

## Chapter 5: Social Services

A review of the implementation of the flagship programmes in the Social sector like-

- Sarva Shiksha Abhiyan (SSA),
- National Rural Health Mission (NRHM) and
- Accelerated Rural Water supply Programme (ARWSP).

revealed that there is a need to provide adequate and skilled manpower in these sectors for full utilization of the infrastructure to achieve the intended objective of providing quality health care, education, water and basic amenities to the people of the district, as evidenced from the audit findings discussed below.

### 5.1 Health

The Chief Medical Officer (CMO), Sirmaur at Nahan, functioning under the State Health and Family Welfare Department, is responsible for providing health care services to the people through a network of five hospitals. The health care services in the rural areas are delivered through three Community Health Centres (CHCs), 36 Primary Health Centres (PHCs) and 145 Sub Centres (SCs).

#### i) Planning

As a first step towards provision of accessible, affordable and equitable health care under NRHM, a household and facility survey was to be carried out to identify the gaps in health care facilities in rural areas. Audit scrutiny revealed that the process of assessing the health care requirements and gaps in infrastructure, equipment, manpower, etc., is yet to be completed in the district.

The District Health Society (DHS) is required to prepare a perspective plan for the entire Mission period (2005-12) and Annual plans for the district with inputs from the lower tiers of the Government. Audit analysis revealed that these plans had been prepared without receipt of household and facilities survey reports from the lower functionaries.

The Mission activities were to have been converged with other departments' programmes and working of non governmental stakeholders, Village Health and Sanitation Committees (VHSCs) and Rogi Kalyan Samitis (RKSs). However, Audit scrutiny revealed that the DHS did not interact with or obtain inputs from the concerned departmental functionaries relating to drinking water, sanitation and hygiene, nutrition, etc., leading to disconcerted efforts by various agencies towards the same goal. Further, community participation in planning, implementation and monitoring of the programme was not ensured. Scrutiny of records revealed that no VHSC had been formed in the district. Though the RKSs have been formed in all the CHCs and PHCs in the district but in the four test checked PHCs; operationalisation of RKSs was not done as of July 2009. The Principal Secretary (Health) in exit

conference admitted (October 2009) the shortcomings and stated that committees at Gram Panchayat level are being formed from 2009-10.

## ii) Infrastructure

As per GOI guidelines, for every 80,000 population, there should be a CHC, for population over 20,000 there should be one PHC, and for population over 3,000, one SC. In terms of these norms, the requirement of CHCs, PHCs and SCs works out to 6, 23 and 153 respectively. The district had three CHCs, 36 PHCs and 145 SCs. Except PHCs, the number of other institutions was less than the norms prescribed.

Further, many of these health centres were not operational, as these lacked the basic minimum infrastructure as can be seen from the details of two CHCs<sup>1</sup>, four PHCs<sup>2</sup> and eight SCs<sup>3</sup> test-checked in audit, given below:

**Table: 2**

| Sr. No. | Particulars                            | Centres where service was not available |      |     |
|---------|----------------------------------------|-----------------------------------------|------|-----|
|         |                                        | CHCs                                    | PHCs | SCs |
| 1       | Total number of health centres audited | 2                                       | 4    | 8   |
| 2       | Waiting room for patients              | 1                                       | 4    | 8   |
| 3       | Labour Room                            | 0                                       | 4    | 8   |
| 4       | Operation theatre                      | 0                                       | 4    | NA  |
| 5       | Clinic Room                            | 0                                       | 4    | 2   |
| 6       | Emergency/Casualty Room                | 1                                       | 3    | NA  |
| 7       | Residential facilities for staff       | 0                                       | 3    | 6   |
| 8       | Separate utility for Male and Female   | 0                                       | 4    | 8   |

Source: Figures supplied by the Test checked Units

**Photograph: 1**



**Photograph: 2**



Broken Beds and furniture at PHC Jakhna

<sup>1</sup> Rajpura and Shillai.  
<sup>2</sup> Jakhna, Kaffota, Majra and Rohnat.  
<sup>3</sup> Dugana, Gumott, Jamna, Jhakando, Puruwala, Sainwala, Sarli and Shawaga.

**Photograph: 3**



Dilapidated condition of operation theatre at CHC Rajpura

**Photograph: 4**



Unhygienic environment at CHC Rajpura due to dumping of medical waste in open

**Photograph: 5**



Building of CHC Rajpura covered with wild growth

In the absence of above physical infrastructure at health centres, the basic facilities could not be provided to the rural population.

➤ **Basic Healthcare Services**

The basic health care services required to be provided in the health centres were not available at many of the centres visited by the audit team. The details in this regard are tabulated below:

**Table: 3**

(In numbers)

| Particulars                                         | Number of centres where service was not available |      |     |
|-----------------------------------------------------|---------------------------------------------------|------|-----|
|                                                     | CHCs                                              | PHCs | SCs |
| Total number of health centres audited              | 2                                                 | 4    | 8   |
| Blood storage of health centres                     | 2                                                 | NA   | NA  |
| New born care                                       | 1                                                 | 4    | 8   |
| 24 x 7 deliveries                                   | 0                                                 | 4    | NA  |
| In patient services                                 | 0                                                 | 4    | NA  |
| X-rays                                              | 0                                                 | 4    | NA  |
| Ultra-sound                                         | 2                                                 | NA   | NA  |
| ECG                                                 | 2                                                 | NA   | NA  |
| Obstetric care                                      | 2                                                 | 4    | NA  |
| Emergency services (24 hours)                       | 0                                                 | 4    | NA  |
| Family Planning(Tubectomy and Vasectomy)            | 2                                                 | NA   | NA  |
| Intra-natal examination of gynecological conditions | 2                                                 | 4    | NA  |
| Paediatrics                                         | 2                                                 | NA   | NA  |

