

Chapter 2

Performance Audit

Chapter 2: Performance Audit

DISASTER MANAGEMENT, HOME (POLICE), CIVIL DEFENCE, HEALTH & FAMILY WELFARE, IRRIGATION & WATERWAYS AND PUBLIC HEALTH ENGINEERING DEPARTMENTS

2.1 Disaster Management in West Bengal

Executive Summary

West Bengal has a history of recurring natural disasters as the coastal districts of West Bengal are exposed to flood and cyclones, part of south-western West Bengal is prone to drought, while the northern part of this State is exposed to flash flood and landslide. A large section of the State is also prone to earthquakes. After 2004 *tsunami*, the focus of the government shifted from post-calamity crises management to pre-calamity measures like preparedness and prevention, so that the impact of the disasters may be reduced. Performance Audit on activities of the State Government towards preparedness for, as well as response/ management of various natural and man-made disasters, threw light on various positive instances as well as areas of concern.

The existence of a full-fledged Disaster Management Department was indicative of the seriousness and focus given to this issue. There were some commendable initiatives like compilation of updated Disaster Management Manual, preparation of block level Disaster Management Plans (even Panchayat level plans in Darjeeling), introduction of “sms-alert system” for alerting both government officials and the public in case of imminent natural disaster etc.

These positive initiatives notwithstanding, much remains to be done as regards preparedness, especially through capacity building, procurement of Search and Rescue equipment, deployment of manpower, functioning of disaster warning systems etc.

- ▶ The institutional frame work was weak due to deficient functioning of the State Disaster Management Authority and Advisory Committee. Planning for disaster management was deficient as plans were often not prepared by all the line departments compounded by delays in preparation of plan. Categorisation of disasters based on the ability of various authorities to deal with them was not done. Vulnerability assessment of blocks was also partial.
- ▶ On the operational front, Emergency Operation Centres at the district level were not provided with dedicated manpower and were not working round the clock except during monsoon. Cyclone Warning System installed in Purba Medinipur remained non-functional, while the desired objective of Geographical Information System remained unachieved.
- ▶ There were deficiencies in the preparedness of West Bengal Civil Defence Emergency Force both in terms of manpower and search and rescue material.

The objective of negotiating man-made disaster through creation of special combat battalion remained largely unachieved as proposal for equipping this newly created battalion with arms/ ammunition/ defence equipment has not been agreed to by the Government.

- ▶ Construction of shelters and relief godowns were progressing slowly thereby adversely affecting the level of preparedness of the State.
- ▶ As regards post-disaster management, there were cases of non distribution, delayed distribution of both gratuitous relief (rice) and cash assistances (house building grants, input subsidy for farmers etc.) depriving indigents.
- ▶ There was shortfall in progress in implementation of Disaster Risk Management Programme-II and National School Safety Programme.
- ▶ Further, there were vacancies of disaster management officers at various levels which could potentially affect the disaster management activities of the State.

2.1.1 Introduction

The State of West Bengal (“the State”) is vulnerable to natural calamities like flood, cyclone, hail storm, thunder squall, drought, landslide, erosion and earthquakes because of its geo-morphological, climatic and seismic conditions. To provide for effective management of such disasters, Government of India (GoI) had enacted Disaster Management (DM) Act, 2005. The Act outlines organisational structures and financing arrangements at the national, state, district and local levels. A Performance audit was conducted to ascertain the extent of compliance by the State with provisions of DM Act, preparedness against disasters and quality of post-disaster activities in the State.

West Bengal has a history of recurring natural disasters owing to its geographical uniqueness. While the coastal districts of West Bengal are exposed to flood and cyclones, part of south-western West Bengal is prone to drought. Northern part of this State is exposed to flash flood and landslide. A large section of the State is also prone to earthquakes¹. Details of major disasters which occurred in the State in the last decade are given in *Appendix 2.1*.

2.1.2 Organisational structure

As stipulated in DM Act, State Disaster Management Authority (SDMA) chaired by the Chief Minister is responsible for formulation of State Disaster Management policy and plans. The State Executive Committee, chaired by Chief Secretary is vested with the responsibility for implementing National and State Plans and acts as the co-ordinating and monitoring body for management of disasters in the State.

¹ According to the seismic hazard zonation map, regions are divided in the seismic zones II-V (low damage to very high damage), Purulia lies in zone II while Zone III covers Kolkata, Murshidabad, Birbhum, Bardhaman, Hooghly, Howrah, Nadia, Bankura and Purba and Paschim Medinipur. Zone IV includes the north & southeast of Kolkata, Darjeeling, Uttar and Dakshin Dinajpur, parts of Jalpaiguri and Coochbehar, North and South 24-Parganas and Malda. Zone V is delineated on the eastern parts of Jalpaiguri and Coochbehar.

At district level, the District Disaster Management Authority (DDMA), chaired by District Magistrate (DM), is responsible for preparedness and management of disaster. Disaster Management Department in West Bengal co-ordinates among various departments tasked with different aspects of prevention, preparedness and mitigation of disasters.

2.1.3 Audit objectives

Objectives of Performance Audit were to check whether:

- the institutional framework as per Disaster Management Act, 2005 and National/State Disaster Management Policy is in place and is working effectively;
- timely availability of funds was ensured and funds were utilised efficiently and economically;
- effective early warning systems and mechanism to alert the public on any impending disaster are in place and kept in a state of operational readiness at the State/district level;
- adequate infrastructure at State/district level is available to combat disaster/emergency as per plan;
- management of relief material/cash provided to disaster affected people was efficient and relief materials/cash assistance reached victims of disasters expeditiously;
- adequate manpower was provided to statutory authorities and field offices and
- capacity building activities for disaster preparedness were adequate.

2.1.4 Audit Criteria

Criteria for evaluation were sourced from:

- Disaster Management Act, 2005;
- National Policy on Disaster Management, 2009;
- District Disaster Management Plans and
- Guidelines and other instructions issued by GoI and the State Government.

2.1.5 Scope and coverage of Audit

Performance Audit of Disaster Management was conducted during April to July 2013 covering activities for the period from 2008-09 to 2012-13 through test-check of records of Disaster Management Department along with four other major departments² involved in management of disaster and DDMA's of five selected districts (three multi hazard prone districts viz. Bardhaman, Birbhum and Darjeeling and two districts which incurred high level of expenditure in relief work viz. Purba Medinipur and South 24 Parganas) out of 19 districts in the State.

Based on vulnerability to disaster, three blocks each in selected districts and two Gram Panchayats (GPs) in each selected block (**Appendix 2.2**) were also subject to

² Home (Police), Home (Civil Defence), Health & Family Welfare and Public Health Engineering Departments.

audit scrutiny. An entry conference was held (April 2013) with the Secretary, Disaster Management Department to apprise him of the audit objectives, criteria, scope etc. The Department did not respond to the requests (September 2013 and November 2013) for an Exit conference.

Audit findings

2.1.6 Planning

2.1.6.1 Legal, institutional and co-ordination mechanisms

Disaster Management Act, 2005 (Act) stipulates constitution of different authorities and committees at various levels thereby institutionalising the co ordination mechanisms to streamline works relating to disaster management. Status of the constitution and working of these authorities and committees are discussed below.

2.1.6.1.1 State Disaster Management Authority

As per Section 14 of the Act, a State Disaster Management Authority (SDMA) is to be formed with Chief Minister as the Chairperson. SDMA is responsible for laying down the policies and plans for disaster management in the State. SDMA is to meet as and when necessary.

SDMA was constituted in August 2007 and reconstituted in November 2011 but met only once (September 2008) since its constitution. SDMA did not have any subsequent meetings to review the progress of decisions taken in September 2008 which *inter alia* included review of State Disaster Management Policy by Members of SDMA, formation of Advisory Committee and preparation of Disaster Management Plans by all the departments etc.

Disaster Management (DM) Department stated (April 2013) that as West Bengal had a separate department for disaster management unlike other states in India, it performed the functions of SDMA. However, SDMA was meant as the apex body in the State under the chairpersonship of Chief Minister vested with policy making powers. Further, GOI had in May 2007 notified that section 14 and section 18³ shall come into force in the whole of India with effect from 1 August 2007 and according to the section the Government was required to establish a SDMA, which was to be responsible for laying down policies and plans for the State.

2.1.6.1.2 Advisory Committee

Section 17 of the Act requires State Authority to constitute an Advisory Committee consisting of experts in the field of disaster management who have practical experience on different aspects of disaster management. Such Committee with four members⁴ was constituted in April 2010, but no meeting has been held as of July

³ section 18 pertains to powers and functions of State authority

⁴ Consisting experts from the fields of River Technology, Atmospheric Technology, Economics and Building Technology

2013. Thus, the objective of formation of the Committee remained unachieved.

2.1.6.1.3 District Disaster Management Authorities

Section 25 of the Act requires constitution of District Disaster Management Authorities (DDMA) in the districts with DM as the Chairperson and Sabhadhipati of ZP as Co-chairperson⁵. DDMA's were to act as district planning, co-ordinating and implementing body for disaster management. In August 2007, the State notified formation of DDMA's in 18 districts. It was noticed that of five districts checked, DDMA's were not constituted in two districts (South 24 Parganas and Darjeeling) while in remaining three districts they were constituted with delays ranging between 12 and 29⁶ months. Viewed with the fact that South 24 Parganas is one of the most disaster prone (cyclone and flood) and environmentally fragile districts and Darjeeling is a district prone to earthquakes and landslides, non-formation of DDMA's in these districts was a matter of concern.

Further, though as per stipulation DDMA's were to meet as and when necessary, it was noticed that during 2008-13, DDMA Birbhum did not have any meeting while DDMA's of Purba Medinipur and Bardhaman met only once and twice respectively.

The Act empowered DDMA to constitute advisory committees for efficient discharge of its functions. In West Bengal, such advisory committees were in the form of District Disaster Management Committees (DDMC). In each test checked district DDMC was constituted with Sabhadhipati of Zilla Parishad as the Chairperson and District Magistrate as Executive Chairperson. Besides, it had 18 more members from various departments including SP, CMOH and EE. The committees had met infrequently (one to six times during 2008-13) in all the five test-checked districts.

2.1.6.1.4 Block and GP level Disaster Management Committees

Commensurate with the greater role of PRIs in disaster management, Disaster Management Committees were found to have been constituted at block and GP levels in the State to deal with disasters up to the lowest tier of the Government machinery. Such Committees existed in all blocks and GPs of the five test-checked districts, except in Darjeeling where such committees were constituted in only 40 per cent of GPs.

2.1.6.2 State Disaster Management Policy

Subsequent to adoption of the DM Act, the State published West Bengal Disaster Management Policy and Framework in December 2007. The policy aimed at establishing necessary systems, structures, programmes, resources, capabilities and guiding principles for reducing disaster risks and preparing for and responding to disasters and threats of disasters in the State. This policy was found to be in alignment with the National Disaster Management Policy. The SDMA, in its meeting held in

⁵ Other members of DDMA included Superintendent of Police (SP), Chief Medical Officer of Health (CMoH), Executive Engineer (EE) of Irrigation etc.

⁶ Birbhum DDMA created in August 2008, Bardhaman DDMA in September 2008 and Purba Medinipur in January 2010

September 2008, decided to review the policy; nothing was, however, found on record to show whether any such review was conducted.

2.1.6.3 Disaster Management Manual

State did not frame comprehensive rules to guide implementation of the Act. However, in accordance with the shift in focus of the DM Department from providing post-calamity relief to prevention of and preparedness for disasters, it brought out the Disaster Management Manual in 2011 replacing the old Manual for Relief of Distress published in the year 1959.

2.1.6.4 Disaster Management Plans

2.1.6.4.1 State Disaster Management Plan

Section 23 of the Act envisaged that every State shall have a State Disaster Management Plan (SDMP) which is to be updated annually. State Government engaged (October 2008) Department of Computer Science & Engineering, Jadavpur University, Kolkata (JU) to prepare the SDMP, which was done for 2008-09 and upgraded in 2009-10 and 2012-13.

SDMP was seen to have following shortcomings:

- The disaster specific action plans with preventive or mitigation plans of short, medium or long term durations along with structural and non structural measures required were not found mentioned;
- Schedules for conducting mock exercises were not spelt out for different disasters in different parts of the state;
- There was no mention of man-made disasters or mitigation thereof.

