Report of the
Comptroller and Auditor General of India

For the year ended 31 March 2015

PERFORMANCE AUDIT
on
EMPOWERMENT of WOMEN

Government of Uttar Pradesh

Report No. 3 of 2016

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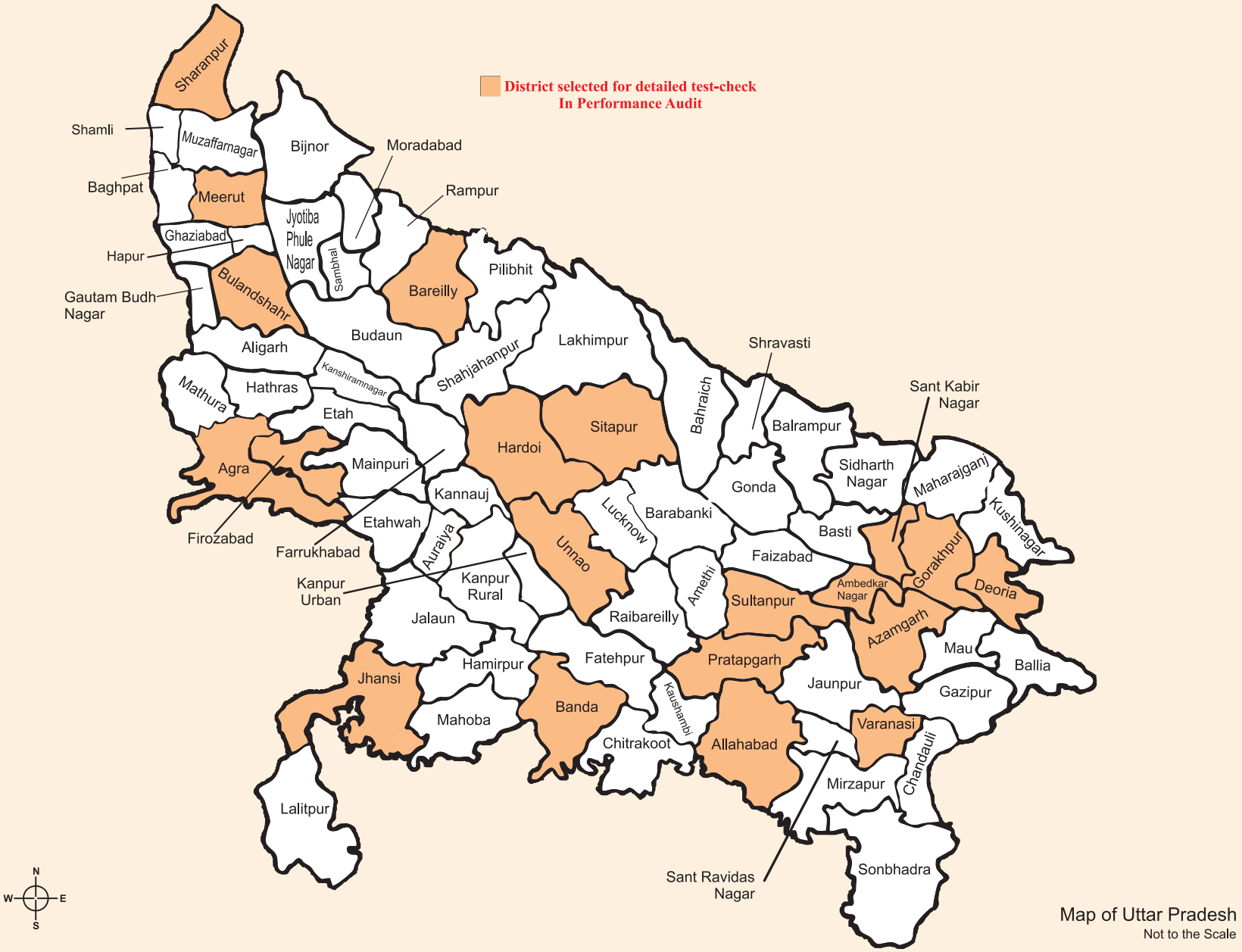
PREFACE

This Report containing the observations arising out of Performance Audit on "EMPOWERMENT OF WOMEN" has been prepared for submission to the Governor of Uttar Pradesh under Article 151(2) of the Constitution.

The cases mentioned in the Report are among those which came to notice in the course of test audit of records of Women and Child Development Department, Women Welfare Department, Medical Health and Family Welfare Department and Home (Police) Department relating to selected schemes/Acts implemented by these departments for Empowerment of Women. Performance Audit covered the period 2010-11 to 2014-15.

The Audit has been conducted in conformity with the Auditing Standards issued by the Comptroller and Auditor General of India.

Executive Summary



Map of Uttar Pradesh

Not to the Scale

Executive Summary

Women Empowerment is a burning issue all across the world especially in developing countries like India where gender inequality and discrimination against women persists for centuries. Indian Constitution guarantees equality and equal protection of law for both men and women, prohibits gender discrimination and empowers the States for adopting special measures for women and children. India has also ratified the Convention on Elimination of All Forms of Discrimination Against Women in 1993. Despite these constitutional provisions and ratifying international conventions, Indian women continue to face discrimination in social, economic, religious and other spheres adversely affecting their advancement, development, confidence and security.

In Gender Gap Index rankings, India ranked 108 out of 145 countries in World Economic Forum 2015 much below some of our neighboring countries such as Sri Lanka at 84 and China at 91. The State of Uttar Pradesh has also been performing poorly in removing gender inequalities/disparities and ranked 26 amongst all Indian States with sex ratio of only 908 females per 1000 males as per 2011 Census. The maternal mortality rate (292 per one lakh live births) of the State was much above the all India average (178) and at approximately three times higher than the UN Millennium Development Goals, 2015 (109). Every second child in the State is undernourished and 52 *per cent* of pregnant women were anaemic as per data maintained by State Nutrition Mission. There were wide wage disparities between men and women. The incidence of crime against women in the State were highest in the country.

We have, therefore, taken up this performance audit to evaluate important government schemes relating to Empowerment of Women in the State to ascertain efficiency and effectiveness of their implementations, identify slippages and make suitable recommendations for taking appropriate corrective measures by the State Government.

As women empowerment is a multidimensional issue and it is not possible to examine all the schemes in one performance audit, we have selected 11 government schemes/Acts for examination during the course of this performance audit. These schemes relate to controlling abuse of modern technology for sex selection, reducing maternal mortality rates through institutional/safe deliveries, family planning, improving health and nutritional support of mother and girl child, addressing problems of adolescent girls, providing financial and other supports to victims of crime and women in distress, etc. The focus of this performance audit has been on women empowerment issues related to health, nutrition, safety and wellbeing of women so that they can live their life freely with a sense of self-worth, respect and dignity.

The performance audit covers the period from 2010-11 to 2014-15. Out of 75 districts of the State, 20 districts were selected for detailed test-check of implementation of the schemes.

Chapter-1 of the report provides the introduction and major audit findings of the performance audit are contained in Chapter 2 to Chapter-8 of the report. The conclusions and recommendations are listed in the Chapter-9.

Our major audit findings are as follows:

Chapter 2 - Planning and Financial Management

- To promote gender equality and women empowerment, the Government of India (GoI) has already implemented gender based budgeting in the Ministries. The Government of Uttar Pradesh (GoUP) had declared State Women Policy in 2006 accepting the principle of gender based budgeting for introduction from the year 2005-06. GoUP, however, failed to adopt the gender based budgeting even after 10 years of its declaration of State Women Policy in 2006.

(Paragraph 2.1.1)

- Gender segregated data was not maintained by programme implementing agencies and, therefore, proper identification of beneficiaries, accurate need assessment of financial and other resources required, and setting realistic performance targets and goals were not feasible.

(Paragraph 2.1.2)

- In various schemes related to empowerment of women such as Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection), Medical Termination of Pregnancy, Maternal Death Review, Family Planning, *Kishori Shakti Yojna* and Uttar Pradesh Victim Compensation Scheme, there were significant savings ranging from 46 to 100 *per cent* indicating non-achievement of targets/goals in respect of these schemes due to lack of proper planning and inefficient implementation by implementing agencies and ineffective monitoring by the governance structure.

(Paragraph 2.2)

Chapter 3 - Missing Daughters

Steep decline in the child sex ratio in the State is becoming an area of serious concern which needs to be addressed by the Government on priority. The practice of sex selective abortions had been a critical influencer of skewed sex ratio after advent of modern technologies. The use of ultrasound technology has become the most common mode of sex determination. In view of growing misuse of technology, the Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC-PNDT), 1994 was enacted to check female foeticide and address gender-biased sex selection and hence, improve sex ratio at birth.

The Act provides for mandatory maintenance and preservation of certain records and information by all Ultrasonography Centres (USG), frequent inspection and close monitoring of the activities of these centres by the district authorities and complete mapping of USG centres by the Government to ensure that the ultrasonography and other diagnostic testing is carried out by the registered centres/clinics only for bona-fide medical purposes on the recommendation of a qualified doctor and were not used illegally for sex determination and termination.

We conducted scrutiny of records of USG centres and also carried out joint physical inspections of selected centres/clinics along with the departmental officials, and our findings are as follows:

Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

- GoI allotted only 35 *per cent* funds against the requirement of ₹ 20.26 crore projected by the State during 2010-14, against which the State Government could utilise only 54 *per cent* (₹ 3.86 crore) of the meagre allocation of ₹ 7.09 crore made during 2010-14 indicating inadequate implementation of the Act and leaving USG centres largely un-monitored and un-regulated.

(Paragraph 3.1.3)

- Ultrasonography (USG) centres did not maintain/preserve mandatory basic records/information as such 68 *per cent* of the ultrasonography cases test-checked did not have referral slips of doctors who recommended such tests and 57 *per cent* did not mention the purpose of carrying out USG/diagnostic procedures. In absence of which it was difficult for the inspecting authorities to establish the purpose of carrying out diagnostic procedures and large scale misuse of technology for illegal sex determination could not be ruled out.

(Paragraph 3.1.4.2)

- None of the test checked centres kept backups/records of images taken during ultrasonography of pregnant women which is mandatory to be kept for two years and 16 *per cent* USG centres did not submit prescribed monthly returns. In absence of proper maintenance of mandatory records and non-receipt of prescribed returns, effective monitoring and inspection of the USG centres in the districts was not possible.

(Paragraph 3.1.4.2 and 3.1.4.3)

- District Appropriate Authorities (DAAs) did not conduct prescribed number of inspections of USG centres and there was a shortfall of 76 *per cent* against the norm prescribed under the Act.

(Paragraph 3.1.4.4)

- In 96 *per cent* cases, DAAs did not issue inspection reports to USG centres after their inspections. 13 out of 20 test-checked DAAs did not maintain even information of USG centres functioning under their jurisdiction. This indicated extremely lackadaisical approach adopted by the District Appropriate Authorities towards strict enforcement of the provisions of the Act.

(Paragraph 3.1.4.5)

- Mapping of sale of USG machines was not carried out by the State/District Appropriate Authorities in any of the districts test checked. In the absence of mapping of USG machines and exact location of their operation, State Appropriate Authority (SAA) and DAAs were not able to effectively monitor and regulate the activities of such centres/clinics.

(Paragraph 3.1.4.6)

- It was found in joint physical inspection that USG machines did not have memory to save data for more than 24 hours making it difficult to verify their actual usage in inspection/surprise checks. GoUP also failed to introduce online tracking system for tracking of all the scanning done on USG machines to facilitate centralized monitoring, and control misuse of these machines for illegal purposes.

(Paragraph 3.1.4.7)

- Breach of important provisions of the Act was noticed in 936 (58 *per cent*) out of 1,652 USG centres in 20 test checked districts. Despite, rampant breaches of the mandatory provisions, neither any action was taken nor any penalty imposed on the defaulting USG centres by District Magistrates.

(Paragraph 3.1.4.11)

- State Supervisory Board (SSB) headed by Hon'ble Minister-in-charge of Health and Family Welfare, State Advisory Committee (SAC) and District Advisory Committee (DACs) neither met regularly nor ensured proper follow up action on their directions regarding maintenance of basic records/information by USG centres, conduct of regular inspections, tracking of pregnancies, providing toll free lines for registration of complaints, ensuring receipt of monthly reports from USG centres, sealing USG centres breaching provisions of the PC-PNDT Act and initiating legal action against them.

(Paragraph 3.1.5.1 and 3.1.5.2)

- State Inspection and Monitoring Committee (SIMC) also did not carry out adequate number of random inspections. The number of decoy operations carried out by DAAs was also negligible.

(Paragraph 3.1.5.3)

Medical Termination of Pregnancy Act, 1971

The Medical Termination of Pregnancy Act, 1971 (MTP, Act), provides for the termination of pregnancies by registered medical practitioners in cases where length of pregnancy ranged between 12 and 20 weeks and continuance of pregnancy would involve a risk to life of the pregnant woman or of grave injury physical or mental health; or there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities so as to be seriously handicapped.

- Only 11 *per cent* of the total funds allocated (₹ 4,058.12 lakh) for MTP purposes during 2010-15 could be utilised by the department due to non-procurement of kits and equipment required for MTP.

(Paragraph 3.2.2)

- Only six *per cent* of 773 Community Health Centres (CHCs) in the State were having MTP facilities. As a result, majority of women in rural areas had no access to safe abortion services at affordable cost and at reasonable distance from their habitations.

(Paragraph 3.2.3)

- Only 548 of 2,083 nursing homes/hospitals having MTP facilities and operating in test-checked districts, were registered under MTP Act.

(Paragraph 3.2.4.1)

- Inspection to ensure safe and hygienic conditions for MTPs had not been carried out by Chief Medical Officers/District Level Committees (DLCs) during 2010-15 in any of test-checked districts. CMOs of 10 out of 20 test-checked districts did not receive monthly report on MTP while out of remaining 10, CMOs of 7 districts had received MTP reports sporadically and in incomplete format.

(Paragraph 3.2.5.3)

- Only 25 *per cent* of MTPs, which were conducted at Government hospitals, were reported and remaining 75 *per cent* MTPs were conducted at private clinics, most of which were unregistered. The department did not have any information on the total number of MTPs in the State including those conducted in unauthorised clinics.

(Paragraph 3.2.5.4)

Chapter 4 – Controlling Maternal Mortality

Janani Surakhsha Yojana

The main objective of *Janani Suraksha Yojana* (JSY) is to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) and to provide safe motherhood by encouraging institutional deliveries.

We in audit observed that:

- Target for institutional deliveries was only 1.24 crore (46 *per cent* of registered pregnant women) during 2010-15 indicating that majority of rural women had to depend on home deliveries by unskilled birth attendants due to non-affordability of private nursing homes and lack of access to Government institutions.

(Paragraph 4.1.2)

- There was shortage of government health centres in the State as only 773 CHCs, 3,538 PHCs and 20,521 Sub centres were functional as on March 2015 against the required number of 1,555 CHCs, 5,183 PHCs and 31,100 Sub-centres respectively indicating lack of government health facilities in rural areas.

(Paragraph 4.1.2)

- There were huge shortfalls in achievement of targets for home deliveries by Skilled Birth Attendants which increased from 55 *per cent* in 2010-11 to 92 *per cent* in 2014-15. A large number of rural poor approximately 111.76 lakh (42 *per cent*) had to depend on home deliveries by unskilled attendants during last five years.

(Paragraph 4.1.3 (i) and (ii))

- No private nursing homes and hospitals were accredited in the State for JSY purposes. Only 7,226 sub centres (42 *per cent*) under CHCs/PHCs were accredited to the scheme as of March 2015 against 17,219 sub centres running in government buildings in the State.

(Paragraph 4.1.5 and 4.1.6)

Maternal Death Review

MDR programme was started with the objective to effectively reduce Maternal Mortality Rate through qualitative improvements in delivery of Services. However, we in audit observed that:

- Expenditure of only ₹ 1.70 crore was incurred against the allotment of ₹ 7.22 crore indicating that very few cases of maternal death were reviewed by the Department.

(Paragraph 4.2.1)

- 85 *per cent* of the estimated Maternal Deaths (55,242 Deaths) were unreported and 86 *per cent* were un-reviewed during 2010-15 in the state, defeating the objective of the scheme.

(Paragraph 4.2.2)

Family Planning Programme

There is a close relationship between birth spacing and maternal health. The objective of Family Planning Programme was to control the population growth and have a positive impact on state of maternal health by encouraging adoption of appropriate family planning methods.

We in audit observed that:

- 49 *per cent* of allotted funds (₹ 380.57 crore) under the scheme remained unutilized during 2010-15.

(Paragraph 4.3.1)

- Target fixed for females (tubectomy) was 20 times higher than the target fixed for males (vasectomy); while achievement for tubectomy was 41 times of the achievement for vasectomy in terms of absolute numbers.

(Paragraph 4.3.2)

- There was short-fall in achievement of Intra-Uterine Device (IUD) targets ranging from 41 to 47 *per cent*, while no targets were fixed for most common and non-invasive methods viz. oral-pills and condoms etc.

(Paragraph 4.3.3)

Chapter 5 –Improving Health and Nutritional Support

Women are severely disadvantaged in having poor diet and access to health care services. Women face high risk of malnutrition and disease at all the three critical stages viz., infancy and childhood, adolescence and reproductive phase. As maternal and child nutritional levels in the State remain to be persistently low and access to medical care was limited, there is a wide prevalence of deficiency diseases, low body mass index and other related health issues. This is also one of the main cause of high rate of maternal and infant mortality. Hence, addressing nutrition and health care issues has been one of the prime focus of the Government policy on the women empowerment.

Integrated Child Development Services (ICDS) Scheme

The Scheme aims at holistic development of children up to six years of age, pregnant women and lactating mothers. The scheme is implemented through Angan Wadi Centre (AWC), located within the village or a slum, and run by an Angan Wadi Worker (AWW) with the support of Angan Wadi Helper (AWH) in service delivery. However, we in audit observed that:

- Adequate number of AWCs, as required under the scheme guidelines, were not established. Against the requirement of 2,85,429 AWCs, 1,90,145 (67 *per cent*) were sanctioned and 1,87,997 (66 *per cent*) were functional in the State.

(Paragraph 5.3.1)

- Basic amenities like toilet facilities were not available in 43,600 AWCs (68 *per cent*), safe drinking water facilities were not found in 53,757 AWCs (84 *per cent*), and kitchens were not provided in 18,467 AWCs (29 *per cent*) test checked.

(Paragraph 5.3.2)

- Initially, 9400 AWCs in the State were to be equipped with the facility of crèche. The Government of Uttar Pradesh decided to establish 3000 crèches during 2014-15. However, none of the crèches were established in the State, depriving the targeted children and their mothers of the intended benefits of the scheme.

(Paragraph 5.3.3)

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

(Paragraph 5.4.1.1 (i))

- The State had total 3.21 crore to 3.44 crore pregnant women, lactating mothers and children between six months and six years of age, however, supplementary nutrition was provided to only 2.33 crore to 2.52 crore beneficiaries during 2010-15. Hence, 22 to 32 *per cent* pregnant women, lactating mothers and children were deprived of the benefits of supplementary nutrition programme during 2010-15.

(Paragraph 5.4.1.1 (ii))

- Nutritional support was provided to the beneficiaries ranging between 20 and 22 days in a month and 240 to 269 days in a year during 2010-15 against the prescribed norms of 25 days per month and 300 days per year.

(Paragraph 5.4.1.1 (iii))

- Required funds were not released to 17, out of the 20 test-checked districts, during 2010-15, which resulted in supply of hot cooked food to the children for only two to nine months in a year.

(Paragraph 5.4.1.1 (iv))

- 42 *per cent* of the children in the State were underweight and 15 *per cent* were suffering from wasting. The number of severely malnourished children increased more than five times from 0.28 lakh in 2010-11 to 1.46 lakh in 2014-15.

(Paragraph 5.4.1.1 (v) and 5.7)

- Nutrition and Health Education was neglected in *AWCs* as documentation regarding house visits by *AWWs* to counsel the mothers and their families during critical contact periods of pregnancy, infancy and sickness was not maintained in 157 (52 *per cent*) out of 300 test checked AWCs.

(Paragraph 5.4.1.2)

- Number of girls not attending Pre School Education activities has exponentially increased from three *per cent* in 2010-11 to 33 *per cent* in 2014-15.

(Paragraph 5.4.1.3 (i))

- Pre-natal and post-natal health check-up services were inadequate as pre-natal and post-natal cards were not issued to expectant/lactating mothers in 217 (72 *per cent*) out of 300 test checked AWCs.

(Paragraph 5.4.2.1)

- Only ₹ 19.75 crore (34 *per cent*) of released amount of ₹ 58 crore was utilized for purchase of medicine kits during 2010-15 within the respective financial year. Medicine kits for common ailments like fever, cold, worm infection etc., were not supplied to 1,87,997 AWCs (100 *per cent*) in the State in 2012-13 and about 50 *per cent* AWCs were not issued medicine kits in 2011-12 and 2014-15.

(Paragraph 5.4.2.1 (i))

- Health care services provided at AWCs were deficient as new growth charts were not available in 60 to 95 *per cent* AWCs; Maternal and Child Protection cards, baby weighing machines and adult weighing machines were also not available in 91 to 100 *per cent*, 22 to 84 *per cent* and 22 to 84 *per cent* AWCs respectively.

(Paragraph 5.4.2.1 (ii))

- Monitoring and Evaluation Committees at district, block and AWC level neither met regularly nor the functionaries of ICDS conducted regular inspections of AWCs. The revised web-based MIS was also not implemented in AWCs in the State.

(Paragraph 5.6)

Chapter 6 - Adolescent Girls

To address the problems of adolescence, a significant phase of transition from childhood to adulthood and marked by physical changes accompanied by psychological changes, *Kishori Shakti Yojana* (KSY) and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or Sabla (SABLA) were launched through ICDS platform. The objectives of these schemes were to make adolescent girls (AGs)

aware of health, nutrition, and lifestyle related behaviour and adolescent reproductive and sexual health needs to be positioned in this phase of life in order to improve the health of adolescent girls and facilitate an easier transition to womanhood. KSY has been implemented in 53 districts and SABLA in remaining 22 districts of the State. An expenditure of ₹ 11.69 crore was incurred on implementation of KSY and ₹ 1,186.41 crore on SABLA during 2010-15. We in audit observed that:

Kishori Shakti Yojana

- Only ₹ 11.69 crore (62 *per cent*) of released amount of ₹ 18.88 crore was spent during 2010-15 for implementation of the scheme in the State.

(Paragraph 6.1.1.1)

- Due to ceiling of covering just 60 adolescent girls per block, only 35100 adolescent girls (less than one *per cent*) out of the total population of 70,74,240 adolescent girls were provided supplementary nutrition in the test-checked districts, leaving balance 99 *per cent* adolescent girls uncovered. Thus, KSY had little impact on nutritional status and vocational skills of adolescent girls in 53 districts of the State.

(Paragraph 6.1.2)

- Shortfall of 87 *per cent* in achieving targets fixed for imparting vocational training to adolescent girls was noticed in the test checked districts.

(Paragraph 6.1.4)

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls/SABLA

- An expenditure of ₹ 1,186.41 crore was incurred on the scheme during 2010-15 including Central share of ₹ 564.34 crore and 97.77 lakh Adolescent Girls (AG), were covered under the scheme.

(Paragraph 6.2.1.1)

- Take Home Ration (THR) was not provided to 13.45 lakh adolescent girls (AGs) in the test checked districts during 2011-15. This implied that 28.21 *per cent* of the eligible AGs did not get nutritional support under the scheme in these districts.

(Paragraph 6.2.3.1)

- Vocational training was not imparted to adolescent girls in any of the six test-checked districts during 2011-15.

(Paragraph 6.2.3.2 (i))

- Only 26,084 training kits (10 *per cent*) against requirement of 2,60,865 kits in 52,173 AWC's of 22 districts covered under the scheme were provided in the year 2014-15.

(Paragraph 6.2.3.2. (ii))

Chapter 7 - Crime Against Women

Crime against women includes any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. The incidence of crime against women in India have been increasing continuously with 2.13 lakh cases reported in 2010 which rose to 3.37 lakh cases in 2014 registering a growth of 58 *per cent* in last four years. According to the report of National Crime Records Bureau (NCRB) for the year 2014 (latest), Uttar Pradesh earned the dubious distinction of leading the list of States where crime against women in 2014 was highest, accounting for 11.4 *per cent* of the total number of incidence of crime against women in the country.

We in audit observed that:

- The incidence of crime against women in the State have been rising consistently during last five years. There has been 61 *per cent* increase in incidence of crime against women between 2010-11 and 2014-15. The increase in crime has been very steep during 2013-14 when the number of such incidence shot up from 24,652 in 2012-13 to 31,810 in 2013-14. The incidence of crime against women have not declined in 2014-15.

(Paragraph 7.1)

- There was substantial increase in cases of rape (43 *per cent*) and kidnapping and abduction of girls/women (21 *per cent*) during 2013-14 as compared to previous year. 59 *per cent* of the victims of rape and 71 *per cent* of victims of kidnapping and abduction were minor girls.

(Paragraph 7.2)

- The cases of Torture-both mental and physical increased from 7302 in 2010-11 to 9476 in 2014-15. There has been significant increase of 24 *per cent* in 2013-14 over the previous year.

(Paragraph 7.2)

- The cases of assault on women with intent to outrage her modesty have increased from 2989 in 2010-11 to 7972 in 2014-15. Maximum number (55 *per cent*) of victims for the said crime were minor girls. In the year 2013-14 there was an increase of 73 *per cent* in the cases of assault on women with intent to outrage her modesty over the previous year.

(Paragraph 7.2)

Police manpower

- To protect 19.98 crore population of the State and to enforce law and order and deal with all types of crime including crime against women only 81 police personnel per one lakh population were available against the sanctioned strength of 178.48 police personnel per one lakh population in the State. Since Uttar Pradesh tops the list of the States having highest number of violent crimes against women accounting

for 12.7 *per cent* of the total number of violent crimes in the country and also has maximum incidence of crime against women, shortage of about 55 *per cent* of the police manpower if not immediately bridged may further worsen the crime scenario in the State.

(Paragraph 7.4)

- Women police personnel constitute only 4.55 *per cent* of the total police force in the State against the Ministry of Home Affairs advisory (September 2009) of 33 *per cent*.

(Paragraph 7.4.1)

Crime and Criminal Tracking Network and Systems

- Implementation of Crime and Criminal Tracking Network and Systems (CCTNS) has been considerably delayed in the State. Except for registration of FIRs, other functionalities/ modules of Core Application Software (CAS) are rarely being used by the police stations and higher offices though made functional. Further, citizen centric services envisaged to be made available through police portal and *via* SMS have not yet been made fully functional.

(Paragraph 7.6)

Compensation schemes

- Under the direction of the Hon'ble Supreme Court, a scheme for restorative justice was formulated by GoI as 'Financial Assistance and Support Services to Victims of Rape: A Scheme for Restorative Justice'. The allocation of ₹ 15.03 crore by GoI during 2010-12 under this scheme, was not utilised by the State though 3544 cases of rape were reported in the State during the same period.

(Paragraph 7.7.1)

- Out of the total 18 cases for sanction of compensation under The Uttar Pradesh Victim Compensation Scheme, only two cases have been awarded compensation and remaining 16 cases are pending for four to 20 months as of December 2015.

(Paragraph 7.7.2)

Ujjawala – Support Services for Trafficked Women

Ujjawala scheme is implemented for prevention, rescue and rehabilitation of trafficked women and their children. Under the scheme *Ujjawala* homes are set up for providing immediate relief such as food, shelter, trauma care and counselling to the rescued victims. The victims are also to be provided skill training, capacity building and guidance in income generating activities to empower and help them to live independently.

- Only 13 *Ujjawala* projects were implemented in the State during 2010-11 to 2014-15 covering 11 districts. No second and subsequent installments were released to 12 out of 13 projects. All the three projects located in the test checked districts (Allahabad, Pratapgarh and Unnao) were found closed. Hence, *Ujjawala* scheme had become largely non-functional in the State.

(Paragraph 7.9.1)

- No *Ujjawala* homes were established in districts bordering Nepal which are major transit areas vulnerable to trafficking as per UN report.

(Paragraph 7.9.2)

- The State Level Monitoring Committee was not formed and periodic evaluation of the projects through reputed institutions was not done.

(Paragraph 7.9.3)

Chapter 8 - Destitute Women

The *Swadhar Greh* scheme is meant to provide temporary accommodation, maintenance and rehabilitation service to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism etc. We in audit observed that:

- District Women Welfare Committees for planning and implementation of the *Swadhar Greh* scheme in the districts were not constituted, as a result, the magnitude of prevalence of destitution in women in the districts remained un-assessed.

(Paragraph 8.2.1)

- *Swadhar Grehs* were established in only 42 out of 75 districts in the State as of March 2015.

(Paragraph 8.2.2)

- The State Department as well as implementing agencies had not established necessary linkages with other programmes such as non-formal education, skill development, etc., which resulted in non-achievement of the objective of upliftment and economic rehabilitation of inmates of *Swadhar Greh* through linkage with other programmes.

(Paragraph 8.2.3)

- Inadequate infrastructure, excess reporting of beneficiaries, lack of support services, non-rehabilitation of inmates and improper maintenance of records were found in *Swadhar Grehs,* functioning in test checked districts.

(Paragraph 8.3)

Introduction

Chapter 1 - Introduction

1.1 Introduction

Empowerment of Women is a burning issue all across the world especially in developing countries including India. Article 14 and 15 of Constitution of India guarantees equality and equal protection of law for both men and women and prohibits gender discrimination. The directive principles of State policy contained in Article 39 of the Constitution also require the State to direct its policies towards providing adequate means of livelihood equally for men and women and ensure equal pay for equal work. India has also ratified the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 1993.

Despite the above Constitutional provisions and ratifying the International Convention, Indian women continue to face discrimination in social, economic and other spheres adversely affecting their advancement, development, confidence and security. Discrimination against women ultimately results in adverse sex ratio, malnutrition, high female mortality rates, illiteracy, serious wage disparities, crime against women, and various other forms of social, cultural and economic malpractices leading to exploitation and marginalisation of women. In Gender Gap Index[1] rankings, India ranked 108 out of 145 countries in World Economic Forum 2015, even much below our neighbours such as Sri Lanka at 84 and China at 91.

The State of Uttar Pradesh has also been performing poorly in removing gender disparities. With sex ratio of 908 females per 1,000 males, it ranked 26 amongst all Indian States as per Census 2011. The rates of maternal and infant mortality continue to be much higher in the State in comparison to the national average. Further, Parliament enacted Equal Remuneration Act, 1976 fixing responsibility on the employer to pay equal remuneration to men and women workers for same work or work of similar nature. However, discriminatory practices are prevalent in labour markets which get reflected in the wages paid to women workers. The disparity in male and female wages in Uttar Pradesh was as high as 73 *per cent* in rural areas and 31 *per cent* in urban areas as per National Sample Survey 2011-12. Women also continue to face discrimination in government wage employment and self-employment programmes including skill development in the State.

[1] Gender Gap Index examines the gap between men and women in four fundamental categories: Economic Participation and Opportunity, Educational Attainment, Health and Survival and Political Empowerment.

Economic and educational empowerment hold the key to women empowerment as lack of literacy and financial independence impedes growth and limits access to opportunities and has a host of other negative impacts including poor health, sanitation, hygiene, nutrition and more instances of violence and crimes against women. In terms of education, there is a wide disparity in men and women which is reflected in high female illiteracy rates in the State. The female literacy rate (57.18 *per cent*) in Uttar Pradesh is much below the male literacy rate of 77.28 *per cent*. The State of Uttar Pradesh ranks 31 amongst all Indian States and Union Territories in terms of female literacy. Crime against women in the State as per cases reported and registered with the police department has also been rising with no indication of any reversal in trend in any of the categories of violence/crime during 2010-15.

By its very nature, the issue of women empowerment is multi-dimensional and, therefore, both Central and State Governments have implemented number of schemes intended to reduce gender inequality in the areas of education, employment, health, nutrition, safety and security. The goal and objective of the Government policies on Women Empowerment is to bring about advancement and overall development of women by ensuring gender equality and eliminating discrimination and violence against women. Some important Government schemes dealing with the issues of women empowerment and gender equality are given in ***Appendix 1.1***.

As it was not possible to examine all the schemes in this Performance Audit due to limitation of resources, time and space, we had selected 11 government schemes/Acts for examination during this Performance Audit covering areas such as adverse sex ratio, abuse of modern technology in sex selection, controlling high maternal and infant mortality through institutional/safe deliveries, providing proper health and nutritional support to mother, child and adolescent girls, violence and crime against women and providing support to women in distress. The focus of this review has been on women empowerment issues related to health, safety and wellbeing of women so that they can freely live their life with a sense of self-worth, respect and dignity.

While law and order is a State subject, other schemes selected in the performance audit are centrally sponsored schemes implemented through the State Government Departments, Urban Local Bodies, *Panchayati Raj* Institutions, etc. The specific schemes selected for review under the performance audit and their primary objectives are given in the table below:

Table 1.1: Details of schemes and their objectives, selected in this performance audit

Sl. No.	Theme	Legislation(s)/ Scheme(s)/Programmes	Objectives of the selected schemes/Acts
1.	Adverse child sex ratio and regulation of modern technologies for sex determination and termination (Missing Daughters)	1. Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994	The Act prohibits determination and disclosure of the sex of foetus to check female foeticide.
		2. Medical Termination of Pregnancy Act, 1971	The Act provides for the termination of certain pregnancies by registered medical practitioners.
2.	Reducing Maternal and Infant mortality through safe deliveries and improving health of women (Controlling Maternal Mortality)	3. *Janani Suraksha Yojna* – Maternal Death Review	To reduce MMR and IMR and to provide safe motherhood.
		4. Family Planning Programme	To reduce Total Fertility Rate by encouraging Family Planning methods and improve the health status of people particularly women.
3.	Proper health and nutritional support (Improving health and nutritional support)	5. Integrated Child Development Services (ICDS) Scheme	To improve the nutritional and health status of children in the age group of 0-6 years, pregnant women and lactating mothers.
4.	Addressing the needs of adolescent girls (Adolescent Girls)	6. *Kishori Shakti Yojna*	To improve and promote the nutritional and health status of adolescent girls (11-18 years old)
		7. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – *SABLA*	To improve nutritional and health status of Adolescent Girls and upgrade their vocational skills.
5.	Violence and crime against women (Crime against women)	8. Financial Assistance and Support Services to the Victims of Rape: A Scheme for Restorative Justice	To provide financial assistance to victims of rape.
		9. The Uttar Pradesh Victim Compensation Scheme 2014	To provide funds as compensation to victims or their dependents who had suffered loss or injury as a result of the crime and who had required rehabilitation.
		10. *Ujjawala*	A scheme for prevention of trafficking and rescue, rehabilitation and re-integration of trafficked victims.
6.	Women in distress (Destitute Women)	11. *Swadhar Greh*	To provide temporary accommodation, maintenance and rehabilitation services to women and girls in distress and affected from crime, violence and social ostracism.

1.2 Audit objectives

The objectives of the performance audit were to ascertain:

- whether gender responsive budgeting has been adopted and effectively implemented to translate gender commitments into firm budgetary resource allocations to promote women's equality and empowerment;

- whether adequate budgetary resources were provided for women empowerment related programmes/ schemes and their utilisation was efficient and effective;

- whether laws and regulations relating to prohibition of sex selection and safe medical termination of pregnancies were effectively enforced to prevent misuse of modern diagnostic techniques for sex selection and irregular/unsafe termination of pregnancies;

- whether high rates of maternal and infant mortality were effectively controlled by ensuring institutional deliveries, supervised home deliveries and providing adequate health and nutritional support to pregnant women, lactating mothers and children below six years of age;

- whether limiting and spacing methods of family planning were implemented effectively, with adequate gender neutrality, to arrest the high rate of population growth and promote maternal health;

- whether adequate health care, nutrition and vocational training was provided to adolescent girls to ensure their proper development, confidence building and provide vocational skills;

- whether crime against women was effectively controlled and adequate financial assistance/compensation under Government schemes was provided to the victims promptly; and

- whether *Swadhar Grehs* were setup in each district and managed efficiently to provide shelter, food, clothing and medical treatment care to the women in distress.

1.3 Audit Criteria

Sources of audit criteria were as follows:

- Acts, rules, regulations and orders of the Government of India and Government of Uttar Pradesh;

- Provisions of Constitution, PCPNDT Act, 1994 and MTP Act, 1971 etc.

- Budget manual, Financial rules/regulations, annual strategic and action plans; and

- Guidelines of the schemes JSY, ICDS, KSY, *SABLA*, *Ujjawala*, *Swadhar Greh* etc.

1.4 Institutional mechanism

The Department of Women and Child Development is the nodal department for empowerment of women and is headed by Principal Secretary. Schemes covered under the Performance Audit are under the jurisdiction of Principal Secretary, Medical Health and Family Welfare Department (PC-PNDT Act, 1994, MTP Act, 1971, JSY and Family Planning); Principal Secretary, Women and Child Development Department (ICDS, KSY/*SABLA*); Principal Secretary, Women Welfare Department (*Ujjawala*, *Swadhar Greh*); and Principal Secretary, Home Department (Law and Order).

1.5 Scope of audit and methodology

Twenty districts[2] were selected for test-check of the schemes covered under the Performance Audit. The selection of districts was made using statistical sampling (probability proportionate to size without replacement). Offices of the Principal Secretaries of Medical Health and Family Welfare Department, Women and Child Development Department, Women Welfare Department, Home Department and Planning Department with their State headquarters/ Directorates viz., Directorate of Family Welfare, ICDS, Women Welfare and Director General of Police offices along with district level units of these departments viz., Chief Medical Officer, District Programme Officer and District Probation Officer were visited by Audit teams for scrutiny of records and collection of information. Joint Physical Inspections of AWCs (five AWCs in each project from three projects in each selected district), Ultrasonography Centres (five in each selected district) and Shelter Homes were also carried out, with the officials of the Department concerned, in the test-checked districts.

The Audit methodology involved scrutiny of records of implementing agencies, collection and analysis of data, issuing audit queries, obtaining response to audit queries, joint physical inspection and photographic evidencing.

