



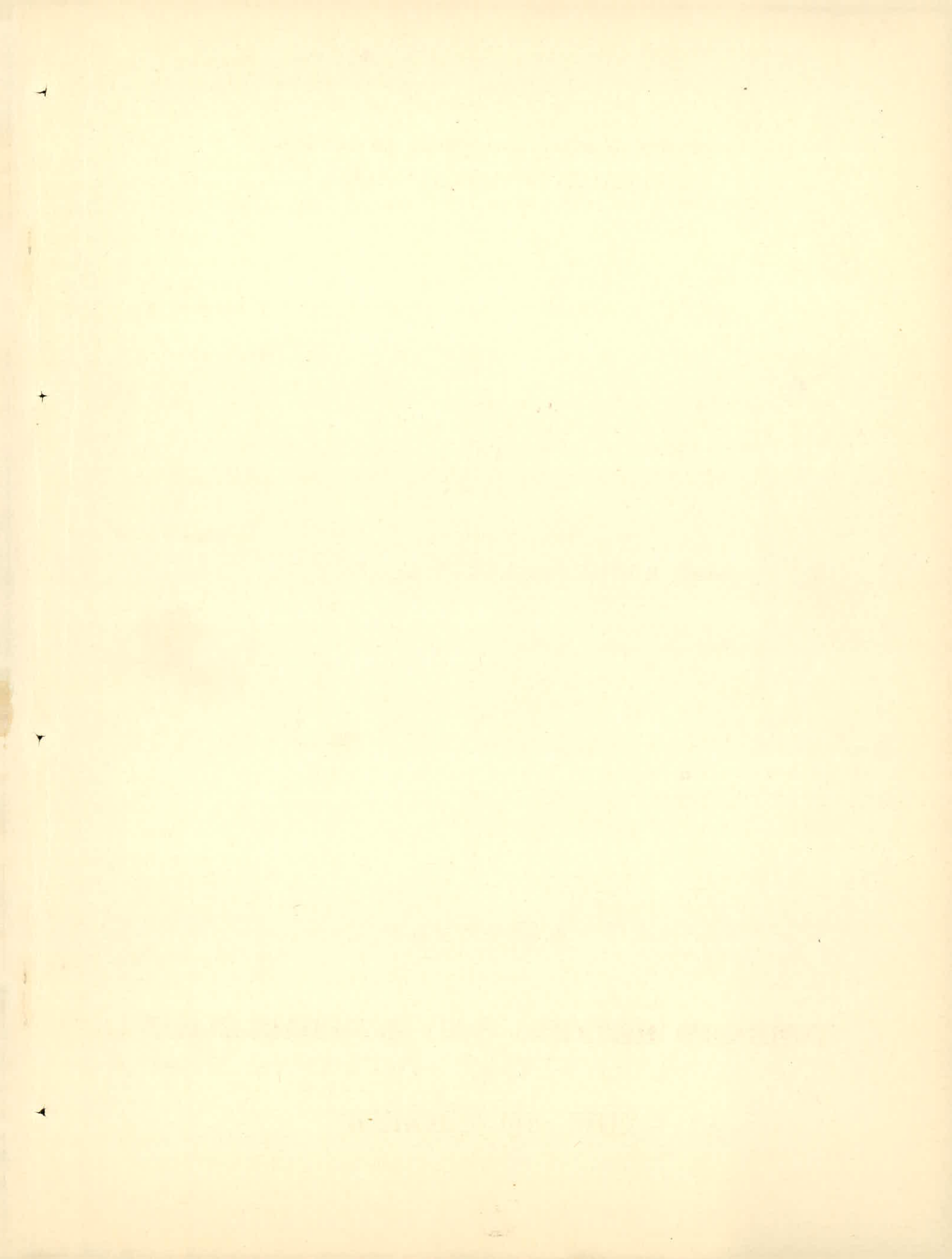
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**REPORT OF THE
COMPTROLLER AND AUDITOR GENERAL
OF INDIA**

FOR THE YEAR ENDED 31 MARCH 1989

NO. 14 OF 1990

**UNION GOVERNMENT (CIVIL)
INTEGRATED CHILD DEVELOPMENT SERVICES**



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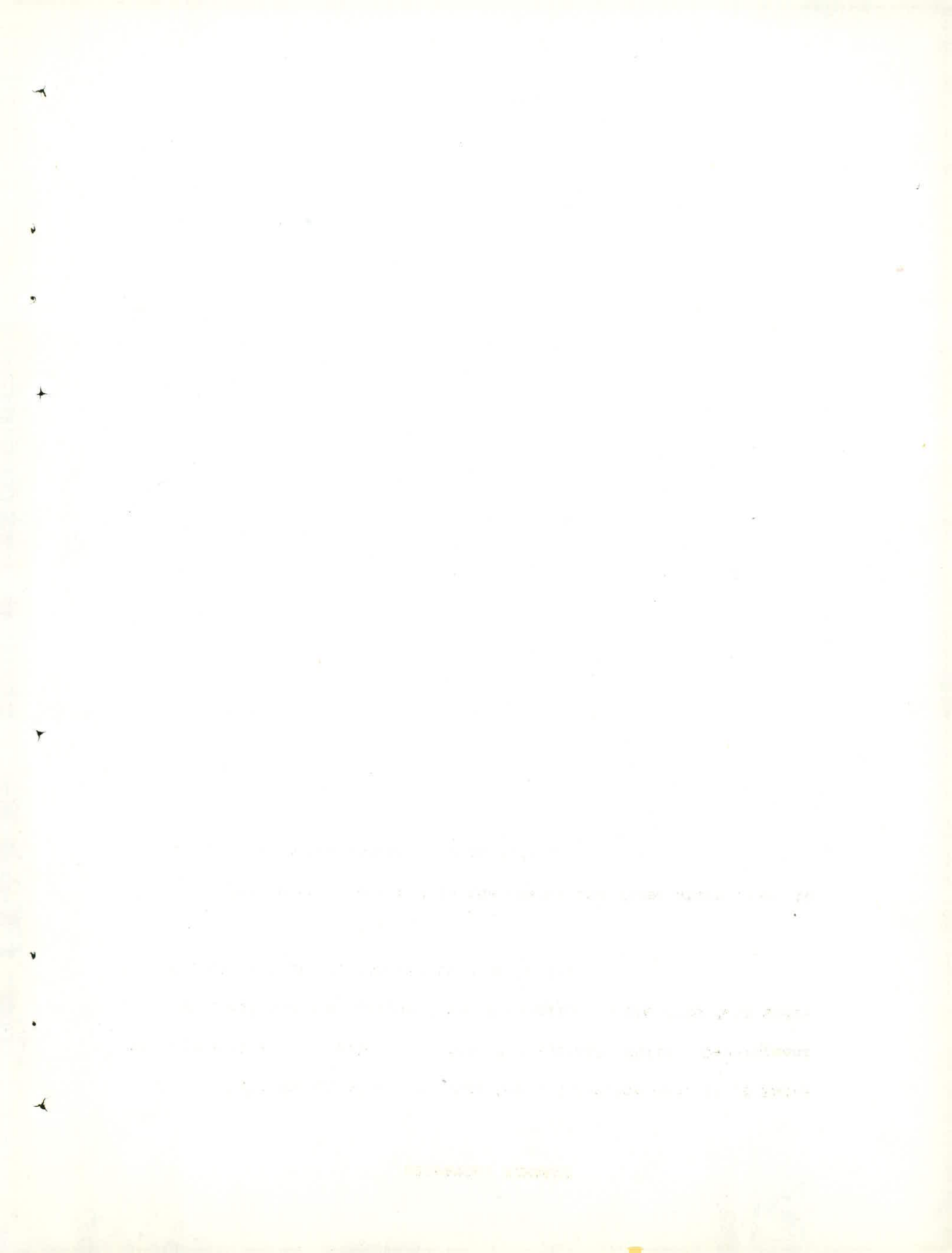
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PREFATORY REMARKS

This Report of the Comptroller and Auditor General of India containing a review on the "Integrated Child Development Services" has been prepared for submission to the President under Article 151 of the Constitution of India.

The points mentioned in the review are those which came to the notice in the course of test audit.



OVERVIEW

This Audit Report contains a review on "Integrated Child Development Services" (ICDS) which started in 1975 as a centrally sponsored scheme. The scheme aims at improving the health status and quality of life for children up to six years of age and enhancing the capability of mothers in promoting child development. ICDS seeks to deliver an integrated package of supplementary nutrition and health check-up and immunisation, health and nutrition education, non-formal pre-school education and functional literacy for adult women.

During the Seventh Five Year Plan period (1985-90), an expenditure of Rs. 660.28 crores was incurred outstripping the plan outlay of Rs. 520 crores. In sharp contrast, the physical progress of 2236 projects by March 1990 was way behind the plan target of 3019 projects. Out of the 2236 projects sanctioned, only 1617 projects were operational and of these 215 projects were interrupted.

Several deficiencies had been noticed by Audit in the implementation of the scheme during test-check of records covering the period from 1984-85. Some of these deficiencies had been pointed out earlier in the Audit Report for 1983-84 but continued to persist despite Government's instructions for taking remedial action.

The location of projects was to be determined after detailed project exercise so as to provide a bias in favour of disadvantaged areas/areas inhabited by underpriv-

ileged sections of the society. Such project formulation exercise had not been done in four States, and only partially done in three other States.

The focal point of ICDS services is an anganwadi. Anganwadis had not been set up in accordance with the norms. Most of the projects and anganwadis, in some of the States, had no safe and potable water supply, which was essential for improvement of health status of target group. The implementation of the scheme was adversely affected on account of delays in supply and/or non-supply of essential equipment like first aid boxes, medicine kits, weighing scales etc. to the projects. Consequently the benefits failed to reach the target group.

Under supplementary nutrition, shortfalls upto 80 per cent occurred in coverage of women and children and in some cases supplementary nutrition was not at all provided. Feeding suffered from frequent interruptions, for periods exceeding two years in some cases, and was provided for 28 days only against the norm of 300 days in some of the States test-checked. The quality of supplementary nutrition was below the prescribed norms; therapeutic food, rich in calories and proteins, required to be supplied to severely malnourished children, had not been supplied in several States. In nine States, cases of supply of sub-standard and infested food were noticed. Although the necessity for development of a system of cheap

and hygienically prepared ready-to-eat food had been recognised, no action in the matter had been taken.

As result of inadequate, interrupted and sub-standard quality of supplementary nutrition, the desired effect of raising the health status of beneficiaries could not be achieved.

Under health check and immunisation, base-line and annual surveys for enumeration of children were not conducted in 12 States and only partially conducted in two other States. The performance with regard to health check up of women and children was poor with significant shortfalls in some of the States. The nodal departments had not monitored the number of malnourished children and high risk mothers, identified for referral services, in nine States; no referral services had been provided in 33 out of 44 projects test-checked in five States. In eight States, neither the targets had been fixed nor were the achievements monitored for immunisation against tetanus, whooping cough, typhoid, polio etc. Heavy shortfalls in providing immunisation were noticed in almost all the States. Health check up and immunisation records had not been kept in test-checked projects in 12 States; in five other States, these records were either not maintained or were incomplete.

Health and nutrition education to be imparted to all women in the age of 15 to 45 years had not been imparted in most of the States. Declining trends in holding of film shows, district level seminars, home visits, etc. were also noticed.

According to the Department,

non-formal pre-school education had been introduced in 1.78 lakh out of 1.80 lakh anganwadis. However, the enrolment of children in anganwadis was less than the envisaged number of 40, except in Andaman and Nicobar Islands, Maharashtra and Nagaland. The shortfall in attendance was upto 81 per cent in Tripura; and the drop out rate was upto 48 per cent in West Bengal. An evaluation of pre-school education done by the National Institute of Public Co-operation and Child Development revealed that the anganwadi worker did not teach anything.

Although the scheme Functional Literacy for Adult Women was discontinued from January 1985 in view of parallel programme viz. National Adult Education Programme being run by Government, five States had neither refunded nor adjusted the unspent balance of Rs. 39.41 lakhs with them. In 49 projects test-checked, in seven States, assets valuing Rs. 14.53 lakhs which should have been utilised for activities of anganwadis were lying idle.

On training of ICDS functionaries, expenditure of Rs. 41.61 crores was incurred during 1985-90. The excess capacity was more than 65 per cent. An evaluation done by a working group set up by the Planning Commission revealed several deficiencies in training infrastructure.

Funds provided to National Institute of Public Co-operation and Child Development (NIPCCD) for training of ICDS functionaries and related tasks were unutilised to the extent of Rs.49.16 lakhs upto March 1989. Yearwise targets were not prescribed by the Department regarding the number of courses to

be held or the number of ICDS functionaries to be provided job training or orientation courses by NIPCCD. While the number of participants in training courses for Child Development Project Officers exceeded the minimum number of participants, the courses for supervisors and instructors of anganwadi training centres remained under-subscribed. The shortfall in training courses for orientation and training of medical and health staff ranged from 37 to 62 per cent during 1984-88.

Due to improper maintenance of records and failure to ensure timely submission of claims, UNICEF assistance amounting to Rs. 17.29 crores could not be availed of for 1983-89 for training alone.

Community participation was absent in 11 out of 14 projects test-checked in two States. In 10 States, not even a single project/anganwadi was being run by any voluntary agency.

Cases of infructuous and inadmissible expenditure involving Rs. 199.65 lakhs in nine States came to light during Audit. Several cases of financial irregularities and cases of equipment lying idle were noticed in test-check. The vehicles provided for ICDS purposes were used for other work. In Assam, losses amounting to Rs. 140.55 lakhs on account of loss of soya salad oil in transit, loss in storage, missing utensils etc. had not been investigated. Several cases of drawal of funds in excess of requirement, to avoid lapse of grant, were also noticed.

The Department had not moni-

tored and evaluated State wise targets and achievements. The ICDS cells, set up at the State level, did not consolidate/compile/monitor the periodical progress reports. Monitoring at State, district and block level was also inadequate. The supervisory staff had not carried out the prescribed number of field visits/inspection. A working group set up by the Department had observed that supervision was a weak link of the scheme.

Evaluation done by several other agencies corroborated the deficiencies/weaknesses mentioned above. A study of the social component of the scheme by NIPCCD, brought out location of anganwadis in unhygienic surroundings, deficiencies in arrangements for supply of drinking water, inadequacy of teaching aids and play material, shortfalls in community participation, and training of anganwadi workers.

Evaluation of the health component made by the Central Technical Committee established at the All India Institute of Medical Sciences, New Delhi showed that there were heavy shortfalls in providing immunisation, ante-natal and post-natal care even in the projects which had been set up more than eight years ago and the nutrition standards of beneficiaries continued to be poor.

Despite large expenditure on the scheme, the infant mortality rate which came down from 104 in 1984 to 97 in 1985 still stood at 95 in 1987 against the goal of below 60 to be reached by 2000 A.D. as prescribed in the National Health Policy.

MINISTRY OF HUMAN RESOURCE DEVELOPMENT

(DEPARTMENT OF WOMEN AND CHILD DEVELOPMENT)

Integrated Child Development Services

1. Introduction

The National Policy for Children adopted by the Government in 1974 described children as 'supremely important asset' and enjoined on the State, the responsibility of their nurture and solicitude. Of a total population of 68.5 crores (1981 census), the child population (0 - 14 years) was about 27.2 crores, and of these 11 crores were under the age of six years. About one third children were socially and economically vulnerable, for whom State support was felt necessary.

To provide State support to economically and socially vulnerable children, the Integrated Child Development Services (ICDS) was taken up in the Fifth Five Year Plan, as a Centrally sponsored Scheme (scheme) in 1975-76. The main objectives of ICDS were :-

- to improve the nutritional and health status of children in the age group upto 6 years;
- to lay the foundations for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs;
- to achieve effective co-ordination of policy and implementation amongst various departments to promote child development; and

- to enhance the capability of the mother, through proper nutrition and health education, for looking after the normal health and nutritional needs of the child.

For achievements of these objectives, ICDS provided an integrated package of services of supplementary nutrition, immunisation, health check up and referral services to children upto six years, pregnant women and nursing mothers, non-formal pre-school education to children (3 - 6 years) and nutrition and health education in ICDS project areas. The Functional Literacy for Adult Women (FLAW) was also one of the components of the scheme till January 1985.

