WOMEN AND CHILD DEVELOPMENT DEPARTMENT

3.2 Integrated Child Development Services Scheme

Highlights

The "Integrated Child Development Services (ICDS) Scheme" is a Central Plan scheme meant for delivery of health services, nutrition and education to children in the age group of 0-6 years and expectant and lactating mothers. The implementation of the scheme in the State for the period 2001-06 suffered from several deficiencies such as inadequate planning, loss of central assistance due to low spending, non-operation of required number of Anganwadi Centres (AWCs), large scale vacancies in the posts of ICDS functionaries, lack of proper accommodation and basic amenities in AWCs. Besides, nutritional support could not be provided to all eligible beneficiaries due to inadequate budget provision. The prevalence of severe mal-nourishment among children persisted at around five per cent throughout the period during 2001-06 despite intervention through different packages of the scheme.

- **Against the budget provision of Rs 607.03 crore for the period 2001-06 under the Central Plan, savings amounted to Rs 132.16 crore. Failure in utilising these GOI funds led to loss of central assistance of Rs 35.48 crore during the period.**

(Paragraph 3.2.7.1)

- **Out of the budget provision of Rs 337.23 crore for the Supplementary Nutrition Programme (SNP) under State Plan during 2001-06, the savings amounted to Rs 90.57 crore. The annul savings ranged from one to 43 *per cent.***

(Paragraph 3.2.7.5)

- **Against the requirement of 40297 AWCs, 37480 AWCs were sanctioned for the State. However, only 34201 AWCs were actually functioning and of these drinking water facilities were not available in 21847 AWCs (64 *per cent*) and toilet facilities were almost non-existent in any of the AWCs**

(Paragraphs 3.2.8 and 3.2.8.1)

- **Out of an annual average of 33.12 lakh beneficiaries required to be covered under the supplementary nutrition programme, the coverage ranged between 13.60 lakh and 29.06 lakh during 2001-06.**

(Paragraph 3.2.11.1)

- **The Infant Mortality Rate (IMR) of the State was 77 as of December 2004 which was much higher than the all India average of 58 and the percentage of severely malnourished children remained around five *per cent* throughout 2001-06.**

(Paragraphs 3.2.12.1 and 3.2.13.3)

- **The State level Coordination Committee required for monitoring and evaluation of the implementation of the scheme was not constituted. Two out of eight districts test checked did not have any District Level Co-ordination Committees to monitor the ICDS activities.**

(Paragraph 3.2.17)

[*] Abbreviations used in the performance review have been expanded in Glossary of abbreviations at pages 228-234.

3.2.1 Introduction

The "Integrated Child Development Services (ICDS) Scheme" is a Central Plan scheme meant for delivery of services through six packages comprising supplementary nutrition, immunisation, health check-up, referral services, nutrition and health education and non-formal pre-school education of children. The scheme is intended for children of 0-6 years, expectant and lactating mothers of 15-45 years of age and adolescent girls of 11-18 years all belonging to the families of agricultural labourers, marginal farmers and other weaker sections of the society living below poverty line.

The primary objectives of the scheme were to reduce the incidence of mortality, morbidity, malnutrition and school dropout among children; improve the nutritional and health status of children in the age group 0-6 years; and enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutritional and health education.

3.2.2 Organisational set up

The implementation of the scheme was the responsibility of the Women and Child Development Department. At the Department level there was a State Project Management Unit (PMU) headed by the Project Co-coordinator-cum-Joint Secretary, assisted by one Deputy Director-cum-Deputy Secretary and four Assistant Directors-cum-Under Secretaries with other ministerial staff. At the district level, there was district ICDS Cell with a Programme Officer under the supervision of District Social Welfare Officer (DSWO) and at the block level the ICDS Projects were supervised by Child Development Project Officers (CDPOs) with the help of supervisors. The ICDS Package services were delivered through Anganwadi Centres (AWCs) by engaging Anganwadi workers and Anganwadi Helpers on honorarium basis.

3.2.3 Audit Objectives

The performance audit of the implementation of the ICDS scheme was conducted with the following audit objective to assess whether:

- proper planning preceded implementation of the scheme.
- allocation and use of fund were efficient in the context of the scheme objectives.
- required infrastructure were created for the projects for efficient and smooth delivery of quality services;
- staff deployment and skill upgradation was made in consonance with the scheme objectives;
- implementation of various packages of the scheme within the projects was efficient.
- the system of monitoring and evaluation of the programme was in place and effective.

3.2.4 Audit criteria

The implementation of various components and progress made under ICDS scheme was evaluated with reference to the following audit criteria:

- Budgetary and expenditure control system maintained at Department, district and project levels.
- Guidelines and instructions issued by Government of India for selection of beneficiaries, opening of AWCs, prescription of norms for SNP and delivery of different packages of services
- Instructions issued by Government of Orissa pertaining to procurement, quality control, distribution and maintenance of records for supply of nutritious food.
- Prescribed norms for staffing and skill upgradation.
- Standards fixed by the National Institute of Public Co-operation and Child Development (NIPCCD) for infrastructure of ICDS Projects and training programmes.
- Monitoring mechanism instituted by the Government.

3.2.5 Scope of Audit and audit methodology

The implementation of the Integrated Child Development Services (ICDS) Scheme for the period 2001-06 was reviewed (April-July 2006) through test check of records of the Women and Child Development Department of the Government, eight selected DSWOs[1], 33 CDPOs[2], 318 Anganwadis and three training centres[3]. The selection of eight DSWOs was made by adopting stratified random sampling method based on population criteria and 33 projects and 318 AWCs functioning under the selected districts were selected on simple random sampling and systematic sampling basis respectively including the projects at district headquarters and the project at Subdega (Sundergarh district) being the first project in the State

Besides scrutiny of records of the selected offices and collection of data, evidences were gathered by conducting interviews with the beneficiaries, physical verification of AWCs and taking photographs etc.

