

Chapter 5 Social sector

In the Social sector, the Audit took up for review Education, Health and Municipal Council. The results of the review are discussed hereunder.

5.1 Education

Education is one of the most important indicators of social progress of a nation. Both the GOI and the State Government have been spending huge funds 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. Two main schemes, viz., *Sarva Shiksha Abhiyan* (SSA) and Mid Day Meal Scheme (MDMS), were reviewed in audit to assess the impact of the implementation of the scheme in the District.

(i) Sarva Shiksha Abhiyan

The *Sarva Shiksha Abhiyan*, one of the flagship programmes of the Government of India, was launched (2000-01) by the GOI to universalize elementary education and ensure that all children complete five years of primary education by 2007 and eight years of elementary education by 2010. In the District, the programme was launched in the year 2002-03.

The main components of the scheme included opening of new primary schools, construction of additional class rooms and certain other facilities. The details of allocation of funds under the scheme and expenditure incurred thereagainst during 2005-11 are given in the table.

Table 4

(₹ in crore)

Year	Opening balance	Releases	Total	Expenditure	percentage utilization	Closing balance
2005-06	4.75	24.28	29.03	17.21	59	11.82
2006-07	11.82	40.93	52.75	38.04	72	14.71
2007-08	14.71	28.79	43.50	24.34	56	19.16
2008-09	19.16	18.85	38.01	25.06	66	12.95
2009-10	12.95	43.20	56.15	33.66	60	22.49
2010-11	22.49	53.50	75.99	55.47	73	20.52

(Source: Departmental figures)

As the table shows, the percentage utilization of funds witnessed fluctuations during the period 2005-11 ranging between 56 per cent in 2007-08 to 73 per cent in 2010-11. Poor utilization of funds led to swelling up of unspent balances from ₹ 11.82 crore during 2005-06 to ₹ 20.52 crore at the end of March 2011 and adversely affected the achievements of the scheme as discussed below. It was further observed in audit that amount booked as expenditure under the scheme reflected the funds released to Zonal

Education Officers/lower formations, which had mostly remained unutilized. This could be gauged by the fact that most of the funds released to ZEOs had remained unutilized at the end of each financial year resulting in accumulation of huge amount of unspent balances. The CEO Baramulla stated that less utilization of funds was due to slow progress in completion of works out of the released funds by ZEOs and steps would be taken to utilize the available funds.

Availability of Schools and enrolment

A review of status of schools viz-a-viz enrolment of students revealed that the number of schools in the District had increased from 1,273 in 2005-06 to 1,607 in 2010-11. While the number of primary schools had increased from 861 to 986, the enrolment of students in the primary schools had declined from 94,250 to 93,700 during the corresponding period. The fall in enrolment was noticed in nine out of 18 zones of the District with *percentage* fall ranging between nine *per cent* (Kunzar Zone) and 51 *per cent* (Fatehgarh zone). Though the enrolment in the upper primary level had marginally increased from 35,505 in 2005-06 to 42,488 in 2010-11 (20 *per cent*), yet the same had fallen in seven out of 18 zones ranging between two (Dangiwacha zone) *per cent* and 47 (Fatehgarh zone) *per cent* during 2005-11.

Table 5

Year	Category of schools	No. of schools	Total	No. of students enrolled	Total
2005-06	Primary	861	1273	94250	129755
	Upper primary	412		35505	
2006-07	Primary	864	1287	94829	136837
	Upper primary	423		42008	
2007-08	primary	825	1280	87756	129134
	Upper primary	455		41378	
2008-09	Primary	1012	1579	87646	131125
	Upper primary	567		43479	
2009-10	Primary	1020	1588	90765	132035
	Upper primary	568		41270	
2010-11	Primary	986	1607	93700	136188
	Upper primary	621		42488	

(Source: Departmental figures)

It was also seen that 909 primary schools (92 *per cent*) were having enrolment up to 60 and 345 upper primary schools (55 *per cent*) schools were having enrolment ranging up to 100 as depicted in the following table.

Table 6

(In number)

Range of enrollment	Primary schools	Upper primary
Zero	-	-
1- 20	328	12
21 to 60 students	581	178
61 to 100 students	55	155
101 to 140 students	17	80
141 to 220 students	5	82
221 to 300 students	-	56
More than 300 students	-	58
Total	986	621

(Source: Departmental figures)

Thus, the enrolment of students had not been watched against any bench mark to improve the enrolment figures. On being pointed out, CEO Baramulla attributed the decrease and fluctuating trend in enrolment to increasing tendency of people to move towards urban areas for settlement, detachment of schools to other zones/districts and establishment of private schools. The reply could be seen in light of the fact that the enrolment in certain zones had shown decreasing trend gradually during all the years from 2005-06 to 2010-11.

Infrastructure

Construction of new buildings for primary and middle schools, construction of additional classrooms, accommodation for Cluster Resource Centres (CRC's) and Block Resource Centres (BRCs) is one of the important interventions under SSA. Since the start of SSA, ₹ 70.02 crore had been released for improvement of infrastructure. Out of this, ₹ 67.22 crore had been spent during 2005-11. It was observed that targets fixed for completion of these works had not been fully achieved. The details of targets fixed for construction of new school buildings, classrooms etc., during the period 2002-11 under SSA are as under:

Table 7

Year	Target					Achievement				
	Schools	Addl. Class rooms	CRCs	BRCs	Middle Schools	Primary Schools	Addl. Class rooms	CRC's	BRC's	Middle Schools
2002-03	14	51	-	-	2	14	51	-	-	2
2003-04	104	85	5	5	-	104	85	5	5	-
2004-05	30	71	17	5	10	30	71	17	4	10
2005-06	52	-	34	-	13	52	-	34	-	13
2006-07	207	418	-	-	39	110	304	-	-	19
2007-08	155	-	-	-	-	80	-	-	-	-
2008-09	70	-	-	-	55	27	-	-	-	22
2009-10	32	351	-	-	-	-	9	-	-	-
2010-11	120	165	5	-	-	-	-	-	-	-
Total	784	1141	61	10	119	417	520	56	9	66

(Source: Departmental figures)

As per the SSA guidelines, the construction works were to be completed in two to six months. It was observed that out of 2,115 works taken up for execution during 2006-11, only 1,068 works had been completed and 974 works taken up for execution during 2006-11 were lying incomplete¹ (expenditure ₹ 23.46 crore²) at various stages of construction rendering the investment unfruitful. Further work on the construction of 73 buildings (24 primary/middle schools, 48 ACR's and 1 CRC) sanctioned between the period from 2006-11 had not been taken up at all. This indicated that there was slow progress with regard to the execution of works which delayed their completion. Furthermore, slow progress in construction works could be gauged by the fact that no new work of 152 primary schools and 516 ACR's taken up for execution during 2009-11 could be completed, except for nine ACR's completed during 2009-10.

The CEO, Baramulla attributed low achievement in completion of buildings to land disputes, non-availability of timber and absence of provision of head load charges in hilly areas.

Due to non-completion of infrastructure, 525 primary and upper primary schools (33 *per cent*) continued to operate in rented and tented accommodations at the end of March 2011, as given in the table.

Table 8

Category of School	No. of schools	Government	Rented	Pucca	Partially pucca	Kuccha	Tents Pre-Fabricated huts
Primary	986	539	447	612	214	48	6
Upper primary	621	538	69	374	144	11	3
Total	1607	1077	516	986	358	59	9

(Source: Departmental figures)

Out of a total of 1,607 primary/upper primary schools, 516 schools were still accommodated in rented buildings. Besides 358 (22 *per cent*) buildings were partially *pucca* and 59 buildings were *kuccha*. However, no assistance had been provided under SSA or otherwise for construction of new buildings to the schools that did not have *pucca* buildings of their own. Nine schools were without buildings and were accommodated in tents (pre-fabricated huts).

The fallout of the non-completion of the schools has been that two to three schools had been adjusted in six middle schools as tabulated below.

¹ Plinth level: 142; Lintel level: 242; Roof level: 109; Not been completed up to plinth; 481.

² Expenditure upto 2009-10 ₹ 23.46 crore , Figures for 2010-11 not available

Table 9

S. No	Name of the school where accommodated	Number of schools	Name of the schools
1	Middle School Kanul bagh	03	1) M/S Kanilbagh.2) P/S Sangri Colony.3) P/S Sangritop
2	Middle school, Naibasti	03	1) M/S Naibasti. 2) P/S jaded. 3) P/S Kanilibagh
3	Boys Middle school Benglobagh	05	1) M/S Benglobagh. 2) P/S Azad Ganj. 3) P/S Syed Karim
4	Middle School Jadeed	02	1) M/S Jadeed. 2) P/S faqirwani
5	Middle school Rajghat	03	1) M/SRajGhat (Girls). 2) M/SRajghat (Boys). 3) P/S Dastageer sahib
6	Middle school Ramgarh	02	1) GPS Jamia. 2) M/S Ramgarh

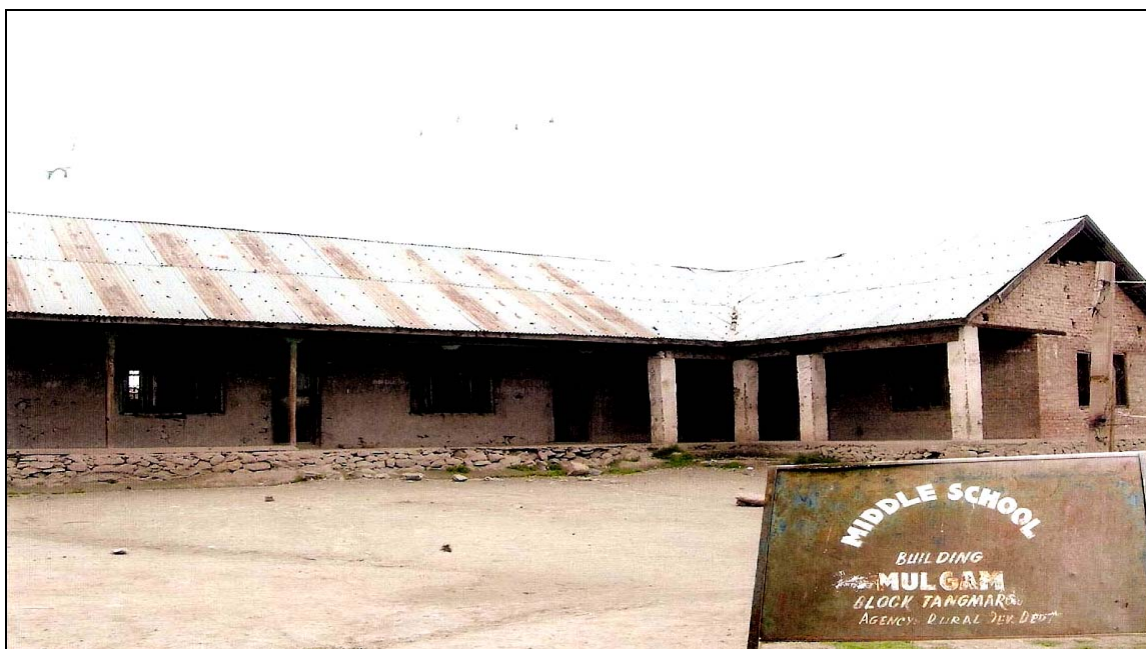
(Source: Departmental figures)



1) M/S Benglobagh. 2) P/S Azad Ganj. 3) P/S Syed Karim Housed in single building

Housing of a number of schools in one single building was bound to effect providing quality education to children due to interference of the activities undertaken by one school with the others.

