WOMEN & CHILD DEVELOPMENT AND SOCIAL WELFARE DEPARTMENT

2.2 INTEGRATED CHILD DEVELOPMENT SERVICES

Integrated Child Development Services (ICDS), a centrally sponsored flagship scheme, aims at improvement in the nutritional and health status of children and pregnant women and lactating mothers in rural, tribal and urban slum areas. The programme aims to reduce the incidence of mortality, morbidity and malnutrition through delivery of a package of services like supplementary nutrition, immunisation, health check up and non-formal pre-school education (PSE). The implementation and efficacy of the scheme for the period from 2007-12 were subjected to Performance Audit through the test check of five districts and sampled projects and Anganwadi Centres (AWs) there under. Noticeable progress was observed towards universalisation of the programme during 2007-12. There was reduction in Infant Mortality Rate from that in 2006.

However, much remains to be done as regards reduction in malnutrition among pregnant women and percentage of infants with low birth weights. The State lagged behind the achievables in case of Neonatal Mortality Rate (NMR) and Maternal Mortality Ratio (MMR). Test check disclosed many areas of concern as regards operationalising AWs, implementation of supplementary nutrition programme (SNP), availability of basic amenities in AW centres, manpower management, etc.

- ➢ The Department did not operationalise all projects and AWs sanctioned by GoI which deprived beneficiaries of better access to services. There was considerable delay in operationalisation of projects and AWs. Bifurcation of projects to strengthen supervision did not serve its purpose as the newly created projects were not provided with supervisory manpower.
- ➢ AW centres were found lacking in basic amenities, as only 25 *per cent* had own buildings, while 14 *per cent* operated in open spaces. Drinking water and toilet facilities were available in 57 and 32 *per cent* of AWs respectively.
- ➢ Forty nine (49) AWs (25 *per cent*) out of 200 test checked provided Supplementary Nutrition (SN) for stipulated 300 days. Further, quantum of per day per head food stuff had been reduced by the Department to cushion the price rise. At the same time, avoidable extra expenditure of ₹ 240.66 crore was incurred owing to non-availing of the GoI's offer of supply rice at BPL rate and non-lifting of BPL rice allotted by GoI, which indicated indifference of the Department.
- ➢ The objective of prevention of critical diseases was not addressed adequately, shortfalls being noticed in implementation of immunisation programmes (except for tuberculosis). Non-maintenance of referral cards at AW level and lack of co-ordination with functionaries of Health Department resulted in serious cases of malnutrition or illness not being properly followed up.

➢ Significant shortages between 53 and 69 *per cent* were noticed in key supervisory posts, resulting in almost half of the AWs either not being or being inadequately supervised. As regards number of days of field visits, actual achievement was 38 *per cent* of normative requirement in the test checked projects during 2007-12.

2.2.1 Introduction

Integrated Child Development Services (ICDS), a centrally sponsored scheme (CSS) launched in the State in October 1975, is designed to provide services to pre-school children as well as pregnant women and lactating mothers in an integrated manner to ensure proper growth and development of children in rural, tribal and urban slum areas. Main objectives of the scheme *inter alia* include:

- Improvement of nutritional and health status of children in the age group of zero to six years;
- Laying the foundation for proper psychological, physical and social development of children;
- Reduction of mortality, morbidity, malnutrition and school dropout;
- Effective co-ordination in the functioning of various agencies involved in child development programmes; and
- Enhancing capability of mothers, through proper nutrition and health education, for looking after health and nutritional needs of children.

The objectives are to be achieved through a package of services comprising supplementary nutrition, immunisation, health check up, referral services, health education and non-formal pre-school education of children of three to six years.

2.2.2 Implementation mechanism

The Women & Child Development and Social Welfare Department implements the scheme at the State level through the Director, Social Welfare, the State Co-ordinator for ICDS. At the district level, the District Magistrate is vested with the responsibility to direct and co-ordinate implementation of the scheme through the District Programme Officer (DPO). Services are delivered through a network of 575 ICDS projects, each headed by a Child Development Project Officer (CDPO), and 116390 Anganwadi Centres (AWs) sanctioned thereunder (573 ICDS projects and 112432 AWs being operational as of March 2012). The AWs, functioning in villages or urban wards, are run by trained female workers designated as Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs) engaged on payment of honorarium. Supervisors, who function under the control of CDPO have the responsibility of supervising and guiding the AWWs in planning and organising delivery of services.

2.2.3 Audit objectives

Audit objectives were to assess whether

➢ funds allocated/released for projects had been used economically and efficiently;

➢ adequate number of projects and AWs were functioning with requisite infrastructure facilities for effective delivery of services;

➢ various services like supplementary nutrition, immunisation, referral, pre-school non-formal education and nutrition and health education were being delivered effectively and outputs against performance indicators pointed towards achievement of scheme objectives;

➢ management of human resources for optimal service delivery was effective, and

➢ monitoring of the programme was effective.

2.2.4 Audit Criteria

Implementation of the various components of the ICDS was assessed with reference to the following criteria:

➢ Guidelines and instructions issued by GoI for opening of AWs.

➢ Norms of Supplementary Nutrition Programme (SNP) and delivery of different packages of services.

➢ System of monitoring instituted by the Government.

➢ Supreme Court directives.

➢ National plan of action for children.

2.2.5 Audit Coverage and Methodology

Performance of ICDS during 2007-2012 was reviewed between April and July 2012. Records of the Department, Directorate, five DPOs out of 19, 20 CDPOs out of 132[1] under the selected DPOs, 200 AWs out of 6546 operational ones under the selected 20 CDPOs were test checked (***Appendix 2.10***). Districts, CDPOs and AWs were selected through random sampling. Entry conference was held in August 2011 with the Principal Secretary of the Women & Child Development and Social Welfare Department, wherein the audit objectives, coverage and methodology were explained. Observations arising out of the performance audit were discussed with the Secretary of WCD&SW Department in December 2012; views of the Department expressed in the Exit Conference and communicated through the formal reply (December 2012) have been incorporated at the relevant places of the report.

2.2.5.1 Previous Audit Coverage

Performance Review of ICDS last appeared in para 3.3 of the Comptroller and Auditor General's Report on Government of West Bengal (Civil), 2004-05. The areas of concern identified in that report included non-operationalisation of AWs, inadequate infrastructural facilities, non-adherence to nutritional norms and deficiencies in package of services relating to health care and Pre School Education.

2.2.5.2 Acknowledgement

We acknowledge the co-operation and assistance rendered by the Pr. Secretary/ Secretary of Women & Child Development and Social Welfare Department, Director of Social Welfare, officers of the Department and the Directorate, Project Officers, CDPOs, Supervisors and AW workers of the test checked districts/ Projects/AW centres during the course of audit.

Audit Findings

2.2.6 Financial Management

2.2.6.1 Funds released and expenditure incurred

ICDS funds have two components - Supplementary Nutrition Programme (SNP) and administrative expenses. SNP expenses are shared equally between the Centre

[1] *Though 63 additional CDPOs have been created, these have not been provided with separate infrastructure and manpower.*

and the State, while administrative expenses were fully borne by GoI up to 2008-09 and thereafter shared between the Centre and State in the ratio 90:10. Apart from this, State Government paid additional honorarium, ex-gratia, etc. to AWWs and AWHs.

Funds received from Central and State Governments *vis-à-vis* expenditure incurred towards SNP and administration during 2007-2012 are shown in the ***Appendix 2.11***. Short release of central funds in a quarter was adjusted against subsequent releases. Accordingly, as of March 2012, ₹ 58.99 crore in respect of SNP and ₹ 48.43 crore in respect of administrative cost had not been received from the Central Government. Noticeable increase in administrative expenditure during 2009-12 was attributable to operationalisation of additional AWs and increase in honoraria of AWWs and AWHs.

