SOCIAL WELFARE DEPARTMENT

3.2 Integrated Child Development Services Scheme

Integrated Child Development Services (ICDS) scheme, launched in 1975-76 by the GOI aimed at improving the nutritional and health standard of children in the age group up to six years of age and enhancing the capability of mothers to look after the normal health and nutritional needs of their children. The State was able to achieve the envisaged objectives only to a limited extent. Performance review of the scheme revealed shortfall in implementing various components of the scheme. Though the quantity of the foodstuff provided was as per the norms, the nutritive value of the food was not ensured. Health check-up was not provided to the desired extent and inadequate infrastructure and lack of supervision further affected the working of anganwadis.

Highlights

The Department failed to provide supplementary nutrition to 40 to 83 thousand children of 0-6 years age during 2003-08.

(Paragraph 3.2.10.1)

In the ICDS Project, Rongram, poor quality of milk powder and ready to eat food was distributed to 4,081 children and 736 pregnant/lactating mothers, thereby adversely affecting their health.

(Paragraph 3.2.10.3)

There was a shortfall in administering different vaccines to the children and women.

(Paragraph 3.2.11)

The Nutrition Programme for Adolescent Girls was not implemented by the Department despite the release of Rs. 49.36 lakh by the GOI.

(Paragraph 3.2.14)

There was a shortfall in coverage of rural children and mothers by the anganwadi centres by 13 *per cent.*

(Paragraph 3.2.15.1)

Around 4.48 lakh rural populace of the State were deprived of the benefit of anganwadi centres due to non-construction of 1,492 centres.

(Paragraph 3.2.15.2)

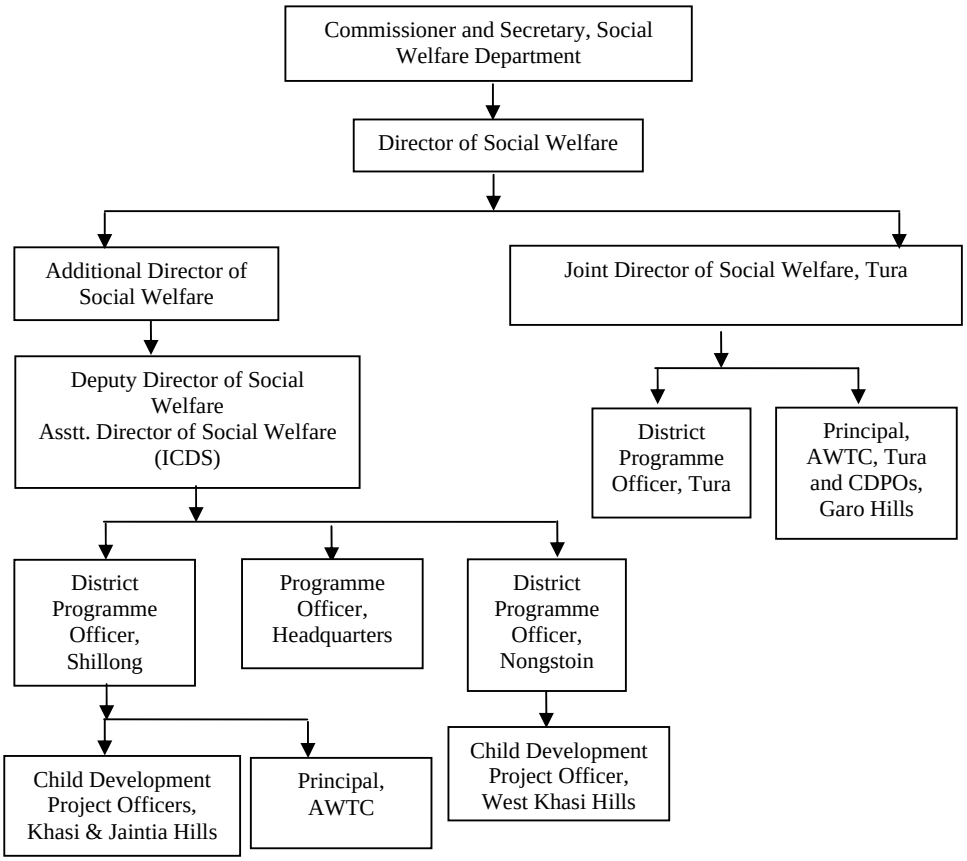
3.2.1 Introduction

Integrated Child Development Services (ICDS) Scheme, launched in 1975-76 by the GOI, aimed at improving the nutritional and health standard of children up to six years of age and enhancing the capability of mothers to look after the normal health and nutritional needs of their children. For this purpose, supplementary nutrition, immunization, health check-up, health education to women and non-formal pre-school education to children of 3-6 years of age were to be provided. The focal point for delivery of these services at the community level is the Anganwadi, to be set up in each village. In Meghalaya, the scheme was taken up for implementation in 1975-76.