Thus, SDMPs were reduced to a mere collection of statistical data within a broad outline of activities without identification of specific activities to be undertaken.

Every department of the State Government was to prepare disaster management plans in accordance with SDMP as per Section 40 of the Act. Information in this regard was not available from the Disaster Management Department. However, out of four⁷ departments test checked at the State level, one⁸ had not yet prepared plans.

2.1.6.4.2 District Disaster Management Plans

Section 31 of the Act enjoins upon District authorities to prepare a District Disaster Management Plan (DDMP) which is to be approved by the State Authority. Though five test-checked districts prepared DDMP during 2008-13, DDMPs could not produce records to show that they had submitted and obtained approval of the State authority for the same.

Further except Darjeeling, DDMPs prepared by the remaining four districts lacked action plans for preparedness and mitigation activities against disasters and requirement

⁷ Home (Police), Civil Defence, Public Health Engineering and Health & Family Welfare Departments

⁸ Public Health Engineering

of funds thereagainst though it contained details of rain fall, irrigation facilities, alternative route structure, resource inventories, storage facilities, health facilities, cyclone/ flood shelters, risk/ hazard analysis, areas vulnerable to flood, etc. Moreover, the Line departments in the districts were not regular in making plans as may be evident from **Appendix 2.3**. Civil Defence department had not prepared the plans in any of the districts while Municipal Affairs had not prepared it in four districts for the last five years. Thus, there was scope for improvement in the district level disaster management planning exercise.

Disaster Management plans were prepared by blocks and GPs in Birbhum and Darjeeling, while in the remaining test-checked districts these were prepared up to the block level.

2.1.6.4.3 Emergency Support Function Plan

As per Ministry of Home Affairs' (MHA) directions (October 2003), State Governments were to draw up Emergency Support Function (ESF) plans to facilitate inter-agency/inter-departmental co-ordination. In ESF plans, all concerned departments/agencies are to provide information regarding their support in terms of manpower, materials, services, equipment, Quick Response Teams (QRT), their location and contact persons, etc. GoWB had drawn up (February 2009) an ESF Plan. However, out of eight⁹ departments concerned, three¹⁰ had not provided the required information for the plans. Of the five departments which provided information, one (Municipal Affairs Department) did not have QRT at Headquarters, while only one (Animal Resources Development Department) had formed QRT till the block level. Thus, ESF plan drawn up by State remained incomplete to that extent. Though the Department stated (August 2013) that ESF plan was updated every year, no updated ESF Plan was made available to audit.

2.1.6.4.4 Flood Preparedness: Absence of Emergency Action Plan for large dams

Central Water Commission issued guidelines in May 2006 for implementation of Emergency Action Plan (EAP) for large dams. Though the State has three large dams, no EAP was prepared as of May 2013.

2.1.6.5 Vulnerability assessment and preparedness measures

2.1.6.5.1 Vulnerability assessment

As per NDMA guidelines, SDMP should be made after vulnerability assessment and risk analysis. This would entail study of history and intensity of disasters and assessment of vulnerability to disasters with reference to geographical location and infrastructure. Categorisation of disasters as L-0, L-1, L-2 and L-3, based on the ability of various authorities to deal with them was required to be made and disseminated.

⁹ Public Health Engineering, Public Works, Civil Defence, Animal Resources Development, Municipal Affairs, Health & Family Welfare, Home (Police) and Irrigation & Waterways Departments

¹⁰ Health & Family Welfare, Home (Police) and Irrigation & Waterways Departments

The history of disasters in West Bengal have been profiled in the SDMPs. SDMP has a district-wise vulnerability study identifying blocks vulnerable to each type of disaster in terms of High (H), Medium (M) and Low (L). This exercise was, however, not foolproof, as discussed below:

- Vulnerability of blocks to earthquakes was not indicated even though the State has three districts (Darjeeling, Bardhaman and Birbhum) falling in severe to moderate intensity zones. Vulnerability to other disasters was also not indicated as required. Further, the L-0 – L-3 categorisation of disasters was not done as of July 2013.
- In Bardhaman and Birbhum, the population, infrastructure and services which are likely to be damaged or disrupted by various disasters had been identified partially in DDMPs, while in Darjeeling and Purba Medinipur, it was not done.
- The data based on which vulnerability was assessed both for SDMP (prepared by JU) and DDMPs (prepared by an external agency in Bardhaman, Birbhum and Purba Medinipur and by the district authority in case of Darjeeling and South 24 Parganas) were not documented.

Thus, there is a need for meticulous assessment of vulnerability as well as strengthening of database relating to disasters.

2.1.6.5.2 Micro-zonation and forecast station in Darjeeling

Micro-zonation of cities enables characterisation of potential seismic vulnerability/risk that need to be taken into account when designing new structure or retrofitting old ones. In order to equip district to face emergent situation in a better way, as felt necessary consequent upon earthquake in September 2011 in Darjeeling (a seismic zone-IV district), DM Department, on a proposal from District Magistrate, Darjeeling, requested (November 2011) the Director General of Meteorology, IMD, New Delhi to open a local forecast station at Darjeeling and the Director General, Geological Survey of India, Kolkata to prepare micro-zonation map for sinking zones/ landslides for Darjeeling district so that weather forecast and position of sinking zone could be used for prevention and mitigation of disasters. However, replies were not received from these offices till date. Records did not show any pursuance by the DM Department.

2.1.6.5.3 Efforts for making urban areas disaster resilient

As per NDMP 2009, it is of utmost importance that the safety standards of critical infrastructure and other civic utilities are constantly monitored and strengthened. To reduce impact of disasters, incorporation of minimum standards of safety and resistance to natural hazards in building codes of urban local bodies and ensuring compliance to these provisions are crucial. This also requires identification of buildings in need of strengthening/ retrofitting as well as decentralisation of urban

assets to avoid their concentration in one place. These aspects were examined in six municipalities¹¹. Following observations are made in this respect:

Audit found that retrofitting was done only in Darjeeling and Kolkata. While in Darjeeling retrofitting was done in only two buildings, in Kolkata 150 out of 2400 buildings identified by KMC as old and dilapidated had been retrofitted as of September 2013.

In Bardhaman, though old and dilapidated buildings were identified for retrofitting, no follow up action was taken. No other test checked Municipalities were found to have identified buildings for retrofitting. In Darjeeling, a bus



A retrofitted building in Darjeeling

stand premises measuring about 2040 sq. ft, declared (November 2011) unsafe by the Darjeeling Municipality in view of bad condition of the construction¹², was found to be still in use (June 2013).

In Kolkata, Kolkata Police had also identified and listed such buildings in their disaster management plan, but no follow up action was taken. Thus, the process of making urban habitats resilient to disasters appeared to have started sporadically and sustained follow up actions are necessary.

2.1.7 Utilisation of financial resources

2.1.7.1 State Disaster Response Fund

Section 48 (1) (a) of the Act, 2005 stipulated constitution of State Disaster Response Fund (SDRF) to be administered by the State Executive Committee (SEC), under the chairmanship of the Chief Secretary to the State Government with Pr. Secretaries / Secretaries of four¹³ departments as its members. The SDRF is to be used for meeting expenditure on provision of immediate relief to victims of cyclone, drought, earthquake, fire, flood, *tsunami*, hailstorm, landslide, avalanche, cloud burst and pest attacks. SEC is to decide on all matters connected with financing of relief and expenditure of immediate nature from SDRF. The annual quantum of funds, as determined by GoI, is to be shared by GoI and GoWB on 75:25 basis. Before being renamed as SDRF in 2010-11, this fund was called Calamity Relief Fund (CRF) and balance in CRF as on 31 March 2010 had been transferred to SDRF. Table 2.1.1 shows the position of SDRF during 2008-09 to 2012-13.

¹¹ Suri (Birbhum), Bardhaman and Darjeeling, Tamuk (Purba Medinipur), Maheshtala (South 24 Parganas) and Kolkata Municipal Corporation (KMC)

¹² Singhamari Syndicate office building

¹³ Home, Finance, Irrigation & Waterways and Disaster Management (as Member Convenor)

Table 2.1.1: Position of SDRF during 2008-09 to 2012-13

(Rupees in crore)

Year	Opening balance	Corpus Fund				Interest received	Total fund	Expenditure	Closing balance
		GoI share	GoWB share	Grant* received	Total				
2008-09	379.40	192.07	64.02	Nil	256.09	40.57	676.06	336.37	339.69
2009-10	339.69	197.93	65.99	166.87	430.79	24.72	795.20	618.24	176.96
2010-11	176.96	228.62	76.21	704.85	1009.68	23.55	1210.19	584.35	625.84
2011-12	625.84	240.05	80.02	Nil	320.07	55.10	1001.01	594.22	406.79
2012-13	406.79	252.05	84.02	Nil	336.07	0.16	743.02	182.48	560.54
Total		1110.72	370.26	871.72	2352.70	144.10		2315.66	

Source: Departmental figures

*Grants received from Ministry of Home Affairs, Disaster Management Division
(The figures of interest received during 2012-13 are provisional)

2.1.7.2 Absence of mechanism to identify unutilised balances

During 2008-13, SEC had drawn ₹ 2315.66 crore. Amounts drawn by the concerned authorities are treated as expenditure by departments irrespective of receipt of UCs. In four (Bardhaman, Birbhum, Purba Medinipur and South 24 Parganas) of the test-checked districts, out of ₹ 89.85 lakh¹⁴ of SDRF funds released during 2010-13, ₹ 85.55 lakh¹⁵ (95 per cent) was lying unutilised in the Personal Ledger Accounts of respective District Magistrates as of March 2013. Thus, the amount booked as relief expenditure under SDRF was not accurate. Out of ₹ 85.55 lakh lying unspent in PL Accounts, ₹ 69.59 lakh (81 per cent) were parked for more than one year. Similarly, Purba Medinipur Zilla Parishad parked ₹ 12.93 lakh in its Local Fund account as of April 2013, out of ₹ 1.14 crore received (August 2008) from SDRF for construction of Bara Chowka Bundh. Possibility of more such instances of SDRF funds remaining parked with various levels of functionaries cannot be ruled out.

2.1.7.3 Non-investment of SDRF funds

As per GoI guidelines, unutilized portion of SDRF funds was to be invested in one or more of instruments viz. Central Government dated securities, auctioned treasury bills and interest earning deposits and certificates of deposits with scheduled commercial banks for accrual of interest. In case of failure to do so, State Government was to pay interest to the CRF/ SDRF at the rate applicable to overdrafts availed from Reserve Bank of India.

¹⁴ Bardhaman: ₹ 0.85 lakh, Birbhum: ₹ 45.50 lakh, Purba Medinipur: ₹ 30.70 lakh and South 24 Parganas: ₹ 12.80 lakh

¹⁵ Bardhaman ₹ 0.85 lakh, Birbhum ₹ 43.75 lakh, Purba Medinipur ₹ 28.15 lakh, and South 24 Parganas ₹ 12.80 lakh

Records revealed that State had to shoulder interest burden of ₹ 288.11 crore upto 2011-12¹⁶, since it did not invest unutilised balance as stated above. However, they have initiated investment and in March 2013, ₹ 50 crore was invested for 16 days as fixed deposit in United Bank of India against which ₹ 16.46 lakh was earned as interest.

2.1.7.4 Non release of assistance received from NDRF

The State Government received ₹ 883.26 crore¹⁷ during 2009-11 towards relief assistance for cyclones that occurred in 2009 and 2010 (including Cyclone Aila in May 2009) and drought of 2010 from the Ministry of Home Affairs (MHA), Disaster Management Department. Finance Department released ₹ 847.82 crore between September 2009 and March 2011 to different departments for repair/ restoration of infrastructure damaged by the natural calamities and for providing relief materials/ food grains to affected people while retaining the balance amount of ₹ 35.44 crore in SDRF. Further, ₹ 11.54 crore received (December 2010) as Special Component of National Rural Drinking Water Programme (NRDWP) from MHA for drought of 2010 was not credited to the SDRF, though an equivalent amount was released subsequently by debit to SDRF.

