

Chapter 4

Social Services

CHAPTER

4

Social Services

Significant investment is being made by the Central and State Governments in the Social sector. Audit observed that implementation of the flagship programmes like National Rural Health Mission (NRHM) and Sarva Shiksha Abhiyan (SSA) had positive impact in the Health and Education sectors. However, the schemes lagged behind the intended targets. Other schemes viz. ARWSP, TSC, IAY also failed to achieve the intended objectives as discussed in the subsequent paragraphs.

4.1 Health

NRHM, launched in 2005 by GoI, aimed to reduce infant and maternal mortality rate, stabilise population and to prevent and control communicable and non-communicable diseases by providing accessible, affordable, accountable, effective and reliable health care facilities in the rural areas. The underlying strategy was to bridge gaps in health care facilities, facilitate decentralised planning with community participation and provide an overarching umbrella for the existing health programmes.

District Health and Family Welfare Samiti (DHFWS) headed by the District Magistrate is responsible for planning, implementation, monitoring, evaluation, and database management with regard to the flagship health sector programme NRHM. The Chief Medical Officer of Health (CMOH), a Health and Family Welfare Department (H&FWD) functionary, who is the Member Secretary of DHFWS, is responsible for providing health care services to the people through a network of one District Hospital (now upgraded to Medical College & Hospital), one Sub-divisional hospital, 15 Community Health Centres (CHCs), 35 Primary Health Centres (PHCs) and 511 Sub Centres (SCs). Besides, there are Rogi Kalyan Samitis (RKS) at the Hospital/CHC level to ensure community ownership in delivery of reliable and accountable health services.

Audit Scrutiny of the records of the offices of the CMOH, District Reserve Stores (DRS), Medical College & Hospitals (MCHs), five CHCs¹, 10 PHCs² and 20 SCs was conducted to evaluate the progress made in Health Sector by the District through NRHM, the flagship programme operating in the Health Sector.

4.1.1 Planning

Under NRHM, the DHFWS, the District level implementing agency, was required to prepare a perspective plan for the entire Mission period (2005-12) as well as the District Health Annual Plans (DHAPs) on the basis of Block Health Annual Plans. DHAPs were to be prepared on the basis of surveys conducted at village and block levels through the Village Health and Sanitation Committees (VHSCs). These surveys were not conducted in Malda.

Though the DHAPs were prepared for all the five years (2007-12) audited, only twice (2007-08 and 2008-09) it was prepared with inputs from blocks and GPs.

¹ Chanchol I (Rural Hospital), Englishbazar, Gazole, Harishchandrapur II and Kaliachak III

² Chandipur, Golapgunje, Hardannagar, Kharba, Kumbhira Mahadipur, Nadishik, Pandua, Ranipur and Valuka.

Perspective Plan for Health service not prepared by the District H&FW Samiti; household survey was not conducted.

The Mission activities were to be converged with other departments' programmes and working of other stakeholders viz. Village Health and Sanitation Committees (VHSCs) and Rogi Kalyan Samitis (RKSs). DH&FWS neither interacted with nor obtained inputs from the concerned departmental functionaries relating to drinking water, sanitation and hygiene, nutrition, etc. leading to disconcerted efforts by various agencies. None of the test-checked RKS sent any input during the period covered by the present Audit for incorporation in the DHAP prepared by the DH&FWS. In five test-checked MCH and CHCs, frequency of RKS meeting was irregular as only 18 and 105 meetings were held during 2007-12 in these MCH and CHCs against the requirement of 60 and 180 respectively.

One of the objectives of RKS is to develop a Citizen Charter for every level of health facility with definite commitment in writing to the citizens for delivering standardised services within a specified time frame. Compliance to citizens' charter was to be ensured through operationalisation of a Grievance Redressal Mechanism. Audit scrutiny revealed that none of the test checked CHCs, PHCs and SCs had any citizen charter. Further, Grievance Redressal Mechanism was not institutionalised. Thus, health care campaign through the citizen charter was absent and the grievances of the community regarding quality of healthcare services remained unaddressed.

4.1.2 Funds Management

The position of receipt of funds and expenditure there against could not be provided by the DHFWS. Funds position during 2007-12, as available from the State Health Family & Welfare Samiti (SHFWS) and Financial Management Report, 2010-11 of DHFWS, is shown in **Appendix 4.1**. It may be observed that during 2007-12, 38 to 79 per cent of available funds were spent annually. However, the above figure did not capture the actual progress, as test check revealed that substantial quanta of funds were lying unutilised at the block level. Out of total available funds of ₹ 21.71 crore during 2007-12 in five test checked Block Health & Family Welfare Samitis (BH&FWS), an expenditure of ₹ 19.36 crore (89 per cent) was incurred and the balance fund of ₹ 2.35 crore was lying in the bank accounts of the respective Block Health Samitis.

4.1.3 Infrastructure

NRHM guidelines provided that there should be one CHC, one PHC, one SC for a population of 120000, 30000 and 5000 respectively. For catering the health care needs of the 37.29 lakh rural population in Malda as per Census 2011, there were normative requirements of 31 BPHCs/RHs, 124 PHCs and 746 SCs. Against the same, there were 16 CHCs, 35 PHCs and 511 Sub-Centres in the District indicating shortage of 15 CHCs (48 per cent), 89 PHCs (72 per cent) and 235 SCs (32 per cent). Thus, there were noticeable shortages in terms of availability of health centres, especially CHCs and PHCs in the District based on rural population as per Census 2011. There was no improvement in the infrastructure even five years after the launch of the Mission as the number of health centres remained the same. The issue of setting up of new health centres was not included in the Annual Action Plan and Perspective Plan. Thus, there was no improvement in the District over last five years in terms of outreach and availability of health care facilities in rural areas.

◆ **Infrastructure at health centres**

The NRHM framework envisaged provision of certain guaranteed services at SCs, PHCs and CHCs as per norms of Indian Public Health Standard (IPHS). Test-check, however, revealed that the basic infrastructure³ and the required services⁴ were not available in a number of sampled health centres.

Test check revealed that:

Nine PHCs out of 10 test checked had no indoor services; while all four test checked CHCs were functioning with beds ranging from six to 15 against the norm of 30

- a) Nine⁵ out of 10 test-checked PHCs had no bed against the sanctioned provision of two to 10 beds for each PHC and had no indoor services. All four⁶ test-checked CHCs were functioning with beds ranging from six to 15 against the norm of 30. The only test checked RH⁷ is functioning with a bed strength of 34 against 60 sanctioned.
- b) None of the 10 sampled PHC has any provision for 24 hour emergency service and standby facility (Generator).
- c) Operation Theatres (OTs) were found to be present only in three CHCs⁸ out of five CHCs test checked. Only minor surgeries like minilap, cataract etc. were carried out in those OTs due to non-posting of specialist surgeons and absence of requisite equipments.
- d) For reduction of Maternal Mortality Ratio (MMR) and Neonatal Mortality Rate (NMR) by promoting safe motherhood through proportionate increase of institutional deliveries, 50 per cent of all PHCs in the State have been identified to make them operational for conducting normal deliveries during the year 2008. Accordingly, ₹ 10 lakh were placed with DH&FWS, Malda (August 2008). The amount, however, remained unutilised till March 2012 and normal delivery was not started in any of the 15 identified PHCs.
- e) To upgrade the Malda District Hospital to Indian Public Health Standards (IPHS), ₹ 15 lakh were received by the DHFWS during 2007-08 but the same remained unutilised as on March 2012.
- f) In order to provide indoor services in 19 PHCs of the District by upgrading them to 10 bedded facilities, ₹ 9.06 crore were allotted to the DH&FWS, Malda during 2009-10 (₹ 3.25 crore), 2010-11 (₹ 1.47 crore) and 2011-12 (₹ 4.34 crore). It was observed in Audit (June 2012) that total funds of ₹ 9.06 crore were released to the Malda Zilla Parishad (MZP) during 2009-12 for construction of buildings for indoor services in 19 PHCs. The department did not specify any target dates for completion of the buildings while releasing funds to MZP. None of the PHC buildings has been completed as of May 2012 with physical progress of work varying between 10 and 94 per cent.

³ suitable building, OPD rooms/cubicles for out patients, hygienic environment, water supply system, sewerage facility, medical waste disposal facility, electricity connection or standby power supply system, ambulance, etc.

⁴ such as inpatient services, operation theatre, labour room, facilities for pathological tests, X-ray, emergency care, etc., required under IPHS norms.

⁵ Chandipur, Kharba, Kumbhira, Hardamnagar, Mahadipur, Nadishik, Pandua, Ranipur and Valuka.

⁶ Englishbazar, Gazole, Harishchandrapur II and Kaliachak III

⁷ Chanchol Rural Hospital

⁸ Chanchol I, Gazole and Kaliachak III.

- g) With an aim to reduce the Infant Mortality Rate (IMR), an amount of ₹ 75 lakh was released (September 2011) for establishing 15 Sick New Born Stabilising Unit (SNSUs) in the BPHCs/RHs in Malda. This is an arrangement for the prompt, safe and effective resuscitation of sick newborns. However, no time limit was stipulated for completion of the SNSUs. Out of 15 SNSUs targeted, six have been completed as of May 2012, but none of them was functional due to absence of necessary man power and equipment.

◆ ***Construction of SC buildings and ANM quarters***

Out of 511 SCs in the District, 264 operate in rented premises as of May 2012. For construction of 90 Gram Panchayat Headquarters (GPHQ) SC buildings and 50 Non-GPHQ SC buildings, ₹ 7.31 crore (₹ 4.50 crore for GPHQ and ₹ 2.81 crore for Non-GPHQ) was received by the DHFWS and thereafter released to different PSs and GPs during 2006-12. Against the same, ₹ 6.64 crore (91 *per cent*) have already been reported as spent as of March 2012. Out of 140 SC buildings targeted, DHFWS could furnish status of construction of 124 to Audit. It was observed that 66 had been completed and put to use, while 25 other (20 *per cent*), though completed at an expenditure of ₹ 1.25 crore, were not made operational mainly due to lack of water and electrical connection (18 cases). Eleven SCs were still under construction and construction work for 22 (18 *per cent*) SC buildings had not been started. Out of those 22 SCs, sites were not identified in six SCs.