3.2.2 Organisational Set Up

At the Government level, the Commissioner and Secretary of the Social Welfare Department is responsible for overseeing the implementation of the scheme. The organisational structure for implementation of the scheme is detailed below:

Chart 3.2



3.2.3 Scope of Audit

Performance review of the scheme covering the period 2003-08 was conducted (June-August 2008) through a test-check of the records of the Director of Social Welfare (Director), District Programme Officers (DPO), East Khasi Hills, Shillong and West Garo Hills, Tura, two Anganwadi Training Centres (AWTC), 14[1] out of 39 Child Development Project Officers (CDPO) in three districts (East Khasi Hills, Jaintia Hills and West Garo Hills) and 56 out of 3,195 Anganwadi Centres (AWCs) covering 50 *per cent* (Rs. 95.83 crore) of the total expenditure (Rs. 192.57 crore) during the period.

3.2.4 Audit Objectives

The main objectives of the performance review were to assess whether:

- The objectives envisaged under the scheme were achieved, i.e., whether the scheme has resulted in improvement in nutrition and health standard of children;
- adequate funds were provided by the Central/State Governments and funds were utilised for the intended purpose;
- various components of the scheme were implemented economically and effectively and as per the prescribed guidelines; and,
- implementation of the scheme was effectively monitored and periodically evaluated.

3.2.5 Audit Criteria

Audit findings were benchmarked against the following criteria:

- Scheme guidelines issued by the GOI;
- Sanction orders of the GOI;
- Norms prescribed for identification of beneficiaries;
- Procurement procedure prescribed;
- Quality assurance norms of food; and,
- Monitoring mechanism prescribed.

3.2.6 Audit Methodology

For conducting the performance review, an entry conference was held (June 2008) with the Commissioner and Secretary of the Department, wherein the audit objectives, criteria and methodology were explained. Districts and ICDS Projects were selected on the basis of probability proportionate to size with replacement method and AWCs were selected by simple random sampling without replacement method. Audit findings were discussed with the

[1] Mylliem, Mawsynram, Mawryngkneng, Pynursla, Shella-Bholaganj, Laitkroh, Thadlaskein, Khliehriat, Selsella, Betasing, Zikzak, Tikrikilla, Gambegre and Dalu

Commissioner and Secretary of the Department (September 2008) in an exit conference and the replies of the Government have been incorporated in the report at appropriate places.

3.2.7 Audit Findings

The important points noticed in the course of the review are discussed in the succeeding paragraphs.

3.2.8 Financial Management

3.2.8.1 Funding Pattern

The GOI provided 100 *per cent* funds for implementation of the scheme except for the cost of supplementary nutrition, which was to be met by the State up to 2004-05. With effect from 2005-06, the GOI extended assistance for this component also at the rate of half of the financial norms laid down for various categories of beneficiaries or 50 *per cent* of the actual expenditure on supplementary nutrition, whichever was less.

3.2.8.2 Receipts and Expenditure

Funds released by the Central and the State Governments during 2003-08 for implementation of the scheme and expenditure incurred thereagainst, were as under:

Table 3.6

(Rupees in crore)

Year	Revenue/ Capital	Opening balance	Grants-in-aid received from		Total fund available	Expenditure	Unutilised funds Savings (-)/ Excess (+) (*Per cent*)
			GOI[2]	State[3]			
2003-04	Revenue	3.36	8.82	16.30	28.48	28.80	+ 0.32 (01)
	Capital[4]	6.81	-	-	6.81	4.37	- 2.44 (36)
2004-05	Revenue	-	9.80	22.97	32.77	33.22	+ 0.45 (01)
	Capital	2.44	4.87	-	7.31	2.44	- 4.87 (67)
2005-06	Revenue	-	18.50	17.91	36.41	33.48	- 2.93 (8)
	Capital	4.87	8.17	-	13.04	8.00	- 5.04 (39)
2006-07	Revenue	2.93	23.60	15.71	42.24	34.82	- 7.42 (18)
	Capital	5.04	8.41	-	13.45	7.99	- 5.46 (41)
2007-08	Revenue	7.42	25.84	13.61	46.87	39.45	- 7.42 (16)
	Capital	5.46	-	-	5.46	-	- 5.46 (100)
Total	**Revenue**		**86.56**	**86.50**		**169.77**	
	Capital		**21.45**	**-**		**22.80**	

Source: Information furnished by the Research Officer, Directorate of Social Welfare.

As can be seen from the above table, there were huge savings year after year, especially in the capital head. This was due to the failure of the State Government to undertake the construction of AWCs as discussed in paragraph 3.2.15.2. Also, there were delays in release of funds by the State Government

[2] 2003-05: ICDS; 2005-08: ICDS including SNP.
[3] SNP only.
[4] For construction of buildings for AWCs.

to the Department/implementing agencies, affecting the implementation schedule of the scheme, as brought out below.

