

Improving Health and Nutritional Support



Chapter 5: Improving Health and Nutritional Support

Introduction

Women's nutrition is directly linked to alleviating the poverty and hunger, reducing child mortality and improving maternal health. Women are disadvantaged in terms of diet and access to health care services. The food and nutritional requirement of women considerably increases due to pregnancy/motherhood, and also in view of long working hours especially in case of poor women in rural areas. Nutritional deficiencies and related conditions may result in underweight, anaemia, vitamin deficiencies, low birth weight, micro nutrients related birth defects, height stunting etc.

According to latest National Family Health Survey-III, conducted in 2005-06, maternal and child nutritional level remained persistently low in India, resulting in 35.6 *per cent* women having low body mass index, more than 22 *per cent* babies were born with low birth weight, 42.5 *per cent* children under 5 years were underweight, 48 *per cent* were stunted, 19.8 *per cent* were wasted and 69.5 *per cent* children below 5 years of age and 56.2 *per cent* women were anaemic. As regards the State of Uttar Pradesh, according to State Nutrition Mission, every second child was under nourished, every third infant was born with low birth weight and 52 *per cent* of the pregnant women were anaemic.

Other than nutritional support, providing proper pre and post-natal care, immunization, referral services and creating awareness about health and hygiene are very vital for ensuring good state of maternal and child health.

The ICDS Scheme has, therefore, been reviewed in this Performance Audit to ascertain the efficacy of implementation of the Scheme which is aimed at addressing the problem of nutritional deficiency and providing health support to mothers and young children. Our findings are discussed below:

5 Integrated Child Development Services (ICDS)

Women face high risk of malnutrition and disease at all the three critical stages, viz. infancy and childhood, adolescence and reproductive phase. The ICDS a centrally sponsored scheme launched in 1975, aims at holistic development of children up to six years of age, pregnant women and lactating mothers. The programme has the potential to break an intergenerational cycle of under nutrition as well as address the multiple disadvantages faced by girls and women. The intergenerational cycle of undernutrition makes certain that an undernourished and anaemic mother gives birth to a low birth weight baby, more susceptible to infections, and more likely to experience growth failure, who goes on to become an undernourished and anaemic child, experiencing

cumulative growth and development deficits, which are largely irreversible. Overall objectives of the ICDS Scheme are as under:

- to improve the nutritional and health status of children in the age group of 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through nutrition and health education.

For achievement of above objectives, ICDS Scheme provides nutritional and health support through a package of six services *viz.*, (1) supplementary nutrition, (2) nutrition and health education, (3) non-formal pre-school education, (4) health check-up, (5) referral services, and (6) immunization. The target groups for each of the six services and the mechanism for delivery of these services are briefly explained in *Appendix 5.1*.



Angan Wadi Centre at Allahabad.

Nutritional component of ICDS, which includes first three of the above six services, is implemented through Angan Wadi Centre (AWC) which is, a courtyard play centre, located within the village or a slum. AWC is run by an Angan Wadi Worker (AWW) who is supported by an Angan Wadi Helper (AWH) in service delivery.

The health support, which includes last three of the above six services, is provided through AWCs by convergence with National Health Mission. Details of supplementary nutrition and health support provided under the scheme are given in *Appendix 5.2* and *5.3* respectively.

Audit findings

5.1 Financial Management

5.1.1 Funding Pattern

The expenditure on ICDS was to be shared by GoI (90 *per cent*) and State Government (10 *per cent*), except for Supplementary Nutrition Programme (SNP), which was to be borne by GoI and Government of Uttar Pradesh (GoUP) in the ratio of 50:50. Funds for implementation of ICDS Scheme were

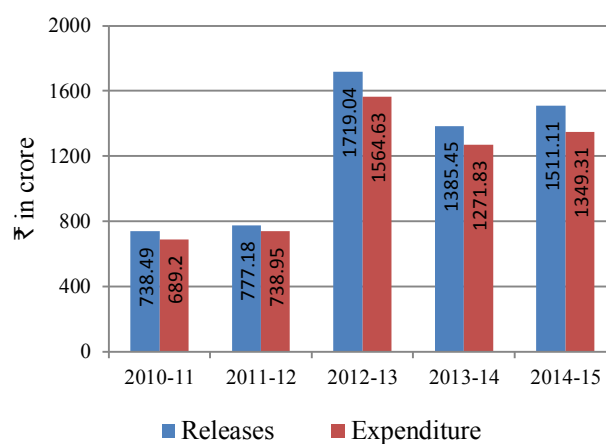
obtained through Demands for Grants and allotted by the Director, ICDS to District Programme officers (DPOs) of respective districts through treasury. The DPOs were to distribute certain portion of funds meant for distribution of hot cooked food; distribution of uniform to AWWs and AWHs; flexi fund for purchase of items like utensils, towel, comb, broom etc.; and for purchase of stationery, to AWCs who were to deposit it in a Bank. After utilizing funds, AWCs were to submit adjustment vouchers to Child Development Project Officers (CDPOs). Based on Statement of Expenditure of CDPOs, DPOs were to furnish detailed expenditure to the Director, ICDS and Utilization Certificates were to be furnished to GoI accordingly.

