

CHAPTER – V

Social Services

Social sector has been receiving priority in funding – both by the Central and the State Governments. A review of the implementation of the flagship programmes like SSA, NRHM and Accelerated Rural Water Supply Programme (ARWSP) brought out the successful efforts of the State and district administration in improving the basic infrastructure in both health and education sectors. However, there was a need to provide adequate and skilled manpower in these sectors to be able to use the infrastructure to achieve the intended objective of providing quality health care, education, water and basic civic amenities to the people of the district, as can be seen from the audit findings relating to these sectors enumerated below:

5.1 Health and Family Welfare (HFW)

Accessible, affordable and quality health care to its citizen is the aim of the Government. Keeping this in mind, GOI launched (April 2005) NRHM to provide accessible, affordable and quality health care to the rural population, especially the marginalised and vulnerable sections of the society. It also sought to reduce the Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Total Fertility Rate (TFR) and to bring about an improvement in the healthcare system by converging various stand-alone disease control programmes under the umbrella of the Mission.

Chief Medical Officer (CMO), South was responsible for implementation of various programmes in the areas of health care and family welfare as well as prevention and control of diseases. These services were rendered through a network of 39 Public Health Sub-Centres (PHSCs), six Public Health Centres (PHCs) and one District Hospital (DH). Position of health indicators, planning, implementation, etc. as noted during the performance audit is given below:

5.1.1 Policy and Planning

Existence of appropriate policy, adequacy of planning, etc. for health sector and their effect in the programme implementation was analysed in audit and the results are enumerated below:

➤ Absence of Comprehensive Health Policy

The Union Government announced a revised ‘National Health Policy’ in 2002 which *inter alia* stipulated framing of a State policy taking into consideration the specific conditions prevailing in the State. It also stipulated effective service delivery by augmenting existing health infrastructure and creating new infrastructure in deficit areas.

It was, however, noticed that the State Government had not formulated (November 2011) a comprehensive health policy for implementation of various measures towards equitable and quality health care in the State.

➤ ***Decentralised Planning***

The NRHM guidelines provided for decentralised planning and implementation to ensure that need based community owned District Health Action Plans (DHAP) become the basis for interventions in the health sector.

Audit noticed that preparation of DHAP commenced as late as 2007-08, that too without involvement of representatives of villages. Notwithstanding belated commencement of DHAP, it was also deficient as it did not mention about the activities on strengthening of PHCs, Auxiliary Nurse Midwife (ANM)/ General Nurse, Midwife training schools, ambulance services, provision for telephones, etc. The district authorities had not ensured preparation of Village Health Action Plan (VHAP) by the Village Health Sanitation Committees (VHSC), perspective plans for the entire mission period (2005-12) and the annual plans by consolidation of VHAP by the district was prepared only in 2008-09.

Thus, planning was not accorded due priority by the district to ensure need based community participation in planning.

In their reply, the Department stated (February 2012) that after 2008-09 action plan did not have the provision of VHAP and instead PHSC and PHC wise plan were prepared by involving the community.

5.1.2 *Achievement against Performance Indicators*

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

Audit noticed that the State performed well in the important health parameters of IMR, TFR and MMR and in fact recorded better position even compared to the national average. The IMR of the State was 33 against the national average of 53, Sex Ratio in the State was 889 (South district was 914) as compared to 940 for the country, Crude Birth Rate was 18.1 against the national average of 22.8 and Crude Death Rate was 5.2 against national average of 7.4. Although, the targets set for these parameters were exceeded by the State, district specific data in respect of South district for the above indicators were not available. As a result, performance of South district could not be gauged in audit.

5.1.3 *Reproductive Child Health Programme*

The Reproductive Child Health Programme-II (RCH-II) was launched in 2005 as the principal vehicle for reducing IMR, MMR and TFR. It also included upgradation of CHCs as first

referral units for dealing with emergency obstetric care, 24x7 delivery services at PHCs, operationalising of sub-centres, multi-skilling of doctors, contractual appointment of Medical Officers and AMOs, training of Medical Officers in different streams, partnerships with voluntary organisations, RCH camps and accreditation of non-profit organisations and Information Education Communication (IEC) activities as the major interventions in reducing MMR. The programme also envisaged involvement of ASHAs, Anganwadi Workers and Auxiliary Nursing Midwives (ANMs) at the village level with focus on both preventive and promotional aspects of healthcare, accelerated immunisation programme, advocacy on age of marriage and against sex determination, spacing of births, institutional delivery, breast feeding, meeting unmet demands for contraception, besides providing a range of RCH services to have a positive impact on the health indicators as discussed below:

➤ **Maternal Health**

Maternal health is an important component of RCH-II. Maternal health programme seeks to fine tune the earlier programmes in an instrumental manner with addition to certain service components and giving special quality touch on other service components already being provided.

➤ **Janani Suraksha Yojana**

Janani Suraksha Yojana (JSY) was one of the important components of the RCH programme to encourage pregnant women to have an institutional delivery rather than domiciliary delivery in order to reduce maternal and neo-natal mortality. South district recorded enhancement in the institutional delivery from 45 to 80 *per cent*, home deliveries showed a decline from 55 to 20 *per cent* which is quite encouraging as shown below in the table:

Table-5.1

Component	2006-07	2007-08	2008-09	2009-10	2010-11	Total
Total deliveries	2222	2033	1593	1786	2054	9688
Domiciliary deliveries	1224 (55)	975 (48)	476 (30)	587 (33)	405 (20)	3667
Institutional deliveries	998 (45)	1058 (52)	1117 (70)	1199 (67)	1649 (80)	6021

Source: Departmental figures (figures in the bracket are percentage)

Certain factors as mentioned below are acting as constraint in further increase in institutional deliveries:

- ❖ ASHA cannot accompany patients during night because there is no place to stay at hospital (96 *per cent*)
- ❖ Non-availability of vehicle at the emergency (93 *per cent*)
- ❖ Improper guidance and lack of awareness (90.6 *per cent*)
- ❖ Outdated equipment (79 *per cent*)

➤ **Focus Group Discussion**

The focus group discussion was conducted only once during 2010-11 amongst the Rogi Kalyan Samiti, Community Monitoring Committee and Mother Non-Government Organisation/Field Non-Government Organisation members at six PHCs and one at district level at Namchi. The discussion was finalised on the topic “Promotion of Institutional Delivery” by the District Planning team. The total numbers of participants were 118. During the group discussion some vital shortcomings were highlighted.

➤ **Major Maternal Health Issues**

Anaemia is the biggest concern in the maternal health issue for the South district. It was found that out of total 145 villages, 117 villages (81 *per cent*) reported anaemia. The anaemia in itself is a big concern and causes many other side effects such as low birth weight, prolonged labour, etc. The other major concern regarding the maternal health, hypertensive disorder, was found in 57 villages (39 *per cent*) which may cause prevalence of ante-partum and post-partum haemorrhage.

➤ **Ante Natal Care (ANC)**

ANC, Natal Care (NC), Pre Natal Care (PNC) plays very important role with regard to child health and health of the mother. Scrutiny revealed that the percentage of pregnant women in the Namchi District Hospital and six PHCs who had received three antenatal check-ups against the ANC registration during 2006-07 to 2010-11 ranged between 63 and 124 *per cent* as of March 2011. The lowest achievement was noticed in Ravongla PHC in which the coverage of 100 *per cent* of three ANCs was never achieved in last five years. Similarly, in the year 2007-08, none of the PHCs and District Hospital (DH) could achieve 100 *per cent* coverage of three ANCs in the South district. The DH as well as PHC-wise details is given below:

Table-5.2

Health institutions	2006-07		2007-08		2008-09		2009-10		2010-11	
	ANC registration	3 ANCs	ANC registration	3 ANCs	ANC registration	3 ANCs	ANC registration	3 ANCs	ANC registration	3 ANCs
Namchi DH	428	470(110)	475	465(98)	387	391(101)	409	332(81)	373	380(102)
Namthang PHC	321	324(101)	312	310(99)	288	232(81)	271	223(82)	287	222(77)
Jorethang PHC	464	421(91)	469	437(93)	474	396(84)	412	391(95)	394	394(100)
Temli PHC	292	295(101)	307	295(96)	391	256(65)	251	310(124)	291	291(100)
Yangang PHC	341	344(101)	392	332(85)	368	419(114)	363	379(104)	356	285(80)
Melli PHC	250	235(94)	256	250(98)	252	180(71)	199	199(100)	207	174(84)
Ravongla PHC	431	421(98)	403	396(98)	424	336(79)	391	384(98)	399	252(63)

Source: Departmental figures (Figures in the brackets show the percentage)

It was further noticed that only 34 *per cent* of the pregnant women had received 100 or more IFA tabs from any of the health workers and only 13 *per cent* of the children were breastfed for

at least 6 months. These were some of the issues needing close examination and remedial steps.

The complete courses of the vaccine doses were not given to the pregnant women after the ANC registration (like TT1, TT2, Booster, etc.) except for the year 2010-11. It was found that the complete courses, which were not given to the pregnant women during the period 2006-07 to 2009-10, ranged between 37 and 74 *per cent*. The figures are given in the table below:

Table-5.3

	2006-07	2007-08	2008-09	2009-10	2010-11
Total number of ANC cases registered	2599	2614	2473	2308	2112
Completed the course	1204(46%)	966 (37%)	1358 (55%)	1714 (74%)	2248 (100%)

Source: Departmental figures

While accepting the fact, the Department stated (February 2012) that to improve the ANC services more supervision and monitoring would be done in future.

5.1.4 New Born and Child Health

To achieve the NRHM goal of reducing the IMR and TFR, the State Government prescribed various health indicators to be achieved by 2008. As per the details provided by the State Government, all the prescribed targets were achieved/ exceeded.

➤ *Immunisation Programme*

Immunisation plays an important role in safeguarding the children against the dreaded diseases, infection, deformities, etc. The overall achievement in the district with regard to immunisation of children covering BCG, DPT/ OPV, Polio, Measles, doses of Vitamin A, full immunisation, etc. during 2006-07 to 2010-11 was satisfactory which ranged between 71 and 97 *per cent* against the national figure of 21 to 78 *per cent* which is detailed below:

Table-5.4

Achievement in <i>per cent</i> (As per DLHS-3)						
Year	Polio 50	BCG	DPT	Measles	Vitamin A supplementation	Fully immunised
India	78.2	78.2	55.3	58.8	21.0	43.5
Sikkim	86.6	98.5	88.7	92.5	86.8	77.8
South district	81.4	97.4	83.3	92.8	85.1	70.8

Source: District Health Action Plan

The figure for routine immunisation was quite impressive when compared to the national figure but still lagging behind the State figure. The district needs to improve doses in respect of Polio, DPT, Vitamin A supplementation and coverage of full immunisation in the new born child to protect it from diseases like diarrhoea, pneumonia, anaemia, polio, malnutrition, etc.

5.1.5 National Programme for Control of Blindness (NPCB)

The NPCB was launched in the year 1976 as a 100 *per cent* Centrally Sponsored Scheme (CSS) with a goal to reduce the prevalence of blindness by 0.5 *per cent* by 2010 through increased cataract surgery, eye screening of school children, collection of donated eyes, creation of donation centres, eye bank, strengthening of infrastructure, etc. The blindness control programme is focusing its efforts on using school health programme for detection of refractive errors and distribution of spectacles.