Audit objectives, criteria, scope, methodology etc., were discussed (9 January 2015) with Principal Secretaries, Women and Child Development Department and Women Welfare Department during Entry Conference. An exit conference was also held (December 2015) in which the State Government accepted the facts and figures and the recommendations made by Audit. The results of exit conference have been incorporated at appropriate places in the report.

[2] Agra, Allahabad, Ambedkar Nagar, Azamgarh, Banda, Bareilly, Bulandshahr, Deoria, Firozabad, Gorakhpur, Hardoi, Jhansi, Meerut, Pratapgarh, Saharanpur, Sant Kabir Nagar, Sitapur, Sultanpur, Unnao, Varanasi.

1.6 Acknowledgement

The co-operation extended by the Principal Secretaries of implementing Departments i.e., Women and Child Development Department, Medical Health and Family Welfare Department, Women Welfare Department, Home Department and Planning Department is acknowledged.

Planning and Financial Management

Chapter 2:
Planning and Financial Management

Introduction

Planning involves defining annual/multi-year strategies, resources and actions that are required to be taken to achieve government's priorities within a given time frame by making optimum use of available resources and minimizing risks. It helps in giving right direction to the implementing agencies by providing performance measures to gauge progress and maintain control over execution of the programme in a time bound and cost effective manner. This becomes even more critical in multi-dimensional programmes/issues such as women empowerment, the implementation of which requires involvement of large number of departments and agencies.

Deficiencies noticed in the planning and financial management of the schemes covered under the performance audit are discussed below.

2.1 Planning

Assessment of requirement and providing adequate funding commitment through budgetary approvals is a key element of planning in any development programme. It also presupposes availability of adequate and reliable data for identification of beneficiaries and putting in place a proper institutional framework to coordinate and implement strategies for achievement of programme objectives in an efficient and optimal manner.

2.1.1 Absence of gender budgeting

As women face disparity in access to and control over services/resources and bulk of public expenditure has been in gender neutral sectors, a need was felt to promote women's equality and empowerment by introducing gender responsive budgeting in India.

Gender Budgeting (GB) is defined as the application of gender mainstreaming in the budgetary process. It encompasses a gender perspective at all levels and stages of the budgetary process and paves the way for translating the gender commitments to budgetary commitments. The gender budgeting is a means of ensuring that public resources are allocated in an equitable way so that most pressing needs of a specific gender groups are satisfied. It seeks to view the government budget from a gender perspective in an order to assess as to how it will address the different needs of women.

In 2004-05, the Ministry of Finance, GoI created an institutional mechanism for mainstreaming gender by mandating setting up of Gender Budgeting cells in all ministries/departments and prepare gender responsive budget. Ministry

of Finance, GoI issued a GB charter in March 2007 defining the roles and functions of Gender Budgeting cells which included identification of three to six largest programmes implemented by the ministry to conduct an analysis of gender issues addressed by them, suggesting policy interventions, organising training/capacity building, conducting performance audits, designating best practices etc.

The Ministry of Finance made it mandatory that gender outcomes form part of the outcome budget of the respective Departments/Ministries. The gender budgeting scheme of the Government encourages State Government and PRIs to evolve plans and strategies for undertaking gender budgeting by providing financial support, training etc.

The Government of Uttar Pradesh (GoUP) declared State Women Policy in 2006 for empowerment of women in which the principle of gender based budgeting was accepted for introduction from the year 2005-06. The main objective of gender budgeting was to make Government budget an effective medium for empowerment of Women in the State.

We in Audit observed (July 2015) that:

- Government of UP has not adopted the Gender Budgeting even after 10 years of declaration of the above policy in 2006 and was not maintaining gender based budget data/information about allocation and expenditure as of March 2015.

- GoUP has still not setup the necessary institutional mechanism viz., GB cells in various departments for formulation of gender based budget.

- Department of Finance has not prepared any time bound programme for implementation of gender budgeting in the State.

Due to non-implementation of gender based budgeting, gender perspective of budget allocation and expenditure in various Schemes covered under this performance audit could not be ascertained.

Failure of the State Government to implement such an important decision for women empowerment, even after 10 years of declaration of its commitments, is indicative of inadequate priority being accorded by the Government to issues related to women empowerment. In absence of GB, gender mainstreaming was not ensured in the State and gender differential impact of the budget could not be assessed.

Recommendation: The Government should take immediate steps to setup GB cells in all departments and implement gender based budgeting.

2.1.2 Gender segregated data for planning

For efficient planning of programmes related to women empowerment in sectors like health, nutrition, education, employment, skill development,

training, sanitation, social security, housing, law and order etc., gender segregated data must be systematically collected for proper need assessment and subsequent evaluation of government interventions through various schemes and programmes.

It was, however, noticed in the performance audit that gender segregated data was not maintained by implementing agencies and, therefore, proper identification of beneficiaries, accurate need assessment of financial and other support required, and setting realistic performance targets and goals was not feasible. For instance, in ICDS, GoI had directed maintenance of gender segregated data at Agan Wadi Centres' level. However, no such data was maintained at Directorate level and, therefore, it was difficult to plan women centric activities to cater to the specific needs of women and adolescent girls. The Directorate did not have authentic data on nutritional and anaemic status of girls and women, which deprived the department from preparing comprehensive plans to cater to their specific needs and reduce prevalence of anaemia and other deficiencies as discussed in *Paragraph 5.2*.

Recommendation: Gender segregated data should be maintained by the implementing agencies at all levels for proper planning and efficient implementation of the schemes and ensuring that the specific needs of women and girl child are taken care of adequately to minimise gender gap/disparities.

2.1.3 Identification of beneficiaries and other issues related to planning

Non-conduct of base line surveys, lack of proper identification of beneficiaries, and non-fixation of targets/goals result in deficient planning in terms of inadequate coverage, improper focus and unrealistic/inaccurate commitment of resources. Improper identification of beneficiaries leads to coverage of ineligible beneficiaries and exclusion of genuine beneficiaries. We during performance audit of *Kishori Shakti Yojna* noticed that over aged girls were granted benefits in violation of scheme guidelines. Further, targets were also not fixed in Family Planning Programme for use of spacing methods.

Lack of proper assessment/survey may result in non-coverage of areas with high concentration of target groups, as was reported in *Ujjawala* scheme in which districts bordering Nepal had not been covered for setting-up of *Ujjawala* homes for trafficked women despite these districts being transit points for trafficking of women as per the report of United Nations Office on Drugs and Crime (UNODC). Specific issues relating to deficient planning have been discussed in the respective Chapters under the relevant schemes.

2.2 Financial Management

During the year 2010-15 an amount of ₹ 25,408.86 crore was allocated/ released by GoI/GoUP for the programmes/schemes/Acts[1] covered under the

[1]PCPNDT, MTP, JSY, Family Planning, ICDS, KSY, Sabla, Ujjawala, Swadhar, ITP, IPC etc.

Performance Audit, against which an expenditure of ₹ 23,538.34 crore was incurred as detailed in table below:

Table 2.1: Details of Allotment/Expenditure under each Scheme

(₹ in crore)

Sl. No.	Name of Scheme	Allotment	Expenditure	Savings	Percentage savings
1.	PC-PNDT	7.09	3.86	3.23	46
2.	MTP	40.58	4.50	36.08	89
3.	JSY	2,380.11	2,196.56	183.55	08
4.	MDR	7.22	1.70	5.52	76
5.	Family Planning	380.57	194.67	185.90	49
6.	a. SNP	14,677.88	14,307.20	370.68	03
	b. ICDS-General	6,681.92	5,613.92	1,068.00	16
7.	KSY	32.42	11.69	20.73	64
8.	SABLA	1,190.34	1,196.50	0	0
9.	Uttar Pradesh Victim Compensation Scheme	2.00	0	2.00	100
10.	Ujjawala	0.66	0.56	0.10	15
11.	Swadhar Greh	8.07	7.18	0.89	11
	Total	**25,408.86**	**23,538.34**	**1,876.68**	**07**

(Source: Data provided by concerned Departments)

It would be seen from the above table that in most of the schemes related to empowerment of women such as PC-PNDT, MTP, MDR, Family Planning, KSY and UPVCS, there were significant savings ranging from 46 to 100 *per cent*. The savings were mainly on account of poor implementation of the schemes resulting in non-achievement of targets. This indicated that despite allocation of funds, majority of the schemes related to health, nutrition, rehabilitation, training and providing financial support to women could not achieve their goal of reducing gender disparity due to lack of planning and inefficient execution by implementing agencies and ineffective monitoring by the governance structure. Specific audit findings relating to financial management and the implementation of the schemes are discussed in the relevant chapters.

Thus, GoUP has not adopted the Gender Budgeting after ten years of declaration of the above policy in 2006; Gender Budgeting cells were not setup in government departments for formulation of gender based budgeting; gender segregated data was not maintained by implementing agencies; proper identification of beneficiaries was not ensured in KSY which led to coverage of ineligible beneficiaries; appropriate assessment/survey was not conducted in *Ujjawala* Scheme which led to non-coverage of bordering areas with Nepal with high concentration of target groups. There were significant savings in most of the Schemes. As such, goal of reducing gender disparity envisaged under these Schemes could not be achieved.

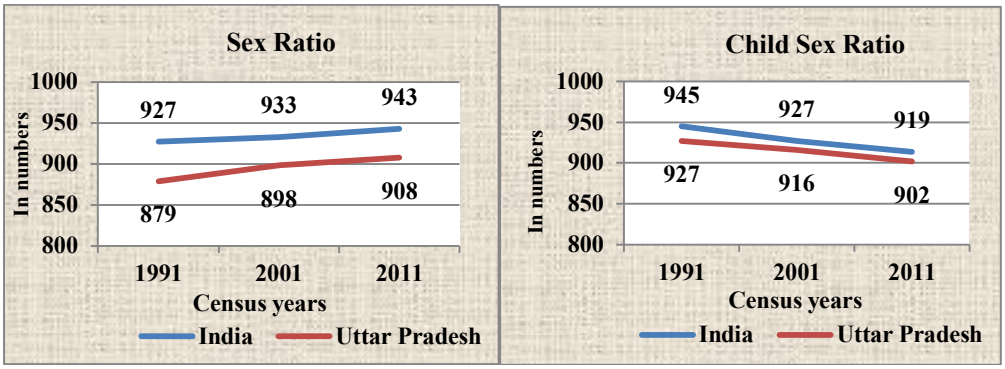
Missing Daughters

Chapter 3:
Missing Daughters

Introduction

Society's continued preference for boys and apathy for girl child has led to child sex ratio in the country dropping to 919 females per 1,000 males, one of the lowest since independence according to Census 2011. In Uttar Pradesh, the sex ratio[1] in the State increased from 898 in 2001 to 908 in 2011 while child sex ratio (CSR) is far below the national average and has consistently declined from 927 females per 1,000 males in 1991 to 916 in 2001, 902 females per 1,000 males in 2011 and further deteriorated to 883 in 2015[2]. CSR in the State had not improved even in three decades as depicted in chart 3.1 below.

Chart 3.1: Sex Ratio and Child Sex Ratio in India and Uttar Pradesh

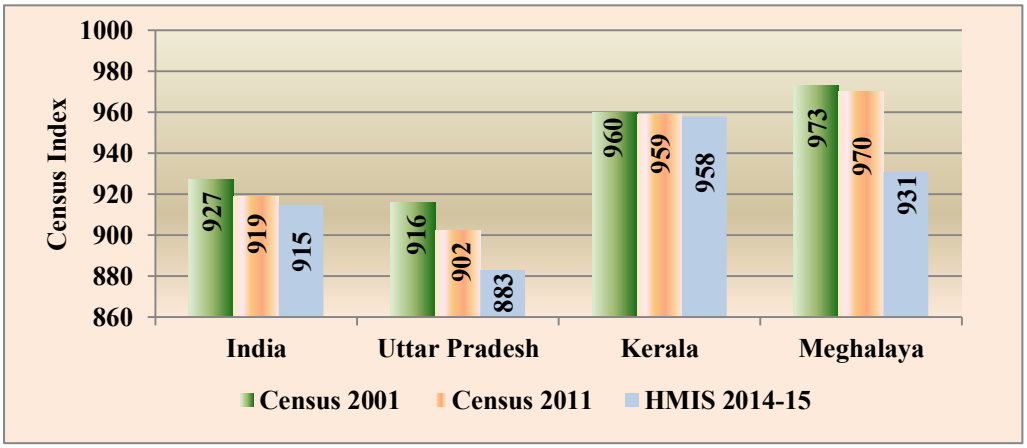


(Source: Census Reports, Government of India)

3 Child Sex Ratio: Trend across the States

As per Programme Implementation Plan of National Health Mission, the child sex ratio was decreasing in the State as depicted in the chart 3.2 below:

Chart 3.2: Trend of Child Sex Ratio in UP vis-à-vis India and other States



(Source: Census and Health management Information System maintained by NHM)

[1] As per census 2001 and 2011.
[2] As per Health Management Information System 2014-15.

It is evident that CSR in Uttar Pradesh (2011: 902) was lower than the national average (2011: 919) while best performing states like Kerala (2011: 959) and Meghalaya (2011: 970) were almost stable during 2001 to 2011 and have much higher CSR compared to the State of Uttar Pradesh. Moreover, as per Census 2011, CSR in the age group of 0-6 year's children in urban areas (885) remained much below the CSR in rural areas (906) of the State as given in table 3.1 below.

Table 3.1: Comparison of child sex ratio in Rural and Urban areas

Year	India			UP		
	Total	Rural	Urban	Total	Rural	Urban
2001	927	934	906	916	921	890
2011	919	923	905	902	906	885

(Source: Census 2001and 2011)

The practice of sex selective abortion has been a critical influencer of skewed sex ratio in recent decades. Therefore, a need was felt to legally regulate termination of pregnancy through Medical Termination of Pregnancy Act in 1971 and prenatal diagnostic technologies through Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994.

Audit examined implementation of these two Acts in the State to ascertain whether diagnostic and termination technologies available were properly regulated and monitored to ensure prohibition of sex selection, and safe termination of pregnancies in cases involving risk to life to the pregnant woman or substantial risk of physical and mental abnormalities to the child. Our findings are discussed in the succeeding paragraphs.

3.1 Pre- conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

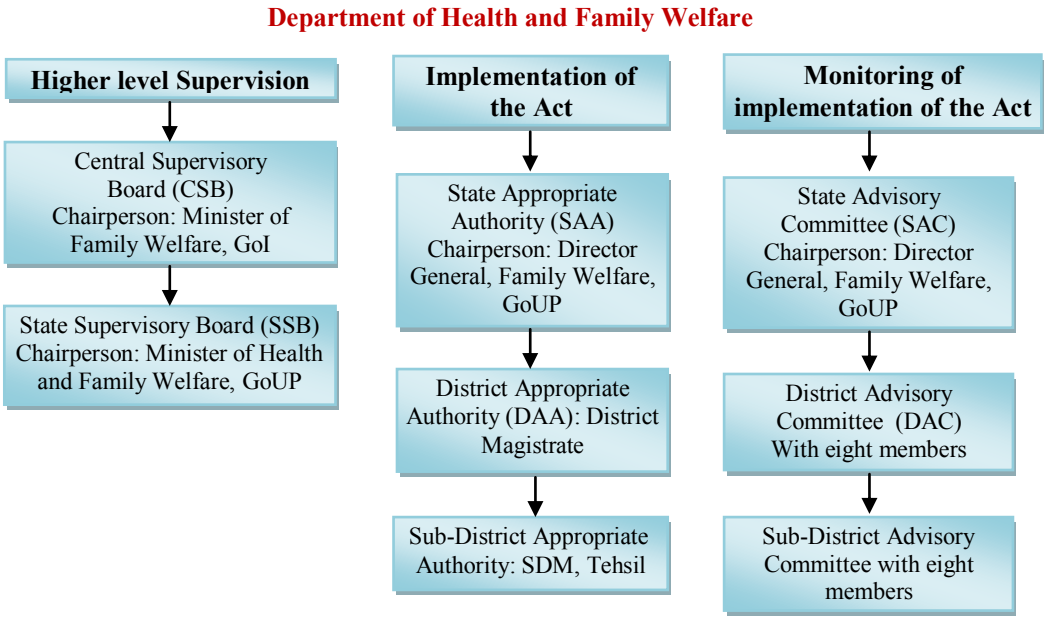
3.1.1 Introduction

The use of ultrasound technology has become the most common mode of sex determination. In view of growing misuse of technology, the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC-PNDT) , 1994 and the Pre-conception and Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Rules, 1996 were enacted and subsequently amended in 2003 to check female foeticide and address gender-biased sex selection and to improve sex ratio at birth.

As per information provided by the Department of Health and Family Welfare, by the end of 2014-15, 4622 Ultrasonography (USG) centres were registered in the State and 1652 in test checked districts.

3.1.2 Organisational setup under the PC-PNDT Act

Organisational structure for implementation of the PC-PNDT Act is given below:



(Source: Directorate of Family Welfare, GoUP)

GoUP constituted State Supervisory Board (August 2004) and State Advisory Committee (July 2006) to discharge the functions as prescribed under the Act. Accordingly, State Appropriate Authority (SAA) was constituted (November 2007) as a multi-member body and was responsible for implementation of the Act at State, District and Tehsil level. District Magistrate was appointed (November 2007) as District Appropriate Authority (DAA) and Assistant Chief Medical Officer (Family Welfare) (ACMO) as district nodal officer for registration, inspection and monitoring of compliance of PC-PNDT Act. Role and functions of various authorities are given in ***Appendix 3.1***.

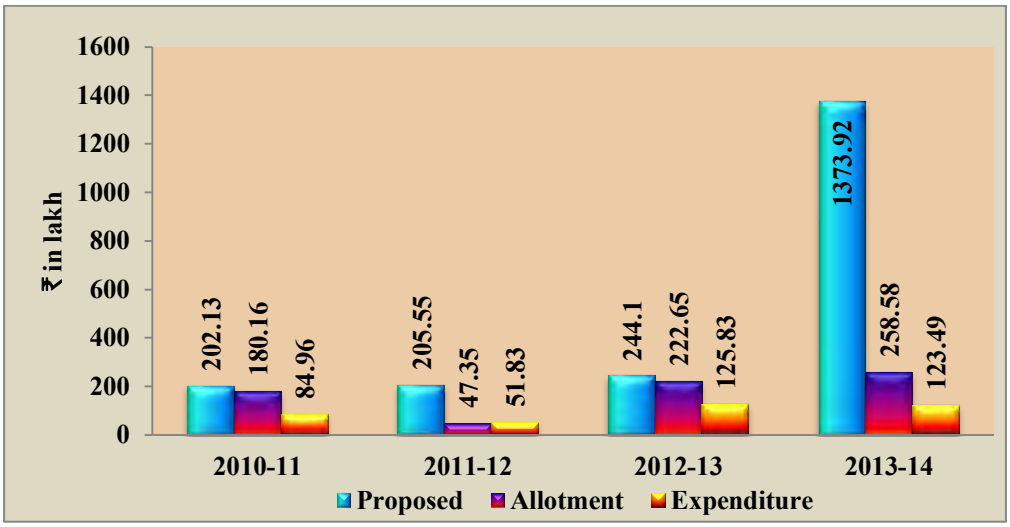
Audit Findings

3.1.3 Financial Management

Financial resources for implementation of PC-PNDT were provided by GoI through National Health Mission (NHM) and fee collected by DAA through registration of Genetic Counselling Centre, Genetic Laboratory, Genetic Clinic, Ultrasound Clinic and Imaging Centre. Fee collected was required to be kept in a separate bank account of DAAs at the districts.

Districts prepared the District Action Plan (DAP) for PC-PNDT activities which were consolidated at the State level in the form of Programme Implementation Plan (PIP) and submitted to GoI for approval. Based on PIP, GoI sanctioned the funds in the form of grants. The position of requirement projected by the State government, allocation of funds by GoI and actual expenditure incurred by the State implementing agencies during 2010-15 is depicted in the chart 3.3 below:

Chart 3.3: Funding of PC-PNDT under NHM



(Source: Census and HMIS: Health management Information System maintained by NHM)

We in audit observed that:

- Only 54 *per cent* (₹ 3.86 crore) of the total allocation of ₹ 7.09 crore during 2010-14 was utilized by the State government for the implementation of PC-PNDT Act (***Appendix 3.2***). Details of expenditure incurred on various PC-PNDT activities are given in ***Appendix 3.3***.

- Failure to utilize funds led to allocation of ₹ 7.09 crore only (35 *per cent*) of the funds by GoI as against the projected requirement of ₹ 20.26 crore during 2010-14[3].

As regards utilisation of revenue generated from fee etc., scrutiny of records of the 20 test-checked districts revealed that utilization of funds collected through registration/renewal fee, penalties charged by DAA from diagnostic centres was negligible as indicated in ***Appendix 3.4.***

Audit observed that ₹ 1.93 crore, received by DAAs in form of fee, penalties etc., which was to be spent on monitoring, IEC, etc. activities was kept in the savings bank accounts resulting in accumulation of funds in DAAs accounts from₹ 18.09 lakh in 2010-11 to ₹ 207.64 lakh at the end of 2014-15.

Thus, meagre allocation of funds, failure of the State and district implementing agencies to utilise grants received from GoI and fee collected from diagnostic centres indicated poor implementation of the Act in the State thereby leaving diagnostic centres largely unregulated and unmonitored, defeating the very purpose of the PC-PNDT Act viz., enforcing prohibition of sex determination *etc.* as discussed below:

[3] Separate figures for this component for 2014-15 was not made available to audit.

3.1.4 Implementation

Chapter III section 18(1) of PC-PNDT Act envisaged that no Genetic Counselling Centre, Genetic Laboratory or Genetic Clinic would function without being registered under the Act. As of March 2015, 4,622 Ultrasound/ Genetic Clinics were registered with District Appropriate Authorities (District Magistrates) in the State including 1,652 in the test-checked districts. The number of unregistered USG centres operating unauthorisedly or due to delay in approval of registration by the competent authority was not known. Audit noticed cases of serious violation of PC-PNDT Act including non-renewal of registration, non-maintenance of patients' details and diagnostic records, absence of regular inspection of USG centres by DAA, lack of mapping and regulation of USG equipment, absence of tracking system in USG machines, non-imposition of penalties, etc., as discussed in succeeding paragraphs:

3.1.4.1 Operation of Ultrasound Clinics without renewal of registration

Every certificate of registration shall be valid for a period of five years since its issue and application for renewal of registration should be made 30 days before the expiry of the certificate of registration along with the prescribed fee.

If the Appropriate Authority fails to renew the certificate of registration within 90 days of its receiving the application for renewal, it will amount to automatic renewal or deemed renewal. Further, SSB in its meetings (2008 and 2014) directed all the DAAs to ensure registration of all the USG centres functional in the State and take appropriate action against the centres operating without proper registration.

Audit, however, noticed in test-checked districts that pendency in renewal of registration of 138 centres ranged between 26 and 1490 days while registration of 32 centres had not been done in due time (***Appendix 3.5***). The department was also not ensuring timely submission of application for renewal of registration by USG centres and taking action against the defaulters as Format H containing the details about USG centre such as date of receipt of application, Name, address of applicant, details of machine installed, recommendation of DAC, registration number allotted, date of renewal and renewed upto *etc.* are mentioned was not being maintained by DAAs. Thus, these centres functioned as deemed to have been registered during the intervening period.

In reply the district authorities accepted the fact and ensured compliances in future.

Recommendation: The Department should ensure timely renewal of registration to avoid functioning of centres as ‚deemed registered'.

3.1.4.2 Violation of provisions of PC-PNDT Act by Ultra-sound centres

PC-PNDT Act and Rule made thereunder makes it mandatory for every genetic counselling centre, genetic laboratory, clinic, ultrasound clinic and imaging centre to maintain and preserve complete records of each case including details of the patient, details of doctor referring the pregnant women for ultrasonography, laboratory test results/pictures/plates/slides and recommendations. Further USG centres were to intimate any change in its employees, place, address and installed equipment to DAA within thirty days. The main aim of maintenance and preservation of these details and records is to facilitate proper inspection and monitoring by the authorities to ensure that pre-natal diagnostic investigation had been carried out only on the recommendation of a qualified doctor on valid grounds and was not intended to be used for irregular sex determination and termination of pregnancy.

In order to ascertain whether USG centres were adhering the provisions of PC-PNDT Act/ Rules, joint physical inspections (JPIs) of 100 USG centres in test-checked districts were conducted by audit teams along with the representative of DAAs and nodal officer PC-PNDT from the department in which 1,937 cases (Form „F') were test checked. Violations and shortcomings noticed during JPI of the ultrasound centres (***Appendix 3.6***) are discussed below:

- 1,326 cases (68 *per cent*) did not have referral slips of registered medical practitioner attached to them while details of procedure conducted and the purpose of such procedure were also not mentioned in 1,110 cases (57 *per cent*).

- Basic details of patient, such as number of living children, phone number, address etc., to track records of pregnancy, were not filled in 961 cases (50 *per cent*).

- According to section 29 of PC-PNDT Act, USG centres were to preserve Form F, referral slips of doctors, forms of consent and sonographic plates or slides for not less than two years. However, it was observed in all the test-checked USG centres (100 *per cent*) that they did not keep backups/ records of images taken during ultrasonography for the prescribed period.

- As per rule 13 of PC-PNDT Rules, USG centres were to intimate any change in its employees, place, address and installed equipment to DAA within thirty days. It was observed that two USG centres in Agra were having two machines against only one registered without any intimation to DAA. Further, change of staff was not intimated to DAA by one centre while two centres did not intimate shifting of USG machine to other place.

- Two USG centres in Agra were not maintaining any records, registers *etc.* on this being pointed out by Audit, the management stated that the centre was closed and the registration was surrendered but this was neither confirmed by CMO nor any documentary proof was produced by the management though called for (May,2015) from the centre visited.

Ultrasound machine sealed during JPI at Agra

Thus, JPI noticed large scale blatant violations of the provisions of the Act by USG centres. Non-maintenance of patient details, performing ultrasonography on pregnant women without recommendation of a doctor, not indicating the purpose of carrying out such diagnostic test and not preserving results of diagnostic test/ ultrasonography by large number of USG centres not only indicated possible misuse of facilities by these centres for illegal sex determination but also highlighted complete failure of the concerned authorities to effectively monitor and regulate their activities.

3.1.4.3 Non-maintenance of records at DAA

(i) Information of USG centres: As per rule 9 of the PC-PNDT Rules,1996, the District Appropriate Authority was to maintain a permanent record in Form H in which details about USG centre such as date of receipt of application, name, address of applicant, details of machine installed, recommendation of District Advisory Committee, registration number allotted, date of renewal and renewed upto *etc.,* are mentioned about applicants for grant or renewal of certificate of registration along with basic details of centres. Maintenance of this information by DAA is essential to facilitate inspection and monitoring of the centres to verify and ensure that no unauthorised practices are being carried out by USG centres.

Scrutiny revealed that in 13 out of 20 test-checked districts, details of USG centres have not been maintained by DAA. In the absence of such information, DAA were not able to effectively monitor USG centres and ensure that no unauthorised activities were undertaken by USG centres.

In reply department assured that it had taken the matter in consideration for appropriate action.

(ii) Non-receipt of monthly reports from USG centres: Section 29 of the PC-PNDT Act and Rule 9 of PC-PNDT Rules, 1996 envisaged that every USG Centres was to maintain a register showing details of patients, procedures and tests conducted etc., along with details about patient's case history in prescribed formats (Form D, Form E and Form F) and should send monthly report about the above details in respect of all diagnosis conducted by them by 5th of the following month to the concerned DAA.

We noticed during scrutiny of records of test-checked districts that:

- No monitoring register was maintained by DAA except in three districts[4], to confirm that monthly reports had been received from USG centres; and

- 262 USG centres (16 *per cent*) in test-checked districts had not submitted their monthly reports regarding the above details of patient in due time (***Appendix 3.7***)

Thus, in the absence of proper maintenance of mandatory records and non-receipt of prescribed returns, no effective monitoring and inspection of all the USG centres in the district was possible. Hence, possibility of irregularities such as illegal operations of ultrasound machines could not be ruled out.

In reply, district authorities had assured for appropriate action.

Recommendation: The Department should ensure the proper maintenance/up keep of mandatory records at USG centres as well as at DAA level.

3.1.4.4 Absence of regular inspection of Ultrasonography centres by DAA

GoUP instructed (July 2013) DAA to inspect two USG centre per week. Further, as per Rule 18-A (8) (i) of PC-PNDT Amendment Rules, 2014, all the DAAs (District Magistrates) were to inspect and monitor all registered centres once in every 90 days and preserve inspection report as documentary evidence to ensure enforcement of the provisions of the Act by the USG centres.

Scrutiny of the records of the directorate revealed that no inspection schedule was prescribed by GoUP for the period between April 2010 and June 2013. Only 4681 inspections (25 *per cent*) were conducted by DAAs during 2014-15 against 18488 targeted in the State (***Appendix 3.8***) while only 1561 against required 6608 inspections[5] were carried out by DAAs of test-checked districts during 2014-15 (***Appendix 3.9***). Thus, there was a shortfall of 76 *per cent* in inspections in the test checked districts.

Recommendation: The Government should ensure regular inspection of USG centres by District Appropriate Authorities.

3.1.4.5 Documentation of inspection report

As per rule 18-A (8) (ii), the District Appropriate Authorities had to conduct regular inspections of USG centres and place all inspection reports once in three months before District Advisory Committees for follow up action.

Scrutiny of records of test-checked districts revealed that as per information furnished by district authorities, 3532 inspections of 1652 USG centres were carried out by DAAs in the test-checked districts during 2010-15, but only 130 inspection reports (four *per cent*) were issued to USG centres. The district authorities did not furnish information about placement of inspection reports before DACs.

[4] Agra, Bareilly and Saharanpur.
[5] 4x1652 centres.

Non-issue of inspection reports to USG centres for compliance after inspection and non-placement before DACs defeats the purpose of carrying out the inspection and indicates the lackadaisical attitude of the authorities towards implementation of PC-PNDT Act.

In reply department had taken the matter in consideration for appropriate action.

3.1.4.6 Mapping and regulation of Ultrasound equipment

As per Rule 18-A (7) of PC-PNDT Amendment Rules, 2014, all the Appropriate Authorities were required to regulate the use of ultrasound equipment; monitor the sales and import of USG machines; ensue regular quarterly reports from ultrasound manufacturers and dealers; conduct periodical survey and audit of all USG machines sold and operating in the State; and file complaint against any unregistered owner or seller of the USG machine.

Scrutiny of records of test checked districts revealed that the department did not take any action for mapping of sale of USG equipment and also did not call for any information regarding sale, installation and possession of USG equipment from the manufacturers, suppliers, dealers, etc., due to which number of USG equipment installed and the location of their placement were not known to the authorities to regulate the use of all the ultrasound machines.

In reply department stated that information is not available in this regard.

Thus, in absence of information on placement and possession of USG machines the possibility of misuse of ultrasound machines could not be ruled out.

Recommendation: The Government should effectively monitor the sale, supply and installation of USG machines to regulate and ensure their proper use as per PC-PNDT Act..

3.1.4.7 Absence of tracking system in USG machines installed at USG centres

The State Supervisory Board in its meeting (October 2012) discussed some aspect relating to implementation of PC-PNDT Act in the other States[6] and concluded that Active tracker be installed at USG equipment to report every diagnostic procedure conducted at USG centres. It was expected to help in reporting online and tracking suspicious scans.

JPI revealed that USG centres' machines did not have memory to save data for more than 24 hours. In absence of online tracking of USGs and lack of memory of the existing USG equipment beyond 24 hours, no effective tracking of USGs centres was being conducted in the State.

Thus, in absence of tracking system and online reporting, the misuse of USG equipment during check-up of pregnancies could not be ruled out.

[6] Maharashtra and Rajasthan.

Recommendation: The Department should ensure inbuilt system of active tracking of data in USG machines to prevent misuse during checkup of pregnancies.

3.1.4.8 Training of medical practitioners conducting Ultrasonography

According to PC-PNDT (Prohibition of Sex Selection) (Six Months Training) Rules, 2014, the existing registered medical practitioners who were conducting ultrasound procedure on the basis of one year experience or six months training under any radiologist were required to qualify competency based examination or to complete six months training from the accredited institutions for the purpose of renewal of registrations.

Scrutiny revealed that GoUP neither notified any institute as accredited for imparting training nor conducted any examination in this regard. As such, 28 registered medical practitioners in the two out of 20 test-checked districts were conducting ultrasound on the basis of one year experience or six month training without undergoing the said competency examination or six months training under the rules.

No specific reply was furnished by department to address the issue raised by audit.

3.1.4.9 Seized USG machines found missing

As per Rule 11(2) of PC-PNDT Rules, the seized objects, if it is not possible to remove, may be retained where they are found after taking a bond from the owner that the same would be produced before the court as and when required.

Scrutiny revealed that 120 USG machines had been sealed for breach of the provisions of PC-PNDT Act, 1994 in the State by the end of March, 2015 but the whereabouts of these machines were not known to the department. During Joint Physical Inspection(JPI) conducted by Audit, one sealed machine was found to have been sold in Bulandshahr district and in two other machines at Agra were found to have been removed from the centres, without any intimation to the department. Thus, failure of the department in monitoring and tracking the sealed ultrasound machines may result in misuse of such machines for illegal and unauthorised purposes.

In reply, district authorities had assured for appropriate action.

Recommendation: The Department should ensure effective tracking of seized machines to avoid unauthorised use of these machines.

3.1.4.10 Decoy Customer or Sting operation

State Supervisory Board recommended (June 2008) to send decoy cases to USG centres and to conduct sting operations at large scale in order to identify USG centres involved in sex determination for petty payments. Audit noticed that only 52 decoy operations[7] were undertaken in 52 USG centres (one *per cent*) of 4,622 registered centres during 2010-15 in the State while

[7] Decoy used - 2010-11: 0 ; 2011-12: 0; 2012-13: 0 ; 2013-14: 29 and 2014-15: 23.

19 decoy operations had been done in the test checked districts during 2013-15. Thus, a negligible number of decoy operations were carried out to monitor that the centres were not engaged in illegal activities of sex determination.

Thus, the department was failed in conducting the decoy operation on large scale so that centres engaged in illegal activities of sex determination may be detected. In absence of sting operations actions were not taken against defaulters conducting sex determination.

3.1.4.11 Non-imposition of penalty

Section 20 of PC-PNDT Act envisages that in case of a breach of the provisions of this Act or the Rules by USG centres, DAA may suspend their registration for such period as it may think fit or cancel their registration. Further, as per Section 23 of the Act, whoever contravenes any of the provisions of this Act or any Rules made thereunder, shall be punishable with imprisonment upto three years or fine upto ten thousand rupees and as per Section 25 whoever contravenes any of the provisions of this Act or any rules made thereunder, for which no penalty has been provided in this Act, shall be punishable with imprisonment upto three months or fine upto one thousand rupees.

Further, as per the provisions of Rule 9, every USG centre should maintain a register showing the names and addresses of the women subject to pre-natal diagnostic procedure/ technique/ test along with the names of their spouse or father, the date on which they first reported *etc.* in seriatim. The details in Form „F' with respect to each woman subject to pre-natal diagnostic procedure/ technique/test, history of genetic/ medical disease and indication of pre-natal diagnosis *etc.,* was also required to be maintained by USG Centres.

Scrutiny of records of test checked districts revealed that the above said records were not maintained by USG centres in 936 (58 *per cent*) out of 1,652 USG centres (***Appendix 3.7***) registered in test-checked districts. However, neither any action was taken nor any penalty imposed (under sections 20, 23 and 25 of the Act) on the defaulting USG centres during 2010-15 except issuing show cause notices (under section 20 of the Act) to 221 centres out of 936 centres at default. The notices issued were however, not being followed to ensure compliance.

Failure to take action against any defaulting USG centre and impose penalties despite serious violation of provisions of PC-PNDT Act by such a large number of centres, indicates lax attitude adopted by the district administration with regard to the implementation of PC-PNDT Act. Lack of any deterrent action will encourage defaulting USG centres to commit more violations thereby defeating the very purpose for which the PC-PNDT Act was enacted.

Recommendation: The Department should ensure adherence to the provision of the Act by USG centres and penal action should be taken against the defaulting centres.

3.1.5 Monitoring and Inspections

A State Supervisory Board (SSB) was to be constituted under the Chairmanship of the Hon'ble Minister-in-charge of Health and Family Welfare to review the activities of Appropriate Authorities; to monitor the implementation of provisions of the Act and Rules; and to make suitable recommendations. Likewise State Advisory Committee (SAC) headed by Director General Family Welfare, Uttar Pradesh and District Advisory Committee (DAC) under District Magistrate were to be constituted to aid and advise the Appropriate Authority in granting, renewing, suspending or cancelling registration of USG centres in the district.

3.1.5.1 State Level Monitoring

A State Supervisory Board (SSB) was constituted in August 2004. SSB was to meet at least once in four months to create public awareness; to review the activities of the Appropriate Authorities functioning in the State and recommend appropriate action against them; to monitor the implementation of provisions of the Act and the Rules and any other functions as may be prescribed under the Act.

Scrutiny revealed that only five meetings (33 *per cent)* had been held against required 15 meetings during 2010-15. It was also noticed that most of the recommendations that analysis of Form F (patient details, purpose of investigation etc.), regular inspections, tracking of pregnancies, providing toll free lines for registration of complaints, online filing of Form F, analysis of monthly reports received from USG centres, centres breaching provisions of Act to be sealed and legal action initiated etc., made by SSB were not implemented **(*Appendix 3.10).***

In reply, department had taken the matter in consideration for appropriate action.

3.1.5.2 Advisory Committees

State Advisory Committee (SAC) headed by Director General Family Welfare, Uttar Pradesh and District Advisory Committee (DAC) under District Magistrate were constituted in July 2006. SAC and DAC were to meet once in 60 days.