In order to provide round the clock service on the assumption of introducing delivery at the SCs in a phased manner besides extending other general services, 2nd Auxiliary Nursing Midwives (ANMs) (391 as on May 2012) were appointed purely on contract basis. Scrutiny of records further revealed that ₹ 4.04 crore were received and released by the DHFWS during 2005-10 to various PSs/GPs for construction of 115 quarters for 2nd ANM on the upper floor of SC Buildings. Out of 115; only 74 (64 *per cent*) quarters were completed as of March 2012, while in another 34 quarters, though civil works were complete, electricity and water connections were not provided. Scrutiny of records revealed that none of the 74 completed quarters were occupied by the 2nd ANM and neither did any delivery ever take place in any of the SCs in the District. Thus, expected outcome of construction of 74 ANM quarters for ₹ 2.59 crore was unachieved. Recognising this, the Department revised the plan (December 2010) to use the top floor as meeting hall where deliveries would not be conducted at the SCs. Thus, the purpose of introducing round the clock service at the SCs was defeated.

4.1.4 Manpower resources

NRHM aimed at providing adequate skilled manpower at all health centres as per IPHS norms. None of the test checked CHCs, PHCs and SCs were staffed as per IPHS norms. Shortfall in manpower in test checked CHCs, PHCs and SCs was 32 *per cent* (105 posted against 155 sanctioned), 68 *per cent* (57 posted against 180 sanctioned) and 27 *per cent* (44 posted against 60 sanctioned) respectively as of March 2012.

4.1.4.1 Accredited Social Health Activist

Under NRHM, a trained female community health worker called Accredited Social Health Activist (ASHA) was to be provided in each village in the ratio of one per 1000 population. ASHA, being an interface between the community and the public health system, was to deliver first-contact healthcare. Accordingly, ASHAs were to be provided with drug kits containing medicines for minor ailments, oral rehydration solution (ORS), contraceptives, etc.

Though posts of 3222 ASHAs were created in Malda, only 2430 ASHAs (75 per cent) were trained and posted in the fields for service delivery. ASHAs could not be utilised properly to provide first-contact health care as trained ASHAs were not supplied with drug kits in the five test checked blocks before 2011-12. Thus, the objective of providing first-contact healthcare services through ASHAs remained unachieved up to 2010-11.

4.1.5 Performance Indicators

The impact of NRHM can be assessed in terms of certain performance indicators such as Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), level of institutional deliveries, status of immunisation, prevalence of termination/ spacing methods, etc.

4.1.5.1 Reproductive Child Health (RCH)

RCH-II is a major programme under NRHM aimed at reducing MMR, IMR, institutional delivery, promote family planning, immunisation, etc. to achieve population stability.

In 78 per cent of test checked cases, beneficiaries were paid assistance after 30 to 1698 days

(a) **Janani Suraksha Yojana (JSY)** : One of the important components of RCH programme is Janani Suraksha Yojana (JSY), aimed to encourage pregnant women to have institutional delivery. Under this programme, pregnant women of BPL/SC/ST are provided a cash compensation of ₹ 1000 (₹ 500 for antenatal care and ₹ 500 for undergoing institutional delivery) upto two live births. ₹ 500 for antenatal care is to be paid after completion of third antenatal check up during third trimester (28-32 weeks) of pregnancy to take care of the higher nutritional requirement as foetal growth is rapid during this period. It was, however, noticed that in many cases the payment was made after 32 weeks of pregnancy or even after delivery. Out of 3774 test-checked cases in the 15 audited SCs, 2958 beneficiaries (78 per cent) were paid the assistance for antenatal care with delays ranging from 30 to 1698 days, thus defeating the basic objective of the scheme.

Institutional deliveries: The number of total deliveries and institutional deliveries during the period 2007-12 in the District is shown below:

Table No 4.1 : Table indicating number of institutional deliveries

Shortfall in institutional deliveries ranged from 50 to 66 per cent during 2007-2012

Year	Total deliveries	Institutional deliveries	Non-institutional deliveries (per cent)
2007-08	86539	29801	66
2008-09	83475	34350	59
2009-10	87522	37805	57
2010-11	92537	44007	52
2011-12	99613	49381	50

Source: Records of District health & Family Welfare Samiti

As is evident from the above table, non-institutional deliveries was significant ranging from 50 to 66 per cent. On the positive side, institutional deliveries showed an upward trend both in terms of number and percentage to total deliveries during 2007-12 indicating slow but positive impact of NRHM.

Non-availability of delivery services at PHCs owing to absence of labour room, medical officer, staff nurses, etc. was the main reason for shortfall in institutional deliveries. Further, emergency obstetric care, including the facility to conduct caesarean section was not available in any of the CHCs in the District except District Hospital for want of specialists, anaesthetists, and lack of requisite infrastructure.

(b) Family Planning : Family planning initiatives under RCH involves terminal methods such as vasectomy for males and tubectomy for females and spacing methods like using contraceptives. The target and achievement in this respect are indicated in **Appendix 4.2**. It was observed that achievement in respect of vasectomy, tubectomy and IUD in 2007-08 was close to 100 per cent or more as the targets set were low in comparison to those of subsequent years. Further, coverage showed a downward trend during 2008-12 with noticeably low achievement (four and seven per cent) in vasectomy in 2010-12. Viewed with lower targets fixed for vasectomy and tubectomy for 2011-12, such lower achievement was a matter of concern.

(c) Immunisation : The target and achievement in universal immunisation to Pregnant Women (PW) and children in respect of Tetanus Toxoid (TT), Bacillus Calmette-Guérin (BCG), Oral Polio Vaccine (OPV), Diphtheria, Pertussis and Tetanus (DPT) and Measles in Malda during 2007-12 are shown in **Appendix 4.3**. It was seen that the level of achievements vis-à-vis targets in respect of all the vaccine increased during 2007-12 and during 2011-12, percentage of achievements ranged between 89 and 105 per cent. The same may, however, be viewed with the fact that the target for 2011-12 was set on the lower side as compared to that of 2010-11.

4.1.5.2 National Vector Borne Disease Control Programme (NVBDCP)

The NVBDCP aims at control of vector borne diseases like malaria, filaria, kala azar, dengue, chikungunia and Japanese encephalitis in endemic areas through spraying of larvicides and insecticides and improved diagnostic and treatment facilities at health centres. NRHM stipulated to achieve Annual Blood Examination Rate (ABER)⁹ of 10 *per cent* and Annual Parasite Incidence (API)¹⁰ of less than 0.5 per thousand by 2007-08. The target could not be achieved in the District¹¹. Reasons for such under-performance were not available from records. Though API fluctuated between 0.5 and 0.7 per thousand during 2007-2010, the same was inconclusive in view of low ABER.

Against the target of elimination of leprosy by 2012, the rate of prevalence in the District during 2006-11 ranged between 0.77 and 1.27 per 1000 population

4.1.5.3 National Leprosy Eradication Programme (NLEP)

The aim of NLEP is to eliminate leprosy by the end of the Eleventh Plan (2007-2012). The total number of leprosy patients undergoing treatment in the District at the end of each year during 2007-12 were 468, 388, 437, 280 and 313 respectively, with the incidence of 920, 410, 406, 286 and 308 new cases, indicating remote chances of eliminating leprosy by 2012.

4.1.6 Monitoring

In order to address the lack of oversight, the Department introduced (June 2007) a system of regular periodical supervision of Government health facilities through inspections of health centres (by officers at various levels) and submission of monthly reports to the H&FW Department. For this purpose, the CMOH was required to nominate officers of the District as Nodal Officer for regular supervisions of sub-centres, BPHCs, PHCs and Rural Hospitals of particular block. Further, physical checking of at least five *per cent* of all JSY beneficiaries in the District by the District Nodal Officer is mandatory. However, no record was available at the District to suggest that the said monitoring arrangement was ever followed.

4.1.7 Conclusion

Absence of facility and household surveys pointed to faulty planning. The aim of providing accessible and affordable healthcare to the people remained unachieved in the District as stipulated facilities and manpower were not available in the health centres. Desired level of involvement of community was missing and monitoring of the implementation was grossly inadequate.

⁹ ABER- percentage to the total population, covered every year by blood examination, for surveillance against Malaria. It is calculated as (No of slides examined in a year / Total population) X 100.

¹⁰ API-Positive malaria cases per thousand population

¹¹ ABER ranged between 3.4 and 4.23 per cent and API between 0.5 and 0.7 during 2007-11

4.1.8 Recommendations

- *Planning for upgradation of Primary Health centres and construction of Sub-Centres should be done in an assiduous manner and initiatives taken to complete the same in a time- bound manner.*
- *2nd Auxiliary Nursing Midwives should be posted in all Sub-Centres and bottlenecks for starting institutionalised deliveries at the Sub-Centre level should be identified and addressed.*
- *Functioning of Rogi Kalyan Samitis should be strengthened by institutionalising Grievance Redressal Mechanism.*
- *The monitoring mechanism stipulated by the Department should be implemented effectively.*

4.2 Education

Education is one of the most important indicators of social progress of a nation. Both the State and the Central Governments have been spending large amounts on increasing the enrollment and retention of children in schools, especially in the elementary segment. Focus is on inclusive progress, with special attention to girls, children belonging to SC/ST communities, other vulnerable sections of society and children from remote and backward areas. Implementation of the Sarva Shiksha Abhiyan (SSA), one of the flagship programmes of the Government for universalisation of primary education and upper primary education to all children in the age group of six to 14 years with active participation of the community, was subjected to audit scrutiny.

The District Project Officer (DPO), Sarva Shiksha Mission is responsible for implementation of the scheme under the supervision of DM, being the District Project Director. In Malda, the DPO implements the programme through 31 Circle Level Resource Centres (CLRC) at Block/Municipal Level¹² and 157 Cluster Resource Centres (CRC) at Gram Panchyat level. Each CLRC was headed by Sub-Inspector of schools known as Circle Project Co-ordinator (CPC) assisted by two *Siksha Bandhu* (SB)¹³, one for primary and another for upper primary, while another SB functions from CRC. Implementation of the programme at School Level was supervised by Village Education Committees (VEC), Ward Education Committee (WEC) and School Management Committees (SMC).

As of March 2012, enrollments in primary and upper primary schools were 394887 and 319299 children respectively.

¹² A block can have more than one circle.

¹³ Siksha Bandhu provides academic resource support to the concerned primary and upper primary school teachers.