Test check of records revealed that during 2006-07 to 2010-11 no targets for cataract surgeries and screening of school children were prescribed. In the district 6 cataract camps were held in which 501 cataract surgeries were done. There were 42 screening camps held in the district during 2006-07 to 2010-11 where 17236 school children were screened. It was found that there was no eye surgeon except one Ophthalmic Assistant in the whole district. There was only a State based NPCB Programme Officer from Gangtok, who from time to time visited the district and treated the cataract cases or conducted operations. Further, there was no facility for eye bank for eye donation in the district hospital.

5.1.6 National Leprosy Eradication Programme (NLEP)

The NLEP aimed at eliminating leprosy by the end of Eleventh Plan and ensure that the leprosy prevalence rate is less than one per ten thousand. During 2006-07, 2007-08, 2008-09, 2009-10 and 2010-11 the incidence of 16, 10, 11, 12 and 5 new cases were detected and 7, 3, 6, 5 and 3 cases were under continued treatment respectively.

5.1.7 National AIDS Control Programme (NACP)

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

As designated under National AIDS Control Organisation (NACO), Sikkim comes under low HIV Prevalence State and the cases reported till March 2009 was 139. The State AIDS Control Society, Sikkim, was established in 1991 which acts as a hub for planning and implementation of the activities of the entire State. The first HIV positive case in Sikkim was reported in 1995. The Integrated Counselling and Testing Centre (ICTC) was established in Namchi Hospital in 2003 with one Counsellor and Lab Technicians. The main objective of ICTC was to access accurate and confidential testing of HIV. The following services were provided under ICTC.

- Early detection of HIV,
- Provision of basic information on modes of transmission and prevention of HIV/AIDS through promoting behavioural change and reducing vulnerability,
- Linking people with other HIV prevention, care and treatment services.

Further details were as under:

Table-5.5

	2006-07	2007-08	2008-09	2009-10	2010-11
Number of sample counselled and tested	184	290	899	2213	2563
Number of sample found Positive	0	0	03	02	05
Number of ANC counselled & treated	429	808	694	1395	1424
Number of spouse counselled & treated	0	0	25	575	346
Number of ANC found positive	0	0	0	01	0
Number of persons tested for VDRL	613	1098	1618	4184	304
Number of persons found reactive	18	21	20	51	04

Source: Departmental figures

5.1.8 Infrastructure

Appropriate and up-to-date infrastructure is an important component for providing quality health care. Accordingly, GOI and the State Government attached a lot of importance for development of infrastructure in the State. Position as analysed in audit is mentioned below:

➤ *Inadequacy of CHCs, PHCs and PHSCs*

As per GOI guidelines, for every 80000 population, there should be a Community Health Centre (CHC), for population over 20000 there should be one Primary Health Centre (PHC) and for population over 3000, one Primary Health Sub-Centre (PHSC). In terms of these norms, the requirement of CHCs, PHCs and PHSCs worked out to two, seven and 49 respectively. The district had one DH/ CHC, six PHCs and 39 PHSCs as of October 2011 thereby recording a shortage of one CHC, one PHC and ten PHSCs as mentioned in the table below:

Table-5.6

Population of the South district as per 2001 census	Institutions	Particulars	Shortage (-) / Excess (+)
131525	CHCs	Required	2
		Existed	1
		Shortage (-)	(-) 1
	PHCs	Required	7
		Existed	6
		Shortage (-)	(-) 1
	PHSCs	Required	49
		Existed	39
		Shortage (-)	(-) 10

Thus, physical infrastructure in terms of CHC, PHCs and PHSCs was not adequate in the

district as per the Indian Public Health Standard (IPHS) norms.

➤ **Basic Amenities**

The basic amenities were required for overall achievement of any successful project. As per information supplied by the Department, all the healthcare centres in the district were provided with basic amenities required under IPHS norms.

However, physical Verification of one CHC, three PHCs and ten PHSCs selected for test check revealed that the CHC/DH was having all the basic amenities as required. Out of three test checked PHCs, one PHC was not having any Waiting room for patients; two PHCs were not having any Emergency/Casualty Room and one PHC was not having separate utility/toilet for male and female. Similarly, in case of 10 PHSCs, it was found that nine PHSCs were having no Emergency/Casualty Rooms; in five PHSCs there were no waiting room for patients and residential facilities for staff; in three PHSCs there were no separate utility/toilet for male and female and one PHSC did not have Labour and clinic room facilities as given below:

Table-5.7

Sl. No.	Particulars	Centres where service was not available		
		CHCs	PHCs	PHSCs
1	Total number of health centres visited	1	3	10
2	Waiting room for patients	0	1	5
3	Operation theatre	0	0	Not Required
4	Labour Room	0	0	1
5	Clinic Room	0	0	1
6	Emergency/Casualty Room	0	2	9
7	Separate utility/ toilet for male and female	0	1	3
8	Residential facilities for staff	0	0	5

Source: Physical verification report signed by the in-charge of the centres

In the absence of above amenities at health centres, the basic healthcare provided to the rural population was curtailed to that extent.

5.1.9 Basic Healthcare Services

The details of services provided at various healthcare centres in the district as per information provided by the District Health Authorities is given in the following table:

Table-5.8

Particulars	Number of centres where service was available		
	DH / CHC	PHCs	PHSCs
Blood storage	1	0	Not Required
New born care	1	6	39
24 x 7 deliveries	1	6	25
In-patient services	1	6	Not Required
X-rays	1	2	Not Required
Ultrasound	1	0	Not Required
ECG	1	0	Not Required
Obstetric care	1	6	Not Required
Emergency services (24 hours)	1	6	Not Required
Family Planning (Tubectomy and Vasectomy)	1	0	Not Required
Intra-natal examination of gynaecological conditions	1	6	Not Required
Paediatrics	1	0	Not Required

Source: Figures supplied by the Department.

As could be seen from the table, DH/CHC was providing all healthcare services as required. Out of six PHCs in the district, none were having Blood Storage facilities, Ultrasound, ECG, Family Planning, Paediatrics services and only two PHCs had X-ray facilities. Out of 39 PHSCs in the district, while all PHSCs had new born care services; only 25 PHSCs were having 24x7 deliveries services.

However, physical verification of one CHC, three PHCs and 10 PHSCs selected for test check reconfirms the information provided by the district health authorities that the healthcare services provided at PHCs and PHSCs were deficient as could be seen from details provided in the following table:

Table-5.9

Particulars	No. of Centres where service was not available		
	DH / CHC	PHC	PHSC
Total number of health centres verified	1	3	10
Blood storage	0	0	Not Required
New born care	0	1	7
24 x 7 deliveries	0	1	9
In-patient services	0	2	Not Required
X-rays	0	2	Not Required
Ultrasound	0	3	Not Required
ECG	0	3	Not Required
Obstetric care	0	0	Not Required
Emergency services (24 hours)	0	0	Not Required
Family Planning (Tubectomy and Vasectomy)	0	3	Not Required
Intra-natal examination of gynaecological conditions	0	2	Not Required
Paediatrics	0	2	Not Required

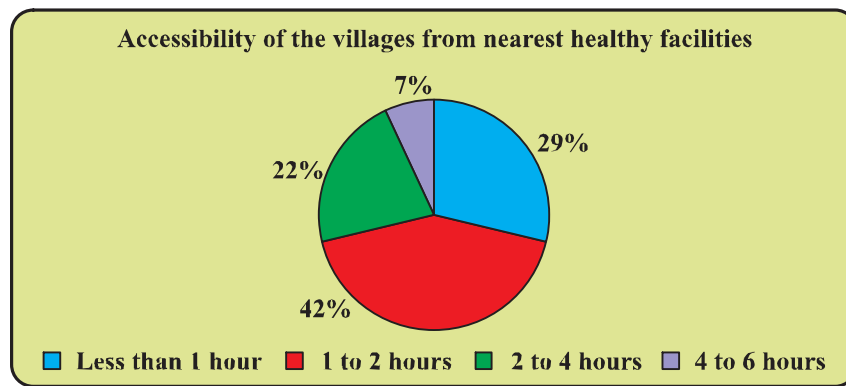
In the absence of above basic health care services at health centres, such health care services could not be provided to the rural population.

While accepting the contention of audit, the Department stated (February 2012) that out of 39 PHSCs, only 25 PHSCs were having trained ANM on Skilled Birth Attendance (SBA) performing 24x7 delivery services at present and the rest ANMs will be trained in mission period. Similarly, it was stated that the facilities such as Ultrasound, ECG, Paediatrics were not available in PHCs level due to shortage of skilled manpower and necessary equipment.

5.1.10 Accessibility of the Villages from Nearest Health Facilities

South district had 18 PHSCs located in difficult, hard to reach and inaccessible areas. Two PHCs were identified difficult due to geographical terrain. The details of accessibility of the villages from the nearest health facility are given in the chart below:

Chart-5.1



Out of 145 villages in the South district, inhabitants of 61 villages (42 per cent) had to travel a minimum distance of 1 to 2 hours to reach the nearest health facility. The people from 32 villages (22 per cent) were more vulnerable as those villages are located in such a distance which takes a minimum of 2 to 4 hours to reach the nearest health facility. 10 villages (7 per cent) were really inaccessible. Only the inhabitants of 42 villages (29 per cent) were located near the health centres which can be covered in less than one hour. During emergency those couple of hours may turn out to be fatal.

5.1.11 Poor Outturn of Patients

The PHCs and CHCs were established to provide health care facilities to both indoor and outdoor patients. The position of indoor patients in six PHCs (having 10 beds each) and one CHC (having 100 beds) of the district during 2006-07 to 2010-11 is given below:

Table-5.10

Name of hospital	Bed occupancy rate in percentage				
	2006-07	2007-08	2008-09	2009-10	2010-11
CHC, Namchi	81	91	93	91	94
PHC, Namthang	16	15	13	16	15
PHC, Jorethang	89	93	91	95	98
PHC, Temi	17	12	12	30	33
PHC, Yangang	18	21	22	35	49
PHC, Melli	28	33	31	22	19
PHC, Ravangla	16	13	21	28	19

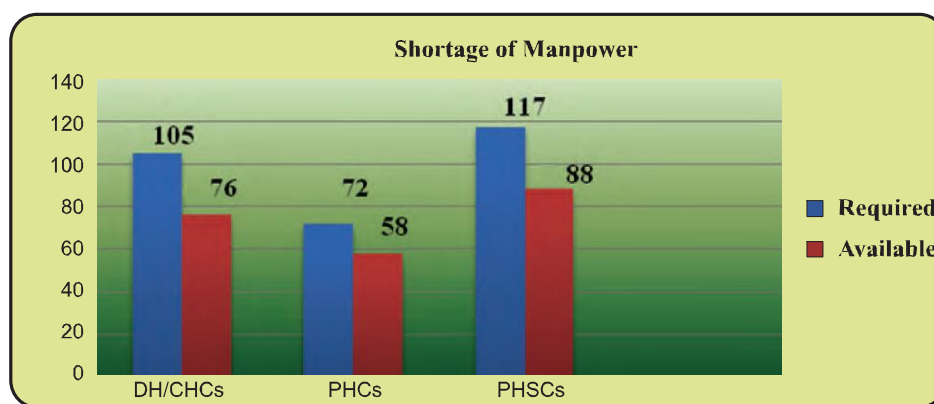
Source: Departmental figures

From the above table it could be seen that except CHC, Namchi and PHC, Jorethang, bed occupancy rates in other five PHCs were very meagre, which was ranging between 12 and 49 per cent only. Though the department did not furnish reasons for the same, audit analysis revealed that it was mainly due to poor accessibility of the PHCs and lack of sufficient facilities. This had also resulted in referring of 2816 patients from PHCs to DH and 2945 patients from DH to State Hospital and Central Referral Hospital at Gangtok.