During 2009-12, administrative expenses constituted 34 to 41 *per cent* of the total ICDS expenses against the recommendation of 28 *per cent*

Administrative expenses accounted for 34 to 41 *per cent* of total expenditure under ICDS in the State during 2009-12 (37 *per cent* in aggregate), against the recommendation (May 2009) to restrict the same within 28 per cent. This was attributed by the Department to salary hike consequent upon Pay Commission recommendations, operationalisation of additional AWs, additional expenditure on account of honorarium etc.

2.2.6.2 Delay in operationalisation of AWs and consequent idle payment

In five projects of three test-checked districts, ₹ 2.99 crore paid to staff were unproductive as the AWs concerned did not start functioning since other staff were not recruited or other problems as tabulated below.

Table 2.2.1: Idle payment in test checked districts

District	Name of project	Amount (₹ in crore)	Remarks
Malda	Kaliachak -I	0.12	Project sanctioned in January 2006 and Project level officers and staff were posted with effect from July 2006 onwards. AW centres started functioning in October 2007 due to delay in recruitment of AWW/AWHs. Consequently, services of project level officers and staff were unutilised leading to unproductive expenditure on their pay and allowances.
South 24 Parganas	Baruipur and Patharpratima	1.55	125 AWs in Baruipur and 69 AWs in Patharpratima were not made operational leaving AWWs and AWHs idle from December 2009 to March 2012. The same was attributable by the CDPO to non-co-operation of respective Gram Panchayats.
	Sonarpur	1.02	
Jalpaiguri	Alipurduar-I	0.30	142 AWWs remained idle during September 2010 to March 2012 due to non selection of AWHs. Honoraria paid to 20 AWWs and AWHs each attached to 20 AWs was unproductive owing to non-operationalisation of AWs during January 2010 to March 2012.
Total		**2.99**	

Source: Records of respective CDPOs

The Department stated (December 2012) that functioning of Kaliachak I Project was delayed as the local MLA (being the Chairman of the selection committee) had delayed to convene the meeting of selection committee. The Department accepted the observation on South 24 Parganas, but intimated that the AWs have since started functioning. As regards Alipurduar I project, it was intimated that three AWs have since started functioning.

Unproductive expenditure of ₹ 4.08 crore on salary / honorarium during 2009-12

Further, in three test-checked districts, 14 drivers[2] were posted either in excess of requirement or vehicles were not allotted to them from April 1995 to March 2012. This resulted in payment of idle salary of ₹ 1.09 crore (Bardhaman: ₹ 69.91 lakh, Jalpaiguri: ₹ 26.71 lakh and Malda: ₹ 13.23 lakh) during 2007-12.

Thus, during 2007-12, unproductive expenditure on salary/honararium amounted to ₹ 4.08 crore.

2.2.7 Establishment of Projects and AWs and availability of infrastructure

2.2.7.1 Status of operationalisation of Anganwadi Centres

As of March 2012, out of 575 projects sanctioned in the State, 573 were operational while in test checked districts 193 were operational against 195 sanctioned. Similarly, as of March 2012, out of 116390 AWs in the State, Department could operationalise 112432 (97 *per cent*). These AWs were sanctioned by GoI in four phases[3] for denser coverage. The status of operationalisation of the AWs in test checked districts is indicated in ***Appendix 2.12 A***.

As of March 2012, the Department failed to operationalise five per cent AWs (2041[4] out of 41950) sanctioned, in the five test-checked districts though three to seven years have elapsed since their sanction. The delay in operationalisation was mainly attributable to shortage of AWWs and AWHs indicating non-synchronisation of recruitment of staff with setting up of AWs. Test-check further disclosed the following:

- In Kharagpur-I project of Paschim Medinipur, though 220 AWs were sanctioned under the then existing projects in third phase, sanction of 120 AWs were withdrawn by GoWB and redistributed among other projects in the district. Forty nine (49) of the remaining AWs were made operational till March 2012. This deprived 2529 beneficiaries targeted to be attached to 51 sanctioned AWs of ICDS services.
- In the third phase of expansion, GoI sanctioned 1000 AWs in trafficking prone areas of 40 existing ICDS projects in eight[5] border districts to be operationalised

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[2] *Vehicles were not allotted to nine drivers plus five drivers were posted in excess of requirements*

[3] *Initial phase termed as the Pre-First phase, followed by three more phases. Target date for operationalisation of the first phase: June 2006, second phase: September 2007 and third phase: December 2009*

[4] *82 AWs sanctioned in pre-1st phase, 367 AWs sanctioned in 1st phase, 131 AWs sanctioned in 2nd phase and 1461 AWs sanctioned in 3rd phase.*

[5] *Cooch Behar, Dakshin Dinajpur, Jalpaiguri, Malda, Murshidabad, Nadia, North 24 Parganas and Uttar Dinajpur.*

within December 2009. Available records did not indicate any action taken by the Government to operationalise these AWs.

- In South 24 Parganas, based on State Government's proposal, GoI sanctioned 8001 AWs (till third phase) for 13 riverine projects at the rate of one AW for every 350 population. The Department, however, approved 5606 AWs to these projects based at the rate of 500 population per AW, out of which 604 are yet to be operationalised. Thus, the intention of providing better coverage to riverine villages was not achieved.

During Exit Conference (December 2012) Department stated that court cases created obstacle in the operationalisation of sanctioned AWs. It was stated that there was improvement since March 2012, which, however, was not supported by any factual evidence in the Department's reply (December 2012).

2.2.7.2 Bifurcation of existing projects

Bifurcation of existing projects did not result in better supervision owing to non-provision of manpower

With a view to ensure proper functioning of ICDS projects through stronger supervision and monitoring of the AWs, the State Government decided (April 2010) to set up additional projects bifurcating existing ones having more than 300 AWs each. Accordingly, 160 additional projects were sanctioned out of which 159 were set up in the State during 2011-12. Of this, 63[6] were set up in the five test-checked districts. These 63 additional projects were not given separate manpower with the result that CDPO/ACDPOs who were entrusted with the original projects before bifurcation continued to hold charge of the new projects created after bifurcation. Thus, the objective of strengthening supervision and monitoring through bifurcation was not achieved.

The Department intimated (December 2012) that efforts were being taken to create separate infrastructure facilities and arrange for manpower.

2.2.7.3 Infrastructural facilities

According to the standards fixed by the National Institute of Public Co-operation and Child Development (NIPCCD), for efficient and smooth delivery of quality services, Anganwadis should fulfill minimum requirements. These include adequate space for services with no health hazards to children, availability of toilets and drinking water facilities, etc.