5.1.2 Allotment and expenditure under ICDS-General

ICDS-General covers all the package services of ICDS except supplementary nutrition programme. In other words, five services viz. (i) nutrition and health education, (ii) non-formal preschool education, (iii) health check-up, (iv) referral services, and (v) immunization are covered under ICDS General. Allocation, releases and expenditure under ICDS-General component during 2010-15 were as given in *Appendix 5.4* and also depicted in chart 5.1 given below:

There were persistent savings ranging from ₹ 38.23 crore to ₹ 161.80 crore during 2010-15 due to non-utilisation of budget allocation and releases. Against the release of ₹ 6131.27 crore, only ₹ 5613.92 crore could be utilised during last five years resulting in an aggregate saving of ₹ 517.35 crore.

Chart 5.1: Releases and expenditure under ICDS-General



(Source: Directorate, ICDS)

5.2 Planning

5.2.1 Non-maintenance of gender segregated data

Basic data for the Scheme was to be maintained at AWC level in the registers like AWC survey register, pregnancy and delivery register, immunization and village health and nutrition day (VHND) register, referral register, weighing register, AWWs home visit register etc.

Scrutiny revealed that GoI directed (March 2012) to keep gender segregated data at AWC level latest by June 2013. However, gender segregated data from AWCs was not obtained and compiled at Directorate level making it

impossible to plan women centric activities to cater to the specific needs of women and adolescent girls.

5.2.2 No plans to cater for specific needs of girls and women

As per the directives issued (October 2012) by GoI, one of the main goals of the ICDS mission was to improve health care and nutrition of girls and women and reduce anaemia prevalence in young children, girls and women by one fifth. It was noticed that the Department did not include reporting on these indicators in its Monthly Progress Reports (MPRs) though 52 *per cent* of pregnant women and 49 *per cent* adolescent girls were suffering from anaemia in the State. Thus, the Department did not have authentic data relating to nutritional and anaemic status of girls and women, which deprived the Department from preparing plans to cater to the specific needs of girls and women to reduce the prevalence of anaemia among them.

Government in reply stated (December 2015) that information regarding anaemic status of girls and women was not being obtained due to non-availability of column regarding anaemia in MPR.

Recommendation: The Government should evolve a mechanism to obtain gender segregated data at State level especially in respect of important nutritional deficiencies for formulation of specific plan of action and taking corrective measures.

Implementation of the Scheme

5.3 Infrastructure facilities

5.3.1 Inadequate network of AWCs

Establishment of adequate number of AWCs was very vital for providing health and nutritional support to pregnant women, lactating mothers and children. The Scheme envisaged establishment of one AWC for 500-700 population in an ICDS project. Based on 2011 census, total population of the State was 19.98 crore. Accordingly, 2,85,429 AWCs were required in the State, against which only 1,90,145 AWCs (67 *per cent*) were sanctioned and 1,87,997 AWCs (66 *per cent*) were actually functional (March 2015). Thus, the shortage of AWCs against the prescribed norms was as high as 34 *per cent* in the State. In the test checked districts, the shortage of AWCs was 36,468 (36 *per cent*) as only 63,766 AWCs were functional against the requirement of 1,00,234 AWCs. Such huge shortage of AWCs in the State is bound to affect the quality of health and nutritional support provided to women and children through such centres under the scheme.

Government in reply accepted (December 2015) the audit observation but did not mention the corrective measures intended to be taken to expand the network of AWCs.

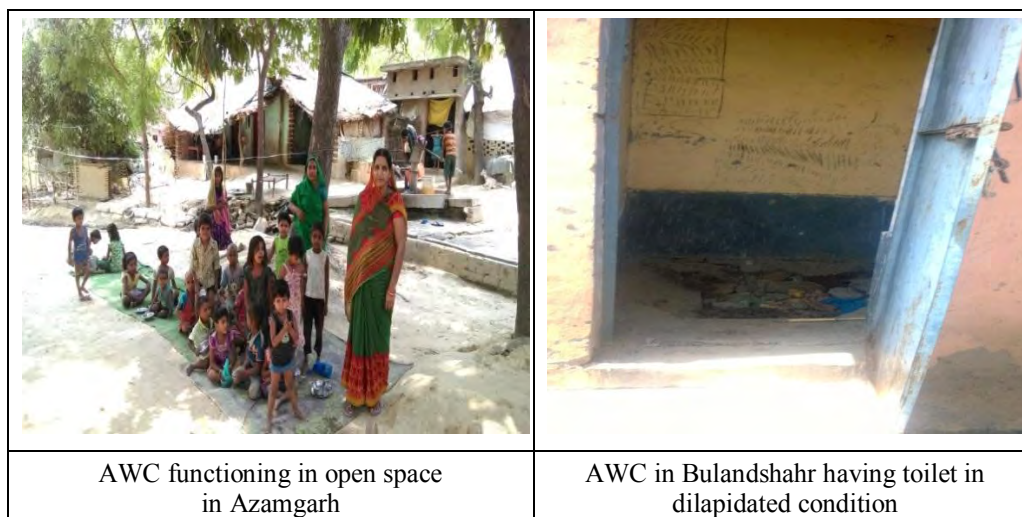
Recommendation: The Government should ensure opening of AWCs as per population norms for effective implementation of the Scheme.

