

Report of the Comptroller and Auditor General of India on General and Social Sector for the year ended 31 March 2016



Government of Rajasthan Report No. 2 of the year 2017

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on

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PREFACE

This Report for the year ended 31 March 2016 has been prepared for submission to the Governor of the State of Rajasthan under Article 151 of the Constitution of India. This report contains three Chapters.

This Report relates to audit of the Social and General Sectors of the Government departments conducted under provisions of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971 and Regulations on Audit and Accounts 2007 issued thereunder by the Comptroller and Auditor General of India. This report is required to be placed before the State Legislatue under Article 151 (2) of the Constitution of India.

The instances mentioned in this Report are those, which came to notice in the course of test audit during the period 2015-16 as well as those, which came to notice in earlier years, but could not be reported in the previous Audit Reports; instances relating to the period subsequent to 2015-16 have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards (March 2002) issued by the Comptroller and Auditor General of India.

Chapter I Introduction

Chapter I Introduction

1.1 About this Report

This Report of the Comptroller and Auditor General of India (C&AG) relates to matters arising from Performance Audit of selected programmes and activities and Compliance Audit of various Departments of State Government.

Compliance Audit refers to examination of the transactions relating to expenditure of the audited entities to ascertain whether the provisions of the Constitution of India, applicable laws, rules, regulations and various orders and instructions issued by competent authorities are being complied with. On the other hand, performance audit, besides conducting a compliance audit, also examines whether the objectives of the programme/activity/department are achieved economically and efficiently.

The primary purpose of the Report is to bring to the notice of the State Legislature, important results of Audit. Auditing Standards require that the materiality level for reporting should be commensurate with the nature, volume and magnitude of transactions. The findings of Audit are expected to enable the Executive to take corrective actions so as also to frame policies and directives that will lead to improved financial management of the organisations, thus, contributing to better governance.

This chapter, in addition to explaining the planning and extent of Audit, provides a synopsis of the significant deficiencies in performance of selected programme, significant audit observations made during the compliance audit and follow-up on previous Audit Reports. Chapter-II of this report contains findings arising out of performance audit of selected programme/ activity/departments. Chapter-III contains observations on the compliance audit in Government Departments.

1.2 Profile of the Audited Entity

Under General and Social Sector of the Government of Rajasthan, there are 47 departments and 22 autonomous bodies, headed by Chief Secretary/Principal Secretaries/Secretaries, assisted by Deputy Secretaries/Commissioners and subordinate officers, which are audited by the Principal Accountant General (General and Social Sector Audit), Rajasthan, Jaipur. A brief profile of the Departments is discussed in *Appendix-1.1*.

The comparative position of expenditure incurred by the Government of Rajasthan during 2013-14 to 2015-16 is given in **Table 1.1**.

			(₹ in crore)
Particulars	2013-14	2014-15	2015-16
Revenue expenditure			
General services	23,339	27,868	31,016
Social services	31,486	37,754	43,349
Economic services	20,436	28,920	31,874
Grants-in-aid and Contribution	249	_*	_**
Total	75,510	94,542	1,06,239
Capital and other expenditur	e		
Capital Outlay	13,665	16,103	21,985
Loans and Advances disbursed	811	701	36,602
Payment of Public Debt	4,116	4,960	4,959
Contingency Fund	-	300	-
Public Accounts disbursement	1,05,605	1,22,061	1,40,432
Total	1,24,197	1,44,125	2,03,978
Grand Total	1,99,707	2,38,667	3,10,217

 Table 1.1: Comparative position of expenditure

Source: Audit Reports on State Finances of the respective years.

*₹ 9 lakh only. **₹ 10 lakh only.

1.3 Authority for Audit

The authority for Audit by the Comptroller and Auditor General of India (CAG) is derived from Articles 149 and 151 of the Constitution of India and the CAG's Duties, Powers and Conditions of Service (DPC) Act, 1971. Principles and methodologies for various audits are prescribed in the Regulations on Audit and Accounts, 2007 and the Auditing standards, 2002 issued by the C&AG.

1.4 Organisational Structure of the Office of the Principal Accountant General (General and Social Sector Audit), Rajasthan, Jaipur

Under the directions of the CAG, the Office of the Principal Accountant General (General and Social Sector Audit), Rajasthan conducts audit of Government Departments/Offices/Autonomous Bodies/Institutions under the General and Social Sector, which are spread all over the State. During 2015-16, financial, performance and compliance audits of the selected units under various General and Social Sector Departments, Autonomous Bodies (except *Panchayati Raj* Institutions and Urban Local Bodies) and externallyaided projects of the State Government were conducted by 49 audit parties, manned by Senior Audit Officers/Audit Officers and Assistant Audit Officers who conducted the Audit in the field.

1.5 Planning and conduct of audit

The audit process starts with the assessment of risk exposure of various Government Departments/Organisations/Autonomous Bodies and schemes/ projects, etc. Risk assessment is based on expenditure, criticality/complexity of activities, level of delegated financial powers, assessment of overall internal controls and the concerns of stakeholders. Audit findings during the previous years are also considered in this exercise.

After completion of audit of each unit, Inspection Reports containing audit findings are issued to the Heads of the units/departments with the request to furnish replies on audit findings, within one month of receipt of the Inspection Report. Whenever replies are received, audit findings are either settled or further compliance is advised. The important audit observations arising out of these Inspection Reports are processed for inclusion in the Audit Reports.

To carry out audit of 1,157 out of the 20,281 units of General and Social Sector Departments, 9,912 audit party days were used during 2015-16. The audit plan covered those units/entities, which were vulnerable to significant risk, as per the risk assessment.

1.6 Significant audit observations

During the last few years, audit has reported several significant deficiencies in implementation of various programmes/activities as well as the quality of internal controls in selected departments through performance audits, which had impacted the success of programmes and functioning of the departments. Similarly, the deficiencies noticed during compliance audit of the government departments/organisations were also reported. The specific audit findings that have emerged from the Performance Audit/Compliance Audit during the last five years are listed in *Appendix-1.2*.

The current report brings out deficiencies in critical areas which impact the effectiveness of functioning of programmes/activities of the Departments. The significant areas of concern requiring corrective action are discussed below:

1.6.1 Performance audit of programmes/activities of departments

Chapter II of this report contains the performance audits of 'National Rural Health Mission' and 'Implementation of Right of Children to Free and Compulsory Education Act, 2009'. Brief summaries of the Performance Audits are discussed in the following paragraphs:

1.6.1.1 National Rural Health Mission

The National Rural Health Mission (NRHM) was launched by the Government of India (GoI) on 12 April 2005 throughout the country for providing accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas especially to poor and the vulnerable section of the population.

Baseline survey comprising of Household Survey and Annual Facility Survey was not conducted in the State during 2011-16. Annual State Programme Implementation Plans were submitted with delays and consequently approvals of GoI were also delayed.

Health centres were constructed at inaccessible and uninhabited locations and contracts for construction of buildings were awarded to the contractors without ensuring the availability of land. Less number of health centres were provided in the tribal areas as compared to non-tribal areas. Rural Health Centres (Community Health Centres (CHCs), Primary Health Centres (PHCs) and Sub Centres (SCs)) were having more shortages of essential equipment as compared to District Hospitals. Further, equipment were lying unutilised due non-availability of trained staff. There were shortages in the availability of essential drugs particularly at CHCs and PHCs.

There was a 62.93 *per cent* shortage of manpower in health centres located in rural areas. Only 64.73 and 58.45 *per cent* persons were appointed on contractual basis during 2014-16 respectively. There was shortage of 12.73 *per cent* in selection of Accredited Social Health Activists (ASHAs) and only 42.90 *per cent* of ASHAs could be imparted induction training in the State.

The percentage of women registered in first trimester of the pregnancy, though increased from 46.59 *per cent* to 60 *per cent* during 2011-16, yet 26.93 *per cent* to 31.02 *per cent* pregnant women did not get all three mandatory checkups. Only 67.77 *per cent* pregnant women were given Iron Folic Acid tablets. There was no significant variation in institutional deliveries in the State during 2011-16.There was significant shortfall in Measles, Oral Polio Vaccine booster, Diphtheria, Pertussis and Tetanus booster and Tetanus Toxoid 10/16 immunisation. Involvement of men in the family planning process continued to be abysmally low.

State Health Society utilised 75.11 *per cent* fund during 2011-16. Instances of delay in release of proportionate share by the State Government, diversion of funds, huge unadjusted advances were noticed. State Health Mission did not hold any meeting during 2011-16 and only two meetings of Governing Body were conducted.

The State continues to lag behind the All India Average and stood at 23rd position (out of 28) in Infant Mortality Ratio, 25th position (out of 28) in Maternal Mortality Ratio and 17th (out of 20) in Total Fertility Rate.

(Paragraph 2.1)

1.6.1.2 Implementation of Right of Children to Free and Compulsory Education Act, 2009

To provide free and compulsory education to all children in the age group of 6-14 years, Government of India (GoI) enacted the Right of Children to Free and Compulsory Education (RTE) Act in August 2009. The RTE Act provides that every child of the age of 6-14 years shall have a right to free and compulsory education in a neighbourhood school till completion of elementary education. The RTE Act became operative in the State with effect from 1 April 2010.

Free and compulsory education to all children upto 14 years of age through proper identification, enrolment and retention has not been achieved as 12.40 to 18.74 *per cent* children of 6-13 years of age were not enrolled in any class during 2012-16. Reduction in number of schools by 14.90 *per cent* in 2014-16 and non-distribution of transport allowance to children was noticed.

Admission under 25 *per cent* RTE quota were delayed by two years by the State Government and 11,300 Non-Government Schools representing 16.36 *per cent* did not adhere to the provision of 25 *per cent* RTE quota. The prescribed Pupil Teacher Ratio was not achieved even after five years in 30,549 schools which constitute 51.52 *per cent* and there were huge gaps in infrastructure facilities in the schools. Large numbers of contractual teachers in Government schools are yet to acquire the minimum qualifications. State Advisory Council met only three times against 15 in the last four years.

Thus, the key objective of RTE Act 2009 of universalisation of elementary education encompassing three major aspects of access, enrolment and retention of children in the age group of 6-14 years, was not fully achieved.

(Paragraph 2.2)

1.6.2 Significant audit observations during compliance audit

Audit observed significant deficiencies in critical areas, which impact the effectiveness of the State Government. Some important findings of compliance audit (three thematic audit paragraphs and 11 draft paragraphs) have been reported in Chapter III. The major observations relate to the following categories:

- Non-compliance with rules and regulations.
- Audit against propriety and cases of expenditure without adequate justification.
- Persistent and pervasive irregularities.
- Failure of oversight/governance.

1.6.2.1 Non-compliance with rules and regulations

For sound financial administration and control, it is essential that expenditure conforms to financial rules, regulations and orders issued by the competent authority. This helps in maintaining financial discipline and preventing irregularities, misappropriation and frauds. This report contains instances of non-compliance with rules and regulations involving ₹ 261.66 crore, as given below:

By adopting incorrect norms, Disaster Management and Relief Department incurred inadmissible and irregular extra expenditure of \gtrless 47.74 crore towards payment of agriculture input subsidy to farmers.

(Paragraph 3.1)

Avoidable extra expenditure of \gtrless 132.88 crore was incurred by Public Health Engineering Department on tender sanction at significantly high rate from typical rates.

(Paragraph 3.2)

Public Health and Engineering Department approved irregular and unauthorised expenditure of \gtrless 81.04 crore on execution of additional works in contravention of financial rules.

(Paragraph 3.3)

1.6.2.2 Audit against propriety and cases of expenditure without adequate justification

Authorisation of expenditure from public funds has to be guided by the principles of propriety and efficiency of public expenditure. Authorities empowered to incur expenditure are expected to enforce the same vigilance as a person of ordinary prudence would exercise in respect of his own money. Audit scrutiny revealed instances of impropriety and extra expenditure involving ₹ 36.86 crore. Audit findings are as under:

Establishment of model and small nurseries under National Horticulture Mission without assessing the requirement of plants by Agriculture Department, resulted in unfruitful expenditure of ₹ 1.59 crore.

(Paragraph 3.4)

Unfruitful expenditure of \gtrless 6.55 crore incurred by Public Health Engineering Department on incomplete works under Regional Water Supply Scheme. Besides, the objective of the scheme to provide safe drinking water was also defeated, depriving the habitation from fluoride free water for more than six years.

(Paragraph 3.5)

Unfruitful expenditure of \gtrless 0.96 crore incurred by Social Justice and Empowerment Department on construction of Navjeevan Hostel without proper assessment and contrary to the provisions of the scheme.

(Paragraph 3.6)

1.6.2.3 Persistent and pervasive irregularities

An irregularity is considered persistent if it occurs year after year. It is deemed pervasive when prevalent in the entire system. Recurrence of irregularities, despite being pointed out in earlier audits, is indicative of slackness on the part of the executive and lack of effective monitoring. This in turn encourages willful deviations from observance of rules/regulations and results in weakening of administrative structure. Audit observed instances of persistent and pervasive irregularities of ₹ 3.51 crore.

Failure of the treasury officers to exercise prescribed checks led to excess/ short/irregular payment of pension/family pension amounting to ₹ 3.51 crore.

(Paragraph 3.7)

1.6.2.4 Failure in implementation, monitoring and governance

Government has an obligation to improve the quality of life of the people in the areas of health, education, development and upgradation of infrastructure, public services, etc. Audit noticed instances where the funds released by the government for creating public assets, remained unutilised/blocked or proved unfruitful/unproductive due to indecisiveness, lack of administrative supervision or concerted action at various levels. Test check of cases revealed that failure in implementation, monitoring and governance. Audit findings are as under:

The *Consumer Protection Act, 1986* (CP Act) was enacted by the Parliament to provide simple, speedy and inexpensive redressal for the consumers' grievances. The CP Act gives the consumer an additional remedy besides those already available under other existing laws. The CP Act and the Consumer Protection Rules, 1987 came into effect on 15 April 1987 and the Consumer Protection (Rajasthan) Rules 1987 came into force from 23 July 1987.

The pendency of consumer cases was increasing from 2012 to 2016 and was as high as 46,266 as of 31 March 2016. The disposal of complaint/appeal cases within the prescribed period was only 9.89 *per cent*. The delays were attributable to the lack of adequate infrastructure and manpower. The Rules prescribing the procedure and methodology for smooth functioning of the State Consumer Protection Council and District Consumer Protection Councils were not yet notified and the meetings of the State Council and District Counce Protoce Counce Protoce Counce Protoce Counce Protoc

The purpose of increasing consumer awareness could not be fulfilled as the adequate manpower could not be posted, Consumer Welfare Fund could not be fully utilised and only very few Consumer Clubs in schools were formed. Even though the Consumer Forums were set up to supplement the existing judicial system without all the formal procedures of a Court, 99 *per cent* of the complainants were not confident of filing the case without an Advocate to support them.

(Paragraph 3.8)

Jail Department is functioning to keep the safe custody of prisoners, organise activities to improve and change their living style and habits so that they may join the mainstream of society as useful and good citizens on their release.

Performance Audit (PA) of Jail Department was conducted in 2005. A followup audit to review the status of implementation of recommendations of PAC/Audit was carried out in the test checked units covered in earlier PA, to assess the compliance by the Department with reference to issues raised in Audit Report and recommendations of PAC.

It was revealed that there was inadequate security system in Jails and cases of escaping of inmates were increasing. Health facilities to prisoners continued to be inadequate. Further, Department has not made adequate efforts in revamping Jail industries and ensure sale of Jail products at the competitive prices. Sanctioned works were not completed in time and the completed building were also not utilised.

(Paragraph 3.9)

Hospital Management Information System (HMIS) known as '*Arogya Online*' was an initiative of Government of Rajasthan to deliver better quality of healthcare to citizens of the State through automation. The Arogya Online of Sawai Man Singh Hospital, Jaipur was envisaged to manage critical health related data of hospital operations including vital patient's records and providing solution to support the hospital administration. The system was designed to streamline workflow operations by optimisation of tasks to be performed and enable transition to a paperless clinic. The system also sought to facilitate better sharing of information in the hospital.

Arogya Online project has benefitted both out patients and in-patients due to automation of some of the critical hospital activities, however, nonoperationalisation/delayed development of certain modules for operation theatre, bio-medical waste, linen & laundry, sterilisation of equipment, etc., has resulted in not harnessing most of the advantages of a fully automated IT system.

Manual preparation of the reports and patients' register by the hospital staff defeated the objective of transition to a paperless system. Comprehensive and time bound training for acquaintance with HMIS applications was not imparted to all the users. Lack of adequate application controls and validation controls resulted in feeding of wrong patient data into the system which compromised the reliability of database. In absence of proper planning for procurement of hardware and non execution of AMC, large number of hardware equipment became condemnable and lying idle. Disaster recovery and business continuity plan were not formulated to meet the threat to the information.

(Paragraph 3.10)

In Higher Education Department, Sports Infrastructure fee and penalty was not recovered from affiliated colleges due to non-maintenance of proper/effective records and non-compliance of instructions of Board of Management of University of Kota.

(Paragraph 3.11)

Failure of Tribal Area Development Department to get suitable land for construction for *Janjati Bhawans* at Dungarpur, Jaipur and Udaipur Districts and slow pace of work at Banswara, Pratapgarh and Sirohi Districts, resulted in depriving the tribal people of intended benefits.

(Paragraph 3.12)

Failure of Medical Education Department to ensure utilisation/transfer of drugs within the expiry period resulted in time barring of drugs and loss of ₹ 5.46 crore to the exchequer.

(Paragraph 3.13)

Public Health Engineering Department extended undue financial benefits of \gtrless 2.97 crore to the contractors by deletion of defective liability clause in the contract agreements.

(Paragraph 3.14)

1.7 Response of the Departments to Performance Audits/Draft Paragraphs

The draft paragraphs are forwarded to the Principal Secretaries/Secretaries of the departments concerned, drawing their attention, for their response. It is brought to their personal attention that in view of likely inclusion of such paragraphs in the Audit Reports of the Comptroller and Auditor General of India, which are placed before State Legislature, it would be desirable to include their comments. They are also advised to have meetings with the Principal Accountant General to discuss the performance audits/thematic audits/draft paragraphs, proposed for inclusion in the Audit Reports. Accordingly all the performance audits/thematic audits/draft paragraphs proposed for inclusion in this report, were forwarded to the Principal Secretaries/ Secretaries concerned.

The concerned departments did not send replies to six out of 16 performance audits/thematic audit paragraphs/draft paragraphs featured in Chapter II and Chapter III. The responses of the concerned departments received in respect of 10 paragraphs have been suitably incorporated in the Report.

1.8 Lack of response to audit observations

Rule 327 (1), read with Appendix 6 of General Financial and Accounts Rules prescribes the retention period of various accounting records, which ranges between one and three years after Audit by Principal Accountants General.

Failure of departmental officers to furnish compliance of the audit observations in Inspection Reports (IRs) within the prescribed retention period of records, however, results in non-settlement of IR paragraphs due to non-availability of relevant records. As on 31 March 2016, there were 5,140 numbers of IRs containing 17,670 numbers of paragraphs, issued during the period from 1994-95 to 2015-16 (upto September 2015) which were pending for settlement. Year-wise pendency is shown in **Table 1.2**.