Records showed that 10 school buildings were in bad condition and had been declared unsafe by the ZEO, Kunzar but the schools had continued to run in eight of the ten buildings thereby putting the safety of the children at risk. This indicated lack of interest on the part of the department in getting immediate repairs of the buildings done or to shift the schools to safer buildings. On being pointed out, the CEO stated that the case of major repairs had been submitted to higher authorities annually but no funds had been released. This should be seen in the backdrop of significant funds having remained unutilized under SSA as discussed in the foregoing paragraphs.



Unsafe building at Mulgam Kunzar

Availability of accommodation

As per the norms, there should be a classroom for every forty students in both primary and upper primary schools. It was seen that 702 primary and upper primary schools (44 per cent) were still having one or two classrooms. About 113 primary schools were accommodated in single classrooms and 511 primary schools were having only two classrooms. This indicated that construction of school buildings was not prioritized and that the department had failed to provide better accommodation for housing these schools before opening of new schools.

Table 10

Year	School category	Number of class rooms		
		One roomed	Two roomed	More than two
2010-11	Primary	113	511	362
	upper primary	-	78	537
	Total	113	589	899

(Source: Departmental figures)

It was also seen that there were about 203 schools with student class room ratio ranged between 56 and 67 for academic session 2010-11 which was higher than the norm fixed. Against the total enrolment of 51,965 students in the primary and upper primary classes in these schools, there were only 917 classrooms available to accommodate these students and required another 483 classrooms in accordance with the norms fixed. It was further seen in audit that for construction of additional classrooms land for the construction of classrooms was available in 114 (56 per cent) schools only.

Besides, there were 5,257 classrooms in the primary and upper primary schools in the District (2,312 classrooms available in 986 primary schools and 2,945 classrooms in 621 upper primary schools). Out of these classrooms, 2,443 classrooms were in good condition, but a major part thereof i.e. 2,814 (54 *per cent*) classrooms required major/minor repairs as detailed below. While 13 *per cent* of the total classrooms required major repairs, 40 *per cent* of those required minor repairs also.

Table 11

<i>School category</i>	<i>Good condition</i>	<i>Requiring minor repairs</i>	<i>Requiring major repairs</i>	<i>Total classrooms</i>
Primary	1092	977	243	2312
Upper primary	1351	1146	448	2945
Total	2443	2123	691	5257

Lack of Basic amenities

For carrying out minor repairs, maintenance of school buildings and for the improvement of infrastructure like toilets, drinking water, boundary walls and ramps etc., funds are provided to schools as School Maintenance Grant (SMG) under SSA. During the period 2002-11, ₹ 5.88 crore had been released to Chief Education Officer, Baramulla under SMG for improvement and maintenance of infrastructure out of which ₹ 4.72 crore had been spent. Despite ₹ 4.72 crore having been spent on creation and maintenance of infrastructure, there were still critical deficiencies in providing of basic amenities in the schools. A majority of the schools at the elementary level did not have the basic minimum amenities as detailed in the table below.

Table 12

<i>Category of schools</i>	<i>No. of schools</i>	<i>Common toilets*</i>	<i>Separate toilets*</i>	<i>Drinking water (tapped)</i>	<i>Electricity</i>	<i>Access ramps</i>	<i>Play ground</i>	<i>Boundary wall</i>	<i>Kitchen-shed</i>
Primary	986	299	58	543	18	33	81	67	421
Upper primary	621	267	117	431	30	106	175	44	180
Total	1607	566	175	974	48	139	256	111	601

(Source: Departmental figures) *The figure pertain to year 2009-10 as the figure for 2010-11 was not available with the Department

Out of 1,607 schools, toilet facility was available (2009-10) in 566 (35 *per cent*) schools only with separate toilet facility in 175 schools only (11 *per cent*). While drinking water (tapped) facility was available (2010-11) in 974 schools (61 *per cent*), electricity was available in 48 schools only (three *per cent*). Majority of the schools also lacked space for extra-curricular and physical activities. Playground was available in 256 schools (16 *per cent*) and only 111 schools (seven *per cent*) were having boundary walls.

To improve the situation, ₹ 25 lakh, (₹ nine lakh for electricity and ₹ 16 lakh for boundary walls) were exclusively released under SSA to zonal authorities during 2007-09 but the deficiency still persisted.

In 68 sampled primary and upper primary schools visited, toilet facility was not available in 42 (62 *per cent*) schools and separate toilet facility existed in 16 schools only. Drinking water facility was not available in 33 (49 *per cent*) schools and 56 (82 *per cent*) schools were not having boundary walls around school premises. While none of the 35 sampled primary schools had access ramps, it was present only in four upper primary schools. This indicated that basic facilities were not provided in all the schools.

Availability of teachers

As required under norms, there should be at least two teachers for every primary school and a teacher for every class in upper primary schools. By the end 2010-11, there were 1,36,926 students and 8,731 teachers at elementary level which places the teacher student ratio in the schools of the District at 1:16 as against the SSA norm of 1:40. Despite overall overstaffing it was further noticed that 98 out of 986 primary schools had only one teacher to run the school and 399 primary/upper primary schools were without a head teacher. This indicated improper deployment of teachers.

It was noticed that zones nearer to the District headquarters like Baramulla, Wagoora and Singhpora Kalan had teacher student ratio ranging between 1:12 and 1:13. In 108 schools in various other zones of the District the ratio was adverse requiring 166 additional teachers to conform to the required norm. Against the total enrolment of 27,868 students in these schools, there were 584 teachers available for imparting education to these students which translated into a ratio of 1:48 in the year 2010-11. On being pointed out, it was stated that steps were being taken to rationalize the staff and to provide head teachers to various schools.

The teacher student ratio in the 35 out of 68 sampled schools was in the range of 1:4 and 1:32 which was more than the norms fixed and indicated excess deployment of teachers in the schools.

Status of examinations/results

The data relating to overall pass percentage of students in different examinations during the period 2005-06 to 2010-11 was as under.

Table 13

(In number)

<i>Session</i>	<i>Number of students appearing in the 8th class examination</i>	<i>Number of students passing</i>	<i>Percentage of students passing</i>
2005	19698	15142	76
2006	14878	11651	78
2007	10695	8316	78
2008	10509	7744	74
2009	10474	7873	75
2010	11012	10106	92

(Source: Departmental figures)

As can be seen, pass percentages during the last five years had hovered in the range of 74 to 78 *per cent* with the exception of 2010-11 when 92 *per cent* pass was recorded. However, this fact was not reflected in the board examinations.

The fall in the percentage of students passing the matriculation examination was particularly alarming, having decreased from 61 *per cent* during 2005-06 to 45 *per cent* during 2010-11. The percentage of students passing 12th class examination was relatively encouraging having improved from 43 *per cent* in 2005-06 to 50 *per cent* in 2010-11 as tabulated below.

Table 14

<i>Session</i>	<i>Number of students appeared</i>	<i>Number of students passed</i>	<i>Percentage</i>	<i>Schools with pass percentage (1-33)</i>	<i>Schools with zero percentage</i>
<i>10th class results</i>					
2005	4098	2483	61.00	-	-
2006	4682	2130	45.49	-	-
2007	3281	1509	45.99	34	11
2008	3477	1672	48.08	36	4
2009	3295	1570	47.65	25	-
2010	4881	2217	45.42	38	3
<i>12th class results</i>					
2005	6858	2959	43.14		
2006	6918	3113	45.00	11	-
2007	5775	2401	41.58	12	-
2008	6615	3274	49.49	1	-
2009	6484	3171	48.90	-	-
2010	7728	3874	50.13	7	-

(Source: Departmental figures)

It was further noticed that although the Directorate of School Education had issued instructions (January 2010) to charge sheet and stop annual increments of head teachers of all schools that had registered lower than 33 *per cent* pass in the SSE results, no action

had been taken so far. It was also noticed that although head teachers of the schools that had registered poor results in HSS part-II exams were asked (March 2011) to explain their position for lack of supervision with regard to academics and laxity in control over the staff, no response from such head teachers were yet received.

Girl education

Education of girls in general and particularly of girls from the SC/ST/OBC categories is central to the efforts to universalize elementary education through *Sarva Shiksha Abhiyan* or 'Education for All'. A sustained gender-centric strategy has to be adopted to make education system responsive to the needs of girls through targeted interventions which should serve as a pull factor to enhance access and retention of girls in schools and also generate a community-demand for girl's education through training and mobilization.

The details of girls studying in the schools during the period 2005-11 are as under.