5.3.2 Absence of basic infrastructure at AWCs

AWCs were focal point for delivery of nutritional and health support under ICDS. In order to discharge functions effectively, AWCs should be child friendly with all relevant infrastructures such as building, kitchen, child friendly toilets, drinking water, utensils etc., having at least 600 square feet space.

Audit scrutiny in test checked districts revealed that basic amenities like toilet facilities were not available in 43,600 AWCs (68 per cent), safe drinking water facilities were not found in 53,757 AWCs (84 per cent), and kitchens were not provided in 18,467 AWCs (29 per cent). District wise position of lack of amenities in AWCs is given in **Appendix 5.5**. More than 80 per cent of the AWCs in test checked Bareilly, Hardoi, Meerut, Bulandshahr, Sitapur, Sultanpur, Unnao and Saharanpur districts did not have toilet facilities.

It was also observed that out of total 1,87,997 AWCs in the State, 23,191 (12 per cent) were running in rented premises and 100 AWCs were running in the homes of AWWs/in open areas. During joint physical inspections (JPI) of 300 test-checked AWCs, it was observed that none of the 67 AWCs functioning in rented buildings had the prescribed area of 600 square feet.



As such, adequate infrastructure/basic amenities were not available in most of the AWCs thereby putting children, pregnant women and lactating mothers to lots of inconvenience and discomfort.

Government in reply stated (December 2015) that directions were issued in June 2014 to provide drinking water, toilet and kitchen facilities at AWCs running in rented buildings. Reply was not acceptable as large number of AWCs were still lacking in these basic facilities and no remedial measures have been taken so far.

Recommendation: The Government should ensure required infrastructure and basic amenities at all AWCs for providing hygienic and safe environment to children and pregnant women/lactating mothers visiting AWCs.

5.3.3 Non-establishment of crèches

GoI directed (October 2012) that to begin with, five *per cent* of total AWCs were to be converted into day crèche for care and development of children in the age group of six months to six years whose mothers go for work. As such, initially, 9,400 AWCs in the State were to be equipped with the facility of crèche. Scrutiny revealed that GoUP decided to establish 3,000 crèches¹ during 2014-15. However, none of the crèches were established in the State depriving the targeted children and their mothers from the intended benefits of the scheme.

Government in reply accepted (December 2015) the audit observation.

5.4 Services under ICDS

ICDS Scheme provides a package of six services viz. (1) supplementary nutrition, (2) nutrition and health education, (3) non-formal preschool education, (4) health check-up, (5) referral services, and (6) immunization with first service being covered under SNP and remaining five services being provided under ICDS-General. In this chapter, out of the above six services, first three are discussed in nutrition section whereas last three are discussed in health section in succeeding paragraphs:

5.4.1 Nutrition

5.4.1.1 Supplementary Nutrition Programme

Supplementary Nutrition Programme (SNP) aimed to improve health and nutrition status of pregnant women, lactating mothers and children in the age group of six months to six years. The programme is a component of ICDS and is implemented through AWCs. Supplementary nutrition includes weaning food, hot cooked food, morning snacks and amylase rich energy food. Supplementary Nutrition to children between age of six months and three years; pregnant women and lactating mothers was to be given in form of Take Home Ration (THR) whereas children between the age of three years and six years were to get the supplementary nutrition in form of morning snacks and hot cooked food to be served at AWC. Details of supplementary nutrition, and norms of its distribution are given in Table 5.1 below:

Table 5.1: Details and norms of distribution of supplementary nutrition

| Sl. No. | Category of beneficiary | Name of supplementary nutrition | Per beneficiary per day |
|---------|--|---------------------------------|--|
| (1) | (2) | (3) | (4) |
| 1 | General children between age of six months and three years | Weaning food | For six days in a week at the rate of 120 gram per day once in a week (in form of THR) |
| | Severely malnourished children between age of six months and three years | | For six days in a week at the rate of 200 gram per day once in a week (in form of THR) |

¹ Rural : 1,200 and Urban: 1,800.

| | | | |
|---|---|---|--|
| 2 | General children between age of three years and six years | Hot cooked food in form of <i>Khichdi/Dalia</i> | Approximately 100 to 125 gram per beneficiary per day |
| | | Morning snack | 50 gram amylase rich energy food for four days in a week (except Wednesday and Friday) |
| | | | Local fruit/ <i>Gur-chana/lai-chana</i> two days in a week (on Wednesday and Friday) |
| 3 | Severely malnourished children between age of three years and six years | Amylase rich energy food | In addition to above at Sl. No. 2, amylase rich energy food at the rate of 75 gram per day for six days in a week at once (in form of THR) |
| 4 | Pregnant women and lactating mothers | Amylase rich energy food | For six days in a week at the rate of 140 gram per day once in a week (in form of THR) |

(Source: Directorate, ICDS)

The expenditure on SNP is funded on 50:50 *per cent* basis by GoI and GoUP.