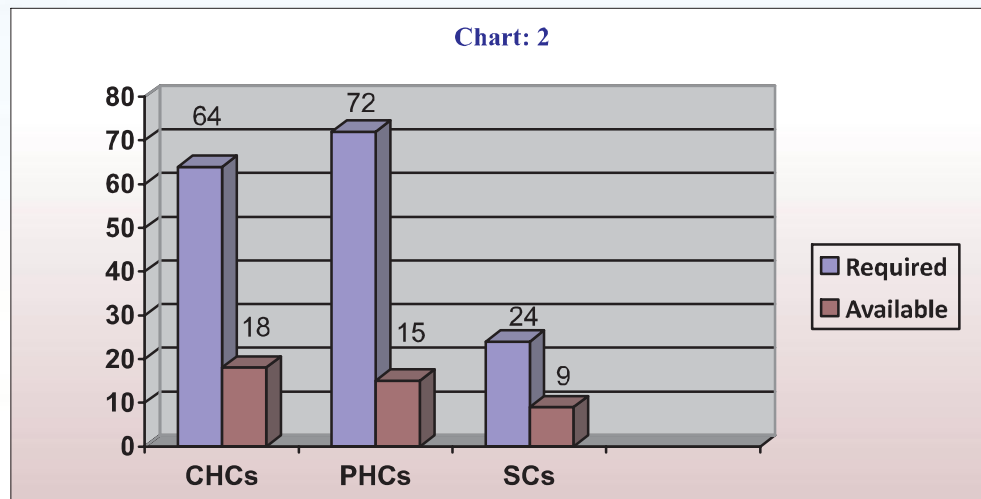
Source: Figures supplied by the Test checked Units

The District Health Society (DHS) received Rs two crore during 2005-09 for upgrading two CHCs (Shillai and Sangrah) and three hospitals (Nahan, Paonta and Rajgarh) to First Referral Units (FRUs) at the rate of Rs 40 lakh per FRU. The DHS spent Rs 28.16 lakh on procurement of equipment and purchase of medicines and released Rs 10.18 lakh as an advance to the Public Works Department for development of infrastructure. However, in audit, it was noticed that none of the five units were upgraded to FRU as of June 2009 due to non posting of specialist and other support staff.

Thus, the Department failed to provide appropriate health infrastructure to ensure timely availability of referral services in these institutions despite availability of adequate funds.

### iii) Manpower Resources

NRHM aimed at providing adequate skilled manpower at all the health centres as per the norms of Indian Public Health Standard (IPHS). Scrutiny of two CHCs, four PHCs and eight SCs selected for test check revealed that none of these centres was staffed adequately as per the IPHS norms, as detailed below:



Source: Figures supplied by the Test checked Units

As can be seen from the above chart, the shortfall in manpower was 72 per cent in respect of the CHCs, 79 per cent and 63 per cent in respect of the PHCs and SCs respectively. Audit analysis further revealed the following:

- Against the required strength of 14 staff nurses, there were only two in the two CHCs test checked and in four test checked PHCs, staff nurses were not posted.
- Two out of the four PHCs test checked (Jakhna and Rohnat) were functioning without any Medical Officer and all the four test checked PHCs did not have any Pharmacist and Laboratory technician.
- Three SCs (Gumot, Jamna and Jhakhando) were functioning without female health worker and one SC (Dugana) without male health worker. Two SCs (Sarli and Shawag) were functioning without any Male and Female health workers. There was no voluntary worker in any of the eight test checked SCs.

Besides above, in 10 PHCs of the district, Medical Officer and paramedical staff were not posted and these were being manned by non-paramedical staff.

**Thus, due to non-availability of adequate number of skilled manpower the purpose of setting up the health centres was not achieved in the district. Moreover, due to the non availability/shortage of Medical staff and infrastructure facilities as detailed in the above paragraphs the Bed occupancy in the test checked CHCs was abysmally low and ranged between 5 and 55 per cent, while it was zero per cent in the PHCs.**

The Principal Secretary in exit conference of NRHM stated (October 2009) that State Government has now devised its own norms for rationalisation of health institutions for space, equipment and staff but are yet to be published. He further stated that these norms would be followed from the current year and the Government would be able to provide medical staff/paramedical staff in all the institutions.

#### **iv) Achievement against Performance Indicators**

Performance indicators quantifying the targets for reducing infant mortality rate (IMR), maternal mortality rate (MMR), total fertility rate (TFR), reducing morbidity and mortality rate and increasing cure rate of different endemic diseases are generally prescribed by the State Government.

##### **a) Reproductive and Child Health Care (RCH)**

To achieve the NRHM goal of reducing the infant mortality rate (MMR) and total fertility rate (TFR), the State Government prescribed various health indicators to be achieved by 2008. As per the details provided by the State Government, all the prescribed targets were achieved/exceeded.

However, in Audit it was noticed that separate targets/indicators for the districts were not prescribed despite the Mission requirement to do so. Therefore, the progress of achievement of the crucial health indicators for the district could not be ascertained and the authenticity of the data reported at the State level could also not be verified.

##### **b) Non-deployment of trained female community health workers**

One of the strategies envisaged by the Mission for achievement of the goal of reduction in IMR, MMR and TFR is appointment of a trained female community health worker called Accredited Social Health Activist (ASHA). The ASHA is to be appointed for every thousand population and act as an interface between the community and the health care system. The State Government decided to employ one ASHA for every 800 people. For selection and training of 543 ASHAs in the district, Rs 28.59 lakh were sanctioned in December 2007. The Department, however, selected only 329 ASHAs and spent Rs 0.26 lakh on the selection process but did not impart any training to them for deployment in the concerned villages rendering the entire efforts an exercise in futility.

The Principal Secretary (Health) informed (October 2009) that according to modified policy, the work of ASHA is being assigned to the Anganwari Workers (AWWs). The fact remains that the work of ASHAs has not been assigned to AWWs. Training to 329 ASHAs selected was not imparted to deploy them on the job for which they were selected.

#### v) Janani Suraksha Yojana

One of the important components of the RCH programme is the Janani Suraksha Yojna (JSY), to encourage pregnant women to have an institutional delivery rather than domiciliary delivery in order to reduce maternal and neo-natal mortality. Under this programme, all the pregnant women belonging to the SC, ST and BPL categories above 19 years of age, upto two live births are entitled to Rs 500 to meet the cost of domiciliary delivery and Rs 700 for institutional delivery.