4.2.1 Funds management

Position of funds received and utilised by DPO during 2007-12 was as below:

Table No. 4.2 : Funds received and utilised at district level during 2007-12 (Rupees in crore)

	Approved Outlay	Opening Balance	Funds Received	Interest & Other Source	Total available Funds	Expenditure Incurred (per cent)	Balance
2007-08	73.77	0.58	73.31	8.68	82.57	64.41 (78)	18.16
2008-09	105.80	18.16	42.73	0.43	61.32	48.73 (80)	12.59
2009-10	107.83	12.59	86.00	1.38	99.97	76.12 (76)	23.85
2010-11	190.15	23.85	100.00	6.89	130.74	121.00 (93)	9.74
2011-12	288.48	9.74	80.17	13.73	103.64	74.19(71)	29.45
Total	766.03		382.21	31.11	413.90	384.45 (93)	29.45

(Source: Data furnished by District Project Office)

Against the total approved outlay of ₹ 766.03 crore during 2007-12 for Malda, ₹ 382.21 crore (50 per cent) was released by Paschim Banga Sarva Siksha Mission (PBSSM) to DPO, Malda. Aggregate expenditure during 2007-12 stood at ₹ 384.45 crore (93 per cent of the available funds).

4.2.2 Planning

Guidelines of SSA required the DPO to prepare Perspective Plan (with projections for 10 years) as well as AWP&B for the District. CLRC, CRC, District Institute of Education and Training (DIET), etc. were to be involved in planning. Further, to ensure reflection of the grassroots level reality, SSA envisaged participatory planning through household survey as well as consultative meetings and interaction with the community and target groups by formation of core teams at District, Block and Village levels.

The DPO, however, prepared Annual Plan based on available data in respect of total child population, out of school children, number of child population belonging to SC/ST/Minority, etc. based on Census 2001 figures and District Information for School Education (DISE) database without conducting household survey and involving the community and CLRC, CRC, DIET, etc. Thus, the planning process was deficient and thereby, the quality of planning was compromised.

4.2.3 Number of schools

As per District Information for School Education (DISE) 2011 database, the number of primary schools in Malda marginally increased from 1887 in 2007-08 to 1889 in 2011-12, while the number of upper primary schools increased from 331 in 2007-08 to 481 in 2011-12 registering an increase of 45 per cent. SSA stipulated one

primary school within a radius of one kilometre and one upper primary school within two kilometres from a habitation. However, out of 4180 habitations in the District, 82 with 8561 children of primary school-going age (six-11 years) had no primary schools as of March 2012. Likewise, 163 habitations with 24020 children of upper primary school going-age (11-14 years) lacked upper primary schools. This was after considering the informal primary (SSK) and upper primary (MSK) schools¹⁴ operating in the District under the Education Guarantee Scheme (EGS). Though SSA envisaged upgradation of these EGS schools to regular schools, 618 SSKs and 108 MSKs were not upgraded as of March 2012. As per mapping done (2008-09) by the School Education Department, the District was short of 274 Upper Primary schools. Government of India (MHRD) had sanctioned setting up of 188 and 30 new upper primary schools in 2008-09 and 2009-10 respectively. Against the same, the School Education Department has approved setting up of 180 upper primary schools, all of which have started functioning as of March 2012. Thus, 94 upper primary schools are further needed in the District.

(a) Class rooms : District Information for School Education (DISE) database showed that against the requirement of two class rooms for each primary school, 20 primary schools out of 1887 had only one room (15) or no room (five). Audit noted that out of 1889 primary schools and 481 upper primary schools, 452 primary schools and 147 Upper primary schools were short of 817 and 573 classrooms respectively. Out of 12871 classrooms (primary: 8253, upper primary: 4618) in elementary schools in the District, 688 classrooms of primary and 467 classrooms of upper primary schools required major repair works.

(b) Other amenities : The position of availability of basic amenities like drinking water, toilets, electricity connection etc. in 1887 primary and 349 upper primary schools was as under :

Table 4.3 : Availability of basic amenities in elementary schools as of March 2012 (In numbers)

		Number of schools				
		Toilets	Drinking water	Boundary wall	Playground connection	Electricity
Primary	Available	1672 (89)	1885 (99.8)	555 (29)	556 (29)	319 (17)
	Not available	217 (11)	4 (0.2)	1334 (71)	1333 (71)	1570 (83)
Upper Primary	Available	335 (70)	442 (92)	239 (50)	187 (39)	301 (63)
	Not available	146 (30)	39 (8)	242 (50)	294 (61)	180 (37)

Source: DISE data of the district office

(Figures in the brackets represent percentage with respect to total number of schools)

Thus, there is substantial scope for improvements as regards amenities like electricity connections, boundary walls, etc.

¹⁴ SSK Shishu Shiksha Kendra; MSK Madhyamik Shiksha Kendra

18 test checked schools in two arsenic affected blocks use drinking water with arsenic contamination

The District had seven arsenic affected blocks¹⁵, which had 1062¹⁶ schools with enrollment of 3.14 lakh students (March 2012) and tube wells were the only source of drinking water. The arsenic level in those blocks ranged between 0.15 mg/l and 0.27 mg/l vis-à-vis the permissible limit of 0.05 mg/l¹⁷. On this being pointed out, Executive Engineer, Malda division, Public Health Engineering (PHE) Directorate¹⁸ stated (June 2011) that substitute arrangement like connection of water from nearby Piped Water Supply Scheme had been made in all cases. However, 11 schools test checked (enrollment- 4238) in two blocks (English Bazar and Kaliachak-III) revealed that nine schools used tube well water for drinking purpose indicating the possibility of children in these schools being exposed to arsenic contamination.

(c) Civil Works : Physical targets set during 2007-12 and achievement there against for execution of Civil Works under SSA is indicated in the **Appendix 4.4**. Against approved budget provision of ₹ 195.72 crore for execution of 11431 items of work, the DPO released ₹ 170.13 crore for 10610 items of works, out of which 8042 items (76 per cent) costing ₹ 94 crore (55 per cent) were completed up to March 2012. DPO attributed (August 2012) non-achievement of targets to reluctance on the part of VEC/SMC to start and complete the work in time, shortage of field Junior Engineers¹⁹, etc.

The following irregularities were noticed in audit :

- Against the targeted 133 major repair works (2007-08 and 2010-11) and 170 boundary walls (2008-09 and 2011-12) estimated at ₹ 94.61 lakh and ₹ 3.50 crore respectively, 235 repair works (177 per cent) and 311 boundary walls (183 per cent) were executed at ₹ 94.36 lakh and ₹ 3.11 crore respectively. Execution of significantly excess number of works vis-à-vis target at costs less than original estimates indicated that either estimates were grossly incorrect or the quality of work was compromised.
- In pursuance with approval accorded by the MHRD in 2008-09, School Education Department had sanctioned (July 2008 to November 2011) setting up of 180 new upper primary schools. Funds for construction of 180 schools at an expenditure of ₹ 4.55 lakh per school had been released by the District authority between December 2008 and March 2012. Status of physical and financial progress of construction of 173 schools was made available to audit. It was noticed that as of August 2012, 20 school buildings had been completed without toilets though there was provision of toilets in the estimate. Construction of 17 schools were not taken up even after lapse of one to three years while construction of 136 schools were in progress. Out of those 136 schools, in case of 55 schools construction was not complete though allotted amounts were fully spent. Audit also noted that 85 schools started construction works after delay of one year. The DPO intimated (August 2012) that additional funds to complete these works would be provided from the next grants for additional class rooms.
- District authority allowed three months for completion of construction work of

¹⁵ English Bazar, Kaliachak -I, Kaliachak -II, Kaliachak -III, Manikchak, Ratua-I and Ratua -II

¹⁶ Primary:848 and Upper Primary:214

¹⁷ As intimated by Malda division, Public Health Engineering Directorate

¹⁸ PHE Directorate is responsible for the arsenic mitigation programmes in the State

¹⁹ Against sanctioned post of 13 Junior Engineers, 5 were in position.

Additional Classrooms (ACR). Records revealed that work of construction of 945 ACR, for which ₹ 20.80 crore were released during 2006-07 to 2010-11, remained incomplete as of June 2012 after lapse of 15 months to 72 months. In case of 505 ACRs in 445 schools, VECs and SMCs were unable to utilise ₹ 5.22 crore released by the DPO during 2007-11 and refunded the same in 2010-11 after lapse of various periods upto three years. Reasons for non-utilisation of funds as transpired from records included land problems, non-requirement of class rooms and price escalation of building materials. This was indicative of failure of the DPO in assessing the requirement/ preparedness of the schools before releasing funds.

(d) Computer Aided Learning (CAL) : Computer Aided Learning (CAL) was introduced to make learning joyful. The main interventions required for introduction of CAL are training of teachers, creation of infrastructure and development of State specific e-teaching learning material (e-TLM) in local language. Under the programme, 130 upper primary schools in the District had been provided with five computers each with accessories at a cost of ₹ 233.62 lakh during 2005-12. Up to March 2012, 480 teachers were also provided training for CAL expending ₹ 5.50 lakh. Test check (May 2012) of 15 Upper Primary schools in five selected blocks revealed that except for one school in Chanchal, where computers were kept in packed condition, all the computers were installed. CAL has, however, not been started as of June 2012 and the computers were partially used for official work and occasionally for imparting training to students for providing general exposure to computers.

Further, out of 16 test checked schools (15 schools covered and one school not covered under CAL), School Education Department provided 10 computers and accessories each to eight schools during 2007-11, in addition to computers provided under CAL without assessing their requirement and without consulting the DPO/District Inspector of Schools. All these 80 computers were lying in packed condition as of May 2012. Thus, non-assessment and lack of co-ordination of departments with its district level functionaries resulted in misuse of Government resources. Thus, supplying of computers without preparedness for their meaningful use led to idling of those computers.

4.2.4 Manpower

To implement SSA in the District, 382 posts of different categories have been sanctioned under the DPO, out of which 108 posts were vacant (including 12 Circle Project Co-ordinators, two Co-ordinators, six Junior Engineers, three Group C posts and 85 *Siksha Bandhu*) as of March 2012 (**Appendix-4.5**). Significant shortfall was noticed in key posts like CPC (28 per cent), Co-ordinator ²⁰(22 per cent) and *Siksha Bandhu* (34 per cent), which adversely affected implementation of the scheme.