2. Scope of Audit

The implementation of the scheme was earlier reviewed in Audit and the main points were highlighted in paragraph 6 of the Report of the Comptroller and Auditor General of India for the year 1983-84 - Union Government (Civil). Several deficiencies in the implementation of the scheme including failure to conduct the project formulation exercise, improper location of anganwadis, non-identification of beneficiaries for supplementary nutrition and health check up, interruptions in feeding, non-provision of therapeutic food, inadequate health and medical care services, poor monitoring etc. were pointed out. The Department had stated, in their Action Taken Note, in April 1986,

that the State Governments had been instructed to take remedial action.

The present review is based on test-check of records of 262 projects in 29 States/ Union Territories*, the Department of Women and Child Development and autonomous institutions e.g., All India Institute of Medical Sciences (AIIMS) and National Institute of Public Co-operation and Child Development (NIPCCD) and covers the period 1984-88. The deficiencies pointed out in the Report for 1983-84 *ibid*, however, still persisted.

A copy of the draft review was sent to the Department in July 1989 for confirmation of facts and figures mentioned in the review and comments, if any, thereon. These have not been received so far despite reminder issued in March 1990. The Department stated, in June 1990, that a consolidated reply would be sent on receipt of comments from the State Governments, who are the implementors of the scheme. The facts and figures have been updated to the extent possible for 1989-90 on the basis of information received from the Department, State Governments and other institutions. No further information had been received from the Ministry (July 1990).

3. Organisational set-up

The Ministry of Human Resource Development (Department of Women and Child Development - Department) was responsible for

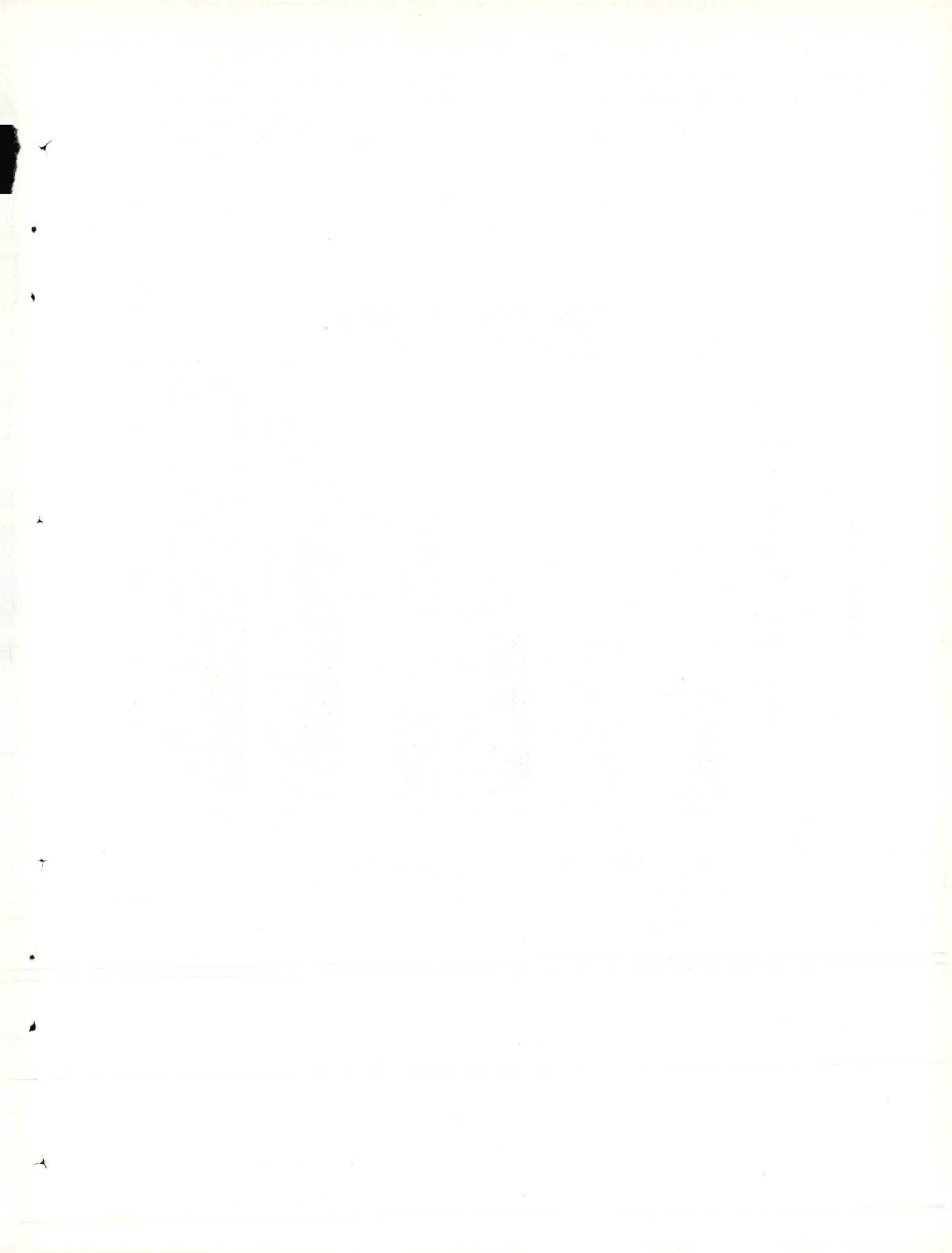
(*) The term States' includes States and Union Territories in this Report.

budgetary control and overall administration of the scheme at the Central level. At the State level the Secretary of the Department of Social Welfare or the designated nodal department of the State Government was responsible for co-ordination and implementation of the scheme. At the district level, officers of the nodal departments were to co-ordinate and implement the scheme in their respective districts.

A Child Development Project Officer (CDPO) was to be appointed for each block for holding direct charge of the scheme. The focal point to provide the ICDS package of services was an anganwadi in every village or a ward of an urban slum area and it was run by an anganwadi worker, whose work was supervised by a mukhyasevika or supervisor. For providing training to ICDS functionaries, the NIPCCD, Central Technical Committee (CTC), at AIIMS, Middle Level Training Centres (MLTC's) and some selected institutions were involved.

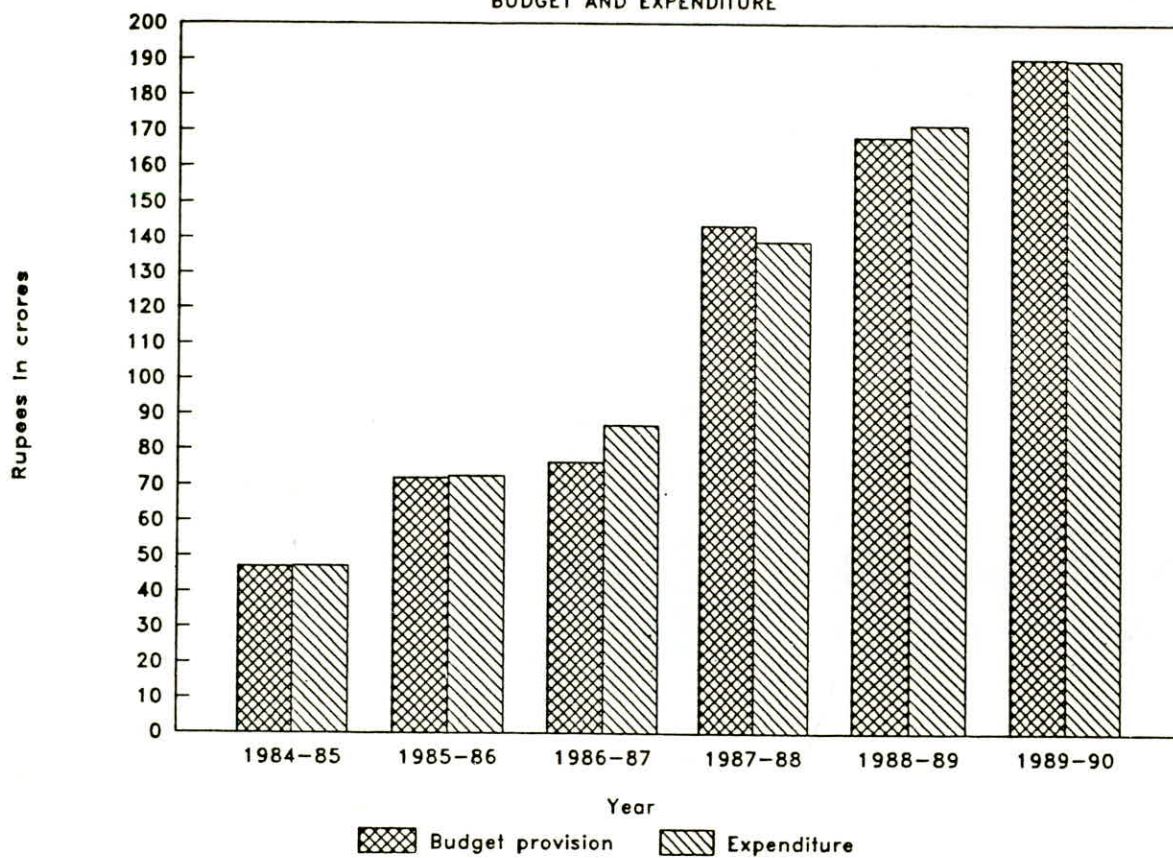
4. Financial arrangements

4.1 The scheme was to be implemented by the State Governments with cent per cent Central assistance. However, funds required for food items in supplementary nutrition were to be provided by the respective State Governments. Other expenditure on equipment, vehicles, salaries, training etc., was to be provided by the Central Government. International agencies e.g., Co-operation for American Relief Everywhere (CARE) and United Nations International Children's Emergency Fund (UNICEF) also assisted ICDS financially and in kind.



UNION GOVERNMENT

BUDGET AND EXPENDITURE



4.2 Overall budget provision and expenditure on the scheme during

the six years upto 1989-90 were as under :-

(Rupees in crores)

Year	Budget provision	Expenditure	Savings (-) Excess (+)
1984-85	ICDS 35.60	37.98	(+) 2.38
	ICDS(Trg) 6.00	6.53	(+) 0.53
	FLAW 5.40	2.78	(-) 2.62
1985-86	ICDS 65.00	65.57	(+) 0.57
	ICDS(Trg) 7.00	7.03	(+) 0.03
1986-87	ICDS 69.40	80.28	(+) 10.88
	ICDS(Trg) 6.95	6.70	(-) 0.25
1987-88	ICDS 134.50	130.02	(-) 4.48
	ICDS(Trg) 9.00	9.03	(+) 0.03
1988-89	ICDS 159.40	162.65	(+) 3.25
	ICDS(Trg) 9.00	9.05	(+) 0.05
1989-90	ICDS 180.50	180.15	(-) 0.35
	ICDS(Trg) 9.88	9.80	(-) 0.08
Total	697.63	707.57	(+) 9.94

The Seventh Five Year Plan had envisaged an outlay of Rs.520 crores on the scheme against which Rs.650.63 crores were provided in the annual budgets and expenditure of Rs.660.28 crores was incurred during 1985-86 to 1989-90.

4.3 Release of funds to State Governments : Upto 31st March, 1984 the States had unspent balance of Rs.233.77 lakhs. During 1984-89 various States were paid Rs.49,387.46 lakhs as grants on training and ICDS against which expenditure of Rs.49,247.23 lakhs was incurred leaving an unspent balance of Rs.374.00 lakhs; the details are indicated in Annexure I.

4.4 Drawal of funds to avoid lapse of grants : In the following cases funds were drawn in excess of requirement and remained outside

Government accounts for long periods contrary to the financial rules.

Bihar: Rupees 91.14 lakhs drawn from treasuries in 23 projects test-checked upto March 1988, were not spent but were retained in current account in a bank (Rs.69.53 lakhs), in the form of bank drafts (Rs.11.82 lakhs), as deposits at call (Rs.2.58 lakhs), as cash (Rs.3.28 lakhs) and as unadjusted advances (Rs.3.93 lakhs). In three other projects, an amount of Rs.4.25 lakhs drawn during 1979-85 was refunded to the treasury during 1985-87 treating the same as State receipts.

Further, against the advance of Rs.2,888.41 lakhs released to Bihar State Food Corporation during 1984-89, the value of food grains

supplied by the Corporation amounted to only Rs.1960.67 lakhs leaving unadjusted advances of Rs.979.84 lakhs (including unadjusted advances of Rs.52.10 lakhs lying since 1983-84). No benefit had accrued to the scheme by retention of such large amounts with State Government undertakings. The State Government had not taken any step to reduce the unadjusted advances.

Gujarat: Against the Central assistance of Rs.3890.17 lakhs during 1984-89, grants released by the State Government to taluka panchayats through the district panchayats, were irregularly booked as expenditure on the scheme. Information regarding actual expenditure incurred and unspent balance lying with the panchayats was not known to the State Government. In six projects unspent balances amounting to Rs.16.61 lakhs, 32.38 lakhs, 31.26 lakhs and 46.91 lakhs as on 31st March 1985, 1986, 1987 and 1988 respectively were lying at the project level.

Uttar Pradesh: Rupees 55.49 lakhs out of Rs.80.50 lakhs drawn for nine projects by the programme officer of Lucknow district during 1985-86 were utilised in subsequent years and the balance amount of Rs. 25.01 lakhs was still lying unspent (July 1989) with District Rural Development Agency, Lucknow. A further amount of Rs.69 lakhs drawn upto March 1988 was utilised only after June 1988. During 1988-89, Rs.100 lakhs drawn on 13th March 1989 by the Director, Child Development and Nutrition, Uttar Pradesh, Lucknow, was deposited in Personal Ledger Account on the same day, out of which Rs.38.07 lakhs remained unspent as on 15th December 1989.

Similar cases involving drawal of funds to avoid lapse of

grants of Rs. 25.48 lakhs were noticed in test-check in three other States viz. Arunachal Pradesh, Jammu and Kashmir and Manipur.

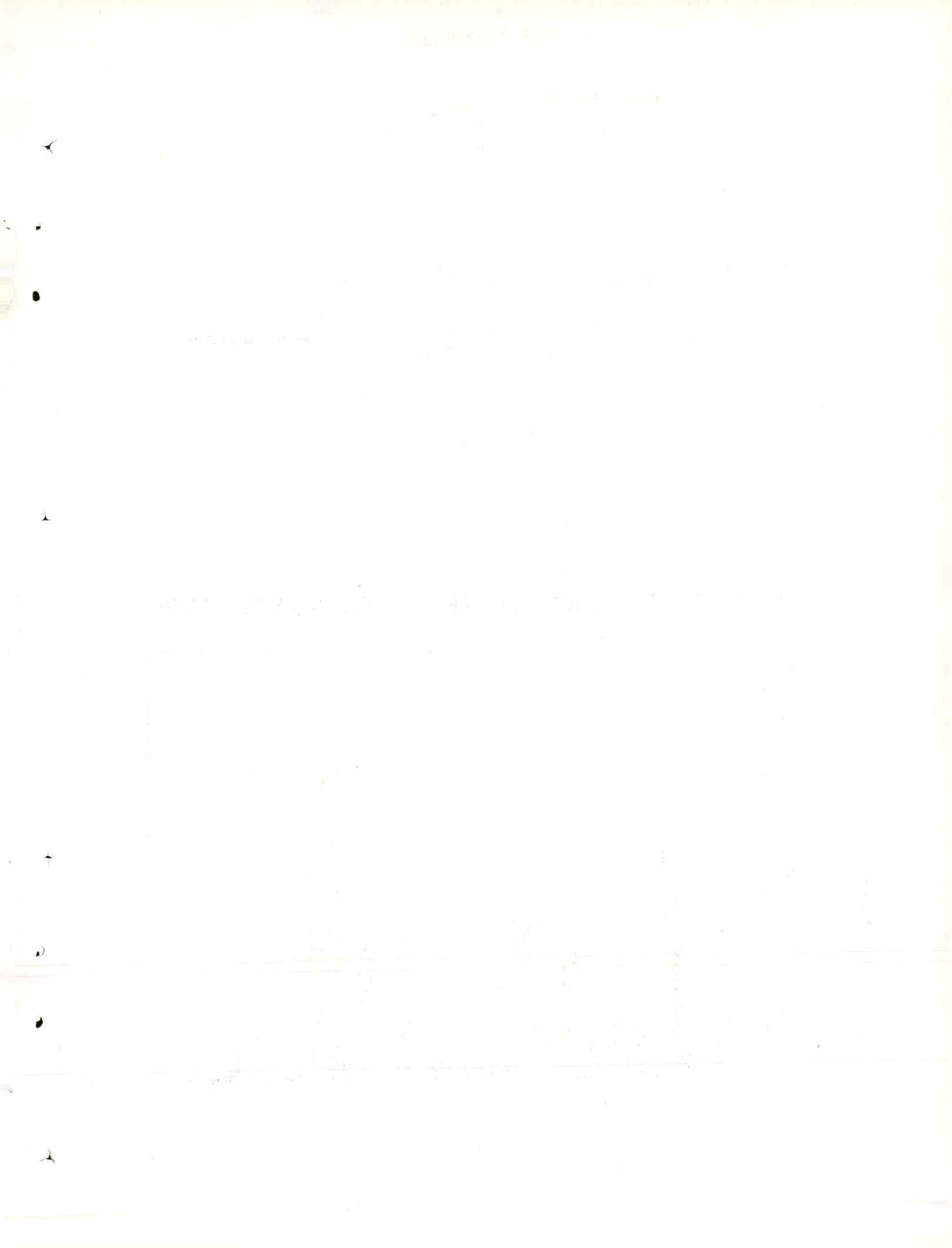
4.5 UNICEF assistance : UNICEF was to provide non-recurring assistance at rates ranging from \$20,000 to \$25,000 to all new projects for certain supplies e.g. jeeps, weighing scales, typewriters, duplicators etc.. UNICEF also reimbursed recurring expenditure on training, film slides, paper for health cards etc. The expenditure was reimbursed on receipt of claims from the State Governments through Government of India.