#### a) Institutional Deliveries

The details relating to institutional and domiciliary deliveries and cash assistance provided by the DHS are given below:

**Table: 4**

(In numbers)

| Year    | Pregnant women registered | Institutional deliveries | Domiciliary deliveries | Cash assistance given (In Rupees) |
|---------|---------------------------|--------------------------|------------------------|-----------------------------------|
| 2005-06 | 698                       | 829                      | 2                      | 4,600                             |
| 2006-07 | 829                       | 786                      | 4                      | 1,200                             |
| 2007-08 | 672                       | 850                      | 6                      | 4,200                             |
| 2008-09 | 605                       | 930                      | 6                      | 28,800                            |

Source: Figures supplied by the CMO

Audit analysis revealed that the DHS has been able to increase the number of institutional deliveries. However, the categories of beneficiaries viz SC/ST/BPL were not recorded in the Maternal and Child Health (MCH) registers. Consequently, it could not be ascertained whether cash assistance was indeed provided to the eligible beneficiaries.

The status of achievement with regard to institutional deliveries in the district and in the sampled units<sup>4</sup> is given below:

**Table: 5**

(In numbers)

| District      | Year    | Pregnant women registered | Institutional deliveries | Percentage of Achievement |
|---------------|---------|---------------------------|--------------------------|---------------------------|
| Sirmaur       | 2005-06 | 11,839                    | 2,136                    | 18                        |
|               | 2006-07 | 11,584                    | 2,246                    | 19                        |
|               | 2007-08 | 11,903                    | 3,229                    | 27                        |
|               | 2008-09 | 11,189                    | 4,071                    | 36                        |
| Sampled units | 2005-06 | 5,834                     | 900                      | 15                        |
|               | 2006-07 | 5,687                     | 1,033                    | 18                        |
|               | 2007-08 | 6,018                     | 1,496                    | 25                        |
|               | 2008-09 | 5,696                     | 1,020                    | 18                        |

Source: Figures supplied by the DHS and Test checked Units

<sup>4</sup> CHCs Rajpura and Shillai.

As can be seen in the above table, the percentage of pregnant women opting for institutional delivery facilities in district as well as in the test checked health centres is far behind the goal of 45 *per cent* envisaged to be achieved by March 2008 under NRHM. Clearly, this was due to the inadequate facilities in the health centres in the sampled units as brought out in Tables 2 and 3. The CMO attributed (July 2009) shortfall in achievements to lack of awareness among the rural population and shortage of staff. The reply does not explain why efforts to create awareness in this regard could not be made and why adequate staff were not provided in the health centres.

**b) Antenatal care**

Scrutiny revealed that the *percentage* of pregnant women in the district who had received three antenatal check ups (ANCs) during 2005-09 ranged between 67 and 72 *per cent* as of March 2009 as against the target of 90 *per cent*.

**vi) Immunisation Programme**

The overall achievement in the District with regard to immunisation of children between zero to one year age group covering BCG, DPT and OPV was 100 *per cent* during 2005-09. However, the shortfall in achievement of targets in the secondary immunisation of children ranged between zero and 12 *per cent* for DT( 5 years age group), zero and 13 *per cent* for TT (10 years age group) and zero and 18 *per cent* for TT (16 years age group) during 2005-09. In the test checked units, the achievement of fully immunized children was 100 *per cent*.

Data shows that the prevalence of vaccine preventable diseases was negligible in the district as no case of infant and child diseases like neonatal tetanus, diphtheria, tetanus and whooping cough was detected in the district during 2005-09. However, 220 cases of measles were detected during 2005-09. No new case of Polio was detected during 2005-09 in the district. The coverage of targeted children under the pulse polio programme in the district was 100 *per cent*.

**vii) National Programme for Control of Blindness (NPCB)**

The NPCB aimed at reducing the prevalence of blindness to 0.8 *per cent* by 2007 through increased cataract surgery, eye screening of school children, collection of donated eyes, creation of donation centres, eye bank, strengthening of infrastructure, etc.

During 2004-09 no targets for cataract surgeries and screening of school children were prescribed. In the district 1,263 cataract surgeries and screening of 53,654 school children was done. The facility for eye donation had not been created in any of the hospitals in the district.

### viii) National Leprosy Eradication Programme (NLEP)

The NLEP aimed at eliminating leprosy by the end of Eleventh Plan and ensure that the leprosy prevalence rate is less than one per ten thousand. The total number of leprosy patients undergoing treatment in the district during 2004-05, 2005-06, 2006-07, 2007-08 and 2008-09 were 20, 16, 16, 20 and 34 respectively with the incidence of 21, 21, 17, 28 and 36 new cases. The rate of prevalence of leprosy in the district during 2005-06, 2006-07, 2007-08 and 2008-09 was higher at 0.34, 0.34, 0.39 and 0.65 per 1,000 respectively against 0.31, 0.28, 0.38 and 0.25 per thousand respectively during these years at the State level.

### ix) National Aids Control Programme (NACP)

The Programme was launched by the GOI in September 1992 with the assistance of World Bank and has been extended upto the year 2012. The main objectives of the programme are to:

- reduce the spread of HIV infection in the country and;
- strengthen the capacity to respond to HIV/AIDS on a long term basis.

To achieve the above objectives, funds were to be utilised on different components/activities of the programme like priority intervention for the general community, low cost AIDS care/STI/HIV/AIDS sentinel surveillance, training, etc.

a) Funds allocated during 2004-09 (Rs 44.15 lakh) were fully utilised by the District AIDS Programme Officer (DAPO).

As per guidelines of National AIDS Control Programme (NACO), one Voluntary Blood Testing Centre (VBTC) was to be established in each district. The State Government had established one VBTC (now Integrated Counselling & Testing Centre) in all the districts of the State, including Sirmaur. Audit scrutiny revealed that the first HIV positive case was detected in Sirmaur district in 2003. Out of 2,845 persons screened up to March 2009 in the district, 39 persons were found HIV positive. These included eight fully blown AIDS cases. The DAPO stated (June 2009) that the increase in cases was due to counselling and surveillance and number of people tested.