(a) Availability of Teachers

Against the norm of two teachers in each primary school, number of primary schools with single teacher ranged between 24 and 68 ²¹. Audit observed that in English

²⁰ Co-ordinators include four posts of which three have only one sanctioned post against which no posting had been done and one having sanctioned strength of two against which men-in-position was one.

²¹ 2007-08: 24, 2008-09: 49, 2009-10: 68 and 2010-11: 34 and 2011-12: 39

Bazar (Urban) circle, 15 Primary Schools (out of 37) with 1336 students had no teacher and of these, eight were being run with eight teachers drafted from other schools. The remaining seven schools had to be closed rendering 581 students out of school.

Pupil Teacher Ratio (PTR) in Primary and Upper Primary schools as of March 2012 in the district of Malda were 35:1 and 69:1 respectively against the norm of 35:1 envisaged under the Right to Education Act (RTE Act) indicating shortage of teachers in upper primary schools.

Against requirement of 8517 upper primary teachers as per norm of RTE, only 3450 (41 *per cent*) posts of teachers have been sanctioned and 3103 (90 *per cent* of the sanctioned post) teachers have been appointed. As regards primary teachers, sanctioned posts and men in position matched (8581 each) with normative requirement under RTE Act.

The position of normative requirement of teachers, posts created and actual men in position of teachers in the District as a whole and five test checked blocks was as under:

Table 4.4 : Position of teachers in District and test checked blocks

	District as a whole			Five test checked blocks		
	Teachers required	Post sanctioned	Men in position*	Teachers required	Post sanctioned	Men in position*
Primary	8582	8581	8581	3153	3153	3050
Upper primary	8517	3450	3103	3034	1241	1565

Source: DISE database

*

Thus, substantial shortage of teachers as compared to normative requirements was noticed in upper primary section in the District.

However, disparities in deployment of teachers as of March 2012 were noticed; out of 1889 primary schools in the District, there were 30 schools with much higher PTR (from 290 to 101) and 597 schools with lower PTR (ranging between 25 and 0). Thus, shortage of teachers in upper primary level and improper deployment of teachers in the primary level may adversely affect quality education.

(b) Teaching quality

Joint inspection (May 2011) of 33 Primary schools in 17 Gram Panchayats (GP) under five selected Blocks conducted by Audit revealed that 22 schools were opened after 7 AM and closed after mid-day-meal normally before 10 AM, as the teachers did not maintain scheduled time (6.30 AM to 11.30 AM). On the date of visit, it was found that all teachers were not present in 10 schools. In respect of 11 schools, villagers complained that attendance of teachers was irregular and schools were not running as per schedule. The teaching quality was compromised by irregular attendance of teachers and by non-adherence to stipulated hours of schooling.

(c) Training

Capacity building of teachers is essential to ensure the quality of teaching. Number of teachers trained during 2006-2009 was not available. During 2009-10 to 2011-12, 48 to 87 per cent²² of targeted numbers of teachers were trained. DPO attributed non-achievement of training to non-receipt of modules of training from West Bengal Board of Primary Education (WBBPE) and West Bengal Board of Secondary Education (WBBSE) in time and scheduling of training in phases to keep normal functions of the schools unaffected. This indicated lack of co-ordination among different authorities involved.

4.2.5 Interventions for focus groups

SSA has various components and interventions for enhancement of enrollment and retention, like Kasturba Gandhi Balika Vidyalaya, Inclusive Education for Disabled (IED), Innovative activity for the benefit of SC/ST children, etc. Audit observations on these interventions are indicated below.

(a) Kasturba Gandhi Balika Vidyalaya (KGBV) Programme

KGBV programme involves providing hostel facilities with special coaching to the poor SC/ST girl students at elementary level in educationally backward Blocks (EBB) where the rural female literacy is below the national average. Accordingly, one hostel each was established in 12 blocks between 2006 and 2012 with the total capacity of accommodating 750 SC/ST girls²³. Programme provides for all non-recurring expenditure like construction and maintenance, furniture, bedding etc. and recurring expenditure of food, stationeries, toiletries, etc. Provision of private tutor and vocational training etc. were also included in the programme funds.

Out of 12 KGBV hostels, Audit visited two hostels viz. Aiho Girls High School (hostel with 100 beds) at Habibpur Block and Daulatnagar High School (hostel with 50 beds) at Hirishchandrapur-II Block along with one Programme Co-ordinator. It was seen that against the requirement of 12 tutors (eight for 100 bedded hostel plus four for 50 bedded hostel) to provide coaching to the inmates, only five (three and two tutors respectively) were engaged. Moreover, there was no vocational training facility in either of the hostels. Records as to the medical check-up of inmates were also not found.

In Aiho Girls High School it was noticed that construction of building for accommodating 50 additional students (over and above the original capacity of 50) was completed in November 2011. However, instead of using the building, the Hostel authority accommodated those additional students in the existing space for 50, allotting two students per bed, till the new building was inaugurated in September 2012. Thus, accrual of the benefit of new accommodation to the students was delayed.

²² 2009-10: 10140 teachers (87 per cent) were trained against 11649 targeted; 2010-11: 13353 teachers (48 per cent) were trained against 27655 targeted and in 2011-12: 12775 teachers (72 per cent) were trained against 17848 targeted

²³ Three hostels with capacity of 100 inmates each and nine hostels with 50 inmates each.

It was further observed that Headmistress of Aiho Girls High School did not maintain Cash book for the funds received and expended by the Hostel under the scheme, though ₹ 70.10 lakh was received by Headmistress during 2006-11. Thereafter the cash book was maintained from April 2011. Due to non-maintenance of basic records possibility of misappropriation of programme funds may not be ruled out.

(b) *Inclusive Education for Disabled Children*

Inclusive Education for Disabled children involved identification and enrollment of children with special needs (CWSN) and providing them with aids and appliances to facilitate their joining educational mainstream. This also involved home and school based education services, medical check up, remedial teaching, training of teachers and parents etc.

Data provided by DPO showed that during 2007-12, 36 to 74 *per cent*²⁴ of identified disabled children were enrolled. Fluctuating trends were noticed during 2007-08. Though percentage of achievements vis-à-vis target was higher but it was noticed that a lower target as compared to previous years' was fixed for 2011-12.

4.2.6 *Enrollment*

Number of primary and upper primary schools and enrollment of children in these schools is indicated in the table below:

Table 4.5 : Enrollment in primary and upper primary schools

	Primary schools		Upper primary schools	
	Number	Enrollment	Number	Enrollment
2007-08	1887	409511	333	250594
2008-09	1887	375956	333	268131
2009-10	1887	341898	335	276044
2010-11	1887	329151	349	287238
2011-12	1889	310856	481	295783

(Source : DISE)

It is evident that during 2007-12, enrollment in primary schools showed decreasing trend, registering a fall by 24 *per cent* since 2007-08. In upper primary schools, enrollment position, however, registered a growth by 18 *per cent* during 2007-12.

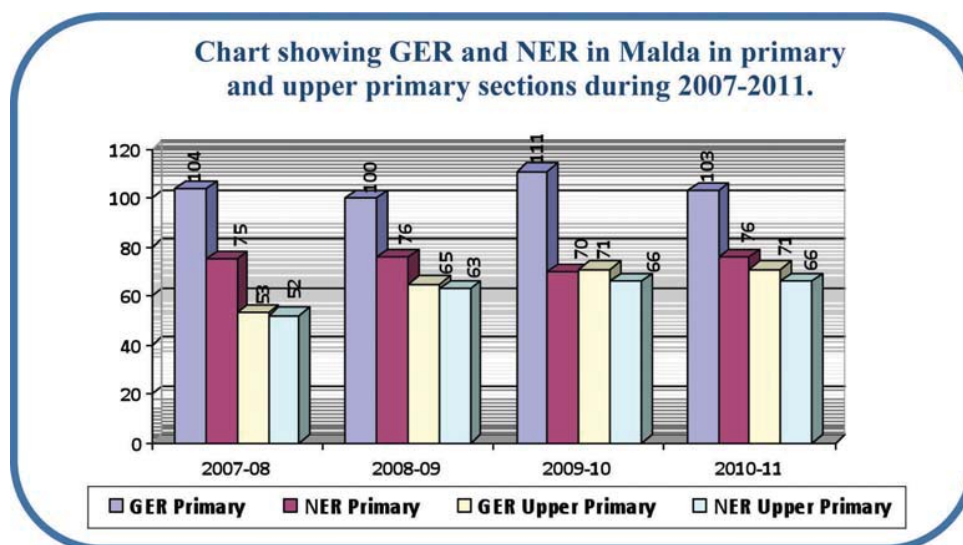
4.2.7 *Performance Indicators*

Gross Enrollment Ratio (GER) and Net Enrollment Ratio (NER)²⁵ have been accepted

²⁴ 2007-08: 6721 (36 *per cent*) were enrolled against 18620 identified, 2008-09: 8214 (44 *per cent*) were enrolled against 18620 identified, 2009-10: 8758 (56 *per cent*) were enrolled against 15558 identified, 2010-11: 8883 (46 *per cent*) were enrolled against 19246 identified; 2011-12: 8789 (74 *per cent*) were enrolled against 11859 identified

²⁵ GER=(Total enrollment/Total targeted child population)x100; NER=(Enrollment of children belonging to targeted population/Total targeted child population)x100

as performance indicators for the Scheme. GER and NER of the district during 2007-11 are depicted in the following chart.



Study conducted by the District authority to identify dropouts and repeaters studying in primary and upper primary levels threw up the following results:

Table No 4.6 : Primary section

Cohort study ²⁶ years	Total students in class V (year)	Dropout students (per cent)	Repeater students (per cent)	Migration (per cent)	Promoted from class VIII (per cent)
2008-09	88524 (2004-05)	21319 (24)	35394 (40)	3113 (04)	36117 (41)
2011-12	91199(2007-08)	19304 (21)	34110 (37)	7532 (08)	37387 (41)

Source: Cohort report

Table No 4.7 : Upper Primary section

Cohort study years	Total students in class V (year)	Dropout students (percent)	Repeater students (percent)	Migration (percent)	Promoted from class VIII (percent)
2009-10	54716 (2005-06)	9532 (17)	19202 (35)	1787 (03)	28159 (51)
2011-12	58706(2007-08)	9433 (16)	12485 (21)	2375 (04)	36574 (62)

Source: Cohort report

²⁶ This is a scientific way to find out the transition patterns between the grades and the percentage of students completing the primary/upper primary education within the desired time.

