 2014-15 to 2018-19 are shown in **Table 2.2.6** and **2.2.7.**

Table 2.2.6: Year wise nutritional status at State level

Year	Total number of Children weighed	Gr-I &II (Moderately malnourished)		Gr-III&Gr-IV (Severely malnourished)	
		Number	Percent	Number	Percent
2014-15	302225	38286	12.67	567	0.19
2015-16	291015	28307	9.73	611	0.21
2016-17	297678	26560	8.92	449	0.15
2017-18	288958	26099	9.03	717	0.25
2018-19	298939	27823	9.31	579	0.19
Total	**1478815**	**147075**	**9.95**	**2923**	**0.20**

***Source**: Departmental Records*

The analysis of data at the State level indicated that during 2014-19, percentage of severely malnourished children in 0-5 years' age group was 0.15 *per cent* to 0.25 *per cent* of total number of children weighed. It suddenly increased in 2017-18 to 0.25 *per cent* from 0.15 *per cent* of the previous year. Similarly, in the sampled AWCs the percentage of severely malnourished children was stagnant during audit period as detailed in **Table 2.2.7**.

Table 2.2.7: Year wise nutritional status at sampled AWCs

Year	Total weighed (Nos)	Grade-III Moderately malnourished (Nos)	*Per cent*	Grade-IV Severely Malnourished (Nos)	*Per cent*
2014-15	5378	285	5.30	37	0.69
2015-16	5602	411	7.34	32	0.57
2016-17	5646	371	6.57	32	0.57
2017-18	5573	384	6.89	44	0.79
2018-19	5385	386	7.17	52	0.97

***Source**: Sampled AWCs record*

The percentage of malnourished (moderately) children ranged between 5.30 to 7.34 *per cent* and those of severely malnourished children in the selected AWCs was

between 0.57 to 0.97 *per cent*. The number of malnourished children in the test checked AWCs, implied that proper monitoring of their health status was not done. Audit scrutiny of Food Distribution Register (Register No. 02) Growth and Referral register (Register No. 09) revealed that AWWs did not capture data properly on additional food, health check-up and referral services provided to the malnourished children. Thus, the possibility of all malnourished children getting additional food under SNP, health check-up and referral to the health centres could not be ascertained. Due to non-maintenance of proper records, detecting of severely malnourished at an early stage through the intervention of health services remained unaccomplished.

The Department stated (December 2020) that the severely underweight (malnourished) children are identified by AWW by weighing of children and providing additional supplementary nutrition and referring to the nearest PHC/ CHC/ Sub-centres in case of serious occasions.

The reply is not acceptable as we noticed that 48 *per cent* of the sampled AWCs partially maintained and 25 *per cent* of the sampled AWCs did not maintain Register No.11-Weight Records of Children/ Growth chart as mentioned in **Paragraph 2.2.7**.

2.2.11.4.3 Poor Care and Nutrition Counselling

The programme failed in achieving its primary objective of development of nutritional and health status of children in the age-group 0-6 years and pregnant women as shown in **Table 2.2.8**.

Table 2.2.8: Impact of service delivery under ICDS programmes

Year	No. of Newborns weighed at birth	Nos. of Newborns having weight less than 2.5 kg	Percentage	No. of pregnant women receiving the prescribed ANC	No. having Hb level<11 (tested cases)	Percentage	No. having severe anaemia (Hb<7)	Percentage
2014-15	48,810	5,154	11	55,291	19,701	36	525	1
2015-16	49,159	5,460	11	51,688	27,138	53	470	1
2016-17	48,077	5,738	12	48,736	31,702	65	1,063	2
2017-18	50,214	6,802	14	39,861	30,720	77	745	2
2018-19	49,363	6,913	14	40,717	31,183	77	938	2

Source: *HMIS*

From **Table 2.2.8**, it appears that the trend of low birth weight of new born babies and number of anaemic pregnant women had increased during 2014-19.

The Department while accepting fact (December 2020) stated that initiative would be taken for preparing strategies and interventions on reducing the low birth weight of new born babies in the State as well as reduction of severe anaemia in pregnant women.

2.2.11.4.4 Absence of testing of food for quality provided in AWC

The scheme prescribed mandatory laboratory checks of the food materials being used for providing Supplementary Nutrition in order to ensure that the food material contain the required nutrition component. The State with the support of Food and Nutrition Board (FNB) should ensure the quality of supplementary food safety as well as nutrient composition. FNB in collaboration with the State Government was to carry out periodic checks and get it tested through the Government Food Research Laboratories accredited for that to ensure that prescribed standards are adhered to and quality and nutritive value of the supplementary nutrition is maintained.

In the AWCs the *Muya* made of *Muri/ Chira*, one egg (only on Wednesday) as morning snacks and *Khichuri* with seasonal vegetables and Soyabean as meal were being distributed for all categories of beneficiaries.

It was noticed in audit that the FNB had never carried out any periodic checks since inception of the scheme to ensure quality and nutritive value of the food provided under supplementary nutrition and the observance of standards prescribed Food Safety and Standard Act, 2006.

As a result, the Department could not ensure that standard quality of food enriched with good nutritive valued had been provided in AWCs under the scheme. Apart, record relating to testing of water used for cooking in the AWCs was also not found.

In reply, the Department stated (May 2020) that it had started testing of sample food from September 2019 through GoI's Regional Food Testing Laboratory at Kolkata but they have not furnished any reasons for not testing the sample all these years either from Government or private laboratory, which was their responsibility under the Scheme. The Department's reply confirms supply of unverified quality food to the beneficiaries during the audit period.

2.2.11.5 Health Service Delivery

2.2.11.5.1 Village Health and Nutrition Day

Village Health and Nutrition Day (VHND) under the ICDS and NHM was to serve as an important platform for providing three major health services- immunisation and micronutrient supplementation, health check-up and referral services to the targeted beneficiaries. The functionaries of two departments, *viz.* Health and Social Welfare planned and executed VHND. In order to make the programme more effective the Department directed (February 2015) to organise Health and Nutrition Day on 1st and 7th of every month respectively.

Test check of records maintained at 189 sample AWCs revealed the shortfall, as detailed in **Table 2.2.9**.

