

## WOMEN AND CHILD WELFARE DEPARTMENT

### 3.5 Integrated Child Development Services III

#### Highlights

*The Integrated Child Development Services-III Programme, an externally aided project launched in the State in 1999-2000, aimed at improvement of nutritional and health status of children under six years of age and their holistic development through pre-school education and Anganwadi activities in 14,698 new (110 blocks) and 22,310 existing (190 blocks) Anganwadi centres. A review of the project revealed that establishment expenditure constituted 56 per cent of the project cost and expenditure on the three key services, viz., nutrition, health and education to children suffered as a result of this. The stated objectives could not be achieved as delivery of services at grass roots level was deficient, procurement of services was delayed and essential components of the project such as innovative activities, information education communication and community participation etc. were ignored.*

- **Against the allocation of 16 per cent towards establishment expenditure, the expenditure till March 2005 was 56 per cent.**

**(Paragraph: 3.5.7)**

- **Procurements worth only Rs 22.72 crore against the target of Rs 54.94 crore (41 per cent) as of March 2005 were made, adversely affecting the delivery of services to the beneficiaries.**

**(Paragraph: 3.5.12)**

- **There were gaps in delivery of services at the grass roots level as child growth monitoring was virtually absent and supply of supplementary nutrition was very erratic despite provision of sufficient funds for the purpose.**

**(Paragraphs: 3.5.15 to 3.5.18)**

- **Despite availability of funds, SPMU failed to educate the community properly about the benefits of the project as it did not arrange information, education, communication and community participation programmes in 92 per cent of the project area.**

**(Paragraph: 3.5.32)**

- **Some of the essential components of the project such as, innovative activities for improvement in system of delivery of services, formation of mahila mandals for promoting health awareness etc. were left uncovered.**

**(Paragraphs: 3.5.28, 3.5.30)**

- **Monitoring of the project was weak as SPMU not only failed to ensure the receipt of progress reports from all functional Anganwadi centres but also to scrutinize reports sent by various**

**centres. Village level supervisory committees for ensuring community participation and feedback were not formed.**

**(Paragraph: 3.5.33)**

### **3.5.1. Introduction**

The Integrated Child Development Services (ICDS) programme launched in the state in October 1975 is designed to promote the holistic development of children under six years of age. To improve the quality of service delivery and strengthen the support mechanism for delivery of services under the programme, ICDS-III, a World Bank project, was launched (1999-2000) in the State covering 14,698 AWCs in 110 new blocks and 22,310 AWCs in 190 old blocks of 33 districts out of 70, mostly from backward areas of Eastern and Bundelkhand regions. The project was to be completed by March 2004 but was extended upto March 2006.

The ICDS III aims at sustainable human development by providing an integrated delivery of three key services viz., nutrition, health and education to children in their most vulnerable life period. Its broad objectives are:

- To improve the nutrition, health and psycho-social status of children of 0-6 years of age with particular emphasis on preventing malnutrition in 0-3 years group;
- To improve the nutrition and health of women, particularly pregnant women, lactating mothers and adolescent girls;
- To empower women and adolescent girls, through increased awareness, to take better care of their personal and household health and nutrition needs.

Various interventions under the ICDS-III projects were divided into components - service delivery and programme support. Service delivery included service quality improvement, staffing and infrastructure while programme support included management and institutional development, Information Education and Communication (IEC) and community mobilisation and monitoring & evaluation as detailed in *Appendix-3.14*.

### **3.5.2. Organisational set-up**

The Project was implemented in the State through the “Bal Vikas Parishad”-a society registered under the Societies Act. The Parishad was responsible for implementation, inspection, monitoring and direction of the entire project. The General Body of the Parishad headed by the Chief Minister and comprising 60 members provides over all policy guidance and direction for the implementation of the activities of the project. The Executive Committee of the Parishad headed by Chief Secretary and other senior officers of the Government is entrusted with over all implementation and monitoring of the project.

A State Project Management Unit (SPMU) headed by a State Project Director who is also the Member Secretary of the Executive Committee has been created (July 2000) at the State level for day to day management, administration, implementation and monitoring of the project. Two Additional Directors assist the State Project Director, one each for Programme Administration and Finance and Account and System Development

(Consultant). At the District level, the project is implemented by the District Programme Officers (DPOs) who are assisted by Child Development Project Officers (CDPOs) at Block level and Anganwadi Workers (AWWs) at Village level.

### **3.5.3. Scope of the audit**

The implementation of the ICDS III for the period 1999-2005 was reviewed during May 2005 to September 2005 by carrying out a test check of records of the offices of the Director, ICDS, SPMU and eight out of 33 DPOs <sup>1</sup> (25 per cent) where ICDS III was in operation. Of the sample of eight districts selected in audit, six districts were in Eastern region<sup>2</sup> and two districts in Bundelkhand region<sup>3</sup>. At the district level, 25 per cent of the blocks/offices of the CDPO were test checked (17 blocks in all) and within each block, four to ten Anganwadi Centres (AWCs) were test checked in audit.