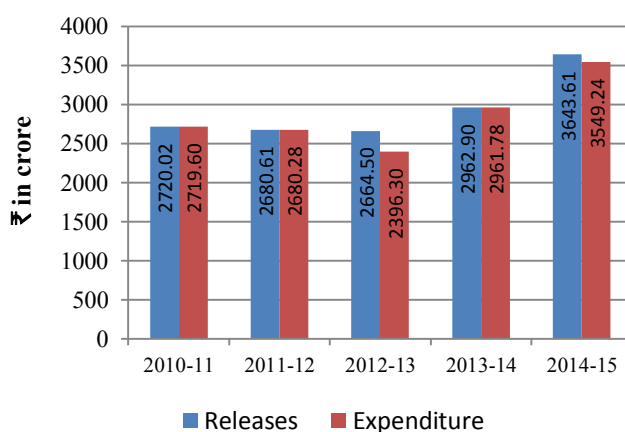
(i) Financial Management of SNP

A sum of ₹ 14,307.20 crore was spent against the budget allocation of ₹ 14,677.88 crore under SNP during 2010-15. The year-wise details of GoI share and GoUP share are given in **Appendix 5.6**. Releases and expenditure under SNP is depicted in chart 5.2 given below:

GoI released only ₹ 6,502.77 crore against total expenditure of ₹ 7,153.60 crore incurred by the State during 2010-15. As such, GoUP failed to obtain central grant of ₹ 650.83 crore under SNP component.

Moreover, short receipt of Central grant increased from ₹ 4.59 crore in 2010-11 to ₹ 678.29 crore in 2014-15 including outstanding amounts of previous years.

Chart 5.2: Releases and Expenditure under SNP



(Source: Directorate, ICDS)

(ii) Less coverage of beneficiaries

The Supreme Court ordered (October 2004) to provide supplementary nutrition as per norms to all eligible children in the age group of six months to six years, pregnant women and lactating mothers. Details of population and number of SNP beneficiaries in the State are as given in **Appendix 5.7** which indicated that the State had total 3.21 crore to 3.44 crore pregnant women,

lactating mothers and children between six months and six years of age, however, supplementary nutrition was provided to only 2.33 crore to 2.52 crore beneficiaries during 2010-15. Hence, 22 to 32 *per cent* pregnant women, lactating mothers and children were deprived of the benefits of supplementary nutrition programme during 2010-15.

Scrutiny further revealed that four to 52 *per cent* of pregnant women and lactating mothers and 25 to 41 *per cent* children between age of six months and six years were deprived of the benefits under the SNP in test-checked districts (*Appendix 5.8*).

(iii) Nutrition days

As per government instructions the supplementary nutrition (excluding hot cooked food) was to be provided to eligible beneficiaries for 25 days per month and 300 days in a year. However, the monthly reports compiled by the Directorate provided information on number of AWCs providing supplementary nutrition for 21 days in a month.



Beneficiaries with packet of supplementary nutrition at Angan Wadi Centre in Allahabad

This indicated that the Directorate was not monitoring supply of supplementary nutrition by all the AWCs for mandatory 25 days in a month. Audit, therefore, calculated the number of nutrition days on the basis of funds spent on supplementary nutrition and number of beneficiaries, in each category, to whom supplementary nutrition was provided in the State. Detailed calculation is given in *Appendix 5.9* which indicated that nutritional support was provided to the beneficiaries ranging between 20 to 22 days in a month and 240 to 269 days in a year during 2010-15 which was below the prescribed norms of 25 days per month and 300 days per year.

Government in reply (December 2015) stated that supplementary nutrition was regularly provided to the beneficiaries. Reply was not acceptable as the Directorate was not monitoring supply of supplementary nutrition for mandatory 25 days and spending pattern indicated that beneficiaries were not provided supplementary nutrition for the required 25 days in a month.

(iv) Interruption in distribution of hot cooked food

In accordance with the Guidelines of the ICDS Scheme, children in the age group of three to six years were to be distributed 100-125 gram hot cooked food, apart from morning snack, for six days in a week. However, scrutiny of records revealed that required funds were not released to 17, out of the 20 test-checked districts, during 2010-15, which resulted in supply of hot cooked food to



Distribution of hot cooked food at Angan Wadi Centre in Deoria

the children for only two to nine months in a year, except 12 months in Azamgarh in 2014-15 as detailed in Table 5.2 given below:

Table 5.2: Details of distribution of hot cooked food in test-checked districts

| Sl. No. | Name of the District | Total number of months in which hot cooked food was served to PSE beneficiaries | | | | |
|---------|----------------------|---|---------|---------|---------|---------|
| | | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
| 1. | Agra | NA | 3 | 5 | 5 | 4 |
| 2. | Ambedkar Nagar | 6 | 6 | 6 | 6 | 4 |
| 3. | Azamgarh | 6 | 5 | 6 | 4 | 12 |
| 4. | Banda | 6 | 5 | 6 | 6 | 4 |
| 5. | Bareilly | NA | NA | 6 | 6 | 6 |
| 6. | Bulandshahr | NA | NA | 6 | 6 | 2 |
| 7. | Deoria | 8 | 8 | 7 | 7 | 4 |
| 8. | Firozabad | 4 | 5 | 3 | 3 | 2 |
| 9. | Hardoi | 8 | 9 | 8 | 6 | 3 |
| 10. | Jhansi | 4 | 4 | 4 | 5 | 8 |
| 11. | Meerut | 5 | 8 | 5 | 7 | 3 |
| 12. | Saharanpur | NA | 7 | 7 | 8 | 6 |
| 13. | Sant Kabir Nagar | 3 | 3 | 2 | 3 | 3 |
| 14. | Sitapur | NA | NA | NA | 8 | 4 |
| 15. | Sultanpur | 7 | 6 | 8 | 6 | 5 |
| 16. | Unnao | 6 | 3 | 6 | 6 | 5 |
| 17. | Varanasi | 6 | 6 | 6 | 6 | 7 |