Reports of infrastructural facilities available as of March 2012 in 39869 operational AWs as available with the Directorate in respect of five test checked districts as well as in the State indicated the following:

[6] *Bardhaman-7, Jalpaiguri-15, Malda-9, Paschim Medinipur-12 and South 24 Parganas-20.*

Table 2.2.2: Infrastructural facilities in AWs

Infrastructural facilities	Paschim Medinipur	Bardhaman	South 24 Parganas	Malda	Jalpaiguri	Total of test checked	State as a whole
AWs reported upon	8602	9051	9945	5509	6762	39869	**111679**
Own building	3002 (35)	3141(35)	1438 (14)	332 (6)	1784 (26)	9697 (24)	**27656(25)**
Rented house	331 (4)	573(6)	1024 (10)	1898 (34)	167 (2)	3993 (10)	**16217(15)**
Primary school/other government building	2336 (27)	2103 (23)	3035 (31)	170 (3)	623 (9)	8267 (21)	**21646(19)**
Private house	1949 (23)	2186(24)	3677(37)	2719 (49)	988 (15)	11519 (29)	**30384(27)**
Open space	1062 (12)	950 (10)	771 (8)\	390 (7)	3200 (47)	6373 (16)	**15866(14)**
Drinking water facilities available	4094 (48)	6327 (70)	5446 (55)	4920 (89)	2302 (34)	23089 (58)	**63471(57)**
Toilet facilities available	**1733 (20)**	**4291 (47)**	**2104 (21)**	**2385 (43)**	**1308(19)**	**11821 (30)**	**35993(32)**

Source: Information furnished by the Directorate and respective DPOs
Figures in brackets represent percentage with respect to number of AWs reported upon

25 *per cent* of the AWs in the state had own buildings while 14 *per cent* were operating in open spaces

In the State, 25 *per cent* of the AWs had own building while 14 *per cent* were operating in open spaces. On this count, the situation in two test-checked districts was critical with 47 *per cent* AWs in Jalpaiguri operating in open space and only six perÊcent in Malda having own buildings. Likewise, drinking water and toilet facilities were also inadequate with only 57 and 32 *per cent* of AWs respectively having these facilities. As regards toilet facilities, Jalpaiguri, Paschim Medinipur and South 24 Parganas fared badly with only 19, 20 and 21 *per cent* of the AWs having toilets. As evident, in the absence of required infrastructural facilities, AWs were not in a position to render quality services to targeted beneficiaries effectively.

Dining cum classroom at Lochandas setu AW (No 192) under Mangalkote Project in Bardhaman

Test-check of 200 AWs under five DPOs revealed the following position of availability of child friendly amenities:

Table 2.2.3: Facilities in AWs

No of AWs test checked	Number of AWs (per cent) having			
	Inadequate space	Separate space for children	Indoor activity area	Outdoor playing area
200	40 (20)	138 (69)	103 (52)	91 (46)

Source: Data collected from test checked AWs

Thus, while non-availability of adequate space is the most pervasive problem faced by the AWs, almost half of the AWs test-checked run without outdoor playing area and indoor activity area, which may potentially affect the quality of services rendered by the AWs.

2.2.7.3.1 Sanitation and Drinking Water facilities

In the test checked districts, 42 and 70 per cent of AWdid not have drinking water and toilet facilities respectively

In five test-checked districts 16780 (42 *per cent*) AWs were running without drinking water facility while number of AWs without drinking water in the State stood at 48298 (43 *per cent*). Number of AWs with drinking water facility was highest in Malda (89 *per cent*), while in Jalpaiguri, the situation was worst (*34 per cent*) among the test checked DPOs. Out of 200 AWs test checked, water quality was never tested in 178 (89 *per cent*).

Seventy (70) *per cent* of AWs in the test checked districts and 68 *per cent* in the State did not have toilet facilities, indicating indifference towards provisioning of proper sanitation facilities.

During Exit Conference (December 2012) the Department stated that efforts were on to improve the position regarding inadequacies in basic infrastructural facilities/amenities in AWs. It was mentioned that construction of AW buildings were undertaken through various schemes[7]. It was intimated that the DMs had been asked to send action plans for three years with a target to provide own buildings to all AWs within that period. Similarly, steps were stated to have been taken for provision of toilets, drinking water, etc.

2.2.8 Supplementary Nutrition Programme

2.2.8.1 Identification and coverage of beneficiaries

Noticeable improvement in coverage of SNP points to project's gradual progress towards universalisation

Supplementary Nutrition Programme (SNP) targets all children of age group of six months to six years and all pregnant women and lactating mothers. Accordingly, the target group was to be identified and a database maintained by AWWs. During 2007-12, in five test checked districts, total 152.03 lakh[8] beneficiaries were registered, out of which 131.24 lakh[9] were covered (86 *per cent*). DPO, Malda attributed shortfall in coverage of enrolled beneficiaries to non-supply of food in regular course, reluctance of children to attend AWs for non-formal pre-school education, etc.

[7] *Rural Infrastructure Development Fund, Backward Region Grant fund, Multi sector Development Programme, Member of Parliament Local area Development, Bidhayak Elaka Unnayan Prakalpa, Paschimanchal Unnayan Parshad etc*

[8] *Bardhaman: 3742734, Jalpaiguri: 1961196, Malda: 1611731, South 24 Parganas: 4854779 and Paschim Medinipur: 3033047*

[9] *Bardhaman: 3557192, Jalpaiguri: 1533279, Malda: 1345328, South 24 Parganas: 4069931 and Paschim Medinipur: 2678419*

Analysis of data for the State (***Appendix 2.12B***) indicated that during 2007-12, coverage of 0-6 years children increased from 61 to 87 *per cent* while for pregnant women and lactating mothers it increased from 63 to 97 *per cent*. Such substantial improvement indicated steady progress towards universalisation.

2.2.8.2 Disruption of SNP

25 *per cent* of 200 test checked centres could provide SN without disruption

As per norms of GoI further emphasised by the Honourable Supreme Court's order (April 2009), each AW was required to ensure provision of supplementary nutrition to the extent of 300 days in a year (25 days in a month). Scrutiny of records of SNP in 200 test checked centres revealed that SN was provided for 300 days in a year in 49 centres (25 *per cent* of test checked AWs). In the test checked districts, the percentage of such AWs varied from five to 45 as indicated in the ***Appendix 2.12C***.

Audit analysis indicated four to 21 *per cent* disruption in number of feeding days in 200 test checked AWs.

Though norm was for 25 days of feeding in a month, monthly progress reports (MPRs) accepted 21 days as the benchmark. However, analysis of MPRs for the month of March during 2007-12 as shown in the table below indicated that the percentage of AWs which provided SN for more than 21 days per month, increased from 79 *per cent* in 2007-08 to 91 *per cent* in 2011-12. The trend was largely the same in the test checked districts.

Table 2.2.4: AWs providing food for more than 21 days per month

	As of March	No. of AWs operational	No of AWs reported	Number of AWs providing SN for 21 days or more in a month (percentage*)
West Bengal	2008	88086	87745	69377 (79)
	2009	89015	88134	73740 (84)
	2010	108961	104388	88823 (85)
	2011	111556	109888	100602 (92)
	2012	112432	111060	101501 (91)
Five test checked districts	2008	31441	31370	23220(74)
	2009	31795	31671	26412(83)
	2010	38819	36931	30518(83)
	2011	39596	38732	35735(92)
	2012	39978	39265	35931 (92)

Source: Reports of WCD&SW Department **with respect to AWs reported.*

CDPOs of Malda attributed this mainly to inadequate supply of food grains.

The Department stated (December 2012) that it was working on creation of buffer stock forming cluster of 10-15 AWs for uninterrupted supply of SNP.

2.2.8.3 Non-adherence to nutritional norms

Reduction in quantity of foodgrains to cushion price hike led to non-provision of food of stipulated nutritional value

The aim of SNP was to reduce and prevent malnutrition among children, pregnant women and lactating mothers by providing supplementary nutrition as per the nutritional norms fixed by GoI. The cost of food stuff was to be equally shared by the Central and the State Government. The State Government unilaterally increased its share in January and August 2008, while in March 2009, both the GoI and State enhanced their shares[10]. In Jnuary 2011 in t he light of increase in market rates of foodgrains, the Department reduced[11] the quantum of food material to be able to maintain the rate per beneficiary per day. Consequently, beneficiaries were not provided with prescribed level of nutritional value.