### **3.5.4. Audit objectives**

The review of ICDS III programme was conducted with a view to assess whether:

- The funds available for the project were optimally utilized;
- Various components of the project essential for delivery of services to the beneficiaries such as, service quality improvement, women's empowerment, staffing & infrastructure, management and institutional development, training and information, education & communication etc. were efficiently implemented as envisaged;
- The services such as, growth/weight monitoring, supplementary nutrition, health services, immunization, sanitation & hygiene, nutrition and health education etc., were provided to children, pregnant women and lactating mothers in the project area;
- The monitoring system was adequate to provide timely information on functioning of the project activities, and

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<sup>1</sup> Twenty six districts of Eastern region and seven districts of Bundelkhand  
<sup>2</sup> Baharaich, Gonda, Kushinagar, Maharajganj, Sant Kabirnagar and Siddharthnagar  
<sup>3</sup> Banda and Jalaun

- The evaluation of the project was carried out to assess the effects and impact of the programme.

### 3.5.5. Audit criteria

The audit criteria were:

- Scheme guidelines of GOI and instructions of the State Government.
- Project Implementation Plans and survey reports.
- Norms laid for creation of AWCs and posts of AWWs.

### 3.5.6. Audit methodology

Audit objective and audit criteria were communicated to the Government in June 2005. Documents relating to planning and implementation of the programme were reviewed in audit. Physical verification of services and scrutiny of records of selected AWCs was also undertaken. Audit findings of the review and recommendations were discussed with the Government (Secretary, Women and Child Development Department) in an exit conference held in December 2005.

### Audit findings

#### 3.5.7 Financial management

The GOI released grant-in-aid directly to the State Government during 1999-2000, for onward transfer to the SPMU. The funds thereafter were released directly to SPMU up to 2003-2004 and again in 2004-2005 funds were routed through the State Government. Funds were deposited by SPMU in a separate bank account and transferred to the DPOs and CDPOs as per their projected requirement. The expenditure on supplementary nutrition was to be met by the State Government besides sharing 25 *per cent* cost of construction of AWCs.

Year wise sanctioned project cost, grants received from GOI and expenditure incurred on the project for the six years ending 2004-05 was as under:

**Table-1**

*(Rupees in crore)*

Year	Sanctioned project Cost	Total available amount	Expenditure
1999-2000	43.38	8.25	0.27
2000-01	47.63	31.24	30.48
2001-02	86.32	40.46	38.71
2002-03	55.08	22.31	22.31
2003-04	41.96	40.53	39.38
2004-05	--	96.81	57.78
<b>Total</b>	<b>274.37</b>		<b>188.93</b>

Component wise project cost and expenditure incurred on the project was as under;

**Table-2**

Sl. No.	Category	Project cost (percentage of the allocation to total project cost) (Rs in crore)	Expenditure up to 31.03.2005 (percentage of expenditure to total expenditure) (Rs in crore)	Percentage of expenditure to allocation
1	Civil Works	44.76 (16)	54.57 (29)	122
2	Furniture, equipment, toys, materials and vehicles	23.79 (9)	22.41(12)	94
3	Medicine and medical supplies	42.06 (15)	1.80 (1)	4
4	Consultants and Media Services	14.68 (5)	3.46 (2)	24
5	Training and Workshop	90.50 (33)	negligible	
6	Incremental operating and maintenance cost	43.04 (16)	106.48 (56)	247
7	Vehicles for field staff under Part-A3 of the project	1.36 (1)	negligible	
8	Unallocated	14.18 (5)	-	
<b>Total</b>		<b>274.37</b>	<b>188.93</b>	<b>69</b>

Source: Interim Fund Development Credit Agreement with World Bank and SPMU

**Expenditure on establishment consumed the major chunk of the project cost**

As evident from the table shown above, against the allocation of 16 *per cent* of the original approved project cost of Rs 274.37 crore for expenditure on establishment, 56 *per cent* of the expenditure on the project till March 2005 was spent on establishment and related matters. The reason for higher expenditure under this component was extension of the project period, increase in rate of payment of salary and honoraria and excess expenditure on POL and maintenance. Compared to this, only one *per cent* of the expenditure was incurred on medicines and medical supplies against its allocated share of 15 *per cent* of the project cost and insignificant amount was spent on organizing training and workshop against its allocated share of 33 *per cent*. Thus, establishment charges consumed the major chunk of the project expenditure.

### **3.5.8. Delayed submission of Utilisation Certificates (UCs)**

**Inordinate delays in submission of UCs resulted in delayed released of grants**

SPMU was to submit UCs annually to the GOI, for the expenditure incurred on the project immediately after the end of the year. As against this, UCs of Rs 62.33 crore for 1999-2000, 2000-01 and 2001-02 were sent to GOI only in November 2002 and of Rs 26.80 crore for 2002-03 and Rs 42.43 crore for 2003-04 in September 2003 and July 2004 respectively. Thus, there were inordinate delays in submission of UCs and reporting of expenditure to GOI.

