Chapter 5: Social Services

Health, Education, Water Supply, Sanitation etc., are some of the definite facilitators of ascertaining quality of human life in a region. Availability of such facilitators and accessibility and usability of these social infrastructures make way for good standard of living. To ascertain the quality of human life, implementation of flagship programmes like (i) National Rural Health Mission (NRHM), (ii) Sarva Siksha Abhiyan (SSA), (iii) Mid-day Meal (MDM), (iv) Accelerated Rural Water Supply Programme (ARWSP); and (v) Total Sanitation Campaign (TSC) were reviewed. The audit findings are summarized below:

5.1 Health

The Joint Director of Health Services, Sonitpur functioning under the State Health and Family Welfare Department is responsible for providing health care facilities in the District. He is also the Member Secretary, District Health Society (DHS), NRHM. The District has one district hospital, two Sub divisional hospitals, three Community Health Centres (CHCs), 48[10] Primary Health Centres (PHC) and 279 Sub Centres (SC). Besides, 52 private nursing homes/private hospitals and diagnostic centres/laboratories also provide health care services to the people in the District.

5.1.1 Planning

NRHM envisages a decentralized and community owned approach to public health planning. DHS has to identify areas of interventions in health care facilities and probable requirement of funds. DHS also has to prepare perspective plan as well as Annual Action Plans of the district by consolidating Village Health Action Plans (VHAPs) and Block Health Action Plans (BHAPs).

Scrutiny of records revealed that district level surveys to identify the gaps in health care facilities were not carried out. VHAPs and District Health Action Plan (DHAP) were not prepared for the period 2007-12. Further, no perspective plan was prepared by DHS for the mission period 2005-12.

The Mission activities were to be converged with programmes of other Departments and working of non-Government stakeholders, Village Health and Sanitation Committees (VHSCs) and Rogi Kalyan Samities (RKSs). While VHSC is responsible for village level planning and monitoring, RKS is to hold monthly and quarterly meetings to review the functioning of health care facilities. Information furnished by DHS revealed that VHSCs had been formed in all the villages as of March 2012 but no documentary evidence for formation of VHSCs was available with CHCs/PHCs/SCs. RKSs are to submit monthly reports to DHS giving recommendations for improvement of health care system. But no RKS had submitted monthly report and recommendation to DHS.

[10] 48 PHC: (BPHC-8; MPHC-25; SHC-5; SD-10)

One of the objectives of RKS is to develop a Citizen's Charter for each level of health care facility with definite commitment in writing to the citizens for delivering standardized services within a specified time frame. Compliance to the charter was to be ensured through operationalisation of a Grievance Redressal Mechanism. Audit scrutiny revealed that no charter was displayed in 19 test checked health centers (PHCs[11] and CHCs[12]) out of 51 health centres except in Kanakalata Civil Hospital, Tezpur. Besides, no mechanism was put in place for redressal of complaints/grievances of the community regarding their need, coverage, access, quality, denial of health care etc. Thus, health care campaign through the citizen's charter and grievances of the community regarding delivery of healthcare, remained unaddressed in those centres.

5.1.2 Fund Management

Receipt and utilization of funds by DHS during 2007-12 are shown in the Table -5.

Table-5: Funds available under NRHM and expenditure incurred during 2007-12

(₹ in crore)

Year	Opening balance	Funds received	Total funds available	Expenditure	Closing balance	Percentage of expenditure
2007-08	2.15	12.01	14.16	11.29	2.87	80
2008-09	2.87	17.17	20.04	11.04	9.00	55
2009-10	9.00	24.91	33.91	15.53	18.38	46
2010-11	18.38	29.90	48.28	26.72	21.56	55
2011-12	21.56	26.80	48.36	38.86	9.50	80
Total		**110.79**		**103.44**		

Source: Departmental figures.

It is noticed that 20 to 54 *per cent* of available funds remained unutilised at the end of financial years during 2007-12. Scrutiny of records revealed under utilization of funds due to release of funds by SHS at the fag end of the financial year, non completion of civil works and also release of funds in excess by SHS without ascertaining the requirement of DHS. Thus, intended benefits could not be extended to the people in the District.

5.1.3 Infrastructure

NRHM guidelines provided that one SC is to be set up for a population of 5,000, one PHC for 30,000 and one CHC for 1,20,000 population. For a total population of 16.65 lakh in the District, 333 SCs, 56 PHCs and 14 CHCs were required to be set up, while there were only 279 SCs, 45 PHCs and three CHCs in the District as on 31 March 2007 and only three PHCs were established during 2007-12. The status of infrastructure at the end of 2011-12 *vis-a-vis* requirement is depicted in Chart 2.

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[11] 1. Balichang SHC, 2. Dhekiajuli PHC, 3. Kumoliya Chapori PHC, 4. North Jamuguri PHC, 5. Paboi SD, 6. Sahid Kumulidevi PHC, 7. Biltolia new PHC, 8. Gohpur SDCH, 9. Biswanath Chariali SDCH & 10. Biswanathghat NPHC, 11. Sootea MPHC, 12. Gwarbandha SD, 13. Tewaripal SD, 14. Nagsankar MPHC, 15. Kalabari SD & 16. Bheloguri MPHC

[12] 1. Biswanath CHC, 2. Sahid Manohar Dhekiajuli CHC & 3. North Jamuguri CHC

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

Source: Departmental figures.

It can be seen from the above chart that there was shortfall of 11 CHCs (79 *per cent*), eight PHCs (14 *per cent*) and 54 SCs (16 *per cent*) against the requirement as per guidelines. DHS neither did assess the requirement of physical infrastructure in view of increasing trend of patients on existing health units nor submitted any proposals to SHS for creation of new infrastructure.

- ***Civil works***

DHS released funds to Executive Engineer, PWD (Building) Division and also to Construction Committees for undertaking civil works. During 2007-12, 20 works[13] at a cost of ₹5.87 crore were allotted to PWD building division (16 works) and Construction Committees (four works). Of this seven works were completed leaving 12 works incomplete and one work yet to be started. Out of ₹5.87 crore received from SHS, DHS utilized ₹4.20 crore leaving unutilized balance of ₹1.67 crore as of March 2012. Further, construction of 80 SCs @ ₹8.65 lakh per SC was taken up during 2007-12 by SHS through PWD building division. Out of 80 SCs, 14 SCs were completed and handed over to DHS and 17 SCs were completed but not handed over. Works of 32 SCs were in progress while 17 were not yet started due to non availability of land. Scrutiny of records revealed that 15 completed SCs were not handed over for want of electrical connection. Neither the DHS nor PWD building division had taken up the matter with the State Electricity Board for obtaining the connection so that SCs could be made functional. Besides, persuance for settlement of land problems was wanting on the part of the SHS and DHS.

Thus, non completion of works delayed the extension of health care benefits to the rural people.

[13] Up-gradation of CHCs (three nos.), creation of SCs (15 nos.) & construction of new PHC buildings (two nos.).

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

North Jamuguri CHC and BPHC attached in the same campus (05/08/2012)

Sirajuli SC attached to the same campus of Sahid Kumli Devi PHC (14/06/2012)

This indicated that health centres were set up without considering maximization of coverage of rural population by setting up the centres in different locations. This was in violation of the concept of equity in providing health care in rural areas.

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

- ***Status of infrastructure at health centres***

NRHM framework envisaged provision of certain guaranteed services at SCs, PHCs and CHCs as per norms of Indian Public Health Standard (IPHS). The position of non-availability of infrastructure facilities and health care services in the District are given in Tables-6 and 7 respectively.