5.1.12 Manpower Resources

Manpower plays a vital role in providing health care services to people. NRHM aimed at providing adequate skilled manpower at all the health centres as per the norms of IPHS. The position of required manpower and manpower available are given in the chart below:

Chart-5.2



As can be seen from the above chart, the shortfall in manpower was 28 per cent in respect of the DH/CHC, 19 per cent and 25 per cent in respect of the PHCs and PHSCs respectively.

Physical Verification of one CHC, three PHCs and 10 PHSCs selected for test check revealed that all centres were not staffed adequately as per the IPHS norms. Further, there was acute shortage of specialists in all the categories as on date in the District Hospital, Namchi which is enumerated below:

Table-5.11

Personnel	IPHS Norm	Men-in-position	Shortages
Chief Medical Officer	1	1	0
Hospital Superintendent	1	1	0
Medical Specialist	2	1	1
Surgery Specialist	2	1	1
O&G Specialist	2	2	0
Dermatologist/Venereologist	1	0	1
Paediatrician	2	1	1
Anaesthetist	2	1	1
Blood Bank Office	1	1	0
Ophthalmologist	1	1	0
Orthopedician	1	1	0
Radiologist	2	1	1
Casualty Doctors/ General Duty	9	7	2
Forensic Specialist	1	1	0
ENT Surgeon	1	1	0
Total	29	21	8

Source: Data supplied by the Department

5.1.13 Other Irregularities

➤ **Dilapidated Condition of Store**

While physically verifying the District Hospital, Namchi, it was seen that the central store of the district was in a dilapidated condition and medicines and other items were kept in a haphazard manner in a damp room as could be seen from the photographs below:



Image – 5.3



Image – 5.4



Condition of store at district hospital Namchi had not improved – Photo taken September 2011

In reply, the Department stated (February 2012) that the stores had been temporarily shifted from damaged rooms to new eye building and arranged in proper manner.

5.1.14 Conclusion

In the absence of proper planning involving identification of gaps in the healthcare infrastructure and lack of stipulated facilities and skilled manpower in the health institutions, the aim of providing accessible and affordable healthcare to people remained to be achieved in the district. This resulted in referral of 2816 cases from PHCs to DH and 2945 cases from DH to STNM Hospital, Gangtok and Central Referral Hospital, Gangtok.

5.1.15 Recommendations

- *The District Health Society should play a more proactive role in commissioning a survey to identify the gaps in health care infrastructure and facilities and draw up a specific timeframe as per the NRHM guidelines, to provide accessible and affordable health care to the rural poor and vulnerable sections of the district.*
- *Community involvement should be ensured at every stage in planning, implementation and monitoring of the programme.*
- *All the health centres should be equipped with adequate and skilled manpower to achieve the objectives of the programme.*

5.2 Human Resources Development (HRD)

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

Sarva Shiksha Abhiyan (SSA) is one of the flagship programmes of the Government for universalisation of primary education.

5.2.1 Elementary Education

The SSA is a flagship programme of GOI, launched in January 2001, to achieve Universal Elementary Education (UEE) in the country in a mission mode by providing useful and relevant elementary education to all children in the age group 6 to 14 years by 2010. The main objectives of the programme were as follows:

- To have all children in school, education guarantee centre, alternative schools and ‘back to school’ camps by 2003 (revised to 2005 in March 2005);
- To ensure that all children complete five years of primary schooling by 2007;
- To ensure all children complete eight years of elementary schooling by 2010;
- Focus on elementary education of satisfactory quality with emphasis on education for life;
- Bridge all gender and social category gaps at primary stage by 2007 and at elementary education stage by 2010;
- Universal retention by 2010.

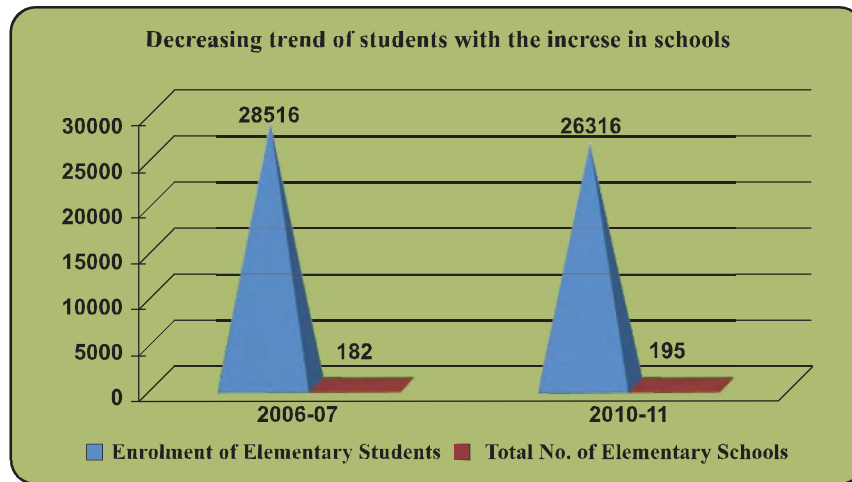
➤ **Planning**

National Policy on Education stipulated (1986) framing of Education Policy by each of the States in line with National Policy on Education duly reflecting the specific needs and requirement of the State. The State Government, however, had not framed and documented the State Policy on Education as of March 2011. Thus, the benefit of policy direction for effective and proper execution of programme could not be availed of by the State.

➤ **Enrolment in Elementary Education**

A review of the status of education in the district, especially in the context of implementation of SSA, revealed that the number of primary and upper primary schools (up to standard VIII) increased but enrolment of children in the targeted age group of 6-14 years in these schools decreased during 2006-11, as can be seen from the chart below:

Chart-5.3



The above Chart showed an increase in the number of elementary schools from 182 in 2006-07 to 195 in 2010-11 (seven *per cent*) in the district and decrease in the number of children enrolled (eight *per cent*) in these schools during the same period. This fact was corroborated by a visit to 29 primary and upper primary schools wherein it was seen that enrolment in 22 schools had decreased while in six schools enrolment had increased (one school just started from 2010-11).

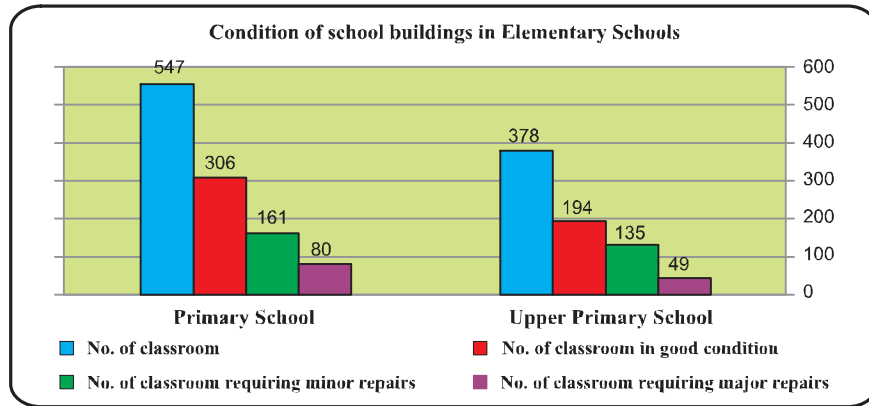
The Department stated (February 2012) that new primary and upper primary schools were opened as per the criteria given by the GOI but State policy of opening private school had not been regularised resulting in the mushrooming of primary schools all over the State which catered to the children of the age group of 6 – 14 years. Further, due to Right to Education Act, they had upgraded and opened new schools to access the children of particular group. The fact, however, remained that the Government could not make any policy to regularise opening of private schools.

➤ ***Infrastructure***

The status of infrastructure in the Government schools in the district as of March 2011 is given below:

Out of the total number of classrooms of 547 in Primary Schools (PS) and 378 in Junior High Schools (JHS) in the district as of March 2011, 80 classrooms in PS and 49 classrooms of JHS required major repairs as depicted below:

Chart-5.4



This fact was corroborated during physical verification of 29 schools where out of 168 classrooms, 41 classrooms required major repairs and 41 classrooms required minor repairs. Few photographs depicting the condition of classrooms are given below:

Image – 5.5



Image – 5.6



Dilapidated conditions of classrooms of JHS, Namphing GPU

Image – 5.7



Image – 5.8



Dilapidated condition of school buildings of JHS, Niya Mangzing GPU and PS, Simkharka, Ben-Nampruk GPU

Image – 5.9



Dilapidated condition of school buildings of Karongthang JHS under Sripatam-Gagyong GPU

Image – 5.10



Image – 5.11



Dilapidated condition of school buildings of Karongthang JHS under Sripatam-Gagyong GPU