### **3.5.9. Advances booked as expenditure**

Audit scrutiny revealed that SPMU did not introduce a system of monitoring of expenditure of DPOs and construction agencies on the basis of UCs from

them. During 1999-2005 SPMU paid advances of Rs 7.64 crore to construction agencies<sup>1</sup> for construction of CDPO's office-cum-godown, Rs 44.56 crore to DPOs for construction of AWCs and Rs 2.37 crore to UP Jal Nigam for installation of hand pumps and booked these as expenditure. As a result the SPMU not only failed to exercise effective control over the advanced amount of Rs 54.57 crore but also over reported the expenditure (29<sup>2</sup> per cent of total expenditure) to the GOI in respective years.

Government stated (January 2006) that buildings equivalent to the advanced amount had been handed over to SPMU.

Reply was not tenable as advances given were to be treated expenditure only after getting their utilisation certificates. Moreover, all the constructed buildings were not taken over by SPMU as of December 2005.

SPMU allotted Rs9.54 crore in the year 2004-2005 under Pay & Honorarium and other heads to field offices in excess of demand. This amount was not required for that year and remained unutilized.

### 3.5.10. Diversion of funds

Project guidelines provided for purchase of three office vehicles for SPMU against which four vehicles<sup>3</sup> were purchased in violation of the norms by diversion of Rs 2.33 lakh from other components of the project. Further, against the provision of Rs 12 lakh for maintenance of these vehicles during the project period, Rs 67.98 lakh were spent by SPMU till 2004-05; an excess of Rs 55.98 lakh. The SPMU stated (December 2005) that the Secretary was provided with an AC Car for the inspection of CDPOs offices and AWCs and there was a provision of Rs 20 lakh each year for POL item as approved from Finance Committee and Executive Committee. The reply was not tenable, as permission/ approval from GOI was not obtained for purchase of additional vehicle and higher maintenance expenditure.

### 3.5.11 Service delivery

Service delivery constitutes service quality improvement, staffing and infrastructure at the AWC which are the focal point of the programme. The project envisaged establishment of 14,698 AWCs in 110 new projects by March 2002. As against this, position of setting up of AWCs during 2000-05 was as under:

Year	Nos. of new AWCs sanctioned	Nos. of AWCs established	Shortfall
2000-01	6750	Nil	6750
2001-02	7948	Nil	14698
2002-03	Nil	10622	4076
2003-04	Nil	13495	1203
2004-05	Nil	14592	106

AWCs as shown above were not established in respective years due to non-filling up of vacant posts of AWWs. SPMU did not establish the required

<sup>1</sup> UP Rajkiya Nirman Nigam Limited, Construction and Design Services, UP Jal Nigam, UP Shram Evam Nirman Sahkari Sangh

<sup>2</sup> Percentage of Rs 54.57 crore with respect to the total expenditure of Rs 188.93 crore upto March 2005 as shown in Table-1.

<sup>3</sup> Additional vehicle was being used by the Secretary, Women and Child Development, Government of UP

number of AWCs even after six years of the project.

### **Service Quality Improvement**

#### **3.5.12. Procurement**

AWCs were to be equipped with adequate resources for providing services to the intended beneficiaries. Items such as utensils, pre-school kits, indoor-outdoor play materials, stationary and growth cards, weighing scales, medicine box and medicine kits required for AWCs were categorized according to requirement in three types as one time, yearly and bi-annual.

The one time procurement of items worth Rs 25.52 crore for AWCs was to be completed in phases up to 2001-02 for all old and new projects. As against this, SPMU procured items worth Rs 16.78 crore (66 *per cent*) only as of 31 March 2005 (details in *Appendix-3.15*)

The position of procurement of all items during the period 1999-2005 is shown in Appendix-3.15. Against the provision of Rs 54.94 crore under the Service Quality Improvement during 1999-2005, financial progress up to March 2005 was Rs 22.72 crore (43 *per cent*) only. Pace of utilization of funds was slow during first two years of the project as procurements worth Rs 0.61 crore only against the target of Rs 26.32 crore (2 *per cent*) were made.

#### **3.5.13. Delayed and insufficient procurement of materials**

**86 per cent  
AWCs were not  
using utensils  
for distribution  
of  
supplementary  
nutrition to the  
beneficiaries**

All AWCs were to be supplied with utensils by March 2005. It was noticed during physical verification of the 134 (31 found closed) test checked AWCs by audit that 89 out of 103 AWCs (86 *per cent*) were not using utensils for distribution of supplementary nutrition to the beneficiaries. There was nothing on record to indicate that the CDPOs took note of this aberration and directed AWWs to ensure distribution of food in utensils. Thus the objective of the project to distribute food items to children in a hygienic manner remained unfulfilled despite an expenditure of Rs 9.44 crore on purchase of utensils.