Table 2.2.9: Shortfall in organising Health Day and Nutrition Day in sampled AWCs
(*in number, percentage of shortfall in parenthesis*)

Service/Year	2014-15	2015-16	2016-17	2017-18	2018-19
Health day target[17]	2268	2268	2268	2268	2268
Shortfall in Health day	1654 (73)	1613 (71)	1475 (65)	1457 (64)	1485 (65)
Nutrition day target[18]	2268	2268	2268	2268	2268
Shortfall in Nutrition day	2167 (96)	2168 (96)	2158 (95)	1960 (86)	1971 (87)

***Source**: Sampled AWCs record*

During the period covered in Audit, it was seen that the shortfall in conducting health day and nutrition day ranged between 64 to 96 *per cent* during 2014-19. Therefore, the objectives of imparting awareness on nutrition and regular health check up of mother and child on health day and nutrition day were not fulfilled.

The Department stated (May 2020) that shortfall was due to organising these two activities /events on same day in cluster mode instead of organising them separately in each AWC.

The Department's reply is not acceptable as no documentary evidence was made available as mandated in the scheme guidelines supporting of its claim of conducting health day and nutrition day in cluster mode.

2.2.11.5.2 Immunisation

Sub Health Centre is responsible for carrying out immunisation of infants and two doses of Tetanus to pregnant women as per the National Immunisation Schedule (NIS) and Vitamin A and booster doses to the children would also be given on "Village Health Nutrition Days (VHND)" organised at the AWC.

Children between the age group of 0-1 year administered with different doses of vaccines started from BCG to first dose of Vitamin-A as per NIS are considered as fully immunised.

During scrutiny it is noticed that the Department could not ensure full immunisation of children of the age group 0-1 year. The shortfall of immunisation ranged between 16 and 22 *per cent* during the year 2014-19 as shown in **Table 2.2.10**.

Table 2.2.10: Status of Immunisation in the State (0-1 year)

Year	Total no. of children (0-1 year old)	No of fully immunised children	Number of children partially immunised	Percentage of shortfall
2014-15	65910	54046	11864	18
2015-16	64561	54231	10330	16
2016-17	76307	62572	13735	18
2017-18	96877	75390	21487	22
2018-19	78202	61537	16665	21

***Source:** Departmental records*

[17] Target=2,268 (i.e., 189 AWCs x12 months)
[18] Target=2,268 (i.e., 189 AWCs x12 months)

Thus, the programme achieved moderately in providing full immunisation to children.

The Department stated (December 2020) in some remotest areas, there are some social stigmas in regard to non-immunisation/partial immunisation. The Information Education, communication (IEC) campaigns are being conducted in those areas.

2.2.11.5.3 Health Check up

Health check-up of children, pregnant and lactating mothers were to be provided by ANM and PHC staff at the AWCs. AWW would record this in Register Number-05 (Pregnancy and Delivery Register). However, as mentioned in the **Paragraph 2.2.7**, out of 189 test checked AWCs, 154 AWCs (81.48 *per cent*) either did not maintain (31AWCs) or partially maintained (123AWCs) the Pregnancy and Delivery Register. Therefore, audit could not ascertain the delivery of health services to children, pregnant women and lactating mothers from the AWCs record.

However, from the HMIS data it was noticed that the programme failed in providing in antenatal care to pregnant women and post-natal care to lactating mothers as detailed in **Table 2.2.11**.

Table 2.2.11: Status of Ante-Natal Care and Post-natal Care during 2014-19

Year	No. of pregnant women Registered for ANC	No of pregnant woman receiving the prescribed ANC	Percentage of pregnant women receiving ANC	Total No. of reported deliveries	No.of women getting post partum check up	Percentage of women getting post partum check up
2014-15	77,290	55,291	72	51514	36,731	71
2015-16	75,760	51,688	68	50953	38,141	75
2016-17	76,813	48,736	63	49477	36,909	75
2017-18	75,540	39,861	53	51833	36,961	71
2018-19	72,307	40,717	56	50343	32,747	65

***Source:** HMIS*

It can be seen from **Table 2.2.11** that providing antenatal care to pregnant mothers ranged from 53 *per cent* to 72 *per cent* and post-natal care to lactating mothers ranges between 65 *per cent* and 75 *per cent*.

The Department accepted (December 2020) the audit observation and stated that data sharing and cross validation between ICDS and NHM shall be done as suggested.

2.2.11.5.4 Referral Services

During health check-ups and growth monitoring sessions, sick and malnourished children as well as pregnant and lactating (P&L) mothers in need of prompt medical attention, would be referred to health facilities. Each AWC is provided a Referral Register (Register Number-09) for recording various services provided to the beneficiaries.

As mentioned in the **Paragraph 2.2.7**, out of 189 test checked AWCs, 178 AWCs (94.18 *per cent*) either did not maintain (133 AWCs) or partially maintained (45 AWCs) the Referral Register. As a result, audit could not ascertain the delivery of referral services to the sick and malnourished children as well as pregnant and lactating (P&L) mothers.

The Department accepted (December 2020) the audit observation and stated that it would look into the matter with due importance.

2.2.12 Poor infrastructure at AWC

As per data furnished by the Department as on March 2019, there were 9,911 operational AWCs in the State, out of those, 9,334 AWCs are running in their own building, 273 AWCs are running in rented house and 304 AWCs are running in other places like school, club house, community centres, *etc*. Further, out of 191 physically verified AWCs, three AWCs[19] were running in rented buildings.

The scheme envisaged certain level of physical infrastructure like toilets, safe drinking water facilities, electricity, well-built kitchen with LPG facilities, separate space for indoor and outdoor activities, weighing machine, *etc.* in each AWC. During physical verification of AWCs, Audit observed that the Department failed to provide these infrastructures in the sampled AWCs;

a) Physical condition of Anganwadi Centre (AWC) building:

During physical verification of the sampled 191 AWCs in four Districts, Audit observed that the following infrastructural facilities were poorly available in the sampled AWCs:

- Floor was incomplete or broken or dilapidated in 29 sampled AWCs;
- Roof was broken/leakage in 50 sampled AWCs;

Photograph 2.2.1: Broken floor in Taraban colony AWC under Dumburnagar ICDS Project

Photograph 2.2.2:Broken Roof in Das garia AWC under Hezamara ICDS project

b) Adequacy of space and furniture in Anganwadi Centre (AWC) building:

The Ministry prescribed norms (2011), for construction of AWC building. As per the norms AWC must have a separate sitting room for children/women, separate kitchen, store for storing food items, child friendly toilets, separate space for children to play (indoor and outdoor activities) and safe drinking water facilities. However, during