Table-6: Non-availability of infrastructure facilities in health centres

Sl. No.	Infrastructure facilities	Sub-Centres (SCs)		Primary Health Centres (PHCs)		Community Health Centres (CHCs)	
		Require-ment	Facilities not available (percentage)	Require-ment	Facilities not available (percentage)	Require-ment	Facilities not available (percentage)
1.	Waiting room for patients	279	275 (99)	48	17 (35)	3	-
2.	Labour Room	279	227 (81)	48	12 (25)	3	-
3.	Operation theatre	Not required	--	48	42 (88)	3	2 (67)
4.	Clinic Room	279	253 (91)	48	23 (48)	3	2 (67)
5.	Emergency/Casualty Room	279	279 (100)	48	35 (73)	3	1 (33)
6.	Residential facility for staff	279	132 (47)	48	5 (10)	3	1 (33)
7.	Government buildings	279	-	48	-	3	-
8.	Separate utility for male and Female	279	279 (100)	48	27 (57)	3	-
9.	Provision for water supply	279	15 (5)	48	4 (8)	3	-
10.	Facility for medical waste disposal	279	158 (57)	48	1 (2)	3	-
11.	Electricity connection	279	123 (44)	48	2 (4)	3	-
12.	Generators	279	279 (100)	48	20 (42)	3	-
13.	Ambulance/vehicle service	--	--	48	19 (40)	3	1 (33)

Source: Departmental figures.

Table-7: Non-availability of basic health care services in health centres

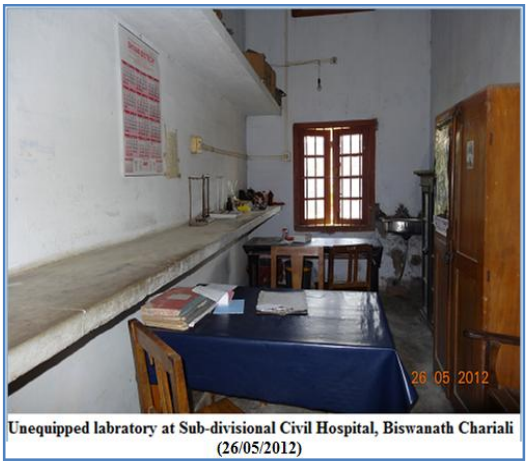
Sl. No.	Health care services	Community Health Centres (CHCs)		Primary Health Centres (PHCs)	
		Requirement	No. of units where the facility is not available (percentage)	Requirement	No. of units where the facility is not available (percentage)
1.	Blood storage facility	3	3 (100)	48	43 (90)
2.	New born care	3	-	48	26 (54)
3.	24 x 7 deliveries	3	-	48	23 (48)
4.	In patient services	3	-	48	29 (60)
5.	X-Rays	3	3 (100)	48	42 (88)
6.	Ultrasound	3	2 (67)	48	43 (90)
7.	Obstetric services	3	-	48	37 (77)
8.	Emergency services (24 hours)	3	1 (33)	48	35 (73)
9.	Family planning	3	-	48	6 (13)
10.	Intra-natal examination	3	2 (67)	48	43 (90)
11.	ECG	3	3 (100)	48	43 (90)

Source: Departmental records.

The number of health care services in the centres in the District was less than the prescribed norm leading to denial of health care services to the community in an equitable manner. Thus, absence of the required infrastructure and health care facilities would only affect the quality and reliability of health services available in the rural areas.

Joint physical verification of health centres conducted during May-June 2012 by Audit and departmental officer revealed instances of insufficient drainage system, unutilized beds, expired medicines etc., as evident from the following photographs.

New born baby with mother under tratment kept in verandah at Kanaklata Civil Hospital, Tezpur (13/06/2012)



Unequipped labratory at Sub-divisional Civil Hospital, Biswanath Chariali (26/05/2012)

Unutilised bed at Sahid Kumli Devi PHC (14/06/2012)

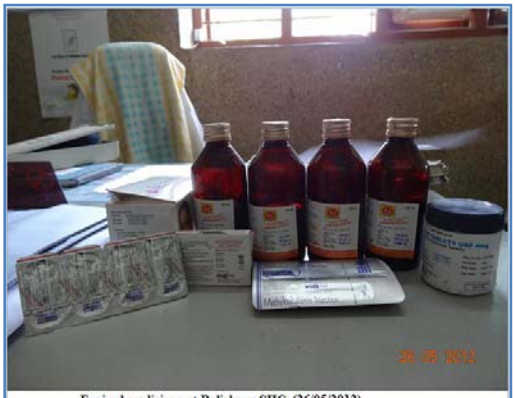
X-Ray machine remained out of order for last two years at Sub-divisional Civil Hospital, Biswanath Chariali (26/05/2012)

Essential equipment remained out of order at Sahid Manawar Nath CHC (14/06/2012)

Non-functional OT at Sahid Manawar Nath CHC (14/06/2012)

Insecure ward at Sub-divisional Civil Hospital, Biswanath Chariali (26/05/2012)

Radiant warmer remained out of order at Pavoi SD (26/05/2012)



Expired medicines at Balichang SHC (26/05/2012)

- ***Construction of Medical College at Tezpur***

GoA decided (2007-08) to establish three medical colleges at Jorhat, Barpeta and Tezpur in Jorhat, Barpeta and Sonitpur district respectively. The objectives of setting up the colleges were to improve the medical facilities in the State, improve medical education including nursing and para medical courses and to provide better and advanced treatment with latest technology to the people of the State. Besides, the gap between demand and supply of doctors was to be reduced.

GoA accorded (December 2007) administrative approval of ₹160 crore (Civil works: ₹125 crore; Equipments: ₹35 crore) for the Tezpur Medical College. The construction work was awarded (December 2008) by Chief Engineer, Building, Assam to a

Kolkata based firm at tender value of ₹125 crore. The work was stipulated to be completed by December 2010 which was extended upto June 2012. As of June 2012, 78 *per cent* of work was completed. Reason for delay in completion of work was due to delay in (i) handing over of drawing and design, and (ii) taking decision in fixing doors/windows and flooring works etc. For want of completion of the work in time which was attributable to avoidable deficiencies in planning and monitoring the work, beneficiaries are deprived of getting specialized treatment.

Admitting the audit observation, DC during exit conference stated (September 2012) that policy for setting up of health centre was decided at Government level.

5.1.4 Manpower Resources

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

The status with regard to the availability of manpower at various health centres is given in Table-8.

Table-8: Availability of manpower as per IPHS norm at various health centres

Health centres	No. of Health centres	Category of staff	Required	Available
CHCs	3	General physician	3	11
		Gynecologist	3	1
		Eye surgeon	3	Nil
		General surgeon	3	Nil
		Pediatrician	3	Nil
		Anesthetic	3	Nil
		AYUSH Doctor	3	Nil
		Staff Nurse	27	30
		Pharmacist	3	4
		Lab.Technician	3	Nil
PHCs	48	Medical Officer	96	88
		AYUSH Doctor	48	30
		Staff Nurse	144	113
		Pharmacist	48	60
		Lab.Technician	48	51
		Lady Health Visitor	48	12
SCs	279	ANM	558	344
		MPW	279	106

Source: Departmental figures.

It is noticed that while there was excess of available manpower in some categories like General Physician, Staff Nurse, Pharmacist and Lab Technicians, there was shortage of key health care personnel in the rest of the categories of staff. Audit scrutiny revealed that SHS did not initiate action for providing required manpower to achieve the objective of NRHM. In the absence of required manpower, the medical centres could not function effectively to provide the

Dental chair remained unutilised at North Jamuguri CHC for want of Dental Surgeon (05/06/2012)

intended services to the people, who were also deprived of specialist services. Deployment of excess staff in five cases indicated the need for strengthening administrative control.