Image – 5.12



Image – 5.13



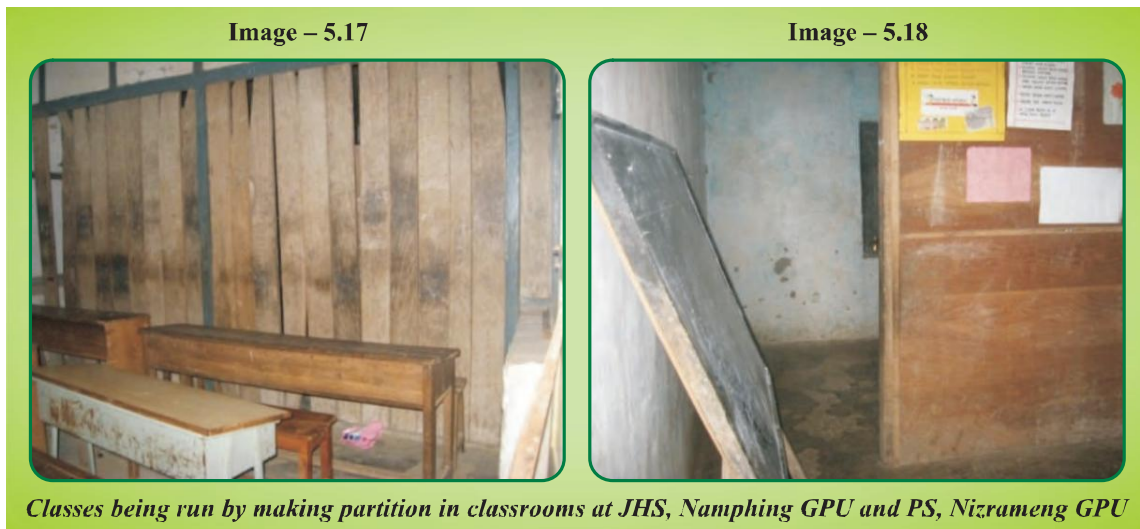
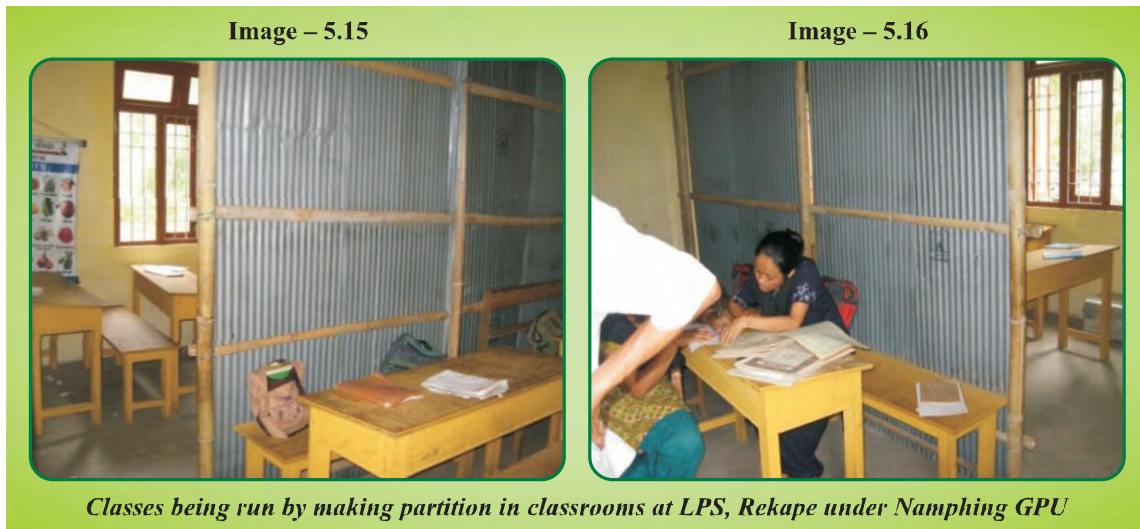
A good classroom of Lower Chalamthang PS under Namphing GPU

Image – 5.14



A good school building of Mangzing JHS under Niya Mangzing GPU

Further, physical verification revealed that 16 schools were not having sufficient classrooms as could be seen from few photographs below:



The Department stated (February 2012) that only 33 *per cent* of the total allocation was to be utilised for civil works and hence, all schools could not be considered at a stretch. However, major repairs for 10 schools were sanctioned during 2010-11.

➤ ***Basic Amenities in Elementary Education***

A majority of the elementary schools did not have the basic minimum amenities such as drinking water, separate toilets for girls and boys, electricity, playgrounds, kitchen for midday meal, etc. Details of elementary schools where basic minimum amenities were not available are given below:

Table-5.12

(In numbers)

Category	Total Schools in district	Toilets	Separate Toilets for Girls	Drinking water	Electricity	Play ground	Kitchen for midday meal	Boundary wall
Lower Primary	52	1	45	7	49	25	4	52
Primary	94	4	30	8	24	19	41	86
Junior High School	49	0	0	3	7	5	0	30
Total	195	5	75	18	80	49	45	168

Source: Departmental figures

This fact was corroborated during physical verification of 29 such schools in which it was seen that 11 schools were not having playgrounds, 11 schools were not having separate toilets for boys and girls, 12 schools were not having drinking water and 18 schools were not having electricity.

➤ **Opening of New Upper Primary Schools (UPS)**

SSA guidelines laid down one upper primary school (UPS) for every two primary schools (PS). As on date of audit, the ratio between available UPS 91 (49 UPS + 42 in SS and SSS) and PS (237) was 1:2.60, indicating a shortage of 28 UPSs in the district as can be seen from the table below:

Table -5.13

Primary school	Required UPS as per norms	UPS available	Shortage of UPS	Ratio
237	119	91	28	1:2.60

Source: Departmental figures

Mismatch between the desired ratio (1:2 between UPS and PS) and actual ratio was indicative of improper planning which was bound to have adverse impact on effective programme implementation.

The Department stated (February 2012) that emphasis was given to open schools in all inaccessible hamlets without considering the above criteria.

➤ **Shortfall in Teachers' Training Under SSA**

To upgrade the skills of teachers, the SSA provided for 20 days in-service course for all teachers each year, 60 days refresher course for untrained teachers and 30 days orientation for fresh recruits. The State had one institute each of District Institute of Education and Training (DIET) and State Council of Education, Research and Training (SCERT) located at State Capital. According to the annual plan of SSA, the responsibility of teachers' training was assigned to DIET and SCERT and accordingly ₹ 74.08 lakh was provided in the budget during 2006-07 to 2010-11 for imparting training to 3748 teachers in various categories.

Test check of records revealed that against the target of 3748 teachers only 616 teachers were imparted training in various categories leaving 3132 teachers untrained. Shortfall of training in various categories ranged between 36 and 100 *per cent* in achieving the physical target. The overall shortfall during the last five years was as high as 84 *per cent*. It was seen that during the period none of the training was conducted in the category of 30 days resulting in 100 *per cent* shortfall. There was a shortfall of 82 *per cent* in 20 days training and shortfall of 87 *per cent* in the 60 days category. The Department failed to utilise the funds provided for the training and could utilise only ₹ 11.21 lakh out of ₹ 74.08 lakh during the period 2006-07 to 2010-11. Details are shown below:

Table -5.14

Training Category		2006-07	2007-08	2008-09	2009-10	2010-11	Total
20 DAYS	Phy Target	536	650	800	800	No training was imparted during the year.	2786
	Achievement	Nil	Nil	515	Nil		515
	Shortfall	(100%)	(100%)	(36%)	(100%)		(82%)
30 DAYS	Phy Target	75	64	19	27		185
	Achievement	Nil	Nil	Nil	Nil		Nil
	Shortfall	(100%)	(100%)	(100%)	(100%)		(100%)
60 DAYS	Phy Target	380	46	175	176		777
	Achievement	Nil	Nil	101	Nil		101
	Shortfall	(100%)	(100%)	(42%)	(100%)		(87%)
TOTAL	Phy Target	991	760	994	1003		3748
	Achievement	Nil	Nil	616	Nil	616	
	Shortfall	(100%)	(100%)	(38%)	(100%)	(84%)	
Budget provision	₹ in lakh	25.04	14.60	17.07	17.37	74.08	
Expenditure		Nil	Nil	11.21	Nil	11.21	
Savings (-)		25.04	14.60	5.86	17.37	62.87	
Non-utilisation		(100 %)	(100 %)	(34%)	(100 %)	(85%)	

Source: Departmental figures

Thus, failure to achieve the target as fixed for imparting training in various categories indicated that the objective of training the teachers, with the ultimate goal of improvement in quality of education, remained largely hampered.

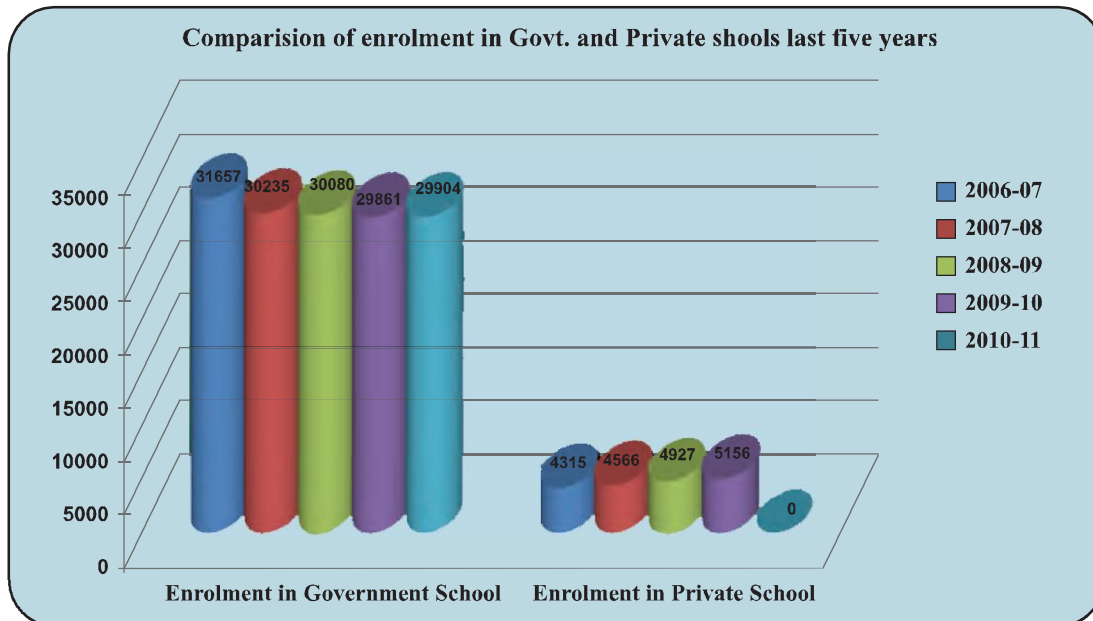
The Department stated (February 2012) that the planning was done as per requirement but facilities required for imparting training was not available at the district. However, the District Project Office had tried its level best. The shortage of well qualified resource teachers in the district had also affected this programme.

5.2.2 Higher Education

Higher education is being imparted in the district through a network of 32 Secondary Schools (SS), 10 Senior Secondary Schools (SSS), 4 Graduate Degree Colleges and one Sanskrit Mahavidhyalaya. The Deputy Director, Higher Education is the Controlling Officer at the district level for implementation of the schemes for educational development. Enrolment in classes IX to XII has however, shown increase of 51 *per cent* in the district from 3141 in 2006-07 academic session to 4729 in 2010-11 academic session, against the decrease of

enrolment in elementary segment. The overall enrolment in the Private schools has shown an increasing trend of 19 *per cent* against the decreasing trend of six *per cent* enrolment in the Government schools during the last five years (2006-07 to 2010-11) as shown in the chart below:

Chart-5.5



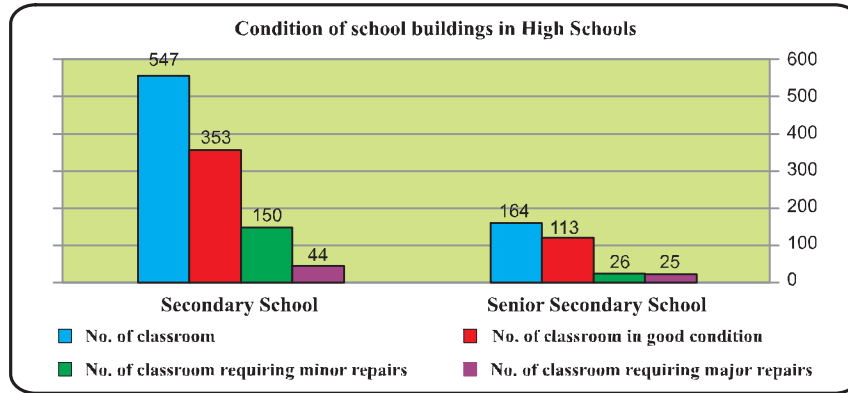
This fact was corroborated while conducting physical verification of eight secondary and senior secondary schools wherein it was seen that the enrolment had increased in three schools and decreased in five schools during the period under Audit.