The audit objectives, the audit criteria and the performance indicators were discussed with the Commissioner-cum-Secretary of the Department at the entry level conference held in May 2006. Audit findings and recommendations were also discussed in an exit conference held in August 2006.

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1 Cuttack, Jagatsinghpur, Jharsuguda , Kalahandi, Kandhamal, Puri ,Rayagada and Sundergarh.

2 (i) Cuttack: Tangi- Choudwar, Tigiria, Cuttack Sadar,Kantapada (ii) Jagatsinghpur : Jagatsinghpur, Biridi, Tirtol, (iii) Jharsuguda : Laikera, Jharsuguda (urban), Jhrsuguda (Hq), (iv) Kalahandi :Kesinga, Dharamgarh, M Rampur, Bhawanipatna, Bhawanipatna (urban), (v) Kandhamal: Daringibadi, Khjuripada, Tumudibandha, Phulbani, (vi) Puri: Kakatpur, Gop, Brahmagiri, Puri sadar, (vii) Rayagada : Padampur, Bissamcuttack, Muniguda, Rayagada and (viii) Sundargargh : Lathikota, Bargaon, Nuagaon, Hemagiri, Sundergarh Sadar , Subdega.

3 AnganwadiTraining centres (ATC): (i) ATC, Unit II, Baripada, (ii) Home Economic Training Centre, Barpalli, and (iii) Kasturba Gandhi National Memorial Trust,Satyabhamapur, Cuttack.

Audit Findings

3.2.6 Planning

The planning lacked strategy for addressing the core issues of the scheme affecting its implementation

The State Government was responsible for implementation of different packages and providing supplementary nutrition under the ICDS scheme to poor people living in tribal and backward areas and urban slums. Statistical information on low birth weight (LBW), maternity mortality rate (MMR) and institutional delivery and enrolment of children in regular schools after pre-school education were not available with the department. Even the data on infant mortality rate (IMR) of children maintained by the department for last five years ending March 2006 was understated in comparison to the GOI data. Thus, the basic data having a bearing on the planning of the scheme were not available with the Government. Although provision was made in the budget for all the sanctioned posts, planning for filling up large number of vacant posts was not considered. Thus, the planning lacked strategy to address the core issues of the scheme thereby affecting the implementation of the scheme.

3.2.7 Management of funds

While the funding for the supplementary nutrition programme (SNP) was the responsibility of the State Government, the other services were funded out of Government of India (GOI) assistance. Scrutiny of records relating to budget and expenditure control showed large scale savings, curtailment of central assistance etc as discussed below.

3.2.7.1 Budget provision, funds released and expenditure

The budget provision, funds received from the GOI vis-à-vis expenditure incurred towards operational cost of ICDS projects during 2001-06 were as below:

(Rupees in crore)

Year	Budget provision	GOI Assistance received	Expenditure	Savings with reference to Budget Provision (Percentage)
2001-02	97.11	86.76*	69.93	27.18 (28)
2002-03	97.31	86.76	71.01	26.30 (27)
2003-04	148.50	103.87	123.36	25.14 (17)
2004-05	130.33	99.68	108.26	22.07 (17)
2005-06	133.78	106.01	102.31	31.47 (24)
Total	**607.03**	**483.08**	**474.87**	**132.16 (22)**

***Includes opening balance of Rs 17.94 crore.**

It may be seen that there was a saving of Rs 132.16 crore (22 *per cent*) under central plan scheme which was mainly due to vacancies in 8180 posts of different cadres of ICDS functionaries for which budget provision was made and non-functioning of 3279 AWCs in the State. Besides, GOI assistance of Rs 8.21 crore remained unspent as of March 2006.

As per the norm fixed by the GOI (April 2002), the State Government was eligible for annual assistance of Rs 30.75 lakh per operational ICDS project and an additional Rs 1.10 lakh per project where Kishori Shakti Yojana (KSY) was under implementation. Accordingly, the State Government was eligible for GOI assistance of Rs 500.62 crore for operating 308 to 326 ICDS projects and 112 KSY projects during 2001-06. However, GOI released Rs 465.14 crore during the above period as the State Government failed to utilise the entire GOI assistance received during the years of receipt resulting in curtailment of central assistance of Rs 35.48 crore. During discussion, the Commissioner-cum-Secretary accepted (August 2006) the above audit observations.

Failure in utilizing the GOI funds within the years of receipt led to loss of central assistance of Rs 35.48 crore during 2001-06

3.2.7.2 Retention of unspent funds outside Government account

In 22 out of the 33 test checked ICDS Projects, Rs 20.22 lakh on 11 components pertaining to the period 1991-2006 had remained unspent and mostly kept in savings bank accounts. The major unspent funds related to referral services (Rs 8.96 lakh), Anganwadi contingencies (Rs 4.50 lakh), training of adolescent girls (Rs 1.61 lakh), IMR (Rs 0.37 lakh), Malnutrition (Rs 1.30 lakh) and information, education and communication (Rs 1.15 lakh).

3.2.7.3 Parking of funds under Civil Deposit

Further, it was seen that Rs 4.41 crore meant for monitoring and evaluation mechanism (MEM), pre-school education kits, Kishori Shakti Yojna and information education and communication (IEC) of ICDS scheme was kept by the Directorate under Civil Deposit during 2001-03 till July 2006.