Scrutiny revealed that SAC met only five times against the required 30 meetings during 2010-15. Scrutiny further revealed that only 943 DAC level meetings (42 *per cent*) were conducted in the State, during 2010-15, against the required 2250 meetings. Thus, on an average only two to three meetings of DAC were held in each district every year against the requirement of *six* meetings. DACs in Ambedkar Nagar, Firozabad, Gorakhpur, Hardoi, Jhansi, Sant Kabir Nagar and Sitapur were not meeting regularly and very few meetings (*five* to *seven* meetings) were held during 2010-15.

Scrutiny of records of test-checked districts revealed that five to 23 meetings against required 30 meeting were held during 2010-15 (***Appendix 3.11***). It was also observed that most of the decisions/recommendations of DACs such as collecting reports from the centres on total number of ultrasound performed

during the month, noting patient's name and phone numbers on Form F and D and compiling the information at district level, enquiring about the delivery (boy/girl) six months after the scan, conducting more inspections in rural areas, clearing pending renewals within one month *etc*., were either not followed or discontinued.

Thus, on one hand SSB, SAC and DACs did not meet regularly and on the other, they did not ensure proper follow up action on the decisions taken and directions given by them. This rendered the entire system of monitoring, created under the provisions of the PC-PNDT Act, ineffective and largely dysfunctional.

Recommendation: The Government should ensure regular meetings of SAC and DAC for monitoring the proper implementation of the provisions of Act.

3.1.5.3 Insufficient inspections

GoUP in February 2009 constituted a State Inspection and Monitoring Committee (SIMC) headed by Joint Director Family Welfare under the provisions of PC-PNDT Act, 1994 to undertake field visits and conduct monitoring and inspections of USG centres for effective implementation of PC-PNDT Act.

Scrutiny revealed that budgetary provisions of ₹ 7.30 lakh[8] were made during 2010-15 through NHM to conduct 53 random inspections[9] in worst districts of the State in term of sex ratio, against which only 17 inspections[10] were carried out. Thus, on an average only zero to nine inspections were carried out every year by SIMC in the State having 75 districts and 4,622 registered USG centres.

Thus, State Inspection and Monitoring Committee did not conduct adequate inspections of USG centres and failed to discharge their responsibility to monitor and ensure the proper implementation of PC-PNDT Act.

Recommendation: The Government should ensure regular inspection by SIMC for enforcement of the provisions of the Act.

3.1.6 Complaint redressal system

As per Section 17 of the Act, SAA was to investigate complaint for breach of provisions of the Act or Rules and take immediate action based on the recommendation of SAC. Further, SSB in its meeting of October 2012 had directed the department to establish a website and provide a dedicated toll free phone number for registering complaints. The toll free phone number was to be displayed at prominent places and printed on pamphlets/forms for distribution under IEC activities.

It was observed in audit that the department had not established dedicated toll free phone line as of October 2015 for registration of complaints nor department had any database of complaints received for their proper disposal.

[8] 2010-11: ₹ one lakh; 2011-12: ₹ two lakh; 2012-13: ₹ 1.3 lakh; 2013-14: ₹ one lakh; and 2014-15: ₹ two lakh.
[9] No. of inspections during the year 2010-11: 20; 2011-12:10; 2012-13: 13; 2013-14: 10; and 2014-15: not mentioned.
[10] No. of inspections during the year: 2010-11: 02; 2011-12: Nil; 2012-13: 02; 2013-14: 09; and 2014-15:02.

On this being pointed out in audit, the department stated (June 2015) that no phone line was established for complaint registration but complaints can be registered through their website which was established in November, 2014. Further, complaints were received on different subjects at different levels in different offices so it had not maintained any database of year wise complaints received in respect of PC-PNDT Act. The reply was not acceptable as the registration of complaints through website only may not be sufficient to provide easy access to common public to register their grievances. As internet access to common public especially in rural areas is limited and tele-density is relatively much higher, a toll free phone number for registration of complaints, as directed by SSB, in addition to website should have been provided.

Recommendation: The Government should establish a dedicated toll free phone line for registration of complaints and should also effectively monitor redressal of grievances by maintaining a separate database of complaints received relating to violations of PC-PNDT Act.

3.2 The Medical Termination of Pregnancy Act, 1971

3.2.1 Introduction

The Medical Termination of Pregnancy Act, 1971 (MTP, Act), provides for the termination of pregnancies by registered medical practitioners in cases where length of pregnancy is between 12 to 20 weeks and continuance of pregnancy would involve a risk to life of the pregnant woman or of grave injury physical or mental health; or there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities so as to be seriously handicapped. The Medical Termination of Pregnancy Rules, 2003 (MTP, Rules) have been framed for implementation of MTP Act. MTP Rules require constitution of District Level Committee (DLC) for two years to approve the place for MTPs in the district. Further, the Chief Medical Officer (CMO) of concerned District, as often as may be necessary, is to verify whether termination of pregnancies are being done under safe and hygienic conditions.

We have taken up this topic for examination during this performance audit as per Director General, Family Welfare, the number of maternal deaths in the State due to unsafe abortions was quite significant (8.9 *per cent* of the maternal deaths). Further, there is also a likelihood of misuse of MTP for termination of female fetus unless, such terminations are effectively monitored and regulated.

Audit Findings

3.2.2 Financial Management

Resources were provided by GoI for services to be covered under MTP Act through NHM under the head ‚safe abortion services' covering expenditure on procurement of equipment for MTP, strengthening of DLC and review of implementation of the Act, etc.

Scrutiny revealed that funds for implementation and monitoring of MTP Act were not provided uniformly during 2010-15 and very minimal amount had been spent.

It was also observed that there was no expenditure during 2010-12 and the expenditure was much below the allotment in 2014-15. Only 11 *per cent* (₹ 450.95 lakh) of the fund allocated (₹ 4,058.12 lakh) during 2010-15 could be utilised by the department (***Appendix-3.12***).

No specific reply for low spending had been furnished by the department.

3.2.3 Insufficient MTP facilities in rural areas

The objective of MTP Act, 1971 was to provide termination of pregnancies by registered medical practitioners under safe and hygienic conditions.

Scrutiny revealed that only 46 CHCs (six *per cent*) out of 773 CHCs were having MTP facilities registered under MTP Act in the State. Thus, only six *per cent* CHCs were equipped to provide safe abortion services to the rural women. This implies that majority of women in rural areas had no access to safe abortion services at affordable cost and reasonable distance from their habitations. Given the fact that 1.19 lakh of 2.8 lakh MTPs conducted during the year 2010-14 in the State pertained to rural areas and very limited number of CHCs are available in such areas, possibility of operation of large number of unauthorised MTP centres in smaller towns in the vicinity of rural areas cannot be ruled out.

The department, in its reply, stated that due to non-availability of gynaecologist, these CHCs were not registered under MTP Act. Reply of the department confirms the audit assertion about the lack of adequate MTP facilities for rural women.

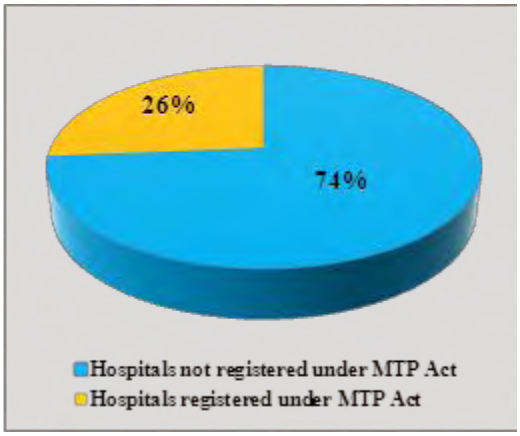
Recommendation: The Government should increase MTP facilities in rural areas by posting more gynaecologists and registering more CHCs under the Act.

3.2.4 Implementation

3.2.4.1 Non-registration of the premises

As per the provisions of the Act, no termination of pregnancy was admissible at any place other than a hospital established or maintained by the Government or a place approved for the purpose under the Act. On recommendations of CMO of concerned district DLC was to approve, such places and issue a certificate of approval. Scrutiny of records of test-checked districts revealed that only 548

Chart 3.4: Registration of Hospitals under MTP Act



(Source: Test checked districts)

(26.3 *per cent*) of 2083 nursing homes/ hospitals, having MTP facilities and operating in test-checked districts, were registered under MTP Act as detailed in ***Appendix-3.13*** and depicted in chart 3.4.

Further, Community Health Centres (CHCs)/Primary Health Centres (PHCs) particularly for rural services were not registered under MTP Act though 94933[11] MTPs/abortions were conducted in the Government institutions (District Women Hospital, CHCs and PHCs) in the State during 2013-15 and 40152[12] abortions in the Government institutions of test-checked district (***Appendix-3.14***). As such only 14 CHCs were registered under the MTP Act against 240 CHCs in the test checked districts. Moreover, safe and hygienic conditions were not ensured in 226 un-registered CHCs in test checked districts while it was observed that (1595) terminations had been carried out in *seven* out of 226 un-registered CHCs/PHCs during 2010-15. Therefore, the illegal, unsafe and unhygienic abortions could not be denied.

The department had taken the matter in cognizance and assured to take appropriate action.

3.2.4.2 Illegal termination of pregnancies

Accordingly to Section 3 of MTP Act, a pregnancy may be terminated by a registered medical practitioner where length of pregnancy does not exceed twelve weeks. It also prescribes that pregnancy of 12 to 20 weeks may be terminated, if not less than two registered medical practitioners were of the opinion that continuance of the pregnancy would involve a risk to life of the pregnant woman; or would result in fetus abnormality; or pregnancy was due to rape or contraceptive failure.

Audit scrutiny of records of test checked districts revealed that four pregnancies from 13 weeks to six months had been terminated in a hospital at Hardoi by medical practitioner who was granted permission for termination of pregnancy up to 12 weeks only, but the department even did not scrutinise the case reported through Form-I.

The district authority while acknowledging the fact, assured to take appropriate action.

3.2.5 Monitoring

The MTP Rules, 2003 had provided rules for composition and tenure of District Level Committee, Conditions for approval of the place for MTP, Inspection of place, cancellation or suspension of certificate *etc.* We in audit observed that:

3.2.5.1 District Level Committee (DLC)

A multi member committee was to be constituted at district level, consisting of one member as Gynaecologist/ Surgeon/ Anaesthetist and other members from local medical profession, non-government organisation and *Panchayati Raj*

[11] As per HIMS Report during 2013-14: 49130 and 2014-15: 45803.
[12] 2013-14: 20651; 2014-15: 19501.

Institutions of the district. Provided that one of the members of the committee shall be a woman. Tenure of the Committee shall be for two calendar years. The Committee was to approve place for termination of pregnancy and issue a certificate of approval on the recommendations of Chief Medical Officer.

Scrutiny revealed that DLCs in 14 out 20 test-checked districts had become invalid as tenure of the committee had expired and not renewed during 2010-15. It was also observed that DLCs meetings were not held regularly (only 41 against the required 1200 meetings) in 20 test-checked districts, defeating the objective of constitution of the committee (***Appendix 3.15***).

The district authorities while acknowledging the fact, assured for constitution of DLC in timely manner and its regular meetings.

3.2.5.2 Inspections for death/injury and hygiene/safety

DLC on recommendation of CMO[13] could cancel registration of place of MTP.CMOs have power of inspection and seizure[14] of the place of MTP in case of death/injury to pregnant women and lack of hygiene/safety.

Scrutiny revealed that no inspections were carried out by CMOs of test-checked districts to ensure that no death/injury to a pregnant woman had happened. Similarly, no inspection to ensure safe and hygienic conditions for MTPs had been carried out during 2010-15 in any of test-checked districts by the authorities.

Audit examination disclosed that as per records of directorate, the instances of death/injury to pregnant women were nil during 2013-15, however, HMIS reported two cases of death in the State due to unsafe abortions during 2013-14 and nil instances of death / injury to pregnant women during 2014-15.

This indicated that CMOs and DLCs completely failed in discharging their responsibility under the Act to inspect hospitals and nursing homes to verify safe and hygienic conditions and ensure that there was no death/injury to any pregnant woman due to negligence in termination of pregnancy.

The district authorities had noted audit observation for compliance in future.

3.2.5.3 Submission of irregular monthly reports

As per, Para 4(5) of MTP Regulations, head of the hospital or owner of the approved place was to submit a monthly statement of cases to CMOs of concerned district where medical termination of pregnancy had been carried out. However, audit observed that CMOs of 10 out of 20 test-checked districts did not receive monthly report on MTP while out of remaining 10 districts, CMOs of seven districts had received MTP reports irregularly and in incomplete format ***(Appendix 3.13).*** Other three districts did not furnish any information.

Further, as per paragraph 4 (7) of MTP Regulations, where pregnancy was not terminated in an approved place or hospital, intimation by the registered

[13] Rule 6 of MTP Rules.
[14] Rule 6 (2) of MTP Rules.

medical practitioner or practitioners by whom such termination of pregnancy was performed was required to be sent to the CMO of the district on the same day or on the next working day following the day on which the pregnancy was terminated.

Audit scrutiny revealed that no enforcement mechanism was developed by district authorities to ensure reporting under this provision.

Thus, due to lack of inspections and monitoring, the department failed to recognize unregistered centres conducting MTPs and number of MTPs cases shown by the department was un-realistic as the department did not ensure reporting from unregistered hospitals.

The district authorities had noted audit observation for compliance in future.

Recommendation: The Government should ensure regular meetings of DLC and required inspection by CMOs, for effective monitoring of the provisions of the Act.

3.2.5.4 Operation of unauthorised MTP in private clinics

As per Directorate, Family Welfare only 25 *per cent* of MTPs, which were conducted at Government hospitals, were reported and remaining 75 *per cent* MTPs were conducted at private clinics, most of which were unregistered. Information on MTP conducted in private clinics was not received in view of most of these clinics being unregistered and, therefore, it was not known as to whether these private clinics were complying with the prescribed safety and hygiene norms and standards or otherwise.

Audit observed that as per Health Management Information System (HMIS)[15] 2013-15 database, the total MTPs reported were 94,933[16] in the State, out of which 88 *per cent* (83,541 cases) were in government institutions and 12 *per cent* (11,392 cases) MTPs were in private institutions. Since HMIS captured data only in respect of registered MTP centres as explained above, the department did not have any information on the total number of MTPs in the State including those conducted in unauthorised clinics. Despite operation of large number of unauthorised MTP clinics (as informed by the Directorate, Family Welfare), the CMOs did not conduct inspections and enforce provisions of MTP Act with regard to taking action against the unregistered/unauthorised private clinics carrying out MTPs in unsafe and unhygienic conditions so as to compel them either to register under MTP Act or to discontinue their unauthorised activities.

Thus, due to poor implementation of MTP Act, 1971 the objectives of the Act "to provide for the termination of certain pregnancies by registered medical practitioner and for matters connected therewith or incidental thereto" could not be fulfilled and prescribed safety and hygiene norms and standards for safe abortion services had not been ensured.

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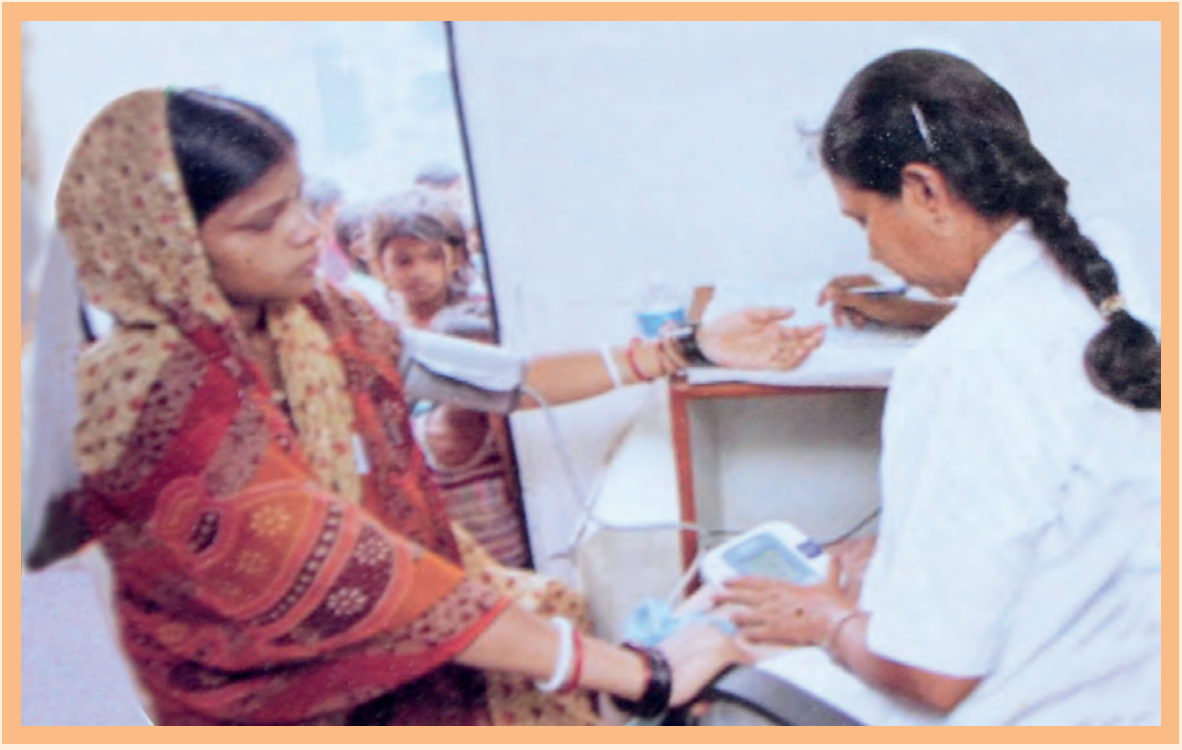
[15] HMIS is a digital initiative under National Health Mission by Ministry of Health and Family Welfare, GoI for compilation of information regarding the health indicators of India. The information sources are National Family Health Survey, Census, Sample Registrations System (SRS) and performance statistics at various levels.

[16] 2013-14: 49130; 2014-15: 45803.

Controlling Maternal Mortality



Chapter 4:
Controlling Maternal Mortality

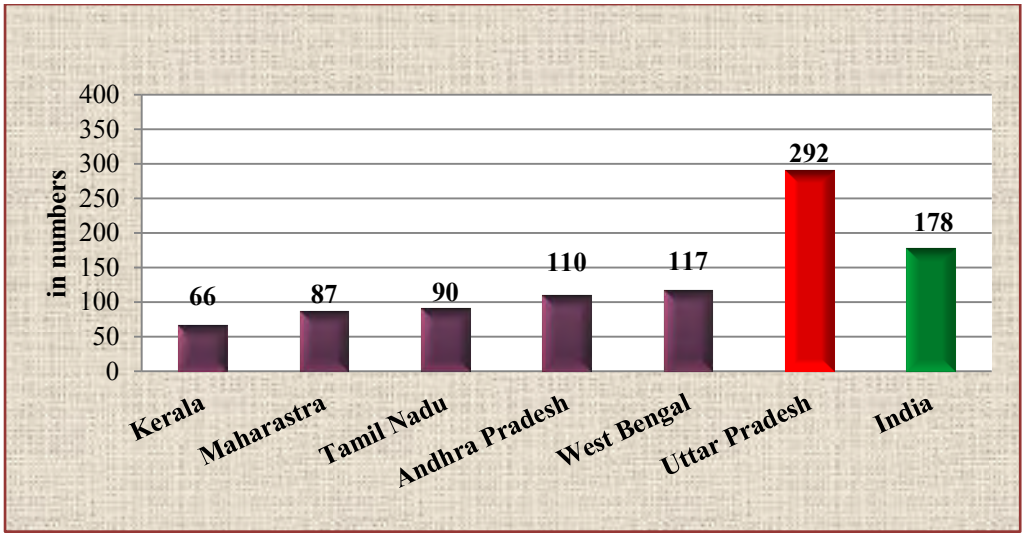
Introduction

Inadequate health care and nutritional support, unsafe deliveries, lack of access to birth control and spacing methods and illegal termination of pregnancies are the primary factors for high rates of maternal and infant mortality in India and the State of Uttar Pradesh. Misuse of diagnostic technologies for sex determination and illegal termination of pregnancies has been discussed in Chapter 3. The issues and programmes relating to health care and nutritional support to pregnant women, lactating mothers and children below six years of age have been covered in Chapter 5 of this report. This Chapter mainly focuses on implementation of programmes related to safe deliveries and family planning.

4 Maternal and Infant mortality

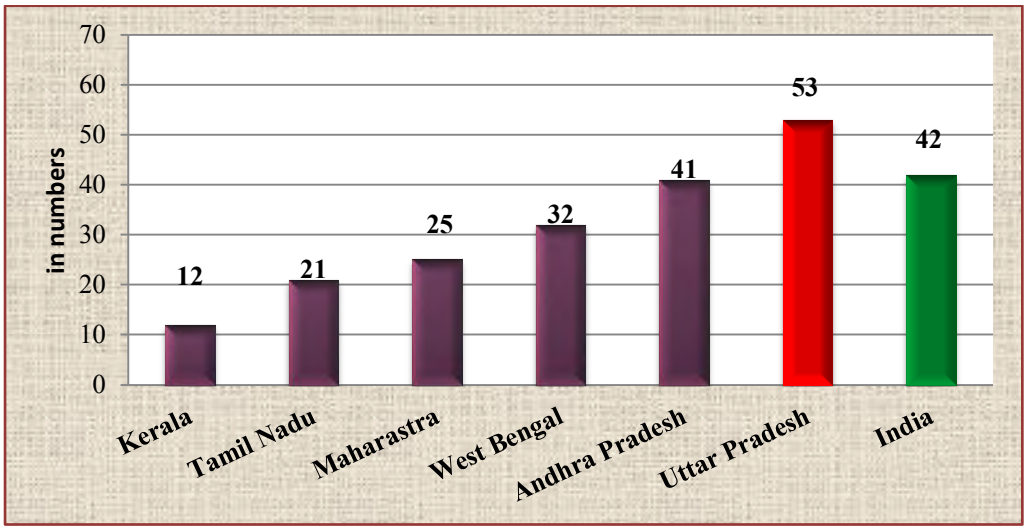
The Maternal Mortality Rate (MMR) in respect of the State of Uttar Pradesh during 2010-12 was estimated by Registrar General of India to be 292 deaths per one lakh live births as compared to all India average of 178 deaths during this period. The MMR in the State was much higher in comparison to other States such as Maharashtra, Tamil Nadu, Kerala and West Bengal as shown in the chart 4.1 below:

Chart: 4.1: MMR of Uttar Pradesh vis-à-vis India and other states



The Infant Mortality Rate (IMR) in Uttar Pradesh during 2012 was 53 deaths per 1000 live births, which was also significantly higher as compared to the all India average and IMR in other States as shown in Chart 4.2 below:

Chart: 4.2: IMR of Uttar Pradesh vis-à-vis India and other states



The female IMR in 2012 in the State was 55 deaths per thousand live births as compared to all India average of only 44 deaths. Uttar Pradesh was among the States having the highest female IMR in the country (57 deaths in Assam, 59 in Madhya Pradesh, 54 in Orissa and 51 in Rajasthan). Many other states have much lower female IMR such as 13 deaths per 1000 live births in Kerala, 26 in Maharashtra, 22 in Tamil Nadu, 26 in Delhi and 29 in Punjab.

As per the UN Millennium Development Goals (MDG) for improvement in maternal health, the MMR has to be brought down to 109 deaths per one lakh live births by 2015. Hence, MMR in the State is more than double the target of MDG 2015. National Health Mission (NHM) aims to bring down the MMR to 200 deaths per lakh live births upto 2017. Given the high rate of MMR in India and in the State of Uttar Pradesh, the NHM target appears to be quite inadequate to achieve the targets of MDG 2015.

The MDG target for IMR was 28 deaths per 1000 live births by 2015. Both IMR and female IMR in the State are almost two times higher than the MDG 2015 targets.

Therefore, high incidence of maternal under nourishment, low incidence of institutional deliveries and high prevalence of unsupervised home deliveries, high maternal mortality rate, non-adoption of appropriate family planning methods and prevalence of low weight children and under-nourishment of girls over boys are some of the most important issues that need to be given due attention by the Government. For this purpose, we have reviewed implementation of *Janani Suraksha Yojana* (JSY), *Maternal Death Review* (MDR) and Family Planning Programme of the government, as discussed in this chapter. Our findings are as follows:

Audit Findings

4.1 Janani Suraksha Yojana

JSY beneficiaries at Community Health Centre, Allahabad

Janani Suraksha Yojana (JSY) is being implemented with an objective to reduce Maternal Mortality Rate (MMR) & Infant Mortality Rate (IMR) and to provide safe motherhood by encouraging institutional deliveries. To promote institutional deliveries at Government health centres, an incentive of ₹ 1,400 in rural area and ₹ 1,000 in urban area is provided to the beneficiaries.

4.1.1 Budget allotment and expenditure

A total expenditure of ₹ 2,196.56 crore was incurred on JSY against allotment of ₹ 2,380.11 crore during 2010-15 (***Appendix 4.1***). Audit observed that the annual expenditure under the scheme remained almost static during last five years despite prevalence of high maternal and infant mortality rate in the State much above the national average and also of UN development goals. The funds allotted under the scheme were also not fully utilised with significant shortfalls in 2012-13 and 2014-15.

4.1.2 Institutional Deliveries

As per JSY guidelines, institutional deliveries refer to deliveries in government health centres, *viz.*, districts hospitals, community health centres, primary health centres, sub-centres etc.

The targets and achievements of institutional deliveries in the State during 2010-15 were as detailed in the table below:

JSY ward at Community Health Centre, Allahabad.

Table 4.1: The target and achievement of institutional deliveries

(Figures in lakh)

Year	Registered pregnant women	Target for institutional deliveries	Percentage of col. 3 to 2	Achievement of institutional deliveries	Percentage of achievement against registered pregnant women	Percentage of achievement against target
1	2	3	4	5	6	7
2010-11	54.26	20.58	38	23.22	43	113
2011-12	49.39	24.50	50	23.18	47	95
2012-13	49.70	26.87	54	21.82	44	81
2013-14	57.10	25.00	44	23.86	42	95
2014-15	55.56	26.57	48	23.24	42	87
Total	**266.01**	**123.52**	**46**	**115.32**	**43**	**93**

(Source: Information provided by Directorate, Family Welfare)

Out of a total of 266.01 lakh registered pregnant women during 2010-15, only 123.52 lakh (46 *per cent*) were targeted for institutional deliveries in government institutions. The overall achievement of targets in respect of institutional deliveries was 93 *per cent* during last five years. In test checked districts it was found that the shortfalls in achievement of targets were significantly high in Ambedkar Nagar, Azamgarh, Bareilly, Meerut and Varanasi **(*Appendix 4.2*).**

Annual targets for institutional deliveries are fixed by the Directorate, Family Welfare and communicated to concerned Chief Medical Officers (CMOs) of the district. Reasons for fixation of low target (46 *per cent*) for institutional deliveries were not explained by the department. Audit observed that there was lack of government health centres in rural areas as only 773 CHCs, 3,538 PHCs and 20,521 Sub centres were functional in the State as on March 2015 against the required number of 1,555 CHCs, 5,183 PHCs and 31,100 Sub-centres respectively as per norms based on population of census 2011. Further, majority of institutional deliveries were in rural areas, as shown in the table below:

Table 4.2: Details of area wise institutional deliveries under JSY

Year	Institutional Deliveries				
	Total institutional deliveries	Rural Area	Percentage	Urban Area	Percentage
2010-11	23,22,042	21,41,092	92	1,80,950	8
2011-12	23,18,216	21,30,959	92	1,87,257	8
2012-13	21,81,699	19,96,089	91	1,85,610	9
2013-14	23,86,147	21,79,600	91	2,06,547	9
2014-15	23,23,579	21,16,957	91	2,06,622	9
Total	**1,15,31,683**	**1,05,64,697**	92	**9,66,986**	8

(Source: Information provided by Directorate, Family Welfare)

It is evident from the above table that more than 90 *per cent* of the institutional deliveries were in rural areas. Inadequate government health facilities, lack of access to government health centres and non-affordability of private nursing homes/hospitals may have forced rural poor to depend more on home deliveries to be done by unskilled birth attendant. On being pointed out in audit, department accepted (August 2015) the fact and replied that efforts are being made to provide health facilities to general public by construction of CHCs/PHCs as per norms.

Recommendations:

- Achievement of targets for institutional deliveries should be ensured in all the districts of the State especially with higher population of rural poor.

- Adequate health infrastructure may be created in rural areas by establishing more CHCs/PHCs/Sub-Centres as per norms to ensure safe and hygienic institutional deliveries.

- Transparent system should be adopted by the Department for fixing the targets of institutional deliveries.

4.1.3 Home Deliveries

(i) Home deliveries by Skilled Birth Attendant

Under JSY, an incentive of ₹ 500 per case was to be paid to BPL women for home deliveries attended by Skilled Birth Attendant (SBA), for her care during delivery and to meet incidental expenses of delivery. Targets and achievements under home delivery are detailed in the following table:

Table 4.3: Targets and achievements under Home delivery by SBA

(Numbers in lakh)

Year	Home deliveries under JSY (deliveries for which incentive was paid)		Achievement in *per cent*
	Target of home deliveries by Skilled Birth Attendants (SBA)	Achievement against Target of home deliveries by Skilled Birth Attendants (SBA)	
2010-11	0.42	0.19	45
2011-12	0.50	0.10	20
2012-13	0.14	0.05	36
2013-14	0.15	0.02	13
2014-15	0.12	0.01	08
Total	**1.33**	**0.37**	28

(Source: Information provided by Directorate, Family Welfare)

It is evident from above table that there were huge shortfalls in achievement of targets for home deliveries by Skilled Birth Attendants. The shortfalls have increased from 55 *per cent* in 2010-11 to 92 *per cent* in 2014-15 due to lackadaisical approach of the department.

(ii) Home deliveries by unskilled birth attendants

As per the information provided by the department, the total number of safe deliveries through government institutions and home deliveries by SBAs was 115.69 lakh during 2010-15. The department also informed that as per information collected through various surveys, about 20 to 25 *per cent* of the deliveries were taking place in private nursing homes/hospitals. Thus, total number of safe deliveries in the State including Government institutions (115.32 lakhs), Private nursing homes/hospitals (38.56 lakh) and home deliveries by skill attendants (0.37 lakhs) would work out to 154.25 lakh against total registered pregnancies of 266.01 lakh during the period 2010-15. This implied that a large number of rural poor approximately 111.76 lakh (42 *per cent*) had to depend on home deliveries by unskilled birth attendants during last five years. On being pointed out in audit, no specific reply was given by the department.

Recommendations:

- The shortfalls in achievement of targets for home deliveries by SBAs should be minimized by proper monitoring.

- Health infrastructure and SBA network in rural areas should be strengthened to minimize the number of unsafe deliveries through unskilled attendants.

4.1.4 Severely anaemic women

Detection and listing of severely anaemic pregnant women was an important activity for which it was provisioned that an incentive of ₹ 100 per case was to be paid to ASHA for listing and follow up of severely anaemic women. Scrutiny of records of test-checked district revealed that details of total number of severely anaemic pregnant women had not been maintained at any test checked districts defeating the objective of detecting and making suitable intervention in terms of medical care and nutrition to them.

4.1.5 Non-accreditation of private nursing home

As mentioned in the action plan of the department, 20 to 25 *per cent* deliveries were conducted in private hospitals and nursing homes. The GoUP prescribed[1] (March 2008) to accredit minimum one private hospital/nursing home per *Tehsil* in a district to promote institutional deliveries and safe motherhood.

Scrutiny of records of the Directorate revealed that no private nursing homes and hospitals were accredited in the State for JSY purposes.

Thus, non-accreditation of private nursing home/hospitals affected the promotion of institutional deliveries and safe motherhood under JSY.

[1] 3667/-5-09-08-9(113)/05 *Chikitsa Anubhag*-9 dated 05.03.2008.

Recommendation: The Government should ensure registration of private hospitals and nursing homes under JSY to promote institutional delivery and safe motherhood.

4.1.6 Accreditation of sub-centres of CHC/PHC

At least 50 *per cent* sub centres running in government buildings were to be accredited under JSY with a view to increase institutional deliveries[2]. These sub centres were to be accredited as early as possible for maximization of institutional deliveries by Auxiliary Nursing Midwife (ANM) and to ensure availability of benefit of JSY to beneficiaries in these sub centres. The responsibility of accreditation and activation of maximum such sub centres in districts was given to CMOs.

Audit observed that only 7,226 sub centres (42 *per cent*) were accredited to the scheme as of March 2015 against 17,219 sub centres running in government buildings in the State. Whereas scrutiny of records of test-checked districts revealed that only 2,255 sub centres (39 *per cent*) were accredited to the scheme against 5,786 sub centres running in government buildings. Thus, non-accreditation of sub-centres affected the fulfilment of objectives. On being pointed out in audit reason for non-accreditation of sub centres was not furnished by the Department.

4.2 Maternal Death Review

MDR programme was started by GoI under the mission for effective reduction in MMR through qualitative improvements in delivery services to reduce maternal mortality. Under this programme it was provisioned to review every maternal death to find the gaps in the service delivery and to ensure corrective measure.

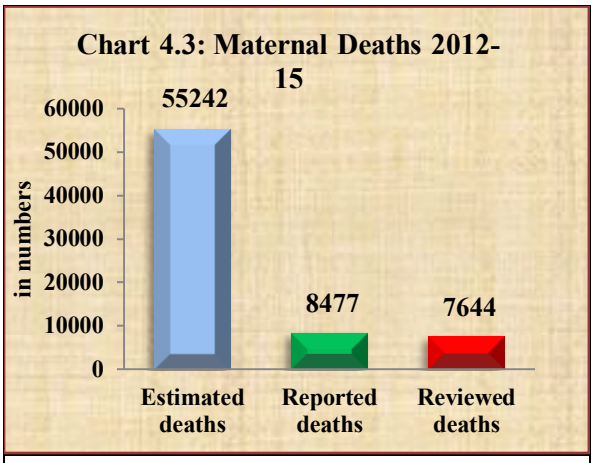
4.2.1 Budget allotment and expenditure

Audit observed that the expenditure incurred was only ₹ 1.70 crore against the allotment of ₹ 7.22 crore (***Appendix 4.3***) indicating that very few cases of maternal death were reviewed by the department.

4.2.2 Review and reporting of maternal deaths

Under the MDR, all maternal deaths (may be at home, on the way or at health units) were to be reviewed by block level MDR team, and facility based MDR committee under the leader ship of block medical officer/ Superintendent and facility nodal officer respectively. District level maternal death review committee under the chairmanship of CMO was to monitor the review reports of all types of maternal deaths in the districts. It was also provisioned that ASHAs at village level will inform all maternal deaths of her area to the concerned block medical officer so that all maternal deaths may be reported for the review.

[2] 3667/-5-09-08-9(113)/05 *Chikitsa Anubhag*-9 dated 05.03.2008



(Source: Information provided by Directorate, Family Welfare)

The numbers of estimated, reported and reviewed maternal deaths in the State during 2012-15 are as depicted in Chart 4.3. Scrutiny revealed that reported figures of maternal deaths (8,477) were only 15 *per cent* of the estimated number of maternal deaths (55,242) in the State during 2012-15 as reported by the department. Hence, large number of maternal deaths (85 *per cent*) remained unreported and 86 *per cent* of maternal deaths remained un-reviewed. As a result, in majority of the cases of maternal deaths the reasons for death could not be ascertained and verified to establish deficiency or lapse in medical care/treatment, if any, and ensure corrective measures.

Recommendation: The Government should put in place a more effective system to ensure that every case of maternal death is reported and reviewed to ascertain service delivery gaps for taking corrective measures.

4.3 Family Planning Programme

The population of the State increased from 16.61 crore in 2001 to 19.98 crore in 2011 (10.45 crore males and 9.53 crore females) registering a decadal growth rate of 20.23 *per cent* as per Census-2011. The average annual exponential growth rate (1.85 *per cent*) of the population in the State was above the national average of 1.64 *per cent*.

There is a close relationship between birth spacing and maternal health. Adequate birth spacing leads to improvement in the health of mother and the child. While motherhood is often a positive and fulfilling experience, for many women particularly living under poverty-sticken conditions (who are not literate and do not have access to birth control/spacing methods) it could be associated with suffering, ill health and even death. Lack of access to and awareness about birth control and birth spacing methods results in unwanted pregnancies and large family size putting tremendous stress on the health and wellbeing of the mother and children. Hence, it was important for the government to adopt suitable measures for popularising family planning methods in the State not only to stabilise the population but also to have a positive impact on the state of maternal health.

Objective of the Family Planning programme was to reduce Total Fertility Rate and improve the health status of people particularly women by encouraging adoption of appropriate family planning methods. Limiting methods of family planning consisted of vasectomy for male and tubectomy

for female. Oral pills, Condoms and Intra-Uterine Device (IUD) insertion are three prevailing spacing methods of family planning to reduce total fertility rate.

4.3.1 Budget allotment and expenditure

A total expenditure of ₹ 194.67 crore was incurred on family planning programme against allotment of ₹ 380.57 crore during 2010-15 (***Appendix 4.4***). Audit observed that despite high growth rate of population in the State, 49 *per cent* of the allocation made under the Family Planning programme remained unutilised during last five years. This implied that the department did not take adequate measures to popularise the use of family planning methods for achieving the goal of population stabilisation and improving health status of women and children.

4.3.2 Limiting Methods

Target and achievements during 2010-15 under limiting methods at State level were as under:

Table 4.4: Year-wise target and achievement of limiting methods

(Figure in lakh)

Year	Vasectomy			Tubectomy			*Per cent* of target of vasectomy in respect of tubectomy
	Target	Achievement	*Per cent* of achievement	Target	Achievement	*Per cent* of achievement	
1	2	3	4	5	6	7	8
2010-11	0.45	0.08	18	7.00	3.71	53	6
2011-12	0.50	0.09	18	6.00	3.10	52	8
2012-13	0.15	0.07	47	4.50	3.00	67	3
2013-14	0.16	0.07	44	4.83	3.20	66	3
2014-15	0.16	0.08	50	5.71	2.85	50	3
Total	**1.42**	**0.39**	**27**	**28.04**	**15.86**	**57**	**5**

(Source: Information provided by Directorate, Family Welfare)

Audit observed that:

- Achievement against target set under vasectomy was only 27 *per cent* while it was 57 *per cent* under tubectomy;

- The targets fixed for females were 20 times higher in comparison to targets for male; and

- The ratio between achievement of vasectomy (0.39 lakh) and tubectomy (15.86 lakh) in terms of absolute numbers was 1:41.