**Only 19 per  
cent of  
allocated  
amount was  
utilized for  
procurement  
of ECE kit**

Early Child Education (ECE) programme was to prepare the children of 3-6 years of age group for primary school in supportive and stimulating environment. It was to be imparted through games, songs and play activities and experimentation rather than through lectures. Audit scrutiny revealed that against the provision of Rs 9.11 crore, SPMU procured ECE kit for Rs 1.69 crore only (19 *per cent*). ECE kit was not available in 56 AWCs (54 *per cent*) out of 103 found open during physical verification (May-December 2005) with the result that play and writing materials were out of reach of majority of the beneficiaries.

Outdoor-indoor play materials were procured in the fourth year (2002-03) of the project incurring an expenditure of Rs 1.99 crore (89 *per cent* of budget provision). However play material was not available in 92 AWCs (89 *per cent*) out of 103 physical verified (May-December 2005).

Study report (July 2005) of an NGO<sup>1</sup> on Strengthening the Health Services Delivery System (SHSDS) at the AWCs also confirmed the above facts and pointed out that children were not given any reading or writing material at the

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<sup>1</sup> Academy of Management Studies, Lucknow

AWC and that AWCs were also bereft of such material.

#### 3.5.14 Inadequate procurement of medicines

**Only 18 per cent and 4 per cent of allocated amount was utilized for procurement of medicines and deworming medicine respectively**

AWCs were to be equipped with medicines for treatment of widely prevailing diseases like diarrhea, dysentery, upper respiratory tract infection, skin diseases, eye diseases etc. Since intestinal worms were identified as a cause for growth faltering and onset of mal nutrition cycle, regular deworming of children was necessary for improving their nutritional status. All children in the age group of 3-6 years were to be dewormed.

Financial progress on procurement of deworming and other medicines was low at 4 per cent and 18 per cent respectively. Against the provision of Rs 10.04 crore for medicine and Rs 7.02 crore under deworming medicine only Rs 1.79 crore and Rs 0.27 crore were spent respectively. Study report on SHSDS also pointed out non-availability of medicines in any of the AWCs.

There was nothing on record either in SPMU or at AWCs level to indicate the basis of assessment of requirement of these medicines for various project areas and their procurement subsequently, basis of allocation of medicines among various AWCs and their eventual distribution among the beneficiaries.

Thus, intervention under the project to prevent onset of malnourishment among the children through child health services was not ensured to the desired extent.

Government stated (January 2006) that delays in procurement were due to late appointment of consultant and time taken in various procedures relating to procurement. It further stated that directions had now been issued by SPMU to district and project offices for use of utensils for nutrition supply.

#### 3.5.15. Inadequate monitoring of child growth

**Growth and weight monitoring of the beneficiaries was not done as required**

Regular growth monitoring was to be conducted for early detection of growth faltering and onset of mal nutrition cycle. For monitoring this, cards for individual child growth were to be provided to the nursing mothers so that they themselves become interested in keeping track of their child's progress and, therefore, extend full cooperation to the AWW. Monthly weighing sessions on fixed days were to be conducted for the children of age under three while children of three to six years age were to be weighed on quarterly basis. Child-cum-baby weighing scale for weighing children and bathroom weighing scale to monitor weight gained by pregnant women were to be provided to each AWC.

It was observed in audit that growth cards were purchased only once in 2001-02 at the rate of 100 for each AWC. These were insufficient for the beneficiary population of the AWCs. Physical inspection of (May-December 2005) AWCs by Audit revealed that 61 out of 103 (59 per cent) baby weighing machines were out of order and 96 had not maintained growth cards. As such growth and weight monitoring was not done, as required. Thus, the most important issue of the project on which supply of supplementary nutrition, health care and eventual success of the project was based was not given due cognizance.

Government replied (January 2006) that due to insufficient number of cards



and problem in its maintenance it was decided to make available a growth monitoring booklet at AWCs, procurement of which was under process. It further stated that AWWs were being trained about filling growth cards.

### 3.5.16 Supplementary Nutrition

State Government was to provide supplementary nutrition (SN) to the (i) children in the age group of six months to six years belonging to below poverty line families, schedule castes and schedule tribes, and all the severely malnourished children in AWC area and (ii) adolescent girls, pregnant women and lactating mothers of the above categories. It was being provided by Director, Bal Vikas and Pushtahar (ICDS- General) who was responsible for running of ICDS project in the State.

Weaning food was provided to the children in the age group of six months to three years. Children of three to six years of age, pregnant women and lactating mothers were provided Ready To Eat food (RTE) (Panjiri) up to February 2004 and after that, Amylase Rich Energy (ARE) food. Up to February 2004, biscuits were also provided intermittently to supplement RTE.

