

Conclusion

The Integrated Child Development Services (ICDS) Scheme is India's flagship scheme for the nutritional and developmental needs of children below six years and pregnant and lactating mothers. The implementation of the Scheme was marked by various shortcomings and lapses. Despite high incidence of malnutrition and severe malnutrition among children, and Hon'ble Supreme Court's directions to ensure universalisation of services under the ICDS by the year 2008, the same was yet to be achieved. The Ministry failed to sanction the required number of Anganwadi Centres (AWCs) and the State Governments failed to operationalise even the sanctioned AWCs. The Ministry was not in a position to give assurance on coverage of habitations, especially those having predominantly Scheduled Castes/Scheduled Tribes/other weaker section population, under the Scheme.

There were delays in construction of AWC buildings depriving the beneficiaries of adequate infrastructure required for delivery of services under the Scheme even after more than three decades of its launch. Many operational AWCs were functioning in dilapidated/semi pucca/kachcha buildings or open/partially covered area not having adequate space. The absence of basic amenities like toilets and drinking water facility exposed children to unhygienic conditions. The necessary equipment, furniture and utensils required for providing services such as supplementary nutrition, pre-school education and growth monitoring, and medicine kits required to prevent outbreak of common seasonal diseases among children were not available at many centres. Thus, the quality of services available to the beneficiaries was seriously compromised on account of inadequate infrastructural and logistic support.

Further, failure of the Government to engage/train the required number of field functionaries resulted in many projects and AWCs functioning without essential/trained human resource. The consistent absence of critical staff at operational projects and AWCs was adversely affecting the expansion of ICDS Scheme. The inadequate training infrastructure and poor management of training programmes left an unbridgeable backlog in training of field functionaries, which has the potential of adversely affecting the delivery of services under the Scheme.

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The delivery of services under the Scheme was inadequate. The State Governments did not spend required amount of funds under the Supplementary Nutrition component. Per beneficiary per day expenditure on providing nutrition to children remained low compared to stipulated norms. It further suffered from disruptions in services and inadequate quantity and quality of nutrition at many AWCs with gaps in calorie/micronutrients recommended under the Scheme and those actually provided to the beneficiaries. The Ministry failed to ascertain the extent of malnourishment in the country on World Health Organisation (WHO) Growth Standards for timely intervention to mitigate its consequences.

The Ministry did not have data on eligible beneficiaries of pre-school education making it impossible to ascertain the extent of its coverage. In sample AWCs, Audit noticed shortfall in coverage, non-availability of Pre-school Education (PSE) kits at many centres and absence of mandated activities while imparting PSE. Further, the mainstreaming of children to formal education after completion of PSE could not be ascertained due to non/improper maintenance of data at field level.

The community mobilisation towards services under the Scheme was inadequate with low utilisation of funds under information, education and communication (IEC). There were shortfalls in execution of activities under IEC and nutrition and health education and absence of impact evaluation thereof. Its effect was seen in low response of targeted beneficiaries to the services offered under the Scheme.

The financial monitoring under the Scheme was also weak. Many States did not submit their Statements of Expenditure and Utilisation Certificates in time. The Ministry failed to notice discrepancies in the financial statements submitted by States/UTs, correctly account for unspent balances lying with them and restrict the expenditure incurred by them to prescribed ceiling resulting in excess reimbursement of funds. Further, unrealistic budgeting leading to shortfalls in release of funds for salary of ICDS functionaries in accordance with the revision of their pay and allowances resulted in diversion of funds released to States/UTs for other components of the Scheme such as medicine kits, flexi funds for AWCs, PSE kits and IEC compromising the reach and quality of services provided under the Scheme.

The inadequate monitoring of the Scheme by the Ministry was a major bottleneck in Scheme implementation. The newly set up Central Monitoring Unit failed to deliver any of the assigned tasks, including concurrent evaluation of the Scheme. The Monitoring and Evaluation Unit of the Ministry did not have fully reliable data on most of the indicators of the Scheme, viz. the number of operational AWCs/Projects,

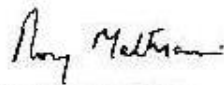
number of staff engaged under the Scheme, number of children suffering from malnutrition etc. The State visits of officers and corrective action on monitoring reports were not properly documented. The vacancy in supervisory staff resulted in deficient monitoring and supervision at field level.

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Many of the weaknesses pointed out in the report have been persisting in the scheme and were conveyed to the Ministry through performance audit by the C & A G. The action taken by the Ministry, however, was insufficient to address the shortcomings.

Finally, given India's status on the key indicators for the well-being of its children, the ICDS Scheme requires appropriate strengthening for effective delivery of its services in order to build a sound and healthy future for the country.

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