

**DEPARTMENT OF SOCIAL WELFARE AND WOMEN
DEVELOPMENT**

3.2 Integrated Child Development Services (ICDS) Scheme

The Integrated Child Development Services (ICDS), a Centrally Sponsored Scheme, was launched in the State in 1975. As of March 2006, only 79 per cent tribal population of the State could be covered under the ICDS scheme. 16 per cent children of the State in the under six years age group were yet to be covered under the scheme. The nutritional content of the foodstuff provided to the beneficiaries was not regularly tested in the recognized testing laboratory. Implementation of other components of the scheme such as immunisation, nutrition and health education, medical check-up and referral services as well as prevention of vitamin 'A' deficiency were virtually non-existent. The Government had entrusted the Nagaland University to conduct evaluation study of the scheme but no report was submitted by the University as of October 2006.

Highlights

Out of the total tribal population of 17,74,026, the Department covered only 13,94,268 tribal population (79 per cent) as of March 2006. Out of 2,89,678 children under six years age group in the State, the Department implemented the scheme amongst 2,43,014 children (84 per cent) during 2001-02 to 2005-06.

(Paragraph 3.2.9)

The Department failed to identify malnourished children in the under three years age group to be covered under PMGY component.

(Paragraph 3.2.9)

Creation of Anganwadi centres in excess of norms resulted in extra expenditure of Rs.3.67 crore towards payment of honorarium to Anganwadi workers and Helpers.

(Paragraph 3.2.10)

The total Additional Central Assistance of Rs.27.19 crore for nutrition meant exclusively for children below the age of three years under Pradhan Mantri Gramodaya Yojana was diverted for implementation of the State Plan Scheme of Supplementary Nutrition Programme under ICDS which covered children in the age group of zero to six years, pregnant women and nursing mothers.

(Paragraph 3.2.13)

An amount of Rs.0.59 crore was spent on civil works not covered under ICDS.

(Paragraph 3.2.14)

The Department distributed nutritional food without testing the calorie and protein content of foods.

(Paragraph 3.2.16)

Five CDPOs did not receive ICDS materials valued at Rs.0.70 crore against material worth Rs.0.74 crore issued by the Central Store, Dimapur.

(Paragraph 3.2.17)

The records relating to health check up and referral services were not maintained at Anganwadi Centres. In the absence of primary records, it was not possible to assess the benefits of immunization programme, health check up and referral service.

(Paragraph 3.2.19)

The Department made no efforts for preventing blindness caused by vitamin 'A' deficiency by administering vitamin 'A' solution to the children under six years of age.

(Paragraph 3.2.22)

3.2.1 Introduction

The Integrated Child Development Services (ICDS), a Centrally Sponsored Scheme, was launched in the State in 1975. The scheme envisaged delivery of an integrated package of services comprising:

- Supplementary Nutrition (SN);
- Immunization;
- Health Check-up;
- Referral Services;
- Nutrition and Health Education; and
- Non Formal Pre-School Education.

The objective of the scheme was to reduce the incidence of mortality, morbidity, malnutrition, school dropout, improve nutritional and health status of children in the under six years age group and enhancing the capacity of the mother to look after the normal health and nutritional needs of the child. The focal point of the scheme was Anganwadi, which was managed by honorary workers selected from local community at the project level. The immunisation, health check-up and referral services were to be delivered at the Anganwadi