Year	IRs	Paragraph
Upto 2008-09	1,054	2,466
2009-10	441	1,183
2010-11	591	1,762
2011-12	606	1,886
2012-13	609	2,496
2013-14	761	2,922
2014-15	776	3,367
2015-16 (upto September 2015)	302	1,588
Total	5,140	17,670

Table 1.2

For early settlement of outstanding paragraphs in IRs, State Government issued (August 1969) instructions to all departmental officers for sending first reply to IRs within a month and replies to further audit observations within a

fortnight. These instructions have been reiterated from time to time. The instructions issued in March 2002 envisaged appointment of nodal officers and Departmental Committee in each of the Administrative Department for ensuring compliance to all matters relating to audit.

Detailed analysis of IRs issued to two Departments was carried out to study the pendency of responses to the paragraphs brought out in the IRs. Analysis of the IRs of various units of the Women and Child Department (432 IRs) and Public Health and Engineering Department (951 IRs) revealed that 5,400 paragraphs pertaining to 1,383 IRs were outstanding as on 31 March 2016. Category-wise details of irregularities commented in IRs is given in *Appendix 1.3.* It was further noticed that first compliance in respect of 4 IRs (issued between November 2014 to October 2015) relating to Women and Child Department and 31 IRs (issued between February 2015 to February 2016) in respect of Public Health and Engineering Department, was pending.

1.9 Follow-up on Audit Reports

The Finance Department of the State Government decided (December 1996) that Action Taken Notes (ATNs) on all paragraphs/reviews that have appeared in Audit Reports be submitted to the Public Accounts Committee, duly vetted by Audit, within three months from the date of laying of the Reports in the State Legislature. A review of the outstanding ATNs on paragraphs/ performance reviews included in the Reports of the Comptroller and Auditor General of India pertaining to various Departments as of November 2016, revealed that 16 ATNs¹ were pending from the concerned Departments.

^{1.} Paragraph 3.5 of the Audit Report (State Finances) 2012-13; paragraphs 3.2 and 3.5 of the Audit Report (State Finances) 2013-14 and paragraphs 1.4.5, 1.7.5, 1.9.1, 1.9.2, 1.9.4, 1.9.8, 2.3.4, 2.4, 2.6, 3.2, 3.3, 3.4 and 3.5 of the Audit Report (State Finances) 2014-15.

Chapter II

Performance Audit

Chapter-II Performance Audit

This Chapter presents the Performance Audits of 'National Rural Health Mission' and 'Implementation of Right of Children to Free and Compulsory Education Act, 2009'.

Department of Medical, Health and Family Welfare

2.1 National Rural Health Mission

Executive summary

The National Rural Health Mission (NRHM) was launched by the Government of India (GoI) on 12 April 2005 throughout the country with special focus on 18 states including Rajasthan. The Mission aimed at reducing child and maternal mortality rate, providing accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas especially to poor and the vulnerable section of the population.

The Department did not follow the "Bottom up approach" for planning in accordance with the NRHM framework. Baseline Survey comprising Household Survey and Annual Facility Survey was not conducted during 2011-16. Annual State Programme Implementation Plans were submitted with delays and consequently approvals of GoI were also delayed, resulting in cascading delays in the implementation of the programme at various levels.

State Government could not provide all the basic infrastructural facilities in 75.77 *per cent* of Rural Health Centres. Health Centres were constructed at inaccessible and uninhabited locations and contracts for construction of buildings were awarded to contractors without ensuring the availability of land. Emphasis on providing all essential equipment in Rural Health Centres was not given as they had more shortages of essential equipment as compared to District Hospitals. Furthermore, equipment were lying unutilised in the Health Centres due to non-availability of trained staff to operate them. There were shortages in the availability of essential drugs particularly at CHCs and PHCs.

There was 62.93 *per cent* shortage of manpower in Health Centres located in rural areas while District Hospitals catering mostly the urban population had to excess manpower of 35.46 *per cent*. The gap in availability of manpower was not even filled up with engagement of medical and para medical manpower on contractual basis.

The percentage of women registered in first trimester of the pregnancy, increased from 46.59 *per cent* to 60 *per cent* during 2011-16, yet 26.93 *per cent* to 31.02 *per cent* pregnant women did not get all three mandatory checkups. Only 67.77 *per cent* pregnant women were given IFA tablets inspite

of widely prevalent anaemia in the State. Further, 26.23 to 34.15 *per cent* newborns delivered at home were not visited by the doctors/ANMs/Nurses within 24 hours of delivery.

There was low coverage in administering vaccines viz. Measles, OPV booster, DPT booster and TT 10/16 to infants (0 to 1 year) and children (1 to 16 years). The achievement against the target of sterilisation was only 54.48 *per cent* and the involvement of men in the family planning process continued to be abysmally low.

Though the State Government projected the requirement of ₹ 8,645.98 crore during 2011-16, ₹ 6,762.38 crore (78.21 *per cent*) were released to State Health Society, who utilised only ₹ 6,494.75 crore (75.11 *per cent*) of the funds. Huge unadjusted advances were outstanding against Rajasthan Medical Services Corporation Limited, State Institute of Health and Family Welfare, Blocks, CHCs and PHCs.

State Health Mission did not hold any meeting during 2011-16 and only two meetings (against stipulated seven) of Governing Body were held, which pointed to weaknesses in the apex monitoring process. Further at the district level, only 14 *per cent* of the prescribed meetings of District Health Mission could be held.

The State continues to lag behind the All India Averages and stood at 23rd position (out of 28) in Infant Mortality Ratio, 25th position (out of 28) in Maternal Mortality Ratio and 17th (out of 20) in Total Fertility Rate.

2.1.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Government of India (GoI) on 12 April 2005 throughout the country with special focus on 18 states including Rajasthan. The Mission aimed at reducing child and maternal mortality rate, providing accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas especially to the poor and the vulnerable section of the population. Period for first phase of the NRHM programme was 2005-06 to 2011-12 and the programme was extended for second phase from 2012-13 to 2016-17.

2.1.2 Organisational set up

The NRHM functions under the overall guidance of the State Health Mission (SHM) headed by the Chief Minister. The Governing Body (GB) of the State Health Society (SHS) is headed by the Chief Secretary of the State. Its Executive Committee (EC) is headed by the Principal Secretary, Medical and Health Department. A State Programme Management Support Unit (SPMSU) headed by the Mission Director, acts as the secretariat to SHS.

At the district level, every district has a District Health Society (DHS) headed by District Collector and its Executive Committee is headed by the Chief Medical and Health Officer (CMHO). District Hospitals (DHs) at the district level, Community Health Centres (CHCs) at block level, Primary Health Centres (PHCs) and Sub Centres (SCs) at village level deliver healthcare services to the community.

During 2011-16, the GoI approved State Programme Implementation Plans (PIPs) for ₹ 8,645.98 crore under NRHM, against which ₹ 6,762.38 crore¹ was released and ₹ 6,494.75 crore was utilised in the State.

2.1.3 Objectives of the Programme

The main objectives of the Mission were as under:

- Reduction in child and maternal mortality;
- Universal access to public healthcare services with emphasis on services addressing women's and children's health and universal immunisation;
- Prevention and control of communicable and non-communicable diseases including local endemic diseases;
- Access to integrated comprehensive primary healthcare;
- Population stabilisation, gender and demographic balances;
- Revitalize local health tradition and mainstream AYUSH; and
- Promotion of healthy lifestyles.

2.1.4 Audit Objective

The objectives of Performance Audit were to assess the:

- (*i*) Efficacy of planning in achievement of the objectives of NRHM;
- (*ii*) Availability of adequate physical infrastructure and equipment to meet the requirements of beneficiaries;
- (iii) Availability of healthcare professionals as per requirement of the norms;
- *(iv)* Extent and quality of healthcare services provided and impact of NRHM on reducing Infant Mortality Rate, Maternal Mortality Rate and Total Fertility Rate;
- (v) Existence of prudent financial management; and
- (vi) Adequacy of the monitoring mechanism.

2.1.5 Audit criteria

The criteria used for the assessment of performance included:

- NRHM Framework for Implementation 2005-12 and 2012-17;
- Operational Guidelines for Financial Management;

¹ GoI share: ₹ 4,948.61 crore and State Government share: ₹ 1,813.77 crore.

- Indian Public Health Standards 2012 for Sub Centres, Primary Health Centres, Community Health Centres, Sub-Division Hospitals and District Hospitals;
- Operational Guidelines for Quality Assurance in Public Health Facilities 2013; and
- Audited Annual Financial Statements of SHS.

2.1.6 Scope and methodology

The Performance Audit was carried out during April-July 2016, covering the period 2011-16. The selection of healthcare centres was made at District, Block and Village levels by *'Simple Random Sampling without Replacement'* method.

Seven District Health Societies (DHS) were selected from 28 rural districts² along with seven District Hospitals³ (DHs) and two blocks in each district⁴. Further, 15 CHCs and one Sub Division Hospital (SDH) were selected in these blocks. Two PHCs (making a total of 30 PHCs) under each CHC and three SCs (making a total of 88 SCs⁵) under each PHC were also selected.

Test check of records of the Mission Directorate was also carried out. Apart from examination of documents, joint physical inspections, interview of the beneficiaries and cross verifications of records at various levels were also undertaken.

An Entry Conference was held with Principal Secretary, Medical and Health Department along with Mission Director on 11 April 2016. Audit Findings and the Audit Recommendations were also discussed with Principal Secretary in the Exit Conference held on 15 November 2016.

2.1.7 Audit Findings

Efficacy of planning

Audit Objective 1: To assess the efficacy of planning in achievement of the objectives of NRHM

2.1.7.1 Planning

NRHM adopts a "bottom up approach" for planning. As per paragraphs 78 to 80 of the NRHM framework, the process begins at the village level with the preparation of a "Village Health Action Plan" (VHAP). Village Health Sanitation and Nutrition Committee, which includes an Accredited Social Health Activist (ASHA) and an Anganwari Worker plays the critical role of recording people's needs and is also responsible for preparation of VHAP

² The districts having at least 70 per cent rural population were classified as rural.

³ Dausa, Jalore, Jhalawar, Nagaur, Pratapgarh, Rajsamand and Sirohi.

⁴ Except Nagaur, where three blocks were selected.

⁵ There is only one SC under PHC Diver (District-Rajsamand).

through consultation. Thereafter a "Block Health Action Plan" (BHAP) is prepared at the Block level based on inputs from the VHAP and after discussions with the implementing units. BHAPs are then aggregated to form an integrated "District Health Action Plan" (DHAP). DHAPs of all districts are compiled and aggregated at the State level for framing the State "Program Implementation Plan" (PIP). Funds under NRHM are allocated activity wise by GoI to the State as per approved State PIP.

2.1.7.2 Baseline Survey

As per paragraph 81 of the NRHM framework, a Baseline Survey consisting of a Household Survey⁶ and a facility survey⁷ was required to be undertaken by DHS to enable comprehensive district planning. This survey when repeated after a gap would provide the details of improvement which came about due to the investment made under the Mission.

It was observed that household survey and annual facility survey were not conducted in the State during 2011-16 as per NRHM framework. The State Government stated (November 2016) that Household Surveys were conducted in the form of Annual Eligible Couple Surveys by the Auxiliary Nurse Midwives (ANM) and data was compiled in the Reproductive and Child Health Register. Regarding facility survey it was stated that district PIPs were prepared after gap analysis of infrastructure, human resources and equipment within the district.

The reply was not convincing as Annual Eligible Couple survey could not substitute the Household Survey as it was deficient in vital information like complete details of the family members in the household, their economic status, health status and lifestyle.

Further, it was noticed that no document/survey report regarding gap analysis in the facilities, was made available to substantiate the reply by any of the test checked units. Furthermore, the practice adopted by the Department for the survey was also not in consonance with the NRHM framework. In the absence of this, the detailed impact of NRHM on improvements in healthcare in households and health facilities could not be assessed.

2.1.7.3 Village and Block level Health Action Plan

Scrutiny of records of test checked districts revealed that Village Health Action Plans (VHAPs) and Block Health Action Plans (BHAPs) were not prepared by the competent authorities during 2011-16. In the absence of inputs⁸ from VHAPs, a village level health mapping exercise could not be done. BHAPs could also not be consolidated on the basis of these VHAPs.

⁶ Household Survey consists of details of the family members, details of economic status, details of health status and lifestyle etc., of households.

⁷ Facility Survey consists of details of nearby health centres, hospitals, investigation facilities and medical professionals etc.

⁸ Inputs like number of households, access to drinking water sources, status of household and village sanitation, nearest health facility for primary healthcare, emergency obstetric care and morbidity pattern.

Finally the DHAPs were made without collecting information flowing from VHAPs and BHAPs. This resulted in district level planning being done without involvement of the beneficiaries at the village and block levels. Further, the very purpose of a "bottom up approach" of planning was defeated.

State Government stated (November 2016) that annual PIPs were prepared after incorporating requirements of equipment, civil works and human resources through orientations/discussions with the district and block teams. Further on the basis of gap analysis exercise at block and village level, the state PIP was compiled and finalised at the State level after analysis and discussed several times.

The reply needs to be viewed in the light of the fact that the practice adopted by the department was not in accordance with NRHM framework. Further, no document was made available to verify that all requirements which emanated from the village/block level had been incorporated in the overall plans.

2.1.7.4 Programme Implementation Plan/Perspective Plan

As per paragraph 2.4.4 of the Operational Guideline for Financial Management of NRHM, the DHAPs were to be reviewed in detail at the State level and finalised through extensive meetings and discussions with the district authorities. The requirements for all the districts are combined with the State level budgetary requirements to form a State Programme Implementation Plan (PIP). This annual State PIP helps the State in identifying and quantifying the targets required for programme implementation for the proposed year.

The State PIP is required to be submitted to Ministry of Health and Family Welfare, GoI for approval.

It was observed that all the PIPs submitted by the State during 2011-16 to GoI were delayed ranging from 14 to 143 days, which in turn delayed the approval of GoI to the annual PIPs. This resulted in cascading delays of 56 to 193 days in the implementation of the programme and underutilisation of available funds at various levels.

State Government stated (November 2016) that the delay in submission of PIPs occurred due to changes in the guidelines and schedule of submission of State PIP to GoI every year and it was further assured to follow the '*bottom up approach*' in future.

The reply was not convincing as planning is a regular and time bound process to incorporate requirements and make budgetary projections for the coming year. Therefore, the process needed to be started well in advance so that all procedural requirements could be accommodated before finalisation of PIPs.

It was observed that an amount of ₹ 206.97 crore was allotted to the SHS as per approved PIPs of the State during 2012-16 for organising 157 healthcare activities under NRHM. SHS however, did not carry out any of the projected activities during 2012-16. This indicates that the provisions were made in the PIPs without ascertaining the necessities.

It was further observed that perspective plan to outline the year-wise resource and activity needs of the district as required under the NRHM framework was not prepared at both District and State level in phase-I and phase-II.

State Government, while accepting the facts, stated (November 2016) that perspective plans were not prepared on the assumption that district level health action plans and perspective plans were the same.

The reply was not convincing as the perspective plan was required to be prepared for the Mission period as per the NRHM framework, which was not done.

<u>Planning</u>

Household Survey and annual facility survey were not conducted in the State during 2011-16. The Department did not follow the "Bottom up approach" for preparing District Level Health Plans in accordance with the requirements of the NRHM framework. Annual State Programme Implementation Plans were submitted with delays and consequently approvals of GoI were also delayed. This resulted in the cascading delays in the implementation of the programme at various levels. Perspective plans were not prepared at both District and State level for the period 2005-12 and 2012-17.

Recommendations:

- 1. Baseline survey including Household Survey and Annual Facility Survey should be conducted by the State Health Mission for assessment of improvement in the available healthcare facilities.
- 2. Perspective plan should be prepared to outline the year wise resource and activity needs of the district. State Government should follow the "Bottom up approach" while preparing District Level Health Plans as outlined in the NRHM framework to ascertain the actual requirements of the rural population.

2.1.8 Infrastructure and equipment

Audit Objective 2: To assess the availability of adequate physical infrastructure and equipment to meet the requirement of beneficiaries.

2.1.8.1 Physical Infrastructure

NRHM aimed to bridge the gaps in the existing capacity of the rural health infrastructure by establishing functional health facilities through revitalisation of the existing physical infrastructure such as health centres and new constructions or renovation wherever required.

GoI prescribed (January-February 2007) a set of uniform Indian Public Health (IPH) Standards for planning and upgradation of public healthcare infrastructure (like SCs, PHCs, CHCs, Sub-Divisonal Hospitals and District

Hospitals) in the country. The NRHM framework for implementation, further provided that upgradation of public healthcare infrastructure to the IPH Standards would be one of the core objectives of NRHM.

The Civil construction wing was set up by the State Government for constructions and renovation of health infrastructure facilities under NRHM and it functions under the Mission Director. There was overall projection of ₹ 1417.06 crore during 2011-16 as per approved PIPs for construction and renovation of health infrastructure facilities. During 2011-16, against allocation of ₹ 1107.22 crore, ₹ 892.85 crore was released out of which expenditure of ₹ 888.88 crore (99.55 per cent) was incurred.

Instances of creation of lesser number of facilities in tribal areas than the norms, delayed/non-completion of construction works, construction of facilities in remote and unpopulated areas and non-utilisation of infrastructure were noticed during test check, which are discussed in succeeding paragraphs:

2.1.8.2 Availability of Health Centres against IPH Standards

The position of requirement of health infrastructure facilities, as per IPH Standards for rural population and their availability as on 31 March 2016, is given in Table 2.1.

Table	2.1

						(Pos	ition as on 31	March 201	16)
				Number of He	alth Infrastr	ucture Facil	ities		
Health Infrastructure Facilities	CHCs			PHCs			SCs		
Facilities	Non- Tribal Areas	Tribal Areas	Total	Non- Tribal Areas	Tribal Areas	Total	Non- Tribal Areas	Tribal Areas	Total
Requirement as per IPH Standards ⁹	384	67	451	1,536	269	1,805	9,220	1,795	11,015
Availability	512	59	571	1,899	181	2,080	12,971	1,437	14,408
Excess(+)/ Shortage(-) (Per cent)	(+)128 (33.33)	(-)8 (11.94)	(+)120 (26.60)	(+)363 (23.63)	(-)88 (32.71)	(+)275 (15.24)	(+)3,751 (40.68)	(-)358 (19.94)	(+)3,393 (30.80)

Source: Census 2011.

From the above table, it is seen that as per IPH Standards, the non-tribal areas had excess health facilities, whereas there were deficiencies of eight CHCs (11.94 per cent), 88 PHCs (32.71 per cent) and 358 SCs (19.94 per cent) in tribal areas. Further, two test checked districts (Pratapgarh and Sirohi) had deficiency of one CHC, 14 PHCs and 53 SCs in tribal areas¹⁰. This indicated that emphasis was not given on establishment of health facilities in the tribal areas.

State Government stated (November 2016) that the IPH Standards are general and not practical to follow in the State of large geographical area and diversity like Rajasthan.

The total rural population of Rajasthan was 5,15,00,352 (Non-Tribal Area: 4,61,07,191 9 (89.53 per cent) and Tribal Area: 53,93,161 (10.47 per cent). The requirement is based on district-wise rural population as per Census 2011.

Pratapgarh has four tribal blocks (Arnod, Dhariawad, Pipalkhunt and Pratapgarh) and 10 Sirohi has one tribal block (Abu Road).