Table 15

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Boniyar	994	978	281	248	242	215
Dangerpora	175	164	215	192	43	38
Dangiwacha	212	219	138	114	123	118
Kunzer	N/A	N/A	N/A	N/A	253	235
Pattan	1541	1107	628	556	221	203
Rohama	529	432	209	190	91	84
Singhpora P	N/A	N/A	N/A	N/A	148	141
Tangmarg	532	385	531	499	227	220
Uri	757	490	739	675	287	256
Wagoora	205	61	420	387	744	731
Total	4945	3836	3161	2861	2379	2241

(Source: Departmental figures)

As shown in the table above, except for Wagoora the number of girl students studying in other blocks had gone down considerably.

To facilitate retention of girls, ensure greater participation by them, develop and promote facilities, provide access to girls belonging to disadvantage groups like SC and ST and improve quality of education, the programme interventions included Girl's Education under Innovative Head, National Programme for Education of Girls at Elementary Level (NPEGEL) and Kasturba Gandhi Balika Vidyalaya (KGBV). In audit, KGBV was test-checked.

Kasturba Gandhi Balika Vidyalaya (KGBV)

Four KGBV schools were established at Boniyar, Jullah, Pattan and Sopore. KGBV Boniyar was established in 2006 while the others (Uri, Pattan and Sopore) in 2008. These residential schools were to be set up in areas having high concentration of tribal/SC/ OBC population with low female literacy. The students in these schools were to be provided

with free lodging, board and sports facility, materials for studies viz. free books, school bags and registers, stationeries and materials for personal use viz. clothes and shoes, in addition to monthly stipends of ₹ 50 per girl. These students were also to be provided with group insurance cover. The details/status of the four KGBV's established so far is given in the table.

Table 16

Zone	Year of start	Residential / Non-residential	Present Accommodation	Class wise enrollment			Enrolment (Social Category wise)				Building Status
				VI	VII	VIII	Others	ST	OBC	Total	
Boniyar (R)	2005-06	Non-residential	Rented	13	7	19	23	1	15	39	Roof level
Jullah (R)	2008-09	Residential	Rented	41	33	26	--	43	57	100	Finished Items Awaited
Pattan (R)	2008-09	Non-residential	Rented	20	22	24	66	-	-	66	Finished Items Awaited
Sopore (U)	2008-09	Non-residential	Rented	26	30	44	100	-	--	100	Not Taken up Land Identified
Total				100	92	113	189	44	72	305	

(Source: Departmental figures)

Three out of the four KGBV's established so far did not provide residential facilities to the students (which is one of the primary thrusts behind creation of these schools) since the building of none of the KGBV's had been completed so far. These schools functioned in rented accommodations. Besides, two out of the four schools viz. KGBV's at Boniyar and Pattan, had low enrolment of girl students. Due to non-availability of housing accommodations and low enrolment, most of the funds received under recurring and non-recurring grants aimed at providing better accommodation and residential facilities could not be utilized thereby depriving the students enrolled therein of the intended benefits and also discouraging upcoming students from joining these schools. It was also seen that out of the total release of ₹ 293.60 lakh, ₹ 188.37 lakh (64 per cent) had been spent up to the year 2010-11. Due to less utilization of funds, the unspent balances had burgeoned from ₹ 42.78 lakh during 2005-06 to ₹ 109.42 lakh during the year 2010-11.

Recommendations

- ✚ *Adequate infrastructure/amenities like toilets, separate toilets for girls, electricity, drinking water facilities, play ground, etc. should be provided at schools and school buildings lying incomplete need to be completed on priority.*
- ✚ *Programme funds should be efficiently utilized so that the objectives of the programme are realised.*
- ✚ *Deployment of teachers needs to be made in a balanced way as per norms for imparting of quality education and better results.*
- ✚ *All interventions aimed at promoting girl's education need to be implemented fully including establishment of KGBV's.*

(ii) Nutritional Support to primary and upper students under Mid Day Meal Scheme (MDMS)

MDMS was launched (September 2004) in the State by GOI with the objective of boosting *primary education* by increasing enrollment, retention and attendance of students in schools by way of providing mid day meals to the school going children. The scheme was extended (April 2005) to cover all the children up to class V in schools and EGS centers. To make up the requirement, the food grains are lifted from Food Corporation of India (FCI) godowns by Consumer Affairs and Public Distribution Department (CAPD) and supplied to District Depots for lifting by schools as per their requirement. Funds are released by the Directorate of School Education, Kashmir and DDC, Baramulla to the CEO, Baramulla who in turn releases them to ZEOs for further disbursement to end-users.

Coverage of students

There was a shortfall in coverage of the students under Mid Day Meal scheme and the percentage of shortfall in coverage ranged between 6 and 32 *per cent* during 2005-11.

Table 17

Year	Enrolment	Roll Covered	Shortfall	Percentage
2005-06	129755	122421	7334	6
2006-07	136837	121399	15438	11
2007-08	129134	93505	35629	28
2008-09	131125	94805	36320	28
2009-10	132035	110807	21228	16
2010-11	136188	92242	43946	32

(Source: Departmental figures)

The main objective of the programmes was retention and improvement of the attendance of the students in the schools in the age group of 6 years to 14 years. However, it was noticed that that the objective of all children completing eight years of elementary education by the year 2011 could not be achieved as there were still a good number of boys who never joined school in the District and dropout still persisted though showing a decline over the last five years among age group of 6 years to 14 years as detailed in the following table.

Table 18

Year	Never enrolled			Drop outs (6-14)			Out of school		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2006-07	4101	5707	9808	1310	3020	4330	5411	8727	14138
2007-08	994	960	1954	3651	3623	7274	4645	4583	9228
2008-09	902	779	1681	3414	3405	6819	4316	4186	8502
2009-10	753	727	1480	1999	2029	4028	2752	2756	5508
2010-11	674	663	1337	1878	1895	3773	2552	2558	5110

(Source: Departmental figures)

During 2005-11, ₹ 28.97 crore was released by Government as cooking cost, transportation of food grains, construction of kitchen-sheds, infrastructure for kitchens, cost of food grains and honorarium for cooks, etc. Test-check of records revealed that funds allotted under various components of the programme were not utilised in full. During 2005-11, against the released amount of ₹ 28.97 crore, an amount of ₹ 26.96 crore had been spent on various components of the scheme and ₹ 2.01 crore had remained unutilized.

The component-wise details of funds allotted under different components viz, cooking cost, kitchen infrastructure, kitchen-cum-store and transportation charges etc. and expenditure incurred against each during the last five years are as under.

Table 19

(₹ in crore)

Year	Target	2005-06		2006-07		2007-08		2008-09		2009-10		2010-11		Total	
		State	GOI	State	GOI	State	GOI	State	GOI	State	GOI	State	GOI	State	GOI
Cooking Cost	A	1.27	1.70	1.10	3.28	0.61	1.09	1.26	1.17	1.27	2.69	1.07	3.87	6.58	13.80
	E	1.27	1.70	0.98	3.28	0.61	1.09	1.26	1.17	1.27	1.80	1.01	3.02	6.40	12.06
Construction of kitchen store	A	-	-	-	-	-	-	-	2.47	1.97	-	1.05	--	3.02	2.47
	E	-	-	-	-	-	-	-	2.47	1.97	-	1.05	--	3.02	2.47
Kitchen infrastructure	A	-	-	-	-	-	-	-	0.64	0.25	-	--	--	0.25	0.64
	E	-	-	-	-	-	-	-	0.64	0.25	-	--	--	0.25	0.64
Transportation	A	-	-	-	-	-	-	-	-	0.14	-	-	0.22	0.14	0.22
	E	-	-	-	-	-	-	-	-	0.10.	-	-	0.18	0.10	0.18
Management monitoring and Evaluation	A	-	-	-	-	-	-	-	-	-	-	-	0.15	-	0.15
	E	-	-	-	-	-	-	-	-	-	-	-	0.14	-	0.14
Honorarium of cook-cum-helpers	A	-	-	-	-	-	-	-	-	-	-	0.26	0.59	0.26	0.59
	E	-	-	-	-	-	-	-	-	-	-	0.26	0.59	0.26	0.59
Cost of food grains	A	-	-	-	-	-	-	-	-	-	-	-	0.85	-	0.85
	E	-	-	-	-	-	-	-	-	-	-	-	0.85	-	0.85
Grand total	A	1.27	1.70	1.10	3.28	0.61	1.09	1.26	4.28	3.63	2.69	2.38	5.68	10.25	18.72
	E	1.27	1.70	0.98	3.28	0.61	1.09	1.26	4.28	3.59	1.80	2.32	4.78	10.03	16.93

(Source: Departmental figures)

As is clear from above the funds for the construction of kitchen-stores and related infrastructure had been released belatedly from 2008-09 onwards while as for other components of the scheme the same were released from 2009-10 onwards. The short utilization of funds to the extent of unspent balances was due to late release of funds and to availability of fewer number of working days during the past few years and as such adversely affected the implementation of the programme to that extent. The impact of the utilization of above funds is discussed in the succeeding paragraphs.

Allocation and consumption of food grains

The details of requirement of food grains as per the enrolment, quantity of food grains allotted and that consumed during the period 2005-11 was as under.

Table 20

(In quintals)

Year	Actual enrollment	Requirement of food grains	Roll Covered	Food grains		Consumption
				Allotted	lifted	
2005-06	129755	36427.43	122421	22961.89	24246.75	23750.72
2006-07	136837	15987.13	121399	16237.63	15516.70	14769.09
2007-08	129134	21565.37	93505	20516.45	14220.00	13607.81
2008-09	131125	21706.75	94805	18910.80	18698.71	18396.98
2009-10	132035	17862.35	110807	15822.75	15608.47	15350.01
2010-11	136188	34635.00	92242	26231.17	14781.95	14975.23
Total		148184.03		120680.69	103072.58	100849.84

(Source: Departmental figures)

Against the total requirement of 1,48,184.03 quintals of food grains during the period 2005-11, an allocation of 1,20,680.69 quintals was made for the department. However, the department could lift only 1,03,072.58 quintals and against this lifted quantity, the department could utilize 1,00,849.84 quintals only. This implied that either mid-day-meal was not provided to all the eligible students or students were not provided with cooked food on all working days.