3.2.7.4 Component-wise of expenditure of the GOI funds

The component-wise expenditure of GOI funds during 2001-06 was as below:

(Rupees in lakh)

Unit of expenditure	2001-02	2002-03	2003-04	2004-05	2005-06	Total (*Per cent* to total Expenditure)
Salary	27.69	27.43	28.49	28.82	31.38	143.81 (30)
Establishment expenditure	3.01	2.83	4.62	3.68	2.44	16.58 (3)
Honorarium of AWC	30.21	31.37	86.40	66.16	65.37	279.51 (59)
Anganwadi contingencies	3.05	1.92	2.04	2.05	2.05	11.11 (2)
MEM	0.63	0.67	0.38	0.68	0.00	2.36 (1)
IEC	0.77	0.81	0.36	0.81	0.01	2.76 (1)
Office contingencies	1.07	0.99	1.07	1.07	1.06	5.26 (1)
Kishori shakti yojana	0.00	1.23	0.00	1.23	0.00	2.46 (1)
Medicine kits	1.91	2.05	0.00	2.05	0.00	6.01 (1)
Pre- school education kits	1.59	1.71	0.00	1.71	0.00	5.01 (1)
Total	**69.93**	**71.01**	**123.36**	**108.26**	**102.31**	**474.87 (100)**

Against the required expenditure of Rs 18.54 crore, only Rs 11.02 crore was spent on pre-school education and medicine kits

Out of the total expenditure of Rs 474.87 crore, benefits of only Rs 11.02 crore (two *per cent*) spent on pre-school education and medicine kits reached the beneficiaries as direct benefits. However, as per the prescribed norms[4], the Government should have achieved an expenditure of Rs 18.54 crore. Thus, the scheme failed to create necessary impact by restricting the coverage.

[4] Pre-school education kits and medicine kits at the rate of Rs 500 and Rs 600 respectively per Anganwadi per annum.

3.2.7.5 Provision of funds and expenditure under Supplementary Nutrition Programme

As stated above, the State Government was responsible for providing supplementary nutrition out of its own resources under minimum needs programme. During 2001-06, the budget provision made by the Government for SNP and expenditure incurred thereof were as under:

Year	Budget provision	Expenditure	Savings (percentage)
2001-02	34.01	19.41	14.60 (43)
2002-03	59.32	34.68	24.64 (42)
2003-04	57.25	48.69	8.56 (15)
2004-05	64.87	64.78	0.09 (1)
2005-06	121.78	79.10	42.68 (35)
Total	**337.23**	**246.66**	**90.57 (27)**

The savings ranging from 35 *per cent* in 2005-06 to 43 *per cent* in 2001-02 were due to supply of food stuff to AWCs far below the prescribed norm of 300 feeding days a year. It was noticed that although the State Government was to provide SNP out of its own resources, the expenditure of Rs 246.66 crore under the programme included Rs 190.32 crore out of other GOI funds[5].

3.2.8 Inadequacy of infrastructure

Out of 37480 sanctioned AWCs against the requirement of 40297, only 34201 AWCs were actually functioning and 3279 AWCs remained non operational

The scheme envisaged establishment of one Anganwadi Centre (AWC) for 1000 population in a rural/urban project whereas one AWC should be opened with 700 population in a tribal project. The requirement of AWCs on the basis of 2001 census in rural and tribal projects was 34780 against which 36472 AWCs were sanctioned while in urban projects, against the requirement of 5517 AWCs only 1008 were sanctioned. Thus, there was a shortfall of 4509 AWCs (82 *per cent*) under the urban sector restricting the benefit to the urban population under ICDS scheme. Scrutiny revealed that out of 105 ULBs in the State, only 12 ULBs comprising 23.72 lakh population were being covered by 1008 AWCs, thus overcrowding the AWCs by more than 100 *per cent*. The remaining 93 ULBs comprising 26.63 lakh populations remained uncovered. Besides, as of March 2006, 3279 AWCs remained non-functional owing to non-posting of required staff.

The Under Secretary to Government stated (August 2006) that proposals for opening of 6880 additional AWCs were sent (January 2005 and March 2006) to the GOI approval of which was yet to be received.

3.2.8.1 Inadequate infrastructure facilities at Anganwadi Centres

In order to maintain efficient and smooth delivery of quality services, the Anganwadi Centres, should fulfill minimum requirement of (i) adequate space for services with no health hazard to children (ii) space for storage, cooking and washing facilities (iii) adequate ventilation, drainage and availability of toilet and drinking water facilities.

[5] Prime Ministers Gramodaya Yojana : Rs 104.31 crore, Revised Long Term Action Plan for KBK districts : Rs.49.31 crore and Centrally Sponsored Plan for SNP : Rs.36.70 crore.

21487 (62 *per cent*) AWCs were functioning in places other than the departmental buildings and in rented houses

From the data furnished by the Government on availability of infrastructure with the AWCs, it was noticed that out of 34201 operational AWCs, 18307 (53 *per cent*) AWCs were functioning in places other than the departmental buildings and 3180 (nine *per cent*) were functioning in rented houses. Drinking water facilities were available only in 12354 AWCs (36 *per cent*) and toilets functioned only in 357 AWCS (one *per cent* of the operational AWCs).

Test check of records in 33 ICDS projects revealed that 1201(37 *per cent*) out of 3208 AWCs were functioning in schools, club houses and other places. Even 29 AWCs of the above were operating in verandahs of private houses while 10 AWCs were functioning in open places. It was also noticed that five AWCs in two ICDS projects were functioning in dilapidated and unsafe buildings. One AWC (Jamudarah AWC) under Nuagaon project (Sundargargh district) had been left incomplete since 2000.

Photograph showing unsafe Anaganwadi Centre at Tunapahad

Photograph showing Anaganwadi Centre at Jamudarah lying incomplete since 2000

3.2.8.2 Construction of buildings and installation of hand pumps for AWCs

Under the World Bank Assisted ICDS Project-III Scheme in operation during October 2002 to March 2006, the GOI released Rs 24.30 crore (2003-05) for construction of 1798 AWC buildings and installation of 1863 hand pumps. Of the above, the State Government placed Rs 21.62 crore with DRDAs for construction of AWCs buildings (Rs 16.29 crore) and installation of hand pumps (Rs 5.33 crore). The remaining Rs 2.68 crore remained unspent with the State Government though the project period was over by March 2006.