2.1.7.5 Irregularities in utilisation of SDRF funds

2.1.7.5.1 Procurement of search and rescue equipments

As per proposal (January 2009) of Commissioner of Police (CP), Kolkata, Disaster Management Department had sanctioned (April 2009) ₹ 1.70 crore from CRF to purchase 22 essential items to equip Disaster Management Group of Kolkata Police for search and rescue operations. Relevant utilization certificate furnished (February 2011) by CP revealed that 15 items had been purchased at a cost of ₹ 1.70 crore. All items were for search and rescue teams. This included 10 Tavera cars worth ₹ 60.51 lakh, which was not included in the Government Order (GO). Three ambulances, though included in the GO, were, however, not purchased. These Tavera cars are being utilised by Kolkata Police (one for OC, Disaster Management Group and remaining in general pool). In April 2011, Chief Secretary directed Kolkata Police to utilise Tavera cars as ambulances, which was yet to be done (June 2013). Purchase of passenger cars instead of ambulances utilising SDRF and without specific sanction from the DM Department lacked justification. The objective of greater preparedness for minimising human casualties through augmentation of their fleet of ambulance for rescue and relief service remained unachieved.

¹⁶ The amount of interest for 2012-13 is yet to be finalized.

¹⁷ 2009-10: ₹ 166.87 crore was released by MHA in July 2009 (₹ 128.28 crore) and September 2009 (₹ 38.59 crore) from NDRF on account of Cyclone 'AILA' 2009 and Cyclonic Storm of 2010. Finance Department released the full amount between September 2009 and January 2010.

2010-11: GoI released ₹ 716.39 crore for cyclonic storm of 2010 (₹ 35.44 crore in December 2010) and ₹ 680.95 crore for drought of 2010 (₹ 669.41 crore in December 2010 plus ₹ 11.54 crore as Special Component of National Rural Drinking Water Programme). Of the same, amounts meant for drought were fully released, while ₹ 35.44 crore meant for cyclone 2010 was retained by Finance Department.

In reply, KP stated (June 2013) that Government would be approached for sanction of funds for conversion of Tavera cars into ambulances.

2.1.7.6 Non-constitution of Disaster Response/ Mitigation Fund

The State Disaster Mitigation Fund, District Disaster Response Fund and District Disaster Mitigation Fund which were to be constituted under section 48(1) of the Act, 2005, were not created as of July 2013.

2.1.8 Infrastructure to combat disaster

2.1.8.1 Early warning and communication

National Disaster Management Policy *inter alia* aimed at developing contemporary forecasting and early warning systems backed by responsive and fail-safe communication with information technology support. Separate and independent communication network for disaster management does not exist. The Department also accepted that the existing system is not fail-safe.

On the positive side, the Department had an “sms-alert system” which enabled the Department to send messages to both government officials and public.

2.1.8.1.1 Non functioning Cyclone Warning Dissemination System (CWDS)

Cyclone Warning Dissemination System (CWDS) introduced by IMD is a satellite linked communication system to warn against cyclones. Purba Medinipur being coastal district was to have CWDS. It was observed in audit that CWDS installed in all six¹⁸ police stations of Purba Medinipur remained non functional since July 2012 thereby rendering the installation of CWDS ineffective.

2.1.8.1.2 Geographical Information System (GIS)

State Disaster Management Policy, acknowledging necessity of Geographical Information System (GIS), envisaged a Relational Database Management System with intelligent maps to be made available to all departments and administrative levels from State to blocks so that data would be available during normal time as well as at time of calamities through digital inter connectivity. In five test checked districts, it was, however, observed that the GIS system was limited to preparation of GIS maps. As requisite connectivity was yet to be made (July 2013), the desired objective of GIS could not be fully achieved.

In this regard, the district authorities were supplied with Global Positioning System (GPS) instruments. In Purba Medinipur, out of 29 GPS purchased (July 2011) for 25 blocks and four Sub-divisions, four GPSs costing ₹ 0.83 lakh intended for four blocks¹⁹ identified as high risk flood-prone blocks²⁰, were not distributed till April 2013.

¹⁸ Digha PS, Contai PS, Haldia PS, Durgachak PS, Mahisadal PS and Nandigram PS

¹⁹ Contai-I, Egra-I, Haldia and Tamluk

²⁰ Contai-I is also high risk cyclone prone block.

2.1.8.1.3 Emergency Operation Centres

Emergency Operation Center (EOC) is the central command centre through which communication is maintained and information gathered to co-ordinate disaster response activities.

Though SDMP proposed setting up of EOC from State level to block level, EOCs were in existence only up to district level. Moreover, even in districts, EOCs were operational (at blocks/sub-division/districts) only during monsoons. No dedicated manpower was provided for EOCs in Bardhaman, Birbhum and Purba Medinipur districts, while contractual workers had been employed in Darjeeling and South 24 Parganas.

Thus, functioning of District EOCs needed strengthening.

2.1.8.2 Availability of infrastructure to combat disaster

2.1.8.2.1 Disaster Management Groups/Disaster Response Force

Proposals of CP, Kolkata Police (between May 2009 and March 2010) for setting up Disaster Management Group (DMG), Kolkata Disaster Relief Force (KDRF) and a Kolkata Police Rescue Force (KPRF) to mitigate effect of disasters were not approved by the GoWB despite NDMA stressing the need for creation of State Disaster Response Force in the city. A revised proposal for raising of Kolkata Police Disaster Management Force (KPD MF) had been submitted (June 2013) to the Home Department, GoWB, response to which was awaited (August 2013).

2.1.8.2.2 Creation of new Combat Battalion in Kolkata Police

To deal with man-made disasters like bomb blasts and terrorist attacks, GoWB sanctioned (July 2009) creation of a new combat battalion force under Kolkata Police with 1101 posts on the basis of a proposal (December 2008) of Commissioner of Police (CP), Kolkata Police. Two hundred constables of the combat battalion so raised were imparted (August 2010 to January 2011) specialised training at Punjab Police Training Centre, Kapurthala at an expenditure of ₹ 60 lakh. However, the proposal also envisaged equipping this battalion with arms/ ammunition and defence equipment at an expenditure of ₹ 23.81 crore, which was yet to be approved as of March 2013.

2.1.8.2.3 Non-utilisation of funds for search and rescue equipment

In order to augment disaster preparedness, CRF/SDRF funds can be utilised for purchasing search and rescue (SAR) equipment. During 2008-13, audit observed cases of surrender and parking of funds meant for purchase of SAR equipment as discussed below:

- Out of ₹ 5.68 crore sanctioned between June 2008 and September 2012 to two departments²¹, ₹ 3.07 crore (54 per cent) was surrendered. In case of Civil Defence, entire funds of ₹ 24.65 lakh meant for training of three police platoons and one emergency response team, was surrendered (March 2009) due to non-completion of tender formalities or non-acceptance of tenders owing to absence of at least three valid tenders as per procedure. In case of Home (Police) Department, out of ₹ 5.43 crore released to DG & IG, West Bengal Police, for procurement of 131 SAR items, only 86 (₹ 2.61 crore) were procured and balance ₹ 2.82 crore was surrendered (March 2012 and March 2013). Under-utilisation of funds was attributed by DG & IG mainly to non-supply of various items of imported quality by the approved private parties.
- ₹ 20 lakh allotted (March 2011) to DM, Purba Medinipur for purchase of SAR remained parked (March 2011 to April 2013) in DM's PL account without being utilised. Audit query on reasons for non-utilisation did not elicit any response.

2.1.8.2.4 West Bengal Civil Emergency Force

West Bengal Civil Emergency Force (WBCEF) under Civil Defence plays an important role in saving of human lives at times of disasters. Records of Commandant, WBCEF disclosed that against sanctioned strength of 533 staff, there were only 326 men in position in April 2007 which further got reduced to 147 in March 2012. Further, though Finance Department had approved (December 2008) proposal to buy 50 aluminium boats to strengthen existing rescue infrastructure, only 13 boats could be bought (March 2010) at a cost of ₹ 1.83 crore as adequate funds were not provided.

2.1.8.2.4.1 Revamping of Civil Defence

A scheme was launched by GoI in April 2009 to strengthen and revitalize Civil Defence (CD) to ensure that it played a significant role, *inter alia*, in disaster management while retaining its primary responsibilities. The scheme had several components like strengthening/ upgradation of existing training institute, strengthening/ upgradation of CD set up in multiple-hazard-prone districts, etc. Out of an outlay of ₹ 7.29 crore for 2009-12, State had received ₹ 5.52 crore till mid-July 2012. Audit noted that:

- Out of ₹ 5.52 crore released by GoI during 2009-12, UCs in respect of ₹ 37.60 lakh (seven per cent) were pending (July 2012). Audit further noticed that an amount of ₹ 45 lakh paid to executing agency (Executive Engineer (A-I), Kolkata Agri-Irrigation Division) for upgradation of infrastructure²² at the existing Central Civil Defence Training Institute of GoWB in March 2012 was shown

²¹ Civil Defence: ₹ 24.65 lakh, Home (Police): ₹ 5.43 crore.

²² Construction of lecture hall, rescue tower and shed for vehicles at the institute.

as utilised and UC was submitted in April 2012, even though actual expenditure was yet to be incurred on the project.

2.1.8.2.5 Construction of Flood / Cyclone shelters and relief godowns

Cyclone/ flood shelters/ relief godowns constitute an important infrastructure for disaster preparedness. During 2008-13, ₹ 15.53 crore of state funds were released



Incomplete flood Shelter at Dainhat, Katwa-II, Bardhaman

for construction of 58 shelters and 127 relief godowns out of which 45 flood/cyclone shelters and 65 relief godowns remained incomplete. Scrutiny of five test checked districts revealed that ₹ 3.30 crore was received for construction of 21 flood shelters (₹ 1.69 crore) and 31 relief godowns (₹ 1.61 crore). Against the same, only 12 flood shelters (57 per cent) and 17 relief godowns (55 per cent) could be completed as of March 2013. While work was in progress in respect of seven flood shelters and 11 relief godowns, remaining

work could not be taken up as detailed below:

- Work of three relief godowns was not taken up due to non-suitability of plan (Bardhaman), for hilly terrain (Pulbazar, Darjeeling), lapse of allotted fund due to non-drawal (Suri I, Birbhum) and non-availability of land (Alipore, South 24 Parganas).
- Similarly construction works of two flood shelters were not taken up due to cost escalation (Raina-I)²³ and deficiency in estimates (Ausgram-II).

To the extent described above, the preparedness of the districts for disasters was compromised.

2.1.8.2.5.1 Flood / Cyclone Shelter leased for running hotel / holiday home

For construction of two storied building of Flood / Cyclone shelter at Ramnagar-I block (Bilamura (Digha) Mouza) of Purba Medinipur district, ₹ 8 lakh was released (February and September 2008) by Disaster Management Department.

Though Department had accorded approval for two stories, Panchayat Samity Ramnagar-I constructed (October 2010) a four storied building at a cost of ₹ 72.32 lakh pooling the remaining funds (₹ 64.32 lakh) by diversion of central funds received under various schemes²⁴. No further approval of the District Authority/ Department was taken for the deviation. Further, keeping ground floor as the shelter, first, second and third floors of the building was leased out (July 2011) for four years at a maintenance charge of ₹ 32 lakh to a private company for running hotel/ holiday home. Leasing out large parts of the building meant for flood shelter by

²³ Funds were refunded to the department on this ground.

²⁴ 12th Finance Commission- ₹ 8.51 lakh, BRGF- ₹ 19.49 lakh, Ujan fund - ₹ 9.90 lakh, SGSY- ₹ 2.92 lakh, 3rd SFC - ₹ 2.49 lakh, Untied fund - ₹ 7.42 lakh and Own fund- ₹ 13.60 lakh.

the Ramnagar-I PS to a private company for running a hotel defeated the purpose of construction of building for flood shelter.

2.1.8.2.6 Flood Management Programme

Ministry of Water Resources, GoI launched Flood Management Programme (FMP) in November 2007 to provide financial assistance to the State Governments for undertaking flood management works in critical areas.