Further, scrutiny of records of test-checked districts revealed that ratio between achievement of vasectomy (0.17 lakh) and tubectomy (6.07 lakh) in terms of absolute numbers was 1:36 **(*Appendix 4.5*).**

On being pointed out by audit, it was stated by test-checked districts that targets were fixed by the directorate level confirming the fact that even the directorate failed to take gender neutral view while setting targets.

4.3.3 Spacing Methods

Scrutiny revealed that shortfall in Intra-Uterine Device (IUD) insertion at State level was ranged between 41 and 47 *per cent* while it ranged between 14 to 78 *per cen*t in 18 out of 20 test-checked districts whereas in two districts[3] achievement was more than 80 *per cent* (***Appendix 4.6***). Moreover, for most common and non-invasive methods viz., oral pills and condoms, no targets were set.

Recommendations:

- The Government should enhance awareness in the society through IEC activities to increase inclination towards vasectomy and set prudent targets for both vasectomy and tubectomy.

- The Government should enhance awareness in the society through IEC activities to adopt spacing methods for family planning.

4.3.4 Monitoring and Supervision

- As per JSY guidelines, districts were directed to make available detailed information of names, address, contract number and details of payments to beneficiaries with name of ASHA and ANM at active JSY web site at state level which was to be monitored regularly at state level. As per provision, detailed supervision and monitoring of implementation of the programme was to be ensured by JSY cell at State level. No documentary evidences were found in any of the test-checked districts in support of supervision and monitoring carried out by JSY Cell;

- As per JSY guidelines, 10 *per cent* JSY beneficiaries were to be physically verified by Chief Medical Officer (CMO) and their subordinate officers. It was found in audit that required 10 *per cent* physical verification was not done in any of the test checked districts as any evidence regarding physical verification, corrective and penal actions/directions was not found. In the absence of physical verification, it was not known as to whether JSY beneficiaries were fully satisfied with the services provided by government institutions for institutional deliveries or otherwise and financial benefits were extended only to genuine beneficiaries; and

- As per Programme Implementation Plan, to reduce MMR, listing and follow up of severe anemic pregnant women and details of high risk pregnancy cases were to be reported to CMO by sub-centres, PHCs/CHCs and health units of districts level for treatment of severe anaemia. No such reports and follow-up actions on these reports were found in any of the test-checked districts.

[3]Bulandshahr and Sultanpur.

Improving Health and Nutritional Support

Chapter 5:
Improving Health and Nutritional Support

Introduction

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

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

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

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

5 Integrated Child Development Services (ICDS)

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

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

- to improve the nutritional and health status of children in the age group of 0-6 years;

- to lay the foundation for proper psychological, physical and social development of the child;

- to reduce the incidence of mortality, morbidity, malnutrition and school dropout; and

- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through nutrition and health education.

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

Angan Wadi Centre at Allahabad.

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

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

Audit findings

5.1 Financial Management

5.1.1 Funding Pattern

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

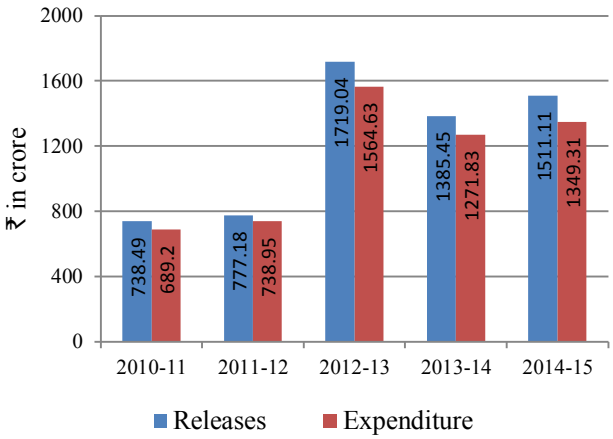
obtained through Demands for Grants and allotted by the Director, ICDS to District Programme officers (DPOs) of respective districts through treasury. The DPOs were to distribute certain portion of funds meant for distribution of hot cooked food; distribution of uniform to AWWs and AWHs; flexi fund for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

5.1.2 Allotment and expenditure under ICDS-General

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

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

Chart 5.1: Releases and expenditure under ICDS-General



(Source: Directorate, ICDS)

5.2 Planning

5.2.1 Non-maintenance of gender segregated data

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

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

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

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

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

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

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

Implementation of the Scheme

5.3 Infrastructure facilities

5.3.1 Inadequate network of AWCs

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

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

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

5.3.2 Absence of basic infrastructure at AWCs

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

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

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

	
AWC functioning in open space in Azamgarh	AWC in Bulandshahr having toilet in dilapidated condition

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

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

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

5.3.3 Non-establishment of crèches

GoI directed (October 2012) that to begin with, five *per cent* of total AWCs were to be converted into day crèche for care and development of children in the age group of six months to six years whose mothers go for work. As such, initially, 9,400 AWCs in the State were to be equipped with the facility of crèche. Scrutiny revealed that GoUP decided to establish 3,000 crèches[1] during 2014-15. However, none of the crèches were established in the State depriving the targeted children and their mothers from the intended benefits of the scheme.

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

5.4 Services under ICDS

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

5.4.1 Nutrition

5.4.1.1 Supplementary Nutrition Programme

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

Table 5.1: Details and norms of distribution of supplementary nutrition

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

[1] Rural : 1,200 and Urban: 1,800.

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

(Source: Directorate, ICDS)

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

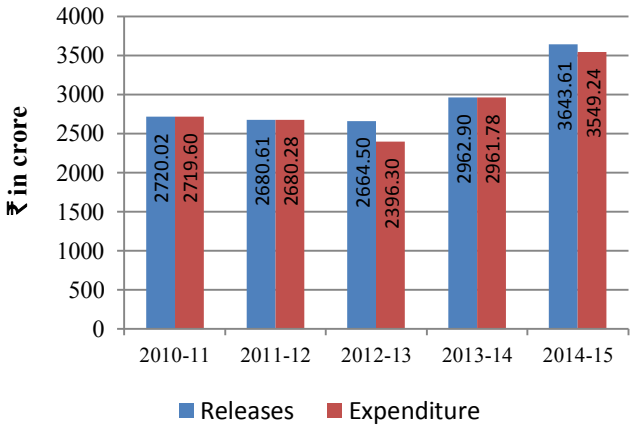
(i) Financial Management of SNP

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

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

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

Chart 5.2: Releases and Expenditure under SNP



(Source: Directorate, ICDS)

(ii) Less coverage of beneficiaries

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

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

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

(iii) Nutrition days

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

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

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

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

(iv) Interruption in distribution of hot cooked food

In accordance with the Guidelines of the ICDS Scheme, children in the age group of three to six years were to be distributed 100-125 gram hot cooked food, apart from morning snack, for six days in a week. However, scrutiny of records revealed that required funds were not released to 17, out of the 20 test-checked districts, during 2010-15, which resulted in supply of hot cooked food to the children for only two to nine months in a year, except 12 months in Azamgarh in 2014-15 as detailed in Table 5.2 given below:

Distribution of hot cooked food at Angan Wadi Centre in Deoria

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

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

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

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

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

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

(v) Non reduction in malnourishment of children

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

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

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

5.4.1.2 Nutrition and Health Education Programme

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

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

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

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

5.4.1.3 Non-formal pre-school education

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

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

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

Pre-school education at Angan Wadi Centre in Bulandshahr

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

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

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

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

(Source: Directorate, ICDS)

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

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

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

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

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

(Source: Results of Joint Physical Inspection)

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

(ii) Supply of pre-school kits

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

During 2010-15, ₹ 140.32 crore[2] (88 *per cent*) was released for purchase of PSE kits against requirement of ₹ 159.56 crore of which ₹ 45.23 crore and ₹ 52.95 crore was not utilized during 2013-14 and 2014-15 respectively and was deposited into Personal Ledger Account (PLA) of Uttar Pradesh *Samaj Kalyan Nigam*. ₹ 1.30 crore of unutilised fund was credited irregularly to revenue and ₹ 98.18 crore was utilized in subsequent years which resulted in non-supply of PSE kits to AWCs every year as detailed in table given below:

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

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

(Source: Directorate, ICDS)

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

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

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

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

5.4.2 Health services

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

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

5.4.2.1 Health check-up

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

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

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

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

(i) Medicine kits

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

Scrutiny revealed that ₹ 64 crore was provisioned and ₹ 58 crore[3] was released for purchase of medicine kits during 2010-15 of which only ₹ 19.75 crore (34 *per cent*) was utilized within the respective financial year. Unutilised amount of ₹ 4.25 crore, pertaining to 2010-11, was utilized in subsequent years. Likewise unutilised amount of ₹ 1.31 crore, pertaining to 2011-12, has been lapsed to government account. Further, ₹ 30.94 crore of balance funds of 2013-15 was deposited into PLA of Uttar Pradesh *Samaj Kalyan Nigam* of which ₹ 17.36 crore was utilized in subsequent years. Furthermore, ₹ 0.36 crore was credited irregularly to revenue at the end of 2013-14. Details of supply of medicine kits to AWCs during 2010-15 are indicated in Table below:

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

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

(Source: Directorate, ICDS)

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

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

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

(ii) Non-monitoring of children's growth

With a view to improve the monitoring of growth of the children and to strengthen mother and child health care services, GoI directed (November 2014) to supply weighing machines, new growth charts and maternal and child protection (MCP) cards[4] to all AWCs. Scrutiny of

[3] ₹ 11.30 crore in 2010-11; ₹ 11.30 crore in 2011-12; ₹ 17.70 crore in 2013-14 and ₹ 17.70 crore in 2014-15.
[4] To each mother to track the nutritional status, immunization schedule and developmental milestones for both the child and the pregnant and lactating mothers.

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

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

5.4.2.2 Referral services

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

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

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

5.4.2.3 Immunization programme

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

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

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

Observance of Village Health and Nutrition Day (VHND)

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

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

5.5 Training and Capacity Development of the functionaries

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

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

Angan Wadi Workers undergoing training session at Allahabad

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

through 66 Angan Wadi Training Centres[5] (AWTCs), four Middle Level Training Centres[6] (MLTCs) and 25 District Mobile Training Teams[7] (DMTTs).

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

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

Table 5.7: Details of trained ICDS functionaries

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

(Source: Directorate, ICDS)

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

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

5.6 Monitoring

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

[5] To train the AWWs.
[6] To train the lady supervisors.
[7] For providing operational training to AWHs, refresher training and induction training to AWWs.

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

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

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

5.7 Conclusion

The implementation of ICDS Scheme was deficient as:

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

(Paragraph 5.3.1 & 5.3.2)

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

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

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

(Paragraph 5.4.2.1 & 5.4.2.3)

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

(Paragraph 5.6)

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

Adolescent Girls

Chapter 6:
Adolescent Girls

Introduction

To address the problems of adolescence, a significant phase of transition from childhood to adulthood and marked by physical changes accompanied by psychological changes, *Kishori Shakti Yojana* (KSY) and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or *SABLA* (*SABLA*) were launched through ICDS platform. The objectives of these schemes were to make adolescent girls (AGs) aware of health, nutrition, and lifestyle related behaviour and adolescent reproductive & sexual health needs to be positioned in this phase of life in order to improve the health of adolescent girls and facilitate an easier transition to womanhood. The important audit findings relating to these two schemes are discussed in succeeding paragraphs.

6.1 *Kishori Shakti Yojana*

Ministry of Women and Child Development (MWCD), GoI, in the year 2000, introduced a scheme called *Kishori Shakti Yojana* (KSY) to improve the nutrition and health status of girls in the age-group of 11 to 18 years, to equip them to improve and upgrade their home-based and vocational skills, and to promote their overall development, including awareness about their health, personal hygiene, nutrition, family welfare and management. The scheme was running in 53 districts of the State, of which 14 districts were covered under this performance audit.

Audit findings

6.1.1 Financial Management

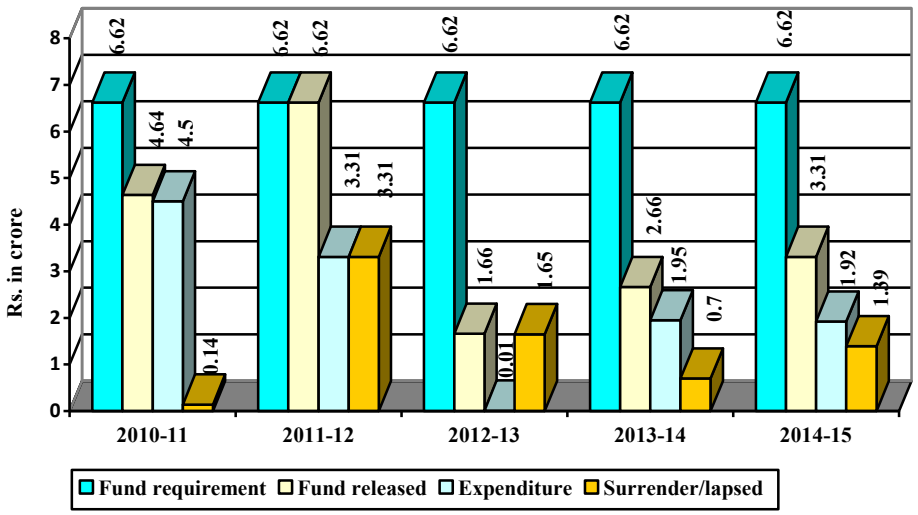
It is a centrally sponsored scheme under which an amount of ₹ 1.10 lakh per block/ICDS project per annum for interventions to be carried out under the scheme is provided to the State through funds released for ICDS Scheme.

6.1.1.1 Allotment and expenditure

Against the requirement of ₹ 33.10 crore[1] during 2010-15, ₹ 32.42 crore was allocated; ₹ 18.88 crore (58 *per cent* of allocated amount) was released; and ₹ 11.69 crore (62 *per cent* of released amount) was spent for implementation of the scheme in the State (***Appendix 6.1***). The Funds required, released and expenditure incurred under the scheme during 2010-15 is depicted in Chart 6.1 below:

[1] Total 602 projects X 60 AGs/project X ₹ 1,833 x 5 years = ₹ 33,10,39,800.

Chart 6.1: Funds alloted, released and expenditure



(Source: Directorate, ICDS)

Thus, there was huge gap between allocation and release and also between release and actual expenditure. Insufficient budget provisions and non-utilisation of available funds resulted in shortfall in physical achievement of the targets as discussed in paragraph 6.1.3.

Scrutiny of records in test checked districts revealed that against the requirement of ₹ 155.24 lakh only ₹ 139.34 lakh of training fund was released which in turn could not be utilised in 2014-15 as the amount was received on 31 March 2015 and lapsed due to late release of funds by Directorate, liability to the extent of ₹ 155.24 lakh has been created.

In reply, the Government stated that the scheme was implemented as per availability of the budget and the funds lapsed due to non-payment of bills by the district level authorities. Reply is not acceptable as department should have released the funds timely and also monitored implementation of the scheme closely to avoid slippages in implementation leading to surrender of funds.

6.1.2 Insignificant coverage of adolescent girls

The KSY scheme was initiated with the objective of improving nutrition and health status of AGs in the age group of 11-18 years but it provided for coverage of only 60 girls per Block (Project) in a year in 53 districts covered under the scheme. On the other hand, *SABLA* scheme implemented in remaining 22 districts of the State with similar objective had no such limitation and covered all the AGs in the block.

As a result of this ceiling of covering 60 AGs per block, it was noticed during scrutiny of records of test-checked 14 districts that against the total population of 70,74,240 AGs, only 35,100 AGs were covered under the KSY scheme during 2012-15(***Appendix 6.2***). Hence, only one *per cent* of the AGs in these districts could be covered under KSY. In other words, 99 *per cent* of the AGs

in the districts were deprived of the nutritional support and vocational training. Thus, the limited scope of the scheme defeated the very purpose of the introduction of the scheme.

On this being pointed out in audit, District Programme Officers (DPOs) of test checked districts stated that work was conducted as per availability of budget. In reply, the Government, however, accepted (December 2015) the facts.

Recommendation: The Government should expand the scope of the scheme to cover all adolescent girls, on the lines of *SABLA* scheme implemented in other 22 districts.

6.1.3 Nutritional support to AGs

Under KSY, one of the objectives was to improve the nutritional and health status of girls in the age group of 11-18 years. However, department ordered to provide supplementary nutrition to only three Adolescent Girls per AWC per year. This implied that most of the AGs were not covered under KSY for receiving nutritional support.

It was noticed in test-checked districts that in compliance of the departmental order, only 5 to 6 *per cent* of total population of adolescent girls were benefited with supplementary nutrition. Thus, about 95 *per cent* AGs were deprived of intended benefit of supplementary nutrition during 2012-15 (***Appendix 6.3***).

No specific reply was furnished by the Department but the Government during discussion in exit conference stated that the facts have been taken in cognizance and required action will be taken.

6.1.4 Health and Vocational training

Training under Kishori Shakti Yojana at Allahabad

Under the scheme, 1,80,600 AGs in 602 sanctioned projects in the State were to be imparted three days training in respect of health & nutrition and 60 days vocational training in two batches of 30 girls under each project/block. The vocational training covered area such as stitching, pickle making etc ***(Appendix 6.4)***. The status of training provided under the scheme was given in Table below:

Table 6.1: Status of training imparted (State level)

Year	Total no. of Projects	Targeted no. of Beneficiaries as per norm[2]	Actual no. of Beneficiaries	Shortage	Shortage in *per cent*
2010-11	602	36,120	25,922	10,198	28
2011-12	602	36,120	18,040	18,080	50
2012-13	602	36,120	0	36,120	100
2013-14	602	36,120	10,981	25,139	70
2014-15	602	36,120	20,940	15,180	42
Total	**3,010**	**1,80,600**	**75,883**	**1,04,717**	**58**

(Source: Directorate, ICDS)

It is evident from the above table that training was not imparted in 2012-13 while there were shortfalls ranging from 28 to 70 *per cent* in imparting training to the AGs against the target fixed in remaining four years. Scrutiny of records of test-checked districts revealed that overall shortfall in imparting training, during 2010-15, was 87 *per cent* (***Appendix 6.5***).

In reply, the Government accepted the facts and stated that the training was imparted as per availability of the budget.

Recommendation: The Government should ensure that training is imparted to all eligible AGs and should make available requisite funds for imparting training.

6.1.5 Selection of ineligible beneficiaries

KSY Scheme had been designed for AGs in the age group of 11-18 years. Scrutiny of records of test checked districts revealed that 134[3] over-aged ineligible beneficiaries, in five out of 14 test checked districts, were provided training under the scheme in the year 2014-15.

In reply, the Government stated that information has been asked for from the districts in this regard.

6.1.6 Absence of follow-up system for vocational training

Vocational and skill development training activities were to be undertaken for AGs for their economic empowerment. DPO, in consultation with CDPOs and NGOs, was to organize vocational training courses, non-formal education courses etc., for the AGs to encourage them to initiate various productive activities and to become useful active member of the society.

Audit scrutiny revealed that no mechanism was developed by the department to ensure the follow up of the training imparted to the AGs. This fact was also confirmed during scrutiny of records of test-checked districts.

[2] 60 AGs per project.
[3] Ambedkar Nagar-62; Bareilly-10; Hardoi-51; Jhansi-07 and Varanasi: 04.

In reply, the Government accepted (December 2015) the facts.

Recommendation: The Government should develop a follow-up mechanism so that the impact of the training imparted under scheme could be assessed.

6.2 Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or *SABLA (SABLA)*

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or *SABLA*, merging the erstwhile KSY and Nutrition Programme for Adolescent Girls (NPAG) schemes, has been formulated (2010) to address the multi-dimensional problems of AGs. The services provided and the adolescent girls covered under *SABLA* are listed in Table below:

Table 6.2: Details of Nutrition and non-Nutrition components of the Scheme

Nutrition components	Non-nutrition components
It consisted of Take Home Ration (THR) or Hot Cooked Meal for (i) Non-school going girls in the age group of 11-14 years, and (ii) All the girls in the age group of 14-18 years (both non-school going and school going).	This component consisted of (i) Iron Folic Acid (IFA) supplementation and Health checkup etc., for the age group of 11-18 years of non-school going AGs; (ii) Vocational training to the age group of 16-18 years of non-school going AGs; and (iii) Nutrition and health education, guidance on family welfare and Life skill education etc., to the age group of 11-18 years of school going AGs.

The scheme was functional in 22 districts[4] of the State using the platform of ICDS, of which six districts[5] were covered under 20 test-checked districts of this performance audit.

Audit findings

6.2.1 Financial Management

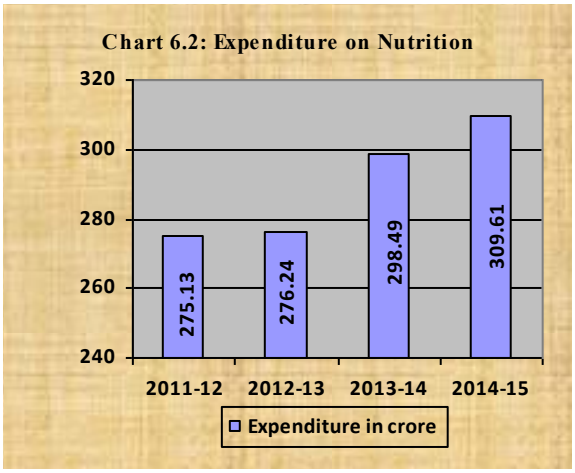
SABLA was a centrally sponsored scheme and the financial assistance to the State Government was to be provided in four instalments for Supplementary Nutrition Programme (SNP) components and in two instalments for the non-SNP components by GoI.

6.2.1.1 Funding of Nutrition component

GoI was to share cost of nutrition up to the extent of 50 *per cent* of the financial norms[6] or of the actual expenditure incurred, whichever was less and

[4] Agra, Amethi, Bahraich, Banda, Bijnor, Bulandshahr, Chandauli, Chitrakoot, Deoria, Farrukhabad, Jalaun, Lalitpur, Lucknow, Maharajganj, Mahoba, Mirzapur, Pilibhit, Raebareli, Saharanpur, Shrawasti, Sitapur and Sonbhadra.
[5] Agra, Banda, Bulundshahr, Deoria, Saharanpur and Sitapur.

the rest 50 *per cent* was to be shared by GoUP. Year-wise release of GoI share, GoUP share and expenditure against for the year 2010-15 was given in ***Appendix 6.6***



GoI released ₹ 564.34 crore as central assistance (97.77 lakh AGs) to GoUP during 2010-15. GoUP released ₹ 1,175.74 crore during 2010-15 incorporating Central share against which ₹ 1,186.41 crore was shown utilised by the Department for the same period. GoUP failed to get reimbursement of ₹ 28.86 crore from GoI for which reason was not furnished by the Department.

In reply, the Government accepted the facts and stated that efforts were being made to obtain the remaining central grant.

6.2.1.2 Funding for vocational training and other services

Non-nutrition component was to be funded through 100 *per cent* central assistance from GoI. GoI released ₹ 14.59 crore during 2010-15 against which the department could spend only ₹ 10.09 crore. Moreover, no expenditure was incurred during 2010-11 and 2012-13 despite availability of funds. Further, due to short utilisation of available funds upto 42 *per cent*, the department was unable to get central assistance from GoI during 2012-15 (***Appendix 6.7***).

Scrutiny of records of the test-checked districts revealed that no funds were made available by the department in 2010-11 and 2012-13. Further, as ₹ 1.01 crore under training fund was released by the Directorate at the fag end of the financial year, the same could not be utilized by five test-checked districts during 2014-15, which has created a liability of ₹ 1.01 crore on account of non-payment of outstanding dues.

Thus, the department failed to utilise the funds released by GoI and, therefore, could not get further central assistance during 2012-15 resulting in shortfall in physical achievement of targets as discussed in the succeeding paragraphs.

In reply, the Government stated that the Scheme was not implemented in the year 2010-11 and 2012-13 and the funds lapsed due to non-payment of bills by the district authorities. The reply was not acceptable as the scheme was implemented in 2010-11 and 2012-13 and ₹ 9.73 crore was released by GoI in 2010-11 and ₹ 9.69 crore was available in the beginning of the year 2012-13

[6] Each AG was to be given at least 600 calories and 18-20 grams of protein and recommended daily intake of micronutrients per day, at the rate of ₹ five per day per beneficiary, for 300 days in a year.

for the implementation of the scheme. As regards lapse of funds, government should have closely monitored the implementation of the scheme at district level to ensure that bills were paid timely by the district authorities.

6.2.2 Inadequate planning

The scheme guidelines issued by GoI provided for preparation of a plan to conduct baseline survey for identification of beneficiaries; to organize State, District and Project level workshops to introduce the scheme to the personnel of ICDS, functionaries of other Ministries/Departments and the implementing partners; to increase awareness/generate publicity about the scheme by developing IEC material; to establish effective convergence mechanism with other Departments[7] at the State/UT/district/project/village level; and to select MNGOs/NGOs/CBOs for various non nutrition services in consultation with DMs, DPOs and CDPOs.

Scrutiny of records of the Directorate revealed that no such plan was prepared in the State for organising workshops, IEC activities and effective convergence mechanism with other departments/NGOs. This impacted the scheme adversely as non-nutrition components were not implemented, vocational training was not imparted to beneficiaries and huge number of beneficiaries were deprived of the benefits of supplementary nutrition. Further, scrutiny of records of test-checked districts also confirmed these facts.

In reply, the Government stated that Kishori Balika Module was provided with *SABLA* training kit, however, no reply was furnished in regard of planning.

6.2.3 Implementation

6.2.3.1 Nutrition Component

Take Home Ration (THR) at the rate of 150 gram per day in the form of amylase rich energy food was to be provided[8] to each AG[9] once in a week to meet required daily intake of protein and micronutrients of at least 600 calories and 18-20 grams of protein per day. For this purpose, ₹ Five per day was to be spent on each AG for 300 days in a year.

Scrutiny of records of test-checked six districts revealed that 13.45 lakh AGs were deprived of THR during 2011-15 (***Appendix 6.8***). This implied that 28.21 *per cent* of the eligible AGs did not get nutritional support under the scheme in these districts.

In reply, the Government stated that 85 *per cent* AGs were benefited under the component. Reply is not acceptable as the Government should have ensured

[7] Education; Medical Health and Family Welfare; Labour and Employment; Youth Affairs; and PRIs.
[8] Since November 2010.
[9] 11 to 14 years non-school going girls and all girls of 14 to 18 years.

availability of funds and THR for extending nutritional support to eligible AGs as intended in the scheme.

Recommendation: The Government should monitor and ensure that THR to all eligible adolescent girls is provided in all the districts as per approved scale.

6.2.3.2 Non-nutrition Component

Under this component, Iron Folic Acid (IFA) supplementation, Health check-up and Referral services to out of school AGs of 11 to 18 years and Nutrition & Health Education (NHE), Counseling/Guidance on family welfare, Adolescent Reproductive & Sexual Health (ARSH), child care practices, Life Skill Education and accessing public services to all AGs of 11-18 years were to be provided. Further, vocational training was to be imparted to all AGs in the age group of 16 to 18 years. The shortcomings noticed in audit are discussed in succeeding paragraphs.

(i) Lack of Vocational Training

Vocational training providers such as Central Government, State Government, public and private sector and industrial establishments were to provide counselling & vocational guidance, training facilities as per norms, post training support to trainees in getting employment, maintain data base on trainees trained and the outcome of the training. The department was to decide the number of girls and the suitable training modules for vocational training.

Audit scrutiny revealed that vocational training to AGs was not imparted in any of test-checked six districts during 2011-15 though ₹ 34.70 lakh given to the Director, Training and Employment Department, Lucknow during 2011-12 remained unspent. In absence of the vocational training, the AGs (aged 16-18 years) were deprived of skill development training required for improving their employability.

In reply, the Government accepted the facts and stated that efforts were being made to get the released fund returned.

Recommendation: The Government should ensure that vocational training is imparted to all adolescent girls as required under the scheme guidelines.

(ii) Inadequate supply of SABLA training KIT

A training kit was to be provided in every AWC to assist AGs in understanding various health, nutrition, social and legal issues. Activities were to be transacted in an interesting and interactive manner. The training kit contained a number of games and activities viz. flash cards, quiz games etc., to make learning process interactive and enjoyable.

Audit scrutiny revealed that only 26,084 training kits (10 *per cent*) against requirement of 2,60,865 kits[10] in 52,173 AWC's of 22 districts were provided in the year 2014-15 by the Directorate. Thus, due to inadequate supply of *SABLA* training kit, AGs were deprived in understanding various health, nutrition, social and legal issues in an interesting and interactive manner.

In reply, the Government stated that 150 *SABLA* training kits per project were provided, however in the test checked districts audit found that only 11 *per cent* (***Appendix 6.9***) *SABLA* training kits were provided during the year 2010-15.

Recommendation: The Government should ensure that training kits are supplied timely and issued to all AWCs as per scheme guidelines.

(iii) Non-maintenance of Kishori Card

A card for each AG, called as *Kishori Card*, was to be made available by the directorate and to be maintained at the AWC containing information regarding weight, height, Body Mass Index, IFA supplementation, referrals and services received under *SABLA* scheme.

Scrutiny of records of test-checked districts revealed that *Kishori Cards* were not made available by Director, ICDS to any of the districts during 2010-15. In absence of this card, health status of AGs could not be recorded, tracked and monitored.

In reply, the Government stated that Kishori Cards were provided in *SABLA* training kits. The reply was not acceptable as only 10 *per cent SABLA* training kits were provided in the State during the year 2010-15. Even then also, remaining 90 *per cent* AWCs were not provided with Kishori card.

6.3 Conclusions

- *Kishori Shakti Yojana* which has been implemented in 53 districts of the State covered only one *per cent* of the AGs and, therefore, had little impact on the nutritional status and vocational skills of AGs in the State. In comparison to KSY, the *SABLA* scheme implemented in remaining 22 districts of the State had much greater impact as it covered all AGs in the age group of 14 to 18 years and also non-school going AGs in the age group of 11 to 14 years.

(Paragraph 6.1.2)

- Under KSY no vocational and health training was imparted to AGs in 2012-13 while there were shortages ranging from 28 to 70 *per cent* in remaining four years.

(Paragraph 6.1.4)

[10] One kit each to 52,173 AWCs per year for five years.

- Under *SABLA* scheme the funds allocation and utilization was much higher. However, 28 *per cent* of the eligible AGs were not provided Take Home Ration; vocational training was not imparted during 2011-15; and about 90 *per cent* of AWCs were not provided *SABLA* training kits.

(Paragraph 6.2.3.1 and 6.2.3.2 (i))

Thus, both the schemes viz., KSY and *SABLA* aimed at empowerment of adolescent girls had major structural and implementation deficiencies which led to denial of scheme benefits to majority of AGs in the State.

Crime against Women

Chapter 7:
Crime Against Women

Introduction

Crime against women includes any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. The Constitution of India recognized equality rights of women in Articles 14, 15 and 16. Article 15 (3) allowed the State for making special provisions for women and children to prohibit discrimination on grounds of religion, race, caste, sex or place of birth. Despite the constitutional provisions and different gender specific laws in place, the problem of violence and crime against women has acquired phenomenal proportion.

The incidence of crime against women in India have been increasing continuously with 2.13 lakh reported cases in 2010 which rose to 3.37 lakh reported cases in 2014 registering a growth of 58 *per cent* in last four years. According to the report of National Crime Records Bureau (NCRB) for the year 2014, Uttar Pradesh earned the dubious distinction of leading the list of States where crime against women in 2014 was highest, accounting for 11.4 *per cent* of the total number of incidence of crime against women in the country.

Violence and crime against women is a social problem which is linked to gender inequality and violates the right of women to live without fear with freedom and dignity. The Committee on Crime Statistics setup by the Ministry of Statistics and Programme Implementation, GoI in their report submitted in June 2011 stated that it has been recognised that a sizable portion of criminal events are never reported to the police and are therefore not included in police or any other statistics. Further, the committee had concluded that NCRB captures even less than 0.16 *per cent* of the total crime against women. The National Family Health Survey-3 (latest) which collected data on 'Help seeking by women' who were victims of violence, brought out that only 2.1 *per cent* of the women who experience physical and sexual violence sought assistance from institutional sources such as police. The above findings of the NFHS would entail that the law enforcement authorities in the State should not be complacent about the relatively lower registered crime rate per one lakh of women population.

Audit analysed various crime data in respect of the State and financial and other support schemes implemented by the State Government for providing help, compensation, protection and rehabilitation of victims, and our findings are discussed below:

Audit findings

7.1 Incidence of crimes against women

Information provided by Home (Police) Department, GoUP revealed that the incidence of crime against women in the State have been rising consistently during last five years as shown in the table below:

Table 7.1: Crimes against women in the State during 2010-15

Sl. No.	Detail of Crime/IPC	2010-11	2011-12	2012-13	2013-14	2014-15
1	Rape (Sec. 376 IPC)	1,582	1,962	2,058	2,940	2,945
2	Homicide for dowry, dowry deaths or their attempts (Sec. 302/304-B IPC)	2,817	2,865	2,869	3,116	3,119
3	Torture-both mental and physical (Sec. 498-A IPC)	7,302	6,540	7,155	8,902	9,476
4	Assault on women with intent to outrage her modesty (Sec. 354 IPC)	2,989	3,430	4,106	7,092	7,972
5	Insult the modesty of women (Sec. 509 IPC)	1	2	14	33	25
6	Importation of girls from foreign country (under 21 years of age) (Sec. 366-B IPC)	1	2	1	0	1
7	Kidnapping and abduction of girls/women for specified purposes (Sec. 363-373 IPC)	5,145	6,678	7,057	8,510	8,964
8	Dowry Prohibition Act, 1961	940	887	1,189	1,092	1,100
9	Indecent Representation of Women (Prohibition) Act, 1986	154	197	173	86	49
10	The Immoral Traffic (Prevention) Act, 1956	3	10	7	7	11
11	The Commission of Sati (Prevention) Act, 1987	0	0	0	0	0
12	The Child Marriage Restraint Act, 1976	0	0	1	1	0
13	The Medical Termination of Pregnancy Act, 1971	0	0	0	0	0
14	PC-PNDT (Prohibition of sex selection) Act, 1994	0	0	4	0	0
15	The Equal Remuneration Act, 1976	0	0	0	0	0
16	Foeticide (Sec. 315-316 IPC)	4	4	1	2	1
17	Procuration of minor Girl (Sec. 366-A IPC)	13	8	17	29	31
18	Buying of girls for prostitution (Sec. 373 IPC)	0	0	0	0	0
19	Selling of Girls for prostitution (Sec. 372 IPC)	0	0	0	0	0
	Total	**20,951**	**22,585**	**24,652**	**31,810**	**33,694**

(Source: Information furnished by Home (Police) Department)

It would be seen from Table 7.1 that there has been 61 *per cent* increase in incidence of crime against women between 2010-11 and 2014-15. The increase in crime has been very steep during 2013-14 when the number of such incidence shot up from 24,652 in 2012-13 to 31,810 in 2013-14. The incidence of crime against women has not declined in 2014-15.

The major crimes against women were rape; homicide for dowry, dowry deaths or their attempts; torture- both mental and physical; assault on women with intent to outrage her modesty; kidnapping and abduction; and cases under Dowry Prohibition Act where maximum number of cases were reported and there has been significant increase during 2010-15 in the State. The status of crimes against women under these categories is discussed in the subsequent paragraph.

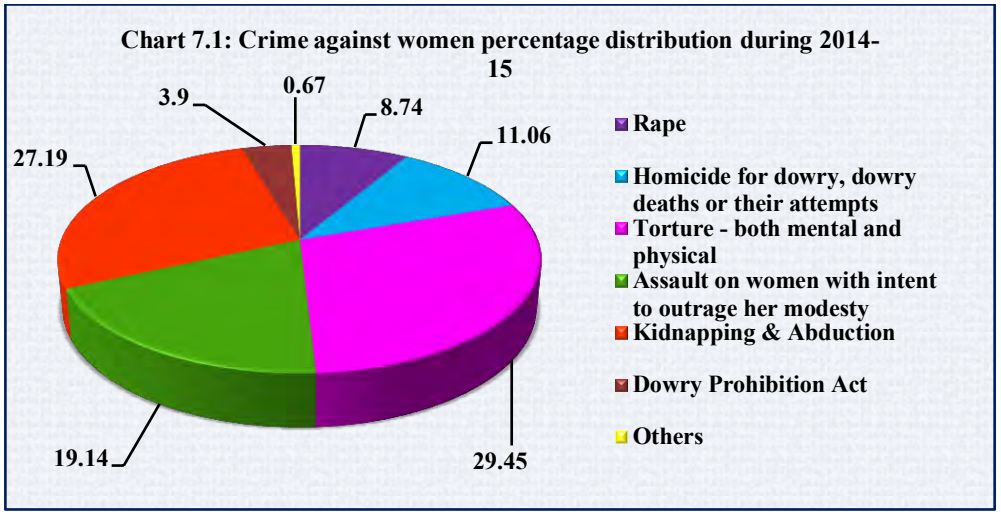
7.2 Major crimes against women

Rape, homicide for dowry, dowry deaths or their attempts, torture- both mental and physical, assault on women with intent to outrage her modesty, kidnapping and abduction and cases under Dowry Prohibition Act are the major crimes contributing more than 99 *per cent* of the incidence of crimes against women in the State. The category-wise details of crime against women and their trends during last five years are given in the table below:

Table 7.2: Major crimes against women during last five years.