As a consequence of improper maintenance of records and failure to ensure timely submission of claims, foreign assistance amounting to Rs.17.29 crores could not be availed for the period from 1983-84 to 1988-89 on training alone.

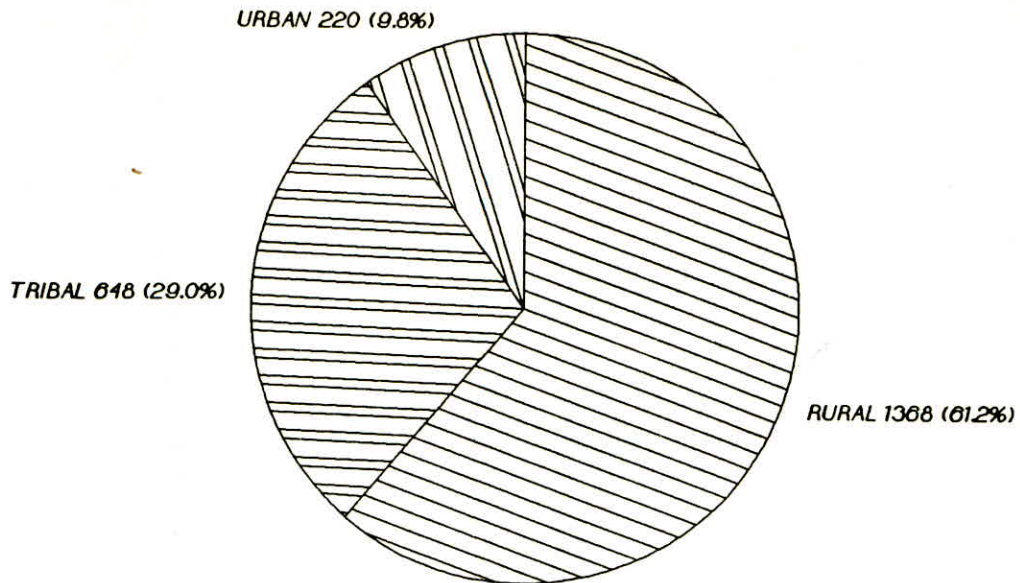
4.6 Assistance from other international agencies : The Department had been receiving assistance from CARE, USAID, World Food Organisation, etc, in cash/ kind. The Department could not supply complete information in respect of all foreign agencies giving aid for the scheme. Information was furnished for USAID and CARE, which had provided assistance to the extent of Rs.9.64 crores and Rs.381.63 crores respectively during 1984-89.

5. Physical targets and achievements

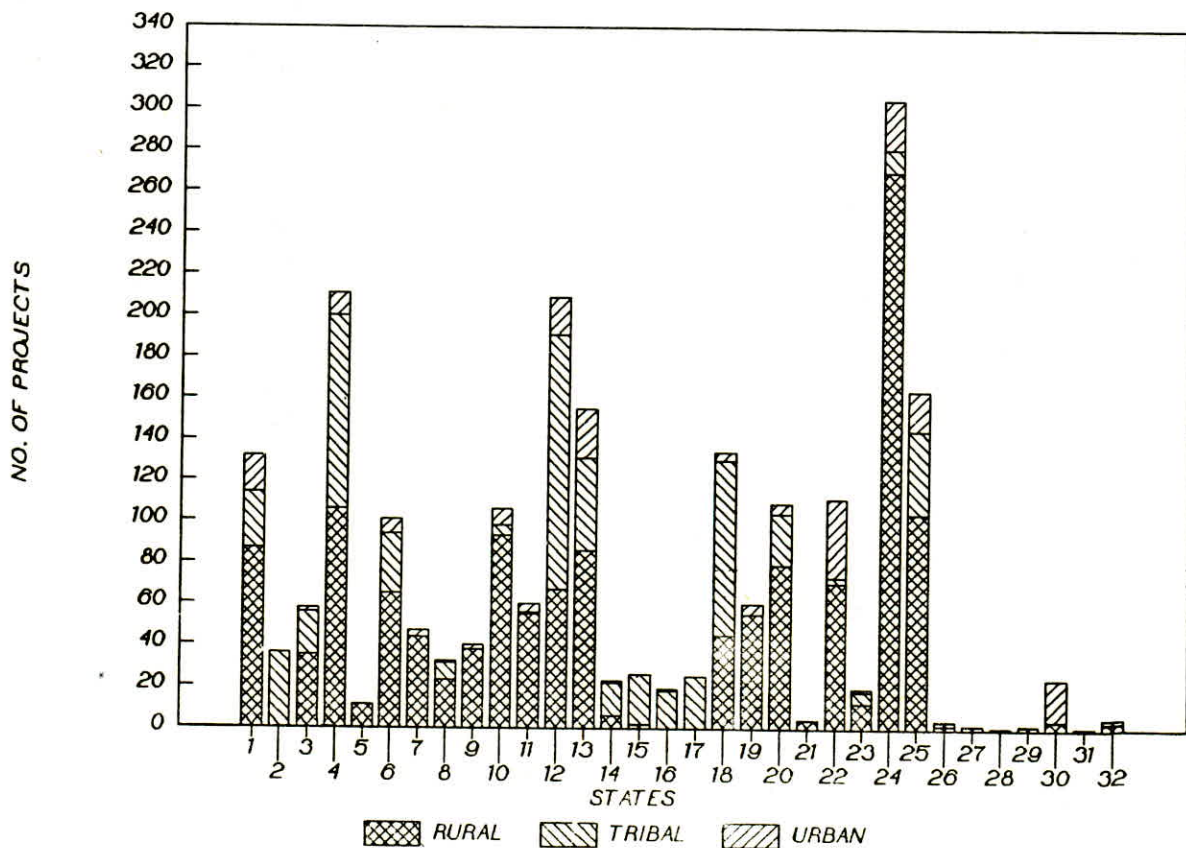
A total number of 1019 projects were sanctioned upto 1984-85. The Seventh Five Year Plan had envisaged setting up of 2000 additional projects by 1989-90. The number of ICDS Projects sanctioned



ICDS PROJECTS



ICDS PROJECTS SANCTIONED UPTO MARCH 1990



Refer to Annexure-II for 'States'

from 1984-85 to 1989-90 was as under :-

Years	Number of projects sanctioned	Progressive total of ICDS projects sanctioned
Upto 1983-84		822
1984-85	197	1019
1985-86	211	1230
1986-87	250	1480
1987-88	40	1520
1988-89	216	1736
1989-90	500	2236

(The State-wise position of projects sanctioned upto March 1990 is given in Annexure II)

Against the total number of 3019 projects envisaged to be set up by the end of the Seventh Five Year Plan i.e. 1989-90, only 2236 projects had been sanctioned upto March 1990, out of which 1617 projects were operational. Thus the Seventh Five Year Plan target of 3019 projects was not achieved although, as mentioned in paragraph 4.2 above, the total expenditure on the scheme had exceeded the plan outlay. Further, out of 1617 projects, which were stated to be operational, reports of 1591 projects for the month March 1990 showed that 215 were interrupted.

6. Selection of project areas

According to the scheme, ICDS projects were to be located in rural areas, tribal development blocks in predominantly tribal areas and wards and in slums in urban areas while priority was to be given to areas predominantly inhabited by Scheduled Castes/ Scheduled Tribes population, backward areas, drought prone areas, nutritionally deficient areas and

areas with poor development services. The selection of project areas was to be co-ordinated with the programmes of Ministries/ Departments of Health and Welfare, Urban Development (formerly Works and Housing) and different departments at the Centre/States to strengthen Primary Health Centres and schemes/ programmes like potable water supply, which had a vital bearing on the success of the scheme. The State Governments were required to furnish detailed information for proper selection of project areas.

Paragraph 6.4.1 of the Report of the Comptroller and Auditor General of India for the year 1983-84-Union Government (Civil) mentioned that the necessary project formulation exercise for selection of project areas had not been done in 75 projects in four States. The Department had stated, in April 1986, that States had been asked to take remedial action. However, similar deficiencies had been persisting.

In four States (Chandigarh, Goa, Manipur and Uttar Pradesh) no project formulation exercise had been done in respect of any of the 192 projects sanctioned upto 1987-88. In Uttar Pradesh 30 new projects were established in October-November 1989; information whether the project formulation exercise was done in respect of these projects was not furnished by the State Director.

In Kerala, project formulation exercise had not been done in 26 out of 49 projects. During 1988-89 no project formulation exercise had been done in eight projects test-checked in Karnataka.

In Madhya Pradesh, information regarding project formulation exercise was not made available by

the State Government.

In Rajasthan, project formulation exercise had not been done in any of the 14 projects test checked.

7. Anganwadis

An anganwadi was the focal point for delivery of all ICDS services. On the efficiency and effectiveness of the anganwadi worker depended the smooth functioning of the scheme. It was, therefore, envisaged that each worker should invariably belong to the village or ward in which an anganwadi is located and that in all urban projects, the anganwadi worker should be a matriculate. Anganwadi workers were paid honorarium at the rate of Rs. 325/300 (Rs.275/250/225 for non matriculates) per month and monthly honorarium of Rs.110 was paid to helpers as prescribed from July 1986.

A project was to cover approximately population of one lakh with about 100 anganwadis, each covering approximately population of about 1000. The tribal projects were expected to have 50 anganwadis in each project and each anganwadi was to cover population of about 700.

During test check in various States the following main points were noticed :-

Andhra Pradesh: Out of 761 anganwadis test-checked in six rural/ urban projects, 399 anganwadis (51 per cent) had been set up in violation of the prescribed norm.

Kerala: In 49 projects, the percentage of shortfall in sanctioning of the anganwadis as per the norm was 19.

Madhya Pradesh : Out of 3792 anganwadis sanctioned during 1988-89, only 1503 could be established.

Maharashtra: Against the norm of 50 and 100 anganwadis per project in tribal and rural areas, the number of anganwadis actually set up ranged between 65 and 282 and between 75 and 276 respectively.

Meghalaya : Due to non-availability of candidates for anganwadis, frequent dropouts and resignations, only 1052 anganwadis could be set up (March 1989) against 1278 sanctioned.

Punjab : In five out of 10 projects test-checked, no anganwadi had been set-up in 169 villages.

Tamil Nadu : Out of 1423 anganwadis approved by the Government of India during 1985-86 in Pudukottai district, the State Government had sanctioned only 1236 anganwadis upto May 1988. In six rural projects, 38 anganwadis started functioning after delays ranging from 6 to 18 months. In four projects 117 anganwadis were functioning in buildings in bad condition due to non-maintenance of these buildings by Corporations/ Municipalities, despite payment of rent amounting to Rs.1.40 lakhs per annum.

Uttar Pradesh : Test-check of 19 projects revealed that 293 out of 1854, 170 out of 1956, 56 out of 1844 and 34 out of 1858 anganwadis were non-functional during 1984-85, 1985-86, 1986-87, and 1987-88 respectively. During 1988-89, 30 projects and 3587 anganwadis were sanctioned, all of which remained non-functional (July 1989).

Due to failure to establish anganwadis as per norm, the target group did not get the benefit of

intended services under the scheme.

8. Drinking water supply in anganwadis

According to the scheme, the projects/ anganwadis should be located in areas having safe/potable drinking water, which was essential for improvement of health status of women and children. It was observed that safe drinking water was not available in several projects/ anganwadis test-checked in Assam, Kerala, Meghalaya, Mizoram, Tamil Nadu, Tripura, Uttar Pradesh and West Bengal.

9. Supply of equipment and other essential items

Under the scheme, the project functionaries were to be supplied with essential equipment and items like first aid boxes, medicine kits, weighing scales, etc. In the following cases, noticed in test-check, equipment was not supplied or was supplied late, which adversely affected the implementation of the scheme.

Assam : Medicines and instruments for first aid had not been supplied till March 1987. Information regarding the distribution of medicine kits costing Rs.11.06 lakhs received from the Central Government during 1985-86 was not available. Test-check in eight projects revealed non-receipt/short-receipt of medicine kits (cost Rs.1.95 lakhs) in five projects. Cooking utensils had not been supplied to 176 anganwadis in three projects test-checked. Slide projectors had been supplied to only 20 out of 42 projects; these were also not brought to use. Inventory of supplies of first-aid boxes, medicine kits, weighing scales, kitchen utensils had not been made.

Dadra and Nagar Haveli : In 100 out of 125 anganwadis test-checked (80 per cent) utensils for feeding and kits for pre-school education had not been supplied. *Gujarat* : In 12 out of 15 projects test-checked, basic equipment like utensils for cooking and feeding, guide books for anganwadi workers, health and nutrition cards, weighing scales, colour strips, kits etc, had not been supplied to anganwadis.

Karnataka : Baby weighing scales were not supplied up to March 1988 to the projects started during 1985-86, medicine-kits had not been supplied to 12 projects during 1985-88, growth-charts had not been supplied to 19 projects test-checked since the inception of these projects. Out of 69 projects which had submitted their progress reports to State Governments, seven had not been provided with audio-visual equipment.

Madhya Pradesh : In eight out of ten projects test-checked, medicine kits had not been supplied for one to three years during 1984-88 (four projects: one year, one project : two years and three projects: three years). No action was taken for the replenishment of the medicines, reportedly due to non-availability of funds.

Meghalaya : Out of 20 projects upto 1988-89, only five had slide projectors (of which two were out of order), six had slides and four had film strips. Out of 1052 anganwadis established upto March 1989, 15 anganwadis had not been provided with colour strips, 179 did not have sufficient number of weighing scales, 217 had insufficient utensils for cooking, 5 had no utensils for cooking, 95 had insufficient utensils for feeding and 177 had no utensils. Further, 91 angan-

wadis during 1984-85, 134 anganwadis during 1985-86 and 123 anganwadis during 1988-89 had no medicine kits whereas 166, 101, 81 and 559 anganwadis had insufficient medicine kits during 1984-85, 1985-86, 1986-87 and 1988-89 respectively. Information for 1987-88 was not available.

Nagaland :No health charts were received from the Department or were purchased by the State during 1984-89. The anganwadis had also not been supplied weighing scales during 1984-85 and 1985-86.

Tamil Nadu :Essential medical equipment like blood pressure apparatus, apparatus for determination of blood group, examination of urine and weighing machines had not been provided to medical officers due to non sanction of technicians.