[19] Bagania Mura AWC, Word No. 4 AWC under Bishalgarh ICDS project and Suradhar Para AWC under Mohonpur ICDS Project

physical verification of the sampled 191 AWCs audit observed the following shortfalls;

- Separate spaces for cooking (kitchen) were not available in 36 AWCs
- Kitchens were in dilapidated condition in 11 AWCs;
- AWCs were functioning with *Kuchha* kitchen in 47 AWCs;
- Separate spaces for indoor activities of children were not present in 11 AWCs;
- Space for outdoor activities was not present in 37 AWCs;
- Cooking Stove was not available in 189 AWCs;
- Black boards were not available at 26 AWCs;
- Baby weighing machines were not-available/non-functional in 82 AWCs;
- Adult weighing machines were not-available/non-functional in 65 AWCs;
- Electricity was not available in 185 AWCs; and
- Medicine kit for controlling common ailments like fever, cold, cough, worm infestation, *etc*. including medicines and basic equipment for first aid was not available in all the sampled AWCs.

Photograph 2.2.3: Broken kitchen in Lungapar AWC under Dukli ICDS Project

Photograph 2.2.4: Das para AWC, under Mohonpur ICDS Project) having inadequate space for 23 students enrolled in the AWCs

Audit observed on Physical verification that the AWCs were using firewood for cooking of meal despite direction of the GoI to provide LPG connection to all AWCs under 'Umbrella ICDS' Schemes. Thus, the required infrastructural facilities were not available in the AWCs even after three decades of implementation of the scheme.

c) Hygiene and sanitation at Anganwadi Centres (AWCs)

Operational Guidelines for Food Safety and Hygiene for Supplementary Nutrition under ICDS envisaged that an AWC;

- preferably should have baby friendly toilets and there should be water supply facilities;

- should have an adequate supply of potable water with appropriate facilities for its storage, distribution for processing and cooking food;
- should have adequate drainage and waste disposal systems and facilities;

During physical verification of the sampled 191 AWCs it was noticed that all of the sampled AWCs did not have the essential infrastructure for maintenance of hygiene and sanitation as detailed below:

- In 58 AWCs (30.37 *per cent*) have no toilets facilities and in 39 AWCs the toilets were in dilapidated condition;
- Drinking water facilities within the range of 200 mtr as per guideline was not available in 47 AWCs (24.60 *per cent*) of the sampled AWCs;
- Despite the fact that hand pump/tube well were the most prominent source of drinking water in AWCs, Audit found that water was generally not tested;
- The Sanitary block required for waste disposal, was absent in 185 AWCs (96.85 *per cent*).

Photograph 2.2.5: Tuimairang AWC (under Jampuijala ICDS Project) having no sources of drinking water, collecting water from '*Cherra*' (Spring)

Photograph 2.2.6: Broken toilet in Haripur 12 Card-under Dumburnagar ICDS Project

Inadequate infrastructural support to AWCs and absence of toilets and drinking water in the AWCs put the young children and pregnant and lactating mothers in unhygienic condition and fraught with risk of being contaminated with various diseases. The infrastructural deficiencies at the AWCs were adversely affecting the quality of services rendered by them. As a result, the Department could not achieve the goal of repositioning the AWC as a "vibrant ECD centre" under ICDS mission mode to become the first village outpost for health, nutrition and early learning.

The Department stated (May 2020) that they had taken initiatives from 2019-20 for construction of AWC in convergence with MGNREGS fund and providing basic amenities like toilets, drinking water facilities, electricity, LPG connection in kitchen and development of infrastructure.

The Department's reply is not acceptable as it failed to provide toilets, safe drinking water facilities, electricity, well-built kitchen with LPG facilities, separate space for indoor and outdoor activities, weighing machine, *etc*. in each AWC despite availability of fund as pointed out at **Paragraph 2.2.10.2.** Further, the Department could not provide sufficient evidence to show effective convergence with MGNREGS in future.

2.2.13 Human Resource and Management

The Broad Framework (2012) of ICDS noted constraints of qualified and adequate number of human resources for meeting diverse needs for service provision. Further, it suggested that all States must have a comprehensive Human Resource (HR) Policy with focus on development of effective and transparent appointment and selection policies, strengthening the human resources, capacity development to ensure professional and child development services, welfare of the ICDS functionaries, *etc*. Further, Audit review of Internal Control System in Education (Social Welfare and Social Education) Department for the year 2005-06 and Integrated Audit of Education (Social Welfare and Social Education) Department for the year 2011-12 raised HR issues like vacancies in Supervisor and CDPO cadre, use of non ICDS staff (social education educator, junior social educator, school mother) for ICDS work, *etc*. On review of the HR related documentation, Audit observed constraints and challenges during the audit period which are discussed in subsequent paragraphs.

2.2.13.1 Non-rationalisation of Staff

GoI directed (March 2010) all the States to rationalise the existing staff pattern and revise it as per the prescribed norms[20] to ensure proper implementation, monitoring and coordination of the ICDS programme.

We found that the Department had not deployed manpower as per the prescribed sanctioned strength which are stated below:

- The Department had never engaged any Programme Officer/ Jt. Director, Statistical Assistant in the State cell during 2014-15 to 2018-19 as directed by the Ministry of Women and Child Development (MoWCD);
- Similarly, the Department had never engaged any Statistical Assistant at the district cell as directed by the MoWCD;

However, analysis of overall manpower deployment at various cells against the prescribed sanction strength, audit observed that the Department engaged excess number of staff in the State cell at Agartala for most part of the period covered in

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Level	No of post as per norms
State	11
District	6
Project	CDPO-1, Supervisors- one post per 25 operational AWCs, others-3

audit. On the other hand, there was consistent shortfall in staff engaged in the projects as details are given in **Table 2.2.12**.

Table 2.2.12: Details of deployment of staff at different level

Year	Suggested staff pattern by GoI (Nos.)	Men in position	Excess (+)/ less (-)	Percentage of excess or shortfall (-)/excess (+)
State Cell				
2014-15	11	16	5	45.45
2015-16	11	6	-5	-45.45
2016-17	11	21	10	90.91
2017-18	11	23	12	109.09
2018-19	11	6	-5	-45.45
District Cell				
2014-15	48[21]	28	-20	-41.67
2015-16	48	40	-8	-16.67
2016-17	48	23	-25	-52.08
2017-18	48	27	-21	-43.75
2018-19	48	30	-18	-37.50
Project Cell				
2014-15	620[22]	492	-128	-20.65
2015-16	620	482	-138	-22.26
2016-17	620	453	-167	-26.94
2017-18	620	446	-174	-28.06
2018-19	620	359	-261	-42.10

***Source**: Departmental records*

Persistent shortfalls in man power at the district and projects adversely affected monitoring and supervision of the AWCs as discussed in **Paragraph 2.2.14**.