Sl. No.	Year	Rape	Homicide for dowry, dowry deaths or their attempts	Torture- both mental and physical	Assault on women with intent to outrage her modesty	Kidnapping & Abduction	Dowry Prohibition Act	Others
1.	2010-11	1,582	2,817	7,302	2,989	5,145	940	176
2.	2011-12	1,962	2,865	6,540	3,430	6,678	887	223
3.	2012-13	2,058	2,869	7,155	4,106	7,057	1,189	218
4.	2013-14	2,940	3,116	8,902	7,092	8,510	1,092	158
5.	2014-15	2,945	3,119	9,476	7,972	8,964	1,100	118
Total		**11,487**	**14,786**	**39,375**	**25,589**	**36,354**	**5,208**	**893**

(Source: Information furnished by Home (Police) Department)



(Source: Information furnished by Home (Police) Department)

Age-wise analysis of major crimes against women in the State is given in the ***Appendix 7.1 to 7.3.***

We in audit observed that:

- Legally, rape has been defined in different sub-sections of section 375 and punishments are provisioned in sections 376 (1) and (2), 376 A, 376 B, 376 C, 376 D and 376 E of the Indian Penal Code (IPC). The number of rape cases increased (43 *per cent*) suddenly during 2013-14 and 2014-15 over the previous year. The most alarming fact is that the largest number (59 *per cent*) of victims of rape were minor girls (***Appendix 7.1***). Increase in the number of rape cases during last two years has been very significant (44 *per cent* in age group upto 10 years, 57 *per cent* in the age group 11 to 18 years, 27 *per cent* in the age group above 18 years). Districts with highest number of reported cases of rape during 2010-15 were Aligarh (392), Moradabad (377), Allahabad (348), Meerut (346) and Agra and Lucknow (328 each).

- There was 11 *per cent* increase in cases of homicide for dowry, dowry deaths or their attempts during last five years. Also, the number of reported cases under Dowry Prohibition Act, 1961 increased from 940 in 2010-11 to 1,100 in 2014-15 (17 *per cent*).

- The cases of Torture-both mental and physical increased from 7,302 in 2010-11 to 9,476 in 2014-15. There has been significant increase of 24 *per cent* in 2013-14 over the previous year.

- The cases of assault on women with intent to outrage her modesty have increased from 2989 in 2010-11 to 7972 in 2014-15. Maximum number (55 *per cent*) of victims for the said crime were minor girls (***Appendix 7.2***). In the year 2013-14 there was an increase of 73 *per cent* in the cases of assault on women. Districts with highest number of reported cases of assault on women with intent to outrage her modesty during 2010-15 were Lucknow (1205), Meerut (1125), Aligarh (1067), Agra (979) and Allahabad (767) in the State.

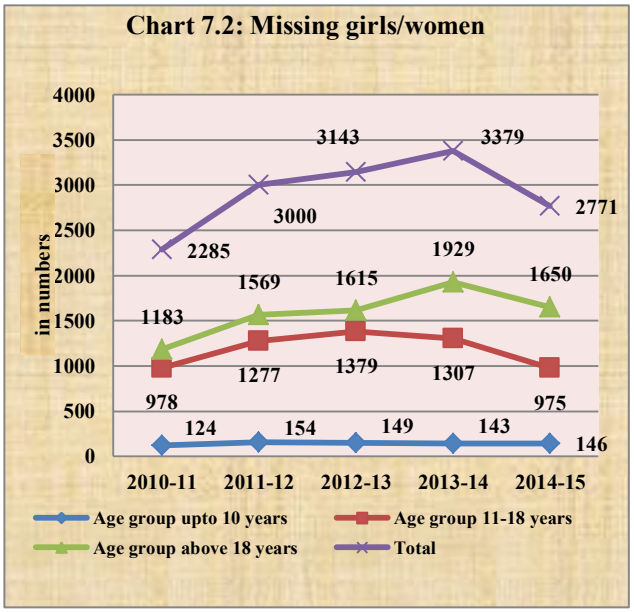
- The cases of kidnappings/abductions also increased consistently during 2010-15 with significant increase in 2013-14 and 2014-15. In this category of crime also, the maximum number (71 *per cent*) of victims were minor girls. For details see ***Appendix 7.3***. Top five districts in the State with reported number of cases of kidnappings/abductions during 2010-15 were Aligarh (1524), Kanpur Nagar (1511), Agra (1502), Lucknow (1274) and Meerut (1109).

During discussion in exit conference (December 2015) the Government assured to take required action against the fact while taking its cognizance.

7.3 Human trafficking and missing persons

The National Human Rights Commission, action research 2004, brought out the linkages of human trafficking and missing persons. The missing children could be victims of rape, sexual abuse, child pornography etc. The Ministry of Home Affairs (MHA) issued an advisory on missing children to expedite the investigation and to ensure prosecution of offenders.

Chart 7.2: Missing girls/women



(Source: Home (Police) Department)

The State Legal Services Authorities were directed to earmark responsible and competent NGOs as nodal NGOs in the state for assisting the law enforcement agencies and work for a network of NGOs for the purpose of tracing and reintegrating missing children with their family.

Information provided by Home (Police) Department revealed increasing trend in missing girls/women during 2010-15 as depicted in the chart 7.2.

It was evident that there was an overall increase of 21 *per cent* in the number of missing girls/women in the State during 2010-15 (***Appendix 7.4***). Department did not provide details of traced girls and action taken against the culprits, though called for (April 2015) by Audit. Moreover, the department did not furnish their reply regarding help of civil society (NGOs, concerned citizens etc.) in tracing and reintegrating the missing children with their families.

Thus, there has been increase in incidence of crime against women between 2010-11 and 2014-15 in the State with significant increase in major crimes such as Rape, homicide for dowry, dowry deaths or their attempts, torture-both mental and physical, assault on women with intent to outrage her modesty, kidnapping and abduction and cases under Dowry Prohibition Act. In order to effectively control crime especially against women and to perform various law and order related functions *viz.* prevention and detection of crime, security and safety of public etc., adequacy of police manpower including women police becomes essential. The status of availability of police manpower including women police personnel in the State has been discussed in the succeeding paragraphs.

7.4 Police manpower

To protect 19.98 crore population of the State (census 2011), 162783 police personnel were deployed in the State. This implied that only 81 police personnel per one lakh population were available in the State to enforce law and order and deal with all types of crime including crime against women. As per the Lok Sabha unstarred question answered by the Hon'ble Minister of Home Affairs, GoI on 22 July 2014, against the sanctioned strength of 178.48 police personnel per one lakh population in the State of Uttar Pradesh, actual strength was only 81.01 police personnel per one lakh population. This indicated huge shortage of police manpower in the State even against the sanctioned strength. The deployment of police manpower in the State was much below the national average of 136.42 police personnel per one lakh population and the United Nations norm of 222 police personnel per one lakh population.

A comparative position of sanctioned strength and actual manpower in the State of Uttar Pradesh with other major States is given in the table below:

Table 7.3: Sanctioned strength and actual police manpower in various States.

Sl. No.	Name of the State	Total police per one lakh of population	
		Sanctioned	Actual
1.	Uttar Pradesh	178.48	81.01
2.	Assam	200.03	177.73
3.	Bihar	88.10	68.81
4.	Gujarat	188.15	113.16
5.	Karnataka	150.98	117.41
6.	Madhya Pradesh	122.19	104.92
7.	Maharashtra	181.99	170.01
8.	Punjab	282.24	220.62
9.	Tamil Nadu	168.97	138.62
10.	Uttarakhand	198.61	175.35
11.	West Bengal	120.40	77.76
12.	All India	181.47	136.42

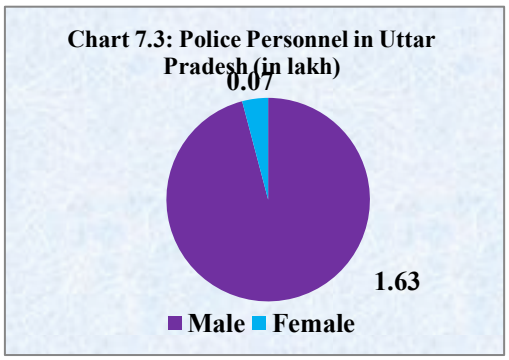
(Source: Ministry of Home Affairs, GoI)

Since Uttar Pradesh tops the list of the States having highest number of violent crimes accounting for 12.7 *per cent* of the total number of violent crimes in the country and also has maximum incidence of crime against women, shortage of about 55 *per cent* of the police manpower, if not immediately addressed, may further worsen the crime scenario in the State. No effective steps seem to have been taken to address the situation as is evident from the increasing rate of crime against women as discussed in paragraph 7.1 and 7.2 above.

Recommendation: Government may ensure adequate police manpower to effectively control the increasing incidence of crime including crime against women in the State.

7.4.1 Women police personnel

Though the population of women in the State is 9.53 crore and Uttar Pradesh is amongst the few States having highest incidence of crime against women, the number of women police personnel in the State was only 7,404 constituting just 4.55 *per cent* of the total police force in the State. Ministry of Home Affairs (MHA), GoI had recommended (September 2009) the States to ensure availability of women upto 33 *per cent* of police force. Small strength of women police personnel indicated that the State Government has not seriously acted on the recommendations of MHA in order to deal with the victims of crime in a more humane, sensitive, reassuring and caring manner.



(Source: State Crime Records Bureau)

Recommendation: Given the large number of crimes against minor girls and women, GoUP may consider implementing MHA recommendations regarding employment of women police personnel.

7.5 Delay in filing FIRs

As per section 97 of UP Police Regulation, whenever information relating to the commission of a cognizable offence was given (orally or in writing) to an officer in-charge of a police station, the report was to be taken down immediately in the Check Receipt Book without delay, even if it appeared untrue. Scrutiny revealed that in at least 62 cases[1] of trafficking, rape and kidnapping of girls, there was delay in FIRs, including six cases wherein FIRs were lodged at the behest of higher police officers and in 11 cases FIRs were filed at the directions of the court (***Appendix 7.5***).

7.6 Crime and Criminal Tracking Network and Systems

Crime and Criminal Tracking Network and Systems (CCTNS) Project was envisaged by Ministry of Home Affairs, GoI to modernise police force for enhancing outcomes in the areas of crime investigation and criminals' detection, information gathering and its dissemination among various police organisations and units across the country through creation of a nationwide network under the National e-Governance Plan (NeGP). The State Government in 2009 decided to implement the CCTNS project to modernise

[1] Audit evidence provided by Guria (an NGO situated at Varanasi and working for welfare and empowerment of women)

its police force. CCTNS Core Application Software (CAS) functionalities included four basic modules for Registration, Investigation, Prosecution, and Search and Reporting and a portal for providing Citizen interface. CCTNS aims at creating a comprehensive and integrated system for enhancing the efficiency and effectiveness of policing at all levels especially at the Police Station level through creation of a nationwide networked infrastructure for evolution of state-of-art tracking system.

The implementation of the project has, however, been considerably delayed in the State. Except for registration of FIRs, other functionalities/ modules of CAS are rarely being used by the police stations and higher offices though made functional. Further, Citizen centric services envisaged to be made available through Police portal and *via* SMS have not yet been made fully functional. Detailed findings on the implementation of this project are included in Chapter 2 of CAG's Report No. 01 of 2016.

Due to delays in the implementation of CCTNS project, modernisation of police infrastructure has been adversely affected and the outcomes in the areas of crime investigation and criminals' detection, information gathering and its dissemination among various police organisations and units across the country have been impacted.

Recommendation: GoUP may issue directions for effective use of all functionalities of CAS such as investigation, prosecution, search and reporting to enhance operational efficiency of the police department.

7.7 Compensation Schemes for victims of crimes

Financial assistance cannot compensate for the agony and mental stress a woman suffers due to heinous crimes such as rape, acid attack etc. Compensation schemes were formulated by GoI and GoUP from time to time to assist the victims in overcoming the trauma and provide support to lead a dignified and meaningful life. The implementation status of two such schemes *viz.* 'Financial Assistance and Support Services to the Victims of Rape: A Scheme for Restorative Justice' of GoI and 'The Uttar Pradesh Victim Compensation Scheme' of GoUP is discussed in succeeding paragraphs.

7.7.1 Financial Assistance and Support Services to the Victims of Rape

Under the direction[2] of the Hon'ble Supreme Court, a scheme for restorative justice was formulated by GoI as 'Financial Assistance and Support Services to Victims of Rape: A Scheme for Restorative Justice'. Under the scheme, Criminal Injuries Relief & Rehabilitation Boards at districts and state level were to be set up. The Scheme envisages total cash assistance of ₹ 1.50 lakh as well as restorative support services such as counselling, shelter, medical and legal aid upto ₹ 0.50 lakh.

[2] Writ petition (criminal) number 362/93 (Delhi Domestic Working Women's Forum versus Union of India and others).

Scrutiny revealed that for implementation of the scheme in the State, an amount of ₹ 15.03 crore[3] was tentatively allocated by GoI for two years only (2010-12) during 2010-15, with the condition that actual releases were to be made on the basis of projected requirement and availability of overall funds. Audit observed that this allocation was not utilized by the department though 3544 rape cases were reported in the State during 2010-12.

Recommendation: Financial assistance and support services should be provided to the victims of rape promptly as per prescribed norms.

7.7.2 The Uttar Pradesh Victim Compensation Scheme

The Uttar Pradesh Victim Compensation Scheme, 2014 was introduced (April 2014) for the purpose of providing compensation to victims or their dependents who have suffered loss or injury as a result of crime and require rehabilitation. The State was to allocate separate budget every year for the scheme to be operated by the Secretary, State Legal Services Authority (SLSA). The District Legal Services Authority was to decide the quantum of compensation[4] to be awarded to the victim or dependents on the basis of loss suffered by the victim.

Scrutiny revealed that an amount of ₹ two crore was sanctioned (March 2015) by GoUP for the year 2014-15 but was placed at the disposal of Director General of Police (DGP) and not transferred to SLSA as of June 2015. As a result, no compensation could be paid under the Scheme to the victims and their dependents during 2014-15. SLSA in January 2016 replied that the fund allocation of ₹ two crore was received by them in October 2015 and a total compensation of ₹ 3.49 lakh had since been paid to two victims. The information provided by SLSA disclosed that out of the total 18 cases for sanction of compensation, only two cases were awarded compensation. In remaining 16 cases no compensation was awarded till December 2015 and the delay in these cases ranged between four and 20 months, basically for want of recommendations of DLSAs.

Recommendation: Compensation should be paid without any delay to victims and their dependents under 'The Uttar Pradesh Victim Compensation Scheme'.

7.8 Trafficking

The Immoral Traffic (Prevention) Act, 1956 (ITP Act) was enacted for prevention of immoral trafficking. The South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution defined trafficking as the moving, selling or buying of women and children for prostitution within and outside

[3] 2010-11: ₹ 2.20 crore and 2011-12: ₹ 12.83 crore.
[4] Rape: ₹ two lakh; loss or injury: ₹ One Lakh; victim of corrosive substance i.e. acid attack: ₹ three lakh; death (non-earning member): ₹ 1.5 lakh; death (earning member): ₹ two lakh; and victim of human trafficking: ₹ two lakh.

country for monetary or other considerations with or without the consent of the person subjected to trafficking.

As per the information provided by Home (Police) Department, 154 cases[5] (Minor Girl: 33; Adult Women: 121) were registered under ITP Act in the State during 2010-15. Government was to establish Protective homes and Corrective institutions for trafficked women and children and was also to issue licence to persons or authorities for establishing and maintaining such protective homes or corrective institutions under the provisions of Section 21 of ITP Act. The status of Protective homes and corrective institutions established by the State Government is discussed below:

7.8.1 Protective homes and Corrective institutions

As per the information provided (August 2015) by the Department of Women Welfare, there were 621 sex workers and 326 children in 48 districts.

Scrutiny revealed that the Government is yet to identify sex workers in remaining 27 districts of the State. Further, the Government had established (October 2010) one Protective home in Agra and one Corrective home in Varanasi with inmate capacity of 75 each. However, only 27 inmates were living (May 2015) in the Protective home at Agra and no inmate was found (August 2015) in Corrective home at Varanasi. The condition of these homes was also found to be uncongenial and dilapidated as depicted in the photographs given below:

Condition of Protective home in Agra

Condition of Corrective home in Varanasi

Thus, very few inmates in the protective/corrective homes despite large number of sex workers and their children indicates that the Government's schemes for providing protection, vocational training and rehabilitation were not effective.

7.8.2 Welfare of children of sex workers

Facilities such as Crèche, pre-school programme, day and night care centres, counselling centres etc., are essential for welfare and development of children

[5] 2010-11: 0, 2011-12: 14, 2012-13: 78, 2013-14: 11 and 2014-15: 51 cases.

of sex workers. Scrutiny revealed that no action plan was prepared by the department to extend such facilities to the children of sex workers to ensure that they get adequate opportunities for a potentially bright future and get reintegrated with the society and do not join the sex trade.

During discussion in exit conference (December 2015), while taking cognizance of the fact, the Government assured to take required action.

7.9 *UJJAWALA*- Rescue and Rehabilitation of trafficked women

Introduction

Ujjawala is a scheme for the prevention of trafficking, rescue and rehabilitation of women and child victims of trafficking for commercial sexual exploitation. The scheme was launched in 2007 by the Ministry of Women and Child Development. It aims at reintegration and repatriation of victims including cross border victims.

The target groups or main beneficiaries of this scheme are women and child victims who have been trafficked for commercial sexual exploitation as well as those women and children who are vulnerable to becoming victims of this crime. These vulnerable sections include slum dwellers, children of sex workers, refugees, homeless victims of natural disasters, etc.

The scheme is being implemented in the State by the Department of Women Welfare through various Non-Governmental Organizations (NGOs) to provide direct aid and benefit to victims of trafficking. Immediate relief provided under the scheme includes provision of food, shelter, trauma care and counseling to the rescued victims. Later on, victims are also to be provided skill training, capacity building, job placement and guidance in income generating activities to empower them and help them live independently.

Ujjawala is a Centrally Sponsored scheme with GoI providing 90 *per cent* share of expenditure and balance 10 *per cent* being met by the implementing agency (NGO). The norms for providing grants to NGOs for *Ujjawala* projects are given in (***Appendix 7.6***). Component-wise assistance were directly provided to implementing agencies (NGOs) in two installments by the GoI. The first installment being normally released with the sanction of the project and the second and subsequent installments are to be released after submission of Utilisation Certificates (UCs) by the implementing agencies for the previous installments alongwith their own proportionate share of cost. Utilisation certificates provided by the Directorate revealed that only ₹ 66.07 lakh were released by GoI against which a total expenditure of ₹ 56.02 lakh was incurred during 2010-15.

Implementation

7.9.1 Non-functioning of *Ujjawala* projects

As per information provided by the Directorate, Women Welfare, only 13 *Ujjawala* projects were implemented in the State during 2010-11 to 2014-15. Details of the projects are given in ***Appendix 7.7***. The scheme had five main

components, i.e., prevention, rescue, rehabilitation, re-integration and repatriation. Scrutiny however, revealed that only one (Barabanki district) out of these 13 Ujjawala projects sanctioned was covering all the five components of the scheme.

Audit examination further disclosed that out of 13 *Ujjawala* projects sanctioned by the Government, only three projects (Allahabad, Pratapgarh and Unnao) covering four components viz. prevention, rescue, rehabilitation and re-integration were located in the test checked districts. Audit found all the three projects closed and the District Probation Officer stated that the projects were not functional in the districts.

Audit further observed that no grants were released to NGOs in 2011-12 and 2014-15. It was also noticed that grants were released to 13 projects for a period ranging between six and 15 months only and second and subsequent installments were not released to 12 projects. No specific reasons were furnished by the Department for non-release of second installment. Since, NGOs are largely dependent on government grants (90 *per cent*) for running of the projects, non-release of grant in 12 out of 13 projects for a longer period indicated that the scheme had become largely non-functional. Although, Directorate Women Welfare stated that these 12 *Ujjawala* projects were running.

On being pointed out Directorate, Women Welfare replied that this problem persisted due to non-release of funds from GoI. Further, during discussion in exit conference, Government assured to take required action on the reported fact.

7.9.2 Non-coverage of border districts

Scheme guidelines envisaged for setting-up of transit centers viz. transit camp, food and other incidentals at border-check points in respect of cross border victims.

As per the report[6] of the United Nations Office on Drugs and Crime (UNODC), districts of Uttar Pradesh adjoining Nepal were transit area and vulnerable to trafficking of women and girls. However, scrutiny of records of directorate, women welfare revealed that no *Ujjawala* home was established in districts[7] bordering Nepal. Thus, one of the objectives of scheme to facilitate rescue and repatriation of cross-border victims was not ensured.

During discussion in exit conference, Government took the cognisance of the fact and assured to take required action.

7.9.3 Monitoring

As per guidelines, a State Level Monitoring Committee was to be formed under the Chairmanship of Principal Secretary, Woman Welfare Department

[6] India Country assessment report – A review commissioned by UNODC.
[7] Bahraich, Lakhimpur Khiri, Maharajganj, Pilibhit, Shrawasti and Siddhartnagar.

GoUP which was to meet at least twice a year to monitor the project. Further, the continuation of grant to the implementing agency was to be based on the satisfactory performance reported by the State. It was also envisaged that periodic inspection would be undertaken by the State. Separately periodic evaluations of the project were also to be undertaken by external agency such as reputed institutions, *Panchayati Raj Institutions (PRI)*, block level institution and district level institution.

Scrutiny revealed that the State Level Monitoring Committee under the chairmanship of Principal Secretary, Woman Welfare Department was not formed. Further, periodic evaluations of the projects through reputed institutions, PRIs, block level institution and district level institution was not done. Norms/inspection schedules for periodic inspection were also not laid down by the Directorate.

On being pointed out in Audit, Directorate Women Welfare did not provide any specific reply, however, during discussion in exit conference, Government stated to take required action on the fact.

7.10 Conclusions

- Incidence of crime against women have been increasing consistently during last five years. The incidence of such crimes in the State are much higher as compared to all India average and most of the other States.

(Paragraph 7.1)

- The number of serious crimes against women such Rape, homicide for dowry, dowry deaths or their attempts, torture- both mental and physical, assault on women with intent to outrage her modesty, kidnapping and abduction and cases under Dowry Prohibition Act have increased considerably.

(Paragraph 7.2)

- Despite high incidence of crime, the State Government has not taken effective steps to significantly strengthen its police force as the actual police manpower per one lakh population in the State is amongst the lowest in the country.

(Paragraph 7.4)

- The Government schemes for providing financial and other support to the victims have not been implemented effectively. No financial assistance was provided under the scheme 'Financial Assistance and Support Services to the Victims of Rape' despite substantial allocation by GoI and there have been delays in release of compensation under The Uttar Pradesh Victim Compensation Scheme, and

(Paragraph 7.7.1 & 7.7.2)

- The *Ujjawala* projects for trafficked women were mostly non-functional. Further, no *Ujjawala* homes were established in districts bordering Nepal. Major destination centres for trafficking had no *Ujjawala* projects.

(Paragraph 7.9.1 & 7.9.2)

Destitute Women

Chapter 8:
Destitute Women

Introduction

Recognizing the needs to prevent women from exploitation and to support their survival and rehabilitation, a central sector scheme named *Swadhar Greh* was launched (2011) by the Ministry of Women and Child Development, GoI by merger of two schemes, *Swadhar* (2001-02) and Short Stay Home (1969). The scheme was launched for providing holistic and integrated services to women in difficult circumstances such as destitute widows, women prisoners released from jail and without family support, women survivors of natural disasters; trafficked women/girls rescued from brothels or other places or victims of sexual crime, mentally challenged women who are without any support etc. The package of services made available include provision for food, clothing, shelter, health care, counseling and legal support, social and economic rehabilitation through education, awareness generation, skill upgradation to enable them to start their life afresh with dignity and conviction.

This scheme is being implemented in the State by the Department of Women Welfare through NGOs and Women Welfare Corporation.

Swadhar Greh scheme was provisioned to be financed jointly by Central and State. Component-wise financial assistance for construction of *Swadhar Greh*, rent, food, clothing, medicines and other recurring expenditure is provided by the Centre and State governments in the ratios given in ***Appendix 8.1.*** The financial assistance in respect of sanctioned projects is released directly to implementing agencies by GoI and the State Government. The grants are released to the implementing agencies in two installments by GoI, first installment at the time of the sanction of the Project and second installment is released on the request of the implementing agency on furnishing of utilisation certificates and inspection report of the District Administration.

8.1 Allocation and expenditure

As per information provided by the Directorate, Women Welfare, 64 *Swadhar Greh* projects were sanctioned, out of which the Directorate could provide details of release and utilisation of funds in respect of 56 projects only ***(Appendix 8.2)***.

The information provided revealed that a total ₹ 8.07 crore grant was released to NGOs during 2010-15 against which an expenditure of ₹ 7.19 crore was incurred as per UCs provided by NGOs. No funds were released to any *Swadhar Greh* project in 2014-15. Further, utilisation certificates of ₹ 30.33 lakh and ₹ 58.45 lakh were not submitted by NGOs during the year 2012-13 and 2013-14 respectively.

8.1.1 Irregular sanction of grant

Scrutiny of records of test-checked districts revealed that a *Swadhar Greh* established by an NGO (*Navyug Gramodyog Samiti*, Naini, Allahabad) in 2009-10 had informed the State Government about the closure of *Swadhar Greh* project in September 2013 due to financial constraint.

The Department of Women Welfare, GoUP, however, failed to inform the GoI about the closure of *Swadhar Greh* project by the NGO. Consequently, grant[1] of ₹ 7.61 lakh was released (September 2014) by GoI to the NGO for running the *Swadhar Greh* in the financial year 2013-14 also.

On this being pointed out by the Audit, Directorate, Women Welfare informed that a departmental enquiry was being conducted for irregular release of grant to NGO.

8.2 Implementation

The *Swadhar Greh* scheme envisions a supportive institutional framework for woman victim of difficult circumstances so that she could lead her life with dignity and conviction. It envisages that shelter, food, clothing and health as well as economic and social security are assured for such women. The benefit of the scheme was to be provided to women beneficiaries above the age of 18 years. Under the scheme new *Swadhar Greh* was to be setup in every district with capacity of 30 women. We observed in Audit that:

8.2.1 Non-establishment of District Women's Welfare Committee

District Women's Welfare Committee (DWWC) headed by District Magistrate including at least two women members was to be constituted in every district to look after the affairs of every *Swadhar Greh* in the district. DWWCs were to conduct need assessment in their respective districts and inform the State Government about the estimated number of destitute women so that the proposed *Swadhar Greh* could accommodate these destitute women. Further, DWWC was responsible for providing accreditation, forwarding and recommending proposals, sending recommendations for release of installments of the grant, undertaking periodic monitoring of the functioning of *Swadhar Grehs* in their districts.

Scrutiny of records of the Directorate and test-checked districts revealed that DWWCs were not formed in any of the districts. Hence, important functions of the Committee including need assessment and recommending proposals in the districts could not be performed. Therefore, the magnitude of prevalence of destitution in women in the districts remained un-assessed.

On being pointed out Directorate, Women Welfare confirmed the facts. Further, during discussion in exit conference, Government stated to take required action against reported facts and audit comments.

[1] Building rent: ₹ 1.125 lakh; administrative expenditure: ₹ 3.00 lakh; office contingencies: ₹ 0.03 lakh; medical expenses: ₹ 0.15 lakh; food of residents: ₹ 3.00 lakh; and pocket money: ₹ 0.30 lakh.

8.2.2 Non-establishment of *Swadhar Greh* in each district

As per guideline, *Swadhar Greh* was to be established in each district with intake capacity of 30 women.

Scrutiny revealed that *Swadhar Greh* were established in only 42 out of 75 districts in the State as of March 2015 in which five districts[2] reported closure of scheme (***Appendix 8.3).***

Recommendation: The Government should undertake need based assessment to establish Swadhar Greh of required capacity in every district for destitute women.

8.2.3 Non-convergence with other programmes

The scheme guideline envisaged to establish necessary linkages with other programmes such as Non Formal Education, Skill Development and other programmes being implemented by GoUP and GoI.

Scrutiny of records of the Directorate, Women Welfare revealed that the State Department as well as implementing agencies had not established necessary linkages with other programme such as non-formal education, skill development, etc. Thus, the objective of upliftment and economic rehabilitation of inmates of *Swadhar Greh* through linkage with other programmes could not be ensured.

On being pointed out in Audit, Directorate Women Welfare did not provide any specific reply, however, during discussion in exit conference, Government stated to take required action against the fact.

Recommendation: The Government should ensure convergence with other departments for effective implementation of the Scheme.

8.3 Improper functioning of *Swadhar Greh*

As per information provided by the Directorate, 56 *Swadhar Greh* were running in the State. Only eight *Swadhar Greh*[3] were running in seven[4] districts out of 20 test-checked districts. Scrutiny of records and joint physical inspection (JPI) of these eight *Swadhar Greh* conducted by Audit along with the representative of Department of Women Welfare revealed grossly inadequate infrastructure, excess reporting of beneficiaries, lack of support services, non-rehabilitation of inmates and improper maintenance of records. Various shortcomings noticed in running of *Swadhar Greh* are detailed in ***Appendix 8.4***.

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[2] Allahabad, Azamgarh, Deoria, Jhansi and Varanasi

[3] *Chitrakoot Jan Kalyan Samiti*, Banda, *Jagriti*, Ashtabhuja Nagar, Pratapgarh, *Maxon Gromodyog Samiti*, Charbag, Lucknow at Pratapgarh, *Panchsheel Swadhar Greh*, Agra, *Pragati Pathgamini*, Sitapur Road, Lucknow at Ambedkar Nagar, *Swadhar, Titowa*, Sant Kabir Nagar, Lohia Public School Samiti, Lucknow at Sitapur, *Avadh Grameen Vikas Sansthan*, Sultanpur.

[4] Agra, Ambedkar Nagar, Banda, Pratapgarh, Sant Kabir Nagar, Sitapur and Sultanpur.

Swadhar Greh : Avadh Grameen Vikas Sansthan, Sultanpur

Recommendation: Government should ensure functioning of *Swadhar Grehs* as per provisions of Scheme Guidelines in regards to infrastructure, support services and rehabilitation of inmates.

8.4 Monitoring

A State Level Monitoring Committee was to be formed under the chairpersonship of Principal Secretary, Women Welfare Department, which was to meet at least twice a year to monitor the projects. At district level DWWC was responsible for periodic monitoring of the functioning of *Swadhar Greh* scheme. *Swadhar Greh* were to be monitored continuously by the District Administration in order to ensure their smooth functioning, identifying groups and suggesting steps that would lead to their better functioning.

Scrutiny of records of the directorate and test-checked districts revealed that the monitoring committees were not formed at State and districts level.

On being pointed out Directorate, Women Welfare replied that no such committees were constituted at district and State level.

Recommendation: The Government should constitute state and district level monitoring committees and ensure their regular meetings for effective implementation of the Scheme.

8.5 Conclusions

- District Women Welfare Committees for planning and implementation of the *Swadhar Greh* scheme in the districts were not constituted; as a result, the magnitude of prevalence of destitution in women in the districts remained un-assessed.

(Paragraph 8.2.1)

- *Swadhar Grehs* were not established in about half of the districts in the State depriving the destitute women of these districts of much needed help and support in the form of food, clothing, shelter, health care, counselling and social and economic rehabilitation.

(Paragraph 8.2.2)

- Inadequate infrastructure, excess reporting of beneficiaries, lack of support services, non-rehabilitation of inmates and improper maintenance of records were found in *Swadhar Grehs,* functioning in test checked districts.

(Paragraph 8.3)

Conclusions and Recommendations

Chapter 9:
Conclusions and Recommendations

9.1 Planning and Financial Management

- Government of UP has not adopted the Gender Budgeting even after 10 years of declaration of the State Women Policy statement and was not maintaining gender based budget data/information about allocation and expenditure.

(Paragraph 2.1.1)

Recommendation: The Government should take immediate steps to setup Gender Budgeting cells in its departments immediately and implement gender responsive budgeting in a time bound manner.

- Gender segregated data was not maintained by programme implementing agencies and, therefore, proper identification of beneficiaries, accurate need assessment of financial and other resources required, and setting realistic performance targets and goals were not feasible.

(Paragraph 2.1.2)

Recommendation: Gender segregated data should be maintained by the implementing agencies at all levels for proper planning and efficient implementation of the scheme and ensuring that the specific needs of women and girl child are taken care of adequately to minimise gender gap/disparities.

- In schemes such as PC-PNDT, MTP, MDR, Family Planning, KSY and UPVCS, there were significant savings ranging from 46 to 100 *per cent* indicating non-achievement of targets/goals in respect of these schemes due to lack of proper planning and inefficient implementation by implementing agencies and ineffective monitoring by the governance structure.

(Paragraph 2.2)

9.2 Missing Daughters

Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

- The department was not ensuring timely submission of application for renewal by USG centres and taking action against the defaulters as prescribed Format H (where details about USG centre such as date of receipt of application, Name, address of applicant, etc. are mentioned) was not maintained. Thus, these centres functioned as deemed to have been registered during the intervening period.

(Paragraph 3.1.4.1)

Recommendation: The Department should ensure timely renewal of registration to avoid functioning of centres as 'deemed registered'.

- Irregularities such as illegal operations of ultrasound machines could not be ruled out as effective monitoring and inspection of all the USG centres in the district was not possible in the absence of proper maintenance of mandatory records and non-receipt of prescribed returns.

(Paragraph 3.1.4.3)

Recommendation: The Department should ensure the proper maintenance/up keep of mandatory records at USG centres as well as at DAA level.

- No inspection schedule was prescribed by GoUP for the period between April 2010 and June 2013. Only 4,681 inspections (25 *per cent*) were conducted by DAAs during 2014-15 against 18488 targeted in the State while only 1,561 against required 6608 inspections were carried out by DAAs of test-checked districts during 2014-15. Thus, there was a shortfall of 76 *per cent* in inspections in the test checked districts.

(Paragraph 3.1.4.4)

Recommendation: The Government should ensure regular inspection of USG centres by District Appropriate Authorities.

- The department did not take any action for mapping of sale of USG equipment and also did not call for information regarding sale, installation and possession of USG equipment from the manufacturers, suppliers, dealers, etc., Therefore, number of USG equipment installed and the location of their placement were not known to the authorities to regulate the use of all the ultrasound machines. In absence of these information the possibility of misuse of ultrasound machines could not be ruled out.

(Paragraph 3.1.4.6)

Recommendation: The Government should effectively monitor the sale, supply and installation of USG machines to regulate and ensure their proper use as per PC-PNDT Act.

- The department did not know the whereabouts of the machines sealed for breach of the provisions of PCPNDT Act as one sealed machine was found to have been sold and two other machines were found to have been removed from the centres, without any intimation to the department.

(Paragraph 3.1.4.9)

Recommendation: The Department should ensure effective tracking of seized machines to avoid their unauthorised usages.

- Important provisions of PC-PNDT Act such as non-maintenance of patient details, non-submission of returns etc. were breached by 58 percent USG centres, however, neither any action was taken nor was any penalty imposed on the defaulting USG centres.

(Paragraph 3.1.4.11)

Recommendation: The Department should ensure adherence to the provision of the Act by USG centres and penal action should be taken against the defaulting centres.

- On one hand SSB, SAC and DACs did not meet regularly and on the other, they did not ensure proper follow up action on the decisions taken and directions given by them. This rendered the entire system of monitoring, created under the provisions of the PC-PNDT Act, ineffective and largely dysfunctional.

(Paragraph 3.1.5.2)

Recommendation: The Government should ensure regular meetings of SAC and DAC for monitoring the proper implementation of the provisions of Act.

- SIMC did not conduct adequate inspections of USG centres and failed to discharge their responsibility to monitor and ensure the proper implementation of PC-PNDT Act.

(Paragraph 3.1.5.3)

Recommendation: The Government should ensure regular inspection by SIMC for enforcement of the provisions of the Act.

- No dedicated toll free phone line was established as of October 2015 for registration of complaints violating the direction of SSB to establish a website and provide a dedicated toll free phone number for registering complaints.

(Paragraph 3.1.6)

Recommendation: The Government should establish a dedicated toll free phone line for registration of complaints and should also effectively monitor redressal of grievances by maintaining a separate database of complaints received relating to violations of PC-PNDT Act.

Medical Termination of Pregnancy Act, 1971

- As 1.19 lakh (out of 2.8 lakh) Medical Termination of Pregnancies were conducted during the year 2010-14 in the State pertained to rural areas having 46 CHCs registered under the Act, possibility of operation of large number of unauthorised MTP centres in smaller towns in the vicinity of rural areas cannot be ruled out.

(Paragraph 3.2.3)

- Only six *per cent* of 773 Community Health Centres (CHCs) in the State were having MTP facilities. As a result, majority of women in rural areas had no access to safe abortion services at affordable cost and reasonable distance from their habitations.

(Paragraph 3.2.3)

Recommendation: The Government should increase MTP facilities in rural areas by registering more CHCs under the Act.

- Only 548 (26.3 *per cent*) of 2,083 nursing homes/hospitals, having MTP facilities and operating in test-checked districts, were registered under MTP Act. Safe and hygienic conditions were not ensured in 226 un-registered CHCs in test checked districts while it was observed that in 7 out of 226 un-registered CHCs/PHCs had carried out terminations.

(Paragraph 3.2.4.1)

- Due to lack of inspections and monitoring, the department failed to recognize unregistered centres conducting MTPs and number of MTPs cases shown by the department was un-realistic as the department did not ensure reporting from unregistered hospitals.

(Paragraph 3.2.5.3)

Recommendation: The Government should ensure regular meetings of DLC and required inspection by CMOs, for effective monitoring of the provisions of the Act.

9.3 Controlling Maternal Mortality

Janani SurakhshaYojna

- Target for institutional deliveries was only 1.24 crore (46 *per cent* of registered pregnant women). Inadequate government health facilities, lack of access to government health centres and non-affordability of private nursing homes/hospitals may have forced rural poor to depend more on home deliveries to be done by unskilled birth attendant.

(Paragraph 4.1.2)

Recommendations:

(a) Achievement of targets for institutional deliveries should be ensured in all the districts of the State especially with higher population of rural poor.

(b) Adequate health infrastructure may be created in rural areas by establishing more CHCs/PHCs/Sub-Centres as per norms to ensure safe and hygienic institutional deliveries.

(c) Transparent system should be adopted by the Department for fixing the targets of institutional deliveries.