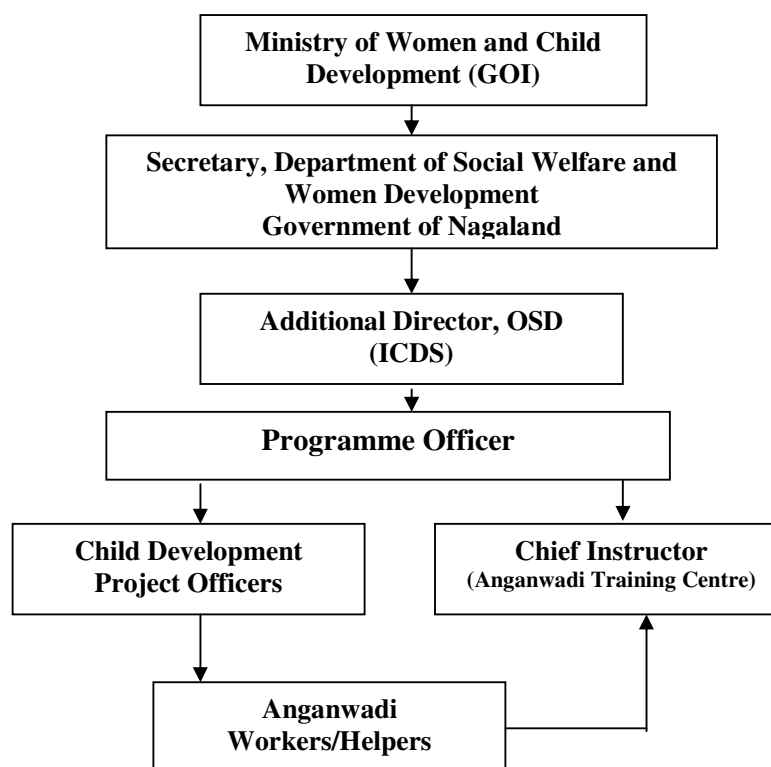
Centres through the network of health services at the Primary Health Centres (PHCs).

The ICDS scheme is also linked with nutrition component of Pradhan Mantri Gramodaya Yojana (PMGY) launched during 2000-01 as 100 per cent Centrally Sponsored Scheme (CSS) with the objective of achieving sustainable human development at the village level. The PMGY envisaged an Additional Central Assistance (ACA) for various components of Basic Minimum Services including nutrition. The nutrition component of the PMGY had been specifically outlined with the objective of eradicating malnutrition amongst children below three years by supplementary feeding.

In addition, the State is also implementing World Bank assisted ICDS training programme-Project UDISHA since April 1999 with a view to create awareness of ICDS activities to the various groups such as Village Council Members, Gaon Burahs and Women Organizations and to train the community as a whole to optimize their involvement in the scheme activities.

3.2.2 Organisational Setup

The Scheme is implemented by the Department of Social Welfare and Women Development. The Nodal Officer is the Secretary, assisted by an Additional Director, Programme Officer (ICDS) in the Directorate and 54 Child Development Project Officers (CDPOs) at the district level. The organisational set up of the Department is given below:



3.2.3 Scope of Audit

The performance audit of the scheme was carried out from April to July 2006 covering the period from 2001-02 to 2005-06. Three¹ out of 11 districts (three were created in 2004-05) were selected for test check (27 *per cent*) by applying the method of Probability Proportional to Size with Replacement (PPSWR). Anganwadi Centres in the sample districts were selected by using the method of Simple Random Sampling Without Replacement (SRSWR). Out of total expenditure of Rs.86.89 crore during 2001-02 to 2005-06, Rs.54.50 crore (63 *per cent*) was covered in the Performance Audit.

3.2.4 Audit objectives

The main objectives of the performance audit were to examine:

- the method for identification of the target group;
- the plan drawn up to achieve scheme objectives;
- the survey for identification of malnourished children, pregnant and nursing mothers and other women in the 15-45 age group years;
- the adequacy of training provided to the ICDS functionaries; and
- the effectiveness of monitoring, evaluation and assessment of the scheme.

3.2.5 Audit criteria

Audit examination was based on the following criteria:

- norms and guidelines prescribed by GOI;
- year-wise action plan;
- norms prescribed for infrastructure development;
- action plans for training under UDISHA programme; and,
- norms for monitoring, evaluation and impact assessment.

3.2.6 Audit methodology

The performance audit began with an entry conference (25 April 2006) with the Under Secretary, Director, and other officers of the Department. The audit objectives, criteria, methodology and scope of performance audit were discussed in detail in the meeting. At the end, an exit conference (13 October 2006) was held which was attended by the Secretary and other subordinate officers responsible for implementation of the scheme. The audit findings were discussed and were finalized after incorporating the views of the Government.

¹ Kohima (Capital), Dimapur and Mokokchung

3.2.7 Financial arrangement

The funds for implementation of the Scheme were made available by the GOI to the State Government which in turn releases it to the Department of Social Welfare and Women Development.