The reply was not convincing as there were inequities in the availability of health infrastructure facilities in tribal areas as compared to non tribal areas. Further, as regards applicability of IPH Standards, SHS confirmed (September 2016) that the IPH Standards were adopted for implementation of the programme.

2.1.8.3 Location of Health Centre

IPH Standards provided that health centres should be centrally located and easily accessible to people and connected with all weather motorable approach road. Further, GoI while approving PIP for the State, also endorsed (June 2011) the construction of new health facility at a place, accessible to people to avail healthcare services in time and discouraged construction in remote and unpopulated areas. It was, however, observed that many health centres were either constructed in remote or unpopulated areas as discussed below:

- IPH Standards provided that a person should have access to a SC within 30 minutes (three kilometres) walking distance. It was, however, observed that 48 SCs (54.54 *per cent*) out of 88 test checked SCs were located beyond 30 minutes walking distance from the remotest village. Further, 56 SCs (63.63 *per cent*) were not accessible by public transport.
- IPH Standards also provided that a PHC should be centrally located in an easily accessible area and have facility of all weather road communication. It was, however, observed that out of 30 test checked PHCs, three PHCs¹¹ were located at a distance of more than 30 kilometres (kms) from the remotest village and five PHCs¹² were not accessible by all weather roads whereas, other five PHCs¹³ were not accessible by public transport.
- IPH Standards further provided that a CHC should be located at a distance of less than two hours travel time from the farthest village. It was, however, observed that out of 15 test checked CHCs, four CHCs¹⁴ were located at a distance of more than 30 kms from the farthest village.

2.1.8.4 Deficiencies in infrastructure in Health Centres

As per IPH Standards, health centres should have their own building with boundary wall, gate, electricity and water supply. They should also be far away from garbage dumps, cattle shed, water logging area etc., and should have adequate manpower, medical departments, wards, beds, laboratories and equipment.

Scrutiny of information provided by the Mission Director, NRHM revealed that 11,268 (78.20 *per cent* of total 14,408) SCs, 1,320 (63.46 *per cent* of total

¹¹ PHC Deldar(Sirohi): 50 kms; PHC Durgapura (Jhalawar):45 kms and PHC Tantwas (Nagaur): 35 kms.

¹² PHC Khinyala and Makodi (Nagaur), PHC Chupana and Salamgarh (Pratapgarh) and PHC Sakroda (Rajsamand).

¹³ PHC Baant (Sirohi), PHC Durgapura (Jhalawar), PHC Makodi (Nagaur), PHC Mohi (Rajsamand) and PHC Punasa (Jalore).

¹⁴ CHC Bandikui (Dausa): 35 kms; CHC Bhim (Rajsamand): 60 kms; CHC Bhinmal (Jalore): 64 kms and CHC Nawacity (Nagaur): 40 kms.

2,080) PHCs and 338 (59.19 *per cent* of total 571) CHCs did not have infrastructural facilities¹⁵ as prescribed in IPH standards, as of 31 March 2016.

Similar deficiencies were also noticed in health centres falling under test checked districts which are discussed in succeeding paragraph 2.1.8.7 (equipment deficiencies), paragraph 2.1.9.1 (shortage of manpower) and paragraph 2.1.10.4 (essential drugs deficiencies). Despite emphasis of GoI on providing adequate infrastructural facilities in all rural health centres (CHCs, PHCs and SCs) since launch of NRHM in 2005-06, the State Government could not provide all infrastructural facilities in 75.77 *per cent* of rural health centres.

2.1.8.5 Delays in construction and taking over of Health Facilities

The physical status as of 31 March 2016 of 3,494 construction works sanctioned during 2011-16, is given in **Table 2.2**.

					(4	As on 31 Mar	ch 2016)
Year	Number of works sanctioned	Number of works completed and handed over	Number of works completed but not handed over	Number of works in Progress	Number of works not started due to non availability of land	Number of works not started due to other reasons	Number of works de- sanctioned during October 2015
2011-12*	-	-	-	-	-	-	-
2012-13	1923	1289	51	24	01	05	553
2013-14	88	35	16	26	05	05	01
2014-15	699	251	173	118	114	42	01
2015-16	784	18	51	289	06	408	12
Total	3,494	1,593	291	457	126	460	567

Table 2.2

*No work was sanctioned during 2011-12.

Source: Monthly Progress Report (MPR) provided by Chief Engineer, NRHM.

It is seen from the table that total 3,494 construction works were sanctioned during 2012-16, of which 457 works (13.08 *per cent*) were not completed as of March 2016. Further, 586 works (16.77 *per cent*) could not be taken up for construction (non availability of land: 126 and other reasons: 460) and 567 works were de-sanctioned in October 2015.

Test check of 113 construction works costing ₹ 80.67 crore, taken up in 141 test checked units, revealed the following irregularities:

(i) Non-utilisation of Health Infrastructure

Scrutiny of records and joint physical inspection (May-June 2016) in seven test checked districts revealed that 17 buildings¹⁶ were constructed under

¹⁵ Own building, residential quarters for staff, equipment, laboratory, manpower and drugs etc.

Buildings of staff quarters at one CHC (Pipalkhunt) and two PHCs (Ghantali and Roll), renovation work of two PHCs (Chanar and Delder), staff quarters at DH Nagaur, one ANM training institute at Pratapgarh, one Swasthya Bhawan at Pratapgarh, three JSY wards at CHC Bhim, Reodar and Maternal Child Health and Nutrition Centre (MCHN), Jhalawar, three MCHNs at Dausa, Jalore and Pratapgarh, one waiting hall at DH Sirohi, *Janani Suraksha Yojana* ward at PHC Reodar and office building of Block Chief Medical Officer at Kuchaman City.

NRHM (between June 2010 and January 2016) by incurring an expenditure of \gtrless 43.22 crore, but these buildings were not put to use even after lapse of two to 70 months after their completion.

The concerned Executive Engineers stated (May-June 2016) that responsibility of utilisation of the completed building rests with the Medical Officer In Charge (MOIC) of the health centre. The MOIC attributed the non-utilisation of these buildings to non-availability of staff, construction of buildings at faraway places, non-availability of water and electricity connection, etc.



20 bedded JSY ward at CHC Reodar (District Sirohi) was unutilised due to shortage of manpower.

50 bedded JSY ward at Medical College Hospital Jhalawar was unutilised due to shortage of manpower.

State Government did not intimate reasons for non-utilisation of 17 buildings constructed under NRHM.

(ii) Delay in completion of MCHN/JSY Wards at District Hospitals

Scrutiny of records and joint physical inspection (May-June 2016) in seven test checked districts revealed that five Maternal Child Health and Nutrition (MCHN) centres¹⁷ and one *Janani Suraksha Yojana* (JSY) ward at Jhalawar were completed by incurring an expenditure of ₹ 40.14 crore, with delays ranging between four to 12 months which resulted in delayed establishment of health infrastructure for vital maternal and child healthcare facilities.

(iii) Award of works without ensuring availability of land

Rule 351 of Public Works Financial and Accounts Rules (PWF&AR) provided that the availability of land should be ensured before awarding the construction work.

It was observed that in seven test checked districts, 20 works (Dausa: three, Nagaur: six, Jalore: eight, Rajsamand: two and Sirohi: one) were sanctioned during 2012-15 (2012-13: 17 and 2014-15: three) and the work orders (total amounting to \gtrless 2.47 crore) were issued to the contractors for construction. The contractors, however, could not commence the works because the land for construction was not available. This resulted in the works not starting and subsequently being de-sanctioned (October 2015). Details of the cases have been given in *Appendix 2.1*.

^{17 100} bedded MCHN at DH Pratapgarh and Nagaur and 50 bedded MCHN at DH Jalore, Rajsamand and Sirohi.

Further, cost overrun of \gtrless 0.30 crore was noticed in two cases¹⁸ of delayed completion of buildings due to non-availability of land at the sites selected for construction of these buildings.

Thus, the works were awarded to the contractors for construction without ensuring the availability of land before awarding them, which subsequently led to the works being de-sanctioned.

State Government stated (November 2016) that in most of the cases the land disputes occurred at time of start of work at site, whereas the MOICs reported availability of dispute free land in the proposal for sanction of the works. This was indicative of the fact that MOICs did not coordinate with land revenue authorities before reporting the status of availability of land.

(iv) Infrastructures created at inaccessible and uninhabited locations

• Construction of Hostel Building at Rajsamand for Auxiliary Nurse Midwife (ANM) trainees was sanctioned during 2010-11 for \gtrless 0.52 crore. The work was later withdrawn due to non-availability of land and the work was subsequently allotted (December 2012) to another contractor for construction at another place. The building was completed at an expenditure of \gtrless 0.82 crore and handed over in March 2015. It was noticed that the hostel building was not utilised and another building was taken on rent to operate the hostel and an amount of \gtrless 0.03 crore was paid on account of rent during April 2015 to July 2016.

The Medical Officer In-Charge stated (May 2016) that the building was constructed close to the National Highway and was unsafe, further it was also insufficient to accommodate all the trainees. The fact of non-utilisation of hostel building was confirmed during joint physical inspection with the departmental representatives on 11 May 2016.

Thus, the hostel building was constructed at an unsuitable location and was not utilised. Besides, additional expenditure of \gtrless 0.03 crore was also incurred for operation of the hostel in the rental building, which would increase with the passage of time.



ANM hostel building at Rajsamand was constructed and was not utilised.

¹⁸ ANM trainees hostel building at Rajsamand (₹ 0.21 crore) and staff quarters at CHC Pipalkhunt (₹ 0.09 crore).

• Staff quarters at CHC Bhim were constructed at an expenditure of $\mathbf{\xi}$ 0.63 crore¹⁹ and handed over in January 2012. It was observed that the staff quarters were lying vacant and not utilised. The MOIC, CHC, Bhim informed (May 2016) that staff quarters were constructed in an uninhabitable area and 2.5 kms away from the CHC building. The fact of non-utilisation of staff quarters was also confirmed during joint physical inspection with the departmental representatives on 12 May 2016.



Unutilised Staff quarters at CHC Bhim, which were constructed 2.5 kms away from CHC building in an uninhabitable area.

State Government (November 2016) did not offer specific comments on these cases of construction of facilities at unsuitable locations.

2.1.8.6 Non-utilisation of staff quarters

In Rajasthan, out of 17,059 rural health centres (CHCs-571, PHCs-2,080 and SCs-14,408) only 8,430 (49.42 *per cent*) health centres (CHCs-392, PHCs-1,244 and SCs-6,794) had residential quarters for doctors and staff, of which quarters at 421 (4.99 *per cent*) health centres were lying vacant as of March 2016.

Test check of 133 selected health centres (CHCs-15, PHCs-30 and SCs-88) revealed that out of 182 quarters available at these health centres, 26 (14.28 *per cent*) residential quarters were lying vacant due to the reasons like buildings requiring repair/ maintenance (16), non-availability of water/ electricity connections (six) and shortage of staff (four).

State Government, while accepting the facts, stated (November 2016) that these quarters were constructed on land, which was generally available at places located far away from populated area, schools and markets.

2.1.8.7 Non-availability of equipment in health centres

The IPH Standards have prescribed two categories of equipment as essential (minimum assured services) and desirable (the ideal level of services) for health centres (DHs, SDHs, CHCs, PHCs and SCs).

Availability of essential equipment in 141 test checked health centres (DHs: seven, SDH: One; CHCs: 15, PHCs: 30 and SCs: 88) and their shortfall are enumerated in the **Table 2.3**.

¹⁹ Including boundary wall constructed later during 2015-16 at an expenditure of ₹ 0.12 crore.

S. No.	Equipment	Status of availability
District I	Hospitals: Seven	
1.	2 D Eco Machine	Not available in all seven selected district hospitals.
2.	Ultrasound facility	Available in all seven selected districts but non- functional
		in Sirohi DH.
Commun	hity Health Centres: 15	
1.	Operation Theatre	Not available in three CHCs (Basni, Bhandarej and
	Table	Pipalkhunt) and non functional in CHC Arnod.
2.	Bedside screen	Not available in two CHCs (Ahore and Bhandarej).
3.	ECG facilities	Not available in three CHCs (Bhandarej, Kankroli and
		Roll) and non-functional in three CHCs (Bakani, Bhim and
		Jhalrapatan).
4.	X-ray facility	Not available in three CHCs (Bhandarej, Kankroli and
		Roll) non-functional in one CHC (Reodar).
5.	Sterlisation	Not available in one CHC (Bhandarej).
	Instruments	
Primary	Health Centres: 30	
1.	Delivery table	Not available in one PHC (Ghana) and non-functional in
		one PHC (Chupana).
2.	Operation Theatre	Available and functional in six PHCs ²⁰ and in one PHC
	Table	(Sarda) it was available but not functional.
3.	Bed side screen	Not available in six PHCs ²¹ .
4.	Sterilisation	Not available in 14 PHC ²² s and non-functional in one PHC
	instruments	(Salamgarh).
5.	IUD Insertion Kit	Not available in one PHC (Ghana).
6.	Normal delivery kit	Not available in one PHC (Ghana) and non functional in
		two PHCs (Aloonda and Bhagwanpura).
7.	Vaccine carrier	Not available in three PHCs (Aloonda, Bali-Jassakheda and
		Chupana).
	Centre: 88	22
1.	Examination table	Not available in 14 SCs ²³ , and non-functional in seven SCs
		(Bhanskheri, Bori, Girwar, Kachotya, Lodham, Manpura
-		and Nandi- Kheda).
2.	Labour table	Labour Table was not available in 38 SCs ²⁴ and non-
	***	usable in 12 SCs ²⁵ .
3.	Weighing machine	Not available in 14 selected SCs^{26} and non-functional in
	D: 11 1.1	four SCs (Bijapura, Kaloda, Nogava and Thaneta).
4.	Disposable delivery kit	Available and functional in only 13 selected SCs^{27} and in
		four SCs (Jaitpura, Kalota, Maharajpura and Mahikheda)
		kits were available but not functional.

Source: Information provided by the Healthcare Facilities.

²⁰ Arniya, Badikhatu, Chanar, Chupana, Durgapura and Minda.

²¹ Aloonda, Bali-Jassakheda, Ghana, Makodi, Minda and Panchola.

²² Aloonda, Baant, Bali-Jassakheda, Chupana, Diver, Donda, Ghana, Khinyala, Makodi, Nosra, Panchola, Punasa, Sanwara and Tantwas.

²³ Bakli, Bas-Bewai, Dahikhera, Daytra, Devaldi, Dhani-Nimbodi, Ghanliyawas, Ghatiyad, Kaliswar, Khinyawas, Liliya, Moikala, Padaliya and Thikarya.

²⁴ Asawa, Badayala, Bakli, Bas-Bewai, Bhanskheri, Bhanwarsa, Bheboli, Bori, Dahikhera, Devaldi, Dhani-Nimbodi, Dhanoda, Digariya-Tappa, Gangliyawas, Ghatiyad, Govindpura, Gudha-Ashiqpura, Hajya-ka-Vas, Jaitpura, Jetawara, Kaliswar, Khinyawas, Ladli-Ka-Bas, Liliya, Kalota, Mahuakhoh, Moheda, Moikala, Mundghosoi, Padaliya, Rajod, Raipur-Jangal, Salotiya, Sirsi, Thikariya, Thikariya-Khurd, Udwaria and Viyo-Ka-Gholiya.

²⁵ Bijapura, Lodhan, Mahikheda, Malgaon, Manpura, Matasen, Nandikheda, Nogava, Panchola, Pilanwasi, Thenchala and Tongi.

²⁶ Bhanskheri, Dahikhera, Dhani-Nimbodi, Devaldi, Ghatiyad, Giriwar, Kaliswar, Khinyawas, Liliya, Lodhan, Manpura, Moheda, Moikala and Padaliya.

²⁷ Balwa, Batoli, Dantiwas, Datina, Doyeba, Gagron, Gudha-Ashiqpura, Khedli-khurd, Nakli, Pindya, Rajawas, Raipur-jungle and Ruchiyar.

It is seen from the table that health centres catering to rural population (CHCs, PHCs and SCs) were having shortage of more equipment as compared to DHs. This indicated that emphasis on providing all essential equipment in rural health centres was not given.

Thus, in absence of essential equipment, the minimum assured services could not be provided to the targeted rural population as envisaged under NRHM.

State Government accepted the facts and stated (November 2016) that due to non-availability of staff to operate the equipment and proper space/building to install them, the equipment were non-functional. Further, remedial steps are being initiated to provide the equipment at health centres.

2.1.8.8 Utilisation of equipment

Scrutiny of 141 test checked health centres revealed that apart from the essential equipment, in following instances equipment for blood bank, ophthalmic, cardiac and life saving Intensive Care Unit (ICU) could not be utilised because of shortage/non-availability of staff to operate them indicating that equipment were supplied without any proper plan as discussed below:

- Five ventilators (costing ₹ 0.61 crore) received in October 2013-April 2015 in DH, Nagaur were not installed and lying unutilised due to delay in completion and taking over of the hospital building.
- One ventilator (costing ₹ 0.07 crore) received in December 2009 in DH, Jalore was not installed and lying unutilised.
- Various equipment like ventilator, Multi Para-monitor, Cardic Monitor, ICU Bed, Operation Theatre (OT) Table, Suction Table etc., costing ₹ 0.35 crore for ICU ward in DH, Dausa were not utilised due to shortage of staff.
- A blood bank refrigerator (60 bags capacity) with printer and real time clock (purchased during November 2006) was lying unutilised in CHC Bakani, since its receipt due to non-deployment of a trained operator. It was also noticed that license to establish blood bank was also not obtained by MOIC. Further, cardiac equipment (Biphasic Defibrillator 400-200 Jules) was also lying unutilised since its purchase in February 2010, due to non appointment of Junior Specialist.
- Ophthalmic equipment (purchased during May 2006) and Tread Mill Test (TMT) machine (purchased during July 2010) costing ₹ 0.03 crore were lying unutilised since their purchase in CHC, Bhinmal due to non-availability of specialists.
- Cardiac equipment (Cardiac Monitor: February 2006, Pulse Monitor: April 2007 and Biphasic Defibrillator 400-200 Jules: February 2010) costing ₹ 0.03 crore were lying unutilised since their purchase in CHC, Ahore.

To address the problem of non-functioning of equipment in the health centres, the State Government stated (November 2016) that a new Equipment Management and Maintenance System (e-Upkaran) had been launched.

2.1.8.9 Payment to supplier without installation of equipment

Rajasthan Medical Services Corporation Limited (RMSCL) issued (November 2014) supply orders to M/s Schiller Healthcare India Private Limited, for procurement and installation of life saving equipment (viz. Ventilator, Multi Para-Monitor, Cardiac Monitor and Fetal monitor) in 22 Maternal Child Health and Nutrition (MCHN) Centres at the cost ₹ 7.52 crore. As per condition of supply order, 70 *per cent* payment was to be made on receipt of equipment and remaining 30 *per cent* after their installation subject to the condition that supplier would be responsible for installation of the equipment on intimation of readiness of site by the health centre.

It was, however, observed that full and final payment of ₹ 2.39 crore was made (March 2015 to January 2016) to the supplier for supply and installation of equipment in nine²⁸ MCHN centres even though the sites were not ready for installation. Further in case of 10 ventilators (cost: ₹ 1.26 crore), installation certificates were issued by five DHs²⁹ though the site was not ready.