Reductions in dropout rates both in primary and upper primary schools indicated positive impact of SSM. The increase in promotion rate at upper primary level was significant. However, considerable number of repeaters and low pass percentage indicated low quality of education.

4.2.8 *Monitoring*

A District Level Committee (DLC) was to meet once in a quarter to review the implementation of SSM programme in the District. The co-ordinators also have been assigned to make field visits twice a week and cover at least four CLRCs and 10 VECs/WECs in a month. Inspectors of schools are to inspect schools regularly and submit reports.

During 2007-12, DLC held 21 meetings against the requirement of 20. Reports of regular school inspections of the DPO/Additional DPO/CPC/ Co-ordinators were, however, not available. Thus, the extent and efficacy of monitoring was not assessable in audit. No records as to monitoring of State level committee were available while National level committee did not supervise the programme in the District. Evaluation by independent institutions as required by guidelines was also not conducted.

4.2.9 *Conclusion*

The number of primary schools marginally increased during 2007-12 with 45 *per cent* increase in the number of upper primary schools. Many schools lacked the stipulated infrastructure. Shortage of teachers in upper primary level and improper deployment of teachers in the primary level may adversely affect quality of education. Shortfalls were also noticed in training of teachers vis-à-vis targets. Various interventions aimed at enhancing enrollment and quality of education, especially of focus groups, require more attention. Though district level monitoring committee meetings were held in requisite numbers, efficacy of ground level monitoring could not be vouchsafed due to absence of relevant records.

4.2.10 *Recommendations*

- *Civil works should be geared up to provide the basic infrastructural facilities in all the schools.*
- *Supervision and monitoring needs to be firmed up.*
- *Steps should be taken to address the acute shortage of teachers in upper primary level. Deployment of teachers in the primary level also needs rationalisation.*

4.3 *Nutrition*

Two schemes viz Mid-day Meal Scheme (MDM) and Integrated Child Development Services (ICDS) aim at providing nutrition. While MDM targets the school children, target group of ICDS is children in the age-group of six months to six years and pregnant women and lactating mothers. Observations on implementation of ICDS in Malda have been included in Performance Audit of ICDS in the Report of the

C&AG on General and Social Sector Departments of GoWB for the year ended 31 March 2012. Implementation of MDM in Malda has been reviewed as a part of the District-centric Audit and observations arising out of the same are discussed in the subsequent paragraphs.

4.3.1 Mid-day Meal Scheme

The National Programme of Nutritional Support to Primary Education, popularly known as 'Mid day Meal' scheme (MDM), was launched in August 1995 with the principal objective of boosting the universalisation of elementary education by increasing enrollment, retention and learning levels of children and simultaneously improving nutritional status of elementary school children in the age-group of six to 14 years. DM is responsible for implementation of the scheme at the district level.

Funds received by DM, Malda under various components of the scheme are shown in **Appendix 4.6**. During 2007-12, DM, Malda inter alia received ₹ 122.88 crore as transportation cost (₹ 2.85 crore) and cooking cost (₹ 120.03 crore). Out of this ₹ 98.34 crore (cooking cost: ₹ 95.50 crore; transportation cost: ₹ 2.84 crore) were spent leaving an unspent balance of ₹ 24.54 crore. As the programme lagged behind the target fixed by the Department, 20 per cent of cooking cost (₹ 24.53 crore) remained unutilised as of March 2012. Besides, ₹ 1.87 crore accrued as interest on savings account meant for MDM.

As per norms, cooked meal is to be provided for 202 days annually in primary schools and 220 days for upper primary schools. Reports and returns do not capture anything in this regard. However, it was noticed from the records of test checked schools that mid day meal was served for various periods ranging from 16 days to 215 days during last three years. In 38 schools MDM was not provided so far (May 2012).

4.3.1.1 Programme Execution

(a) Distribution of food grains

Excess lifting of rice and prolonged storage led to accumulation and damage of rice

Rice is distributed to schools by selected contractors who lift rice from FCI godowns as per lifting orders issued by the BDOs/Chairmen of Municipalities. Audit noted that BDOs issued lifting orders to the contractors monthly without assessment of requirement and consequently in two Blocks viz. Habibpur and Gazole, there was accumulation of 144.15 MT of rice (Habibpur: 37.10 MT and Gazole: 107.05 MT) during April 2009 and January 2011 in contractors' stores for periods ranging from seven to 30 months as of August 2011.

Owing to such prolonged storage, 37.10 MT rice (out of 143.83 MT²⁷) lifted between April 2009 and March 2010 was damaged in contractor's godown in Habibpur Block. Similarly, 14.56 MT of rice became unfit for human consumption in 151 schools in Habibpur Block. Thus, lifting and supply of rice without assessing requirement ultimately led to damage of 51.66 MT of rice worth ₹ 3.28 lakh. Further, due to such prolonged storage, possibility of deterioration of the remaining stock of 107.05 MT rice in Gazole block could not be ruled out.

²⁷ As per stock book, the quantity of foodgrains damaged was found to be 36.79 MT. However as per BDO's records the quantity of damaged foodgrains was 37.10 MT.

In Gazole Block, Block authority allotted foodgrains without considering the availability of undistributed stocks at distributor points. In case of five distributors, there was accumulated stock of 6.80 tonnes of rice as of March 2012, which may result in prolonged storage and consequent deterioration of quality. In reply, the BDO Gazole accepted (July 2012) the observation and stated that necessary action will be taken to regularize the stock position and submission of UC of foodgrain in every month.

DM stated (September 2011) that all BDOs and Chairmen of Municipalities would be instructed to issue lifting orders according to actual requirements as well as to monitor the quality of foodgrains. As regards damage of rice in Habibpur block, the DM stated that the same had been damaged as the programme could not be implemented in the District during 2009-11 due to some unavoidable circumstances.

Clean cooking conditions was not available in test checked schools as either no kitchen was constructed or the approved prototype of kitchen was not followed

(b) Kitchen cum Store

During 2006-12, the School Education Department released ₹ 30.24 crore to DM, Malda for construction of 3233 kitchen cum stores (3011 in primary schools and 222 in upper primary schools) out of which ₹ 19.50 crore was sub-allotted to the Blocks /Municipalities. As of March 2012, construction of kitchen cum store in 1080 primary schools (33 *per cent*) were completed and 1708 (53 *per cent*) were in progress. As of May 2012, ₹ 16.82 crore remained parked with DM (₹ 8.76 crore) and Blocks/Municipalities (₹ 8.06 crore). Thus, providing clean and safe cooking environment in schools was delayed in spite of availability of funds.

Further, SSA guidelines prescribed a prototype²⁹ design of kitchen with provision for smokeless chullhas and ventillation, which was to be followed while constructing the sheds. It was observed by audit that the said prototype was not followed. Though required under the guidelines, the works were not monitored by the Engineering Wing, SSM either. Out of 36 schools inspected by Audit in five selected Blocks, kitchen cum stores were not constructed in 14 schools and in the remaining 22 schools, kitchen cum stores, though constructed for ₹ 13.20 lakh³⁰, remained unused due to space constraints ventillation problem and non-installation of smokeless *chullhas*. Thus, funds meant for providing clean cooking conditions to ensure provision of safe cooked meal proved to be unfruitful owing to non-adherence to the prototype-design coupled with lack of monitoring.

²⁹ Kitchen 24.76 sq. m built up area for strength of 150 students and from 2009-10, plinth area of 20 sq. 100 students with additional 4 sq. m plinth area for every additional 100 students

³⁰ Estimated cost, as actual expenditure was not available



Unused kitchen cum store in Sitalpur Mubarakpur High School, Chanchal-I due to inadequate kitchen space



Cooking in open space in Sovanagar High School, English Bazar Block for want of kitchen cum store

(c) Quality of foodgrains

During joint inspection of schools by audit alongwith officials from Block Development office, Head teachers of 30 out of 36 schools inspected stated that rice supplied were of fair quality, while six rated it as sub-standard.

In the course of checking of records of five Blocks it was revealed that two Blocks viz, Kaliachak -III and Chanchal - I had mentioned in their inspection reports that the quality of foodgrains was average and other three Blocks did not mention anything about the quality of foodgrains.

(d) Non-disposal of empty gunny bags

The State Government directed (December 1998) the DMs to maintain the account of empty gunny bags for their disposal through auction and to deposit the sale proceeds into the Government account. Scrutiny of records of DMs and test checked BDOs and schools disclosed that neither any account of empty gunny bags was maintained at any level nor were any sale proceeds deposited in treasury by BDOs/schools. Given the fact that the District received 3.27 lakh qtls of rice in 6.54 lakh gunny bags during 2007-12, ₹ 52.34 lakh ³¹ could have been yielded as revenue from sale.

4.3.1.2 Management, Monitoring and Evaluation (MME)

In spite of availability of funds, MME activities were neglected

Fifty *per cent* of Management, Monitoring and Evaluation (MME) funds were to be utilised at school level on items like stationery, weighing machine, height recorder, maintenance of cooking devices etc. Thirty five *per cent* were to be utilised for management, training, supervision and monitoring and the remaining 15 *per cent* for evaluation by an external agency. Out of ₹ 1.79 crore available during 2007-12 for MME activities, ₹ 1.23crore (69 *per cent*) were spent leaving a balance of ₹ 0.56 crore parked in bank account. No expenditure was made on evaluation as no evaluation

³¹ Calculated at the rate of ₹ 8 per bag, as decided by the DM in the District Steering Committee meeting held in July 2011

was conducted through external agency. Further, out of ₹ 1.23 crore shown as expended, ₹ 16.72 lakh were spent on inadmissible expenses like purchase of fax machine, video camera, digital phone, pen drive, computer for DM bungalow, repair of roads, hire charges of generator, fuel bill of DM office etc. Further, inadmissible expenditure of ₹ 1.60 lakh was incurred on purchase of franking machine during April-May 2012. Though these funds were meant to be utilised during the financial year, year-wise utilisation was unsatisfactory varying from 29 to 82 *per cent*. A test check of accounts of four (out of five) selected blocks revealed that out of ₹ 27.62 lakh, ₹ 10.19 lakh³² (37 *per cent*) remained unutilised as of March 2012. Funds were utilised for payment of remuneration of contractual MDM staff in the Blocks.