5.1.5 Performance Indicators

Performance indicators qualifying the targets for reducing infant mortality rate (IMR), maternal mortality rate (MMR) and total fertility rate (TFR), reducing morbidity and mortality rate etc., were generally prescribed by the State Government. While Government of India had fixed targets to be achieved by 2012 for the country and the States to be achieved during the Mission period, SHS had fixed the year-wise targets for the Districts. Position of IMR, MMR and TFR in the district is given in Table-9.

Table- 9: Position of IMR, MMR and TFR

Sl. No	Indicator	Target by GoI	Position of the State	Position of the District
1	IMR (per thousand)	28	158	68
2	MMR (per lakh)	1	3.81	3.81
3	TFR	2.10	2.60	2.70

Source: Departmental figures.

The rate of IMR, MMR and TFR was much higher than the target fixed by GoI for various indicators in the district. Thus, the effectiveness of providing maternal and other health care needed to be improved in the district.

5.1.6 Deployment of ASHAs

One of the strategies envisaged by the Mission for achievement of GoA of reduction in IMR and TFR was appointment of a trained female community health worker called Accredited Social Health Activist (ASHA) for every thousand people who was to act as an interface between the Community and Public Health System. Against the requirement of 1,665 numbers, 1,832 ASHAs were deployed in the District. There were excess ASHAs in the district over the required number based on census 2001 data, which was indicator of lack of planning for the engagement of ASHAs with respect to rural population. Further, ₹2.01 crore was spent for their training during 2007-12 leaving an unutilized balance of ₹0.94 lakh with DHS. Lack of adequate training to ASHAs resulted in participation of ASHAs in health care activities in an adhoc manner.

In pursuit of health and sanitation for rural areas, village health and sanitation committees for every village with GP President as Chairman and ASHA as Member Secretary, were formed. Though it was stated by the DHS that regular visit of the villages by the health workers like ASHAs followed by ANMs were made, no report in support of such visit was produced to audit, though called for.

5.1.7 Janani Suraksha Yojana

The Janani Suraksha Yojana (JSY) scheme was introduced (April 2005) by replacing the earlier National Maternal Benefit Scheme with the twin objectives of reducing maternal and infant mortality by providing cash assistance of ₹1,400 to all Pregnant Women (PW) for institutional delivery irrespective of their age and number of previous deliveries and ₹600 to ASHA per case for bringing pregnant women to the health centre.

(a) Institutional Delivery

The primary objective of the scheme was to increase institutional deliveries and achieve the target of 100 *per cent* institutional deliveries by 2010. The targets for institutional deliveries in the District and the achievement thereagainst during 2007-12 are given in Table-10.

Table-10: Position of institutional deliveries

Year	PW registered	Institutional deliveries	Percentage
2007-08	NA	20921	-
2008-09	40673	18623	46
2009-10	39232	19613	50
2010-11	43396	23949	55
2011-12	44115	27430	62
Total	167416	110536	

Source: Departmental figures.

As can be seen from the above Table, the achievement with regard to institutional deliveries ranged between 46 and 62 *per cent* of the registered PW during 2008-09 to 2011-12. The percentage of institutional deliveries increased (31 *per cent*) from 20921 in 2007-08 to 27430 in 2011-12 against the increase of 44 *per cent* in the State.

Test-check of records of selected units in audit also confirms that institutional deliveries were on the rise as envisaged by NRHM though the target of 100 *per cent* by the end of 2010 was yet to be achieved in the District.

(b) Antenatal care

One of the major aims of safe motherhood is to register all pregnant women within 12 weeks of pregnancy and provide them with services like four antenatal checkups, 100 days Iron Folic Acid (IFA) tablets, two doses of Tetanus Toxoid (TT) and advice on the correct diet and vitamin supplements. Position of IFA distributed and TT administered during 2007-12 is shown in Table-11.

Table-11: Position of IFA distributed and TT administered

Year	No. of PW supplied 100 days IFA	No. of PW administered TT
2007-08	NA	NA
2008-09	43348	38751
2009-10	26928	33441
2010-11	38395	34713
2011-12	34988	38840
Total	**143659**	**145745**

Source: Departmental figures.

Scrutiny of records revealed that 100 days IFA were provided to 1,43,659 PW (86 *per cent*) against registration of 1,67,416 PW and two doses of Tetanus Toxoid (TT) were provided to 1,45,745 PW (87 *per cent*) during the years 2008-09 to 2011-12. However, IFA and TT could not be administered to all registered PW.

5.1.8 Immunisation Programme

The overall achievement in the District with regard to immunisation of children between zero to one year age group covering Bacillus Calmette Guerin (BCG), Diphtheria Pertussis Tetanus (DPT) and Oral Polio Vaccine (OPV) during 2007-12 is shown in Table-12.

Table-12: Status of immunisation

Year	Target	Achievement					
		BCG	Measles	DPT	OPV	TT2	Full immunization as per district records (percentage)
2007-08	43781	45801	35603	35326	36673	33513	35326 (81)
2008-09	44481	38696	32563	37145	36830	37796	32563 (73)
2009-10	49109	38749	35281	37109	36291	33533	35281 (72)
2010-11	40507	39516	35545	37211	37236	34713	35545 (88)
2011-12	38659	33739	32622	32198	31012	32197	30552 (79)

Source: Departmental figures.

It would be seen from the above that achievement in immunization was 72 to 81 *per cent* of the targets during 2007-12, though the data for full immunization did not match with individual immunization programme of the district. DHS, however, stated that full immunization as mentioned above included immunization carried out in other district by the beneficiaries of Sonitpur district.

In case of secondary immunisation no target was fixed. Target in pulse polio immunisation was stated to have been achieved but detection of 49 polio cases during 2011-12 in the district raised doubts about the successful implementation of the programme.

5.1.9 National Aids Control Programme (NACP)

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

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

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

(a) Detection of HIV cases

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

Government had established one VBTC in Sonitpur in June 2002. Audit scrutiny revealed that the first HIV positive case was detected in Sonitpur district in November 2002. Out of 9,338 persons screened upto March 2012 in the District, 114 persons were found HIV positive. These included 17 fully blown AIDS cases. Treatment of all the HIV infected persons is in progress in district hospital, Tezpur.

Only ₹2.24 lakh was provided by the State Aids Control Society which was utilized by District Aids Control Society during 2007-12.

(b) Family Health Awareness Camps

To increase awareness about HIV/AIDS and sexually transmitted diseases (STD) among the community and to provide facilities for early diagnosis and treatment of the targeted population falling in the age group of 15-49 years, GoI decided (November 1999) to organise Family Health Awareness Camps (FHACs) in all the States in a phased manner. No FHAC was held in the District during 2007-12 for want of fund. Thus, objective of increasing awareness about HIV/AIDS remained unachieved.

(c) Blood Safety

Under the blood safety component, the existing blood banks are to be modernised and new blood banks are to be opened. Blood component separation facility centres and skilled manpower are also to be made available. There are two blood banks in the District. However, none of the hospitals had blood separation facility for want of availability of trained manpower and no other alternative arrangement was put in place.

In the absence of adequate planning and identification of gaps in the health care infrastructure, non availability of stipulated facilities and skilled manpower and absence of community involvement in planning, the aim of providing accessible and affordable healthcare to the people could not be fully achieved in the District.

Recommendations

- The District Health Society should ensure identification of gaps in health care facilities through household survey based on which Annual Action Plan should be prepared after consolidating VHAPs and BHAPs.

- The DHS should ensure the quality of health service by providing adequate manpower, health care facilities and infrastructure in the existing health centres by effectively pursuing with GoA through DC.