Uttar Pradesh :No medicine kits were supplied to any of the 14,299 anganwadis in 178 projects during 1985-86; 17255 medicine kits were received in March 1986, which were distributed during 1986-87; 768 medicine kits received during 1986-87 had not been distributed to the anganwadis and training centres.

Similar cases of non-supply/delayed supply were noticed in other States like Orissa, Punjab, Rajasthan and Sikkim.

10. Supplementary Nutrition Programme

10.1 **Main features** : Under the scheme, supplementary nutrition was to be provided for 300 days in a year to the children of the age group 6 to 72 months, pregnant women (last trimester) and nursing mothers (first six months of lactation) from low income families as per the guidelines issued from time to time for selection of beneficia-

ries. Supplementary nutrition was to be provided at the rate of 300 calories and 10 grammes of protein for children, 600 calories and 20 grammes of proteins for severely mal-nourished children and 500 calories and 20 grammes of protein for pregnant women and nursing mothers with unit cost 75,125 and 105 paise respectively per beneficiary per day fixed from April 1985. The household income limit for eligibility for supplementary nutrition was Rs. 300 per month prescribed in December 1976.

10.2 **Identification of beneficiaries and eligibility** : In 55 projects, test-checked in nine States (10 in Andhra Pradesh, two in Chandigarh, three in Sikkim, 7 in Haryana, 12 in Jammu and Kashmir, four in Goa, 11 in Meghalaya, one in Dadra and Nagar Haveli and five in Tripura), all the children who had been registered at the time of establishment of anganwadis and pregnant/ lactating mothers attending anganwadis had been provided supplementary nutrition irrespective of their health status or eligibility. In Chandigarh, no record regarding identification of pregnant women and nursing mothers enlisted for supplementary nutrition was kept. Periodical surveys for identification of beneficiaries had not been conducted.

In Gujarat, identification of prospective beneficiaries for supplementary nutrition was not done during 1988-89 and 7.70 lakh children were provided supplementary nutrition against 5.59 lakh children actually eligible.

In 23 projects, test-checked in West Bengal (18) and Mizoram (five) no records regarding identification of beneficiaries had been kept.

In Karnataka, in one project

covering 158 villages only 12 children had been registered as eligible for supplementary nutrition. However, a departmental inspection revealed in January 1986 that each village had 8 to 10 eligible children. Thus a vast majority of eligible children had been denied the benefit of supplementary nutrition.

10.3 Coverage : Shortfalls in coverage of women/children for provision of supplementary nutrition with reference to coverage of women and children identified or enlisted for receiving supplementary nutrition were noticed in test-check.

In Andhra Pradesh, shortfalls upto 28 per cent during 1985-88 were observed in three projects test-checked. In Madhya Pradesh shortfalls upto 54 per cent (1984-88) were noticed in ten projects. The shortfall was 26 to 36 per cent (1984-89) in 14 projects test-checked in Rajasthan, upto 80 per cent (1984-88) in four projects test-checked in Sikkim and upto 53 per cent (1984-88) in 16 projects test-checked in West Bengal.

In five other States - Bihar, Himachal Pradesh, Kerala and Goa during 1984-88 and Karnataka during 1984-89, shortfalls ranging from 6 to 54 per cent were noticed.

Cases were also noticed where supplementary nutrition had not been provided at all. In Assam, in seven projects, supplementary nutrition programme had not been implemented (March 1988). In Tripura, in one project (Matarbari) supplementary nutrition programme had not been implemented although the project was operational in 144 anganwadis from March 1987; in 196 anganwadis of two other projects, supplementary nutrition had not been provided to mothers.

Therapeutic food, rich in calories and proteins, was required to be provided to severely malnourished children upto six years of age. This was, however, not supplied to any project in Himachal Pradesh, Nagaland and Tamil Nadu, 10 projects test-checked in Madhya Pradesh, two projects in Tripura, 7 out of 12 projects in Orissa, 8 out of 14 projects in Rajasthan during 1984-89, two projects in Chandigarh, 10 projects of Punjab and 18 projects in West Bengal during 1984-88. In Uttar Pradesh, therapeutic food was not supplied to 0.45 lakh severely malnourished children in 18 projects. In Gujarat, only 0.40 lakh children were provided therapeutic food during 1988-89 against 1.86 lakh children for which it was required.

The Department in its proposals for the Seventh Five Year Plan and Annual Plan for 1985-86 had recognised that very few projects had made some arrangements for limited supply of therapeutic food for severely malnourished children. Obviously adequate remedial action in the States had still not been taken.

10.4 Interruptions in feeding : Supplementary nutrition was required to be provided in 300 days in a year. Test-check in audit revealed that the prescribed norm of number of feeding days had not been followed in 22 States and there were frequent interruptions. The range of feeding days in most of these States was from 28 to 284 and the interruptions ranged from 10 days to more than two years in some cases. The detailed position is indicated in Annexure III. Some of the significant cases are indicated below:-

Assam : The number of feeding days declined from 240 in 1984-85 to 150 in 1988-89. In five projects

interruptions in feeding ranged from 71 to 300 days in a year during 1985-86 to 1987-88. The shortfalls were attributed to delay in finalising transport contracts, damage to food stuffs in projects on account of storing in unsuitable godowns, inadequate provision of funds and irregular supplies.

Jammu and Kashmir : In 12 projects, the average number of feeding days was 124, 186, 155 and 224 during 1984-85, 1985-86, 1986-87 and 1987-88 in the test-checked anganwadis. The shortfall was attributed to irregular food supplies, lack of storage facilities and delayed finalisation of rate contracts for supply of food articles.

Rajasthan : Supplementary nutrition was not provided for 300 days in any of the test-checked anganwadis in 14 projects during 1984-89. In six projects the supply of supplementary nutrition was not made by the project officers to 101 anganwadis for periods ranging from 3 to 15 months. The shortfalls and interruptions were attributed to non-finalisation of transport contracts, break down of vehicles, non-lifting and non-allotment of nutrition material by the State Directorate.

Tamil Nadu : Test check of 20 anganwadis in each of the 14 projects for the year 1986-87 revealed interruptions in feeding days for three months (November 1986 to January 1987) to children upto two years of age and pregnant and nursing mothers. The interruptions were, reportedly, due to discontinuance of supply from CARE and delay in making alternative arrangements to avoid interruptions.

Uttar Pradesh : Interruptions in feeding days ranged from 61 to 245 days in nine projects during

1984-88. Number of feeding days in 17 projects during 1984-85 to 1987-88 ranged from 135 (1984-85) to 222 days (1987-88). The shortfalls were attributed to non-availability of nutrients and irregular supplies.

Such interruptions defeated the purpose of supplementary nutrition.

10.5 Nutritive value of supplementary nutrition : The quantities prescribed of protein and calories had not been provided to the beneficiaries and locally readily available and cheaper food of nutritive value had not been supplied as indicated below:-

Jammu and Kashmir: Only 121 calories and five grammes of protein were provided on an average per beneficiary during 1984-85 to 1987-88 against the lowest prescribed norm of 300 calories and 10 grammes protein, 600 calories and 20 grammes of protein for severely malnourished children and 500 calories and 20 grammes of protein for pregnant/ nursing mothers.

Karnataka: In seven projects test-checked, the quantity of nutritious food supplied to each beneficiary was far below the quantities prescribed resulting in less supply of calories and protein. The CDPOs stated that the prescribed quantities could not be provided within the monetary ceilings fixed.

Maharashtra: A systematic study on the effect of product 'x', a nutritional supplement introduced as therapeutic food for severely malnourished children, conducted in Aurangabad district in April 1986 showed no improvement in the general condition of the children. Despite this, following a

meeting with the manufacturer in December 1987, the State Director of Social Welfare issued instructions, in January 1988, to all urban CDPOs to provide product 'x' to the 6565 severely malnourished children in these projects at the rate of 50 grammes per beneficiary. The time expiry for all the packages of product 'x' supplied by the firm in the first week of March 1988 was shown as 30th March 1988. The firm advised use of the same upto 15th April 1988. Instructions were given by the Directorate to use the material upto two months from the date of receipt ignoring the date of expiry. Laboratory analysis done in February and May 1988 revealed that the nutritional value of product 'x' was less than that claimed by the manufacturer. Consequently, the nutritional supplement provided was 8-10 grammes protein and 200-210 calories per 50 grammes of product 'x' per child, which was even less than the nutrition provided for normal children.

Meghalaya: In one anganwadi in one project (Chakpot) test-checked shortfalls of 25 per cent and 15 per cent in calories and protein were noticed during 1987-88.

Mizoram: Caloric value of food supplied during 1987-88 ranged between 56 and 256 calories for children, 76 and 336 calories for women and 100 and 456 calories for severely malnourished children. Moderately nourished children and severely malnourished children were supplied 5 to 6 grammes and 14 to 17 grammes less protein respectively in 129 out of 221 feeding days in 1987-88. Mothers were given only 15 to 17 grammes of proteins during the same period.

Rajasthan: The protein con-

tent of supplementary nutrition was less 10 grammes during 1984-85 to 1987-88 in the test-checked anganwadis in eight projects; the protein contents was less than one gramme during April to June 1984 in 15 anganwadis of three projects.

10.6 Sub-standard and infested food : Cases of supply of sub-standard and infested food were noticed during test-check. Illustrative cases are given below :-

In Arunachal Pradesh, test-check of records of Ziro I and II Blocks revealed that 7198 kgs of soyabean biscuits were allotted for distribution under supplementary nutrition in April 1988 out of which 7196 kgs received in seven anganwadis during June to November 1988 were found rotten. It was decided in December 1988 to collect back the biscuits. The wasteful expenditure on this account amounted to Rs.1.49 lakhs. There was no system of testing the food with regard to its quality.

In Assam, a CDPO reported in December 1987 that a child had died in one anganwadi in November 1986 as soya salad oil supplied was unfit for human consumption. This led to the suspension of the supplementary nutrition during November 1986 to April 1988. The quantity of 21.23 tonnes (value Rs.7.43 lakhs) was lying unused and no orders had been issued for its disposal.

In Himachal Pradesh in one project, sweet gram purchased, in December 1987, at a cost of Rs.0.10 lakh, which was found to be infested as per a departmental report of circle supervisor Akpa (January 1988), had been distributed to the beneficiaries.

In Maharashtra, the work of preparation and supply of food in

urban projects had been entrusted to private agencies. Seventeen complaints were received during 1982 to March 1988, regarding quality of food from four projects. Laboratory tests in February and March 1988 of food supplied under one contract confirmed that the food supplied was unfit for human consumption.

In Orissa, proceedings of the meeting of the Block level Co-ordination Committee of Rajnagar Project, held in October 1987, revealed that food grains (corn soya milk) supplied to anganwadis during July to October 1987 through the District Social Welfare Officers was unfit for human consumption. The State Government did not furnish to Audit information about the total quantity of damaged corn soya milk supplied to the projects under the scheme. However, out of 3.23 lakh bags (73.26 lakh kgs), 3618 bags (0.83 lakh kgs) were found damaged and declared unfit for human consumption. The cost of the damaged corn soya milk was Rs.4.14 lakhs.

In Rajasthan, during inspection in June 1986 the Additional Director, Child, Women and Nutrition, found the wheat unfit for human consumption.

Cases of supply of sub-standard food items were also noticed in Chandigarh, Jammu and Kashmir and Uttar Pradesh.

10.7 Ready to Eat Food Plants: The Department in its proposals for the Seventh Five Year Plan and Annual Plan for 1985-86, had observed that in urban areas it was difficult to find sufficient space for on-the-spot cooking in anganwadis. The necessity to develop a system of cheap and hygienically prepared Ready-to-Eat (RTE) food for supplementary nutrition was realised and

it was proposed that RTE plants should be set up, managed and run by the Department or the implementing agency of the scheme. The Department proposed to set up a chain of RTE plants during Seventh Five Year Plan. In response to inquiries made by Audit in March 1988 and February 1990, the Department intimated, in February 1990, that no assessment of requirements of funds had been made and no funds had been released during 1984-89 to the State Governments for this purpose.

10.8 Impact of supplementary nutrition: As a result of inadequate, interrupted and sub-standard quality of supplementary nutrition provided, the desired effect of raising the health of beneficiaries was not achieved as was seen in some States as indicated below :-

Chandigarh: There was no significant improvement in the health status of beneficiaries and malnourished and severely malnourished children continued to be so.

Gujarat: The number of severely malnourished children rose from 3.90 per cent in 1987-88 to 5.08 per cent in 1988-89 as per the information supplied to Audit by the State Government.

Haryana: Supplementary nutrition had resulted in some improvement during June 1988 to March 1989 in the health status of children; 93 per cent severely malnourished children had moved to either normal health status or had become moderately malnourished and 1.75 per cent moderately malnourished children had acquired normal health status.

Karnataka: In five projects test-checked, 369 severely malnourished children had not shown any improvement despite supply of

therapeutic food for periods ranging from six months to five years.

Maharashtra: A study conducted in Aurangabad project in April-May 1986 showed that there was no improvement in the general condition of malnourished children, who had been provided product 'x' as therapeutic food.

Mizoram: Evaluation of the impact of supplementary nutrition had not been conducted by the State Government.

Orissa: The State Government had not conducted any survey to see the impact of supplementary nutrition on the health status of beneficiaries.

11. Health check-up

11.1 Main features : Under the scheme, children under six years of age were to be provided package of health services consisting mainly of periodical monitoring of their health status, immunisation against diseases, prophylactic measures against diseases of nutritional origin, treatment against widely prevalent diseases like diarrhoea, dysentery, skin infections, etc., and referral services. In the case of women, the health services included ante-natal and post-natal care as well as health education.

11.2 Identification of beneficiaries : Children under six years of age were to be enumerated by the Public Health Centres for recording their eligibility for immunization and health check-up by undertaking base-line survey in each project area to be followed by repeat surveys every year.

No such surveys were conducted in 12 States (Andaman and Nicobar Islands, Bihar, Dadra and

Nagar Haveli, Goa, Haryana, Madhya Pradesh, Mizoram, Nagaland, Orissa, Rajasthan, Tripura and Uttar Pradesh). Such surveys were only partially conducted in two States viz, Arunachal Pradesh (five out of 19 projects) and Himachal Pradesh (six out of 21 projects).

11.3 Coverage for health check up: The performance of most of the States with regard to health check up of women and children was poor. No health check up was provided to women and/or children in three out of the seven test-checked projects in Assam, six out of 10 projects test-checked in Andhra Pradesh, five out of seven projects in Haryana, 11 out of 12 projects in Jammu and Kashmir and four out of five projects in Nagaland. Such health check up was not at all provided in Chandigarh. Heavy shortfalls were noticed in Gujarat (upto 91 per cent) till 1988-89, Karnataka (upto 91 per cent) during 1984-89, Mizoram (upto 95 per cent), Orissa (upto 77 per cent) and Punjab (upto 73 per cent) during 1984-89.

11.4 Referral services : Health records of children were to be maintained with separate cards for children under five years of age and above five years. Malnourished and severely malnourished children were to be specifically identified for being referred to upgraded public health centres or hospitals, etc.; high risk mothers identified were to be referred to appropriate institutions for special care. Records of ante-natal care provided were to be kept in ante-natal cards.

In nine States (Assam, Arunachal Pradesh, Andaman and Nicobar Islands, Goa, Himachal Pradesh, Madhya Pradesh (1988-89), Manipur, Rajasthan and Tamil Nadu) the nodal departments had not monitored the number of beneficiaries

identified for referral services in ICDS project areas. In three States (Himachal Pradesh, Madhya Pradesh and West Bengal) follow up action had not been taken in 2926 cases (Himachal Pradesh: 1020, Madhya Pradesh: 1613 and West Bengal: 293). In Karnataka out of eight projects test-checked there was no follow up action of referred cases except in one project [Bangalore (Urban)] while in two other projects referral services commenced after delay of nearly two years.

No referral services had been provided in 33 out of 44 projects test-checked, in Assam (three out of seven), Andhra Pradesh (5 out of 10), Mizoram (all the 13 projects), Madhya Pradesh (8 out of 10), and Sikkim (all the four projects). The shortfall in providing referral services was 81 per cent in Bihar and 83 per cent in Himachal Pradesh. No information of referral service was made available in Gujarat (during 1988-89), Haryana (3 out of 7 projects), and Kerala. In Jammu and Kashmir no records regarding referral services provided were available in 7 out of 12 projects test checked.

