Chapter 5: Social Services

Health, Education, Drinking Water, Sanitation etc. are some of the basic requirements of any region to maintain and sustain basic standard of living. Implementation of 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) were reviewed. Although there were improvements in creation of infrastructure in both Health and Education Sectors but the District Administration needs to provide adequate skilled manpower to utilise the facilities in these sectors.

5.1 Health

The Joint Director of Health Services, Nagaon functioning under the State Health and Family Welfare Department is responsible for providing health care services to the people. The District has one district hospital, 11 Community Health Centres (CHC), 71 Primary Health Centres (PHCs) and 361 Sub Centres (SCs). Besides, 33 private Nursing homes/ private hospitals and diagnostic centres/laboratories also provide health care services to the people.

5.1.1 Planning

NRHM strives for decentralized planning and implementation arrangements to ensure that need based and community owned District Health Action Plans form the basis for intervention, in the health sector. The District was, thus, required to prepare a Perspective Plan as well as Annual Action Plans (AAP) based on house hold survey to identify gaps in health care facilities in rural areas.

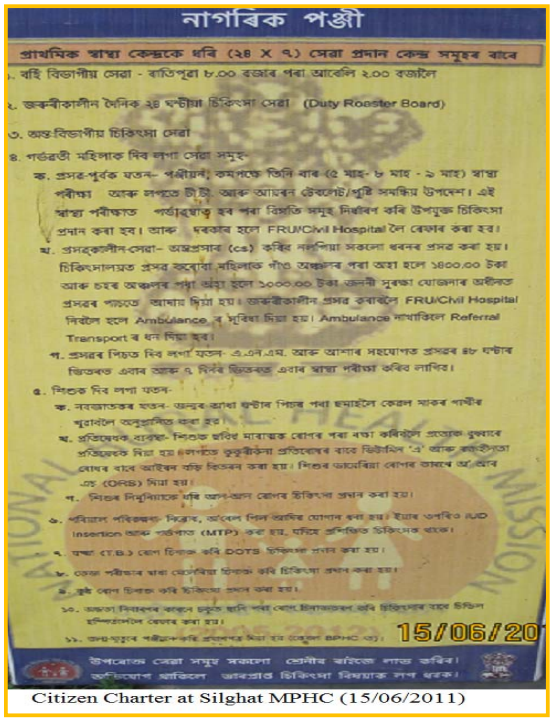
Audit scrutiny revealed that a State level household survey was carried out by a private agency to identify the gaps. No survey report was, however, made available to audit though called for.

The NRHM focuses on the village as an important unit for planning but the DHS[11] did not involve Panchayati Raj Institutions to prepare the village plans as required in the guidelines of NRHM. Therefore, District Health Annual Plans were prepared on the basis of Block Health Action Plans (BHAPs). Further, DHS did not prepare Perspective Plan for the mission period (2005-12). DC stated (September 2011) that the BHAP was prepared on the basis of household survey conducted by Auxiliary Nurse Midwives (ANM) and Accredited Social Health Activist (ASHA) but remained silent about the specific training on basic modalities of the survey, imparted to ANM and ASHA.

The Mission activities were to be converged with programmes of other departments and working of non-Government stakeholders, Village Health and Sanitation Committees (VHSCs) and Rogi Kalayan Samities (RKSs). Audit scrutiny revealed

[11] The District Health Society is district level implementing agency of NRHM

that VHSCs were formed in villages and RKSs were constituted for health centres up to PHC level. One of the objectives of RKS is to develop a Citizen Charter for each level of health facility with definite commitment in writing to the citizens for delivering standardised services within a specified timeframe. Compliance to the charter was to be ensured through operationalisation of a Grievance Redressal Mechanism. Audit scrutiny revealed that while the charter was displayed in the test checked PHCs and CHCs, 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. Thus, health care campaign through the citizen charter was only partial and the grievances of the community regarding delivery of healthcare remained largely unaddressed. In reply, DHS stated (September 2011) that apart from Citizen Charter, feedback box/complaint box were installed in BPHCs to take care of the grievances of the beneficiaries but it remained silent about the number of grievances received and disposed of and method for disposal of grievances.



Citizen Charter at Silghat MPHC (15/06/2011)

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 2006-11 are shown in the Table -4.

Table-4: Funds available under NRHM and expenditure incurred during 2006-11

(₹ in crore)

Year	Opening balance	Funds received	Total funds available	Expenditure	Closing balance	Percentage of expenditure
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2006-07	1.14	5.86	7.00	5.94	1.06	85
2007-08	1.06	13.83	14.89	13.79	1.10	93
2008-09	1.10	20.43	21.53	16.11	5.42	75
2009-10	5.42	30.78	36.20	17.67	18.53	49
2010-11	18.53	34.03	52.56	37.83	14.73	72
Total		**104.93**		**91.34**[12]		

Source: Departmental figures.

The above table shows that DHS utilised 49 to 93 *per cent* of total available funds during 2006-11 leaving the unspent balance of ₹14.73 crore which reflected limited absorption capacity by DHS. The funds could not be utilized within the financial year

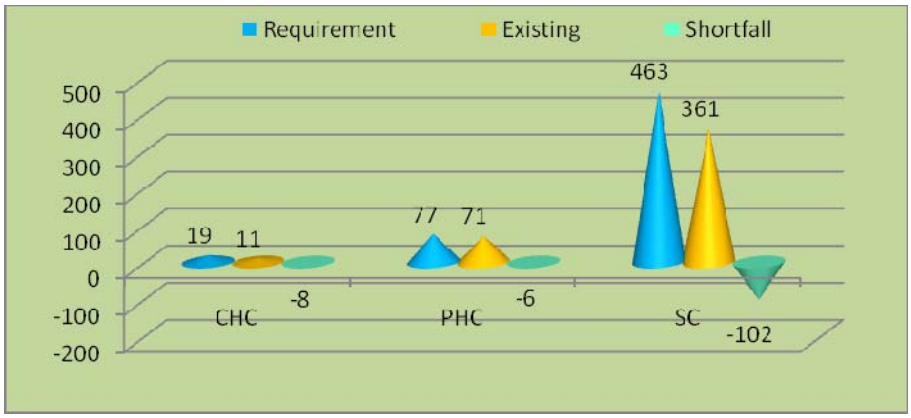
[12] Expenditure includes refund of ₹0.16 crore (2007-08: ₹0.29 lakh; 2009-10: ₹5.00 lakh & 2010-11: ₹10.86 lakh = ₹16.15 lakh)

due to receipt of funds at the fag end of the financial year. Thus, intended benefits could not be extended to the people of the District in time.

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 23.15 lakh in the District 463 SCs, 77 PHCs and 19 CHCs were required to be set up. There were 391 SCs, 67 PHCs and 11 CHC in the District as on 31 March 2006 and during 2006-11 seven PHCs were created and 30 SCs were closed down/ merged. The status of infrastructure at the end of 2010-2011 against requirement is depicted in Chart -2.

Chart:-2: Status of infrastructure of CHC, PHC and SC



Source: Departmental figures.

It can be seen from the above chart that there was shortfall of eight CHCs, six PHCs and 102 SCs against the requirement. In reply, DC stated (September 2011) that criteria for setting up of health institutions are decided by the State Government. Further, construction works of six CHCs and three PHCs were in progress.

Physical verification of health units by Audit alongwith departmental officers revealed that in two cases, two health centres (CHC & PHC) were in the same campus as evident from the photographs.

Dhing PHC and CHC (13/06/2011)

Jhaklabanda PHC and FRU (15/06/2011)

This indicates that health centres were set up without considering their actual necessity based on population norms and in violation of the concept of equity in providing health care in rural areas.

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 framework 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-5 and 6 respectively.