Cooking cost

From July 2006 onwards, the cooking cost was to be paid @ ₹ 2.00 (₹ 1.50 by the GOI and ₹ 0.50 by the State Government) per child per day. The rates were revised w.e.f. 1-4-2010, wherein cooking cost was to be paid @ ₹ 2.96 for primary classes and @ ₹ 4.03 per child per day for upper primary classes. Based on the enrolment figures furnished by the Department, an amount of ₹ 30.67 crore was required as cooking cost for covering the District as a whole during the period 2005-11. It was, however, seen that ₹ 20.38 crore only were released by the State/GOI during the last six years to meet the cost of cooking charges. Against the released amount, the Department was able to utilise ₹ 18.46 crore as detailed in the table given below:

Table 21

(₹ in crore)

Year	Cost of cooking due			Funds released			Expenditure		
	GOI	State	Total	GOI	State	Total	GOI	State	Total
2005-06	5.46	1.82	7.28	1.70	1.27	2.97	1.70	1.27	2.97
2006-07	2.40	0.80	3.20	3.28	1.10	4.38	3.28	0.98	4.26
2007-08	4.31	1.08	5.39	1.09	0.61	1.70	1.09	0.61	1.70
2008-09	3.79	0.95	4.74	1.17	1.26	2.43	1.17	1.26	2.43
2009-10	3.09	0.77	3.86	2.69	1.27	3.96	1.80	1.27	3.07
2010-11	3.87	1.27	5.14	3.87	1.07	4.94	3.02	1.01	4.03
Total	22.92	6.69	29.61	13.80	6.58	20.38	12.06	6.40	18.46

(Source: Departmental figures)

This implied that all eligible students were not provided with the cooked food on all school days as envisaged under the programme.

On being pointed out, it was stated that funds could not be utilized in full due to lesser number of working days available during the last few years.

Construction of Kitchen-cum-store

Under the MDM scheme guidelines, kitchens were required to be made available at each school for providing meals to the students. Out of 1,607 schools in the District, kitchen sheds were made available in only 625 (39 per cent) schools.

Apart from kitchen sheds, providing of kitchen devices (utensils) and drinking water facility for serving cooked food to students was also provided under the guidelines. While no funds for construction of kitchen-cum-stores in the schools were released during 2004-08, ₹ 5.49 crore were released by the GOI/State Government for the purpose during 2008-11. The kitchen-sheds were to be constructed at the rate of ₹ 0.60 lakh and at the rate of ₹ 1.42 lakh per kitchen-shed during 2008-09 and 2009-11, respectively. With the released amount, 625 kitchen sheds were constructed during 2008-11. Still a huge deficiency of kitchen sheds existed in the schools as detailed below.

Table 22

Type of institution	No of schools	Without kitchen facility		Without drinking water facility	
		Number	Percentage	Number	Percentage
Primary	986	565	57	443	45
Middle	621	441	71	190	31
Total	1607	1006	62	633	39

(Source: Departmental figures)



1,006 (62 per cent) schools were without kitchen sheds facility and 633 (39 per cent) schools without any drinking water facility. The meals were being prepared in class rooms and open spaces, exposing the children to health hazards and disturbing regular classes. On being pointed out, it was stated that the schools without kitchen sheds and

drinking water would be taken up in due course of time and utensils would be provided when funds for same were received.

In 68 sampled primary and upper primary schools, kitchen facility was available in 35 schools (13 primary and 22 upper primary) and in 12 (five primary and seven upper primaries) schools there were insufficient utensils to serve meals to the students. It was stated that in respect of the schools where kitchen facility was not available, food was being cooked in separate rooms identified for the purpose or by cooks with their own arrangements. The quality of food was being checked by school management committees and occasionally by authorized monitoring committees. Besides, ingredients were being arranged by incharge teacher of MDM. The reply was not acceptable as cooking of food in separate rooms was bound to affect imparting of quality education to children in view of the shortage of accommodation in most of the schools.

Out of total number of 1,607 schools in the District, tap water supply was available in 974 schools only and 633 schools were having unhygienic water facility through hand pumps (44 schools), wells (119 schools) and other means (470 schools). This showed the apathy of the District administration in providing basic amenities to the students in the schools.

Recommendations

-  ***Efforts should be made to provide mid-day meals to all enrolled students.***
-  ***Gaps in critical areas of kitchen shed and safe drinking water facilities need to be prioritized for expeditious completion.***

5.2 Health

Health Department at the District level is controlled by Chief Medical Officer (CMO), Baramulla functioning under the State Health and Family Welfare Department. The CMO is responsible for providing health care services to the people of the District through a network of one district hospital, six community health centres (CHC), 33 primary health centres (PHC) and 128 sub-centres (SC). To bridge the gap between requirement and existing health care facilities, the GOI launched a flagship programme National Rural Health Mission (NRHM) during the year 2005-06. Under the scheme, a District Health Mission, headed by the Chairman of District Development Board and District Health Society (DHS) has also been constituted which oversees the health care activities in the District. The Governing body of DHS is headed by the DDC and the executive body is headed by the Chief Medical Officer.

NRHM was launched in April 2005 by GOI throughout the country for providing integrated health-care services to the rural population, especially the poor and vulnerable sections of the society. The objectives of the Mission, to be achieved during the period 2005-12, are as follows.

- provision of accessible, affordable, accountable and reliable health-care facilities in the rural areas;
- involving community in planning and monitoring;
- reduction in child and maternal mortality and total fertility rate for population stabilisation;
- prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
- revitalizing local health traditions and mainstreaming AYUSH and
- promotion of healthy life styles.

The Mission aims to bridge the gaps in rural health-care through increased community ownership, decentralization of the programmes, inter-sectoral convergence and improved primary health-care. It further envisages increasing expenditure on health, with a focus on primary health-care, from the level of 0.9 *per cent* of GDP (1999) to two to three *per cent* of GDP over the Mission period (2005-2012). Jammu and Kashmir is one of the 'high focus' States under the Mission.

Planning

NRHM occupies the central position so far as the improvement in health sector is concerned. The scheme envisages decentralized planning and implementation arrangements so that need-based and community-owned planning in the District is undertaken. Accordingly, a five-year perspective plan was to be prepared by the DHS for the District based on perspective plans for the blocks which in turn were to be prepared on the basis of perspective plans for the villages. The perspective plan was to be based on annual action plans for the villages, blocks and the district. Annual action plans were to be based on baseline surveys of the health care facilities, existing and required, to be conducted through local community action by involving ASHAs, AWWs and ANMs. An authentic database was to be maintained and a mechanism was to be developed for ensuring reliability of the data surveyed so that the same could be utilized for future planning.

It was seen in audit that no perspective or annual action plans had been prepared nor a database developed as envisaged in the Programme. A District Health Action Plan had been prepared in 2007-08 by engaging a private firm which had defeated one of the key objectives of community involvement.

Community participation and involvement

To provide qualitative services in the health centres with community participation in planning, implementation and monitoring of programmes, an effective management system in the shape of *Rogi Kalyan Samitis (RKS)* at all the health centres up to PHC level was to be constituted with representation from legislature, health officials, SC's/ST's/OBC's/minorities, NGO's, etc. Likewise, Village Health and Sanitation Committees (VHSCs) were to be formulated at village level with adequate representation from disadvantaged sections of society viz women, SC/ST/OBCs and minorities, etc.

In audit it was noticed that community participation in planning, implementation and monitoring had not been ensured. Scrutiny of records revealed that 584 VHSCs and 43 RKSs framed did not have adequate representation from NGOs/SC/ST/OBCs, etc. Existing VHSCs were not functional as untied grant of Rs.10,000 for each VHSC had not been released and only 59 out of 584 VHSCs (10 per cent) had been given requisite VHSC training so far. Monitoring committees had not conducted any community interaction through public hearings and public dialogues. The CMO stated that VHSCs could not be made functional due to non-release of untied grants and meager allotments for trainings and that public hearings/debates for more community involvement would be held in future.

Infrastructure

As per the GOI guidelines, there should be one CHC for every 1,00,000 (80,000 for hilly and tribal areas) population, one PHC for every 25,000 (20,000 for hilly and tribal areas) population, one SC for a population of 4,000 (3,000 for hilly and tribal areas).

Against the requirement of 13 CHCs, 52 PHCs and 254 SCs in the District, six CHCs, 33 PHCs and 128 SCs existed and the shortfall was seven CHCs, 19 PHCs and 126 SCs as of March 2011.

Table 23

Particulars	District Hospital	Community health centre	Public health centre	Sub-centre
Requirement of health centres as per norms	1	13	52	254
Existing health centres ending 3/2011	1	6	33	128
Shortage	-	7	19	126

(Source: Departmental figures)

It was seen in audit that work on construction of 47 health centres had been undertaken during 2006-11 out of which 17 health centres had been completed so far. Work on remaining 30 health centres was in progress as of March 2011.

First referral unit

For strengthening maternal health services, CHCs were required to provide 24x7 emergency services and comprehensive obstetric care including caesarean section and blood storage facility. Besides, it was imperative for the CHCs to have specialist's services including gynaecologists, anaesthetists, general surgeons, paediatricians, etc.

It was seen in audit that caesarean services were not available in the sampled four (out of six) CHCs (Chandoosa, Uri, Kreeri, and Pattan) as there were no regular gynaecologists or obstetricians posted in these health centres. Only normal delivery cases were being attended to. Blood storage facility had also not been made available at three out of four audited CHCs. On regular basis, Longitudinal Sectional Caesarean Surgery (LSCS) was being done at MCH (Maternal and Child Health) Sopore only. Some LSCS cases had been done at Tangmarg, Uri and Kreeri CHC's during 2010-11 with the available staff as detailed in the table. But all the CHCs were without specialist services, particularly those of a gynaecologist and an obstetrician and without required staff nurses. As such, these CHC's could not be upgraded to Indian Public Health Standards as First Referral Unit (FRU) for providing obstetric care and for carrying out LSCS surgeries. The details of LSCS conducted at the sampled seven Health Centres during 2009-11 were as under:

Table 24

Institution	2009-10	2010-11
DH Baramulla	871	1099
MCH Sopore	190	296
CHC Tangmarg	-	53
CHC Uri	41	21
CHC Kreeri	-	15
CHC Pattan	8	-
CHC Chandoosa	-	-
Total	1110	1484

(Source: Departmental figures)

Out of the total number of 1,110 and 1,484 LSCS surgeries carried out during the year 2009-10 and 2010-11 respectively, 871 (78 per cent) and 1,099 (74 per cent) cases of LSCS had been done at District Hospital alone.