11.5 Immunization of children and women : Children under six years of age were to be provided immunization according to the prescribed immunization schedule against various diseases like tetanus, whooping cough, typhoid, polio, etc. Pregnant women and lactating mothers were to be immunized against tetanus.

Eight States (Assam, Andaman and Nicobar Islands, Bihar, Goa, Jammu and Kashmir, Maharashtra, Mizoram and Sikkim) had neither fixed targets nor monitored the achievements with respect to coverage of children and women

under various segments of immunization.

Heavy shortfalls, as illustrated below, were noticed :-

Bihar: In 23 projects test checked, data of immunisation was either incomplete or not maintained in four projects, no immunisation had been done in two projects during 1984-85 and in another two projects during 1984-86. In 11 other projects, full doses of immunisation had not been administered to children thus rendering immunisation incomplete. In 13 projects, no immunisation was provided to women and in three other projects, the percentage of shortfall ranged from 50 to 83.

Jammu and Kashmir: The work done under immunisation could not be verified as the prescribed record had not been maintained in 11 out of 12 projects test-checked.

Karnataka: Test-check of records in six projects for the years 1984-85 and 1985-86 and eight projects for the years 1986-89 revealed that the achievement against the targetted coverage of children under Bacillus Calmette Gureim (B C G) Diphtheria pertussis and tetanus (DPT) and polio declined from 78 to 41 per cent, 109 to 34 per cent and 100 to 29 per cent respectively from 1984-85 to 1988-89. The percentage of shortfall in coverage of women under tetanus toxide ranged from 33 to 64. No records regarding doses of vitamin 'A' solution provided to children were available.

Kerala: In 21 projects test checked, the percentage of shortfall in achievement of targets of coverage of children during 1984-88 was 73 to 83 under tetanus toxide, 78 to 84 under DPT and 80 to 90

under BCG. The percentage of shortfall in coverage of women under tetanus toxide ranged from 19 to 58.

Maharashtra: Out of 105 projects, full doses of DPT and polio vaccine were not administered in 44, 50, 49 and 55 projects during 1984-85, 1985-86, 1986-87 and 1987-88 respectively for which information was available. The drop out rates of beneficiaries ranged from 11 to 23 per cent.

Manipur: Neither the targets were fixed nor was the achievement monitored under immunisation upto 1986-87. Test check in 21 anganwadis of three projects revealed that during 1987-88 tetanus toxide had not been administered either to women or children. Immunization cards had not been maintained in projects test-checked; therefore, the services rendered under immunisation were not susceptible of verification. In 21 anganwadis of these projects, vitamin 'A' solution had not been supplied.

Meghalaya: The overall percentage shortfall in coverage of beneficiaries for providing DPT, BCG and polio ranged from 52 to 76, 63 to 72 and 51 to 72 respectively during 1984-85 to 1987-88. Test check in four anganwadis each in four projects revealed several cases of children who were not provided any immunization during one year after birth and majority of others had been immunized only partially. Although iron and folic acid (IFA) tablets were available, these were not issued; and only 5 and 7 per cent requirements of children and women respectively were met.

Punjab: In 10 out of 43 projects test checked immunization services had been delayed for periods ranging from 7 to 20 months

in three projects; tetanus toxide had not been administered during 1985-88 to expectant mothers in one project. The percentage shortfall in coverage of women was 42. Test check of monthly progress reports of five projects revealed that the number of beneficiary children shown to have been covered exceeded the actual number of beneficiary children in the project areas.

Pondicherry: The percentage shortfall in coverage of children against DPT and polio was upto 58 and against BCG upto 65 per cent during 1984-89 in three out of five projects test checked. The percentage shortfall in administration of vitamin 'A' solution ranged from 22 to 92.

Tamil Nadu: Test check of 14 projects, (out of 65) revealed that the percentage shortfall in coverage under BCG ranged from 59 to 92 during 1986-87 (five urban projects) and from 61 to 75 and from 4 to 15 during 1987-88 and 1988-89 respectively (three projects). The percentage shortfall in achievement of targets under DPT ranged from 52 to 92 during 1986-87 in six urban projects, from 34 to 70 during 1987-88 in two urban projects and from 3 to 24 during 1988-89 in four urban projects. Under polio, the percentage shortfall in coverage was 54 to 86 during 1986-87 in six urban projects, 70 during 1987-88 in one urban project and 3 to 21 during 1988-89 in four urban projects. Test check of 60 anganwadis in three rural projects revealed that, during 1986-88, the percentage shortfall in coverage of children under BCG and measles was 65 and 51 respectively.

In only two out of 14 projects test checked, records regarding immunization services to women were available; in these

projects the percentage shortfall in coverage of women ranged from 53 to 94 during 1984-85 to 1986-87.

Test check of seven projects for 1984-85 to 1986-87 and three projects for 1987-89 revealed that the percentage shortfall in administration of second dose of vitamin 'A' solution to children ranged from 45 to 80 during 1984-85 to 1988-89. In three projects, vitamin 'A' solution had not at all been given to children during 1986-87 due to non-availability and in another project (Pudukottai) it was administered only during mass campaigns held twice a year. In one project during 1988-89, second dose had not been given to 1900 children, who had been given the first dose, thus defeating the very efficacy of the dosage.

In six projects test checked in Tamil Nadu the percentage of shortfall in supply of Iron Folic Acid (IFA) tablets to pregnant women ranged from 61 to 94 during 1984-89. Information for 1987-88 was available for only two projects which indicated that 0.13 lakh IFA tablets had been issued in excess of the actual requirement. IFA tablets had not been provided at all in three projects during 1984-85, one project during 1985-86 and two projects during 1986-87.

Similar shortcomings/shortfalls had been noticed in 15 other States (Andhra Pradesh, Arunachal Pradesh, Assam, Chandigarh, Dadra and Nagar Haveli, Gujarat, Goa, Haryana, Himachal Pradesh, Madhya Pradesh, Nagaland, Orissa, Rajasthan, Tripura and Uttar Pradesh).

12. Health check-up and immunization records

In 12 States (Assam,

Arunachal Pradesh, Andhra Pradesh, Bihar, Haryana, Kerala, Manipur, Mizoram, Punjab, Sikkim, Tripura and Uttar Pradesh) health cards, ante-natal and post-natal cards had not been kept in projects test checked in audit. In five other States (Gujarat, Karnataka, Madhya Pradesh, Orissa and Tamil Nadu), health cards/ pre-natal cards/ post-natal cards were either not maintained or were incomplete. Consequently the extent of services rendered and shortfalls etc. could not be checked in Audit. The State Governments had not monitored the achievements regarding health check up provided to women and children.

Similar defects/shortcomings were noticed in five other States (Chandigarh, Dadra and Nagar Haveli, Meghalaya, Madhya Pradesh, and Rajasthan).

13. Health and nutrition education

Under the scheme, health and nutrition education was to be provided to all women in the age group of 15-45 years. Priority was to be accorded to nursing and expectant mothers, through use of mass-media and other forms of publicity, special campaigns, home visits by anganwadi workers, specially organised courses in villages for about 30 women at a time, cooking and feeding demonstrations and utilisation of programmes of the Ministries of Health and Family Welfare and Agriculture at the Centre and in the States. The objectives of health and nutrition education were to provide child care education e.g. breast feeding, information on diet of young children, health and immunisation services available, desirable diet education during pregnancy and after child birth etc., to women. Test-check revealed the following:-

Assam: The nodal department

had neither fixed the targets nor monitored the achievements under health and nutrition education during 1984-88.

Bihar: Neither the targets under health and nutrition education were fixed nor were the achievements monitored. Test check of 23 projects covering 2150 anganwadis revealed that the number of home visits made by mukhya sevikas declined from 11,037 in 1986-87 to 6141 in 1987-88 and of CDPOs from 3,988 in 1986-87 to 2508 in 1987-88. The number of workshops organised declined from 66 in 1986-87 to 49 in 1987-88. No project/district level seminars had been held during 1984-88; the number of film shows held declined from 90 in 1984-85 to 35 in 1987-88. The number of participants in each publicity media had not been assessed to monitor the impact and popularity of the media.

Gujarat: The shortfall in coverage of women during 1984-88 ranged from 44 to 49 per cent in all the projects test-checked; no activity had been undertaken in most of the anganwadis except home visits by anganwadi workers and demonstrations in cooking and feeding which were done once a year. In 13 out of 15 projects no film/slide shows or audio-visual shows were arranged, although projectors, film slides, film strips etc., had been supplied by the UNICEF. Only 10 per cent villages in the project areas had mahila mandals. During 1988-89, only 347 film shows were held in 82 projects. No district level seminar, meetings of mahila mandals were held.

Haryana: The State Government had not monitored the services provided under the health and nutrition education.

Madhya Pradesh: In 10 projects test-checked, no norms regar-

ding frequency of the film shows were fixed and only 58 film shows had been held during 1983-88. In five projects home visits by auxiliary nurse mid-wives had not been made at all and no information in other projects was available. The shortfall in home visits by anganwadi workers ranged from 66 to 94 per cent during 1984-85 to 1987-88.

Maharashtra: In 25 projects test checked, the percentage of shortfall in home visits, film shows and camps/demonstrations ranged from 51 to 91, 54 to 100 and 31 to 94 respectively during 1984-88. The shortfall was greater in urban projects as compared to rural projects.

Rajasthan: In 13 and 9 out of 14 projects test checked, no activity viz., mass media, campaigns, camps, etc, had been organised during 1984-88 and 1988-89 respectively. In 11 projects, no records regarding home visits made by auxiliary nurse mid-wives and lady health visitors had been maintained by any public health centre. Test check of 10 to 15 anganwadis in each of 14 projects revealed shortfall in visits by auxiliary nurse mid-wives and lady health visitors to the extent of 88 per cent during 1984-89.

Tamil Nadu: Test check of eight projects revealed that in six projects during 1984-85, four projects during 1985-87 and three projects during 1987-88, district/block level seminars had not been organised. No film/slide shows had been arranged during 1984-88 in two out of six projects, to which nine projectors with film and slides were supplied by UNICEF free of cost, while in four other projects only 30, 110, 182 and 78 shows were held during 1984-85, 1985-86, 1986-87 and 1987-88 respectively. The shortfall in providing health and

nutrition education ranged from 41 to 52 per cent during 1984-85 to 1987-88. Details regarding the number of workshops organised and meetings of mahila mandals held were not available.

Uttar Pradesh: Against the entitlement of free supply of 191 projectors from UNICEF, the State could procure only 71 projectors upto 1987-88 out of which 68 had been distributed to the projects and three had been lying unused in the stores. During 1988-89, 23 more projectors were received which also remained idle. The State Government did not avail of free supply of films/slides from the Department and National Institute of Public Co-operation and Child Development. Test check in 20 projects revealed that neither film shows were held nor any other activity under information education communication was undertaken. In 240 anganwadis test checked in 20 projects, home visits to be conducted every month to update the lists of beneficiaries and for other ICDS services had not been made.

West Bengal: Special follow up sessions envisaged had not been conducted. In 14 projects, diaries of anganwadi workers did not contain information regarding names and addresses of the beneficiaries, number of the houses visited and particulars of the data collected during home visits. This defeated the very purpose of the home visits.

Similar deficiencies had been noticed in 14 other States (Arunachal Pradesh, Andaman and Nicobar Islands, Chandigarh, Dadra and Nagar Haveli, Goa, Haryana, Kerala, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Punjab and Tripura).

14. Non-formal pre-school education

The main objective of the pre-school education component of ICDS was to develop desirable attitudes, values and behaviour patterns and environmental stimulation in the child and to curb the incidence of school drop outs. Children in age group of 3-5 years were covered under the scheme. Each anganwadi was to cater to about 40 children.

According to the Status Report (March 1990) prepared by the Department, pre-school education had been introduced in 1.78 lakh out of 1.80 lakh anganwadis reporting. The enrolment of children in anganwadis was less than the envisaged number of 40 in all States except in Andaman and Nicobar Islands, Maharashtra and Nagaland. The number of children actually attending the classes had not been monitored.

The average attendance per class ranged between 12 and 18 in Meghalaya, and 19 and 35 in Tripura. The shortfall in attendance was 13, 32 and between 9 and 22 per cent in Bihar, West Bengal and Tamil Nadu respectively and upto 81 per cent in Tripura.

The drop-out rate was 13 per cent (1985-86), 10 per cent (1986-87) and 11 per cent (1987-88) in Bihar, 48 per cent (1984-88) in 14 projects test-checked in West Bengal and ranged from 18 to 35 per cent in Meghalaya during 1984-85 to 1988-89.

An evaluation of pre-school education done by National Institute of Public Co-operation and Child Development (published in April 1987) observed as follows :

"It was unfortunate to note that small section of the same community within accessible reach of ICDS was not availing the services mainly because the anganwadi worker does not teach anything. Greater involvement of the community is necessary for sustainable results of the programme, mother's education can go a long way in enhancing her capability to promote child development programme."

15. Functional Literacy for Adult Women

15.1 Under the scheme of Functional Literacy for Adult Women (FLAW), women in the child bearing age group were to be provided the facility of functional literacy

classes, to be conducted by anganwadi workers and school teachers, etc. FLAW was discontinued from January 1985 as a parallel programme viz. National Adult Education Programme was being run by the Government.

15.2 Against the outlay of Rs.5.40 crores during 1984-85, expenditure of Rs.2.78 crores only had been incurred by the Department. Two States (Assam and Manipur) incurred expenditure of Rs.0.48 lakh and Rs.3.23 lakhs respectively during 1985-86 i.e. even after the discontinuance of FLAW.

15.3 Funds had been released to several States in excess of requirement as indicated below.

(Rupees in lakhs)

State	Central assistance			Total expenditure 1984-85	Unspent balance as on 1st April 1985
	Unspent balance as on 1st April 1984	Assistance released 1984-85	Total		
Arunachal Pradesh	6.88	3.00	9.88	0.75	9.13
Assam	61.59	27.46	89.05	11.51	77.54
Gujarat	18.56	16.83	35.39	Nil	35.39
Himachal Pradesh	10.89	8.48	19.37	0.93	18.44
Rajasthan	35.63	12.63	48.26	5.96	42.30
Uttar Pradesh	39.42	27.15	66.57	Nil	66.57

The States had unspent balances aggregating Rs.640.69 lakhs upto March 1985. Five States had neither refunded nor adjusted unspent balances of Rs.39.41 lakhs with them as on 1st April 1985 (Arunachal Pradesh Rs.9.13 lakhs, Bihar Rs.14.27 lakhs, Nagaland Rs.1.24 lakhs, Mizoram Rs.1.56 lakhs, and Punjab Rs.13.21 lakhs).

15.4 Assets rendered surplus due to discontinuance of FLAW from January 1985 were to be utilised for activities of anganwadis or for any other educational programme. However, in 49 projects test checked in seven States (Arunachal Pradesh, Bihar, Haryana, Himachal Pradesh, Maharashtra, Punjab and Rajasthan), such assets e.g. sewing

machines, teaching material, etc. costing over Rs.14.53 lakhs were lying idle (March 1988).

16. Training

16.1 Infrastructure : Training and orientation of functionaries of ICDS at various levels was entrusted to selected grantee training institutions e.g. National Institute of Public Co-operation and Child Development, Central Technical Committee at All India Institute of Medical Sciences, State Governments and voluntary organisations. During 1985-86 to 1989-90, expenditure of Rs.41.61 crores was incurred by the Department on training including amounts paid to State Governments and voluntary organisations.

The average number of projects set up each year during 1985-90 was 243 only. However training infrastructure i.e. staff, teaching faculty, printing and publishing of course material etc. had already been created for providing training to functionaries of 400 projects every year. Thus training capacity had been created in excess of requirements to the extent of 65 per cent.

16.2 Refresher training in pre-school education for anganwadi workers and helpers : National Institute of Public Co-operation and Child Development (NIPCCD) was entrusted (1984-85) with the task of providing refresher training in pre-school education to anganwadi workers and helpers, for which financial assistance was provided by UNICEF.