### b) Family Health Awareness Camps

To increase awareness about HIV/AIDS and sexually transmitted diseases (STD) among the community and to provide facilities for early diagnosis and treatment of the targeted population falling in the age group of 15-49 years, the GOI decided (November 1999) to organize Family Health Awareness Camps (FHACs) in all the States in a phased manner. The position emerging out of the one FHACs held in Sirmaur district during 2005-06 is given in table-6:



**Table: 6**

(In numbers)

| Period of campaign | Targeted Population | No. of people who attended the camp | Percentage of attendance |
|--------------------|---------------------|-------------------------------------|--------------------------|
| 2005-06            | 1.51 lakh           | 0.33 lakh                           | 22                       |

Source: Figures provided by DAPO

**The low turnout in the district indicates poor mobilisation at grass root level and affects the Government's efforts at creating/increasing awareness among the public. No further camp was held in the district after 2005-06 due to non receipt of budget for the purpose.**

**c) Blood Safety**

Under the blood safety component, the existing blood banks are to be modernised and new blood banks are to be opened. Blood component separation facility centres and skilled manpower are also to be made available. There is one blood bank in the district which did not have blood separation facility though skilled manpower was available.

**Summing up:**

**In the absence of proper planning involving identification of gaps in the healthcare infrastructure and non-availability of stipulated facilities and skilled manpower in the health institutions, the aim of providing accessible and affordable healthcare to people remained to be achieved in the District.**

**Recommendations**

- *The District health Society should play a more proactive role in commissioning a survey to identify the gaps in health care infrastructure and facilities and draw up a specific timeframe as per the NRHM guidelines, to provide accessible and affordable health care to the rural poor and vulnerable sections of the district.*
- *Community involvement should be ensured at every stage in planning, implementation and monitoring of the programme.*
- *Funds should be utilised for the intended purpose, especially for creation of basic health infrastructure and amenities to provide confidence to the community that health centres not only exist but are fully operational.*
- *All the health centres should be equipped with adequate and skilled manpower to achieve the objectives of the programme.*

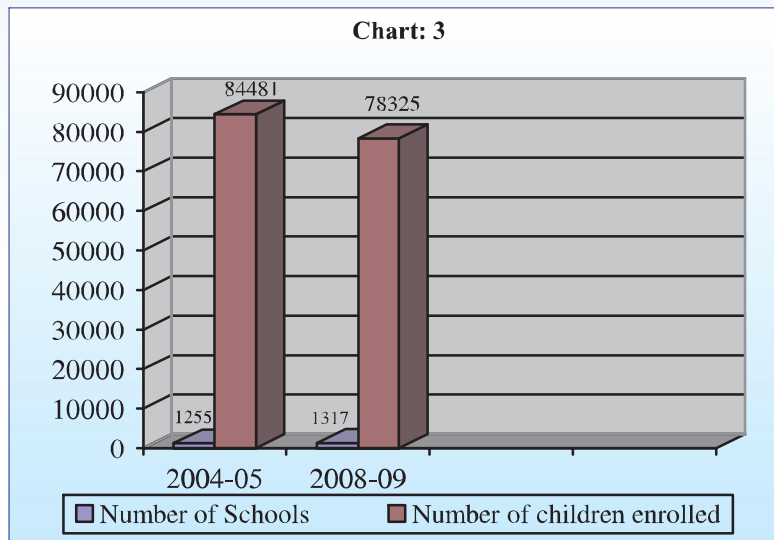
## 5.2 Education

Education is one of the most important indicators of social progress of a nation. Both the State and the Central Governments have been spending enormous amounts on increasing the enrolment and retention of children in schools, especially in the primary and elementary segments. Focus is also on an inclusive progress, with special attention to girls, SC/ST communities, other vulnerable sections of the society and remote and backward areas. The Sarva Shiksha Abhiyan (SSA) is one of the flagship programmes of the Government for universalization of primary education.

### i) Elementary Education

#### ➤ Enrolment

A review of the status of education in the district, especially in the context of implementation of SSA, revealed that the number of primary and upper primary schools (upto standard VIII) increased but enrolment of children in the targeted age group of 6-14 years in these schools decreased during 2004-09, as can be seen from the chart below:



Source: Departmental figures

The above diagram shows an increase in the number of schools in the district and decrease in the number of children enrolled in these schools. The Project Officer attributed (June 2009) it mainly to economic background and earning compulsions and work migration of households. However, as per the Village Education Registers prepared on the basis of annual household survey during 2004-08 the percentage of out of school children decreased from 71 *per cent* in 2004-05 to 11 *per cent* in 2007-08. Position of children not attending the school during 2008-09 was not made available to Audit.

Enrolment of students in schools under three<sup>5</sup> test-checked Block Elementary

<sup>5</sup> BEEOs, Nahan, Dadahu and Sarahan.

Education Officers (BEEO) and in 10 primary and upper primary test checked schools has decreased during 2005-09 due to opening of new private schools.

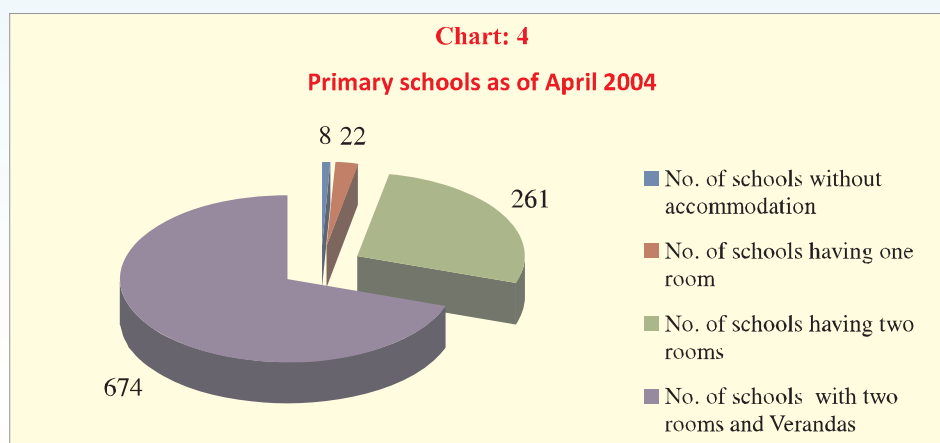
**In the absence of any enrolment data of private schools, the position of increase in enrolment in the private schools and consequent effect of decrease in enrolment in Government schools could not be correlated in audit.**