### 3.5.17. Supply and distribution of SN not monitored

**Supply and distribution of supplementary nutrition was not monitored regularly by SPMU**

SPMU was to monitor the supply of SN through monthly progress report. Audit scrutiny revealed that SPMU was not monitoring the supply and distribution of SN upto April 2003 in 14,698 AWCs of 110 projects with targeted 14.69 lakh beneficiaries. Similarly, it was not monitoring supply and distribution in 190 projects upto May 2004 covering 22,310 AWCs having 22.31 lakh targeted beneficiaries.

SPMU had not assessed financial requirement of SN needed to cover all beneficiaries in 110 new and 190 existing projects. Cost of SN was estimated (1999-2000) at Rs 1 per beneficiary per day. It was to be increased taking into consideration yearly inflation. It was found that per beneficiary cost was not increased.

In respect of remaining period supply relating to which was monitored by SPMU, position was as under:

Year	Minimum number of beneficiaries coverable	Supplementary nutrition provided	Shortfall	Percentage of shortfall to minimum beneficiaries
	(Number in lakh)			(Percentage)
2003-04	161.68	124.85	36.83	23
2004-05	377.16	342.69	34.47	9
<b>Total</b>	<b>538.84</b>	<b>467.54</b>	<b>71.30</b>	<b>13</b>

### 3.5.18 Shortfall in coverage of beneficiaries

**Supply of supplementary nutrition was irregular and insufficient**

Progress reports of SPMU revealed that in the reporting period from May 2003 to March 2004 on an average 3347 AWCs and during April 2004 to March 2005, 2873 AWCs were not providing SN to the beneficiaries. Progress reports of SPMU also revealed that adolescent girls were not provided SN.

Scrutiny of test checked districts<sup>1</sup> (six) revealed that supply and distribution of SN was irregular. Gaps in different years were from one to seven months.

<sup>1</sup> Baharaich, Gonda, Kushinagar, Maharajganj, Sant Kabirnagar and Siddharthnagar

Supply of SN to 3-6 years children, pregnant women, lactating mothers and adolescent girls was not given from September 2003 to January 2004 involving 22.20 lakh targeted beneficiaries and to children of six months to three years from April 2005 to October 2005 involving targeted beneficiaries 14.80 lakh as no arrangement of the same was made by the Government.

### **3.5.19. Supply of supplementary nutrition containing less calorie and protein**

As per norms of GOI 3 to 6 years aged children, pregnant women and lactating mothers were to be provided 75 grams RTE panjiri and 12 grams biscuits per day containing 300 calories and 10-12 gram of protein at a cost of Rs 1.50 per day. But it was found that 45 grams RTE panjiri per day and 12-gram biscuit 2 or 3 days in a week was provided which contained lesser calories and proteins to the extent of 29 *per cent*.

Besides, quality and nutritive value of SN to be provided to beneficiaries was to be ensured by its testing at the designated laboratory. However, this was not done.

Variety in SN was to be ensured to avoid monotony and aversion in beneficiaries. This was not done. The two categories of beneficiaries in all projects of ICDS-III were provided same recipe throughout as already mentioned earlier.

Government stated (January 2006) that due to break in supply, SN was not provided for the period July 2003 to February 2004. Quality control was ensured at the level of directorate by regular monthly tests of samples at seven laboratories. Amylase Rich Energy food and weaning food was being supplied monthly and Director, ICDS monitoring supply of SN at projects regularly.

Reply is not tenable, as SPMU was not regularly monitoring the supply and distribution of SN as was evident from its MPRs, which did not contain information on supply of SN at all the AWCs. Further, samples were to be test checked lot wise at the production site as well as at projects, which was not done. Department also could not produce test reports for verification.

### **3.5.20 Nutrition and Health Education**

Nutrition and Health Education (NHE) to women was to be provided on every Saturday. The AWWs were also required to generate awareness regarding appropriate health/hygiene and nutrition related behaviour among women by conducting NHE sessions.

NHE session was to be conducted by the AWWs at the AWCs for weighing of children (0-3 years) on first Saturday, for pregnant women on second Saturday, for mahila mandal meeting on third Saturday and for childcare on fourth Saturday in every month. The performance of the NHE component was not monitored at the SPMU level. A compilation of Monthly Progress Report (MPR) in audit for the month of March 2005 in respect of 17 Districts of ICDS-III revealed that 11,591 NHE sessions (20 per cent) were organized by AWWs against 56,764 sessions in 14,191 AWCs. AWWs visited on average 15 homes during the month. Thus nutrition and health education was not provided as per norms. Survey report on SHSDS revealed that Mahila Mandal

was not formed in most of the villages and health education was not being provided in organized manner.

### **3.5.21 Immunization Services**

Immunization services to benefit children and pregnant women were to be arranged at AWCs by ANM<sup>1</sup> of the area on a fixed day, every month. The role of AWW was to act as a facilitator to the immunization programme. She was to identify all the children and women eligible for immunization and ensure their presence at the AWC on fixed day.