(Source: Information Provided by DPOs of test checked districts)

In absence of supply of hot cooked food, only morning snack was being given to the children in the above category which was insufficient to fulfil nutritional requirement of providing 500 calories and 12-15 gram protein to every child.

Government stated (December 2015) that efforts were being made to provide hot cooked food to beneficiaries regularly.

Providing supplementary nutrition to the beneficiaries for less than required 300 nutrition days coupled with distribution of hot cooked food for only two to nine months in a year indicates deficient implementation of SNP component of the ICDS which would adversely impact the outcome of the scheme with regard to checking and reducing malnutrition among the children.

(v) Non reduction in malnourishment of children

One of the main objectives of the Scheme was to reduce malnutrition. Audit observed that number of severely malnourished children increased by 5.21 times from 0.28 lakh in 2010-11 to 1.46 lakh in 2014-15 in the State. Likewise, number of severely malnourished children in the test checked district increased by 7.22 times from 0.09 lakh in 2010-11 to 0.65 lakh in 2014-15.

Government stated (December 2015) in their reply that increase in severely malnourished children was due to correct identification. Further, it was also stated that about 14 lakh severely malnourished children were identified in comprehensive campaign done in September 2015 at 'weight-day'.

Recommendation: The Government should ensure distribution of supplementary nutrition to all eligible beneficiaries for minimum required 300 days in a year to reduce and eliminate malnutrition among them.

5.4.1.2 Nutrition and Health Education Programme

Nutrition and Health Education (NHE) is provided with an aim to enhance the capacity of women, especially in the age group of 15-45 years, so that they can look after their own health, nutrition and development needs as well as that of their children and families.

NHE was to be provided through mass media and other forms of publicity, special campaigns, home visits etc., by AWWs. Every AWW was required to conduct continuous house visits (two to three visits daily) to educate the targeted group.

Scrutiny of records of test-checked AWCs revealed that documentation regarding house visits by AWWs to counsel the mothers and their families during critical contact periods of pregnancy, infancy and sickness was not maintained in 157 (52 *per cent*) out of 300 test checked AWCs. As such, NHE was neglected in AWCs.

Government in reply stated (December 2015) that instructions have been issued to maintain correct and clear records.

5.4.1.3 Non-formal pre-school education

Pre School Education (PSE) is a crucial component of the package of services envisaged under the ICDS Scheme which aims at school readiness and development of a positive attitude among children towards education.

The purpose of PSE is to provide sustained activities through joyful play-way methods that help to prepare the child for the regular schooling. It focuses on holistic development of the children upto six years of age by providing a learning environment for promotion of social, emotional, cognitive, motor, physical and aesthetic development. PSE was to be provided in AWCs to children (3-6 years) through non-formal and play methods.

PSE also helps mothers to send their elder girls to school and keep their younger children in a safe place when they go for work. To assist in imparting PSE, pre-school kits were to be provided to each AWC every year.



Pre-school education at Angan Wadi Centre in Bulandshahr

(i) Short coverage of girls under pre-school education

Number of girls (3-6 years) attended pre-school education at AWCs against total population of girls in age group of three to six years is given in table below:

Table 5.3: Details of girls attended pre-school education during 2010-15

| Year | Number of Girl child (number in lakh) | | | |
|---------|--|-----------------------------|------------------------------------|--|
| | Total population* of girls (3 to 6 years of age group) | Girls attended PSE activity | Girls not attending PSE activities | Percentage of girls not attending PSE activities |
| 2010-11 | 45.81 | 44.48 | 1.33 | 03 |
| 2011-12 | 55.93 | 42.23 | 13.70 | 24 |
| 2012-13 | 57.68 | 41.39 | 16.29 | 28 |
| 2013-14 | 58.46 | 41.52 | 16.94 | 29 |
| 2014-15 | 59.64 | 39.75 | 19.89 | 33 |

(Source: Directorate, ICDS)

* As the Department did not provide total population of the girls separately, estimated population of the girls is calculated on the basis of total population of children in the age group of 3 to 6 years and the child sex ratio of 902 girls per thousand boys in the State.

The table above indicates that number of girls not attending PSE activities has exponentially increased from three *per cent* in 2010-11 to 33 *per cent* in 2014-15. The Government in the reply stated (December 2015) that shortfall was mainly due to opening of private schools in rural areas. The reply is not acceptable as increase in the percentage of girls out of PSE activities was too steep to be attributed to opening of private schools in rural area alone.