As per Department's records as made available to audit, shortage in nutritional value for various categories of beneficiaries was between 70 and 100 calories as indicated in the table below.

Table 2.2.5 : Calorific norms for supplementary nutrition vis-v-vis actuals[12]

Category for beneficiaries	Stipulated quantity of energy to be supplemented	Actuan quantity energy provided (Calories)	Shortage in terms of Calorie (percentage)
Children of 6 months to 6 years	500	400	100 (20)
Severely malnourished children	800	500	300 (38)
Pregnant women and lactating mothers	600	530	70 (12)

Source: Documents of Women and Child Development and Social Welfare Department

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(Amount in Rupees)

Category of Beneficiaries	*Rates/head/day*			
		January 2008	*August 2008*	*March 2009*
	Up to December 2007	*Enhanced by State Government*		*Enhanced by both Central and State*
Children of 6 months to 6 years	*2.00*	*2.16*	*2.34*	*4.00*
Severely malnourished children	*2.70*	*2.90*	*3.12*	*6.00*
Pregnant women and including mothers	*2.30*	*2.50*	*2.72*	*5.00*

[11] *60 gms of rice and 25 gms of dal provided to severely malnourished children as of October 2010 were reduced to 45 gms and 20 gms respectively in January 2011 indicating a reduction of 25 per cent and 20 per cent respectively.*

[12] *As per information furnished to Hon'ble Supreme Court in December 2009.*

During the Entry Conference, Principal Secretary of the Department stated that it was difficult to meet the requirement of calories unless fund provisions were linked to the price index. The same was reiterated in the Exit Conference as well as in the reply given (December 2012) by the Department.

Thus, non-supply of supplementary nutrition for stipulated number of days coupled with reduction in quantum of food stuff led to reduction in stipulated level of nutritional value. The purpose of bringing about improvement in the nutritional and health status of children and pregnant women was compromised to that extent. The same is vindicated by the scenario of malnutrition among the targeted groups (***Appendix 2.13)***:

- As of March 2012, out of 5674883 children weighed, 1450454 (26 *per cent*) were below normal weight, while 102847 children (two *per cent*) were malnourished.
- Of 1906787 pregnant women registered during 2010-11, 569046 (30 *per cent*) were anaemic (Haemoglobin<11[13]).
- Further, during the period 2007-11, birth weight of 15 to 19 *per cent* new born babies in the state was less than 2.5 kg. In respect of test-checked districts, percentage of such babies varied between six and 25 *per cent*.

In the Exit Conference the Department stated (December 2012) that it had been decided to provide double fortified (with iron and iodine) food to combat anaemia and iodine deficiency.

2.2.8.4 Non-availing of BPL rate in procurement of SNP rice

Department's failure to avail of rise at BPL rates under WBNP Scheme resulted in avoidable expenditure of ₹ 240.66 crore

Under Wheat/Rice Based Nutrition Programme (WBNP) State Governments were to receive food grains at the below poverty line (BPL) rate for SNP of ICDS scheme. The State Government did not avail of the benefit of the scheme up to 2011-12[14] This indicates indifferent attitude on the part of the Department, especially in the light of curtailment in nutritional supplements given to beneficiaries on account of price hike.

During 2007-2011, the Department purchased 2.51 lakh MT of rice for SNP through its procurement agencies[15] from open markets incurring avoidable excess expenditure of ₹ 240.66 crore (***Appendix 2.14***) towards price differential[16] which could have been productively utilised for improving nutritional status of beneficiaries. To this extent the contention of the Department regarding difficulty in meeting the nutritional requirements due to rise in price index cannot be accepted.

During the Exit Conference (December 2012), the Department welcomed the audit finding and informed that decision had been taken to procure 70 *per cent* of the food-grains from Food Corporation of India (FCI) at BPL rates and the remaining

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[13] *11 to 14 per cent of maternal deaths in West Bengal during 2007-10 were due to anaemia.*

[14] *In 2010-11, based on requirements communicated by GoWB, GoI allocated (July 2010 and October 2010) 115576 MT of rice under WBNP. The Department, however, could not lift the same due to non-finalisation of selection of carrying contractors at district level*

[15] *West Bengal Essential Commodities Supply Corporation (WBECSC), West Bengal Consumers' Co-operative Federation Ltd (CONFED) and North Eastern Regional Agricultural Marketing corporation Ltd.(NERAMAC)*

[16] *Procurement cost varying from ₹ 1226/Qtl to ₹ 1920/Qtl against BPL rates of ₹ 565/Qtl*

30 *per cent* would constitute high quality rice bought from the open market to ensure provision of good quality rice to children at least two days in a week.

2.2.9 Health Services and Non-formal Pre-School Education

Health check-ups, referral services and immunisation are provided through AWs in co-ordination with the Health & Family Welfare Department. This requires AWWs to work in close co-ordination with the Lady Health Visitor (LHV)/ Auxiliary Nursing Midwife (ANM)/ Accredited Social Health Activists (ASHA). This included antenatal care of expectant mothers, post natal care of newborn babies and care of children below six years of age. None of the 200 test-checked AWs maintained records of number of expectant mothers physically examined before delivery, nor the number of homes visited by ANMs/LHVs after delivery. As such, coverage of beneficiaries under this service could not be ascertained in audit.

2.2.9.1 Immunisation

Pregnant women and infants are immunised from six preventable diseases - polio, diphtheria, pertussis, tetanus, tuberculosis and measles, which are major causes of child mortality, disability, morbidity and related malnutrition. Immunisation of pregnant women against tetanus reduces maternal and neonatal mortality.

Annual Reports for the years 2007-11 provided by Health & Family Welfare Department, Government of West Bengal disclosed that four to 31 *per cent* children were not immunised against preventable diseases except tuberculosis (BCG vaccine) where targets were largely achieved. However, even in case of BCG vaccine, percentage of achievement indicated a reducing trend. Further, tetanus vaccine was not given to 15 to 22 *per cent* pregnant women as shown in ***Appendix 2.15 A***.

In test checked districts, one to 47 *per cent* children (***Appendix- 2.15 B***) were not immunised against one or the other of the preventable diseases. Tetanus vaccine was not administered to 11 to 33 *per cent* of pregnant women during 2007-11.

Audit noted that in three test checked districts (Bardhaman, Jalpaiguri and South 24 Parganas) want of vaccines affected the immunisation programme. BMOsH confirmed non-availability of vaccines namely BCG, measles, DPT, OPV, Hepatitis B, etc. for different periods of time. This was evident from the Mother Child Card maintained to monitor immunisation schedule. Thus, the objective of prevention of critical diseases was not adequately fulfilled.

2.2.9.2 Referral Services

Referral cards not maintained in any of the checked AWs

Under this component of ICDS, AW workers were to identify serious cases of malnutrition or illness through home visits for referring the cases to Primary Health Centres or rural or district hospitals. Such referred cases should be recorded in the referral cards and properly followed up to ensure that required treatment was received by the beneficiaries.

None of the AWs of test checked 20 projects maintained referral cards. Neither the ICDS officials nor the functionaries of the Health & Family Welfare Department maintained records of referral cases. In the absence of relevant records, number of cases referred by AWs and follow up action taken, if any, could not be ascertained in audit. There was no co-ordination among the ICDS functionaries and field level staff of H&FW Department in the context of referral cases.

During Exit Conference (December 2012), the Department accepted the gaps in co-ordination with Health & Family Welfare Department and attributed this to lack of parity between the jurisdiction of anganwadis and ANMs and other logistic issues. It was informed that meeting was held by the Chief Secretary by officers of the Health & Family Welfare and Panchayat & Rural Development Departments to bring about convergence. It was informed that the issue of referral cards would be followed up.