Thus, the supplier was paid $\gtrless 0.72$ crore (30 *per cent* of $\gtrless 2.39$ crore) without installation of equipment, which was irregular.

State Government accepted the facts and stated (November 2016) that the payment was released on the request of the supplier.

The reply was not acceptable as contrary to the condition of the supply orders, the payment of $\gtrless 0.72$ crore (30 *per cent* amount) was made without installation of the equipment.

Infrastructure and equipment

NRHM aimed to bridge the gaps in the existing capacity of the rural health infrastructure and GoI has prescribed Indian Public Health Standards for availability of public healthcare infrastructure. As per these Standards, lesser number of health centres was provided in the tribal areas as compared to non-tribal areas.

State Government could not provide all the basic infrastructural facilities in 75.77 per cent of rural health centres. Health centres were constructed at inaccessible and uninhabited locations and contracts for construction of buildings were awarded to the contractors without ensuring availability of the land.

There was 50.58 per cent shortage in staff quarters. Further, even the constructed staff quarters and Health Centres were not utilised due to shortage of staff.

Emphasis on providing all essential equipment in rural health centres (CHCs, PHCs and SCs) was not given as they were having more shortages of essential equipment as compared to District Hospitals. Further, equipment were lying unutilized in health centres due to non-availability of trained staff to operate them.

²⁸ Sites were not ready for installation as construction of three MCHN centres (Bhilwara, Dungarpur and Sikar) was under progress and possession of other six MCHN centres (Banswara, Baran, Beawar, Karauli, Nagaur and Udaipur) were not taken over by the hospital authorities as of August 2016.

²⁹ Banswara, Bhilwara, Dungarpur, Nagaur and Udaipur.

Recommendations:

- 3. State Government should follow the IPH Standards to provide adequate number of accessible health centres and infrastructure in the rural areas.
- 4. Availability of adequate number of functional equipment and operating manpower in Rural Health Centres should be ensured by the State Health Mission so that the rural people do not migrate to urban areas for medical services.

2.1.9 Manpower Management

Audit objective-3: To assess the availability of healthcare professionals as per requirement of the norms.

2.1.9.1 The mission aimed at increasing the availability of manpower as per IPH Standards. GoI also extended assistance to the State Government for filling up the existing vacancies on contractual appointments.

The position of deployment of manpower required *vis a vis* IPH Standards in health centres (DHs, SDHs, CHCs, PHCs and SCs) and sanctioned by the State Government is given in **Table 2.4**.

Health Facilities	Number of Health Centres	Manpower required as per IPH Standards for each centre	Total Man power required as per IPH Standards	Number of Sanctioned Posts by the State Government	Men in position	Shortage(-) /Excess(+) as per IPH Standard (per cent)	Shortage(-) /Excess(+) vis a vis sanctioned post (per cent)
DHs	34	123	4,182	6,963	5,665	(+) 1,483 (35.46)	(-)1,298 (18.64)
SDHs	19	86	1,634	2,754	1,637	(+) 3 (0.18)	(-)1,117 (40.56)
CHCs	571	46	26,266	13,542	8,493	(-) 17,773 (67.67)	(-)5,049 (37.28)
PHCs	2,080	13	27,040	16,398	11,856	(-) 15,184 (56.15)	(-)4,542 (27.70)
SCs	14,408	3	43,224	21,554	15,430	(-) 27,794 (64.30)	(-)6,124 (28.41)
Total	17,112		1,02,346	61,211	43,081	(-) 59265 (57.91)	(-) 18,130 (29.62)

Table 2.4

Source: Data provided by the Department.

The above table shows an overall shortage of 62.93 *per cent* of manpower in rural areas (CHCs; 67.67 *per cent*, PHCs; 56.15 *per cent* and SCs; 64.30 *per cent*). DHs, catering mostly urban population however, had excess of 1,483 manpower (35.46 *per cent*) as compared to IPH Standards.

Further, when compared to sanctioned posts, it was noticed that there was shortage of manpower at all levels i.e. at DHs (18.64 *per cent*), SDHs (40.56 *per cent*), CHCs (37.28 *per cent*), PHCs (27.70 *per cent*) and SCs (28.41 *per cent*).
The comparison of posts sanctioned by the State Government with IPH Standards also indicates that less posts were sanctioned for rural health centres (CHCs, PHCs and SCs) than for urban health centres at DHs.

Deployment of manpower was also checked in 141 selected health centres in seven rural districts and deficiencies noticed are discussed below:

(i) District Hospitals

The requirement of medical professionals³⁰ and para medical manpower as per IPH Standards, post sanctioned by the State Government and men in position in seven test checked DHs as on 31 March 2016 is given in **Table 2.5**.

Name of DH	as per IPH the Sta			ts sanctioned by Men in position State vernment		sition	Variation over parameters (+) excess; (-) shortage				
	Medical profe- ssional	Nurses and para	Medical profe- ssional	Nurses and para medical	Medical profe- ssional	Nurses and para	Medical professio	nal	Nurses a para me staff		
		medical staff		staff		medical staff	As per IPH Stan- dards	As per sancti -oned posts	As per IPH Stan- dards	As per sancti -oned posts	
Dausa	29	76	48	113	43	93	(+)14	(-)5	(+)17	(-)20	
Jhalawar	29	76	53	138	23	122	(-)6	(-)30	(+)46	(-)16	
Jalore	29	76	39	87	14	65	(-)15	(-)25	(-)11	(-)22	
Nagaur	29	76	60	91	41	85	(+)12	(-)19	(+)9	(-)6	
Pratapgarh	29	76	46	130	12	83	(-)17	(-)34	(+)7	(-)47	
Rajsamand	29	76	42	113	15	73	(-)14	(-)27	(-)3	(-)40	
Sirohi	29	76	41	112	16	48	(-)13	(-)25	(-)28	(-)64	
	203	532	329	784	164	569	(-)39	(-)165	(+)37	(-)215	

Table 2.5

Source: Data provided by the respective Health Centres.

It is seen from the above table that:

Medical professionals: As per IPH Standards, 203 medical professionals were required in seven test checked DHs and the State Government sanctioned 329 posts. But only 164 medical professionals were deployed there. Thus there was a shortage of 165 medical professionals (50.15 *per cent*) in these seven test checked DHs.

Further, disproportionate deployment of medical professionals was also observed in DH, Dausa and Nagaur, where 26 medical professionals were deployed in excess of IPH Standards whereas, in the other five test checked DHs, there was shortage of 65 medical professionals.

Para medical manpower: As per IPH Standards, 532 para medical staff was required in seven test checked DHs and the State Government sanctioned 784 posts. But only 569 para medical staff were deployed there. Thus there was a shortage of 215 para medical staff (27.42 *per cent*) in these seven test checked DHs.

³⁰ Medical professional includes Doctors such as Anaesthesiologists, Dentists, General practitioners, Gynaecologists, Obstetricians, Ophthalmologists, Orthopaedists, Paediatricians, Surgeons etc.

Further, disproportionate deployment of para medical staff was also observed in DH, Dausa and Jhalawar, where 63 para medical staff was deployed in excess of IPH Standards whereas, in DH, Sirohi there was shortage of 28 para medical staff.

Furthermore, against the requirement of one ECG Technician in each DH, no ECG Technician was posted in any of test checked DHs.

State Government stated (November 2016) that the posts of ECG technician at DHs were not yet created and now it has been proposed. Further, the advertisement has been published by Rajasthan Subordinates and Ministerial Service Board for the post of Lab Technician, Assistant Radiographer, Ophthalmic Assistant and Dental Technician.

(ii) Community Health Centres

Medical professionals: Test check of 15 CHCs in seven districts revealed that against the requirement of 165 medical professionals only 68 medical professionals (41.21 *per cent*) were posted there, as of March 2016. Thus, there was a shortage of 97 medical professionals³¹ in these 15 CHCs. Further, Medical Officer-AYUSH were not posted in any of the test checked CHCs, as out of 1013 sanctioned posts, 907 posts (89.54 *per cent*) were vacant in the State as of March 2016.

Para medical manpower: Against the total requirement of 375 para-medical staff as per IPH Standards, only 215 para medical staff (57.33 *per cent*) were deployed.

(iii) Primary Health Centres

Medical professionals: One doctor (Medical Officer) was required in each PHC, as per IPH Standards. It was, however, observed that in three test checked PHCs (Ghana, Baant and Sanwara) Medical Officers were not posted whereas two Medical Officers were posted in five other test checked PHCs (Khatukalan, Bhagwanpura, Salamgarh, Chanar and Deldar). This indicated disproportionate deployment of medical professionals in PHCs.

Para medical manpower: IPH Standards provided deployment of 12 paramedical staff in each PHC. The State Government sanctioned 213 posts of para-medical staff against the requirement of 360 in 30 test checked PHCs, and against this, only 139 (38.61 *per cent*) were posted. Further out of 30 test checked PHCs, 29 were functioning without Pharmacists.

State Government stated (November 2016) that the Department has since appointed 589 Pharmacists during 2016-17.

(iv) Sub Centres

IPH Standards provided for appointment of one ANM (Female), one Health Worker (Male) and one *Safai Karamchari* in each SC. It was, however,

Anesthetist (13), Dental Surgeon (eight), General Medical Officer (7), General Surgeon (10), Obstetrician & Gynecologist (11), Pediatrician (12), Physician (eight), Public Health Nurse (13) and Public Health Specialist (15).

observed that ANMs were not posted in the 12 out of 88 test checked SCs. Further, Health Workers (Male) and *Safai Karamchari* were not posted in any of the 88 test checked SCs.

State Government stated (November 2016) that instructions have been issued to fill the vacant post of Women Health Worker by relocating the Women Health Workers from other health facilities where more than one were working.

The fact however remains that any mismatch between availability of medical professionals, para medical staff, skilled technicians and availability of buildings/equipment will not serve the purpose of providing healthcare facilities to rural people.

2.1.9.2 Accredited Social Health Activist

NRHM Framework for Implementation provided for appointment of Accredited Social Health Activist (ASHA) to forge the linkage of hamlet to hospital for curative services, empowerment of women and universalisation of child development services for every 1000 population/large isolated habitations. Payments to the ASHAs are made on the basis of services rendered by them. Further, the State Government prescribed (October 2009) that a woman in the age group of 21-45 years and possessing formal education³² could be appointed as ASHA.

It was observed that against the sanction of 54,915 ASHAs, only 47,927 ASHAs (87.27 *per cent*) were working as of March 2016. In seven test checked districts, 9,681 ASHAs were sanctioned and against which 8,154 (84.22 *per cent*) were working as of March 2016.

State Government, while accepting the facts, stated (November 2016) that selection of ASHAs could not be completed due to non-availability of women of prescribed qualification. Further, to fulfil the backlog of ASHAs, the matter had been taken up with the Rural Development and Panchayati Raj Department.

In addition, drug kits containing, Oral Rehydration Solution, contraceptives and a set of ten basic drugs were required to be provided to ASHAs for immediate and easy access to the rural population. Analysis of feedback obtained from 180 ASHAs in 88 test checked SCs revealed that drug kits of 90 ASHAs (50 *per cent*) were replenished within 10 days while drug kits of other ASHAs were replenished after 10 days {i.e. 18 ASHAs (10 *per cent*) between 10 days and three weeks and 72 ASHAs (40 *per cent*) after three weeks time}.

State Government stated (November 2016) that the drugs had been replenished as per demand of the ASHAs.

The reply needs to be viewed in the light of the fact that ASHAs were required to provide immediate and easy access to the rural population to essential health supplies and any delays in replenishment of the kits would adversely affect these response provided.

³² Minimum of VIII standard.

Good Practice

ASHA Soft is an online system launched in 2014 which facilitates the department to capture beneficiary wise details of services given by ASHA to the community, online payment to ASHA into their bank account and generate various reports to monitor the progress of the programme. Rajasthan is the first State in the country to start online payments to ASHAs in all the districts.

2.1.9.3 Training to ASHAs

GoI prescribed two levels of training for ASHAs, *viz*. Induction training (in module I to V, of 23 days over 12 months) and capacity building (in module VI to VII, in four rounds of five days each).

It was observed that during 2011-16, against the target of providing induction training (module I to V) to 27,800 ASHAs, only 11,926 ASHAs (42.90 *per cent*) were imparted induction training.

Further, out of 47,927 working ASHAs, only 5,143 ASHAs (10.73 *per cent*) could complete all four rounds of the capacity building training. Thus the capacity building training was not provided to the remaining 42,784 working ASHAs as of March 2016.

Analysis of feedback obtained from 180 ASHAs revealed that 157 ASHAs in 88 test checked SCs were not trained and did not have necessary equipment to perform a normal delivery.

State Government accepted the facts and stated (November 2016) that the achievement of target of induction training was not possible due to non selection of eligible ASHAs. It was further stated that capacity building training was not provided to ASHAs, as the trainers were not selected.

2.1.9.4 Appointment of Contractual Staff

NRHM provides for engagement of medical and para medical manpower on contractual basis to fill the gaps in availability of manpower and provide additional manpower for the delivery of healthcare services. NRHM Framework for Implementation further provided that GoI would provide financial support to fill up all new contractual posts.

Accordingly, the provision for appointment of 21,245 persons during 2014-15 and 22,773 persons during 2015-16, on contractual basis was approved by GoI in the State PIP. It was, however, observed that only 13,752 (64.73 *per cent*) persons during 2014-15 and 13,311 (58.45 *per cent*) persons during 2015-16 were appointed on contractual basis.

State Government stated (November 2016) that Finance Department stopped (June 2011) the recruitment on contractual post therefore most of the contractual post could not be filled. Subsequently Finance Department permitted (June 2014) for recruitment and 575 persons were recruited on

contractual posts of different cadres at State/District and Block level during 2015-16.

The fact remains that despite priority on filling the gaps in availability of manpower by GoI and approval of the proposal of the State Government in the State PIP, persons were not appointed on contractual basis for the delivery of healthcare services.

<u>Manpower management</u>

The mission aimed at increasing the availability of manpower as per IPH Standards. There was a 62.93 per cent shortage of manpower in health centres located in rural areas while District Hospitals catering mostly the urban population had excess manpower of 35.46 per cent as compared to IPH Standards.

Though ASHAs had a pivotal role in providing healthcare support services at the village level, empowerment of women and universalisation of child development services, there was shortage of 12.73 per cent ASHAs in the State. Further, only 42.90 per cent of ASHAs could be imparted induction training.

Though GoI emphasised on filling up the gaps in availability of manpower by engagement of medical and para medical manpower on contractual basis, yet only 64.73 and 58.45 per cent persons were appointed on contractual basis during 2014-15 and 2015-16 respectively against the provision approved in annual PIP.

Recommendation:

5. State Government should endeavor to provide the sufficient manpower as per standards at the rural health centres and also rationalise the posting of existing staff from surplus centres to deficit centres.

2.1.10 Quality of Healthcare services

Audit Objective 4: To assess the extent and quality of healthcare services provided and impact of NRHM on reducing Infant Mortality Rate, Maternal Mortality Rate and Total Fertility Rate.

2.1.10.1 Maternal healthcare services

(i) Ante Natal Care

Ante Natal care (ANC) is the healthcare received by a woman during her pregnancy and starts with recording the history of the patient followed by examination of the woman³³, guidance for nutritional diet, regular antenatal

³³ As per the ANM guidelines, this includes recording of weight and height, blood test for anaemia, blood pressure measurement and regular abdominal examination etc.

checkups and counseling for family planning. She is also immunised with Tetanus Toxoid (TT) and provided Iron Folic Acid (IFA) tablets. Every pregnant woman should be registered during the first trimester (first 12 weeks) of her pregnancy and undergo three checkups during the pregnancy, at prescribed intervals for proper ANC.

Table 2.6 below depicts the status of total number of pregnant women registered for ANC and their follow up during 2011-16.

Year	Total Number of pregnant women registered	Number of pregnant women registered under ANC in first trimester (<i>per</i> <i>cent</i>)	Three checkups (<i>per cent</i>)	Number of pregnant women provided TT (<i>per cent</i>)	Number of pregnant women given IFA tablets (<i>per cent</i>)
2011-12	18,51,453	8,62,679	13,41,543	15,15,772	11,75,154
		(46.59)	(72.46)	(81.87)	(63.47)
2012-13	19,14,624	9,49,018	13,82,822	15,92,126	14,46,784
		(49.57)	(72.22)	(83.16)	(75.56)
2013-14	19,38,528	10,57,498	14,16,481	16,39,231	13,28,552
		(54.55)	(73.07)	(84.56)	(68.53)
2014-15	19,21,561	11,24,015	13,97,211	16,04,367	13,09,710
		(58.49)	(72.71)	(83.49)	(68.16)
2015-16	19,04,886	11,43,116	13,14,084	15,49,442	11,98,592
		(60.00)	(68.98)	(81.34)	(62.92)
Total	95,31,052	51,36,326	68,52,141	79,00,938	64,58,792
		(53.89)	(71.89)	(82.90)	(67.77)

Table 2.6

Source: Information provided by SHS and extracted from the Demographic Report for the respective year.

It is seen from the above table that:

- Though the percentage of women registered in first trimester increased from 46.59 *per cent* to 60 *per cent* during 2011-16, yet 26.93 *per cent* to 31.02 *per cent* pregnant women did not get all three checkups.
- 15.44 to 18.66 *per cent* women were not immunised during their pregnancy, with both doses (TT-1 and TT-2) of TT vaccine.
- Anaemia in pregnancy is associated with high maternal morbidity and mortality³⁴ in the State for last three decades and persistence of anaemia during the second trimester is associated with preterm (premature) birth. To prevent/cure anaemia, IFA tablets (100 mg iron with 0.5 mg folic acid) are given once daily for 100 days after the first trimester of pregnancy.

In this regard, it was observed that only 64.59 lakh (67.77 *per cent*) out of 95.31 lakh pregnant women registered in the State, were given IFA tablets. Thus, despite the fact that a large percentage of pregnant women of the State were suffering from anaemia for three decades, the problem was not adequately addressed under NRHM.

³⁴ Mortality is a measure of deaths within a population or geographic area whereas morbidity is a measure of sickness or disease within a geographic area. Further, mortality is being susceptible to death while morbidity is having diseases to cause death later on.

Scrutiny of ANC provided to 14.14 lakh pregnant women registered for ANC in seven test checked districts revealed the followings deficiencies:

- Only 10.50 lakh (74.25 *per cent*) pregnant women were given three mandatory checkups during their pregnancy. Further, only Jalore and Pratapgarh districts maintained records of first and second checkups and rest of test checked districts did not maintain the records of first and second checkups of pregnant women.
- Distribution of IFA tablets to the pregnant women ranged between 60.27 to 77.76 *per cent* during 2011-16.
- Further, 39.05 to 44.97 *per cent* women were not immunized with TT during their pregnancy.

State Government accepted the fact and stated (November 2016) that efforts were being made to improve three ANC checkups, distribution of IFA tablets and providing TT to pregnant women against total ANC registration.

(ii) Institutional Delivery

NRHM encouraged institutional deliveries for improving maternal healthcare through creating awareness among people. *Janani Suraksha Yojana* (JSY) was launched (April 2005) by modifying the National Maternity Benefit Scheme (NMBS) to promote institutional deliveries and reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR). Status of the institutional deliveries conducted in the State and in seven test checked districts during 2011-16 is given in **Table 2.7**.

