Chapter 5: Social Services

A review of the implementation of the flagship programmes like Sarva Shiksha Abhiyan (SSA), Mid Day Meal (MDM), National Rural Health Mission (NRHM), Accelerated Rural Water Supply Programme (ARWSP) and Total Sanitation Campaign (TSC) brought out the successful efforts of the State and District Administration in improving the basic infrastructure in both Health and Education Sectors. However, there is a need to provide adequate and skilled manpower in these sectors to be able to use the infrastructure to achieve the intended objective of providing quality health care, education, water and basic civic amenities to the people of the District.

5.1 Health

The Joint Director of Health Services, Cachar at Silchar functioning under the State Health and Family Welfare Department is responsible for providing health care services to the people through a network of one district hospital, one Community Health Centre (CHC), 32 Primary Health Centres (PHCs) and 272 Sub Centres (SCs). Besides a Government medical college hospital, 16 Nursing homes and private hospitals are also providing health care services to the people.

5.1.1 Planning

As a first step towards providing accessible, affordable and equitable health care under NRHM, a household survey was to be carried out to identify the gaps in health care facilities in rural areas. Audit scrutiny revealed that the Regional Resource Centre (RRC), North East carried out evaluation survey to identify the gaps and the International Institute for Population Sciences, Mumbai had carried out the district level household and facility survey. Other than these the Auxiliary Nurse Midwives (ANMs), Accredited Social Health Activist (ASHA) used to do the need based survey at the Block PHC level. However, data as collected from these surveys was not ratified by the Panchayati Raj Institutions (PRIs) as was required.

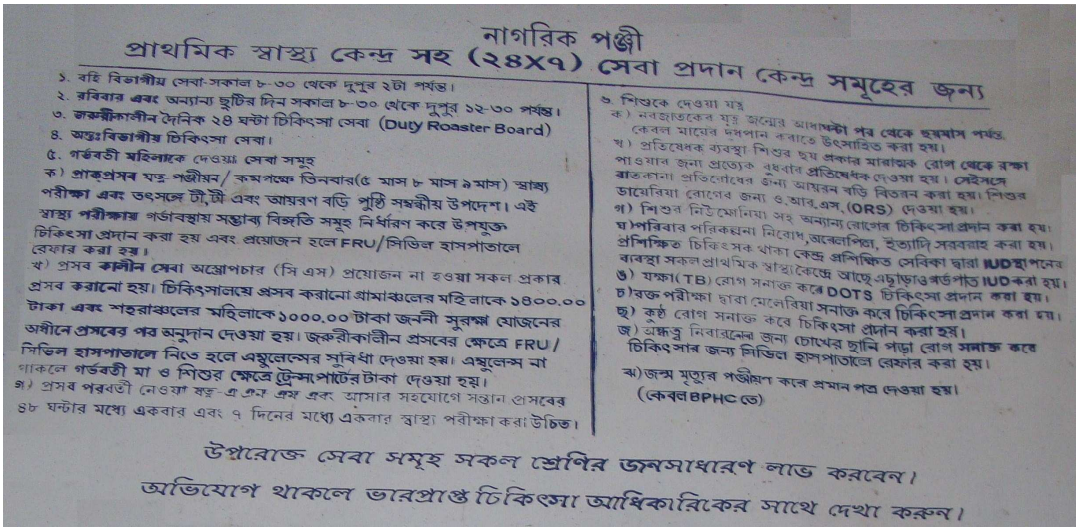
The District Health Society (DHS)[4] is required to prepare a perspective plan as well as Annual Action Plans (AAPs). The NRHM focuses on the village as an important unit for planning but the DHS did not insist on village plans till 2008-09. Therefore, District Health Annual Plans (DHAPs) were prepared on the basis of Block Health Action Plans (BHAPs).

Audit scrutiny revealed that perspective plan was not prepared during 2005-10. The DHAPS were prepared for the years 2007-08, 2008-09 and 2009-10.

[4] The District Health Society is the district level implementing agency of NRHM, which is headed by District Project Manager.

The Mission activities were to be converged with other department's programmes and working of non-Governmental stakeholders, Village Health and Sanitation Committees (VHSCs) and Rogi Kalayan Samitis (RKSs). Audit scrutiny revealed that all the PHCs, SCs and CHC have their own VHSCs although RKSs were constituted only in 2008-09 and are yet to be functional (November 2010). One of the objectives of RKS is to develop a Citizen Charter for every level of health facility with definite commitment in writing to the citizens for delivering standardised services within a specified time frame. Compliance to citizens' charter was to be ensured through operationalisation of a Grievance Redressal Mechanism. Audit scrutiny revealed that while the citizen charter was displayed in all the PHCs and the CHC test-checked but there was no mechanism in place for redressal of complaints/grievances of the community regarding their need, coverage, access, quality, denial of care etc., and no records were produced to audit. Thus, health care campaign through the citizen charters was only partial and the grievances of the community regarding delivery of healthcare remained largely unaddressed.