Further, during JPI of test-checked 300 AWCs, it was observed that less number of girl students were actually found present on inspection day, against the total number of girls shown present in attendance register as detailed in table given below:

Table 5.4: Details of girls found present during JPI at AWCs

| Presence of girls found during JPI | No. of AWCs with such percentage of presence | Percentage of AWCs with such percentage of presence |
|------------------------------------|--|---|
| Less than 40 <i>per cent</i> | 73 | 24 |
| Between 40 and 80 <i>per cent</i> | 98 | 33 |
| More than 80 <i>per cent</i> | 129 | 43 |
| Total | 300 | 100 |

(Source: Results of Joint Physical Inspection)

The Government in their reply stated (December 2015) that efforts were being made to improve the activities under pre-school education.

(ii) Supply of pre-school kits

The pre-school education (PSE) in AWCs was to be provided through non-formal method for which all AWCs were to be provided PSE kits (Comprising building blocks, shape tower, construction toys, threading boards, beads and wires, arranging tray, body part puzzle, flannel board with cut outs, dolls, kitchen set, wheel toys, *dhapli*) every year.

During 2010-15, ₹ 140.32 crore² (88 *per cent*) was released for purchase of PSE kits against requirement of ₹ 159.56 crore of which ₹ 45.23 crore and ₹ 52.95 crore was not utilized during 2013-14 and 2014-15 respectively and was deposited into Personal Ledger Account (PLA) of Uttar Pradesh *Samaj Kalyan Nigam*. ₹ 1.30 crore of unutilised fund was credited irregularly to revenue and ₹ 98.18 crore was utilized in subsequent years which resulted in non-supply of PSE kits to AWCs every year as detailed in table given below:

Table 5.5: Details of supply of pre-school kits to AWCs during 2010-15

| Particulars | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|---|------------|-----------|----------|-----------|-----------|
| Total number of functional AWCs | 1,62,742 | 1,87,997 | 1,87,997 | 1,87,997 | 1,87,997 |
| Pre-school kits provided | 1,62,658 | 50,467 | 0 | 1,86,774 | 1,30,000 |
| AWCs received pre-school kits (in <i>per cent</i>) | 100 | 27 | 0 | 99 | 69 |

(Source: Directorate, ICDS)

² ₹ 17.72 crore in 2010-11; ₹ 17.16 crore in 2011-12; ₹ 52.49 crore in 2013-14 and ₹ 52.95 crore in 2014-15.

Thus, the objective of providing pre-school education to children in AWCs through non-formal method could not be achieved fully due to which a sound foundation for learning and development of these children was not ensured.

The Government in their reply stated (December 2015) that unutilized funds meant for pre-school kits would be utilized soon.

Recommendation: The Government should ensure supply of pre-school kits to AWCs every year for providing pre-school education to beneficiaries through non-formal methods.

5.4.2 Health services

Maternal and child health check-up/services like complete Ante-Natal Care (ANC), immunization, promotion of institutional delivery, post-natal care, new born care, immunization of infants and nutritional counselling to each child was to be provided by Health Department in rural areas through Community Health Centre (CHC)/Primary Health Centre (PHC) and sub-centres regularly. In order to extend the health services up to village level, in addition to health services provided at CHCs/PHCs/Sub-centres, health services like early registration of pregnancy, at least three ANCs, Iron Folic Acid supplementation, institutional delivery, immunization, Vitamin 'A' supplementation, regular health check-ups were also to be provided by ICDS with convergence of Health Department.

Various health services provided through ICDS platform with convergence of National Health Mission are discussed as under:

5.4.2.1 Health check-up

Health check-up included ante-natal care of expectant mothers, post-natal care of lactating mothers and care of children under six years of age especially those born with congenital defects or who were severely malnourished. Doctors were to be provided by Health Department preferably on monthly basis but at least once in a quarter for health check-up at AWC. Records of pre-natal care were to be kept in pre-natal cards. Post-natal visits of mothers were to be made twice within 10 days after delivery.

Scrutiny revealed that pre-natal and post-natal cards were not issued to expectant/lactating mothers in 217 (72 *per cent*) out of 300 test checked AWCs. Further, pregnancy and delivery register containing database of pregnant women was also not maintained in 78 (26 *per cent*) out of 300 test checked AWCs. This was indicative of poor pre-natal and post-natal health check-up services at these AWCs.

While accepting the fact, Government in their reply stated (December 2015) that fresh instructions are being issued to make the records up to date.

Recommendation: The Government should improve pre-natal and post-natal health check-up facilities at AWCs.

(i) Medicine kits

As per Guidelines of the ICDS Scheme, each AWC was to be provided one medicine kit every year consisting of easy to use and dispensable medicines for common ailments like fever, cold and worm infestation etc., including medicines and basic equipment for first aid.