According to the scheme guidelines, the State Government was required to make provision for meeting supplementary nutrition requirements of children in the under 6 years age group age group, pregnant women and lactating mothers out of the State's own resources. However, since 2005-06 the GOI is providing support to the States/UTs at half the rate of the financial norms for various categories of beneficiaries or 50 *per cent* of the actual expenditure on supplementary nutrition, whichever is less.

3.2.8 Programme performance

3.2.8.1 Financial Performance

The central assistance released by the GOI and expenditure incurred during 2001-02 to 2005-06 are given below:

Table: 3.2.1

(Rupees in crore)

Year	Budget provision	Funds released by GOI	Funds released by State	Expenditure	Saving (-) Excess (+) (4-5)
1	2	3	4	5	6
2001-02	19.28	19.07	19.07	19.07	-
2002-03	21.66	23.76	23.76	23.76	-
2003-04	23.21	14.86	14.86	14.86	-
2004-05	19.92	13.59	13.59	13.59	-
2005-06	21.96	23.38	23.38	15.61	(-)7.77
Total	106.03	94.66	94.66	86.89	(-)7.77

Source: Information furnished by the Department.

Against the total budget provision of Rs.106.03 crore, the GOI released Rs.94.66 crore during 2001-02 to 2005-06. The Department had incurred an expenditure of only Rs.86.89 crore during the above period leaving an unspent balance of Rs.7.77 crore (8 *per cent*) as of March 2006. The Government stated (October 2006) that the amount will be utilized during 2006-07.

3.2.9 Coverage

As per 2001 census, the total population in Nagaland was 19,90,036 with the tribal population being 17,74,026 (89 *per cent*). Though the Department implemented the ICDS scheme in all the districts, only 13,94,268 (79 *per cent*) tribal and 2,16,009 non-tribal population was covered under the scheme as of March 2006.

There were 2,89,678 children in the age group of under six years age group in the State. The Department could cover 2,43,014 children (84 *per cent*) under the ICDS scheme upto March 2006. Further, the Department could not identify the children in the under three years age group to be covered under nutrition component of PMGY.

The Government stated (October 2006) that every effort would be made by the Department for 100 *per cent* coverage of all the eligible beneficiaries.

The number of beneficiaries identified and covered under the three major components of the scheme namely: supplementary nutrition, immunization and non-formal pre-school are given in **Appendix-XXVIII**. It would be seen that in each of the years 2001-02 to 2005-06, total beneficiaries identified were covered except with regard to immunization, where shortfall was 90 *per cent* during 2001-02 to 2003-04.

The correct identification of beneficiaries through survey and periodic updating of data is crucial for the success of the scheme. Records of the 35 Anganwadi centres test-checked revealed that none of the centres had maintained records relating to survey for identification and categorisation of beneficiaries for all the five years

Thus, due to non-maintenance of proper survey records by the Anganwadi centres, procedure followed for selection of beneficiaries could not be vouchsafed in audit and it could not be verified whether the people covered under the project were the targeted beneficiaries.

3.2.10 Anganwadi centre opened in disregard of norms

According to the scheme, one Anganwadi centre is to be created for every 1000 persons in the rural/urban areas and for 700 persons in tribal areas. As per the above criteria, 237 centers in urban/rural and 1992 centers in tribal areas were to be created. However, the Department had created 2770 Anganwadi centres (urban/rural: 253 centres and tribal area: 2517 centres) as of March 2005.

The creation of excess Anganwadi centres (ranging between 471 to 541) resulted in extra expenditure of Rs.3.67 crore towards payment of honorarium to Anganwadi Workers and Helpers during 2001-02 to 2004-05 as detailed below:

Table: 3.2.2

Year	AW centres created	AW centres should have been created	Excess creation	Honorarium paid (Rupees in crore)	Remarks
2001-02	2700	2229	471	0.85	Rate of Honorarium @Rs.1000.00 pm for AWWs and @Rs.500.00 for AW Helpers
2002-03	2720	2229	491	0.88	
2003-04	2770	2229	541	0.97	
2004-05	2770	2229	541	0.97	
Total				3.67²	

(Source: Departmental figures)

3.2.11 Construction of Anganwadi Centres

The GOI released Rs.12.75 crore³ to the State Government for construction of 1020 Anganwadi centres during 2001-02 to 2005-06 at the rate Rs.1.25 lakh per centre having a room not less than 5x5 metre area, one room of the size of 9 sqm, for storage, a child friendly toilet and provision for safe drinking water.