On being pointed out, the Department replied (May 2020) that it deployed the staff in different levels (State level, District Level & Project Level) for better implementation of the scheme. The reply of the Department is not acceptable as field units were deprived of key staffs while State level office at Agartala engaged excess staff.

2.2.13.2 Vacancies in field cadres

It was observed that there were substantial vacancies in field cadres during Audit review of the Internal Control System in Education (Social Welfare and Social Education) Department for the year 2005-06 and Integrated Audit of Education (Social Welfare and Social Education) Department for the year 2011-12. On reviewing the situation again during 2014-19, it is observed that 49 to 61 *per cent* vacancies persisted in different field cadres as detailed in **Table 2.2.13**.

[21] Total eight districts x 6= 48

[22] Super visors=396, CDPO=56, others=168 (56x3)

Table 2.2.13: Comparative analysis on vacancies in various cadre during 2007-19

(in number, percentage of vacancies in parenthesis)

Sl. No.	Cadre	Total Sanction post	Vacancies as on March 2012	Vacancies as on March 2019	Remarks /Reasons for vacancies
1	CDPO	56	8 (14)	34 (61)	• Inability to frame recruitment Rules: (i.e. for the post of Statistical Assistant, *etc*. where there were 100 *per cent* vacancies); • Inability to recruit and promote staff in CDPO and Supervisor cadre due pending court cases; • Absence of dedicated ICDS cadres (Supervisors to DPO) • Non-rationalisation of appointment of AWWs as Supervisors, AWH as AWW
2	Supervisor	436	161 (37)	213 (49)	

***Source**: Departmental Records*

In reply, the Department stated (May 2020) that vacancies in CDPO cadre was held up due to a pending court case. Further, Department stated that they have floated e-tender for filling up of vacancies in Supervisor cadre through outsourcing.

Since vacancies in both CDPO and Supervisors cadres have persisted for long time the Department had obviously not taken any action for a long term solution to the issue.

2.2.13.3 Overburdened Anganwadi Workers (AWW)

Under ICDS Framework (2012) and NHM framework (2005 and 2012) an AWW is supposed to prepare Annual Village Child Health Plan, assist in Village Health Action Plan, has to provide health services/ counselling to beneficiaries, impart pre-school education and finally maintain accounting and store related records. The AWW had to procure necessary supplies from market to ensure preparation of Hot Cooked Meal. The AWW provides all ICDS/ Anganwadi services to the beneficiaries. Accordingly, an AWW performed more than 20 types of diverse duties like carrying out door to door survey, immunisation, weighing of the children for tracking the health and growth of mother and child, organisation of various community meetings and events, book keeping of entire accounts of expenditure, preparation and submission of Monthly Progress Reports (MPRs), *etc*. apart from providing supplementary nutrition and pre-school education. The Department assigned additional works related to social pension and other duties besides the normal course of duties to AWW, they had to perform these duties beyond the normal duty hours. The Department stated that there were 9,911 numbers of Anganwadi workers (AWW) posted in 9,911 Anganwadi Centres. The engagement of the AWWs were on temporary and no work no pay basis. It was seen in Audit that the Department had not done any scientific study to find number of working hours per week for an AWW. This was necessary to assess whether AWW had been assigned with reasonable workload and in the context of

large number of research studies/ papers[23] pointing out overburdening of AWWs. Besides though, the AWW was not a regular Government employee but only a social worker usually with matriculate qualification, she was expected to be a planner, health worker, educationist and an accountant.

The role of the AWW in ICDS and the numerous expectations from them needed a serious review, since they are a crucial arm of the ICDS programme.

The Department accepted (December 2020) the audit observation.

2.2.13.4 Capacity Building

Capacity building is necessary for effectiveness of employees and workers at all levels. Accordingly, ICDS guidelines[24] envisage different types of trainings[25] for ICDS functionaries and trainers. These trainings were to be imparted at NIPCCD, AWTC and MLTC. Audit scrutiny in this regard revealed that there were serious shortages in training to AWH (upto 73 *per cent*) during 2014-19. CDPO or Supervisor were not provided refresher training nor was any NIPCCD training conducted during the last five years.

The Department had not established any Middle Level Training Centres (MLTCs) for imparting training to Supervisors and Instructors of AWTCs at the district level and neither had they worked out any arrangement with other North Eastern States for training purpose. Further, institutionalised online courses for Job Training Courses (JTC) for Instructors of MLTCs/AWTCs had not been operationalised in accordance with scheme guidelines.

The Department accepted (December 2020) the audit observation.

2.2.14 Monitoring and Ownership of the programme

ICDS Scheme envisaged multiple tier monitoring system at the National, State, District, Project/ Block and Anganwadi levels through monitoring committees called 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 review of monitoring related documents and on the basis of joint physical verification of

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[23] Operational Assessment of ICDS Scheme at Grass Root Level in a Rural Area of Eastern India: Time to Introspect**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5296463/**
J ClinDiagn Res. 2016 Dec; 10(12): LC28–LC32.PMCID: PMC5296463Published online 2016 Dec 1. doi: 10.7860/JCDR/2016/23059.9041 PMID: 28208890

[24] Refresher training is given to the ICDS functionaries and Instructors of AWTCs / MLTCs every two years to equip them with knowledge, skills and capabilities to implement the ICDS Scheme

[25] **Induction training**- Induction training is conducted for supervisors in ICDS programme for five working days; **Job Training**- Job training is conducted for Anganwadi workers, supervisors and CDPOs is organised for a longer duration of 26 working days; **Refresher Training**- Refresher training is conducted with a shorter duration of five working days with a gap of two years of service; **Theme-Based Skill Specific Training**- it is essentially a institutional based and conducted to impart key experiences to trainees with proper skill practice to gain competency for enhancing their performances on specific component of ICDS programme followed by the vertical training for the block functionaries at the district level

Anganwadi centres, Audit observed that the monitoring process was largely ineffective for following reasons:

a. Issues related to performance and constraints of the scheme; preparation and circulation of agenda for meeting of the monitoring committee; recording of minutes, follow up of decisions taken in the previous meetings were not found on record;

b. There was nothing on record to demonstrate review of the Monthly Progress Reports (MPR) at Directorate level and consequently communication of positive or negative feedback to the lower implementing units (districts and projects);

c. Scheme guidelines envisaged that officials at all levels (State to Project) would physically visit Blocks/AWCs at prescribed frequency to assess functioning of AWCs on following key parameters, delivery of services, quality of services, infrastructural issues, and community participation (PRIs, SHG, women group). Audit noticed that during 2014-19 there was always a shortfall in visits of senior functionaries in physical visits to Projects and AWCs as envisaged[26]. The details are given in **Table 2.2.14**.