➤ **Dropout**

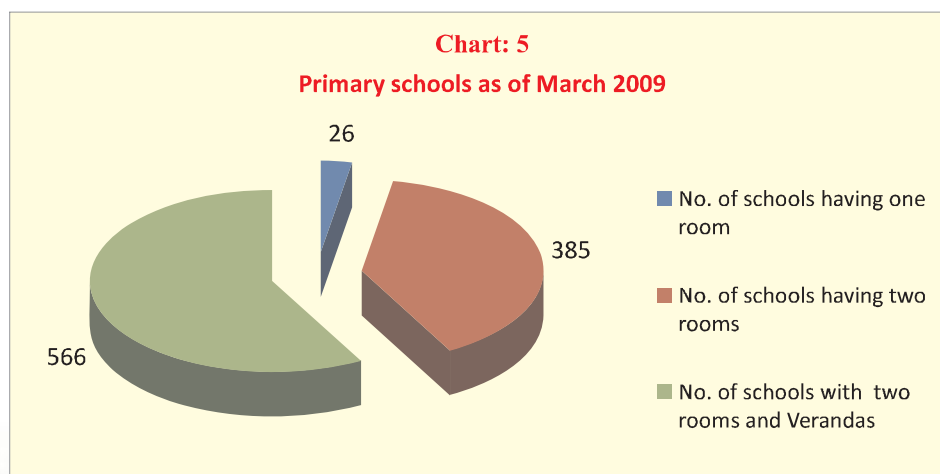
Deputy Director Elementary Education (DDEE) was not monitoring the dropout level in the elementary schools as data relating to drop outs was not kept for the period 2004-09. However, audit scrutiny revealed that in 10 test-checked Primary and Upper Primary schools the number of dropout students ranged between eight and 36 per cent during 2005-09.

➤ **Infrastructure**

The status of infrastructure in primary schools in the district as of March 2009 is given below:



Source: Departmental figures



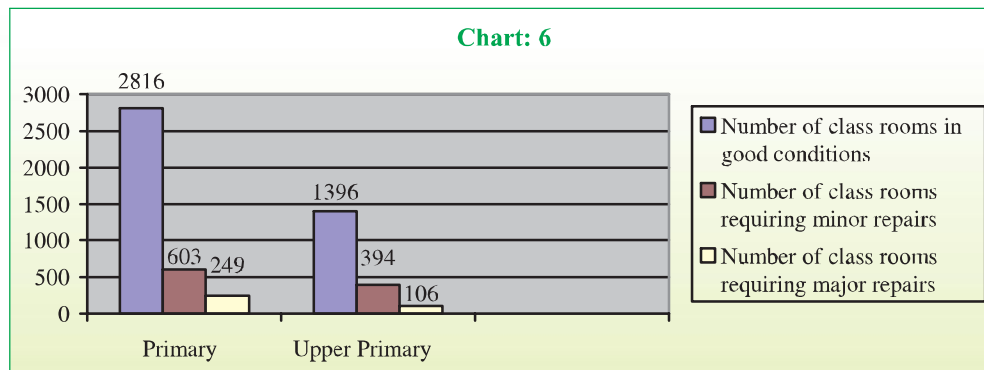
Source: Departmental figures

Photograph: 6



Government Primary School, Banog (Nahan) without building- running in a shed

The charts 4 and 5 indicate an improvement in the provision of infrastructure. **However, the veracity of data is doubtful as the data suggests that there are no schools as of March 2009 that are without accommodation but Audit found that GPS Banog had no accommodation.** The number of schools with more than two rooms has come down from 674 in 2004-05 to 566 schools in 2008-09 the reasons for which were not furnished to audit. Out of the total number of 977 primary and 340 upper primary schools in the district as of March 2009, a significant number required major repairs to the classrooms as depicted below.



Source: Departmental figures

During 2005-09, the DPO, SSA paid Rs 2.39 crore to all the above schools for repair works at the rates of Rs 4,000 and Rs 7,000 per school per annum for primary and Upper primary schools respectively. In the absence of any follow-up action in this regard by the DPO and lack of evidence relating to utilisation of funds, the authenticity of expenditure could not be verified in audit.

**Photograph: 7**



Classroom in GPS Barachowk Nahan in a dilapidated condition

➤ **Basic Amenities**

A majority of the schools at the elementary level did not have the basic minimum amenities as detailed below:

**Table: 7**

(In numbers)

| Category      | Total Schools in district | Toilets | Girls Toilets | Drinking water | Access ramp | Boundary wall | Playground | Kitchen for mid-day-meal |
|---------------|---------------------------|---------|---------------|----------------|-------------|---------------|------------|--------------------------|
| Primary       | 977                       | 356     | 524           | 127            | 697         | 808           | 439        | 567                      |
| Upper Primary | 340                       | 160     | 153           | 56             | 234         | 282           | 136        | 338                      |

Source: Figures provided by DPO

**Photograph: 8**



Classroom-cum-kitchen in GPS Barachowk (Nahan)

**Photograph: 9**



Kitchen for Mid-Day-meal in the open in a temporary structure in GMS, Bohlion

➤ **Availability of Teachers**

As against the norm of two teachers per primary school and one teacher for every class in upper primary school, there were a number of schools-both primary and upper primary, which did not comply with this norm as can be seen from the table-8:

**Table: 8**

| Year    | Total number of primary schools | Number of primary schools with only one teacher | Number of upper primary schools |                   |                     |
|---------|---------------------------------|-------------------------------------------------|---------------------------------|-------------------|---------------------|
|         |                                 |                                                 | With one teacher                | With two teachers | Without any teacher |
| 2004-05 | 965                             | 66                                              | 4                               | 11                | 9                   |
| 2005-06 | 965                             | 116                                             | 7                               | 17                | 13                  |
| 2006-07 | 966                             | 91                                              | 18                              | 15                | Nil                 |
| 2007-08 | 975                             | 81                                              | 21                              | 15                | 7                   |
| 2008-09 | 977                             | 117                                             | 20                              | 24                | Nil                 |

Source: Figure provided by DPO

The above details show availability of poor infrastructure facilities/amenities and staff position in the schools.