The Department constructed 865 centres* at a total cost of Rs.10.45 crore and 155 centres are under construction (physical progress 40 per cent as of March 2006).

In this regard, the following irregularities were noticed:

- Though the Department stated that construction of 865 centres was completed by March 2006, completion reports were received only in respect of 126 centres from the concerned CDPOs.
- Neither the concerned Executive Engineer (Housing Department, incharge of this construction works) nor the Junior Engineer (JE) of the Department ever carried out spot verification at any stage of the construction of the above centres.
- The JE in his verification statement on the completion of 126 centres pointed out that most of the centres were not constructed as per specifications, which was also corroborated from the photographs taken on the construction of those centres.

²

(Rupees in crore)		
471xRs.1000x12	0.57	0.85
471xRs.500x12	0.28	
491xRs.1000x12	0.59	0.88
491xRs.500x12	0.29	
541xRs.1000x12	0.65	0.97
541xRs.500x12	0.32	
541xRs.1000x12	0.65	0.97
541xRs.500x12	0.32	
Total		3.67

³ In 2001-02: Rs.2.50 crore; 2002-03: Rs.2.50 crore; 2003-04: Rs.3.87 crore and 2004-05: Rs.1.94 crore and 2005-06: Rs.1.94 crore=Rs.12.75 crore

* In 2001-02: 200 centres; 2002-03: 200 centres; 2003-04: 310 centres and 2004-05: 155 centres=865. **71**

- None of the centres constructed was provided with child friendly toilet and provision for safe drinking water as mentioned in each sanction order issued by the GOI.
- As per the work order issued to a contractor, 200 centres were to be constructed at a total cost of Rs.2.32 crore at the rate Rs.1.16 lakh (tendered rate). However, the Department paid Rs.2.50 crore to the contractor between September 2003 and December 2005. Thus, the Department made an excess payment of Rs.0.18 crore to the contractor.

The Department failed to ensure secured rooms for storage of foodstuff/ICDS materials in the newly constructed Anganwadi Centres, safe drinking water and proper hygiene to all the ICDS beneficiaries.

The Department stated (October 2006) that though toilet could not be provided within the Anganwadi Centres due to fund constraints, the villagers have been requested to construct toilets near the Anganwadi Centres in the form of community contribution. It was further stated that containers and water filters have been provided in every centre for storage of drinking water.

The reply is not tenable because the Government/Department did not take up the matter with the GOI at any stage for releasing more funds for providing toilet and safe drinking water facilities to the Anganwadi Centres.

3.2.12 Supplementary Nutrition

To improve the health and nutritional status of malnourished children, supplementary nutrition is provided for a period of 300 days in a year under the scheme to all the children below six years of age and to nursing and expectant mothers from low income families. The supplementary nutrition should contain 300 calories and 10 gm. of protein per child, 500 calories and 15-20 gm. of protein per pregnant woman and 600 calories and 20 gm. of protein for severely malnourished child. Weaning food weighing 75 gm. per beneficiary has also been prescribed for children in the age group of six months to one year.

The State Government discontinued* the supplementary nutrition programme from 2000-01 to 2004-05 due to fund constraints. However, the same programme had been revived under the State Plan from 2005-06.

3.2.13 Supplementary nutrition under PMGY

The allocation under PMGY was an additional central assistance (ACA) given specifically to prevent malnutrition among children in the under three age group.

* As noticed from the Administrative Reports of the Department 2001-02 onwards.

