CHAPTER – II

COVERAGE AND SERVICE DELIVERY

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Brief Snapshot

This Chapter deals with coverage and service delivery under six components viz. (i) Supplementary Nutrition Programme (SNP), (ii) Nutrition and Health Education (NHE), (iii) Early Childhood Care and Education (ECCE), (iv) Immunisation Programme, (v) Health Checkups and (vi) Referral Services.

Audit observed a shortage of 16,045 AWCs in the State. Further, the average number of enrolled children (zero to six years of age) from 2015-16 to 2022-23 was 40.34 lakh against the 77.77 lakh children as per Census 2011.

Out of 4.63 crore enrolled beneficiaries, 3.99 crore (86 per cent) beneficiaries were given the benefits of the Supplementary Nutrition Programme (SNP). Under the ECCE programme, 18.79 per cent of the children (three to six years) enrolled in AWCs were not imparted preschool education (PSE) during 2015-23 in the State.

In January 2020, the WCD Department introduced an online system to monitor the supply of THR from Gujarat Cooperative Milk Marketing Federation Limited to AWCs. This real-time mechanism ensures timely deliveries, prevents misuse, and involves OTP verification by AWWs to streamline distribution.

Under the Nutrition and Health Education (NHE) programme, the shortfall in household visits increased by 16 per cent (32.93 to 48.76) during the period from 2015-16 to 2020-21. However, the Department picked it up well and showed significant improvement in reducing the shortfall to 14.76 per cent in 2021-22 and further to 5.38 per cent in 2022-23.

Under the Universal Immunisation Programme (UIP), 94 per cent of the targeted number of children (aged up to one year) were immunised in the State.

The percentage of low-birth-weight infants decreased from 12.33 per cent (2017-18) to 11.63 per cent in 2022-23. However, the Department is yet to achieve the target of reducing the proportion of low birth-weight newborns by two per cent per annum as per the National Nutrition Mission (NNM) guidelines, 2017.

The coverage of Antenatal Check-ups/Care (ANC) / Postnatal Check-ups/Care (PNC), immunisation, and administration of IFA tablets for Pregnant and Lactating Mothers (P&LMs) was notably insufficient from 2015 to 2023 when compared to the total P&LMs registered with the Health Department.

2.1 Coverage of the ICDS Scheme

Adequacy of Anganwadi Centres (AWCs)

The Integrated Child Development Services (ICDS) Scheme aims to improve the health, nutrition and education of children up to the age of six years, Pregnant and Lactating Mothers (P&LMs) and Adolescent Girls (AGs) aged 11-18 years and is implemented through a network of Anganwadi Centres (AWCs).

The MoWCD, GoI notified (April 2007) new population norms to the State Governments for setting up of Anganwadi Centres (AWCs), as shown in **Table 2.1** below:

Table 2.1: Population norms for setting up AWCs

Area	Population	Number of AWCs
For Rural/ Urban Area Projects	400 –800	One AWC
	800 –1,600	Two AWCs
	1,600 – 2,400	Three AWCs
	Thereafter in multiples of 800	One AWC
	150 – 400	One Mini AWC
For Tribal/ Riverine/Desert, Hilly and other difficult areas	300 – 800	One AWC
	150 – 300	One Mini AWC

(Source: As per the notification issued by the GoI in April 2007 on population norms)

As per the data furnished by the WCD Department, the State has 53,029 AWCs[5], serving a population of 5.53 crore as of March 2023.

Table 2.2 below presents an analysis of the projected number of AWCs required in the State, taking into consideration the population being served and the population actually required to be served, on the basis of the population norms notified by the MoWCD, GoI.

Table 2.2: AWCs available in comparison to the requirement as per the population norms

Source of population	Population	AWCs required (Population /800)	Actual number of AWCs	Shortfall in the number of AWCs
Population covered by AWCs of the State (March 2023)	5,52,58,838[6]	69,074	53,029	16,045

(Source: Information furnished by the Department)

The data presented in the table indicates that in order to meet the requirements established by the MoWCD, GoI, the State Government would require an additional 16,045 AWCs to adequately serve the current coverage of 5.53 crore Population. Moreover, the additional requirement of AWCs would increase when considering the population of 6.04 crore people in Gujarat according to

[5] 51,229 Main AWCs and 1800 Mini AWCs.

[6] AWWs conduct surveys of all households in their jurisdiction. The figure represents the total of all family members in the houeholds surveyed by AWWs of the State as of March 2023.

the 2011 Census data. Furthermore, in February 2020, the MoWCD, GoI requested the State's WCD Department to provide their requirements for new AWCs. However, the Department conveyed its need for only 198 AWCs (140 AWCs and 58 Mini AWCs) across 11 districts to the MoWCD between March 2020 and April 2023. When enquired by Audit, the Department clarified that the requirement of new AWCs sent to the GoI was based on the requests received from the DPOs and CDPOs, who considered the preferences of individuals interested in benefiting from the Scheme. However, the Department did not maintain a database of the population that indicated their willingness or unwillingness to participate in the Scheme. The fact remains that there would still be a shortage of 15,847 (16,045-198) AWCs in the State. Also, the Department did not provide the rationale for demanding only 198 AWCs against the requirement of additional AWCs.

It was also observed that the average number of enrolled children (zero to six years of age) from 2015-16 to 2022-23 was 40.34 lakh against the 77.77 lakh children as per Census 2011, which also confirms a huge difference of 37.43 lakh (48.13 *per cent*) children between eligible and enrolled population. This difference in the eligible population also could not be verified due to the non-availability of data in respect of the unwilling population.

The State Government, while accepting the facts, stated (October 2024) that database of people who are unwilling to avail of the benefits of the Scheme would be maintained.

Recommendation 1: The State Government may conduct a comprehensive assessment of the current AWC network and develop a strategic plan that outlines clear targets for establishing new AWCs and upgrading existing ones, along with timelines and resource allocation.