Year		State l	evel			Seven test check	ked district	
	Registered for Ante Natal Care	Targets for institutional delivery	Total Institutional deliveries (per cent)	Home Delivery	Registered for Ante Natal Care	Targets for institutional delivery	Total Institutional deliveries (per cent)	Home Delivery
2011-12	18,51,453	16,54,148	12,79,264 (77. <i>34</i>)	1,31,732	2,99,149	2,59,744	2,13,093 (82.04)	19,027
2012-13	19,14,624	17,22,136	13,46,810 (78.20)	1,21,065	2,85,932	2,57,544	2,29,902 (89.27)	17,441
2013-14	19,38,528	17,64,959	13,73,512 (77.82)	1,03,072	2,74,656	2,86,673	2,35,135 (82.02)	14,394
2014-15	19,21,561	17,86,892	13,50,242 (75.56)	86,639	2,76,473	2,90,378	2,26,181 (77.89)	10,833
2015-16	19,04,886	17,90,050	13,53,622 (75.62)	65,515	2,77,397	2,90,591	2,26,402 (77.91)	6,168
Total	95,31,052	87,18,185	67,03,450 (76.89)	5,08,023	14,13,607	13,84,930	11,30,713 (81.64)	67,863

Table	2.7

Source: information provided by the Department.

Analysis of data relating to pregnant women registered for ANC revealed that:

• Against the targets of 87.18 lakh institutional deliveries in the State, the achievement was only 67.03 lakh (76.89 *per cent*) during 2011-16, leading to shortfalls during 2011-12 (22.66 *per cent*), 2012-13 (21.80 *per cent*),

2013-14 (22.18 *per cent*), 2014-15 (24.44 *per cent*) and 2015-16 (24.38 *per cent*) in achieving targets of institutional deliveries.

State Government stated (November 2016) that institutional deliveries were gradually rising in the State.

The reply was not convincing as the year-wise data of institutional deliveries was stagnant between 75 to 78 *per cent* during 2011-16.

• The total number of pregnant women registered in the State during 2011-16 was 95.31 lakh. As per data furnished by the Department, there were 67.03 lakh institutional deliveries and 5.08 lakh home deliveries leaving a balance of 23.20 lakh pregnant women, for which no information was available.

State Government, while accepting (November 2016) the facts, attributed the reasons for gap in total ANC registration and institutional deliveries to possible loss of pregnancy due to abortion, miscarriage & medical termination of pregnancy and non reporting of deliveries in urban areas due to lack of manpower.

The fact however remains that no authentic information was available about the type of delivery for 24.34 *per cent* of the pregnant women. There is an urgent need to keep a track of these pregnant women considering the high MMR and IMR in the State.

• Out of total home deliveries during 2011-15, deliveries ranging between 40.84 to 60.95 *per cent* were carried out by *dais*³⁵/relatives/others and 34.15 to 26.23 *per cent* newborns were not visited by a Doctor/ANM/Nurse within 24 hours of delivery as required under the norms. Thus, the directions of guidelines to reduce IMR by providing healthcare to newborns within 24 hours of birth were not adhered to.

State Government accepted the fact and stated (November 2016) that still there are areas in the State where people prefer the traditional method of delivery conducted by *dais*.

There is, however, a need to increase awareness about the advantages of institutional deliveries so that the MMR and IMR in the State is reduced.

• In seven test checked districts, institutional deliveries decreased from 89.27 *per cent* in 2012-13 to 77.91 *per cent* in 2015-16.

Further, test check of 88 SCs revealed that out of 2,104 deliveries conducted at home during 2011-16, 70.48 *per cent* home deliveries (1,483) were not attended by Doctor/skilled birth attendant Nurse/ANM and 45.01 *per cent* newborns (947) were not visited by health worker within 24 hours of home delivery.

³⁵ Untrained midwives.

Thus, the objectives of NRHM to encourage institutional deliveries for improving maternal health could not be achieved as the number of institutional deliveries did not increase during 2011-16.

(iii) Non-availability of maternal healthcare services in rural health centres

Assessment of availability of maternal healthcare services in rural health centres (15 CHCs) revealed the following:

- Post partum sterilisation service was available in only eight CHCs³⁶,
- Caesarean section service was available in only two CHCs³⁷,
- Ultra Sonography service was available in only three CHCs³⁸,
- Comprehensive obstetric service was available in only seven CHCs³⁹ and
- Round the clock blood storage service was available in only two CHCs⁴⁰.

This indicates that a large number of CHCs were not able to provide essential maternal healthcare services and facility of institutional delivery to cater the demand of rural community.

State Government, while accepting the facts, stated (November 2016) that only District Hospitals were initially covered and instructions have been issued to CMHOs for improvement in facilities at CHC and PHC level.

(iv) Janani Suraksha Yojana

Janani Suraksha Yojana (JSY) was launched to promote institutional deliveries and reduce MMR and IMR. JSY awards cash assistance⁴¹ for post-delivery care at the time of discharge. ASHA has significant role in encouraging the pregnant women to institutional deliveries. Both the pregnant woman and ASHA receive the cash benefits under JSY.

Non-payment of incentive to beneficiaries

- In the State, out of total 55.50 lakh institutional deliveries⁴² under JSY, cash incentive was paid to 52.73 lakh women, depriving benefit to 2.77 lakh women (4.99 *per cent*) during 2011-16. Further, only 25.35 *per cent* JSY beneficiaries were assisted by ASHAs.
- In seven test checked districts, out of 10.48 lakh institutional deliveries under JSY, 1.09 lakh (10.40 *per cent*) women were deprived of cash

³⁶ Abu Road, Bakani, Bandikui, Basni, Bhandarej, Kankroli, Pipalkhunt and Reodar.

³⁷ Abu Road and Bhim.

³⁸ Abu Road, Ahore and Bakani.

³⁹ Abu Road, Arnod, Bakani, Bandikui, Basni, Bhandarej and Jhalrapatan.

⁴⁰ Abu Road and Bakani.

^{41 ₹ 1,400} in rural area and ₹ 1,000 in urban area were provided to the beneficiaries at the time of discharge.

⁴² This exclude 11.53 lakh deliveries performed in private hospitals.

incentive during 2011-16 and only 13.64 *per cent* JSY beneficiaries were assisted by an ASHA.

State Government accepted the facts and stated (November 2016) that due to non-submission of required documents in health centres, discharge before 48 hours and non-providing of KYC of the beneficiary's bank account, the cash benefits could not be disbursed to the beneficiaries. It was, further, stated that efforts were being made to record the bank account number of the beneficiary in the early time of ANC.

Good Practice

State Government has started (August 2015) an Online JSY and Shubhlaxmi payment system (OJAS) wherein cash incentives for institutional deliveries are directly deposited into the bank accounts of the beneficiaries. Currently cash incentives for 75 per cent of the institutional deliveries in the State are being transferred through OJAS.

Post Natal Care

According to JSY, as part of Post Natal Care (PNC), a pregnant woman has to stay for minimum 48 hours after her delivery. Scrutiny of records of SHS revealed that during 2011-16, out of 67.03 lakh Institutional deliveries conducted in the State, 9.19 lakh (13.71 *per cent*) women were discharged within 48 hours of delivery. This resulted in the eligible beneficiaries being deprived of JSY incentives and facing PNC complications.

In seven test check districts it was observed that:

- During 2011-16, out of 11.31 lakh institutional deliveries conducted, 2.44 lakh (21.57 *per cent*) women were discharged within 48 hours of delivery.
- Out of total 8.11 lakh women who availed PNC facility, 3.62 *per cent* to 7.18 *per cent* women had PNC complications during 2011-16. In Jalore district, the situation of PNC complications was highest and it ranged between 8.37 to 24.11 *per cent* during 2011-16.

State Government stated (November 2016) that pregnant women were discharged before 48 hours due to non availability of proper arrangement of stay in outreach areas/over crowding and non/under availability of healthcare staff. It was further assured that efforts are being made to increase the stay of women up to 48 hours after delivery.

(v) Beneficiary Survey

To assess the impact of quality of services provided by the State Government, a survey was conducted (during April-June 2016) with a random sample of 880 beneficiaries in 88 SCs by Audit, in which response of beneficiaries was obtained on a predefined set of questions. The survey revealed that:

• 330 beneficiaries (37.50 *per cent*) out of 880 did not register themselves within three months of their pregnancy.

• 483 beneficiaries (54.89 *per cent*) did not visit the health centres for follow ups against prescribed four medical check up during their pregnancy.

Thus, the survey further substantiated the fact that the main objective of NRHM to provide ANC to all pregnant women was not achieved.

State Government stated (November 2016) that nearly 91.07 *per cent* beneficiaries were getting ANC services before six months of pregnancy and 96.02 *per cent* beneficiaries visited hospitals/health centres during pregnancy once or more than once.

The position stated by the Department was contrary to the NRHM framework which required at least four checkups during the pregnancy period.

2.1.10.2 Immunisation

Routine immunisation is an important strategy for child survival, focusing on preventive care to reduce morbidity against six preventable diseases. Accordingly, vaccinations for tuberculosis, diphtheria, pertussis, tetanus, polio and measles are to be given in seven stages to the age group of 0-1 years. Vaccines like Bacille Calmette Guerians (BCG), Oral Polio Vaccine (OPV), Tetanus Toxoid (TT), Diphtheria Pertussis and Tetanus (DPT), Diphtheria and Tetanus (DT) and Measles were provided under universal immunisation programme. Pulse Polio immunisation campaigns were also taken up for eradication of polio.

Achievement of Target for immunisation

(*i*) In the State, achievements against the targets of full immunisation for 0-1 year infants, DPT Booster I, OPV Booster and Measles for 01-02 years children, during 2011-16 are given in the **Table 2.8**.

Year	Target for full	Achievement	Target for		Achievements	
	immunisation of infants (0-1 year)	(per cent)	immunisation (1-2 year)	DPT Booster I (per cent)	OPV Booster (per cent)	Measles (per cent)
2011-12	15,70,602	13,36,402	14,86,153	7,76,950	7,64,057	3,42,826
		(85.09)		(52.28)	(51.41)	(23.07)
2012-13	16,35,882	13,36,841	15,32,811	8,56,361	8,45,138	1,46,544
		(81.72)		(55.87)	(55.14)	(9.56)
2013-14	16,64,485	13,80,291	15,23,444	9,96,275	9,92,761	5,76,767
		(82.93)		(65.40)	(65.17)	(37.86)
2014-15	16,80,133	13,62,148	16,50,587	10,67,818	10,63,030	9,52,315
		(81.07)		(64.69)	(64.40)	(57.70)
2015-16	16,91,597	13,62,794	16,62,177	11,42,992	11,43,106	11,30,880
		(80.56)		(68.76)	(68.77)	(68.03)

Table 2.8

Source: Information provided by the Department.

It is seen from the table that:

- During 2011-16, the achievement in number of immunisations of infants (0 to 1 year) was decreasing from 85.09 to 80.56 *per cent*.
- Further, target for 1-2 year children for DPT Booster-I, OPV Booster and Measles were not fully achieved during 2011-16 though there were improvements in coverage of the number of children. In seven test checked

districts, it was also noticed that 16.12 to 19.14 *per cent* infants were not fully immunised during 2011-16.

State Government stated (November 2016) that the targets were set for quantities to be indented to GoI and not based on head count, further lack of awareness among parents/guardians (illiteracy) and fear of adverse events following immunisation were the reasons for short achievement of targets.

The reply was not acceptable as quantity targets should have been set on the basis of eligible infants and children. This also highlights the need for a more effective "*Bottom up approach*" for planning.

(*ii*) Similarly, in the State, achievements against the targets of DPT Booster II upto 5 year children, TT 10 for 10 years children and TT 16 for 16 years children during 2011-16 are given in the **Table 2.9**.

Year	Target for DPT Booster II	Achievements (<i>per cent</i>)	Target for TT 10	Achievements (per cent)	Target for TT 16	Achievements (per cent)
2011-12	14,44,485	3,69,617	15,34,765	4,63,136	15,69,489	4,29,631
		(25.59)		(30.18)		(27.37)
2012-13	14,90,967	4,15,944	15,86,897	4,85,899	16,18,530	4,58,460
		(27.90)		(30.62)		(28.33)
2013-14	14,81,460	6,17,131	15,77,424	9,72,389	16,08,415	8,63,933
		(41.66)		(61.64)		(53.71)
2014-15	15,03,000	7,35,404	16,00,000	9,16,123	16,32,000	8,18,059
		(48.93)		(57.26)		(50.13)
2015-16	15,24,000	8,35,269	16,22,000	8,36,494	16,55,000	7,32,608
		(54.80)		(51.57)		(44.27)

Table 2.9

Source: Information provided by the Department.

It is seen from the table that against the targets, achievement of immunisation through DPT Booster-II (45.20 to 74.41 *per cent*), TT 10 (38.36 to 69.82 *per cent*) and TT 16 (46.29 to 72.63 *per cent*) were not fully achieved for children of 5-16 years during 2011-16. This indicates the dismal performance in immunisation in the State, particularly for children above five years of age.

State Government, while accepting the facts, stated (November 2016) that many schools, including private schools did not cooperate for vaccinations. This indicated lack of coordination and awareness of community.

Providing Vitamin 'A' supplements to children

As envisaged in the guidelines, all children of the age of nine months to five years were required to be administered Vitamin 'A' dose. Against the targets of 82.43 lakh for administration of five doses of vitamin 'A', first dose was administrated to 59.78 lakh (72.52 *per cent*), second dose was administrated to 33.51 lakh (40.66 *per cent*) and third, fourth and fifth doses were administrated to 26.30 lakh (31.91 *per cent*) children only.

In seven test checked districts it was observed that 5.76 to 10.96 *per cent*, 38.67 to 51.58 *per cent* and 60.40 to 67.14 *per cent* children were not given Vitamin 'A' first dose, second dose and third to fifth doses respectively

during 2011-16, which reflected dismal performance of administering vitamin 'A' doses.

State Government accepted (November 2016) that vitamin A dose was not administered to children as per plan.

2.1.10.3 Family Planning

Objective of the family planning programme was to reduce the Total Fertility Rate (TFR) and improve the health status of people particularly, women by encouraging adoption of appropriate family planning methods. Male involvement in family planning including male sterilisation would also be promoted. Vasectomy for male and tubectomy for female are family limiting methods and oral pills, condoms and Intra Uterine Device (IUD) insertion are the methods for family spacing, to reduce TFR.

Achievements vis. a vis. targets of sterilisation for the State during 2011-16 are discussed in **Table 2.10**.

		Table 2	2.10		
Year	Target for		Achievement		Shortfall
	sterilisation	Tubectomy	Vasectomy	Total cases	(per cent)
		cases	cases		
		(per cent)	(per cent)		
2011-12	6,86,210	3,09,426	5,528	3,14,954	3,71,256
		(98.25)	(1.75)		(54.10)
2012-13	6,98,604	3,11,539	4,949	3,16,488	3,82,116
		(98.44)	(1.56)		(54.69)
2013-14	5,01,170	2,98,898	3,769	3,02,667	1,98,503
		(98.75)	(1.25)		(39.60)
2014-15	4,62,304	2,99,302	4,304	3,03,606	1,58,698
		(98.58)	(1.42)		(34.33)
2015-16	4,50,000	2,81,927	4,748	2,86,675	1,63,325
(Provisional)		(98.34)	(1.66)		(36.29)
	27,98,288	15,01,092	23,298	15,24,390	12,73,898
		(98.47)	(1.53)	(54.48)	(45.52)

Source: Information provided by the Department.

It is seen from the above table that:

- Against the target of 27.98 lakh sterilisation for the State, only 15.24 lakh (54.48 *per cent*) sterilisation were done during 2011-16, leading a shortfall ranged between 34.33 to 54.69 *per cent*.
- Further, the percentage of vasectomy operations in the State was only 1.53 *per cent* of the total sterilisation operations.
- In seven test checked districts, shortfall in sterilisation ranged between 53.91 and 65.26 *per cent*. Further the percentage of vasectomy operations to total sterilisation operations was abysmally low (2.05 *per cent*).

Thus, despite instructions in the NRHM framework for promoting male involvement in family planning, male sterilisations continued to be low.

State Government stated (November 2016) that the eligible couples are counselled to adopt family planning practices and they select the method of their choice. Further, trainings were imparted to service providers and male sterilisation camps were planned in each district.

However, the fact remains that the participation of male in the sterilisation process was very low and needed concerted efforts to improve the same.

2.1.10.4 Other healthcare services

(i) Non-availability of essential drugs

State Government following the IPH Standards, issued Essential Drugs List (EDL) of 522 drugs for DH, 445 drugs for CHC, 236 drugs for PHC and 32 drugs for SC. RMSCL, is responsible for distribution and management of essential drugs in all the health centres. Audit scrutiny revealed that the position of distribution of drugs in DHs, CHCs, PHCs and SCs in the entire State was not maintained.

Audit scrutiny of seven test checked districts revealed that:

There were shortages in the availability of essential drugs, as only 320 to 409 drugs were available in six DHs (except Jhalawar), 125 to 324 essential drugs in all CHCs, four to 100 drugs in 12 PHCs⁴³ and eight to 20 drugs in 21 SCs⁴⁴.

It was also noticed that essential obstetric care drug kit was not available in four CHCs (Abu Road, Ahore, Bandikui and Reodar) and further Reproductive Transmitted Infection/Sexual Transmitted Infection drugs were not found available in four CHCs (Abu Road, Ahore, Bhinmal and Kankroli).

State Government did not provide the reasons for non-availability of essential drugs in test checked districts. This also highlights the need for a more effective "*Bottom up approach*" for planning which would have thrown up such shortages in essential medicines.

(ii) Mobile Medical Units

The objective of having Mobile Medical Units (MMU) was to take healthcare to the doorsteps of the public in the rural areas, especially in underserved areas and in urban slums. As per IPH Standards, 20 camps per month per MMU were required to be organised.

There were 52 MMUs deployed in 31 districts in the State, which organized only 33,879 camps (54.29 *per cent*), against stipulated 62,400 camps during 2011-16.

In seven test checked districts, eight MMUs were deployed, which organised camps ranging from 1,128 (67.14 *per cent*) to 1,136 (67.62 *per cent*) during

⁴³ Arniya, Bali-Jassakhera, Bhagwanpura, Donda, Ghana, Ghantali, Khinyala, Nausara, Panchola, Sarda, Suhagpura and Tantwas.

⁴⁴ Balwa, Bijapura, Dantina, Dantiwas, Dhani-Nimbodi, Digariya-Tappa, Guda-Ahiqpura, Hajya-Ka-Vas, Jaitpura, Kalota, Karwa, Khedala-Khurd, Khinyawas, Kotra, Ladli-Ka-Bas, Panchola, Rajod, Sindhipura, Sirsi, Sugli-Jodha and Thikriya.

2013-15, against the target of 1,680 camps per annum. Further, no MMU camp was organised in Rajsamand district during 2011-15.

State Government, while accepting the facts, stated (November 2016) that IPH standard could not be achieved due to poor and damaged conditions of MMUs and expiry of contract period with service provider.

2.1.10.5 Quality Assurance Programme

GoI has prescribed 70 Quality Assurance Standards for public health which have been categorised into eight broad areas of Service Provision, Patient Rights, Inputs, Support Services, Clinical Care, Infection Control, Quality Management and Outcome.