## ii) Higher Education

Higher education is being imparted in the district through a network of 61 Government High Schools (GHS), 79 Government Senior Secondary Schools (GSSS), one Post Graduate Degree College, four Degree Colleges and one Sanskrit College. The Deputy Director, Higher Education (DDHE) is the Controlling Officer at the district level for implementation of the schemes for educational development. Enrollment in classes IX to XII has declined in the district during 2006-09 as compared to 2005-06. The DDHE stated (June 2009) that the enrolment decreased from 23,237 in 2005-06 to 20,436 in 2008-09 due to migration of students out of State/district and domestic circumstances.

### ➤ Planning

The DDHE did not carry out any survey to assess the adequacy of accommodation for students, staff and availability of infrastructure in the schools. An amount of Rs. 6.28 crore was allotted to the Public Works Department for construction of 49 school buildings in the district during 2005-09. The DDHE did not monitor the status of construction of these school buildings and was not having complete information on its status. As such, he could not provide any information regarding the physical/financial progress of these buildings.

### ➤ Infrastructure and Amenities

The infrastructural facilities available in 140 High Schools and Senior Secondary Schools in the district are given below:

**Table: 9**

(In numbers)

| Without pucca building | Operating in rented buildings | Without safe drinking water | Without separate toilets for boys and girls | Not having spacious playground | Without electricity connection | No separate labs for science subjects |
|------------------------|-------------------------------|-----------------------------|---------------------------------------------|--------------------------------|--------------------------------|---------------------------------------|
| 05                     | Nil                           | 07                          | 104                                         | 18                             | 09                             | 43                                    |

Source: Figures provided by DDHE. This information has been reported as per DISE data of SSA. No record has been maintained at district level due to shortage of staff

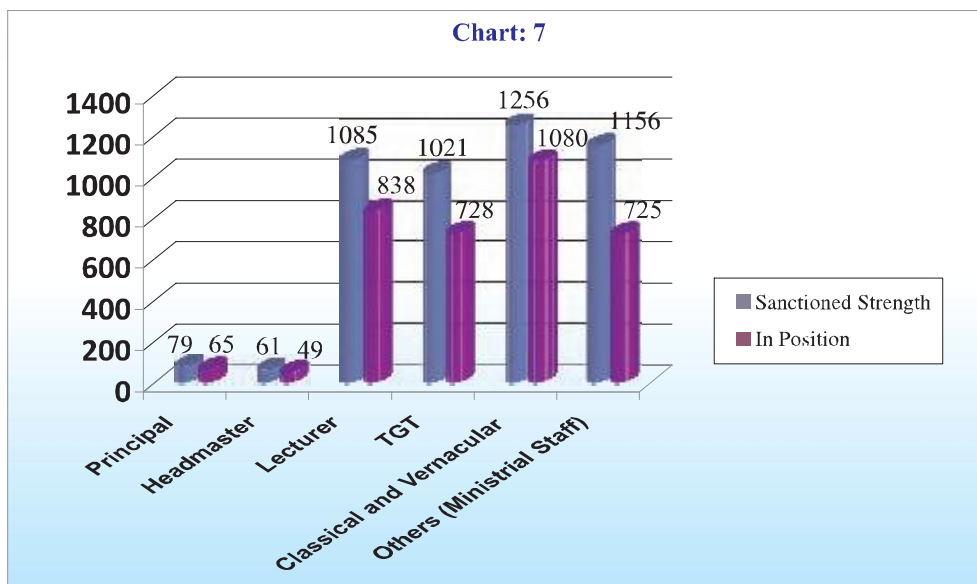
- Government Post Graduate College, Nahan, has no land and building of its own and was being run in the premises of Government Senior Secondary School, Nahan. During 2006-09 the Education Department had deposited Rs 4.65 crore<sup>6</sup> with PWD Nahan for construction of college building at Nahan but land was yet to be transferred by Municipal Council, Nahan as of June 2009.
- Six schools were not having science laboratories, seven schools have no library, three schools have no play ground, six schools have no furniture for students and one school was without toilet facility for boys. The DDHE in the exit conference admitted (October 2009) the facts.

### iii) Quality of Education

Quality education can be imparted only when there is an adequate availability of teachers in schools/colleges and the quality of teaching is reflected in the level of improvement evident from the board results of class X and XII.

#### ➤ Availability of Teachers

The category wise position of teachers in the district as of March 2009 was as under.



Source: Departmental figures

<sup>6</sup> 2006-07: Rs 2.00 crore, 2007-08: Rs 2.00 crore and 2008-09 : Rs 0.65 crore.

In 12 test checked institutions, there was a shortage of two to 33 posts in different categories (Principals: two; Lecturers: 27; TGTs: 10; and others: 33) during 2004-09.

#### ➤ Board results

The data relating to overall pass percentage of students in different examinations of the Board of School Education had not been maintained by the DDHE at the district level. As such, the quality improvement in educational level of the students and impact of the schemes could not be vouchsafed in audit.

In ten out of 12 test checked schools<sup>7</sup>, the pass percentage in respect of class VIII during 2008-09 decreased as compared to 2004-05 and 2007-08. In case of X and XI classes; it increased as compared to the year 2004-05 whereas in respect of class XII pass percentage showed a declining trend in 2008-09 as compared to 2005-08 as given below:

**Table:10**

(In percentage)

| Classes | 2004-05 | 2005-06 | 2006-07 | 2007-08 | 2008-09 |
|---------|---------|---------|---------|---------|---------|
| VIII    | 52      | 55      | 30      | 61      | 49      |
| X       | 44      | 56      | 49      | 61      | 70      |
| XI      | 54      | 64      | 56      | 67      | 70      |
| XII     | 75      | 80      | 80      | 84      | 77      |

Source: Departmental figures

The DDHE admitted (October 2009) in the exit conference that Board's results were not satisfactory and further stated that detailed analysis of poor results is being conducted.