2.2 Supplementary Nutrition Programme (SNP)

The Supplementary Nutrition Programme (SNP) aimed to improve the health and nutrition status of children aged six months to six years (6m-6y), Adolescent Girls (AGs) aged 11 years to 18 years (11y-18y) and Pregnant Women and Lactating Mothers (P&LMs). The details of enrolled beneficiaries under the various categories are shown in the **Table 2.3** below:

Table 2.3: Details of beneficiaries enrolled during the period from 2015-16 to 2022-23

Sl. No.	Category	Number of beneficiaries enrolled during the period from 2015-16 to 2022-23 (in lakh)								
		2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	Total
1	Children aged six months to six years (6m-6y)	37.97	37.86	37.94	37.23	36.02	37.19	35.35	32.94	292.50
2	Pregnant Women and Lactating Mothers (P&LMs)	8.41	8.15	8.17	8.13	7.96	7.19	6.89	6.76	61.66
3	Adolescent Girls (AGs) aged 11 years to 18 years	13.95	14.56	14.56	14.24	13.96	13.10	12.43	12.41	109.21
Total		**60.33**	**60.57**	**60.67**	**59.60**	**57.94**	**57.48**	**54.67**	**52.11**	**463.37**

(Source: Information furnished by the Department)

The SNP is provided for the supply of 500 kilocalories and 12-15 grams of protein per day for children between 6m-6y of age, 800 kilocalories and 20-25 grams of protein per day for malnourished children. Pregnant women, lactating mothers and adolescent girls were to be supplied 600 kilocalories and 18-20 grams of protein per day.

2.2.1 Implementation of the SNP

Supplementary Nutrition (SN) is delivered through two modalities – Hot-Cooked Meal (HCM) and Take-Home Ration (THR) – containing required nutrition norms. HCMs are cooked and served to children aged 3y-6y at AWCs in the form of breakfast and lunch during Early Childhood Care and Education (ECCE) sessions, while THR is distributed to children aged 6m-3y, AGs and P&LMs in the form of premixes[7] consisting fortified foodgrains.

Up to March 2018, AGs (11y-18y) were being covered under the two[8] GoI-sponsored schemes. In April 2018, the GoI discontinued these two schemes and launched a new scheme – Scheme for Adolescent Girls (SAG) – for out of school AGs aged 11y-14y only. As the SAG did not cover AGs (15y-18y), the GoG launched (April 2018) the 'Prevention of Under-Nutrition and Reduction of Nutritional Anaemia among Adolescent Girls *(PURNA)* Scheme' to cover these AGs. As *PURNA* was a State-sponsored scheme, the entire cost of providing SN was to be borne by the GoG.

2.2.1.1 Under-coverage of the enrolled beneficiaries under the SNP

During 2015-23, out of the 4.63 crore beneficiaries enrolled under the SNP, 3.99 crore[9] (86 *per cent*) beneficiaries were given the benefit of the SNP, leaving 64 lakh (14 *per cent*) beneficiaries out of the total enrollments. In the eight selected Districts (10 DPOs) and 22 selected Blocks (22 CDPOs), the rate of deprival of the beneficiaries under the SNP remained at seven *per cent* and eight *per cent*, respectively.

The State Government attributed (October 2024) the under-coverage to some beneficiaries not turning up at AWCs to receive SNP benefits. It was also stated that instructions would be passed on to subordinate offices to ensure coverage of all enrolled beneficiaries.

The Government's response is not entirely aligned with the audit findings. The Audit is of the view that outreach efforts at the AWC level to cover the intended beneficiaries within the SNP could be improved. This inadequacy stems from the fact that between 2015 and 2023, there was a shortfall of 37.75 *per cent* in

[7] THR Premixes are in powder form and can be used to prepare a variety of dishes by beneficiaries at their homes.
[8] Kishori Shakti Yojna (KSY) in 202 Blocks and the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (known as SABLA) in 134 Blocks of the State.
[9] Children (six months to six years)- 2.50 crore, Pregnant and Lactating Mothers- 0.55 crore and Adolescent Girls- 0.94 crore.

household visits conducted by Aanganwadi Workers (AWWs) in the selected CDPOs across eight Districts, as elaborated in **Paragraph 2.3**.

Recommendation 2: The State Government may launch targeted awareness campaigns to inform potential beneficiaries about the SN Programme, its benefits and use a mix of traditional and modern communication channels, including community meetings, local media, mobile apps and social media etc. to reach a wider audience.

2.2.1.2 Deficiency of foodgrains for the implementation of the SNP

As per Section 24 (1) of the National Food Security Act 2013, the State Government shall be responsible for implementation and monitoring of the schemes of various Ministries and Departments of the Central Government in accordance with guidelines issued by the Central Government for each scheme, and their own schemes, for ensuring food security to the targeted beneficiaries in their State.

Further, Section 24 (3) of the Act states that for foodgrains requirements in respect of entitlements, it shall be the responsibility of the State Government to take delivery of foodgrains from the designated depots of the Central Government in the State, at the prices specified and ensure actual delivery of entitled benefits.

Accordingly, for the implementation of the SNP at the AWCs level, annual demands for foodgrains (wheat and rice) were raised by the Department to the GoI as per the entitlement. Foodgrains were allocated and supplied by the GoI, as per the entitlement, through the Food Corporation of India (FCI) at a subsidised rate. Subsequently, these foodgrains were lifted by the GoG through the Gujarat State Civil Supply Corporation Limited (GSCSCL). Audit observed that as against the total requirement of 9.22 lakh MT of foodgrains, SNP was implemented in the State with only 7.05 lakh MT of foodgrains during 2015-23, as detailed in succeeding paragraphs:

(i) Additional requirement of foodgrains due to distribution of raw ration in place of THR premixes– Audit analysed the Department's records relating to demands and allocation of foodgrains for the implementation of the SNP during 2015-23 and found that against the total demand of 8.02 lakh MT raised for foodgrains, the GoI allocated 6.35 lakh MT of foodgrains (79 *per cent*). The reason for the under-allocation of 1.67 lakh MT (8.02 lakh MT – 6.35 lakh MT) of foodgrains was mainly due to the non-allocation of additional requirement of foodgrains by the GoI as demanded by the WCD Department for implementation of the Raw Ration Scheme, in place of THR premixes, as detailed below:

A portion of the allocated foodgrains was to be utilised to prepare THR premixes. For this purpose, the Department contracted (2010) with an external agency which manufactured THR premix packets as per the required nutrition

norms and supplied to the AWCs up to July 2017 (till the termination of the contract).

After the expiry of the contract, an alternative arrangement (Raw Ration Scheme) for the supply of foodgrains in place of THR premixes was made by the Department, in which raw wheat, vegetable oil and moong dal were directly supplied to the beneficiaries to fulfil required nutrition norms. The Raw Ration Scheme was implemented for the period from August 2017 to December 2019.

To achieve the required nutrition norms, the quantity of wheat required (125 gm, 135 gm and 135 gm per day for each child aged six months to three years, P&LMs and AGs respectively) under the alternative arrangement was more than the quantity that was required (54.5 gm, 35.6 gm and 35.6 gm per day for each child aged six months to three years, P&LMs and AGs respectively) to prepare the THR premixes. The GoI did not allocate foodgrains for the additional requirement for the period of the alternative arrangement (August 2017 to December 2019).