The State level Quality Assurance Committee (SQAC), State Quality Assurance Unit (SQAU) along with District level Quality Assurance Committee (DQAC) and District level Quality Assurance unit (DQAU) in all 33 districts was constituted (February 2015) to oversee the quality assurance activities across the State and also to ensure regular and accurate reporting of the various key indicators. Further, every DQAU was required to submit monthly report on the performance indicators to SQAU.

It was observed that against prescribed four meetings during 2015-16, SQAU convened only one meeting (March 2016). Further, during 2015-16 though SQAC visited all 34 DHs to assess the qualities of services provided by the DHs, but it did not visit any rural health facilities (SDH/CHC/PHC).

It was further observed in test checked units (30 PHCs, 15 CHCs and seven DHs) that:

- None of the DQAUs submitted the monthly report on the performance indicators to SQAU.
- Key outcome indicators pertaining to Reproductive Maternal Newborn Child Health (RMNCH) were not measured and monitored in 27 PHCs⁴⁵, 13 CHCs⁴⁶ and three DHs (Nagaur, Pratapgarh and Sirohi).

State Government, while accepting the facts, stated (November 2016) that instructions had been issued to all districts for patient satisfaction survey/patient feedback, conducting regular meeting and sending returns on scheduled dates.

The fact remains that the implementation of Quality Assurance Programme, which was intended to enhance the satisfaction level among the users of the Government health facilities, was in a nascent stage in the State and needed improvement.

⁴⁵ Aluda, Arniya, Baant, Bali-Jassakheda, Bhagwanpura, Bivai, Chupana, Daspa, Deldar, Diver, Durgapura, Ghana, Ghantali, Khinyala, Kundal, Makodi, Minda, Mohi, Nosara, Panchola, Punasa, Salmgarh, Sankroda, Sanwara, Sarda, Suhagpura and Tantwas

⁴⁶ Aburoad, Ahore, Arnod, Bandikui, Basni, Bhandarej, Bhim, Bhinmal, Kankroli, Nawacity, Pipalkhunt, Reodar and Roll.

2.1.10.6 Impact of NRHM on IMR, MMR and TFR

Maternal Mortality Ratio (MMR) measures the number of women of reproductive age (15–49 years) dying due to maternal causes per 1,00,000 live births and is a sensitive indicator of the quality of the healthcare system for women. Infant Mortality Ratio (IMR), a measurement of death of children before the age of one year per 1,000 live births, is a sensitive indicator of the health and nutritional status of population of children. Further, Total Fertility Rate (TFR) is a measure of number of children born to a woman during her entire reproductive age. Due to early marriage, close spacing of births, high unmet need and lack of skilled contraceptive services, high fertility remains a problem.

(i) Trend of achievements at State level

A comparison of the State⁴⁷ with other states and All India average for IMR, MMR and TFR revealed that:

• During 2009, IMR in the State was 59, which reduced to 47 during 2013 for per 1000 live births, but during the same period All India average of IMR declined from 50 to 40. The State stood at 23rd position among 28 states of the country during 2013.

Further during 2013, IMR in seven test checked districts⁴⁸ was higher than the IMR of the State and ranged between 52 (Nagaur) to 72 (Jalore).

- During 2009, MMR in the State was 318, which reduced to 244 during 2013 for per 1,00,000 live births. However, during the same period All India average of MMR declined from 212 to 167. The State stood at the 25th position among 28 states of the country during 2013.
- During 2009, TFR in the State was 3.3, which reduced to 2.8 during 2013. However, during the same period All India average of TFR was reduced from 2.6 to 2.3. The State stood at 17th position among 20 states in the country during 2013 for which details were available.

Further, during 2013 TFR in seven test checked districts, was not significantly different in comparison of State average and ranged between 2.7 (Nagaur) to 3.6 (Jalore).

Thus, specific initiatives were needed to focus on districts by providing better infrastructural/services for maternal and child healthcare, where IMR/MMR/TFR has not been reduced substantially.

⁴⁷ As per Sample Registration System Statistical Report 2013 published by the Registrar General of India, Ministry of Home Affairs, New Delhi.

⁴⁸ As per Annual Health Survey 2012-13 published by the Registrar General and Census Commissioner, India, Ministry of Home Affairs, New Delhi.

Quality of Healthcare services

The percentage of women registered in first trimester of the pregnancy increased from 46.59 per cent to 60.00 per cent during 2011-16, yet 26.93 per cent to 31.02 per cent pregnant women did not get all three mandatory checkups. Further only 67.77 per cent pregnant women were given IFA tablets inspite of anaemia being widely prevalent in the State.

There was no significant variation in institutional deliveries in the State during 2011-16. Further 26.23 to 34.15 per cent newborns were not visited by a Doctor/ANM/Nurse within 24 hours of delivery in case of deliveries at home.

The position of immunisation was poor for infants (0 to 1 year) and children (1 to 16 years) as there was low coverage in administering vaccines i.e. Measles, OPV booster, DPT booster and TT 10/16.

The achievement against the target of sterilisation was only 54.48 per cent and the involvement of men in the family planning process continued to be abysmally low. There were also shortages in the availability of essential drugs particularly at CHCs and PHCs.

Thus, inspite of Rajasthan being a special focus State under NRHM, the State continues to lag behind the All India Averages and stood at 23^{rd} position (out of 28) in Infant Mortality Ratio, 25^{th} position (out of 28) in Maternal Mortality Ratio and 17^{th} position (out of 20) in Total Fertility Rate.

Recommendations:

- 6. To reduce the risk and complications involved during pregnancy, the State Health Mission should ensure that all the pregnant women are mandatorily registered in the first trimester and get three checkups during pregnancy to improve the Maternal Mortality Ratio in the State.
- 7. The State Health Mission should ensure full immunisation of infants and children to improve the Infant Mortality Ratio in the State by introducing awareness programmes and better coordination with schools.
- 8. The State Health Mission should improve the position of sterilisation in the State and make special efforts to increase the involvement of men in the sterilisation process so that the Total Fertility Rate in the State is reduced.

2.1.11 Adequacy of Financial Management

Audit Objective -5: To assess the existence of prudent financial management.

2.1.11.1 Funding pattern

The Centre and State Governments provided funds for NRHM in the ratio 85:15 during 2011-12. The funding pattern was revised to 75:25 during

2012-15 and further 60:40 during 2015-16. GoI directly released the funds to the bank account of the State Health Society (SHS) upto 2013-14. From 2014-15 onwards all funds were released through treasury route of the State Government.

The details of funds released by the GoI and the State Government and expenditure incurred there against during 2011-16⁴⁹ are shown in the **Table 2.11**.

							(₹ in	crore)
Year	Funds	Opening	Funds released by			Total fund	Expenditure ⁵⁰	Closing
	approved in State PIP	Balance	GoI	State Govt			(per cent)	Balance
2011-12	1,015.70	213.12 ⁵¹	1,029.64	173.21	1,202.85	1,415.97	979.98 (69.21)	435.99
2012-13	1,545.60	435.99	800.59	256.71	1,057.30	1,493.29	1,065.33 (71.34)	427.96
2013-14	1,796.62	427.96	867.47	278.05	1,145.52	1,573.48	1,315.55 (83.61)	257.93
2014-15	1,896.24	285.51 ⁵²	1,031.02	351.08	1,382.10	1,667.61	1,436.22 (86.12)	231.39
2015-16 (Provisional)	2,391.82	231.39	1,219.89	754.72	1,974.61	2,206.00	1,697.67 (76.96)	508.33
Total	8,645.98		4,948.61	1813.77	6,762.38		6,494.75	

Table 2.11

Source: Data provided by the SHS

It is seen from the above table that during 2011-16, against aggregate approval of ₹ 8,645.98 crore in the State PIPs, funds amounting to ₹ 6,762.38 crore (78.21 *per cent*) were released to SHS and funds of ₹ 6,494.75 crore (75.11 *per cent*) were actually utilised. The utilisation of the available funds by the SHS ranged between 69.21 and 86.12 *per cent* during 2011-16. The State Government was to contribute ₹ 1,832.12 crore as per prescribed ratios, however matching share was short released by ₹ 18.35 crore.

State Government stated (November 2016) that non utilisation of available funds during 2015-16 was due to change in sharing ratio during 2015-16 (December 2015) from 75:25 to 60:40 and delayed release (March 2016) of additional state share to SHS. The reasons for less utilisation of available funds during 2011-15 and for short release of states share to the SHS were not intimated.

The fact however remained that utilisation of funds was consistently low during 2011-16. Further, delay approval of PIPs by GoI was also due to delay in submission of PIPs by the SHS.

2.1.11.2 Delay in release of funds

Paragraph 3.3.1 and 3.3.2 of the Operational Guidelines for Financial Management of NRHM provides that the State Government would release the proportionate share to the SHS within seven days of the release of fund by

⁴⁹ Final accounts for the period 2015-16 are under finalisation.

⁵⁰ Amount received through treasury route and fund received/expenditure whichever is less, has been taken as expenditure under NIDDCP and Infrastructure Maintenance.

⁵¹ It includes ₹ 119.30 crore, released in 2011-12 but pertains to previous years.

⁵² Due to inclusion of NPHCE, NTCP and Cancer programmes under umbrella of NRHM the opening balance of ₹ 27.58 crore of these programmes was included.

GoI, who in turn would release the funds to DHSs within 15 days of receipt of the funds.

It was, however, observed that during 2011-16, the State Government released the matching share of \gtrless 1,175.69 crore with delays ranging from 31 days to 362 days (average delay of 135 days).

State Government accepted the facts and stated (November 2016) that the amount was transferred /deposited in the bank account of SHS with delay of 40 to 45 days as it entails a long process⁵³.

Similarly, SHS also delayed the release of \gtrless 1,460.94 crore to the DHSs ranging from 31 days to 275 days (average delay of 118 days).

State Government stated (November 2016) that the transfer of funds by SHS to DHS was delayed to control unnecessary accumulation of advances lying at district and lower level. Further, funds were released after analysis of the requirement of district demands and this took time.

2.1.11.3 Diversion of funds

As paragraph 3.3.5 of the Operational Guidelines for Financial Management of NRHM, the funds provided for various programmes should only be used for the intended purpose and not be mixed with other funds. Paragraph 10.3 *ibid* further prohibited the diversion of NRHM funds for another programme, without approval of GoI. In following instances, funds of NRHM were however, diverted:

- An amount of ₹ 257.62 crore (₹ 103.09 crore during 2013-14 and ₹ 154.53 crore during 2014-15) was diverted from Janani Suraksha Yojana of NRHM to another State Government Scheme i.e. Mukhyamantri Subh Lakshmi Yojana. However, funds of ₹ 247.36 crore (₹ 88 crore during 2013-14 and ₹ 159.36 crore during 2014-15) was later recouped. The remaining amount ₹ 10.26 crore has not been recovered from the State Scheme as of March 2016.
- During 2015-16, an amount of ₹ 3.66 crore was diverted from NRHM to *Mukhyamantri BPL Jeevan Raksha Kosh*, which is a State Government Scheme.

State Government, while accepting the facts, stated (November 2016) that such irregularity would not be repeated in future.

2.1.11.4 Unadjusted advances to various agencies

(a) As per paragraph 6.9.1 of Operational Guidelines for Financial Management, all advances should be duly approved by the Competent Authority and should preferably be settled within a maximum period of 90 days. Consolidated Balance Sheet of SHS exhibited unadjusted advances of

⁵³ Delay attributed to time taken in receiving copy of GoI sanction order, non-uploading of sanction on site, time taken in reconciliation, approval and release of fund, release in administrative sanction etc.

₹ 199.42 crore as of March 2012 at SHS level, which increased to ₹ 605.57 crore by the end of March 2015. In following cases, non-adjustment of advances reflected lack of monitoring:

- All DHSs of the State exhibited (March 2016) total outstanding advances of ₹ 111.09 crore against Blocks, CHCs, PHCs and others. Out of which, a sum of ₹ 11.55 crore was outstanding for more than five years.
- Unadjusted/unspent advances to ₹ 181.87 crore was outstanding against RMSCL as of March 2016, out of which advance of ₹ 24.27 crore was outstanding for more than two years.
- Due to continuous release of advances to State Institute of Health and Family Welfare (SIHFW) without adjustment of previous advances, unadjusted sum of ₹ 16.86 crore had accumulated as of March 2016. Further, an amount of ₹ 2.33 crore was released to SIHFW for providing trainings for 12 activities. SIHFW did not organise the training programmes and refunded back the amount with delays ranging between eight to 23 months.

State Government stated (November 2016) that letters were being issued and meetings were being conducted with the officers of RMSCL/SIHFW on regular basis for settlement of advances.

Thus, huge amount of advances pending for refund/adjustment reflects lack of monitoring.

(b) Against an advance of ₹ 106.25 crore, given to Director, Information, Education and Communication (IEC) during 2011-16, Utilisation Certificates (UCs) for ₹ 46.24 crore were only submitted and an advances of ₹ 60.01 crore were lying unadjusted as of March 2016. Records relating to utilisation of ₹ 46.24 crore though called for by Audit, were not made available and it was intimated (June-September 2016) that all the records relating to this utilised amount were seized by Anti Corruption Bureau. Thus, the entire amount of ₹ 106.25 crore given to Director, IEC could not be vouchsafed by Audit.

<u>Financial Management</u>

Though the State Government projected the requirement of ₹ 8645.98 crore during 2011-16 in the State PIP but only 78.21 per cent funds were released and 75.11 per cent was utilised by SHS. Instances of delay in release of proportionate share by State Government to the SHS were noticed. Funds received for NRHM were diverted for other schemes of the State Government. Huge unadjusted advances were outstanding against Rajasthan Medical Services Corporation Limited, State Institute of Health and Family Welfare, Blocks, CHCs, PHCs and others.

Recommendation:

9. State Government should ensure better financial management by preparing realistic PIPs, better utilisation of available funds and ensure timely adjustment of outstanding advances.

2.1.12 Monitoring Mechanism

Audit Objective 6: To assess the adequacy of the monitoring mechanism.

The NRHM framework envisages intensive accountability structures based on internal monitoring through computer based Health Management Information System (HMIS). Further, Pregnancy, Child Tracking and Health Services Management System (PCTS) was implemented in Rajasthan during September 2009, for online tracking of pregnant women and infant and children, monitoring of immunisation and institutional deliveries etc. Each DHS was to develop a computer based Management Information System under NRHM framework and submit monthly reports to SHS.

2.1.12.1 Discrepancies in data

Scrutiny of data collected from PCTS, HMIS and basic records maintained in health centres related to 27 Reproductive and Child Health activities implemented during 2011-16, revealed the data of the activity was different in all three information systems, which are given in detail in *Appendix 2.2*. Instances of substantial differences are elaborated below:

(i) Comparison of PCTS data with HMIS data

- Difference in the number of pregnant women to whom IFA tablets were given ranged from 15,217 (7.95 *per cent*) in 2011-12 to 52,431 (26.02 *per cent*) in 2015-16.
- Difference in number of women discharged within 48 hours of deliveries ranged from 13,817 (35.87 *per cent*) in 2014-15 to 56,215 (78.08 *per cent*) in 2012-13.

(ii) Comparison of PCTS data with basic records

- Difference in tubectomy sterilisations ranged from 9,948 (25.19 *per cent*) in 2014-15 to 12,702 (31.42 *per cent*) in 2012-13.
- Difference in 'oral pill cycles' ranged from 22,732 (3.04 *per cent*) in 2013-14 to 1,26,997 (14.11 *per cent*) in 2011-12.

(iii) Comparison of HMIS data with basic record

- Difference in tubectomy sterilisations ranged from 9,772 (24.75 *per cent*) in 2014-15 to 13,179 (40.14 *per cent*) in 2015-16.
- Difference in 'oral pill cycles' ranged from 23,250 (3.11 *per cent*) in 2013-14 to 1,27,383 (14.15 *per cent*) in 2011-12.
- Difference in women discharged within 48 hours of delivery ranged from 20,273 (45.07 *per cent*) in 2014-15 to 54,541 (74.04 *per cent*) in 2012-13.

The presence of such huge difference across the activities raises serious concern over utility of data for the purpose of planning and evaluation.

State Government, while accepting the facts, stated (November 2016) that validation error occurred while uploading in few cases. Further, data was not compiled during 2015-16, on the web portal due to technical reasons.

2.1.12.2 Monitoring by State and District Health Missions

NRHM envisaged an intensive accountability framework through a three pronged mechanism of internal monitoring, community based monitoring and external evaluations. The deficiencies noticed in monitoring are discussed below:

(*i*) As per NRHM guidelines, SHM at State level and DHM in each district were to conduct at least one meeting in every six month interval to discuss issues related to inter-sectoral coordination to promote NRHM. In this regard it was observed that:

- SHM did not hold any meeting during 2011-16, against the requirement of 10 meetings.
- Only two meetings of the Governing Body⁵⁴ were convened during 2011-16 against prescribed seven meetings. Similarly, only 22 meetings of the Executive Committee⁵⁵ were held during 2011-16 against prescribed 33 meetings.
- All DHMs in the State held only 45 meetings⁵⁶ against prescribed 334 meetings.
- In seven test checked districts, only 11 meetings⁵⁷ of DHMs were held against prescribed 70 meetings. Further, in Rajsamand district no meeting of DHM was held during 2011-16.
- 33 DHSs of the State held 301 meetings (during 2011-12), 291 meetings (during 2012-13), 236 meetings (during 2013-14), 269 meetings (during 2014-15) and 313 meetings (during 2015-16) against prescribed 396 meetings⁵⁸ per year.

State Government, while accepting the facts, stated (November 2016) that though the meeting of SHM was not conducted due to State Legislative Election in 2013, several review meetings were organised under the chairmanship of the Chief Minister.

The reply was not acceptable as the meeting of SHM, GB and EB of SHS, DHM were to be organised at the prescribed intervals for monitoring of the programme.

2.1.12.3 Community based monitoring

(*i*) Village Health Sanitation and Nutrition Committee (VHSNC), at village level was responsible for preparation of the Village Health Plans, organising public awareness programmes, analysing key issues and problems related to village level health activities etc. It was, however, observed that out

⁵⁴ Governing Body: Six monthly meeting upto April 2013 and annual meeting from May 2013.

⁵⁵ Executive Committee: Monthly meetings upto April 2013 and thrice in a year from May 2013.

⁵⁶ 17 meetings in 2011-12, eight meetings in 2012-13, seven meetings in 2013-14, two meeting in 2014-15 and 11 meeting in 2015-16.

⁵⁷ Dausa-one, Jalore-two, Jhalawar-four, Nagaur-one, Pratapgarh-two, Rajsamand-nil and Sirohi-one.

^{58 12} monthly meetings for each DHS.

of 45,123 revenue villages in the State, VHSNCs were formed in 43,440 villages as of March 2016.

VHSNCs were not formed in 34 revenue villages of test checked district Jalore as of March 2016.

(*ii*) Rogi Kalyan Samiti (RKS) was to be constituted for day-to-day management of the affairs of the healthcare facilities at the DH, CHC and PHC levels. In State, RKSs was established with the nomenclature of Rajasthan Medicare Relief Society in all DHs. However, RKSs were not formed in 87 (out of 2080) PHCs and 13 (out of 571) CHCs of the State as of March 2016. In seven test checked districts, it was observed that RKS were not formed in nine PHCs of Jalore district as of March 2016.