In West Bengal, 16 projects with a total capital outlay of ₹ 1871.85 crore were undertaken under this programme. Out of 16 projects, 13 have been completed. One project on Saraswati river (targeted for completion in 2010-11) achieved 75 per cent progress, while project on Kaliaghai-Kapaleswari-Baghai basin in Paschim Medinipur (targeted for completion in 2011-12) achieved 40 per cent progress. Project on embankment of Sundarban targeted for completion by 2011-12, for which an outlay of ₹ 1339.50 crore was allocated, was lagging behind substantially as only two per cent of the work had been completed. The Department attributed (August 2013) the same to delayed acquisition of land for major projects, less working period in riverine projects, delay in release of Central funds, non-availability of funds at the appropriate time, changes in design parameters at execution stage, etc.

2.1.9 Post disaster reconstruction and relief assistance

After the occurrence of any disaster, Department provides funds for reconstruction of infrastructure damaged by disasters. Further, Department provides two types of relief assistance-disaster relief and normal relief, both of which are given either in cash and /or in kind (foodgrains, clothes, blankets, etc.). While disaster relief is given after a disaster, normal relief is given during normal time. Audit came across the following irregularities in this area.

2.1.9.1 Reconstruction and Relief work post-cyclone AILA 2009

A severe cyclone 'Aila' had hit West Bengal²⁵ on 25 May 2009, affecting 67.74 lakh people and taking a toll of 197 human lives. It affected crop area of 4.47 lakh hectares and damaged 9.59 lakh houses. Audit observations on reconstruction and relief work in test-checked districts are discussed in the succeeding paragraphs.

2.1.9.1.1 Restoration works on embankments

Post-Aila, GOI enhanced project fund for embankment of Sunderbans (**paragraph 2.1.8.2.6**) and sanctioned (July 2010) ₹ 5032 crore for flood protection in two worst affected districts of North 24 Parganas and South 24 Parganas under Flood Management Programmes (FMP). State Government set up a Project Management Unit (PMU)²⁶ in August 2010.

²⁵ Districts affected were South 24-Parganas, North 24-Parganas, Howrah, Kolkata, Hooghly, Bardhaman, Birbhum, Bankura, Uttar Dinajpur, Dakshin Dinajpur and Darjeeling

²⁶ Headed by an officer in the rank of Chief Engineer with 3 Project Directors in the rank of Superintending Engineer, 12 Project Managers in the rank of Executive Engineer, 22 Project Engineers in the rank of Asstt. Engineer and 19 Estimators, 63 Junior Engineers all in the rank of Sub-Asstt. Engineers. Three senior level officers of the WBA&AS on deputation for functioning of the Accounts Branch of the PMU. The office of the dedicated PMU located at 9th floor of Jalasampad Bhawan.

The work was to be completed in two phases. Out of 19 packages of first phase, work order was issued in respect of only seven, while tender in respect of 11 packages had lapsed and one was cancelled. As regards land acquisition, out of 5543.498 acres of land required for first phase, only 1155.84 acres (21 per cent) were handed over to PMU as of June 2013. As regards utilization, out of ₹ 632.86 crore received during 2009-11, only ₹ 368.10 crore could be spent (June 2013) and ₹ 264.76 crore was lying idle with State Finance Department. Thus, first Phase of work, which was to be completed by March 2013, however, had to be postponed to 2013-14. Number of work packages in the second phase has not yet been ascertained.

Evidently, even in the aftermath of Aila, flood protection works in the two worst affected districts were progressing behind schedule owing to land acquisition issues and mobilization problems.

2.1.9.1.2 Repairing of school buildings

Department of School Education placed (August and December 2009) ₹ 4.18 crore with District Magistrate, South 24 Parganas for repairing of schools affected by Aila (2009) with the stipulation to utilise amount by January 2010. Funds were kept in the DM's PL account till it was released to the BDOs (between October 2009 and December 2010) who deposited the same in the Mid Day Meal account. Progress of utilisation remained unknown even after three years from target date for utilisation, though School Education Department had sent several communications to the DM for UC. Non utilisation of funds was indicative of school buildings existing in unsafe condition.

2.1.9.2 Relief for 2010 drought

For providing immediate relief to drought (2010) affected districts, Disaster Management Department received (December 2010) Central assistance of ₹ 680.95 crore from NDRF/NRDWP²⁷. Audit observed that objective of providing immediate relief was not fully met as evident from the following:

- ₹ 121.10 crore was allotted (February 2011) to 11²⁸ DMs for employment generation as per norms of MGNREGS²⁹ with stipulation to submit utilization certificates within two months. Out of this, two test checked districts received ₹ 28.52 crore (Birbhum- ₹ 4.81 crore and Bardhaman- ₹ 23.71 crore) which were in turn released to Block Development Officers (BDOs). Though assistance was meant as an immediate relief and were to be utilised within April 2011, in Bardhaman, the entire funds of ₹ 23.71 crore remained parked for about a year in DM's PL account before it was released to BDOs. As of March 2013, ₹ 3.60

²⁷ National Rural Drinking Water Programme

²⁸ Hooghly, Purulia, Bankura, Birbhum, Nadia, Paschim Medinipur, Malda, Murshidabad, North 24 Parganas, South 24 Parganas & Bardhaman

²⁹ Mahatma Gandhi National Rural Employment Guarantee Scheme, a scheme to provide 100 days of wage employment to every household in need of it and to create durable assets to strengthen the livelihood resource base of the rural poor.

crore (13 per cent) was lying unutilised with the BDOs. Thus, it was evident that objective of immediate relief was not met.

Further audit noted the following deviations from MGNREGS norms:

- In contravention of norm proscribing the use of machinery in MGNREGS works, Ramnagar GP in Bardhaman had utilized 70 per cent (₹ 8.96 lakh/ ₹ 12.84 lakh) of the cost of the project for hiring tractor (for earth cutting, loading and unloading).
- MGNREGS norms stipulate that the ratio of wage to material cost should not be less than 60:40. In Birbhum, in one BDO (Sainthia) and in two GPs³⁰, material cost ranged from 67 to 86 per cent³¹ vis-à-vis the stipulated 40 per cent in each case.
- In Rampurhat II block, Birbhum, though ₹ 3.47 lakh was shown as payment (between November and December 2011) for supply of materials for improvement of five village roads, muster rolls in respect of payment of wages was not available raising doubt as to creation of the asset.
- Instead of providing work through MGNREGS, Rampurhat II Block utilised ₹ 2.67 lakh (November 2011) for distribution of nursery plants (Mango, Guava, Sonajhuri seedlings etc.) to the BPL beneficiaries of Margram and Budhigram GPs.
- ₹ 46 crore was released (March 2011) to 13³² districts for creation of spot sources of drinking water. Out of this, two test checked districts received ₹ 7 crore (Bardhaman: ₹ 2 crore, Birbhum: ₹ 5 crore) with stipulation to furnish utilisation certificate within two months. It was seen that in Bardhaman, ₹ 36.36 lakh remained unutilised as of May 2013, while in Birbhum, ₹ 2.40 lakh was refunded and utilisation certificate for ₹ 6 lakh had not been received till August 2013.
- West Bengal Essential Commodities Supply Corporation Limited (WBECSC) was paid (between March 2011 and March 2012) ₹ 229.95 crore for supply of 129502 MT of rice to be distributed as Special Gratuitous Relief (GR) for BPL families of drought affected districts. The Department, however, erroneously made payment for 131398.71 MT rice, instead of the ordered quantity of 129502 MT. Excess payment of ₹ 3.31 crore was regularised by issuing a subsequent supply order in June 2012. WBECSC, however, supplied 127263.23 MT rice valued at ₹ 222.71 crore up to February 2013 leaving non-supplied balance of 4135.48 MT valued at ₹ 7.24 crore which was yet to be supplied as of March 2013 thereby frustrating very objective of providing immediate relief to the needy.

³⁰ Kaluha GP and Sahapur GP under Rampurhat II block and Sainthia block

³¹ BDO, Sainthia ₹ 25.64 lakh / ₹ 29.70 lakh (86 per cent) , Kaluha GP ₹ 11.11 lakh / ₹ 15.29 lakh (73 per cent), Sahapur GP ₹ 5.43 lakh / ₹ 8.06 lakh (67 per cent)

³² Hooghly, Purulia, Bankura, Birbhum, Nadia, Paschim Medinipur, Malda, Murshidabad, North 24 Parganas, South 24 Parganas, Bardhaman, Darjeeling and Dakshin Dinajpur

Out of above, Bardhaman district received 30132 MT of special GR rice upto July 2012, of which 28683 MT was distributed leaving an undistributed balance of 1449 MT rice valued at ₹ 2.54 crore as of May 2013. Audit enquiry on the status of the balance rice did not elicit any reply.

2.1.9.3 Relief work post earthquake in September 2011

An earthquake of magnitude 6.9 on Richter scale hit Darjeeling on the 18th of September 2011. It took eight human lives and damaged 7787 houses. Observations on relief work post earthquake are discussed below.

2.1.9.3.1 Distribution of rice to earthquake victims

For distribution amongst victims of earthquake of September 2011 in Darjeeling district, order was placed on West Bengal State Consumers' Co operative Federation Ltd (CONFED) for supply of 6755.7665 MT rice at the rate of ₹ 2047.14 per quintal. It was seen that out of 6755.7665 MT rice ordered, CONFED delivered only 5352.679 MT leaving 1403.0875 MT (21 per cent) rice valued at ₹ 2.87 crore undelivered to six Sub-division/ block/ Municipality officers. Out of this, Darjeeling and Mirik Municipalities and Phansidewa and Matigara BDOs did not receive any rice at all while the other two did not receive full quantity required as detailed in **Appendix 2.4**. In test-checked three blocks and one SDO³³, out of 1842.375 MT rice to be received, 388.965 MT (21 per cent) was not received. Thus, intended benefits did not reach affected people. Further, distribution of 99 per cent of rice was not supported by muster rolls, as other than BDO, Kalimpong-I, who had maintained it partially, muster rolls were not available in any of the test checked Blocks/SDOs.

2.1.9.3.2 House Building grant

Out of requirement of HB grant of ₹ 34.99 crore for distribution to people whose houses were damaged in earthquake of September 2011, Darjeeling district received ₹ 27.09 crore between October 2011 and October 2012 (₹ 21.24 crore received by DM and ₹ 5.85 crore received by Gorkhaland Territorial Administration - GTA). Though funds amounting to ₹ 21.24 crore was released by DM in time, GTA released funds only in January 2013. Thus, HB grants of ₹ 5.85 crore meant for victims of earthquake of September 2011, reached block level after a lapse of 16 months from occurrence of disaster. Test-check at block level also, further revealed that in Kalimpong-I block, out of ₹ 1.80 crore received only ₹ 14.65 lakh (eight per cent) were distributed among the victims so far (July 2013).

2.1.9.3.3 Grant for repair/renovation from Chief Minister's Relief Fund

Immediately after the earthquake, Darjeeling district had received (September 2011) ₹ 1 crore from Chief Minister's Relief Fund for relief and rehabilitation work. Though

³³ SDO Kalimpong, BDOs Jorebunglow-Sukhiapokhri, Kalimpong-I and Kalimpong-II

the fund was sub-allotted to three institutions³⁴ between November 2011 and July 2012, UCs were submitted for only ₹ 37.50 lakh (38 per cent) by two institutions³⁵ (one fully and other partially). As such utilisation of 62 per cent of the funds could not be ascertained in audit.

2.1.9.4 Input subsidy to small and marginal farmers

Subsequent to heavy rain in August 2011, Disaster Management Department (through Department of Food Processing Industries & Horticulture) allotted (December 2011) ₹ 3.62 crore to 11 DMs for providing input subsidy to small and marginal horticultural farmers. Out of this, ₹ 2.11 crore was received by four test checked districts³⁶. Fund was to be disbursed among affected farmers within two months from date of drawal of the fund. However, in Birbhum, funds were utilised to buy agricultural inputs which were then distributed to affected farmers. In Purba Medinipur, entire fund (₹ 15 lakh) remained unutilised in PL account depriving beneficiaries of their benefit as of March 2013, while in South 24 Parganas, funds (₹ 1.38 crore) remained parked in DM's PL account till December 2012 delaying benefit to affected farmers. Subsequently funds were transferred (January 2013) to ZP, whereby available records did not indicate onward distribution of subsidy to beneficiaries. Thus, despite availability of funds, some affected farmers were deprived of benefit.