Therefore, due to the non-receipt of the additional requirement of foodgrains from the GoI, it was the responsibility of the GoG to arrange the same by itself. However, that was not done. Non-arrangement of additional requirements of foodgrains by the GoG resulted in shortage of 1.67 lakh MT of foodgrains and partial implementation of the scheme.

(ii) Additional requirement of foodgrains for state-sponsored scheme (PURNA) – The responsibility to arrange foodgrains for state-sponsored components of the Scheme lay with the GoG. Audit calculated that there was an additional requirement of 1.20 lakh MT **(Appendix II)** of foodgrains to provide SN to 57.15 lakh AGs aged 15 years to 18 years covered under the *PURNA* scheme during 2018-23. Against this additional requirement of 1.20 lakh MT of foodgrains, the Department procured only 0.18 lakh MT (15 *per cent*) in 2022-23

(iii) Short lifting of foodgrains under the SNP – The GoI allocated 6.35 lakh MT of foodgrains to the Department, against which the Department lifted 5.95 lakh MT of foodgrains (94 *per cent*). It resulted in the lapse of 0.40 lakh MT of foodgrains that were not lifted timely from the Food Corporation of India (FCI).

Against the total shortfall of 3.27 lakh MT (1.67 lakh MT + 1.20 lakh MT + 0.40 lakh MT) of foodgrains, the GoG procured only 1.10 lakh MT (34 *per cent*) from the open market. This resulted in the implementation of SNP with a shortage of 2.17 lakh MT of foodgrains against the allocation during 2015-23.

The State Government acknowledged (October 2024) the shortfall of foodgrains and stated that additional foodgrains were not procured due to the increased financial burden involved.

2.2.1.3 Inadequate Nutrition to the Beneficiaries Attending AWCs

The Scheme guidelines envisage that all beneficiaries would be served SN for 300 days in a year in the form of HCM and/or THR, consisting of the required kilocalories, as given in **Table 2.4** below:

Table 2.4: The norms for supplementary nutrition for targeted beneficiaries

Sl. No.	Categories	Types of food	Nutrition Norms
Supplementary Nutrition through Anganwadi Services			
1.	Children (6 months to 3 years)	THR	Energy – 500 Kilocalories Protein – 12 to 15 grams
2.	Children (3 years to 6 years)	Morning snack and HCM	Energy – 500 Kilocalories Protein – 12 to 15 grams
3.	Severely malnourished children (3 years to 6 years)	THR	Energy – 800 Kilocalories Protein – 20 to 25 grams
4.	Pregnant Women and Lactating Mothers (15 years to 45 years)	THR	Energy – 600 Kilocalories Protein – 18 to 20 grams
Supplementary Nutrition under Scheme for Adolescent Girls			
5.	Out-of-school Adolescent Girls (11 years to 14 years) (under SAG)	THR	Energy – 600 Kilocalories Protein – 18 to 20 grams
6.	Adolescent Girls (15 years to 18 years) (under *PURNA*)	THR	Energy – 600 Kilocalories Protein – 18 to 20 grams

(Source: As per Schedule-II of the NFSA Act, 2013 and Resolution of GoG)

The deficiencies noticed by Audit with respect to the adequacy of supplementary nutrition provided to beneficiaries have been detailed below:

(i) Scrutiny of records relating to the distribution of THR and the number of beneficiaries served during 2015-23 revealed that against the norm of providing nutrition for 300 days every year, the beneficiaries were provided SN for an average of 246 days every year (82 *per cent*), as shown in **Table 2.5** below:

Table 2.5: Number of days SN provided in the form of THR to the targeted beneficiaries

Year	Number of days THR provided to the different categories of beneficiaries			
	Children	Pregnant and Lactating Mothers	Adolescent Girls	Average (for all beneficiaries)
2015-16	243	238	238	240
2016-17	187	185	185	186
2017-18	186	186	186	186
2018-19	223	223	223	223
2019-20	The utilisation of THR premix/beneficiary served could not be worked out for 2019-20 as the alternative arrangement of the distribution of raw ration was discontinued in a phased manner at distinct points of time in various districts of the State.			
2020-21	302	301	286	296
2021-22	299	294	289	294
2022-23	303	301	287	297
Average	**249**	**247**	**242**	**246**

(Source: Audit calculation based on data furnished by the Department)

As shown in the table, the average number of days THR provided to beneficiaries in the State though decreased from 240 days (80 *per cent*) in 2015-

16 to 186 days (62 *per cent*) in 2017-18, however, it subsequently improved to 296 days (99 *per cent*) in 2020-21 and 297 days (99 *per cent*) in 2022-23.

Similarly, in seven[10] of the 10 selected DPOs, THR was distributed on an average of 228 days (76 *per cent*) to the children (six months to three years), 221 days (74 *per cent*) to P&LMs and 229 days (76 *per cent)* to Adolescent Girls.

(ii) Further, for the children (three years to six years), during 2015-23, the State provided SN in the form of HCM on an average of 226 days[11] (75 *per cent*) every year against the norm of 300 days. Similarly, in nine[12] of the 10 selected DPOs, HCM was provided to children (three years to six years) on an average of 216 days (72 *per cent*) every year.

The State Government attributed (October 2024) the under-achievement of targeted nutrition days under the SNP to the shortage of foodgrains against the actual requirement.

2.2.1.4 Inadequate nutrition to the identified underweight children in the form of the third meal

Under the SN Programme, an initiative aimed at addressing the nutritional needs of moderately underweight (MUW) and severely underweight (SUW) children aged three to six years, a supplementary nutrition component is administered in the form of a third meal. This third meal consists of nutrition-dense laddoo, as outlined in **Table 2.6** below:

Table 2.6: Norms for serving additional nutrition to underweight children

Classification of beneficiaries	The norms for serving nutrition in the form of THR/HCM		
	Regular SN for children with normal weight	Norms for providing additional nutrition	
		MUW children	SUW children
Children (three years to six years)	130 gm HCM (consisting of 80 grams of grains) per day	Third meal for 25 days per month	Third meal for 25 days per month + 2 kg of THR per month

(Source: As per the ICDS Scheme Guidelines)

Table 2.7 below further illustrates the count of moderately and severely underweight children (aged three to six years) identified and served the third meal in 10 designated DPOs from 2015 to 2021.