The Department stated (February 2012) that there was no act to regularise public school in the State till 2009. The Department had not formulated proper guidelines for opening of private schools during this period; the unlimited number of private schools started up in the district and had catered a huge enrolment.

➤ **Infrastructure**

Out of the total number of 547 classrooms in SS and 164 classrooms in SSS in the district as of March 2011, only 353 classrooms in Secondary and 113 classrooms in SSS were in good condition and 194 (150 minor and 44 major repairs) required repairs in SS and 51 number of classrooms (26 minor and 25 major repairs) required repairs in SSS as depicted below:

Chart-5.6



This fact was corroborated while conducting physical verification of eight schools in which out of 165 classrooms, 33 classrooms required major repairs and 32 classrooms required minor repairs. Few photographs depicting the condition of classrooms are given below:

Image – 5.19

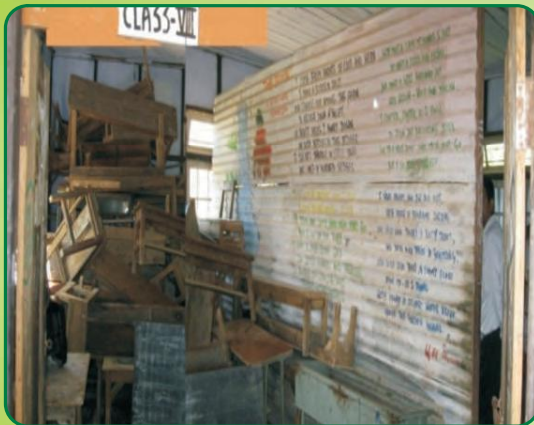


Dilapidated condition of school building of Senior Secondary School, Jorethang

Image – 5.20



Image – 5.21



Dilapidated condition of classroom of Secondary School, Salghari under Salghari GPU

Image – 5.22



Dilapidated condition of classrooms of Lingmoo SSS under Lingmoo GPU

Image – 5.23



Image – 5.24



Dilapidated condition of classrooms of Secondary School, Nandugaon under Poklok Denchung GPU

Image – 5.25



A good school building of SSS, Jorethang

Image – 5.26



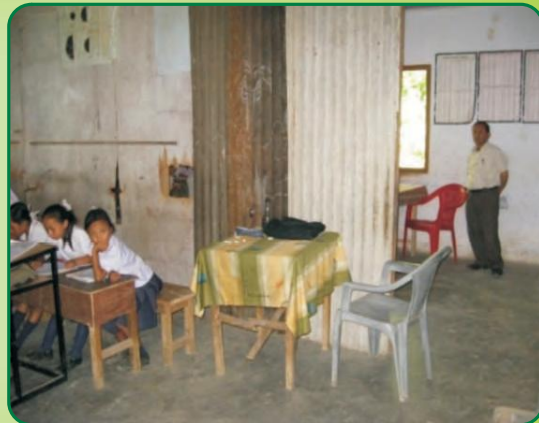
A good classroom of SS, Salghari

Further physical verification revealed that out of eight, five schools were not having sufficient classrooms as could be seen from few photographs below:

Image – 5.27



Image – 5.28



Classes were being run by making partition in the classrooms in SS, Salghari under Salghari GPU

Image – 5.29

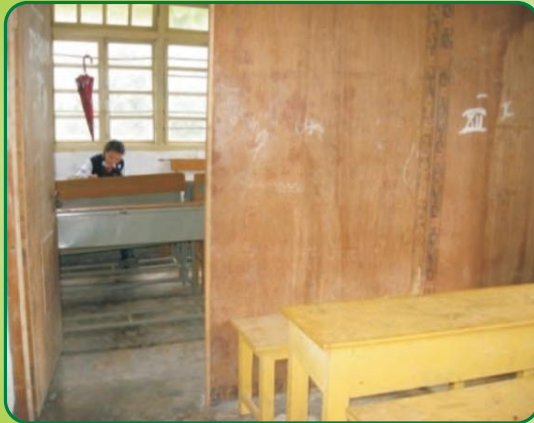


Image – 5.30



Classes were being run by making partition in the classrooms in SSS, Yangang

Image – 5.31



Image – 5.32



Classes were being run by making partition in the classrooms in Lingee Sec School under Lingee GPU

➤ **Basic Amenities**

A majority of the schools did not have the basic minimum amenities such as drinking water, separate toilets for girls and boys, electricity, playgrounds, boundary walls, etc. as detailed below:

Table-5.15

(In numbers)

Category	Total Schools in district	Basic amenities not available						
		Toilets	Separate Toilets for Girls	Drinking water	Electricity	Play-ground	Boundary wall	Science Labs
Secondary	32	10	9	2	15	1	10	4
Senior Secondary	10	4	3	0	1	2	2	0
Total	42	14	12	2	16	3	12	4

Source: Figures provided by PME Cell of the Department

This fact was corroborated while conducting physical verification of four secondary and four senior secondary schools wherein it was seen that two schools were not having playgrounds, three schools were not having separate toilets for boys and girls, three schools were not having drinking water and three schools were not having electricity.

The Department stated (February 2012) that after a 42 days village tour programme of the Chief Minister during 2011-12, construction works in the schools without proper infrastructure had been sanctioned and the same would materialise in due course of time.

5.2.3 Quality of Education

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

➤ Training

Quality education depends on quality of teachers as they are the backbone of the education system. To bring quality transformation in education there should be continuous improvement in teaching. The year-wise position of trained and untrained teachers in the South district was as under:

Table-5.16

Year	Position of teachers in PS			Position of teachers in JHS			Position of teachers in SS			Position of teachers in SSS		
	Total	Trained	Untrained	Total	Trained	Untrained	Total	Trained	Untrained	Total	Trained	Untrained
2006-07	1435	962	473 (33)	335	130	205 (61)	292	102	190 (65)	116	50	66 (57)
2007-08	1109	1016	93 (8)	314	146	168 (54)	NA	NA	NA	NA	NA	NA
2008-09	1281	983	298 (23)	339	154	185 (55)	281	162	119 (42)	98	60	38 (39)
2009-10	579	415	164 (28)	463	375	88 (19)	416	389	27 (6)	298	267	31 (10)
2010-11	594	415	179 (30)	519	375	144 (28)	480	389	91 (19)	323	267	56 (17)

Source: Departmental figures (figures in bracket show the percentage)

Scrutiny of records revealed that the Department had not fixed any year-wise targets for training of the teachers. The overall percentages of untrained teachers ranged between six and 65 as of 2010-11 academic session. It could be seen from the table above that the percentage of untrained teachers was highest in teachers from the Secondary Schools (six to 65 per cent), followed by teachers from Junior High Schools (19 to 61 per cent), teachers from Senior Secondary Schools (10 to 57 per cent) and teachers from the Primary Schools (eight to 33 per cent) during the period 2006-11. Since the training of the teachers of different categories is an important tool which is responsible for quality education to the students in the present environment, lack of training to the teachers will ultimately affect in delivery of quality education to the students.

➤ Uneven Deployment of Teachers in the Schools

As per the norms prescribed by the State Government in May 2004, the deployment of teachers will be three General Primary teachers and one Headmaster in LPS; five General Primary Teachers and one Headmaster for PS; six General Primary Teachers (GPTs), four

Graduate Teachers (GT) and one Headmaster for JHS and six GPTs, eight GTs and one Headmaster for SS. Audit scrutiny of the deployment of teachers from the records showed that as of 2010-11 session there were uneven deployment of teachers in each of the categories as shown in the table below:

Table-5.17

Category of school	Excess deployment of teachers				Less deployment of teachers			
	Number of school	Teacher required	Teachers available	Excess	Number of school	Teacher required	Teachers available	Shortage
LPS	6	24	31	7	38	152	93	59
PS	9	54	66	12	42	252	184	68
JHS	8	88	105	17	20	220	182	38
SS	7	105	115	10	12	180	145	35
Total	30	271	317	46	112	804	604	200

Source: Departmental figures

From the above table it could be seen that deployment of teachers was not uniform in the district. Out of total 237 schools there were 46 teachers, who were deployed in excess of the requirement in 30 schools whereas in 112 schools there were shortages of 200 teachers against the prescribed staffing norms of the State. The Department may take effective initiatives to deploy the teachers as per the required norms, as the shortage of teachers in these 200 schools will compromise delivery of quality education to the students.

➤ **Inspections of Schools**

For quality education, periodical visits to the schools by higher authorities must be made. However, it was seen that most of the schools were never visited by any authority even once as could be seen from the details below:

Table-5.18

Year	Primary schools (no. of schools-94)		JHS (no. of schools-49)		SS (no. of schools-32)		SSS (no. of schools-10)		Total (no. of schools-185)	
	Schools inspected	% of inspection	Schools inspected	% of inspection	Schools inspected	% of inspection	Schools inspected	% of inspection	Schools inspected	% of inspection
2006-07	69	73	26	53	20	63	7	70	122	66
2007-08	71	76	20	41	22	69	6	60	119	64
2008-09	72	77	21	43	23	72	6	60	122	66
2009-10	76	81	28	57	23	72	10	100	137	74
2010-11	94	100	49	100	29	91	10	100	171	92

Source: Departmental figures

From the above it is seen that regular inspections were not conducted by any authority during 2006-11, while upto 59 per cent schools were never visited by any authority. Further, inspections were very less in respect of JHSs where inspections were done 41 to 57 per cent only during 2006-10.

Physical verification of 37 schools revealed that 23 schools were not inspected every year and three schools were never inspected by any authority during the period under Audit.

The Department stated (February 2012) that all schools could not be inspected because of the

shortage of touring officers in the district as well as in the Block Administrative Centres. There was also a shortage of vehicle for touring officers and insufficient funds under TA/DA. Reply is not acceptable as most of the officers in the district were provided vehicle and there was sufficient funds under TA/DA head.