The year-wise allocation of ACA against 'Nutrition' under PMGY, provision made in the budget and expenditure incurred during 2001-02 to 2005-06 is given in the table below:

Table: 3.2.3

(Rupees in crore)

Year	Budget provision	GOI allocation	Fund released by GON against GOI allocation	Fund released by GON against SNP under State Plan	Total (4+5)	Expenditure			Remarks
						SNP under State Plan	Nutrition under PMGY	Total	
1	2	3	4	5	6	7	8	9	10
2001-02	6.79	6.79	6.79	Nil	6.79	Nil	12.79	12.79	Rs.6.00 pertained to previous year
2002-03	6.80	6.80	6.80	Nil	6.80	Nil	6.80	6.80	
2003-04	6.80	6.80	6.80	Nil	6.80	Nil	6.80	6.80	
2004-05	9.80	6.80	6.80	Nil	6.80	Nil	6.80	6.80	
2005-06	9.50	9.88	9.88	10.79	20.67	10.20	9.88	20.08	
Total	39.69	37.07	37.07	10.79	47.86	10.20	43.07	53.27	

Source: Information furnished by the Department

Scrutiny of records revealed that the State had utilised the ACA released by the GOI during 2001-02 to 2004-05 towards procurement of food items for all groups of children (under six years), pregnant women and lactating mothers for supplementary nutrition programme (SNP) under ICDS scheme. This indicated that the entire funds of Rs.27.19 crore received under PMGY during 2001-02 to 2004-05 were diverted for implementation of SNP. Thus, the objectives of eradicating malnutrition amongst children below three years by increased nutritional coverage of supplementary feeding under PMGY remained unachieved. GOI approval was not obtained (November 2006) for this diversion of funds.

3.2.14 Diversion of fund

An amount of Rs.0.59 crore was spent during 2003-04 for construction of CDPOs office buildings and purchase of fencing materials at Chazouba and Noksen which were not covered under the scheme. The Government stated (October 2006) that, the diversion was with the approval of the State Government. However, the scheme being centrally sponsored, the approval of the GOI was required.

3.2.15 Improper maintenance of foodstuff distribution registers

The scheme provided for distribution of food viz., soya biscuits, powder milk, extruded snacks, and processed food viz., 'Paushahar and Paustic Ahar' for 300 days in a year to identified beneficiaries. Scrutiny of records of the 35 Anganwadi centres test-checked revealed that none of the centres maintained the feeding registers for the past five years. In the absence of records, it was not possible for audit to assess the quantum of food stuff distributed and the

extent of benefits that accrued to the beneficiaries. On this being pointed out, the Government in October 2006 issued necessary instructions to all CDPOs/Supervisors to maintain the required records properly.

3.2.16 Purchase of foodstuff without quality assurance

The foodstuff (soya biscuits, powder milk, extruded snacks, and processed food viz., 'Paushahar and Paustic Ahar') purchased for consumption of the ICDS beneficiaries should contain specified calories and proteins and it should be ascertained through frequent analysis of food samples tested in a recognised food testing laboratory of the State Government or GOI.

It was however noticed that, during the entire period covered in audit, only seven food samples were tested (April 2003) by the Deputy Technical Advisor to the GOI, Ministry of Human Resources Development, Quality Control Laboratory, Food and Nutrition Board, Kolkata. Though the finding was satisfactory, the frequency of testing was not sufficient to provide a realistic view on the quality of foodstuff provided to the beneficiaries.

In the absence of regular testing by the Department, quality of food stuff procured under the programme, containing lesser calories and proteins could not be ruled out.

3.2.17 Non-receipt of material by the Child Development Project Officers (CDPOs)

The ICDS material viz., maps, phenyl, bound register, cooking pots, steel almirah, jigsaw puzzle, water colour tube, plastic chair etc., worth Rs.0.74 crore was issued to five CDPOs from the Central Store, Dimapur during 2001-02 to 2005-06. Cross check of the records revealed that material valued at Rs.0.70 crore were not received by the five CDPOs during the above period. The details of materials issued by Central Store, Dimapur and received by the above CDPOs are shown in the **Appendix-XXIX**. The absence of these materials with the CDPOs indicate that they were restricted in carrying out their duties and this in turn had a negative impact on child development programme. Thus the purpose of incurring an expenditure of Rs.0.74 crore was defeated.