[10] Data with respect to the utilisation of THR packets was not made available to Audit in three of the ten selected DPOs – DPO, Panchmahal, DPO, Rajkot Municipal Corporation and DPO, Sabarkantha.
[11] Calculated using the formula: Total foodgrains utilised/[total number of beneficiaries served with HCMx80 gm]
[12] The data for the utilisation of foodgrains for HCM was not available with the DPO, Rajkot (Urban).

Table 2.7: Monthly provision of third meals to underweight children (aged three to six years) in selected DPOs during 2015-21

Year	Total Identified Children (MUW+SUW) (average per month)	Third meals served (MUW+SUW) (average per month)
2015-16	28,980	18,044
2016-17	24,169	14,852
2017-18	21,295	11,274
2018-19	21,542	13,970
2019-20	37,552	19,127
2020-21	15,230	6,372
Total	**1,48,768**	**83,639**

(Source: As per information furnished by the selected DPOs)

During 2021-22 and 2022-23, benefits of the third meal programme were not extended to 0.83 lakh identified underweight children.

Further, as shown in the table above, in the 10 selected DPOs, approximately 1.49 lakh moderately and severely underweight children (aged three to six years) were identified. Among them, 0.84 lakh (56 *per cent*) received the third meal supplement, while 44 *per cent* did not benefit from this additional nutritional support.

Acknowledging the audit findings, the State Government concurred (October 2024) with the observation and stated to enhance efforts to address the prevalence of stunting and wasting among children. They plan to achieve this by ensuring improved coverage and diligent monitoring of the nutritional status of undernourished children.

However, a justification for non-distribution of third meals during 2021-22 and 2022-23 is still awaited from the Department.

2.2.1.5 Irregular payment of ₹5.45 crore of handling charges for lifting foodgrains

As explained under **Paragraph 2.2.1.2**, the GoI-allocated foodgrains (wheat and rice) were being lifted by the GoG through the Gujarat State Civil Supply Corporation Limited (GSCSCL) and stored at GSCSCL's godowns. Subsequently, these foodgrains were distributed to AWCs through Fair Price Shops (FPS) of the Food, Civil Supplies and Consumer Affairs Department of the GoG. The AWWs collected the foodgrains from FPS for the preparation of HCM for the children (three to six years). A portion of these foodgrains was supplied to Gujarat Cooperative Milk Marketing Federation Limited (GCMMFL) for the production of THR premixes. For this purpose, GCMMFL lifted and transported 8,79,072.40 quintals of wheat between December 2017 and March 2021, for which, it was paid handling charges of ₹5.45 crore.

Scrutiny of the records relating to the lifting of foodgrains, however, revealed that the WCD Department had paid handling charges for the wheat used in the production of THR premixes to both the GSCSCL and the GCMMFL, even

though the entire lifting and handling was done by the GCMMFL. The GSCSCL had no role in lifting, transportation and storage of wheat for the production of THR packets, but was also paid handling charges of ₹5.45 crore, which was irregular.

The State Government accepted (October 2024) the Audit observation and assured to adjust the amount in the future from the dues payable to the GSCSCL.

2.2.1.6 Best Practices

The Audit Report highlights the following positive aspects of the performance of the WCD Department in implementing the ICDS Scheme:

- The WCD Department extends Supplementary Nutrition (SN) through the distribution of Take-home Ration (THR) to specific groups, namely children aged six months to three years, Adolescent Girls and Pregnant and Lactating Mothers. The production and supply of THR to AWCs are facilitated by the Gujarat Co-operative Milk Marketing Federation Limited (GCMMFL).

  To effectively monitor the seamless supply of THR from GCMMFL to AWCs, the WCD Department introduced an innovative online system in January 2020. Through this system, the allocated quota of THR is dispatched to AWCs by the GCMMFL's designated delivery personnel. The process involves the sharing of a one-time password by the AWWs.

  This digital mechanism operates in real-time, enabling vigilant tracking of THR deliveries. By ensuring punctual delivery and safeguarding against potential losses or misuse, this system contributes significantly, the efficient distribution of nutritional resources.

- Up to October 2018, children (aged three to six years) received Hot-Cooked Meals (HCM) made with cotton-seed oil. However, from November 2018, the WCD Department began using fortified groundnut oil instead of cotton-seed oil, as it is considered to have higher nutritional value, according to the Department.

2.3 Nutrition and Health Education (NHE)

Inadequate household visits by the AWWs

Nutrition and Health Education (NHE) aims at improving family contact and providing care and nutrition counselling to the pregnant and the lactating mothers of children under three years of age. This includes monitoring of young children, identification of growth faltering and appropriate counselling of caregivers, especially on optimal 'Infant and Young Child Feeding' (IYCF).

The ICDS guidelines mandate that NHE is to be provided to all women between the age of 15-45 years through mass media and other forms of publicity, special campaigns and home visits by AWWs, short courses, demonstrations of

cooking/feedings and by using various forums of the programmes organised by the MoHFW, *etc*.

To educate the target group of beneficiaries (women aged 15-45 years), AWWs were required to conduct household visits in their jurisdiction. Audit collected the data for targets and achievements with respect to household visits in the selected CDPOs[13] of the eight selected districts, as shown in **Table 2.8** below:

Table 2.8: Shortfall in household visits by the Anganwadi Workers (AWWs) of 19 out of 22 selected Blocks of the eight selected Districts

Year	Number of AWCs in 19 out of 22 selected Blocks	Household visits required to be made	Household visits made by the AWWs	Shortfall in household visits	Shortfall (in *per cent*)
2015-16	3,318	49,77,000	33,38,282	16,38,718	32.93
2016-17	3,351	50,26,500	31,29,575	18,96,925	37.74
2017-18	3,363	50,44,500	31,02,606	19,41,894	38.50
2018-19	3,103	46,54,500	26,57,583	19,96,917	42.90
2019-20	2,926	43,89,000	22,92,109	20,96,891	47.78
2020-21	2,473	37,09,500	19,00,822	18,08,678	48.76
2021-22	2,852	17,30,880	14,75,360	2,55,520	14.76
2022-23	2,842	15,07,654	14,26,525	81,129	5.38
Total	**24,228**	**3,10,39,534**	**1,93,22,862**	**1,17,16,672**	**37.75**

(Source: As per Information furnished by the selected CDPOs)

As seen from the above table, there was a shortfall of 37.75 *per cent* in household visits by AWWs during the period 2015-23. The shortfall in household visits increased by 16 *per cent* (32.93 to 48.76) during the period from 2015-16 to 2020-21. However, the Department picked it up well and showed significant improvement in reducing the shortfall to 14.76 *per cent* in 2021-22 and further to 5.38 *per cent* in 2022-23.