- Total number of safe deliveries in the State including Government institutions, Private nursing homes/hospitals and home deliveries by skill attendants would work out to 154.25 lakh against total registered pregnancies of 266.01 lakh during the period 2010-15. This implied that a large number of rural poor approximately 111.76 lakh (42 *per cent*) had to depend on home deliveries by unskilled birth attendants.

(Paragraph 4.1.3)

Recommendations:

(a) The shortfalls in achievement of targets for home deliveries by SBAs should be minimized by proper monitoring.

(b) Health infrastructure and Skilled Birth Attendant network in rural areas should be strengthened to minimize the number of unsafe deliveries through unskilled attendants.

Maternal Death Review

- Large number of maternal deaths (85 *per cent*) remained unreported and 86 *per cent* of maternal deaths remained un-reviewed to find the gaps in the service delivery and to ensure corrective measure.

(Paragraph 4.2.2)

Recommendation: The Government should put in place a more effective system to ensure that every case of maternal death is reported and reviewed to ascertain service delivery gaps for taking corrective measures.

Family Planning Programme

- 49 *per cent* of allotted funds (₹ 380.57 crore) under the scheme remained unutilized during 2010-15.

(Paragraph 4.3.1)

- Target fixed for females (tubectomy) was 20 times higher than the target fixed for males (vasectomy); while achievement for tubectomy was 41 times the achievement for vasectomy in terms of absolute numbers.

(Paragraph 4.3.2)

- There was short-fall in achievement of IUD targets ranging from 41 to 47 *per cent* while no targets were set for most common and non-invasive methods viz. oral-pills and condoms.

(Paragraph 4.3.3)

Recommendations:

- The Government should enhance awareness in the society through IEC activities to increase inclination towards vasectomy and set prudent targets for both vasectomy and tubectomy.

- The Government should enhance awareness in the society through IEC activities to adopt spacing methods for family planning.

9.4 Improving Health and Nutritional Support

Integrated Child Development Services (ICDS) Scheme

- The Department did not have authentic data relating to nutritional and anaemic status of girls and women, which deprived the Department from preparing plans to cater to the specific needs of girls and women to reduce the prevalence of anaemia among them.

(Paragraph 5.2.2)

Recommendation: The Government should evolve a mechanism to obtain gender segregated data at State level especially in respect of important

nutritional deficiencies for formulation of specific plan of action and taking corrective measures.

- Against the requirement of 2,85,429 AWCs in the State, only 1,90,145 AWCs (67 *per cent*) were sanctioned and 1,87,997 AWCs (66 *per cent*) were actually functional. Less number of functional AWCs, as compared to prescribed norms resulted in ineffective delivery of services.

(Paragraph 5.3.1)

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

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

(Paragraph 5.3.2)

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

- The State had 3.21 crore to 3.44 crore pregnant women, lactating mothers and children between six months and six years of age, however, supplementary nutrition was provided to only 2.33 crore to 2.52 crore beneficiaries. Hence, 22 to 32 *per cent* pregnant women, lactating mothers and children were deprived of the benefits of supplementary nutrition programme during 2010-15.

(Paragraph 5.4.1.1 (ii))

- Nutritional support was provided to the beneficiaries ranging between 20 to 22 days in a month and 240 to 269 days in a year during 2010-15 against the prescribed norms of 25 days per month and 300 days per year.

(Paragraph 5.4.1.1 (iii))

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

- Number of girls not attending PSE activities has exponentially increased from three *per cent* in 2010-11 to 33 *per cent* in 2014-15.

(Paragraph 5.4.1.3 (i))

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

- Pre-natal and post-natal health check-up services are inadequate as pre-natal and post-natal cards were not issued to expectant/lactating mothers in 217 (72 *per cent*) out of 300 test checked AWCs.

(Paragraph 5.4.2.1)

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

- Only ₹ 19.75 crore (34 *per cent*) of released amount of ₹ 58 crore was utilized for purchase of medicine kits during 2010-15 within the respective financial year. Medicine kits for common ailments like fever, cold, worm infection etc., were not supplied to 1,87,997 AWCs (100 *per cent*) in the State in 2012-13 and about 50 *per cent* AWCs were not issued medicine kits in 2011-12 and 2014-15.

(Paragraph 5.4.2.1 (i))

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

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

(Paragraph 5.4.2.2)

Recommendation: The Government should ensure effective referral services at AWCs.

- Monitoring and Evaluation Committees at district, block and AWC level neither met regularly nor the functionaries of ICDS conducted regular inspections of AWCs. The revised web-based MIS was also not implemented in AWCs in the State.

(Paragraph 5.6)

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

9.5 Adolescent Girls

Kishori Shakti Yojana

- Against the total population of 70,74,240 AGs, only 35,100 AGs were covered under the KSY scheme during 2012-15. Hence, only one *per cent* of the AGs in these districts could be covered under KSY. In other words, 99 *per cent* of the AGs in the districts were deprived of the nutritional support and vocational training.

(Paragraph 6.1.2)

Recommendation: The Government should expand the scope of the scheme to cover all adolescent girls, on the lines of SABLA.

- Shortfall was noticed in imparting training ranging between 28 and 70 *per cent*, except in 2012-13 when training was not imparted, and in test-checked districts shortfall was 87 *per cent*.

(Paragraph 6.1.4)

Recommendation: The Government should ensure that training is imparted to all eligible AGs and availability of requisite training funds to districts.

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or *SABLA*

- An expenditure of ₹ 1,186.41 crore was incurred on the scheme during 2010-15 incorporating Central share of ₹ 564.34 crore and 97.77 lakh adolescent girls were covered under the scheme.

(Paragraph 6.2.1.1)

- Take Home Ration (THR) was not provided to 13.45 lakh adolescent girls in the test checked districts during 2011-15. This implied that 28.21 *per cent* of the eligible AGs did not get nutritional support under the scheme in these districts.

(Paragraph 6.2.3.1)

Recommendation: The Government should monitor and ensure that THR to all eligible adolescent girls is provided in all the districts as per approved scale.

- Vocational training was not imparted to any adolescent girls in any six test-checked districts during 2011-15.

(Paragraph 6.2.3.2 (i))

Recommendation: The Government should ensure that vocational training is imparted to all adolescent girls as required under the scheme guidelines.

- Only 26,084 training kits (10 *per cent*) against requirement of 2,60,865 kits in 52,173 AWC's of 22 districts covered under the scheme were provided in the year 2014-15.

(Paragraph 6.2.3.2 (ii))

Recommendation: The Government should ensure that training kits are supplied timely and issued to all AWCs as per scheme guidelines.

9.6 Crime Against Women

- The incidence of crime against women in the State have been rising consistently during last five years. There has been 61 *per cent* increase in incidence of crime against women between 2010-11 and 2014-15. The increase in crime has been very steep during 2013-14 when the number of such incidence shot up from 24,652 in 2012-13 to 31,810 in 2013-14. The incidence of crime against women has not declined in 2014-15.

(Paragraph 7.1)

Police manpower

- Only 81 police personnel per one lakh population were available against the sanctioned strength of 178.48 police personnel per one lakh population in the State. Since Uttar Pradesh tops the list of the States having highest number of violent crimes accounting for 12.7 *per cent* of the total number of violent crimes in the country and also has maximum incidence of crime against women, shortage of about 55 *per cent* of the police manpower if not immediately bridged may further worsen the crime scenario in the State.

(Paragraph 7.4)

Recommendation: Government may ensure adequate police manpower to effectively control the increasing incidence of crime including crime against women in the State.

- Women police personnel constitute only 4.55 *per cent* of the total police force in the State against the Ministry of Home Affairs advisory of 33 *per cent*.

(Paragraph 7.4.1)

Recommendation: Given the large number of crimes against minor girls and women, GoUP may consider implementing MHA recommendations regarding employment of women police personnel.

Crime and Criminal Tracking Network and Systems

- Implementation of Crime and Criminal Tracking Network and Systems (CCTNS) has been considerably delayed in the State.

(Paragraph 7.6)

Recommendation: GoUP may issue directions for effective use of all functionalities of CAS such as investigation, prosecution, search and reporting to enhance operational efficiency of the police department.

Compensation schemes

- Under the direction of the Hon'ble Supreme Court, a scheme for restorative justice was formulated by GoI as 'Financial Assistance and Support Services to Victims of Rape: A Scheme for Restorative Justice'. The allocation of ₹ 15.03 crore by GoI during 2010-12 as financial assistance under this scheme, was not utilised by the State though 3544 rape cases were reported in the State during the same period.

(Paragraph 7.7.1)

Recommendation: Financial assistance and support services should be provided to rape victims promptly as per prescribed norms.

- Out of the total 18 cases for sanction of compensation under The Uttar Pradesh Victim Compensation Scheme, only two cases have been awarded

compensation and remaining 16 cases are pending for four to 20 months on account of procedural delays.

(Paragraph 7.7.2)

Recommendation: Compensation should be paid without any delay to victims and their dependents under 'The Uttar Pradesh Victim Compensation Scheme'.

Ujjawala – Support Services for Trafficked Women

- Grants were released to 13 *Ujjawala* projects for a period ranging between six and 15 months only and second and subsequent installments were not released to 12 projects. Further, due to non-release of grant in 12 out of 13 projects for a longer period, the scheme had become largely non-functional.

(Paragraph 7.9.1)

- No *Ujjawala* homes were established in districts bordering Nepal which are major transit areas vulnerable to trafficking as per UN report.

(Paragraph 7.9.2)

Recommendation: The Government should establish *Ujjawala* homes in districts bordering Nepal and other major destination centres for trafficked women.

- The State Level Monitoring Committee was not formed and periodic evaluation of the projects through reputed institutions was not done.

(Paragraph 7.9.3)

Recommendation: Government should constitute provisioned monitoring committees for proper monitoring of *Ujjawala* projects.

9.7 Destitute Women

- District Women Welfare Committees (DWWCs) for planning and implementation of the *Swadhar Greh* scheme in the districts were not constituted, as a result, the magnitude of prevalence of destitution in women in the districts remained un-assessed.

(Paragraph 8.2.1)

Recommendation: DWWCs should be formed in the districts to assess the magnitude of prevalence of destitution among women in the districts.

- *Swadhar Grehs* were established in only 42 out of 75 districts in the State as of March 2015.

(Paragraph 8.2.2)

Recommendation: The Government should undertake need based assessment to establish Swadhar Greh of required capacity in every district for destitute women.

- The State Department as well as implementing agencies had not established necessary linkages with other programme such as non-formal education, skill development, etc., which resulted in non-achievement of the objective of upliftment and economic rehabilitation of inmates of *Swadhar Greh* through linkage with other programmes.

(Paragraph 8.2.3)

Recommendation: The Government should ensure convergence with other departments for effective implementation of the Scheme.

- Inadequate infrastructure, excess reporting of beneficiaries, lack of support services, non-rehabilitation of inmates and improper maintenance of records were found in *Swadhar Grehs,* functioning in test checked districts.

(Paragraph 8.3)

Recommendation: Government should ensure functioning of *Swadhar Grehs* as per provisions of Scheme Guidelines regarding infrastructure, support services and rehabilitation of inmates.

(P. K. KATARIA)
Principal Accountant General (G&SSA)
Uttar Pradesh

ALLAHABAD
THE 11 FEB 2016

COUNTERSIGNED

(SHASHI KANT SHARMA)
Comptroller and Auditor General of India

NEW DELHI
THE 12 FEB 2016

Appendices


अंग्रेजी वर्णमाला
A B C D E F
G H I J K L
M N O P Q R
S T U V W
X Y Z
I.C.D.S. के 6 सेवायें
स्वास्थ्य जाँच
टीकाकरण
पूरक पोषाहार
संदर्भ सेवायें
स्कूल पूर्व शिक्षा
पोषण एवं स्वास्थ्य शिक्षा
I.C.D.S. के उद्देश्य

Appendix 1.1

Important Government schemes dealing with Empowerment of Women and gender equality as on 31 March 2015

(Reference: Paragraph no. 1.1: page 2)

Sl. No.	Sector	Components	Schemes/Legislation
1.	Social Empowerment	1. Nutrition	1. ICDS 2. KSY 3. SABLA
		2. Health	1. NHM (JSY, MDR and Family Planning)
		3. Education	1. Sarva Shiksha Abhiyan 2. Mid-Day Meal Scheme
2.	Economic Empowerment	1. Self Help Group 2. Skill development 3. Income generation 4. Employment	1. Swarn Jayanti Shahri Rojgar Yojana 2. Swarn Jayanti Gram Swarojgar Yojana 3. MNREGA 4. Support to Training and Employment Programme (STEP) 5. KSY 6. SABLA
3.	Violence/crime against women/ girls	Legal framework.	1. PC-PNDT Act, 1994 2. MTP Act,1971 3. ITP Act, 1956 4. Child Marriage Restraint Act 5. Registration of Marriage 6. Laws relating to sexual assault 7. Importation of girls, kidnapping and abduction 8. Uttar Pradesh Victim Compensation Scheme 2014 9. Financial assistance and Support Services to the Victims of Rape.
4.	Support Schemes for women/girl victims of crime/ violence	1. Shelter Homes for women and girls in destitute. 2. Rehabilitation and repatriation of trafficked women/ girls. 3. Rehabilitation of sex workers.	1. *Ujjawala* Scheme 2. *Swadhar Greh* Scheme

(Source: Data provided by the Departments)

Appendix 3.1

Roles and functions of various authorities under the PC-PNDT Act

(Reference: Paragraph no. 3.1.2; page 13)

Sl. No.	Authority	Roles	Functions
1.	Central Supervisory Board (CSB)	Supervision	Advises on policy matters, reviews and oversees implementation of the Act.
2.	State Supervisory Board (SSB)	Supervision	Creates awareness about the Act, reviews Appropriate Authority's activities, monitors implementation and sends reports to CSB.
3.	State Appropriate Authority (SAA)	Implementation of the Act at State level	To grant, suspend or cancel registration of USG Centres; to enforce standards prescribed for USG centres; to investigate complaints of breach of the provisions of this Act or the rules made thereunder and take immediate action on complaints for suspension or cancellation of registration.
4.	State Advisory Committee (SAC)	Assisting SAA	To aid and advise the Appropriate Authority in the discharge of its functions.
5.	State Inspection and Monitoring Committee (SIMC)	Surprise Visits to USG centres	Conducts surprise visits to ultrasound centres; check their compliances, records, facilitate the process of search and seizure by the District Appropriate Authorities within the State.
6.	District Appropriate Authority (DAA)	Implementation of the Act at district level	Implements the Act at the district level, registers ultrasound clinics/hospitals, inspects them, investigates complaints and files court complaints.
7.	District Advisory Committee (DAC)	Assisting DAA	Serves as an advisory to the DAA in implementing the Act, offers advice regarding registration of clinics, inspections and court complaints.
8.	Sub-district Appropriate Authority	Implementation of the Act at Tehsil level	Implements the Act at the sub-district level, registers clinics, inspects clinics, investigates complaints and files court complaints.
9.	Sub-district Advisory Committee	Assisting Sub-district Appropriate Authority	Serves as an advisory to the sub-district Appropriate Authority in implementing the Act, offers advice regarding registration of ultrasound centres, inspections and court complaints.

(Source: PC-PNDT Act and Rules)

Appendix 3.2

Allotment of fund to the State from GoI under NHM for implementation of PC-PNDT Act

(Reference: Paragraph no. 3.1.3: page 14)

(₹in Lakh)

Sl. No.	Year	Proposed	Allotment	Expenditure	Shortage in allotment against proposed (in *per cent*)	Shortage in expenditure against allotment (in *per cent*)
1.	2010-11	202.13	180.16	84.96	11	46
2.	2011-12	205.55	47.35	51.86	77	-9
3.	2012-13	244.10	222.65	125.83	14	41
4.	2013-14	1,373.92	258.58	123.49	81	52
5.	2014-15	1,041.99	2,327.31[1]	1,144.08	--	--
Total[2] (2010-14)		**2,025.70**	**708.74**	**386.14**		

(Source: PIP of National Health Mission)

Appendix 3.3

Details of expenditure incurred on various PC-PNDT activities under NHM during 2010-15

(Reference: Paragraph no. 3.1.3; page 14)

(₹ in Lakh)

Sl. No.	Year	PNDT activities & Training / Mobility Support		PNDT Cell		IEC	
		Budget allotted	Expenditure	Budget allotted	Expenditure	Budget allotted	Expenditure
1.	2010-11	0.00	0.00	50.53	38.96	129.63	46.00
2.	2011-12	41.23	7.68	6.12	5.25	0.00	38.93
3.	2012-13	12.70	2.68	21.70	12.29	188.25	110.86
4.	2013-14	52.76	38.30	205.82	69.05	0.00	16.14
5.	2014-15	139.93	27.11	154.42	63.56	2023.64[3]	1046.14
Total		**246.62**	**75.77**	**438.59**	**189.11**		

(Source: PIP of National Health Mission)

[1] Separate figures for this component for 2014-15 was not made available to audit.
[2] Calculated for 2010-14 only as Separate figures for allotment under this component for 2014-15 was not made available to audit.
[3] Composite allotment for various IEC activities under NHM

Appendix 3.4

Amount received and utilised at district level

(Reference: Paragraph no. 3.1.3; page 14)

(₹ in lakh)

Year	Opening Balance	Receipt	Total Available	Expenditure	Closing Balance	Percentage utilised
2010-11	15.53	3.06	18.60	0.50	18.09	2.69
2011-12	18.09	15.26	33.36	0.06	33.29	0.18
2012-13	33.29	16.69	49.98	0.02	49.96	0.03
2013-14	49.96	48.56	98.52	0.05	98.47	0.05
2014-15	98.47	110.05	208.52	0.88	207.64	0.42
Total		**193.62**		**1.51**		**0.78**

(Source: Information provided by CMOs of test checked districts)

Appendix 3.5

Registration/renewals of ultrasound centres (2010-15)

(Reference: Paragraph no. 3.1.4.1; page 15)

Sl. No.	Districts	Delay in registration		Delay in renewals	
		No. of cases	Delay ranging (in days)	No. of cases	Delay ranging (in days)
1.	Agra	06	11-104	Nil	Nil
2.	Ambedkar Nagar	Form H not maintained		02	26 to 132 days
3.	Allahabad	Form H not maintained		70	December 2011 onwards
4.	Azamgarh	Not furnished			
5.	Bareilly	Nil	NA	01	52 days
6.	Banda	Form H not maintained			
7.	Bulandshahar	Nil	NA	Form H not properly maintained	
8.	Deoria	Nil	Nil	Nil	Nil
9.	Firozabad	Form H not properly maintained			
10.	Gorakhpur	20	Form H not maintained	57	Date not mentioned
11.	Hardoi	Form H not maintained			
12.	Jhansi	Nil	Nil	Nil	Nil
13.	Meerut	Form H not properly maintained			
14.	Pratapgarh	Form H not maintained			
15.	Sant Kabir Nagar	Form H not maintained			
16.	Saharanpur	Form H not maintained, undated applications were entertained.			
17.	Sitapur	Form H not properly maintained			
18.	Sultanpur	06	May,2012	08	329-1,490
19.	Unnao	Form H not properly maintained			
20.	Varanasi	Form H properly maintained			
Total		**32**	**11-104 days, May 2012**	**138**	**26-1490 days, December 2011 onwards**

(Source: Information provided by CMOs of test-checked districts)

Appendix 3.6

Joint Physical Inspection of 100 USG centres

(Reference: Paragraph no. 3.1.4.2; page 16)

Sl. No.	District	No. of centres inspected	No. of Form F / cases checked	Referral slip attached	No. of cases with incomplete Form F	No. of Forms details of procedure conducted not mentioned
1.	Agra	05	66	10	25	25
2.	Ambedkar Nagar	05	20	18	8	03
3.	Allahabad	05	38	26	17	17
4.	Azamgarh	05	50	50	0	0
5.	Bareilly	05	115	25	21	21
6.	Banda	05	105	40	65	0
7.	Bulandshahr	05	50	50	0	0
8.	Deoria	05	Nil	50	0	0
9.	Firozabad	05	50	50	0	0
10.	Gorakhpur	05	48	0	48	22
11.	Hardoi	05	334	15	05	324
12.	Jhansi	05	50	50	0	0
13.	Meerut	05	50	50	0	0
14.	Pratapgarh	05	169	03	166	133
15.	Sant Kabir Nagar	05	33	24	27	0
16.	Saharanpur	05	579	0	579	565
17.	Sitapur	05	50	50	0	0
18.	Sultanpur	05	30	0	0	0
19.	Unnao	05	50	50	0	0
20.	Varanasi	05	50	50	0	0
Total		**100**	**1,937**	**611**	**961**	**1,110**

(Source: JPI of test-checked districts)

Appendix 3.7

Maintenance of records in the test checked districts (2010-15)

(Reference: Paragraph no. 3.1.4.3 & 3.1.4.11; page 18 & 21)

Sl. No.	Name of the District	No. of centres registered as on Mar, 15 (Under section 18 & 19 Of PCPNDT Act)	No. of inspection report issued (Sec 18 A Rule PNDT Rules, 2014)	Form-F {Record with respect to patients subjected to diagnostic procedure to be maintained by USG centres} Not Maintained (Rule 9 PCPNDT Rules, 1996)	Referral slip (Doctors prescription for prenatal diagnostics) not attached (Rule9(6) of PNDT Rules, 1996)	Reasons for Diagnostic mentioned in Form-F (Rule 9 of Rules, 1996)	Show cause notice issued to USG Centers (U/s 20,PC PNDT Act)	Legal action initiated for contravention of the Act (U/s 20, 22, 23 & 25 of the PCPNDT Act,1994)	Total no of centres at default
1.	Agra	287	Nil	47	NA	Yes	Nil	03	47
2.	Ambedkar Nagar	21	40	21	NA	NA	NA	Nil	21
3.	Allahabad	187	Nil	33	NA	NA	NA	NA	33
4.	Azamgarh	NA	NA	NA	NA	NA	NA	NA	NA
5.	Bareilly	147	Not maintained	Not maintained	90	Yes	120	06	0
6.	Banda	14	Nil	02	65	Yes	Nil	Nil	02
7.	Bulandshahr	67	NA	0	Nil	Yes	0	NA	67
8.	Deoria	38	Nil	Not maintained	Nil	No	Nil	03	38
9.	Firozabad	37	NA	37	20	Yes	2	NA	37
10.	Gorakhpur	214	NA	NA	NA	NA	Nil	06	214
11.	Hardoi	31	32	11	NA	Yes	Nil	01	11
12.	Jhansi	61	Nil	Nil	Nil	Yes	Nil	Nil	Nil
13.	Meerut	170	NA	0	NA	NA	86	14	170
14.	Pratapgarh	58	NA	NA	169	Yes	NA	NA	58
15.	Sant Kabir Nagar	17	NA	13	54	Yes	NA	NA	13
16.	Saharanpur	107	NA	29	565	28	Nil	02	29
17.	Sitapur	33	58	33	20	Yes	Nil	NA	33
18.	Sultanpur	36	NA	36	50	Yes	13	NA	36
19.	Unnao	20	NA	0	NA	Yes	NA	NA	20
20.	Varanasi	107	NA	NA	NA	Yes	NA	NA	107
Total		**1,652**	**130**	**262**	**1,033**	**28**	**221**	**35**	**936**

(Source: Information provided by CMOs, test-checked districts)

Appendix 3.8

Number of Ultrasound centres register and inspection conducted by DAA

(Reference: Paragraph no. 3.1.4.4; page 18)

Sl. No.	Year	No of registered centres (Genetic Counselling Centre, Genetic Laboratory and Genetic Clinic and others)	No. of inspections due	No. of inspections conducted	Percentage of inspection conducted
1.	2010-11	3,639	NA	892	
2.	2011-12	4,349	NA	893	
3.	2012-13	4,430	NA	2,567	
4.	2013-14	4,545	NA	3,476	
5.	2014-15	4,622	18,488	4,681	25

(Source: Information provided by Directorate, Family Welfare)

Appendix 3.9

Statement of inspections of registered centres during 2010-15

(Reference: Paragraph no. 3.1.4.4; page 18)

Sl. No.	District	Inspections				
		2010-11	2011-12	2012-13	2013-14	2014-15
1.	Agra	18	70	102	33	52
2.	Ambedkar Nagar	-	-	22	10	08
3.	Allahabad	-	-	-	-	195
4.	Azamgarh	-	-	-	-	-
5.	Bareilly	-	-	135	47	218
6.	Banda	13	07	24	11	17
7.	Bulandshahr	16	31	71	62	69
8.	Deoria	-	-	40	34	33
9.	Firozabad	-	-	72	42	59
10.	Gorakhpur	-	-	-	57	251
11.	Hardoi	-	-	29	31	35
12.	Jhansi	-	-	-	48	89
13.	Meerut	-	-	126	38	102
14.	Pratapgarh	41	41	47	58	93
15.	Sant Kabir Nagar	-	-	23	09	42
16.	Saharanpur	-	59	216	42	52
17.	Sitapur	-	-	-	60	58
18.	Sultanpur	-	-	23	25	35
19.	Unnao	-	-	-	26	20
20.	Varanasi	-	-	56	56	133
Total		**88**	**208**	**986**	**689**	**1561**

(Source: Information provided by CMOs of test-checked districts)

Appendix 3.10

Decisions/discussions in meetings at various levels not followed

(Reference: Paragraph no. 3.1.5.1; page 22)

Sl. No.	Date	Decisions
A. State Supervisory Board		
1.	06.04.2011	District Appropriate Authorities were directed to analyze Form F.
		Centres against which court cases were pending for contravention of the PNDT Act may be inspected and regularly followed up.
		District Advisory committees may meet regularly.
2.	29.10.2012	A Toll free phone line may be developed to register complaints.
		Meetings may be arranged with manufacturers/dealers of ultrasound machines.
		Tracking of all those women who were already having two or more girl child and had done ultrasound procedure may be initiated.
		Regular inspections of ultrasound centres may be ensured.
3.	16.3.2013	Meetings with medical practitioners and community may be arranged in every two months in each district.
4.	03.07.2013	Monthly reports by registered centres may be analyzed and all those centres who had not sent their monthly report for three consecutive months may be considered as unregistered and appropriate action may be taken.
		Online filing of Form F by ultrasound centres may be arranged.
		Inspections of ultrasound centres may be maximized at the level of CMOs. All the centres committed breach of the provisions of the Act may be sealed and legal action may be initiated against them.
5.	30.05.2014	Public awareness were not done thus awareness programs may be initiated at large.
		All the officers who were not cooperative in implementation of the Act may be identified and action may be taken against them.
B. State Advisory Committee		
1.	18.05.2011	Advised to change the format of Form F
2.	22.02.2013	In order to stop sex selection the 12 to 20 weeks termination of pregnancies were required to be effectively monitored.
		MTP Act may also be effectively implemented, especially MTPs up to 12 to 20 weeks may be monitored. Status reports from districts may be called in this regard.
		Online filing of Form F may be established.
		Appropriate authorities of bordering districts were advised for not allowing ultrasonography without identity cards in case of patient from other States.
3.	05.06.2013	SAA was advised for effective implementation of MTP Act, especially MTPs up to 12 to 20 weeks may be monitored. Status reports from districts may be called in this regard.
		SAA was advised for making identity cards necessary for ultrasound in all the districts.
4.	08.05.2014	Details of pregnant women such as phone number, address etc. may be maintained in case of ultrasound was conducted during 12 to 20 weeks of pregnancy.
		Advised to form inspection and monitoring committee at zonal level.
		Proposal for media workshop at regional level may be included in supplementary PIP of NHM.

		Advised for verification of atleast 200 Form F by Assistant/ Additional Research Officers in each district.
5.	21.07.2014	Advised to track pregnancies which were terminated during second trimester
		For effective monitoring the SAC advised for nomination of different officers for first, second, third and fourth week in a month in each district of the State.
C. State Appropriate Authority		
1.	09.06.2011	Expedite inspections of ultrasound centres
		A checklist must be prepared for inspection. Form F must be checked during inspection. Mapping of ultrasound centres may also be ensured.
		A database consisting of Centre name, Medical practitioners and machines used etc. of all the ultrasound centres functioning in the district may be prepared and activities under the PCPNDT Act (inspections, registration and court cases) may be sent to Directorate, Family Welfare every month.
		Action may be taken against centres not maintaining mandatory records.
		Regular meetings of DAC may be conducted

(Source: Directorate, Family Welfare)

Appendix 3.11

District Advisory Committee (DAC) meetings in test-checked districts during 2010-15

(Reference: Paragraph no. 3.1.5.2: page 22)

Sl. No.	District	No. of meetings due to be conducted	No. of meetings conducted	Shortfall
1.	Agra	30	23	07
2.	Ambedkar Nagar		06	24
3.	Allahabad		14	16
4.	Azamgarh		NA	NA
5.	Bareilly		15	15
6.	Banda		19	11
7.	Bulandshahr		14	16
8.	Deoria		18	12
9.	Firozabad		05	25
10.	Gorakhpur		07	23
11.	Hardoi		06	24
12.	Jhansi		07	23
13.	Meerut		13	17
14.	Pratapgarh		20	10
15.	Sant Kabir Nagar		07	23
16.	Saharanpur		11	19
17.	Sitapur		06	24
18.	Sultanpur		11	19
19.	Unnao		12	18
20.	Varanasi		17	13

(Source: Information provided by CMOs of test-checked districts)

Appendix 3.12

Allotment of fund under NHM for implementation and monitoring of MTP Act

(Reference: Paragraph no. 3.2.2: page 25)

(₹ in lakh)

Sl. No.	Year	Particulars	Budget approved	Budget allotted	Expenditure	Excess/ savings
1	**2**	**3**	**4**	**5**	**6**	**7**
1	2010-11	MVA procurement	10.83	10.83	Nil	10.83
		MTP training	Nil	Nil	Nil	Nil
2	2011-12	Drug kits	2.00	161.80	Nil	161.80
		MVA procurement	8.66	Nil	Nil	Nil
3	2012-13	Procurement of equipment for safe abortion services	13.20	13.20	25.68	-12.48
4	2013-14	Strengthening of DLC	7.50	Nil	Nil	Nil
		Qtr meeting of DLC	15.00	15.00	1.14	13.86
		MVA /EVA procurement	21.65	21.65	5.61	16.04
5	2014-15	MTP training	11.20	22.10	1.73	20.37
		MVA /EVA procurement	10.201	711.61	70.56	641.05
		Drug kits	53.50	3,101.93	346.23	2,755.70
Total				**4,058.12**	**450.95**	

(Source: Project Implementation Plan and Financial Management Report of National Health Mission)

Appendix 3.13

Total number of registered Hospitals/ Nursing Homes under MTP Act, 1971

(Reference: Paragraph no. 3.2.4.1 & 3.2.5.3: page 26 & 27)

Sl. No.	District	No. of Registered Nursing Homes/ Hospitals under CMO & Government Hospitals (including CHC/PHC)	No. of Registered Nursing Homes/ Hospitals under MTP Act (including Govt.)	No. of Registered Nursing Homes/ Hospitals submitting monthly report
1	**2**	**3**	**4**	**5**
1	Agra	164	146	15
2	Ambedkar Nagar	14	02	02
3	Allahabad	355	32	0
4	Azamgarh	NA	NA	NA
5	Bareilly	153	61	21
6	Banda	19	01	NA
7	Bulandshahr	117	20	0
8	Deoria	50	01	01
9	Firozabad	61	04	04
10	Gorakhpur	NA	23	12
11	Hardoi	39	08	0
12	Jhansi	122	38	04
13	Meerut	306	130	0
14	Pratapgarh	0	01	0
15	Sant Kabir Nagar	24	03	0
16	Saharanpur	NA	26	NA
17	Sitapur	229	04	0
18	Sultanpur	83	01	0
19	Unnao	85	01	0
20	Varanasi	262	46	0
Total		**2,083**	**548**	**59**

(Source: Information provided by CMOs of test-checked districts)

Appendix 3.14

Total MTPs done in State and in test–checked districts

(Reference: Paragraph no. 3.2.4.1: page 26)

Sl. No.	District Name	Total Centres registered under MTP	Public institutions (Govt. hospitals, CHCs/ PHCs)	Private institutions	Total Number of Abortions (Spontaneous/ Induced) Reported		Total Number of MTPs (Public) reported		Percentage of MTPs (Public) to Abortions	
					2014-15	2013-14	2014-15	2013-14	2014-15	2013-14
1	2	3	4	5	6	7	8	9	10	11
1	Agra	146	18	NA	1,805	2,451	1,391	1,534	77.1	62.6
2	Allahabad	32	34	355	415	390	368	292	88.7	74.9
3	Ambedkar Nagar	02	9	04	94	32	88	43	93.6	134.4
4	Azamgarh	NA	NA	NA	102	116	439	251	430.4	216.4
5	Banda	01	10	10	383	957	338	531	88.3	55.5
6	Bareilly	61	19	215	596	470	382	556	64.1	118.3
7	Bulandshahr	20	33	84	1,285	1,308	1,222	1,292	95.1	98.8
8	Deoria	01	12	38	329	395	202	518	61.4	131.1
9	Firozabad	04	12	49	1,607	635	2,419	2,858	150.5	450.1
10	Gorakhpur	23	15	243	354	1,007	809	390	228.5	38.7
11	Hardoi	08	01	39	902	1,502	338	720	37.5	47.9
12	Jhansi	38	49	73	500	211	1,891	1,641	378.2	777.7
13	Meerut	130	14	292	1,155	894	622	694	53.9	77.6
14	Pratapgarh	01	01	NA	747	723	1,407	1,071	188.4	148.1
15	Saharanpur	26	03	23	1,416	1,619	1,213	1,126	85.7	69.5
16	Sant Kabir Nagar	03	03	21	272	307	131	84	48.2	27.4
17	Sitapur	04	21	208	93	361	2,446	2,438	2630.1	675.3
18	Sultanpur	01	15	68	891	314	57	245	6.4	78
19	Unnao	01	17	68	1,026	702	1,985	2,018	193.5	287.5
20	Varanasi	46	11	251	975	2,331	1,753	2,349	179.8	100.8
Total		**548**	**297**	**2,041**			**19,501**	**20,651**	**40,152**	
Total Number of MTPs in test-checked districts							**40,152**			
Uttar Pradesh		**576**	**493**	**NA**	**40,546**	**45,012**	**45,803**	**49,130**	**113**	**109.1**
Total Number of MTPs in Uttar Pradesh								**94,933**		

(Source:HMIS-2015 and Information provided by CMOs of test-checked districts)

Appendix 3.15

Position of District Level Committee (DLC) and status of meetings

(Reference: Paragraph no. 3.2.5.1: page 27)

Sl. No.	District	DLC constituted	Timely Reconstituted	No. of meetings held during 2010-15
1	**2**	**3**	**4**	**5**
1	Agra	Yes	NA	06
2	Ambedkar Nagar	Yes	No	02
3	Allahabad	Yes	No	07
4	Azamgarh	NA	NA	NA
5	Bareilly	Yes	NA	08
6	Banda	NA	NA	NA
7	Bulandshahr	No	NA	0
8	Deoria	Yes	NA	0
9	Firozabad	Yes	NA	0
10	Gorakhpur	No	NA	0
11	Hardoi	Yes	NA	02
12	Jhansi	Yes	NA	07
13	Meerut	Yes	NA	02
14	Pratapgarh	No	NA	0
15	Sant Kabir Nagar	Yes	NA	02
16	Saharanpur	Yes	NA	0
17	Sitapur	Yes	NA	05
18	Sultanpur	No	NA	NA
19	Unnao	Yes	NA	NA
20	Varanasi	Yes	NA	Not provided
Total		**4 (Not Constituted)**	**14 (Not Constituted timely)**	**41**

(Source: Information provided by CMOs of test-checked districts)

Appendix 4.1

Year-wise Allotment and Expenditure under JSY during 2010-15

(Reference: Paragraph no. 4.1.1: page 31)

(₹ in crore)

Year	Allotment	Expenditure	Balance	Unutilised fund in percent
2010-11	399.28	450.18	-50.90	-
2011-12	475.34	430.85	44.49	09
2012-13	521.22	428.02	93.20	18
2013-14	471.24	445.79	25.45	05
2014-15	513.03	441.72	71.31	14
Total	**2,380.11**	**2,196.56**	**183.55**	**08**

(Source: Financial Management Report of NHM)

Appendix 4.2

The target and achievement in institutional deliveries in test-checked districts

(Reference: Paragraph no. 4.1.2: page 32)

District	Year	Registered pregnant women	Target for institutional deliveries	Percentage of target set against registered pregnant women	Achievement of institutional deliveries	Percentage of achievement against registered pregnant women	Percentage of achievement against target
1	2	3	4	5	6	7	8
Agra	2010-11	1,26,415	39,728	31	39,809	31	100
	2011-12	1,25,281	41,051	33	44,468	35	108
	2012-13	1,20,372	41,451	34	47,614	40	115
	2013-14	1,14,781	44,447	39	49,516	43	111
	2014-15	1,14,402	44,188	39	49,516	43	112
Allahabad	2010-11	1,43,495	40,800	28	69,816	49	171
	2011-12	1,34,122	71,955	54	68,381	51	95
	2012-13	1,36,998	78,955	58	62,248	45	79
	2013-14	1,40,992	71,615	51	64,278	46	90
	2014-15	1,31,216	72,490	55	55,586	42	77
Ambedkar Nagar	2010-11	60,195	22,281	37	37,805	63	170
	2011-12	53,736	28,973	54	26,898	50	93
	2012-13	52,599	29,293	56	21,715	41	74
	2013-14	49,333	45,379	92	25,421	52	56
	2014-15	49,484	27,369	55	26,186	53	96
Azamgarh	2010-11	1,07,385	87,355	81	54,096	50	62
	2011-12	96,503	87,355	90	50,784	53	58
	2012-13	94,633	87,355	92	46,194	49	53
	2013-14	1,08,375	87,355	81	48,284	45	55
	2014-15	1,23,580	87,355	71	61,621	50	71
Banda	2010-11	49,865	30,582	61	33,650	67	110
	2011-12	43,585	30,582	70	33,140	76	108