3.2.18 Immunisation

Immunisation of all children below 6 years of age against diphtheria, whooping cough, tetanus, polio and tuberculosis and of expectant mothers against tetanus was to be carried out through the PHCs. The number of beneficiaries identified between 3,48,420 and 3,49,190 and covered between 34,700 and 34,180 during 2001-02 to 2003-04 under immunisation as claimed and reported by the Department (details in **Appendix-XXVIII**) indicated shortfall in achieving target between 87 per cent to 90 per cent during the above period.

Scrutiny of records in the test-checked centres revealed that, no records of immunization activities was maintained. In the absence of records for immunization, it could not be ascertained whether the benefits shown to have been provided to the beneficiaries were actually provided.

3.2.19 Health check-up and Referral Services

In addition to immunization, the package of services included health check-up and referral services which include (i) ante-natal care of expectant mothers, (ii) post-natal care of nursing mothers and care of new born babies and (iii) care of children under six years of age.

Routine checks are to be carried out by the Lady Health Visitor (LHV) and Auxiliary Nurse-cum-Midwife (ANM) attached to the PHC and records thereof are to be kept in an ante-natal card and maintained for post-natal care of nursing mothers. A minimum of two visits at their homes were required to be made within 10 days after the delivery, to check the general health of the mother and the infant and records of the deliveries were to be kept in the post-natal cards for watching post-natal care.

The total number of LHVs and ANMs and their visits could not be ascertained from records.

The Anganwadi workers were also required to identify expectant mothers and malnourished children with problems requiring specialized treatment and refer them to PHC or city hospital. A record of these cases was to be maintained at the Anganwadi centre with referral slips. These records were not maintained in any of the 35 centres test-checked. It was observed that Rs.21 lakh was paid as honorarium to the AWWs during 2001-06.

In the absence of these records the achievement of this objective of the scheme could not be verified in audit.

3.2.20 Nutrition and Health Education

Nutrition and health education was to be imparted to all the women in the age group of 15 to 45 years with priority to nursing and expectant mothers through publicity, special camps, home visits by Anganwadi workers, short courses, demonstration of cooking/feeding and utilization of programmes of the Ministries of Health and Family Welfare and Agriculture.

Such mass-media publicity, special campaign, short camps *etc.*, were not organized during 2001-02 to 2005-06. The Department had not laid down any norms with regard to home visits and demonstrations of cooking/feeding. 35 Anganwadi centres test-checked did not maintain any records of field visits relating to nutrition and health education. It was observed that Rs.21 lakh was paid as honorarium to the Anganwadi workers during 2001-06.

This indicated that the Department did not impart any awareness of nutrition and health education to the targeted beneficiaries.

3.2.21 Non-formal Pre-School Education

The scheme envisaged providing the benefit of non-formal pre-school education to children in the age group of 3-6 years through Anganwadi centres. In each Anganwadi, the strength of such children was to be 40. The Anganwadis were to establish links with elementary schools so that a child could move from Anganwadi to school with necessary emotional and mental preparation.

The year-wise identification of children and enrolment in the non-formal pre-school scheme during 2001-02 to 2005-06 as submitted by the Department were as under:

Table: 3.2.4

Year	No. of Anganwadi Centres	Children identified under pre-school category	Children actually enrolled under pre-school category	Shortfall in enrollment	Percentage of shortfall
2001-02	2700	130960	77188	53772	41
2002-03	2720	130500	81782	48718	37
2003-04	2770	131750	79813	51937	39
2004-05	2770	131900	82861	49039	37
2005-06	3035	133230	92049	41181	31

(Source: Data furnished by the Department)

It would be seen from the above that the shortfall in enrollment of children of 3-6 years of age in the pre-school education ranged between 31 to 41 *per cent* during 2001-02 to 2005-06. The Department's claim could not be substantiated as the records of the 35 Anganwadi centres test-checked did not indicate the actual number of children admitted in the elementary schools.

Thus due to non-maintenance of detailed records of the pre-school education by the Anganwadi centres, the number of drop out children could not be worked out and the impact of this aspect of the scheme could not be determined.

3.2.22 Supply of vitamin 'A' solution

According to the norms prescribed by the Department of Women and Child Development under National Prophylaxis Programme, one lakh International Units (IU) of Vitamin 'A' solution were to be administered to infants at nine months age under ICDS scheme. Children in the age group of one to five years were to receive two lakh IU Vitamin 'A' solution every six months, with priority in respect of children below three years of age.