The State Government reported (April 2006) to the GOI that Rs 21.62 crore were utilised and the construction of AWCs and installation of hand pumps were completed. However, check of records in five test checked districts showed that installations of 273 hand pumps out of 361[6] sanctioned and all the 453 sanctioned AWC buildings[7] on which expenditure of Rs 5.33 crore[8] had been incurred from GOI assistance were not completed and handed over for use as of July 2006. More over, as per the scheme, 75 *per cent* of the unit cost

[6] Cuttack: 125 (completed: 78), Jagatsinghpur: 130, Jharsuguda: 15 (completed: 10), Puri: 86 and Sundargarh: 5.
[7] Cuttack: 160, Jagatsinghpur: 136, Jharsuguda: 35, Puri: 93 and Sundargarh: 29.
[8] Cost of 273 hand pumps at the rate of Rs 40000 each and 453 AWC buildings at the rate of Rs 93750 each.

(Rs 1.25 lakh) of the building was to be met from the GOI assistance and the remaining 25 *per cent* was to be borne by the State Government; but information on release of 25 *per cent* of state share though called for was not received (September 2006).

3.2.9 Staff deployment

The sanctioned strength and staff in position under the scheme as of March 2006 was as below:

Sl. No.	Category of post	Number of posts sanctioned	Staff in position	Vacancy	Percentage of vacancy
1.	CDPOs	326	231	95	29.14
2.	Supervisors	1742	1055	687	39.44
3.	Anganwadi Workers	37480	33554	3926*	10.47
4.	Anganwadi Helpers	37480	34008	3472*	9.26

*** Includes newly sanctioned posts**

Large scale vacancies in different cadres affected the efficient management of ICDS activities

Thus, the large scale vacancies in different cadres affected the efficient management of ICDS activities. Although the vacancy at grass root level was around 10 *per cent*, larger vacancies in the middle level functionaries such as Supervisors (687) and CDPOs (95) led to lack of direction in and supervision of delivery of services.

Test check of 33 projects revealed that four[9] projects were running without CDPOs for two to five years as of June 2006. One ICDS project (Gop) was functioning without any supervisor against total strength of six for the project.

The Under Secretary to Government attributed non-filling up of vacant posts to issue of a stay order by the Orissa High Court in May 2001 which was vacated recently and the vacancies would be filled up shortly.

3.2.10 Training of the core functionaries

UDISHA meaning 'the first rays of the new dawn', is the World Bank Assisted National Training Programme for quality improvement in the training of ICDS functionaries as the 'care givers'. Under the scheme, all the core functionaries were to be imparted training in job courses and refresher courses in 26 Anganwadi Training Centres (AWTCs) and two middle level training centres (MLTC) in the State. Test check revealed shortfall in training of ICDS functionaries and non-utilisation of optimum capacity of training centres as discussed in succeeding paragraphs.

3.2.10.1 Shortfall in training of ICDS functionaries

The position regarding the staff in different cadres required to be trained vis-à-vis persons actually trained under UDISHA Training Programme from the inception of the scheme (April 1999 to March 2006) was as below:

Name of the cadre	Persons to be trained	Training in job course			Training in refresher course		
		Completed	Shortfall in training	Percentage of shortfall	Completed	Shortfall in training	Percentage of shortfall
CDPOs	275	47	228	83	19	256	93
Supervisors	1028	129	899	87	489	539	52
Anganwadi Workers	33527	14091	19436	58	18299	15228	45

[9] (1) .Puri since 2004-05 (two years), (2) Padampur since 2001-02 (four years), (3) Hemgiri since 2002-03 (three years) and (4).Tumudibandha since 2001-02 (two years).

It may be seen that training in job courses and refresher courses could not be imparted to 228 and 256 CDPOs respectively. Similarly, out of 1028 Supervisors in position, job course training to 899 and refresher course training to 539 could not be imparted. Anganwadi workers numbering 19436 (58 *per cent*) were not trained under basic job course training meant for them.

The capacities of four test checked Government-run Home Economic Training Centres at Barpalli were under-utilised by 57 to 75 *per cent* of the training days during 2001-06

The capacity of four test checked Government run Home Economic Training Centres (HETC)[10] at Barpalli were not utilised optimally. Assuming that 1400 training days were available during 2001-06 at the rate of 280 days annually, the utilisation of capacity of these HETCs during 2001-06 was between 343 (25 *per cent*) to 599 days (43 *per cent*). Further, it was seen that out of 4250 trainees nominated during the above period for job course and refreshers course, 1300 (31 *per cent*) trainees did not turn up for training as they were not relieved for the purpose by the CDPOs.

Another training centre (Anganwadi Training Centre-II, Baripada) did not conduct any training programme for 11 months during the period March 2003 to August 2005 since no training programme was sponsored by the Government. During this period, a sum of Rs 2.15 lakh was spent towards honorarium of teaching staff of the centre.

The shortfall in training was due to Government's failure to prepare annual training calendar setting out the target for training requirements and utilisation of infrastructure for the training centres. Thus, lack of proper planning led to non-utilisation of the optimum capacity of the training centres.

3.2.11 Implementation of Supplementary Nutrition Programme

The Supplementary Nutrition Programme (SNP) is a food based intervention under the ICDS scheme aimed at improving the health and nutritional status of children in the age group of 0 to 6 years and expectant and lactating mothers. Food is to be provided to the beneficiaries in the AWCs to supplement the nutritional intake for 300 days in a year.