- The GOI released (March 2003) Rs. 2.44 crore to the State Government for the Construction of 390 AWCs with the instruction to utilise the fund during 2003-04. The State Government, however, released the amount to the Director after a delay of one year in March 2004, thereby leaving no scope for utilisation of the amount during 2003-04.

- Central fund of Rs. 7.99 crore, released by the State Government to the Director in March 2007, was initially parked by the Director in "8443 Civil Deposit" in March 2007 with the approval of the State Finance Department. The amount was withdrawn from the Civil Deposit in June 2007 and has been lying unutilised in the form of Deposit at Call as of August 2008. This was contrary to the State Treasury Rules, 1985, which prohibit drawal of money in anticipation of requirement.

The Government stated (October 2008) that delay was due to delay in obtaining concurrence from various levels. The action of the Government was contrary to the instructions of the GOI and shows lack of urgency in implementing socio-economic developmental schemes.

3.2.9 Programme Implementation

3.2.9.1 Schematic Criteria

The ICDS scheme provided for the following:

- All children in the 0-6 years age group and pregnant/nursing mothers are to be provided with supplementary feeding for additional nutrition, through AWCs for 300 days in a year at different prescribed rates[5] per day.
- Food provided to the children should contain the required nutrient value of 300 calories and 10 grams of proteins per child, 500 calories and 20-25 grams of proteins per pregnant woman/nursing mother and 600 calories and 20 grams of proteins per severely malnourished child.
- Proper survey should be carried out for identification and registration of malnourished children.
- Economic and efficient procurement should be made keeping in view the quality of food.
- Growth monitoring of all the children in the age group 0-6 years by weighing is to be undertaken monthly/quarterly at the AWC.

[5] Prescribed rate per day per beneficiary in an AWC:

	Up to 2003-04	With effect from 2004-05
	(Rupees per day)	
Ordinarily malnourished children	0.95	2.00
Severely malnourished	1.35	2.70
Pregnant women and nursing mothers/adolescent girls	1.15	2.30

- AWCs should be set up in every village having a population of 300 or more.
- Monitoring, evaluation and impact assessment machinery should function effectively.

3.2.10 Supplementary Nutrition Programme

Under SNP, all the children up to the age of six years and pregnant women and nursing mothers belonging to landless agricultural labourers, marginal farmers, scheduled castes/scheduled tribes and other poor sections of the community (where the total income of all the members of the family did not exceed Rs.15,000 per year) were to be enlisted. The anganwadi workers are responsible for conducting a survey of the villages and identifying and enlisting the children up to six years, pregnant and nursing mothers and adolescent girls of 11-19 years age for providing supplementary nutrition. In accordance with the directions (October 2004) of the Supreme Court, the Union Ministry of Human Resource Development informed (February 2005) the State Governments that the supplementary nutrition under ICDS should not be confined to the beneficiaries from the low income group families. The following shortcomings were noticed in the implementation of this programme:

3.2.10.1 Coverage

Details of the coverage of eligible beneficiaries with supplementary nutrition during 2003-08 are given below:

Table 3.7

(Beneficiaries in lakh)

Year	Beneficiaries	Eligible beneficiaries	Beneficiaries provided with supplementary nutrition	Shortfall in providing supplementary nutrition (*per cent*)	Days on which supplementary nutrition was provided against the requirement of 300 days (Shortfall)
2003-04	Children	2.29	1.84	0.45 (20)	300 (Nil)
	Expectant and nursing mothers	0.37	0.33	0.04 (11)	
2004-05	Children	2.28	1.88	0.40 (18)	300 (Nil)
	Expectant and nursing mothers	0.38	0.33	0.05 (13)	
2005-06	Children	2.74	1.91	0.83 (30)	300 (Nil)
	Expectant and nursing mothers	0.41	0.34	0.07 (17)	
2006-07	Children	3.53	2.88	0.65 (18)	175 (125)
	Expectant and nursing mothers	0.60	0.54	0.06 (10)	
2007-08	Children	3.43	2.94	0.49 (14)	300 (Nil)
	Expectant and nursing mothers	0.58	0.54	0.04 (7)	

Source: Information furnished by the Research Officer, Directorate of Social Welfare.

As can be seen from the table, although the Department was successful in providing supplementary nutrition to the beneficiaries during all the 300 days (except during 2006-07) as specified under the scheme, this achievement was

at the cost of a significant number of beneficiaries (40 to 83 thousand children and four to seven thousand expectant/nursing mothers) who were denied the benefit of supplementary nutrition. During 2006-07, supplementary nutrition was not provided for five months (October 2006 to February 2007) in eight ICDS projects of East Khasi Hills District and three projects of Ri-Bhoi District and for three months (October, December 2006 and January 2007) in five ICDS projects of Jaintia Hills District. Consequently, 1.53 lakh beneficiaries of these districts were deprived of the benefit of supplementary nutrition.

Government stated (October 2008) that supplementary nutrition was discontinued during October 2006 to February 2007 due to the time taken for identifying the Self Help Groups (SHGs) required to be engaged for the supply of foodstuff in compliance with the Supreme Court order. Reasons for the shortfall in coverage during 2003-08 were, however, not furnished.