Citizen Charter



নাগরিক পঞ্জী

প্রাথমিক স্বাস্থ্য কেন্দ্র সহ (২৪X৭) সেবা প্রদান কেন্দ্র সমূহের জন্য

১. বহি বিভাগীয় সেবা-সকাল ৮-৩০ থেকে দুপুর ২টা পর্যন্ত।
২. রবিবার এবং অন্যান্য ছুটির দিন সকাল ৮-৩০ থেকে দুপুর ১২-৩০ পর্যন্ত।
৩. জরুরীকালীন দৈনিক ২৪ ঘন্টা চিকিৎসা সেবা (Duty Roaster Board)
৪. অন্তঃবিভাগীয় চিকিৎসা সেবা।
৫. গর্ভবতী মহিলাকে দেওয়া সেবা সমূহ
ক) প্রাকপ্রসব যত্ন পঞ্জীয়ন/ কমপক্ষে তিনবার(৫ মাস ৮ মাস ৯মাস) স্বাস্থ্য পরীক্ষা এবং তৎসঙ্গে টী,টী এবং আয়রণ বড়ি পুষ্ঠি সম্বন্ধীয় উপদেশ। এই স্বাস্থ্য পরীক্ষায় গর্ভাবস্থায় সম্ভাব্য বিপত্তি সমূহ নির্ধারণ করে উপযুক্ত চিকিৎসা প্রদান করা হয় এবং প্রয়োজন হলে FRU/সিভিল হাসপাতালে রেফার করা হয়।
খ) প্রসব কালীন সেবা অস্ত্রোপচার (সি এস) প্রয়োজন না হওয়া সকল প্রকার প্রসব করানো হয়। চিকিৎসালয়ে প্রসব করানো গ্রামাঞ্চলের মহিলাকে ১৪০০.০০ টাকা এবং শহরাঞ্চলের মহিলাকে ১০০০.০০ টাকা জননী সুরক্ষা যোজনের অধীনে প্রসবের পর অনুদান দেওয়া হয়। জরুরীকালীন প্রসবের ক্ষেত্রে FRU/ সিভিল হাসপাতালে নিতে হলে এম্বুলেন্সের সুবিধা দেওয়া হয়। এম্বুলেন্স না থাকলে গর্ভবতী মা ও শিশুর ক্ষেত্রে ট্রান্সপোর্টের টাকা দেওয়া হয়।
গ) প্রসব পরবর্তী নেওয়া যত্ন-এ এন সি এবং আসার সহযোগে সন্তান প্রসবের ৪৮ ঘন্টার মধ্যে একবার এবং ৭ দিনের মধ্যে একবার স্বাস্থ্য পরীক্ষা করা উচিত।

৬. শিশুকে দেওয়া যত্ন
ক) নবজাতকের যুত্ন জন্মের আধাঘন্টা পর থেকে ছয়মাস পর্যন্ত কেবল মায়ের দুধপান করাতে উৎসাহিত করা হয়।
খ) প্রতিষেধক ব্যবস্থা শিশুর ছয় প্রকার মারাত্মক রোগ থেকে রক্ষা পাওয়ার জন্য প্রত্যেক বুধবার প্রতিষেধক দেওয়া হয়। সেইসঙ্গে রাতকানা প্রতিরোধের ডানা আমরন বড়ি বিতরন করা হয়। শিশুর ডায়েরিয়া রোগের জন্য ও.আর.এস.(ORS) দেওয়া হয়।
গ) শিশুর নিউমোনিয়া সহ অন্যান্য রোগের চিকিৎসা প্রদান করা হয়।
ঘ) পরিবার পরিকল্পনা নিরোধ,অবেলোপিয়া, ইত্যাদি সরবরাহ করা হয়। প্রশিক্ষিত চিকিৎসক থাকা কেন্দ্র প্রশিক্ষিত সেবিকা দ্বারা IUD স্থাপনের ব্যবস্থা সকল প্রাথমিক স্বাস্থ্যকেন্দ্রে আছে এছাড়াও গর্ভপাত IUD করা হয়।
ঙ) যক্ষা(TB) রোগ সনাক্ত করে DOTS চিকিৎসা প্রদান করা হয়।
চ) রক্ত পরীক্ষা দ্বারা মেলেরিয়া সনাক্ত করে চিকিৎসা প্রদান করা হয়।
ছ) কুষ্ঠ রোগ সনাক্ত করে চিকিৎসা প্রদান করা হয়।
জ) অন্ধত্ব নিবারনের জন্য চোখের ছানি পড়া রোগ সনাক্ত করে চিকিৎসার জন্য সিভিল হাসপাতালে রেফার করা হয়।
ঝ) জন্ম মৃত্যুর পঞ্জীয়ণ করে প্রমান পত্র দেওয়া হয়।
(কেবল BPHC তে)

উপরোক্ত সেবা সমূহ সকল শ্রেণির জনসাধারণ লাভ করবেন।
অভিযোগ থাকলে ভারপ্রাপ্ত চিকিৎসা আধিকারিকের সাথে দেখা করুন।

Source: Citizen Charter of Udharbond PHC.

5.1.2 Fund Management

Funds are released to the DHS by the State Health Society (SHS). Funds available under NRHM against all components and expenditure incurred thereagainst during 2005-10 are shown below:

Table-2: Funds available under NRHM against all components and expenditure incurred there against during 2005-10

(₹ in crore)

Year	Opening balance	Funds received	Total funds available	Expenditure	Closing balance	Percentage of expenditure
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2005-06	Nil	2.91	2.91	*	2.91	*
2006-07	2.91	4.19	7.10	2.51	4.59	35
2007-08	4.59	7.74	12.33	8.16	4.17	66
2008-09	4.17	14.75	18.92	9.16	9.76	48
2009-10	9.76	23.99	33.75	18.09	15.66	54
Total		**53.58**		**37.92**		

Source: Departmental figures.

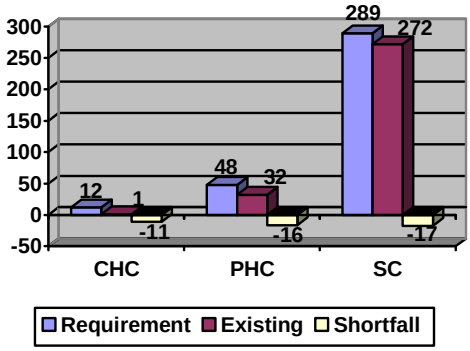
* Expenditure during 2005-06 was ₹37,062 only.

The above table shows that DHS could utilise only 35 to 66 *per cent* of total available funds during 2005-10 leaving unspent balance of ₹15.66 crore which reflected unrealistic assessment of fund requirements or limited absorption capacity by DHS.

5.1.3 Infrastructure

NRHM guidelines provided that one SC is to be set up for a population of 5,000, one PHC for 30,000 and one CHC for 1,20,000 population. For a total population of 14.45 lakh in the District 289 SCs, 48 PHCs and 12 CHCs were required to be set up. There were 268 SCs, 27 PHCs and one CHC in the District as on 31 March 2005 and during 2005-10 only 4 SCs and 5 PHCs were created. The status of infrastructure at the end of 2009-2010 against requirement is depicted in Chart-2.

Chart: 2



Source: Departmental figures.

It can be seen from the above chart that there was shortfall of 11 CHCs, 16 PHCs and 17 SCs against the requirement.

Non-setting up of the required health centres as per population norms resulted in non-achievement of the primary objective of improving accessibility to health facilities in rural areas.

➢ Status of infrastructure at health centres

The NRHM frame work envisaged provision of certain guaranteed services at SCs, PHCs and CHCs as per norms of Indian Public Health Standard (IPHS). The position of non-availability of infrastructure facilities and health care services in the District are given in Table-3 and Table-4 respectively.