3.2.11.1 Shortfall in coverage of beneficiaries under SNP

On a conservative estimate based on the census 2001[11] and data available from HFW Department, there were 53.59 lakh children in the age group of 0-6 years and on an average 15.77 lakh expectant and nursing mothers in the State, who were to be identified annually during 2001-06 under different packages of the scheme. According to the norms of the scheme, 40 *per cent* of the identified beneficiaries from rural and urban projects and 75 *per cent* from tribal projects were required to be covered under the SNP. As such, on an average, 33.12 lakh beneficiaries (children: 25.59 lakh and expectant/nursing mothers: 7.53 lakh) were to be covered annually under the programme. However, only 13.60 lakh (2002-03) to 29.06 lakh (2005-06) beneficiaries were covered annually during 2001-06. The aggregate of beneficiaries covered was 108.62 lakh[12] as against 165.60 beneficiaries required to be covered

[10] HETC, Unit-I: 599 days, Unit II: 463 days, Unit III: 394 days and Unit IV: 343 days.

[11] The total population of the State as per 2001 census was 368.04 lakh out of which tribal population consisted 81.45 lakh (22.13 *per cent*). Applying the above ratio, the tribal children works out to 11.86 lakh and urban/rural children to 41.73 lakh aggregating to 53.59 lakh children. Similarly, applying the same ratio, the expectant and lactating mothers (tribal) works out to 3.49 lakh and rural/urban to 12.28 lakh aggregating to 15.77 lakh.

[12] 2001-02: 15.64 lakh, 2002-03: 13.60 lakh, 2003-04: 22.56 lakh, 2004-05: 27.76 lakh and 2005-06: 29.06 lakh.

during the period resulting in shortfall of 56.98 lakh (*34 per cent*). Non-coverage of beneficiaries were mainly due to non-sanction of projects in 93 Urban Local Bodies (ULBs) and non-operation of required number of AWCs including 3279 AWCs sanctioned in August 2005 in tribal and rural projects.

During discussion (August 2006), the Commissioner-cum-Secretary of the WCD Department stated that the coverage of beneficiaries under SNP as per the ICDS norms had been geared up (August 2004) on the directives (April 2004) of the Supreme Court of India

3.2.11.2 Non-adherence to norms in coverage of beneficiaries in Anganwadi Centres

Test check of records of 1383 AWCs of 14 tribal projects and 1619 AWCs of 17 rural projects revealed that there was shortfall in coverage of 0.59 lakh beneficiaries (average 9 *per cent*) in tribal AWCs whereas there was excess coverage of 1.81 lakh (average 33 *per cent*) beneficiaries under rural AWCs during 2001-06 as below:

(Numbers in lakh)

Year	Total number of identified beneficiaries		Total number of beneficiaries required to be covered		Number of beneficiaries actually covered		Shortfall(-)/ Excess (+) in coverage (percentage in bracket)	
	Tribal	Rural	Tribal	Rural	Tribal	Rural	Tribal	Rural
2001-02	1.68	2.64	1.26	1.06	1.18	1.33	(-) 0.08 (6)	(+) 0.27 (26)
2002-03	1.66	2.79	1.24	1.12	0.91	1.65	(-) 0.33 (27)	(+) 0.53 (48)
2003-04	1.66	2.80	1.24	1.12	1.13	1.45	(-) 0.11 (9)	(+) 0.33 (29)
2004-05	1.70	2.73	1.27	1.09	1.18	1.43	(-) 0.09 (7)	(+)0.34 (31)
2005-06	1.67	2.71	1.26	1.09	1.28	1.43	(+) 0.02	(+)0.34 (32)
Total	**8.37**	**13.67**	**6.27**	**5.48**	**5.68**	**7.29**	**(-) 0.59 (9)**	(+) **1.81 (33)**

It may be seen that the tribal areas were covered less. This was due to fixing of district-wise targets for coverage of beneficiaries without adherence to the population norms.

3.2.11.3 Coverage of urban projects under the programme

Out of the 12 urban projects in operation in the State, the SNP being an important component of ICDS scheme was not introduced (June 2006) in seven[13] urban projects since their operation during 1994-96. Besides, 26.63 lakh urban population remained out of nutrition programme due to non-sanction of projects in 93 ULBs.

3.2.11.4 Feeding days

According to the scheme, the supplementary nutrition was to be provided to the beneficiaries in AWCs for 300 days in a year. The Supreme Court also directed the State Governments during 2004 to ensure 300 days feeding to the targeted beneficiaries under the scheme. Test check of records of 3105 AWCs under 31 projects showed that an average of 1239 AWCs (40 *per cent*) could not be provided feeding up to 200 days in a year during 2001-06 as would be

[13] Bargarh, Bhawanipatna, Biramitrapur, Brajarajnagar, Jharsuguda, Joda and Sunabeda.

seen from the table below:

Year	Total number of AWCs	Number of AWCs provided feeding for		
		0-100 days	101-200 days	201-300 days
2001-02	3105	378 (12)	1148 (37)	1579 (51)
2002-03	3105	47 (01)	1765 (57)	1293 (42)
2003-04	3105	256 (08)	1680 (54)	1169 (38)
2004-05	3072	10 (0)	450 (15)	2612 (85)
2005-06	3099	1 (0)	463 (15)	2635 (85)
Average AWCs providing feeding days	3097	138 (04)	1101 (36)	1858 (60)

Note: Figures in parenthesis indicate percentage of AWCs

The concerned AWWs and CDPOs attributed the shortfall to inadequate supply of food stuff.