3.2.10.2 Calorific and protein value

The main aim of SNP was to supplement the nutritional intake by 300 calories and 10 grams of protein per child, 500 calories and 20-25 grams of proteins per pregnant woman/nursing mother and 600 calories and 20 grams of proteins per severely malnourished child[6] for a period of 300 days in a year as mentioned in paragraph 3.2.9.1. For providing foodstuff with adequate nutritive value, the GOI also prescribed the following financial norms:

Table 3.8

(Rupees per child per day)

Categories of beneficiaries	Rate prior to March 2007	Revised rate effective in Meghalaya from March 2007
Malnourished children	1.20	2.00
Severely malnourished children	2.40	2.70
Pregnant/nursing mothers	1.50	2.30

Source: Information furnished by the Director.

During 2003-08, the Department spent Rs. 108.97 crore for providing foodstuff to different categories of beneficiaries. But in none of the test-checked projects, any laboratory test was conducted to ascertain the requisite calories/protein value of the food provided under the scheme. According to the report furnished (November 2005) to the State Government by the Director, nutritive value of the foodstuff in respect of the children in the age group of 0-3 years was maintained during 2003-07. The Director, however, did not clarify how he was satisfied about the fulfillment of the nutritive value of foodstuff without laboratory test of the food.

The Government stated (October 2008) that considering the escalation of prices of all food items, it was impossible to meet the required nutritive value at the revised rates prescribed by the GOI. The reply is an admission of the State Government's failure in providing food with adequate nutritive value to the children and pregnant woman and lactating mothers. As such, the

[6] Severely malnourished children are to be given therapeutic nutrition.

expenditure of Rs. 108.97 crore incurred was able to achieve the objective of the scheme only to a limited extent.

3.2.10.3 Quality of food

To meet the required calorific and protein content as per norms, the State Government decided to distribute ready to eat (RTE) food and milk powder fortified with minerals and vitamins to the malnourished children of 0-6 years, pregnant and lactating mothers and adolescent girls. The CDPO, ICDS Project, Rongram, West Garo Hills received 2,401 kg of milk powder and 16,500 kg of RTE food valued at Rs. 8.65 lakh on 24 February 2004 and 12 April 2004 respectively, from the suppliers engaged by the Director, which was distributed to 4,081 children of 0-6 years age group and 736 pregnant and lactating mothers under the project. The performance report of the DPO, however, showed that the milk powder and RTE food were of bad quality. The parents complained about constipation and acidity of their children after consuming the milk powder and they did not want that their children consume the poor quality RTE food. The report also showed that some children developed worm infection after consuming the milk powder. Thus, distribution of poor quality food items not only frustrated the objective of the scheme but also affected the health of the beneficiaries adversely.

The Government stated (October 2008) that taking into consideration the report of the DPO, the samples of the relevant food items were sent to the Quality Control Laboratory (QCL) of the Food and Nutrition Board, Kolkata and the laboratory tests did not indicate that these food items were of bad quality. Laboratory test report enclosed in support of the reply, however, showed that the samples of milk powder and RTE food were sent on 13 February 2004 to the QCL, i.e., before the receipt of these items by the DPO and thus, the food items sent for laboratory tests were different from those reported by the DPO to be of poor quality.

3.2.10.4 Adulteration of foodstuff

During 2006-07, the Director procured 1,697.49 tonnes of RTE food valued at Rs. 4.82 crore for distribution to the beneficiaries of different projects. Of this, 43,769 kg (value : Rs. 12.43 lakh) meant for 15,534 beneficiaries under Mylliem, Dalu and Thadlaskein projects was seized by the police due to the complaints alleging adulteration of food. The entire quantity of the RTE food was lying in the godown of the respective projects as of August 2008 and lost its utility, as the shelf life of the RTE food was only six months. Consequently, the targeted beneficiaries were deprived of the benefit of the foodstuff. The matter needs to be investigated and responsibility fixed.

3.2.11 Immunization

Under the scheme, the following immunization schedule was prescribed for children up to six years of age and pregnant women to protect them against specific diseases:

Table 3.9

Age	Schedule for immunization
Children of age six weeks or one and a half months	(i) Diphtheria, Whooping cough and Tetanus (DPT) : First dose (ii) Oral Polio Vaccine (OPV): First dose (iii) Tuberculosis (BCG)
Children of age 10 weeks or two and a half months	(i) DPT: Second dose (ii) OPV: Second dose
Children of age 14 weeks or three months	(i) DPT: Third dose (ii) OPV: Third dose
Children of age nine months	Measles
Children of age between 16 and 24 months	(i) DPT: Booster (ii) OPV: Booster
Children of 5 to 6 years of age	Booster dose for Diphtheria and Tetanus (DT) and two doses of typhoid vaccination.
Pregnant women	Tetanus toxoid: Two doses at an interval of eight to twelve weeks, the second dose being given four weeks before expected date of delivery.