2.2.9.3 Non-formal Pre-School Education

Ninety three to 100 per cent of AWs in the State provided PSE for more than 21 days during 2007-12

Pre-School Education (PSE) was to be provided to children of three to six years for 300 days a year i.e. for 25 days in a month. The information available at State level, however, indicated the number of AWs which conducted PSE for more than 21 days. Monthly Progress Reports of the Department disclosed that 93 to 100 *per cent* of the AWs[17] in the State provided PSE for more than 21 days in a month during 2007-12.

In the test-checked AWs, during 2007-12, out of 44734 beneficiaries registered, 36656 (82 *per cent*) attended PSE on an average. To some extent, the shortfall may be due to the dearth of child friendly amenities in AWs.

The Department stated (December 2012) that efforts are on to restructure PSE curriculum.

2.2.9.4 Nutrition and Health Education

The objective of Nutrition and Health Education (NHE) was to make all women in the age group of 15-45 years and particularly nursing and expectant mothers aware of the crucial role of nutrition in preventing diseases and improving health status. This was to be disseminated through film/slide shows, short demonstration courses and mothers' meetings.

[17] *Number of AWs reporting on ICDS activites*

Targets were neither fixed for film/slide shows and short demonstration courses nor were these conducted in any of the test checked projects except Budge Budge Project in South 24 Parganas, where one slide show and two short demonstrations were conducted in 2010-11.

As regards mothers' meetings, in 14[18] projects out of the 20 test checked, number of mother's meetings either equalled or exceeded targets for the period. There were, however, instances of shortfall in number of mothers' meetings by 25 to 46 perÊcent during one to two years out of the five years audited. This indicated that though there were sporadic shortfalls in mothers' meetings, overall performance in this aspect was largely satisfactory.

Further, AWWs were to visit homes for educating the target group. Though home visits were conducted in all the test checked AWs, the performance could not be assessed in the absence of targets.

The Department stated (December 2012) that steps were being taken to educate women through films, slide shows, folk songs, dance drama etc.

2.2.10 Manpower and training

2.2.10.1 Vacancy in key posts

Shortage in supervisory posts ranged from 53 to 69 *per cent*

CDPO/Assistant CDPO (ACDPO) of the Project, Supervisor, AWW and AWH are key posts in ICDS. While CDPOs and Supervisors had oversight functions, AWW/AWHs being the frontline workers, provided the services. In the State, there was significant shortage in these key posts, ranging from nine to 69 *per cent* (vacancies in CDPO, ACDPO and Supervisor posts were of 53, 69 and 55 *per cent* respectively).

Table 2.2.6: Men-in Position vis-à-vis sanctioned strength as of March 2012

Name of the district	CDPO			ACDPO			Supervisor			AWW			AWH		
	SS*	MIP*	VP*	SS*	MIP*	VP*	SS*	MIP*	VP*	SS*	MIP*	VP*	SS*	MIP*	VP*
Malda	16	3	81	12	5	58	238	116	51	5573	5009	10	5573	4764	15
Bardhaman	39	25	36	16	0	100	396	164	59	9278	8816	5	9278	8283	11
Paschim Medinipur	38	11	71	21	14	33	394	149	62	9009	8369	7	9009	8045	11
Jalpaiguri	30	11	63	15	0	100	303	142	53	6984	6391	8	6984	6322	9
South 24 Parganas	31	27	13	23	14	39	464	230	50	11106	9967	10	11106	8837	20
West Bengal	**575**	**269**	**53**	**225**	**70**	**69**	**5053**	**2268**	**55**	**116390**	**106333**	**9**	**116390**	**100561**	**14**

Source: Information furnished by Directorate and the respective DPOs
**SS-Sanctioned Strength, MIP- Men in position and VP: Vacancy Percentage*

[18] *Alipurduar during 2007-12, Bhatar 2009-11, Budge Budge –II 2010-12, Gosaba 2007-12, Harishchandrapur-I-2011-12, Jalpaiguri Sadar 2010-11, Jaynagar II 2010-12, Kharagpur-I 2007-09 and 2011-12, Madarihat 2007-08 & 2009-10, Mangalkote 2011-12, Matiali 2007-10, Memari-II 2011-12, Midnapur(U)-2011-12 and Rania I 2007-08.*

[19] *Bardhaman-45, Jalpaiguri-30, Malda-25, Paschim Medinipur-42 and South 24 Parganas-51.*

Substantial vacancies in supervisory posts poses a potential risk to the quality and efficacy of supervision.

Each AW requires an AWW and an AWH for proper service delivery. Against 112432 operational AWs, 106333 AWWs and 100561 AWHs were in position indicating deficiencies of 6099 AWWs and 11871 AWHs. In 20 test checked projects, 5424 AWs were being run with 5137 AWWs and 4930 AWHs. This indicated that some AWWs/AWHs were in charge of more than one AW.

Owing to shortage, CDPOs were given responsibility of more than one project which adversely affected the work of supervision, co-ordination and guidance of the Projects under his/her charge. In five test checked districts, out of 193[19] projects, 83 (43 *per cent*) were being managed by entrusting additional responsibility to CDPOs or ACDPOs.

ACDPO post is intended to assist CDPO. As per norms, projects having AWs between 150 and 200 should have one ACDPO and above 200 AWs, two ACDPOs. In the State there was shortage of 155 ACDPOs (69 *per cent*) and likewise, against the norm of one Supervisor for 25 AWs, there was one Supervisor for 50 AWs. None of the test checked Projects had the required number of Supervisors with shortage ranging from 25 to 91 *per cent* (***Appendix 2.16***).

The Department stated (December 2012) that the Public Service Commission had been moved for direct recruitment of CDPOs. It was stated that the process of recruitment of Supervisors in the Left Wing Extremist prone blocks was going on.

2.2.10.2 Deployment of Supervisors

Analysis of deployment of Supervisors in 39 projects in five test checked districts showed that percentage of vacancy in 15 projects closer to the district headquarters, ranged between 0 and 42, whereas those of 24 projects at remote locations[20] Projects located at a distance of more than 20 KM from the district Headquarters were treated as remote. ranged between 67 and 100, establishing a clear link between location of the project and vacancy position.

The Department stated (December 2012) that efforts were being taken for equitable posting of existing Supervisors.

2.2.10.3 Training

Training and capacity building is one of the most crucial elements in the ICDS scheme, as the achievement of programme goals depends upon the effectiveness of frontline workers in improving service delivery. Accordingly two types of regular training - job (induction) training and refresher training - are imparted to AWWs, AWHs, Supervisors and CDPOs/ACDPOs through Anganwadi Training Centres (AWTC), Middle Level Training Centre (MLTC) and National Institute of Public Co-operation and Child Development (NIPCCD) AWTCs trained AWWs and AWHs,

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[19] *Bardhaman-45, Jalpaiguri-30, Malda-25, Paschim Medinipur-42 and South 24 Parganas-51.*

[20] *Projects located at a distance of more than 20 KM from the district Headquarters were treated as remote.*

MLTCs, Supervisors and NIPCCD trained CDPOs/ACDPOs through Anganwadi Training Centres (AWTC), Middle Level Training Centre (MLTC) and National Institute of Public Co-operation and Child Development (NIPCCD)[21].

During 2007-11, against a target of imparting job training to 33600 AWWs, 29605 (88 *per cent*) were trained, while 26883 AWHs were covered under job training in 2007-08 against targeted 33000, indicating achievement of 81 *per cent*. Neither any target was fixed nor was any job training imparted for Supervisors during 2007-11 and for AWHs during 2008-11. Given the fact that 17571 AWHs were recruited during 2008-11, non-imparting of job training might affect the quality of services rendered.