#### ➤ Inspections of Schools

The Himachal Pradesh Education Code provides that the DE or any other Officer authorised by him is responsible for the supervision and inspection of schools. The inspection of schools is to be done at least once a year.

**Scrutiny revealed that the DE or any other officer authorised by him had not conducted inspection of the schools in the district during 2004-09.**

Test check of records in the office of DDHE revealed that in respect of GSSSs and GHSs against the requirement of 633 inspections during 2004-09, the DDHE carried out only 187 inspections resulting in shortfall of 446 inspections (70 per cent). The DDHE stated (July 2009) that inspections could not be carried out due to non availability of a driver for the vehicle and frequent transfers of DDHE.

#### iv) Scholarship schemes

The extent of implementation of these schemes is discussed below:

#### ➤ Pre-matric scholarship for OBC students

The scheme was implemented in the district from the year 2005-06. During 2005-07, there were 1087 eligible students of OBC category to whom pre-matric scholarship

<sup>7</sup> Out of 79 GSSSs and 61 GHSs.



was to be provided but due to non-receipt of budget under this scheme these students were denied of the scholarship. For the years 2007-08 to 2008-09; identification of beneficiaries to be covered and requirement of funds for the purpose was not done. The scheme was thus not managed effectively.

In five test checked GSSS<sup>8</sup> all the eligible 129 students were denied the benefit due to non-availability of budget. No data of eligible students was supplied by the five test checked GHSs<sup>9</sup>.

➤ **Integrated Rural Development Programme (IRDP) Scholarships**

This scholarship is being granted to students of Ist to XII standards of families identified under IRDP from 1991-92 annually<sup>10</sup> to enable them to complete their studies. Budget provision and expenditure incurred under this scholarship programme during 2004-09 and the number of students covered in the district is given below:

**Table: 11**

| Year    | Budget (Rs in lakh) | Expenditure (Rs in Lakh) | Number of applications received | Number of students covered |
|---------|---------------------|--------------------------|---------------------------------|----------------------------|
| 2004-05 | 23.91               | 23.60                    | 6,466                           | 6,466                      |
| 2005-06 | 24.50               | 24.25                    | 6,927                           | 6,927                      |
| 2006-07 | 24.08               | 23.89                    | 3,502                           | 3,502                      |
| 2007-08 | 26.99               | 26.99                    | 5,824                           | 5,824                      |
| 2008-09 | 26.71               | 26.71                    | 3,011                           | 3,011                      |

Source: Figures provided by DDHE & DDEE

Note: Figures of application received and students covered only in respect of classes IX to XII. Data relating to the enrolment of IRDP students in classes I to V for the period 2004-09, classes VI to VIII for the years 2007-09 was not maintained in the district. However, the enrolment data for the period 2004-06 in respect of classes VI to VIII and Classes IX to XII for the period 2004-09 was available in the district.

In the twelve<sup>11</sup> test checked colleges and schools and three<sup>12</sup> educational blocks, 11,253 out of 11,562 students of IRDP families were given the benefit of IRDP scholarship and 309 students were deprived of the intended benefit due to non receipt of budget allocation.

<sup>8</sup> 1. Dadahu 2. Sarahan 3. Nahan (Boys) 4. Nahan (Girls) and 5. Kaffota.

<sup>9</sup> 1. Ajoli 2. Bata Mandi 3. Bikram Bag 4. Haripur Khol and 5. Rampur Bharapur.

<sup>10</sup>

| Classes    | Amount of Scholarship per students |       |
|------------|------------------------------------|-------|
|            | Boys                               | Girls |
| I to V     | 150                                | 150   |
| VI to VIII | 250                                | 500   |
| IX to X    | 300                                | 600   |
| XI to XII  | 800                                | 800   |

<sup>11</sup> 1. Government Post Graduate College, Nahan 2. Government Sanskrit College, Nahan 3. GSSS, Dadahu 4. GSSS, Sarahan 5. GSSS (Boys), Nahan 6. GSSS (Girls), Nahan 7. GSSS, Kaffota 8. GHS, Ajoli 9. GHS, Bata Mandi 10. GHS, Bikram Bag 11. GHS, Haripur Khol and 12. GHS, Rampur Bharapur.

<sup>12</sup> BEEOs, Nahan, Dadahu and Sarahan.

➤ **Post-matric scholarship scheme (PMSS)**

As per information made available by the DDHE, all the 4,946 eligible students in the district were covered under the scheme by providing the financial assistance of Rs 73.84 lakh at the rate of Rs 140 per month for SC/ST and Rs 90 per month for OBC during 2004-09.

However, in seven<sup>13</sup> (out of 12) test checked institutions, out of 1241 students, 908 were given the benefit of PMSS and 333 students were deprived due to non-availability of budget. This shows that data compiled at district headquarters was not based on factual position.

➤ **Kasturba Gandhi Balika Scholarship Scheme**

Kasturba Gandhi Balika Scholarship Scheme was introduced by the GOI from 2008-09. Under this scheme financial assistance was to be provided to girls belonging to SC/ST category below 16 years of age and studying in IX and X classes. In the district, 147 such girls were identified in the district during 2008-09 but benefit could not be extended due to non allocation of budget by the State Government.

**To sum up, many schools in the district were lacking basic infrastructure/facilities and the scholarship schemes were not effectively managed as a database of the actual students to be covered and its periodical updation for assessing the requirement of funds was not being maintained which deprived and delayed the benefits of the scholarships to the eligible students. Shortage of teachers in schools impacted the board results which was far from satisfactory.**

The DC in the exit conference advised the DDHE to prepare a data base of all eligible students for the purpose of payment of scholarships. The DDHE agreed to do so.

***Recommendations***

- *Accommodation and basic infrastructure/facilities should be provided on a priority basis in respect of all the schools, especially at the elementary level, to ensure an appropriate environment for teaching and learning.*
- *The State Government should carry out a survey and create a database of the beneficiaries to be covered under various scholarship schemes. This database should be updated on a yearly basis and all the eligible students should be provided scholarship as per norms, in a timely manner.*

<sup>13</sup>

1. Government Post Graduate College, Nahan 2. Government Sanskrit College, Nahan 3. GSSS, Dadahu 4. GSSS, Sarahan 5. GSSS (Boys), Nahan 6. GSSS (Girls), Nahan and 7. GSSS, Kaffota.