Source: Information furnished by the Research Officer, Directorate of Social Welfare.

The Department did not fix any targets for immunization during 2003-08. However, based on the information[7] available with the Director, the position of immunization of children of 0-3 years (DPT & OPV), 3-6 years (DT) and pregnant women is given in the table below:

Table 3.10

(in numbers)

Year	Vaccine	Children who completed the				Children who did not complete the doses (*per cent*)	Pregnant women who completed the		Pregnant women who did not complete the doses (*per cent*)
		First dose	Second dose	Third dose	Booster dose		First dose	Second dose	
2003-04	DPT	16,316	13,309	11,061	7,183	9,133 (56)	7,455	4,244	3,211 (43)
	OPV	15,905	13,309	11,147	7,083	8,822 (55)			
	DT	5,695	3,425	-	3,294	2,401 (42)			
2004-05	DPT	21,454	17,730	11,988	8,876	12,578 (59)	9,858	6,368	3,490 (35)
	OPV	23,225	18,463	16,643	9,669	13,556 (58)			
	DT	7,816	5,807	-	5,772	2,044 (26)			
2005-06	DPT	24,215	20,104	16,517	11,235	12,980 (54)	12,185	7,089	5,096 (42)
	OPV	43,887	20,184	16,525	11,025	32,862 (75)			
	DT	10,078	6,753	-	6,626	3,452 (34)			
2006-07	DPT	30,158	26,310	22,620	13,903	16,255 (54)	15,810	9,327	6,483 (41)
	OPV	33,602	28,662	22,670	13,729	19,873 (59)			
	DT	13,679	9,203	-	8,848	4,831 (35)			
2007-08	DPT	28,801	24,785	21,244	13,961	14,840 (52)	15,725	9,815	5,910 (38)
	OPV	29,278	24,246	20,720	13,490	15,788 (54)			
	DT	11,106	8,142	-	7,867	3,239 (29)			

Source: Information furnished by the Director.

Although the ICDS scheme was being implemented in the State since 1975-76, the immunization programme had not gathered momentum despite the availability of sufficient funds from GOI, as only a portion of the children (25 to 74 *per cent*) and mothers (57 to 65 *per cent*) could be provided with all the vaccinations on a timely basis. Apart from the first dose of immunization, the remaining doses of immunization were not completed by 52 to 75 *per cent*

[7] Information regarding administering typhoid vaccine was not furnished to Audit.

children of 0 to 3 years age, 26 to 42 *per cent* children of 3 to 6 years age and 35 to 43 *per cent* pregnant women. The shortfall was attributed by the Research Officer of the Directorate of Social Welfare to non-supply of vaccines to the centres by the State Health & Family Welfare (H&FW) Department and non-attendance of beneficiaries to the centres, for immunization. The reply highlights the failure of the Department to obtain the required vaccines and also educate the beneficiaries about the importance of immunization.

3.2.12 Health check-up

3.2.12.1 Health check-up

Under the scheme, health check-up was to be given to all the expectant and nursing mothers by the H&FW Department. A minimum of four physical examinations during pregnancy and at least one visit after delivery was prescribed in the guidelines. In order to detect diseases and other evidence of malnutrition *etc.*, general check-up of all children under the age of six years after every three to six months was also to be done.

The Director neither fixed the targets for health check-up nor maintained any record indicating the number of expectant and nursing mothers. In the absence of such information, it was not possible to assess whether the health check-up activities were adequately covered or not. The position of health check-up of the child population in the age group of 0-6 years is given below:

Table 3.11

Year	Children (0-6 years)	Number of health check-ups		Shortfall	Percentage of shortfall
		Required to be conducted	Actually conducted		
2003-04	2,29,012	4,58,024	1,27,593	3,30,431	72
2004-05	2,27,760	4,55,520	2,08,157	2,47,363	54
2005-06	2,74,187	5,48,374	2,44,684	3,03,690	55
2006-07	3,53,495	7,06,990	2,70,152	4,36,838	62
2007-08	3,43,016	6,86,032	2,48,045	4,37,987	64

Source: Monthly Progress Report and information furnished by the Research Officer, Directorate of Social Welfare.

Note: Number of health check-ups required to be conducted was arrived at, by multiplying the total child population with minimum number of check-ups (two) required.

Shortfall in health check-up, which ranged between 54 and 72 *per cent* during 2003-08, indicated the apathy of the Department towards the health care of the children.

3.2.12.2 Weight of children

The health care of the children under six years of age included recording of their weight at periodical intervals to keep a close watch over their health and nutritional status. In order to classify the nutritional status, the Anganwadi workers were to weigh all children up to three years of age every month and children of 3-6 years of age every three months.

The consolidated monthly progress reports of various activities showed that there was a significant shortfall in weighing of children ranging between 24 and 55 *per cent***.** Scrutiny of records of the 14 test-checked projects revealed that there was a shortfall in weighing the children in seven of these projects due to the non-availability of weighing scales. Consequently, nutritional status of a significant number of the children remained unassessed, thereby depriving them of the benefits envisaged under the scheme.