This indicated that CHCs in the District were not equipped with requisite infrastructure and manpower to conduct LSCS on a regular basis. Blood storage facility was available in three out of six CHCs but the blood banks were not fully functional.

Status of infrastructure

Certain guaranteed services were to be provided at each of the health centres as per the norms of Indian Public health Standards (IPHS). However, many of these health centres lacked basic minimum facilities and the critical gaps in infrastructure had not been filled. This could be seen from the details collected from the sampled health centres checked in audit as given in table.

Table 25

<i>Particulars</i>	<i>Sub-centres</i>	<i>PHC's</i>	<i>CHC's</i>
Number of the health centres checked	20	11	4
Centres housed in private buildings	17	2	-
Buildings in bad condition	18	3	1
Poor cleanliness	18	1	1
Citizens charter not displayed	20	7	1
Complaint box not maintained	20	8	2
Separate utility for men and women	17	3	3
Operation theatre not existing	-	4	1
Labour room not present	19	5	-
Separate male and female wards not present	-	4	1
No waiting rooms	-	10	2
No provision for water supply	19	1	-
No provision for water storage	20	1	-
No sewerage facilities	-	6	3
No bio-waste disposal facility	20	10	4
No electricity	20	1	-
No stand- by power	20	5	-
No telephone facility	-	8	2
No computers.	-	8	2
No accommodation facility for staff	20	10	4

(Source: Departmental figures)

From the above, it is seen that while the facilities/guaranteed services were existing partially at the CHCs, in majority of SCs/PHCs many facilities/ guaranteed services were not being provided.



Sub-centre Agrikalan (Pattan) housed in shops



Sub-centre Dhani Suden (Uri) housed in shop



Sub Centre Pheli Pora full of cracks

Manpower

To provide quality health services to patients at health centres, it is imperative for the health centres to have sufficient and requisite manpower. For the CHCs to be up-graded as FRU to the level of Indian Public Health Standard (IPHS), every CHC is required to have availability of specialists' services. Besides, to provide health care services on 24x7 basis, every PHC has to be adequately equipped with medical and paramedical staff. In District Baramulla, there are six CHCs and 33 PHCs. As per norms, every SC ought to have two Auxiliary Nursing Mid-Wife (ANM), every PHC; two medical officers and three staff nurses and every CHC seven specialists. It was seen in audit that these health centres were running with deficient staff as detailed below.

Table 26

Category	Sanctioned posts			In-position			Vacant			Percentage
	General	NRHM	Total	General	NRHM	Total	General	NRHM	Total	
Specialists	79	3	82	26	1	27	53	2	55	67
Assistant Surgeons	231	23	254	156	21	177	75	2	77	30
Dental surgeons	43	-	43	39	-	39	04	-	4	09
ISM* Doctors	-	30	30	-	27	27	-	3	3	10
Paramedical staff	1670	255	1925	1290	117	1407	380	138	518	27

(Source: Departmental figures) * (Indian System of Medicines)

Critical deficiency of specialists and Assistant Surgeons in the District health centres meant that the CHCs could not be upgraded as FRUs nor PHCs as 24x7 health care provider as per IPHS.

The position of manpower in sampled health centres is indicated in the following table.

Table 27

Particulars	Total number of cases	Percentage of the total number audited
<i>Sub-centers</i>		20
Without two ANM's	20	100
Without one regular ANM	-	-
Without one MPW	11	55
<i>Primary Health Centre</i>		11
Without a medical officer(allopathic)	1	9
Without an <i>AYUSH</i> medical officer	6	55
Without any medical officer	1	9
Without three staff nurses	10	90
Without one staff nurse	4	36
Without nursing mid wife	9	82
Without a lab. Technician	1	9
<i>Community health centre</i>		4
Without a general Physician	1	25
Without a general surgeon	1	25
Without an obstetrician and gynaecologist	4	100
Without a paediatrician	4	100
Without an anaesthetist	1	25
Without nine staff nurses	4	100
Without one staff nurse	-	-
Without a radiologist	2	50

(Source: Departmental figures)

Due to shortage of required staff in the range of nine to 100 *per cent*, these health centres could not provide services on 24x7 bases nor could they be upgraded as per IPHS. The CMO stated that steps were being taken to improve infrastructure facilities in the health centres and manpower was also being engaged under NRHM to support the health centres.

Engagement of ASHAs

Under the NRHM, one trained Accredited Social Health Activists (ASHA) per 1,000 souls is to be provided in each village to act as an interface between the community and the public health system. The job of ASHA includes mobilization of children for vaccination, promoting institutional deliveries and antenatal checkups, etc. ASHAs are to be paid out of the funds provided under Immunization and *Janani Suraksha Yojna* on the basis of number of immunizations, institutional deliveries, etc. brought about by them.

It was noticed that against the requirement of 1,016 ASHAs, 986 ASHAs were engaged in the District. 783 AHSAs had been imparted training in Module-I while 793 ASHAs in module II to IV and 775 ASHAs in module-V. Besides, drug-kits had been provided to 750 ASHAs. Audit further noted that the performance of ASHAs in the District was below par.

Maternal Health

Maternal health care includes registration of all pregnant women before they attain 12 weeks of pregnancy and providing them with necessary services and medicines like iron and folic acid tablets, vitamin supplements and tetanus-toxide at appropriate time. The important services include antenatal care, institutional delivery, post natal care and referral services. The position of pregnant women registered, and those provided with health care facilities during 2005-11 is tabulated hereunder:

Table 28

Year	No. of registered pregnant women	checkups received by pregnant women	In number (<i>per cent</i>)	
			No. of women given TT doses	No. of women given IFA tablets
2005-06	23,814	10,752 (45)	19,746 (83)	5,700 (24)
2006-07	22,363	11,236 (50)	17,432 (78)	5,520 (25)
2007-08	21,503	10,098 (47)	15,902 (74)	5,601 (26)
2008-09	17,240	9,410 (55)	14,069 (82)	4,786 (28)
2009-10	17,322	9,111 (53)	13,118 (76)	4,204 (24)
2010-11	29,079	11,009 (38)	21,182 (73)	6,404 (22)
<i>Total</i>	<i>1,31,321</i>	<i>61,616</i>	<i>1,01,449</i>	<i>32,215</i>

(Source: Departmental figures)

From the above, it would be seen that the number of registered pregnant women decreased during the period from 2005-06 to 2009-10 but increased during 2010-11. However, all the pregnant women did not receive requisite antenatal checkups at different intervals during pregnancy. There was a considerable decrease in the number of pregnant women receiving fourth antenatal checkups during pregnancy from the stage of registration to final stage. Similarly, two doses of tetanus toxoid have been prescribed for all pregnant women to immunise the mother and neonates from tetanus. It was observed that tetanus toxoid dose had also not been given to all the registered women. While 74 to 83 *per cent* pregnant women were given T.T. doses, 22 to 28 *per cent* of them had been provided IFA tablets during 2005-11. The CMO attributed the shortfall to under-performance of ASHAs who are responsible for motivating pregnant women to attend health centers for antenatal checkups and institutional deliveries. It was, however, stated that steps would be taken to involve more and more women for antenatal checkups for quality services.

Institutional delivery

To ensure safe deliveries and avoid maternal and neonatal deaths, NRHM envisages implementation of *Janani Suraksha Yojna*. Under the *yojna*, pregnant women preferring institutional deliveries are to be provided cash assistance at the time of delivery for meeting expenses at the health institution. The cash assistance is also to be provided to ASHA for motivating pregnant women towards institutional deliveries and accompanying them for antenatal checkups during pregnancy and staying with them at the time of delivery and providing BCG vaccination to the new born. The position of institutional deliveries and payments made to the beneficiaries during 2005-11 is given in the table.

Table 29

Year	Registered pregnant women	Institutional deliveries		Home Deliveries	beneficiaries paid (Institutional deliveries)	Beneficiaries Paid (home deliveries)
		Target	Achievement			
2005-06	23,814	23,814	10,752	4,396	380	-
2006-07	22,363	22,363	11,236	3,993	786	-
2007-08	21,503	21,503	10,098	3,255	1,341	387
2008-09	17,240	17,240	9,410	3,236	863	564
2009-10	17,322	17,322	9,111	2,758	8,098	409
2010-11	29,079	21,224	9,687	1,609	10,397	165
Total	1,31,321	1,23,466	60,294	19,247	21,865	1,525

(Source: Departmental figures)

As can be seen out of 1,31,321 pregnant women registered during the year 2005-06 to 2010-11, only 60,294 opted for institutional deliveries and compensation was paid in 21865 cases. Shortfall in the number of institutional deliveries could be attributed to the health centres viz CHCs/PHCs not providing requisite facilities for institutional deliveries. Out of 33 PHCs only 11 PHCs had the facility of 24x7 delivery services. The non-availability of delivery services was mainly due to shortage of man-power and non-availability of labour room at all the PHCs. The CMO stated that the number of institutional deliveries would increase as and when CHCs/PHCs would be provided with more infrastructural facilities and requisite manpower.

Spacing methods

Family planning aims at controlling total fertility rate and providing spacing methods to improve couple protection ratio to achieve the goal of population stabilization and small families. Terminal methods of family planning include vasectomy for male and tubectomy for female. At the district level no targets had been fixed for these terminal methods. However, the details of achievements under various spacing methods adopted during 2005-11 were as under.