Table-3: Non-availability of infrastructure facilities in health centres

Sl. No.	Infrastructure facilities	Sub-centres (SCs)		Primary Health centres (PHCs)		Community Health Centre (CHCs)	
		Requirement	No. of units where the facility is not available	Requirement	No. of units where the facility is not available	Requirement	No. of units where the facility is not available
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Waiting room for patients	272	163	32	4	1	0
2.	Labour Room	272	160	32	10	1	0
3.	Operation theatre	Not required	NIL	32	23	1	0
4.	Clinic Room	272	272	32	0	1	0
5.	Emergency/Casualty Room	272	272	32	2	1	0
6.	Residential facility for staff	272	163	32	4	1	0
7.	Government buildings	272	163	32	0	1	0
8.	Separate utility for male and Female	272	163	32	18	1	0
9.	Provision for water supply	272	198	32	10	1	0
10.	Facility for medical waste disposal	272	272	32	32	1	1
11.	Electricity connection	272	140	32	2	1	0

Source: Departmental figures.

Table-4: Non-availability of basic health care services in health centres

Sl. No.	Health care services	Community Health Centre (CHCs)		Primary Health centre(PHCs)	
		Requirement	No. of units where the facility is not available	Requirement	No. of units where the facility is not available
(1)	(2)	(3)	(4)	(5)	(6)
1.	Blood storage facility	1	1	32	26
2.	New born care	1	1	32	10
3.	24 x 7 deliveries	1	0	32	6
4.	Impatient services	1	0	32	15
5.	X-Rays	1	1	32	26
6.	Ultrasound	1	1	32	26
7.	Obstetric services	1	0	32	10
8.	Emergency services (24 hours)	1	0	32	2
9.	Diagnostic services	1	1	32	26
10.	Family planning	1	0	32	26
11.	Intranatal examination	1	0	32	4

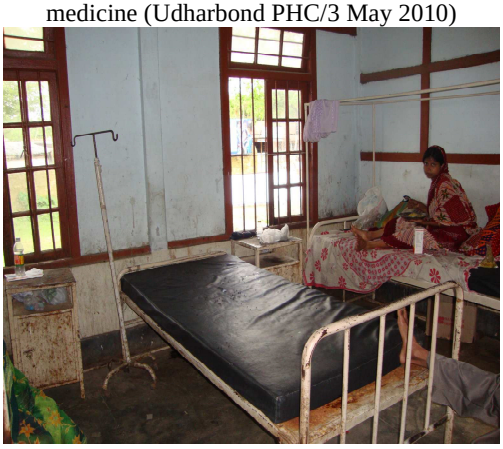
Source: Departmental records.

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

Photograph of Rented SC
(Motinagar SC under Sonai PHC/5 May 2010)

Photograph of un-scientific storage of drugs & medicine (Udharbond PHC/3 May 2010)

Photograph of unsecured maternal ward
(Borkhola PHC/4 May 2010)



Photograph of unhygienic maternal ward
(Borkhola PHC/4 May 2010)

The DHS received ₹29.70 lakh during 2005-06 for upgradation of Borkhola PHC (₹22.30 lakh) and Baskandi PHC (₹7.40 lakh) from SHS out of which ₹14.80 lakh was refunded to SHS and ₹8.08 lakh was spent leaving unspent balance of ₹6.82 lakh. The PHCs are yet to be upgraded as CHCs (November 2010). Further, ₹40 lakh was received during 2005-06 by the DHS for upgradation of Kalain CHC as a first referral unit (FRU), which was also refunded (December 2006) to SHS as per instruction of the Government.

Thus, the Department failed to provide appropriate health infrastructure and availability of referral services to these institutions despite availability of funds.

The Block PHC, Udharbond was inaugurated (9 July 2005) as a 30 bedded hospital by the Hon'ble Chief Minister, Assam but remained non-functional for want of infrastructure and manpower. The said unit is still functioning as a PHC with six bed capacity. The major portion of the building constructed for 30 bedded hospital remained unutilised as evident from the following Photographs.

Photographs of Udharbond BPHC/3 May 2010

5.1.4 Manpower Resources

NRHM aimed at providing adequate skilled manpower at all the health centres as per the norms of Indian Public Health Standard (IPHS).

The status with regard to the availability of manpower at various health centres physically verified by audit is given below:

Table-5: Availability of manpower as per IPHS norm at various health centres physically verified

Sl. No.	Particulars	Number of cases
Sub-centres (Total numbers audited: 10)		
1	Sub-centres without one MPW	10
Primary Health Centres (Total numbers audited: 7)		
2	PHCs without two medical officer	4
3	PHCs without an AYUSH Medical Officer	4
4	PHCs without two staff Nurses	2
5	PHCs without even one staff Nurse	2
6	PHCs without Lab. Technician/Pathologist	4
7	PHCs without Radiologist	7
8	PHCs without doctor	1

Source: Departmental figures.

The CHC had no General Surgeon, Eye Surgeon, Gynecologist and also no diagnostic facility.

It is evident from the above table that there was severe shortage of key health care personnel. In the absence of Medical Officers and Specialists especially in CHC, the aim of NRHM of providing adequate medical and specialist services remained unfulfilled.

5.1.5 Performance Indicators

Performance indicators qualifying the targets for reducing infant mortality rate (IMR), maternal mortality rate (MMR) and total fertility rate (TFR), reducing morbidity and mortality rate etc., are generally prescribed by the State Government. While Government of India has fixed targets for the country and the States to be achieved during Mission period, SHS had not fixed the year-wise targets for the districts, to enable monitoring and corrective action where necessary. In the absence of year-wise targets for the District, the progress of achievement of crucial health indicators of the District could not be ascertained.

5.1.6 Janani Suraksha Yoyana

NRHM, with its programme of Reproductive and Child Health-II (RCH-II), aims to encourage prospective mothers to undergo institutional deliveries. To encourage institutional delivery, the Janani Suraksha Yojana (JSY) was launched to provide all pregnant women cash assistance of ₹1,400 irrespective of their age and number of previous deliveries and ₹600 to ASHA per case for bringing pregnant women to the health centre.

(a) Institutional Delivery

The targets for institutional deliveries in the District and the achievement there-against during 2005-10 are given below:

Table-6: Position of institutional deliveries.