Steering cum Monitoring Committee (SMC) at district level and block levels were to meet quarterly for monitoring the programme. Records such as agenda and resolution of these meetings during 2007-12 were not available and as such audit could not evaluate the extent of monitoring by SMC. Further, monthly inspections by officers of various levels from DM to Sub Inspector of schools (SI) were prescribed. However, returns on inspection were available only in case of District Inspector and SI (both Primary and Secondary) for the period from April 2011 to March 2012 in respect of 36 officers. Against the target of inspection of 8400 schools during this period, only 1687 were inspected. Thus, the monitoring and evaluation system put in place was not functioning as envisaged.

4.3.1.3 Conclusion

Mid-day Meal could not be provided to the students for requisite number of days as per norms. Objective of providing clean cooking environment was largely unachieved as the constructed kitchen-cum-stores could not be utilised for inadequate space, ventilation problem and lack of smokeless *chullhas*. Issue of lifting orders to contractors without proper assessment resulted in accumulation of foodgrains in their store. Monitoring activities were also deficient vis-à-vis stipulations.

4.3.1.4 Recommendations

- *Lifting orders of food grains under the Mid-day Meal scheme should be issued after careful consideration of undistributed stock.*
- *Approved prototypes for construction of kitchen should be followed and construction works should be monitored by the Engineering wing of Sarva Shiksha Mission.*

4.4 Water Supply

Provision of adequate and safe drinking water to all the citizens, especially those living in the rural areas, has been a priority area for the Government. This assumes further significance, as the District suffers from arsenic (28 *per cent* spot sources being contaminated) and fluoride contamination beyond acceptable limit. Malda district comprises of fifteen blocks with population of 39.98 lakh³³ (rural: 34.46 lakh and urban: 5.52 lakh). The District profile depicts that 15.08 lakh population (44 *per cent* of the rural population) were covered under 45 existing piped water supply

³² Gazole: ₹ 1.10 lakh, Chanchal-I: ₹ 1.11 lakh, Harishchandrapur-II: ₹ 1 lakh and Kaliachak-III: ₹ 1.08 lakh

³³ As per Census 2011

schemes (PWSSs), while 15889 spot sources (tube wells) were functional in the district to provide potable water to the people. Implementation of Accelerated Rural Water Supply Programme (ARWSP), modified to National Rural Drinking Water Programme (NRDWP) with effect from April 2009, along with their component schemes³⁴ was reviewed (May-June 2011 and May 2012) in audit through test check of records of one circle³⁵ and three Divisions³⁶ under Public Health Engineering Department (PHED) covering a period of five years (2007-12). The audit findings revealed that the ARWSP largely failed to create the desired impact owing to various shortcomings in planning, execution and monitoring as discussed in the succeeding paragraphs:

4.4.1 Habitation data: Inadequacy of planning

As per ARWSP guideline, a periodic habitation survey was required to be conducted for collecting reliable information on the status of drinking water supply in the District. Given the fact that ground water of Malda has arsenic (seven blocks) and fluoride (one block) contamination, such survey assumes further importance. The last habitation survey was conducted in the District in 2003, no survey was undertaken thereafter to assess the actual availability of drinking water in 4108 habitations in Malda district. As per data hosted in the website of PHE department, out of 4108 habitations, 3732 habitations were fully covered (FC), 306 were partially covered (PC) and 70 were not covered (NC). The authenticity of the data could not be examined due to non-maintenance of habitation records by the divisions.

Annual Action Plan was not prepared at the divisional level during last six years

ARWSP guidelines stipulate preparation of Annual Action Plans (AAPs) at the District/divisional level showing status and habitations to be covered, requirement of the funds and the works to be taken up. Scrutiny of the records revealed that Malda Division did not prepare AAPs in the last six years. In reply, the EE stated (May 2012) that the AAP was not prepared at the Divisional level; rather, it was prepared at the headquarters level, leaving substantial possibility of local level requirements not being reflected in the AAP.

The Ministry of Drinking Water & Sanitation, GoI requested (January 2012) PHED to conduct testing of each source of drinking water for assessing the level of contamination of ground water throughout the state and for taking remedial measures on priority basis. Though arsenic, fluoride and iron contamination was noticed in ground water of seven, one and 14 blocks of Malda respectively, PHED did not take steps to conduct such survey till May 2012.

4.4.2 Fund flow mechanism and utilisation of funds

The ARWSP Programme was funded by the GoI with 50 per cent matching contribution by the State Government under minimum needs programme (MNP). ARWSP has two components, namely, Water Quality Sub-Mission (WQSM) and Swajaldhara. Under WQSM, funding was in the ratio of 3:1 between the GoI and the State Government. Upto 20 per cent of the ARWSP funds can be utilised by the State Government (a) to take up projects under the Sub-Mission programme for tackling

³⁴ Water Quality Sub-Mission (WQSM) and Swajaldhara schemes

³⁵ North Bengal Circle-II, PHED

³⁶ Malda Division, Malda Arsenic Area water Supply Division and Malda Mechanical Division.

Name of division transferred funds	Division to whom transferred	Date of transfer	Amount transferred	Remarks
Malda Mechanical (MM) division	MAAWS division	31 March 2008	₹ 44.20 lakh	Scrutiny revealed that there was no requisition or demand for the fund by the MAAWS division. The MM division received back the same amount in July 2008 from MAAWS division. The EE admitted (June 2011) that such transaction was not within the provision of rule.
MAAWS division	Malda Mechanical (MM) division	31 March 2009	₹ 7.70 crore	The transferred fund was meant for execution of different works and for payment of service connection charges to the electricity authority for energisation of water supply schemes in arsenic affected areas. Records revealed that there was no requisition or demand for the fund by the recipient MM division. The MM division credited the fund under the PW deposit head ³⁸ . The division could spend ₹ 6.63 crore on electro-mechanical works of different water supply schemes as of March 2012.

Source: Divisional Records

This indicates unplanned release of funds to the executing divisions without assessing their spending capacity.

4.4.3 Status of ARWSP schemes

Out of 75³⁹ PWSS, 30 schemes launched for tackling the problem of quality of drinking water (like fluorosis, arsenic contamination, brackishness, excess iron content etc.) in affected habitations under Water Quality Sub-Mission and remaining 45 PWSS schemes were taken up during 2006-12 under ARWSP in the District. Of the 75 PWSS taken up, 37 schemes were completed. Of the remaining 38 schemes, 31 schemes could not be commissioned as of May 2012 due to absence of power connection though civil and mechanical works had been completed (two to 18 months back); three schemes were on the verge of completion; two schemes were stalled due to land problem while remaining two remained unfunded. The executing divisions had already incurred ₹ 107.45 crore out of the sanctioned amount of ₹ 129.72 crore for water supply schemes during last six years (2006-12).

Twenty one water supply schemes in arsenic affected area were not commissioned owing to absence of electrical connection

Scrutiny further revealed that out of 31 schemes which could not be commissioned due to non-availability of power connection, 21 water supply schemes under WQSM catered the needs of 2.79 lakh population in the arsenic⁴⁰ affected areas. Although MM Division had deposited the quotation money of ₹ 76.24 lakh between March 2009 and December 2011 to WBSEDCL, power connection was not available.

Test check of water supply schemes in the District further revealed instances of schemes remaining non-commissioned owing to land problems and non-funding as discussed under:

³⁸ Suspense Head, Major Head 8443

³⁹ ARWSP-45, WQSM-30

⁴⁰ Consumption of arsenic contaminated water beyond the maximum permissible limit of 0.05 mg/litre may lead to serious health hazards like skin lesion, skin cancer and other internal cancers

Implementation of water supply schemes affected by land problem and non-installation of arsenic removal plants

- Slow progress due to land problem and non-finalisation of design of the intake structure:** Pardeonapur Water Supply Scheme was sanctioned at ₹ 31.28 crore in June 2010 under NRDWP for providing potable water to 32770 population affected with arsenic in Kaliachak-III block. It was scheduled to be completed in two years. Against receipt of ₹ 4.50 crore as of March 2012, the division had incurred ₹ 4.16 crore (as of March 2012) including expenditure of ₹ 38 lakh on inadmissible items⁴¹. Main reason for poor progress was delay in acquisition of land for the different components of the schemes. Though work orders for four tenders for the civil part of the scheme were issued in December 2010, the land for construction of intake jetty⁴² and other civil structures was only partially acquired as of May 2012. Further acquisition of 28 decimal of adjoining land for accommodating all the units of Water Treatment Plant, did not materialize as of May 2012, though the matter had been taken up with the DM, Malda since August 2008 with a reminder in May 2012. Moreover, design of the intake structure had not been finalised due to non-availability of data from Farakka Barrage Project (FBP). As the scheme envisaged use of five MLD raw water from river Ganga, downstream of Farakka Barrage (opposite bank of Dhuliyān Municipality), the PHED moved (May 2011) FBP for according necessary permission; however, the permission had not been obtained (May 2012). Thus, due to delay in acquisition of land and non-finalisation of design of the intake structure as of May 2012, the progress of the scheme was stalled. The EE stated (May 2012) that land required for construction of Water Treatment Plant would be available very soon.
- Non-installation of Arsenic Removal Plant:** With a view to provide safe drinking water to 0.30 lakh population of English Bazaar block, being one of the arsenic affected blocks in Malda, seven PWSSs were taken up during 2008-09 by Malda Arsenic Area Water Supply Division at a sanctioned cost of ₹ 9.50 crore under Water Quality Sub-Mission (WQSM) funded under various sources (ARWSP, WQSM, State share, community contribution etc.) as shown in *Appendix 4.7*. Although, provision was made in the Detailed Project Report (DPR) for installation of Arsenic-cum-Iron Removal Plant (ARP) for ₹ 1.83 crore, no ARP were installed. It was noticed that one scheme (Sahajalpur) had been commissioned (March 2012), trial run is being conducted in two schemes (Itakhola and Barachak), while four other schemes were on verge of completion. Scrutiny revealed that after installation of deep tube wells under all schemes, water quality test was conducted to find out the quality aspects. From test reports (February 2010), it transpired that arsenic contamination had been ranging between 0.06 mg/lit to 0.15 mg/lit in three tubewells. which were in excess of maximum permissible limit (0.05 mg/litre). However, no step was taken so far to install ARPs on the affected schemes. Thus, in the absence of ARP, the main objectives of providing safe and arsenic free drinking water to arsenic affected population covered under the schemes remained unfulfilled. EE,MAAD stated