5.2 Education

The Sarva Shiksha Abhijan (SSA) is one of the flagship programmes for universalisation of elementary education. Huge funds are being spent by both the Central and the State Governments for increasing enrolment and retention of children in schools. Focus is also on an inclusive progress, with special attention to girls, SC/ST students and students from other vulnerable sections of the society in remote and backward areas.

5.2.1 Elementary Education

The Sarva Shiksha Abhijan (SSA) programme was launched in Assam during 2001-02 to provide elementary education to all children of age group of six to fourteen years with active participation of the community. The District Mission Coordinator (DMC) is responsible for implementation of the scheme at the District level. Details of funds received and utilised at district level during 2007-12 are given in Table-13.

Table-13: Funds received and utilised at district level during 2007-12

(₹ in crore)

Year	Opening balance	Funds received	Total receipt	Funds utilised	Balance
2007-08	0.68	28.17	28.85	28.30	0.55
2008-09	0.55	32.43	32.98	32.57	0.41
2009-10	0.41	24.17	24.58	24.28	0.30
2010-11	0.30	40.64	40.94	40.79	0.15
2011-12	0.15	7.68	7.83	7.63	0.20
Total		**133.09**		**133.57**	

Source: Departmental figures.

Scrutiny of records revealed that the unutilized balance consisted of interest earned on savings accounts, savings on procurement of stationery articles, teaching and learning materials and also on hiring of venues for holding meetings and training etc. The DMC did not initiate action to adjust the savings and interest earned in subsequent years in consultation with Mission Director, SSA.

(a) Status of civil works

The Mission Director, SSA sanctioned 3,038 civil works (construction of new school building, additional class room, toilets, provision of drinking water supply etc.) and released ₹81.90 crore during 2007-12 to school management committees. Only 2,196 out of 3,038 works were completed. Due to slow progress of works by the school management committees, 842 works (27 *per cent*) remained incomplete. As a result, teachers/ students were deprived of healthy environment and adequate space for enhancing their teaching and learning skills.

(b) Enrolment

A review of the status of education in the district, especially in the context of implementation of SSA, revealed that the number of lower primary and upper primary schools (upto standard VIII) increased and enrolment of children in the

targeted age group of six to fourteen years in those schools also increased during 2007-12. The number of lower primary and upper primary schools (upto class VIII) increased marginally (24 *per cent*) from 1,585 as on 1 April 2007 to 1,970 as of 31 March 2012, whereas enrolment of children in the targeted age group of 6–14 years in these schools increased (20 *per cent*) from 2,22,112 as on 1 April 2007 to 2,66,031 against the increase of four *per cent* in the State as of 31 March 2012, as can be seen from the Charts 3 and 4.

Chart: 3

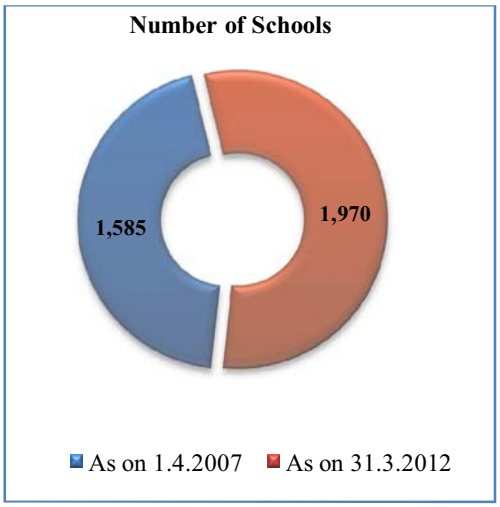
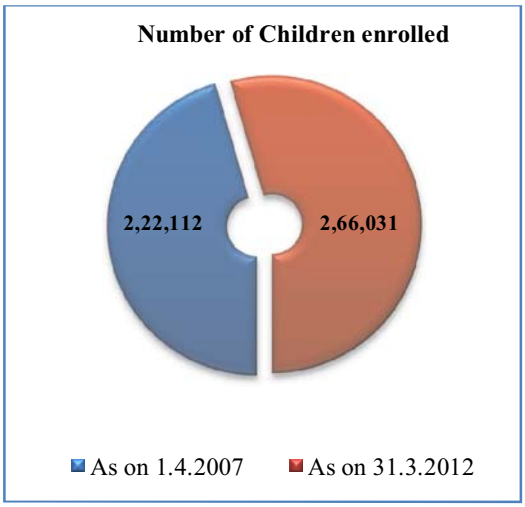


Chart: 4



Source: Departmental figures.

Test-check of records of 31 selected schools (LP: 24; UP: 7), however, indicated decrease (seven *per cent*) in enrolment during the same period which is contrary to the information furnished by SSA. This highlights the need for strict vetting and monitoring of the reports/ records to improve their acceptability.

(c) Drop out of Students

DMC furnished the information regarding enrolment, attendance and dropout of students for the period 2007-12. Audit scrutiny of data furnished by DMC revealed that the dropout level of students in the district during 2007-12 decreased from five *per cent* in 2007-08 to two *per cent* in 2011-12.

However, in 31 test-checked Schools (LP: 24; UP: 7) the dropout level increased from 20 *per cent* in 2007-08 to 21 *per cent* in 2011-12 which also highlights the need for improving the authenticity of data produced by DMC.

(d) Out of school children

SSA envisaged coverage of all children of the age of 6-14 years in school, through EGS, Bridge courses, Remedial courses, enrolment drive etc. Scrutiny of records revealed that out of school children in the District had decreased from 26,381 (10 *per cent* of child population) in 2007-08 to 7,910 (three *per cent*) in 2011-12.

(e) Infrastructure

The status of infrastructure in lower primary schools in the District as on 1 April 2007 and 31 March 2012 is presented in Charts 5 and 6 respectively.

Chart: 5

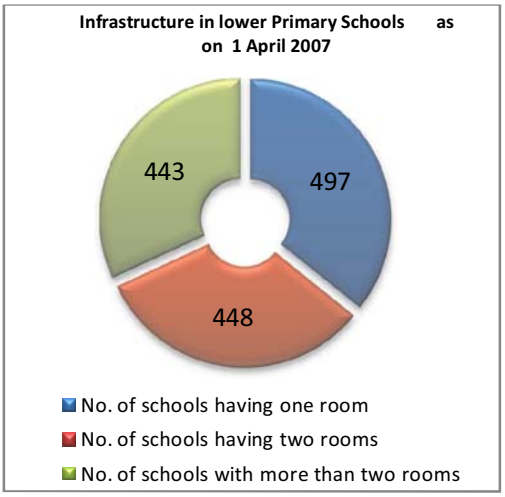
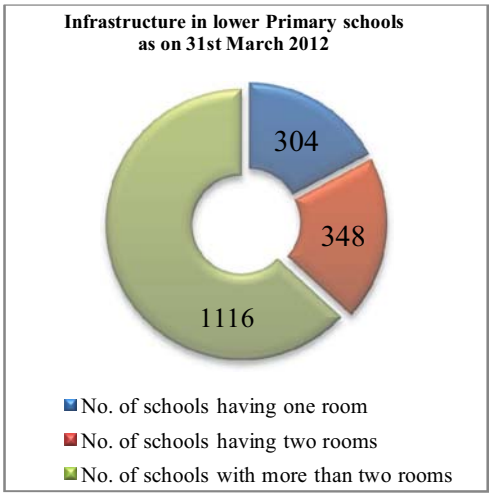


Chart: 6

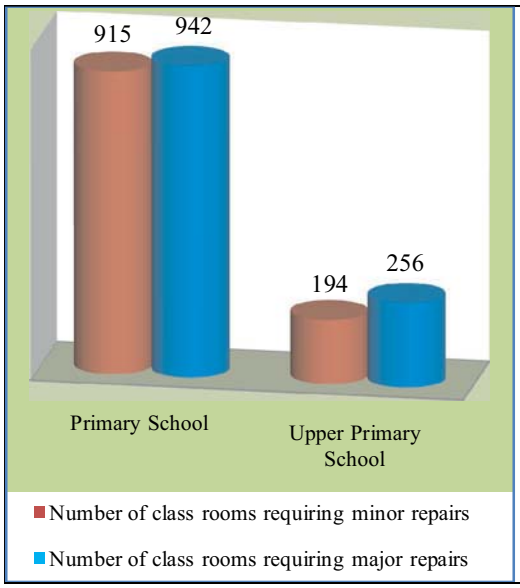


Source: Departmental figures.