The Government admitted the fact and stated (October 2008) that due to shortage of fund, the old weighing scales could not be replaced. The reply is not acceptable considering that there were huge savings every year during the review period, as brought out in paragraph 3.2.8.2.

3.2.12.3 Supply of medicine kits

As a vital input to health check-up, each AWC was to be provided every year with a medicine kit consisting of easy to use and dispensable medicines to remedy common ailments like cough and common cold, skin infections, *etc.* If the ailment required specialised treatment, the case was to be referred to the nearest health centre. To prevent the outbreak of common seasonal diseases among children especially in tribal and hilly areas, the Union Ministry of Human Resource Development stressed (March 2000) the need for procurement of medicine kits within the first six months of each financial year and supplying them to the AWCs before the monsoon break.

Scrutiny revealed that the Director procured medicine kits after delays ranging between four and eight months of the stipulated period**.** Consequently, the kits could not be supplied to the AWCs before the outbreak of monsoon, thereby depriving the children of timely treatment of common ailments during the monsoon.

The Government stated (October 2008) that the delay was due to the observance of procurement procedures. The reply highlights the need to streamline the procurement procedures so that the essential items are procured on time. Delays in procurement obviously deprived the children of timely treatment of seasonal ailments.

3.2.12.4 Growth chart

To assess the impact of the health and nutritional status of the children, each child in the AWCs was to be provided with an individual growth chart. Records of the 14 test-checked ICDS projects, however, showed that the required growth charts were not maintained during 2003-08 by 15 AWCs under eight[8] of these projects. Consequently, the impact of the health and nutritional schemes on the status of the children under these AWCs remained unassessed.

[8] Mawryngkneng, Khliehriat, Thadlaskein, Selsella, Tikrikilla, Dalu, Betasing and Mawsynram.

The Government stated (October 2008) that the growth chart was not maintained due to the non-functioning of the weighing scales. Appropriate action should have been taken to provide the required weighing scales for the benefit of the children.

3.2.13 Pre-school Education

Under the scheme, children of 3-6 years were to be provided with pre-school education through AWCs to make them capable of joining the main stream of school children.

Scrutiny of records of the 14 projects revealed that against the minimum strength of 40 children in each AWC, the average enrolment of children for pre-school education during 2003-08 in seven[9] of these projects ranged between 26 and 39. While the position in two (Pynursla and Betasing) of these seven projects improved in 2007-08 because of enrolment of 39 and 30 children against 31 and 29 in 2003-04, enrolment of children in the remaining six projects declined significantly during 2007-08 as compared to 2003-04 and 2004-05.

The Government stated (October 2008) that the shortfall was due to the accessibility of nursery schools run by missionaries and private organisations.

3.2.14 Implementation of scheme for adolescent girls

The Planning Commission launched a pilot project, *viz.* Nutrition Programme for Adolescent Girls (NPAG), initially for two years from 2002-03. The GOI approved the implementation of the scheme thereafter from 2005-06. Under this scheme, 6 kg of foodgrains per month are given to under-nourished adolescent girls, after determining the eligibility on the basis of their weight. As per the instructions (July 2005) of the Ministry of HRD, the scheme was to be restricted only to adolescent girls from 2005-06, as pregnant women and lactating mothers were separately covered under ICDS. Funds for implementation of the scheme are released by the GOI as 100 *per cent* additional Central assistance under the ICDS Scheme.

For implementation of the scheme during 2003-04 in the East Khasi Hills District of the State, the GOI released (March 2004) Rs. 15 lakh. The amount had, however, not been released by the State Government to the implementing authority as of August 2008. Similarly, for implementation of the scheme during 2005-07, the GOI released (July 2005 and May 2006) Rs. 34.36 lakh. The State Government released the amount to the Director after a delay of 10 months in March 2006 and February 2007 for providing foodgrains to 14,661 adolescent girls. Though the Director released the amount (Rs. 34.36 lakh) to the DPO, Shillong (implementing authority) for providing the required foodgrains to the beneficiaries, the entire amount had been lying unutilised

[9] Pynursla, Thadlaskein, Mylliem, Mawryngkneng, Khliehriat, Betasing and Zikzak.

with the DPO as of August 2008, thereby depriving the targeted girls of the benefit envisaged under the scheme.

3.2.15 Anganwadi Centres (AWC)

The Anganwadi is the focal point for delivering the package of services to the children and mothers right at their door step. AWCs should be set up in every village having a population of 300 or more.