➤ ***Inadequacy of Science Kits, Chemicals and Reagents in the Schools***

Supply of science kits, chemicals and reagents for the science laboratories in secondary and senior secondary schools is one of the important components for imparting quality education for science students. However, while physically visiting eight secondary and senior secondary schools, it was found that none of the schools had received any science kit, chemical and reagent during the period under Audit. In most of the schools science laboratories were lying inoperative and being used as store as could be seen from few photographs below:

Image – 5.33



Image – 5.34



Science laboratory of Senior Secondary School, Jorethang hardly being used as laboratory

Image – 5.35

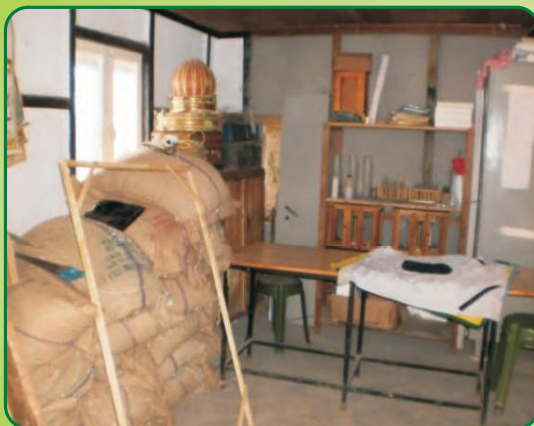


Image – 5.36



Science laboratory of Secondary School, Ben being used as a MDM store

Image – 5.37



Image – 5.38



Science laboratory of Secondary School, Salghari being used as a store

The absence of providing practical knowledge in science subjects had impacted on class XII board results of science stream students where pass percentage was the lowest i.e. 59 to 70 *per cent* as compared to other three streams as could be seen from the table below:

Table-5.19

Year	Pass percentage in class XII board examination			
	Humanities	Commerce	Vocational education	Science
2006	79.23	67.08	80.61	61.69
2007	80.04	66.67	84.01	58.96
2008	81.02	60.72	88.52	59.11
2009	80.14	71.66	85.65	60.99
2010	93.60	74.25	87.00	69.60
Average	79 to 94	61 to 74	81 to 89	59 to 70

Source: Departmental figures

The Department stated (February 2012) that this was being dealt with by the planning section of head office at Gangtok and the district office had only submitted the list of required items as a whole. However, proper instruction had been given to all such schools.

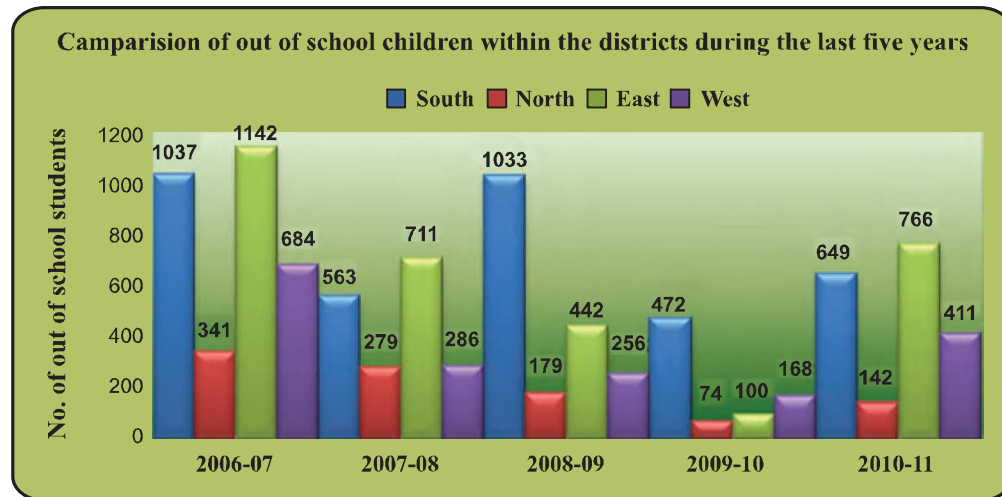
5.2.4 Education Indicators

➤ Out of School Children

The main objective of the SSA was to enrol all the children in schools, education guarantee centres, alternative schools and back to school camps by 2003. It was noticed in audit that the Department failed to make 100 *per cent* enrolment of children in the age group of 6-14 years in the school system till the academic year 2010-11. The number of out of school children (OoSC) in the South district identified in the household survey in 2004-05 was 2800, out of which 649 children (indicating a shortfall of 23 *per cent*) are yet to be brought back to school as of March 2011. Thus, the Department failed to achieve the basic objectives of SSA to bring back all the children to school by 2003 even after eight years of implementation of the scheme

and involvement of considerable expenditure. The district wise details of the out of school children are shown in the chart below:

Chart-5.7



From the above chart it can be seen that the number of out of school children in the South district was always high except for the East district during 2006-07, 2007-08 and 2010-11. The figure of OoSC in the South district recorded highest in the State during 2008-09 and 2009-10. Though the total number of OoSC had gone down from 1037 in 2006-07 to 649 in 2010-11, the percentage of the OoSC was not so encouraging which was 33 *per cent* of the total figure of the State in 2010-11. The total number of OoSC in the State had gone down to 814 in 2009-10 but again rose to 1968 (an increase of 142 *per cent*). It shows that enough emphasis had not been given towards achieving the target of 100 *per cent* for bringing the out of school children back to schools in the South district.

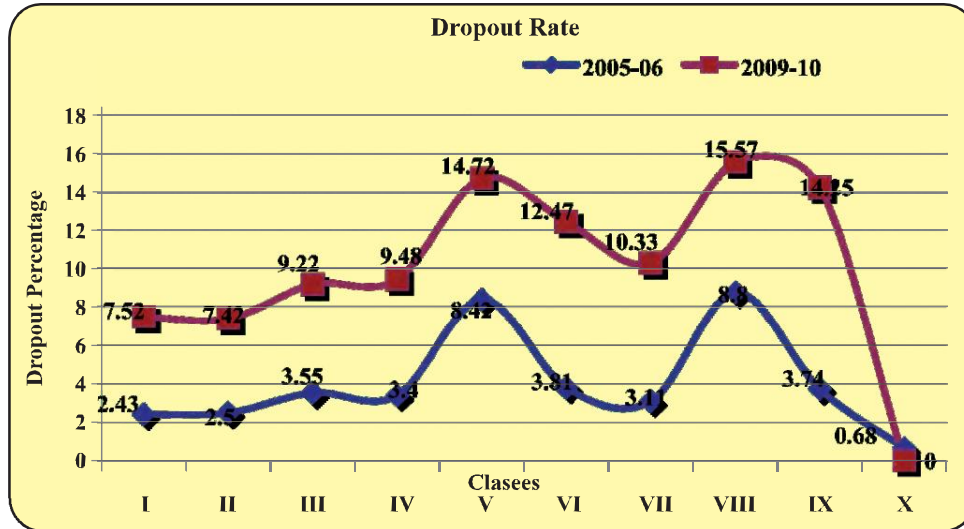
The Department stated (February 2012) that steps had now been initiated to cater to those children who were out of school in the district through Residential Bridge Course (RBC). The number of out of school children could be brought down in coming years through this programme.

➤ **Dropout Rate**

Dropout rate is one of the most important parameters to gauge the effort initiated by the Department to retain the students in the teaching learning process. The dropout rate had recorded a rise in case of class V and VIII from 12.03 to 21.08 *per cent* and 12.32 to 23.16 *per cent* respectively between 2004 and 2008 and dipped from 17.76 to nil *per cent* in case of class X. The dropout rate was lowest in 2005-06 except in class X. The dropout rate was highest in class I, III, V, VI, VIII & IX during 2008-09 and class II, IV, VII and X during 2006-07. The highest dropouts were recorded in class VIII with 24.70 *per cent* in 2008-09. The average dropouts during last five years was also recorded highest in class VIII with 17.45 *per cent* followed by class V with 14.72 *per cent*, with 11.15 *per cent* in class VI and 10.15 *per cent* in

class IX. The lowest dropouts were in class X. Analysis of the figures further revealed that the dropouts were higher in the classes V and VIII where students appeared for board exams. The average dropout rate was lowest during 2005-06 which rose to 12.35 *per cent* in 2008-09, 11.64 *per cent* in 2006-07 and 10.01 *per cent* in 2009-10. The district is required to minimise the dropout rate which is one of the most important parameters to gauge the effort initiated by the Department to retain the students in the teaching learning process. The chart given below shows the trend of dropouts in South district.

Chart-5.8



Source: Departmental figures

The Department stated (February 2012) that no tool had been generated till date for finding out dropout children in the schools which led to discrepancy in the number of dropout children in the district. The district project office had now taken up different activities to minimise dropouts.

5.2.5 Other Irregularities

➤ Diversion of SSA funds

The Department appointed¹ (2003-04) 28 School Mothers (SM) and 13 PTs under SSA during 2003-04 in the South district whereas no new school buildings were constructed under the SSA. The construction of one new school building under the SSA was completed during 2006-07 and subsequently four, two, eight and four new school buildings were completed during 2007-08, 2008-09, 2009-10 and 2010-11 respectively. This led to appointment of excess SM and PTs under the scheme, whose services were utilised in non-SSA schools. Expenditure of ₹ 1.60 crore incurred on the salary of these SMs (₹ 101.71 lakh) and PTs (₹ 58.60 lakh) was thus diverted from the scheme. Details are shown below:

¹The teachers and School Mothers in primary schools were to be appointed on the basis of actual number of UPS and PS under SSA

Table-5.20

Year	Number of teachers and SM appointed during the year		Progressive appointment of teachers and SMs		No. of primary schools constructed during the year under SSA		Requirement as per norms		Excess Teachers appointed		Amount of salary paid to teachers from SSA funds services of whom were utilised in non-SSA schools (₹ in lakh)		Remarks
	PT	SM	PT	SM	Constructed	Progressive Total	PT	SM	PT	SM	PT	SM	
2003-04	15	29	15	29	0	0	0	0	15	29	2.34	8.53	
2004-05	0	0	15	29	0	0	0	0	15	29	7.34	10.20	
2005-06			13	28	0	0	0	0	13	28	9.02	12.04	Two PT and one SM left the job
2006-07	3	2	16	30	1	1	2	1	14	29	14.47	16.72	
2007-08	0	6	16	36	4	5	10	5	6	31	6.20	16.78	
2008-09	0	0	16	35	2	7	14	7	2	28	3.54	18.38	One SM left the job
2009-10	0	0	16	33	8	15	30	15	--	18	--	11.02	Two SM left the job
2010-11	39	0	55	32	4	19	38	19	17	13	15.69	8.04	One SM left the job
Total						19			--	--	58.60	101.71	

Source: Departmental figures

The Department stated (February 2012) that during the year 2003-04, the appointment had been carried out by the State Project Office, Gangtok and the posting was done as per the vacancies shown by the schools for non-SSA schools. The district project office was not functional during that period. Reply is not acceptable as without construction of SSA schools, appointment of PT and SM for SSA schools was made who were deployed in non-SSA schools.

➤ ***Non-provision of Kitchen Sheds under Midday-Meal Programme (MDM)***

Under MDM, kitchen sheds were to be constructed in all the schools. From the information made available to audit, it was seen that out of 237 schools in South district, kitchen sheds had been constructed only in 192 schools and 45 schools had not so far been provided with kitchen sheds and school authorities were forced to cook meal in unhygienic conditions. This fact was corroborated while doing physical verification of the schools of selected GPUs as could be seen from the photographs below:

Image – 5.39



Image – 5.40



MDM being cooked in a temporary shed in unhygienic condition at LPS, Rekepe under Namphing GPU

As per the information furnished to audit regarding the schools, where kitchen sheds had been constructed, it was found while physically verifying the Secondary School, Salghari that no such kitchen shed was constructed in that school and MDM food was being cooked in a classroom in an unhygienic condition as could be seen from the photographs below:

Image – 5.41



Image – 5.42



MDM being cooked in unhygienic condition in a classroom at Secondary School, Salghari GPU

Further, it was also found that the LPG cylinder was not supplied to 100 schools and the schools were forced to cook meals by firewood arranged by schools themselves.