Scrutiny revealed that ₹ 64 crore was provisioned and ₹ 58 crore³ was released for purchase of medicine kits during 2010-15 of which only ₹ 19.75 crore (34 per cent) was utilized within the respective financial year. Unutilised amount of ₹ 4.25 crore, pertaining to 2010-11, was utilized in subsequent years. Likewise unutilised amount of ₹ 1.31 crore, pertaining to 2011-12, has been lapsed to government account. Further, ₹ 30.94 crore of balance funds of 2013-15 was deposited into PLA of Uttar Pradesh *Samaj Kalyan Nigam* of which ₹ 17.36 crore was utilized in subsequent years. Furthermore, ₹ 0.36 crore was credited irregularly to revenue at the end of 2013-14. Details of supply of medicine kits to AWCs during 2010-15 are indicated in Table below:

Table 5.6: Details of supply of medicine kits to AWCs during 2010-15

| Particulars | 2010-11 | 2011-12 | 2012-13 | 2013-14 | 2014-15 |
|--|------------|-----------|----------|-----------|-----------|
| Total number of functional AWCs | 1,62,742 | 1,87,997 | 1,87,997 | 1,87,997 | 1,87,997 |
| Medicine kits provided | 1,62,407 | 94,273 | 0 | 1,86,815 | 1,00,000 |
| AWCs received medicine kits (in per cent) | 100 | 50 | 0 | 99 | 53 |

(Source: Directorate, ICDS)

It would be seen from above table that no medicine kits were provided to any of the 1,87,997 functional AWCs in the State during 2012-13 and about 50 per cent AWCs were not issued medicine kits in 2011-12 and 2014-15. Hence, uninterrupted supply of medicines to the beneficiaries could not be ensured.

While accepting the fact, Government stated (December 2015) that medicine kits could not be supplied due to non-finalisation/delayed finalisation of tenders.

Recommendation: The Government should ensure supply of medicine kits to all AWCs without interruption for providing basic medical facilities to beneficiaries at AWCs.

(ii) Non-monitoring of children's growth

With a view to improve the monitoring of growth of the children and to strengthen mother and child health care services, GoI directed (November 2014) to supply weighing machines, new growth charts and maternal and child protection (MCP) cards⁴ to all AWCs. Scrutiny of

³ ₹ 11.30 crore in 2010-11; ₹ 11.30 crore in 2011-12; ₹ 17.70 crore in 2013-14 and ₹ 17.70 crore in 2014-15.

⁴ To each mother to track the nutritional status, immunization schedule and developmental milestones for both the child and the pregnant and lactating mothers.

records of test-checked districts revealed that new growth charts were not available in 60 to 95 *per cent* AWCs. Similarly, MCP cards, baby weighing machines and adult weighing machines were also not available in 91 to 100 *per cent*, 22 to 84 *per cent* and 22 to 84 *per cent* AWCs respectively, which was indicative of deficiency in health care services provided at AWCs (*Appendix 5.10*).

Government stated (December 2015) that ₹ one lakh was provided by Health Department to each district for procurement of growth chart and MCP cards.

5.4.2.2 Referral services

During health check-ups and growth monitoring sessions, sick and malnourished children as well as pregnant women and lactating mothers in need of prompt medical attention, were to be referred by AWCs to nearby CHC/PHC) and Nutrition Rehabilitation Centre for treatment.

Scrutiny of records of test-checked AWCs revealed that records of referred patients containing name, age, reason for referral, date of referral, place where referred, details of treatment given and outcome of treatment was not maintained in 247 (82 *per cent*) out of 300 test checked AWCs. As such, referral services were neglected in AWCs.

Government stated (December 2015) that joint efforts with Health Department were being made to improve the services.

5.4.2.3 Immunization programme

The focus of immunization programme is to ensure immunization of pregnant women and infants. Immunization of infants protects children from six vaccine preventable diseases-poliomyelitis, diphtheria, pertussis, tetanus, tuberculosis and measles which are major preventable causes of child mortality, disability, morbidity and related malnutrition. Further, children were also to be given Vitamin 'A' and booster doses under the immunization programme. Immunization of pregnant women against tetanus reduces maternal and neonatal mortality. Sub-Centres of Health Department were responsible for carrying out immunization of infants and pregnant women. The AWW was to assist the health functionaries in complete coverage of the targeted population for immunization as well as in organizing the fixed day immunization sessions on 'Village Health Nutrition Days (VHND)' at village level every month.

During JPI we observed that no records of immunization were maintained in 46 (15 *per cent*) out of 300 test checked AWCs. Though, remaining test checked AWCs maintained partial records of immunization but none of them maintained the records in prescribed format indicating number of children and women due for immunization and number immunized/left out, due date and actual date of immunization etc. Further, Vitamin 'A' supplement register was not maintained in 157 (52 *per cent*) out of 300 AWCs. Proper maintenance of immunization records is necessary to ensure that the prescribed immunization

schedule is adhered to strictly and no child skips any important immunization/dose necessary for their healthy growth and development, free from major diseases and deficiencies.

Observance of Village Health and Nutrition Day (VHND)

With a view to reduce maternal and infant mortality and to strengthen mother and child health services, VHNDs were to be organized to provide comprehensive outreach services for pregnant women and children at their doorstep. VHND was to be organized at village level (each *gram sabha*) every month in coordination with AWW, ANM and ASHA. The objective of the VHND was complete ante-natal care, immunization, new born care, etc. AWW was to prepare list of beneficiary children, mobilise community to bring pregnant women and children to session site for services, and ensure weight measuring of malnourished children and enter their weight in growth chart/MCP cards.

Scrutiny revealed that records regarding observance of VHND and services provided during VHND were not being maintained at AWCs during 2010-15. Government in their reply stated (December 2015) that combined order by Health and Women and Child Development Departments has been issued for effective implementation of VHND.