2.1.9.5 Relief materials lying undistributed

Relief Materials (tarpaulin and clothing) worth ₹ 10.12 lakh allotted in July 2011, remained stored in Siliguri Zonal Godown. Non-distribution of these items for prolonged periods may result in deterioration of the items.

2.1.9.6 Compliance issues in procurement and distribution of relief

2.1.9.6.1 Excess payment of VAT on purchase of Tarpaulin

For distribution of relief material to indigent people, Directorate of Disaster Management had purchased 27.01 lakh pieces of finished fabricated Black Poly Tarpaulin from Haldia Petrochemicals Limited (HPL-a deemed State government company) at a cost of ₹ 132.95 crore during the period 2008-09 to 2012-13.

HPL charged Value Added Tax (VAT) at rate of 12.5 per cent up to 14 November 2010 and 13.5 per cent thereafter. As per provisions of West Bengal Value Added Tax Act 2003, VAT applicable should be only four per cent. Department, accordingly incurred excess expenditure of ₹ 11.90 crore by paying VAT at a higher rate than applicable. Department did not pursue with HPL for recovery of excess amount paid

³⁴ Dr. Graham's Homes School : ₹ 50 lakh, Kalimpong Girls' School: ₹ 25 lakh, Nepali Girls Higher Secondary School : ₹ 25 lakh

³⁵ Kalimpong, Girls' School, Kalimpong ₹ 12.50 lakh and Nepali Girls Higher Secondary School ₹ 25 lakh

³⁶ Bardhaman: ₹ 50 lakh, Birbhum: ₹ 8 lakh, Purba Medinipur ₹ 15 lakh and South 24 Parganas: ₹ 138 lakh.

even after the same was brought to the Departments notice by the Director of Disaster Management in September 2009.

2.1.9.6.2 Non-accountal of relief materials

West Bengal Financial Rules stipulates that all material received and issued from Stores should be properly accounted for. In two cases, in Purba Medinipur, relief material³⁷ worth ₹ 9.30 lakh received by BDO Patashpur in July 2008 and September 2011, were neither entered in stock registers nor were there any records available in support of their distribution. In Birbhum, BDO, Rampurhat-II did not enter relief materials³⁸ valued at ₹ 0.80 lakh in the stock registers which were received from SDO, Rampurhat in October 2011. Further, out of 12 test-checked GPs in two selected districts (Bardhaman and Purba Medinipur), nine³⁹ did not maintain stock registers for relief materials during the entire 2009-13 period, while one GP and one ULB maintained it only for a limited period.⁴⁰

Further, muster rolls were not available against distribution of relief materials worth ₹ 1.33 crore (**Appendix 2.5**) in Bardhaman and Purba Medinipur. In the absence of muster rolls, distribution of relief materials to the intended beneficiaries could not be vouchsafed in audit. This pointed to deficient internal controls/transparency in distribution of relief materials.

2.1.10 Human resource management

2.1.10.1 Shortage of disaster management officers at various levels

As of June 2013, there was shortage of nine Disaster Management Officers, 11 District Disaster Management Officers (DDMO), five Sub Divisional Disaster Management Officers and 150 Block Disaster Management Officers (BDMO) at the Directorate, Districts, Sub-divisions and Blocks respectively as shown in **Appendix 2.6**. This implied that in 11 districts (out of 18 excluding Kolkata), DDMO was not posted while in blocks shortage ranged from eight to 100 *per cent*. Out of five test checked districts, three (Birbhum, Darjeeling and South 24 Parganas) had no DDMO. Further, in Purba Medinipur, most vulnerable blocks like Ramnagar-I, Ramnagar-II and Patashpur-I had no BDMOs as of April 2013.

Thus, Department had shortages of key officers dealing with disaster management which can have adverse impact on disaster management activity.

³⁷ BDO Patashpur-I - Woollen Blanket-1200 and Salwar Kamiz-300 worth ₹ 3.12 lakh and 300 quintals of Chira and 50 quintals Gur worth ₹ 6.18 lakh

³⁸ Woollen Blanket 200 pcs. and Male Wrapper 200 pcs.

³⁹ Bardhaman: Agradwip and Gazipur GP under BDO, Katwa-II, Bogpur GP under BDO, Purbasthali-I and Bhedia & Ramnagar GP under Ausgram-II ; Purba Medinipur: Bakcha and Srikantha GP under BDO, Moyna and Kalindi and Palduhi GP under BDO, Ramnagar-II

⁴⁰ Gokulpur GP, Purba Medinipur did not maintain stock register during 2009-11 and Bardhaman Municipality up to December 2012.

2.1.10.2 Capacity building through training and emergency exercises

One of the most critical components of preparedness is training. Capacity building was taken up under various programmes viz. Disaster Risk Management Programme-I (DRMP-I), DRMP-II and grants under Thirteenth Finance Commission. This included training of DM committee members, government officials, engineers, architects, teachers, Panchayati Raj Institution members, training in search and rescue, first aid, distribution of emergency kits, conducting of awareness sensitisation meetings, mock drills, etc.

DRMP-I was in operation in 10⁴¹ districts (out of which Bardhaman and South 24 Parganas were test-checked) in State during 2003-09. DRMP-II was in operation in six districts⁴² (out of which Birbhum, Darjeeling and Purba Medinipur were test checked). Progress of scheme up to March 2013 in Birbhum, Darjeeling and Purba Medinipur is indicated in the **Appendix 2.7**.

Considering that the programme was slated for completion by March 2011, it was behind schedule. During 2008-13, out of budget allocation of ₹ 5.02 crore, only ₹ 1.05 crore (21 per cent) was utilized. It was noticed that four programmes at district level and all 15 programmes at village level remained unimplemented (April 2013). In three test checked districts, out of 33 items of training, achievement was less than 50 per cent in 24 items and nil achievement in 11 items. This pointed to inadequate focus given to preparedness through capacity building. Department did not take any action to analyse sub-optimal performance in this area despite availability of funds.

Further, Thirteenth Finance Commission had provided grants of ₹ 10 crore during 2010-12 for capacity building of stakeholders. Of this, ₹ 6.61 crore was utilised for their capacity building at district level, training on aquatic disaster, training on under water diving, capacity building of Government/ Panchayat/ NGO officials etc. and balance amount of ₹ 3.39 crore (34 per cent) still remained unutilised (April 2013).

2.1.11 Conclusions

Performance Audit on activities of State Government towards preparedness for as well as response/management of various natural and man-made disasters brought out areas of sub-optimal implementation which need to be addressed.

Disaster Management Act stipulates institutional framework for disaster management through constitution of SDMA, State Executive Committee, DDMA and DDMCs

⁴¹ Bardhaman, Jalpaiguri, Cooch Behar, Malda, Murshidabad, Nadia, North 24 Parganas, Purulia, South 24 Parganas and Uttar Dinajpur

⁴² Birbhum, Hooghly, Howrah, Paschim Medinipur, Purba Medinipur and Darjeeling

at the State and district levels. In West Bengal, though SDMA was not active, there existed a full-fledged Disaster Management Department pointing to seriousness and focus given to this issue. State Executive Committee was found to be actively co-ordinating disaster management functions. Bringing out an updated Disaster Management Manual in replacement of the old one, introduction of “sms-alert system” for alerting both government officials and the public in case of imminent natural disaster etc. are initiatives in the right direction.

However, these notwithstanding, there were areas of concern which need to be addressed through careful planning and timely initiatives.

- The institutional framework for disaster management was weak owing to deficient functioning of the SDMA, Advisory Committee and non formation of DDMAAs.
- Disaster management planning was deficient. Plans were often not prepared by all the line departments as required. The disaster specific action plans were found to be lacking in many ways. Vulnerability assessment of blocks was only partial.
- As regards financial management, State government did not have an effective monitoring mechanism to identify unspent balances of SDRF lying in PL/LF accounts. Significant amount of funds meant for immediate relief were not utilised effectively owing to parking of funds, delay in release, diversion etc. On operational front, Emergency Operation Centres (EOCs) at the district level were not working round the clock except during monsoon. These centres were not provided dedicated manpower. In Purba Medinipur, a cyclone prone district, Cyclone Warning System remained non-functional. Desired objective of Geographical Information System remained unachieved owing to lack of required connectivity.
- There were deficiencies in preparedness of West Bengal Civil Defence Emergency Force both in terms of manpower and material. Objective of negotiating man-made disaster through creation of special combat battalion remained largely unachieved. Setting up different special groups under Kolkata Police did not materialize.
- The construction work of shelters and relief godowns were still in progress. In relief distribution after occurrences of disasters, there were cases of non-distribution, delayed distribution of both gratuitous relief and cash assistance.
- There were also shortages of disaster management officers at various levels.

2.1.12 Recommendations

- *Duties of DDMCs and DDMAAs need to be clearly spelt out as multiple bodies without clearly defined areas of jurisdiction may affect co ordinated actions during emergencies.*
- *Timely preparation of annual disaster management plans indicating specific works to be undertaken is to be ensured at all levels.*
- *Proper mechanism to identify unutilized balances lying with districts/PRIAs should be devised. Moreover, it should be ensured that funds meant for providing immediate relief are utilized with adequate urgency so that primary objective of indigents receiving timely relief in times of distress is met.*
- *Efforts should focus on making EOCs at district/ block levels operational round the clock, as envisaged under the West Bengal Disaster Management Plan, by providing dedicated manpower.*
- *Issue of filling up of vacancies of Disaster Management Officers at various levels and of West Bengal Civil Emergency Force should be addressed.*
- *Capacity building should be geared to augment preparedness level.*

The matter was referred to Government in August 2013; reply had not been received (December 2013).

HEALTH & FAMILY WELFARE DEPARTMENT

2.2 *Mental health care facilities in West Bengal*

Performance audit of the mental health care facilities in the State was conducted during March to July 2013 covering activities for the period from 2008-09 to 2012-13 through scrutiny of records of Health & Family Welfare Department, Directorate of Health Services, State Mental Health Authority, five State Government run mental hospitals (MHs) and Psychiatry departments of five selected Medical College Hospitals (MCH). The Performance audit threw light on various instances of deficiencies from view points of planning, implementation and monitoring, which call for attention and initiative of the Department.

- ▶ Planning for mental health care was deficient due to absence of mental health care policy and epidemiological survey.
- ▶ Level of utilisation of GoI funds often remained low indicating inadequate attention given to development of infrastructure for mental health care. The objective of improvement of infrastructure through construction of new buildings remained largely unfulfilled as construction works entrusted to PWD were delayed resulting in cost escalation and non-completion of works. Procurement of equipment also did not yield fruitful results as several equipment could not be put to use mainly owing to non-availability of requisite qualified manpower.
- ▶ District Mental Health Programme suffered as services envisaged under the programme were not provided or services at primary level could not be continued. There were noticeable shortages in key posts like psychiatrists, psychologists and nurses adversely affecting mental health care services.
- ▶ There was overcrowding of in-patients in some mental hospitals due to non functioning of sanctioned beds and overstay of cured patients mainly owing to the reluctance of families to accept them back. Situation was further compounded by lax intervention of Government in rehabilitation of cured patients.
- ▶ Though the Department has started imparting training among nursing staff and GDAs, a large number were yet to be trained.
- ▶ Most of the recommendations made by both SMHA and Boards of Visitors were yet to be implemented by the Department.

2.2.1 Introduction

Providing effective services and treatment for those who suffer from mental illness or who are at risk of mental illness is an issue of great importance. According to World Health Organisation (WHO), over a third of people in most countries report

problems at some time in their life, which meet criteria for diagnosis of one or more of the common types of mental disorder. One in four families is likely to have at least one member with behavioural or mental disorder. Increasing trend in attendance of mental patients in hospitals for treatment underlines the importance of creating adequate facilities for mental health care in the State.

To improve mental health care infrastructure in the country, Government of India launched the National Mental Health Programme (NMHP) in 1982. The District Mental Health Programme (DMHP) was launched in 1996 under NMHP to provide community based mental health services and integration of mental health with general health services through decentralization of treatment. At present DMHP is being implemented in four districts¹ of West Bengal.