3.2.11.5 Short procurement of food stuff in Anganwadi Centres

The requirement of food stuff as assessed by the eight test checked DSWOs and quantity procured fell short by 24 to 64 *per cent* during 2001-06 was as below:

Particulars of food stuff	Quantity of food stuff required	Quantity procured	Shortfall	Percentage of shortfall
	In lakh quintal			
CSB	2.04	1.47	0.57	28
Rice	1.09	0.83	0.26	24
Wheat	5.90	3.74	2.16	37
Dal	1.26	0.78	0.48	39
Jaggery	1.31	0.48	0.83	64
Total	**11.60**	**7.30**	**4.30**	

The shortfall in procurement was attributed by the DSWOs to non-availability of funds with them. The shortfall in procurement, however affected the nutritional status of the beneficiaries.

3.2.11.6 Delivery of food stuff with reduced nutritional value

The State Government prescribed (November 2001) the ration component of wheat 80 gram, dal 14 gram and jaggery 20 gram containing nutritional value of 400 calories for a single ration under Wheat based SNP programme implemented mostly in 19 non-KBK districts of the State. As per the above norms, 93495 quintals of jaggery was to be supplied against the supply of 373980 quintals of wheat during the period 2001-05. However, only 47682 quintals (51 *per cent*) of jaggery was supplied resulting in short supply of 45813 quintals (49 *per cent*). According to the prescribed norm[14] 20 grams of jaggery contains 77 calories. Due to less supply of jaggery, the beneficiaries were provided with 362 calories instead of the prescribed 400 calories.

3.2.11.7 Testing of the food materials

The State Government issued (September 2000) guidelines to all the Collectors for carrying out quality check of food materials particularly in respect of Mung dal and Jaggery. In addition to visual inspection/examination, the testing should be made with hydrochloric acid to ascertain the artificial colour content in dal and washing soda in jaggery. However, testing standards were not prescribed for other food material. Test check of records of the 8 DSWOs revealed that 47682 quintals of jaggery and 77711 quintals of dal

[14] 100 grams jaggery contain 383 kilo calories according to the nutritional value of Indian foods published by the National Institute of Nutrition of Hyderabad.

were supplied to the AWCs without hydrochloric acid test during 2001-06. Similarly, no quality testing in respect of other food materials was also carried out before supply of the same to the AWCs. Thus, the quality of the food materials consumed by the beneficiaries was not ensured.

3.2.12 Immunisation

As per the ICDS guidelines, all children below six years in the project areas were to be immunized against diphtheria, tetanus, whooping cough, tuberculosis, polio and measles. All expectant mothers were also to be immunised against tetanus twice during their pregnancy.

In the test checked 318 AWCs, it was noticed that the shortfall in different doses of immunization to the children ranged from 9 to 18 *per cent* as below:

- Out of 30759 children of 1.5 to 3.5 months, 27856 (91 *per cent*) were given DPT, 27955 (91 *per cent*) polio and 25649 (83 *per cent*) were administered BCG injection.
- Out of 25669 children (9-12 months), 23747 (93 *per cent*) were given measles vaccination.
- Out of 25304 children (18-24 months), 21706 (86 *per cent*) were given DPT booster and 20677 (82 *per cent*) were given polio vaccination.

Thus, all the children were not covered under immunisation.

3.2.12.1 Infant mortality rate (IMR)

The average Infant Mortality Rate (IMR) per thousand births of the State was 86 during 2000-04 which was much higher than the averages of National and neighboring States as given in the table below:

Year	Orissa	All India average	West Bengal	Jharkhand	Andhra Pradesh	Chhatisgarh
2000	95	68	51	70	65	79
2001	90	66	51	62	66	76
2002	87	63	49	51	62	73
2003	83	60	46	51	59	70
2004	77	58	40	49	59	60
Average	**86**	**63**	**47**	**57**	**62**	**72**

Source:- Sample Registration System (SRS bulletin) of the Registrar General of India under Ministry of Health and Family Welfare.

One of the objectives of the IMR mission was to encourage institutional delivery by providing financial assistance in the form of transportation charges (varying between Rs 150 to Rs 200), medicine cost (varying between Rs 200 and 1500). However, the data collected from Director of Family Welfare (DFW), Orissa revealed that only 917576 (33 *per cent*) of institutional deliveries took place against the total delivery of 2783017 registered in the State during 2001-06. Thus, the implementation of the provisions of the Mission was on a low key in the State. Since institutional delivery was considered as primary factor in reduction of IMR, low incidence of institutional delivery was responsible for abatement in infant mortality.

3.2.13 Health check-up

Health check up includes ante-natal care of expectant mothers, post-natal care of nursing mothers and children under six years of age. Records of ante-natal care were to be kept in Ante-natal card. Post-natal visits to the homes of the

mothers were to be made twice within 10 days after delivery. Test check of records of the AWCs revealed poor ante-natal care of the beneficiaries, inadequate and neglected health check up programme etc as discussed in succeeding paragraphs.

3.2.13.1 Poor Ante-natal care

In 178 AWCs under 28 Projects it was noticed that out of 27229 expectant mothers, health check up was not done in case of 3710 at home (14 *per cent*) and 11317 at the ante-natal clinics (42 *per cent*) by the health functionaries of Health and Family Welfare (HFW) Department. The poor performance of ante-natal care of the expectant mothers was mainly due to lack of cooperation of the HFW department.

3.2.13.2 Health check up programme

In 32 ICDS Projects it was noticed from the data furnished to audit for 2001-06 that 2.41 lakh (62 *per cent*) out of 3.87 lakh children, 1.39 lakh (78 *per cent*) out of 1.78 lakh expectant mothers and 1.38 lakh (73 *per cent*) out of 1.88 lakh nursing mothers were covered under health check-up although the scheme envisaged coverage of all beneficiaries. The genuineness of the aforesaid data could not, however, be ascertained in audit since the essential records like ante-natal cards, post-natal cards and Childrens' Health Cards were not maintained at Anganwadi Centres. Similarly, home visits of health workers were also not verifiable due to non-maintenance of such records. Only immunization activities were recorded at AWCs.