The charts above indicate an improvement in the provision of infrastructure. However, 17 *per cent* of schools have only one class room against the minimum two class rooms as per SSA norms.

In 1,768 lower primary and 202 upper primary schools in the District as of March 2012, 1,198 class rooms required major repairs as depicted in Chart 7 and photograph below:

Chart: 7 - Position of Class rooms requiring minor/major repair



Dilapidated Teachers Bhawan at Maghani LP School (10/05/2012)

Dilipidated building at Lakhidhar M.V School (09/05/2012)

Source: Departmental figures.

Reasons for non-taking up repair works in these schools were not furnished to audit.

(f) Basic Amenities

Deficient basic amenities in schools are evident from photographs and Table-14.

Lack of infrastructure at Gormara Bengali LP School (16/05/2012)


Classroom being dumped with fire wood at Gormara Bengali Primary School (16/05/2012)

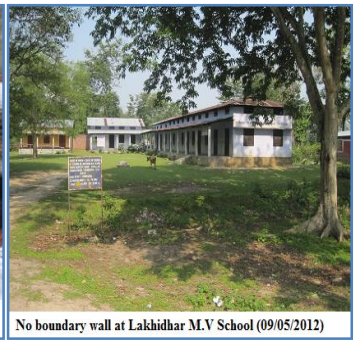

No boundary wall at Lakhidhar M.V School (09/05/2012)

Table-14: Non-availability of basic minimum amenities in elementary schools

(In numbers)

Category	Total Schools in the District	Amenities not available				
		Girls' Toilets	Drinking water	Access Ramp	Boundary wall	Playground
Lower primary	1768	750	145	621	1242	625
Upper Primary	202	20	5	29	126	59

Source: Departmental figures.

(g) Availability of Teachers

As against the norm of two teachers per lower primary school and at least three teachers for every upper primary school, there were a number of schools - both lower primary and upper primary, which did not comply with this norm as can be seen from the Table-15.

Table-15: LP and UP schools without minimum number of teachers

Year	Lower primary (LP) schools			Upper Primary (UP) schools		
	Total number of LP schools	Number of LP schools		Total Number of UP schools	Number of UP schools	
		Without teacher	With one teacher		With one teacher	With two to four
2007-08	1388	26	217	197	-	10
2008-09	1335*	-	136	248	2	11
2009-10	1451	-	141	203*	1	1
2010-11	1769	73	204	203	1	-
2011-12	1768*	-	495	202*	-	13

Source: Departmental figures.

* Reason for decrease of schools was not on record.

The above details showed non-availability of required basic infrastructural facilities/amenities and staff in the schools, caused due to lack of planning, internal control/supervision and administrative control.

(h) Engagement of Teachers

Maghani LP School running with one teacher for six classes (10/05/12)

As per data furnished by the DMC, except for the year 2011-12, one to 32 *per cent* excess teachers against the SSA norms were engaged in all the years during 2007-11. During 2011-12, there was a shortfall of 1,751 teachers (urban: 381; rural: 1370) against the requirement. Information furnished by the DMC revealed that eight to 40 *per cent* excess teachers were engaged in rural areas against the requirement while shortfall of 72 to 79 *per cent* teachers against the requirement was there in urban area schools during 2007-11. Scrutiny of records of 31 urban schools[14] revealed deployment of overall 117 excess teachers against the requirement of 227 teachers for 3,878 students. This indicated disproportionate engagement of teachers between rural and urban areas with absence of deployment policy and lack of administrative control.

5.2.2 Higher Education

Higher education is being imparted in the District through a network of 80 Government High Schools (GHS), 35 Government Higher Secondary Schools (GHSS), three Junior Colleges and seven Degree Colleges. Scrutiny of records of Inspector of School (IS) revealed that enrolment in classes IX to XII increased by 39 *per cent* in the District during 2007-12 as compared to 2007-08. Increase of Pass percentages by 14 *per cent* and 16 *per cent* during 2007-12 in respect of Board Examination of class X and XII was also noticed.

(a) Planning

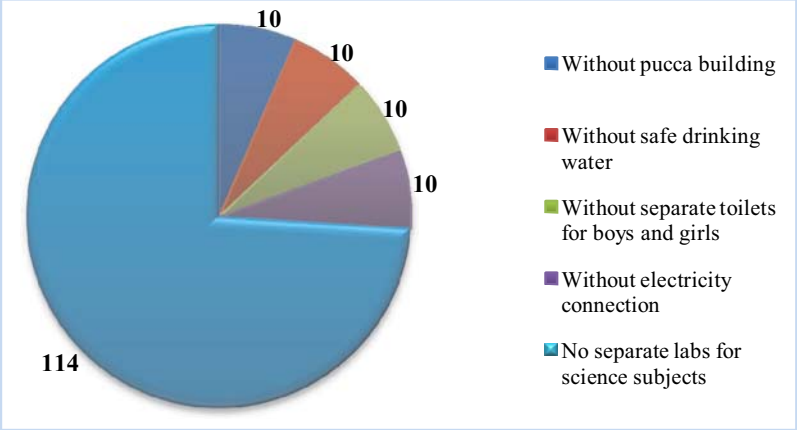
The Inspector of schools (IS) did not carry out any survey to assess the requirement of accommodation for students, staff and availability of infrastructure in the schools. The IS released ₹5.34 crore during 2007-12 as building grants for 227 works in 125 schools. Scrutiny of records revealed that only two works[15] for which funds were provided during 2008-09, remained incomplete as of June 2012 due to retirement of Head Masters. The IS, however, did not initiate action to get these two works completed in time. In the absence of survey to assess the requirement of infrastructure, the justification for selecting the works could not be ascertained in audit.

(b) Infrastructure and Amenities

The position of infrastructural facilities in 80 High Schools and 35 Higher Secondary Schools, 10 Degree and Junior colleges is given in Chart 8.

[14] Gabhuru, Balipara, Biswanath, Chaiduar blocks
[15] 1. Khelmati HS & 2. Dhekiajuli Girls HS

Chart: 8 - Infrastructural facilities available in High, HSS and colleges



Source: Departmental figures.

(c) Quality of Education

Quality education can be imparted only when there is no shortfall of teachers in schools/colleges and the quality of teaching is reflected from the board results of class X and XII.

(i) Availability of Teachers

Out of total 125[16] High, HSS and Junior & Degree Colleges in the District, the category-wise position of teachers as of March 2012 is depicted in Table-16.

Table-16: Availability of teachers in High, HSS and Junior & Degree Colleges

Sl. No.	Category	Sanctioned strength	Men in position	Shortage
1	Principal	33	-	33
2	Vice Principal	33	1	32
3	PG Teachers	328	264	64
4	Head Master	80	69	11
5	Assistant Head Master	26	21	5
6	Others	1757	1321	436

Source: Departmental figures.