The State Government stated (October 2024) that instructions would be passed on to AWWs for carrying out the required number of household visits.

2.4 Early Childhood Care and Education

The ICDS Mission Broad Framework for Implementation[14], 2012 provides for dedicated four hours of Early Childhood Care and Education (ECCE) at the Anganwadi Centres (AWCs), imparted by the Anganwadi Workers (AWWs). The purpose of ECCE is to promote the holistic development of children and provide sustained activities through a joyful play-way method that helps the children prepare for regular schooling.

[13] Data not available: 2015-2020 (Himatnagar-1, Himatnagar-2 and Idar-1); 2021-2023 (Gandhinagar-1, Idar-1, Nizar, Rajkot (U-2) and Uchchhal)

[14] Annexure-III 'Core Package of Services Under ICDS Mission', Paragraph 1.1 (i) and Annexure-IV.

2.4.1 Coverage of the ECCE Programme

The consolidated Monthly Progress Reports (MPRs) of the State submitted by District authorities revealed that 139.81 lakh children (three years to six years) were enrolled under the Scheme during the period 2015-23. However, 113.54 lakh (81.21 *per cent*) children were imparted ECCE by the AWCs of the State.

Similarly, the data collected from the 10 selected DPOs of eight selected districts revealed that out of 33.57 lakh enrolled children (three years to six years), ECCE had been imparted to 28.38 lakh (84.54 *per cent*) children. In the 22 test-checked Blocks, the average coverage of enrolled children was 88.38 *per cent* during the same period.

The State Government stated (October 2024) that some of the enrolled children received their ECCE from private play schools, but data on such children were not being maintained by the Department. The Government also stated that they would ensure the maintenance of such records in due course after convergence with the Education Department.

2.4.2 Disruption in the ECCE Programme owing to delayed procurement of Pre-School Education (PSE) Kits

The guidelines of the MoWCD, GoI (January 2014) specify that in order to facilitate the ECCE Programme under the ICDS Scheme, Pre-School Education (PSE) kits should be purchased and supplied to each operational AWC in the State. The ICDS Scheme guidelines specify that these kits would be comprised of play and learning material for the holistic development of children and suggest an itemised list of components for PSE kits. For this purpose, the GoI releases Grant-in-Aid (GIA) to the State every year under the ICDS (General) component of the Scheme. The expenditure on the procurement of the PSE kits was to be met out of the grants released to the State by the GoI, subject to the financial norms with respect to the per-unit cost[15] of the kits.

Details of the procurement and distribution of kits during 2015-23 are given in **Table 2.9** below:

[15] ₹3000/kit (Main AWC) and ₹1500/kit (Mini AWC); later revised (November 2017) to ₹5000/kit for all AWCs.

Table 2.9: Procurement and distribution of PSE Kits during 2015-23

Year	No. of operational AWCs in the State	No. of PSE kits procured and distributed	The year of issuance of order for procurement of PSE kits	Month of distribution of PSE kits	Delay [16] in distribution of PSE kits counting from subsequent year (in months)
2015-16	53,029	53,100	2017-18	December 2017	20
2016-17		53,100	2018-19	February 2019	22
2017-18		53,100	2019-20	August 2020	28
2018-19		53,100	2020-21	December 2020	20
2019-20		53,100	2020-21	August 2021	16
2020-21		53,100	2021-22	February 2022	10
2021-22		53,100	2021-22	July 2022	03
2022-23		- No PSE kits procured during the year -			

(Source: As per the information furnished by the Department)

The above table exhibits that the procurement and supply of PSE kits for the period 2015-23 started with a delay ranging from 03 months to 28 months. The tendering process for the kits for 2015-16 started in 2017-18 and the distribution took place in December 2017, with a delay of 20 months. Delayed initiation of the tendering process resulted in delayed distribution of PSE kits. No PSE kits were procured for the year 2022-23.

Further, delayed initiation of the tendering process resulted in the accumulation of more than one set of PSE kits during 2020-21 and 2021-22, as two sets of PSE kits were distributed in 2020-21 (August 2020 and December 2020) and in 2021-22 (August 2021 and February 2022), which caused accumulation of more PSE kits than the requirement. During physical visits of 99 selected AWCs, Audit found one PSE kit set in 23 AWCs (as of November 2020), two PSE kit sets in 19 AWCs (as of July 2021) and three PSE kit sets in 57 AWCs (as of November 2021) in box-packed condition as shown in **Picture 2.1** and **2.2** below:

Picture 2.1: Three sets of PSE Kits of 2017-20 lying idle in box packed state (06-07-2021)
AWC: Jod Khapreta, Himatnagar-2 Block (District-Sabarkantha)

Picture 2.2: Two sets of PSE Kits of 2018-19 and 2019-20 lying idle in box packed state (27-08-2021)
AWC: Pariya Mora-1, Pardi-1 Block (District-Valsad)

[16] The delay refers to the time elapsed from the final (March) month of the fiscal year for which the kits were procured to the month of distribution of PSE kits.

The State Government accepted (October 2024) the audit observations and assured that PSE kits would be procured on yearly basis in future.

Recommendation 3: The State Government may ensure annual procurement of PSE kits based on the number of AWCs, expected students' enrollments and historical demand to prevent last-minute rushes.

2.5 Health Services

The ICDS Mission Broad Framework Guidelines (2012) envisage that three major health services (Immunisation, Health check-ups and Referral services) under the ICDS Scheme would be delivered through public health infrastructure under the Ministry of Health and Family Welfare (MoHFW).

Audit findings pertaining to coverage of children (up to six years) under the Universal Immunisation Programme (UIP), the adequacy of health check-ups carried out in respect of children and Pregnant & Lactating Mothers (P&LMs), the status of stunting, wasting and under-weighing among children, the performance of Nutritional Rehabilitation Centres (NRCs) and Child Malnourishment Treatment Centres (CMTCs) in treating malnourished children of the State are discussed in the following paragraphs:

2.5.1 Immunisation

The GoI launched (1985) the Universal Immunisation Programme (UIP) to protect all infants (0-12 months) against six serious but preventable diseases[17]. which was subsequently raised to nine diseases[18]. As per the National Health Mission (NHM), a child is said to be fully immunised if he/she receives all due vaccines as per the national immunisation schedule within one year of his/her life.