Table:-5 Non-availability of infrastructure facilities in health centres

Sl. No.	Infrastructure facilities	Sub-centres (SCs)		Primary Health centres (PHCs)		Community Health Centre (CHCs)	
		Requirement	facilities not available	Requirement	facilities not available	Requirement	facilities not available
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1.	Waiting room for patients	361	190	71	0	11	0
2.	Labour Room	361	346	71	31	11	0
3.	Operation theatre	Not required	NIL	14	11	11	5
4.	Clinic Room	361	361	71	0	11	0
5.	Emergency/Casualty Room	361	361	71	57	11	3
6.	Residential facility for staff	361	190	71	28	11	0
7.	Government buildings	361	107	71	28	11	0
8.	Separate utility for male and Female	361	361	71	28	11	0
9.	Provision for water supply	361	361	71	0	11	0
10.	Facility for medical waste disposal	361	361	71	71	11	1
11.	Electricity connection	361	361	71	0	11	0

Source: Departmental figures.

Table:-6 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	11	5	NA	NA
2.	New born care	11	4	71	48
3.	24 x 7 deliveries	11	4	71	25
4.	Impatient services	11	0	71	57
5.	X-Rays	11	5	NA	NA
6.	Ultrasound	11	5	NA	NA
7.	Obstetric services	11	5	NA	NA
8.	Emergency services (24 hours)	11	3	71	57
9.	Diagnostic services	11	3	71	57
10.	Family planning	11	0	71	57
11.	Intra-natal examination	11	5	71	25

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.

Some instances of lack of service facilities are cited below:

➢ The DHS received ₹23.59 crore during 2006-11 for upgradation of seven[13] CHCs as FRUs. Though the entire fund was spent for upgradation of seven CHCs to FRUs, the Doboka CHC has not yet been upgraded to FRU due to non providing of infrastructure and manpower as per IPHS norms for want of funds.

During 2008-09, DHS, Nagaon released ₹26.25 lakh to PD, DRDA out of ₹52.50 lakh received from SHS for construction of seven SCs. The works did not commence due to non-availability of land. Thus, the entire fund of ₹52.50 lakh remained locked up for more than two years. Further, construction of another 54 SCs was awarded to contractors by SHS which were scheduled to be completed by 10 July 2010 (25 numbers) and 27 September 2011 (29 numbers). The physical status of these works were not ascertainable in audit as the same were not available with DHS. Joint physical verification conducted during 15 and 16 June 2011 by Audit and Departmental Officer revealed that there was insufficient drainage system, unutilized beds, expired medicines etc. as evident from the following photographs.

Expired medicines and vial at Naltali MPHC(15/06/2011)

Unutilised bed at Naltali MPHC (15/06/2011)

Unscientific storage of medicines at Jugijan PHC (16/06/2011)

Non-functional new born baby care room at Lanka PHC (16/06/2011)

13 Dhing, Doboka, Hojai, Jakhalabandha, Kampur, Kawaimari and Lumding


No storm drainage water system at Hojai CHC (16/06/2011)


X-ray machine lying out of order at Hojai CHC (16/06/2011)


unhygienic condition of Newborn baby care at Lanka PHC (16/06/11)


Patient are being treated in veranda at Hojai CHC (16/06/2011)

➢ The Planning and Development Department, GOA accorded sanction of rupees two crore under DDP during 2006-07 for construction of a trauma centre at Samaguri on NH 37. The said centre was to cater to the needs of accident victims and had the facilities like casualty department, intensive care units, operation theatre, male/female general wards, paying cabins, ultrasound, CT scan, X-ray in portable unit, 24x7 intensive ambulance. Neither the estimate nor the sanction had any provision of required manpower. After completion of Civil Works the said centre was inaugurated on 27 January 2009. Further, GOA sanctioned additional fund of ₹84 lakh under DDP during 2008-09 and 2009-10. In December 2010, DC being the Chairman of Construction Committee of the said centre, converted the trauma centre into a multipurpose hospital including gynecological, pediatrics and eye units without Government approval. DC, Nagaon requested (January 2011) to the Commissioner and Secretary to GOA, Family Welfare Department for deployment of

Trauma Centre opened on 27 January 2009 (08/04/11)

medical and paramedical staff for the centre. Further development in this regard was awaited (September 2011). Audit scrutiny revealed that as of March 2011, the Committee incurred ₹2.76 crore for Civil Works and procurement of equipment, furniture, ambulance, generator set etc. The equipment and generator set were not installed and the ambulance also remained idle as of June 2011.

Thus, even after conversion of the trauma centre into a multipurpose hospital without GOAs approval the same has not yet been made functional for want of required manpower, as evident from the photographs.

Ambulance for trauma centre lying idle (08/04/11)


Non-functional trauma centre at Samaguri PHC (08/04/11)

During exit conference, DC stated (November 2011) that initiatives had been taken for operationalisation of the trauma centre. Equipment had already been purchased and manpower would be deployed from the District level.

➢ Audit Scrutiny revealed that out of 361 SCs, 254 SCs were running in rented buildings for which ₹49.58 lakh was paid as rent during 2006-11 leaving a liability of ₹16.28 lakh as of March 2011. Joint physical verification conducted (24 June 2011) by Audit alongwith Departmental Officer revealed that the newly sanctioned Salmari2 SC was occupied by local people as evident from the photographs.

Newly constructed Salmari 2 SC remained unutilised since last 18 months due to want of electrical connection (24/06/11)

Salmari 2 Sub-Centre occupied by local people by dumping of paddy and household materials (24/06/2011)

In reply, DC stated (September 2011) that at present 217 centres were running in rented building while construction of Government buildings for 59 SCs were in progress.

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 is given in Table -7.

Table-7: Availability of manpower as per IPHS norm at various health centres

Health centres	No. of Health centres	Category of staff	Required	Available
CHCs	11	General physician	11	5
		Gynecologist	11	15
		Eye surgeon	11	5
		General surgeon	11	4
		Pediatrician	11	4
		Anesthetic	11	4
		AYUSH Doctor	11	11
		Staff Nurse	99	76
		Pharmacist	11	13
		Lab.Technician	11	11
PHCs	71	Medical Officer	142	135
		AYUSH Doctor	71	33
		Staff Nurse	213	147
		Pharmacist	71	89
		Lab.Technician	71	50
		Lady Health Visitor	71	44
SCs	361	ANM	722	665
		MPW	361	122

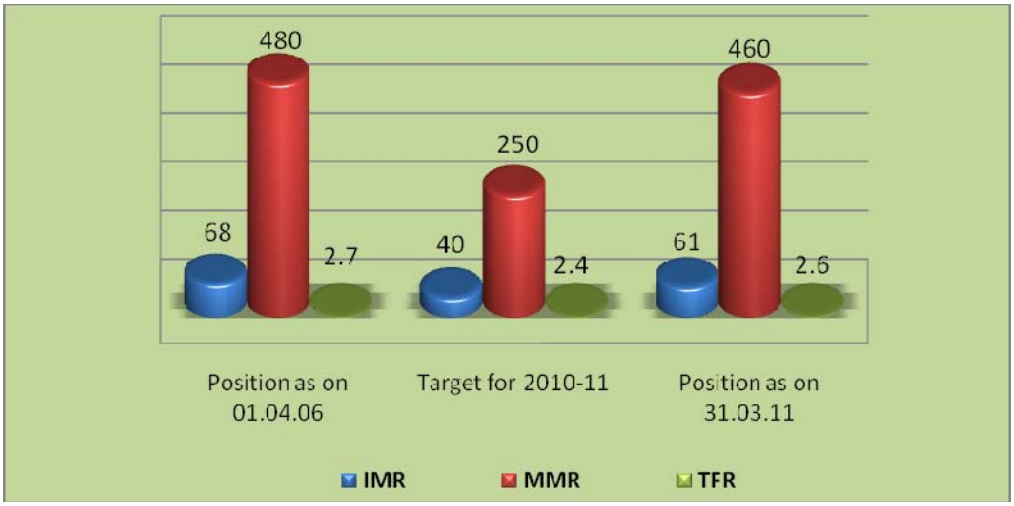
Source: Departmental figures.