The above table indicated that there was 25 *per cent* shortage of staff which had an adverse effect on imparting quality education in the district.

(ii) Board Results

The data relating to overall pass percentage in Board examination in respect of Class X and XII during 2007-12 furnished by the Inspector of School (IS) indicated that pass percentage of Board Examination in respect of Class X increased from 50 *per cent* in 2007-08 to 64 *per cent* in 2011-12 against the increase of the pass percentage as a whole in the State from 59 *per cent* to 70 *per cent*. In the case of Class XII, pass percentage increased from 63 *per cent* in 2007-08 to 79 *per cent* in 2011-12 whereas in the State, the pass percentage increased from 72 *per cent* to 79 *per cent*.

[16] 35 HSS, 80 HS, three Junior and seven Degree Colleges

There was improvement in pass percentage inspite of large vacancy in the posts of teachers in the schools. However, the district was still lagging behind the State average.

(d) Inspection of Schools

The Inspector of Schools (IS) could neither furnish any norms for inspection of schools nor did any records of actual inspection conducted during 2007-12 by the Director of Secondary Education or by any officer authorised by him. At the District level as per norms, Inspector of School/Assistant Inspector of Schools is responsible for carrying out inspection of at least 10 schools in a month. Scrutiny of records revealed that against the requirement of 600[17] inspections in respect of HS/HSS, only 345 inspections were carried out during 2007-12 resulting in shortfall of 255 inspections (43 *per cent*). However, no inspection reports were produced to audit. Also the reasons for shortfall were not on record. This had bearing on the quality of education imparted.

5.2.3 Scholarship schemes

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

Scrutiny of records revealed that PD, ITDP and SDWO neither had any information regarding enrolment of SC/ST student in school nor did prepare any data base for SC/ST students eligible for getting scholarships. Scholarships are given only on the basis of applications received from the students.

Scrutiny of records revealed that during 2007-12, against the receipt of 17,444 applications, 17,110 SC/ST students were covered under pre-matric scholarship scheme for which ₹0.60 crore was received from GoA and paid to SC/ST students accordingly. Besides, under Central sector, pre-matric scholarship amounting to ₹0.05 crore was also disbursed during 2007-08 and 2010-11 to 420 SC/ST students belonging to the community engaged in sweeping/ scavenging work etc. During the period 2008-09, 2009-10 and 2011-12, no scholarship under Central sector was provided to SC/ST beneficiaries. Further, during 2007-12, post matric scholarship amounting to ₹3.35 crore was disbursed to 10,255 SC/ST students. No fund was provided by GoA for SC/ST students for the year 2011-12. Thus, targeted group remained uncovered during 2011-12 under the scheme.

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

Test check of records of 45 selected schools (LP: 24; UP: 7 & HS/HSS: 14) revealed that against the enrolment of 4,730 SC/ST students, only 277 (six *per cent*) SC/ST students were covered under scholarship scheme during 2007-12.

Thus, due to non preparation of data base, majority of SC/ST students eligible for scholarships remained uncovered which frustrated the very objective of the scheme.

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

Recommendations

- Basic infrastructure/facilities should be provided on priority through an exclusive action plan in all the schools to ensure creation of an appropriate environment both for teaching and learning.
- Deployment of teachers in rural and urban schools should be rationalized by instituting a regular review mechanism.
- Coverage of eligible SC/ST students under scholarship schemes should be ensured through advance planning and creating a data base.

5.3 Mid Day Meal Scheme

The National Programme of Nutritional Support to Primary Education, a Centrally Sponsored Scheme commonly known as 'Mid-day-Meal' (MDM) Scheme was launched in August 1995 with the objective of boosting the universalisation of Primary education by increasing enrolment, retention and learning levels of children and simultaneously improving nutritional status of lower primary and upper primary school children in 6-10 years age group.

At the district level, DC is the nodal agency responsible for implementation of the scheme. Based on the allocation made by GoI, DC reallocates the same among the institutions covered under MDM. DC is responsible for collection of food grains from FCI godown and transportation of the same to schools through authorised agencies.

Position of funds received from GoI and utilised during 2007-12 for implementation of the scheme was as in Table-17.

Table-17: Position of receipt and utilization of fund

(₹ in crore)

Item	Funds received	Funds utilised
Cooking cost	30.27	30.01
Transportation cost	1.47	1.08
Cost of food grains	4.55	3.90
Honorarium of cooks	1.20	1.10
Total	**37.49**	**36.09**

Source: Data furnished by DC

Out of ₹37.49 crore received during 2007-12, DC utilised ₹36.09 crore leaving a balance of ₹1.40 crore. Funds remained unutilized due to receipt of funds at the fag end of the year, non receipt of transportation bills, list of cooks from the schools etc.

Year-wise position of enrolment, requirement of rice, quantity of rice allotted/lifted and feeding days covered is indicated in Table-18.

Table-18: Position of enrolment, allotment/ lifting of rice and feeding days covered

(Quantity in quintal)

Year	Enrolment[18]			Requirement of rice[19]	Rice lifted and utilised	No. of feeding days covered (percentage)	No. of school days
	LP	UP	Total				
2007-08	219180	--	219180	47123.70	35605.00	162 (75)	215
2008-09	220327	--	220327	47370.30	52135.57	215 (100)	215
2009-10	188498	55696	244194	58489.00	39977.02	147 (68)	215
2010-11	192251	75018	267269	65527.26	47072.77	154 (72)	215
2011-12	230125	88070	318195	77879.44	63141.00	122 (57)	215
Total	**1050381**	**218784**	**1269165**	**296389.70**	**237931.36**	**800**	

Source : Data furnished by DEEO

The above table indicates that except in 2008-09, lifting and utilization of MDM rice was less than the requirement. The shortfall in covering feeding days ranged between 93 (43 *per cent*) and 53 (25 *per cent*) days during 2007-08 and 2009-12 against required 215 days in a year. Reason for short allotment of rice and action taken by DC for increase of allotment of rice by GoI were not found on record. During 2008-09, against the requirement of 47,370.30 quintals, 52,135.57 quintals of rice was allotted by GoI and lifted by DC and shown as having been utilised. Thus, utilisation of 4,765.27 quintals of rice valuing ₹39.55 lakh, being over and above the requirement, was doubtful, as no supporting records were made available in audit, though called for.

Further, cooking cost for 561 days during 2007-12 was disbursed to schools against 800 days for which rice was issued to schools. In the absence of disbursement of complete cooking cost with reference to the rice issued, bonafides of implementation of MDM scheme seems doubtful. As such mis-utilisation of 71,081.99 quintals of rice valuing ₹5.90 crore for balance days (800 days – 561 days) cannot be ruled out. Besides, nutritional status of students through regular weight measurement of students and improvement of quality of education and better performance in class examination was never assessed.

As per scheme guidelines, each school should have a kitchen cum store. Out of 1,970 schools, 675 (34 *per cent*) schools did not have kitchen cum store. In the absence of kitchen cum store, meals were prepared in open space/own arrangements by schools in class room, temporary shed etc. In the absence of storage facility, foodgrains were stored in class room as evident from the photographs.

[18] The enrolment shown by DEEO for lifting MDM rice differs from the enrolment figures furnished by SSA due to inclusion of aided schools.

[19] Enrolment x No. of school days x 100gm/150gm per day per student.


MDM rice kept in a classroom at Gormara Bengali LP School (16/05/2012)


Incomplete kitchen at Gormara Bengali LP School (16/05/12)


Incomplete kitchen at Ghanakanti LP School (10/05/12)

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

Admitting the audit observation, DC stated (September 2012) that cooking cost could not be provided simultaneously with issue of rice, as GoA had not released the necessary funds in time.