It was observed in audit that figures of number of children immunized under the coverage area of various AWCs and blocks were reported to the SPMU. SPMU, however, did not monitor this information by comparing it with eligible number of beneficiaries for immunization within each AWC/block. It also failed to verify the authenticity of reported information by cross checking the immunization figure with the records of Department of Health and Family Welfare. Thus, there was no coordination between the two departments in this respect.

Government replied (January 2006) that efforts were being made to reduce the discrepancy between figures contained in MPR and figures of immunization reported by Health Department.

### **Staffing and infrastructure**

#### **3.5.22. Staffing**

**Shortage of AWW affected the functioning of AWCs**

AWWs and Anganwadi Helpers (AWHs) were the key and most important functionaries to perform all the activities at the AWC level. In 110 new projects there were 2,700 and 6,750 sanctioned post of AWWs in the year 1999-2000 and 2000-01 respectively whereas since 2001-02 it was raised to 14,698. Due to shortage of AWWs against the above sanctioned posts none of the AWCs was functional in the initial year (1999-2000). However, the position improved in the succeeding years as 3,328 (49 per cent) AWCs in 2000-01, 4,916 (33 per cent) in 2001-02, 3,471 (24 per cent) in 2002-03, 2,357 (16 per cent) in 2003-04, and 867 (6 per cent) in 2004-05 remained non-functional.

Government replied (January 2006) that there was a slight shortage of AWW/AWH only in the inception phase of the project and CDPOs were responsible for appointment of AWW/AWH.

Reply was not justified because vacancies should have been filled up from the early stages of the project itself to derive its full benefit. Moreover reasons given for non-filling up of vacancies were not justified as CDPOs were working under the control of SPMU, which was to monitor the scheme.

#### **3.5.23 Infrastructure**

Infrastructure development under the ICDS III comprised construction of 4030 AWCs and 150 CDPO office-cum-godowns. Besides, hand pumps were to be installed in all 4030 newly constructed AWCs. Joint Director (Civil Works) in SPMU was to ensure the quality and timely completion of above civil works.

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<sup>1</sup> Auxiliary Nurse Midwife

### 3.5.24. Construction of CDPO office-cum-godowns

Provision of Rs 7.50 crore was made in the project for construction of 150 CDPOs office-cum-godowns at the rate of Rs 5 lakh per unit in the first three years of the project. The work was awarded in July 2000 to three agencies<sup>1</sup> at the higher cost of Rs 5.35 lakh per unit without entering into agreements with the agencies and Rs 7.64 crore were paid as advance to these agencies resulting in extra expenditure of Rs 14 lakh.

**In the absence of agreement 38 per cent defects in the buildings of CDPO's office cum godown could not be rectified**

Quality of work in these constructions was found poor as 56 out of 148 (38 per cent) constructed buildings were found either incomplete or defective with heavy seepage from ceilings and walls.

Government stated (January 2006) that 150 buildings had been constructed by now and instructions were issued to the executing agencies to remove the defects as pointed out by DPOs. Reply was not acceptable as without entering into agreements with construction agencies SPMU was not in a position to effectively pursue for remedying the defects in these works. Unsafe custody of food supplements in godowns having seepage etc. was fraught with the risk of unhygienic food being supplied to the beneficiaries, as noticed in three blocks during their physical verification by Audit.

### 3.5.25. Construction of AWCs

Under the project 4,030 new AWCs (1999-2000: 243, 2000-01: 972, 2001-02: 2,015, 2002-03: 800) were to be constructed at an approved cost of Rs 1.25 lakh per AWC (estimated cost: Rs 50.38 crore) of which 75 per cent (Rs 37.79 crore) was to be borne by the GOI and the balance 25 per cent (Rs 12.59 crore) by the State Government. The land for construction was to be provided free of cost by Village Panchayats. The construction was to be done by the Village Panchayat under the technical supervision of Junior Engineers (JE) of Rural Engineering Services (RES).

It was found that the number of AWCs to be constructed was raised from 4030 to 4548 without approval of the GOI, resulting in irregular expenditure of Rs 6.47 crore (518 x Rs1.25 lakh).

**Physical progress and quality control not ensured due to lack of supervision and monitoring**

The construction agencies executed only 3323 AWCs (73 per cent) out of 4548 up to March 2005 though these were to be completed by March 2003. Delay in completion was due to lack of monitoring and supervision by SPMU. Government stated (January 2006) that 4,351 centres were completed as of December 2005.