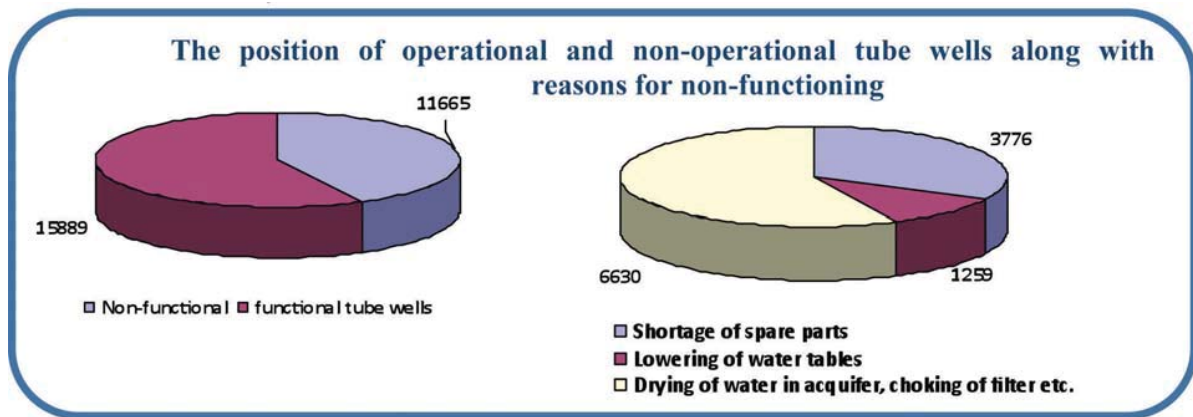
⁴¹ Foundation ceremony, petty vouchers, telephone bill, construction of concrete roads in the office campus, security guard payment, purchase of computer table, car hiring bill, advertisement bills etc from the scheme fund.

⁴² Concrete platform for sucking raw water

(May 2012) that ARP would be installed where arsenic contamination was more than 0.05 mg/lit as decided by the CE, PHED. The EE also stated that the above matter was under active consideration of the CE, PHED.

4.4.4 Status of spot sources (Tubewells)

Emphasising the need for the regular maintenance of created assets and taking up of water conservation measure on sustainable basis, ARWSP guidelines provided that 15 per cent of ARWSP funds should be earmarked for operation and maintenance of assets created viz. spot sources, PWSS etc. Records revealed that due to lack of proper maintenance, 11665 tube wells (42 per cent of total tube wells) were lying defunct owing to various reasons viz. shortage of spare parts, lowering of water tables etc.



Though responsibility for maintenance of tube wells lies with the Malda Zilla Parishad (MZP), technical support and funds required for the maintenance were provided by PHED to MZP. Despite financial and technical support provided by PHED, a large number of tube wells remained non-operational.

EE replied (May 2012) that time to time funds and technical support were provided to MZP for repairing of the defunct tube wells. EE further intimated that the matter would be looked into afresh.

The reply may be viewed with the fact that both the implementing agencies were required to work in close co-ordination for proper maintenance of tube wells in the District.

Further, in view of the wide spread contamination of ground water with arsenic/fluoride/iron in the District, the Division was required to prepare the data-base of spot sources affected with contamination and to take corrective action by installation of arsenic/iron removal units. The data of tube wells affected with contamination were not available on the records in the last six years. The Arsenic Treatment Units attached to the hand pump tube wells have become ineffective due to lack of operation and maintenance and problem of sludge disposal.

Water quality tests conducted by Malda Divisional Laboratory during 2011-12 on water samples collected from 275 spot sources in one selected block (English Bazar) revealed presence of arsenic in 93 spot sources (34 per cent) ranging from 0.51 mg/lit to 0.264 mg/lit. Further, website data (April 2012) revealed that water quality of 5537 tube wells (28 per cent spot sources) in Malda district were affected with arsenic contamination (presence of arsenic more than 0.05 mg/lit). The Division neither took any action to remove the arsenic contamination in those affected tube wells, nor did it take any remedial step for prevention of consumption of water from those affected tube wells.

4.4.5 Measures to tackle fluoride contamination

Schemes taken up to tackle fluoride contamination did not materialise due to faulty site selection and legal dispute

Water quality of one block (Bamangola) comprising of 1.24 lakh population was affected with fluoride contamination which may lead to diseases like dental fluorosis, skeletal fluorosis, non-skeletal fluorosis besides inducing aging. However, two schemes taken up in the block did not materialize as of March 2012 as discussed below:

- For supplying fluoride free drinking water in fluoride affected block of Malda, one river intake scheme at river Tangon was undertaken by the Division in 2009-10. Out of sanctioned cost of ₹ 2.95 crore for the scheme, ₹ 1 crore had been deposited (March 2010) with the Resources Division of PHED for advance procurement of the materials. Records revealed that the scheme had been declared abandoned in March 2012 by the SE/NBC-II, PHED as the trial boring report showed that the required amount of water having sufficient aquifer would be available at 1.5 km away from the proposed location. As a result, the objective of providing fluoride free water to 1.27 lakh population remained unachieved as of May 2012, while ₹ 1 crore remained blocked for more than two years with Resources Division.
- Another PWSS scheme (Baherpur water supply), undertaken in 2009-10 with the target for completion by March 2012, remained incomplete as of April 2012 due to legal dispute with the working contractor. As a result, no fruitful measure was taken for providing fluoride free water to the intended beneficiaries.

4.4.6 Monitoring of water quality

As per instruction of CE (May 2006) all sources of Rural PWSS should be tested at least once in a month for all physico-chemical⁴³ parameters. The distribution zones of Rural PWSS are to be tested at least once in a month for bacteriological parameters and residual chlorine preferably at the furthest end of distribution network. All the public spot sources created under RWS⁴⁴ programme should be tested at least once in a year for all physico-chemical parameters and bacteriological parameters. Further, Bureau of Indian Standard (BIS) stipulates that water containing Iron and Arsenic beyond 1.00mg/litre and 0.05 mg/litre respectively is not considered safe for drinking.

⁴⁴ Physical testing of water samples for various impurities viz. turbidity, salinity, ph, hardness etc. and chemical testing for presence of iron, fluoride, arsenic, chlorine etc.

⁴⁵ Rural Water supply

There are three⁴⁵ departmental laboratories and three⁴⁶ laboratories managed by NGOs, responsible for periodic testing of water quality from spot sources (tube wells) and PWSSs of the District. The departmental laboratories were entrusted with the testing of water samples of PWSSs along with spot sources lying in six blocks while NGOs-managed laboratories in the remaining nine blocks. Scrutiny of laboratory test registers maintained by PHED/NGOs revealed following irregularities:

There were deficiencies in periodic chemical and bacteriological testing of water samples by the designated laboratories

- Testing of water samples of spot sources and PWSS in five selected blocks⁴⁷ were not done regularly as per norms. Only two to 58 *per cent* of spot sources were tested each year during 2006-12 by NGO managed⁴⁸ / departmental⁴⁹ laboratories. In respect of PWSS only 512 tests were conducted against the required 1152 (including chemical and bacteriological test) during the period under audit. EE replied (May 2012) that due to scarcity of manpower required testing could not be conducted at regular interval; it was further intimated that the same would be done in future.
- Scrutiny of test reports of water samples out of 45 PWSSs, 12 PWSSs located in five selected blocks revealed that four PWSSs (covering a population of 42250) were contaminated with iron impurities ranging from 1.27 to 5.32 mg/litre against the permissible limit of 1 mg/litre. The EE replied (May 2012) that out of four schemes, two schemes (Arjuna and Miaghat water supply scheme) were ongoing and the matter for installing Iron Removal Plants (IRPs) would be taken up with higher authorities before commissioning of the schemes. As regards remaining two schemes, EE stated that the matter would be looked into.

Thus, in the absence of periodic chemical and bacteriological testing of water samples by the designated laboratories, the main purpose of providing safe drinking water to the rural population of the District is compromised.

4.4.7 Monitoring and Supervision on ARWSP schemes

Submission of periodic reports/returns and timely evaluation of the impact of the schemes was pre-requisite for proper monitoring. The Divisional office was required to submit the Monthly Progress Report (MPR) to the Circle Office for appraising the updated position of the ARWSP schemes for onward submission to the next higher authorities. Records revealed that the Divisional offices⁵⁰ send only 18 MPRs against the requirement of 144 MPRs to the Circle Office during 2006-07 to 2011-12. EE replied (June 2011) that details of monitoring, supervision, submission of reports etc. might be obtained from Monitoring Cell located at PHED headquarter. Physical supervision of the schemes by higher officers could not be ascertained because details of inspection carried out by the supervisory officers viz. SE/CE were not available on records.

⁴⁵ Malda, Dariyapur and Balupur

⁴⁶ PaschimBangaVigyan Mancha, Community Polytechnic Cell and Sanskriti -O- Ummayansamaj

⁴⁷ English Bazaar and Kalichak-III blocks to be covered by Departmental laboratories; Chanchal-I, Gazole H C-II to be covered by NGO-run laboratories.

⁴⁸ Gajole, H.C.-II and Chanchal-I

⁴⁹ English Bazaar and Kaliachak-III

⁵⁰ EE, Malda Division, PHED 11 nos. MPRs and EE, Malda AA W/s Division, PHED 7 nos

Regarding monitoring of water quality test data, the CE, PHED expressed (February 2012) dissatisfaction over the meagre uploading of test results in PHED websites and non-matching of website data with the actual number of testing done at field levels in various laboratories. CE also instructed in February 2012 to all the three EEs of PHED in Malda district to compile all the test results carried out in district laboratories in the last three years (2009-12) and to send the same to the PHED headquarters for necessary monitoring. However, the said instruction of the CE was not complied with. The EE replied (May 2012) that due to various constraints like paucity of manpower, non-availability of funds in time etc., necessary action could not be taken.

4.4.8 Other issues

It was observed during site visit (May-June 2011) that in many places, stop cock/taps from street stand posts were either damaged or stolen, as a result huge quantity of water spilled over, while in many places wastage of water due to leakage in distribution pipes was observed. It was also observed that in some places distribution of pipelines were found to be running in close proximity with the open sewerage drain, which might cause bacteriological contamination of the drinking water in the event of leakage in distribution pipe line.