Mental health care activities in the State are governed by Mental Health Act 1987 enacted by Government of India (GoI) and State Mental Health Rules 1990 promulgated by GoI. Programme has come into force in the state of West Bengal since April, 1993.

State Government provides mental health care through six Mental Hospitals² (MH), 11 Medical College Hospitals (MCH) each having a psychiatry department and 15 District Hospitals (DH) with psychiatric units-six having both In Patient Department (IPD) and Out Patient Department (OPD) and nine having only OPD facilities. Besides, there are 39 private psychiatry hospitals/ nursing homes in the State providing mental health care.

2.2.2 Organisational set up

Principal Secretary, Health & Family Welfare (H&FW) Department has overall control over health care services in the State.

State Mental Health Authority (SMHA), established under Section 4 of the Act under Chairmanship of Principal Secretary, is responsible for regulation, development and co-ordination with respect to mental health services. SMHA was also to supervise psychiatry hospitals/nursing homes and other Mental Health Service Agencies under State Government and to advise State Government on all matters relating to mental health. Further, in view of gaining importance of mental health activities a Mental Health Cell has been created (July 2011) within the Department.

Department provides mental healthcare services through MHs, MCHs and DHs. MCHs are headed by Principal, while MHs and DHs are headed by Superintendents. Director of Health Services (DHS) is in overall control of MHs and DHs while MCHs are under Director of Medical Education.

¹ Bankura, Jalpaiguri, Paschim Medinipur and South 24-Parganas

² Berhampore Mental Hospital, Murshidabad, Calcutta Pavlov Hospital, Kolkata, Institute for Mental Care, Purulia, Institute of Psychiatry, Kolkata, Lumbini Park Hospital, Kolkata and Toofangunj Mental Hospital, Coochbehar

2.2.3 Audit objectives

Audit objectives were to evaluate

- whether proper plan was formulated based on realistic assessment/ survey to create infrastructure/facilities for providing mental health care services to all needy mental patients in the State;
- whether adequate funds were sought and made available to Department for providing mental health care service in the State and the same were utilized as stipulated;
- whether structural mechanisms for implementation of the Mental Health Act, 1987 and State Mental Health Rules 1990 exists and is working effectively;
- whether sufficient infrastructure was available to cater to needs of mentally ill patients; and
- whether the Department was able to monitor service provided through mental health care units and periodically review impact of its activities and take remedial measures wherever required.

2.2.4 Audit criteria

Audit criteria adopted were

- The Mental Health Act 1987
- The State Mental Health Rules 1990
- Orders and Instructions/guidelines issued by State/Central Government.

2.2.5 Audit coverage, scope and methodology

Performance audit of mental health care facilities in the State was conducted during March to July 2013 covering activities during the period from 2008-09 to 2012-13. Audit scrutinized records of H & FW Department, Directorate of Health Services, State Mental Health Authority, five State Government run mental hospitals³ (MHs) out of six and Psychiatry departments of five⁴ selected Medical College Hospitals (MCH) out of which four were nodal institutions for District Mental Health Programme. Units were selected by employing cluster sampling method.

Audit objectives, criteria, methodology, etc. were discussed with the Principal Secretary to the Government of West Bengal, H&FW Department in an entry conference held in May 2013.

³ Berhampore Mental Hospital, Murshidabad, Calcutta Pavlov Hospital, Kolkata, Institute for Mental Care, Purulia, Institute of Psychiatry, Kolkata and Lumbini Park Hospital, Kolkata

⁴ Bankura Sammilani MCH, Bankura, Kolkata National MCH, Nil Ratan Sarkar MCH Kolkata, North Bengal MCH, Jalpaiguri and Paschim Medinipur MCH. Except Nil Ratan Sarkar MCH, others were nodal institutions for DMHP.

Audit findings

2.2.6 Planning

State government has to play a pivotal role in discharging its functions to ensure quality mental health facilities to affected people in the State as envisaged under Mental Health Act, 1987.

2.2.6.1 Absence of policy

State neither has a Mental Health Policy nor has the State formulated any long term planning for providing mental health care facilities. Department attributed (March 2013) the same to non-finalisation of the National Policy on Mental Health. It is noted that though separate National Mental Health Policy is yet to be formulated, the National Health Policy-2002 includes policy on Mental Health which envisaged upgrading of physical infrastructure of mental health institutions at Central Governments' expense so as to secure human rights of vulnerable segment of society (section 4.13 NHP-2002). Besides, SMHA had also taken a decision (December 2011) to prepare Mental Health Policy, which has not materialized as of May 2013.

2.2.6.2 Non conduct of epidemiological survey

Planning for mental health care facilities requires data on prevalence of mental illness to draw up strategy for setting up of new hospitals, improving facilities for treatment, teaching, training and research, etc. No such survey has been conducted so far (May 2013). The Department, while expressing anticipated difficulties in conduct of such survey arising out of common people's tendency to hide mental illnesses due to the stigma attached to such illness, stated (March 2013) that endeavour would be made to conduct epidemiological survey as early as possible.

In absence of policy, survey and planning, activities in the area of mental health did not have desired holistic approach.

2.2.7 Financial management

Funds required for mental health care facilities were provided by State through the State budget. In addition, Ministry of Health & Family Welfare, Government of India (GoI) has selected four districts⁵ in the State for implementation of National Mental Health Programme (NMHP) and released grants-in-aid for strengthening of psychiatry wings of MCHs, upgradation of State run MHs and other related activities in these four districts. Details of funds released by State and Central Governments and expenditure thereof are given below:

⁵ Bankura, Jalpaiguri, Paschim Medinipur and South 24 Parganas

Table No 2.2.1: Funds position

(₹ in lakh)

Year	State funds				Central funds	
	Provision		Expenditure (percentage of excess or savings)		Received	Utilised
	Revenue	Capital	Revenue ⁶	Capital		
2008-09	1316.87	245	1245.30 (-5)	45.92 (-81)	Nil	-
2009-10	1640.49	245	1864.91 (14)	44.34 (-82)	549.8	421.91
2010-11	1803.64	350	2052.70 (14)	104.25 (-70)	15.82	15.82
2011-12	2027.06	320	2191.30 (8)	160.73 (-50)	20.99	11.54
2012-13 ⁷	2743.53	400	2316.96 (-15)	183.16 (-54)	1417.72	15.14
Total	9531.59	1560.00	9671.17 (1)	538.40 (-65)	2004.33	464.41 (-77)

Source: Budget figures and sanctions from GoI and utilization certificates furnished by the institutions.

It may be seen from above table that there was significant savings/unspent amount under capital head ranging from 50 to 82 per cent in each of the five years. In case of GOI funds for 2012-13, though fund amounting to ₹ 14.18 crore was received by September 2012 only ₹ 0.15 crore had been utilized till March 2013. Slow progress in establishment of Centre of Excellence in mental health (*vide* para 2.2.8.2.1) and vacant posts in the medical teams under the District Mental Health Programme (*vide* para 2.2.8.3) were reasons *inter alia* behind such shortfall in expenditure.

2.2.8 Implementation of Mental Health Act

Mental Health care facilities were to be provided in consonance with the provisions of the Mental Health Act 1987 (Act) and Mental Health Rules 1990 (Rules) framed thereunder. The extent of implementation of the Act is indicated in the succeeding paragraphs.

2.2.8.1 Establishment of State Mental Health Authority

Section 4 of the Act requires that a State Mental Health Authority (SMHA) be established, which will be in charge of regulation, development and co ordination with respect to mental health services under State Government. SMHA was also supposed to supervise psychiatry hospitals /nursing homes and other Mental Health Service Agencies under State Government. It can also advise State Government on all matters relating to mental health. In consonance with above provisions SMHA was constituted and reconstituted in July 2003 and December 2011 respectively.

As per stipulation, SMHA shall meet thrice in a year (revised to once in every six months from December 2011). Against the same, number of meetings actually held by SMHA during 2008-13 were as under:

⁶ Figures in parenthesis indicate percentage of savings (-)/excess (+)

⁷ Figures of expenditure incurred from State Budget for 2012-13 are provisional

Table No. 2.2.2: Number of meetings of SMHA

Year	No. of meetings required to be held	Number of meetings held	Shortfall (in number)
2008-09	3	One in April 2008	2
2009-10	3	Nil	3
2010-11	3	Two in June 2010 and December 2010	1
2011-12	2	One in December 2011	1
2012-13	2	One in October 2012	1

Source: State Mental Health Authority, West Bengal

There were shortfalls in required minimum number of meetings by SMHA in each year. Further decisions taken by SMHA to prepare a mental Health Policy (December 2011) and conduct Epidemiological survey (October 2012) has not materialized as of May 2013. However, SMHA made some recommendations during 2008-13, like, approval of the proposals for setting up of Modified ECT⁸ facility in a specially constructed ECT complex for the patients of the Mental hospitals; starting of Diploma course in Psychiatric Nursing in Institute of Psychiatry, Kolkata; regular collection of performance reports of different Psychiatry hospitals and Psychiatric Nursing homes; starting of indoor facilities in Toofanganj Mental Hospital, Cooch Behar; starting of separate psychiatry ward in all MCHs, etc. Test-check, however, showed that out of five sampled MCHs, Government started separate psychiatry wards only in two MCHs⁹ as of June 2013. No further action towards compliance to the recommendations of SMHA was on record.

2.2.8.2 Upgradation of existing infrastructure under National Mental Health Programme

National Mental Health Programme (NMHP), a Centrally Sponsored Scheme in operation since 1982, aimed at strengthening mental health care facilities in the State through establishment of Centre of Excellence, upgradation of existing Mental Hospitals etc. The activities undertaken by the State in this regard are discussed below:

2.2.8.2.1 Establishment of Centre of Excellence

Institute of Psychiatry (IOP), Kolkata was selected for upgradation to a Centre of Excellence. Work was targeted for completion within the 11th Five Year Plan period (2007-2012). This included construction of six storied academic building for IOP. GoI released ₹ 18.59 crore in two instalments in November 2009 (₹ 5.28 crore) and in September 2012 (₹ 13.31 crore). Utilisation of the second instalment, however, has not started as of March 2013.

IOP received ₹ 10.75 crore in two instalments (₹ 3 crore in November 2009 and ₹ 7.75 crore in December 2012) and released ₹ 3 crore to the Executive Engineer,

⁸ *Electro-Convulsive Therapy*

⁹ *Nil Ratan Sarkar MCH (June 2010) and Calcutta National MCH (November 2011)*

PWD Suburban Division in January 2011. PWD issued work order in June 2011 and till March 2013, only the foundation work was completed at an expenditure of ₹ 2 crore. Other expenditure booked by IOP included equipment (₹ 46.38 lakh), books (₹ 3.50 lakh), faculty support (₹ 48.75 lakh) and miscellaneous expenditure (₹ 1.48 lakh).

Thus, though the work was to be completed within the 11th FYP (2007-2012), it remained at the foundation level after more than three years of receipt of funds by IOP.

2.2.8.2.2 Upgradation of existing Mental Hospitals

GoI sanctioned funds for ₹ 4.89 crore for upgradation of three Mental Hospitals viz Berhampur Mental Hospital, Calcutta Pavlov Mental Hospital and Institute for Mental Care. Details of work undertaken, expenditure incurred and present status of work is indicated in **Appendix 2.8**. The works (through five work orders) were entrusted to PWD between October 2005 and December 2005. However, only three works could be completed upto March 2013. Scrutiny of records showed instances of delay in according financial/administrative sanctions and slow execution leading to cost escalation and works being truncated without Department's approval as discussed in the subsequent paragraphs.

(i) Berhampur Mental Hospital:

- In October 2005, GoI released ₹ 2.95 crore to Superintendent, Berhampore Mental Hospital for construction works and purchase of furniture and equipment. GoWB, however, accorded administrative and financial sanction for construction works estimated at ₹ 2.81 crore only in February 2007, i.e. after a lapse of 15 months from release of funds for no recorded reasons. Between January 2008 and May 2010, ₹ 2.81 crore was released to the Executive Engineer, PWD, Berhampore Division II in three instalments.