Year	Pregnant women	Institutional delivery	Percen-tage
(1)	(2)	(3)	(4)
2005-06	46,500	11,519	25
2006-07	47,360	12,143	26
2007-08	47,914	20,755	43
2008-09	49,345	22,166	45
2009-10	46,315	27,680	60

Source: Departmental figures.

As can be seen from the above table, the achievement with regard to institutional deliveries ranged between 25 and 60 *per cent.* Thus, the percentage of institutional deliveries has been increasing over the period of implementation of NRHM, which is encouraging.

This is also evident from the status of pregnant women who had institutional deliveries as verified from the Maternal and Child Health (MCH) Registers in the test-checked units as shown below:

Table-7: Position of institutional delivery in the five[5] test-checked units

Year	No. of pregnant women registered	Institutional deliveries	Percen-tage
(1)	(2)	(3)	(4)
2005-06	9,695	442	5
2006-07	16,324	1,766	11
2007-08	17,034	5,847	34
2008-09	17,532	7,740	44
2009-10	18,261	9,388	51

Source: Departmental figures.

The table above confirms that institutional deliveries were on the rise as envisaged by NRHM.

[5] Borkhala PHC, Jalalpur PHC, Kalain CHC, Sonai PHC and Udharbond PHC.

(b) Antenatal care

One of the major aims of safe motherhood is to register all the pregnant women within 12 weeks of pregnancy and provide them with services like four antenatal check ups, 100 days Iron Folic Acid (IFA) tablets, two doses of Tetanus Toxoid (TT), advice on the correct diet and vitamin supplements and in case of complications, refer them for more specialised gynaecological care. Early detection of complications during pregnancy through the prescribed antenatal checkups is an important intervention for preventing maternal mortality and morbidity. However, records of ante-natal checkups were not maintained properly in any of the sampled health centres. Details of registration as well as the MCH registers were also not maintained systematically. As a result ante-natal checkups provided to the pregnant women could not be ascertained in audit.

5.1.7 Immunisation Programme

The overall achievement in the District with regard to immunisation of children between zero to one year age group covering Bacillus Calamide Gurine (BCG), Diphtheria Petussis Tetanus (DPT) and Oral Polio Vaccine (OPV) ranged between 71 and 83 *per cent* during 2005-10. However, the shortfall in achievement of targets in the secondary immunisation of children ranged between 29 and 30 *per cent* for DT (five years age group) during 2007-10, ten and 31 *per cent* for TT (10 years age group), 18 and 50 *per cent* for TT (16 years age group) during 2005-10. During 2005-06 and 2007-10, two rounds of pulse polio programme were completed where as in 2006-07, six rounds were completed. Audit scrutiny revealed that shortfall in achievement of target resulted in prevalence of infant and child diseases like diphtheria (16 cases), tetanus (2 cases), pertussis (153 cases) measles (7,134 cases) and polio (274 cases) during 2005-10.

5.1.8 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 2005-10, against the target of 25,000, 21,475 (86 *per cent*) cataract surgeries were done with two available Eye surgeons posted in the District Hospital at Silchar. During 2006-10, 10,540 school children were screened and 256 (two *per cent*) were found with refractive errors. Only 52 students were provided with free spectacles during 2007-08. Except 64 teachers in 2007-08, no other teacher was trained during 2005-10 for screening refractive errors among students. The facility for eye donation is available only in Silchar Medical College Hospital (SMCH) in the District in which one eye was donated but not utilized.

The implementation of the scheme was, thus, poor due to lack of eye surgeons and infrastructure facilities which had deprived the rural people from intended benefits.

5.1.9 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 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 were 48, 36, 57, 46 and 63 respectively. The new cases registered during the last five years were 73, 59, 88, 68 and 84. The rate of prevalence of leprosy in the district during 2005-06, 2006-07, 2007-08, 2008-09 and 2009-10 was 0.30, 0.22, 0.35, 0.27 and 0.37 per ten thousand population respectively. Thus, the District could achieve the goal of Leprosy elimination during the last five years.

5.1.10 National Aids Control Programme (NACP)

The Programme was launched by 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) Out of ₹31.81 lakh received during 2005-10, ₹22.99 lakh (72 *per cent*) was utilised by District Aids Control Society.

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 in Cachar in 2002. Audit scrutiny revealed that the first HIV positive case was detected in Cachar district in January 2003. Out of 20,532 persons screened up to March 2010 in the District, 713 persons were found HIV positive. These included 13 fully blown AIDS cases. Treatment of all the HIV infected persons are in progress in SMCH.

(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, GOI decided (November 1999) to organise Family Health Awareness Camps (FHACs) in all the States in a phased manner. The position emerging out of the one FHAC held in Cachar district during 2005-06 is given below:

Table-8: The position emerging out of the one FHAC held in Cachar district during 2005-06

(In numbers)

Period of campaign	Targeted Population	No. of people who attended the camp	Percentage of attendance
(1)	(2)	(3)	(4)
June 2005	5.39 lakh	2.76 lakh	51

Source: Departmental figures.

Mobilisation for awareness campaign at the Government's effort was only partially successful.

No further camp was held in the district after 2005-06 due to paucity of funds. Funds were not provided by GOA during 2006-10 inspite of demand for the same by Jt.DHS.

(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 are two blood banks in the District viz., Barak Blood Bank, Silchar and Silchar Medical College and Hospital, but none has blood separation facility though skilled manpower was available (November 2010). Services of the skilled manpower were otherwise utilised in the hospital.

To sum 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 despite availability of fund, community involvement at every stage of planning, implementation and monitoring, the aim of providing accessible and affordable healthcare to the people remained to be achieved in the District.

Recommendations

- The District Health Society should play a more positive 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

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 universalisation of primary education.