Expenditure of Rs.217.64 lakhs was incurred by NIPCCD on the training during 1984-85 to 1987-88. NIPCCD had not maintained any register to ensure reimbursement of expenditure from UNICEF.

The percentage shortfall in conducting courses and the number of persons to be provided training ranged from 46 to 85 and 48 to 86 respectively during 1984-87.

NIPCCD stated, in May 1988, that in some cases the training programmes had to be postponed because of problems of recruitment of supervisors.

An evaluation of the scheme of refresher training in pre-school education to anganwadi workers and helpers was taken up by NIPCCD in October 1986. The evaluation report was awaited (December 1989). It was decided, in April 1986, to phase out the refresher courses by December 1986 and to merge the same with general refresher courses for anganwadi workers and helpers.

16.3 Training of ICDS functionaries (other than medical and para medical staff) : The Department released Rs.514.79 lakhs to NIPCCD during 1984-89 for training and reorientation of Child Development Project Officers (CDPOs), Assistant Child Development Project Officers (ACDPOs), supervisors, organisation of national/ State/ regional level workshops; maintenance of liaison with States. In addition NIPCCD received Rs.100 lakhs from UNICEF. NIPCCD incurred expenditure of Rs.582.27 lakhs and an amount of Rs.49.16 lakhs remained unspent upto March 1989 including an unspent balance of Rs.16.64 lakhs as on 1st April 1984.

16.4 Shortfalls : The Department had not laid down any year-wise targets regarding number of courses to be held or the number of ICDS functionaries to be provided job training or orientation courses by NIPCCD.

The position regarding the

courses held, minimum number of participants required in the courses, actual number of participants

and percentage of shortfall during 1984-85 to 1988-89 was as under :-

Name of the course	Number of courses held	Minimum number of participants	Number of participants who attended	Percentage of shortfall (-) Excess (+)
Refresher courses for instructors of anganwadi training centres (1984-88)	18	365	275	(-)25
Orientation courses for instructors of anganwadi training centres (1984-88)	33	710	453	(-)36
Refresher courses for supervisors	94	2820	2341	(-)17
Job training courses for supervisors	144	4320	3792	(-)12
Refresher training of CDPOs	30	600	817	(+) 36
Job training courses for CDPOs	48	960	1300	(+) 35

As per information supplied by NIPCCD, in September 1989, 12 orientation/ refresher courses for instructors of anganwadi training centres were organised during 1988-89, with 210 participants against the minimum number of participants required of 240, the percentage shortfall being 12.5.

Thus while the number of participants in training courses for CDPOs exceeded the minimum number of participants, shortfall occurred in the courses for supervisors and instructors of anganwadi training centres which remained under-subscribed.

16.5 **Evaluation of training :**
The Working Group set up by the Planning Commission in July 1988 in connection with the formulation of Eighth Five Year Plan (1990-95) on the Development and Welfare of Children which reviewed the arrangements for training of ICDS functionaries observed that the training centres for supervisors and anganwadi workers were functioning on ad-hoc basis. It added that the insecurity of tenure and the unsatisfactory working conditions made it difficult for the training centres to attract and retain qualified staff. It further observed that due

to high staff turnover it had not been possible to develop and build up skills of trainers. Further, there were wide variations in the training centres in terms of their background, orientation to training and infrastructural facilities and no uniform system of monitoring the training of supervisors and anganwadi workers had been developed.

17. Orientation and training of medical and health staff

The Central Technical Committee (CTC), constituted at All India Institute of Medical Sciences, New Delhi, was entrusted with the functions of orientation and training of medical and health staff of ICDS projects.

CTC strove to provide training/ orientation courses to all medical and para medical staff with the help of consultants, co-ordinators and advisers. The consultants were to conduct two training courses and one orientation course in a year during 1984-88. The duration of training course/ orientation course was five days. However, shorter courses were also arranged if the medical officers could not be deputed for full five days. During the later half of the year 1988-89 crash courses of two-three days duration were planned, where the percentage of trained medical officers was below the average.

CTC incurred expenditure of Rs.239.51 lakhs during 1984-89 against grants amounting to Rs.268.00 lakhs received by it from the Department, inclusive of unspent balance of Rs. 0.39 lakh as on 15th April 1984. Saving occurred mainly during 1987-88 (grant Rs.70 lakhs; expenditure Rs.47.33 lakhs) due to receipt of last instalment of grant at the fag end of the year and savings of expenditure on

travelling/ daily allowance of functionaries.

The expenditure incurred by CTC included grants amounting to Rs.168.62 lakhs during 1984-85 to 1988-89 paid to the consultants, senior advisers, State co-ordinators, etc, of various medical colleges, State Government institutions, etc, which were booked to the final head of expenditure. Actual expenditure incurred was not known. CTC stated, in September 1989, that 29 State co-ordinators/ consultants, 50 advisers, etc. had not submitted quarterly statement of expenditure for Rs. 1.55 lakhs paid to them.

During 1984-89 the consultants organised 731 courses and provided orientation training to 696 advisers, 9079 medical officers and 2857 other health functionaries. The average number of participants in each course declined from 18 in 1984-85 to 15 in 1987-88 and was 21 in 1988-89. The shortfalls in arranging courses ranged from 37 to 62 per cent during 1984-88. CTC stated, in June 1988, that as medical officers were under Health Department, the actual number of persons who were able to attend the courses was dependent on their release for training by the Health Department.

According to monthly monitoring reports furnished by Medical Officer-in-charge, Primary Health Centre only 70 per cent medical officers had been trained upto March 1988. The percentage of untrained medical officers was 48 in Assam, 50 in Bihar, 67 in Mizoram, 48 in Uttar Pradesh and 51 in West Bengal. The Status Report of Central Technical Committee as on 31st March 1989 revealed that there was no significant improvement. Only 71 per cent medical officers had been trained and the

shortfall was more pronounced in Bihar (50 per cent), Uttar Pradesh (51 per cent) and Pondicherry (91 per cent); in Andaman and Nicobar Islands and Manipur not even a single doctor was trained.

18. Community participation and voluntary organisation

18.1 *Community participation:* In the context of ICDS, community participation in the form of land and/or buildings, sources of safe water supply, food articles etc, was envisaged to be viewed as a means to reach the goal of enabling the community to run development services for its children with its own resources and with minimum Government support.

However, the Department had not monitored the extent to which community participation had been received. Audit scrutiny in the States revealed as under :-

Goa: In one out of four projects test-checked, no record for computation of community assistance in any kind had been maintained. In another project, cash assistance of Rs.0.28 lakh only had been received upto April 1987.

Karnataka: In three out of six projects test-checked, there was no community participation; in the remaining three projects community participation consisted of cash contribution of Rs.0.83 lakh in nine years.

Madhya Pradesh: There was practically no contribution from the community in eight rural/tribal projects test-checked except providing space for running of 68 out of 109 anganwadis.

Orissa: Only 32 per cent out of 1207 anganwadis were running in the buildings provided by the

community in 12 projects test-checked.

18.2 *Involvement of voluntary organisations:* The number of voluntary organisations in running of the anganwadis and ICDS projects was minimal as was evident from test-check in States. In 10 States (Arunachal Pradesh, Bihar, Chandigarh, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Sikkim and Tamil Nadu) no anganwadi or ICDS project was being run by voluntary agencies, local bodies, mahila mandals, etc.

In two States although voluntary organisations, local bodies, etc. had been involved by the State Governments in running of the anganwadis, their participation was extremely poor (Rajasthan 98 out of 10952 anganwadis and Uttar Pradesh 94 out of 18529 anganwadis).

19. Infructuous and inadmissible expenditure

Several cases of infructuous and inadmissible expenditure involving Rs.199.65 lakhs were noticed in Audit in nine States (Himachal Pradesh Rs.4.48 lakhs; Karnataka Rs.30.05 lakhs (1984-89); Madhya Pradesh Rs.34.47 lakhs, Nagaland Rs.60.04 lakhs, Orissa Rs.0.67 lakhs, Pondicherry Rs.1.08 lakhs; Tripura Rs.9.77 lakhs; Uttar Pradesh Rs.4.57 lakhs and West Bengal Rs.54.52 lakhs). Two prominent cases are mentioned below :-

In Madhya Pradesh, in 10 test checked projects, Rs.14.41 lakhs had been spent on non-recurring expenditure over and above the monetary ceiling of Rs.1000 per anganwadi. Further, various items worth Rs.20.06 lakhs, not covered under the schematic pattern, were also purchased. The CDPOs stated in April and October 1988 that action to regularise the extra expendi-

ture of Rs.34.47 lakhs was being taken.

In West Bengal, expenditure of Rs.46.17 lakhs was incurred by the State Government (Relief and Welfare Department) on hiring of trucks for transportation of food articles during October 1986 to December 1987, despite availability of vehicles owned by the Department. Also expenditure of Rs.8.35 lakhs incurred on pay and allowances of staff of anganwadis/ projects before these became functional proved infructuous.

20. Miscellaneous irregularities

Several other irregularities had been noticed in Audit in various States as mentioned below:-

Arunachal Pradesh : Projectors, generators, etc., (cost Rs.2.99 lakhs) were procured/distributed during 1985-87 and 1987-88 although 13 prints of three films were procured only in March 1988. Test check in selected projects revealed that the projectors had not been used because of non-availability of operators.

Assam : Inadmissible and luxurious items like cosmetics, playing material, furniture etc., costing Rs.22.39 lakhs had been purchased during 1985 to July 1987 in Howraghat project.

The details of distribution/ utilisation of world food commodities (value Rs.11.63 lakhs) issued to three district social welfare officers during September-October 1985 were not available (May 1988).

Utensils (cost Rs.2.32 lakhs) purchased from March to December 1986 for three projects were not received in the projects, although certificates of receipt had been

issued by the ex-CDPOs.

In four projects new weighing scales were purchased in March 1987 at a cost of Rs.3.83 lakhs, although weighing scales had already been purchased to meet the requirement of these projects at lower rates at a cost of Rs.1.92 lakhs.

Two institutions to which grants amounting to Rs.14.83 lakhs were paid during 1983-84 to 1987-88 for training of anganwadis had not furnished utilisation certificates. Three other institutions refunded the entire amount of Rs.4.36 lakhs paid to them for training as they did not conduct any training. The capacity of the institutions to impart training had not been ascertained before grants were released.

Bihar : Against medicines worth Rs.38.96 lakhs supplied by the Government of India during 1986-87, medicines costing Rs.12.06 lakhs were accounted for and medicines worth Rs.26.90 lakhs had not been accounted for.

Madhya Pradesh : Two hundred and thirty one solar cookers costing Rs. 7.13 lakhs supplied to two projects during October to December 1986 were lying idle due to availability of smokeless chulahs. In addition, equipment costing Rs.7.20 lakhs had been purchased in excess of requirement in five projects.

A sum of Rs. 53.57 lakhs had been provided to anganwadis by the State Government upto 1983-84 in excess of the prescribed norms for non-recurring expenditure for purchase of basic equipment at the rate of Rs.1000 per anganwadi in 25 tribal projects sanctioned upto 1982-83. Further test-check revealed that additional non-recurring expenditure of Rs.14.47 lakhs had been sanctioned upto March 1988 to

the same projects in excess of the norms. Besides, 6163 other anganwadis in 47 projects had been sanctioned Rs.95.16 lakhs during 1985-88 against the admissible amount of Rs.61.63 lakhs. The actual expenditure against these sanctions was not available.

As per the norms non-recurring expenditure upto Rs.8000 (rural project), Rs.7500 (urban project) and Rs.7000 (tribal project) was admissible for the purchase of office furniture, etc. It was noticed that 34 projects (rural-2, urban-2, tribal-30) had been sanctioned by the State Government Rs.11.41 lakhs against the admissible amount of Rs.2.41 lakhs during 1986-87. The amounts actually spent by the project offices were not available with the State Government.

As per the instructions of the Department, issued in January 1985, rent of anganwadi buildings was payable out of ICDS funds only if these buildings were located at project headquarters in rural projects or in towns having municipalities. However, the State Directorate of Women and Child Development, Madhya Pradesh, had allotted Rs.11.91 lakhs during 1987-88 towards the rent of all the hired anganwadis in the rural projects irrespective of their location. Similar information for the years 1984-87 was not available.

Nagaland : Knitting wool (4030 kgs) costing Rs.4.31 lakhs was purchased in July 1984 by the State Government out of which 505 kgs had been issued upto December 1984 under FLAW. The remaining 3525 kgs of knitting wool worth Rs.3.77 lakhs had been issued to various CDPOs during 1985-86 after discontinuance of FLAW from January 1985. As the material had already been distributed, the Government

was compelled to make payment of the cost of wool in March 1985 and also to continue FLAW classes till the material was exhausted. The finished products were stated to have been distributed to the beneficiaries in the anganwadis; however, no record of distribution was made available to Audit.

Tamil Nadu : In six urban projects, 24 sub-centres sanctioned in September 1987 did not start functioning (March 1988) as neither the places for the location of the sub-centres had been decided nor the posts of medical officers had been filled up. Expenditure of Rs.8.67 lakhs had been incurred upto March 1988 for purchase of furniture and equipment.

Uttar Pradesh : The State Government issued instructions in October 1987 that nutrition in the shape of Khichri (dal and rice) should be provided to beneficiaries in the anganwadis. The purchase of soya kachari (soya bean snacks) without Government approval was prohibited in December 1987 by the Director, Harijan and Social Welfare. Nevertheless the project officer, Lucknow, purchased 227 quintals of soya kachari in December 1987 at the rate of Rs. 25 per kg. through the Pradeshik Co-operative Federation at a cost of Rs. 5.67 lakhs. In February 1988, the Federation offered to supply soya kachari at the rate of Rs.15 per kg. to the Director ICDS. Thus the project officer incurred excess expenditure of Rs. 2.27 lakhs on the purchase of 227 quintals of soya kachari. The circumstances under which purchase at the rate of Rs. 25 per kg. was made were not known.

21. Equipment lying idle

Several cases of machinery, equipment, jeeps, projectors and

other material lying idle were noticed in test-check. Illustrative cases are given in Annexure IV.

22. Diversion of vehicles

According to the instructions issued by the Ministry (December 1984), the vehicles supplied by UNICEF were to be used only for the purpose of ICDS. However, contrary to these instructions, in 58 projects test-checked in nine States (Arunachal Pradesh, Bihar, Himachal Pradesh, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, Andaman and Nicobar Islands and Dadra and Nagar Haveli) the vehicles were utilised for non-ICDS purposes like family welfare, revenue collection, law and order duty etc.

23. Losses/damages

Several cases of heavy losses in transit and storage, pilferage of food articles, utensils, medicine kits, came to light during test-check in various States. Illustrative cases are given below:-

Assam : Losses amounting to Rs.140.55 lakhs were noticed during test-check of records for 1985-88 on account of (i) loss of soya salad oil in transit (Rs.123.82 lakhs), (ii) loss in storage valued Rs.14.24 lakhs, (iii) missing utensils worth Rs.2.32 lakhs and (iv) compensation of Rs. 0.17 lakh paid due to death of cattle, caused by

feeding of damaged cattlefeed. In addition detailed accounts of 134.97 tonnes of soya fortified bulgar wheat and 13.94 tonnes of soya salad oil were not available. The State Government had not investigated the reasons for heavy losses.

Chandigarh : An amount of Rs.4.77 lakhs was embezzled due to short-accounting of cash drawn from the bank, double drawal of claims/false claims, interpolation in cash book, duplicate entries in cash book and non-accounting of public contribution.

24. Monitoring and supervision

24.1 *Infrastructure* : ICDS is a multi-sectoral scheme and involves several departments e.g. social welfare, health and family welfare etc., whose services are co-ordinated at the village, Primary Health Centre, project, district and State levels. For co-ordinated and smooth running of the scheme, Coordination Committees at the block, district and State level and ICDS cells at State Headquarters were required to be set up to monitor ICDS.