Incomplete OPD complex and administrative block, Berhampore Mental Hospital (May 2013)

- In case of OPD complex and administrative block (Sl no. 1 of **Appendix 2.8**), construction of which was targeted to be completed by April 2010, work has been stopped from August 2010 when only 50 per cent of the work was completed though the estimated amount (₹ 74.58 lakh) had been fully spent. Presently, OPD and administrative offices were being run from a two storied

rehabilitation centre frustrating the very purpose of construction of rehabilitation centre.

- A two storied building for accommodating 200 patients (Sl no. 2 of **Appendix 2.8**) was constructed whereby only one floor could be utilized due to shortage of staff. Consequently furniture such as patient cots, steel locker etc. valuing ₹ 21.95 lakh purchased from the GoI funds also remained unutilised.

- In case of residential building (Sl. no. 3 of **Appendix 2.8**), the work was entrusted (February 2007) to PWD as a deposit work, target date for completion being September 2008. The construction work commenced in January 2008 and remained incomplete as of May 2013. In September



Present status (14.05.2013) of four-storied residential building for nurses' quarters, Berhampore Mental Hospital under GoI fund received in 2005

2012, PWD intimated that GI pipes, cistern, basin, urinal, grills and costly electrical fittings had been stolen from the building in two incidents (November 2010 and April 2012). Thus, the very purpose of constructing nurses' quarters remains unachieved leading to blockage of GoI funds of ₹ 58.08 lakh.

(ii) Calcutta Pavlov Mental Hospital:

Based on a proposal placed by Superintendent, Calcutta Pavlov Hospital through DHS for ₹ 2.68 crore to construct new OPD (₹ 36.58 lakh), male ward (₹ 1.44 crore) and female ward (₹ 87.27 lakh) in the hospital, GoI released ₹ 94.40 lakh in September 2005. The amount was placed with PWD in February 2007 for construction of three storied (with four storied foundation) female ward at an estimated cost of ₹ 87.27 lakh. In October 2009, in view of price escalation, additional funds of ₹ 10 lakh was released (June 2010) from the state budget in order to complete civil, sanitary and allied works. PWD, however, constructed only up to the first floor level to restrict the cost within available funds, citing cost escalation and inadequate quantities of RCC work provided in original estimate. Finally, PWD handed over two storied female ward in August 2011 constructed at a cost of ₹ 1.04 crore. This resulted in reduction of 446 Sq. m in the required floor space, leading to overcrowding in the wards and more than one patient being accommodated in a single bed at times.

2.2.8.2.3 Upgradation of psychiatry wings of Medical College Hospitals

NMHP also envisaged upgradation of under-graduate and post-graduate training in psychiatry in medical colleges through construction/ renovation of psychiatry wards and procurement of equipment. With this end, NMHP funds of ₹ 2.93 crore were provided to six Medical colleges in West Bengal in July 2006. Out of this, utilization certificate for ₹ 2.63 crore was submitted and balance of ₹ 44.28 lakh (including interest) remained unutilized in the savings bank accounts of the respective Government MCHs as on March 2013. Out of six MCHs, three¹⁰ were test-checked, these received funds of ₹ 1.50 crore (₹ 50 lakh each). In one MCH viz. Bankura Sammilani MCH, the Psychiatry Building had not yet been completed (June 2013) with sanitary & plumbing works and electrical works still pending. Consequently PG courses in Psychiatry could not be started.

2.2.8.2.4 Equipment and other items

NMHP funds also included provision for equipment. Out of NMHP funds of ₹ 1.42 crore meant for equipment and other items for three MHs, ₹ 42.50 lakh was diverted to Institute for Mental Health, Purulia for renovation/ reconstruction. Out of remaining ₹ 99.42 lakh, 10 items worth ₹ 54.30 lakh (54 per cent) remained unutilized as indicated in the following table.

Table No. 2.2.3: Unutilised equipment

SI No	Item description	Location	Date of purchase	Cost (Rupees in lakh)	Reason for non-utilisation	
1	Modified Electro Convulsive Therapy (ECT) machine with recorder & anesthesia machine	Berhampur Mental Hospital,	May 2009	2.84	Non-posting of trained MO and non-availability of posts of Anaesthetist.	
2	Furniture such as Patient cots, steel locker etc.	Murshidabad	June 2009	21.95	Non-creation of additional beds owing to shortage of manpower	
3	Modified ECT machine	Institute for Mental Care, Purulia	December 2006	2.17	Non-availability of posts of Anaesthetist . On physical verification (July 2013), the cords of the machine were found to be damaged by rats.	
4	Anesthesia machine		October 2009	1.07		
5	Centralized oxygen gas pipeline		March 2009	7.99		Non-commissioning of ECT OT
6	178 iron cots and 59 coir mattresses		February 2009	11.51		Purchase in excess of requirement.
7	Anesthesia machine	Institute of Psychiatry	July 2011	1.36	Non-availability of posts of Anaesthetist	
8	Modified ECT machine with recorder		July 2012	5.41	Lack of space, technician, non-availability of posts of Anaesthetist, etc.	
9	Auto analyser					
10	Boyle's apparatus					
	Total			54.30		

Source: Records of respective institutions

¹⁰ Bankura Sammilani MCH, National MCH, Kolkata and NRS MCH, Kolkata

Thus, though equipment worth ₹ 54.30 lakh were available, they could not be put to use in patient care due to non-posting of requisite manpower and other reasons.

2.2.8.3 District Mental Health Programme

GoI launched (1996) District Mental Health Programme (DMHP) as a component of NMHP with objective of providing basic mental health services to the community and integrating these with general health services. DMHP was initiated in West Bengal in four districts, viz Bankura (1998-99), Jalpaiguri (2003-04), Paschim Medinipur (2003-04) and South 24 Parganas (2006-07) through a nodal institution¹¹ identified in each district.

During 2008-13, ₹ 145.33 lakh¹² was received from GoI directly outside State budget for implementation of District Mental Health Programme in Jalpaiguri, Paschim Medinipur and South 24 Parganas, out of which only ₹ 64.30 lakh (44 per cent) were spent. Balance ₹ 81.03 lakh remained in savings bank accounts of West Bengal State Health & Family Welfare Samiti (₹ 41.72 lakh) and respective District Mental Health Programme (₹ 39.31 lakh) as on April 2013.

DMHP envisaged setting up of teams under the leadership of Head of Psychiatry Department of nodal MCH of the district with seven other contractual members from fields of Psychiatrist, Clinical Psychologist, Psychiatric Social Worker, Psychiatric Nurse etc. The teams were required to provide mental healthcare services to health centres not having such facilities.

Activities under the programme and the achievement thereagainst are indicated in **Appendix 2.9**. It was seen that:

- Against seven sanctioned members in a DMHP team, except in Jalpaiguri, where six members were in position, there were shortages of four to six members in other districts, which would potentially affect quality of services provided.
- Out of four nodal institutions, only one provided in-patient services. Ambulatory services, services in educational institutions, work place stress management and mental helpline services were not provided in any of the districts.
- OPD services in Bankura were discontinued in October 2012 owing to lack of staff .

¹¹ Bankura - Bankura Sammilini Medical College Hospital, Jalpaiguri - North Bengal Medical College Hospital, Paschim Medinipur- Medinipur Medical College Hospital and South 24 Parganas-Calcutta National Medical College Hospital.

¹² ₹ 15.82 lakh received by the North Bengal MCH in 2010-11; ₹ 20.99 lakh received by Medinipur MCH in 2011-12; ₹ 21.80 lakh received by Kolkata National MCH and ₹ 86.72 lakh received by West Bengal State Health & Family Welfare Samiti in September 2012

2.2.8.4 Treatment of mental patients

As per available data¹³, following was the position of patients attending OPD and admitted for indoor treatment during 2008 onwards.

Table No.2.2.4: Number of patients treated in Government run mental hospitals

	2008	2009	2010	2011
OPD attendance	243641	275832	284855	284596
Indoor admission	358	386	669	860

Source : 'Health on the March 2011-12' published by Health & Family Welfare Department

Above position indicates an increasing trend both in attendance of mental patients in hospitals and admission for treatment. Such trend notwithstanding, government run hospitals were found to be lacking in terms of mental health care facilities, as disclosed from test check and discussed in the subsequent paragraphs.

2.2.8.4.1 Mental health care facilities

As per State Mental Health Rules, 1990, a psychiatry hospital should have minimum facilities like regular out-patient care, a well-equipped Electro Convulsive Therapy (ECT) facility; psycho diagnostic facilities; provision for rehabilitation activities, etc. Test-check of five State Government run mental hospitals (MHs) and Psychiatry departments of five Medical College Hospitals (MCH) disclosed the following:

- In three out of five test-checked MHs, despite ECT equipment available, the same could not be operated due to non-sanctioning of posts of anaesthetist. In remaining two MHs, ECT equipments were not installed. Thus, ECT facility was not available in any of five test checked MHs.
- Government did not have any rehabilitation programme in any of the test checked MHs. However, in three MHs,¹⁴ NGOs were involved for rehabilitation activities.
- Laboratory facilities were not available in two MHs (Calcutta Pavlov MH and Lumbini Park MH).
- Out of five test checked MCHs, two¹⁵ had both IPD and OPD facilities while remaining three had only OPD facilities. Though health department's records indicated MR Bangur District Hospital as having both IPD and OPD facilities, it only had the OPD facility. Hospital authority stated that IPD facility could not be started owing to shortage of nurses trained in psychiatry and deficiencies in related infrastructure.

¹³ As available from the statistics of H&FW department (Health on the March 2011-12), last published

¹⁴ Berhampur Mental Hospital, Lumbini Park Mental Hospital and Pavlov Mental Hospital

¹⁵ Calcutta National Medical College Hospital and Nil Ratan Sarkar Medical College Hospital

2.2.8.4.2 Bed strength and occupancy

Position of sanctioned beds, functional beds and average occupancy per day of State run MHs during 2008-12 are given below:

Table No. 2.2.5 : Bed occupancy in State Mental Hospitals

Name of the Institution	Sanctioned beds	Functional beds	Average occupancy per day (percentage with respect to functional beds)				
			2008	2009	2010	2011	2012
Berhampur Mental Hospital, Murshidabad	350	234 (67)	290 (124)	296(126)	299(128)	279(119)	300(128)
Institute for Mental Care, Purulia	190	140 (74)	110 (79)	101(72)	101(72)	117(83)	118(84)
Institute of Psychiatry, Kolkata	60	36 (60)	NA	12(33)	12(33)	19(53)	20(56)
Lumbini Park Mental Hospital, Kolkata	200	100 (50)	99(99)	91(91)	98(98)	96(96)	90(90)
Calcutta Pavlov Mental Hospital, Kolkata	250	215 (86)	301(140)	324(151)	342(159)	360(167)	387(180)

Source: Information furnished by respective institutions

Thus, 14 to 50 *per cent* of sanctioned beds were not functional in these hospitals. In two (Calcutta Pavlov and Berhampur MHs) out of five MHs, occupancy ranged between 119 and 180 *per cent*, indicating overcrowding of inpatients. Overstayal of cured patients accounted for 17 to 73 *per cent* of the functional beds of test checked MHs which were occupied by cured patients. Between 50 and 86 *per cent* of sanctioned beds were only functional in these MHs. In Berhampur Mental Hospital, a new ward constructed under NMHP could not be utilized due to shortage of staff¹⁶.

Besides above, in Toofanganj Mental Hospital, Cooch Behar, though there were 30 sanctioned beds, none of them was functional.

2.2.8.4.3 Monitoring of mental health care services provided by NGOs

As of March 2013, 39 psychiatric nursing homes, clinics, drug de-addiction centres, rehabilitation centres, etc. are functioning in the State. NGOs also collaborated with the Government for providing mental health care services. It was noticed that two NGOs were engaged by the government to provide mental health care services even though they did not have the requisite license as per Act.

Records of the Department did not show existence of any mechanism of monitoring of the activities of NGOs.