3.2.15.1 Establishment of Anganwadi Centres

The table below details the ICDS Projects, AWCs sanctioned by the GOI, projects actually in operation and coverage of population during 2003-08:

Table 3.12

(Population in lakh)

Year	Number of ICDS projects (as of March)		Number of AWCs (as of March)		Total population		Population not covered (*per cent*)
	sanctioned	in operation	sanctioned	in operation	to be covered	covered	
2003-04	32	32	2,218	2,217	2.66	2.17	0.49 (18)
2004-05	32	32	2,218	2,218	2.66	2.22	0.44 (17)
2005-06	32	32	3,179	2,265	3.15	2.26	0.89 (28)
2006-07	39	39	3,179	3,162	4.14	3.42	0.72 (17)
2007-08	39	39	3,388	3,195	4.01	3.48	0.53 (13)

Source: Monthly progress reports maintained by the Directorate.

As of March 2003, 2,206 AWCs were in operation in the State. During 2003-08, 989 more AWCs were set up thereby increasing the number of operational AWCs to 3,195 as of March 2008. The coverage of rural population under ICDS at the end of 2007-08 was 3.48 lakh against the rural population of 4.01 lakh. Shortfall in coverage of population by the AWCs, thus, deprived 13 *per cent* of the children and mothers in the rural areas of the benefit of the scheme.

The Assistant Director (ICDS) stated (August 2008) that the shortfall was minimal and effort would be made to avoid such shortfall in future. The Government further stated (October 2008) that more ICDS projects and AWCs were made operational as of August 2008 to reduce the shortfall in coverage.

3.2.15.2 Non-construction of Anganwadi Centres

GOI sanctioned Rs. 33.16 crore (February 2006: Rs. 16.34 crore; February 2007: Rs. 16.82 crore) for construction of 1,895 AWCs (Rs. 1.75 lakh for each centre). The first instalment of Rs. 16.58 crore was released by the GOI to the State Government in February 2006 (Rs.8.17 crore) and February 2007 (Rs. 8.41 crore) with the condition that the balance amount would be released during the succeeding financial year, taking into account the pace of construction and utilisation of funds. Funds released in the first instalment were sufficient for construction of 947 AWCs. Of Rs. 16.58 crore, the State Government released (March 2006 and March 2007) Rs. 11.11 crore to the

Director, retaining Rs. 5.47 crore in the Government account. In turn, the Director released Rs. 7.99 crore (out of Rs. 11.11 crore) to the CDPOs for construction of AWCs and the balance amount of Rs. 3.12 crore was kept in "8443-Civil Deposit" as mentioned in Paragraph 3.2.8.2 above. As of September 2008, construction of only 298 AWCs was completed and construction of 105 AWCs was in progress. Funds released for the purpose amounting to Rs. 9.53 crore were parked at different levels (State Government: Rs. 5.47 crore; Department: Rs. 3.12 crore; CDPOs: Rs. 0.94 crore), which could have been utilised to establish 545 more AWCs. Due to non-utilisation of funds released in the first instalment, the GOI did not release the second instalment, which could have facilitated construction of 947 AWCs. Thus, around 4.48 lakh rural population had been deprived of the benefit.

During the exit conference, the Additional Director, Social Welfare stated (September 2008) that in the absence of buildings, the AWCs were functioning from the community hall or private houses. Government also endorsed (October 2008) the views of the Additional Director. The reply is an attempt to deflect the failure of the State Government to construct the buildings for housing the AWCs in a time bound manner by utilising the funds provided by the GOI, which also led to non-release of second instalment of Rs. 16.58 crore.

3.2.16 Position of staff

Field level functionaries are the back bone of the ICDS scheme. They comprise of Anganwadi Workers (AWWs), Anganwadi Helpers (AWHs) Supervisors and CDPOs. In large sized projects, Assistant CDPOs are also added to the field level functionaries. The CDPO is responsible for implementation and administration of the ICDS programme and provides the link between the ICDS functionaries and the administration. Any shortage of field level functionaries adversely affects the implementation of the scheme.

Scrutiny of records disclosed that during 2003-08, there was no shortage in the cadre of AWWs and AWHs. However, there was a shortage of CDPOs and Supervisors, as detailed below:

Table 3.13

(in number)

Year	Sanctioned strength		Men-in-position		Shortage (*Per cent*)	
	CDPO	Supervisor	CDPO	Supervisor	CDPO	Supervisor
2003-04	32	124	28	122	4 (12)	2 (2)
2004-05	32	124	28	124	4 (12)	…
2005-06	32	124	28	123	4 (12)	1 (0.81)
2006-07	39	162	27	124	12 (31)	38 (23)
2007-08	39	171	24	121	15 (38)	50 (29)

Source: Information furnished by the CDPOs.

Shortage of the CDPOs and Supervisors became more acute from 2006-07 due to the increase in the number of sanctioned posts. As a result of non-filling up of the vacant posts of CDPOs and Supervisors, the implementation and administration of the programme suffered to an extent.

The Government stated (October 2008) that the vacancies were due to the delay in the process of recruitment procedure by the Meghalaya Public Service Commission/District Selection Committee and the posts of CDPOs were filled up in July 2008. Action taken to fill up the vacant posts of Supervisors had not been stated.