Table 30

Year	Vasectomy	Tubectomy	Laparoscopy	Oral pills	IUD insertions	Distribution of condoms
2005-06	43	1,300	0	1,031	3,421	50,277
2006-07	21	1,005	0	9,112	3,420	60,978
2007-08	43	453	0	15,380	3,004	61,876
2008-09	12	335	0	21,249	3,406	1,21,336
2009-10	22	804	0	17,107	2,214	1,48,484
2010-11	5	495	5	18,628	2,232	1,15,383
Total	146	4,392	5	82,507	17,697	5,58,334

(Source: Departmental figures)

During 2005-11, the proportion of vasectomy to the total sterilisation was only three *per cent*. Against 4,543 sterilizations conducted during 2005-11, 146 accounted for male sterilizations and 4,397 for female sterilizations. This was an indication of gender imbalance under the programme. The situation had not improved even after the launch of non-scalpel vasectomy under NRHM. Laparoscopic tubectomy which is preferred over conventional tubectomy was introduced in the District during 2010-11 when five cases were performed. Oral pills, condoms and intra-uterine device insertions were the prevailing methods of spacing for family planning. The use of these spacing methods was on a lower side, and among the total number of such spacing methods, about 85 *per cent* cases accounted for condom alone, 12 *per cent* for oral pills and rest three *per cent* for IUD insertions.

Immunization and child health

Strengthening of services to improve child survival requires administration of different vaccines and providing doses of vitamin 'A' against various preventable diseases. Following were the details of administration of different vaccines and providing of doses of vitamin 'A' during the period 2005-11.

Table 31

Year	Target for complete immunization	Up to one year	Above one and half year (DPT/OPV booster)	Above five years (DT only)	Above ten years (TT only)	Above sixteen years (TT only)
2005-06	38,181	39,817 (104)	26,510 (69)	21,808 (57)	13,208 (35)	7,474 (20)
2006-07	37,979	35,324 (93)	27,421 (72)	16,138 (42)	11,470 (30)	7,738 (20)
2007-08	29,120	35,304 (121)	26,252 (90)	20,027 (69)	12,180 (42)	16,762 (58)
2008-09	31,383	25,853 (82)	21,711 (69)	14,414 (46)	8,614 (30)	14,414 (46)
2009-10	27,701	22,956 (83)	18,512 (67)	25,663 (93)	10,452 (38)	9,336 (34)
2010-11	29,595	20,810 (70)	20,401 (70)	23,369 (79)	11,287 (38)	8,460 (29)

(Source: Departmental figures)

The achievement with regard to complete immunization including BCG, DPT, OPV of children in the age group of above one and half year was in the range of 69 to 93 *per cent* during the last six years. However, the shortfall in respect of secondary immunization was seven to 58 *per cent* for DT (in respect of five years age group), 58 to 70 *per cent* for TT (for 10 years age group) and 42 to 80 *per cent* for TT for 16 years age group. The shortfall in immunization resulted in incidence of vaccine preventable infant and child diseases on regular basis during 2005-11. Incidence of whooping cough, measles, acute respiratory infections for children less than five years of age and diarrhoea were reported in the District during the period as given in the table.

Table 32

Year	Whooping cough	Measles	ARI for less than five years infant	Diarrhoea
2005-06	98	42	864	824
2006-07	93	38	752	783
2007-08	84	31	786	791
2008-09	72	66	711	723
2009-10	61	291	523	548
2010-11	-	7,000	2,806	1,945

(Source: Departmental figures)

Evidently, there had been regular incidence of infant diseases in the District during 2005-11; particularly the number of measles cases had shown an increasing trend contradicting the achievements shown to have been made under the immunisation programme as given in the table:

Table 33

Year	Target for administration of vitamin 'A'	Actual achievement	
		1 st dose	2 nd dose to fifth dose
2005-06	39,817	39,817	20,236
2006-07	35,324	35,324	36,507
2007-08	35,304	35,304	22,629
2008-09	25,853	25,853	18,101
2009-10	22,956	22,956	57,710
2010-11	29,079	19,881	48,257

(Source: Departmental figures)

The achievement in respect of first dose administration of vitamin 'A' was 100 *per cent* while achievement in respect of the 2nd to 5th dose administration was in the range of 50 to 100 *per cent* during 2005-11.

No new case of pulse polio was, however, detected in the District during 2005-11 which was encouraging.

The immunization programme was to be supported by an effective and efficient cold chain system for transportation, storage and delivery of vaccines to point of utilization. However, none of the audited CHCs was seen to have the complete set of cold chain maintenance equipments.

Table 34

Equipment	(Out of four audited CHCs)
Walk-in-coolers	1
Ice lined freezers	4
Refrigerators	4
Walk in freezers	-
Deep freezers	3

(Source: Departmental figures)

Lack of adequate cold chain storage facility meant that lifesaving drugs could prove fatal to children in the event of expiry due to exposure to higher temperature than prescribed.

National programme for control of blindness

The National Programme for Control of Blindness aimed to reduce prevalence of blindness cases to 0.8 *per cent* by 2007 through increased cataract surgery, eye screening in schools and free distribution of spectacles to children, collection of donated eyes and creation of eye banks and strengthening of infrastructure by way of supply of equipment and training of eye surgeons and nurses. During 2005-11, the number of cataract surgeries conducted in the District was in the range of 156 and 847 which worked out to 17 to 86 per lakh of population. This was much lower than the desired level of 600 catops per lakh of population per annum envisaged in the Mission guidelines. The shortfall in conducting the catops against the targeted population during 2005-11 was in the range of 86 to 97 percent as given in the table.

Table 35

Year	Estimated population	Target	Achievement	Shortfall
2005-06	9,50,087	5,700	156	5,544(97)
2006-07	9,78,589	5,871	781	5,090(86)
2007-08	10,07,941	6,048	609	5,439(90)
2008-09	10,38,184	6,229	482	5,747(92)
2009-10	10,56,059	6,336	701	5,635(89)
2010-11	10,15,503	6,093	847	5,246(86)

(Source: Departmental figures)

The low performance in catops was due to non-availability of eye surgeons. Against the sanctioned strength of two eye surgeons, only one eye surgeon was posted in the District Hospital, Baramulla. The CMO, Baramulla stated that targets could not be achieved due

to non-availability of eye surgeons at the health centers. However, action taken to get more surgeons posted to the District was not intimated.

During 2005-11, 158 teachers of the District were shown to have been trained, 8,622 students were examined and 747 cases of refractive errors corrected in schools and 514 spectacles distributed free amongst the affected children. No eye bank had been established in the District so far.

Recommendation

- + *The District level authorities particularly District Health Society ought to take steps to survey and identify gaps in health care infrastructure and facilities so that the District and lower level plans are formulated on more realistic basis.***
- + *Steps need to be taken to provide requisite infrastructure and basic amenities like electricity, standby power, drinking water facility, proper accommodation facility for patients and for staff for ensuring improvement in quality of health services to all health centre up to SC level.***
- + *Services of ASHAs need to be revived to ensure their effective participation through assured earnings.***
- + *Maternal health programmes need to be implemented comprehensively with focus on components like registration, antenatal checkups, postnatal checkups, immunization and administering of vaccines, IFA tablets, etc.***
- + *The District needs to increase male participation in use of family planning methods which is almost negligible at present. In the absence of Panchayati Raj institutions, the District needs to establish village health and sanitation committees for effective community participation.***

5.3 Water Supply

Public Health Engineering Department is responsible for providing safe drinking water facilities to the people through implementation of various water supply schemes (WSS) funded by GOI and the State Government. Accelerated Rural Water Supply Programme (ARWSP), District Plan Schemes, etc. that aim to provide potable drinking water to all rural areas were reviewed in audit. Significant findings noticed are discussed below.

Planning

With a view to having a reliable and efficient water management system in the District, formulation of a composite perspective plan covering all programmes is essential so that the schemes are taken up for execution in a phased manner and prioritized for optimizing results and outcomes.

It was, however, seen that no such mechanism was in place in the District. Instead, the WSS were identified by the Sectoral Officers as per the local demands and approved by

the DDB for execution by the two³ PHE divisions in the District. Audit of the sector showed that instead of completing the ongoing schemes first, the department took up new schemes within a limited budget. As a result, many WSS remained incomplete for periods longer than envisaged, leading to cost and time over-runs and denial of intended benefits to the inhabitants as discussed below:

Implementation

Records showed that out of 958 habitations identified in the District for providing drinking water facilities, 66 habitations had been fully covered, 768 habitations covered partially and 124 habitations had not been covered at all as of 31 March 2006. To provide potable water to the left-over habitations, in addition to 72 schemes that were in progress at the beginning of 2006-07, 137 schemes were taken up in the District during 2006-11.

However, despite spending ₹ 128.83 crore during 2005-11, the Department was able to complete only 25 schemes leaving 184 schemes incomplete as of March 2011. A comparative position of the progress during 2006-11 is given in the table.

Table 36

(In number)

<i>As on</i>	<i>Not covered</i>	<i>Partially covered</i>	<i>Fully covered</i>
1 April 2006	124	768	66
31 March 2011	56	569	333

(Source: Departmental records)

The habitations fully covered had shown encouraging outcome during the period and the habitations not covered had decreased from 12.9 *per cent* to 5.84 *per cent*.

Water scenario

Various programmes were undertaken with the objectives of ensuring coverage to all habitations, especially those without any access to safe drinking water, ensuring sustainability of the systems and sources, and preserving the quality of water.

The significant audit findings are discussed below.

Implementation

In all, 72 schemes were in progress in the two executing divisions of the District at the beginning of the review period. The divisions took up 137 more schemes during 2006-11. Out of the schemes aggregating 209, only 25 schemes had been completed during the review period leaving 184 schemes in progress at the close of March 2011 which showed that the works in progress had shown a phenomenal increase of about 156 *per cent* over the period.

³ Baramulla and Sopore

On this being pointed out, the Executive Engineers (EE) of the divisions stated that the works had been executed to the extent of availability of funds. Initiation of new schemes while there were many schemes-in-progress, without proper assessment of overall funds' requirement, was indicative of faulty planning. It was noticed that due to faulty planning 49 schemes due for completion within two to three years, on which ₹ 71.69 crore had been spent, had suffered time overruns ranging between two and 12 years.