### 5.3 Water Supply

Provision of adequate and safe drinking water to all the citizens, especially those living in the rural areas, has been a priority area for both the Central and the State governments. In Sirmour district, as with the State as a whole, three centrally sponsored schemes and four State Plan schemes are being implemented for provision of drinking water through three divisions<sup>14</sup> by the Irrigation and Public Health Department. The budget allocation and expenditure on water supply schemes in the district during 2004-09 was as follows:

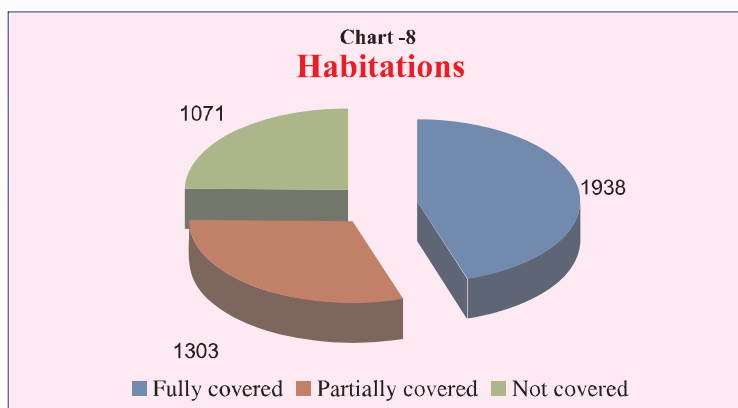
**Table: 12** (Rupees in crore)

| Year         | Central funds Allocation | Expenditure  | State funds Allocation | Expenditure  |
|--------------|--------------------------|--------------|------------------------|--------------|
| 2004-05      | 5.39                     | 4.95         | 5.27                   | 4.80         |
| 2005-06      | 7.51                     | 7.54         | 4.52                   | 4.13         |
| 2006-07      | 5.40                     | 5.21         | 4.29                   | 5.40         |
| 2007-08      | 9.71                     | 9.95         | 16.37                  | 16.47        |
| 2008-09      | 8.20                     | 8.26         | 16.55                  | 16.92        |
| <b>Total</b> | <b>36.21</b>             | <b>35.91</b> | <b>47.00</b>           | <b>47.72</b> |

Source: Departmental Figures

#### i) Status of Water Supply

Out of 4312 habitations in the district, 45 per cent of the habitations were fully covered with drinking water facility, 30 per cent were partially covered and the remaining were yet to be covered.



#### ii) Status of execution of schemes

In the three sampled divisions, 939 habitations were to have been covered during 2004-09 as per Comprehensive Action Plan (CAP) 2003. The Department, however took-up execution of 154 water supply schemes at a cost of Rs 62.17 crore to cover 829 habitations. Of these, only 32 schemes covering 66 habitations were completed as of March 2009 after expending Rs 6.92 crore. Thirteen out of these 32 schemes were completed with a delay ranging from three to 33 months involving cost overrun

<sup>14</sup> Nahan, Nohradhar and Paonta Sahib.

of Rs 0.79 crore. The remaining 122 water supply schemes to cover 763 habitations were in progress after incurring an expenditure of Rs 31.51 crore. The execution of 28 water supply schemes to cover 110 habitations approved during 2007-09 had not yet been taken up as of June 2009.

**Audit scrutiny revealed that lack of adequate supervision at departmental level and at required frequency, had not only delayed the completion of schemes on time, but also raised doubts about the quality of works. Further, the targeted beneficiaries were denied adequate and safe drinking water.**

### iii) Water Quality

As per departmental instructions, fortnightly testing of water samples of rural water supply schemes to ensure safe drinking water during the rainy season and monthly testing thereafter is required to be conducted in the State laboratories. Scrutiny of records of three sampled divisions revealed that in respect of 783 schemes, against the required 40,938 water sample tests to be conducted during 2004-09 only 12,780 tests were actually done resulting in shortfall of 69 *per cent*. It was further noticed that no water testing kits had been procured during the last five years in all the three sampled divisions. Further, there is only one water testing laboratory at Nahan in the district where no water testing had been carried out since January 2009 due to non posting of any lab technician.

As per information supplied by the CMO, Sirmour at Nahan, there were 1,24,361 cases of water born diseases (Diarrhoea/dysentery: 1,18,365 and Gastroenteritis: 5,996) noticed in Sirmour district during 2004-09, apart from occurrences of two deaths due to Gastroenteritis during 2004-05.

The EEs of Nahan and Paonta divisions in the exit conference stated (October 2009) that one laboratory at Nahan is not sufficient for catering the services of water testing in the district and more laboratories are being setup separately.

**To sum up, unsafe water was being supplied to the public in the district as the quality of water to the habitations was not being ensured by conducting the required water sample tests; as a result substantial number of cases of water borne diseases were noticed in the district.**

## 5.4 Sanitation facilities

There are two towns viz. Nahan and Paonta Sahib in the district where sewerage facilities are yet to be provided. For Paonta Sahib town, sewerage scheme was approved (October 1995) for Rs 2.62 crore and was stipulated to be completed within a period of five years (i.e. by September 2000). **Despite expending Rs 8.81 crore, the scheme was lying incomplete as of June 2009 and sewerage facility in the town remained to be provided within the prescribed time.**

The Executive Engineer attributed (June 2009) delay to non-availability of funds, land disputes and time taken for procurement of material. The reply indicates poor planning of the Department before taking up the execution of the scheme.

**Thus, in the absence of sewerage facilities in Nahan and Paonta Sahib, the residents of these towns are exposed to untreated waste and sewage which is a health hazard.**

***Recommendations***

- *The State Government/district administration needs to prepare a strategic action plan to provide potable drinking water to the uncovered habitations in a time bound manner.*
- *Water quality testing system should be improved/upgraded to ensure supply of safe drinking water to the public.*
- *Effective steps needs to be taken to ensure early completion of the sewerage scheme to Paonta Sahib town. Besides, Nahan town should also be considered for providing sewerage facility.*