3.2.17 Training

Achievement of the objectives of the ICDS scheme depends mainly on the effectiveness of the frontline workers like AWWs. In order to increase the working efficiency of the AWCs, the scheme provides for imparting job training to the AWWs for three months duration on joining the service followed by a refresher course on completion of two years service. The CDPOs and Supervisors are also imparted job/refresher training. Two Anganwadi Workers Training Centres had been functioning in Shillong and Tura under the supervision of DPOs for imparting the required training courses to the AWWs and orientation and refresher courses to AWHs.

Out of Rs. 1.54 crore received from the GOI during 2003-08 for training of ICDS functionaries, only Rs. 1.29 crore was spent. All the eligible AWWs and AWHs were not targeted for imparting training in various courses during 2003-08. The status of training was alarming at Shillong Training Centre particularly during the year 2007-08. Of the 814 and 1,265 AWWs eligible for job training and refresher training respectively, only 140 and 210 AWWs were targeted for training. The AWWs actually trained were only 187 and 192 respectively.

Likewise, AWHs eligible for job training and refresher training were 639 and 899 respectively. The number targeted for training during the year was 400 and 350, and those actually trained were only 280 and 139 respectively. Information regarding the training of the CDPOs and supervisors was not on record.

The Government stated (October 2008) that the shortfall was due to non-filling up of the posts of CDPOs/lady supervisors. Thus, the deficiency in imparting training is bound to have an adverse impact on the quality of service provided by the AWCs.

3.2.18 Field visits and supervision

The CDPOs are required to undertake field visits to the anganwadis for at least 18 days a month with 10 night halts outside the headquarters and Supervisors are expected to visit at least one anganwadi once in a week to inspect its activities.

It was seen that during 2003-08, there was 18 *per cent* to 74 *per cent* shortfall in field visits of CDPOs and 77 *per cent* to 99 *per cent* by Supervisors in 11 out of the 14 test-checked ICDS projects. In the remaining three test-checked projects, the quantum of field visits by CDPOs/Supervisors was in accordance with the prescribed norms.

The Government stated (October 2008) that the shortfall was due to non-filling up of the posts of CDPOs/lady Supervisors. The shortfall in supervision of the AWCs by the designated officers had denied the AWWs the guidance to improve the functioning of AWCs and the quality of service delivered.

3.2.19 Monitoring and Evaluation

As per the scheme guidelines, there should be a State Coordinator to ensure smooth flow of the services under the ICDS. Besides, a Senior Adviser with wide experience in nutrition, child development and ICDS was to be engaged. Two to three Survey Consultants were also to be engaged for conducting survey of severely malnourished children and any other specific parameters assigned to them. Data pertaining to training, survey and monitoring were to be analysed at the first level by the individual officer and then sent to the State Coordinator. Though, Coordination Committees at the block/project, district and State levels were set up, there was no recommendation from these Committees to overcome the shortfall/deficiencies in the area of immunization, training and distribution of foodstuff, *etc*. The overall impact of implementation of the scheme was also not evaluated at any level.

The Assistant Director, ICDS stated (August 2008) that the scheme had been monitored regularly and the task for evaluation study had been entrusted to the North Eastern Hill University during 2007-08. The reply is an admission that the impact of the scheme so far implemented, remained unassessed.

3.2.20 Conclusion

The overall impact of implementation of the scheme was far from satisfactory because of significant shortfall in implementing various components of the scheme. Health check-up of a significant number of children was not conducted to detect diseases and other evidence of malnutrition. Fund management was poor and the Director failed to utilise 36 to 100 *per cent* of funds released by the GOI during 2003-08 for construction of buildings for AWCs. Forty to 83 thousand children of 0-6 years age were deprived of the benefit of supplementary nutrition during the review period and poor quality of food was supplied to children and pregnant/lactating mothers in certain projects. There was a shortfall in completion of the prescribed doses of immunization of different vaccines to the children and women. The objectives of improving the nutritional and health standard of the children and enhancing the capability of mothers to ensure the nutritional and health standard of their children as envisaged under the scheme, thus, remained largely unachieved.

3.2.21 Recommendations

On the basis of the shortcomings and deficiencies pointed out in the foregoing paragraphs, the following recommendations are made for streamlining the implementation of the scheme:

- **Adequate funds should be released on a timely basis and utilised for the intended purpose.**

- **Anganwadi centres should be set up as per norms to bring all the targeted children and women under the purview of the scheme.**

- **Effective steps should be taken for immunization through vaccination of the children and pregnant women as per the prescribed schedule to protect them against various diseases.**

- **Steps should be taken to ensure that the foodstuff provided is of acceptable quality and contains the prescribed calorific and protein value.**

- **Regular training should be imparted to the CDPOs, Supervisors, AWWs and Anganwadi helpers as per norms, to upgrade their knowledge in the area of their operation.**

- **Prescribed level of supervision and visit of the AWCs by the CDPOs and Supervisors should be enforced to improve their functioning.**