The Anganwadi workers of the centres test-checked stated (April-July 2006) that they did not receive any Vitamin 'A' solution from their Department during 2001-02 to 2005-06. It was also stated that they procured the required quantity of Vitamin 'A' solution from the near by PHCs as and when required. However, they could not produce any record indicating requisition of Vitamin 'A' solution from the PHCs and administration of the same to the targeted beneficiaries.

Thus due to non-maintenance of records by the Anganwadi centres, it could not be ascertained in audit whether any Vitamin 'A' solution was administered to the ICDS beneficiaries.

3.2.23 Purchase of medicine kits in excess of requirement

The Department procured 15099 medicine kits at a total cost of Rs.0.90 crore during 2001-02 to 2005-06 against the actual requirement of 13995 medicine kits without proper assessment. Thus, there was an excess procurement of 1104 medicine kits valued Rs.6.62 lakh⁴.

The Government stated (October 2006) that additional medicine kits were procured for training purpose and for replacement of damaged kits during transportation to distant places over rough terrain. However, the number of 1104 medicine kits is much in excess for meeting the above requirements as seen in the case of 35 Anganwadi centres mentioned in Para 3.2.24.

3.2.24 Tardy distribution of medicine kits

The distribution of medicine kits to the Anganwadi centres test-checked during 2001-02 to 2005-06 was as under:

Table: 3.2.5

Name of CDPO	No. of AW Centres test checked	Actual requirement of medicine @ one kit each year	Actual distribution of medicine kits to AWCs					Total
			2001-02	2002-03	2003-04	2004-05	2005-06	
Jakhama	5	25	1	1	2	1	4	9
Nuiland	5	25	nil	nil	5	13	nil	18
Dimapur (U)	14	70	nil	11	11	12	3	37
Kobulong	6	30	nil	5	5	5	nil	15
Ongpangkong (S)	5	25	nil	5	5	5	nil	15
Total	35	175	1	22	28	36	7	94

(Source: Departmental figures)

The above table reveals that, against the actual requirement of 175 medicine kits for 35 centres, only 94 medicine kits were provided to the centres during 2001-02 to 2005-06. The inadequate supply of medicine kits to the Anganwadi

⁴ 1104 kits x Rs.600.00 per kit=Rs.6.62 lakh.

centres by the Department led to deprivation of the benefit of first aid services to the ICDS beneficiaries. The Government accepted the facts (October 2006).

3.2.25 Activities on Information, Education and Communication (IEC)

According to the scheme, an amount of Rs.25,000 per annum per project was to be earmarked for IEC activities for creating awareness of the ICDS scheme.

Scrutiny of records revealed that an amount of Rs.0.68 crore was spent on purchase of maps, fruit charts, vegetable charts, animal charts, transportation and translation of various topics into local dialects for distribution to CDPOs.

However, the records of CDPOs test-checked did not indicate receipt of any IEC materials during 2001-02 to 2005-06. The non-supply of these materials to the CDPOs indicate that they were restricted in carrying out their duties and this in turn had a negative impact on the child development programme. Thus the purpose for incurring an expenditure of Rs.0.68 crore was defeated.

3.2.26 ICDS training programme –Project UDISHA

For the success of the ICDS scheme, community participation is an essential ingredient. Thus, it is imperative to sensitise and train the community to optimize their involvement. The World Bank sponsored ICDS training programme-Project UDISHA was thus introduced in the State in April 1999 with a view to develop all the functionaries of ICDS into agents of social change, creating awareness on ICDS activities to various target groups such as Village Council Members, Gaon Burahs and Women Organisations and to sensitize and train the community to optimize their involvement.