Table 2.2.14: Shortfall in physical visits in AWC and Blocks

(in number, percentage in parenthesis)

Year		2014-15	2015-16	2016-17	2017-18	2018-19
AWC visits by DISE/DPO [27]	Target	566	566	566	566	510
	Achieved	197	211	359	311	311
	Shortfall	369 (65)	355 (63)	207 (37)	255 (45)	199 (39)
Block visits by DISE/DPO [28]	Target	112	112	112	112	102
	Achieved	68	63	96	113	114
	Shortfall	44 (39)	49 (44)	16 (14)	0	0
AWC visits by CDPO[29]	Target	3196	3179	3178	3178	3480
	Achieved	1870	1955	1920	1973	1760
	Shortfall	1326 (41)	1224 (39)	1258 (40)	1205 (38)	1720 (49)
AWC visits by Supervisor[30]	Target	38352	38148	38136	38136	11600
	Achieved	19817	19287	18813	17298	13168
	Shortfall	18535 (48)	18861 (49)	19323 (51)	20838 (55)	0

***Source**: Departmental record*

[26] Norms for visit of AWCs and Projects by senior ICDS functionaries are fixed as per departments order (Nov 2014 and March 2018)

[27] DISE will cover 10 *per cent* of AWC in a year from 2014-18 i.e, 566=10 *per cent* of 5,663 AWCs under 4 sample districts. During 2018-19 all blocks to be covered within 100 days (28 blocks in 4 sample dist x 3.65 =102) and atleast 5 AWCs during each block i.e 510= 102 block visits x 5AWCs

[28] DISE will cover all 28 blocks per quarter during 2014-18 i.e, 112=28 block x 4. During 2018-19 all blocks to be covered within 100 days i.e, 28 blocks in 4 sample dist x 3.65 =102

[29] Sampled CDPOs (i.e 14 CDPO) will visit all AWCs in their jurisdiction during 2014-18. And during 2018-19 CDPO will visit 30 *per cent* of AWCs under their jurisdiction in 100 days

[30] Supervisors in Sampled CDPOs (i.e 14 CDPO) will visit all AWCs in their jurisdiction every month during 2014-18 and during 2018-19 supervisors will visit 100 per cent of AWCs under their jurisdiction in 100 days

The ICDS Broad Framework (2012) proposed to involve PRIs for monitoring of the day-to-day functioning [31] of the AWCs, especially regarding the regularity and quality of delivery services. On review, Audit observed that involvement of PRIs was limited only to selection of AWW/ AWHs and monitoring and supervision of services delivered under AWCs. The PRIs were not involved in construction and maintenance of AWCs, supervision of SNP, *etc.* and ALMSC failed to meet at prescribed frequency and there was a shortfall of 57 to 61 *per cent* during the audit period.

d. Broad Frame work suggested that all the official upto DPO/DISE level should prepare a brief report (maximum 2 pages) critically analysing the programme implementation reflecting the findings of their field visits in their respective monthly/quarterly progress reports. Findings from the field visits would be discussed at the sector/block/district/State level review meetings. State Directorate will have the overall responsibility to compile the district-wise key findings of the field visits at the end of every quarter and submit the same to the GoI. On review, Audit observed that above process was not followed.

The Department stated (December 2020) that meeting at all level monitoring committee have been conducted at district/Block/AWC level periodically. The reply is not acceptable as the claim of the Department could not be verified in audit in absence of records.

The weak monitoring system resulted in not only poor outcomes and service delivery but also non-compliance with financial rules. The involvement of PRIs in the ICDS was limited.

2.2.14.1 Maintenance of records

An AWW needs to maintain records and registers for the services provided by the AWC. Accordingly, AWW is required to maintain 12 registers for recording the service provided per day per beneficiary. The records and registers help to assess and evaluate the activities and performance of the AWCs. Audit scrutiny of 189 test checked AWCs revealed that the AWCs either did not maintain the records or the maintenance was improper/partial. Details are given in **Appendix 2.2.1**.

The Department accepted (December 2020) the audit observations and stated that the deficiencies in maintenance of records would be rectified with personal intervention and proper training.

[31] Observance of monthly Village Health and Nutrition Days (VHNDs), availability of prescribed records and registers at AWC, monitoring of regular payment of honoraria to AWWs & AWHs, Construction of AWCs and its maintenance

Case Study of selected Village Committees (VCs) under Mandwai Block

A Case Study was conducted in two VCs[32] under the Mandwai Block of west Tripura district during February 2020 by interviewing 50 beneficiaries (Pregnant women and Lactating mothers) and physical verification of records maintained at CDPO, Block and Concerned PHCs to assess community ownership, client satisfaction and coordination/ convergence between Social Welfare and Health Departments at the cutting edge level.

Community Ownership

The VCs received fund from many sources like Panchayat Development Fund (PDF), Thirteen Finance Commission (TFC), North East Rural Livelihood Project (NERLP) and MGNREGS for development of the villages. On review, Audit noticed the failure of the Department to utilise the fund available to VCs for development of AWCs under their jurisdiction as it could utilise only 0.6 *per cent* of the total available fund during 2014-19 despite so many AWCs having either dilapidated infrastructure facilities[33] or having unusable or no toilets[34] or having no source of drinking water[35]. **Table 2.2.15** shows the utilisation of fund from various sources for development of AWCs.