5.2.1 Elementary Education

The Sarva Shiksha Abhijan (SSA) programme was launched in Assam during 2001-02 to provide elementary education to all children of age group six to fourteen years with active participation of the community. The District Mission Coordinator (DMC) is responsible for implementation of the scheme at the district level. Funds received and utilised at district level during 2005-10 is given below:

Table-9: Funds received and utilised at district level during 2005-10

(₹ in crore)

Year	Opening balance	Funds received	Funds utilised	Balance
(1)	(2)	(3)	(5)	(6)
2005-06	2.32	11.03	13.10	0.25
2006-07	0.25	21.37	21.42	0.20
2007-08	0.20	28.84	28.96	0.08
2008-09	0.08	30.46	30.05	0.49
2009-10	0.49	12.22	12.22	0.49
	Total	**103.92**	**105.75**	**--**

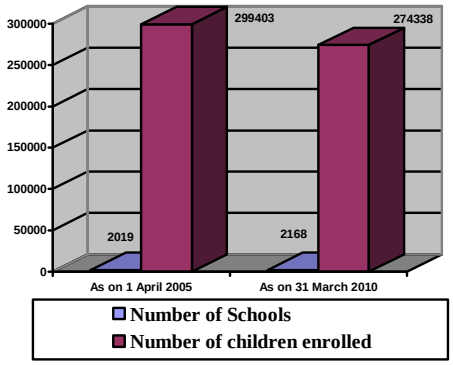
Source: Departmental figures.

The above table shows that funds amounting to ₹0.25 crore to ₹0.49 crore remained unutilized during 2005-10.

(a) 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 2005-10, as can be seen from Chart-3 below:

Chart: 3



Source: Departmental figures.

The number of primary and upper primary schools (upto class VIII) increased marginally (7 *per cent*) from 2,019 as on 1 April 2005 to 2,168 as on 31 March 2010, whereas enrollment of children in the targeted age group of 6 – 14 years in these schools decreased (8 *per cent*) from 2,99,403 as on 1 April 2005 to 2,74,338 as on 31 March 2010.

The percentage of out of school children decreased from 63 *per cent* in 2005-06 to 11 *per cent* in 2009-10. Test-check of records of 10 selected primary schools also indicated decrease (8 *per cent*) in enrolment during the period. The remaining five upper primary schools did not furnish the enrolment figures of 2005-06. The reason for decrease in enrolment may be attributed to increase in enrolment in private schools as stated by the department.

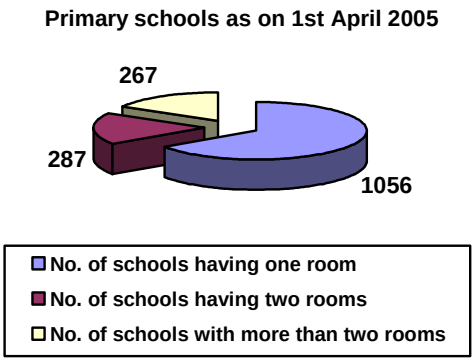
(a) Drop out of Students

District Project Coordinator (DPC) furnished the information regarding enrolment, attendance and dropout of students for the period 2006-10. Information for the year 2005-06 was not furnished to audit. Audit scrutiny revealed that the dropout level of students during 2006-10 decreased from 34 *per cent* in 2006-07 to 19 *per cent* in 2009-10. Similarly, in 15 test-checked Primary and Upper Primary Schools[6] the dropout level decreased from 17 *per cent* in 2005-06 to 15 *per cent* in 2009-10. Thus, there was improvement in checking the dropouts in the elementary schools.

(b) Infrastructure

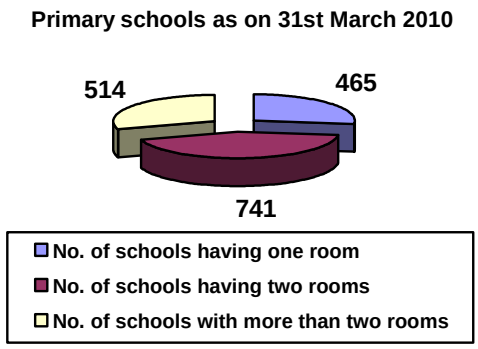
The status of infrastructure in primary schools in the District as on 1 April 2005 and 31 March 2010 is presented in Charts 4 and 5 below:

Chart: 4



Source**:** Departmental figures.

Chart: 5

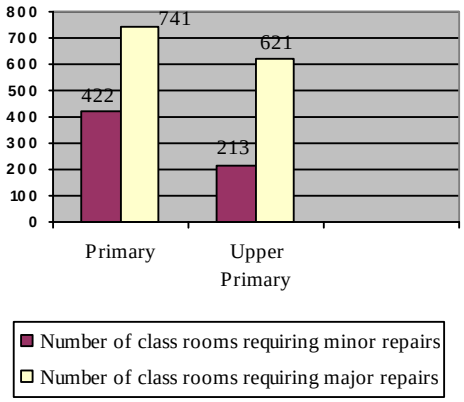


Source: Departmental figures

The charts above indicate an improvement in the provision of infrastructure.

Out of the total number of 1,720 primary and 448 upper primary schools in the District as of March 2010, a significant number required major repairs to the classrooms as depicted in Chart-6 below:

Chart: 6



Source: Departmental figures.

Dilapidated condition of a school/18 May 2010

[6] Primary Schools: (1) Arkatipur GSB School; (2) 49 No. Kashipur Bagan LP School; (3) 843 No. Rajghat LP School; (4) 914 No. Silcoorie LP School; (5) Dewan Garden LP School; (6) 682 Parimalbala LP School; (7) HBDS Rajabazar MV School; (8) 1333 No. Mahamaya LP School; (9) 645 No. TA Mazumder LP School; (10) 667 No. N Ali LP School.
Upper Primary Schools: (1) HBDS Rajabazar MV School; (2) Binnakandi ME School; (3) Laxmi Narayan ME School; (4) BNMP HS School; (5) Bhorakhai High School.

Reasons for non-taking up of repairing works in these schools were not stated to audit.

(c) Basic Amenities

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

Table-10: Non-availability of basic minimum amenities in elementary schools

(In numbers)

Category	Total Schools in the District	Amenities not available					
		Toilets	Girls' Toilets	Drinking water	Electricity connection	Boundary wall	Playground
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Primary	1,720	964	979	600	1,653	1,702	1,423
Upper Primary	448	193	214	218	362	440	284

Source: Departmental figures.

(d) Availability of Teachers

As against the norm of two teachers per primary school and at least three teachers for every 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 below:

Table-11: Primary and Upper Primary schools without minimum number of teachers

Year	Primary Schools		Upper Primary (UP) schools	
	Total number of primary schools	Number of primary schools with only one teacher	Total Number of UP schools	Number of UP schools with only two teachers
(1)	(2)	(3)	(4)	(5)
2005-06	1,610	548	409	2
2006-07	1,610	598	442	1
2007-08	1,610	651	434	2
2008-09	1,609*	663	434	2
2009-10	1,720	780	448	2

Source: Departmental figures.
* Reason for decrease of one school was not on record.