5.5 Training and Capacity Development of the functionaries

Training and capacity building of functionaries is crucial as the achievement of programme goals depends on the effectiveness of frontline workers in delivery of Angan Wadi service.

Scrutiny revealed that against the Budget demand of ₹ 68 crore, ₹ 42 crore (62 *per cent*) was allocated and released under training component, of which only ₹ 37.62 crore (55 *per cent* of the demand) was utilised during 2010-15.

Core functionaries were to be imparted training in job courses and refresher courses



Angan Wadi Workers undergoing training session at Allahabad

through 66 Angan Wadi Training Centres⁵ (AWTCs), four Middle Level Training Centres⁶ (MLTCs) and 25 District Mobile Training Teams⁷ (DMTTs).

Target and achievements for imparting job and refresher training slots to various ICDS functionaries during 2010-15 were as given in *Appendix 5.11*.

It indicated that shortfall in job and refresher training slots to various ICDS functionaries viz. CDPO, Lady Supervisor, AWW and AWH ranged between 55 to 77 *per cent* and 55 to 91 *per cent* respectively. As such, large numbers of ICDS functionaries remained untrained, as of March 2014, as given in Table below:

Table 5.7: Details of trained ICDS functionaries

| Sl. No. | Name of the Post | Staff-in-position | Trained | | Untrained (<i>per cent</i>) | |
|---------|-----------------------------------|-------------------|----------|-----------|-------------------------------|--------------|
| | | | Job | Refresher | Job | Refresher |
| 1. | Child Development Project Officer | 641 | 641 | 228 | 0 (0) | 413(64) |
| 2. | Lady Supervisor | 4,207 | 4,203 | 2,395 | 4(0) | 1,812 (43) |
| 3. | Angan Wadi Worker | 1,78,991 | 1,68,862 | 72,885 | 10,129(6) | 1,06,106(59) |
| 4. | Angan Wadi Helper | 1,56,270 | 1,41,622 | 68,039 | 14,648(9) | 88,231(56) |

(Source: Directorate, ICDS)

It is evident from the above table that 10129 AWWs and 14648 AWHs were untrained in job courses and 43 *per cent* to 64 *per cent* functionaries were not imparted refresher training. Evidently, release of only 62 *per cent* funds against the budget demand hampered the implementation of training programme.

Government in reply (December 2015) stated that untrained functionaries were regularly being imparted training. Reply was not acceptable as trainings were not imparted regularly during 2010-15 and large numbers of functionaries remained untrained.

5.6 Monitoring

GoI directed (March 2011) to constitute three tier district, block and AWC level monitoring and evaluation committees for effective monitoring of the Scheme. These committees were to monitor the functioning of AWCs; ensure the coverage of all the eligible beneficiaries; quality of supplementary nutrition; growth monitoring of children and monitoring of malnourished and severely malnourished children. These committees were also to ensure cleanliness and availability of toilets and drinking water facilities at AWC level and ensure convergence with medical department for immunization, referral services and health check-up activities. GoI further directed (October 2010) for continuous monitoring and inspection of ICDS projects

⁵ To train the AWWs.

⁶ To train the lady supervisors.

⁷ For providing operational training to AWHs, refresher training and induction training to AWWs.

and AWCs by various ICDS functionaries. Further, web-based Management Information System (MIS) was to be implemented at AWC level for submission of web-based MPRs.

However, we in audit observed that, though GoUP constituted (June 2011) above three tier committees but Monitoring and Evaluation Committees at district, block and AWC level did not meet regularly. Further, functionaries of ICDS also did not conduct regular inspections of AWCs. It was also noticed that revised web-based MIS was not implemented in AWCs in the State. The details are given in *Appendix 5.12*. Lack of monitoring had adverse impact on the implementation of the Scheme as discussed above.

Recommendation: The Government should ensure regular meetings of various committees and inspections by ICDS functionaries as per norms for effective monitoring of the scheme.

5.7 Conclusion

The implementation of ICDS Scheme was deficient as:

- There was huge shortage of AWCs against the prescribed norms and the AWCs were not having basic amenities like toilet, clean drinking water and kitchen facility;

(Paragraph 5.3.1 & 5.3.2)

- Large number of beneficiaries were not covered under supplementary nutrition programme, there were interruptions in supply of hot cooked food and pre-school kits were not supplied to large number of AWCs;

(Paragraph 5.4.1.1 (ii), 5.4.1.1 (iv) & 5.4.1.3 (ii))

- Medicine kits were not made available to nearly fifty *per cent* of functional AWCs, health check-up records were not maintained, growth of children was not monitored and no records of immunization and vitamin supplements were maintained by many AWCs; and

(Paragraph 5.4.2.1 & 5.4.2.3)

- Monitoring of the Scheme was also found lacking and revised web based MIS was not implemented.

(Paragraph 5.6)

Deficient implementation of the scheme would adversely impact the scheme outcome which was evident from the fact that 42 *per cent* of total children in the State were underweight and 15 *per cent* were suffering from wasting. Hence, objective of providing health and nutritional support to pregnant and lactating mothers and children below six years of age could not be fully achieved and empowerment of women especially in rural areas continues to be a distant dream.