**Excess expenditure of Rs 1.99 crore due to release of higher rate to village panchayats**

SPMU released funds to Village Panchayat at a higher rate of Rs 1.01 lakh (75 per cent of Rs 1.34 lakh) per AWC for construction of 2,850 AWCs. Thus there was an extra expenditure of Rs 1.99<sup>2</sup> crore on the project. Government stated (January 2006) that contingency charges @ seven per cent had been added while giving advances in earlier cases. The reply was not acceptable as contingency was a separate item, which could not be used to increase the cost of individual items. Furthermore, SPMU itself decreased the cost of AWCs

<sup>1</sup> UP Rajkiya Nirman Nigam Limited, Construction and Design Services, UP Jal Nigam, UP Shram Evam Nirman Sahkari Sangh

<sup>2</sup> 2850x0.07 lakh (1.01 lakh - 0.94 lakh)(difference of 75 % of the approved cost of Rs 1.25 lakh and the higher rate of Rs 1.34 lakh)

from Rs 1.34 lakh to Rs 1.25 lakh later on at the objection of audit for the construction of 1,698 AWCs.

SPMU did not ensure the technical supervision of RES to monitor the quality of works as no payments were found made to them and technical inspection reports also were not available in any of the offices test checked in audit.

Village Panchayats were to bear 25 per cent of the cost of AWCs from which plaster, finishing work and construction of toilets was to be done. There was nothing on record to indicate whether SPMU ever monitored this component of the project. It was observed by Audit during physical verification of AWCs that 9 out of 17 newly constructed AWCs (53 per cent) were unfinished and without toilets.



*Unfinished AWC*

### **3.5.26. Installation of hand pumps**

The ICDS-III project was to install 2,015 (1999-2000: 122, 2000-01: 486, 2001-02: 1,007 and year 2002-03: 400) hand pumps and the cost of another 2,015 hand pumps was to be borne by the State Government.

An advance of Rs 80 lakh was paid to UP Jal Nigam by SPMU in 2001-02 and again Rs 1.57 crore in 2004-05 against which 1,009 hand pumps were installed out of which 777 were verified by DPOs. The SPMU could not ensure installation of hand pumps in 2,015 AWCs where funds were to be provided by the State Government.

As a result, SPMU could ensure the availability of potable drinking water in only 777 out of 3,323 newly constructed AWCs (23 per cent) by March 2005. Government stated (January 2006) that 2,000 hand pumps were installed in 4,351 newly constructed AWCs, which were being verified jointly by the officials of Jal Nigam and DPOs/CDPOs.

### **Programme support**

Programme support provides a framework for efficient delivery of services and includes aspects like innovative strategy, training, IEC, monitoring and evaluation.

### **3.5.27 Innovative strategy**

Under this head enhancement of effectiveness of the project was to be achieved by skill up gradation of the functionaries, improved human relations,

better communication and institutionalization of proper management systems. Year wise allocation and expenditure under various components are shown in the *Appendix 3.16*. Audit scrutiny revealed:

### 3.5.28 Non-utilisation of funds for innovative activities

Innovative activities were not carried out

Funds of Rs 2 crore were allocated under Innovative Activities to take up innovative research studies for further enriching the IEC campaign and training methodology, innovative interventions for providing the programme benefits to the un-reached population and extension of women's empowerment schemes. SPMU initiated no action to take up innovative activities and funds remained unutilised.

### 3.5.29. Low priority to Free Expression for Quality Improvement (FREQI) programme

FREQI concept to improve the project was not given due cognizance

FREQI concept was introduced for ICDS III functionaries to work as a team to plan and execute activities, solve problems by sharing ideas and experiences for delivering superior services. SPMU accorded a low priority to this function given the fact that against the provision of Rs 25 lakh for the purpose in the project, SPMU utilised Rs 10.68 lakh (43 *per cent*) only up to March 2005.

### 3.5.30. Awards and incentive

Against a provision of Rs 15 lakh @ Rs 3 lakh per year for awards and incentives in the project to motivate the staff, only Rs 0.95 lakh in 2002-03 and Rs 0.95 lakh in 2004-05 (13 *per cent* over all) was utilised.

Thus, SPMU failed to appreciate the importance assigned to innovative activities in the project and accorded a very low priority to these services. Hence, objective of enhancing the effectiveness of the project through innovative activities was not achieved.

### 3.5.31. Training

GOI approved implementation of ICDS training programme project for imparting training to the ICDS functionaries. Training was a key element for equipping CDPOs, MS, AWWs and AWHs, to achieve women and child development goals. Through crucial process of training capacity building of the functionaries at all level was to be achieved leading to service quality improvement in the programme. Against 13,831 AWWs and 14,264 AWHs appointed as of March 2005, 10,553 AWWs (76 *per cent*) and 10,234 AWHs (72 *per cent*) only were trained (March 2005).

SPMU replied (June 2005) that due to starting of a new project and consequent long backlog for training, untrained functionaries had to be deployed on work. The reply was not tenable because 7,318 functionaries remained untrained even after the lapse of one to two years after they were appointed.