Test-check of records of the Executive Engineers, Public Health Engineering Department showed that without ensuring that the land (s) where the water sources were to be developed were free from encumbrances, the EEs had taken up seven schemes for execution. Unplanned execution in this manner had rendered an investment of ₹ 2.62 crore unfruitful as detailed below:

Table 37

Name of the WSS Scheme	Date of start/ completion	Estimated Cost	Expenditure ending March 2011	Remarks
		(₹ in lakh)		
Dangerpora	2007-08/ 2008-09	95.00	69.00	Forest clearance not obtained due to which Service Reservoir/filtration plant not taken up.
Zamzam pora	2007-08/ 2009-10	144.00	78.55	Forest clearance not obtained due to which Service Reservoir/filtration plant not taken up.
Branwari	2007-08/ 2008-09	45.00	19.22	Source dispute between two villages
Dardpora Zaloor	2004-05/ 2009-10	61.13/ 132.00 (Rev)	58.05	Source dispute between two villages. Matter sub-judice.
Charhar	2004-05/ 2004-05	10.00	3.57	Funding stopped by the GOI under Kandi Area Dev Programme.
Marbal	2004-05/ 2004-05	4.00	3.58	Short allotment of funds.
Sadipora, Dangerpora	2007-08/ 2009-10	110.00	30.05	Source dispute. Released funds advanced to procurement agencies.
Total			262.02	

(Source: Departmental records)

The ARWSP norms prescribe four hours' duration of water supply per day. It was seen in audit that though the schemes were in operation, yet 72 villages had not been able to get adequate water as per ARWSP norms from these schemes indicating that the schemes were not fully functional. Due to the poor functioning of these schemes, the Department had to provide potable water to the affected villages through tankers as detailed in the table.

Table 38

<i>Periodicity</i>	<i>No. of Villages</i>	<i>Percentage</i>
Once a day	11	15.27
Once in 2 days	15	20.83
Once in week	19	26.38
Twice in a week	27	37.50
Total	72	

(Source: Departmental figures)

An expenditure of ₹ 3.86 crore had been incurred by the Department during 2005-11 on this account. It was also seen that the spending on tanker service had almost doubled during the review period from ₹ 45 lakh in 2005-06 to ₹ 83.50 lakh in 2009-11. This was attributed by the EEs to low voltage which had adversely affected the lifting of water by pumps and rapid increase in population/emergence of new colonies.

Swajaldhara

Swajaldhara is a national level water supply scheme that seeks to put in place a people-oriented, decentralized and demand-driven water management regime. A village level water supply committee (VLWSC), responsible for generating a scheme for its village and implementing it, is the cornerstone of *Swajaldhara*. To this end, the scheme aims at utilizing *Panchyati Raj Institutions* across the country, empowering them in the process. Under the scheme, the GOI provides 90 per cent of the funds' requirement of the water supply schemes; the *panchayat* arranges the balance 10 per cent through contributions from the inhabitants.

During the period of review, the District Water Sanitation Committee (DWSC) had formulated and submitted 16 Water Supply Schemes at an estimated cost of ₹ 1.85 crore to the Chairman DWSC for administrative and financial approvals. Against the said proposal, ₹ 77.93 lakh had been released to the executing divisions for ten schemes (*Appendix-II*) by the GOI through DC, Baramulla.

It was seen in audit that out of this only one scheme (Nowabadi Mohalla) had been completed. The amount of ₹ 31.70 lakh released for two schemes ⁴ had been deposited (March 2006) in a bank in contravention of the circular instructions (November 2005) of the State Government thereby blocking the investment. The work on the remaining seven⁵ schemes had not been completed due to non-receipt of the contribution from the *panchayats*. On being pointed out, the EE, PHE Division, Sopore stated that the works could not be taken up due to non-deposition of community share by village.

⁴ Panzalpora and Kharpora

⁵ Phaiwar, Yemberzalwari, Muqam Shahid Mir, Banyari (ST), Gulabwari Naidkhai, Malikpora Madwan, Pehlipora Nesbal.

Water quality monitoring and surveillance

Water quality monitoring and surveillance was to be institutionalized and a 'Catchment Area Approach' adopted by involving grass root level educational and technical institutions in establishing water quality laboratories to carry out preliminary water testing. However, no testing laboratory had been established in the District as of March 2011. A testing laboratory though constructed (March 2009) by PHE Division, Baramulla at a cost of ₹ 9.26 lakh was not functional as of June 2011 due to non-availability of the testing equipment for which ₹ 3.75 lakh had been advanced to the EE, M&P Division, Srinagar. On being pointed out, the EE stated that the agency concerned had been reminded but the equipment had not been supplied yet.

Outstanding Water Tax

The position of water tax recoverable from the consumers for the period from 2007-08 to 2010-11 is as under:

Table 39

	(₹ in lakh)			
Year	2007-08	2008-09	2009-10	2010-11
Opening Balance	256.74	288.99	342.78	401.66
Assessment during the year	102.71	125.59	129.41	134.91
Total	359.45	414.58	472.19	536.57
Realization during the year.	70.46	71.80	70.53	75.78
Balance	288.99	342.78	401.66	460.79

(Source: Departmental figures)

As can be seen from the table, the recoverable amount had increased from ₹ 2.57 crore at the end of March 2007 to ₹ 4.61 crore at the end of the financial year 2010-11 showing that proper recovery mechanism was not in place in the divisions. The EE, PHE Division, Sopore stated that the division had framed a Task Force for collection of outstanding water tax. The EE, PHE, Baramulla did not reply to the audit observation.

Recommendations

- ✚ *Perspective plans should be formulated so that water supply schemes are taken up for execution in a phased manner.*
- ✚ *The schemes should be prioritized keeping in consideration the availability of funds so as to avoid delays in completion thereby avoiding time overrun, cost overrun and the risk of obsolescence.*
- ✚ *Proper mechanism needs to be established at the divisional level for recovery of outstanding dues.*

5.4 Municipal Council Baramulla

Municipal Council, Baramulla established in 1935 with a jurisdictional area of 15 sq km, spread over 21 wards, is tasked with providing basic amenities like construction and maintenance of lanes and drains, sanitation and public health, collection and maintenance of waste/garbage, regulation and control of building activities within its limits and collection of fee and taxes. To fulfil these objectives, the Council was to develop and work on long-term planning process, based on comprehensive survey of the entire area under its jurisdiction, work out existing infrastructure and identify thrust areas for overall growth of municipal area and establish a strong monitoring mechanism. No such long-term plan through preparation of perspective plan had been formulated for development of the entire council area by involving local community. With the result, the council could not overcome deficiencies in critical areas.

Utilization of funds

The position of funds available with the Council and expenditure incurred thereagainst as worked out from the monthly accounts of the Council during the period 2005-11 was as under.

Table 40

(₹ In lakh)

Year	Opening Balance	Funds received			Normal revenue	Total availability	Expenditure	Closing balance	Percentage Utilization
		State funds	Central funds	Local assistance					
2005-06	51.27	124.79	51.73	10.47	66.81	305.07	269.99	35.08	88.50
2006-07	35.08	136.41	16.02	16.78	202.76	407.05	254.71	152.34	62.57
2007-08	152.34	152.51	25.33	18.50	61.27	409.95	264.81	145.14	64.59
2008-09	145.14	213.61	26.49	2.67	42.77	430.68	257.16	173.52	59.71
2009-10	173.52	98.85	114.56	20.59	55.32	462.84	316.58	146.26	68.40
2010-11	146.26	197.57	125.03	15.30	46.51	530.67	509.55	21.12	96.00

(Source: Departmental figures)

The funds available with the Council had not been utilized in full during 2005-11. The overall percentage utilization of funds available with council was in the range of 60 per cent to 96 per cent. The Council Authorities attributed under-utilization of funds to non-availability of sufficient engineering staff in the Council which in turn adversely affected the progress of developmental schemes.

It was further seen that, expenditure on establishment of the Corporation was in the range of 48 to 78 per cent which was higher than the prescribed limit of 33 per cent provided in the Council Act.

Table 41

(₹ In lakh)

Year	Total expenditure	Expenditure on establishment	Other charges	Works expenditure
2005-06	269.99	130.36 (48)	38.05 (14)	101.59 (38)
2006-07	254.71	161.84 (64)	17.83 (7)	75.04 (29)
2007-08	264.81	178.31 (67)	15.47 (6)	71.03 (27)
2008-09	257.16	200.30 (78)	17.43 (7)	39.42 (15)
2009-10	316.58	232.18 (73)	14.56 (5)	69.84 (22)
2010-11	509.55	276.84 (54)	32.10 (6)	200.55 (40)

(Source: Departmental figures)

Utilization of funds on establishment in excess of the norms prescribed in the Municipal Act 2000 also impacted the developmental works adversely.

Submission of utilization certificates and reconciliation

Audit observed that neither had the utilization certificates been submitted by Council against the grant of ₹ 3.59 crore received during the period 2005-11 nor had it conducted periodical reconciliation of grants with the grant releasing authorities during 2005-11. The Council had not maintained basic records viz, trial balances, ledgers/journals but instead monthly account of receipts and expenditure was being prepared and forwarded to local fund audit cell. Besides, it had not worked out the balances under different funds for reconciliation annually. The Executive Officer, MC, Baramulla stated that periodical reconciliations could not be conducted due to non-availability of trained manpower.

Municipal receipts

As per the Municipal Council Act 2000, the Council was to make itself a self-financing body by creating and expanding its sources of revenue earnings by devising and evolving an efficient mechanism for levy and collection of rent/taxes on different trades, professions. It was, however, seen in audit that revenue realization had decreased by 30 percent from ₹ 66.81 lakh during 2005-06 to ₹ 46.51 lakh during 2010-11.

Some of the shortcomings noticed in the levy and collection of revenue were as under.

Trade/professional tax

The Council was to levy trade/professional tax from traders/professionals conducting business within its jurisdiction. In all, 1921 traders/professionals were enlisted with the Council who were to pay trade/professional tax. The Council had not reviewed the process of registration or conducted survey to enlist the new traders/professionals so far. As a result actual number of traders/professionals had remained static over the review period. Further, against the total realizable amount of ₹ 17.29 lakh @ ₹ 150/per annum during 2005-11, the Council had managed to realize only ₹ 10.15 lakh from the traders

constituting just 59 *per cent* of the amount due for recovery. This was indicative of the poor recovery mechanism in the Council.