State Government stated (November 2016) that 43,440 VHSNCs were formed in the State and the revenue villages having population less than 100 persons would be merged with nearby VHSNCs.

The reply was not acceptable as VHSNCs in 1683 villages were not formed and the village level planning was not done in all villages. Reasons for non constitution of RKSs in PHCs and CHCs were not intimated by the Government.

2.1.12.4 External evaluation

NRHM framework provided for external evaluation to track the effectiveness of the various activities for providing quality health services. It was observed that external evaluation of implementation of NRHM by an independent agency was not conducted in the State during 2011-2016.

<u>Monitoring Mechanism</u>

There were differences in data maintained in various databases i.e. Health Management Information System, Pregnancy Child Tracking & Health Services Management System and the original records available at the health centres, leading to huge discrepancies which were not reconciled.

State Health Mission did not hold any meeting during 2011-16 and the only two meetings (against seven) of Governing Body were conducted, which pointed to weaknesses in the apex monitoring process. Further at the district level only 14 per cent of the prescribed meetings of District Health Mission could be held.

Recommendations:

- 10. State Health Mission should ensure reconciliation and correctness of data so that the planning and decision making process could be based on more realistic inputs.
- 11. State Government should ensure that the prescribed monitoring system is followed at all levels so that the implementation of NRHM becomes more effective in the State.

2.1.13 Conclusion

The National Rural Health Mission aimed at reducing child and maternal mortality rate, providing accessible, affordable, accountable, effective and reliable healthcare facilities in the rural areas especially to poor and the vulnerable section of the population.

The State Health Mission did not follow the "Bottom up approach" for planning at the village and block level and this resulted in gaps in availability of infrastructure, equipment and manpower in most of the rural areas. Further instances of non-utilisation of staff quarters in health centres, non availability of all essential equipment in rural health centres and equipment lying unutilised, were also noticed. There were also shortages of medical and para medical staff in rural areas as compared to urban areas.

To reduce the risk and complications during pregnancy, all the pregnant women in the State could not be registered in the first trimester of their pregnancy and were also not provided all three mandatory checkups, IFA tablets and prescribed immunisations. Proper Post Natal Care could not be extended in case of home deliveries. The achievement against the target of sterilisation was just above fifty *per cent* and the involvement of men in the family planning process continued to be abysmally low.

The monitoring mechanism was weak as the State Health Mission, Governing Body and District Health Missions did not even hold twenty *per cent* of the required meetings.

The State continues to lag behind the All India Average and stood at 23rd position (out of 28) in Infant Mortality Ratio, 25th position (out of 28) in Maternal Mortality Ratio and 17th (out of 20) in Total Fertility Rate.

School Education Department

2.2 Implementation of Right of Children to Free and Compulsory Education Act, 2009

Executive Summary

Government of India (GoI) enacted the Right of Children to Free and Compulsory Education (RTE) Act in August 2009 for providing free and compulsory education to all children in the age group of 6-14 years. The RTE Act became operative in the State with effect from 1 April 2010 and the State Government notified Rajasthan RTE Rules in March 2011, however with delay of one year.

The objective of providing free and compulsory education through proper identification and enrolment was not achieved as Household Survey for identification of children in the age group upto 14 years was not done and 12.40 to 18.74 *per cent* children were not enrolled in schools during 2012-16. The exact requirement of neighbourhood schools could not be properly assessed. Further reduction in number of schools by 14.90 *per cent* and non-distribution of transport allowance to children further led to no significant improvement in increasing accessibility as required under the RTE Act/Rules.

The provisions for admission under 25 *per cent* RTE quota were delayed by two years by the State Government thereby depriving children belonging to weaker section and disadvantaged groups of free education in Non-Government Schools. Also 11,300 Non-Government Schools representing 16.36 *per cent* did not adhere to the provision of 25 *per cent* RTE quota.

The prescribed Pupil Teacher Ratio was not maintained in 30,549 schools which constitute 51.52 *per cent* even after five years of the commencement of the Act. The State Government could not provide basic facilities as required as per the RTE Act within the prescribed period of three years i.e. by March 2013 inspite of availability of the funds. Further even after six years i.e. March 2016, there were huge gaps in infrastructure facilities in the schools.

An amount of ₹ 318.15 crore released for implementation of the RTE Act could not be utilised during 2010-16. Further the State Government did not demand an amount of ₹ 190.84 crore from the GoI towards central share for implementation of the 25 *per cent* RTE quota in Non Government Schools. The monitoring mechanism was weak as the State Advisory Council met only three times against 15 in the last four years.

Thus, the key objective of RTE Act 2009 of universalisation of elementary education encompassing three major aspects of access, enrolment and retention of children in the age group of 6-14 years, was not fully achieved.

2.2.1 Introduction

To provide free and compulsory education to all children in the age group of 6-14 years, Article 21-A was inserted as a Fundamental Right in the Constitution of India through the Constitution (Eighty-Sixth Amendment) Act, 2002. Consequent to that, Government of India (GoI) enacted the Right of Children to Free and Compulsory Education (RTE) Act in August 2009. The RTE Act provides that every child of the age of 6-14 years shall have a right to free and compulsory education in a neighbourhood school till completion of elementary education.

The key objective of RTE Act, 2009 was universalisation of elementary education which encompasses three major aspects i.e. access, enrolment and retention of children in the age group of 6-14 years. *Sarva Shiksha Abhiyan* (SSA) which was the main vehicle for implementing the provisions of the RTE Act, was revised (March 2011) to align with the provisions of the RTE Act.

Though the literacy rate in the State of Rajasthan increased from 60.41 *per cent* in 2001 (Census 2001) to 67.06 *per cent* in 2011 (Census 2011), it was lower than national literacy rate of 74.04 *per cent* (Census 2011). Further, Rajasthan was ranked 33rd out of 35 states⁵⁹ including Union Territories (UTs) in literacy rate as per Census 2011 and in terms of female literacy rate, Rajasthan was ranked last among all states and UTs in the country. Thus the effective implementation of the RTE Act was an absolute requirement for improving the dismal situation of literacy in the State.

The RTE Act became operative in the State with effect from 1 April 2010 and the State Government notified (March 2011) Rajasthan RTE Rules (RTE Rules) with delay of one year.

At the State level, the Secretary, School Education Department implements the provisions of the RTE Act. At field level the provisions of the RTE Act are being implemented by Rajasthan Council for Elementary Education (RCEE), a State Implementing Agency of SSA. Director, Elementary Education (DEE) deals with Primary & Upper Primary Schools and Director, Secondary Education (DSE) deals with Secondary and Senior Secondary Schools having Primary/Upper Primary classes for the purpose of RTE Act.

2.2.2 Audit Methodology, Coverage and Criteria

The Performance Audit was carried out for the period 2010-16, during April 2016 to July 2016 which covered School Education Department (Elementary)

⁵⁹ While the position of Rajasthan decreased from 29th in 2001 to 33rd in 2011, States like Uttar Pradesh and Jharkhand improved their position from 31st to 29th and 34th to 32nd respectively.

of the Government of Rajasthan (GoR), RCEE, DEE, DSE and 192 schools of 24 blocks in six selected districts⁶⁰.

These six districts out of 33 were selected by '*Population Proportionate to the Size without Replacement*' method. Twenty four blocks (three rural and one urban block of each district) and 180 schools (30 schools comprising 20 Government and 10 Non-Government) were selected by '*Simple Random Sampling without Replacement*' method. Out of these 180 schools, 102 Primary Schools (PS) & Upper Primary Schools (UPS) and 78 Secondary & Senior Secondary Schools having Primary and/ or Upper Primary classes were selected. Besides this, one Adarsh Secondary/Senior Secondary School and one Non-Government School having highest fee was selected randomly in each selected district. Thus a total of 192 schools were selected.

An Entry Conference with Secretary, School Education Department, GoR, was held on 22 April 2016 wherein Audit objectives, selection of units, Audit methodology and scope of PA were explained. An Exit Conference with Secretary, School Education Department, GoR, was held on 9 November 2016 wherein Audit findings and recommendations were discussed.

The data sources for Audit were District Information System for Education (DISE) and data from departmental authorities.

The Audit criteria were:

- ▶ Right of Children to Free and Compulsory Education Act, 2009.
- Rajasthan Right of Children to Free and Compulsory Education Rules, 2011.
- > Various orders, notifications, circulars issued by GoI and GoR.
- \triangleright DISE data⁶¹.

2.2.3 Audit objectives

The objectives of the PA were to verify adherence to the criteria laid down in the RTE Act regarding:

- (*i*) Identification and Enrolment of children in schools,
- (*ii*) Ensuring access to schools and retention in schools till the completion of elementary education,
- (*iii*) Ensuring admission of children in Non-Government Schools under 25 *per cent* RTE quota,

⁶⁰ Districts Barmer (Baytu, Barmer, Chohtan and Shiv blocks); Jaipur (Amber, Dudu, Jaipur East & West and Phagi blocks); Jhunjhunu (Buhana, Jhunjhunu, Chidawa and Surajgarh blocks); Rajsamand (Bhim, Kumbhalgarh, Rajsamand and Railmagra blocks); Sikar (Dhod, Fatehpur, Laxmangarh and Piprali blocks) and Udaipur (Badgaon, Bhinder, Kotra and Sarada blocks).

⁶¹ DISE is an annual school based computerised information system having information on all types of PS/UPSs i.e. Government schools and Non Government schools. Information is collected annually (by 30th September every year) and the information regarding schools in Rajasthan is published annually in the form a booklet.

- (iv) Achieving the prescribed Pupil Teacher Ratio within three years,
- (v) Ensuring basic infrastructure facilities and qualification of the teachers, and
- (vi) Effective financial management and monitoring.

2.2.4 Audit Findings

Identification and Enrolment of Children

Audit objective 1: Whether objectives of RTE Act regarding identification and enrolment of children in schools was adhered to.

2.2.4.1 Identification of Children

Section 9 of the RTE Act 2009 stipulates that every local authority shall maintain records of children up to age of 14 years residing in its jurisdiction through Household Survey, which will be updated annually.

It was observed that the State Government notified⁶² Zila Parishad (ZP) as the local authority for RTE purpose (February 2014) with a delay of four years from the commencement of the Act. The ZPs did not conduct any Household Survey so far for identification of children aged upto 14 years, though required to do so. A Child Tracking Survey was conducted by the State Government in 2010 for identification of children. Despite repeated requests, details of 'out of school' children only was provided to Audit.

In the absence of specific identification of children in the age group of upto 14 years through a Household Survey and the lack of its annual updation as prescribed under the Act/Rules, the entire process of identification was diluted.

State Government stated (November 2016) that admissions are being done through identification of children on the basis of records maintained in Village Education Register/Ward Education Register (VER/WER) however, these registers would be updated. The reply was not convincing as no details of VERs/WERs were made available to Audit and as per RTE Rules, a Household Survey was required to be conducted annually, which was not done.

2.2.4.2 Enrolment of Children

Section 3 of the RTE Act 2009 stipulates that every child of the age of six to 14 years shall have a right to free and compulsory education in a neighborhood school till completion of elementary education.

The State level comparison between projected number⁶³ of children attaining the age of enrolment for elementary education as per Census 2011 (as the

⁶² The State Government appointed *Zila Parishad* and Government itself as local authority for schools falling under their respective administrative control.

⁶³ As per Single Year Age Data (Table C-13) table downloaded from site of Ministry of Home Affairs, Office of the Registrar General & Census Commissioner of India.

Household Survey was not conducted by the concerned ZPs) and number of children admitted in both Government and Non-Government Schools during 2010-16 is exhibited in **Table 2.12**.

YearThe position of children in age group of 6 to 10 yearsThe position of children in age group of 11 to 13 yearsNumbers as per Census 2011Enrolled in Primary classes as per DISE dataChildren not enrolled (Percentage)Numbers as per 2011Enrolled in Upper classes as per dlataChildren not enrolled Census 2011Numbers enrolled classes as per dlataEnrolled in (Percentage)Children not enrolled classes as per dlata2010-11NA63.39Can't be determinedNA29.47Can't be determined2011-1283.0967.0616.03 (19)48.4431.7616.68 (34)2012-1380.4369.7410.69 (13)52.9436.5516.39 (31)2013-1481.3869.1312.25 (15)48.9836.2412.74 (26)2014-1578.9967.1011.89 (15)51.4536.4914.96 (29)2015-1679.2268.6010.62 (13)46.9537.249.71 (21)		(Number in lakh)						
per Census 2011 Primary classes as per DISE data enrolled (Percentage) as per 2011 Upper Primary classes as per DISE data not enrolled (Percentage) 2010-11 NA 63.39 Can't be determined NA 29.47 Can't be determined 2011-12 83.09 67.06 16.03 (19) 48.44 31.76 16.68 (34) 2012-13 80.43 69.74 10.69 (13) 52.94 36.55 16.39 (31) 2013-14 81.38 69.13 12.25 (15) 48.98 36.24 12.74 (26) 2014-15 78.99 67.10 11.89 (15) 51.45 36.49 14.96 (29)	Year	L O			· · · · · · · · · · · · · · · · · · ·			
determined determined determined 2011-12 83.09 67.06 16.03 (19) 48.44 31.76 16.68 (34) 2012-13 80.43 69.74 10.69 (13) 52.94 36.55 16.39 (31) 2013-14 81.38 69.13 12.25 (15) 48.98 36.24 12.74 (26) 2014-15 78.99 67.10 11.89 (15) 51.45 36.49 14.96 (29)		per Census	Primary classes as per DISE	enrolled	as per Census	Upper Primary classes as per	not enrolled	
2011-12 83.09 67.06 16.03 (19) 48.44 31.76 16.68 (34) 2012-13 80.43 69.74 10.69 (13) 52.94 36.55 16.39 (31) 2013-14 81.38 69.13 12.25 (15) 48.98 36.24 12.74 (26) 2014-15 78.99 67.10 11.89 (15) 51.45 36.49 14.96 (29)	2010-11	NA	63.39	Can't be	NA	29.47	Can't be	
2012-13 80.43 69.74 10.69 (13) 52.94 36.55 16.39 (31) 2013-14 81.38 69.13 12.25 (15) 48.98 36.24 12.74 (26) 2014-15 78.99 67.10 11.89 (15) 51.45 36.49 14.96 (29)				determined			determined	
2013-14 81.38 69.13 12.25 (15) 48.98 36.24 12.74 (26) 2014-15 78.99 67.10 11.89 (15) 51.45 36.49 14.96 (29)	2011-12	83.09	67.06	16.03 (19)	48.44	31.76	16.68 (34)	
2014-15 78.99 67.10 11.89 (15) 51.45 36.49 14.96 (29)	2012-13	80.43	69.74	10.69 (13)	52.94	36.55	16.39 (31)	
	2013-14	81.38	69.13	12.25 (15)	48.98	36.24	12.74 (26)	
2015-16 79.22 68.60 10.62 (13) 46.95 37.24 9.71 (21)	2014-15	78.99	67.10	11.89 (15)	51.45	36.49	14.96 (29)	
	2015-16	79.22	68.60	10.62 (13)	46.95	37.24	9.71 (21)	

Table 2.12

Source: DISE information and data as per Census 2011 (Data of Household Survey was not available).

The table above depicts that from 2011-12 to 2015-16, the number of children admitted in Primary and Upper Primary classes increased gradually, however, 13 to 19 *per cent* children in Primary and 21 to 34 *per cent* children in Upper Primary classes were not enrolled in any school in the State.

State Government stated (November 2016) that number of 'out of school' children were less than that pointed out by Audit as many children of 6-10 years of age were also enrolled in class VI and above and at the very same time many children of 11-13 years of age were enrolled in primary classes as well as class IX.

However, comparison of figures provided by the State Government with census data is shown in the **Table 2.13**.

Year	Number of children of 6-13 years of age (in lakh)						
	As per census 2011	Enrolled as per reply of State Government (in any class up to IX)	Not enrolled in any class up to IX (<i>Per</i> <i>cent</i>)				
2012-13	133.37	108.37	25.00 (18.74)				
2013-14	130.36	109.54	20.82 (15.97)				
2014-15	130.44	107.72	22.72 (17.42)				
2015-16	126.17	110.52	15.65 (12.40)				

Table 2.13

Thus, the fact remains that 12.40 *per cent* to 18.74 *per cent* children of 6-13 years of age were not enrolled in any class during 2012-16 and remained out of school.

Non-enrolment of children of 6-13 years of age in any class in test checked districts during 2012-16 is given in **Table 2.14**

Name of district	Percentage of non-enrolment of children in any class in							
	2012-13	2013-14	2014-15	2015-16				
Barmer	19.63	17.65	24.46	21.37				
Jaipur	21.60	15.89	10.27	5.81				
Jhunjhunu	16.32	13.86	11.91	9.22				
Rajsamand	16.36	13.43	13.95	8.10				
Sikar	22.67	18.96	14.62	10.31				
Udaipur	24.42	22.22	25.54	19.56				

Table 2.14

Source: Data as per census 2011 and provided by RCEE

From the table above it can be seen that the percentage of non-enrolled children in any class in test checked districts ranged between 5.81 *per cent* and 25.54 *per cent*. Barmer and Udaipur districts had more non-enrolled children than the State average.

2.2.4.3 Enrolment of children in classes appropriate to their age

Section 4 of the RTE Act stipulates that where a child above six years of age has not been admitted in any school or though admitted could not complete its elementary education, shall be admitted in a class appropriate to age. Such a child has a right to receive special training to be at par with other children. Under Rule 6 of RTE Rules, School Management Committee (SMC) was required to organise special training for children admitted in a class appropriate to their age.

Scrutiny of records revealed that 83.17 lakh children {i.e. 20.64 *per cent* of the total enrolled children (402.92 lakh) in Government Schools} were enrolled in lower classes instead of class appropriate to their age. Moreover, 17.70 lakh children of more than 14 years of age were found enrolled even in class-III and above (*Appendix 2.3*).

Further, as per Physical Monthly Progress Report (MPR) of RCEE, special training was given to 1.30 lakh such children against the targeted 2.80 lakh children⁶⁴ during 2010-16 as detailed in **Table 2.15**.

	140		
			(Numbers in lakh)
Year	Numbers of children targeted for special training	Numbers of children given special training	Shortfall (in <i>Percentage</i>)
2010-11	0.18	0.09	0.09 (50)
2011-12	0.92	0.43	0.49 (53)
2012-13	0.94	0.31	0.63 (67)
2013-14	0.24	0.19	0.05 (21)
2014-15	0.27	0.14	0.13 (48)
2015-16	0.25	0.14	0.11 (44)
Total	2.80	1.30	1.50 (53.57)

Table 2.15

Further, in the selected districts it was noticed that DEEO, Jhunjhunu, Rajsamand, Sikar and Udaipur did not maintain actual number of children. Barmer and Jaipur districts, provided (during 2010-16) training to 10,862 and 9,219 children respectively whereas details of total enrolled children were not maintained.

⁶⁴ In the absence of any clear data of children enrolled in schools and requiring training, it has been assumed that the figures in MPR pertain to the total number of children requiring the special training.

State Government stated (November 2016) that concerned DEEOs have been instructed to maintain and update records of children admitted in classes appropriate to their age.