It is evident from the above table that there was shortage of key health care personnel. Audit scrutiny revealed that SHS did not initiate action for providing required manpower to achieve the aim of NRHM. In the absence of required manpower, the medical centres could not function effectively to provide the intended services to the people. People were also deprived of specialist services.

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 fixed the year-wise targets for the Districts, to enable monitoring and corrective action where necessary as follows:

Chart-3: Position of IMR, MMR and TFR



Source: Departmental figures.

The above chart indicates that though there was marginal improvement in reducing the IMR, but achievement in respect of MMR & TFR was still lower than the target fixed.

5.1.6 Deployment of ASHAs

One of the strategies envisaged by the Mission for achievement of the goal of reduction in IMR and TFR is appointment of a trained female community health worker called Accredited Social Health Activist (ASHA) for every thousand people who is to act as an interface between the Community and Public Health System. Against the requirement of 2,315, 1,956 ASHAs were deployed in the District and ₹13.30 lakh was spent for their training during 2006-11. In reply, DC stated (September 2011) that proposals for appointment of balance ASHAs were sent to SHS.

In pursuit of health and sanitation for rural areas, village health and sanitation committees for every village with GP President as Chairman and ASHA as Member Secretary, were formed. Records revealed that regular visit of the villages by the health workers were made by ASHAs followed by ANMs. Thus, the performance of ASHAs was found satisfactory.

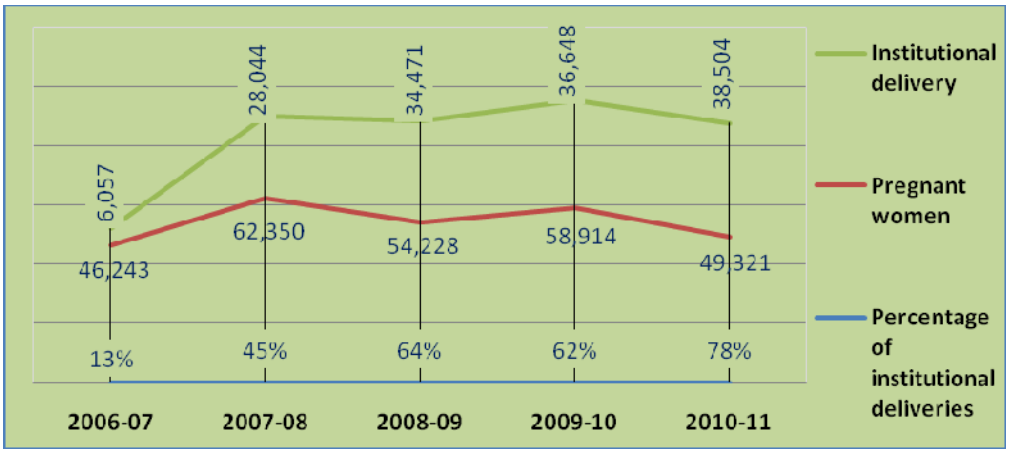
5.1.7 Janani Suraksha Yojana

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 thereagainst during 2006-11 are given chart -4.

Chart: 4 Position of institutional deliveries



Source: Departmental figures.

As can be seen from the above chart, the achievement with regard to institutional deliveries ranged between 13 and 78 *per cent.* Thus, the percentage of institutional deliveries has been increasing over the period of implementation of NRHM, which is encouraging.

The test-check of records of selected units also confirms that institutional deliveries were on the rise as envisaged by NRHM.

(b) Antenatal care

One of the major aims of safe motherhood is to register all pregnant women within 12 weeks of pregnancy and provide them with services like four antenatal checkups, 100 days Iron Folic Acid (IFA) tablets, two doses of Tetanus Toxoid (TT), advice on the correct diet and vitamin supplements. Scrutiny of records revealed that 100 days IFA and two doses of Tetanus Toxoid (TT) were provided to all registered pregnant women. 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. As a result utility of ante-natal checkups provided to the pregnant women could not be ascertained in audit. In reply, DC stated (September 2011) that District had already implemented the Mother and Child tracking system for smooth functioning of the programme.

5.1.8 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

68 and 100 *per cent* during 2006-11. No target was fixed for secondary immunisation. Achievement in pulse polio immunisation was found satisfactory. Except few cases of measles (1,275) prevalence of no other infant and child diseases were detected.

5.1.9 National Programme for Control of Blindness (NPCB)

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 2006-11, against the target of 12,500, 13,769 cataract surgeries were done, of which 3,254 cataract surgeries were done with four available Eye surgeons posted in the District Hospital at Nagaon and the balance were done by NGOs, private practitioners and in eye camps. During 2006-11, 1,30,556 school children were screened and 3,319 (three *per cent*) were found with refractive errors of which 3,057 students were provided with free spectacles during 2006-11. Except 1,069 teachers in 2006-07 and 2008-09, no other teacher was trained during 2006-11 for screening refractive errors among students. There is no facility of eye donation and its utilization available in the District.

5.1.10 National Leprosy Eradication Programme (NLEP)

The NLEP aimed at eliminating leprosy by the end of Eleventh Plan and to ensure that the leprosy prevalence rate is less than one per ten thousand. The total numbers of leprosy patients undergoing treatment in the District during 2006-11 were 332 and 297 new cases were registered during the last five years. The rate of prevalence of leprosy in the District during 2006-11, was 0.25, 0.21, 0.28, 0.23 and 0.25 *per* ten thousand populations respectively. Thus, the District achieved the goal of Leprosy elimination during the last five years.

5.1.11 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) Detection of HIV cases

As per guidelines of National AIDS Control Programme (NACP), one Voluntary Blood Testing Centre (VBTC) was to be established in each district. The State Government had established one VBTC in Nagaon in April 2002. Audit scrutiny

revealed that the first HIV positive case was detected in Nagaon district in September 2002. Out of 8,735 persons screened up to March 2011 in the District, 103 persons were found HIV positive. These included six fully blown AIDS cases. Treatment of all the HIV infected persons is in progress in district hospital, Nagaon.

Out of ₹24.47 lakh received during 2006-11, ₹24.45 lakh was utilised by District Aids Control Society.

(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. No FHAC was held in the District during 2006-11 for want of fund.

(c) Blood Safety


Non-functional Blood bank at Hojai CHC (16/06/11)

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 three blood banks in the District *viz.*, B.P. Civil Hospital, Nagaon, Hum Hospital, Hojai and G.D. hospital, Nagaon but none of the hospitals had blood separation facility due to want of necessary fund and also no alternative arrangement was made.

In the absence of proper planning and identification of gaps in the health care infrastructure and non availability of stipulated facilities and skilled manpower, community involvement in planning, implementation and monitoring the aim of providing accessable and affordable healthcare to the people remained to be achieved in the District.

Recommendations

- The District Administration should ensure accessible and affordable health care to the rural poor.
- Involvement of Panchayati Raj Institutions in preparation of Annual Action Plans should be ensured.
- All the health centres should be equipped with adequate and skilled manpower to achieve the objectives of the programme.

5.2 Education

The Sarva Shiksha Abhijan (SSA) in one of the flagship programmes for universalisation of elementary education. Huge funds are being spent by both the Central and the State Governments for increasing enrolment and retention of children in schools. 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.

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 2006-11 is given in Table-8.