Table 2.2.15: Utilisation of various fund for development of AWCs

(₹ in lakh)

Name of the VCs	Year	Fund received	Source of fund	Total expenditure (expenditure on AWC development in bracket)
Ashigarh	2014-15	5.90	MGNREGS,PDF,TFC , NERLP, *etc.*	2.03 (0)
	2015-16	7.34		5.20 (0.44)
	2016-17	4.49		3.27(0.23)
	2017-18	3.71		1.07 (0)
	2018-19	4.96		4.37 (0)
Total Ashigarh		**26.4**		**15.94 (0.67)**
Mandai	2014-15	42.69		31.88 (0)
	2015-16	19.26		14.94 (0)
	2016-17	7.20		2.15 (0)
	2017-18	8.18		1.85 (0)
	2018-19	9.13		2.80 (0)
Total Mandai		**86.46**		**53.62**(0)
Total		**112.87**		**69.56 (0.67)**

***Source**: Records of two Village Councils*

[32] Mandwai Nagar VC and Ashigarh VC
[33] Balucdhum para AWC & Gasia para
[34] Gasia para AWC & Nepal Mura AWC
[35] Gasia para AWC

Client satisfaction

Audit conducted interview of 50 beneficiaries to assess their satisfaction level with the services provided by the AWCs. The results of the survey were as follows:

a. 98 *per cent* beneficiaries were not satisfied with the involvement of community in remedial of problem or participation for betterment of AWCs.

b. Morning snacks were not provided to 86 *per cent* Pregnant and Nursing Mother.

c. 78 *per cent* beneficiaries were not satisfied with the quality of Hot Cooked Meal provided at AWC.

d. 70 *per cent* beneficiaries replied that egg, vegetables were not provided regularly in the diet.

e. 50 *per cent* pregnant mother were not satisfied with the knowledge sharing level of AWW or ASHA worker for infant feeding practice and child care, *etc*.

f. 66 *per cent* beneficiaries were not satisfied with the quantity of THR received.

Coordination and convergence between Social Welfare and Health Departments

Both AWW under Social Welfare Department and ASHA/ANM under Health Department render services to the same set of beneficiaries (pregnant and lactating mother, infant and young children). Both the cutting-edge functionaries keep records of services provided to the same set of beneficiaries. Audit cross –checked services provided to 50 beneficiaries with respect to records available with the beneficiary (Mother and Child Protection card), Primary Health Centre and AWC. This exercise revealed wide discrepancies in data maintained at AWCs, Health Sub centres and Mother and Child Protection (MCP) cards as shown in **Table 2.2.16**.

Table 2.2.16: Cross-Verification of services provided to 50 beneficiaries[36]

(in number)

MOTHER			
Nature of service provided	**Sub centre**	**MCP card**	**AWC record**
No. of Pregnant/Lactating (PL) completing the prescribed number of ANC	**3**	**8**	**0**
No. of pregnant mothers receiving IFA tablets	1	14	2
No of Post Natal Care done	2	0	no data
No of pregnant mother Hb level tested	0	18	no data
No. of moderately anaemic mother	0	1	no data
CHILDREN			
No. of Low birth weight(2.5kg)	2	3	2
No. of Full immunisation(up to 11 months)	3	4	no data

***Source**: Records of health sub centre, Register No.5 &No.6 of AWC and MCP card*

[36] Survey was conducted on 34 pregnant mother and 16 lactating mother in Ashigarh Village Council and Mandainagar Village Council

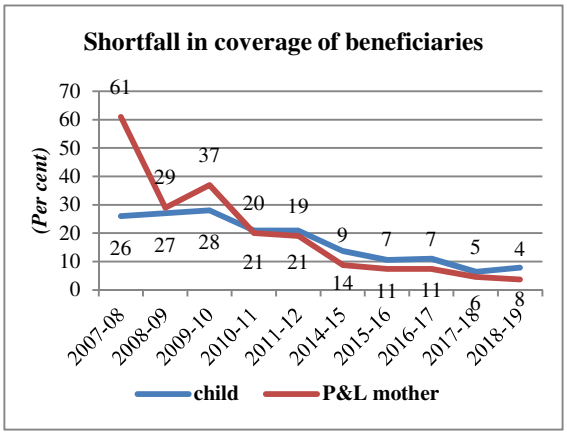
From the **Table 2.2.16,** it was noticed that records of health check-up to pregnant and Lactating mother, immunisation of children and weight record of newborn maintained at AWCs did not tally with those maintained at Health Sub Centres and MCP card available with the beneficiaries. Therefore, there was little assurance about quantum and quality of services provided to the beneficiaries at AWCs. This exercise also showed lack of convergence in sharing data and knowledge between Health Department and Social Welfare Department.

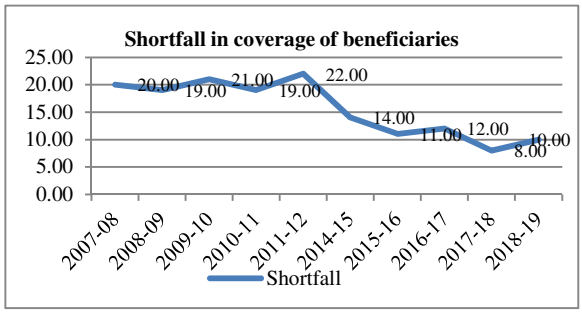
2.2.14.2 Follow-up Audit

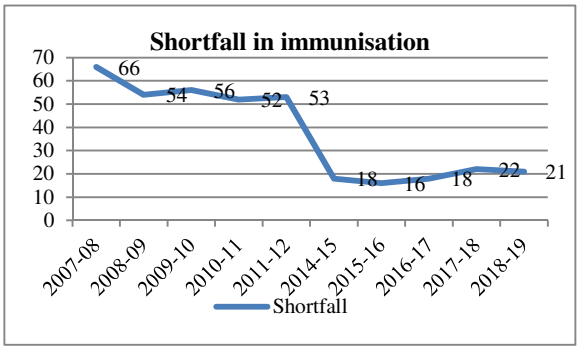
An "Integrated Audit (IA) of the Education (Social Welfare and Social Education) Department was carried out in 2012 covering the period from 2007-08 to 2011-12 and featured in the Audit Report for the year ended 31 March 2012 (Report No. 1 of 2013). It highlighted significant lapses in construction of Anganwadi Centres (AWC), Non-availability of drinking water facilities, toilets and kitchen sheds in AWCs, non-provision of supplementary nutrition to enroll beneficiaries, absence of linkages, *etc*. During the current audit, a follow-up on the action taken by the Department on the audit observations made in the previous report was done. Some of the major audit observations featured in the Report and status of the action taken by Department are given in **Table 2.2.17**.