The above details show availability of poor infrastructure facilities/amenities and staff position in the schools, which indicated failure of the district authority in ensuring appropriate environment for teaching and learning besides improvement of quality of education at the desired level.

(e) Engagement of Teachers

As per data furnished by the DPC, except for the year 2005-06, excess teachers against the SSA norms were engaged in all the years during 2006-10. 194 teachers were engaged in excess of requirement during 2009-10.

Scrutiny of the records of the selected 15 schools revealed that two[7] schools in urban areas had four excess teachers where as 13 schools in rural areas had shortage of 53 teachers, indicating disproportionate engagement of teachers in rural and urban areas.

5.2.2 Higher Education

Higher education is being imparted in the District through a network of 242 Government High Schools (GHS), 28 Government Higher Secondary Schools (GHSS), nine Degree Colleges and six Sanskrit Colleges. The Inspector of schools (IS) is the Controlling Officer at the district level for implementation of the schemes for educational development. Enrollment in classes IX to XII has increased by seven *per cent* in the District during 2006-10 as compared to 2005-06. Gradual increase in pass percentage of Class-XII Board Examination was also noticed.

(a) Planning

The Inspector of schools did not carry out any survey to assess the adequacy of accommodation for students, staff and availability of infrastructure in the schools. The IS released ₹1.60 crore only during 2008-09 as building grants to 32 schools, but did not monitor the status of construction of these school buildings and did not have complete information on its status. As such, he could not provide any information regarding the physical/financial progress of these buildings.

(b) Infrastructure and Amenities

The position of infrastructural facilities in 270 High Schools and Higher Secondary Schools of the District are given below:

Table-12: Infrastructural facilities available in 270 High and Higher Secondary Schools

(In numbers)

Without pucca building	127
Operating in rented buildings	2
Without safe drinking water	127
Without separate toilets for boys and girls	127
Without electricity connection	139
No separate labs for science subjects	9

Source: Departmental figures.

(c) 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.

(i) Availability of Teachers

Out of total 270 High and Higher Secondary Schools the category-wise position of teachers in respect of 102 provincialised schools in the District as of March 2010 is depicted below:

Table-13: Availability of teachers in 270 High and Higher Secondary Schools

Sl. No.	Category	Sanctioned strength	Men in position	Short-age
(1)	(2)	(3)	(4)	(5)
1	Principal	26	Nil	26
2	Vice Principal	26	2	24
3	PG Teachers	266	239	27
4	Head Master	76	25	51
5	Assistance Head Master	25	14	11
6	Others	1781	1457	324

Source: Departmental figures.

[7] Mahamaya LP School and Subhashnagar Primary School.

In 15 test-checked institutions[8], there were 128 vacant posts in different categories (Principal – 6; Vice Principal-6; Head Master-3; Post Graduate teacher 13; Graduate teacher-67; Others – 33).

(ii) Board Results

The data relating to overall pass percentage in Board examination in respect of Class X and XII during 2005-10 had been furnished by the Inspector of School (IS) which indicated that pass percentage of Board Examination in respect of Class X increased from 58 *per cent* in 2005-06 to 65 *per cent* in 2009-10. In case of Class XII pass percentage increased from 59 *per cent* in 2006-07 to 73 *per cent* in 2009-10.

In 15 test-checked schools, the pass percentage in respect of Class X had increased from 56 *per cent* in 2005-06 to 72 *per cent* in 2009-10 and pass percentage of Class XII increased from 25 *per cent* in 2005-06 to 85 *per cent* in 2009-10 with inter year variations.

There was significant qualitative improvement inspite of a large vacancy of posts of teachers in the schools.

[8] High Schools: (1) Town HS, Silchar; (2) LC HS, Kabuganj; (3) PG Barjalenga HS; (4) KVP HS, Udharbond; (5) Khunaw HS, Fulertal; (6) KS HS, Sonai; (7) Kamaleswari HS, Chandpur; (8) Morley HS, Salganga; (9) Ambicacharan HS, Katigorah.
HS Schools: (1) Govt. Boys HSS, Silchar; (2) Govt. Girls HSS, Silchar; (3) BNMP HSS, Dholai; (4) SL HSS, Narsingpur; (5) Earle HSS, Lakhipur; (6) RGCM HSS, Borkhala.

(d) Inspection of Schools

The Inspector of Schools could not furnish any norms for inspection of schools and also any records of actual inspection during 2005-10 by the Director of Secondary Education or by any officer authorised by him. At the district level as per norms, Inspector of School/Assistant Inspector of Schools is responsible for carrying out inspection of at least 10 schools in a month. Audit scrutiny of records revealed that against the requirement of 1,163 inspections in respect of HS/HSS, only 380 inspections were carried out during 2005-10 resulting in shortfall of 783 inspections (67 *per cent*).

5.2.3 Scholarship schemes

For promoting the educational and economic interests of the weaker sections of the society and in particular the scheduled castes (SCs) and scheduled tribes (STs), the State Government has been implementing various scholarship schemes with financial support from GOI and also from its own sources. The Commissioner and Secretary of Welfare of Plain Tribes and Backward Classes is the nodal officer, whereas at district level schemes are implemented by the Project Director, Integrated Tribal Development project and sub-divisional Welfare Officer in the sub-divisional level.

Audit scrutiny of the records of the district level officer revealed that neither surveys were conducted nor any information regarding enrolment of

SC/ST students from the schools were obtained to ensure that the entire targeted group was covered with due financial assistances. Scholarships are given only on the basis of applications received from the students.

(a) Post-matric Scholarships

During 2005-10, ₹1.45 crore was paid as post-matric scholarships to 3,938 SC/ST students out of 4,050 applications received. Further, although 947 applications were received from SC students during 2009-10, no scholarship was given for non-receipt of funds from the Government. As such, 1,059 SC/ST students were deprived of financial assistances.

In six test-checked schools, 27 out of 406 eligible students were denied the benefit. No data about eligible students were furnished by nine schools.