Table-8: Funds received and utilised at district level during 2006-11

(₹ in crore)

Year	Opening balance	Funds received	Other receipt	Total receipt	Funds utilised	Balance
(1)	(2)	(3)	(4)	(5)	(6)	(7)
2006-07	2.10	27.22	0.24	29.56	29.37	0.19
2007-08	0.19	44.11	0.67	44.97	44.86	0.11
2008-09	0.11	35.37	0.60	36.08	35.93	0.15
2009-10	0.15	36.06	0.50	36.71	35.99	0.72
2010-11	0.72	7.10	-	7.82	6.27	1.55
Total		**149.86**	**2.01**		**152.42**	

Source: Departmental figures.

The above table shows that funds ranging from ₹0.11 crore to ₹1.55 crore remained unutilized during 2006-11 due to non-completion/slow progress of civil works as discussed in the following paragraphs.

(a) Status of civil works

During 2006-11, 4,467 works valuing ₹95.54 crore[14] were sanctioned of which 3,197 works valuing ₹58.94 crore were completed leaving 1,270 works valuing ₹36.94 crore incomplete. Ninety eight works valuing ₹9.02 crore were not taken up due to late receipt/non receipt of funds and non availability of land which indicated that works were sanctioned without ensuring availability of required land. Due to slow progress

14

New school building	190 works	₹ 15.66 crore
Additional class room	3203 works	₹ 71.64 crore
Repair and Renovation	67 works	₹ 0.80 crore
Girls toilet	935 works	₹ 6.67 crore
Drinking Water facility	61 works	₹ 0.22 crore
Augmentation of training hall	11 works	₹ 0.55 crore

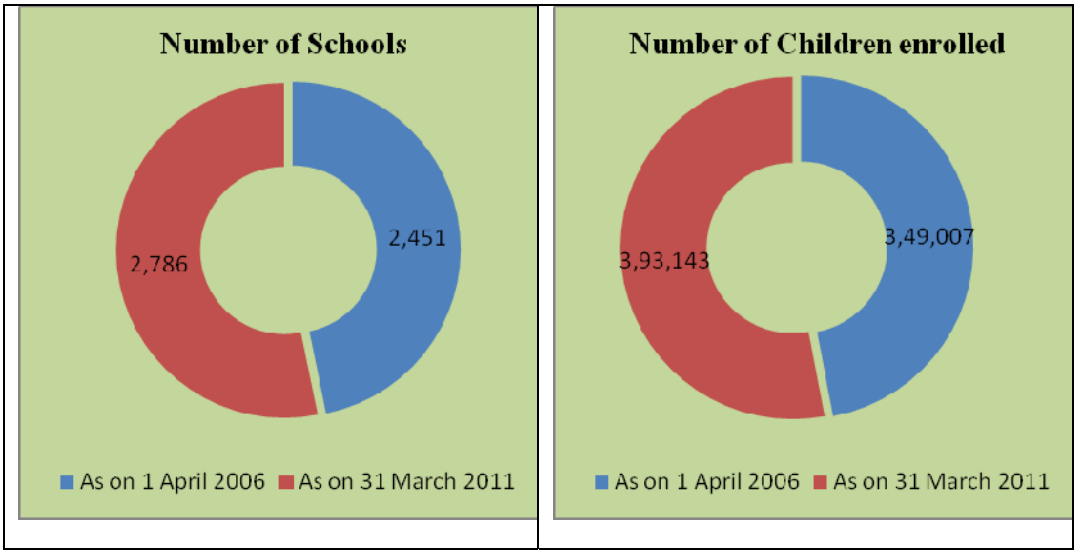
of works by the school management committees, 1,270 works could not be completed. As a result, students/teachers were deprived of healthy environment and adequate space for sharpening their teaching and learning skills.

DC stated (November 2011) that there were some school to be constructed in reserve forest for which clearance from GOI is awaited.

(b) Enrolment

A review of the status of education in the District, especially in the context of implementation of SSA, revealed that the number of lower primary and upper primary schools (upto standard VIII) increased and enrolment of children in the targeted age group of six to fourteen years in these schools also increased during 2006-11. The number of lower primary and upper primary schools (upto class VIII) increased marginally (14 *per cent*) from 2,451 as on 1 April 2006 to 2,786 as of 31 March 2011, whereas enrolment of children in the targeted age group of 6–14 years in these schools increased (13 *per cent*) from 3,49,007 as on 1 April 2006 to 3,93,143 as of 31 March 2011, as can be seen from the Chart -5.

Chart:-5: Position of enrolment of children in school



Source: Departmental figures.

Test-check of records of 18 selected schools[15] (LP: 12; UP: 6), however, indicated decrease (nine *per cent*) in enrolment during the period in view of which the information furnished regarding enrolment of students by SSA remained in doubt. Admitting the observation, DC stated (September 2011) that there may be marginal decrease/increase in enrolment in some schools.

[15] **Lower Primary School:** i) Uttar Patia Pathar Auzadia Balika Muktab, ii)529 No. Lathabari Namati LP, iii)Sardar Ballavbhai Patel Khaloigaon, iv)Garufi Balika Muktab Bidyalaya, v)Mowamari MKB, (vi)Sonaibari LP School, vii)Madha Borghat LP, viii)262 No. Rowmari Barpeta Muktab, ix)Harijan Colony Govt. J.B. School, x)Amalapatty N.B. School, xi)Sibasthan Primary School, xii)584 No. Nuruddin Furkaria J.B. School.
Upper Primary Schools: i)Hera Patti ME Madrasa, ii)Chota Rupadh ME Madrasa, iii)Sonarib ari ME School, iv)Joynarayan HS School, v)Erabari ME School, vi)Kadamoni Town ME School.

(c) Drop out of Students

DMC furnished the information regarding enrolment, attendance and dropout of students for the period 2006-11. Audit scrutiny of data furnished by DMC revealed that the dropout level of students in the district during 2006-11 decreased from two *per cent* in 2006-07 to one *per cent* in 2010-11. But, in 18 test-checked Schools (LP: 12; UP: 6) the dropout level increased from 13 *per cent* in 2006-07 to 14 *per cent* in 2010-11. Hence, the authenticity of data produced by DMC could not be verified in audit.

(d) Out of school children

SSA envisaged coverage of all children of 6-14 years in school, EGS, Bridge courses, Remedial courses, enrolment drive etc. Scrutiny of records revealed that out of school children in the District has increased from 8,189 (two *per cent* of child population) in 2006-07 to 89,110 (13 *per cent*) in 2010-11 against the increase of 28 *per cent* of the child population. This indicated deficiency in coverage of out of school children under SSA. Thus, lack of planning and internal control affected the implementation of the scheme and thereby, the objectives of the scheme remained unachieved. In reply, DMC stated (September 2011) that the out of school children decreased by 57 *per cent* from 31,110 in 2006-07 to 13,264 in 2010-11. The difference between audit findings and DMC's reply was due to non inclusion of enrolment of students of many private and venture schools in District Information System of Education (DISE) report. But school wise details of enrolment which were not incorporated in DISE report, was not produced to audit.

(e) Infrastructure

The status of infrastructure in lower primary schools in the District as on 1 April 2006 and 31 March 2011 is presented in Charts -6 and 7 respectively.