➢ *Universal Immunisation Programme*

Table 2.10 below exhibits the data retrieved from the Health Management Information System (HMIS) and workload data provided by the Health Department for the period 2015-23, for the children (aged 0-12 months) receiving Bacille Calmette-Guerin (BCG) vaccine for protection against tuberculosis, all doses of Diphtheria-Pertussis-Tetanus (DPT) vaccine for protection against diphtheria, pertussis, tetanus and Hepatitis B vaccine to protect the liver from acute and chronic disease, all doses of Oral Polio Vaccine (OPV) and full immunisation *vis-à-vis* the workload/target fixed by the GoI.

[17] Tuberculosis, Diphtheria, Pertussis, Tetanus, Poliomyelitis and Measles.
[18] Diphtheria, Pertussis, Tetanus, Polio, Measles, Rubella, severe form of Childhood Tuberculosis, Hepatitis B and Meningitis & Pneumonia.

Table 2.10: Status of immunisation among children (aged 0-12 months) under the Universal Immunisation Programme (UIP) during the period 2015-23
(Figures in lakh)

Year	Number of Children immunised with BCG		Number of children immunised with DPT3[19]		Number of children immunised against Hepatitis-B3[20]		Number of children immunised with OPV3		Number of children fully immunised	
	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement	Target	Achievement
2015-16	13.21	13.01	12.68	11.82	12.68	11.63	12.68	11.59	12.68	11.44
2016-17	13.21	12.62	12.68	11.79	12.68	11.62	12.68	11.68	12.68	11.63
2017-18	12.39	12.98	12.04	11.82	12.04	11.72	12.04	11.66	12.04	11.75
2018-19	12.37	12.17	12.02	11.62	12.02	11.55	12.02	11.39	12.02	11.57
2019-20	12.37	12.37	12.02	11.38	12.02	11.36	12.02	11.33	12.02	11.74
2020-21	13.67	12.09	13.29	11.26	13.29	11.26	13.29	11.21	13.29	12.12
2021-22	13.67	11.75	13.29	11.23	13.29	11.23	13.29	11.23	13.29	12.08
2022-23	13.67	13.01	13.29	12.27	13.29	12.27	13.29	12.21	13.29	12.45
Total	**104.56**	**100.00**	**101.31**	**93.19**	**101.31**	**92.64**	**101.31**	**92.30**	**101.31**	**94.78**

(Source: HMIS data and workload data)

As evident from **Table 2.10**, against a target of 101.31 lakh children aged up to one year, 94.78 lakh (94 *per cent*) were fully immunised under the UIP. The immunisation for BCG was 96 *per cent,* for DPT3 92 *per cent,* for Hepatitis B3 91 *per cent* and for OPV3 91 *per cent*.

The State Government attributed (October 2024), the shortfall in immunisation under the UIP was due to the migration of some population and assured to maintain the data of such children to ensure 100 *per cent* achievement of the immunisation programme.

2.5.2 Health Check-ups

As per the ICDS Mission Guidelines (2012), health check-ups under the ICDS would ensure healthcare services for children under six years of age. Various health services provided for children by Auxiliary Nurse Midwife (ANM) and the Primary Healthcare Centre (PHC) staff (including Medical Officer) would include regular health check-ups, recording of weight, immunisation, support to Community-based management[21] of malnutrition, treatment of diarrhoea, de-worming and distribution of iron and folic acid tablets and medicines for minor illnesses. In addition, National Rural Health Mission (NRHM) would provide doctors for health check-ups at the AWC level, preferably on a monthly basis or at least once a quarter.

[19] Achievement figures include those administered with DPT3 vaccine or Pentavalent vaccine, which is a combination of Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib vaccines.

[20] Achievement figures include those administered with Hepatitis B3 vaccine or Pentavalent vaccine, which is a combination of Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib vaccines.

[21] Community-based management components are: Community mobilisation and active case-finding, Outpatient care for Severe Acute Malnutrition (SAM) without complications, Inpatient care for SAM. The shift from hospital-based to integrated community-based approach for the treatment of SAM was possible due to the advent of Ready to Use Therapeutic Foods (RUTF) for dietary treatment at home.

2.5.2.1 Inadequate coverage for health check-ups of the children

Scrutiny of the data maintained by Management Information Systems (MIS)[22] revealed that during 2016-23, the health check-ups of 68.15 *per cent* of the estimated children in the age group (up to five years) were done in the State, as shown in **Table 2.11** below:

Table 2.11: Number of children provided health check-ups in the State during 2016-23

Year	Age group of children	Estimated total children in the age group as per the H&FW Department	Number of children screened by the ANM	Percentage of children screened (*vis-à-vis* the estimated population)
2016-17	0 to 5 years[23]	63,45,498	50,24,028	79.17
2017-18	0 to 5 years	61,07,089	57,85,046	94.73
2018-19	0 to 5 years	59,88,206	57,83,497	96.58
2019-20	0 to 5 years	81,64,067	38,36,287	46.99
2020-21	0 to 5 years	69,60,700	37,02,046	53.18
2021-22	0 to 5 years	55,22,396	25,37,611	45.95
2022-23	0 to 5 years	55,22,396	37,32,278	67.58
Total		**4,46,10,352**	**3,04,00,793**	**68.15**

(Source: Reports generated from the E Mamata [24] and the TECHO)

As shown in the table above, out of the 4.46 crore estimated number of children during 2016-23, only 3.04 crore (68 *per cent*) children were screened by health officials.

Further, during the period 2016-23, children only up to five years of age were screened by health officials, while the ICDS Scheme guidelines provide for health check-ups of all enrolled children up to six years of age. Under the ICDS Scheme, the enrolled population of children (5y-6y) stood at 3,63,599[25] in 2019-20 and 3,28,502[26] in 2020-21[27]. These children were left out of health check-up services, in contravention of the ICDS Scheme guidelines.

The State Government attributed (October 2024) the shortfall in health check-ups to some children not attending Mamta Diwas at AWCs and the registration of some children with private nurseries/kindergartens in urban areas. The Government also stated to have prepared a database for such children and to carry out health check-ups for all enrolled children up to the age of six years, as envisaged under the ICDS Scheme.

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22 The H&FW Department maintains two MIS systems, namely E-Mamta and Technology for Community Health Operations (TECHO).

23 From 2016-17 onwards, the H&FW Department has started maintaining the data only for the children aged up to five years.