	2012-13	46,848	38,815	83	31,785	68	82
	2013-14	51,375	36,780	72	32,388	63	88
	2014-15	54,922	36,022	66	31,031	57	86
Bareilly	2010-11	1,07,856	-	-	30,917	29	-
	2011-12	95,897	-	-	31,164	32	-
	2012-13	99,413	65,341	66	43,728	44	67
	2013-14	96,814	44,933	46	32,249	33	72
	2014-15	98,832	41,098	42	32,246	33	78
Bulandshahr	2010-11	95,586	34,748	36	35,652	37	103
	2011-12	82,455	38,031	46	34,025	41	89
	2012-13	82,624	39,465	48	30,657	37	78
	2013-14	86,788	39,087	45	34,049	39	87
	2014-15	87,260	39,288	45	35,529	41	90
Deoria	2010-11	51,776	42,439	82	45,820	88	108
	2011-12	56,926	48,665	85	49,030	86	101
	2012-13	68,812	56,869	83	44,070	64	77
	2013-14	59,742	51,062	85	48,643	81	95
	2014-15	60,253	51,062	85	46,732	78	92
Firozabad	2010-11	69,774	-	-	23,707	34	-
	2011-12	70,634	-	-	25,140	40	-
	2012-13	62,462	29,084	43	24,036	36	83
	2013-14	67,208	31,463	45	25,471	37	81
	2014-15	69,375	31,463	27	25,334	22	81
Gorakhpur	2010-11	1,16,384	-	-	54,097	46	-
	2011-12	1,18,268	-	-	61,494	52	-
	2012-13	1,01,772	-	-	37,043	36	-
	2013-14	2,50,227	-	-	59,237	24	-
	2014-15	1,29,878	-	-	46,852	36	-
Hardoi	2010-11	1,21,726	61,371	50	62,524	51	102
	2011-12	1,08,773	61,371	56	61,188	56	100
	2012-13	1,07,093	64,929	61	53,489	50	82
	2013-14	1,71,020	64,929	38	60,845	36	94
	2014-15	1,48,420	51,249	35	59,375	40	116
Jhansi	2010-11	57,312	31,516	55	36,647	64	116
	2011-12	49,011	37,702	77	32,413	66	86
	2012-13	53,008	33,814	64	32,782	62	97
	2013-14	54,885	33,708	61	37,410	68	111
	2014-15	49,759	33,708	68	38,579	78	114
Meerut	2010-11	1,12,788	26,449	23	18,120	16	69
	2011-12	1,06,063	26,449	25	19,799	19	75
	2012-13	88,741	22,974	26	20,254	23	88
	2013-14	78,372	29,183	37	22,357	29	77
	2014-15	77,141	25,628	33	21,409	28	84
Pratapgarh	2010-11	21,927	-	-	17,886	82	-
	2011-12	73,393	-	-	40,997	56	-

	2012-13	74,163	-	-	42,769	58	-
	2013-14	81,673	-	-	41,974	51	--
	2014-15	75,856	49,164	65	37,664	50	77
Saharanpur	2010-11	-	-	-	-	-	-
	2011-12	-	-	-	-	-	-
	2012-13	75,092	31,839	42	26,295	35	83
	2013-14	1,07,456	38,653	36	27,702	26	72
	2014-15	90,324	38,653	43	28,741	32	74
Sitapur	2010-11	1,35,600	-	-	74,861	55	-
	2011-12	1,35,637	72,030	53	77,553	57	108
	2012-13	1,26,426	89,633	71	67,772	54	76
	2013-14	1,77,246	78,229	44	75,504	43	97
	2014-15	1,57,840	78,229	50	72,728	46	93
Sant Kabir Nagar	2010-11	40,254	25,147	62	31,812	79	127
	2011-12	43,595	28,408	65	32,189	74	113
	2012-13	43,808	31,249	71	29,525	67	94
	2013-14	44,458	34,022	77	33,322	75	98
	2014-15	45,480	34,721	76	31,803	70	92
Sultanpur	2010-11	93,804	58,068	62	58,880	63	101
	2011-12	55,822	46,451	83	42,228	76	91
	2012-13	46,876	46,451	99	37,714	80	81
	2013-14	54,804	41,418	76	41,596	76	100
	2014-15	53,108	41,418	78	39,934	75	96
Unnao	2010-11	86,756	32,123	37	36,333	42	113
	2011-12	77,561	39,074	50	35,342	46	90
	2012-13	69,509	40,958	59	32,858	47	80
	2013-14	82,039	37,981	46	36,964	45	97
	2014-15	78,577	42,938	55	38,246	49	89
Varanasi	2010-11	1,12,652	37,415	33	38,881	35	104
	2011-12	1,00,451	39,227	39	35,923	36	92
	2012-13	84,306	45,964	55	35,802	42	78
	2013-14	1,02,153	69,660	68	37,867	37	54
	2014-15	83,371	69,660	84	37,102	45	53
Total for 20 test-checked districts	**2010-11**	**16,90,483**	**6,17,261**	**37**	**8,07,412**	**48**	**131**
	2011-12	**16,19,541**	**7,37,871**	**46**	**8,21,649**	**51**	**111**
	2012-13	**16,40,301**	**9,14,666**	**56**	**8,11,165**	**49**	**89**
	2013-14	**19,81,908**	**9,04,045**	**46**	**8,54,687**	**43**	**95**
	2014-15	**18,26,087**	**9,34,854**	**51**	**8,56,749**	**47**	**92**

(Source: Information provided by CMOs of test-checked districts and HMIS data) (-- = Not available)

Appendix 4.3

Year-wise Allotment and expenditure under MDR during 2010-15

(Reference: Paragraph no. 4.2.1: page 35)

(₹ in crore)

Year	Allotment	Expenditure	Balance	Unutilised fund in *per cent*
2010-11	0.63	0.31	0.32	51
2011-12	0.57	0.11	0.46	81
2012-13	0.87	0.08	0.79	91
2013-14	4.42	1.06	3.36	76
2014-15	0.73	0.14	0.59	81
Total	**7.22**	**1.70**	**5.52**	**76**

(Source: Financial Management Report of NHM)

Appendix 4.4

Allotment and Expenditure under Family Planning during 2010-15

(Reference: Paragraph no. 4.3.1: page 37)

(₹ in crore)

Year	Allotment	Expenditure	Balance	Unutilised fund in per cent
2010-11	83.45	44.27	39.18	47
2011-12	79.06	28.80	50.26	64
2012-13	67.43	32.61	34.82	52
2013-14	66.29	37.34	28.95	44
2014-15	84.34	51.65	32.69	39
Total	**380.57**	**194.67**	**185.90**	**49**

(Source: Financial Management Report of NHM)

Appendix 4.5

Year wise target and achievement of limiting methods in test-checked districts

(Reference: Paragraph no. 4.3.2: page 37)

District	Year	Vasectomy			Tubectomy		
		Target	Achievement	*Percentage*	Target	Achievement	*Percentage*
1	2	3	4	5	6	7	8
Agra	2010-11	--	107	--	--	8,546	--
	2011-12	2,110	587	28	18,985	7,958	42
	2012-13	2,110	460	22	18,985	8,477	45
	2013-14	2,110	1,230	58	18,985	8,398	44
	2014-15	2,110	948	45	18,985	7,783	41
Allahabad	2010-11	--	501	--	--	17,053	--
	2011-12	--	866	--	--	14,873	--
	2012-13	--	688	--	--	15,015	--
	2013-14	--	654	--	--	17,810	--
	2014-15	--	845	--	--	13,248	--
Ambedkar Nagar	2010-11	--	19	--	--	2,598	--
	2011-12	--	13	--	--	1,929	--
	2012-13	--	5	--	--	2,165	--
	2013-14	--	3	--	--	2,559	--
	2014-15	--	3	--	--	2,744	--
Azamgarh	2010-11	2,308	78	--	20,777	8,826	--
	2011-12	2,308	24	--	20,777	8,308	--
	2012-13	2,308	9	--	20,777	7,721	--
	2013-14	2,308	1	--	20,777	6,229	--
	2014-15	2,308	1	--	20,777	6,579	--
Banda	2010-11	875	44		7,880	4,165	
	2011-12	875	06		7,880	3,345	
	2012-13	620	22		5,587	3,345	
	2013-14	620	14		5,587	3,414	
	2014-15	620	07		5,587	2,876	
Bareilly	2010-11	2,104	216	--	18,932	4,952	--
	2011-12	2,104	147	--	18,932	4,647	--
	2012-13	2,104	147	--	18,932	4,154	--
	2013-14	2,104	811	--	18,932	5,229	--
	2014-15	2,104	1,649	--	18,932	6,343	--
Bulandshahr	2010-11	1,707	209	12	15,365	5,041	33
	2011-12	1,707	243	14	15,365	4,713	31
	2012-13	1,707	181	11	15,365	4,124	27
	2013-14	1,707	82	5	15,365	4,666	30

	2014-15	1,707	58	3	15,365	4,700	31
Deoria	2010-11	1,595	13	1	14,357	6,000	42
	2011-12	1,618	5	0	14,563	5,732	39
	2012-13	1,618	4	0	14,563	5,235	36
	2013-14	1,618	3	0	14,563	5,605	38
	2014-15	1,618	9	1	14,563	4,122	28
Firozabad	2010-11	1,196	10	1	10,760	3,173	29
	2011-12	1,196	6	1	10,760	2,646	25
	2012-13	1,196	3	0	10,760	2,434	23
	2013-14	1,196	7	1	10,760	2,435	23
	2014-15	1,196	35	3	10,760	3,108	29
Gorakhpur	2010-11	--	81	--	--	11,611	--
	2011-12	--	148	--	--	13,080	--
	2012-13	--	260	--	--	12,245	--
	2013-14	--	328	--	--	12,761	--
	2014-15	--	168	--	--	11,271	--
Hardoi	2010-11	1,985	129	6	17,867	5,271	30
	2011-12	1,985	43	2	17,867	3,759	21
	2012-13	1,985	25	1	17,867	3,159	18
	2013-14	1,985	11	1	17,867	3,256	18
	2014-15	1,985	35	2	17,867	3,518	20
Jhansi	2010-11	1,020	24	2	9,181	9,297	101
	2011-12	1,020	16	2	9,181	8,463	92
	2012-13	26	15	58	12,280	8,937	73
	2013-14	26	30	115	10,201	8,933	88
	2014-15	26	21	81	10,201	8,845	87
Meerut	2010-11	1,717	489	28	15,820	6,633	42
	2011-12	1,717	786	46	15,820	6,069	38
	2012-13	1,717	286	17	15,820	4,868	31
	2013-14	1,717	119	7	15,820	4,668	30
	2014-15	1,717	279	16	15,820	4,601	29
Pratapgarh	2010-11	--	46	--	--	8,091	--
	2011-12	--	245	--	--	7,407	--
	2012-13	--	253	--	--	6,546	--
	2013-14	--	46	--	--	7,059	--
	2014-15	--	18	--	--	6,243	--
Saharanpur	2010-11	--	--	--	--	--	--
	2011-12	1,664	288	17	14,976	3,396	23
	2012-13	1,664	97	6	14,976	2,996	20
	2013-14	1,664	116	7	14,976	2,995	20
	2014-15	1,664	68	4	14,976	2,549	17

Sitapur	2010-11	2,113	25	--	19,019	9,164	48
	2011-12	2,113	11	1	19,019	7,731	41
	2012-13	2,113	2	0	19,019	7,761	41
	2013-14	2,113	3	0	19,019	9,641	51
	2014-15	2,113	6	0	19,019	8,835	46
Sant Kabir Nagar	2010-11	833	6	1	7,495	1,637	22
	2011-12	833	6	1	7,495	1,324	18
	2012-13	833	3	0	7,495	618	8
	2013-14	833	16	2	7,495	2,028	27
	2014-15	833	7	1	7,495	1,880	25
Sultanpur	2010-11	1,201	4	0	10,812	2,771	26
	2011-12	1,201	3	0	10,812	2,662	25
	2012-13	1,201	2	0	10,812	2,437	23
	2013-14	1,201	7	1	10,812	2,276	21
	2014-15	1,201	1	0	10,812	2,210	20
Unnao	2010-11	--	20	--	--	3,853	--
	2011-12	--	7	--	--	3,822	--
	2012-13	--	5	--	--	2,650	--
	2013-14	--	7	--	--	3,237	--
	2014-15	--	6	--	--	3,301	--
Varanasi	2010-11	189	138	73	18,207	12,361	68
	2011-12	166	243	146	15,913	10,556	66
	2012-13	166	450	271	15,913	9,935	62
	2013-14	166	148	89	15,913	10,775	68
	2014-15	166	253	152	15,913	10,192	64
All Test Checked Districts	**2010-11**	**18,843**	**2,159**	**11**	**1,86,472**	**1,31,043**	**70**
	2011-12	**22,617**	**3,693**	**16**	**2,18,345**	**1,22,420**	**56**
	2012-13	**21,368**	**2,917**	**14**	**2,19,151**	**1,14,822**	**52**
	2013-14	**21,368**	**3,636**	**17**	**2,17,072**	**1,23,974**	**57**
	2014-15	**21,368**	**4,417**	**21**	**2,17,072**	**1,14,948**	**53**
Grand Total		**1,05,564**	**16,822**	**16**	**10,58,112**	**6,07,207**	**57**

(Source: Information provided by CMOs of test-checked districts)

Appendix 4.6

Target and Achievement of IUD, OPU and CC users in test-checked districts

(Reference: Paragraph no. 4.3.3: page 38)

Name of District	Year	Intra Uterine Device			Oral Pills User		Condom Users	
		Target	Achievement	*Per cent*	Target	Achievement	Target	Achievement
Agra	2010-11	55,045	33,617	61	--	5,099	--	22,628
	2011-12	55,045	32,300	59	--	3,445	--	24,606
	2012-13	55,045	30,165	55	--	1,473	--	23,144
	2013-14	55,045	42,742	78	--	6,385	--	27,322
	2014-15	55,045	42,812	78	--	5,649	--	26,107
Allahabad	2010-11	76,828	16,690	22	--	10,131	--	8,901
	2011-12	76,828	28,660	37	--	3,302	--	7,805
	2012-13	76,828	25,942	34	--	1,198	--	6,904
	2013-14	76,828	27,112	35	--	6,310	--	7,283
	2014-15	76,828	25,104	33	--	3,223	--	10,624
Ambedkar Nagar	2010-11	30,585	11,616	38	--	0	--	1,664
	2011-12	30,585	11,171	37	--	2,308	--	2,498
	2012-13	30,585	14,313	47	--	152	--	4,166
	2013-14	30,585	14,288	47	--	1,559	--	1,666
	2014-15	30,585	14,833	48	--	4,452	--	6,114
Azamgarh	2010-11	60,095	15,848	26	--	5,092	--	11,187
	2011-12	60,095	19,325	32	--	1,153	--	6,972
	2012-13	60,095	22,586	38	--	3,012	--	10,871
	2013-14	60,095	31,782	53	--	4,302	--	8,159
	2014-15	60,095	18,810	31	--	3,051	--	9,243
Banda	2010-11	22,725	18,113	80	11,615	3,900	22,725	8,391
	2011-12	22,725	14,650	64	11,615	3,799	22,725	18,629
	2012-13	22,725	13,551	62	12,415	1,538	21,726	20,035
	2013-14	21,726	14,812	68	12,416	7,741	21,726	21,775
	2014-15	21,726	14,302	66	12,415	5,231	21,726	22,514
Bareilly	2010-11	55,550	20,844	38	20,301	3,905	40,905	19,004
	2011-12	55,550	23,090	42	20,301	5,266	40,905	25,886
	2012-13	55,550	28,556	51	20,301	3,248	40,905	31,743
	2013-14	55,550	35,900	65	20,301	10,427	40,905	27,063
	2014-15	55,550	37,730	68	20,301	5,943	40,905	39,380
Bulandshahr	2010-11	44,945	37,586	84	16,867	7,295	35,350	21,033
	2011-12	44,945	26,434	59	16,867	1,370	35,350	13588
	2012-13	44,945	43,350	96	16,867	2,256	35,350	23,960
	2013-14	44,945	42,936	96	16,867	9,306	35,350	30,198
	2014-15	44,945	45,542	101	16,867	6,532	35,350	33,155
Deoria	2010-11	45,450	35,405	78	17,170	2,417	39,390	8,542
	2011-12	47,427	26,793	56	17,382	2,988	39,858	7,044
	2012-13	47,427	40,135	85	17,382	384	39,858	15,644

	2013-14	47,427	38,565	81	17,382	3,373	39,858	10,229
	2014-15	47,427	28,172	59	17,382	580	39,858	4,390
Firozabad	2010-11	31,310	16,585	53	12,625	2,655	22,725	2,210
	2011-12	31,310	23,655	76	12,625	4431	22,725	10,652
	2012-13	31,310	19,856	63	12,625	3,128	22,725	15,915
	2013-14	31,310	22,145	71	12,625	4,446	22,725	22,053
	2014-15	31,310	23,860	76	12,625	6,750	22,725	17,900
Gorakhpur	2010-11	64,640	33,763	52	--	4,205	--	12,381
	2011-12	64,640	42,330	65	--	3,505	--	16,238
	2012-13	64,640	32,780	51	--	3,700	--	24,997
	2013-14	64,640	36,528	57	--	6,463	--	14,870
	2014-15	64,640	42,259	65	--	7,128	--	11,075
Hardoi	2010-11	54,035	40,653	75	19,695	3,808	37,875	9,500
	2011-12	54,035	37,111	69	19,695	4,076	37,875	21,956
	2012-13	54,035	44,441	82	19,695	2,689	37,875	22,347
	2013-14	54,035	28,918	54	19,695	1,949	37,875	25,823
	2014-15	54,035	24,139	45	19,695	18,588	37,875	5,132
Jhansi	2010-11	26,765	23,462	88	10,100	6,010	20,705	16,260
	2011-12	26,765	18,707	70	10,100	2,690	20,705	7,527
	2012-13	26,765	18,792	70	10,100	2,394	20,705	14,190
	2013-14	26,765	20,746	78	10,100	6,501	20,705	10,996
	2014-15	26,765	18,587	69	10,100	4,957	20,705	10,950
Meerut	2010-11	45,450	27,061	60	18,180	9,782	35,350	14,552
	2011-12	45,450	24,552	54	18,180	3,991	35,350	10,259
	2012-13	45,450	21,040	46	18,180	385	35,350	10,454
	2013-14	45,450	16,077	35	18,180	4,282	35,350	9,442
	2014-15	45,450	16,966	37	18,180	5,590	35,350	10,467
Pratapgarh	2010-11	42,420	23,265	55	--	7,587	--	11,347
	2011-12	42,420	26,394	62	--	3,602	--	9,254
	2012-13	42,420	20,235	48	--	385	--	7,843
	2013-14	42,420	18,056	43	--	6,019	--	9,952
	2014-15	42,420	18,402	43	--	9,645	--	5,883
Saharanpur	2010-11	--	--	--	--	--	--	--,
	2011-12	43,430	20,429	47	18,685	3,500	40,400	12,125
	2012-13	43,430	24,687	57	18,685	384	40,400	17,219
	2013-14	43,430	21,811	50	18,685	10,256	40,400	16,788
	2014-15	43,430	21,301	49	18,685	4,468	40,400	16,411
Sitapur	2010-11	60,186	21,316	35	21,772	3,390	41,847	12,129
	2011-12	60,186	21,164	35	21,772	2,852	41,847	13,918
	2012-13	60,186	22,474	37	21,772	1,761	41,847	14,218
	2013-14	60,186	16,455	27	21,772	4,889	41,847	27,618
	2014-15	60,186	14,012	23	21,772	5,039	41,847	13,866
Sant Kabir Nagar	2010-11	18,436	11,363	62	8,613	3,785	15,650	8,379
	2011-12	18,436	12,616	68	8,613	2,330	15,650	5,721
	2012-13	18,436	6,269	34	8,613	439	15,650	--

	2013-14	18,436	8,708	47	8,613	2,136	15,650	--
	2014-15	18,436	7,168	39	8,613	4,780	15,650	6,658
Sultanpur	2010-11	36,888	25,603	69	14,050	4,298	27,389	15,957
	2011-12	36,888	30,567	83	14,050	3,142	27,389	10,263
	2012-13	36,888	32,805	89	14,050	4,781	27,389	24,885
	2013-14	36,888	32,457	88	14,050	8,593	27,389	25,481
	2014-15	36,888	29,412	80	14,050	8,777	27,389	24,191
Unnao	2010-11	42,420	36,343	86	--	20,339	--	8,187
	2011-12	42,420	32,601	77	--	5,080	--	21,477
	2012-13	42,420	23,025	54	--	1,538	--	14,938
	2013-14	42,420	19,293	45	--	3,569	--	10,847
	2014-15	42,420	24,465	58	--	13,311	--	5,965
Varanasi	2010-11	47,813	17,892	37	19,922	9,890	45,157	8,683
	2011-12	47,813	10,109	21	19,922	1,291	45,157	2,999
	2012-13	47,813	18,888	40	19,922	581	45,157	1,431
	2013-14	47,813	26,309	55	19,922	4,985	45,157	8,993
	2014-15	47,813	23,260	49	19,922	3,425	45,157	9,279
All Test Checked Districts	**2010-11**	**8,61,586**	**4,67,025**	**54**		**1,21,303**		**2,20,937**
	2011-12	**9,06,993**	**4,82,658**	**53**		**71,937**		**2,49,419**
	2012-13	**9,05,994**	**5,01,517**	**55**		**46,303**		**3,04,905**
	2013-14	**9,05,994**	**5,15,640**	**57**		**1,18,201**		**3,16,558**
	2014-15	**9,05,994**	**4,96,136**	**55**		**1,17,085**		**3,06,523**
Total		**44,86,561**	**24,62,976**	**55**		**4,74,829**		**13,98,342**

Uttar Pradesh	**Year**	**Intra Uterine Device**			**Oral Pills User**		**Condom Users**	
		Target	**Achievement (in lakh)**	***Per cent***	**Target**	**Achievement (in lakh**	**Target**	**Achievement (in lakh)**
	2010-11	26.1	15.44	59	--	3.43	--	8.13
	2011-12	26.1	13.91	53	--	2.46	--	8.12
	2012-13	26.1	13.92	53	--	1.13	--	8.95
	2013-14	26.1	14.85	57	--	3.49	--	8.98
	2014-15	26.1	14.5	56	--	3.33	--	9.56
	Total	**130.5**	**72.62**	**56**	**--**	**13.84**	**--**	**43.74**

(Source: Information provided by Directorate, Family Welfare and CMOs of test-checked districts)

Appendix 5.1

Details of services provided at Angan Wadi Centres

(Reference: Paragraph no. 5; page 40)

Sl. No.	Services	Target Group	Service Provided by
1.	Supplementary Nutrition	Children below 6 years, Pregnant women and Lactating Mothers	Angan Wadi Worker and Angan Wadi Helper
2.	Nutrition and Health Education	Women (15-45 years)	Angan Wadi Worker/ Auxiliary Nursing Midwife/ Medical Officer
3.	Pre-School Education	Children 3-6 years	Angan Wadi Worker
4.	Health Check-up	Children below 6 years, Pregnant women and Lactating Mothers	Auxiliary Nursing Midwife/ Medical Officer /Angan Wadi Worker
5.	Referral Services	Children below 6 years, Pregnant women and Lactating Mothers	Angan Wadi Worker/ Auxiliary Nursing Midwife/ Medical Officer
6.	Immunization	Children below 6 years, Pregnant women and Lactating Mothers	Auxiliary Nursing Midwife/ Medical Officer

(Source: Guidelines of the Scheme)

Appendix 5.2

Details and nutritional value of supplementary nutrition provided to beneficiaries

(Reference: Paragraph no. 5; page 40)

Sl. No.	Category of beneficiary	Name of supplementary nutrition	Per beneficiary per day	Rate and nutritional component approved by GoI for per beneficiary per day			Quantity of daily nutritional component supplied to beneficiaries	
				Rate (in ₹)	Protein (in gram)	Calorie	Protein (in gram)	Calorie
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	General children between age of six months and three years	Weaning food *	For six days in a week at the rate of 120 gram per day once in a week (in form of THR[4])	6.00	12-15	500	14.40	504
	Severely malnourished children between age of six months and three years		For six days in a week at the rate of 200 gram per day once in a week (in form of THR)	9.00	20-25	800	24.00	840
2	General children between age of three years and six years	Hot cooked food in form of *Khichdi/ Dalia*	Approximately 100 to 125 gram per beneficiary per day	6.00	12-15	500	15-17	522-587
		Morning snack	Daily 50 gram amylase rich energy food for four days in a week (except Wednesday and Friday)					
			Local fruit/*Gur-chana*/ l*ai-chana* two days in a week (on Wednesday and Friday)					
3	Severely malnourished children between age of three years and six years	Amylase rich energy food **	In addition to above at Sl. No. 2, amylase rich energy food at the rate of 75 gram per day for six days in a week at once (in form of THR)	9.00	20-25	800	25-26	822-887
4	Pregnant women and lactating mothers	Amylase rich energy food **	For six days in a week at the rate of 140 gram per day once in a week (in form of THR)	7.00	18-20	600	18.20	602

(Source: Directorate, ICDS)

* Weaning food constitute: wheat flour 25 *per cent*, soya flour 14 *per cent*, rice five *per cent*, corn five *per cent*, gram flour 15 *per cent*, sugar 25 *per cent*, vegetable oil 10 *per cent*, vitamin minerals one *per cent.* Nutritional component in per 100 gram weaning food: Calorie 420, Protein 12 gram, micronutrient - 50 *per cent* of RDA[5].

** Amylase rich energy food constitute: wheat flour 25 *per cent*, soya flour 15 *per cent*, ragi five *per cent*, corn five *per cent*, peanut five *per cent,* gram flour 10 *per cent*, sugar 25 *per cent*, vegetable oil nine *per cent*, vitamin minerals one *per cent.* Nutritional component in per 100 gram amylase rich energy food: Calorie 430, Protein 13 gram, micronutrient - 50 *per cent* of RDA.

[4] Take Home Ration.
[5] Recommended Dietary Allowance.

Appendix 5.3

Details of health services provided at AWCs

(Reference: Paragraph no. 5; page 40)

Name of service	Core activities/interventions
Health check-up	(i) Ante-natal check-up/post-natal check-up/*Janani Suraksha Yojna* (ii) *Janani Shishu Suraksha Yojna* (iii) Identification of severely underweight children requiring medical attention (iv) Support to community based care of underweight children
Referral services	(i) Referral of severely underweight to health facilities/Nutrition rehabilitation centre (ii) Referral for complications during pregnancy (iii) Referral of sick newborns (iv) Referral of sick children
Immunization	(i) Regular fixed monthly Village Health Nutrition Days (ii) Primary immunization (iii) Boosters (iv) TT for pregnant women (v) Vitamin 'A' supplementation

(Source: Guidelines of the Scheme)

Appendix 5.4

Budget allocation, releases and expenditure under ICDS-General

(Reference: Paragraph no. 5.1.2; page 41)

(₹ in crore)

Year	Budget allocation	Releases	Expenditure	Savings
2010-11	744.14	738.49	689.20	49.29
2011-12	1,245.54	777.18	738.95	38.23
2012-13	1,737.79	1,719.04	1,564.63	154.41
2013-14	1,441.24	1,385.45	1,271.83	113.62
2014-15	1,513.21	1,511.11	1,349.31	161.80
Total	**6,681.92**	**6,131.27**	**5,613.92**	**517.35**

(Source: Directorate, ICDS)

Appendix 5.5

Details of non-availability of basic amenities at AWCs

(Reference: Paragraph no. 5.3.2; page 43)

Sl. No.	Name of the District	Total no. of Projects	Total no. of AWCs	Number of AWCs not having		
				Toilet facility	Safe drinking water facility	Kitchen facility
1.	Agra	16	2,982	995 (33)	2,165 (73)	739 (25)
2.	Allahabad	22	4,499	1,910 (42)	2,928 (65)	852 (19)
3.	Ambedkar Nagar	10	2,548	1,865 (73)	2,238 (88)	993 (39)
4.	Azamgarh	23	5,588	979 (18)	4,057 (73)	767 (14)
5.	Banda	9	1,705	1,116 (65)	1,569 (92)	707 (41)
6.	Bareilly	16	2,857	2,656 (93)	2,731 (96)	214 (7)
7.	Bulandshahr	16	3,958	3,506 (89)	3,646 (92)	904 (23)
8.	Deoria	17	3,243	2,512 (77)	2,966 (91)	432 (13)
9.	Firozabad	11	2,540	1,778 (70)	1,889 (74)	988 (39)
10.	Gorakhpur	20	4,032	2,822 (70)	3,746 (93)	872 (22)
11.	Hardoi	20	3,930	3,814 (97)	39,12 (100)	616 (16)
12.	Jhansi	9	1,379	1,234 (89)	1,371 (99)	303 (22)
13.	Meerut	13	2,076	1,862 (90)	1,757 (85)	965 (46)
14.	Pratapgarh	17	3,247	2,216 (68)	2,581 (79)	1,277 (39)
15.	Saharanpur	12	3,408	2,736 (80)	2,925 (86)	1,641 (48)
16.	Sant Kabir Nagar	10	1,765	251 (14)	980 (56)	251 (14)
17.	Sitapur	20	4,232	3,657 (86)	4,101 (97)	4,063 (96)
18.	Sultanpur	14	2,511	2,159 (86)	2,386 (95)	379 (15)
19.	Unnao	17	3,352	2,734 (82)	3,203 (96)	297 (9)
20.	Varanasi	9	3,914	2,798 (71)	2,606 (67)	1,207 (31)
	Total	**301**	**63,766**	**43,600 (68)**	**53,757 (84)**	**18,467 (29)**

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

Appendix 5.6

Budget allocation and expenditure under Supplementary Nutrition Programme

(Reference: Paragraph no. 5.4.1.1(i); page 45)

(₹ in crore)

Year	Budget demand	Budget allocation			Total Budget Released	GoI Share					State share spent	Total expenditure (10+12)	Saving (6-13)
		Central	State	Total (2+3)		OB	Releases	Available (7+8)	Spent	CB (7-8)			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2010-11	2,853.20	1,361.89	1,361.89	2,723.78	2,720.02	-27.46	1,382.67	1,355.21	1,359.80	-4.59	1,359.80	2,719.60	0.42
2011-12	2,792.00	1,341.56	1,341.56	2,683.12	2,680.61	-4.59	1,316.00	1,311.41	1,340.14	-28.73	1,340.14	2,680.28	0.33
2012-13	2,682.50	1,332.25	1,332.25	2,664.50	2,664.50	-28.73	1,179.53	1,150.80	1,198.15	-47.35	1,198.15	2,396.30	268.20
2013-14	2,712.90	1,481.44	1,481.44	2,962.88	2,962.90	-47.35	1,100.86	1,053.51	1,480.89	-427.38	1,480.89	2,961.78	1.120
2014-15	3,343.61	1,821.80	1,821.80	3,643.60	3,643.61	-427.38	1,523.71	1,096.33	1,774.62	-678.29	1,774.62	3,549.24	94.37
Total	**14,384.21**	**7,338.94**	**7,338.94**	**14,677.88**	**14,671.64**		**6,502.77**	**5,967.26**	**7,153.60**		**7,153.60**	**14,307.20**	**364.44**

(Source: Directorate, ICDS)

Appendix 5.7

Details of population and number of beneficiaries under SNP in the State

(Reference: Paragraph no. 5.4.1.1(ii); page 45)

Year	Population (Number in lakh)			No. of SNP beneficiaries (in lakh)			Shortfall (*per cent*)
	Pregnant and lactating women	Children up to 6 years of age	Total	Pregnant and lactating women (*per cent*)	Children up to 6 years of age (*per cent*)	Total	
2010-11	56.60	264.45	321.05	47.93 (85)	203.99 (77)	251.92	69.13 (22)
2011-12	58.11	278.91	337.02	49.41 (85)	187.03 (67)	236.44	100.58 (30)
2012-13	56.33	279.18	335.51	49.33 (88)	187.25 (67)	236.58	98.93 (29)
2013-14	56.69	286.16	342.85	46.95 (83)	188.48 (66)	235.43	107.42 (31)
2014-15	56.98	286.87	343.85	48.53 (85)	184.45 (64)	232.98	110.87 (32)

(Source: Directorate, ICDS)

Appendix 5.8

Number of SNP beneficiaries in test checked districts

(Reference: Paragraph no. 5.4.1.1(ii); page 46)

Sl. No.	Name of the District	Total number of beneficiaries			Number of beneficiaries benefitted under SNP					Shortfall	Shortfall *per cent*
		Children up to 6 years	Pregnant women and Lactating mothers	Total	Children up to 6 years	Shortfall *per cent*	Pregnant women and Lactating mothers	Shortfall *per cent*	Total		
1.	Agra	51,7049	1,02,563	6,19,612	3,19,321	38	96,463	6	4,15,784	2,03,828	33
2.	Allahabad	69,6398	1,30,623	8,27,021	4,42,701	36	1,13,799	13	5,56,500	2,70,521	33
3.	Ambedkar Nagar	39,1043	62,398	4,53,441	2,35,296	40	51,572	17	2,86,868	1,66,573	37
4.	Azamgarh	72,2650	1,46,787	8,69,437	5,36,480	26	1,26,270	14	6,62,750	2,06,687	24
5.	Banda	27,5741	49,101	3,24,842	2,05,700	25	41,301	16	2,47,001	77,841	24
6.	Bareilly	48,6043	96,953	5,82,996	2,99,184	38	81,154	16	3,80,338	2,02,658	35
7.	Bulandshahr	48,3351	98,669	5,82,020	3,18,404	34	88,090	11	4,06,494	1,75,526	30
8.	Deoria	51,4391	94,045	6,08,436	3,56,850	31	89,617	5	4,46,467	1,61,969	27
9.	Firozabad	38,9052	79,921	4,68,973	2,90,875	25	70,225	12	3,61,100	1,07,873	23
10.	Gorakhpur	68,8009	1,24,335	8,12,344	4,43,799	35	1,06,379	14	5,50,178	2,62,166	32
11.	Hardoi	67,1527	1,29,390	8,00,917	4,17,511	38	1,08,457	16	5,25,968	2,74,949	34
12.	Jhansi	19,6255	32,952	2,29,207	1,14,816	41	29,182	11	1,43,998	85,209	37
13.	Meerut	33,8583	71,086	4,09,669	2,31,889	32	67,613	5	2,99,502	1,10,167	27
14.	Saharanpur	43,6174	82,260	5,18,434	2,91,499	33	78,651	4	3,70,150	1,48,284	29
15.	Sant Kabir Nagar	29,9451	61,430	3,60,881	2,05,426	31	29,233	52	2,34,659	1,26,222	35
16.	Sitapur	72,6886	1,37,348	8,64,234	4,63,239	36	1,23,888	10	5,87,127	2,77,107	32
17.	Sultanpur	42,5324	68,045	4,93,369	2,78,699	34	54,475	20	3,33,174	1,60,195	32
18.	Unnao	51,1728	98,290	6,10,018	3,55,328	31	88,161	10	4,43,489	1,66,529	27
19.	Varanasi	51,1861	93,583	6,05,444	3,31,067	35	83,093	11	4,14,160	1,91,284	32

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

Appendix 5.9

Details of calculation of total number of nutrition days in a month and year during 2010-15

(Reference: Paragraph no. 5.4.1.1(iii): page 46)

Year	Children 6-72 months excluding severely malnourished			Severely malnourished children 6-72 months			Pregnant women and lactating mothers			Average days in a month for which supple-mentary nutrition was provided to each category of beneficiaries	Average days in a year for which supplementary nutrition was provided to each category of beneficiary (Column 11 x 12 months)	Total expenditure incurred on distribution of supplementary nutrition as per utilisation certificates (₹ in crore)	Total expenditure calculated in audit which is most approximately equal to actual expenditure on supplementary nutrition during the year (₹ in crore) (Column 4+7+10)
	No. of Bene-ficiaries in lakh	Cost norm per bene-ficiary per day (in ₹)	Total expen-diture (₹ in crore)[1]	No. of Bene-ficiaries in lakh	Cost norm per bene-ficiary per day (in ₹)	Total expen-diture (₹ in crore)[2]	No. of Bene-ficiaries in lakh	Cost norm per bene-ficiary per day (in ₹)	Total expen-diture (₹in crore)[3]				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2010-11	203.70	4	2,098.27	0.28	6	4.33	47.93	5	617.15	21.46	258	2,719.60	2,719.75
2011-12	186.70	4	2,010.09	0.34	6	5.49	49.41	5	664.96	22.43	269	2,680.28	2,680.54
2012-13	186.66	4	1,795.52	0.59	6	8.51	49.33	5	593.14	20.04	240	2,396.30	2,397.17
2013-14	187.87	(4 & 6)[4]	2,269.82	0.61	(6 & 9)[5]	11.16	46.95	(5 & 7)[6]	681.58	20.00	240	2,961.78	2,962.56
2014-15	182.99	6	2,686.44	1.46	9	32.15	48.53	7	831.20	20.39	245	3,549.34	3,549.79

(Source: Information provided by Directorate, ICDS)

1 Column 2 x column 3 x column 11 x 12 months /100 (to convert ₹ in lakh to ₹ in crore).
2 Column 5 x column 6 x column 11 x 12 months/100.
3 Column 8 x column 9 x column 11 x 12 months/100.
4 90.73 lakh children were provided supplementary nutrition at the rate of ₹ 4 per day and 97.14 lakh at the rate of ₹ 6 per day during the year.
5 0.28 lakh severely malnourished children were provided supplementary nutrition at the rate of ₹ 6 per day and 0.33 lakh at the rate of ₹ 9 per day during the year.
6 22.33 lakh pregnant women and lactating mothers were provided supplementary nutrition at the rate of ₹ 5 per day and 24.62 lakh at the rate of ₹ 7 per day during the year.