Table 2.2.17: Status of the action taken by the Department on audit observations

Summary of audit observations of previous Audit Report	Reply of the Department on the Audit observations	Status of the action taken by the Department noticed during current audit
As on 31 March 2012, 3,094 AWCs (31 *per cent*) of the total 9,906 AWCs reported non-availability of drinking water-facilities, while the existing water sources in 808 AWCs were non-functional.	In the Exit Conference, the Principal Secretary stated (April 2013) that efforts had been taken to augment the basic facilities in the AWCs in convergence with other scheme/ Departments which had resulted in increase in the facilities in the AWCs.	Audit carried out physical verification of 191 sampled AWCs in four Districts to assess ground reality of the facilities available in AWCs and observed that:
4,097 AWCs (49 *per cent*) do not have toilet facilities at all, while the		47 AWCs (24.60 *per cent*) had no drinking water facilities within the range of 200 mtr. in contravention of scheme guidelines. In 58 AWCs (30.37 *per cent*) no toilet facilities were available and in 39 AWCs (20.42 *per*

Summary of audit observations of previous Audit Report	Reply of the Department on the Audit observations	Status of the action taken by the Department noticed during current audit
available facilities in 911 AWCs were not usable. 5,309 AWCs (54 *per cent*) do not have kitchen shed despite the fact that cooking of meal in AWCs for providing hot cooked meal to the children and mothers is one of the key activities under ICDS programme.		*cent*), the toilets were found in dilapidated condition; In 36 AWCs (18.85 *per cent*), separate spaces for cooking (kitchen shed) were not found available; In 11 AWCs (5.75 *per cent*), kitchen sheds were found in dilapidated condition; In 47 AWCs (24.60 *per cent*), AWCs were functioning with Kuchha kitchen.
There was significant shortfall in providing SN to the enrolled beneficiaries which ranged from 21 to 28 *per cent* in respect of children between the age group of three to six years and 19 to 61 *per cent* i.r.o Pregnant & Lactating (P&L) mothers.	The Department stated (March 2013) that steps were being taken to extend nutritional coverage with the introduction of "Take Home Ration" for infants and P&L mothers.	Audit observed that the Department reduced the shortfall in coverage of the beneficiaries from 61 *per cent* in 2007-08 to four *per cent* during 2018-19 in providing SN to the P&L mothers and from 26 *per cent* in 2007-08 to eight *per cent* during 2018-19 in providing SN to children in the age group of three to six years as can be seen from the following chart:  However, the Department did not implement the THR throughout the State (except in Gomati District out of eight districts in the State) in contravention of the provisions envisaged in scheme guidelines which have been described in **Paragraph 2.2.11.4.1**.

Summary of audit observations of previous Audit Report	Reply of the Department on the Audit observations	Status of the action taken by the Department noticed during current audit
There was shortfall which ranged from 19 to 22 *per cent* in providing Pre-school Education (PSE) to the enrolled children between the age group of three to six years in the State. Further, physical verification of 116 AWCs in 10 ICDS Projects revealed that 34 *per cent* children enrolled in AWCs were found present and provided PSE.	The Department accepted the audit observation and stated that most of the children attended private nursery school which resulted in shortfall in attendance for PSE in the AWCs. In the Exit Conference, the Principal Secretary stated (April 2013) that steps were being taken to streamline the AWCs to attract children for PSE.	During current audit (2014-2019), shortfall in coverage of PSE had been reduced to eight *per cent* in 2018-19 from 22 *per cent* in 2011-12 as can be seen from the following chart:  Further, physical verification of 191 AWCs in 14 ICDS projects revealed that on average 84 *per cent* children were provided PSE during 2014-19.
The Department did not prepare any convergent arrangement with the Health Department to extend the pre-natal and post-natal check up to P&L mothers and children upto the age of six years. As a result, health check-ups for the enrolled children and mothers had never been done in the AWCs and consequently facilities for referral services	Department stated that Medical Officer in-charge of the respective areas were made responsible for ensuring regular visit of ASHA and other health workers in AWCs for providing services at the AWCs. In the Exit Conference, the Principal Secretary added that Government also planned to set up one Health Sub-centre in each area with one Supervisor stationed there to monitor health related issues in AWCs.	Physical verification of records of 191 test checked AWC, revealed that the AWCs organised Village Health and Nutrition Day in convergence with the Health Department for providing immunisation, health check-up and referral services to the targeted beneficiaries though there was acute shortfall which ranged between 64 to 73 *per cent* in organising Health Day and 86 to 96 *per cent* in organising Nutrition Day as described in **Paragraph 2.2.11.5.1**. However, the AWCs either not maintained or partially maintained the Pregnancy and Delivery register (Register number 05). Therefore, audit could not ascertain the delivery of health check-up to the children and P&L mothers. However, from HMIS data it was noticed that 53 to 72 *per cent* pregnant mothers were provided antenatal care and 65 to 75 *per cent* lactating mothers were provided post-natal care during 2014-19.

Summary of audit observations of previous Audit Report	Reply of the Department on the Audit observations	Status of the action taken by the Department noticed during current audit
from the AWCs were also absent.		On review, we noticed that there was no institutional mechanism of data sharing and cross validation of data amongst the functionaries of ICDS (AWW) and NHM (ASHA, ANM). Further, CDPOs and MOs did not undertake joint inspection of AWCs as described in **Paragraph 2.2.9.1**.
The Department did not prioritise the immunisation of the children in age group 0-1 years as only 34-48 *per cent* children could be provided with full vaccinations. Further, the Department did not organise immunisation activities in the AWCs.		In respect of providing immunisation to the children in age group of 0-1 year, the Department reduced the shortfall from 66 *per cent* during 2007-08 to 21 *per cent* during 2018-19 as can be seen from the following chart. 

It can be seen from the above, with respect to the findings enumerated in the previous Audit Report, that there has been a slight improvement in creation of infrastructure facilities in AWCs, significant improvement in coverage of beneficiaries under SNP and PSE as well as in immunisation of new born babies. However, there was significant shortage in organising Health Day and Nutrition Day.

2.2.15 Conclusion

The Performance Audit of Integrated Child Development Services (ICDS) revealed that the Department's achievement of enrolment of beneficiaries under the ICDS, during the period 2014-19, was encouraging being 86 to 98 *per cent* during the period. However, the several deficiencies noticed during the Performance Audit of the Programme, in planning, management, execution as well as monitoring in implementation of the Programme, clearly indicated tremendous scope for improvement in programme implementation.