(b) Pre-matric Scholarships

During 2005-09, 3,838 SC students from whom applications received were paid pre-matric scholarships amounting to ₹5.74 lakh. 1,137 ST/OBC students were paid pre-matric scholarships of ₹ four lakh during 2006-07 and 2008-09. During 2005-06, 2007-08 and 2009-10 identification of beneficiaries to be covered and requirement of funds for the purposes were not done.

In three test-checked schools, all the 65 SC/ST/OBC students were given pre-matric scholarship. The other 12 schools did not furnish information regarding eligible beneficiaries.

To sum up, many schools in the District lacked basic infrastructure/facilities and there were substantial shortfall in inspection of schools to be carried out by the Inspector of Schools. 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. There were, however, significant qualitative improvement of pass percentage in Board's results inspite of shortage of teachers in schools.

Recommendations

- Accommodation and basic infrastructure/facilities should be provided on a priority basis 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.

5.3 Mid Day Meal Scheme

The National Programme of Nutritional Support to Primary Education, a

Centrally Sponsored Scheme, commonly known as 'Mid Day Meal' (MDM) scheme was launched in August 1995 with the principal objective of boosting the universalisation of primary education by increasing enrolment, retention and learning levels of children and simultaneously improving nutritional status of primary school children in the age-group of 6-10 years. At district level DC acts as a Nodal Officer and is responsible for implementation of the Scheme.

During 2005-10, DC, Cachar received ₹25.72 crore as transportation cost (₹67 lakh) and cooking cost (₹25.05 crore). Out of this ₹21.50 crore (cooking cost: ₹20.97 crore; Transportation cost: ₹53 lakh) was spent leaving an unspent balance of ₹4.22 crore. Besides, ₹17.16 lakh accrued as interest on savings account meant for MDM.

Audit scrutiny revealed that during 2005-10, against the requirement of 22,944.46 tonne rice for primary school students, 18,009.62 tonne were allotted by GOI and DC, Cachar lifted 14,982.98 tonne rice.

Further, against requirement of 3,181.64 tonne rice for upper primary students, (w.e.f. 2008-09) 4,172.59 tonne rice was allotted by GOI and 1,273.23 tonne rice was lifted by DC. Thus, due to short/excess allotment/short lifting of rice, DC could provide on an average 144 feeding days to primary students against the requirement of 222 days per year and 64 feeding days to upper primary students against the requirement of 205 days per year. Nutritional status of students through regular weight measurement of the students and improvement of quality of education through better performances in class examinations were never assessed at any level.

As per guidelines all the schools would have a kitchen cum store. Out of 2,168 schools, 1,263 schools had pucca and 861 schools had kachcha kitchen cum store and the rest 44 schools did not have any kitchen cum store.

Deficient storage facility in the schools resulted in damage of 16.37 quintals of rice in two[9] out of 15 schools test-checked. Also, class rooms were utilised for storage purpose as evident from the following photographs:

Unsystematic storage of MDM rice at Biplabi Ullaskar Bidyabhawan, Meherpur, Silchar/ 17 May 2010.

Physical verification of 15 selected schools revealed that teachers were engaged in management of MDM scheme although school management committees were formed for implementation of the scheme. As a

[9] Silcoorie LP School and Lakshminarayan ME School Silcoorie.

result, considerable teaching time was lost as evident from the photograph.

Teachers serving MDM among students of Baskandi NMHS School, Lakhipur/19 May 2010

Implementation of the MDM scheme did not achieve its objective of providing nutritious meals to the eligible children and improve their enrolment and retention level since it could not provide the children with the meals upto the required number of days. The nutritional status of the students was not addressed and infrastructural facilities in the schools were inadequate.

5.4 Water Supply

Provision of adequate and safe drinking water to all the citizens, especially those living in rural areas, has been a priority area for both the Central and State Governments. In Cachar district four centrally sponsored schemes and four State plan schemes are being implemented for provision of drinking water. In the District the schemes were implemented through two Public Health Engineering Divisions. The funds available and expenditure on water supply schemes in the District during 2005-10 was as under:

Table-14: Funds available and expenditure on water supply schemes in the district during 2005-10

(₹ in crore)

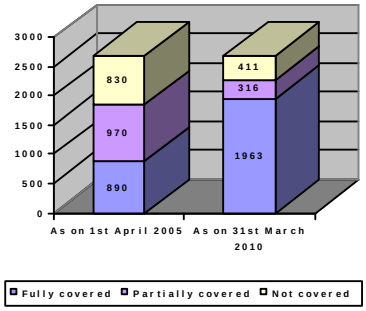
Year	Funds available	Expenditure
2005-06	24.06	24.06
2006-07	32.47	32.47
2007-08	26.81	26.81
2008-09	56.81	56.81
2009-10	34.93	34.93
Total	**175.08**	**175.08**

Source: Departmental figures.

5.4.1 Status of Water Supply

Out of 2,690 habitations[10], 890 (33 *per cent*) habitations were fully covered, 970 (36 *per cent*) habitations were partially covered and 830 (31 *per cent*) habitations were not covered upto 31 March 2005 whereas 1,963 (73 *per cent*) habitations were fully covered, 316 habitations (12 *per cent*) were partially covered and 411 (15 *per cent*) habitations remained uncovered as on 31 March 2010 showing significant increase in coverage during the last five years as shown in the following chart.

Chart: 7



Source: Departmental figures.

[10] Population equal to or more than 100 non SC/ST in an area forms a habitation, while 100 *per cent* SC/ST population in an area forms an SC/ST habitation.