Entry fee

Under the MC Act of 2000, Municipal Council Baramulla has been charging entry fee from commercial vehicles entering its jurisdiction. The Council had set up check-posts which were auctioned yearly to fetch revenue. Audit scrutiny of the records revealed that the auctioneers selected during 2005-10 had breached the terms and conditions of the NITs and had not paid the auctioned amount in full to the Council resulting in non-realization of ₹ 30.43 lakh during 2005-10. The Director Local Bodies, Kashmir had directed (April 2010) the Council authorities to recover the outstanding amount as land revenue arrears from the contractors engaged during the previous years and also to take up the matter with the DDC and police authorities. No action had however been taken so far.

On being pointed out, Executive Officer MC Baramulla stated (June 2011) that the recovery process had been initiated.

Building permission fee

As per the MC Act, the construction works, whether residential or commercial, are to be got approved before execution by the Board/Committee authorized by the Council and building permission fee as fixed is to be remitted to the Government account. All the constructions without such approval and without deposition of building permission fee are deemed unauthorized and not permitted to be constructed. The year-wise details of residential and commercial building permissions granted by the Council and fees realized therefrom are as under.

Table 42

Year	Number of residential cases approved	Number of commercial cases approved	Revenue realized
2005-06	NA	NA	8,38,646
2006-07	209	26	9,97,132
2007-08	149	14	10,37,735
2008-09	101	23	3,88,227
2009-10	49	11	7,43,802
2010-11	79	21	5,20,120

(Source: Departmental figures)

It was however noticed that there were no records/data maintained regarding actual constructions, residential and commercial, executed within the jurisdiction of the Council to keep a watch over illegal constructions in the Council area.

With the increase in population, the number of households and constructions, residential as well as commercial, is expected to increase at progressively higher yearly growth rate. It was however noticed that the number of cases for seeking building permissions had decreased from 209 cases during 2006-07 to 79 cases during 2010-11. Likewise the number of cases seeking permission for construction of shops and commercial establishments had also recorded a decline (26 to 21 during 2006-11). This had resulted in decline of revenue during the period. The Council had not attempted to investigate the falling trend or possibilities of illegal constructions.

On being pointed out, it was stated that the monitoring and recovery process had been given top priority now particularly with the expansion of town limits which was on cards.

Outstanding rent

Rent from Council assets (393 shops, 12 godowns and 35 rooms/flats), recoverable from the allottees, had got accumulated to ₹ 55.72 lakh at the close of March 2011 as given in the table.

Table 43

Number of shops/ rooms etc	Number of years for which outstanding	Amount of rent outstanding (₹)
214	Up to 2 years	5,28,379
118	2 to 5 years	26,87,932
56	5 to 10 years	14,21,232
22	10 to 15 years	9,34,937
Total		55,72,480

(Source: Departmental figures)

As can be seen, the rent against the allottees was outstanding from the period ranging between one year and 15 years. This indicated that the process of rent collection had not been given due attention. The Executive Officer, MC, Baramulla, in reply, stated that the outstanding rent against the defaulters had been given due care and recovery process had been started. The reply may be seen in light of the fact that non-recovery of the outstanding amount has result into loss to the Council.

Health Activities

As per the provision of Food Adulteration Act and rules made thereunder, it is essential to conduct frequent inspection of units dealing with manufacture, storage or sale of food articles. Food Inspectors are required to lift food samples for analysis to detect any adulteration in the food items and take action against defaulters as warranted under rules including seizure of stocks. It was noticed in audit that no such inspection of units had been conducted and also no sample had been lifted up to the year 2008. During the year 2009, only three samples (branded items) were collected which as per the reports of Public Analyst were found conforming to the legal standards. During the year 2010-11,

nine samples were collected, out of which one sample collected had been found to be misbranded. Action with regard to initiating court proceeding had not been intimated against the defaulting vendor so far. Lifting of insignificant number of samples to exercise watch/check over the sale and consumption of adulterated food was indicative of perfunctory approach of the Council towards this critical activity. The Executive Officer, MC, Baramulla stated (June 2011) that the process of lifting samples had been geared up and effective drive launched for monitoring edible items.

Disposal of Municipal waste

As per the Municipal Solid Wastes (Management and Handling) Rules, 2000, every municipal authority is responsible for collection, storage, segregation, transportation, processing and disposal of municipal wastes within its territorial area.

The Baramulla Municipal Council collects about 1,900 MT's of municipal waste daily in 21 municipal wards from various collection points and carries the same to dumping site at jetty about 8 kms from Council premises. The Audit, upon site inspection, noticed that the waste had been kept open at the dumping site without any provision for handling and disposal in accordance with the rules whereunder these wastes were to be treated scientifically so as to avoid any threat to human life and surrounding area. The dumping site was an open area without any walling. It was further observed that waste collection points were open and no dustbins, containers and dumper placer vehicles had been provided to the Council ending 2009-10. About 67 containers and a dumper placer vehicle were provided to the Council during 2010-11. The Council was still in need of another 50 containers to fill the gap and cover the areas where solid collection points existed in open. Besides, a single dumper placer was not sufficient for lifting all the containers on daily basis as dumper placer was making five trips daily on an average to the dumping site for carriage of containers. The Council was in need of additional two dumper placers for lifting of containers on regular basis.

Besides, the Council had only 147 sweepers for the purpose of sweeping the entire municipal area and due to insufficient staff, most of the areas remained unattended. These unattended areas were being cleaned once a week by combination of beats/wards. Another 150 sweepers were required to attend to all the areas regularly.

As per the Solid (Waste Management and Handling) Rules 2000, storage facilities for wastes were to be established and maintained in such a way that they would not create unhygienic and insanitary conditions for which quality of waste generated and population etc. was to be taken into consideration. For this purpose, storage bins of different colours for different types of wastes were to be kept i.e., green for biodegradable wastes, white for recyclable wastes and black for other wastes. However, no provision for such storage facilities existed in the town. Proper management of waste also require the use of covered vehicles for transportation of wastes as the same should not be visible to public and

exposed to open environment. The Council was not equipped with such facilities and waste was being transported in uncovered vehicles.



View of Municipal waste at Baramulla Town



Waste loading vehicle without cover in Baramulla Town



Waste in middle of town

Developmental works

A check of the records relating to developmental works undertaken by the Council in the District revealed the following.

- ✓ Based on a survey conducted by the Municipal authorities during 2005-06, 22 localities/*mohallas* spread in 21 wards of the Council were declared as slum areas with a total population of 41,426 having 1,921 households. Out of these 1,921 households, houses of 1,249 required up-gradation and rest 672 households were homeless. This included 65 *per cent* below poverty line families. Total length of lanes in these areas was 9,908 sq m. out of which 5,828 sq m were undeveloped. Likewise, 1,562 running metre of drains (out of 2,031 running metre) drains in these areas were undeveloped. To provide assistance to homeless people, a fresh survey was conducted in 2009-10 in which 626 beneficiaries were identified for assistance under Integrated Housing Slum Development Programme. An amount of ₹ 233.40 lakh had been paid as assistance to these beneficiaries so far. An amount of ₹ 294.02 lakh had been spent on the developmental works including lanes and drains in these areas under different schemes. However, development/improvement made with the amount so spent and present status of infrastructure facilities in these areas was not available. The works had been taken up for execution under different schemes on the basis of yearly plans approved by Directorate, Local bodies without formulation of perspective plans in consultation with local representatives.

- ✓ Before 1990, the Council had a slaughterhouse at Azad Gunj, Baramulla but it had got damaged in a fire accident. Since then the Council was without any slaughterhouse. For scientific and hygienic slaughtering of animals and better slaughter waste management and pollution control, a mini slaughterhouse was constructed by PWD (R&B) during the year 2005-06 at a cost of ₹ 9.81 lakh. The Municipal authorities were requested (July 2006) to take over the possession of the slaughterhouse but could not do so owing to some incompleteness in the building which had not been addressed by the PWD despite repeated reminders (March 2010). It was also observed that the butchers were reluctant to use the slaughterhouse as it was at Drangbal, two-five km away from the town. The Council was, therefore, without an abattoir and slaughtering of animals was being allowed in open spaces in unhygienic ways posing threat to civic health and environment. While admitting the non-availability of a slaughterhouse, the Executive Officer, MC, Baramulla stated (June 2011) that a proposal for construction of the same on modern technology had been submitted to higher authorities. However, the fate of the existing abattoir lying idle since last seven years was not explained.
- ✓ Despite rapid growth in traffic over the years, the District did not have an earmarked parking area near the commercial centre. During 2003, it was decided to acquire a piece of land measuring one *kanal* and 11 *marla* for construction of parking place-cum-mini shops. Notification to this effect was issued by Collector, Land Acquisition in February 2003. An amount of ₹ 9.50 lakh were advanced (July 2005) to the Collector for disbursement to landowners. However, landowners filed (May 2003) a petition before the Hon'ble High Court against the notification. As such the land earmarked for parking could not be acquired. ₹ 9.50 lakh deposited with the Collector Land Acquisition had thus remained blocked for more than five years. It was stated that the case was subjudice. However, to cater the need, a fresh proposal for acquisition of four *kanals* of land near DC's office was under consideration of the Government.
- ✓ The old town area falling within the Council premises is densely populated and highly congested. Evidently, people face a lot of problems while performing social, cultural and religious functions and gatherings. To address this problem, construction of a Community Hall building was approved (2006-07) for the Council in the old town area at Azad Gunj at an approved cost of ₹ 19.77 lakh under "Integrated Development of Medium Town" scheme. Perusal of records available with the Council revealed that the work had been allotted (August 2007) to M/s Nazir contractors at a cost of ₹ 18.07 lakh. The said work completed (November 2008) at a cost of ₹ 18.02 lakh had not been put to any use since its completion. Physical visit of the hall revealed that building sanitary, electric and cooking facilities had not been provided in the building so

far with the result the building could not be utilized for intended benefits of the local community. Non-usage of the community hall also deprived the Council of the revenue it would have fetched.



Recommendations

- ✚ *Municipal Council Baramulla should establish various civic amenities such as town hall, abattoir, parking, public conveniences, etc. in the District through better planning and better manpower and revenue management. Available manpower should be deployed effectively for optimizing realizations from rents, rates and taxes.*