From the information made available by 291 AWCs under 31 test checked projects, it was noticed that (i) institutional deliveries were made in 10976 cases (39 *per cent*) out of 28103 delivery cases during 2001-06, (ii) 15263 (54 *per cent*) lactating mothers were not examined by the health functionaries in their home after delivery and (iii) The Medical Officer, Lady Health Visitors and Auxiliary Nursing Midwives (ANM) did not visit 59, 49 and 73 *per cent* of the AWCs respectively during 2001-06.

Information furnished by the Department revealed that on an average, only 8.36 lakh (17 *per cent*) out of 49.59 lakh selected beneficiaries were covered under health check up during 2001-06. Thus, the health check up under the scheme was grossly neglected due to large number of vacancies in the posts of field functionaries and lack of coordination with the health functionaries.

3.2.13.3 Poor improvement in case of malnourished children

The children in the age group of 0-6 years were to be weighed by the AWWs every month to watch the growth of the children and assess the nutritional status grading them under normal, Grade-I (mild), Grade-II (moderate), Grade-III and IV (severely malnourished). Relevant reports incorporating the above information were sent to the higher authority every month.

Data available from the nodal department showed that 58 to 62 *per cent* of children in age group 0-6 years covered under this scheme were mildly malnourished whereas 0.77 to 1.07 *per cent* were severely malnourished during 2001-06. According to the sample survey (2000-01) of the National

Institute of Nutrition, Indian Council of Medical Research, Hyderabad, 4.6 *per cent* of children (up to 5 years) were found to be severely malnourished. Sample nutritional audit conducted (2005-06) by the department also revealed that there were on an average of 4.5 *per cent* severely malnourished children. Similarly, the sample survey reports of the State Nutrition Division of HFW Department for the period 2001-06 revealed that there were 201 (5.59 *per cent*) out of 3594 children were severely malnourished in 18 districts. This indicated that the prevalence of severe malnourishment among children did not decline despite interventions through different packages of the scheme

The failure to check malnutrition among children was attributed by the CDPOs to non-supply of supplementary nutrition for required days and inadequacy in health check up system.

3.2.13.4 Failure to procure medicine kits timely through HFW Department

As an essential input under health check-up programme, each AWC was to be provided every year with a medicine kit costing Rs 600 consisting of easy to use and dispensable medicines for common ailments of children. Test check of records in selected projects and AWCs revealed that such medicine kits were supplied to AWCs only twice during 2001-06. Thus, the Anganwadi workers were not equipped with required medicines regularly for use at the time of need.

3.2.13.5 Purchase and supply of Not of Standard Quality (NSQ) medicine in the medicine kits

The department purchased 31855 medicine kits through the HFW department and supplied (July 2002) the same to the AWCs. The kits among others included "Sulphacitamide Eye Drops (10%)" vials worth Rs 4.33 lakh which were subsequently declared as "Not of Standard Quality (NSQ)'. The department instructed (December 2002/Februry 2003) all the Collectors to return all the unused medicine to the Deputy Director, State Drug Management Unit, Bhubaneswar. In Cuttack, Jagatsinghpur and Puri districts, it was seen that such NSQ medicine was partly used by the time the instructions were received and the unused medicines were returned. This indicated that the medicine kits were supplied without ensuring the quality of the medicines.

3.2.14 Poor referral services

The scheme provides for expectant mothers and children (0-6 years) requiring specialized treatment to be referred to the upgraded PHCs / Sub-Divisional / District Headquarters Hospitals. The Medical Officer of PHC would refer such cases with referral slip prescribed for the purpose. After completion of treatment, the said hospital would refer back the mother/child to the PHC with a note of treatment given and further follow up treatment. From the data supplied by the department it was noticed that 21.59 lakh beneficiaries were referred for specialised treatment in hospitals by the AWWs during 2001-2006.

The position of referral services availed during 2001-06 by the patients in the test checked 33 projects was as below:

Number of beneficiaries identified for specialized treatment	Number of beneficiaries referred (out of col.1)	Number of beneficiaries availed referral service (out of col.2)	Number of beneficiaries advised for further treatment (out of col.3)	Number of beneficiaries not availed further treatment (out of col.4)
(1)	(2)	(3)	(4)	(5)
69061	52359 (76 *per cent*)	35657 (68 *per cent*)	4479 (13 *per cent*)	1887 (42 *per cent*)

It may be seen from the above that 35657 (52 *per cent*) out of 69061 identified patients were only covered under referral service and 42 *per cent* of the referred patients advised for further treatment discontinued the referral service without going for treatment. However, 1403 women beneficiaries (89 *per cent*) out of 1720 interviewed by audit in 318 AWCs stated that no referral services were extended to them when needed. The poor performance in referral service was due to reluctance of the beneficiaries to go to PHCs / CHCs as the hospitals were not providing medicines to the referred patients for want of funds. In one project (CDPO, Tumudibandha), four children aged two to four months who were referred (January 2006) to the Sub-Divisional Hospital at Baliguda were not supplied with medicines by the hospital. Thus, due to non-provision of funds by the department under the programme, the service intended for specialized treatment to the beneficiaries was ineffective.

3.2.15 Nutrition and Health Education programme

The objective of Nutrition and Health Education Programme was to make all women particularly nursing and expectant mothers in the age group of 15-45 years aware of the crucial role of nutrition in preventing diseases and maintaining health status of themselves and their children.