As regards refresher training, except for 1722 Supervisors (55 *per cent* of 3150 targeted) trained in 2009-11, no other training was conducted during 2007-11. Target was not set for refresher training, nor such training conducted for AWWs/AWHs during 2007-11 and Supervisors during 2007-09.

The Department stated (December 2012) that lacunae in training would be addressed through setting up of new training institutes[22].

2.2.11 Monitoring and evaluation

2.2.11.1 Constitution of Monitoring and Review Committees

For monitoring implementation of the ICDS programme, Project Level Monitoring Committee functions under the Chairmanship of the local Member of Legislative Assembly with Sabhapati of Panchayat Samity/ Chairman of the Municipality, Block Medical Officer/ representative of District Health Officer, DPO as members and respective CDPO being the Convenor. To further strengthen the monitoring and supervision mechanism under ICDS, GoI introduced (March 2011) a four-tier monitoring review mechanism in each State. Review and Monitoring Committees were to be constituted at the State, district, block and anganwadi centre levels and to meet at prescribed intervals. The Department issued notification for constitution of these committees in February 2012, i.e. almost a year after GoI's instructions were issued. The Department intimated (December 2012) that monitoring committees had been formed at all levels.

2.2.11.2 Visit of AWs by Supervisors and CDPOs

Supervision of CDPOs/ Supervisors through AW visits grossly inadequate

Supervisors of ICDS project play a crucial role in monitoring and evaluation of the working of the centres at grass root level. As per guidelines, one Supervisor should be posted for every 25 AWs and she was required to visit every AW attached to her each month. However, as of March 2012, 2268 Supervisors were in position to cover 112432 AWs (i.e. one supervisor for every 50 AWs) in the State. In terms of the Guidelines, at best 43 to 58 *per cent* of the AWs in the test checked districts (50 *per*

[21] *AWTCs trained AWWs and AWHs, MLTCs, Supervisors and NIPCCD trained CDPOs / ACDPOs.*

[22] *Decision has been taken for setting up Training Centres in for disricts and one training cum resource Centre at the state level. Moreover, one training centre for each district has been proposed to be set up by 2013-14.*

cent in the State as a whole) could have been effectively covered by the existing Supervisors as shown in ***Appendix 2.17***. It was further noticed that shortfall in actual visits by existing Supervisors vis-a-vis normative coverage ranged between eight and 42 *per cent*. Thus, supervision remained grossly inadequate due to dearth in the number of Supervisors coupled with shortfall in visits of the existing Supervisors.

CDPO, the project level officer was required to undertake field visits, the norms being 18 days of field visits in a month with at least 10 night halts outside headquarters. Against the requirement of 21600 days[23] during 2007-12, visits were undertaken for 8137 days (38 *per cent*). Percentage of supervision conducted was almost insignificant in Malda at five *per cent*. None of the test checked CDPOs undertook the required level of supervision and none made night halts as mandated. Thus, oversight by CDPOs was grossly inadequate.

DPO, Malda attributed the shortfall (95 *per cent*) in supervision to shortage of CDPOs/Supervisors.

Although the Department stated in reply (December 2012) that DPOs had been categorically advised to ensure adequate visits by the CDPOs and Supervisors, this would entail addressing the shortage of staff in the first instance.

2.2.12 Performance Indicators

National Plan of Action for Children 2005 (Plan), brought out by the Department of Women and Child Development, GoI, enumerated goals to be achieved by 2010 in respect of child and maternal health. It envisaged reduction of Neonatal Mortality Rate (NMR) to below 18 per 1000 live births, Infant Mortality Rate (IMR) to below 30 per 1000 live births, and Maternal Mortality Ratio (MMR) to below 100 per 100000 live births. It aimed to reduce incidence of low birth weight by half within 2010.

2.2.12.1 IMR, NMR and MMR

IMR, NMR and MMR of West Bengal during 2005 to 2010 are indicated below.

Table 2.2.7: Statement showing NMR, IMR and MMR in West Bengal

Year	Goal to be achieved by 2010	2005	2006	2007	2008	2009	2010
NMR	18	30	28	28	26	25	NA*
IMR	30	38	38	37	35	33	31
MMR	Less than 100	141	141	145	145	145	NA*

Source: Health on the March – Annual Report of Health &Family Welfare Department
** NA: Not available*

[23] *18 days x 12 (months) x 5 (years) x 20 (projects)*

As would be evident from the table, there was progressive reduction in IMR during 2005-10. Trend of NMR indicated a gradual shift towards a positive direction. The declining trend of IMR indicated improvement in nutritional and health status of children. However, maternal death remains a matter of concern. Overall, none of the indicators reached the achievable targets by 2010.

The Plan had set a goal of reduction of low birth weight by half by 2010. In 2006-07, out of 1294540 newborns weighed, 18 *per cent* (235640) were under-weight. In 2010-11, it marginally decreased to 17 *per cent* (215294 out of the 1294429 infants weighed).

Thus, in spite of some progress in the right direction, much remains to be done in the State to achieve the goals set by the National Action Plan for Children, 2005.

Identifying early marriage of girls, early pregnancy, non-institutional delivery etc. compounded by mal-nutrition as factors responsible for adverse IMR/MMR, the Department stated (December 2012) that intensive programme for creating awareness had been planned.

2.2.13 Improper Internal Control

2.2.13.1 Status of Statements of Expenditure (SoE)

DPOs were to send SoE to the Directorate every month based on the SoEs received from CDPOs. SoEs were not available in the directorate for 2007-09. Available records showed that during 2009-2011, SoEs were received at Directorate sporadically. Out of 228 SoEs receivable during 2011-12 from the DPOs of 19 districts, the directorate received 184 SoEs (81 *per cent*). Directorate admitted (April 2012) that SoEs were not received timely. Accordingly, the State submitted UCs to the Ministry based on the expenditure data collected from the Directorate of Treasuries. Thus, irregular submission of SoEs by DPOs diluted internal control over progress of expenditure under ICDS.

The Department accepted the observation and intimated (December 2012) that DPOs had been categorically directed to send SoEs regularly.

2.2.13.2 Quality checking and monitoring of SN

Quality checking of SNP food was not conducted

Samples of food provided at AWs were to be checked by the Food and Nutrition Board (FNB) in their quality control laboratories (QCL). Samples for this purpose were to be collected by the field units of FNB during the course of regular inspections of AWs. ICDS functionaries were required to send samples to QCLs of FNB. Such exercise was not conducted in any of the test checked projects during the entire period covered by audit.

In reply, the Department noted the observation for future guidance.

[24] *A technical support wing under the Ministry of Women and Child Development, GoI*

2.2.14 Conclusion

The Integrated Child Development Services (ICDS) Scheme was introduced as the response to the nutritional and developmental needs of children below six years, pregnant women and lactating mothers. Implementation of the Scheme in the State was marked by various shortcomings and lapses. The Department could not ensure accessibility of ICDS services to the entire targeted population as it failed to operationalise all projects and Anganwadi centres (AWs) sanctioned by GoI. Steady improvement was noticeable during 2007-12 in the coverage of targeted groups in the test checked districts under supplementary nutrition component. However, the basic aim of providing requisite nutritional value to the targeted beneficiaries remained largely unachieved as the AW centres failed to provide supplementary nutrition for minimum stipulated number of days in a month. Quantum of per day per head food stuff was reduced by the Department to cushion against price rise compromising nutritional value. The AWs lacked basic amenities, as 25 *per cent* had own buildings while 14 *per cent* were operating in open spaces.