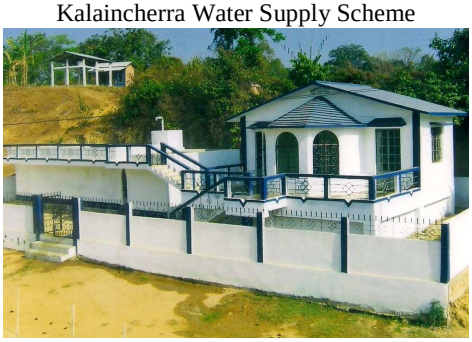
5.4.2 Status of execution of schemes

In two divisions there were 2,065 on going water supply schemes (both Spot and PWSS), (estimated cost ₹25.98 crore) as on April 2005. Further, during 2005-10, 1,763 water supply schemes were approved at an estimated cost of ₹186.25 crore. The divisions however targeted 3,795 schemes (Spot source: 3,404 and PWSS: 391) for completion out of which 3,777 schemes (Spot source: 3,402 and PWSS: 375) were completed during 2005-10. 45 schemes (estimated cost of ₹15.5 crore) approved between November 2007 and January 2010 had not been taken up as of March 2010. Six schemes were in progress after incurring an expenditure of ₹68 lakh. Ten completed schemes were physically verified during audit. Photographs of some of these schemes are given below:

Srikona Part-II Water Supply Scheme

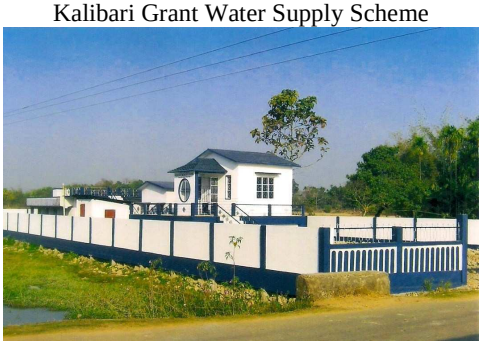
Kalaincherra Water Supply Scheme

Salchapra Part-II Water Supply Scheme



Kalibari Grant Water Supply Scheme

Ghungoor Water Supply Scheme

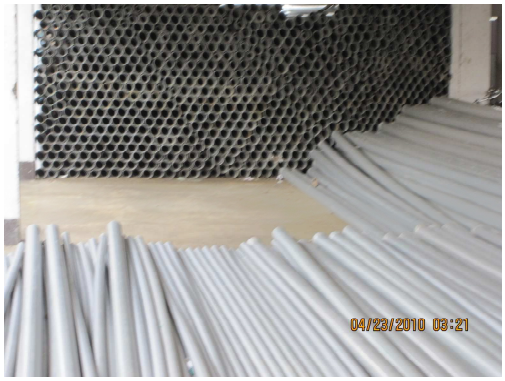


Nischintapur Water Supply Scheme

(Photographs taken during April-May 2010)

5.4.3 Material management

The Public Health Engineering Department procured material centrally and supplied them to the indenting divisions. Audit scrutiny revealed that 64 thousand RM UPVC pipes of various diameter (50 mm to 160 mm dia) valuing ₹1.41 crore (procured in May 2008) meant for 49 completed schemes remained idle (in PHE Division-II, Silchar) indicating poor material management by the department. The Division did not initiate any action for gainful utilisation/disposal of the idle UPVC pipes.



UPVC pipes worth ₹1.41 crore lying idle in PHE Division-II, Silchar/23 April 2010

5.4.4 Other points

- Village Level Committees (VLCs) are required to be formed for each completed scheme for its maintenance out of revenue collected from the beneficiaries. Audit scrutiny revealed that out of 571 completed schemes (PWSSs), VLCs were formed only for 133 schemes. Again, out of these 133 schemes, house connections were provided in only 73 schemes.

- The Department incurred an irregular expenditure of ₹1.08 crore for maintenance of 42 schemes for which VLCs were already formed.

5.4.5 Water quality

Apart from non-coverage of the uncovered habitations, the quality of water provided to the fully covered habitations was not tested at regular intervals. The Department did not fix any norm for water testing. However, 6,281 samples were tested by the two divisions through two water testing laboratories available in the District. 280 samples were found contaminated with Arsenic, which was unsafe for drinking. The divisions, however, provided safe drinking water through 88 PWSS in the localities having contaminated water sources. Audit scrutiny, however, revealed that two habitations having population of 1,651 remained uncovered from supply of safe drinking water. Although the divisions moved (March 2008 and February 2010) the Government for sanction of two piped water supply schemes (based on surface water) for these two habitations, the same remained to be sanctioned leaving the population vulnerable to hazardous diseases. As per information furnished by the Joint Director of Health Services, Cachar 1,035 cases of water borne diseases were detected (Diarrhea: 512; Gastroenteritis: 523) during 2005-10 indicating supply of unsafe drinking water.

To sum up, there was substantial improvement in coverage of habitations during the last five years. Supply of quality water was, however, not ensured by conducting the required water sample tests at regular intervals.

5.5 Sanitation and Sewerage

5.5.1 Total Sanitation Campaign

The Total Sanitation Campaign (TSC), a Centrally Sponsored Scheme was implemented in the District by the Public Health Engineering (PHE), Division-II. The main objective of the scheme was to accelerate sanitation coverage in rural areas to provide toilets to all by 2012, cover all schools by 2008 and Anganwadi Centres by March 2009 with sanitation facilities.

During 2005-10 the Division incurred an expenditure of ₹10.31 crore out of total available funds of ₹21.78 crore leaving unutilised balance of ₹11.47 crore. Category-wise targets and achievements of toilets are given below:

Table-15: Target and achievements of toilets

Year		2005-10
Targets	IHHL for BPL	1,19,931
	IHHL for APL	46,293
	School toilets	1,839
	Anganwadi	1,697
Achievements	IHHL for BPL	48,836 (41)
	IHHL for APL	13,427 (29)
	School toilets	1,869 (102)
	Anganwadi	859 (51)

Source: Departmental records.

(Figures in parenthesis denote percentage)

As per TSC, all the 2,438 schools in the District were to be covered by 2008 but the Division targeted 1,839 schools and covered 1,869 schools by 2009 leaving 569 schools uncovered which defeated the objectives of the scheme. Further, 51 *per cent* Angandwadi toilets were constructed although these were to be completed by 2009. In respect of IHHL for BPL and APL also the coverage was only 41 and 29 *per cent* respectively. Thus, inspite of having adequate fund provision the coverage was only partial, which indicated that the objective of the scheme to improve the quality of life of the rural people and provide privacy and dignity to women remained unachieved.

5.5.2 Sewerage

There are two towns in the District *viz.*, Silchar and Lakhipur. No sewerage facilities are available in these two towns. The Department also did not have any plan for construction of sewerage plant.

Thus, in the absence of sewerage facilities in Silchar and Lakhipur, the residents of these two towns are exposed to untreated waste and sewerage, which is a health hazard.

Recommendations

- Water quality testing should be ensured by fixing norms for the purpose.
- Water quality testing should be improved/upgraded to ensure supply of safe drinking water to people.
- Steps needs to be taken to ensure sewerage facility in both the towns of Silchar and Lakhipur.