The funds released by the GOI and expenditure incurred during 2001-02 to 2005-06 are given below:

Table: 3.2.6

(Rupees in lakh)

Year	Fund released by GOI	Amount sanctioned by GON against GOI release	Expenditure	Saving (-) Excess (+)	Remarks
2000-01	41.00	41.00	Nil	-	Entire amount transferred to Civil Deposit.
2001-02	10.00	10.00	51.00	-	Included Rs.41.00 lakh withdrawn from Civil Deposit.
2002-03	40.00	40.00	28.84	(-)11.16	
2003-04	23.07	23.07	23.07	-	
2004-05	40.00	40.00	40.00	-	20.00 transferred to Civil Deposit
2005-06	25.00	25.00	25.00	-	
Total	179.07	179.07	167.91		

Source: Information furnished by the Department.

It would be seen from the above table that there was a saving of Rs.11.16 lakh (28 *per cent*) during 2002-03. The reasons for savings were neither stated nor found on record.

The targets and achievements with regard to conducting training programmes of various ICDS functionaries during 2001-02 to 2005-06 are shown in **Appendix-XXX**.

While the target was to train 29 CDPOs on job and refresher courses during 2001-02 to 2005-06, no CDPOs was trained. Out of 73 Supervisors to be trained on the job and refresher courses during 2001-02 to 2005-06, only 35 supervisors were trained in 2003-04 and no target was fixed for training of CDPOs and Supervisors for job and refresher courses in 2002-03, 2004-05 and 2005-06. The target of 105 Anganwadi workers was fixed for job training during 2002-03 against which only 90 were trained and the shortfall in achieving the target was 14 *per cent*. Against the target of 240 (120 each year) Anganwadi workers to be imparted training on refresher course during 2002-03 and 2003-04, only 86 workers were trained during that period and the shortfall in achieving the target was 64 *per cent* in each year. The Department's claim of providing orientation training to 4325 Anganwadi helpers during 2001-02 to 2005-06 could not be verified in audit due to non-maintenance of records by the Anganwadi centres.

The non-training of the required number of CDPOs, Supervisors and Anganwadi workers on job and fresher courses during 2001-02 to 2005-06 and non-fixation of training targets during 2002-06 indicate the casual approach of the Department to the programme which eventually had a negative impact on the execution of the programme of integrated child development in the State.

3.2.27 Monitoring and evaluation

For ensuring effective programme planning, implementation and monitoring, the GOI prescribed the submission of periodical reports *viz.*, monthly progress reports by AWWs/Supervisors/CDPOs, monthly monitoring report, checklist of supervisor's visit, half early and quarterly progress report etc. The CDPOs/Supervisors are required to undertake field visits to the AW centres for at least 18 days in a month with 10 nights outside Headquarters. A Supervisor is expected to visit each AW centre at least once in a month and liaise with lady Health Visitors for a joint visit to one AW centre once a week, and make at least one night halt every week in a village located at a distance of more than 5 Kms. from the Circle Headquarters.

Except for submission of various reports to the State Government/GOI on the implementation of programme, other areas like, field visits by the Supervisors, ANM, CDPOs, health check-up and referral services, maintenance of vital records like immunisation etc were not monitored by the Department. The visitor's register maintained by the Anganwadi Centres test-checked revealed that the centres were never visited by any officer from the Directorate during

the period 2001-02 to 2005-06 except by the CDPOs and Supervisors of the concerned centres and the frequency of visits by them were also very negligible.

The evaluation of the scheme was entrusted to the Nagaland University, Kohima by the Department. However, no report has been submitted by them as of October 2006.

The monitoring system thus, remained ineffective and the over all impact of implementation of the scheme remained unevaluated.

3.2.28 Conclusion

The overall implementation of the scheme in the State was characterised by:

- Lack of quality control mechanism;
- Failure to provide adequate infrastructure for the programme;
- Absence of proper survey and lack of updated data for identifying beneficiaries;
- Poor record keeping; and
- Failure to provide benefits to the targeted groups as envisaged in the programme.

3.2.29 Recommendations

- The Department needs to carry out proper survey and update the data on a regular basis to identify the beneficiaries.
- Adequate steps should be taken to test the quality of supplementary nutrition items before distribution.
- Infrastructure requirement needs to be assessed and steps taken to plan and implement projects to upgrade it as per requirements.
- Records of Immunization, health check-up and referral services at Anganwadi centres should be maintained and monitored.
- Effective steps should be taken for monitoring and supervision as laid down in the guidelines of the scheme.