The position regarding formation of co-ordination committees at block/district/State level, and the shortfalls in holding of meetings during 1984-88 is shown in the

table below :-

S.No.	Category of committee	States in which not constituted	States in which shortfall in meetings exceeded 50 per cent	States in which no information was available
1.	Block/Project level	Six States (Maharashtra, Uttar Pradesh, Manipur, Goa, Andaman and Nicobar Islands and Dadra and Nagar Haveli).	Six States (Andhra Pradesh, Gujarat, Haryana, Karnataka, Madhya Pradesh and Tripura).	Two States (Arunachal Pradesh and Tamil Nadu).
2.	District level	Six States (Gujarat, Maharashtra, Tripura, Uttar Pradesh, Manipur and Goa)	Seven States (Andhra Pradesh, Arunachal Pradesh, Himachal Pradesh, Haryana, Karnataka, Meghalaya and Andaman and Nicobar Islands)	Two States (Bihar and Madhya Pradesh)
3.	State level	Two States (Maharashtra and Mizoram)	Fifteen States (Arunachal Pradesh, Andhra Pradesh, Assam, Bihar, Gujarat, Haryana, Kerala, Karnataka, Meghalaya, Manipur, Tripura, Goa, Andaman and Nicobar Islands, Dadra and Nagar Haveli (1984-89) and Pondicherry).	Three States (Tamil Nadu, Uttar Pradesh, and Chandigarh)

In four States, Andaman and Nicobar Island, Madhya Pradesh, Meghalaya and Sikkim, monitoring and evaluation had not been done. In five States (Assam, Bihar, Goa, Manipur and Tripura) monitoring was not done properly.

The ICDS cells did not either consolidate/ compile/ scrutinise periodical progress reports and/ or analyse them for remedial measures in 13 States (Andaman and Nicobar Islands, Arunachal Pradesh, Assam,

Bihar, Goa, Jammu and Kashmir, Meghalaya, Maharashtra, Madhya Pradesh, Mizoram, Punjab, Rajasthan and Tripura).

The Department had not monitored and evaluated data regarding targets and achievements State-wise. The services regarding supplementary nutrition had not been monitored in terms and number of feeding days in a year.

Out of 2236 central projects,

only 1591 (71 per cent) had furnished to the Department the prescribed progress reports for the month of March 1990.

24.2 Health and nutrition component : Central Technical Committee (CTC) at AIIMS was entrusted with the work of monitoring of health and nutrition components of ICDS.

In 1985, a system called "modified monitoring and continuing education 1985" was introduced. Under this system, the unit of monitoring of health and nutrition components of ICDS was primary health centre and not the whole project (except in urban ICDS projects).

Anganwadi workers monthly monitoring report (MMR) covering the period from 26th of the previous month to 25th of the current month were to be compiled and consolidated by Medical Officer. Incharge, Primary Health Centre, designated as Project Adviser and submitted directly to the CTC, which was to compile State-wise status reports every month.

Despite modifications carried out from time to time to streamline the monitoring system, MMRs from only 67 per cent project advisers of States had been received during 1987-88. The shortfall in respect of eight States exceeded 50 per cent (Andaman and Nicobar Islands: 56, Andhra Pradesh: 52, Bihar: 67, Gujarat: 54, Manipur: 85, Mizoram: 75, Nagaland: 92, and Tripura: 72 per cent). During 1988-89 also, CTC received MMRs from only 67 per cent project advisers. The shortfalls were more heavy in 11 States (Bihar 76, Gujarat 56, Jammu and Kashmir 51, Manipur 87, Mizoram 72, Nagaland 60, Tripura 59, Dadra and Nagar Haveli, Daman and Diu and

Lakshadweep 100 and Pondicherry 63 per cent).

24.3 Field visits and supervision: The CDPOs/ACDPOs were required to undertake field visits to the anganwadis for at least 18 days in a month with ten night halts outside the project headquarters. Each anganwadi was to be visited at least once in three months.

A supervisor was expected to make at least one visit in a month to each anganwadi and liaise with lady health visitor for a joint visit once a week, and make at least one night halt every week in a village located at a distance of more than 5 kms. from the circle headquarters.

In 60 projects test-checked in five States during 1984-88 (Andhra Pradesh: 6, Bihar: 23, Dadra and Nagar Haveli: 1, Maharashtra: 25, and Pondicherry: 5), the CDPOs had not carried out the prescribed number of field visits/inspections; the extent of shortfall was 9 to 77 per cent in Andhra Pradesh, 20 to 84 per cent in Bihar, 27 to 50 per cent in Maharashtra, 93 per cent in Pondicherry (1984-88) and 41 to 77 per cent in Dadra and Nagar Haveli (1984-89).

In 65 projects test-checked in five States (Andhra Pradesh: 7, Bihar: 23, Maharashtra: 25 and Pondicherry and Tripura : 5 each), the supervisors had not carried out the prescribed number of visits, the extent of shortfall was 8 to 100 per cent in Andhra Pradesh, 42 per cent in Bihar, 100 per cent in Jammu and Kashmir, 27 to 86 per cent in Maharashtra, 88 per cent in Pondicherry and 27 to 75 per cent in Tripura.

The Working Group set up by the Planning Commission in July

1988 in connection with the formulation of Eighth Five Year Plan (1990-95) on the Development and Welfare of Children in its report observed that supervision had been noted to be a weak link of the scheme. It further observed that the area of supervision was unwieldy with the result that supervision was not effective to the extent desired and the workload of supervisor should emphasise her role in organising community participation through involvement in mahila mandals and other such local groups to make ICDS the people's programme that it ought to be.

25. Evaluation

25.1 **Social component** : In 1980 National Institute of Public Co-operation and Child Development was entrusted with the responsibility of evaluation of social component of the scheme. Against Rs.86.56 lakhs provided to NIPCCD expenditure of Rs.38.86 lakhs had been incurred upto March 1989. NIPCCD attributed in April 1988, the shortfall in utilisation of funds due to delay on the part of technical institutions to start the project. The first phase of study regarding evaluation of social components was initiated in January 1985 with the help of selected technical institutions and was published in 1987.

Only 13 ICDS projects (urban 7, rural 3 and tribal 3) had been selected in seven States (Delhi, Gujarat, Kerala, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh) and bigger States with predominant SC/ST and tribal population had been left out; thus the study was not representative.

NIPCCD stated, in April 1988, that bigger States like Bihar, West Bengal, Karnataka, Orissa etc., could not be covered by study due

to non-availability of technical institutions willing to co-operate.

NIPCCD further stated, in April 1988, that report of first phase of the study had been sent to the Planning Commission and the Department but no feed back has been received and that the monitoring system developed was being tried out in 16 ICDS projects in 16 States.

The main findings of the study were as under :-

(i) Fifty four and 24 per cent of anganwadis in urban and rural blocks respectively were located in unhygienic surroundings. In 58 per cent anganwadis, drinking water was stored, and around 25 per cent were using water direct from sources. Neither the containers used for storing water were adequately clean nor were the sources of water free from pollution and contamination. Not a single anganwadi of the checked samples had toilet facilities. It was becoming increasingly common to provide the services in hired buildings and local community played insignificant role in providing accommodation to anganwadis.

(ii) Sixty two per cent anganwadi workers in tribal blocks were not from the local community. Sixty five per cent anganwadi workers in tribal blocks had undergone special training and not job training courses, 82 per cent anganwadi workers had never referred to the guide-books provided to them in the course of their work. In most cases anganwadi workers were not conducting stimulative and cognitive activities with children and little time was spent on meaningful interaction. Only 10 per cent anganwadi workers had good skills in planning pre-school activities.

(iii) The availability of supple-

mentary nutrition was the main attraction for children to attend anganwadis but in about 56 per cent and 82 per cent anganwadis of urban and rural blocks respectively, the children came only at the time of feeding or a little earlier. Teaching aids and play material was adequate only in 33 per cent anganwadis.

(iv) The frequency of conducting Health and Nutrition Education classes/sessions for women was found to be once every three months in 12 per cent anganwadis and once in six to nine months for the rest. Anganwadi workers reported that the discontinuance of FLAW has affected this component adversely.

(v) Referral cases from rural households were few. The management skills of workers were not upto the mark.

25.2 Health and Nutrition :

Central Technical Committee also conducts annual surveys through State Consultants, who furnish action oriented reports to the CTC. Scrutiny of action oriented reports based on annual surveys conducted during 1988-89 pertaining to 31 projects in 15 States (Assam, Bihar, Goa, Himachal Pradesh, Jammu and Kashmir, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Manipur, Meghalaya, Punjab, Pondicherry, Tamil Nadu and Tripura) revealed that although all the projects surveyed were more than eight years old, heavy shortfalls in providing immunisation, ante-natal and post-natal care persisted and the nutrition standard of the beneficiaries continued to be low as under.

Immunisation : The percentage shortfalls in respect of BCG in six projects ranged between 60 (Chachiot-Himachal Pradesh) and 100 per cent (Nabi Nagar-Bihar); under

DPT in five projects between 53 (Karal Para-Jammu and Kashmir) and 80 (Imphal East-Manipur); under polio in three projects between 52 (Sholapur-Maharashtra) and 80 (Imphal East-Manipur). Complete immunisation had not been provided in nine projects and the percentage shortfalls ranged between 55 (Sholapur-Maharashtra) and 89 (Nabi Nagar-Bihar).

Ante-natal care : In three projects the percentage shortfall in providing ante-natal care ranged between 53 (North-West Jorhat-Assam) and 82 (Nabi Nagar-Bihar). The percentage shortfall in three projects in providing immunisation against tetanus toxide to pregnant women ranged between 60 (North-West Jorhat-Assam) and 81 (Nabi Nagar-Bihar).

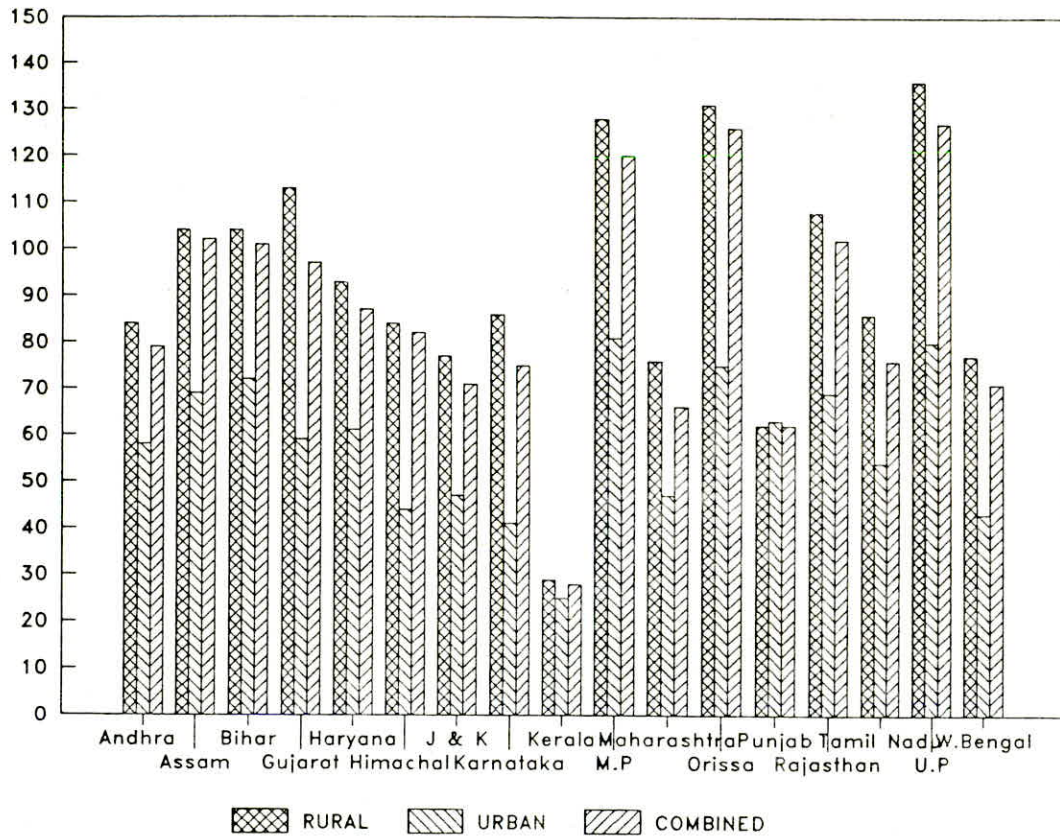
Post-natal care : In seven projects the percentage shortfall in providing post-natal care to lactating women ranged between 70 (Thalli-Tamil Nadu) and 96 (Kangan-Jammu and Kashmir).

Nutritional status : In six projects, the percentage of moderately and severely malnourished children ranged between 52 (Jabalpur City-Madhya Pradesh) and 57 (Imphal East-Manipur).

26. Impact of ICDS on status of beneficiaries

ICDS has been subjected to much research and evaluation. According to an overview on Research of ICDS' vol I (1975-1985) published by NIPCCD in 1989, "while ICDS has brought about an improvement in some of its crucial health and nutrition indicators like Infant mortality rate, immunization coverage, morbidity pattern etc, a few of its components such as nutrition and health education, referral services, community parti-

INFANT MORTALITY RATE - 1987



(Source - Sample Registration Bulletin
June 1989
Registrar General, India)

icipation and pre-school education needed special attention. There was also a need for both qualitative and quantitative data on all indicators of ICDS to assess its impact."

"In spite of integrated health services and inter-sectoral approach to maternal and child health care the status of health of beneficiaries was far from satisfactory. Infant mortality rate was high; childhood diseases including diarrhoeal diseases and worm infections were prevalent abundantly. Immunization coverage was not optimal and poor sanitation, and unhygienic surroundings further compounded the problem".

One of the objectives of the scheme was to reduce incidence of mortality, morbidity, malnutrition and school drop outs. The goal according to the National Health Policy, to be reached by 2000 AD, was an Infant Mortality Rate of below 60 per thousand live births. The medium term goal to be reached by 1990 was an IMR of below 87.

According to Registrar General of India, IMR at the national level decreased from 104 in 1984 to 95 in 1987. However as per the statement of performance the rate of decline has been very slow since 1985 despite the increased expenditure on the scheme.

Years	1984	1985	1986	1987
IMR	104	97	96	95

The Infant mortality rate was 120 in Madhya Pradesh, 126 in Orissa and 127 in Uttar Pradesh in 1987. In comparison with some of the other developing countries IMR in India continues to be very high. In four countries namely North Korea, Sri Lanka, Thailand and Mongolia IMR is already below 50, which is

the goal set for health for all by 2000 AD by World Health Organisation.

27. Summing up

The scheme, started with 33 projects in 1975-76, had grown to 2236 Central projects by the end of March 1990, out of which, 1617 projects were stated to be operational. During 1985-90, expenditure of Rs.660.28 crores was incurred on the scheme against the budget provision of Rs.650.63 crores and Seventh Five Year Plan outlay of Rs. 520 crores. However, the physical progress was way behind the Seventh Five Year Plan target of establishment of 3019 ICDS projects by March 1990.

Several cases of drawal of funds in excess of requirement, to avoid lapse of grant, were noticed.

Complete information of foreign assistance received for the scheme was not available. Due to improper maintenance of records and failure to ensure timely submission of claims, UNICEF assistance amounting to Rs. 17.29 crores could not be availed for 1983-89 on training alone.

The location of projects was not determined after detailed project exercise which was intended to ensure bias in favour of disadvantaged areas/ underprivileged population. Anganwadis (focal points for delivery of all ICDS services) had not been set up in accordance with the norms resulting in denial of benefits to the target group. Most of the projects and anganwadis in some States had no safe and potable water supply which was essential for improvement of health status of target group. The implementation of the scheme was adversely affected on account of delays in supply and/ or non-supply

of essential equipment and medicine kits, etc to the projects.

The main components of the scheme were supplementary nutrition, health check-up and immunisation, health and nutrition education and nonformal pre-school education. Several deficiencies were noticed in the implementation of all these components.

Surveys for identification of beneficiaries for supplementary nutrition had not been conducted in 55 projects test-checked in nine States. Shortfalls upto 80 per cent occurred in coverage of women and children for supplementary nutrition. Cases were also noticed where supplementary nutrition had not been provided at all.

Feeding was interrupted frequently, for periods exceeding two years in some cases, and against the norm of 300 days in a year, supplementary nutrition was provided in as few as 28 days only in some of the States test-checked. This defeated the very purpose of supplementary nutrition.