➤ ***Non-maintenance of Assets Registers***

According to the conditions of sanction of grants, asset register indicating all assets acquired out of the grant upto the end of the period of the return was to be maintained and submitted at the close of the financial year along with certified copies of such register. Details of funds received and utilised by District Project Officer, South (DPO) for creation of various assets are given below:

Table-5.21

Year	Assets created (₹ in lakh)
Upto 2005-06	108.68
2006-07	19.17
2007-08	8.82
2008-09	227.05
2009-10	85.24
2010-11	68.46
Total	517.42

It was seen during audit that although the major chunk of funds released by the GOI and State Government for implementation of the programme was utilised towards creation of assets (school buildings and other infrastructure, computers, furniture, vehicles, Xerox machines and other fixed assets), the asset registers as required under the terms and condition of sanctions were neither maintained by the DPO nor the yearly returns furnished to the Ministry. The joint physical verification carried out by departmental officers and audit also confirmed the above facts.

5.2.6 Conclusion

The Department could not provide basic facilities such as playground, drinking water and separate toilets for girls and electricity to various schools of the South district. Classrooms and school buildings were in dilapidated condition requiring major repairs and some schools were not having sufficient classrooms. Science kits, chemicals and reagents were not being supplied to the schools and practical classes of the science students were not being conducted and laboratories were being used as stores. There was uneven deployment of teachers in the schools as some schools were having excess teachers and some schools were having shortage of teachers. Due to non-availability of kitchen sheds, MDM was being cooked in an unhygienic condition. Dropout rates and rates of out of school children were high in the district. There was shortfall in providing basic training to the teachers and there were excess deployment of SMs and Primary Teachers in the schools under SSA.

5.2.7 Recommendations

- *Accommodation and basic infrastructure/facilities should be provided on a priority basis in respect of all the schools to ensure an appropriate environment for teaching and learning.*
- *Classrooms and schools buildings should be repaired immediately.*
- *All secondary and senior secondary schools should be supplied science kits, chemicals and reagents to have practical classes regularly for science students.*
- *Deployment of teachers in the schools should be done as per requirement.*
- *All schools should be provided with MDM kitchen sheds to prepare food in hygienic condition.*

- **Dropout rates and out of school children should be monitored and checked.**
- **All teachers should be imparted basic training.**

5.3 Water Supply and Sewerage

Provision of adequate and safe drinking water to all the citizens, especially those living in the rural areas, has been a priority area for both the Central and the State Governments. In South district, as well as the State as a whole, various Centrally Sponsored Schemes and State Plan Schemes were being implemented for provision of drinking water through Water Security and Public Health Engineering Department (WSPHED) in urban areas and Rural Management and Development Department (RMDD) in rural areas. The budget allocation and expenditure on water supply schemes in the district during 2006-11 was as follows:

Table-5.22

(₹in lakh)

Year	Central Funds Allocation	Expenditure	State Funds Allocation	Expenditure
2006-07	288.16	211.08	275.14	263.31
2007-08	515.37	331.08	323.71	287.96
2008-09	782.00	538.36	279.49	259.45
2009-10	1378.55	1357.27	125.50	125.21
2010-11	1034.80	891.80	165.00	161.00
Total	3998.88	3329.59	1168.84	1096.93

Source: Departmental Figures

5.3.1 Policy and Planning

A National Water Policy (NWP) adopted in September 1987 and reviewed and updated in April 2002 *inter alia* envisaged formulation of State Water Policy (SWP) backed by an operational action plan to achieve the desired objective of provision of safe drinking water to the entire population. The State Government, however, had neither formulated any SWP nor worked out any long term perspective plan to build capacity for increased demand in future. Besides, no base line survey was ever conducted to assess the present and future requirements of water given the population growth and expansion of urban conglomerates.

The WSPHED stated (February 2012) that State Government had prepared State Water Policy (SWP) during August 2009. Reply is not tenable as though SWP was prepared late during 2009, the State Government could not prepare any operational action plan to achieve the desired objective of provision of safe drinking water to the entire population. Absence of policy directives resulted in the following deficiencies:

5.3.2 Fixation of Annual Targets

The departments did not have annual targets for accomplishing various works (new construction, upgradation and maintenance) since there was no long term perspective plan in place. Audit analysis revealed that even the broad based targets (institutional reforms, preparation of master plan, outsourcing revenue collection, contain leakages, and

establishment of water testing laboratories and water treatment plants in the district) mentioned in the State Plan documents (2002-07) were not achieved as of November 2011. There was no time frame set by the departments as to when each of these targets would be met.

The WSPHED stated (February 2012) that the head office had been preparing annual action plan based on feedback from the district offices and had been preparing guidelines for field functionaries. Reply is not acceptable as the Department could not provide such targets and guidelines prepared by head office.

5.3.3 Status of Water Supply

As per habitation census (February 2004), out of 620 habitations in the district, 334 (54 per cent) habitations were fully covered with drinking water facility and 286 (46 per cent) habitations were partially covered. Despite implementation of various water supply schemes and incurring huge expenditure during 2004-11, out of 286 partially covered habitations, 42 habitations only could be brought under fully covered habitations with drinking water facility and position of coverage of habitations with drinking water facility in the district as of March 2011 remained as under:

Table-5.23

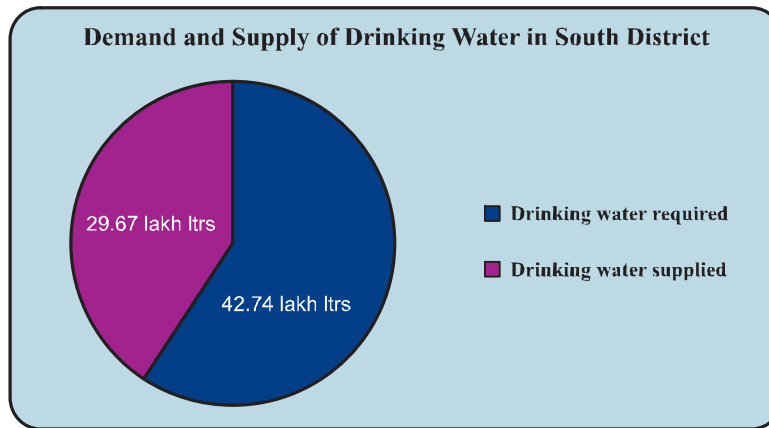
Category of habitation	No. of habitations
Habitation with population coverage with drinking water up to 25 per cent	39
Habitation with population coverage with drinking water in between 25 to 50 per cent	122
Habitation with population coverage with drinking water in between 50 to 75 per cent	83
Habitation with population coverage with drinking water in between 75 to 100 per cent	0
Habitation with 100 per cent population coverage with drinking water	376

Source: Data downloaded from the website of the Ministry

5.3.4 Insufficient Supply of Potable Drinking Water to the Urban Population

The South district has ten numbers of towns. The total urban population who were being supplied drinking water by the WSPHED in the South district was 34330 (as per the departmental figure). The Department assessed the total requirement of water in the South district about 42.74 lakh litres per day (@ 135 lit/day/capita in respect of Namchi and Jorethang towns and @ 90 litres/day/capita in respect of other towns) for its consumers. Against this, the Department could supply only 29.67 lakh litres per day during the period under Audit. There was a shortfall of 13.07 lakh litres per day (31 per cent) of drinking water in the South district as shown in the graph below:

Chart-5.9



The Department stated (February 2012) that the shortage of water in the towns of the district was mainly due to rapid growth of population in the last decade and also due to the depletion of water at source. The problem of water scarcity in the district was also due to being a dry area with lesser number of perennial water sources. Remedial measures like augmentation of water supply scheme to the towns facing water scarcity were being taken up in phase wise manner wherever new water sources were available.

5.3.5 Supply of Drinking Water Without Treatment and Testing

It was found that the WSPHED failed to provide potable drinking water with complete filtration and treatment units to its urban consumers. Out of 10 towns in the district only two towns were being supplied with fully treated drinking water and rest eight towns were provided with partially treated drinking water due to non-establishing the treatment plants in those towns. Further, there was no water testing laboratories in the district for testing the drinking water. The RMDD, who was responsible for providing drinking water to the rural populace, was neither having any water testing laboratory in the district nor had ever done water testing. Water supply schemes in the district were neither provided chlorinators nor were being treated chemically by putting bleaching powder, etc. Water testing kits were also not provided to any of the GPUs. Thus, the Department failed to provide potable drinking water with complete filtration and treatment units to its rural consumers. This fact was corroborated by a physical verification of water supply schemes of 14 GPUs which showed that schemes were not provided with chlorinators and were not being treated chemically by putting bleaching powder, etc. and also none of the GPU was provided any water testing kit. This fact was further corroborated by the water borne diseases such as diarrhoea and dehydration which affected 28,306 numbers of children in the district during the period of Audit.

The WSPHED stated (February 2012) that Detailed Project Report for providing full treatment system for rest of the towns had already been prepared and submitted for sanction. The proposal for setting up of a water testing laboratory in the district had already been initiated by the Department. The RMDD did not furnish any reply to the observation relating

to rural areas.

5.3.6 Non-establishment of Sewerage Treatment Plant in the District

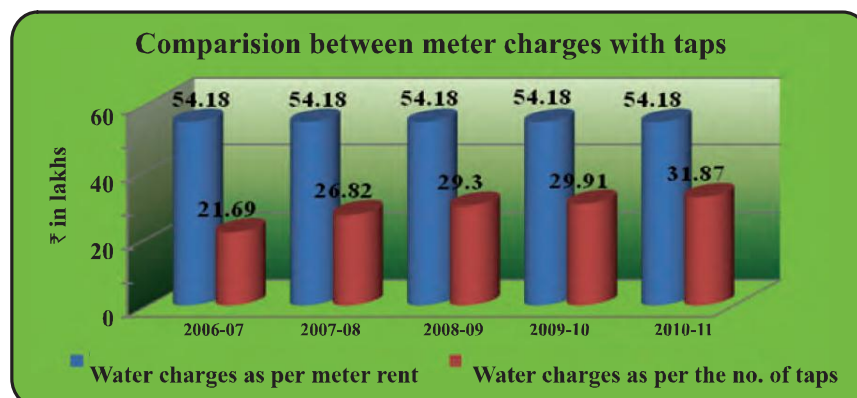
Scrutiny of records revealed that the WSPHED had not established any sewerage treatment plant in the district till September 2011. However, three sewerage treatment plants in Namchi, Melli and Jorethang had been approved and the works started in 2008-09 with an estimated cost of ₹ 19.19 crore with stipulated date of completion by March 2011, out of which, an expenditure of ₹ 9.13 crore had been incurred till March 2011. The work was yet to be completed even after a lapse of eight months from the stipulated date of completion of the project. Thus, in the absence of sewerage facilities in the district, the residents of these towns were exposed to untreated waste and sewage which was a health hazard.