Scrutiny of records of 33 test checked projects revealed that the target of holding at least one meeting of mothers in a month and one exhibition/ demonstration of cooking and feeding in a year in each Anganwadi Centre (AWC) could not be achieved in most of the AWCs. The shortfall in holding of mothers meeting ranged from 22 to 32 *per cent* during 2001-06. Similarly, the shortfall in arranging exhibition and demonstration ranged from 88 to 91 *per cent* during the period. Attendance of mothers in the said meeting was very poor. This indicated that the AWWs failed in generating motivation and awareness about health and nutrition among the women. Further, short course training on health and nutrition education for about 30 women in a village as stipulated in the scheme was not organized by AWCs in the 33 selected projects during 2001-06.

Thus, the objective behind the nutrition and health education programme was not achieved due to inadequate number of mothers' meetings, exhibition and demonstration and non-organisation of short course training on health and nutrition education.

3.2.16 Non-formal Pre-school Education

Children between three and six years of age were to be imparted non-formal pre-school education in AWCs so as to develop learning attitudes, values for emotional and mental preparation before primary education is imparted to them in regular schools.

As per the data maintained by the Department, 51.84 lakh children in the age group of 3 to 6 years were enrolled during 2001-2006 in AWCs for pre-school education of which only 44.99 lakh attended the pre-school during the said period. Thus, 6.86 lakh children (13 *per cent* of enrolment) remained out of pre-school education. In 318 AWCs under the 33 test checked projects, 4387 (23 *per cent*) children could not continue study in regular schools out of 17068 children who completed pre-school education during the period.

As per the scheme, educational play kits worth Rs 500 per Anganwadi are to be provided to all the AWCs every year. However, such kits were provided only twice to the AWCs during 2001-03. As stated by the Government, Rs 1.71 crore was spent for the purpose during 2004-05. However, no play kits were supplied to the AWCs till June 2006.

3.2.17 Monitoring and evaluation

As per scheme, the State Government should form a Coordination Committee at State level to facilitate planning, monitoring and evaluation of the projects at the State level. Similarly, the District and Block Level Co-ordination Committee were required to be formed to monitor the implementation of the scheme at their respective levels.

However, the State Level Coordination Committee had not been constituted. The monitoring and evaluation cell at the Government level was not effectively functioning except consolidating reports and returns received from DSWOs/CDPOs of the State. Out of eight districts test checked, two districts (Sundergarh and Cuttack) did not have any District Level Co-ordination Committees. At the project level, it was stated that monthly co-ordination committee meetings were held in some cases and important points discussed but relevant records could not be made available to audit to verify the stated position.

3.2.17.1 Inadequate visits to AWCs by CDPOs

As per the duty chart prescribed by the GOI, each CDPO was to visit Anganwadi centres for at least 18 days in a month. In 33 CDPOs revealed that no records of such visits .were maintained in the Projects. From the information furnished by 27 CDPOs, it was seen that 15 CDPOs visited the AWCs for less than 100 days which ranged from 3 to 91 days in a year against the annual target of 216 days. In 10 projects, 414 (41 *per cent*) to 489 (48 *per cent)* AWCs out of 1012 AWCs were not visited by the CDPOs at all during 2001-06. Thus, due to shortfall in visit of AWCs by the CDPOs, adequate supervision of their activities could not be ensured and maintenance of required records relating to ante-natal/post-natal care, children's health check up cards, shortfall in organizing health and nutrition education training to women etc was not noticed.

3.2.17.2 Impact of additional duties entrusted to the Anganwadi workers

The AWC workers and helpers of the State were originally entrusted with the duties under ICDS scheme only. However, information made available by the test checked CDPOs revealed that the District Collectors very often assigned some additional duties not related to ICDS scheme such as general census, literacy programme, identification of disabled children, survey of tuberculosis, leprosy, AIDs and Malaria patients, revision of electoral rolls and photo

identity cards, survey works of PHCs and formation of self help groups etc. under Mission Shakti. As a result, the focus on core activities of the ICDS scheme was diffused and the quality of service delivery was affected.

3.2.18 Conclusion

The ICDS scheme being implemented in the State failed to achieve the objectives of providing basic services in critical areas like nutrition, health check up and education to pre-school children and expectant and lactating mothers. The planning for implementation of the programme was grossly inadequate. Low spending by the Department led to less receipt of central assistance, which affected the delivery of services on a regular basis. Number of Anganwadi centres in operation fell short in terms of population criteria. Minimum amenities like proper accommodation and basic facilities of safe drinking water, toilets etc. were not available in AWCs. There were large scale vacancies at all levels of the scheme functionaries. Utilisation of capacity of the training centres was poor. Supply of supplementary nutrition was not up to the prescribed standard. Severe malnourishment among children persisted at around five *per cent* throughout the period during 2001-06. The average infant mortality rate per thousand child births of the State during 2000 to 2004 was 86 as against the all India average of 63. Coordination between the WCD and Health and Family Welfare Department was quite conspicuous by its absence and it resulted in ineffective health check up and referral services.

3.2.19 Recommendations

- Government should assess the actual requirement of funds to prepare budgets realistically to avoid savings.
- There is an urgent need to reassess and establish ICDS projects commensurate with the demographic composition of the State from time to time.
- The AWCs should function in proper coordination with the local units of the primary health centres to strengthen the immunisation, health check up and referral services. Funds should be provided for meeting referral services.
- Coverage of beneficiaries under the supplementary nutrition programme should be enhanced and the quality of food should be ensured. Concerted efforts are necessary to enhance coverage in urban areas.
- More efforts are needed in making available pre-school, education kits and medicine kits directly to beneficiaries to increase their motivation and participation.
- The monitoring at Government, district and block levels should be strengthened to cover all aspects of the scheme.

During discussion, the Commissioner-cum-Secretary assured (August 2006) to take suitable remedial measures on audit observations after verifying the facts from the field functionaries of the Department. The reply was, however, not received from the Government (September 2006).