Chart: 6

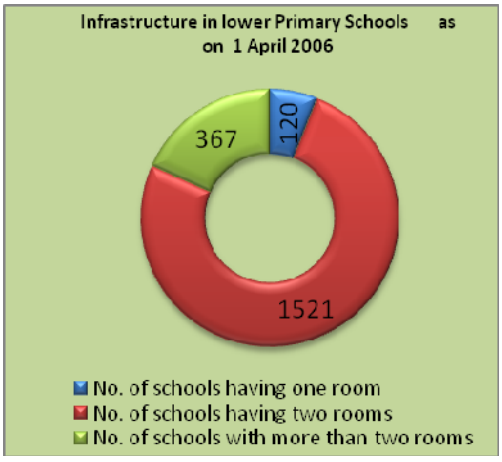
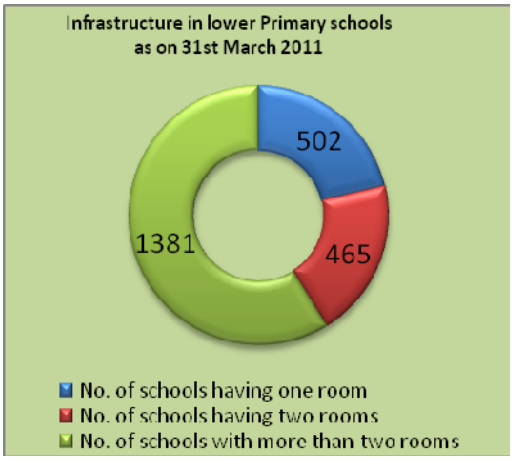


Chart: 7



Source: Departmental figures.

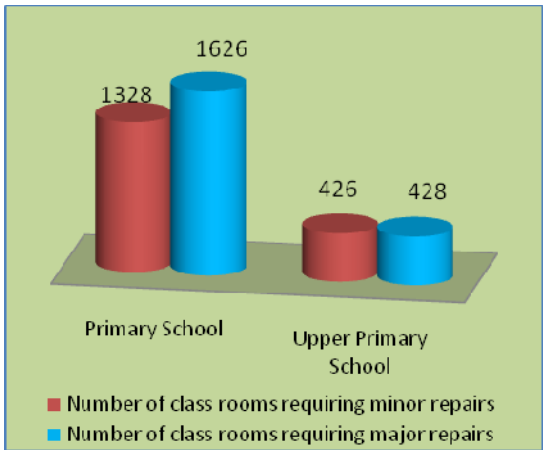
The charts above indicate an improvement in the provision of infrastructure. However, the veracity of data is doubtful as the data suggests that as of March 2011 there are no schools without accommodation but audit scrutiny of 18 schools revealed that that Gurunanak LP School under BEEO, Nagaon Sadar had no accommodation and was running in the Community hall of the Gurudwara Singh Sabha. In reply, the DMC stated (September 2011) that as per DISE report the said school was provided with two class rooms. The reply is not tenable as during physical verification the class rooms were found to be still under construction as evident from following photographs.

Under construction class room of Gurunanak ME School (21/06/2011)

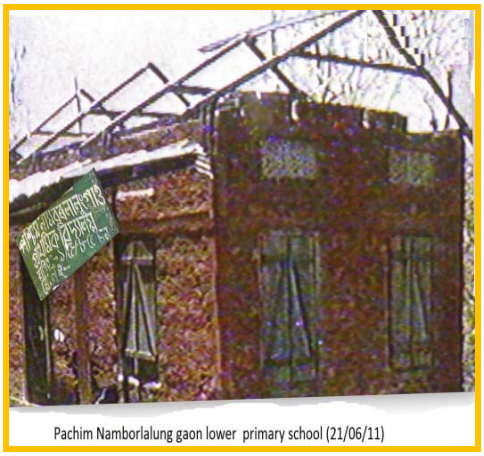
Gurunanak LP School running in a Community hall (21/06/11)

Out of the total number of 2,348 lower primary and 438 upper primary schools in the District as of March 2011, a significant number required major repairs to the classrooms as depicted in chart-8 and photograph below:

Chart: 8 Position of Class rooms requiring minor/major repair



Photograph showing the dilapidated condition of school



Pachim Namborlalung gaon lower primary school (21/06/11)

Source: Departmental figures.

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

(f) Basic Amenities

Many of the schools at the elementary level did not have the basic minimum amenities as evident from photograph and detailed in Table -9.

Abala Devi LP School without basic amenities (21/06/11)

Table-9: 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	Access Ramp	Boundary wall	Playground
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Lower primary	2,348	95	645	345	965	2,001	1,554
Upper Primary	438	174	264	1	123	344	193

Source: Departmental figures.

The DC stated (September 2011) that action had been initiated to provide basic amenities in the schools.

(g) 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 lower primary and upper primary, which did not comply with this norm as can be seen from the Table -10.

Table-10: LP and UP schools without minimum number of teachers

Year	Lower primary (LP) Schools			Upper Primary (UP) schools		
	Total number of lower primary schools	Number of lower primary schools with one to four teachers		Total Number of UP schools	Number of UP schools with only two teachers	
		Without teacher	With one teacher		With one teacher	With two to four
2006-07	2008	-	411	443	1	37
2007-08	2009	-	411	443	1	37
2008-09	2008	-	433	441	-	38
2009-10	2009	2#	420	439*	-	42
2010-11	2348	344#	463	438*	-	42

Source: Departmental figures.

* Reason for decrease of schools was not on record.

Includes 340 EGS converted to regular school

The above details show availability of poor infrastructure facilities/amenities and staff position in the schools, due to lack of planning, internal control/supervision and administration control which indicated failure of the District authority in ensuring appropriate environment for teaching and learning. DC stated (September 2011) that steps had been taken to rationalize the deployment of teacher as per RTE norms.

Computers lying out of order at Dimurguri ME School (21/06/2011)

Dilapidated condition of class room at Dimurguri ME School (21/06/2011)

Classroom dumped with wood & bamboo at Furhan-ati ME Madrassa (12/06/2011)

Non-functional hand pump at Dimurguri ME School (21/06/2011)

(h) Engagement of Teachers

As per data furnished by the DMC, except for the year 2010-11, eight to 19 *per cent* excess teachers against the SSA norms were engaged in all the years during 2006-10. During 2010-11, 794 teachers were short against the requirement. Scrutiny also revealed that 64 to 100 *per cent* excess teachers against the requirement were engaged in urban areas. During 2010-11 against the requirement of 9,196 teachers in rural areas 7,998 teachers were engaged (1,198 teachers short) where as against the requirement of 633 teachers in urban areas 1,037 (404 teachers excess) were engaged.

Sibasthan LP without boundary wall (21/06/2011)

Scrutiny of records revealed that 11 schools at Nagaon (Sadar block), Samaguri (Rupahihat block) and Raha (Kapili block) had 51 excess teachers against the requirement of 22 teachers for 871 students indicating disproportionate engagement of teachers between rural and urban areas which indicated absence of deployment policy and lack of administrative control. Accepting the audit observation, DC stated (September 2011) that process had been initiated to rationalize the deployment of teachers in urban and rural areas.

5.2.2 Higher Education

Higher education is being imparted in the District through a network of 363 Government High Schools (GHS), 57 Government Higher Secondary Schools (GHSS), 20 Degree Colleges and 53 Junior Colleges. The Inspector of schools (IS) is the Controlling Officer at the District level for implementation of the schemes for educational development. Enrolment in classes IX to XII has increased by 38 *per cent* in the District during 2006-11 as compared to 2006-07. Gradual increase in pass percentage of Class-XII Board Examination was also noticed.