The Department of Social Welfare and Social Education, which was responsible for the programme implementation, did not do Programme planning as per GoI guidelines. The Planning process was deficient in absence of decentralised planning

with involvement of local bodies, trained professional experts and convergence with other State Programmes relating to health and sanitation. There was little involvement of the Village Health Sanitation and Nutrition Committees in the planning process. On review, we noticed that there was no institutional mechanism of data sharing and cross validation of data amongst the functionaries of ICDS (AWW) and NHM (ASHA, ANM).

The Department of Social Welfare and Social Education received total funds of ₹ 816.64 crore (Central and State), during 2014-19, against which expenditure incurred under the ICDS was ₹ 836.29 crore. Though the State Appropriation accounts showed an overall excess expenditure of ₹ 19.65 crore for the period, it was seen that there were savings of ₹ 62.84 crore also during the same period. Specific instances of non-utilisation of GoI funds for construction, repair and provision of basic facilities like toilets and safe drinking water, *etc.* in AWCs were noticed, which have been mentioned in detail in the Report. As a result, the AWCs had poor infrastructure facilities. Physical verification of AWCs revealed that all the 191 AWCs did not have basic infrastructure facilities like toilets, safe drinking water facilities, electricity, kitchen with LPG facility, *etc*. The Department had not released their share of funds to the projects as per the allotted budget.

Available funds meant for organising training programmes for the ICDS projects, IEC activities, supply of kits to preschool children were also not utilised. The Department clearly needed better monitoring for better implementation of all components of the programme and increasing the spending of allotted funds.

As on 31 March 2019, the State had 9,911 operational Anganwadi Centres (AWCs) of which 9,334 AWCs are running in their own building, 273 AWCs were in rented houses and 304 AWCs were operating from other places like school, club house, community centres, *etc*. All 9,911 Anganwadi workers (AWW) engaged were on temporary and no work no pay basis. The AWWs were expected to perform multiple roles and duties, which were never reviewed despite several studies conducted by the Department.

Under Early Childhood Education and Development Component of the Scheme, there were shortfalls in enrolment of children in the State, for pre-school education. The shortfall in coverage of enrolled children for pre-school education ranged between eight to 14 *per cent* in the State whereas in the sampled AWCs the shortage was between 14 to 17 *per cent*. The reasons for such decline was due to poor infrastructure facilities, non-availability of pre-school kit, monthly ECCE days not organised to address the various issues.

There were serious shortfalls noticed in home visits by Anganwadi Worker (AWW) to educate the beneficiaries under 'Care and Nutrition Service' and in organising meetings with mothers.

Under Supplementary Nutrition Programme (SNP) component, the Department achieved 86 to 98 *per cent* coverage of the targeted beneficiaries during 2014-19. However under (SNP) the Take Home Ration (THR) was implemented in only one out of the eight districts(Gomati) of the State and the Department had not provided the district wise supply details of the food grains costing ₹ 24.96 crore lifted by them. The percentage of severely malnourished children in 0-5 years of age was 0.15 to 0.25 *per cent* during 2014-19. Low weight of new born babies and number of anaemic pregnant women increased during 2014-19, which was a pointer to the Department to address the malnutrition in children and mothers seriously. The Department had not carried out the prescribed mandatory laboratory checks of food materials distributed under the Supplementary Nutrition since inception of the scheme, though this was the State's responsibility. As a result, the Department could not ensure that standard quality of food enriched with good nutritive valued had been provided in AWCs under the scheme. Record relating to testing of water used for cooking in the AWCs was also not found.

Audit also noticed that the Department could not ensure full immunisation of children of the age group 0-1 year, the shortfall ranged between 16 and 22 *per cent* during 2014-19. There was shortfall in providing antenatal care to pregnant women and post-natal care to lactating mothers during 2014-19.

The Department engaged excess number of staff in the State Cell situate at Agartala whereas there was consistent shortfall of staff engaged in the projects. Capacity Building of staff suffered due to inadequate/nil and basic/ refresher training programmes not organised/ arranged for by the Department. They had also not established any middle level training centre for imparting training to the Supervisor and the Instructors of Anganwadi Training Centres (AWTCs).

Monitoring mechanism was defective with shortfalls in supervision of AWC. There was no evidence of monitoring by the CDPOs and the Supervisors in absence of any records maintained. The poor infrastructure facilities in AWCs, inadequate programme outcomes and services delivery clearly indicated that the Programme was not monitored effectively.

2.2.16 Recommendations

The State Government may consider the following recommendations:

i. Decentralise the planning process so that role of Village Health Sanitation and Nutrition Committee (VHSNC) and civil society organisation is ensured in implementation of Integrated Child Development Services (ICDS);

ii. Increase the beneficiary coverage of both mothers and children in collaboration with the Health Department, considering the present gaps in data of the two Departments.

iii. Timely utilisation of allotted funds on infrastructure development as well as training and capacity building activities of the programme;

iv. Improve the infrastructure facilities in the Anganwadi Centres;

v. Implement the Take Home Ration under Supplementary Nutrition programme in the entire State for pregnant and lactating women and infants (6 month-3 years);

vi. Conduct periodical test of quality of food served in AWCs to ensure that food material contain the required nutrition component for children and to ensure cent percent immunisation of newborn children;

vii. Strengthen monitoring mechanism as per prescribed structure and to ensure all records are kept upto date in compliance with the scheme guidelines.

Appendix - 2.2.1

Detailed status of maintenance of Registers at AWC level in the selected 14 Projects

(Reference: Paragraph No. 2.2.14.1)

(in number)

Sl. No.	Name of Register	Not maintained	Partially maintained	Properly maintained
1	Survey/family register/ Household survey register for PSE	02	87	100
2	Supplementary Food Stock Register	06	22	161
3	Supplementary Food Distribution Register	09	37	143
4	Pre school education register	18	108	63
5	Pregnancy and Delivery Register	31	123	35
6	Immunisation and Village Health and Nutrition Day (VHND)	19	134	36
7	Vitamin A Biannual Rounds Register	63	93	33
8	Home Visits Planner /Home visit register	33	128	28
9	Health check-up /referral register	133	45	11
10	Summaries (Monthly & Annual)	90	90	09
11	Weight Records of Children /Growth chart	25	90	74
12	Calendar &Age Birth EDD calculation tables	154	22	13

***Source**: Sampled AWCs Record*