4.4.9 Conclusion

The objective of providing safe drinking water could not be achieved mainly due to delay in completion of the various schemes. The Annual Action Plan at the district level was not prepared. Water quality monitoring was deficient as the required number of tests were not conducted. On the whole, performance of the divisions with regard to supply of safe drinking water to rural habitations through piped water supply schemes remained largely unachieved.

4.4.10 Recommendations

- *Annual Action Plan should be prepared in accordance with the guidelines with emphasis on completion of all works in progress and giving priority to the coverage of not covered habitations.*
- *Division needs to conduct survey of habitations to assess the position of supply of potable drinking water to the rural habitations and update data regularly for necessary remedial measures. A sound system for testing and monitoring the water quality at prescribed intervals should be established and enforced*
- *Financial management should ensure that available funds are utilised within the time schedule in an effective manner.*

4.5 Housing

Two schemes for providing shelter to the poor viz. Indira Awaas Yojana and Integrated Housing and Slum Development Programme were implemented in the district, of which Indira Awaas Yojana was reviewed in Audit.

4.5.1 Indira Awaas Yojana

Indira Awaas Yojana (IAY) is a flagship scheme to provide houses to the rural poor people. The objective of the scheme is primarily to help construction/upgradation of dwelling units (DUs) of members of Scheduled Castes/Scheduled Tribes, free bonded labourers and others below the poverty line, non SC/ST rural house holds by providing them a lump-sum financial assistance. The scheme is funded on a cost sharing basis of 75:25 between the Centre and the State. Upto the first half of 2009-10, the Gram Panchayats were the implementing agencies, thereafter Panchayat Samitis were tasked with implementation of IAY. From 2007-08, Permanent Wait List (PWL) was prepared from the existing BPL list.

4.5.1.1 Financial Management

The IAY is a centrally sponsored scheme funded on cost sharing basis in the ratio of 75:25. Funds received and expenditure incurred during 2007-12 is indicated below:

Table No 4.10 : Position of receipt and utilisation of IAY funds (Rupees in lakh)

	Opening balance	Fund Received		Other receipts	Total available	Expenditure	Closing balance (percentage)
		GoI	GoWB				
2007-08	372.53	1209.67	403.22	10.41	1995.83	1401.66	594.17 (30)
2008-09	594.17	2775.32	513.60	623.64	4506.73	3173.32	1333.41 (30)
2009-10	1333.41	3359.54	977.96	46.16	5717.07	5701.85	15.22 (0.27)
2010-11	15.22	3938.17	1428.39	115.23	5497.01	4062.73	1434.28 (26)
2011-12	1434.28	2967.80	1427.00	47.87	5876.95	5800.05	76.90 (1)
Overall		14250.50	4750.17	843.31	20216.51⁵¹	20139.61	76.90

- Source: Consolidated figures arrived at from the transactions operated through both the Bank accounts
 - Other receipts of ₹ 623.64 lakh during 2008-09 included transfer of fund: ₹ 594.17 lakh from old account to new account;
 - Receipts did not include grants ₹ 573.97 lakh (GoI: ₹ 195.72 lakh; GOWB: ₹ 378.25 lakh) which were directly appropriated from F.T. account.

The above table indicates that utilisation of funds by the Zilla Parishad during 2007-12 ranged between 70 and 99.73 per cent. However, the position does not capture amounts lying unutilised with lower tiers i.e. Panchayat Samitis and Gram Panchayats. As of March 2012, over and above ₹ 76.90 lakh lying with ZP, ₹ 22.01 crore were blocked with the five Panchayat Samitis test checked (out of 15 in the District) and ₹ 20.73 lakh with 17 sampled GPs (out of 146 in the District).

4.5.1.2 Target and Achievement

Physical target and achievement of IAY houses in the District is as under:

⁵¹ Opening balance of 2007-08 and total funds received during 2007-12 have been considered to arrive at total availability of funds

Table 4.11 : Physical target and achievement of IAY houses (whole District)

	Opening balance (workd spilled over)	Fresh target for the year	Total targets	Number of houses completed	Percentage	Houses under progress
2007-08	1160	4840	6000	3523	59	2477
2008-09	2477	7369	9846	7550	77	2296
2009-10	2296	16291	18587	12522	67	6065
2010-11	6065	10257	16322	8362	51	7960
2011-12	7960	8999	16959	10442	62	6517
Overall		47756	48916 ⁵²	42399		6517

(Source: Zilla Parishad)

During 2007-12, annual achievements *vis-à-vis* targets (fresh targets plus cases spilled over from previous years) varied between 51 and 77 *per cent*. It was also observed that new targets showed downward trend, while number of incomplete works at the end of the year was on the rise (upto 2010-11). Further, substantial variations were noticed during test check of records of Gram Panchayats and Panchayat Samitis. In seventeen test-checked Gram Panchayats, 21 to 73 *per cent* houses were completed. In five test-checked Panchayat Samitis, such achievements were only 0.04, 5.43, and 27.97 *per cent* during 2009-10, 2010-11 and 2011-12 respectively. Similarly, the number of incomplete houses as of March 2012 (as per records of the ZP) was 6517; whereas the numbers of incomplete houses in five sampled PSs and in 17 sampled GPs were 6632 and 53 respectively. Such inconsistencies reflected poorly on validation of the achievement figures compiled and reported by the Zilla Parishad.

4.5.1.3 Miscellaneous issues

- **Deficiencies in MPRs in exhibiting interest** : Bank interests were not properly reflected in the Monthly Progress Reports (MPRs) though required under guidelines. The Zilla Parishad did not exhibit the entire amount in the MPR. A total sum of ₹ 37.50 lakh (₹ 4.23 lakh in 2009-10 and ₹ 33.27 lakh in 2010-11) was not shown as receipt (in respective MPRs). The interests earned by the Panchayat Samitis & Gram Panchayats were not shown in the MPRs prepared for the whole district.
- **Other benefits of convergence** : There was nothing on record to substantiate whether any action had been initiated either at district level or at the lower tiers for providing benefit of free electricity connection, drinking water supply, low rate loans from banks, insurance benefits to IAY beneficiaries as required under the rules.

⁵² Opening balance of 2007-08 and total of fresh annual targets during 2007-12 have been considered to arrive at the total target

4.5.1.4 Conclusion

IAY failed to achieve the targets to provide dwelling units to the targeted population. Further, inconsistency in achievement figures coupled with parking of substantial scheme funds at PS/GP level was a matter of concern and indicated absence of efficient management information system.

4.5.1.5 Recommendation

- *The District Authorities should take immediate action to gear up the works and ensure achievement of the prescribed targets.*
- *Total quantum of funds lying parked with the Gram Panchayats / Panchayat samitis needs to be ascertained and actual position of physical achievements should be collected and correctly reported to ensure suitable measures, wherever required.*

4.6 Sanitation

Total Sanitation Campaign

Total Sanitation Campaign (TSC), a Centrally Sponsored Scheme, was implemented in the District by the Zilla Parishad and the Panchayat Samitis. The main objective of the scheme was to provide sanitation facilities to all rural households, schools and ICDS centres and also to provide Sanitary complexes for public use by 2012. During 2007-12, Malda Zilla Parishad received ₹ 51.98 crore, against which ₹ 41.43 crore (80 per cent) was spent.

In terms of financing pattern, the BPL households were required to bear 20 per cent of the cost of Basic Low Cost Unit. In violation of the same, the contributions were recovered / collected from the BPL beneficiaries at the rate of 50 per cent leading to excess recovery of ₹ 2.30 crore from 1.36 lakh BPL beneficiaries during April 2006 to May 2009.

During 2007-12, Zilla Parishad earned bank interest of ₹ 47.20 lakh; but in violation of guidelines, the same was not shown in the periodical progress reports. Similarly, five sampled Panchayat Samitis earned bank interest of ₹ 10.57 lakh (2006-11); but, the same had not been shown in the periodical progress reports.

4.6.1 Target and achievement

Physical achievements under various components of TSC ranged between six to 68 per cent as shown under:

Table 4.12 : Cumulative position of physical achievements as of March 2012

	IHHL (APL)	IHHL (BPL)	Total	School Sanitation	Sanitation in ICDS centres	Sanitary Complex
Target	270208	452324	722532	6385	2345	50
Achievement *	64265 (24)	275174 (61)	339439 (47)	4299 (67)	142 (6)	34 (68)

Source: Records of Malda ZP * figures in brackets represent percentages with respect to targets

In five Panchayat Samitis test checked, achievements under construction of Individual Household Latrine (IHHL) ranged between 39 (Englishbazar) and 61 *per cent* (Harishchandrapur II). Likewise, achievements in providing sanitary complexes, school toilets and Anganwadi centres were also not satisfactory.

Thus, the District was far away from the target of full coverage of IHHL by 2012.

4.6.2 Information, Education and Communication (IEC) activities

The Information, Education and Communication (IEC), being an important component of the programme, needed to be prioritised for generating awareness among various sections of population. As per TSC guidelines, upto 15 *per cent* of project outlay was to be incurred towards IEC. Out of total ₹ 46.04 crore received by ZP, ₹ 6.91 crore (15 *per cent*) should have been spent on IEC. Against the same, only ₹ 1.15 crore (17 *per cent* of funds earmarked for IEC) was spent on IEC.

4.6.3 Monitoring and evaluation

According to the guidelines, the performance of the programme should be monitored through regular field inspections by officers from the State level and district level for effective implementation of the Programme and the project implementation authority should constitute a team of experts in the District who should review the implementation in the different Panchayat Samitis at least once in a quarter.

No such monitoring and evaluation was conducted at any level during 2007-12 either in Zilla Parishad or in the five sampled Panchayat Samities. Zilla Parishad did not offer any comment in this regard.

4.6.4 Conclusion

The programme fell short in achieving its objective of providing toilets to all the schools and AW centres even after the target dates for the same have passed under many components. Insufficient prioritisation on IEC activities was also apparent. BPL beneficiaries had to pay more than their stipulated contribution. Thus, the prospect of providing toilets to all by 2012 seemed remote.

4.6.5 Recommendations

- ***Implementation of the programme needs to be geared up to ensure achievement of targets.***
- ***In case of Individual Household Latrines, beneficiary contributions should be limited to 20 per cent as stipulated in the guidelines.***
- ***Information, Education and Communication activities should be strengthened.***