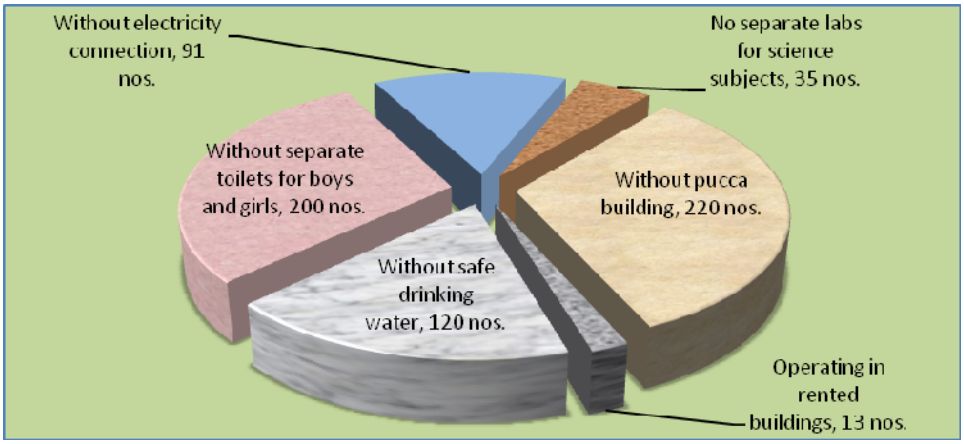
(a) Planning

The Inspector of schools (IS) did not carry out any survey to assess the requirement of accommodation for students, staff and availability of infrastructure in the schools. The IS released ₹6.73 crore during 2007-11 as building grants to 236 schools, leaving ₹2.45 crore in hand. Records revealed that 50 *per cent* of 165 works for which funds were provided during 2009-11, remained incomplete as of June 2011. Lack of supervision and monitoring by the IS and lack of initiative of the school management committee was responsible for slow progress of works.

(b) Infrastructure and Amenities

The position of infrastructural facilities in 363 High Schools and 57 Higher Secondary Schools 73 Degree and Junior colleges is given in chart -9.

Chart:-9 Infrastructural facilities available in High and Higher Secondary Schools and colleges



Source: Departmental figures.

During exit conference, DC stated (November 2011) that 180 number of toilets were under construction.

(c) Quality of Education

Quality education can be imparted only when there is 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 420 High and Higher Secondary Schools the category-wise position of teachers in respect of 197 (57 HSS and 140 HS) provincialised schools in the District as of March 2011 is depicted in Table -11.

Table-11: Availability of teachers in High and Higher Secondary Schools

Sl. No.	Category	Sanctioned strength	Men in position	Shortage
(1)	(2)	(3)	(4)	(5)
1	Principal	57	1	56
2	Vice Principal	57	3	54
3	PG Teachers	601	545	56
4	Head Master	140	70	70
5	Assistant Head Master	29	11	18
6	Others	3,143	2,848	295

Source: Departmental figures.

In 10 test-checked institutions[16], there were 66 vacant posts in different categories (Principal: 4; Vice Principal: 4; Head Master: 3; Post Graduate teacher: 15; others: 40). The State Government, however, did not initiate any action to fill up the vacant posts. The shortage of staff, thus, had an adverse effect on improvement of quality of education.

(ii) Board Results

The data relating to overall pass percentage in Board examination in respect of Class X and XII during 2006-11 furnished by the Inspector of School (IS) indicated that pass percentage of Board Examination in respect of Class X increased from 53 *per cent* in 2006-07 to 59 *per cent* in 2010-11 against the increase of the pass percentage as a whole in the State from 55 *per cent* to 70 *per cent*. In case of Class XII, pass percentage increased from 66 *per cent* in 2006-07 to 79 *per cent* in 2010-11 whereas in the State pass percentage increased from 63 *per cent* to 80 *per cent*.

[16] **High School:** i)Kaliadinga High School, Juria, ii)East Lumding High School, iii) Amsoi high School, Raha, iv)Kadomoni High School, Juria, v) Samsul huda Girls high School, Nagaon, vi) Radhanagar Dayamayee High School, Jugijan
Higher Secondary School: i) Public Higher Secondary School, Lanka, ii) Netaji Vidyaniketan higher Secondary School, Lanka, iii) National Higher Secondary School, Lanka, iv) Kampur Higher Secondary and Multi Purpose School, Kampur

In 10 test-checked schools, the pass percentage in respect of Class X had increased from 56 *per cent* in 2006-07 to 68 *per cent* in 2010-11 and pass percentage of Class XII increased from 60 *per cent* in 2006-07 to 77 *per cent* in 2010-11 with inter year variations.

There was improvement in pass percentage inspite of a large vacancy of posts of teachers in the schools. There could have been more improvement in pass percentage had the vacant posts of teachers been filled in.

(d) Inspection of Schools

The Inspector of Schools (IS) could not furnish any norms for inspection of schools and also any records of actual inspection during 2006-11 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 600[17] inspections in respect of HS/HSS, only 403 inspections were carried out during 2006-11 resulting in shortfall of 197 inspections (33 *per cent*). However, no inspection reports could be produced to audit. The shortfall was stated (September 2011) to be due to shortage of inspecting officers.

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 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.

During 2006-07 and 2008-09, pre matric scholarship of ₹7.09 lakh was sanctioned for 4,251 SC students of which ₹6.96 lakh was paid. Further, during 2008-11, post matric scholarship of ₹4.51 lakh were paid to 646 ST students. Identification of beneficiaries (SC) and requirement of fund for the years 2007-08, 2009-10 and 2010-11 were not done. Thus, targeted group of beneficiaries were deprived of the intended benefits out of the scholarship scheme.

[17] 10 Inspection x 12 months x 5 years = 600

Many schools in the District lacked basic infrastructure/facilities and there was substantial shortfall in inspection of schools due to shortage of staff. There was also irrational deployment of teachers in rural and urban areas in respect of lower primary and upper primary schools.

Recommendations

- Basic infrastructure/facilities should be provided on a priority basis in all the schools to ensure an appropriate environment for teaching and learning.
- Creation of a database of the beneficiaries to be covered under various scholarship schemes should be ensured.

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 lower 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 2006-11, DC, Nagaon received ₹45.93 crore as transportation cost (₹1.83 crore) and cooking cost (₹44.10 crore) from GOI towards implementation of MDM scheme. Out of this ₹38.91 crore (cooking cost: ₹38.43 crore; Transportation cost: ₹0.48 crore) was spent leaving an unspent balance of ₹7.02 crore due to non receipt of MDM transportation bills from the Gaon Panchayat Samabai Samitees who are responsible for carriage of rice from FCI to schools.

Audit scrutiny revealed that during 2006-11, against the requirement of 31,364.32 tonne rice for lower primary school students, 15,363.66 tonne were allotted by GOI and lifted by DC, Nagaon**.**

Further, against requirement of 10,580.12 tonne rice for upper primary students[18], (w.e.f. 2008-09) 4,425.72 tonne rice was allotted by GOI and lifted by DC. Thus, due to short allotment of rice, DC could provide on an average 117 feeding days to lower primary students against the requirement of 204 days per year and 124 feeding days to upper primary students against the requirement of 207 days per year. Nutritional status of students through regular weight measurement of students and improvement of quality of education through better performance in class examinations were never assessed at any level. In reply, DC stated (September 2011) that on an average 145.60 feeding days for LP students and 163.20 feeding days for UP students were covered. The reply was not tenable as the coverage of 71 and 79 *per cent* feeding days with receipt of 49 and 42 *per cent* of required rice in LP and UP schools respectively seems to be impossible.

MDM rice kept in a class room of Amolapatty Junior LP School (21/06/11)

As per GOI guidelines of Mid Day Meal scheme, all the schools would have a kitchen cum store. Out of 2,786 schools, 1,786 schools had pucca and 137 schools had kachcha kitchen cum store and the rest 863 (31 *per cent*) schools did not have any kitchen cum store. In the absence of kitchen cum

[18] Upper Primary Schools were included under MDM Scheme w.e.f. 2008-09.

store, MDM meals were prepared in open space/own arrangement of schools like class room, temporary sheds etc. and DC stated (September 2011) that the nutritional status of school children was assessed by a NGO (Project 'Child') but no report of the same was produced to Audit though called for.