Appendix 5.10

Details of AWCs functioning without new growth charts, maternal and child protection cards, weighing machines

(Reference: Paragraph no. 5.4.2.1(ii); page 53)

Sl. No.	Name of the District	Total no. of AWCs	Number of AWCs not having (as of March 2015)			
			New growth charts (*per cent*)	Maternal and child protection card (*per cent*)	Baby weighing machine (*per cent*)	Adult weighing machine (*per cent*)
1.	Agra	2,982	2,825 (95)	2,774 (93)	865 (29)	843 (28)
2.	Ambedkar Nagar	2,548	2,311 (91)	2,311 (91)	1,476 (58)	1,344 (53)
3.	Banda	1,705	NA	1705 (100)	392 (23)	377 (22)
4.	Bareilly	2,857	NA	NA	638 (22)	719 (25)
5.	Deoria	3,243	NA	3,243 (100)	898 (28)	898 (28)
6.	Jhansi	1,379	824 (60)	1,379 (100)	NA	NA
7.	Sant Kabir Nagar	1,765	1,565 (89)	1,765 (100)	1,487 (84)	1,487 (84)

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

Appendix 5.11

Details of training slots organized for ICDS functionaries

(Reference: Paragraph no. 5.5; page 55)

(in number)

Name of the Cadre	Target		Achievement		Shortfall (in *per cent*)	
	Job	Refresher	Job	Refresher	Job	Refresher
CDPO	551	1,487	201	149	64	90
LS	2,291	7,547	517	3,383	77	55
AWW	81,482	3,64,422	36,468	31,385	55	91
AWH	1,11,904	3,31,423	31,780	29,173	72	91

(Source: Directorate, ICDS)

Appendix 5.12

Status of monitoring and evaluation of ICDS Scheme

(Reference: Paragraph no. 5.6; page 56)

Sl. No.	Monitoring issue	Deficiencies noticed in audit
1	Status of monitoring and evaluation committee meetings	The GoI directed (March 2011) for constitution of monitoring and evaluation committees at different levels. Accordingly, GoUP constituted (June 2011) district, block and AWC level monitoring and evaluation committees under the chairpersonship of District Magistrate, Sub-Divisional Magistrate and Gram Panchayat/Ward Member respectively. District level committees (DLC) and block level committees (BLC) were to meet minimum once in three months while AWC level committee (AWLC) meetings were required to be held each month. These committees were to monitor the overall functioning of AWCs. However, meetings of these committees were not held except in Allahabad and Agra. In Allahabad and Agra only two meetings[6] of DLC, against prescribed 20 meetings, were held during 2010-15. BLC meetings were held only in Agra where only one meeting in six[7] out of 16 ICDS Projects was held in July 2012. Further, no AWLC meetings were held in any test-checked districts. Thus, there was inadequate and insufficient monitoring of the Scheme by these committees and this adversely affected the implementation of the Scheme.
2	Status of Monitoring by ICDS functionaries	With a view to improving the quality of service delivery and day-to-day functioning of AWCs, GoI directed (October 2010) for regular monitoring and inspection of ICDS projects and AWCs by various ICDS functionaries. As per directions, LSs and CDPOs had to inspect minimum 50 *per cent* of AWCs and 20 AWCs per month respectively while DPOs had to carry the inspection in such a manner that all blocks were covered each quarter and 10 *per cent* of AWCs were covered annually. In addition, joint visit of AWCs/blocks by ICDS functionaries with health functionaries was also to be carried out. However, prescribed inspections were not carried out as per schedule mentioned above. Joint inspection of AWCs with functionaries of health department was also not carried out. Government in reply stated (December 2015) that directions were issued in October 2015 to ensure regular monitoring of the Scheme. Reply was not tenable as regular monitoring of the Scheme was not held during 2010-15.
3	Non-implementation of revised MIS	GoI revised (March 2012) Management Information System (MIS), depicting gender segregated data, which was to be adopted by June 2013. However, scrutiny of records of test-checked districts revealed that the revised MIS registers were not adopted by AWCs as of March 2015. Due to non-adoption of revised MIS registers by AWCs, vital gender segregated data in respect of SNP, immunization, health check-up and referral services were not available with the Department. Government in reply stated (December 2015) that revised MIS registers had been supplied to AWCs. Reply was not tenable as these registers were yet not put to use.
4	Non-implementation of web-based MIS	The GoI directed (December 2012) for implementation of web-based MIS at AWC level. Monthly Progress Reports and Annual Status Reports of AWCs and ICDS Projects were to be fed by using the web based system. Scrutiny revealed that web based system was not implemented at AWC level as of March 2015. It was observed that 11 digit code was not allotted in two to 98 *per cent* of AWCs in 15 out of 20 test-checked districts. Government in reply stated (December 2015) that code allotment will be completed within three months. Reply was not tenable as web based MIS was not implemented even after three years of issuance of directions. In absence of web-based MIS, the e-data of the Scheme was not available for monitoring at various level.

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

[6] In Allahabad, one meeting each was held in 2010-11 and 2014-15 whereas in Agra both meetings were held in 2012-13.
[7] Bah, Barauli Aheer, Bitchpuri, Etmadpur, Jagner and Shamshabad.

Appendix 6.1

Funds released and expenditure (State level)

(Reference: Paragraph no. 6.1.1.1; page 57)

(₹ in crore)

Sl. No.	Year	Fund requirement as per norm[8]	Fund allotted	Funds released	Expenditure	Surrender/Lapsed
1.	2010-11	6.622	9.24	4.64	4.50	0.14
2.	2011-12	6.622	6.62	6.62	3.31	3.31
3.	2012-13	6.622	6.62	1.66	0.01	1.65
4.	2013-14	6.622	6.62	2.65	1.95	0.70
5.	2014-15	6.622	3.32	3.31	1.92	1.39
Total		**33.110**	**32.42**	**18.88**	**11.69**	**7.19**
Percentage of released against allocated amount			58	Percentage of spent against released amount		62

(Source: Directorate, ICDS)

Appendix 6.2

Details of identified and targeted Adolescent Girls in Test-checked districts and State

(Reference: Paragraph no. 6.1.2; page 58)

Sl. No.	District	2012-13			2013-14			2014-15		
		Identified AGs	Selected AGs as Beneficiary	Selected AGs in *per cent*	Identified AGs	Selected AGs as Beneficiary	Selected AGs in *per cent*	Identified AGs	Selected AGs as Beneficiary	Selected AGs in *per cent*
1.	Allahabad	3,24,557	1,320	0.41	3,18,601	1,320	0.41	3,54,952	1,320	0.37
2.	Ambedkar Nagar	1,87,618	600	0.32	2,17,797	600	0.28	2,11,855	600	0.28
3.	Azamgarh	75,326	1,380	1.83	4,68,946	1,380	0.29	1,69,971	1,380	0.81
4.	Bareilly	2,12,820	960	0.45	2,18,105	960	0.44	57,413	960	1.67
5.	Firozabad	1,23,785	660	0.53	94,964	660	0.70	1,00,856	660	0.65
6.	Gorakhpur	1,71,310	1,200	0.70	1,42,662	1,200	0.84	1,11,949	1,200	1.07
7.	Hardoi	NA	NA	NA	2,21,079	1,200	0.54	2,23,185	1,200	0.54
8.	**Jhansi**	**78,308**	**540**	**0.69**	**79,491**	**540**	**0.68**	**67,633**	**540**	**0.80**
9.	Meerut	1,11,168	780	0.70	1,08,321	780	0.72	1,13,344	780	0.69
10.	Pratapgarh	2,59,716	1,020	0.39	2,29,974	1,020	0.44	1,83,017	1,020	0.56
11.	Sant Kabir Nagar	73,717	600	0.81	83,731	600	0.72	83,731	600	0.72
12.	Sultanpur	NA	NA	NA	NA	NA	NA	1,95,945	840	0.43
13.	Unnao	1,71,226	1,020	0.60	1,84,472	1,020	0.55	1,84,721	1,020	0.55
14.	Varanasi	2,98,671	540	0.18	2,92,628	540	0.18	2,66,675	540	0.20
Total		**20,88,222**	**10,620**	**0.51**	**26,60,771**	**11,820**	**0.44**	**23,25,247**	**12,660**	**0.54**
Uttar Pradesh		**NA**	**36,120**		**NA**	**36,120**		**NA**	**36,120**	

(Source: Directorate, ICDS and Test-checked Districts)

[8] ₹ 1,10,000 per project x 602 projects in the state

Appendix 6.3

Status of Identified and Benefited AGs for SNP

(Reference: Paragraph no. 6.1.3; page 59)

(in numbers)

Sl. No	District	2012-13			2013-14			2014-15		
		Identified AGs	Selected AGs as Beneficiary	Shortfall in *per cent*	Identified AGs	Selected AGs as Beneficiary	Shortfall in *per cent*	Identified AGs	Selected AGs as Beneficiary	Shortfall in *per cent*
1.	Allahabad	3,24,557	12,868	96	3,18,601	13,336	96	3,54,952	12,865	96
2.	Ambedkar Nagar	1,87,618	7,465	96	2,17,797	7,631	97	2,11,855	7,476	96
3.	Azamgarh	75,326	16,490	78	4,68,946	16,838	96	1,69,971	17,949	89
4.	Bareilly	2,12,820	8,571	96	2,18,105	8,202	96	57,413	8,238	86
5.	Firozabad	1,23,785	7,620	94	94,964	7,620	92	1,00,856	7,620	92
6.	Gorakhpur	1,71,310	11,297	93	1,42,662	11,950	92	1,11,949	12,096	89
7.	Hardoi	NA	NA	NA	2,21,079	11,790	95	2,23,185	11,790	95
8.	Jhansi	78,308	3,890	95	79,491	4,099	95	67,633	3,584	95
9.	Meerut	1,11,168	6,093	95	1,08,321	7,481	93	1,13,344	6,219	95
10.	Pratapgarh	2,59,716	9,741	96	2,29,974	9,741	96	1,83,017	9,745	95
11.	Sultanpur	NA	NA	NA	NA	NA	NA	1,95,945	7,246	96
12.	Sant Kabir Nagar	73,717	5,315	93	83,731	5,315	94	83,731	5,315	94
13.	Unnao	1,71,226	10,006	94	1,84,472	10,056	95	1,84,721	10,056	95
14.	Varanasi	2,98,671	11,742	96	2,92,628	11,742	96	2,66,675	11,742	96
Total		**2088,222**	**1,11,098**	**95**	**26,60,771**	**1,25,801**	**95**	**23,25,247**	**1,31,941**	**94**

(Source: DPO of test-checked districts)

Appendix 6.4

Components under KSY scheme

(Reference: Paragraph no. 6.1.4; page 59)

Sl. No.	Name of the component	Sl. No.	Name of the component
1	Stitching	9	Wooden work
2	Beautician	10	Computer training
3	Pickle making	11	Fashion designing
4	Painting	12	Soft toys making
5	Food Processing	13	Cookery and Bakery
6	Embroidery	14	Candle making
7	Chicken work	15	Mobile repairing
8	Knitting	**16**	Recipe from SNP

Appendix 6.5

Status of training imparted (test-checked districts level)

(Reference: Paragraph no. 6.1.4; page 60)

Sl. No.	Year	Total no. of Projects	No. of Beneficiaries as per norm[9]	Actual no. of Beneficiaries	Shortage	Shortage in *per cent*
1.	2010-11	211	12,660	840	11,820	93
2.	2011-12	211	12,660	0	12,660	100
3.	2012-13	211	12,660	0	12,660	100
4.	2013-14	211	12,660	3,250	9,410	74
5.	2014-15	211	12,660	4,440	8,220	65
Total		**1,055**	**63,300**	**8,530**	**54,770**	**87**

(Source: DPO of test-checked districts)

Appendix 6.6

Release & Expenditure of Central and GoUP Share

(Reference: Paragraph no. 6.2.1.1; page 62)

(₹ in crore)

Year	Central share		State share		Total release (Col 2+4)	Total Expenditure (Col 3+5)	Excess Expenditure over Central share
	Releases	Expenditure	Releases	Expenditure			
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
2010-11	37.17	13.47	24.78	13.47	61.95	26.94	(-)23.70
2011-12	112.63	137.57	137.77	137.57	250.41	275.13	24.93
2012-13	129.75	138.12	138.50	138.12	268.25	276.24	8.37
2013-14	138.36	149.25	155.18	149.25	293.54	298.49	10.88
2014-15	146.43	154.80	155.17	154.80	301.59	309.61	8.38
Total	**564.34**	**593.21**	**611.40**	**593.21**	**1175.74**	**1186.41**	**28.86**

(Source: Directorate, ICDS)

Appendix 6.7

Funds released and expenditure (State level)

(Reference: Paragraph no. 6.2.1.2; page 62)

(₹ in crore)

Sl. No.	Year	Non-nutrition component (100 *per cent*GoI share)					
		Opening balance	Released by GoI	Total Fund available	Expenditure incurred (percentage of utilisation)	Expenditure (in *per cent*)	CB (col. 4-5)
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
1.	2010-11	0.00	9.73	9.73	0.00 (0)	--	9.73
2.	2011-12	9.73	4.86	14.59	4.90 (34)	34	9.69
3.	2012-13	9.69	0.00	9.69	0.00 (0)	--	9.69
4.	2013-14	9.69	0.00	9.69	1.96 (20)	20	7.73
5.	2014-15	7.73	0.00	7.73	3.23 (42)	42	4.51

(Source: Records furnished by the Directorate)

[9] 60 AGs per project

Appendix 6.8

Number of AGs identified and covered for THR (District level)

(Reference: Paragraph no. 6.2.3.1; page 63)

Sl. No.	District	2011-12		2012-13		2013-14		2014-15		Total		
		Identified AGs for THR (in number)	No. of AGs Provided THR	Identified AGs for THR (in number)	No. of AGs Provided THR	Identified AGs for THR (in number)	No. of AGs Provided THR	Identified AGs for THR (in number)	No. of AGs Provided THR	Identified AGs for THR (in number)	No. of AGs Provided THR	No. of AGs deprived of THR
1.	Agra	2,02,813	1,54,264	2,47,020	1,73,585	2,39,160	1,72,920	2,27,882	1,72,185	9,16,875	6,72,954	243,921
2.	Bulandshahr	1,82,929	1,07,355	1,92,591	1,15,912	2,14,278	1,29,321	1,92,131	1,24,984	7,81,929	4,77,572	304,357
3.	Deoria	2,16,835	1,23,236	2,28,459	1,39,990	2,16,835	1,47,470	2,16,835	1,49,254	8,78,964	5,59,950	319,014
4.	Saharanpur	1,59,206	1,42,018	1,85,768	1,53,894	1,83,108	1,69,509	1,88,831	1,75,295	7,16,913	6,40,716	76,197
5.	Sitapur	2,42,664	2,02,998	2,71,239	2,04,867	2,60,267	1,90,326	2,99,579	2,03,912	10,73,749	8,02,103	271,646
6.	Banda	1,00,932	65,042	1,07,329	67,537	84,041	71,254	1,09,563	67,467	4,01,865	2,71,300	130,565
Total		**11,05,379**	**7,94,913**	**12,32,406**	**8,55,785**	**11,97,689**	**8,80,800**	**12,34,821**	**8,93,097**	**47,70,295**	**34,24,595**	**13,45,700**

(Source: DPO of test-checked districts)

Appendix 6.9

Status of supply of SABLA Training Kits

(Reference: Paragraph no. 6.2.3.2(ii); page 65)

(in Numbers)

Sl. No.	District	2010-11		2011-12		2012-13		2013-14		2014-15		Total	
		AWCs	training kit provided	AWCs	training kit provided	AWCs	training kit provided	AWCs	training kit provided	AWCs	training kit provided	training Kit to be provided	training kit provided
1.	Agra	2,982	0	2,982	0	2,982	0	2,982	0	2,982	2,400	14,910	2,400
2.	Bulandshahr	3,466	NA	3,958	NA	3,958	NA	3,958	NA	3,958	2,400	19,298	2,400
3.	Deoria	3,243	0	3,243	0	3,243	0	3,243	0	3,243	2,550	16,215	2,550
4.	Saharanpur	2,398	0	2,689	0	3,410	0	3,410	0	3,410	1,795	15,317	1,795
5.	Sitapur	4,232	NA	4,232	NA	4,232	NA	4,232	NA	4,232	NA	21,160	0
6.	Banda	1,705	0	1,705	0	1,705	0	1,705	0	1,705	1,350	8,525	1,350
Total		**18,026**	**0**	**18,809**	**0**	**19,530**	**0**	**19,530**	**0**	**19,530**	**10,495**	**95,425**	**10,495**

(Source: DPO of test-checked districts)

Appendix 7.1

Cases related to rape

(Reference: Paragraph no. 7.2; page 69 & 70)

Sl. No.	Year	Minor Girls			Above 18 Years of age (Women)	Total no. of cases	Percentage of minor girls to total case (col. 5 to 7)
		Up to 10 Years of age	11 to 18 Years of age	Total			
1	2	3	4	5	6	7	8
1	2010-11	101	801	902	680	1,582	57
2	2011-12	115	1,002	1,117	845	1,962	57
3	2012-13	150	1,033	1,183	875	2,058	57
4	2013-14	227	1,565	1,792	1,148	2,940	61
5	2014-15	216	1,619	1,835	1,110	2,945	62
Total		**809**	**6,020**	**6,829**	**4,658**	**11,487**	**59**

(Source: Home (Police) Department)

Appendix 7.2

Cases related to assault on women with intent to outrage her modesty

(Reference: Paragraph no. 7.2; page 69 & 70)

Sl. No.	Year	Minor Girls			Above 18 Years of age (Women)	Total no. of cases	Percentage of minor girls to total case (col. 5 to 7)
		Up to 10 Years of age	11 to 18 Years of age	Total			
1	2	3	4	5	6	7	8
1	2010-11	68	1,528	1,596	1,393	2,989	53
2	2011-12	99	1,800	1,899	1,531	3,430	55
3	2012-13	136	2,144	2,280	1,826	4,106	56
4	2013-14	206	3,762	3,968	3,124	7,092	56
5	2014-15	218	4,079	4,297	3,675	7,972	54
Total		**727**	**13,313**	**14,040**	**11,549**	**25,589**	**55**

(Source: Home (Police) Department)

Appendix 7.3

Cases related to kidnapping/abduction

(Reference: Paragraph no. 7.2; page 69 & 70)

SI. No.	Year	Minor Girls			Above 18 Years of age (Women)	Total no. of cases	Percentage of minor girls to total case (col. 5 to 7)
		Up to 10 Years of age	11 to 18 Years of age	Total			
1	2	3	4	5	6	7	8
1	2010-11	171	3,586	3,757	1,388	5,145	73
2	2011-12	101	4,624	4,725	1,953	6,678	71
3	2012-13	112	4,827	4,939	2,118	7,057	70
4	2013-14	181	5,771	5,952	2,558	8,510	70
5	2014-15	151	6,356	6,507	2,457	8,964	73
Total		**716**	**25,164**	**25,880**	**10,474**	**36,354**	**71**

(Source: Home (Police) Department)

Appendix 7.4

Cases related to missing girls/women

(Reference: Paragraph no. 7.3; page 71)

SI. No.	Year	Minor Girls			Above 18 Years of age (Women)	Total no. of cases	Percentage of minor girls to total case (col. 5 to 7)
		Up to 10 Years of age	11 to 18 Years of age	Total			
1	2	3	4	5	6	7	8
1	2010-11	124	978	1,102	1,183	2,285	48
2	2011-12	154	1,277	1,431	1,569	3,000	48
3	2012-13	149	1,379	1,528	1,615	3,143	49
4	2013-14	143	1,307	1,450	1,929	3,379	43
5	2014-15	146	975	1,121	1,650	2,771	40
Total		**716**	**5,916**	**6,632**	**7,946**	**14,578**	**45**
Increase *per cent*		**18**			**39**	**21**	

(Source: Home (Police) Department)

Appendix 7.5

Cases related to late FIR

(Reference: Paragraph no. 7.5; page 73)

Sl. No.	Case No.	District	FIR filed at the behest of executive	FIR filed at the behest of Judiciary	Date of incident	Date of FIR
1.	769/06	Varanasi	-	yes	03.09.2006	04.11.2006
2.	547/12	Mau	-	yes	31.01.2012	17.05.2012
3.	278/09	Varanasi	-	-	04.05.2009	28.07.2009
4.	36/10	Varanasi	Yes	-	22.11.2009	04.01.2010
5.	199/10	Varanasi	-	yes	01.03.2010	03.07.2010
6.	101/12	-	-	yes	23.01.2012	05.04.2012
7.	29/12	Varanasi	-	-	16.02.2012	13.04.2012
8.	5/12	Varanasi	-	-	10.11.2011	02.01.2012
9.	74/12	-	-	-	20.04.2012	25.04.2012
10.	3410/10	Mau	-	yes	30.10.2009	11.11.2010
11.	292/12	Varanasi	-	-	08.06.2012	21.10.2012
12.	14/13	Varanasi	-	yes	14.07.2012	09.01.2013
13.	195/13	Mau	-	-	21.11.2012	04.02.2013
14.	600/12	-	-	-	22.07.2012	18.10.2012
15.	69/13	Varanasi	-	-	25.01.2013	02.02.2013
16.	105/13	Ghazipur	-	-	29.05.2013	05.06.2013
17.	58/13	Varanasi	-	-	12.05.2013	20.05.2013
18.	208/13	Ghazipur	-	-	08.06.2013	16.06.2013
19.	465/13	Ghazipur	-	-	25.04.2013	12.07.2013
20.	157/13	Varanasi	-	-	20.05.2013	24.05.2013
21.	185/13	Varanasi	-	yes	14.05.2013	15.06.2013
22.	206/13	Varanasi	-	-	17.05.2013	01.07.2013
23.	43/13	Varanasi	-	-	16.02.2013	18.02.2013
24.	146/13	Varanasi	Yes	-	14.05.2013	18.05.2013
25.	141/13	-	-	-	27.05.2013	28.05.2013
26.	609/13	Varanasi	-	-	22.07.2013	28.07.2013
27.	70/13	-	-	-	16.07.2913	26.07.2013
28.	296/13	Varanasi	-	-	30.06.2013	01.07.2013
29.	197/13	Ghazipur	-	-	13.09.2013	22.09.2013
30.	641/13	Varanasi	Yes	-	03.08.2013	07.08.2013
31.	229/13	Varanasi	-	-	12.08.2013	18.08.2013
32.	526/13	Ghazipur	-	-	18.08.2013	26.09.2013
33.	243/13	Ghazipur	-	-	10.04.2013	26.04.2013
34.	719/13	Ghazipur	-	-	24.07.2013	23.08.2013
35.	208/13	Ghazipur	-	-	22.05.2013	30.05.2013
36.	306/13	Ghazipur	-	-	26.08.2013	29.08.2013
37.	385/13	Ghazipur	-	-	18.06.2013	23.08.2013
38.	262/13	Ghazipur	-	yes	08.06.2013	23.07.2013
39.	93/13	Ghazipur	Yes	-	26.01.2013	24.03.2013

40.	251/13	Mau	-	-	08.08.2013	15.08.2013
41.	87/13	Ghazipur	-	yes	17.02.2013	23.03.2013
42.	334/13	Varanasi	-	-	15.10.2013	17.10.2013
43.	272/13	Varanasi	Yes	-	14.08.2013	22.08.2013
44.	279/13	Varanasi	-	-	20.09.2013	22.09.2013
45.	248/13	Ghazipur	-	-	31.10.2013	21.11.2013
46.	916/13	Mau	-	-	21.10.2013	23.10.2013
47.	371/13	Mau	-	-	17.06.2013	18.09.2013
48.	365/13	Varanasi	-	-	18.10.2013	11.11.2013
49.	399/13	Varanasi	-	-	15.11.2013	26.11.2013
50.	562/13	Ghazipur	-	-	08.11.2013	21.11.2013
51.	659/13	Ghazipur	-	-	25.11.2013	01.12.2013
52.	2419/13	Ghazipur	-	-	16.11.2013	29.11.2013
53.	224/13	Mau	-	-	28.05.2013	11.09.2013
54.	843/11	Mau	-	yes	02.07.2011	28.11.2011
55.	263/13	Ghazipur	-	-	31.07.2013	04.09.2013
56.	180/12	Mau	-	yes	28.03.2012	23.05.2012
57.	28/14	Ghazipur	-	-	10.01.2014	15.01.2014
58.	8/14	Ghazipur	-	-	22.12.2013	03.01.2014
59.	4/14	Varanasi	-	-	06.01.2014	07.01.2014
60.	151/13	Varanasi	-	-	13.12.2013	15.12.2013
61.	27/07	Mau	-	-	07.01.2007	08.01.2007
62.	283/13	Varanasi	Yes	-	18.03.2011	24.06.2013
Total			**06**	**11**		

(Source: Guria, NGO)

Appendix 7.6

Summary Statement of Grant under all components of the *Ujjawala* scheme for a year

(Reference: Paragraph no. 7.9; page 77)

Sl. No.	Name of the Component	Component-wise total budget (in ₹) for a year					
		Grade-A Cities			Grade-B Cities		
		Recurring	Non-recurring	Total	Recurring	Non-recurring	Total
1	Prevention	1,66,500	0	1,66,500	1,66,500	0	1,66,500
2	Rescue	23,500	0	23,500	23,500	0	23,500
3	Rehabilitation	17,36,500	1,50,000	18,86,500	16,76,500	1,50,000	18,26,500
4	Re-integration	1,14,500	10,000	1,24,500	1,14,500	10,000	1,24,500
5	Repatriation-cross border	35,000	0	35,000	35,000	0	35,000
Total		**20,76,000**	**1,60,000**	**22,36,000**	**20,16,000**	**1,60,000**	**21,76,000**
Grand Total				**22,36,000**			**21,76,000**

(Source: Guidelines of Ujjawala scheme)

Appendix 7.7

Status of *Ujjawala* projects in the State during 2010-15

(Reference: Paragraph no. 7.9.1; page 77)

(₹ in lakh)

Sl. No.	Name of Project	District	Sanctioned Date	Component of the Scheme	Period	Fund Released by GoI	Expenditure	Remarks
1	Kisan Sewa Sansthan Basti	Basti	21.05.10	03 (Prevention, Rescue, Re-habilitation)	6/10 to 05/11	19.42	17.91	UC of ₹ 1.51 lakh not sent
2	Mahila Utthan Sansthan, Barabanki	Barabanki	14.03.11	05 (Prevention, Rescue, Re-integration, Re-habilitation& Re-partition)	9/10 to 03/11	8.91	8.91	
3	Venus Vikas Sansthan, Lucknow	Lucknow	22.04.10	01 (Prevention)	11/10 to 4/11	0.75	0.75	
4	Jagriti Ashtabhuja Nagar, Pratapgarh	Pratapgarh	21.05.10	01 (Prevention)	6/10 to 3/11	0.75	0.75	
5	Panchsheel Thinkers Samiti, Siddarth Nagar	Siddarth Nagar	21.05.10	01 (Prevention)	6/10 to 3/11	0.75	0.75	
6	Jan Kalyan Gramodhoyag Sewa Ashram, Sonbhadra	Sonbhadra	16.01.12	01 (Prevention)	1/12 to 3/13	0.75	0.75	
7	Natural Human Resources Development Faizabad	Faizabad	27.06.12	01 (Prevention)	6/12 to 3/13	0.75	0.75	
8	Sanchit Vikas Sansthan, Labnapar, Basti	Balrampur	04.01.13	03 (Prevention, Rescue, Re-habilitation)	1/13 to 12/13	7.18	7.18	
9	Lok Sewa EWAM Gramin Pradhyogiki Vikas Sansthan, Faizabad	Faizabad	27.06.12	03 (Prevention, Rescue, Re-habilitation)	7/12 to 12/12	6.44	6.44	
10	Charm Sharmik Udyog Sansthan, Kanpur	Kanpur	04.02.13	01 (Re-habilitation)	9/12 to 3/13	5.50	5.50	
11	Saryodaya Gram Vikas Parished, Allahabad	Allahabad	06.06.13	01 (Prevention)	NA	0.75	0	UC not sent
12	Bhartiya Mahila Gramodyog Sansthan, Karchhana, Allahabad	Allahabad (*closed on 15.4.13*)	02.02.12	04 (Prevention, Rescue, Re-habilitation& Re-integration)	3/12 to 9/12	6.33	6.33	
13	Chauhan Gramodhyog Vikas Sewa Samiti, Unnao	Unnao	22.10.12	04 (Prevention, Rescue, Re-habilitation& Re-integration)	10/12 to 3/13	7.79	0	UC not sent
					Total	**66.07**	**56.02**	

(Source: Directorate, Women Welfare Department and information provided by Probation Officers of test checked districts)

Appendix 8.1

Component wise assistance for a 30 residents *Swadhar Greh*

(Reference: Paragraph: Introduction; page 81)

Sl. No.	Name of the Component	Total budget for the component (in ₹)	Remarks
1.	Assistance for Construction	1,00,000 one time	Share: Central 75 *per cent* and State 25 *per cent*
2.	Assistance for Rent	25,000 per month	Share: Central 90 *per cent* and implementing agency 10 *per cent*
3.	Administration and Management	5,40,000 per annum	For 30 residents *Swadhar Greh*
4.	Other Recurring Expenditure (food, clothing, medicine, pocket money, recreational activities, vocational training, contingency including telephone charges)	6,59,000 per annum	For 30 residents *Swadhar Greh*

(Source: Guidelines of Swadhar Greh scheme)

Appendix 8.2

Grant release and expenditure under *Swadhar Greh* scheme during 2010-15

(Reference: Paragraph no. 8.1; page 81)

(₹ in lakh)

Year	No. of sanctioned projects	No. of project which received grant	Amount Sanctioned	Amount Released	Expenditure/ UC given for	UC not sent status
2010-11	56	29	181.14	181.14	181.14	00
2011-12	56	42	256.09	256.09	256.09	00
2012-13	56	38	237.96	237.96	207.63	30.33
2013-14	56	18	132.14	132.14	73.69	58.45
2014-15	56	00	00	00	00	00
Total			**807.33**	**807.33**	**718.55**	**88.78**

(Source: Directorate, Women Welfare Department)

Appendix 8.3

List of Districts where *Swadhar Greh*s were not established

(Reference: Paragraph no. 8.2.2; page 83)

Sl. No.	Name of District where Swadhar Greh not established	Sl. No.	Name of District where Swadhar Greh reported closed by district Nodal Officer
1.	Aligarh	1	Allahabad
2.	Auraiya	2	Azamgarh
3.	Baghpat	3	Deoria
4.	Ballia	4	Jhansi
5.	Balrampur	5	Varanasi
6.	Bijnor		
7.	Bulandshahr		
8.	Chitrakoot		
9.	Etah		
10.	Fatehpur		
11.	Firozabad		
12.	Gautam Buddha Nagar		
13.	Ghaziabad		
14.	Gorakhpur		
15.	Hapur		
16.	Jalaun		
17.	Jyotiba Phule Nagar		
18.	Kannauj		
19.	Kasganj		
20.	Kaushambi		
21.	Lalitpur		
22.	Mahoba		
23.	Mau		
24.	Meerut		
25.	Moradabad		
26.	Muzaffarnagar		
27.	Rampur		
28.	Saharanpur		
29.	Sambhal		
30.	Shahjahanpur		
31.	Shamali		
32.	Shrawasti		
33.	Unnao		

(Source: Directorate, Women Welfare Department and information provided by Probation Officers of test checked districts)

Appendix 8.4
Improper functioning of Swadhar Greh
(Results of JPI at test-checked districts)
(Reference: Paragraph no. 8.3; page 83)

<table>
<tr><th>Sl. No.</th><th>Topic/ Subject</th><th>Provisions in scheme guidelines</th><th>Irregularities noticed in Joint Physical Inspection</th></tr>
<tr><td>1</td><td>Lack of space and facilities</td><td>As per scheme guideline, every Swadhar Greh was to have residential space of not less than 80 square feet per inmate excluding common space and utilities with proper facilities of bathrooms, toilets and dining hall and adequate ventilation to ensure a respectable and dignified standard of living for residents. Further, guidelines envisaged that a certificate of suitability of the proposed premises for use as a Swadhar Greh was to be obtained from the concerned municipal authority/ PRI.</td><td>• Swadhar Greh managed by Avadh Grameen Vikas Sansthan in Sultanpur district was sanctioned for 50 inmates. During JPI it was found that it's residential space was 540 square feet against provisioned 4000 square feet. Further, the single toilet situated outside the Swadhar Greh, was without door and the condition of toilet was shabby.
• Swadhar Greh at Pratapgarh, managed by Maxon Gramodyog Samiti had only five rooms (10x14 feet) having only seven single bed sets, for 50 inmates against required 4000 square feet.
• Certificate of suitability of the premises for use as Swadhar Greh was not obtained by any of the eight test-checked Swadhar Greh.</td></tr>
<tr><td>2</td><td>Excess reporting of beneficiaries</td><td>Beneficiaries should be present at Swadhar Greh as per registration.</td><td>Details of Presence of Inmates during JPI
<table>
<tr><th>District</th><th>Inmates registered</th><th>Inmates found</th><th>Per cent of presence</th></tr>
<tr><td>Agra</td><td>50</td><td>00</td><td>0</td></tr>
<tr><td>Ambedkar Nagar</td><td>40</td><td>08</td><td>20</td></tr>
<tr><td>Banda</td><td>43</td><td>09</td><td>21</td></tr>
<tr><td>Pratapgarh</td><td>28</td><td>02</td><td>07</td></tr>
<tr><td>1.Jagriti
2. Maxon</td><td>50</td><td>00</td><td>00</td></tr>
<tr><td>Sant Kabir Nagar</td><td>NA</td><td>00</td><td>00</td></tr>
<tr><td>Sitapur</td><td>27</td><td>17</td><td>63</td></tr>
<tr><td>Sultanpur</td><td>27</td><td>19</td><td>70</td></tr>
</table></td></tr>
<tr><td>3</td><td>Lack of support services</td><td>As per scheme guidelines, medical check-up of every resident was to be conducted within three days of her admission. Adequate medical facilities including medical kit were to be maintained at each Swadhar Greh. Further, indoor and outdoor activities, skill development, vocational training and rehabilitation were to be carried out in each project.</td><td>• Records of medical checkups of inmates were not found in any of the eight Swadhar Greh. Further, Swadhar Greh established at Banda, Pratapgarh and Sant Kabir Nagar districts were not maintaining adequate medical facilities including medical kits; and
• No evidence of indoor & outdoor activities, skill development, vocational training and rehabilitation of women being carried out was found in any of the eight Swadhar Greh.</td></tr>
<tr><td>4</td><td>Improper maintenance of Records and other shortcomings</td><td>As per scheme guideline, admission register, case file, admission forms and photo identity card of inmates were to be maintained. Further, information of each and every inmate admitted in the Swadhar Greh was to be sent to the nearest police station within 48 hours and an acknowledgement/copy of FIR was to be kept in record.</td><td>• Admission register and case file were not maintained in Swadhar Greh at Pratapgarh and Banda. Further, admission forms of inmates were incomplete in Swadhar Greh at Ambedkar Nagar and Sant Kabir Nagar. Where as in district Banda, admission forms of 20 out of 43 inmates were not available;
• None of the test-checked Swadhar Greh had sent information of inmates admitted in the Swadhar Greh to the nearest police station within 48 hours; and
• Photo identity cards were not issued to the inmates in any of the eight test-checked Swadhar Greh.</td></tr>
</table>

(Source: Result of Joint Physical Inspection)

LIST OF ABBREVIATIONS

ACMO	Additional Chief Medical Officer
AGs	Adolescent Girls
AHS	Annual Health Survey
AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nursing Midwife
APIP	Annual Programme Implementation Plan
ASHA	Accredited Social Health Activist
AWC	Angan Wadi Centre
AWLC	Angan Wadi Level Committee
AWTC	Angan Wadi Training Centre
AWW	Angan Wadi Worker
BLC	Block Level Committee
BPL	Below Poverty Line
CAS	Core Application Software
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMO	Chief Medical Officer
CSB	Central Supervisory Board
CSR	Child Sex Ratio
DAA	District Appropriate Authority
DAC	District Advisory Committee
DAP	District Action Plan
DHAP	District Health Action Plan
DLC	District Level Committee
DM	District Magistrate
DMTT	District Mobile Training Team
DPO	District Programme Officer
DWWC	District Women Welfare Committee
FIR	First Information Report
GoI	Government of India
GoUP	Government of Uttar Pradesh
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
ICDS	Integrated Child Development Services
ID Card	Identification Card
IEC	Information Education and Communication
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
ITP Act	Immoral Traffic (Prevention) Act
IUD	Intra-Uterine Device

JSY	Janani Suraksha Yojna
JPI	Joint Physical Inspection
KSY	*Kishori Shakti Yojana*
MDGs	Millennium Development Goals
MDR	Maternal Death Review
MIS	Management Information System
MLTC	Middle Level Training Centre
MMR	Maternal Mortality Rate
MHA	Ministry of Home Affairs
MPR	Monthly Progress Report
LS	Lady Supervisor
MTP	Medical Termination of Pregnancy
MWCD	Ministry of Women and Child Development
NA	Not Available
NCRB	National Crime Record Bureau
NGO	Non-Government Organisation
NHE	Nutrition and Health Education
NHM	National Health Mission
NPAG	Nutrition Programme for Adolescent Girls
PAB	Project Approval Board
P&R	Protective and rehabilitative
PC-PNDT	Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection)
PHC	Primary Health Centre
PIP	Programme Implementation Plan
PLA	Personal Ledger Account
PMC	Project Monitoring Committee
PRI	Panchayati Raj Institution
PSE	Pre-School Education
RGSEAG (SABLA)	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
SAA	State Appropriate Authority
SDM	Sub-District Magistrate
SAC	State Advisory Committee
SBA	Skilled Birth Attendant
SHGs	Self Help Groups
SIMC	State Inspection and Monitoring Committee
SLEC	State Level Empowered Committee
SNP	Supplementary Nutrition Programme
SSB	State Supervisory Board
SLSA	State Legal Services Authority
TFR	Total Fertility Rate
THR	Take Home Ration

TT	Tetanus Toxoid
UCs	Utilisation Certificates
UID	Unique Identification Number
UNODC	United Nations Office on Drugs and Crime
USG	Ultrasonography
VHND	Village Health and Nutrition Day
VHSNC	Village Health Sanitation and Nutrition Committee