In several cases, supplementary nutrition provided was not of the required nutritive value. In nine States, cases of supply of sub-standard and infested food were noticed. Therapeutic food required to be supplied to severely malnourished children had not been provided at all in three States, 42 projects test-checked in five States and was partially supplied in four States. Although the necessity for development of a system of cheap and hygienically prepared ready-to-eat food had been recognised, no action in the matter had been taken.

As a result of inadequate, interrupted and sub-standard quality of supplementary nutrition,

the desired effect of raising the health status of beneficiaries could not be achieved.

In 14 States, base-line and annual surveys for enumeration of children for health check up and immunisation were not conducted or partially conducted. The performance with regard to health check up was mostly poor; and shortfalls upto 95 per cent were noticed in some States.

In nine States, the nodal departments had not monitored the number of beneficiaries identified for referral services; no referral services had been provided in 33 out of 44 projects test-checked in five States.

In eight States, neither the targets had been fixed nor were the achievements monitored for immunization. Heavy shortfalls in providing immunization against tetanus, whooping cough, typhoid, polio etc. to children and women were noticed in almost all the States. Full doses of immunisation had not been administered to children thus rendering immunisation incomplete in some projects in two states.

Health check up and immunization records had not been kept or were incomplete, consequently the extent of services rendered and shortfalls could not be checked in Audit.

In 24 States, health and nutrition education for all women in the age group 15 to 45 years had not been imparted as per norms. Declining trends in holding of film shows, district level seminars, home visits, etc. were also noticed.

Although according to the Department, non-formal pre-school education had been introduced in

1.78 lakh out of 1.80 lakh anganwadis reporting, the enrolment of children in anganwadis was less than the envisaged number of 40 except in Andaman and Nicobar islands, Maharashtra and Nagaland. The shortfall in attendance was upto 81 per cent in Tripura; and the drop out rate was upto 48 per cent as in West Bengal. An evaluation of pre-school education done by the National Institute of Public Cooperation and Child Development (NIPCCD) revealed that the anganwadi worker did not teach anything.

The scheme of Functional Literacy of Adult Women was discontinued from January 1985 in view of a parallel programme viz. National Adult Education Programme being run by Government. However, two States had incurred expenditure on the scheme during 1985-86 even after its discontinuance. Five States had neither refunded nor adjusted the unspent balance of Rs. 39.41 lakhs with them on the discontinuance of the scheme. In 49 projects test-checked, assets costing out Rs. 14.53 lakhs which should have been utilized for activities of anganwadis were lying idle.

Rupees 41.61 crores was spent on training of ICDS functionaries during 1985-90; the excess capacity created was more than 65 per cent. The working group set up by the Planning Commission found several deficiencies in training infrastructure.

National Institute of Public Co-operation and Child Development (NIPCCD) had not maintained any record to ensure reimbursement of expenditure from UNICEF on refresher training of anganwadi workers and helpers. The percentage shortfall in conducting courses for anganwadi workers and helpers ranged from 46 to 85 during 1984-85 to 1986-87.

Funds provided to NIPCCD for training of ICDS functionaries and related tasks were un-utilized to the extent of Rs.49.16 lakhs upto March 1989. Year-wise targets were not prescribed by the Department regarding number of courses to be held or the number of ICDS functionaries to be provided job training or orientation courses by NIPCCD. While the number of participants in training courses for CDPOs exceeded the minimum number of participants, shortfalls occurred in the courses for supervisors and instructors of anganwadi training centres which remained under subscribed.

The shortfall in training courses for orientation and training of medical and health staff ranged between 37 and 62 per cent during 1984-88. Only 71 per cent of the medical officers had been trained upto March 1989.

The Department had not monitored the extent to which community participation had been received from the local community. Audit scrutiny in two States showed that there was no community participation in 11 out of 14 projects test-checked. In 10 States not even a single project/ anganwadi was being run by any voluntary agency.

Cases of infructuous and inadmissible expenditure involving Rs.199.65 lakhs in nine States came to light during Audit. Cases of miscellaneous irregularities in seven States and equipment lying idle were also noticed in 12 States. The vehicles provided for ICDS purposes were used for other work. In Assam, losses amounting to Rs. 140.55 lakhs on account of loss of soya salad oil in transit, loss in storage, missing utensils etc. had not been investigated.

The ICDS cells set up at the

State level did not consolidate/ compile/ monitor the periodical progress reports. Monitoring at State, district and block level was also inadequate. Monthly reports from only 67 per cent project advisers of States were received during 1987-88 and 1988-89. The Department had not monitored and evaluated targets and achievements State-wise. The supervisory staff had not carried out the prescribed number of field visits/inspections. The working group set up by the Planning Commission had observed that supervision was a weak link of the scheme.

Evaluation studies of the scheme have disclosed location of anganwadis in unhygienic surroundings, deficiencies in arrangements for supply of drinking water, inadequacy of teaching aids and play material, shortfalls in community participation, and training of anganwadi workers and

shortfalls in providing immunisation, ante-natal and post-natal care even in the projects which had been set up more than eight years ago.

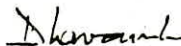
Similar irregularities/ deficiencies/ weaknesses in the implementation of the scheme were pointed out in the Audit Report for 1983-84. The Department had generally assured that necessary instructions had been issued; however, as can be seen from the above, these still persisted.

Despite large expenditure on the scheme, the Infant Mortality Rate which came down from 104 in 1984 to 97 in 1985 still stood at 95 in 1987 and was well above the goal of below 60 to be reached by 2000 A.D. as prescribed in the National Health Policy. The Infant Mortality Rate was as high as 120 in Madhya Pradesh, 126 in Orissa and 127 in Uttar Pradesh in 1987.

New Delhi
The

5 SEP 1990

Countersigned



(DHARAM VIR)

Principal Director of Audit - I
Central Revenues

New Delhi
The

7 SEP 1990



(C.G. SOMIAH)

Comptroller and Auditor General of India

ANNEXURE I
(See paragraph 4.3)

Position of release of funds by Ministry/Department under Integrated Child Development Service Scheme and their utilisation by States/Union Territories.

(TRAINING AND I.C.D.S.)

(Rupees in lakhs)

S. NO.	State/Union Territory	Assistance released ^ñ			Expenditure ^ç			Shortfall (-)	Excess (+)
		Upto 1983-84	During 1984-89	Total upto 1988-89 (col 3+4)	Upto 1983-84	1984-89	Total upto 1988-89 (col 6+7)		
1	2	3	4	5	6	7	8	9	10
1	Andhra Pradesh	468.31	3022.84	3491.15	460.30	3294.85	3755.15		264.00
2	Assam	323.00	1457.93	1780.93	245.10	1629.49	1874.59		33.66
3	Bihar	533.64	4136.94	4670.58	449.14	3943.74	4392.88	277.70	
4	Gujarat	371.40	3890.17	4261.57	362.56	3735.16	4097.72	163.85	
5	Haryana	246.73	1201.00	1447.73	251.45	1150.01	1401.46	46.27	
6	Himachal Pradesh	146.68	634.35	781.03	134.44	621.24	755.68	29.35	
7	Jammu & Kashmir	112.11	495.59	607.70	107.91	476.58	584.49	23.21	
8	Karnataka	328.46	3489.41	3817.87	343.30	3337.46	3680.76	137.11	
9	Kerala	272.33	1885.69	2158.02	278.90	1719.52	1998.42	159.00	
10	Madhya Pradesh	341.34	3690.90	4032.14	258.00	3952.90	4110.90		78.75
11	Maharashtra	481.52	5016.89	5498.41	698.22	4455.95	5154.07	344.34	
12	Manipur	96.02	341.58	437.60	70.74	386.02	456.76		19.16
13	Meghalaya	93.84	322.15	415.99	76.36	331.82	408.18	7.81	
14	Nagaland	154.32	597.78	752.10	180.20	558.25	738.45	13.65	
15	Orissa	292.90	2052.60	2345.50	281.41	2023.40	2304.81	40.69	
16	Punjab	213.70	1368.54	1582.24	206.64	1273.79	1490.43	101.81	
17	Rajasthan	356.38	2406.15	2762.53	347.17	2379.70	2726.87	35.66	
18	Sikkim	80.59	130.01	210.60	80.10	132.75	212.85		2.25
19	Tamil Nadu	383.59	1855.23	2238.82	408.71	1904.92	2313.63		74.81
20	Tripura	118.83	355.59	474.42	95.78	377.49	473.27	1.15	
21	Uttar Pradesh	699.78	4293.21	4991.99	657.00	5303.10	5960.10		968.11
22	West Bengal	453.84	4184.53	4638.37	361.86	3916.63	4278.49	364.83	
23	Andman and Nicobar island	26.99	90.42	117.41	21.80	85.88	107.68	9.73	
24	Chandigarh	31.14	99.40	130.54	27.69	79.25	106.94	23.60	
25	Dadra and Nagar Haveli	19.24	44.35	63.59	18.29	43.18	61.47	2.12	
26	Delhi	277.73	991.04	1268.77	276.35	968.60	1244.95	23.82	
27	Lakshadweep	10.70	26.70	37.40	8.20	17.59	*25.79	11.61	
28	Pondicherry	47.21	232.87	280.08	49.96	232.49	282.45		2.37
29	Arunachal Pradesh	46.27	260.35	306.62	34.62	228.64	263.26	43.36	
30	Goa, Daman & Diu	65.27	325.02	390.29	67.53	331.12	398.65		8.36
31	Mizoram	79.41	488.33	567.74	93.77	455.81	539.58	28.16	
		7177.27	49387.46	56564.73	6943.50	49247.23	56190.73	-1885.48	+1511.48

* Excludes the figure of expenditure for the year 1983-89 which had not been received.

ñ Assistance released : As intimated by the Department.

ç Expenditure : As intimated by the State Accountants General.

ANNEXURE II
(See Paragraph 5)

State-wise list of ICDS projects sanctioned upto 1989-90

S.No.	Name of the State	Centrally-sponsored projects sanctioned upto 1989-90			
		Rural	Tribal	Urban	Total
(1)	(2)	(3)	(4)	(5)	(6)
1.	Andhra Pradesh	87	27	18	132
2.	Arunachal Pradesh	-	36	-	36
3.	Assam	35	21	2	58
4.	Bihar	106	94	11	211
5.	Goa	11	-	-	11
6.	Gujarat	65	29	7	101
7.	Haryana	44	-	3	47
8.	Himachal Pradesh	23	8	1	32
9.	Jammu & Kashmir	38	-	2	40
10.	Karnataka	93	5	8	106
11.	Kerala	55	1	4	60
12.	Madhya Pradesh	67	124	18	209
13.	Maharashtra	86	45	24	155
14.	Manipur	6	16	1	23
15.	Meghalaya	2	24	-	26
16.	Mizoram	-	18	1	19
17.	Nagaland	-	25	-	25
18.	Orissa	45	85	4	134
19.	Punjab	55	-	5	60
20.	Rajasthan	79	25	5	109
21.	Sikkim	4	-	-	4
22.	Tamil Nadu	70	3	38	111
23.	Tripura	12	6	1	19
24.	Uttar Pradesh	270	11	24	305
25.	West Bengal	104	41	19	164
26.	Andman and Nicobar island	2	2	-	4
27.	Chandigarh	-	-	2	2
28.	Dadra and Nagar Haveli	-	1	-	1
29.	Daman and Diu	2	-	-	2
30.	Delhi	4	-	20	24
31.	Lakshadweep	-	1	-	1
32.	Pondicherry	3	-	2	5
All India Total		1368	648	220	2236

ANNEXURE III
(See paragraph 10.4)

Statement showing feeding days/ interruptions in feeding under Supplementary Nutrition Programme

S. No.	State/Union Territory	Extent of test-check	Period	Number of feeding days	Interruptions	Remarks/reasons
1.	Andhra Pradesh	9 out of 10 projects	1984-88		10 days to 3 months	-
		1 project	1985-88		6 months	
2.	Assam	Overall position	1984-89	150 to 240		Due to inadequate provision of funds and irregular supplies.
		5 out of 7 projects	1985-88		71 to 300 days	
3.	Bihar	6 projects out of 23 projects	1984-88	28 to 231	-	-
4.	Gujarat	15 projects	1984-88	less than 200 in 6 to 30 per cent anganwadis	-	Want of food articles, absence of anganwadis workers and transport problems
5.	Haryana	2 out of 7 Projects	1984-88	-	8 days to 3 months	Due to non-supplies
6.	Himachal Pradesh	1 project	1984-88	905 beneficiaries provided for less than 250 days.	-	Despite availability of funds
7.	Jammu and Kashmir	12 projects	1984-88	124 to 224 in test-checked anganwadis	-	Irregular food supplies, lack of storage facilities and delayed finalisation of rate contracts.
8.	Karnataka	2 projects	1985-89	198 to 276		
9.	Kerala	6 projects 6 anganwadis in 2 projects	1985-88 1987-88	106 to 284 -	21 to 51 days	

10. Madhya Pradesh	134 anganwadis in 10 projects	1984-88		15 days to more than 12 months	Due to non-availability of food articles.
11. Manipur	21 anganwadis	1984-88	60 to 252		Due to irregular supplies.
12. Meghalaya	3 projects	1987-88	156 to 280		
13. Mizoram	Overall position	1984-89	175 to 221		Despite availability of funds as varified in audit
14. Nagaland	11 anganwadis in 2 projects	1984-88		7 months to more than 2 years	Non-supply of food items.
15. Orissa	78 anganwadi in 10 projects	1984-88		133 days (average per year per AW).	Non-supply of food grains and absence of AWW's.
16. Rajasthan	14 projects	1984-89	less than 300 days in all the anganwadis test-checked		Non-finalisation of transport contracts, break down of vehicles, etc.
	101 anganwadis in 6 projects	1984-89		3 to 15 months	
17. Tamil Nadu	All projects			3 months	Due to discontinuance of supply from CARE and due to delay in making alternative arrangements to avoid interruption.
18. Tripura	225 anganwadis in 2 projects	1987-88	151 to 157		
19. Uttar Pradesh	9 projects	1984-88		61 to 245 days	Due to irregular supplies.
	17 Central projects	1984-88	135 to 222		
20. West Bengal	16 Central projects	1984-87	29 to 300		
21. Dadra and Nagar Haveli	25 anganwadis	1984-89	100 to 200		Due to delay in lifting of food articles

ANNEXURE IV
(See paragraph 21)

Cases of equipment lying idle

S.No.	Name of the State	Number of projects	Equipment	Remarks/reasons
1.	Bihar	Overall position and test-check of 15 projects	10 slide projectors and 334 transistor sets.	Slide projectors were not used due to lack of knowledge of operation. Transistor sets remained unused due to non-availability of battery cells.
2.	Dadra and Nagar Haveli	One	Vehicle	Out of order since February 1987.
3.	Gujarat	15 (12 Central 3 State)	English type-writers in 5 projects, projectors, 1021 film slides and 280 films strips in 10 projects, refrigerators in 3 projects, 248 weighing scales in 7 projects and 3 mopeds in 1 project.	The typewriters were lying idle due to non availability of typists, moped due to unwillingness of lady supervisors to use them; refrigerators had been lying unserviceable for over two years.
4.	Haryana	14 (7 Central 7 State)	14 projectors, 7 mopeds/motorcycles 13 cycles, 308 sewing machines, and 3 Hindi type-writers.	Projectors idle as technicians were not appointed
5.	Himachal Pradesh	4	2 film projectors (in 2 projects),	--
6.	Jammu and Kashmir	2	135 weighing scales	--
7.	Karnataka	8	1000 radio sets, films/slides (in 11 projects), Projectors (in 2 Projects)	Either only films or film slides had been supplied to the projects. Consequently neither the projectors nor the films could be used. Projectors (2 Projects) were kept idle for want of trained operators.

8.	Manipur	4	Film projectors	Due to non-supply of films/film slides.
9.	Orissa	Overall	84 slide projectors	For want of electricity and operators.
10.	Rajasthan	Overall	1405 stoves	Due to non-supply of kerosene oil.
11.	Uttar Pradesh	Overall	26 projectors	-
12.	West Bengal	11	11 projectors	For want of films, slides and operators.