MDM rice kept in a class room of Sibasthan LP School (21/06/11)

In the absence of adequate storage facilities, class rooms were utilised for storage purpose as evident from the following photographs:

No proper kitchen is available at Amolapatty Junior LP School (21/06/11)

Physical verification of 18 selected schools revealed that teachers were engaged in management of MDM scheme although school management committees were formed for implementation of the scheme.

While accepting the audit observation, DC stated (November 2011) that the implementation of MDM scheme had not reached the desired level despite best effort.

Implementation of the MDM scheme did not achieve its objective of providing nutritious meals to 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 assessed and infrastructural facilities in the schools were inadequate.

5.4 Water Supply

Availability and access to safe drinking water has been one of the most crucial factors involving serious health concerns in rural areas. In Nagaon district five centrally sponsored schemes and 13 State plan schemes are being implemented for providing drinking water, through four Public Health Engineering Divisions. The funds available and expenditure on water supply schemes in the District during 2006-11 is given in Table -12.

Table-12: Funds available and expenditure on water supply schemes during 2006-11

(₹ in crore)

Year	Opening balance	Funds received	Total receipt	Expenditure	Closing balance
2006-07	-	8.36	8.36	8.35	0.01
2007-08	0.01	8.23	8.24	8.22	0.02
2008-09	0.02	11.97	11.99	10.23	1.76
2009-10	1.76	21.57	23.33	21.55	1.78
2010-11	1.78	33.16	34.94	33.05	1.89
Total		**83.29**		**81.40**	

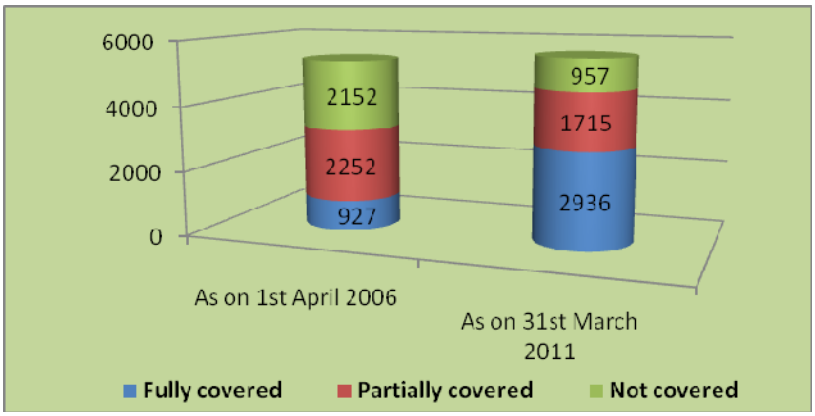
Source: Departmental figures.

The funds remained unutilized due to non completion of works as indicated in paragraph 5.4.2.

5.4.1 Status of Water Supply

Out of 5,331 habitations[19], 927 (18 *per cent*) habitations were fully covered, 2,252 (42 *per cent*) habitations were partially covered and 2,152 (40 *per cent*) habitations were not covered upto 31 March 2006 whereas 2,936 (52 *per cent*) habitations were fully covered, 1,715 habitations (31 *per cent*) were partially covered and 957 (17 *per cent*) habitations remained uncovered as of 31 March 2011 showing significant increase in coverage during the last five years as shown in chart -10.

Chart: 10- Position of habitations fully/partially/not covered under water supply



Source: Departmental figures.

[19] 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 four divisions there were 410 ongoing Water Supply Schemes (Pipe Water Supply Scheme) PWSS: 110, estimated cost ₹15.63 crore; Spot Sources, SS: 300, estimated cost: ₹1.04 crore) as on April 2006. Further, during 2006-11, 5,724 water supply schemes (PWSS: 167, estimated cost: ₹102.31 crore; SS: 5,557, estimated cost ₹22.19 crore) were approved and taken up at an estimated cost of ₹124.50 crore. Out of the total of 6,134 schemes, 5,337 schemes (SS: 5,241 and PWSS: 96) were completed during 2006-11. Thirty two schemes (estimated cost of ₹17.83 crore) approved during 2006-11 had not been taken up (March 2011) due to land dispute and delay in getting administrative approval and 765 schemes were in progress after incurring an expenditure of ₹43.64 crore.

Six completed schemes were physically verified during audit and found functioning properly. Photographs of four out of six schemes are given below:

Functional scheme of Sarupather PWSS (25/06/11)

Completed scheme of Saharia PWSS (25/06/11)

Functional scheme of Aibheti WSS (25/06/11)

Iron affected scheme of Borbhogia PWSS (25/06/11)

5.4.3 Implementation

➢ **Defunct schemes**

Scrutiny of records revealed that during 2006-11, 38 Water Supply schemes became nonfunctional due to extraction of pipelines for construction of PMGSY road, NH road, failure of DTW, damage of DTW by miscreants and two schemes were

abandoned due to contamination of water with arsenic and fluoride. The divisions did not carry out any survey to assess the water bearing strata on the basis of Report of the Central Ground Water Board and quality of water before taking up the schemes. The expenditure incurred towards these nonfunctional schemes was ₹6.65 crore which became wasteful. Photographs of infrastructure in disuse relating to four non functional schemes are given below:

Non-functional scheme of Paramaiveti PWSS (16/06/11)


Non-functional scheme of Salpara PWSS (16/06/11)


Defunct scheme of Napani PWSS (16/06/11)


Defunct scheme of Anjukpani PWSS (21/06/11)

Thus, due to the non functioning of 38 Water Supply schemes, people in these areas were deprived of safe potable water. The Divisions have already moved the Government for sanction of new schemes in these affected areas.

➢ **Idle stock**

The Public Health Engineering Department procured material centrally and supplied them to the indenting divisions. Audit scrutiny revealed that 37,730.03 RM UPVC pipes of various diameter (50 mm to 160 mm dia) valuing ₹64.94 lakh meant for 28 completed schemes remained idle (in Nagaon and Kaliabor PHE Divisions) indicating poor material management by the department and resulting in blocking of Government funds. The Division did not initiate any action for gainful utilisation/disposal of the idle UPVC pipes. While admitting audit observation, DC stated (September 2011) that the unutilized pipes would be utilized against other targeted schemes.

UPVC pipes lying idle in Nagaon PHE Division


UPVC pipes lying idle in Kaliabor PHE Division (22/06/11)

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 beneficiaries. Audit scrutiny revealed that out of 288 completed schemes (PWSSs), VLCs were formed only for 18 schemes and the Department incurred ₹2.92 crore for maintenance of all completed schemes in violation of the above provision. Reasons for non handing over the balance completed schemes to VLCs were not on record. DC stated (September 2011) that community participation was not encouraging despite awareness campaign. However, efforts were on for operation and maintenance of the schemes by the user's Committee.

5.4.5 Water quality

While availability of drinking water is one issue, the more basic concern is access to safe drinking water. The quality of water should be ensured through regular testing in order to ensure supply of safe potable water. Scrutiny of records revealed that 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, 36,432 samples were tested by the four divisions through four water testing laboratories available in the District and 470 samples were found contaminated with Arsenic and fluoride. Out of 470, 54 samples were found to contain the above impurities beyond permissible limits. Audit scrutiny revealed that the divisions provided safe drinking water only to 19 habitations with population of 31,053 out of 66 affected habitations (64,070 population). Thus, 47 habitations with 33,017 population remained to be covered with supply of safe drinking water. DC stated (September 2011) that the affected habitations would be covered by 2011-12.

As per information furnished by the Joint Director of Health Services, Nagaon 1,29,559 cases of water borne diseases including two death cases were detected (Diarrhea: 85,310; Gastroenteritis: 2,517; Dysentery: 41,134; Viral Hepatitis: 598) during 2006-11 raising concern about supply of safe drinking water. While admitting

the facts, DC stated (September 2011) that to gear up monitoring of water quality, four rural laboratories had been set up recently and steps had been taken for strengthening the District laboratory.