24 Mother & Child' name based tracking Information management system (Health and Family Welfare Department, GoG)

25 As of February 2020 (Rapid Reporting System Report of WCDD of Gujarat).

26 As of January 2021 (Rapid Reporting System Report of WCDD of Gujarat).

27 Data pertaining to 2021-22 & 2022-23 is yet to be received from the Department

2.5.2.2 Under-registration of Pregnant Women (PW) and inadequate antenatal and postnatal services under the Scheme

The ICDS Mission Guidelines (2012) envisage that health check-ups under the ICDS would continue as health care for the antenatal period for pregnant mothers and the postnatal period for lactating mothers. Further, as per operational guidelines (Intensified National Iron Plus Initiative) and Pregnancy Care guidelines (2005) notified by the MoHFW, GoI, Antenatal Check-ups/Care (ANC) of all pregnant women should be carried out four times during their pregnancy. All pregnant women should be tested for haemoglobin four times for respective ANCs and provided with 180 Iron Folic Acid (IFA) tablets (one tablet per day up to six months) to treat deficiency of anaemia. Pregnant women having severe anaemia (HB < 7) must be treated. All women must be given a Postnatal Check-ups/Care (PNC) within 48 hours after delivery.

During the period 2015-23, a total of 108.31 lakh P&LMs were registered with the State Health Department for availing various health services, such as, ANC/PNC checkups, immunisation, IFA tablets, *etc.* Out of these 108.31 lakh beneficiaries, 61.66 lakh beneficiaries were also registered under the ICDS Scheme for the SN Programme at the AWC level. The status of health services provided to P&LMs during 2015-23 is shown in **Table 2.12** below:

Table 2.12: Status of health services provided to P&LMs during 2015-23

(Figures in lakh)

Year	Total Number of P&LMs registered		Percentage of registrations with ICDS *vis-à-vis* Health Department	Health services delivered to Pregnant Women (PW) by Health Department					PW detected with severe anaemia	Mothers provided a full course of 180 IFA tablets after delivery
	Health Department	ICDS		Registration within the first trimester (12 weeks)	Four or more ANC	1st and 2nd Tetanus Toxoid (TT) Immunisation	180 IFA tablets	PNC within 48 hours of delivery		
1	2	3	4	5	6	7	8	9	10	11
2015-16	14.06	8.41	59.82	10.54	11.42	N.A.[28]	13.59[29]	10.31	N.A.[30]	N.A.
2016-17	13.82	8.15	58.97	10.47	11.37	N.A.[31]	13.35	9.56	N.A.[32]	N.A.
2017-18	14.21	8.17	57.49	11.14	10.35	10.19	13.45	1.46	0.33	8.40
2018-19	13.50	8.13	60.22	11.29	11.47	9.48	12.86	0.15	0.64	8.61
2019-20	12.96	7.96	61.42	10.92	11.21	9.07	12.51	0.05	0.70	9.47
2020-21	12.75	7.19	56.39	11.04	10.61	8.63	12.18	0.04	0.55	10.69
2021-22	13.16	6.89	52.36	11.62	11.53	8.94	12.75	9.28	3.05[33]	10.06
2022-23	13.85	6.76	48.81	12.37	12.38	9.60	13.30	10.64	0.58	11.33
Total	**108.31**	**61.66**	**56.93**	**89.39**	**90.34**	**55.91**	**103.99**	**41.49**	**5.85**	**58.56**

(Source: HMIS data furnished by the Additional Director of H&FW, GoG)

As may be seen from the table above, the coverage of ANC/PNC checkups, immunisation, and administration of IFA tablets for P&LMs was notably

[28] Data was not available with the Health Department.
[29] 100 IFA tablets in 2015-16 and 2016-17.
[30] Data was not available with the Health Department.
[31] Data was not available with the Health Department.
[32] Data was not available with the Health Department.
[33] Audit has enquired into reasons behind the steep rise in the prevalence of anaemia among PW and the Department's response is awaited.

insufficient from 2015 to 2023 when compared to the total P&LMs registered with the Health Department (108.31 lakh). Moreover, only 57 *per cent* of these registered P&LM beneficiaries were enrolled in the ICDS Scheme for the SN Programme, leaving the remaining 43 *per cent* outside the purview of the ICDS Scheme. In addition to the health services from the Health Department, these 43 *per cent* of P&LM beneficiaries could have been provided enhanced nutritional benefits as well under the ICDS Scheme.

Additionally, one of the specific goals of the ICDS Mission was to reduce the prevalence of anaemia among Pregnant Women by 20 *per cent* during the 2012-17 period. Meanwhile, the NNM, 2017 aimed to annually decrease anaemia among women aged 15-49 years by three *per cent* from 2017 to 2020. Despite these intentions, the data in the table above indicates that the occurrence of anaemia among Pregnant Women more than double, increasing from 0.33 lakh in 2017-18 to 0.70 lakh in 2019-20 and still stood at 0.58 lakh in 2022-23.

The State Government stated (October 2024) that coverage of ANC, immunisation and PNC are being strengthened by way of improved monitoring and reviewing.

Recommendation 4: The State Government may ensure better integration of target groups i.e. P&LMs, Adolescent Girls and Children with the Health Department to provide essential services of ICDS Scheme.

2.5.2.3 Birthweight of Newborns and death rate among Infants and Children

The ICDS Mission Guidelines (2012) envisage that the Mission will contribute to the accelerated reduction in maternal and young child under-nutrition and related mortality and enhance early childhood development and learning outcomes, in a nurturing and protective environment for the young child. Further, the guidelines envisage that all children including newborns, should be weighed. According to the United Nations International Children's Emergency Fund (UNICEF), the prevalence of low birth weight amongst newborns not only increases their mortality but also impacts their physiological and psychological growth.

The status of weight and death status of newborn children for the period 2017-23 in the State is as shown in **Table 2.13** below:

Table 2.13: The details of weight at birth and deaths of the children in the State during the period 2017-23

Year	Total live births	Number of newborns weighed at birth	Newborns weighing less than 2.5 kg	Infant deaths within 24 hours of birth	Infant deaths within one year (after 24 hrs-12 months) of birth	Child deaths (one to five years)	Total infant and child deaths	Percentage of newborns weighed *vis-à-vis* total live births (Col. 3/ Col. 2)	Percentage of weighing less than 2.5 kg *vis-à-vis* total weighed (Col. 4/ Col. 3)
1	2	3	4	5	6	7	8	9	10
2017-18	12,56,711	11,78,195	1,45,302	5,064	18,166	2,605	25,835	93.75	12.33
2018-19	11,37,636	10,93,384	1,39,542	3,780	15,401	2,331	21,512	96.11	12.76
2019-20	11,48,115	11,13,404	1,43,543	2,926	15,668	2,148	20,742	96.98	12.89
2020-21	11,09,588	10,75,256	1,31,009	2,324	11,866	1,481	15,671	96.91	12.18
2021-22	10,90,942	10,51,478	1,21,002	2,024	10,660	1,363	14,047	96.38	11.51
2022-23	11,60,658	11,39,050	1,32,498	2,113	11,777	1,953	15,843	98.14	11.63
Total	**69,03,650**	**66,50,767**	**8,12,896**	**18,231**	**83,538**	**11,881**	**1,13,650**	**96.34**	**12.22**

(Source: HMIS data provided by the Health Department)

Inadequate diets deficient in essential nutrients during pregnancy can lead to various health complications for mothers including anaemia, pre-eclampsia, hemorrhage and even mortality. Furthermore, such diets can contribute to adverse outcomes for infants such as stillbirth, low birthweight, malnutrition and developmental delays.