Identification and Enrolment of Children

The identification of children in the age group upto 14 years through a Household Survey was not done. As regards enrolment of children in schools, 12.40 to 18.74 per cent children were not enrolled in schools in the year 2012-16. Thus, the objective of providing free and compulsory education to all children upto 14 years of age through proper identification and enrolment has not been achieved.

Recommendation:

1. The State Government/local authority should conduct annual Household Survey to identify number of children who attained the age upto 14 years and to ensure 100 per cent enrolment in schools.

2.2.5 Access and retention in schools

Audit objective 2: Whether RTE criteria regarding access to schools including availability of neighborhood school and retention in schools was ensured.

2.2.5.1 Access to school

As per Rule 7 of RTE Rules, Primary Schools and Upper Primary Schools should be established within one and two kilometers distance from the neighborhood respectively.

Further, Rule 8(2) of RTE Rules assigns responsibility to the State Government or local authorities to undertake school mapping every year for determining neighborhood schools. RCEE conducted Geographical Information System (GIS) mapping only once (2010-12) after the implementation of the Act. Further, RCEE and DEE did not provide the data of that mapping and any other information about number of schools required as per GIS mapping to Audit.

The numbers of Government and Non-Government Schools having Primary/Upper Primary classes existing during 2010-16 in the State are given in **Table 2.16**.

Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Number of Government Schools	78,460	79,149	80,787	85,685	72,200	72,915
Number of Non- Government Schools	26,730	30,040	32,314	33,866	34,054	35,021
Total	1,05,190	1,09,189	1,13,101	1,19,551	1,06,254	1,07,936

Table 2.16

Source: As per DISE information.

The above table indicates that rather than increasing the numbers of schools for meeting the neighborhood school criteria, the schools were merged in August 2014 and the number of Government schools was brought down from 85,685 in 2013-14 to 72,915 in 2015-16 i.e., a decrease of 14.90 *per cent*. The reasons for the merger were to improve the quality of education and increase the transition rate to higher classes as many schools were having negligible enrolment. While there was marginal improvement in the transition rate (transition of children from class-V to class-VI) from 81.44 *per cent* in 2013-14 to 92.11 *per cent* in 2014-15⁶⁵ in Government schools, the fact remained that the accessibility of children to the neighbouring schools further decreased.

Owing to merger (August 2014) of schools, 4,399 school buildings were vacant and unused as of May 2016. DSE issued directions (May 2016) for utilisation of these vacant buildings in respect of schools merged with Secondary/Senior Secondary Schools. No such directions were issued by DEE for PSs/UPSs under his control. State Government stated (November 2016) that necessary instructions have been issued in this regard.

Further, the Reports of Monitoring Study conducted by two GoI nominated external agencies⁶⁶ for the year 2014-15 shows that children of seven schools each in Alwar and Sikar districts (out of 37 sample PS/UPS) and 459 children in Udaipur district (out of 40 sample PS/UPS) had to cover more distance than prescribed in RTE Rules for neighborhood schools as a result of the merger.

In test checked districts, requirement of schools as per the RTE norms was not worked out by any of the five DEEOs except DEEO Udaipur. DEEO, Udaipur intimated that requirement of schools in Udaipur district as per the RTE Rules for 2013-14 and 2015-16 worked out to be 4,153 and 3,665 schools respectively. Keeping in view the increasing trend in population, reduction in requirement of schools in 2015-16 as compared to 2013-14 doesn't seem justified.

State Government accepted the facts and stated that GIS report was used for opening and upgradation of schools. The reply was not convincing as State Government did not conduct the GIS mapping after 2012, as required by the RTE rules.

(i) Transport Allowance

As per RTE Rules, in case of small hamlets where no school exists within the area or limit of neighborhood specified above, free transportation and residential facilities shall be provided to children for elementary education.

State Government identified and sanctioned transport allowance to 12,097 children of 10 districts in 2011-12, whereas during 2013-14, transport allowance was paid merely to 961 children of Dungarpur and Udaipur districts

⁶⁵ Out of 8.46 lakh children enrolled in class-V in 2013-14, 6.89 lakh (81.44 per cent) children were promoted in class-VI in 2014-15. Similarly, out of 8.62 lakh children enrolled in class-V in 2014-15, 7.94 lakh (92.11 per cent) children were promoted in class-VI in 2015-16

⁶⁶ Centre for Development Communication and Studies in Alwar and Sikar districts and Shiv Charan Mathur Social Policy Research Institute in Udaipur district.

out of 87,561 identified children of 22 districts in the State. Identification of children eligible for transport allowance was not done during the period 2014-15 and 2015-16.

State Government stated (November 2016) that transport allowance was provided as per budget sanctioned by GoI. Reply was not tenable as in accordance to State RTE Rules, it was the obligation of the State Government to either ensure availability of neighborhood school within the prescribed limit or to provide transport allowance to children.

(ii) Transportation Arrangement for Children with Disability

As per Rule 7(7) of RTE Rules, the State Government or local authority shall make appropriate and safe transportation arrangements for children with disability to attend school and complete their elementary education. The details of transport allowance provided to disabled children are given in **Table 2.17**.

	Num	ber of childrei	n with disability	Status of utilisation of funds on IE ⁶⁷ activities		
Year	Identified	Enrolled	To whom transport allowance was	Allocation as per AWP&B	Utilisation	
			provided (<i>Per cent</i>)	(₹ in crore)		
2010-11	2,34,121	2,20,626	3,183 (1.44)	32.44	17.23 (53.11)	
2011-12	1,17,180	94,525	6,359 (6.73)	23.18	16.08 (69.37)	
2012-13	1,30,327	1,15,857	8,425 (7.27)	23.44	18.88 (80.55)	
2013-14	1,16,358	1,07,806	Nil	11.60	11.06 (95.34)	
2014-15	1,25,081	1,17,911	10,950 (9.29)	11.63	8.35 (71.80)	
2015-16	1,22,138	1,16,683	11,722 (10.05)	12.56	10.84 (86.31)	
Total	8,45,205	7,73,408	40,639 (5.25)	114.85	82.44 (71.78)	

Table 2.17

Source: Information provided by RCEE. AWP&B: Annual Work Plan and Budget of SSA.

The table above depicts that during 2010-16, the State Government provided transport allowance to merely 5.25 *per cent* children with disability. Out of $\overline{\xi}$ 114.85 crore allotted for IE activities for disabled children, $\overline{\xi}$ 32.41 crore was lying unutilised during 2010-16. This could have been utilised for providing transport allowance to all disabled children. In six test checked districts, transport allowance was paid at the average of only 4.66 *per cent* to disabled children during 2010-16.

State Government stated that transport allowance was provided to disabled children (having 40 *per cent* or more disability except those with learning disability) going to Government schools within the budget provided by GoI. It was further stated that if transport allowance is paid to all disabled children then it will not be possible to provide other facilities⁶⁸ within the budget ceiling prescribed by GoI.

The fact however remains that RTE rules do not categorise disability of children for providing of transport allowance and the State Government

⁶⁷ Inclusive Education (IE) activities include providing transport facility and other facilities to children with disability.

⁶⁸ Large print books, braille books, hearing aids, speech therapy, tri-cycle, wheel chairs, calipers, correction surgery, educational support and physiotherapy etc.

should make appropriate transportation arrangement from its own funds. Moreover, even in case of Total Blind, Physically Impaired and Mentally Retarded enrolled children, the transport allowance was paid to only 4.72 *per cent* to 25.05 *per cent* of such disabled children. Thus, the objective of providing transport allowance for children with disability was not fulfilled.

2.2.5.2 Retention of Children in Schools

One of the main objectives of the RTE Act was to provide compulsory elementary education to all children in the age group of 6-14 year and this entailed retention of all children in schools till standard eight. The retention of children till elementary level consistently decreased during the period 2011-16, except 2015-16. The details of drop out children⁶⁹ are given in **Table 2.18**.

				14							
									(Numbe	r in lakh)	
Numbers of children enrolled in classes-I to VII				Numbers of children enrolled in classes-II to VIII in the succeeding year				Numbers of drop out children			
Year	Gover- nment Schools	Non- Gover- nment Schools	Total	Year	Gover- nment Schools	Non- Gover- nment Schools	Total	Gover- nment Schools	Non- Gover- nment Schools	Total	
1.	2	3	4	5	6	7	8	9 (2-6)	10 (3-7)	11 (4-8)	
2010-11	64.93	43.42	108.35	2011-12	60.88	43.12	104.00	4.05	0.30	4.35	
2011-12	65.47	46.65	112.12	2012-13	60.13	47.28	107.41	5.34	-0.63	4.71	
2012-13	62.34	50.55	112.89	2013-14	56.50	48.36	104.86	5.84	2.19	8.03	
2013-14	58.71	51.61	110.32	2014-15	52.03	49.80	101.83	6.68	1.81	8.49	
2014-15	54.60	53.41	108.01	2015-16	53.26	49.79	103.05	1.34	3.62	4.96	
Total	306.05	245.64	551.69	Total	282.80	238.35	521.15	23.25	7.29	30.54	
	Courses DISE information										

Table 2.18

Source: DISE information.

From table above it can be inferred that:

- Total number of drop out children from Primary and Upper Primary classes during 2010-11 to 2014-15 worked out to 30.54 lakh i.e. 23.25 lakh in Government Schools and 7.29 lakh in Non- Government Schools.
- It was noticed that as per RCEE claim of 9.08 lakh drop out children in Government schools, the number of drop out children calculated as per DISE data works out to 23.25 lakh.

As per information provided by the DEEOs of selected districts, the percentage of children dropping out from Government Schools during 2010-15 ranged from 0.03 to 13.50 *per cent*. Further, as per DISE data, the percentage of drop out children from Government Schools in the selected districts during 2010-15 also was similar and ranged from 0.34 to 13.94 *per cent* (*Appendix 2.4*).

State Government stated (November 2016) that the number of drop out children is based on district level information and is not based on DISE data.

⁶⁹ In order to calculate the number of children dropping out class wise, a method was adopted by Audit wherein the number of children enrolled in class I to VII of a year was compared with number of children enrolled in class II to VIII of the succeeding year. The difference between the two would give the net figure of children dropping out in each class.

The reply is not convincing as the ultimate source of information of DISE is the data supplied by the schools. Thus, there is a need to reconcile the RCEE data with the DISE data. State Government also stated (November 2016) that suitable action would be taken to minimise drop out and increase retention.

Access and Retention in Schools

Due to non-execution of GIS mapping, the exact requirement of neighborhood schools could not be assessed. Reduction in number of schools by 14.90 per cent and non-distribution of transport allowance to children further lead to no significant improvement in increasing accessibility as required under the RTE Act/Rules. Further, the objective of retention of all enrolled children was not achieved.

Recommendations:

- 2. The State Government should ensure either availability of neighborhood schools within prescribed distance or provide transport facility.
- 3. The State Government may take adequate steps to retain children, particularly in Government Schools till the completion of elementary education as mandated in the RTE Act.

2.2.6 Implementation of RTE Act in Non-Government Schools

Audit objective 3: Whether RTE criteria regarding admission of children in Non-Government Schools under 25 per cent RTE quota was adhered to

2.2.6.1 Admission of weaker section and disadvantaged group in Non-Government Schools

Sub Section (1)(c) of Section 12 of the RTE Act stipulates that Non-Government Schools shall admit children belonging to weaker section⁷⁰ and disadvantaged groups⁷¹ in pre-primary and first standard to the extent of at least 25 *per cent* of the strength of that class in the neighborhood and provide free and compulsory elementary education to such children till its completion.

As per Sub Section (2) of the RTE Act *ibid*, these schools shall be reimbursed expenditure so incurred by them to the extent of per child expenditure incurred by the State or actual amount charged from the child, whichever is less. The

⁷⁰ The State Government notified (March 2011) the child belonging to the following categories as 'child belonging to weaker section' (a) A child whose parents are included in the list of Below Poverty Line families (both Central and State lists) prepared by the Rural Development Department/Urban Development Department of the State Government, and (b) A child whose parents' annual income does not exceed ₹ 2.50 lakh.

⁷¹ The State Government notified (March 2011) the child belonging to the following categories as "child belonging to disadvantaged group" (a) the Scheduled Castes, (b) the Scheduled Tribes, (c) Other Backward Classes and Special Backward Classes whose parents' annual income does not exceed ₹ 2.50 lakh, and (d) a child covered under the definition of "person with disability" under clause (t) of Section 2 of the Person with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

implementation of these provisions were to be monitored by DEEOs/DEOs. In this regard, the observations of Audit are as under:

Delay in implementing 25 per cent RTE quota

(*i*) The State Government made the provisions of admission under 25 *per cent* RTE quota applicable in the State since academic year 2012-13 i.e. with the delay of two years from the commencement of the Act. Hence, children belonging to weaker section and disadvantaged groups were deprived of free education in Non-Government Schools to that extent. Education Department attributed (June 2016) this delay to departmental procedures.

(*ii*) The process of admission of children in Non-Government Schools under 25 *per cent* RTE quota was started from academic year 2012-13 and admissions were given by these schools at their own level. The RTE web portal became fully operational in 2014-15. Thereafter, system of receiving online applications and preparing priority lists based on lottery through RTE web portal for admission in Non-Government Schools under 25 *per cent* RTE quota came into being.

State Government accepted (November 2016) the facts.

2.2.6.2 Non-implementation of 25 per cent RTE quota in Non-Government Schools

The details of Non-Government Schools in the State and children admitted therein under 25 *per cent* RTE quota during 2014-16 are given in **Table 2.19**.

Year		Number	r of Non-Governn	nent Schools	Total Number	Total	Children not		
	As per DISE	Registered with RTE portal	Which received applications under 25 <i>per</i> <i>cent</i> RTE quota	Which gave admiss- ions under 25 <i>per cent</i> RTE quota	Which did not give admission to children under RTE quota	of applications received on portal for enrolment under 25 <i>per</i> <i>cent</i> RTE quota	Number of children enrolled out of the applications received	enrolled (Percentage)	
1	2	3	4	5	6 (4-5)	7	8	9 (7-8)	
2014-15	34,054	31,951	28,669	25,776	2,893	3,26,642	1,76,719	1,49,923 (46)	
2015-16	35,021	33,619	27,360	22,458	4,902	3,46,748	1,69,090	1,77,658 (51)	
Total	69,075	65,570	56,029	48,234	7,795	6,73,390	3,45,809	3,27,581 (49)	

Table 2.19

Source: Information provided by RCEE.

It is evident from the table above that:

(*i*) During the years 2014-16, 3,505 Non-Government Schools representing 5.07 *per cent* of the total schools (as per DISE data) were not registered on RTE web portal. 7,795 schools received applications for admission under 25 *per cent* RTE quota but did not admit children. Thus a total of 11,300 Non-Government Schools representing 16.36 *per cent* of the total schools (as per DISE data) flouted the RTE Act.

State Government stated (November 2016) that there may be difference between number of registered schools and number of schools which did not give admission under 25 *per cent* RTE quota because many schools (minority schools, schools starting from second standard etc.,) though registered with
RTE web portal were exempted from admission under 25 *per cent* RTE quota. State Government however, did not provide category wise number of such registered schools.

(*ii*) During 2014-16, 49 *per cent* children who applied for admission under RTE quota were not enrolled in Non-Government Schools.

State Government stated (November 2016) that many seats under 25 *per cent* RTE quota remained vacant as many children applied in more than one school but took admission only in one school.

The fact remained that it was not possible to distinguish between the cases where the school denied admission and where the parents opted not to enroll their child in that school. In absence of any system of assessment, it is not clear how the RCEE was convinced of the schools' claims that the children were not interested in claiming admission in that school under the 25 *per cent* quota.

(iii) During test check of 11 Non Government Schools, it was seen that one school⁷² admitted children under RTE quota in pre-primary class only during 2012-16 and did not admit them in Class-I. Thus 51 children were denied admission under RTE quota in Class-I during 2012-16. No information regarding any action taken against the school was made available.

State Government stated (November 2016) that DEEO, Jaipur-I has been instructed to take action against the school.

(*iv*) During test check of Non-Government Schools, it was noticed that in four schools, 63 under-age children were admitted in class-I under 25 *per cent* RTE quota. As per verification report of the year 2015-16, District Authorities had verified all such children and recommended for reimbursement of fees.

State Government stated (November 2016) that necessary directions have already been issued in this regard. The State Government however, did not intimate what action has been initiated against the defaulters.

2.2.6.3 Reimbursement to Non-Government Schools

As per RTE Rules, the reimbursement to Non-Government Schools for admitted children under 25 *per cent* RTE quota was to be made in two installments, first in October and second in June of the succeeding year. The position of reimbursement (as on 10th May 2016) made to Non-Government Schools during the years 2012-13 to 2015-16 is given in *Appendix 2.5*.

Scrutiny of reimbursement data revealed that second installment was not paid to Non-Government schools for three to nine *per cent* of enrolled and verified children. Further, six to 29 *per cent* children for whom second installments was paid dropped out before moving to the next class. The reasons for dropout

⁷² Maharaja Sawai Mansingh Vidhyalaya, Jaipur.

were not analysed by the respective DEOs and BEEOs. Further, in the test checked Non-Government Schools, 11.22 *per cent* to 17.95 *per cent* children, admitted under 25 *per cent* RTE quota during 2012-13 to 2014-15, dropped out, the reasons for which were not intimated to Audit.

State Government stated (November 2016) that one of the reasons for providing second installment for lesser number of children to schools might be non-submission of necessary certificates by the schools regarding supply of free text books and ancillary material to children. This indicates that the State Government was not even aware of the actual reasons for dropping out by children.

2.2.6.4 Non-recognition of Non-Government Schools

Section 18 and 19 of the RTE Act stipulate that no school other than those owned or controlled by the appropriate Government or the local authority shall be established or function without obtaining a certificate of recognition from authority, in such form, within such period and such manner as may be prescribed. Such recognition shall be granted on fulfilling the norms⁷³ and standards specified in the Schedule annexed to the RTE Act.

Schools that do not conform to the norms, standards and conditions mentioned in the RTE Act and Rajasthan Recognition Rules⁷⁴, 2011, within three years from the commencement of the RTE Act, shall cease to function.

Scrutiny of information collected from five test checked districts (except Jaipur⁷⁵) and information provided (June 2016) by DEE in respect of additional nine districts (*Appendix 2.6*) revealed that 7,040 Non-Government Schools did not apply for grant of recognition till March 2013 i.e. three years from the commencement of the RTE Act. Even as of December 2015, 1,434 Non-Government Schools did not apply for grant of recognition and are running in violation of the provisions of the RTE Act. Further, test check of 66 Non-Government Schools confirmed that even in Jaipur and Jhunjhunu districts, three⁷⁶ schools were running without recognition and recognition of five schools⁷⁷ had expired on March 2015 in Jaipur district.

State Government accepted the facts and stated (November 2016) that the instructions have been issued to DEEOs in this regard.

⁷³ Norms include maintenance of prescribed Pupil Teacher Ratio, building and other infrastructure etc.

⁷⁴ Rajasthan Non-Government Educational Institution (Recognition, Grants and Service conditions etc.) (Amendment) Rules, 2011.

⁷⁵ Data regarding recognition of Schools was not available with DEEO for Jaipur district.

⁷⁶ Saint Francis Senior Secondary School, Jaipur, New Adarsh Vidya Mandir UPS, Mahlan, (Dudu block) Jaipur and Yuvraj Public School, