

**INTEGRATED CHILD DEVELOPMENT
SERVICES (ICDS) SCHEME**

**MINISTRY OF WOMEN & CHILD
DEVELOPMENT**

**PUBLIC ACCOUNTS COMMITTEE
(2014-15)**

FOURTEENTH REPORT

SIXTEENTH LOK SABHA



**LOK SABHA SECRETARIAT
NEW DELHI**

PAC NO. 2045

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DEVELOPMENT**



Presented to Lok Sabha on: 27.04.2015

Laid in Rajya Sabha on: 28.04.2015

LOK SABHA SECRETARIAT
NEW DELHI
April, 2015/ Vaisakha 1937 (Saka)

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COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(2014-15)

Prof. K.V. Thomas

Chairperson

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- 10*. Shri Dushyant Singh
11. Shri Janardan Singh Sigriwal
- 12†. Shri Shiv Kumar Udasi
13. Dr. Kirit Somaiya
14. Shri Anurag Thakur
- 15‡. Dr. P. Venugopal

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16. Shri Satyavrat Chaturvedi
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20. Shri Shantaram Naik
21. Shri Sukhendu Sekhar Roy
22. Shri Ramchandra Prasad Singh

SECRETARIAT

1. Shri A.K. Singh - Joint Secretary
2. Smt. Anita B. Panda - Director
3. Smt. Bharti S. Tuteja - Deputy Secretary

* Elected w.e.f. 3rd December, 2014 *vice* Shri Rajiv Pratap Rudy who has been appointed as Minister w.e.f. 9th November, 2014.

† Elected w.e.f. 3rd December, 2014 *vice* Shri Jayant Sinha who has been appointed as Minister w.e.f. 9th November, 2014.

‡ Elected w.e.f. 3rd December, 2014 *vice* Dr. M. Thambidurai who has been chosen as Hon'ble Deputy Speaker, Lok Sabha and has since resigned from the membership of the Committee.

COMPOSITION OF THE PUBLIC ACCOUNTS COMMITTEE
(2013-14)

Dr. Murli Manohar Joshi

Chairman

MEMBERS

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17. Shri Prakash Javadekar
- † 18. Shri Ashwani Kumar
19. Shri Satish Chandra Misra
- ‡ 20. Dr. V. Maitreyan
21. Shri N.K. Singh
22. Smt. Ambika Soni

* Elected w.e.f. 14th August, 2013 vice Dr. Girija Vyas appointed as Minister of Housing, Urban Development & Poverty Alleviation w.e.f. 17th June, 2013.

† Elected w.e.f. 3rd September, 2013 vice Dr. V. Maitreyan ceased to be a Member upon his retirement as a Member of Rajya Sabha w.e.f. 24th July, 2013.

‡ Elected w.e.f. 3rd September, 2013 vice Dr. E.M. Sudarsana Natchiappan appointed as Minister of State for Commerce and Industry w.e.f. 17th June, 2013.

INTRODUCTION

I, the Chairman, Public Accounts Committee (2014-15), having been authorised by the Committee, do present this Fourteenth Report (Sixteenth Lok Sabha) on 'Integrated Child Development Services(ICDS) Scheme ' based on C&AG Report No. 22 of 2012-13, Union Government (Civil) relating to the Ministry of Women and Child Development.

2. The Report of the Comptroller and Auditor General of India was laid on the Table of the House on 5th March, 2013.

3. The Public Accounts Committee (2013-14) selected the subject for detailed examination and report. The Committee took evidence of the representatives of the Ministry of Women and Child Development on the subject at their sittings held on 24th September, 2013. As the examination of the subject could not be completed, the Public Accounts Committee (2014-15) re-selected the subject for examination and took further evidence on 8th October, 2014. The Committee considered and adopted this Report at their sitting held on 27th March, 2015. Minutes of the Sittings form Appendices to the Report.

4. For facility of reference and convenience, the Observations and Recommendations of the Committee have been printed in thick type and form Part II of the Report.

5. The Committee thank their predecessor Committees for the valuable work done by them.

6. The Committee would like to express their thanks to the representatives of the Ministry of Women and Child Development for tendering evidence before them and furnishing the requisite information to the Committee in connection with the examination of the subject.

7. The Committee place on record their appreciation of the assistance rendered to them in the matter by the Office of the Comptroller and Auditor General of India.

NEW DELHI;
22 April, 2015
2 Vaisakha 1937 (Saka)

PROF. K.V.THOMAS
Chairperson,
Public Accounts Committee.

REPORT PART-I

INTEGRATED CHILD DEVELOPMENT SERVICES [ICDS] SCHEME

Prosperity of a nation depends upon the health and happiness of its children and the care they receive from family and society to grow up as good human beings and citizens. The National Policy for Children (1974) laid down that the State should provide adequate services to children before and after birth and during the period of growth to ensure their full physical, mental and social development. This was in response to a shift in focus from 'Child Welfare' to 'Child Development' during the Fifth Five Year Plan (1974-79) with emphasis on integration and coordination of a multitude of inter-related services within the ambit of a broad-based objective. In pursuance of this policy, Integrated Child Development Services (ICDS) Scheme was launched on 2 October, 1975 by the Government of India as a centrally sponsored scheme of the Ministry of Women & Child Development (earlier a department under Ministry of Human Resource Development). It is one of the world's largest programmes for Early Childhood Care and Education and represents country's commitment to its children and nursing mothers, its response to the challenge of providing Pre-school non-formal Education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The ICDS is a Self selecting scheme and is open to all children below six years of age for their holistic development and Pregnant and Lactating (P&L) Mothers, irrespective of their economic status. The broad objectives of the scheme are:

- to improve the nutritional and health status of children in the age-group 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;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The Scheme provides a package of six services viz. supplementary nutrition, immunization, referral services, health check-up, pre-school non-formal education and health and nutrition education.

Three out of above six services namely, supplementary nutrition, pre-school education and nutrition and health education are delivered in an integrated manner by the Anganwadi Centres (AWCs) at the village level, each of which is run by an Anganwadi worker and a helper.

Other three services namely Immunization, Health Check-up and Referral Services are delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

2. Audit Report on ICDS (No. 3 of 2000 (Civil) had revealed that the policy of universalization of ICDS Scheme remained unattained and the Scheme could not achieve the desired goals. Hence, C&AG decided to conduct a follow-up audit to assess:

- a) the status of the ICDS Scheme;
- b) whether the issues highlighted in the previous report had been appropriately addressed;
- c) the implementation of new interventions in the wake of the Supreme Court orders.

3. In this backdrop, C&AG conducted a Performance Audit which covered test check of 2730 Anganwadi Centres(AWCs) from 273 project offices of 67 districts from 13 States (Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Madhya Pradesh Meghalaya, Orissa, Rajasthan, Uttar Pradesh and West Bengal) for the period 2006-7 to 2010-11 on three services, viz. supplementary nutrition, pre-school education and nutrition and health education under the Scheme. It involved scrutiny of records of the five programme divisions in the MINISTRY, Food and Nutrition Board (FNB), National Institute of Public Cooperation and Child Development (NIPCCD) and the implementing agencies in the 13 selected States. The States were selected on the basis of their population, funds released to them during the period of audit and nutrition indicators as mentioned in the National Family Health Survey-3, 2005.

The major findings of the Audit as contained in Audit Report No.22 of 2012-13 are:

- (i) To universalize the ICDS, Hon'ble Supreme Court had directed the Central and State Governments to operationalise 14 lakh AWCs by December, 2008. The Ministry sanctioned 13.71 lakh AWCs and could operationalise 13.17 lakh. This left a shortfall of 0.54 lakh. Similarly, out of 7075 sanctioned ICDS projects, 7005 projects were operationalised.
- (ii) Sixty one per cent of the test checked AWCs did not have their own buildings and 25 per cent were functioning from semi-pucca/kachcha buildings or open/ partially covered space. Separate space for cooking, storing food items and indoor and outdoor activities for children was not available in 40 to 65 per cent of the test checked AWCs.
- (iii) Poor hygiene and sanitation were noticed in the AWCs due to the absence of toilets in 52 per cent of the test checked AWCs and non-availability of drinking water facility for 32 per cent of the test checked AWCs.

- (iv) Functional weighing machines for babies and adults were not available in 26 and 58 *per cent*, respectively, of the test-checked AWCs. The essential utensils required for providing supplementary nutrition to the beneficiaries were also not available in several test-checked AWCs.
- (v) Medicine kits were not available in 33 to 49 *per cent* of the test checked AWCs due to failure of the State Governments in spending the funds released to them by the Centre.
- (vi) Fifty three *per cent* of the test checked AWCs did not receive annual flexi fund of ₹ 1,000 from the State Governments during the period 2009-11.
- (vii) There were shortages of staff and key functionaries at all levels.
- (viii) The shortfall under various categories of training ranged from 19 to 58 *per cent* of the targets fixed under the State Training Action Plan (STRAP).
- (ix) The shortfall in expenditure on Supplementary Nutrition (SN) ranged between 15 *per cent* and 36 *per cent* of the requirements during the period 2006-11. The average daily expenditure per beneficiary on SN was ₹ 1.52 to ₹ 2.01 against the norm of ₹ 2.06 during 2006-09 and ₹ 3.08 to ₹ 3.64 against the norm of ₹ 4.21 during 2009-11.
- (x) Thirty three to 47 *per cent* children were not weighed for monitoring their growth during 2006-07 to 2010-11. The data on nutritional status of children had several discrepancies and were not based on World Health Organisation's growth standards.
- (xi) There was a gap of 33 to 45 *per cent* between the number of eligible beneficiaries identified and those receiving the SN during 2006-07 to 2010-11.
- (xii) The Wheat Based Nutrition Programme suffered from lack of proper coordination among the Ministry of Women and Child Development, the Department of Food and Public Distribution and the State Governments. The Ministry could allocate 78 *per cent* of food grains demanded by the States. The actual off-take by the States was merely 66 *per cent* of total demand placed by them.
- (xiii) Pre-School Education (PSE) kits were not available at 41 to 51 *per cent* of the test-checked AWCs during the period 2006-11.
- (xiv) In six of the test-checked States (Bihar, Haryana, Jharkhand, Madhya Pradesh, Uttar Pradesh, and West Bengal) data on beneficiaries of PSE who joined mainstream education were not available. In five States (Andhra Pradesh, Chhattisgarh, Odisha, Rajasthan and Karnataka) shortfall in the number of children who actually joined the formal education during 2006-11 ranged between seven and 30 *per cent*.
- (xv) Shortfall of 40 to 100 *per cent* was noted on the expenditure against the funds released for Information, Education and Communication (IEC) in many States.

- (xvi) Against the total release of ₹ 1753 crore to 13 States during 2008-09 and 15 States during 2009-11 for meeting the expenditure on salary of ICDS functionaries, the actual expenditure was ₹ 2853 crore indicating unrealistic budgeting and consequent diversion of funds from other critical components of the scheme.
- (xvii) The Central Monitoring Unit (CMU) under the ICDS Scheme failed to efficiently carry out assigned tasks, which included concurrent evaluation of the Scheme, monitoring through the progress reports received from the States.
- (xviii) Impact assessment of the services under the SN and the PSE based on outcome indicators, such as nutritional status of the children, was not being done.
- (xix) The follow-up action on internal monitoring and evaluation by the Ministry was not adequate and resulted in recurrence of shortcomings and lapses in the Scheme implementation.

4. **Convergence:** For better governance in the delivery of the Scheme, convergence is inbuilt in the Scheme which provides a platform in the form of Anganwadi Centres (AWCs) for providing all services under the Scheme. The Ministry of Women and Child Development and the Ministry of Health and Family Welfare jointly instructed in November, 2005 and January, 2006 to all the States/UTs to ensure convergence of services under the ICDS Scheme and the National Rural Health Mission (NRHM).

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Anganwadi Worker (AWW) and Anganwadi Helper (AWH)
Immunization	Children below 6 years: Pregnant & Lactating Mother (P&LM)	Auxiliary Nursing Midwifery (ANM)/ Medical Officer (MO)
Health Check-up*	Children below 6 years: Pregnant & Lactating Mother (P&LM)	ANM/MO/AWW
Referral Services	Children below 6 years: Pregnant & Lactating Mother (P&LM)	AWW/ANM/MO
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO

5. The Ministry of Women and Child Development is facilitated in the implementation of this programme by a Food and Nutrition Board [FNB] and the National Institute of Public Cooperation and Child Development [NIPCCD]. FNB imparts education and

* AWW assists ANM in identifying the target group.

training in nutrition, promotes advocacy and works towards generating awareness through various programmes including use of electronic and print media.

Funding pattern: The ICDS Scheme is a Centrally Sponsored Scheme and the Government releases Grant-in-Aid to the States/UTs on a cost sharing ratio of 90:10 for all components including Supplementary Nutrition Programme [SNP] for North East and 50:50 for SNP and 90:10 for all other components for all States other than North East. However, under the Strengthened and Restructured ICDS, all the new components are on 75:25 ratio in respect of States other than NER.

The international agencies like United Nations Children's Fund (UNICEF), Swedish International Development Agency (SIDA), Co-operative Assistance and Relief Everywhere (CARE), World Food Programme (WFP) and World Bank have also supported the scheme. Three World Bank assisted ICDS projects were implemented in tribal and socio-economically backward blocks during the period 1991-2006.

Budgetary Allocation: There has been significant increase in Budgetary allocation for ICDS Scheme from ₹ 44,400 crore for the XI Plan period to ₹1,23,580 crore for the XII Plan period. However, the allocation for ICDS as per Planning Commission GBS in XII Plan is ₹ 1,03,003 Crores leaving a gap of ₹ 20,577 Crore.

Organizational set-up: ICDS Scheme is a centrally sponsored programme. The nodal Ministry in the GOI is the Ministry of Women and Child Development. A chart depicting role and responsibilities of various authorities at the Central, State and field levels in planning, funding, executing and monitoring the Scheme is given in the Annexure-I.

Coverage & Beneficiaries: The Scheme of ICDS was launched in 1975 with 33 Projects and 4891 Anganwadi Centres (AWCs) and was gradually expanded to 5652 Projects and 6 lakh sanctioned AWCs in the country, by the end of IX Plan. The Scheme has been expanded in three phases in the years 2005-06, 2007-08 and 2008-09. The scheme today operates through a network of 7067 fully operational Projects and 13.42 lakh AWCs as on March, 2014. The services are currently being provided to 1045.08 lakh beneficiaries of which 849.40 lakh are children under six and 195.68 lakh are P&L Mothers. 370.70 lakh children of 3-6 years are provided pre-school education of which 188.19 lakh are boys and 182.51 lakh are girls.

Strengthening & Restructuring of ICDS Programme: Government has approved Strengthening and Restructuring of ICDS Scheme in September 2012 with an over-all budget allocation of ₹ 1,23,580 crore during 12th Five Year Plan. Restructured and

Strengthened ICDS has been rolled out during the year 2012-13 to 2014-15 in a phased manner.

6. The key features of Strengthened and Restructured ICDS inter-alia include addressing the gaps and challenges with (a) special focus on children under 3 years and pregnant and lactating mothers (b) strengthening and repackaging of services including, care and nutrition counseling services and care of severely underweight children (c) a provision for an additional Anganwadi Worker cum Nutrition Counselor for focus on children under 3 years of age and to improve the family contact, care and nutrition counseling for P&L Mothers in the-selected 200 high-burden districts across the country, besides having provision of link worker, 5% crèche cum Anganwadi centre (d) focus on Early Childhood Care and Education (ECCE) (e) forging strong institutional and programmatic convergence particularly, at the district, block and village levels (f) models providing flexibility at local levels for community participation (g) introduction of APIP (h) improving Supplementary Nutrition Programme including cost revision, (i) provision for construction and improvement of buildings of Anganwadi centres (j) allocating adequate financial resources for other components including Monitoring and Management and Information System(MIS), Training and use of Information and communication technology (ICT), (k) to put ICDS in a mission mode etc. and (l) revision of financial norms etc.

7. The goals/targets fixed for strengthened and restructured ICDS Scheme are as under:

- (i) Prevent and reduce young child under nutrition by 10% points in 0-3 years.
- (ii) Enhance early development and learning outcomes in all children below six years of age;
- (iii) Improved care and nutrition of girls and women and reduce anaemia prevalence in young children, girls and women by 1/5th.

8. **National Plan of Action for Children (NPAC):** As per Audit "The NPAC was formulated by the Department of Women and Child Development in 2005 to ensure all rights to all children up to the age of 18 years. It sets certain goals on universalisation of early childhood services to ensure children's physical, social, emotional and cognitive development and objectives to achieve them.

9. The primary responsibility for implementation of the National Plan of Action for Children (NPAC) rests with the Central, State and local Governments. The Ministry was

to coordinate with implementing Departments and State Governments and publish annual reports on its implementation and the status of India's children.

10. The Ministry stated (June 2012) that it had written letters to Ministries/Departments and State Governments seeking information on the progress made under the provisions of the NPAC, 2005. So far 12 Ministries/Departments and one State Government (Meghalaya) have sent information. No reports were stated to be published by the Ministry on the status of NPAC, 2005.

11. When the Ministry was asked as to why no Reports have been published by the Ministry on the status of National Action Plan for Children 2005, whereas, it was envisaged that Annual Reports would be published regularly and how in absence of the Annual Reports the universalization goals are being monitored by them, the Ministry replied as follows:

"It is a fact that no Annual Reports were published on the Status of National Plan of Action for Children 2005. However, the key areas identified in the National Plan of Action for Children, 2005 related to different Ministries and the monitoring of these activities was being done by the respective line Ministries/Departments and also by the State Governments concerned.

It is further added that this Ministry has notified a new National Policy for Children, 2013 on 26th April, 2013. In pursuance of this, the Ministry has developed a draft National Plan of Action for Children (NPAC) for a period of five years. The Plan of Action has been drafted keeping in view the existing schemes/programmes of various Ministries, which have provision of budget allocations. The purpose is to identify and monitor the progress made so far on the issues related to children across Ministries and sectors.

The draft NPAC has been circulated to all the key Ministries/Departments working for children, institutions such as NCPDR, NIPCCD, NCW, etc. and all the State Governments and UT Administrations inviting comments and suggestions thereon."

12. **Universalization of Scheme:** As per the C&AG, the Ministry decided (1995) to universalise the Scheme by covering all the 5239 Community Development blocks and 684 identified major urban slums in the country by the end of the Eighth Plan (1992-1997). In their previous Audit Report (2000), the C&AG had pointed out that universalisation plan was contemplated without carrying out systematic assessment of infrastructural requirements. Only 4200 projects were made operational. The Hon'ble Supreme Court, vide its interim orders dated 28 November 2001, 29 April 2004, 07 October 2004 and 13 December 2006, had directed the GOI to universalise the coverage of ICDS Scheme. The universalisation involved extending all services offered under the Scheme to every child under the age of six and all pregnant and lactating mothers. The

Supreme Court directed the GOI in April 2004 to state the period within which number of AWCs would be increased so as to cover 14 lakh habitations. In December 2006, the Court directed the Government to sanction and operationalise a minimum of 14 lakh AWCs by December 2008 in a phased and even manner. The Supreme Court order dated 13 December 2006 stipulated, *inter alia*, that rural communities and slum dwellers should be entitled to an Anganwadi on demand, not later than three months from the date of demand in cases where a settlement has at least 40 children under six but no Anganwadi. The GOI, during third phase of expansion of ICDS Scheme (October 2008), approved 20,000 additional Anganwadis on Demand (AOD). The Ministry directed the States (May 2009) to submit the proposal relating to opening up of AOD within 45 days from the date of demand after observing all formalities.

13. Audit however, noted that only 2,030 AODs were sanctioned to six States by the Ministry in 2011-12. The Ministry attributed the reasons for delay in sanction of AODs to the failure of State Governments to send their proposals for the same in prescribed format. The State Governments mixed the proposals for AODs with the proposals for setting up new AWCs under third phase of expansion.

14. In Odisha, 4,427 applications for AODs were received from the District Programme Officers (DPOs) on the recommendation of Child Development Project Officers (CDPOs) during the year 2010-11. However, the State Government sent proposals for 3,859 AODs to Central Government with a delay ranging between 90 to 570 days. The delay was attributable to the delay in convening the meeting of Block Level Coordination Committee as per the convenience of the Members of Legislative Assembly (MLAs) and representatives of Panchayati Raj Institutions (PRIs) who are the members of the said Committee which is chaired by the Sub-Collector.

15. The Hon'ble Supreme Court, in November 2001, directed the Central Government and the State Governments that ICDS Scheme be implemented in full and a disbursement centre (AWC) established in every human settlement.

16. Further, The Supreme Court order dated 13 December 2006 stipulated, *inter alia*, identification of SC and ST hamlets/habitations for opening of new Anganwadi Centres (AWCs) on a priority basis.

17. The Ministry, in turn, issued sanctions for opening of additional AWCs to States/UTs with the conditions that (a) villages pre-dominantly inhabited by population

belonging to SC/ST and minority community should be given priority and (b) within a village also location of an AWC, as far as feasible should be the areas inhabited by population from SC/ST and minority community. The State Governments were to certify that all SC, ST, OBC and minority community habitations had been saturated.

18. The data regarding coverage of all habitations predominantly inhabited by SC, ST, OBC and minority communities in remaining States/UTs was not available with the Ministry.

19. The Ministry was not in a position to give assurance that the order of the Court in this regard had been fully complied with and all the predominantly SC/ST/other weaker section habitations were covered under ICDS scheme.

20. The Ministry stated (November 2012) that the progress in sanction and operationalisation of ICDS Projects/AWCs was slow in the initial stages. The ICDS Projects/AWCs were sanctioned to the States/UTs by the Ministry on need basis and the proposals received from them. Their operationalisation took time due to administrative issues, court cases and financial processes involved. Against 7075 sanctioned projects and 13.71 lakh AWCs 7005 Projects and 13.17 lakh AWCs were operational as on June 2012.

21. On being asked whether any target date has been fixed for achieving the objective of the universalization of the scheme, the Ministry stated:

"In order to universalize the ICDS Scheme, the Ministry is monitoring the operationalization of AWCs. As on 31.3.2014, there were 13.42 lakh operational AWCs. The Ministry is targeting to operationalize 13,000 more AWCs thereby reaching a total of 13.55 lakhs operational AWCs by 31.3.2015."

22. When asked that whether any timelines had been fixed for establishing AWCs so as to cover 7005 projects and 14 lakh habitations, as directed by the Hon'ble Supreme Court, the Ministry replied:

"In order to universalize the ICDS Scheme, the Ministry is monitoring the operationalization of AWCs and is targeting to operationalize 13,000 more AWCs thereby reaching a total of 13.55 operational AWCs by 31.3.2015. Ministry has been reviewing the status of operationalisation from time to time and requesting the States/UTs to operationalize all the sanctioned projects and AWCs. As a result of these efforts, 7067 projects (99.99%) and 13.42 lakh AWCs (97.6%) have been operationalised as on 31.3.2014."

23. The Ministry, on being asked whether any survey has been conducted recently to ensure that all habitations, especially those inhabited by SC/ST/OBC/Minority community population have been covered under the Scheme, stated that it has asked all States/UTs to ensure that all habitations, especially those inhabited by SC/ST/OBC/Minority community population have been covered under the Scheme. No Survey has, however, been conducted by it in this regard.

24. **Reconciliation of Figures:** The Ministry maintains data of sanctioned and operational projects and AWCs on the basis of sanctions issued to all the States/UTs and periodical progress reports received from them. The States/UTs are also required to furnish quarterly/annual Statement of Expenditure (SoE) giving inter alia the details of sanctioned and operational AWCs.

25. The number of projects/AWCs sanctioned by the Ministry was verified by Audit against the number of sanctioned projects/AWCs reported by the State Governments in their SoEs. Audit noted that there was no system of reconciliation of data between the Ministry and the State/UT Governments in respect of sanctioned and operational Projects/AWCs. This was significant because the number of operational projects/AWCs formed the basis of financial support to the States under the scheme.

26. The Ministry stated in their reply dated July 2012 that compilation of data on operational projects and AWCs by the States/UTs was a time consuming process. Most of the States/UTs submitted these reports to the Ministry with a delay resulting in mismatch in figures shown by it. These figures indicated the last reported figures while preparing the consolidated report at the national level.

27. In their latest reply dated 2014 the Ministry stated as under:

"As already informed to the Audit, the data given in the monthly report of the monitoring unit of the Ministry is for a particular month of report whereas the data reported by the State in the SOE/ utilization certificate is the average of a quarter. Therefore the two sets of data are incomparable."

28. **Coordination Committees:** Audit observed that the convergence among various departments and programmes for the delivery of ICDS requires constitution of coordination committees at the Central, State, District, Block and Village levels to review the progress of the ICDS Scheme. Under State Level Coordination Committee (SLCC), joint meeting of State Nodal department with National rural Health mission (NRHM)

functionaries was required to be held in every quarter to discuss about different health aspects of ICDS and to gather inputs on immunization and other health concerns of the ICDS from the State on regular basis. The inter-departmental convergence required for coordinated policy of integrated delivery of multiplicity of ICDS Scheme was not effective. Further, the objective of the ICDS Scheme to achieve effective coordination of policy and implementation amongst the various departments to promote child development remained unaccomplished for want of effective inter-sectoral convergence.

29. The Ministry in its reply stated:

"For monitoring of ICDS, MWCD issued guidelines on 31.3.2011 (Annexure II) to constitute Monitoring & Review Committee at different levels viz. State, District, Block and Anganwadi. As per these guidelines, Secretaries of line Ministries namely Planning, Finance, Health & Family Welfare, Rural Development, Panchayati Raj Institution, Drinking Water Supply & Sanitation, Education, Agriculture/Horticulture, Food are members of State Level Monitoring and Review Committee. State Level Committee is required to Monitor and review the convergence with line Departments/ Programme like a) Health/NRHM: Status of full immunization at AWCs, provision of antenatal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, de-worming tablet) to AWCs; Functioning of VHND, VHSC and promotion of IYCF, b) Water & Sanitation: Provision of potable water and sanitation facility at AWCs through convergence with Total Sanitation Campaign and Rajiv Gandhi National Drinking Water Mission or any other schemes of State Govt; c) SarvaSikshaAbhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc. d) PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs etc. Similarly, Committee at District, Block and Anganwadi Level suggest/take appropriate corrective actions including coordination and convergence with the departments/ programmes.

ICDS Scheme provides a package of six services viz. Supplementary Nutrition, Pre-school non-formal education, Nutrition & Health education, Immunization, Health check-up and Referral services. Three of the six services viz., immunization, health check-up and referral services, are related to health and are provided by Public Health Infrastructure. Inter-sectoral convergence is therefore inbuilt and integral to the ICDS Scheme. The target groups for these services are children below 6 years and pregnant and lactating mothers.

National Rural Health Mission (NRHM), the Reproductive and Child Health Programme Phase-II, comprehensively integrate interventions that improve child health and address factors contributing to morbidity and mortality. Some of these include Infant and Young Child Feeding, Immunization against six vaccine preventable diseases, vitamin A and iron & folic acid supplementation, setting up of Nutritional Rehabilitation Centres to address severe and acute malnutrition etc. These programmes under NRHM are

implemented in convergence with ICDS. This convergence gets effectuated through the grass-root functionaries i.e. AWW under ICDS and ANM and ASHA under Ministry of Health & Family Welfare at the AWC."

30. **Infrastructure:** An Anganwadi Centre (AWC) is the focal point for delivery of ICDS services accommodating up to 40 children during day-time. In order to discharge the functions effectively, the AWCs require basic infrastructure. As per the norms for construction of AWC building prescribed by the Ministry (2011), an AWC must have a separate sitting room for children/women, separate kitchen, store for storing food items, child friendly toilets, separate space for children to play (indoor and outdoor activities) and safe drinking water facilities.

31. Audit noted that out of 2701 test-checked AWCs, 1043 AWCs were operating from dedicated ICDS buildings. Further, 792 AWCs were running from rented premises, while the remaining 866 AWCs were running neither in ICDS buildings nor in rented premises, but at other places/sites.

32. As per the Scheme guidelines, the AWCs are required to provide hot cooked foods under supplementary nutrition (SN). In addition to the SN, the AWCs are also required to provide pre-school education to children between the age-group of three to six years.

33. As per the norms for construction of an AWC building prescribed by the Ministry (2011), an AWC must have a separate sitting room for children/women, separate kitchen, store for storing food items and separate space for children to play (indoor and outdoor activities). Besides, the State Governments are allowed to spend ₹ 5,000 for each AWC for providing the basic and necessary equipment and furniture.

34. During 2006-11, construction of 68,272 AWCs was taken up in seven audited States, out of which construction of 39,606 AWC buildings (58.01 per cent) was completed. The work in respect of remaining AWC buildings was either in-progress or was yet to commence even after a lapse of one to five years of their sanction.

35. The hygiene of AWCs is paramount in view of the fact that beneficiaries were required to stay at AWCs for considerable time during the day. As per the Ministry's instructions (2011), child friendly toilet and drinking water facility were the basic minimum requirements for the effective functioning of an AWC.

36. Audit, however, noted that a large number of AWCs lacked essential infrastructure for maintenance of hygiene and sanitation.

37. Nutrition and supplementary nutrition programme under ICDS scheme provides for growth monitoring and nutrition surveillance. Children below the age of three years are to be weighed once a month and children 3-6 years of age are to be weighed quarterly. Further, health-check up component under the scheme requires health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers.

38. Audit has observed that baby weighing machines were not found functional in 26 *per cent* Anganwadi Centres (AWCs) and functional adult weighing machines were not available in 58.17 *per cent* AWCs.

39. Under the ICDS Scheme, children in the age group of three to six years were to be served hot cooked meals in Anganwadi Centres (AWCs) and mini-AWCs. States/UTs were required to make arrangements for the same as a part of the supplementary nutrition component under the Scheme. Test check of sample of 2716 AWCs revealed that utensils required for preparation of foods at AWCs and serving them to the beneficiaries were not available at many Anganwadi Centres (AWCs).

40. ICDS guidelines of March 2000 stipulated State/UT level procurement of medicine kits and distribution thereof to the AWCs. The decentralization of procurement of medicine kits for AWCs was done in order to streamline the process and make kits available in time to the AWCs. The Ministry provided funds at the rate of ₹ 600 per operational Anganwadi Centre (AWC) to the State/UT for procuring the medicine kits.

41. An analysis of the funds released to the States/UTs by the Ministry for the procurement of medicine kits and the expenditure reported by them in their Statements of Expenditure (SOEs) revealed significant shortfall in expenditure. The States which did not incur any expenditure on the procurement of medicine kits and where the shortfall in the expenditure was more than 30 *per cent* were Manipur, Andhra Pradesh, Odisha, Punjab where no funds were spent in 2010-11, 50% of the funds in Uttar Pradesh and 35% in Uttarakhand were spent in 2010-11.

42. Audit noted that the State Governments failed to procure medicine kits despite availability of funds. The Ministry annually released funds to the States for all

components of ICDS (General) including medicine kits, but failed to review component-wise utilization of funds by the States, specially the procurement of medicine kits and supply thereof to the AWCs. The Committee noted all the above observations and sought clarifications on the same from the ministry.

43. On being asked about how the Ministry has taken up the issue regarding improvement of physical infrastructure of the AWCs with the States / UTs, the Ministry replied:

"In order to improve the physical infrastructure at AWC, State/UTs have been requested from time to time to tap funds from various schemes like MPLADs, MLALADs, PRI, MSDP of Minority Affairs, Tribal Sub-Plan, State Plan, BRGF, LWE/IAP, Finance Commission etc. They have also been requested to leverage the funds from various other schemes like Total Sanitation Campaign, etc. for providing water and sanitation facilities at the AWCs.

As per the information available, about 1.90 lakh AWC buildings have been constructed with assistance from various schemes like MPLADs, MLALADs, PRI, MSDP of Minority Affairs, Tribal Sub-Plan, State Plan, BRGF, LWE/IAP, Finance Commission etc as on 31.3.2013. Ministry of Rural Development has included construction of Anganwadi Centres in the list of new works for activities permitted under MGNREGS. A joint letter from Secretary, Ministry of Women & Child Development and Secretary, Ministry of Rural Development has been issued to all the States/UTs vide letter No. 19-4/2008-CDI dated 29.1.2013.

Drinking water and sanitation facilities are being provided in convergence with the Schemes of the Department of Drinking Water Supply under the National Rural Drinking Water Programme (NRDWP) and the Total Sanitation Campaign (TSC). Such convergence has been advocated at Central and State levels. A joint letter under the signatures of Secretary, WCD and Secretary, Department of Drinking Water Supply was issued to all the States/UTs on 10.2.2010 advising the States/UTs to create synergies at different levels to further the objectives of TSC and ICDS.

To facilitate and augment convergence between the ICDS and TSC, the Ministry has also issued a joint letter vide No. W-11042/04/04-CRSP Pt dated 10th February 2010 to the Secretaries in charge of ICDS in all States/UTs urging them to utilize the TSC funds for construction of Baby Friendly Toilets in AWCs operating out of Govt. buildings and also in private buildings by utilizing the revolving fund component under the TSC. The Ministry of Rural Development has also been addressed to provide potable water at the AWCs under the Rajiv Gandhi Drinking Water Mission."

44. On being asked whether the Ministry has prescribed any mechanism to monitor the availability of minimum basic physical infrastructure at the Anganwadi Centres (AWCs), it stated:

"The Government has introduced 5-tier monitoring & review mechanism at National, State, District, Block and Anganwadi Levels and has issued the

guidelines on 31.03.2011. As per these guidelines, Anganwadi level monitoring & support committee (ALMSC) is required to Review facilities available at the AWC like infrastructure including clean water, functioning toilet, play area, PSE/ ,medicine kits, cooking utensils etc. and take/ suggest actions to the Block level monitoring Committee on ICDS to improve delivery of services at the AWC."

45. On being asked whether the Ministry has formulated any list of minimum essential equipment, furniture, utensils etc. mandatory for Anganwadi Centres (AWCs) and the percentage of AWCs having all the basic facilities, the Ministry stated:

"Under the ICDS Scheme, list of basic equipment for Anganwadi Centres (AWCs) like items for General use viz. Small mats or durries, First Aid Box, One closed shelf (for storage equipment) 1 or 2 racks etc, Kitchen equipment like Tumblers, plates and spoons, 2 or 3 vessels with lid etc., bathroom equipments like 2 buckets or vessels for storing water, mugs (1 or 2), towels, disinfectant fluid etc. and indoor play equipments like counting frames, dholaks, building blocks etc. have been prescribed.

The existing reporting of MIS on ICDS Scheme do not capture this information. However, MWCD through National Council of Applied Economic Research (NCAER), New Delhi conducted a survey namely "Rapid Facility Survey of Infrastructure at Anganwadi Centres" in the year 2004 according to which out of 2.87 lakhs surveyed AWCs, i) 167075 AWCs (58.08%) had Mats, ii) 158289 AWCs (55.02%) had Shelf, iii) 88796 AWCs (30.87%) had Chowki; iv) 134186 AWCs (46.64%) had Table; v) 152527 AWCs (53.02%) had Chair; and vi) 158990 AWCs (55.27%) had National Flag etc. States/ UTs have been requested from time to time to improve the basic facilities at the AWCs.

Under the restructured ICDS scheme, ₹ 7000 per AWC is provided once in five years for purchase of equipments like utensils, gas burner with connection, mat/carpet and other necessary equipment."

46. When the Ministry was asked whether it has ascertained the reasons for non-incurring of expenditure on procurement of medicine kits by the States/UTs and the steps taken by the Ministry to overcome the problem, the Ministry replied:

"The Ministry has ascertained the reasons for non-incurring of expenditure on procurement of medicine kits by the States/UTs. States have expressed procedural/ administrative difficulty in procurement of medicine kits. One of the reasons for non-incurring of expenditure on procurement of medicine kits, as reported by the States, is non-release of funds for this purpose by the Government in one lump-sum. It is to inform that the cost of programme component like medicine kit, pre-school education kit, etc. form part of the funds released under ICDS (General). These funds were earlier released quarterly in equal instalments @ 25% per quarter. As a result of the cost of programme components being released to the States in instalments, the States were finding it difficult to make the procurement. The Ministry has addressed this issue and from 2012-13, funds for expenditure on programme component like medicine kit etc. are being released to the States/ UTs separately in one go in the second quarter of the year.

Further, from 2013-14, release of funds to the States/UTs is linked to their submission and approval of APIP by the Empowered Programme Committee chaired by Secretary, MWCD. APIP includes State's plan of expenditure on all programme components to ensure effective implementation of the scheme with all its programme components including Medicine Kits.

States/UTs have also been separately requested to inform the Ministry on availability of these kits at each AWC in a prescribed format. MIS which has been revised is also designed to capture information on availability of these kits at each AWC."

47. **Staff and Training:** An ICDS project area, coterminous with the community development block in the rural areas and ward/slum with a population of one lakh in urban areas, is the lowest administrative unit for implementation of the Scheme. As per the Scheme guidelines, 100 Anganwadi Centres (AWCs) were to function under each ICDS Project (50 AWCs in tribal blocks). The Project is headed by a Child Development Project Officer (CDPO). CDPO was to supervise, coordinate and guide work of AWCs in the entire project. For this purpose, five-six supervisors were assisting a CDPO. The supervisors were responsible for providing continuous on-job guidance to and supervision of Anganwadi Workers (AWWs) by visiting each AWC at least once a month and organising monthly meeting of AWWs with village level health functionaries.

48. The delivery of services to the beneficiaries is provided through Anganwadi Centres (AWC) comprising an Anganwadi Worker (AWW) and an Anganwadi Helpers (AWH).

49. As per the reply of the Ministry, the position of vacant posts of CDPOs, Supervisors and AWWs as on 31.12.2013 is as under:

Name of functionary	Sanctioned	In-position	Vacant
CDPOs/ ACDPOs	9036	5827	3209
Supervisors	54166	34335	19831
AWWs	1374935	1260567	114368

50. The Ministry stated (November 2012) that the issue relating to filling up of vacancies at various levels under the ICDS Scheme was being taken up regularly with the States during review meetings. The Minister for Women and Child Development had taken up the matter with all the State Chief Ministers for expeditious filling up of these vacancies vide letter dated 18 July 2012. It was further stated that being a centrally sponsored scheme implemented across the country, micro management at the Central

level was not feasible. However, the Government has introduced a five-tier monitoring and supervision mechanism at all levels including District and State levels with specific responsibility to review vacancy position at all levels under the scheme and to take corrective measures. The Ministry had reportedly been consistently impressing upon the States to have a separate cadre for the ICDS staff. However, the response was not encouraging.

51. The honorarium of AWWs/ AWHs has been increased from Rs 1000/- per month to Rs 1500/- p.m. and Rs 500 p.m. to Rs 750 p.m. for AWW and AWH respectively in 2002. It was further increased to Rs 3000/- p.m. and Rs 1500/- p.m. for AWW and AWH respectively in 2011 and Rs 2250/- p.m. for AWW of Mini- AWCSs from July, 2013.

52. As per the Ministry's instructions (August 2000), a grievance redressal committee was to be set up at district and State levels with representation of the AWWs and the AWHs. The said committee was to regularly and expeditiously redress grievances and day-to-day problems faced by the AWWs/AWHs in the quarterly meetings.

53. Audit, however, observed that no grievance redressal committee was set up in Andhra Pradesh, Gujarat, and Jharkhand till April 2011

54. As per the ICDS guidelines, in order to appreciate commendable services of Anganwadi Workers (AWWs), annual National and State level cash awards along with citation were instituted from the year 2000-01.

55. Audit noted delays in awarding the AWWs rendering exemplary services at the national as well as State levels. At the Ministry level, nominations for giving awards for the period 2006-09 were finalised in 2012. However, awards were yet to be given (November 2012). The nominations for the period 2009-11 were awaited from 19 States/UTs as of July 2012. It is pertinent that last time the National level awards were given in February 2009, which pertained to the years 2004-06. AWW/AWH Welfare Fund was to be created out of the contributions made by AWWs/AWHs and the State Government to bring them under social security network. However, no such fund was created in 10 test checked States.

56. The Ministry was asked about any improvement in availability of staff at the core level since the introduction of five-tier monitoring and supervision mechanism by the

Ministry and whether any target dates to fill up the vacancies at various level have been fixed and the Ministry replied:

"The occurrence of the vacancies is a continuous process and is not a one-time incident. States/ UTs have been advised to fill up vacancies urgently. However, since State Public Service Commissions are involved in the recruitment of CDPOs, it is a time consuming process. Considering the above difficulty in making appointment of CDPOs on regular basis, the Government of India while restructuring the ICDS, have authorized the States to fill up the vacancies on adhoc/contract basis till these posts are filled on regular basis.

MWCD is regularly taking up the matter with the States/UTs through letters and review meetings to improve implementation of ICDS Scheme including filling up of vacant post at various levels. As a result, the number of in-position CDPOs/ ACDPOs have increased from 5658 in 2010 to 5827 as on 31.12.2013. Similarly, the number of Supervisors have increased from 31703 to 34335 and AWWs from 1080586 to 1260567 during the same period."

57. With regards to training of AWWs, the Ministry stated as follows:

"Training programmes for skill development to various field functionaries in ICDS are currently organised through a) Anganwadi Workers Training Centres (AWTCs) for the training of Anganwadi Workers and Helpers; b) Middle Level Training Centres (MLTCs) for the training of Supervisors and Instructors of AWTCs; c) State Training Institute for the training of Instructors of MLTCs and CDPOs/ACDPOs in Tamil Nadu and d) National Institute of Public Cooperation and Child Development (NIPCCD) and its four Regional Centres (in Guwahati, Lucknow, Bangalore and Indore) for training of CDPOs/ACDPOs and Instructors of MLTCs.

As a follow up of the National Consultations organised on October 3-4, 2013, the existing training infrastructure is envisaged to be augmented both quantitatively as well as qualitatively to meet the training requirements of ICDS functionaries".

58. On being asked about the steps taken by the Ministry to accelerate the training of ICDS functionaries including refresher course, the Ministry replied:

"Under the restructured ICDS, which has been approved in October 2012, the training needs of the ICDS functionaries have increased multi-fold due to proposed recruitment of over 4-7 lakh new AWWs/link workers. Besides this, a large number of community/women's group representatives, members of Panchayati Raj Institutions (PRI), programme partners, team members of other related sectors will also need to be trained. In view of such massive training needs, MWCD has proposed to use IT/ICT as a means to both enhance outreach of training using TV/Radio/Internet/Mobile Telephony etc. as well as to strengthen the existing training infrastructure of AWTCs and MLTCs, and State Training Institutes (STI). Keeping in view the above, MWCD in collaboration with NIPCCD organized a two day National Consultation on Revision of ICDS Training on 3-4 October 2013 in

New Delhi with participation of the State Governments, Training Institutes, Development Partners, Universities, Experts and other stakeholders.

Steps initiated/envisaged by the MWCD to accelerate the training of ICDS functionaries are as under:-

- (i) States to focus on training and make all possible efforts for optimal utilization of their available training capacity.
- (ii) States to scale up the number of AWTCs and MLTCs with special emphasis on all districts having at least one AWTC and strive to have two MLTCs in each district in the next two years.
- (iii) Setting up of training cells at State levels.
- (iv) Setting up of State Training Institutes for ICDS in 10 States.
- (v) Revision and development of course curricula/modules/training and learning Materials.
- (vi) Up-gradation of training facilities.
- (vii) Training needs assessment.

In addition, the following are being considered:

- (a) Collaboration with institutions and national/local NGOs/Voluntary Action Groups (VAGs) under the Training component.
- (b) Greater involvement of NIPCCD & its regional centres for development of training curricula, identification of master trainers with linkage of appropriate skill training and working out partnerships;

Greater emphasis on newer technology and methodology such as Video Conferencing, audio-visual aids, use of Gyanvani, Gyandarshan (IGNOU), Mobile Telephony-cum-academy and ICT/ Science & Technology/Edusat etc."

59. When asked about the mechanism for monitoring the targets set by the Ministry for training of various ICDS functionaries in accordance with the need of different categories, the Ministry stated:

"Every year, State Training Action Plans (STRAPs) are received from the States/UTs giving the total sanctioned strength, vacant and filled up positions, trained and untrained ICDS functionaries, in respect of both Job/orientation as well as Refresher Training. The STRAPs also provide information on the number of functional AWTCs/MLTCs in the respective States/UTs. Training Calendar is prepared by the States based on 300 training days per AWTC/MLTC for the year. Targets provided in STRAPs are approved keeping in view the training capacity of a particular State.

States/UTs are expected to make optimal utilization of the existing training infrastructure with the objective of meeting the targets set out in STRAP. There is already a mechanism in place at the MWCD level to monitor State-wise progress in implementation of training activities. Progress Reports are required from the States on quarterly basis to see the progress made by the States against the targets fixed in the annual STRAPs. Incidentally, the entire data, which formed the basis of the performance audit of C&AG, had been culled out from the same QPRs. Apart from this, faculty members and the Consultants from NIPCCD periodically visit the States/UTs and some of the training centres to monitor and review the quality of training."

60. **Supplementary Nutrition Norms:** The 'moderate and severe underweight children' are measured as percentage of children aged 0-59 months who are below minus two standard deviations from median weight for age of the World Health Organisation (WHO) Child Growth Standards. The 'severe underweight children' are measured as percentage of children aged 0-59 months who are below minus three standard deviations from median weight for age of the WHO Child Growth Standards.

Supplementary Nutrition under the ICDS is primarily designed to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI).

Financial norms:- The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries, the details of which are as under:-

Sl. No.	Category	Pre-revised rates	Revised rates [†] (per beneficiary per day)
1.	Children (6-72 months)	₹4.00	₹6.00
2.	Severely malnourished children (6-72 months)	₹6.00	₹9.00
3.	Pregnant women and Nursing mothers	₹5.00	₹7.00

Nutritional Norms:-

Sl. No.	Category	Existing		Revised (per beneficiary per day)	
		Calories (K Cal)	Protein (g)	Calories (K Cal)	Protein (g)
1.	Children (6-72 months)	300	8-10	500	12-15
2.	Severely malnourished children (6-72 months)	600	20	800	20-25
3.	Pregnant women and Nursing mothers	500	15-20	600	18-20

[†] The revised rates were rolled out in a phased manner i.e. 200 high burden districts in 2012-13, 200 more districts in 2013-14 and all other districts in 2014-15.

61. As per Audit, the reasons for shortfall in expenditure in test checked States were non-assessment of the requirement of funds, short provision of funds in the budget, short release of funds by the Ministry, inadequate allocation of State share, release of funds at the fag end of the financial year, delay in transfer of funds by the ICDS directorate, non-finalization of tenders for procurement of food material and non-availability of the targeted number of children in Anganwadi Centres (AWCs).

62. The Ministry stated (February 2012) that the responsibility of implementation of ICDS Scheme rest with the States/UTs. It further stated (November 2012) that the cost norms were revised in November, 2008 and some States actually took longer time to implement the revised financial norms which may be the reason for fall in average daily expenditure.

63. On being asked whether the Ministry has assessed the reasons for shortfall in expenditure on SN and the steps taken to attain the prescribed norm, it stated:

"In order to meet the nutritional norms, the cost norms of SN have been further revised to ₹ 6/-, ₹ 9/- and ₹ 7/- for Normal Children, Malnourished Children and Pregnant & Lactating Mothers respectively under restructured and strengthened Scheme of ICDS in 12th Plan. These revised cost norms are to be implemented by States in a phased manner i.e. 200 districts in 2012-13, another 200 districts in 2013-14 and to all district from 1.4.2014. States/UTs are being emphasised to adhere to the SNP norms as prescribed in GOI Guidelines dated 24.2.2009 and ensure supply of SN to all eligible beneficiaries for 300 days as per norms. As informed already, the reasons for shortfall in expenditure on Supplementary Nutrition by States is due to longer time taken by some of the States to implement the revised financial norms for SNP and also delay in supply of Supplementary Nutrition at the AWC due to various unavoidable reasons at the field level etc.

The Government has introduced 5-tier monitoring & review mechanism at National, State, District, Block and Anganwadi Levels and has issued the guidelines on 31.03.2011. As per these guidelines, Anganwadi level monitoring & support committee (ALMSC) is required to Review status of supply of Supplementary Nutrition to all beneficiaries for at least 21 days in a month and to find reasons for any shortfalls from expected norms or discrepancies in stocks etc. and take/ suggest actions to the Block level monitoring Committee on ICDS to improve delivery of services at the AWC. The reported expenditure on Supplementary Nutrition by the States/ UTs has considerably increased from ₹11176.15 crores in 2011-12 to ₹ 11830.05 crores in 2012-13 and is expected to increase to ₹ 12250 crore during 2013-14."

64. When asked whether the Ministry had assessed the reasons for shortfall in growth monitoring by the States/UTs and the remedial measures taken, the Ministry in their reply stated:

"The AWW is required to weigh the children enrolled / attending AWC on monthly basis to detect the change in nutrition status of children. The shortfall in figures is on account of non-enrolment of children at AWCs or gap in actual attendance of children with regard to total child population at AWCs since ICDS is a self selecting scheme.

Further, there was no provision for periodical replacement of weighing scales earlier. This issue has been addressed in the restructured ICDS and now, not only the cost norms have been revised for three types of weighing scales but provision has been made for replacement of the weighing scales every five years.

As per schematic norms of the scheme, Anganwadi Worker is required to weigh each child (0-6 years) in the Anganwadi area. States are impressed upon from time to time to take all required measures in improving the nutrition status of children. Out of weighed children, the per cent normal children have increased from 49.90% as on 31.3.2007 to 58.84% as on 31.3.2011 and further to 71.62% as on 31.12.2013. State-wise details of nutritional status of children as on 31.12.2013 is Annexed (ANNEX-I).

The restructured ICDS Scheme has a separate provision of ₹ 5000 per AWC/ mini-AWC for replacement of weighing scale in 15% AWCs per annum. This will improve the availability of weighing scales at the AWCs. The revised MIS on ICDS would capture information for monitoring the growth standard of beneficiaries including availability of weighing scales at the AWCs."

65. On being asked whether the Ministry conducted periodical surveys on the nutritional status of children by engaging independent consultants, the Ministry stated:

"The data on the nutritional status of children is received from the States/UTs through the periodical returns i.e. Quarterly/Monthly progress reports submitted to the Ministry. Also, this is captured through the revised MIS. The data on the nutritional status of children is received through various surveys conducted by the Ministry of Health & Family Welfare and other agencies i.e. National Family Health Survey, DLHS, AHS, etc.

Recently, UNICEF and MWCD jointly conducted a Rapid Survey on Children covering 29 States/UTs. This survey covers nutritional status of children also. Final results of the survey are awaited.

Further, as per the directions of PM's Council on India's Nutrition Challenges, Ministry has started two new schemes i.e. IEC campaign against malnutrition and Multi-sectoral Nutrition Programme in 200 High Burden Districts to address maternal and child malnutrition. The implementation of these schemes is likely to arrest the menace of malnutrition.

The Ministry in consultation with the Planning Commission and other line Ministries has identified 200 districts in the country which have high incidence of malnutrition. These districts are termed as "200 High Burden Districts". Special focus has been laid on these districts in the recently restructured ICDS and Multi-sectoral Nutrition Programme to address maternal and child malnutrition in these Districts."

66. When asked whether the discrepancy in data maintained by the Ministry and that reported in the SoE had been reconciled, the Ministry replied:

"Under the existing MIS on ICDS, States/ UTs are required to furnish the information on nutritional status of children to GOI every month. The data on nutritional status of the children furnished by the States/UTs in their SOE is taken for calculating financial entitlement of the State/UT under SNP and is the weighted average of number of children attending AWCs in a quarter (for three months) whereas the data maintained by the Monitoring Unit of the Ministry through MPR is for a particular month which cannot be the same as already intimated to Audit. However, in the revised MIS on ICDS, feeding efficiency of children has been introduced through which feeding efficiency against actual beneficiaries would be calculated.

At present, States/ UTs are in various stages of implementation of WHO Growth charts at AWCs and data of some of the AWCs was taken from old growth chart and the remaining from new WHO Growth Standards, resulting in increase/ decrease in data over the period. States/ UTs have been requested from time to time to implement the New WHO Growth standards in all AWCs so that there is no discrepancy in data."

67. When asked about the reasons for non-introduction of WHO growth standards in all operational AWC and the measures being considered to ensure implementation of new growth standards throughout the Country at the earliest so as to enable timely identification of children at risk for necessary intervention, the Ministry in its reply stated:

"MWCD has prescribed the New WHO Growth Chart to the States/ UTs in 2008 with instructions to implement the same at all the AWCs. MWCD is monitoring the implementation of the Chart through review meetings, letter and through CMU, NIPCCD. The reasons for non-introduction of WHO growth standards in all operational AWCs are backlog in training of AWWs at AWCs and delay in printing & distribution of WHO growth charts at the AWCs.

As per information received from templates sent by the State Government and CMU, NIPCCD, WHO growth charts have been rolled out in 6666 projects and 1271889 AWCs as on March 2013. State-wise details are annexed (Annex- II). States/ UTs have been requested to implement in all the operational AWCs. MWCD has revised MIS format at all levels in March 2012 which would capture information based on New WHO Growth Charts and it would be mandatory for the States/ UTs to report the status in new formats/ MPR."

68. The scheme prescribes maintenance of growth chart/card for every child at Anganwadi Centres (AWCs) for assessing their growth using weight-for-age as an indicator. Children up to the age of three years are to be weighed monthly and children between the age three to six years are to be weighed quarterly. The growth charts are required to be analysed by Child Development Project Offices/health personnel to identify malnourished children for taking remedial measures.

69. Audit noted significant shortfall in growth monitoring under the scheme. Around 33 to 47 per cent¹ children were not weighed during 2006-07 to 2010-11.

70. The Ministry stated (July 2012) that shortfall in growth monitoring was on account of non-enrolment of children at AWCs and gaps in their attendance, as ICDS is a self selecting Scheme. In a subsequent reply (November 2012) the Ministry informed that it was continuously reviewing with States/UTs to optimise coverage of beneficiaries.

71. The scheme guidelines envisaged provision of Supplementary Nutrition (SN) for 300 days in a year (25 days in a month) at AWCs.

The reasons for disruption in providing SN were as under:

- Non/short supply of food grains/Ready to Eat Food (RTE);
- Delay in supply of Supplementary Nutrition;
- Delay in transportation of nutrition from Child Development Project Office godown to Anganwadi Centres (AWCs);
- Availing of leave intermittently by Anganwadi Workers (AWWs); and
- Non-availability of funds with AWWs for purchasing food grains.

72. Following reasons were given as per the reply of the Ministry:

"The reasons for disruptions in providing SN by States have been ascertained. These are mainly due to non-procurement of material by the State, non-lifting of wheat and rice provided under Wheat Based Nutrition Programme at subsidized rates, non-release of funds by the State/Distt in time to the AWC for procurement of material, issues of supply made by SHGs/NGOs, vacancies of AWW/AWH, administrative and other delays.

MWCD has taken various steps to reduce disruption in delivery of services including supplementary nutrition. These include involvement of community and PRIs, better monitoring through 5-tier committee, APIP linked release of funds, revision of SNP cost norms, inclusion of procurement plan in the APIP, improved financial management at the State level which is to be reflected in the APIP by the States, etc. Besides, the States are also advised from time to time through review and other meetings to ensure uninterrupted supply of SNP at the AWC. These efforts are expected to reduce the disruption in delivery of services including supplementary nutrition under ICDS Scheme."

73. On being asked about the revision of MIS, the Ministry replied:

"All 35 States/UTs have since been provided print-ready (soft-copies) formats in regional languages, designed centrally by the MWCD. Necessary guidelines for printing of the formats with standard print

¹ 2006-07: 47 per cent, 2007-08: 47 per cent, 2008-09: 44 per cent, 2009-10: 33 per cent and 2010-11: 35 per cent.

specifications and for roll-out of revised MIS including induction training of the field functionaries (Supervisors and AWWs) have also been issued. A pool of State Govt. officials from 31 States/UTs has been given training as Master Trainers by the Central Team. Printing of the revised MIS formats has been completed by 25 States; induction training plans have been approved for 29 States and 7 States have completed training upto AWW level and in another 12 States, training is underway."

74. As per audit, two out of the 19 projects to which the RTE food was supplied refused to accept the stuff observing that the same was not as per the norms prescribed in the supply order. The same was brought to the notice of the State ICDS Directorate. However, no further testing of food stuff accepted by the remaining 17 projects was done. This posed a question mark over the standard of serving of 14,516.20 quintal food costing ₹ 2.69 crore in these projects. The State ICDS Directorate failed to take cognizance of the rejection of food stuff by two projects for taking remedial measures.

75. In this connection the Ministry explained as under:

"Food & Nutrition Board (FNB) has four Quality Control Laboratories at Delhi, Mumbai, Kolkata and Chennai, which analyse samples of various supplementary nutrition foods provided under the ICDS scheme. The samples are received from State Governments as well as collected by field units of FNB during the course of regular inspection of AWCs.

Government has also since outsourced analysis of supplementary food in 10% of total operational AWCs under ICDS to not-for-profit NABL Accredited Laboratories on pilot basis initially for one year. All cases of food non-conforming of the prescribed standards in SNP are brought to the notice of the concerned State Govt/UT Administration for taking corrective measures.

In addition, the State Govts have also been advised to get the SNP samples analyzed from NABL accredited State Government Laboratories to ensure that the food served to the beneficiaries conforms to the prescribed standards. Besides the periodical checks by the State Governments and FNB to carry out analysis of the food samples as per the prescribed nutritional norms, Government has also since outsourced the analysis of supplementary food to not-for-profit NABL Accredited Laboratories on pilot basis to check the food quality on various other parameters such as vitamin and minerals, toxic metals, pesticide residues, aflatoxin, and shelf life etc. for avoiding sub-standard and infested food. In case, any SNP sample is found sub-standard and infested, the lapse is immediately brought to the notice of the concerned State Government/UT Admn to take corrective measures at their end. The Ministry has also issued Operational Guidelines for Food Safety and Hygiene for Supplementary Nutrition under ICDS.

In addition to the aforesaid measures, checklists for making monitoring and supervision visits to ICDS Blocks/AWCs by officials of the State Govts and Central Government have also been issued which inter alia also inspect the quality of food being supplied. Under the 5-tier monitoring and review

mechanism, local MPs, MLAs, PRIs, Mothers groups and teachers/retired govt. officials have also been involved in the Committees to oversee and coordinate the delivery of services at AWCs. ICDS being a centrally sponsored scheme, the responsibility of programme implementation rests with the State Govt. All cases of non-conforming of the prescribed standards in SNP are brought to the notice of the concerned State Govt/ UT Administration for taking corrective measures/ fixing responsibility."

76. Wheat Based Nutrition Programme was started in January 1986. Under the scheme, food grains (wheat/rice) are annually allocated from central reserves to the Ministry on Below Poverty Line (BPL) rates by the Department of Food and Public Distribution. This was subsequently allocated to the States/UTs for use in supplementary nutrition (SN). The purpose was to reduce the procurement cost of the SN and ensure the availability of more food grains for the beneficiaries.

77. The Ministry was responsible for coordinating between Department of Food and Public Distribution and the States so as to ensure uninterrupted supply of Supplementary Nutrition (SN). It was required to provide firm annual requirements to the Department of Food and Public Distribution, which ultimately depended on annual requirements received from the States.

78. The Ministry failed to properly coordinate the implementation of WBNP so as to maximise the use of food grains available on BPL rates for providing Supplementary Nutrition (SN) under the ICDS scheme.

79. The Ministry stated (November 2012) that with a view to streamline the assessment of food grains required under WBNP, all States/UTs had been requested to furnish the basis of their requirements indicating number of SN days to be provided, quantity of SN to be provided and number of beneficiaries from 2010-11 onwards. In addition to this, a policy decision had also been taken where States/UTs would be allocated food grains only if at least 70 per cent of the allocated food grains had been lifted by the States.

80. **IEC and Community Mobilization:** The objective of the IEC and Community Mobilization component under ICDS Scheme are essentially to, (i) create awareness and build-up image of ICDS Programme, (ii) stimulate demand for ICDS Services, (iii) affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behaviour, and (iv) muster and sustain community participation.

81. The general guidelines given by the Ministry to the States/UTs was for devising States IEC strategy and implementation plan after assessing communication needs for a

particular community/region. The Ministry issued guidelines in this regard to States/UTs in August, 2008 which were subsequently, reiterated in February, 2009 with revision in Financial Norms due to cost escalation over the years.

82. As per audit, the two components of ICDS i.e. Information, Education and Communication (IEC) and the Nutrition and Health Education (NHED) are aimed at sustained behaviour and attitudinal change of society for holistic development of child and the State Government was to prepare annual implementation plan after assessing communication needs for a particular community/region in consonance with the objectives and accordingly formulate IEC strategy.

83. As per the Scheme guidelines, IEC activities were to be carried out through district and project level seminars, audio and visual media, folk media, village camps, Mahila Mandal/Mother's Group meetings, home visits and other local media such as posters, slides, flash cards, flip charts, periodical newsletters etc.

84. As per the Scheme guidelines, a sum of ₹ 25,000 per operational project per year was provided up to the year 2008-09 for conducting IEC activities, which was revised to ₹ 1,000 per operational AWC per year from the year 2009-10.

85. In 40 districts of eight States, the IEC material was not received by any of the 1,637 test checked AWCs. No information regarding receipt and utilisation of the IEC material was available on record in 480 test checked AWCs of 12 districts in four States. In Gujarat, IEC material was received and used in only one out of four sample districts during 2007-08 and 2010-11 and in three districts during 2008-09. IEC material was not received during the remaining period. In Rajasthan, IEC material was not received by 40 out of 240 sample AWCs.

86. Test check of Statements of Expenditure (SOEs) available in the Ministry revealed significant shortfall in expenditure incurred on conducting IEC activities vis-à-vis the funds released to the States/UTs on this account.

87. The Scheme guidelines provide for conducting periodic evaluation of various activities performed under IEC to assess the awareness, knowledge and impact among the community. During the period covered under audit, no evaluation was done to assess the effectiveness of IEC on the ICDS scheme in 10 selected States. In respect of remaining three States, no information was available on record.

88. Nutrition and Health Education (NHED) is the key element of the work of the Anganwadi Worker (AWW). NHED has the long term goal of capacity-building of women so that they can look after their own health, nutrition and development needs as well as that of their children and families. Under this programme, counselling sessions, home visits and demonstrations are to be carried out by the AWW. The entire responsibility of implementation and monitoring of NHED rests with State Governments.

89. The Scheme guidelines provided for at least two to three home visits daily by AWWs. Further, one meeting of mothers' group was to be conducted every month in each Anganwadi Centre (AWC).

90. The Ministry stated (July 2012) that the States/UTs had repeatedly been asked to furnish reasons for not incurring expenditure under IEC. The issue had also been taken up during review meetings and State visits/inspection. It further stated (November 2012) that from the year 2012-13, the entire cost of programme components including the IEC had been included in the second instalment of the grant to enable the States to spend funds earmarked for IEC activities in time.

91. The Ministry informed that under restructured ICDS in 12th Plan, States/UTs submit their Annual Programme Implementation Plan (APIPs) since 2013-14 including Annual Action Plan on IEC activity. The APIP of State Government is considered by the EPC Chaired by Secretary (WCD) for taking appropriate decision. Further, the Ministry stated that in so far as IEC activity at the Central Level is concerned, the Food and Nutrition Board organises such campaign in consultation with Government Media Agencies like DAVP, Doordarshan, All India Radio etc. The Ministry, therefore, depends on these Government media agencies for effectiveness of the IEC strategy. The Food and Nutrition Board of the Ministry develops various posters, booklet, recipe books, calendars etc. on nutrition and distribute to the different Ministries and line departments at National as well as State/UT levels. Recently a nationwide Information, Education and Communication (IEC) Campaign against malnutrition was launched on 19th November, 2012 by the Hon'ble President of India to create awareness about nutrition challenges, promote home-level feeding practices, etc. The campaign comprises of four stages: Stage 1 create awareness (8 weeks), Stage 2 clarion call (6 weeks), Stage 3 action points (16 weeks) and Stage 4 community using tools/ services (8 weeks) and it was covered in multi-channel media including print and electronic media. The first cycle is already completed.

92. Under the existing MIS on ICDS Scheme, information on Nutrition and Health Education, namely (i) number of times NHED activities were organised, (ii) total number of Women participated in all these activities, (iii) number of times audio-visual aids were used and (iv) number of NHED sessions organised at AWC in which health staff participated, are monitored by CDPOs through Anganwadi MPR. This micro-level information is not maintained at Central Level.

93. Food & Nutrition Board (FNB) has a countrywide set up comprising of a Technical wing at centre, four Regional Offices and Quality Control Laboratories at Delhi, Mumbai, Kolkata and Chennai and 43 Community Food and Nutrition Extension Units (CFNEUs) located in 29 States/UTs.

94. Nutrition and Health Education, which is one of the components of ICDS is facilitated by Food and Nutrition Board of the Ministry through its field units located in 29 States/UTs. FNB undertakes the major task of providing inputs for nutrition education and awareness through a wide range of nutrition education & extension services including live demonstration on low cost nutritious recipes, training to the field functionaries/ grass root level workers on different topics to create awareness on nutrition so as to improve dietary habits, overcome ignorance and prejudice in food & dietary habits.

95. FNB organizes five days' "Training of Trainers" programme for Master Trainers comprising of Child Development Project Officers (CDPOs), Assistant Child Development Project Officers (ACDPOs), Senior Supervisors of ICDS etc. who, in turn, act as trainers for the gross-root level functionaries of ICDS, such as Anganwadi Workers and the community at large.

96. FNB organizes two days training "Orientation Training Courses" for gross-root level functionaries from ICDS such as AWWs, Helpers and ASHAs, adolescent girls, pregnant women and lactating mothers, communities and PRIs etc. The topics for OTC are (i) Infant and Young Child Feeding (ii) Health and Nutrition and (iii) Management of Severe Malnutrition.

97. During the visit of AWCs, the technical staff provides technical support cum practical demonstration on nutrition and health education at the AWC. FNB also organize Nutrition Education Programmes in rural and tribal areas and urban slums.

98. FNB also disseminated nutrition information to the masses by organizing exhibitions on nutrition at different events/occasions in the prestigious melas/fairs/exhibitions by the CFNEUs.

99. **Diversion of funds:** The Ministry in their reply to the query regarding impact of diversion of funds stated that funds under ICDS(General) are released in lump sum for meeting expenditure on Salary of functionaries, honoraria for Anganwadi Workers /Helpers and other Programme components. Due to pending arrears on salary and honoraria in States/ UTs, funds sometimes available for other components becomes less, resulting in low expenditure on other components. However, under restructured ICDS, the administrative approval given to the States/UTs on their AIPs indicates component –wise funds approved for expenditure. The States are required to report the expenditure component-wise. This will improve expenditure on all components of ICDS.

100. **Monitoring:** The ICDS Scheme envisages an inbuilt system of its monitoring through regular reports and returns flowing upwards from Anganwadi Centre (AWC) to Project Headquarter, District Headquarter, State Headquarter and finally to the Ministry. The monitoring and supervision of the Scheme had a three-tier set up, viz. at the National, the State and the Community levels.

101. The Monitoring and Evaluation (M & E) Unit of the Ministry was the sole monitor of the Scheme till 2006-07. In view of the expansion of the scheme, the Ministry decided in 2006-07, to set up a regular monitoring and supervision mechanism of ICDS Scheme through National Institute of Public Co-operation and Child Development (NIPCCD), an autonomous body of the Ministry. This set up was established in the form of a Central Monitoring Unit (CMU), in addition to the existing M&E Unit in the Ministry. The CMU was set up at National Institute of Public Co-operation and Child Development (NIPCCD) in January 2007 with the appointment of one consultant.

102. As per the scheme guidelines, NIPCCD was responsible for hiring a team of six professional consultants for CMU, each having expertise in public health, nutrition, Management Information System (MIS), early childhood education, statistics and ICDS administration, on contractual basis for accomplishment of the desired task at the Central level.

103. Audit found that during most of the period during 2006-11, the operations of the Central Monitoring Unit (CMU) were managed without a professional consultant. A retired officer of the Ministry worked as a consultant during January 2007 to March 2009. Another consultant worked at CMU during April to October 2007. CMU was functioning without any consultant since April 2009.

104. The Ministry stated (November 2012) that though the financial sanction for setting up of the CMU was accorded in December 2006, the administrative approval for the same was given in February 2008. The efforts to engage consultants suffered due to low response of the suitable candidates for the post against the advertisement for the same and unwillingness of two selected candidates to join on account of meagre honorarium proposed for the post.

105. When asked about the Monitoring of ICDS through CMU in absence of consultants the Ministry stated that:

"it is not done only by Professionals/Consultants posted at the H.Qrs.. In fact, the data is collected from the field for monitoring purpose through 129 Consultants of 43 Institutions. These consultants are mainly working in Community Medicine Departments of various Medical Colleges, College of Home Science and Social Work. On the basis of their data many reports have been generated since 2009. NIPCCD has already appointed professional Consultants at its Headquarters who are contributing and generating monitoring reports for submission to MWCD as well as to State Governments. In addition, CMU has also conducted Concurrent Independent Evaluation of ICDS in 100 Blocks of High Burden Districts during 2013-14."

106. Audit found that the CMU had not done any concurrent evaluation of ICDS on scheme outcomes and nutritional status of children till March 2012. The CMU had instead prepared concurrent evaluation reports on input indicators. The data for the same were sent by 42 State-level academic institutions selected by National Institute of Public Co-operation and Child Development (NIPCCD). The report focussed on issues such as infrastructure of Anganwadi Centres(AWCs), profile of ICDS functionaries, status of supplies, supervision by Child Development Project Officer (CDPO)/ Supervisor, status of community participation, ICDS delivery status etc. The CMU had mainly selected faculties of medical colleges (34), home science (5) and social sciences (3) to act as selected institution for concurrent evaluation. However, it failed to utilise their services for conducting concurrent evaluation of scheme outcomes and nutritional status of children.

107. The Ministry stated (November 2012) that concurrent evaluation of the Scheme was not taken up by the CMU in order to avoid duplication with initiatives of the Planning Commission which started evaluation of the ICDS Scheme at the national level. Further, January 2012 Report of the CMU contained data on some new parameters such as World Health Organisation (WHO) Growth Standards, Pre-school Education (PSE) and Mother and Child Protection Card (MCPC) card and the Report was not entirely based on the old data. The practice of using old data in its Report is being discontinued by the CMU in view of the audit observation.

108. The Monitoring and Evaluation (M & E) Unit in the Ministry was responsible for collection and analysis of the periodic work reports prepared by the States in the prescribed formats.

109. Audit noted that the unit was monitoring two components of the scheme, viz. supplementary nutrition (SN) and pre-school education (PSE). It monitored only the number of beneficiaries availing these two services. Impact assessment of the services was not being done. The data on nutritional status were compiled from the reports received from the State Governments. The Ministry had not made any evaluation of nutritional status of children at the National level. The task was assigned to the CMU. However, in view of the failure of the CMU to deliver, the Ministry was not able to monitor the Scheme on outcome indicators.

110. As regards capacity building of CMU, the Ministry stated:

"NIPCCD has already appointed trained Consultants and other staff in CMU who work in coordination with other faculty members of NIPCCD engaged in training and capacity building of ICDS functionaries. This results in the capacity building of CMU consultants as well.

In Performance Audit of ICDS conducted by Comptroller and Auditor General of India, it was recommended that MWCD should augment the capacity of CMU so to evolve it as a unit capable of supplementing the MWCD task of monitoring and evaluation of the scheme. It was also recommended that role and responsibilities of CMU should be made specific so as to avoid duplication of efforts with other agencies involved in monitoring of the scheme.

As a follow up of recommendation of Performance Audit of ICDS conducted by CAG, a review meeting for strengthening of CMU was held on 18th Jan, 2013 under chairmanship of Joint Secretary with participation of other senior officials of MWCD. A working group was formulated during this meeting to review the existing pattern of CMU and to suggest further measures for strengthening of CMU. Besides MWCD senior officials, technical experts are also members of the working group. The meeting of the working group was held on 22nd March, 2013. It was decided in the

working group to revise the functions of CMU in the light of restructured ICDS and to revise the monitoring indicators too, financial norms and other administrative guidelines concerning setting up of institutions in States/UTs, staffing and engagements of consultants etc. may be decided by Director, NIPCCD as the CMU has now been made a project of NIPCCD funded by its own plan funds.

As per recommendation of the working group appointed by MWCD, administrative and financial guidelines for setting up of CMU institutions in States /UTs were revised in 2013. Various functions assigned to CMU were also revised in April, 2014 keeping in view the recommendations of Performance Audit of ICDS conducted by CAG.

The basic function of the CMU is to undertake concurrent evaluation of implementation of ICDS and therefore accordingly CMU is preparing its reports to assess the service delivery status at the ground level under ICDS Scheme. With restructuring and strengthening of ICDS in 12th five year plan, the new outcome/ result indicators of the scheme have been identified. The same would be assessed at the end of the 12th five year plan using the data from various means of verification as indicated in the ICDS mission document.

Impact of ICDS on Nutritional Status of children and on Child Mortality Rate (CMR) was assessed in Evaluation Study of ICDS carried out by National Council of Applied Economic Research (NCAER) in the year of 2010 and subsequently published by Planning Commission in the year of 2011. CMU was associated in conducting the study by NCAER. A separate cross sectoral survey for this is required from time to time like DLHS.

CMU has noted down the observations of Performance Audit of ICDS concerning concurrent evaluation. Now CMU is analyzing annual data for the purpose of concurrent evaluation and sharing it with States for improvement in ICDS.

For the year 2014-15, CMU has been assigned the targets of various activities which includes reporting and monitoring, organization of theme based workshops, cross state sharing workshops, providing assistance to MWCD for conducting review /APIPs meetings with States and for visits of senior officials to States, induction of personnel, consolidation of data, capacity building of ICDS functionaries in collaboration with ME and Training division, conducting issue /area specific operational research studies and periodic social assessment etc."

111. On being asked Whether the Ministry has developed outcome indicators so as to periodically evaluate impact of the ICDS Scheme, the Ministry replied that:

"Government has approved strengthening and restructuring of ICDS Scheme and it is implemented in mission mode. Outcome indicators under the ICDS Mission has been developed and are as under :

Indicators	Current Status	Target (End 12 th Plan)	Means of verification
ICDS Core:			
i. % of children weighed at birth within 24 hours	46.5% (NCAER, 2009)	90%	AHS/Independent Survey
ii. % of children initiated breastfeeding within one hour of birth.	40.5% (DLHS-3)	75%	NFHS / DLHS / AHS
iii. % of children exclusively breastfeeding till 6 months of age.	46% (NFHS-3)	75%	NFHS / DLHS / AHS
iv. % of children 9-23 months who have been given complementary feeding after 6 months in addition to breastfeeding.	57.1% (DLHS-3)	90%	NFHS / DLHS / AHS
v. % of mothers receiving counseling on post weighing of their children.	48.9% (NFHS-3)	100%	NFHS / AHS / Independent survey.
vi. % of mothers of 0-3 yrs. children who are using MCP card and are aware of early stimulation practices as outlined in MCP Card.	NA	70%	
vii. % of families using child progress card for tracking children in 3-6 years age achieving age appropriate developmental milestone.	NA	50% of those attending ICDS PSE.	Independent survey.
Common with Health			
i. % of children 12-23 months received full immunization.	20% (NFHS-3)	85%	NFHS / DLHS / AHS

ii. % of children who received Vitamin A dose in last 6 months.	24.9% (NFHS-3)	75%	NFHS / AHS
iii. % of children below 3 years with diarrhea treated with ORS.	34.2% (DLHS-3)	70%	NFHS / DLHS / AHS
iv. % of pregnant women receiving at least 3 or more ANC checkups.	50.7% (NFHS-3)	80%	NFHS / DLHS / AHS
v. % of pregnant women who consumed at least 100 IFA tablets.	46.6% (DLHS-3)	80%	NFHS / DLHS / AHS

112. According to the reply of the Ministry:

"National Informatics Centre (NIC) has been assigned a project to develop web based Management Information System on ICDS Scheme. The development of web based MIS is underway. About 5.4 lakhs AWC has been assigned unique code by the CDPOs and Supervisors and uploaded on to NIC server and assigning the unique code to remaining AWCs are in process. Once the unique code is assigned to all AWCs and training is imparted to all AWWs, supervisors and CDPOs, the Web Based MIS will be operational."

113. On being asked whether the Ministry has assessed reasons for poor state of affairs in field visits by supervisory staff, the Ministry stated:

"Under the existing MIS on ICDS Scheme, field visits by supervisory staff under ICDS Scheme i.e. CDPOs and Supervisors are not monitored at the Central level and is done at micro level (block and district level). In order to improve the field visits by supervisory staff to strengthen monitoring and supervision, MWCD issued guidelines on 22.10.2010 for Monitoring and Supervision visits to ICDS Blocks and AWCs by officials of State and Central Governments."

PART-II
OBSERVATIONS/RECOMMENDATIONS

Universalisation of Scheme

The Integrated Child Development Services Scheme (ICDS) was launched by the Government of India in the year 1975 with objectives of holistic development of children (0-6 years) and pregnant and lactating mothers through a package of 6 services. From the initial launch in 33 blocks of the country, the scheme has been expanded many times so as to reach the goal of universalisation of early childhood services in the entire country. The Committee note that the Ministry of Woman & Child Development had decided in 1995 to universalize the Integrated Child Development Services Scheme by covering all the 5239 Community Development blocks and 684 identified major urban slums in the country by the end of the Eighth Plan (1992-97). A writ petition was filed in the Supreme Court on which the Court vide their interim orders dated 28 November 2001, 29 April 2004, 07 October 2004 and 13 December 2006, had also directed the Government of India to universalize the coverage of ICDS Scheme. Further, the Supreme Court directed the Government of India in December 2006 to sanction and operationalize a minimum of 14 lakh Anganwadi Centres (AWCs) by December 2008 in a phased and even manner. However, as per the latest information received from the Ministry, operationalization of 10 out of 7076 sanctioned projects and 33000 out of 13.75 lakh sanctioned AWCs/Mini-AWCs were pending as on 8.10.2014 and the Ministry were targeting to operationalize 13,000 more AWCs by 31.3.2015.

- a) The Committee are disappointed to find that even after a Restructured and Strengthened ICDS has been launched in 2012 with an allocation of ₹ 1,23,580 crore, the Ministry is not likely to achieve the target of covering 14 lakh habitations by AWCs in foreseeable future though the deadline set by the Supreme Court was December, 2008. The Committee are of the view that

the Ministry should take urgent steps to operationalize all the pending sanctioned AWCs/Mini AWCs and endeavour to reach the target of covering 14 lakh habitations at the earliest. The Committee recommend that the Ministry need to prescribe and strictly adhere to the timelines for setting up these Anganwadis. They desire to be apprised of the targets achieved at the action taken stage. Besides, as the Central Monitoring Unit (CMU) has reportedly conducted Concurrent Independent Evaluation of ICDS in 100 Blocks of High burden districts during 2013-14, the Committee would like to be furnished with report of the same.

b) The Committee note that the main reasons for non-operationalization of AWCs reportedly are court cases, financial processes involved and delay in recruitment of Anganwadi Workers (AWWs)/Anganwadi Helpers (AWHs). The Committee recommend that:

(i) As the ICDS is now being implemented in a Mission Mode, the Ministry should take up the issue of expediting the financial processes with the respective State Mission Steering Groups so that the Anganwadis can be operationalised at the earliest.

(ii) As non availability of Anganwadi Workers and Anganwadi Helpers affects the very functioning of the Anganwadis, the Ministry issue instructions to the State Governments to take urgent steps to fill up these vacancies on priority basis and apprise the Committee of the progress made in this regard.

c) The Committee are disappointed to note that the Ministry had no information on the coverage of habitations under ICDS as the State Governments were responsible for confirming whether all the habitations had been covered under the ICDS. In this connection, the Committee note that now the National Informatics Centre has been assigned the task of

developing web-based Management Information System and for which providing unique codes to all AWCs is underway and feel that same should have been envisaged much earlier in view of the nature and scope of ICDS. The Committee hope that a robust MIS would be developed within a reasonable timeframe so that both the Ministry and the State Governments are able to timely upload/ update all data relating to the coverage, sanction and operationalization of the AWCs online. The Committee desire to be apprised of the timeframe fixed for the database created under ICDS.

2. The Committee note that the Supreme Court order dated 13 December 2006 stipulated, inter alia, identification of SC and ST hamlets/ habitations for opening of new Anganwadi Centres (AWCs) on a priority basis. Consequently, the Ministry, though, issued sanctions for opening of additional AWCs to States/UTs with the conditions that villages predominantly inhabited by population belonging to SC/ST and minority community should be given priority and an AWC in a village, as far as feasible, should be located in the areas inhabited by population from SC/ST and minority community but the State Governments were to certify that all SC, ST, OBC and minority community habitations had been saturated. Audit had recommended that the Ministry should conduct a survey to have an assurance that all habitations, especially those inhabited by SC/ST/OBC and Minority community population are covered under the Scheme. The Committee observe that the Ministry kept waiting for the response of the States and that so far 19 States have reported compliance after 8 years of the Supreme Court order. The Committee feel that the Ministry should have been pro-active in its approach, identified the areas inhabited by SC/ST/OBC and minority community as per Census 2001/2011 and sought information from the State Governments about coverage of the identified habitations under the Scheme. The Committee desire that the Ministry identify such habitations in rest of the States and the respective State Governments may

be asked to formulate and send proposals for setting up of Anganwadi on Demand (AODs) in habitations not yet covered under the Scheme.

3. The Committee further note that the Supreme Court stipulated that rural communities should be entitled to an Anganwadi on Demand (AOD), not later than three months from the date of demand in cases where a settlement has at least 40 children under six but no Anganwadi. The Ministry had, during third phase of expansion of ICDS Scheme (October 2008), approved 20,000 additional AODs. The Committee are disappointed to note that only 2030 AODs were sanctioned for six States by the Ministry in 2011-2012. The Committee also note that the delay in sanction of AODs was due to the failure of State Governments to send their proposals in the prescribed format as they mixed the proposals for AODs with the proposals for setting up new AWCs under third phase of expansion. The Committee are of the view that delay in setting up of AODs defeats the very purpose of the concept. The Committee are of the view that the Supreme Court had suggested the concept of setting up of AODs only to compensate the procedural delays but neither the Ministry nor the State Governments could take timely action. The Committee feel that, instead of entrusting the State Government entirely with the responsibility of sending the AOD proposals, the Ministry could have involved the NGOs and SHGs active in the rural areas for identifying and sending requests directly to the Ministry for setting up AODs in consultation with the State Governments. The Committee are also of the view that in addition to setting up the AWCs in urban slum dwellings, the reach of AWCs need to be extended to cover areas in the vicinity of large factories and industrial areas where substantial number of women workers are employed. The timings of these AWCs may be made co-terminous with the timings of the factories/ industries in that area for the benefit of children of such workers and P&LMs among those as well.

4. The Committee note that as the Scheme envisages an integrated delivery of a multiplicity of services which are handled by different departments at different levels, constitution of coordination committees at the Central, State, District, Block and Village levels is required to monitor, review the progress of the Scheme and suggest/ take appropriate corrective actions including coordination and convergence with the departments/ programmes. In this connection, they note that the Ministry had issued guidelines on 31st March, 2011 to put in place a 5-tier monitoring and review mechanism for ICDS at the Central level upto the AWC level. At the Central level, a body named National Level Monitoring and Review Cell (NLMRC) was proposed followed by State level, District level, Block level and AWC level Committees. However, convergence among various programmes/ departments at the State and the lower levels was found to be inadequate as the Committee note that the audit test check of sample States revealed that the meetings of State level Coordination Committees were infrequent or not held at all, no records related to the meetings were kept, joint evaluation and field inspection were not carried out, minutes were not made available to the audit, delay was seen in constitution of committees and low attendance of the officials was found. The Committee are of the view that since proper guidelines have already been issued for coordination between local bodies/ different Departments/ Ministries, the Ministry take up the matter of above stated shortcomings with the identified States and pursue them to issue directions to their officials in line with those guidelines for effective coordination. The Committee note from the reply of the Ministry that new guidelines on convergence have been shared with the States/ UTs and would like to be apprised of the progress made in implementing these guidelines by the States. As these guidelines provide for 5-tier monitoring and review mechanism at the central level and up to the AWC level, they are of the view that the details of the meetings of each such committee including the National Level Monitoring &

Review Committee (NLMRC) and the members thereof, who were present during the meetings, should be available online. The Committee feel that NLMRC, being the central watchdog in the 5-tier mechanism, should be pro active and In addition to its assigned roles should also monitor the frequency of meetings of such committees at lower levels and proper maintenance of records.

Compilation of Data

5. The Ministry of Woman & Child Development maintains data of sanctioned and operational projects and AWCs on the basis of sanctions issued to all the States/ UTs and periodical progress received from them. The States/ UTs are also required to furnish quarterly/ annual Statements of Expenditure (SoE) giving *Inter-alia* the details of sanctioned and operational AWCs. The Committee note that the Audit found a difference of 222 sanctioned projects and 7126 sanctioned AWCs in 12 States. Further, the number of the operational projects and the AWCs as per the records of the Ministry differed from the number of operational projects and the AWCs reported by the States/ UTs in the SoEs by 55 and 56,258 respectively. The Ministry took the stand that in 2012, compilation of data on operational projects and AWCs by the States/ UTs was a time consuming process and most of the States/UTs submitted the Reports with a delay which resulted in mismatch in figures. Further, the Ministry replied that the data given in the monthly report of the monitoring unit of the Ministry is for a particular month of Report whereas the data reported by the State in the SoE/ Utilization Certificate is the average of a quarter and ,therefore, the two sets of data are incomparable. Ideally, the data should reflect stable and consistent data collection processes across collection points and over time, and progress toward performance targets should reflect real changes rather than variations in data collection approaches or methods. The Committee are of the view that reliable data with the nodal Ministry is the cornerstone of planning and allocation of funds for any scheme. Thus, they

feel that a monthly reconciliation statement should be prepared by the Ministry for ICDS. The Committee have already recommended in preceding paragraphs that all such data be uploaded online monthly by both the Ministry and the State Governments. They would like the Ministry to submit the progress made so far in this direction.

Infrastructure

6. The Committee note that an Anganwadi Centre (AWC), being the focal point for delivery of ICDS services accommodating upto 40 children during day-time, requires basic infrastructure for which the States/ UTs were to arrange for AWC buildings, either through community support or by hiring suitable buildings on rent or by tapping funds from other schemes, for construction of buildings. The Committee note that the Ministry has issued guidelines for construction of AWCs in 2011 which state that an AWC must have a separate sitting room for children/ women, separate kitchen, store for storing food items, child friendly toilets, separate space for children to play (indoor and outdoor activities) and safe drinking water facilities. The Committee note with utter dismay that 866 out of 2701 test-checked AWCs were at sites other than their own buildings or rented premises such as primary schools and had to function in open places when the schools changed their timings; some were functioning in school verandahs, under trees and open places and a large number were found to be functioning in dilapidated/ incomplete buildings or kachcha structures. Further, separate space for cooking, storing food items and indoor and outdoor activities for children was not available in 40% to 65% of the test checked AWCs in different States. The Committee feel that non-availability of quality infrastructure affects the motivation on part of the parents to send their wards to the AWCs and also exposes these children to the vagaries of the weather. The Committee, therefore, are of the strong view the Ministry should closely monitor the construction of AWC buildings taken

up by the State Governments so as to ensure availability of good quality buildings for the AWCs fulfilling the prescribed standards. They feel that it is high time that all the AWCs functioning under the trees, in open places, dilapidated buildings and kachcha structures are shifted to pucca structures, which can either be rented premises or make shift arrangements in the Government owned buildings in the vicinity. The Committee have now been informed that the restructured ICDS has a provision for construction of 2 lakh AWC buildings and upgradation of 2 lakh AWC buildings during 12th Financial Year Plan. The States have reportedly been given approval for 44709 new AWC buildings and upgradation of 42642 AWCs during 2013-14. The Committee desire to know whether this target was achieved. The Committee also desire that timelines be fixed for construction of owned buildings for all AWCs and strictly followed up. Further the Committee are of the view that all AWC buildings should have a display board providing information on the number of beneficiaries, services being provided, medicines available etc. in local language for better outreach.

7. The Committee note that under the Scheme, list of basic equipment for Anganwadi Centres (AWCs) like small mats or durries, first aid box, one closed shelf, one or two racks, kitchen equipment like tumblers, plates and spoons, 2 or 3 vessels with lids etc., bathroom equipment like 2 buckets or vessels for storing water, mugs, towels, disinfectant fluid etc and indoor play equipment like counting frames, dholaks, building blocks etc. have been prescribed and ₹ 7000 per AWC is provided once in five years for purchase of these items. The Committee further note that the Ministry issued instructions in May 2009 for providing ₹ 1000 per annum per AWC as flexi fund effective from the year 2009-10 to be operated by the AWW at her own discretion. However, 53% of test checked AWCs did not receive the flexi funds during the period 2009-11. The Committee are of the view that ₹ 7000 in 5 years is a meagre amount to purchase all these items including furniture,

The Committee feel that since all these equipment are used by the children there are more chances of wear and tear. Moreover, items of daily use like towels, need regular replacement. The Committee are, therefore, of the view that instead of giving a fixed amount once in five years, an yearly inspection need to be conducted to replace all unusable items. The Committee also feel that the flexi fund of ₹ 1000 be also increased so as to enable the AWWs to meet the fund requirements that arise between yearly inspections. The Committee desire that the Ministry persuade the State Governments to urgently release the flexi funds to the AWWs. The Committee may be apprised of the progress made in this regard.

8. The Committee note that, as per the Ministry's instructions (2011), child friendly toilets and drinking water facility are the basic minimum requirements for the effective functioning of an AWC. However they were disappointed to learn that that 52% of test checked AWCs did not have toilets and 32% test checked AWCs had no drinking water. The Committee completely agree with the observation of the Audit that the inadequate infrastructural support to AWCs, required for maintaining hygiene and sanitation, adversely affected the quality of services available to beneficiaries under the Scheme. The Committee are of the view that inculcating good sanitation habits like using toilets and washing hands among children as well as providing clean drinking water would improve the quality of life of the future generations in a big way. Thus, the Committee are of the view that the Ministry should take up the matter of providing child friendly toilets and drinking water facility to the children with the State Governments on priority basis. The Committee also recommend that the Ministry need to take up with State Governments to provide mobile toilets in AWCs where no toilets are available.

9. Although preventing and reducing under nutrition is one of the primary goals of ICDS, the Committee are sad to note that 26% of test checked AWCs did

not have functional baby weighing machines, 58% did not have adult weighing machines, and utensils required for providing supplementary nutrition and medicine kits were not available at several AWCs. From the information furnished to them on expenditure reported by the States/UTs on PSE and medicine kits during 2012-2014, the Committee noticed that out of 35 States/UTs, 15 States/UTs had furnished incomplete information. As these equipment are directly related to delivery of the services envisaged in the Scheme, ensuring their availability is imperative. The Committee note that the Ministry is providing additional funds for the purchase of medicine kits and weighing machines and thus feel that the Ministry may take up the issue with the State Governments and explore the possibility of providing Child Development Project Officers (CDPOs) with additional/annual funds and allowing them to purchase kits of prescribed standards from those funds, when ever required. The Committee are of the view that since utensils are necessary for cooking and serving food, in no case their unavailability be allowed in any AWC and they be asked to buy them immediately out of the flexi funds available with them. The Committee also concur with the Audit suggestion that in addition to the release of funds for procurement of medicine kits to States/ UTs, the Ministry should monitor the progress on timely utilization of funds and final supply of the kits procured for AWCs.

Staffing and Training

Vacancies

10. Under the ICDS Scheme, Staff i.e. AWW/AWH is required to do a door to door survey to count the number of targeted beneficiaries. However from the audit report, the Committee note that 114368 posts were vacant out of 1374935 posts sanctioned for AWWs, 3209 posts were vacant out of 9036 sanctioned posts for CDPOs and 19831 out of 54166 in case of supervisors. On enquiry, the Ministry stated that ICDS being a centrally sponsored scheme implemented across the

country, micro management at the Central level was not feasible. The Committee fail to understand as to how the AWCs are functioning in absence of AWWs. The Committee therefore recommend that the Ministry should persuade the State Governments to fill up the vacancies particularly, those of AWWs as their non availability directly affects the functioning of the AWC. The Committee further desire that vacancies for other posts be also filled up urgently. They may be apprised of the target dates fixed for the same as well as the latest vacancy position w.r.t. AWW/CDPOs/Supervisors.

The Committee also note that the Ministry while restructuring the ICDS have authorized the States to fill up the vacancies on adhoc/ contract basis till these posts are filled on regular basis and that the Ministry had been consistently impressing upon the States to have a separate cadre for the ICDS staff but the response has not been encouraging. The Committee are of the view that filling up the vacancies by employing adhoc/contract workers for regular jobs is neither a healthy alternative nor a solution and, therefore, the Ministry should expedite the process of regular appointments. The Committee feel that the Ministry should again take up the issue of a separate ICDS cadre with DoPT and the States too since a dedicated cadre has the potential to improve the delivery of services at all levels and will also give job security and motivation to the AWWs/AWHs.

Honoraria and Incentives

The Committee find that AWWs/ AWHs are given an honorarium at the rates i.e. Rs 3000 for AWWs and Rs 1500 for AWHs which have been revised only recently i.e., July, 2013. Further the AWW/AWH Welfare Fund to bring them under social security network has not been created by a number of States and the awards meant to acknowledge the exemplary services of AWW/AWH are also not given after the 2004-06 period as nominations for the same were awaited from

many States. The Committee are of the view that the Ministry should take up the issue with the State Governments and persuade them to create fund for covering these workers under the social security network and send their nominations for the deserving workers at the earliest. The Committee are of the view that the AWWs and AWHs should be covered under social security schemes irrespective of creation of fund and the Ministry should take up the matter with the Ministry of Labour & Employment to cover these workers/helpers under welfare schemes like Rashtriya Swasthya Bima Yojna (RSBY). The Committee also feel that the revised rates of honorarium are still very low and should be further increased.

The Committee note the observation of audit that against the total release of ₹ 1753 crore to 13 States during 2008-09 and 15 States during 2009-11 for meeting the expenditure on salary of ICDS functionaries, the actual expenditure was ₹ 2853 crore which indicated unrealistic budgeting and consequent diversion of funds from other critical components of the Scheme. The Committee note from the reply of the Ministry that the expenditure on salary as reflected in the last SOE of the State/UT was the basis earlier for arriving at the indicative requirement on salary but under restructured ICDS in 12th Plan, specifically from the year 2014-15, the salary projected in the APIP of the State/UT has been taken to assess the projected expenditure on salaries. The Committee hope that this move would correct the anomaly between assessment of demand and allocation of funds for each component of ICDS.

Training

As per the Ministry's instructions (April 2009), all States/ UTs were required to submit their annual State Training Action Plan (STRAP) and the Ministry was to release funds to the States for training on the basis of STRAPs approved by it before the commencement of the financial year. The Committee note with concern that the States/ UTs faltered in sending their STRAP before the commencement of

the financial year which led to delay in release of funds for training and revalidation of unspent balance. The Committee further note that the shortfall under various categories of training ranged from 19% to 58% of the targets fixed under the STRAPs. The Committee appreciate that in 2013, Ministry decided to undertake a number of measures to provide training to the functionaries under restructured ICDS, e.g. setting up of training cells, State Training Institutes in 10 States, revision of course modules upgradation of training facilities by using newer technology and methodology etc. They desire to be apprised of the progress made so far. The Committee are of the view that since training is an essential requirement for delivery of services, the Ministry should ensure that the plans are sent by the State Governments timely, the functionaries are trained regularly and funds marked for training are not diverted. The Committee are of the view that the Ministry may coordinate with NIPCCD/such specialised Institutes to develop a customized training course for AWWs to make them better equipped to run an AWC. As the CMU has reportedly been assigned the target of various activities which include capacity building of ICDS functionaries, the Committee desire to be apprised of the same at action taken stage.

Supplementary Nutrition

11. The Committee note that by providing supplementary feeding, the scheme attempts to bridge the protein-energy gap between the recommended dietary allowance (RDA) and average dietary intake (ADI) of children and lactating mothers. Every beneficiary under Supplementary Nutrition (SN) is to be provided such nutrition for 300 days a year. Audit found that there were absence of growth charts, lack of adequate training to AWWs, inadequate supervision and non availability of functional weighing machines. 33% to 47% children were reportedly not weighed for monitoring their growth during 2006-07 to 2010-11. A new WHO Growth chart has now been provided to the AWCs. The Ministry is also stated to

have taken steps like involvement of community & PRIs, Annual Programme Implementation Plan (APIP) linked release of funds, inclusion of procurement plan in the APIP etc. to reduce such shortcomings. Still the Committee feel that central monitoring is crucial. The Committee hope that the CMU would now ensure availability of required growth charts/equipment in AWCs and adequate training to AWWs with a view to monitoring growth standard of beneficiaries and the maintenance of necessary database, the Committee recommend that:

- (i) The growth statistics based on the new WHO Growth chart, separately for male and female infants/children, may be put up on the Display Board in the AWCs and the Medical Officer visiting the AWC must verify the statistics.
- (ii) The CDPO should, in addition to training programmes, organize regular interactive sessions to help AWWs to sort out any practical issues.

12. The Committee further note that the latest financial norms for providing SN are ₹ 6 per day for children aged 6-72 months, ₹ 9 per day for severely malnourished children and ₹ 7 per day for pregnant women and lactating mothers. The Committee appreciate that the said norms have since been revised and observe that:

- (i) Since the nutritional requirements of a 6 month old child differs from a 6 year old child, therefore, prescribing the same amount for the whole group might not be helpful in catering to the nutritional requirements of different age groups, the Ministry need to take up the issue with the child health experts and apprise the Committee of their opinion.
- (ii) In case of malnourished children, the ICDS functionaries must be appropriately trained to analyse the reasons for their malnourishment and

counsel the parents on the need for nutritious diet for overall growth of children. Where poverty is the major reason for malnourished children, steps may be taken to simultaneously cover the parents under other welfare schemes of the Government of India.

(iii) The financial norms for providing SN be linked to the Cost Inflation Index and revised twice a year.

13. As shortfall in expenditure on Supplementary Nutrition (SN) was found to range between 15% to 36% of the requirements during the period 2006-11. The average daily expenditure per beneficiary on SN as per the audit was ₹ 1.52 to ₹ 2.01 against the norm of ₹ 2.06 during 2006-09 and ₹ 3.08 to ₹ 3.64 against the norm of ₹ 4.21 during 2009-11. The Committee further note that there was a gap of 33% to 45% between the number of eligible beneficiaries identified and those receiving SN during 2006-07 to 2010-11. The Committee note from the reply of the Ministry that the shortfall in expenditure on SN by States was due to longer time taken by some of the States to implement the revised financial norms for SN and also delay in supply of SN at the AWC due to various unavoidable reasons at the field level etc. The Committee are not able to comprehend as to how the Ministry kept on releasing SN funds at new rates, despite not getting confirmation from the States that the new rates have actually been implemented. The Committee recommend that the Ministry take urgent steps to ensure that all the States have implemented revised financial norms at the earliest. The Committee may be apprised of the action taken by the Ministry in this regard.

14. The Committee note that there was disruption in many a States in providing SN at the AWCs due to non/ short supply of food grains, delay in supply of SN, non-lifting of wheat & rice provided under Wheat Based Nutrition Programme at subsidized rates, delay in transportation of SN from CDPO godown to the AWC, non availability of funds to AWC for procurement of material and intermittent leave

availed by AWWs. The Committee further note that the Audit noted shortcomings in testing of food items by the FNB, supplied for consumption of beneficiaries in 13 test checked states, inadequate supervision by CFNEUs, distribution of sub-standard and infested food and deficiencies in implementation of WBNP. The Committee recommend that the Ministry take urgent steps to ensure that:

- (i) Requirement for food grains be sent and delivered in advance and timely release of required funds to purchase the grains through web-based monitoring,
- (ii) Roping in women SHGs to provide food in the absence of AWWs, in the presence of a Supervisor;
- (iii) Regular inspections and making information about inspections available on-line;
- (iv) Ensuring community involvement/social audit in distribution of SN and collecting samples for quality testing and
- (v) Spreading awareness about the facilities available under the Scheme.

Pre School Education (PSE)

15. The Committee note that ICDS guidelines (June 2000) stipulated State/ UT level procurement of PSE kits and distribution thereof to AWCs on yearly basis. The Supreme Court had also directed in December 2006 to universalize the PSE along with other services provided under PSE. Further, the Anganwadi workers (AWWs) are required to ensure that all the children from the AWC joined the formal education and to coordinate with local primary school so that the transition of the children to the primary school could become a natural process. AWWs are also required to maintain records for the transition. The SoE of 20 States available with the Ministry showed significant under utilisation of funds on procurement of PSE kits during 2006-11. PSE kits were not available at 41% to 51% of the test checked AWCs during the period 2006-11. In six of the selected States, the data on

beneficiaries of PSE who joined mainstream education was not available and in 5 States there was a shortfall of 7%-30% in the number of children who actually joined the formal education during 2006-11. The Committee concur with the recommendation of the audit that in addition to the release of funds for procurement of PSE kits to States/ UTs, the Ministry should monitor progress on timely utilization of funds and final supply of these kits to AWCs. The Committee desire that the State Governments be instructed to immediately provide PSE kits to each AWC as imparting PSE is an important component of the ICDS. The Committee are of the view that to ensure that PSE is actually being imparted in the AWCs, the Ministry may in coordination with Ministry of HRD, arrange to send a teacher from the nearest Government School to visit the AWC to make the assessment. The Committee feel that the CDPO should analyse the reasons for shortfall in number of children joining primary school and persuade/ counsel the parents to make their child join the mainstream education.

IEC and Community Mobilisation

16. The Committee note that Information, Education and Communication (IEC) and the Nutrition and Health Education (NHED) are two components of ICDS aimed at sustained behavior and attitudinal change of society for holistic development of children. The main objective of IEC is to create awareness and build up image of ICDS, stimulate demand for its services, affect and sustain behavioural and attitudinal changes in child caring, nutrition and health care practices and elicit sustained community participation. Audit found a shortfall of 40 to 100% on the expenditure against the funds released for IEC in a number of test checked states. The Committee agree with the recommendation of the Audit that IEC activities should be planned in advance in accordance with the financial norms and the expenditure be monitored by the Ministry to examine the reasons for shortfall. The Committee are of the view that seminars/ workshops, monthly meets, home visits,

screening of films/ slideshows, campaigns to community on Infant & Young Child Feeding (IYCF) and SN and other components of the IEC & NHED aim to effectively deliver the benefits of the Scheme to the maximum eligible population and therefore should be undertaken earnestly by the Ministry and the State Governments. The Committee are of the view that a digital handheld device may also be provided to the AWWs under the IEC equipment as this will help them in getting and disseminating information, in augmenting the education levels of both functionaries and the beneficiaries and effective communication. As already recommended in a previous paragraph, the Committee are of the view that every AWC should have Display Board to indicate the details of functionaries upto the level of CDPO, the details of the beneficiaries, the services supposed to be given at an AWC and the services being provided, list of equipment available at the AWC, events proposed during the month and important dates for immunization, monthly check-ups, visits of other functionaries and various IEC activities. All the displayed information must be verified and initialed with date by the Supervisor during their routine visits to the AWC. The Committee would also like to be apprised of further progress in the nationwide 'Campaign against malnutrition' launched in November, 2012 as on date.

Monitoring & Evaluation

17. ICDS envisages an inbuilt system of its monitoring through regular reports and returns flowing upwards from AWC to Project Headquarters, District Headquarters, State Headquarters and finally to the Ministry. The Committee note that the Central Monitoring Unit (CMU) under the Scheme failed to efficiently carry out assigned tasks, which included concurrent evaluation of the Scheme, monitoring through the progress reports received from the States and impact

assessment of the services under the SN and the PSE, based on outcome indicators, such as nutritional status of the children. The Audit also pointed out inadequate follow-up action on internal monitoring and evaluation by the Ministry. According to the Ministry, in order to improve the Monitoring and Supervision under ICDS, the Government has since introduced 5 tier Monitoring and Supervision Committee at National, State, District, Block and Anganwadi/ Village level, visits by different ICDS functionaries, MIS and web base MIS-ICDS to capture on-line data and analysis. The Committee desire that the:

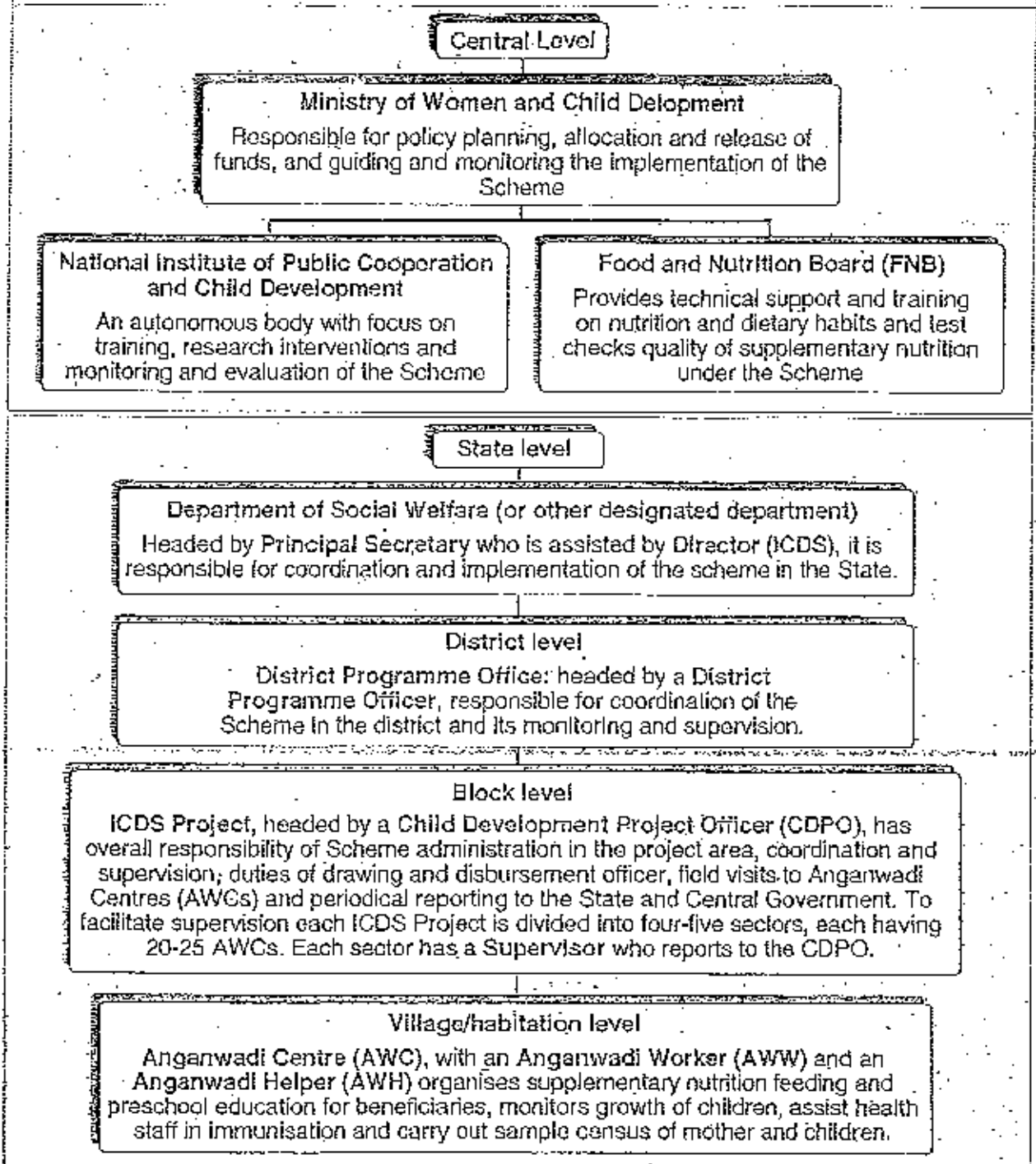
- (i) CMU be strengthened and the honorarium be raised to attract suitable candidates.
- (ii) The Ministry may clearly define roles and the domain of each agency to ensure that overlapping of functions of various monitoring agencies do not happen as the same causes some areas being totally ignored.
- (iii) The supervisors need to be sensitized about being thorough and robust in his/her approach as they are the first tier of monitoring. The supervisor should visit the AWCs and send the reports to the CDPO regularly. The information regarding visits made by each supervisor should be put on display board in CDPOs office. The steps taken by the AWCs after any inspection should also be reviewed by the supervisor during her visits and reported to CDPO.
- (iv) The CDPO should also visit the AWCs regularly and surprise inspections be carried out by the other officers of the Ministry.
- (v) Periodically monitoring the action taken on shortcomings emerging out of monitoring and evaluation reports must be mandatory.

- (vi) As outcome indicators have been developed under the Scheme, periodic assessment to evaluate the achievement levels would lead to an efficient implementation of ICDS.

NEW DELHI;
22 April, 2015
2 Vaisakha 1937 (Saka)

PROF. K.V.THOMAS
Chairperson,
Public Accounts Committee.

Organisational and implementation structure of ICDS Scheme



F.No.16-8/2010-ME
GOVERNMENT OF INDIA
MINISTRY OF WOMEN AND CHILD DEVELOPMENT
(ICDS M & E Unit)

Shastri Bhavan, New Delhi - 110 001

Dated: 31 March, 2011

To

1. Chief Secretaries in all States/Principal Advisors to Administrators in all UTs
2. Secretaries dealing with ICDS Scheme - 35 States/ UTs
3. Directors dealing with ICDS Scheme - 35 States/ UTs

Subject: Guidelines for Constitution of Monitoring & Review Committees at different levels to review progress in implementation of the ICDS Scheme - *Regarding.*

Sir/Madam,

The Government of India (GoI) has taken several measures for strengthening the monitoring and supervision mechanism in the Integrated Child Development Services (ICDS) Scheme for its better and effective implementation. The Scheme has a Management Information System (MIS) through which monthly progress reports (MPRs) on key programme indicators are generated by each of the Anganwadi Workers (AWWs) at the AWC level and by the Child Development Project Officers (CDPOs) at the block/project level. The MIS in ICDS is under final stage of revision by the Ministry of Women and Child Development (MWCD) for making it more results-focused and also web-enabled.

2. In the past, guidelines on developing Community Based Monitoring Mechanism (CBMM) were issued by GoI [vide F.No. NI/No.12-11/93 CD-I dated 20.1.1994] to ensure monitoring of the Scheme at the grass roots level by the community themselves. The CBMM envisaged constitution of *Bal Vikas Mahila Samitis* at the village, block and district levels.

3. Recently, the MWCD has issued guidelines [vide F.No. 16-3/2004-ME (Pt) dated 22.10.2010] on monitoring and supervision visits to AWCs/projects by officials from various levels and also involvement of PRIs in monitoring of AWC activities. All these measures are directed towards strengthening the existing monitoring and supervision mechanism under ICDS.

4. In the context of universalisation of ICDS with focus on improved quality in delivery of services and also proposed strengthening and re-structuring of ICDS, it is now proposed to put in place a 5-tier monitoring and review mechanism at the central level and up to the AWC level. This is also proposed to rationalize and harmonize of such mechanisms which are in vogue in several States/UTs with an objective of strengthening the co-ordination and convergence with the line

departments and also monitoring and reviewing the progress made in the implementation of the Scheme.

5. Composition and key roles of such Committees at different levels are outlined in the following sections. States/UTs may make adjustments and appropriate changes in the designations of Officers/functionaries at various levels as per local conditions and institutional structures.

I. NATIONAL LEVEL MONITORING & REVIEW COMMITTEE (NLMRC) ON ICDS

IA. Composition

i) Secretary, Ministry of Women & Child Development	Chairperson
ii) Principal Advisor, WCD, Planning Commission	Member
iii) Secretary, Ministry of Health and Family Welfare	Member
iv) Secretary, Ministry of Human Resource Development	Member
v) Secretary, Deptt. of Food	Member
vi) Secretary, Ministry of Rural Development	Member
vii) Secretary, Ministry of Minority Affairs	Member
viii) Secretary, Deptt. of Drinking Water Supply & Sanitation	Member
ix) Secretary, Ministry of Panchayati Raj	Member
x) Secretaries from any 5 States from each region (on rotation basis)	Member
xi) Additional Secretary & Financial Adviser, MWCD	Member
xii) Director, NIPCCD, New Delhi	Member
xiii) Director, National Institute of Nutrition, Hyderabad	Member
xiv) Joint Secretary (ICDS), MWCD	Member
xv) Director (ICDS), MWCD	Member Secretary

Note:

- Two Experts on child development/nutrition/BCE and representatives from the Development Partners may be called to the meeting as Special Invitee.
- The Committee shall meet once in six months or as and when required at the direction of the Chairperson.

IB. Roles

The National level Committee will monitor and review the following key issues and recommend appropriate actions:

- i. Overall progress made by the States/UTs in ICDS with regard to:
 - o Universalization of ICDS - status of operationalization of projects/AWCs;
 - o Implementation of State Annual Programme Implementation Plans (AIPs);
 - o Nutritional status of children below 6 years- weightment, roll out of WHO growth standards and joint mother and child protection cards; reduction in proportion of underweight and severely undernourished children
 - o Performance of pre-school education.

- ii. Convergence and coordination with other programmes:
 - o Health/NRHM: Issues relating to micronutrient supplementation and fortification, management of severely malnourished children, health related service delivery at AWC or at VIINDs - immunization, antenatal check-ups of pregnant women, supply of Vit-A, de-worming and IFA tablets, referral services, health check-ups; Functioning of VHSC etc;
 - o Water & Sanitation: Provision of potable water and sanitation facility at AWCs through convergence with Total Sanitation Campaign and Rajiv Gandhi National Drinking Water Mission;
 - o Sarva Shiksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc.
 - o PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWC.
- iii. Status and number of State/UT-wise coverage of SC/ST and minority concentrated habitations;
- iv. Manpower vacancies at the field level and States' action plan thereon;
- v. Status of State/UT-wise supply of essential items to AWCs - Medicine and PSE kits, weighing scales, joint MCP card, WHO Growth monitoring charts, etc.
- vi. Leveraging funds for construction of AWC Buildings with NREGA, Multi-Sectoral Development Programme (MSDP), BRGF, IADP, MPLADS, etc;
- vii. Status of arrangement for supplementary nutrition; status of release and lifting of food grains under the Wheat Based Nutrition Programme (WBNP);
- viii. Identification of local/community level innovative practices which yielded results and exploration of the possibility of scaling up of the same;
- ix. Review of reports of the field visits undertaken by MWCD/Planning Commission etc., along with assessment/evaluation reports on ICDS (if any) and suggesting corrective actions;
- x. Financial management: funds flow mechanism, utilization of funds, estimated requirements etc;

D. STATE LEVEL MONITORING & REVIEW COMMITTEE (SUMRC) ON ICDS

IIA. Composition

i. Chief Secretary	Chairperson
ii. Secretary, Planning	Member
iii. Secretary, Finance	Member
iv. Secretary, Health & Family Welfare	Member
v. Secretary, Rural Development	Member
vi. Secretary, Panchayati Raj Institution	Member
vii. Secretary, Drinking Water Supply & Sanitation	Member
viii. Secretary, Education	Member
ix. Secretary, Agriculture/Horticulture	Member
x. Secretary, Food	Member
xi. Secretary, WCD (in charge of ICDS)	Member
xii. 5 Members of Parliament (MP)*	Members
xiii. 5 Members of Legislative Assembly (MLAs)*	Members
xiv. State Mission Director, National Rural Health Mission	Member
xv. Regional Director, NIPCCD (from the region)	Member
xvi. Food & Nutrition Board, State/Regional Office	Member
xvii. Principal, Middle level Training Centre (MLTC)**	Member
xviii. Principal, Anganwadi Worker Training Centre (AWTC)**	Member
xix. Director, WCD (in charge of ICDS)	Member Secretary

* Members of Parliament and MLAs in the State/UT would be Members of the Committee on rotational basis for one year and their selection shall be such as to give representation to as many political parties as possible.

** On rotation basis in each year.

NOTE:

- Experts/Representatives from the prominent Institutions and Development Partners, who are working in the State with ICDS programme, may also be invited as Special Invitees.
- The Committee will meet every six months or earlier as and when required on the notice of the Chairperson. The Chief Secretary will, however chair the meeting once in six months.

II B. Roles

The State level Committee will monitor and review the following issues and recommend appropriate actions:

- Overall progress with regard to:
 - o Universalization of ICDS - status of operationalisation of sanctioned projects/AWCs, coverage of all habitations/hamlets in the State and factors coming in their way;
 - o Preparation and implementation of State Annual Programme Implementation Plan (AIP) in ICDS;

- o Status of nutritional status of children below 6 years - weighing, roll out of WHO growth standards and joint mother and child protection cards; district-wise comparison of proportion of moderate and severely undernourished children; Measures being taken for addressing them and progress thereon on half-yearly basis;
 - o Performance of non-formal pre-school education provided at AWCs; Methodology and participation of children in non-formal pre-school education at AWCs; use of locally developed learning and play materials, toy bank and other initiatives;
 - o Identification of low performing districts in ICDS and factors responsible for it.
- ii. Convergence with line departments/programmes:
- a. Health/NRHM: Status of full immunization at AWCs, provision of ante-natal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, de-worming tablet) to AWCs; Functioning of VHND, VHSC and promotion of IYCF.
 - b. Water & Sanitation: Provision of potable water and sanitation facility at AWCs through convergence with Total Sanitation Campaign and Rajiv Gandhi National Drinking Water Mission or any other schemes of State Govt.;
 - c. Sarva Shiksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc.
 - d. PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs;
- iii. Coverage in general and, specifically, of SC/ST/Minority habitations/beneficiaries against the surveyed population;
- iv. Other issues relating to programme implementation and actions thereon with respect to:
- a. Regularity of functioning of AWCs - overall and specifically, those in SC/ST/minority concentrated habitations;
 - b. Manpower vacancies at AWW/Supervisor/CDPO level and their training status;
 - c. Fund flow and timely payment of honoraria to AWWs/AWHs;
 - d. Availability of funds for POL, contingency etc at district/block level and flexi-fund at AWC level as per revised norms;
 - e. Disruptions in supply of supplementary nutrition at AWCs as per revised norms and reasons for it, such as method of delivery, engagement of SHGs etc.;
 - f. Arrangement for fortification of supplementary food and use of iodized salt at AWCs;
 - g. Methodology and participation of children in non-formal pre-school education at AWCs;
 - h. Procurement and supply/availability of essential items to AWCs - medicine and PSE kits, weighing scales, joint MCP card, WHO Growth Charts, etc.;
 - i. Monitoring and supervision visits by officials at different levels as per norms;

- j. Engagement of ICDS functionaries in non-ICDS activities and arrangements to desist them from it;
- k. Any other matter as may be relevant for improved implementation;
- v. Improving the AWC Infrastructure: Construction of AWC buildings by leveraging funds from under different schemes/programmes, such as BRGF, MSDP, MPLADs etc.;
- vi. Use of IEC in creating awareness about ICDS services/health and nutrition issues and possibility of convergence with IEC activities under other schemes/programmes.

II. DISTRICT LEVEL MONITORING & REVIEW COMMITTEE (DLMRC) ON ICDS

IIA. Composition

i.	District Magistrate/Collector/Dy. Commissioner	Chairperson
ii.	Chief Executive Officer (CEO)	Vice-Chairperson
iii.	District Development Officer, Zilla Parishad	Member
iv.	Chief Medical Officer, Health & Family Welfare	Member
v.	District Planning Officer	Member
vi.	District Social Welfare Officer	Member
vii.	District Agriculture/Horticulture Officers	Members
viii.	District Officer, Rural Development/MNREGA	Member
ix.	Executive Engineer, PHED	Member
x.	District Education Officer	Member
xi.	Member of Parliament (MP) in the District	Member
xii.	Members of Legislative Assembly (MLAs)	Members
xiii.	Principal, Middle level Training Centre (MLTC)*	Member
xiv.	Principals, AWTCs (any 2)*	Members
xv.	Field Unit of Food & Nutrition Board	Member
xvi.	CDPOs (any 3)*	Members
xvii.	District Programme Officer (ICDS)	Member Secretary

* On rotation basis in each year

Note: The Committee will meet *at least once* in a quarter or as and when required on the notice of the Chairperson and will submit its review report to the Chief Secretary/Secretary (WCD) clearly outlining actions taken at the district level and support required from the State Govt.

IIIB. Roles

The District level Committee will monitor and review block/project-wise progress of implementation of the Scheme and suggest/take appropriate corrective actions with regards to following issues:

- i. Overall progress in implementation with regard to:
 - a. Status of operationalization of all sanctioned projects/AWCs, coverage of all habitations/ hamlets in the district, especially SC/ST and minority concentrated and remote areas;
 - b. Coverage of beneficiaries: Block-wise analysis of registered vs. actual beneficiaries for supplementary nutrition and pre-school education at AWCs as against surveyed population;
 - c. Regularity in supply and quality of supplementary nutrition at AWCs: provision of take home ration, morning snacks and hot cooked meals for stipulated number of days in a month and block-wise comparison of feeding efficiency;
 - d. Nutritional status of children 0-3 years and 3- 6 years - weightment, roll out of WHO growth standards and joint mother and child protection cards; block-wise comparison of proportion of moderate and severely undernourished children; Measures being taken for addressing them and progress thereon on half yearly basis;
 - e. Performance of non-formal pre-school provided at AWCs;
- ii. Coordination and convergence with line departments/programmes:
 - a. Health/NRHM: Immunization of children at AWCs, ante-natal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, deworming tablet) to AWCs; Functioning of VHSC, VHND and promotion of IYCF; joint visits of health and ICDS functionaries to AWCs;
 - b. Water & Sanitation: Provision of potable water and sanitation facility at AWCs;
 - c. Sarva Siksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, etc.
 - d. PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs;
- iii. Other issues relating to programme implementation and actions thereon with respect to:
 - a. Regularity of functioning of AWCs - overall and specifically, those in SC/ST/minority concentrated habitations;
 - b. Manpower vacancies at AWW/Supervisor/CDPO level and training status of functionaries;
 - c. Payment of honoraria to AWWs/AWIIs and travelling allowances to Supervisors;
 - d. AWC infrastructure: Construction of AWC buildings through convergence with other schemes/programmes;
 - e. Supply of essential items to AWCs - medicine and PSE kits, weighing scales, joint MCP card, WHO Growth Chart, etc.;
 - f. Availability of funds for POL, contingency etc at district/block level and flexi-fund at AWC level as per the revised norms.

- g. *Mobility of CDPOs/Supervisors - availability of vehicles and non requisitioning of programme related vehicles;*
 - h. *Monitoring and supervision visits by CDPOs/Supervisors to AWCs as per norms and submission of reports; -*
 - i. *Method (s) of delivery of supplementary food at AWCs - engagement of SHGs and use of iodized salt at AWCs and addition of leafy vegetables;*
 - j. *Methodology used and participation of children in non-formal pre-school education at AWCs; use of locally developed learning and play materials, toy bank and other initiatives;*
 - k. *Engagement of ICDS functionaries in non-ICDS activities and arrangements to desist them from it;*
 - l. *Identification of low performing blocks in ICDS implementation and factors responsible for it;*
 - m. *Any other matter as may be relevant for improved implementation.*
- iv. *Financial issues: Fund flow and status of component-wise allocation and expenditures during the reported period and adherence to revised financial norms prescribed by GoI;*
 - v. *Complaints/grievance redressal mechanism: Actions on the complaints received from individuals, community, PRIs, etc regarding ICDS services such as regularity in AWC functioning, quality of supplementary nutrition, etc and ICDS functionaries;*
 - vi. *IEC: Preparation and undertaking of IEC action plan on issues like location of AWCs, services available under ICDS, entitlement of beneficiaries, grievances redressal mechanism, etc;*

Note: The following sources of information may be used for the review meeting:

- a. Minutes and reports of the Block Level Monitoring Committees;
- b. Analysis of Block Monthly Progress Reports (MPRs) and Block Annual Status Reports (ASRs);
- c. Reports of field visits by Members of the Committee, and other officials in the district and any evaluation/assessment report; and
- d. Reports from the public/media (if any).

IV. BLOCK LEVEL MONITORING COMMITTEE (BEMC) ON ICDS

IVA. Composition

- | | |
|---|------------------|
| i. Sub Divisional Magistrate (SDM) | Chairperson |
| ii. Block Development Officer/TDO | Vice-chairperson |
| iii. Block Representative of Health (BMO/MO in charge PHC/CHC) | Member |
| iv. Block representative of Education
(Block Education Officer/Dy. Inspector of School/in charge of SSA) | Member |

v.	Block Extension officers of Agriculture/Horticulture	Member
vi.	Representative of Block/Nagar/Taluka Panchayat	Member
vii.	Principal, Anganwadi Training Centre*	Member
viii.	Representatives, local NGOs (2)	Members
ix.	CDPO	Convener

* if there is any.

Note:

- The Committee will meet once in a quarter and will submit its report to the District Committee with a copy to the State Directorate of ICDS.
- Representation of level of officials from concerned departments at the block level in the Block level Committee may be decided as may be deemed fit by the State Govt.
- Representatives of Animal Husbandry/Dairy/Fishery etc., may be invited as required.
- 2-3 Supervisors (ICDS) in the block may also be invited to the meeting on rotation basis.

IV B. Roles

The Block level Committee will monitor and review the following issues and suggest/take appropriate actions:

- i. Overall progress in implementation with regard to:
 - a. Coverage of all habitations/hamlets in the block, especially in SC/ST and minority concentrated and remote areas;
 - b. Coverage of beneficiaries: Sector-wise analysis of registered vs. actual beneficiaries for supplementary nutrition and pre-school education at AWCs as against surveyed population;
 - c. Quality of supplementary nutrition;
 - d. Nutritional status of children 0-3 years and 3-6 years - weightment, roll out of WHO growth standards and joint mother and child protection cards; sector-wise comparison of proportion of moderate and severely undernourished children; Measures being taken for addressing them and progress there on half yearly basis;
 - e. No. of AWCs providing take home ration, morning snacks and hot cooked meals for more than 21 days in the reporting month;
 - f. Number of AWCs which organized the monthly Village and Health Nutrition Days (VHNDs) and details of activities undertaken during VHNDs.
- ii. Coordination and convergence with line departments/programmes:
 - a. Health/NRHM: Joint planning and implementation of timely immunization of children at AWCs, ante-natal and health check-ups, referral services and supply of micronutrients (Vit-A, IFA, de-worming tablet) to AWCs; Functioning of VHND And VHSC and promotion of IYCF; planned visits of ANM to AWCs;

- b. *Water & Sanitation: Provision of potable water and sanitation facility at AWCs;*
- c. *PRIs: Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs;*
- iii. *Other issues relating to programme implementation and actions thereon with respect to:*
 - a. *Regularity of functioning of AWCs - overall, and specifically, those in SC/ST/minority concentrated habitations and submission of MPRs by AWWs;*
 - b. *Manpower vacancies at AWW/Supervisor/CDPO level and their training status;*
 - c. *Payment of honoraria to AWWs/AWHs and travelling allowances to Supervisors;*
 - d. *AWC infrastructure: Construction of AWC buildings through convergence with other schemes/programmes;*
 - e. *Status of supply of all essential items to AWCs (Medicine and PSE kits, weighing scales, joint MCP card, WHO Growth Chart, etc);*
 - f. *Availability of funds for POL, contingency etc at the block level and flexi-fund at AWC level as per revised norms;*
 - g. *Home visits by AWWs during critical contact periods - counseling of pregnant and lactating mothers and families of children under two on key health and nutrition issues;*
 - h. *Supportive supervision by the Supervisors; organization of sector level review meetings; analysis of MPRs; etc. [To review frequency of supervisory visits and reasons for lower than expected frequency]*
 - i. *Observance of Village Health & Nutrition Days (VHNDs) - participation of ANM and PRI Members;*
 - j. *Method(s) of delivery of supplementary nutrition at AWCs - engagement of SLIGs and use of iodized salt at AWC;*
 - k. *Methodology and participation of children in non-formal pre-school education at AWCs - use of locally developed learning and play materials, toy bank and other initiatives;*
 - l. *Engagement of AWWs and Supervisors in non-ICDS activities and arrangement to desist them from it;*
 - m. *Identification of low performing AWCs/Sectors in ICDS implementation and factors responsible for it;*
 - n. *Any other matter as may be relevant for improved implementation.*
- iv. *Complaints/grievance redressal mechanism: Actions taken on the complaints received from individuals, community, PRIs, etc regarding ICDS services such as regularity in AWC functioning, quality of supplementary nutrition, etc and also on dereliction of duties by Supervisors/AWWs;*

- 24 -

Note: The following sources of information may be used for the review meeting:

- a. Minutes and reports of the AWC Level Monitoring Committees;
- b. Analysis of AWC Monthly Progress Reports (MPRs)/Annual Status Reports (ASRs);
- c. Reports of field visits to AWCs by Members of the Committee, and other officials in the block/district;
- d. Reports from the public/media (if any).

V. ANGANWADI LEVEL MONITORING & SUPPORT COMMITTEE (ALMSC) ON ICDS

VA. Composition

- | | |
|--|-------------|
| i. Gram Panchayat/ward member
(preferably woman member) | Chairperson |
| ii. Mahila Mandal (2 Members on rotation) | Members |
| iii. ASHA | Member |
| <u>Representatives of:</u> | |
| iv. Community Based Organization (2) | Members |
| v. Community (Teachers/Retired Govt Officials/
Parents of Children attending AWC) (3) | Members |
| vi. Sakhi under SABLA Programme (if any) | Member |
| vii. Anganwadi Worker | Convener |

Note:

- The Committee will organize regular monthly meetings to discuss various issues in the anganwadi area in the village or ward/slum and record minutes of the meeting. A copy of the minutes may be sent to the Block level Committee and CDPO.
- ICDS Supervisor, ANM, LHV may be invited to the meeting as may be required.

VIB. Roles

The Anganwadi level Committee will review and take/suggest actions to improve delivery of services at the AWC. The Committee is authorized and expected to play the following roles:

- i. Check regularity of functioning of AWC;
- ii. Ensure coverage of all eligible beneficiaries as against the surveyed population;
- iii. Review status of supply of supplementary food to all beneficiaries for at least 21 days in a month;
- iv. Review nutritional status of children 0-3 years and 3-6 years, weightment, availability of WHO New Growth Charts and joint mother & child protection card; and number of moderate and severely undernourished children and steps taken;


- v. Review functioning of non-formal PSE – activities per day, development/ use of local learning and play materials; organization of parents meet; etc.
- vi. Ensure participation of AWWs at VHSC meetings;
- vii. Ensure participation of at least one of the Members (other than AWW, ASHA and ANM) on the monthly Village Health and Nutrition Day at each AWC and to ensure that it is well-organized and well-attended, and that all due services are rendered on that day;
- viii. Review facilities available at the AWC in the light of established norms (Infrastructure including clean water, functioning toilet, play area, PSE/ medicine kits, cooking utensils, etc);
[The Committee may consider ways of locally strengthening the AWC infrastructure mobilizing resources from the community/other schemes]
- ix. Review receipt and utilization of consumables such as food supplements and medicines as well as physical stocks;
 - Find reasons for any shortfalls from expected norms, or discrepancies in stocks;
 - Document and report such shortfalls and discrepancies to the Block Level Monitoring Committee and CDPO;
- x. Attend to any local disputes related to the AWC or AWW, and resolve such disputes amicably; flag unresolved disputes to the Gram Panchayat or Block level Monitoring Committees;
- xi. Interact with the AWW/ICDS Supervisor to understand reasons for any short falls in services provided at the AWC, and find ways to locally strengthen services or correct shortfalls; formally document and report unresolved issues to the Block Level Monitoring Committee, with a copy to CDPO, MO/PHC and Gram Panchayat as appropriate & concerned.
- xii. Any other matter as may be relevant for improving service delivery.

NOTE:

- i. To ensure any/all of the above, the AWC level Committee Members are expected to:
 - o Familiarize themselves with the objectives and spirit of the ICDS programme.
 - o Familiarize themselves with the established norms and guidelines for ICDS by obtaining a copy of such guidelines from the Block Level Monitoring Committee; interact with Members of the Block level Monitoring Committee, or the Supervisor or CDPO, or with the LHV or MO/PHC to seek any clarifications regarding these norms.
 - o Visit the AWC periodically and interact with other members of the community to enquire about the functioning of the AWC.
 - o Convene a monthly meeting to transact its business, preferably soon after the preparation of the AWC MPR, and maintain minutes recording the attendance of Members, issues reviewed, findings, and action taken.
 - o Send a copy of the minutes of the monthly meeting to the Block Level Monitoring Committee.

- ii. On any issue, while it is always preferable to have negotiated and unanimous decisions, the Members present may take decisions based on guidelines and norms. Unresolved issues may be sent to higher level for direction.
 - iii. The Committee and its Members will conduct their business in a manner that does not disturb the day-to-day activities of the AWW/AWC.
6. States/UTs are requested to take necessary actions in constituting the Monitoring & Review Committees at different levels as suggested in para 5 above. An action taken report on this may be sent to GoI by 30 June 2011 along with a report on the impact of the above monitoring mechanism, for discussions in the meeting of the National Level Monitoring & Review Committee and/or review meeting with the State Secretaries.

Yours faithfully,



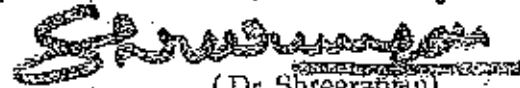
(Dr. Shreerajjan)

Joint Secretary to the Government of India

Tel: 2338 7683

Copy:

- (i) Secretary, Ministry of Health & Family Welfare
- (ii) Secretary, Ministry of Human Resource Development
- (iii) Secretary, Ministry of Rural Development
- (iv) Secretary, Ministry of Minority Affairs
- (v) Secretary, Department of Food
- (vi) Secretary, Department of Drinking Water Supply & Sanitation
- (vii) Secretary, Ministry of Panchayati Raj
- (viii) Principal Advisor (WCD), Planning Commission
- (ix) Director, NIPCCD, New Delhi
- (x) Regional Directors, NIPCCD (Guwahati, Bangalore, Indore and Lucknow)
- (xi) Director, National Institute of Nutrition, Hyderabad
- (xii) All Directors/Dy. Secretaries dealing with ICDS Scheme, MWCD
- (xiii) Joint Technical Advisor, Food & Nutrition Board, MWCD
- (xiv) PS to MOS (I/C), MWCD
- (xv) PPS to Secretary, MWCD
- (xvi) PS to AS & FA(WCD)
- (xvii) PS to JS(CD)/ JS(WD)/ JS(WW)/EA/SA
- (xviii) US(CD-I)/ US(CD-II)/ US (Training)/ AD(WB/ME)
- (xix) Guard File/Sanction Folder
- (xx) Technical Director, NIC, MWCD - with a request to upload in Ministry's website (Child Development Section)



(Dr. Shreerajjan)

Joint Secretary to the Government of India

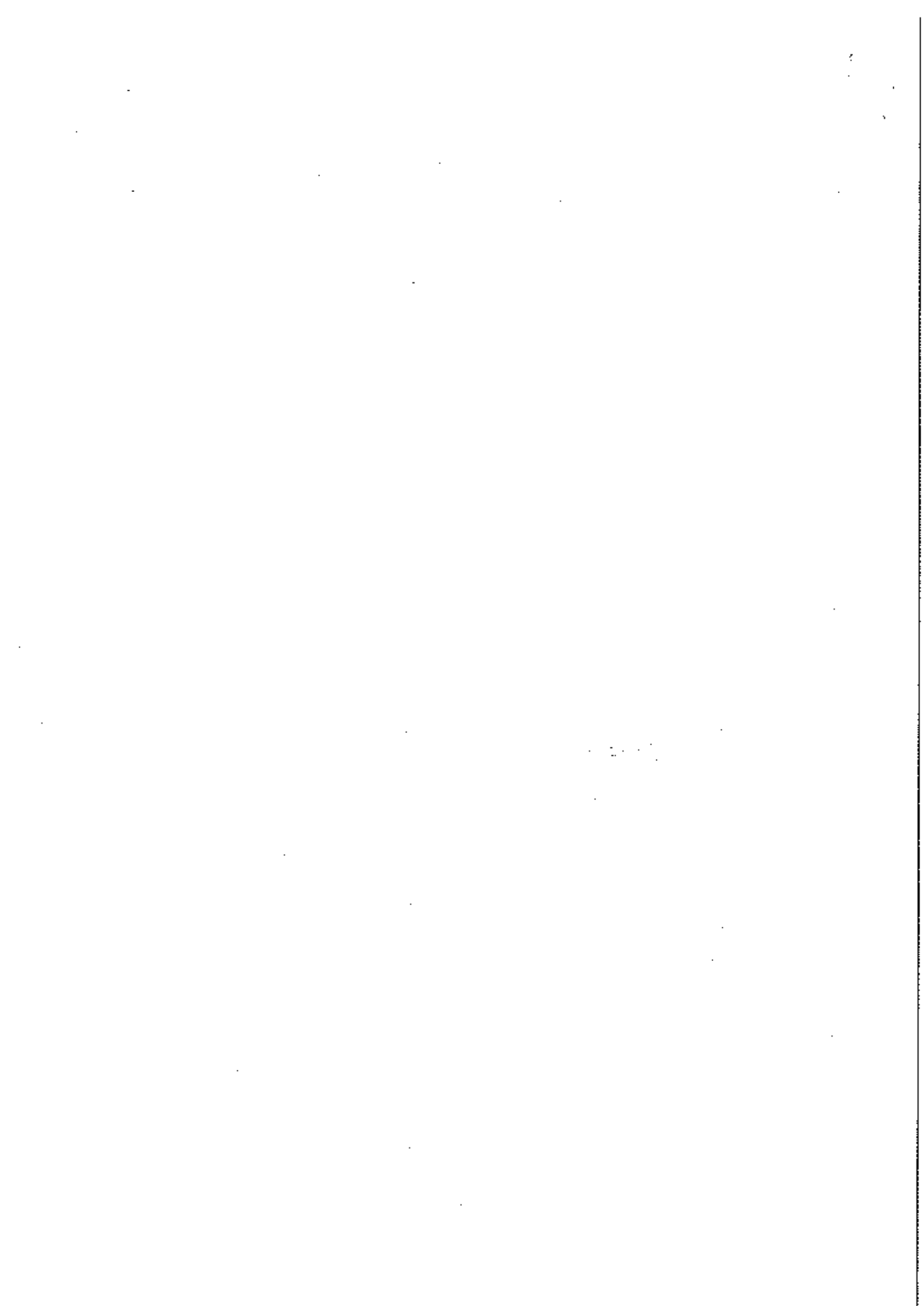


List of Abbreviations

ACDPO	Assistant Child Development Project Officer
ADI	Average Dietary Intake
ANC	Ante Natal Care
ANM	Auxiliary Nursing Midwife
AOD	Anganwadi on Demand
APR	Annual Progress Report
AREF	Amylase Rich Energy Food
ASHA	Accredited Social Health Activist
ATN	Action Taken Note
AWC	Anganwadi Centre
AWH	Anganwadi Helper
AWTC	Anganwadi Training Centre
AWW	Anganwadi Worker
BPL	Below Poverty Line
BRGF	Backward Region Grant Fund
CDPO	Child Development Project Officer
CFNEU	Community Food and Nutrition Extension Unit
CHC	Community Health Centre
CMR	Child Mortality Rate
CMU	Central Monitoring Unit
DDO	District Development Officer.
DHFWS	District Health and Family Welfare Samity
DPO	District Programme Officer
DPO	District Programme Office
DSWO	District Social Welfare Officer
EFC	Expenditure Finance Committee
FNB	Food and Nutrition Board
GOI	Government of India
HPR	Half-yearly Progress Report
ICDS	Integrated Child Development Services
ICDS (G)	ICDS (General)
IEC	Information Education and Communication
IGMSY	Indira Gandhi Matritva Sahyog Yojana
IMG	Inter-Ministerial Group
IMR	Infant Mortality Rate
LDC	Lower Division Clerk
LHV	Lady Health Visitor

M & E	Monitoring and Evaluation
MCPC	Mother and Child Protection Card
MDG	Millennium Development Goals
MIS	Management Information System
MLA	Member of Legislative Assembly
MLTC	Middle Level Training Centre
MNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MO	Medical Officer
MPLADS	Member of Parliament Local Area Development Scheme
MPR	Monthly Progress Report
MTC	Malnutrition Treatment Centre
NABARD	National Bank for Agriculture and Rural Development
NCAER	National Council for Applied Economic Research
NE	Northeast
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
NHED	Nutrition and Health Education
NICSI	National Informatics Centre Services Inc.
NIPCCD	National Institute of Public Co-operation and Child Development
NPAC	National Plan of Action for Children
NREP	National Rural Employment Programme
NRHM	National Rural Health Mission
PAO	Pay and Accounts Office
PHC	Primary Health Centre
PLA	Personal Ledger Account
PNC	Post Natal Care
PPSWR	Probability Proportion to Size with Replacement
PRI	Panchayati Raj Institution
PSE	Pre-School Education
QCL	Quality Control Laboratory
QPR	Quarterly Progress Report
RDA	Recommended Dietary Allowance
RIDF	Rural Infrastructure Development Fund
RTE	Ready to Eat
SC	Sub Centre
SC	Scheduled Castes
SHG	Self Help Group
SLCC	State level Coordination Committee
SN	Supplementary Nutrition
SOE	Statement of Expenditure

SRSWOR	Simple Random Sampling without Replacement
ST	Scheduled Tribes
STRAP	State Training Action Plan
THR	Take Home Ration
UC	Utilisation Certificate
UDC	Upper Division Clerk
UPS	Uninterrupted Power Supply
UT	Union Territory
VAT	Value Added Tax
VHND	Village Health Nutrition Day
WBNP	Wheat Based Nutrition Programme
WCD	Women and Child Development
WHO	World Health Organisation



MINUTES OF THE THIRTEENTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE
(2013-14) HELD ON 24TH SEPTEMBER, 2013

The Committee sat on Tuesday, the 24th September, 2013 from 1500 hrs to 1610 hrs in Committee Room 'A', Parliament House Annexe, New Delhi.

PRESENT

Dr. Murli Manohar Joshi

Chairman

Members

LOK SABHA

2. Shri Anandrao Adsul
3. Shri Ramen Deka
4. Dr. M. Thambi Durai
5. Shri Jayaprakash Hegde
6. Shri Bhartuhari Mahiab
7. Shri Abhijit Mukherjee
8. Shri Sanjay Nirupam
9. Shri Ashok Tanwar

RAJYA SABHA

10. Shri Prasanta Chatterjee
11. Shri Ashwani Kumar
12. Dr. V. Maitreyan

LOK SABHA SECRETARIAT

1. Shri Devender Singh - Joint Secretary
2. Shri Abhijit Kumar - Director
3. Shri A.K. Yadav - Under Secretary

REPRESENTATIVES OF THE OFFICE OF THE COMPTROLLER AND AUDITOR
GENERAL OF INDIA

1. Ms. Shubha Kumar - Director-General (Report Central)
2. Shri Roy S. Mathrani - Director-General (Central Expenditure)

REPRESENTATIVES OF THE MINISTRY OF WOMEN AND CHILD
DEVELOPMENT

1. Ms. Preeti Sudan - Additional Secretary
2. Dr. Shreeranjana - Joint Secretary (Parl.)
3. Smt. Sarita Mittal - Joint Secretary & FA
4. Ms. Sarda Ali Khan - Joint Secretary

2. At the outset, the Chairman welcomed the Members, the Audit Officers and the representatives of the Ministry of Women and Child Development to the sitting of the Committee. The Chairman informed the Committee that on being requested and satisfied with the circumstances, he had exempted the Secretary, Ministry of Women and Child Development from personal appearance. Apprising that the meeting has been convened to have a preliminary briefing on the subject "Integrated Child Development Services (ICDS) Scheme" based on the C&AG Report No. 22 of 2012-13, the Chairman impressed upon the witnesses not to disclose the contents of the deliberations to any outsider especially the Press and Electronic Media. Thereafter, he asked the Additional Secretary to give an overview of the ICDS Scheme and the measures taken by the Ministry to overcome the shortcomings/deficiencies pointed out by the Audit so as to make the Scheme more effective and useful.

3. The Additional Secretary and other Officers of the Ministry accordingly briefed the Committee on various issues relating to ICDS Scheme. They also attended to the queries of the Members on related aspects. As some queries required detailed and statistical information, the Chairman asked the representatives of the Ministry to furnish written reply to the PAC Secretariat as early as possible.

4. The Chairman thanked the representatives of the Ministry for appearing before the Committee and furnishing the available information on the subject.

The witnesses, then, withdrew.

A copy of the verbatim proceedings of the sitting was kept on record.

The Committee, then, adjourned.

**MINUTES OF THE SIXTH SITTING OF THE PUBLIC ACCOUNTS
COMMITTEE (2014-15) HELD ON 08th OCTOBER, 2014.**

The Committee sat on Wednesday the 08th October, 2014 from 1545 hrs. to 1645 hrs. in Room No. '62', Parliament House, New Delhi.

PRESENT

Prof. K. V. Thomas - Chairperson

MEMBERS

LOK SABHA

2. Shri Nishikant Dubey
3. Shri Bhartruhari Mahtab
4. Shri Janardan Singh Sigrwal

RAJYA SABHA

5. Dr. Satyanarayan Jatiya
6. Shri Shantaram Naik
7. Shri Sukhendu Sekhar Roy

LOK SABHA SECRETARIAT

1. Shri A. K. Singh - Joint Secretary
2. Shri Jayakumar T. - Additional Director

**REPRESENTATIVES FROM THE OFFICE OF THE COMPTROLLER AND
AUDITOR GENERAL OF INDIA**

1. Sh. A.K. Singh - Dy CAG (RC/LB)
2. Sh. Balvinder Singh - Dy CAG (CRA)
3. Ms. Subha Kumar - Director General (RC)
4. Shri S. Loomba - DGA
5. Shri T. Theethan - Director General
6. Shri Manish Kumar - Principal Director
7. Shri P. Tiwary - Principal Director

**REPRESENTATIVES OF THE MINISTRY OF WOMEN AND CHILD
DEVELOPMENT**

1. Shri V.S. Oberoi Secretary

2.	Ms. Preeti Sudan	Addl. Secretary
3.	Ms. Manisha Prasad Panwar	Joint Secretary
4.	Shri Vivek Joshi	JS & FA
5.	Shri Gulshan Lal	Director, ICDS

2. At the outset, the Chairperson, PAC welcomed the Officers of the C&AG of India and the representatives of the Ministry of Women and Child Development to the sitting of the Committee. The Chairperson apprised that the meeting has been convened to have oral evidence on the subject "Integrated Child Development Services (ICDS) Scheme" based on the C&AG Report No. 22 of 2012-13. He observed that ICDS scheme is into the 40th year of its existence and is an extremely significant programme conceptualized for healthy growth of children. Recalling that the Supreme Court had set a deadline for achieving universalisation of ICDS, he pointed out that the said goal was not achieved. Thereafter, Secretary, Ministry of Women and Child Development was requested to give an over view of the ICDS Scheme as well as the measures taken by the Ministry to overcome the shortcomings/deficiencies pointed out by the Audit in ICDS so as to make it more effective and useful.

3. The representative of the Ministry then gave a power point presentation on the Audit findings and response of the Ministry thereon. Thereafter, Secretary of the Ministry attended to the queries of the members on ICDS coverage to habitations having predominant SC, ST, OBC and minority population, pre-school education, nutrition and health education, large number of vacancies for the posts of CDPOs supervisors and Anganwadi workers, poor quality of foods served to beneficiaries and lack of infrastructure at the AWCs etc. Further, the Committee desired to have tabular information of the restructured scheme w.r.t. yearly allocation, percentage of utilization, targets and achievement. As some queries required detailed and statistical information, the Chairperson asked the representatives of the Ministry to furnish written replies to the PAC Secretariat as early as possible.

4. The Chairperson thanked the representatives of the Ministry for appearing before the Committee and furnishing the updated information on the subject.

The witnesses then withdrew.

5. XXXXXX XXXXXX XXXXXX

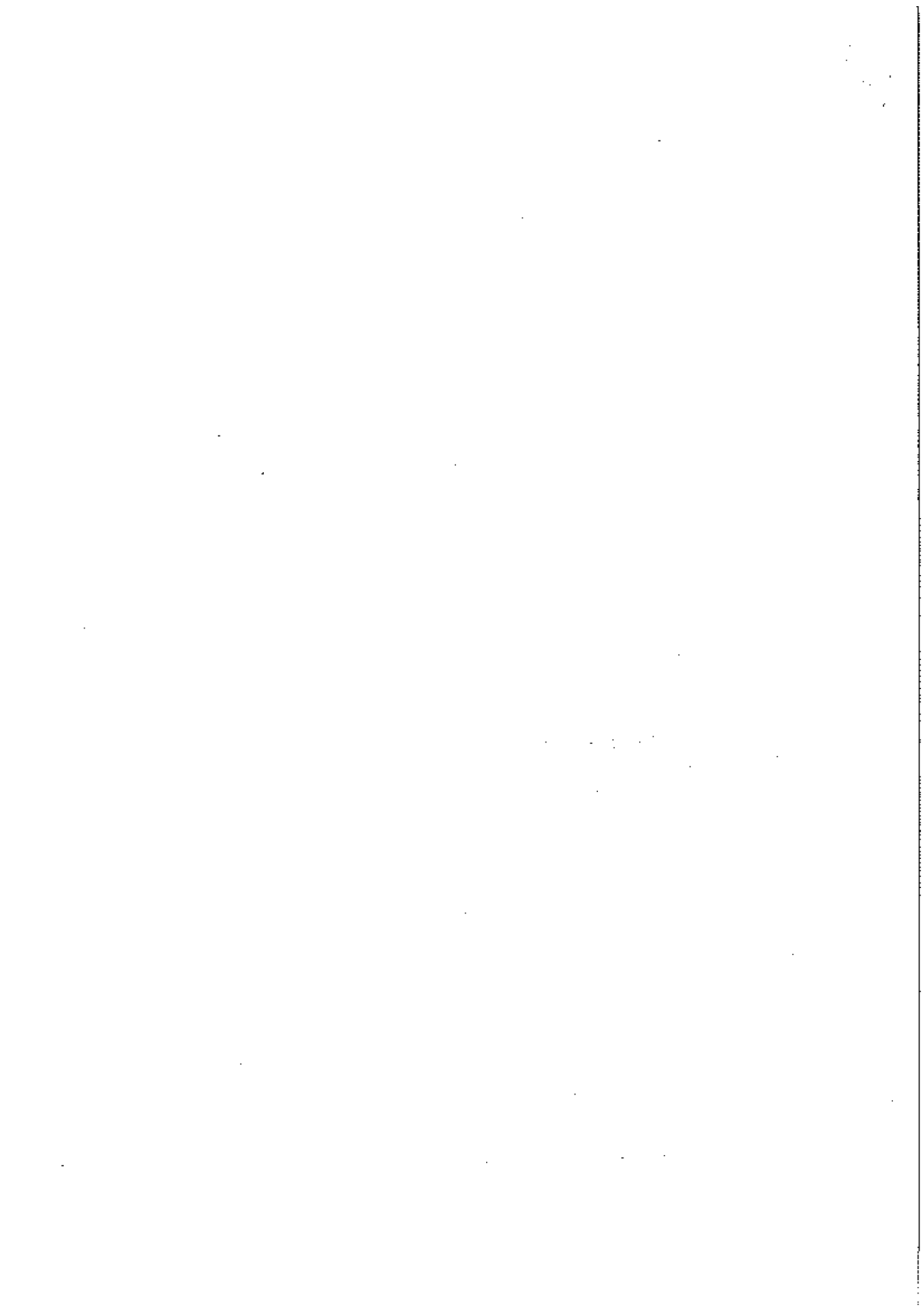
6. XXXXXX XXXXXX XXXXXX

7. The Chairperson thanked the Members for their cooperation.

A copy of the verbatim proceedings was kept on record.

The Committee then adjourned.

X Not related to this Report



MINUTES OF THE EIGHTEENTH SITTING OF THE PUBLIC ACCOUNTS COMMITTEE (2014-15) HELD ON 27TH MARCH, 2015.

The Committee sat on Thursday, the 27th March, 2015 from 1130 hrs to 1415 hrs in Room No. '53', Parliament House, New Delhi.

PRESENT

Prof. K.V. Thomas

- Chairperson

Members**LOK SABHA**

2. Shri S.S. Ahluwalia
3. Shri Nishikant Dubey
4. Shri Gajanan Kirtikar
5. Shri Bhartruhari Mahtab
6. Shri Dushyant Singh
7. Shri Janardan Singh Sigrwal
8. Shri Shiv Kumar Udasi
9. Dr. Kirit Somaiya
10. Dr. P. Venugopal

RAJYA SABHA

11. Shri Vijay Goel
12. Shri Bhubaneswar Kalita
13. Shri Shantaram Naik
14. Shri Sukhendu Sekhar Roy

LOK SABHA SECRETARIAT

1. Shri A.K Singh - Joint Secretary
2. Shri Jayakumar T. - Additional Director
3. Shri P. Haokip - Deputy Secretary

REPRESENTATIVES OF THE OFFICE OF THE COMPTROLLER AND AUDITOR
GENERAL OF INDIA

1. Shri A.K. Singh - Deputy C&AG (RC)
2. Shri Satish Loomba - Director-General (Central Expenditure)
3. Shri L.S. Singh - Principal Director (PAC)
4. Shri Atoorva Sinha - Director
5. Shri K.Mani - Director (O/o DGCE)

REPRESENTATIVES OF THE MINISTRY OF CULTURE

1. Shri Ravindra Singh - Secretary
2. Shri K.K. Mittal - Additional Secretary

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5. The witnesses then withdrew.
6. The Committee thereafter took the following draft reports for consideration:-
 - i). Draft report on 'Integrated Child Development Services (ICDS) Scheme' based on C&AG Report No. 22 of 2012-13.
 - ii). Draft report on the subject 'Railways Finances' based on C&AG Report No. 12 of 2013.
 - iii). Draft report on action taken by the Government on the observations/ recommendations contained in the Ninety-Fifth Report (Fifteenth Lok Sabha) on 'Implementation of Agricultural Debt Waiver and Debt Relief Scheme, 2008'.
7. However, one of the members desired that he had certain suggestions for the draft report on Railways Finances which Hon'ble Chairperson may consider for inclusion. Hon'ble Chairperson asked the member to give his suggestion in writing and assured for giving due consideration to the same.
8. After discussions, the Committee adopted the three draft reports with minor modifications as suggested by the Members. The Committee then authorized the Chairperson to finalize the reports in the light of factual verifications, if any, made by the Audit and present them to Parliament on a convenient date.

A copy of the verbatim proceedings was kept on record.

The Committee, then, adjourned.

X Not related to this Report.