The information presented in the table above shows the department is yet to achieve the target of reducing the proportion of low birth-weight newborns by two *per cent* per annum as per the National Nutrition Mission (NNM) guidelines, 2017. The percentage of newborns weighing less than 2.5 kg, increased from 12.33 *per cent* in 2017-18 to 12.89 *per cent* in 2019-20, thereafter, an improvement was noticed in 2022-23, as it was 11.63 *per cent*. Further, 3.66 *per cent* of newborns were not weighed at birth, making it difficult to identify and treat low-birth weight newborns. Department may continue to make efforts to improve the proporation of low birth-weight by filling the gap of 43 *per cent* P&LM beneficiaries left out from the ICDS Scheme as mentioned in the **Paragraph 2.5.2.2**.

The number of infants' and children's deaths decreased from 25,835 (2.06 *per cent*) in 2017-18 to 15,843 (1.37 *per cent*) in 2022-23.

The State Government attributed (October 2024) the increase in the ratio of low-birth-weight newborns as well as infants' and children's deaths to the implementation of compulsory real-time, precise reporting and monitoring of birthweight of newborns. It was also stated that steps would be taken to reduce infant and child mortality ratios.

2.5.3 Referral Services

Acute malnutrition or wasting is a failure to gain weight or actual weight loss caused by inadequate food intake, incorrect feeding practices, infections or a combination of these. Considered both a medical and social disorder, Severe

Acute Malnutrition (SAM) is defined by very low weight for height, mid-upper arm circumference[34] or by the presence of nutritional oedema[35].

The case fatality rate of SAM children with complications can be reduced through specialised treatment and prevention interventions at Nutritional Rehabilitation Centers (NRCs)/Child Malnutrition Treatment Centers (CMTCs).

As per the National Family Health Survey 5 (NFHS 5) data, released in December 2020, 39 *per cent* of the children in the State are stunted *(vis-à-vis* the national average of 35.50 *per cent*), 25.10 *per cent* are wasted (*vis-à-vis* the national average of 19.30 *per cent*), 10.60 *per cent* are severely wasted (*vis-à-vis* the national average of 7.70 *per cent*) and 39.70 *per cent* are under-weight (*vis-à-vis* the national average of 32.10 *per cent*). In this scenario, the referral of the SAM children to NRCs and CMTCs of the State and their subsequent rehabilitation becomes a key driver to reduce the pervasive malnutrition in the State.

2.5.3.1 Inadequate post-discharge follow-ups of the children rehabilitated in NRCs/CMTCs

Table 2.14 below exhibits the details of the number of SAM children identified in the State, admitted in the NRCs/CMTCs and follow-up visits conducted post discharge during 2016-23.

Table 2.14: SAM children identified and admitted to CMTCs/NRCs and improvement in nutritional status of SAM children rehabilitated

Year	Total identified SAM children	Children admitted at CMTC/ NRC	Number of SAM children who were given three follow-up visits
2016-17	48,022	23,172	13,131
2017-18	29,754	26,355	15,970
2018-19	34,653	30,538	18,880
2019-20	1,76,806	31,354	15,307
2020-21	1,82,894	12,260	5,606
2021-22	1,88,225	16,024	10,383
2022-23	2,21,921	23,661	14,691
Total	**8,82,275**	**1,63,364**	**93,968**

(Source: E Mamata and TECHO+ data)

The data in the above table reveals that during the period 2016-23, of the 8.82 lakh SAM children identified, 1.63 lakh (19 *per cent*) children were provided admission to the NRCs/CMTCs in the State. Audit observed that only 93,968 (58 *per cent*) children were given three follow-up visits by health officials post their discharge from CMTCs/NRCs.

[34] Less than 115 mm.
[35] Nutritional oedema is a form of swelling caused by insufficient protein intake.

In its reply, the State Government stated (October 2024) that post-rehabilitation, children are paid follow-up visits (every 15 days for up to 60 days post-discharge) by field functionaries and brought for physical checkups for monitoring of improvement in their weight and health status.

The reply is to be viewed against the fact that of 1.63 lakh children admitted for rehabilitation in CMTCs/NRCs, no follow-up visits were made in respect of 51,919[36] (32 *per cent*) admitted SAM children. In the absence of adequate follow-up visits, the reply of the Department cannot be justified.

2.5.3.2 Non-operational Child Malnourishment Treatment Centres (CMTCs)

In the year 2016-17, the State had 29 NRCs and 288 CMTCs. All of the 29 NRCs were operated by the GoI, while 110 CMTCs were operated by the GoI and 178 CMTCs by the GoG.

Audit observed that as of March 2023, all 29 NRCs operated by the GoI were operational, while of the 110 GoI-operated CMTCs, 107 were operational and 115 of the 178 CMTCs operated by the GoG were functional. Further, in seven[37] districts, no NRCs had been established to ensure tertiary-level institutional care and treatment of severely malnourished children within the district.

Notably, against 288 operational CMTCs (the GoI and GoG) in 2016-17, the number of operational CMTCs were reduced to 222 in 2022-23.

The State Government attributed (October 2024) the reduction in functional CMTCs was due to low Bed Occupancy Rate (BOR), construction/renovation of CMTCs and some human resource related issues.

However, the reply is to be viewed against the fact that during 2017-18 to 2022-23, the number of SAM children identified shows increasing trend **(Table 2.14)**.

[36] Total Children admitted at CMTCs/NRCs (1,63,364) minus (-) Total Children received at least one follow up visit during 2016-23 (1,11,445) = 51,919.

[37] Aravalli, Botad, Devbhumi Dwarka, Gir Somnath, Mahisagar, Morbi and Porbandar.