Though there was improvement in coverage of habitations during the last five years, supply of drinking water of good quality was not ensured by conducting water sample tests at regular interval. Besides, occurrence of water borne diseases in the District raised doubt about supply of safe drinking water.

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.

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, Nagaon. The main objective of the scheme was to accelerate sanitation coverage in rural areas and provide toilets to all by 2012, cover all schools by 2008 and Anganwadi Centres by March 2009 with sanitation facilities.

During 2006-11, the Division incurred an expenditure of ₹24.59 crore out of total available funds of ₹28.40 crore leaving unutilised balance of ₹3.81 crore. Category-wise targets and achievements of toilets are given in Table -13.

Table-13: Target and achievements of toilets during 2006-11

	Targets	Achievements
IHHL for BPL	2,03,981	67,950 (33)
IHHL for APL	1,08,500	2,728 (3)
School toilets	3,404	1,210 (36)
Anganwadi	1,927	621 (32)

Source: Departmental records.
(Figures in parenthesis denote percentage)

As per TSC, all the 3,206[20] schools in the District were to be covered by 2008 and accordingly atleast 6,412 nos. of toilets were required to be constructed but the Division targeted 3,404 school toilets and constructed 1,210 toilets by 2011 which defeated the objectives of the scheme. Further, 32 *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 33 and three *per cent* respectively. Further, a large quantity of TSC materials remained unutilized and kept in open field as evident from the photographs. Slow progress of works was due to lack of initiative and monitoring by the division.

Unutilised TSC materials at Nagaon PHE Division (26/04/11)

Unutilised TSC materials at Nagaon PHE Division (26/06/11)

[20] 2348 (LP) + 438 (UP) + 57 (GHSS) + 363 (GHS) = 3206

5.5.2 Sewerage

There are four towns in the District *viz.,* Nagaon, Lanka, Lumding and Hojai where no sewerage facilities are available. The Department also did not have any plan for construction of sewerage plant.

Thus, the coverage of the scheme in the District was partial, which indicated that the objective of the scheme to improve the quality of life of the rural people by providing hygienic sanitation facilities remained unachieved.

Recommendation

District Administration should ensure completion of planned works in time to extend the desired benefits to people.

5.6 Integrated Child Development Scheme

The Integrated Child Development Scheme (ICDS) was launched in the State with a view to improving the nutritional and health status of children in the age group of 0-6 years and enhance the capability of mothers through proper nutrition and health education for looking after normal health and nutrition needs of children. The problem of malnutrition amongst children in Assam is being addressed through the Centrally Sponsored Scheme "Supplementary Nutrition Programme (SNP)" a component of ICDS.

The Child Development Project Officers (CDPOs) have direct responsibility for implementation of the programme at field level and the end service delivery is rendered through a network of Anganwadi Centres (AWCs).

5.6.1 Fund management

Year wise position of funds received and utilization under the scheme during 2006-11 is shown in Table-14.

Table- 14: Receipt and utilization of funds under ICDS during 2006-11

(₹ in crore)

Year	Opening balance	Funds received	Total funds available	Funds utilized	Closing balance
1	2	3	4	5	6
2006-07	-	1.37	1.37	1.37	-
2007-08	-	7.75	7.75	7.73	0.02
2008-09	0.02	7.52	7.54	7.50	0.04
2009-10	0.04	6.29	6.33	6.29	0.04
2010-11	0.04	33.72	33.76	25.11	8.65
Total		**56.65**		**48.00**	

Source: Departmental figures.

The above table indicates that during 2010-11, only 74 *per cent* of available funds could be utilized leaving unutilized balance of ₹8.65 crore as civil works remained incomplete. Thus, due to non completion of civil works of AWCs infrastructure facilities like drinking water, cooking shed etc. could not be provided to beneficiaries.

5.6.2 Infrastructure

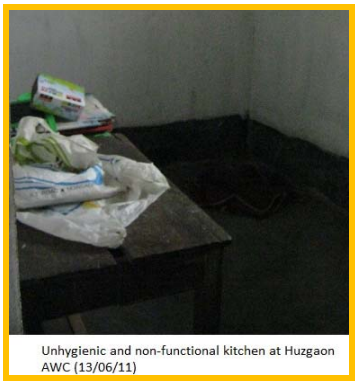
As of March 2011, the District had 5,641 AWCs under 20 projects, of which 338 AWCs could not be made functional for want of appointment of Anganwadi workers. Out of 5,303 centres, only 2,975 had Government buildings. Physical verification of AWCs by Audit with departmental officer indicated deficient toilet, drinking water and cooking facility as evident from the photographs:

Without roof AWC No.8 at Amli Phukuri, Jugijan (16/06/2011)


Children of AWC No. - 8, Amli Phukuri, Jugijan studing at varanda of LP School, Jugijan as no roof at AWC (16/06/2011)


AWC No.37 running in a private residential campus at A.D.P Road, Christian Patty (13/06/11)


AWC No.29 running without water supply and electricity (13/06/11)


Unhygienic and non-functional kitchen at Huzgaon AWC (13/06/11)

DC stated (September 2011) that matter had already been taken up with GOA for appointment of Anganwadi Workers.

5.6.3 Targets and Achievements

The SNP provides for yearly coverage of 300 feeding days per beneficiary. Further, each AWC has to cover 100 beneficiaries under SNP. The year wise position of target fixed and achievement is shown in Table -15.

Table- 15: Year wise position of target fixed and achievement

Year	Target	Achievement	Number of feeding days covered
2006-07	1,15,780	1,15,780	75
2007-08	3,36,365	2,97,440	113
2008-09	3,50,380	2,97,440	85
2009-10	3,64,978	3,64,978	112
2010-11	3,80,186	3,80,186	75
Total	**15,47,689**	**14,55,824**	

Source: Departmental figures.

The above table indicates that 91,865 targeted beneficiaries remained uncovered. Further, against the norm of 300 days only 75 to 113 feeding days were covered which negated the objectives of the scheme. The District Social Welfare Officer stated (September 2011) that SNP is implemented in the district according to funds

provided by GOA and due to short receipt of fund, targeted feeding days could not be achieved.

5.6.4 Implementation

The Anganwadi Workers render a wide range of services under health education, pre-school education, immunization, health check-up besides supplementary nutrition programme.

(a) Immunisation

Under ICDS, all children below six years of age in the project areas were to be immunized against diphtheria, whooping cough, tetanus, polio, tuberculosis and measles. Scrutiny of the records of the centres revealed coverage of children under immunization programmes was satisfactory as achievement ranged from 68 to 100 *per cent* during 2006-11.

(b) Health check-up and referral services

Health check-up includes Ante natal Care of expectant mothers, Post natal Care of nursing mothers and care of newborn and children below six years of age especially those born with congenital defects or severely malnourished. Scrutiny of the records revealed that during 2006-11, 4.06 lakh health check-ups were carried out and necessary measures/treatment was provided in district hospitals/CHCs. No target of health check-up, however, was fixed.

(c) Non formal pre-school education

Non formal pre-school education was to be imparted to children in the age group of three to six years at the AWCs to provide better linkages between primary schools and AWCs. During 2006-11, 7.21 lakh children were identified through survey as required under the scheme, of which 6.46 lakh children were enrolled. Records revealed that 82 to 100 *per cent* children attended the school.

Thus, implementation of the scheme was partial in the District as 75 to 113 feeding days per year during 2006-11 were provided against the norm of 300 days per year. As a result, improvement of nutritional status of beneficiaries remained unachieved. Besides, the AWCs were lacking in toilet and drinking water facilities.

Recommendations

- AWCs should be provided with essential facilities like drinking water, toilets, storage facility etc. for their smooth functioning.
- Adequate funds should be provided by GOA to ensure coverage of 300 feeding days per year.