In order to support training activities District Technical Unit (DTU) comprising nutritionist, head instructor, pre-school teacher, social work instructor and junior assistant was to be formed in each project district. DTU were to be provided with a hired vehicle for at least 20 days in a month and fund for meeting contingencies. SPMU issued orders for formation of DTUs as late as in December 2004 comprising of 3 MS, 2 AWW and one instructor

of AWW training centre with out other posts mentioned in the project. An allocation of Rs 2.72 crore was made in the project for the purpose during 1999-2004 against which Rs 5.29 lakh (2 per cent) only was spent. DTU members were trained for their job in May-June 2005.

Thus, no activities, as such, were carried out by SPMU and DTUs to support training efforts as envisaged in the project. SPMU replied that all the functionaries are targeted to be trained by March 2006.

### **3.5.32. Information, Education, Communication and Community Participation (IEC)**

An allocation of Rs 5 crore @ Rs 1.crore per year was made in the project for this component against which Rs 2.33 crore (47 per cent) was utilised up to March 2005. During first two years of the project no activities related to IEC were carried out. The position of printing materials distributed under the project is shown in *Appendix 3.17*. It would be observed that against the 16 editions of Phoolwari Magazine due for issue only five were printed and supplied to project districts.

Under inter personnel awareness campaign, rally, wall writing, pictorial scroll of clothes presentation, Nukkar Natak, addressing the health, Nutritional and Social issues were organized in November 2002 in Barabanki district covering 13 strengthened blocks. Thereafter, during March 2005, shows were arranged in 11 new blocks. Thus overall coverage through these means was restricted to only 8 per cent of the target blocks. SPMU stated (June 2005) that shows would be organised in future.

### **3.5.33. Monitoring**

**Monitoring was extremely weak and village level committee was not formed**

SPMU was required to carry out monitoring through monthly meetings to review the progress made during the previous month and their action plan for the ensuing month. SPMU held 18 meetings in all, against the requirement of holding 57 meetings till March 2005. No points based on MPR regarding progress of set indicators were discussed in these meetings.

MPRs received from field offices were neither scrutinized nor any action regarding unrealistic reporting was taken against the erring officers/officials. SPMU stated that analysis of MPR was a mammoth task and even data entry of Format-I & II was a big job. Monitoring Information System (MIS) provided in the Project to overcome the late receipt of information and handle unwieldy and large reporting format was not adopted by SPMU even after its approval by Parishad in April 2002 and GOI in May 2004.

For monitoring of activities of AWCs, a Village Level Supervisory Committee (VLSC) of elected Panchayat representative and prominent members of general public like teachers, private medical practitioner etc. was to be formed. VLSC was to provide regular feed back on the quality of services delivered through AWCs and generate monthly information on numerous performance indicators of the project. SPMU did not form VLSCs in any project area.

Details of visits made by CDPOs and DPOs to AWCs within their jurisdiction to monitor their operations were not available in any of the test checked districts / blocks. Physical verification in audit revealed that 31 out of 134 (23

per cent) AWCs were closed on the day of audit. Besides, average attendance of children in 103 AWCs was 11 against the norm of 40.

It is obvious that the SPMU did not monitor the project properly nor formed VLSCs.

### **3.5.34. Conclusion**

ICDS III project launched in the State in 1999-2000 failed to achieve the objective of providing integrated delivery of three key services viz., nutrition, health and education to children as implementation of the project was beset with many deficiencies and shortcomings. 106 AWCs under new projects were not in operation as of March 2005. Establishment expenditure constitutes 56 per cent of the project cost. There were gaps in delivery of services at the grass roots level, child growth monitoring was virtually absent, supply of supplementary nutrition erratic and provision of infrastructure not ensured timely. Essential components of the project such as, IEC, innovative activities, formation of mahila mandals and village level supervisory committees etc. were ignored and monitoring of the project was weak. Physical and financial progress of the project was tardy.

### **Recommendations**

- SPMU should, through DPOs and CDPOs, ensure an effective mechanism of supervision over child growth monitoring system in Anganwadi centres as it forms the basis for delivery of other services in the project.
- The Government, in consultation with SPMU, should do assessment of funds requirement for supplementary nutrition well in time.
- A benchmark based performance assessment system to be measured against actual delivery of services under the project should be put in place.
- SPMU should accord due importance to the component of innovative activities to ensure skill up gradation of functionaries and institutionalization of proper management systems.
- Services of the specialist should be availed of in the fields of training, nutrition, health and social awareness.
- The projects and AWCs should function in proper coordination with the local unit of the Department of Health and Family Welfare to strengthen immunization and health checkup programmes.
- There is an urgent need to vigorously pursue the information, education, communication and community participation campaigns.
- Monitoring system, both at the Government as well as SPMU level, should be holistically conceived and be made robust by covering all aspects of the functioning of the project.

The Government during discussion accepted (December 2005) the facts and figures mentioned in the review and the recommendations. It further mentioned that considerable progress had been made during 2005-06 in both the physical and financial indicators of performance.