¹⁶ In Berhampur Mental Hospital out of 23 posts of Psychiatrist, 23 posts of Psychologist and 78 posts of Nurses, only nine Psychiatrists, one Psychologist and 50 Nurses are posted as of March 2013 (the issue has been elaborated in the para on human resources)

2.2.9 Rehabilitation

The stigma attached with mental illness often resulted in cured patients not being accepted in their families who are therefore compelled to stay back in mental health care institutions. The fact that in four out of five test checked MHs, during 2008-13 on an average, 17 to 73 *per cent* of functional beds were occupied by cured patients (Table No 2.2.6) is an indicator of the gravity of the situation. Expressing concern over this, Principal Secretary, H&FW Department stated during entry conference (May 2013) that this resulted in overcrowding in hospitals putting strain on resources of the Department. He added that this situation often led to relapsing of mental illness among cured patients living in close proximity to patients still under treatment.

Table No. 2.2.6: Number of overstaying cured patients

Name of the Institution	Number of functional beds	Year wise number of long staying cured patients					Average (percentage of functional beds)
		2008-09	2009-10	2010-11	2011-12	2012-13	
Berhampur MH, Murshidabad	234	31	32	34	45	54	39.2 (17)
Institute for Mental Care, Purulia	140	70	78	78	78	78	76.4 (55)
Lumbini Park MH, Kolkata	100	73	79	85	73	54	72.8 (73)
Calcutta Pavlov MH, Kolkata	215	69	65	101	121	143	99.8 (46)

Source: Data furnished by respective institutions

Rehabilitation facilities assume greater significance in this context. State Mental Health Rules, 1990 also stipulate rehabilitation as one of the minimum facilities to be provided in a psychiatry hospital. There were, however, no rehabilitation centres to rehabilitate long staying cured patients of government-run mental hospitals. Though one such Centre was built in Berhampore Mental Hospital in 2008-09 at an expenditure of ₹ 57.81 lakh, it was being utilized for OPD and other sections.

2.2.10 Human resource

2.2.10.1 Availability of manpower

According to Rule 22 of State Mental Health Rules, 1990, there should be one psychiatrist and one clinical psychologist/social worker for every 10-bedded hospital or nursing home. In addition, one staff nurse and one attendant were to be provided for every three and five patients respectively. Men in position *vis-à-vis* normative requirement in four test-checked MHs is indicated below.

Table No. 2.2.7: Position of manpower- requirement vis-à-vis men-in-position

Name of Mental Hospital	Functional Beds	Average number of inpatient as of March 2012	Required manpower based on functional beds				Actual manpower				Shortfall/excess (percentage)			
			Psychiatrist	Psychologist	Nurse	Attendant	Psychiatrist	Psychologist	Nurse	Attendant	Psychiatrist	Psychiatrist	Nurse	Attendant
Berhampur MH, Murshidabad	234	300	23	23	78	47	9	1	50	89	14(61)	22(96)	28(36)	-42(-89)
Institute for mental Care, Purulia	140	118	14	14	47	28	5	1	39	36	9(64)	13(93)	8(17)	-8(-29)
Lumbini Park MH, Kolkata	100	90	10	10	33	20	5	1	28	32	5(50)	9(90)	5(15)	-12(-60)
Calcutta Pavlov MH, Kolkata	215	387	22	22	72	43	7	4	41	51	15(68)	18(82)	31(43)	-8(-19)
Total	689	895	69	69	230	138	26	7	158	208				

Source: Data furnished by respective institutions

As could be seen from the table, there were significant shortages in key posts in state-run mental hospitals. Shortfall ranged between 50 and 68 per cent for psychiatrist, 82 and 96 per cent for psychologist and 15 and 43 per cent for nurse. Test-checked MCHs presented a slightly better position with psychologists available in all test checked MCHs excepting one (North Bengal MCH) and one to three psychiatrists in position against the required three.

The quality of mental health care service may be adversely affected by such substantial shortages of staff in key positions.

2.2.10.2 Training

To tide over shortages in trained manpower¹⁷ in vital areas such as psychiatrists, clinical psychologists, psychiatric social workers and psychiatric nurses, NMHP proposed imparting short-term skill based training among in service personnel (Medical Officers, Social Workers and Nurses) in reputed institutions. SMHA also gave a recommendation (December 2010) in this regard to train MO (Psychiatrist), Nursing Staff, General Duty Attendant (GDA) etc. of state-run MHs.

Accordingly, Department decided (June 2012) to organize training/ orientation programme for the staff of mental hospitals in a phased manner. It was also decided that nursing staff and GDA of three mental hospitals in Kolkata would be provided

¹⁷ Scrutiny revealed that none of the nurses working in the state-run MHs were qualified in psychiatry except for one in Calcutta Pavlov MH and one in Lumbini Park MH

with such training at the first phase at IOP. No plan /schedule for training for remaining staff of Kolkata or districts was, however, drawn up.

Scrutiny revealed that out of 118 nurses and 81 GDAs in three MHs in Kolkata (Calcutta Pavlov MH, Lumbini Park MH and IOP, Kolkata), 79 (67 per cent) nurses and 50 GDAs (62 per cent) had been trained between July and September 2012. None of the Nursing staff (158) and GDA (208) of four test checked mental hospitals was covered under orientation/ training programme till July 2013.

2.2.11 Monitoring

Mental Health Act of 1987 had made it obligatory for the state to create a mechanism for licensing and monitoring mental health care facilities by Visitors and SMHA.

2.2.11.1 Board of Visitors

Under section 37 of the Mental Health Act, 1987, the government shall appoint for every psychiatry hospital and every psychiatric nursing home, not less than five Visitors¹⁸ for the purpose of inspection, discharge, leave of absence and removal of mentally ill patients. As per Act and the government order on constitution of Board of Visitors, not less than three visitors should at least once in every month make a joint inspection of every part of the psychiatric institution/organization (both private and government) and shall record in books kept for that purpose such remarks as they deem appropriate with regard to the management and condition of such hospital or nursing home and of the inpatients therein. After visit they would submit suggestions to the Department for overall improvement of the psychiatry hospital.

It was seen that though orders for constitution of the board were given in June 1999 and again in June 2002, Board of visitors were constituted only in April 2008 (for five state run MHs) and June 2012 (Institute of Psychiatry, Kolkata) after a lapse of about nine years. Board of visitors had not been constituted for any of the private psychiatric institutions/organizations though 39 licensed private institutions were working in mental health care field as of March 2013.

The position of visits by the board of visitors during 2008-09 to 2012-13 is given below:

¹⁸ Among the visitors, at least one shall be medical officer, preferably a Psychiatrist and two social workers

Table No. 2.2.8: Position of visits by Board of visitors

Particulars during 2008-09 to 2012-13	Name of the Institution			
	Berhampur MH, Murshidabad	Institute for Mental Care, Purulia	Lumbini Park MH, Kolkata	Calcutta Pavlov MH, Kolkata
Required number of visit	60	60	60	60
Actual number of visit	2 in 2012-13	7 (one in 2009-10 and three each in 2011-12 and 2012-13)	2 (one each in 2011-12 and 2012-13)	7 (one in 2008-09, two in 2011-12 and four in 2012-13)
Shortfall	58	53	58	53
Years in which visit were not undertaken	2008-09 to 2011-12	2008-09 and 2010-11	2008-09 to 2010-11	2009-10 and 2010-11

Source: Records of respective institutions

Thus, there were huge shortfalls in number of visits with only two to seven visits having been undertaken during five years period of 2008-13 against required 60 visits. No visits were undertaken in four MHs for periods ranging between two to four years (out of the five years covered in audit). Audit further noted following deficiencies in this regard:

- Board of Visitors for Institute of Psychiatry, Kolkata was created as late as June 2012 and it visited the hospital only once against the required nine visits.
- Out of four test checked MHs, two viz. Lumbini Park MH and Calcutta Pavlov MH did not maintain required books to enter remarks of board of visitors.
- Though Act stipulated joint inspection by not less than three members, such visits by three member board were conducted only eight¹⁹ times out of the 18 visits conducted during 2008-13.

Some of the recommendations of Board of visitors like, rehabilitation of long staying patients, construction of new wards, provision of equipment etc. (**Appendix 2.10**) were yet to be implemented.

2.2.11.2 Supervision by SMHA

As per Act, supervision of psychiatry hospitals and psychiatry nursing homes and other Mental Health Service Agencies under control of State Governments rests with SMHA. As already mentioned in paragraph 2.2.8.1, there were shortfalls in required minimum number of meetings by SMHA in the range of one to three. Minutes of the meeting indicated that SMHA reviewed mental health care activities. However, non-implementation of recommendations of the Authority rendered the mechanism ineffective.

¹⁹ Once in Lumbini Park MH, Berhampur MH and Institute of Psychiatry, two times in Pavlov MH and three times in Institute for Mental Care, Purulia.

Further, it was seen that Department held monthly meetings of mental health cell and took decisions like commencement of laboratory facilities in Calcutta Pavlov MH and Lumbini Park MH, Kolkata, visits of gynaecologist to the Lumbini Park MH, etc. However, these decisions were yet to be carried out.

2.2.11.3 Human Rights Commission recommendation

During 2008-13, Human Rights Commission conducted visits in three Mental Hospitals viz. Institute of Psychiatry, Kolkata (November 2010), Calcutta Pavlov MH, Kolkata (December 2008) and Lumbini Park MH, Kolkata (August 2010) and gave 53 recommendations, out of which only 10 were implemented. **Appendix 2.11** brings out lack of action on the part of the Department towards implementation of significant suggestions of the Commission like providing laboratory facilities, rehabilitation facilities, etc.

2.2.12 Conclusions

Performance audit on mental health care facilities in West Bengal highlighted various instances of deficiencies in respect of planning, implementation and monitoring, which call for attention and initiative of the Department.

- Absence of a mental health care policy and epidemiological survey to assess prevalence of mental illness and adequacy or otherwise of the health care infrastructure resulted in planning deficiencies and consequently activities in area of mental health care did not have desired holistic approach.
- Level of utilization of GoI funds often remained low indicating inadequate attention given to development of infrastructure for mental health care. Objective of improvement of infrastructure through construction of new buildings remained largely unfulfilled as construction works entrusted to PWD were delayed resulting in cost escalation and non-completion of works. Procurement of equipment also did not yield fruitful results as the same were not put to use, partly due to non-posting of requisite manpower. As a result, patients were deprived of better mental health care services like ECT, better indoor facilities, etc.
- District Mental Health Programme suffered as services envisaged under the programme were not provided or services at primary level could not be continued. There were noticeable shortages in key posts like psychiatrists, psychologists and nurses, which adversely affect mental health care services.
- There was overcrowding of in-patients in some mental hospitals due to non-functioning of sanctioned beds, overstaying of cured patients, etc. Patients overstayed in mental hospitals even after being cured mainly owing to the reluctance of families to accept them. Not only did this strain the government resources, but also exposed the cured patients to a possible relapse of their

mental illnesses. Situation was further compounded by lax intervention of government in rehabilitation of cured patients.

- Though decision was taken to train nurses and attendants, many remained untrained. Most of the recommendations made by both SMHA and Boards of Visitors were yet to be implemented by the Department.

2.2.13 Recommendations

- *Department should actively consider formulation of a mental health care policy. Immediate steps need to be taken for conducting epidemiological survey to assess the disease prevalence and to estimate adequacy or otherwise of the mental health care facilities in the State.*
- *Department should take necessary steps to ensure that funds provided are utilized efficiently. Wherever possible, Department may consider setting up of milestones to ensure timely utilization.*
- *The Department should take necessary initiatives to implement recommendations made by the SMHA and Boards of Visitors.*
- *Department may evolve a mechanism to actively monitor the progress of works entrusted to PWD to ensure timely completion of works.*
- *Purchase of equipments should be synchronized with posting of requisite manpower and provision of requisite infrastructure.*
- *Department should take up rehabilitation activities so as to integrate the cured patients back into society. This will also take care of the problem of overstay of cured patients in mental hospitals which in turn will contribute to better in-patient care. Performance of NGOs with whom Government had collaboration should also be closely monitored through suitable institutionalized mechanism.*
- *Shortages in front-line healthcare service providers such as psychiatrists, psychologists and nurses need to be addressed urgently. Training of existing staff should be completed on priority.*
- *Department should ensure holding of regular meetings of the SMHA and conduct of requisite number of inspections by the Boards of Visitors as stipulated in the Act and Rules.*

The matter was referred to Government in August 2013; reply had not been received (December 2013).