The WSPHED stated (February 2012) that sewerage systems of three towns were under progress and Detailed Project Reports for providing sewerage systems for other remaining towns were being prepared.

5.3.7 Loss due to Non-metering of Consumers

Sikkim Water Supply and Water Tax Act 1986 stipulated fixation of water charges for supply of water under the Act on metered basis or on the basis of number of taps installed. The WSPHED continued to fix water charges on the basis of number of taps installed rather than on metered consumption although the former had several well-known inherent deficiencies. The Government introduced tariff for water charges from 1 April 2006 on metered basis at the rate of ₹ 5 per 1000 litres for domestic consumers and ₹ 10 per 1000 litres for commercial consumers. Quantum of water supplied and consumed each year in 10 towns of South district with population of 34,330 was 108.30 crore litres. The revenue from water charges for every year, therefore, worked out to ₹ 54.18 lakh on metered basis. Thus, for five years (2006-07 to 2010-11) the water charge on metered basis worked out to ₹ 2.71 crore. Against this, the revenue realised on the prevailing tap based tariff for the year 2006-07 to 2010-11 was only ₹ 1.40 crore. This resulted in loss of revenue of ₹ 1.31 crore in the last five years due to non-imposition of meter rent. Details are given in the chart below:

Chart-5.10

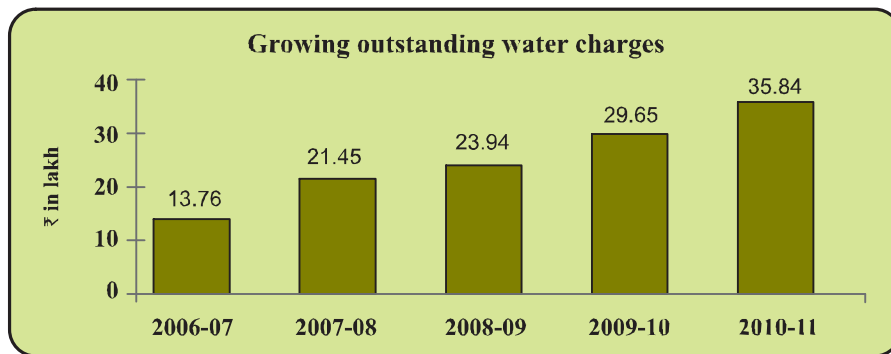


The Department stated (February 2012) that they were following the fixation of water charges on the basis of taps installed. But they had now taken decision to go ahead with the meter system. Henceforth, the Department would be adopting the meter system for revenue collection in the upcoming new projects with the aim to increase the revenue.

5.3.8 Non-realisation of Outstanding Water Charges

The WSPHED had failed to realise its outstanding revenues on water charges. The outstanding water charge of the district for the period 2006-07 was ₹ 13.76 lakh which rose to ₹ 35.84 lakh in 2010-11. The Department did not have any mechanism which forced or compelled the consumers to pay the water charges in time and without fail. The details of the outstanding revenue in terms of water charges are shown in the chart below:

Chart-5.11



The Department stated (February 2012) that they were putting all out efforts to realise the revenue of water charges and it had been involving local broadcasting network, print media and other means to create awareness among the consumers to clear the revenue bills on time. Further, many times individual notices were also being sent to the consumers urging them to clear their bills.

5.3.9 Conclusion

State Government prepared State Water Policy late during August 2009 but could not prepare any operational action plan to achieve the desired objective of provision of safe drinking water to the entire population. Despite incurring huge expenditure year after year, 244 habitations remained partially covered in providing drinking water. None of the 10 towns of the district was having sewerage treatment plant. Drinking water was being provided without treatment and testing. There was a loss of Government revenue due to non-metering of urban consumers.

5.3.10 Recommendations

- *The State Government/District Administration needs to prepare a strategic action plan to provide potable drinking water to the uncovered habitations in a time bound manner.*
- *Water quality testing system should be improved/ upgraded to ensure supply of safe drinking water to the public.*
- *Effective steps need to be taken to ensure early completion of the sewerage schemes.*

5.4 Urban Development and Housing (UDH)

Provision of basic civic amenities in the towns is the responsibility of the UDHD through the office of the Joint Secretary (South/West) at Jorethang. South district has ten towns. The office of the Joint secretary (South/West) had been receiving funds from the Government through its head office at Gangtok for provision of adequate civic amenities to the public.

5.4.1 Execution of Developmental Works

The functioning of office of the Joint Secretary for the period 2006-07 to 2010-11 was reviewed (May-September 2010 and September-November 2011) in audit and there were instances of non-utilisation of infrastructure created which deprived the general public of the intended benefits; as is evidenced from the following findings:

- The work construction of Super market at Jorethang with car parking facility was started (August 2003) under the scheme Integrated Development of Small and Medium Towns (IDSMTs) with an estimated cost of ₹ 94.35 lakh. The work was completed in January 2009. Even after the delayed completion of the shopping complex with 24 number of shops in the first and second floors covering an area of 4140 sq feet and 40 Haat Yards instead of Car Parking at ground floor with an area of 1700 sq feet, the shops were not allotted. The reasons for non-allotment of shops to the shopkeepers/hawkers could not be ascertained as no recorded reasons could be provided by the Department to audit. However, the Department stated (June 2010) in their reply that the process was going on for allotment of these shops which would be allotted to the shopkeepers very soon. Further verification (October-November 2011) revealed that the Department allotted the Haat Shed to the Hawkers since October 2010 but failed to allot the 24 number of shops which were being used as different offices like UDHD and Municipal offices and not put to use for the purpose for which they were meant. Thus, non-allotment of the shops even after the completion of the shopping complex led to a revenue loss to the Department of ₹15.78 lakh. Further, had the Department completed the work in scheduled time (November 2005) and put to use and allotted to the shopkeepers and hawkers, the Department could have earned an additional revenue of ₹19.96 lakh. The photographs taken by audit during physical verification are shown below:

Image – 5.43



Image – 5.44



Image – 5.45



Image – 5.46



Complex lying vacant without use (Photographs taken during August 2010)

Image – 5.47



Ground floor stalls allotted to the Hawkers

Image – 5.48



Shops are being utilised as Office by the UDHD

Thus, the casual approach in completion of the work within scheduled time and non-allotment of the shopping complex even after its completion had resulted in a loss of revenue totalling to ₹ 35.74 lakh besides diversion of the created asset without any reason which led to depriving beneficiaries of intended benefits for which an amount of ₹ 94.33 lakh was spent.

- The work for construction of the three storey vegetable market complex at Namchi under NABARD was put to tender and the work was awarded to the lowest tenderer for ₹ 276.84 lakh in August 2007 with stipulated date of completion by February 2009. The work was completed in March 2009 and a total number of 62 shops with an area of 6703.79 sq.ft. were built. The total cost of the construction was ₹ 273.21 lakh. Though the work was completed in due time, the market complex was allotted to the shopkeepers and hawkers from August 2010. Thus, due to delay in allotment there was a revenue loss of ₹ 10.73 lakh which is exclusive of additional rent/lease rent from the four Pay and Use toilets with an area of 440 sq.ft. till July 2010 as shop rents for the above complex. Further, the intended benefits which could have been provided to the public of the town could not be made available for more than 16 months even after the completion of the construction. Some of the photographs of vacant stalls of the vegetable market taken during August 2010 are given below:



It was also seen from records that the Department allowed excess payment of ₹ 6.67 lakh on carriage of non-stock materials. The Department allowed different rates for carriage of non-stock materials i.e. ₹ 265/cum, ₹ 352.20/cum and ₹ 532.10/cum without any justification. Thus, due to allowing various rates for the same non-stock materials by the Department, there were excess payment of ₹ 6.67 lakh to the contractor which led to loss of Government money.

- The work “construction of seven numbers of Pay and Use Toilets in Rural Market Centres of South and West Districts” was sanctioned under the scheme of NABARD

with an estimated cost of ₹ 167.62 lakh. These pay and use toilets were to be constructed in Namchi (two), Jorethang (one), Pelling (one) and Ravongla (three). The works were awarded in August 2007 with stipulated date of completion by September 2008. Though the works were completed during September 2009 with a delay of one year at a cost of ₹ 145.02 lakh, the said toilets had not so far been put to use as the same could not be given on lease for their running. The Department stated (June 2010) in their reply that the assets would be put to use after the approval from the higher authority as the file was under process. However, further verification (September – October 2011) revealed that the assets created were not yet leased out and used so far due to delay in taking policy decision by the Government in allotting these assets. Thus, due to keeping the infrastructure unused, the amount of ₹ 145.02 lakh spent on their construction remained unfruitful for more than two years seven months, besides, a substantial revenue loss to the Government which could have been earned by the Department as lease rents for the above toilets. The intended benefits could also not be provided to the public.

While accepting the fact, the Department stated (February 2012) that action was being taken for allotment of residual infrastructure.

5.4.2 Conclusion

The infrastructure like super market at Jorethang and Pay and Use Toilets at various places were created by the Department but could not be put to use and remained idle leading to non-providing of intended benefits to the public and also revenue loss to the Government.

5.4.3 Recommendation

- ***Infrastructure created by the Department should be put to use immediately to provide intended benefits to the public and to avoid further loss of revenue.***

5.5 Delay in Execution of Various Developmental Works

Under social sector, various developmental works like school buildings, dispensaries, water supply schemes, haats/ markets, pay and use toilets, office buildings, etc. were taken up. Scrutiny of records of HCHSFD, HRDD, WSPHED, UDHD and BHD revealed that during the period 2006-11, 192 such developmental works were taken up by these departments. Out of these, 41 works (estimated cost ₹ 67.55 crore) were not completed within the scheduled time despite incurring an expenditure of ₹ 33.43 crore on these works. The delay in completion ranged from two to 40 months till November 2011 and the physical progress ranged between seven and 98 per cent as per following details:

Table-5.24

(₹ in lakh)

Department	Total nos. of works taken up during 2006-11	No. of incomplete works as on November 2011	Estimated cost of incomplete works	Expenditure incurred on incomplete works	Period of delay as on November 2011 (in months)	Physical progress ranged between
HCHSFWD	50	4	88.59	35.60	2 to 29	40% and 95%
HRDD	61	8	941.35	525.82	15 to 40	20% and 97%
WSPHED	11	6	2635.81	1309.38	8 to 29	77% and 98%
UDHD	44	18	1089.07	377.74	3 to 10	7% and 98%
BHD	26	5	2000.52	1094.31	5 to 21	40% and 95%
Total	192	41	6755.34	3342.85	2 to 40	7% and 98%

In reply, Health Care, Human Services and Family Welfare Department stated (February 2012) that delay in completion of works was due to pending cases in the court of law. Similarly, the Building and Housing Department stated (February 2012) that the delay was due to revision of estimate, use of manual labour and excavators instead of explosives as the site being situated in the built up area, non-release of funds by the line departments and revision in drawings. WSPHED stated (February 2012) that delay in completion of works were mainly due to delay in forest clearance, non-release of funds in time, problems in land acquisition, delay in supply of materials, delay in awarding the works, etc. However, fact remained that due to delay in completion of works intended benefit from the above projects could not be provided to the public.