5.4 Water Supply

Provision of adequate and safe drinking water to all the citizens, especially those living in rural areas, has been a priority area for both the Central and State Governments. In Sonitpur district five centrally sponsored schemes and five State plan schemes are being implemented for provision of drinking water. In the District, the schemes were implemented through three Public Health Engineering Divisions. The funds available and expenditure incurred on water supply schemes in the District during 2007-12 is indicated in Table-19.

Table-19: Funds available and expenditure incurred on water supply schemes in the District during 2007-12

(₹ in crore)

Year	Opening balance	Funds received	Total receipt	Expenditure	Closing balance
2007-08	-	9.43	9.43	9.43	0.00
2008-09	0.00	22.44	22.44	22.33	0.11
2009-10	0.11	20.12	20.23	20.12	0.11
2010-11	0.11	27.85	27.96	27.85	0.11
2011-12	0.11	24.85	24.96	24.84	0.12
Total		**104.69**		**104.57**	

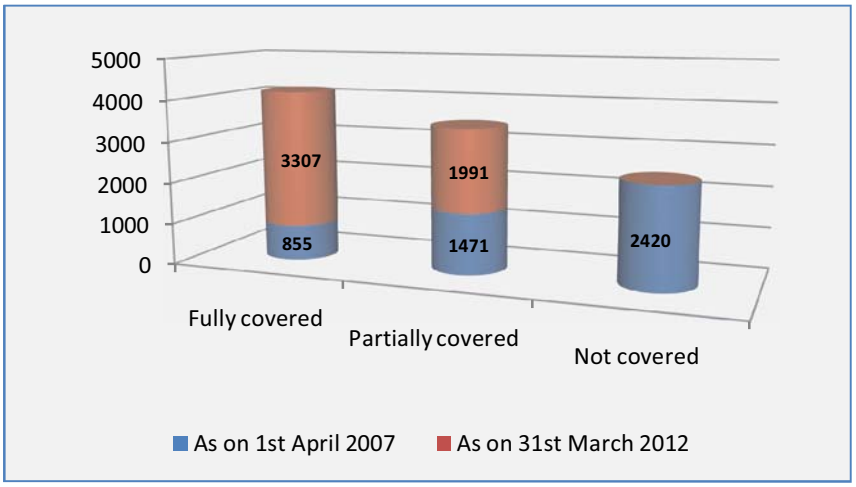
Source: Departmental figures.

The above table indicated that out of available amount of ₹104.69 crore, ₹104.57 crore were spent by three PHE divisions. Reason for non drawal of the balance amount of ₹0.12 crore were not stated to audit, though called for.

5.4.1 Status of Water Supply

Out of 4,746 habitations[20], 855 (18 *per cent*) habitations were fully covered, 1,471 (31 *per cent*) habitations were partially covered and 2,420 (51 *per cent*) habitations were not at all covered up to 31 March 2007. The number of habitations increased to 5,298 as of March 2012, of which 3,307 (62 *per cent*) habitations were fully covered against the State coverage of 56 *per cent* and 1,991 habitations (38 *per cent*) were partially covered in the district showing increase in coverage during the last five years as shown in Chart 9.

Chart: 9 - Position of habitation fully/partially/not covered under water supply scheme



Source: Departmental figures.

5.4.2 Status of execution of schemes

In three divisions there were 55 ongoing Water Supply Schemes as on April 2007. Further, during 2007-12, 5,228 water supply schemes {Piped Water Supply Scheme (PWSS): 230, estimated cost: ₹112.08 crore; Spot Source (SS): 4,998, estimated cost ₹22.01 crore} were approved and taken up at an estimated cost of ₹134.09 crore. Out of altogether 5,283 schemes, 4,607 schemes (PWSS: 168 and SS: 4,439) were completed during 2007-12. Two PWSS (estimated cost of ₹0.98 crore) approved during 2007-12 had not been taken up as of March 2012 for non finalization of suitable land and non-feasibility of source. 96 PWSS were in progress after incurring an expenditure of ₹32.13 crore and 559 Spot Sources with an estimated cost ₹3.28 crore were not taken up as of March 2012.

Thus, due to non completion of works, the desired habitation could not be covered with provision of potable water.

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

Six completed PWSSs were physically verified during audit. Photographs of two schemes are given below:

Completed scheme of Sadharu PWSS (10-05-2012)

Completed scheme of Puthimari PWSS (26-04-2012)

5.4.3 Implementation

➢ **Defunct schemes**

Defunct scheme of Joysidhi Chengamari PWSS (24-04-12)

Scrutiny of records relating to implementation of 15 schemes revealed that during 2007-12, five PWSSs became non-functional due to extraction of pipelines for construction of Border road, failure of DTW, shortage of operating staff, damage of DTW by miscreants. The divisions did not carry out any survey to assess the water bearing strata on the basis of Report of the Central Ground Water Board and quality of water before taking up the schemes. The division spent ₹0.91 crore on constructions and maintenance of these five PWSS. For revival of schemes, the division requested (December 2011) for providing fund of ₹0.57 crore. GoA did not sanction any fund. Thus, 21 affected habitations covering 5,338 beneficiaries did not have access to potable water, disproving the assertion of the Department that there was no uncovered habitation as of 31 March 2012.

➢ **Idle stock**

UPVC pipe lying idle at Tezpur PHE-I Division (25-04-12)

The Chief Engineer (CE), Public Health Engineering Department procured material centrally and supplied to the indenting divisions. Audit scrutiny revealed that 126347.00 RM UPVC pipes of various diameter (50 mm to 160 mm dia) valuing ₹1.70 crore meant for 63 ongoing schemes remained idle for two to five years (in Tezpur-I and Biswanath Chariali PHE Divisions) indicating poor material management by the Department. The Division did not initiate any action for gainful utilisation/disposal of the idle UPVC pipes.

5.4.4 Other point

- Village Level Committees (VLCs) are required to be formed for each completed scheme for its maintenance out of revenue collected from beneficiaries. Audit scrutiny revealed that out of 429 completed schemes (PWSSs), VLCs were formed only for 202 schemes. Again, out of these 202 schemes, house connections were provided in only 104 schemes.

The Department incurred an expenditure of ₹9.21 crore for maintenance of all the completed schemes although completed schemes were required to be maintained by the VLCs.

5.4.5 Water quality

The quality of water provided to the fully covered habitations was not tested at regular intervals. The Department did not fix any norm for water testing. The District had four water testing laboratories in four different locations. The water testing laboratory at Jamugurihat established (May 2011) at a cost of ₹0.60 lakh, however, remained non-functional for want of equipment. Two technicians appointed for the said laboratory remained idle as of date though recurring expenditure towards salary (₹1.76 lakh upto March 2012) was being incurred. Further, equipment valued at ₹6.44 lakh remained idle in all the four laboratories as these were found substandard. None of these laboratories has arsenic and fluoride testing facilities. However, 12,323 samples were tested by the three divisions through water testing laboratories in the District and outside the district, of which 204 samples were found contaminated with arsenic and fluoride, 117 out of 204 samples were found contaminated beyond permissible limits. Out of total 92 habitations covering 19,315 people, the Division supplied safe drinking water to only six habitations having 4,764 people. The balance 86 habitations with 14,551 people remained to be covered for safe drinking water. Thus, the objective of providing pure and safe drinking water supply in the District remained largely unachieved.