The objective of prevention of critical diseases was not taken care of adequately; shortfalls were noticed in implementation of immunisation programmes (except for tuberculosis). In the absence of referral cards at AWs coupled with lack of co-ordination with functionaries of Health Department, follow up of serious cases of malnutrition or illness was not verifiable.

Lack of ground level supervision and inadequate monitoring over implementation of the Scheme by various levels of supervisory functionaries formed a major bottleneck in scheme implementation. Significant shortages between 53 and 69 *per cent* were noticed in key supervisory posts, leading to almost half of the AWs either not being or being inadequately supervised.

Most of the weaknesses pointed out have persisted for years and had been conveyed earlier through the Civil Audit Report of the Comptroller and Auditor General of India for the year ended March 2005. This indicates that more meaningful supervision of the Scheme, provision of adequate infrastructure and human resources are necessary to accomplish the objectives set.

2.2.15 Recommendations

- ***Immediate steps should be taken to operationalise all projects and Anganwadi centres sanctioned by Government of India.***
- ***Existing Anganwadi centres should be equipped with basic amenities for efficient functioning.***
- ***The Department should initiate steps for recruitment of required manpower, especially in supervisory cadres, so as to ensure better service delivery through stringent supervision.***
- ***Suitable institutionalised mechanism should be introduced to ensure meaningful co-ordination between ICDS staff and Health Department functionaries.***

Appendix 2.10

(Refer paragraph 2.2.5, page 42)

Names of selected districts (DPOs) with projects (CDPOs)

Sl. No.	Name of district (DPO)	Name of project (CDPO)
1.	Bardhaman	Bhatar, Mangalkote, Memari-II, Raina-I
2.	Jalpaiguri	Alipurduar-I, Jalpaiguri (S), Madarihat, Matiali
3.	Malda	Bamangola, Harishchandrapur-I, Kaliachak-II, Manikchak
4.	Paschim Medinipur	Keshiary, Kharagpur-I, Midnapur (U), Sabang
5.	South 24 Parganas	Bhangar-I, Budge Budge-II, Gosaba, Joynagar-II

Appendix 2.11

(Refer paragraph 2.2.6.1, page 43)

Funds received and expenditure incurred under SNP and administrative cost

(Rupees in crore)

Year	Supplementary nutrition				Administrative expenditures				Others*	Total expenses on ICDS
	Funds received from GoI	State share released	Total available funds	Expenditure	Funds received from GoI	State share released	Total available funds	Expenditure (percentage of total ICDS expenses)		
2007-08	143.92	144.50	288.42	262.00	238.45	0	238.45	229.18 (37)	132.56	623.74
2008-09	168.11	146.54	314.65	301.28	336.17	0	336.17	329.72 (41)	178.88	809.88
2009-10	135.77	260.00	395.77	551.01	367.40	16.63	384.03	402.41 (34)	231.87	1185.29
2010-11	352.74	350.00	702.74	670.98	304.19	50.00	354.19	564.43 (35)	378.03	1613.44
2011-12	369.26	401.61	770.87	660.31	789.56	680.95	1470.51	738.14 (41)	383.02	1781.47
Total	**1169.80**	**1302.65**	**2472.45**	**2445.58**	**2035.77**	**747.58**	**2783.35**	**2263.88 (38)**	**1304.28**	**6013.82**

*includes Additional honorarium, exgratia, transport and storage, fuel and condiments

(Source: Data furnished by the Women & Child Development and Social Welfare Directorate)

Appendix 2.12 A

(Refer paragraph 2.2.7.1, page 44)

Status of operationalisation of AWs sanctioned in various phases

Name of the District	Number of AWs sanctioned					Number of operational AWs as of March 2012				
	Pre-1st phase	1st phase	2nd phase	3rd phase	Total	Pre-1stPhase	1st phase	2nd phase	3rd phase	Total
Malda	2358	985	1354	876	5573	2358 (100)	961 (98)	1329 (98)	861 (98)	5509 (99)
Bardhaman	4838	1443	790	2207	9278	4838 (100)	1291 (89)	790 (100)	2172 (98)	9091 (98)
Jalpaiguri	2564	1014	2160	1246	6984	2564 (100)	1014 (100)	2160 (100)	1024 (82)	6762 (97)
Paschim Medinipur	4788	788	1420	2013	9009	4788 (100)	626 (79)	1397 (98)	1791(89)	8602 (95)
South 24 praganas	5553	1046	1805	2702	11106	5471(99)	1017(97)	1722(95)	1735(64)	9945(90)
Total	**20101**	**5276**	**7529**	**9044**	**41950**	**20019(100)**	**4909 (93)**	**7398 (98)**	**7583 (84)**	**39909(95)**

(Source: Records of DPO of test checked districts)

Appendix 2.12 B

(Refer paragraph 2.2.8.1, page 48)

Year wise position of registered number of beneficiaries *vis-a-vis* coverage in SNP

As of 31 March of	Number of AWs reporting	Number of AWs providing SNP for 21 days or more in a month	0-6 years		Pregnant and Lactating mother		Percentage of shortfall	
			Total population	Number of SNP beneficiaries	Total population	Number of SNP beneficiaries	0-6 years	Pregnant and Lactating mother
2008	87745	69377 (79)	8320154	5116734 (61)	1275843	800237 (63)	39	37
2009	88134	73740 (84)	8122293	5276979 (65)	1237898	784613 (63)	35	37
2010	104281	88823 (85)	8295149	6274272 (76)	1287632	1063046 (83)	24	17
2011	109772	100602 (92)	7967272	6855487 (86)	1302305	1270712 (98)	14	2
2012	111060	101501 (91)	7650696	6640775 (87)	1392971	1344412 (97)	13	3

(Source: Report available in the Women and Child Development and Social Welfare Department)

Figures in brackets indicate percentages with respect to total population under that category

Appendix 2.12 C

(Refer paragraph 2.2.8.2, page 48)

Disruption of SN in test checked AWs

Name of district	No. of test checked AWs	No of centres provided SN with out any disruption (*per cent*)[1]	Number of AWs where SN was disrupted within 300 days				
			1-30 days	31-75 days	76-150 days	151-225 days	226-300 days
Paschim Medinipur	40	18 (45)	17	4	1	-	-
South 24 Parganas	40	3 (8)	23	11	3	-	-
Jalpaiguri	40	2 (5)	10	14	11	2	1
Bardhaman	40	18 (45)	18	3	1	-	-
Malda	40	8(20)	12	15	4	1	-
Total	**200**	**49 (25)**	**80**	**47**	**20**	**3**	**1**

(Source: Records of test checked AWs)

[1] *Calculated as average of data during 2007-12.*

Appendix-2.13

(Refer paragraph 2.2.8.3, page 50)

Number of babies with low birth weight

Year		2007-08	2008-09	2009-10	2010-11
Paschim Medinipur	Weight of new born babies taken	83553	80279	70548	74434
	Weight < 2500 gm	21283	14874	12174	14980
	Percentage	25	19	17	20
Jalpaiguri	Weight of new born babies taken	48009	47874	34239	35077
	Weight < 2500 gm	10186	7902	5952	7856
	Percentage	21	17	17	22
South 24 Parganas	Weight of new born babies taken	86113	106722	87511	92762
	Weight < 2500 gm	10015	6790	6613	13708
	Percentage	12	6	8	15
Bardhaman	Weight of new born babies taken	110824	98864	108269	127401
	Weight < 2500 gm	19467	15638	17502	19336
	Percentage	18	16	16	15
Malda	Weight of new born babies taken	75316	66495	54249	74893
	Weight < 2500 gm	10064	8778	6251	8857
	Percentage	13	13	12	12
West Bengal	**Weight of new born babies taken**	**1260511**	**1288143**	**1193358**	**1294429**
	Weight < 2500 gm	**233853**	**198134**	**195320**	**215294**
	Percentage	**19**	**15**	**16**	**17**

(Source: Figures furnished by the Health and Family Welfare Department)

Appendix 2.14

(Refer paragraph 2.2.8.4, page 50)

Excess expenditure for not availing rice under WBNP

Year	Total quantity of rice actually procured for SNP purpose (Qtls)	Average rate at which procured (₹/Qtl)	Total amount involved in the procurement of rice from open market(₹)	BPL rate of rice supplied by FCI (₹/Qtl)	Total involvement of money if procured from FCI at BPL rate (₹)	Avoidable extra expenditure made (₹)
2007-08	593767.47	1226	727958921.90	565	335478622.20	392480299.70
2008-09	544544.88	1386	754739198.10	565	307667854.90	447071343.20
2009-10	628603.29	1460	917760810.70	565	355160861.70	562599949.00
2010-11	741281.16	1920	1423259820.00	565	418823853.10	1004435966.00
Total	**2508196.80**		**3823718750.70**		**1417131191.90**	**2406587557.90**

(Source: Data furnished by the WCD&SW Department)

Appendix 2.15 A

(Refer paragraph 2.2.9.1, page 51)

Target and achievement of immunisation

Year	Targeted number of children	BCG (percentage)	OPV (percentage)	DPT (percentage)	Measles (percentage)	Targeted number of pregnant mother	Tetanus for pregnant mothers (percentage)
2007-08	1799464	1804918 (100)	1524566 (85)	1573700 (87)	1539610 (86)	1979750	1560803 (79)
2008-09	1737187	1698653 (98)	1415432 (81)	1192106 (69)	1401356 (81)	1920679	1492925 (78)
2009-10	1739780	1719572 (99)	1600142 (92)	1678522 (96)	1552782 (89)	1921247	1502713 (78)
2010-11	1704030	1654042 (97)	1462452 (86)	1468044 (86)	1423533 (84)	1803513	1526529 (85)

Source: "Health on March" – an annual report by the State Bureau of Health Intelligence- of respective years

Appendix 2.15 B

(Refer paragraph 2.2.9.1, page 51)

Target and achievement of immunisation of children and pregnant mother

Year / District	Targeted number of children	BCG (percentage)	OPV (percentage)	DPT (percentage)	Measles (percentage)	Targeted number of pregnant mother	Tetanus for pregnant mother (percentage)
2007-08							
Malda	108449	97486(90)	76703(71)	85708(79)	82843(76)	124264	83627(67)
S 24 Parganas	157337	149151(95)	129145(82)	138149(88)	139486(89)	168884	137328(81)
P Medinipur	105221	107356(102)	95637(91)	97515(93)	99076(94)	118644	88754(75)
Bardhaman	144576	155612(108)	133670(92)	134591(93)	125096(87)	160598	143723(89)
Jalpaiguri	81972	75936(93)	62666(76)	69737(85)	66260(81)	90168	67554(75)
State total	**1799464**	**1804918(100)**	**1524566(85)**	**1573700(87)**	**1539610(86)**	**1979750**	**1560803(79)**
2008-09							
Malda	107894	95109(88)	72467(67)	56839(53)	78456(73)	124618	81551(65)
S 24 Parganas	144211	141440(98)	125715(87)	100876(70)	120792(84)	157696	130942(83)
P Medinipur	102996	104726(102)	89610(87)	77056(75)	84381(82)	113296	89057(79)
Bardhaman	146271	146092(100)	120286(82)	90597(62)	119741(82)	162521	135382(83)
Jalpaiguri	80862	68574(85)	59711(74)	47403(59)	55212(68)	88948	67902(76)
State total	**1737187**	**1698653(98)**	**1415432(81)**	**1192106(69)**	**1401356(81)**	**1920679**	**1492925(78)**
2009-10							
Malda	113900	134062(118)	126079(111)	133840(118)	119181(105)	130600	90131(69)
S 24 Parganas	148844	139151(93)	144449(97)	148705(100)	139744(94)	163994	137757(84)
P Medinipur	100000	101782(102)	99373(99)	104269(104)	95510(96)	110000	90979(83)
Bardhaman	133523	141842(106)	126253(95)	131002(98)	120799(90)	148359	122725(83)
Jalpaiguri	82075	88145(107)	83626(102)	101111(123)	88721(108)	90282	65683(73)
State total	**1739780**	**1719572(99)**	**1600142(92)**	**1678522(96)**	**1552782(89)**	**1921247**	**1502713(78)**
2010-11							
Malda	96254	91596(95)	79611(83)	80882(84)	77478(80)	105880	90788(86)
S 24 Parganas	150991	137010(91)	129914(86)	130193(86)	124691(83)	165881	139878(84)
P Medinipur	116250	98888(85)	94745(82)	93338(80)	90270(78)	107402	92121(86)
Bardhaman	141101	142185(101)	118878(84)	117718(83)	113136(80)	157087	115287(73)
Jalpaiguri	79623	67268(84)	61221(77)	60845(76)	59212(74)	87586	63208(72)
State total	**1704030**	**1654042(97)**	**1462452(86)**	**1468044(86)**	**1423533(84)**	**1803513**	**1526529(85)**

Source: "Health on March" – an annual report by the State Bureau of Health Intelligence- of respective years

Appendix 2.16

(Refer paragraph 2.2.10.1, page 54)

Vacancies of Supervisors in test checked projects as of March 2012

Name of District	Name of Project	Supervisor		
		SS	MIP	Shortfall percentage
Bardhaman	Bhatar	17	7	59
	Mangalkote	15	5	67
	Memari-II	9	5	44
	Raina-I	12	7	42
Jalpaiguri	Matiali	11	5	55
	Madarihat	23	9	61
	Alipurduar-I	16	9	44
	Jalpaiguri (S)	24	16	33
Malda	Bamangola	16	8	50
	Kaliachak-II	12	5	58
	Manikchak	13	4	69
	Harishchandrapur-I	11	1	91
Paschim Midnapore	Midnapore (U)	4	3	25
	Sabang	14	4	71
	Keshiary	19	3	84
	Kharagpur-I	12	7	42
South 24 Parganas	Bhangar-I	14	6	57
	Joynagar-II	18	6	67
	Gosaba	19	10	47
	Budge-budge-II	11	8	27

Source: Consolidated Monthly Progress Reports

Appendix 2.17

(Refer paragraph 2.2.11.2, page 56)

Inadequate deployment of Supervisors and inadequate visits

	Districts/State as a whole				Results of test checked projects	
District	**AWs operational**	**Sanctioned strength of supervisors (as of March 2012)**	**Men in position**	**Number of AWs which could be supervised as per guidelines (percentage)**	**Number of Supervisors in position**	**Percentage of actual number of visits with respect to normative coverage**
South 24 Parganas	9780	464	230	5750 (59)	31 to 33	61 to 76
Paschim Medinipur	8602	394	149	3725 (43)	17 to 22	52 to 76
Jalpaiguri	6762	303	142	3550 (52)	36 to 38	59 to 84
Malda	5509	238	116	2900 (53)	18 to 19	52 to 64
Bardhaman	9090	396	164	4100 (45)	25	76 to 92
State total	**112432**	**5053**	**2268**	**56700 (50)**		

(Source: MPR of Directorate of Women and Child Development and Social Welfare and concerned DPOs)