SDL at Jamugurihat remained non-functional since last one year due to want of adequate equipments (24-04-2012)

Substandard lab materials lying at Jamugurihat SDL since last one year (24-04-2012)

As per information furnished by the Joint Director of Health Services, Sonitpur, 17,82,634 cases of water borne diseases inclusive of 32 death cases were detected (Diarrhoea: 1,12,434; Gastroenteritis: 64,138; Others: 16,11,030) during 2007-12 which indicated the dismal picture of providing safe drinking water in the District.

Supply of safe drinking water to rural populace could not be ensured through regular water sample tests in the District inspite of improvement in coverage of habitations during last five years as the District did not have the required/functional water testing facilities.

Admitting the audit observation, Executive Engineer, PHE stated (September 2012) that out of five non-functional PWSS, three PWSS had been revived but details of schemes revived and numbers of habitations covered, were not produced in audit.

Recommendation

➢ Water quality testing followed by remedial measures should be improved/ upgraded to ensure supply of safe drinking water to the people in the District.

5.5 Sanitation and Sewerage

5.5.1 Total Sanitation Campaign

The Total Sanitation Campaign (TSC), a Centrally Sponsored Scheme was implemented in the District by the Public Health Engineering (PHE) Division, Sonitpur. The main objective of the scheme was to accelerate rural sanitation coverage in all schools by 2008 and all Anganwadi Centres by March 2009 followed by provision for toilets to all by 2012.

During 2007-12 the Division incurred total expenditure of ₹30.08 crore out of total available fund of ₹30.11 crore leaving unutilised balance of ₹0.03 crore. Category-wise targets and achievements in construction of toilets under the scheme are given in Table-20.

Table-20: Target and achievements of toilets during 2007-12

	Targets	Achievements
IHHL for BPL	1,21,988	83,494 (68)
IHHL for APL	58,766	21,647 (37)
School toilets	2,490	1,899 (76)
Anganwadi	799	607 (76)

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

As per TSC, all the 2,085[21] schools in the District were to be covered by 2008 and accordingly, atleast 4,170 (separate toilets for boy and girls) toilets were required to be constructed. The Division, however, targeted 2,490 school toilets and constructed 1,899 toilets by 2012. In case of construction of Anganwadi toilets, only 76 *per cent* could be completed till March 2012 against the target year of 2009. In respect of IHHL for BPL and

Unutilised TSC materials lying at PHE Sub-divisional store at Dhekiajuli (24.4.12)

[21] 1768 (LP) + 202 (UP) + 35 (GHSS) + 80 (GHS) = 2085

APL against target for coverage of 100 *per cent* actual coverage was 68 and 37 *per cent* respectively. This indicated that the authorities lagged behind in fulfilling the objectives of the scheme. Further, large quantities of TSC materials remained unutilized and were kept in the open field as evident from the photographs.

5.5.2 Sewerage

There are five towns in the District *viz.,* Tezpur, Rangapara, Dhekiajuli, Biswanath and Gohpur where no sewerage facilities were available. The Department also did not have any plan for construction of sewerage plant.

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

Recommendation

- DC should ensure timely completion of planned works through close monitoring of PHE Division so that intended benefits could reach to the people without delay.

5.6 Integrated Child Development Scheme

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

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

5.6.1 Fund management

Year-wise position of funds received and utilization under the scheme during 2007-12 is shown in Table-21.

Table- 21: Funds received under ICDS during 2007-12

(₹ in crore)

Year	Opening balance	Funds received	Total funds available	Funds utilized	Closing balance
2007-08	-	4.72	4.72	4.72	-
2008-09	-	4.12	4.12	4.12	-
2009-10	-	11.47	11.47	11.47	-
2010-11	-	8.91	8.91	7.90	1.01
2011-12	1.01	11.30	12.31	-	12.31
Total		**40.52**		**28.21**	

Source: Departmental figures.

There was an unspent balance of ₹12.31 crore which was due to non completion of civil works and late receipt of funds during 2011-12. This, in turn, prevented provision of infrastructure support to the scheme like drinking water, cooking shed etc., which affected the implementation of scheme adversely.

5.6.2 Infrastructure

As of March 2012, the District had 3860 AWCs under 15 projects, of which 64 AWCs were not made functional for want of appointment of Anganwadi workers. Out of 3,796 centres, only 1,619 had Government buildings. Physical verification of AWCs by Audit with departmental officer indicated deficiency of toilet, drinking water and cooking facility as evident from the photographs:

Dilapidated condition of Anganwadi Centre No. 42 at Dhekiajuli (07/06/2012)

Anganwadi Centre No. 261 at Bahbera running in an IAY house (14/06/2012)

Anganwadi Centre No. 118 at Balikuthi running without water supply (15/05/2012)

5.6.3 Targets and Achievements

The SNP provides for yearly coverage of 300 feeding days per beneficiary. Further, each AWC has to cover 100 beneficiaries under SNP. The year-wise position of target fixed and achievement is shown in Table-22.

Table- 22: Year-wise position of target fixed and achievement

Year	Target	Achievement	Number of feeding days covered
2007-08	2,20,784	1,42,220	33
2008-09	2,54,419	2,05,368	90
2009-10	2,84,480	2,36,620	106
2010-11	3,34,567	2,68,470	133
2011-12	3,24,016	2,79,129	113
Total	**14,18,266**	**11,31,807**	

Source: Departmental figures.

The above table indicates that 2,86,459[22] (20 *per cent*) targeted beneficiaries remained uncovered during 2007-12. Further, against the norm of 300 days, a meager 33 (11 *per cent*) to 133 (44 *per cent*) feeding days were covered which negated the objective of nutritional needs contemplated in the scheme. Scrutiny of record revealed that targeted feeding days could not be achieved due to short receipt of fund.

5.6.4 Implementation

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

(a) Immunisation

Under ICDS, all children below six years of age in the project areas were to be immunized against diphtheria, whooping cough, tetanus, polio, tuberculosis and measles. Scrutiny of the records of the centres revealed that coverage of children under immunization programmes ranged between 76 and 82 *per cent* during 2007-12. The DSWO stated (May 2012) that the shortfall from complete achievement was due to refusal of the beneficiaries to accept the facility which indicated deficiency in the efforts of the health department in motivating the people for immunisation.

(b) Health check-up and referral services

Health check-up includes ante natal care of expectant mothers, post natal care of nursing mothers and care of newborn and children below six years of age especially those born with congenital defects or severely malnourished. Scrutiny of the records revealed that during 2007-12, health check up of 2,86,255 expectant mothers, against the target of 3,12,827 was carried out and post natal check up of 3,72,883 out of targeted 4,23,742 mothers was carried out. Out of 2,20,423 new born babies, health check up of 1,83,657 was carried out. Thus, there was shortfall in achievement of health check up of newly born babies for want of regular visits of the centres by the PHC doctors.

(c) Non formal pre-school education

Non formal pre-school education was to be imparted to children in the age group of three to six years at the AWCs to provide better linkages between primary schools and AWCs. During 2007-12, 6.80 lakh children were identified through survey as required under the scheme, of which 5.60 lakh children were enrolled. Scrutiny of records revealed that 82 to 87 *per cent* children attended the school.

Thus, implementation of the scheme was partial in the district as 33 to 133 feeding days per year were provided for, against the norm of 300 days per year

[22] (Target : 14,18,266 – Achievement : 11,31,807)

during 2007-12. As a result, improvement of nutritional status of beneficiaries remained unachieved. Besides, AWCs were lacking in toilet and drinking water facilities.

Recommendations

- AWCs should be provided with essential facilities like drinking water, toilets, and storage facility etc., through a time bound action plan for their smooth functioning.

- GoA should ensure coverage of 300 feeding days per year for the children and lactating mothers by providing adequate funds.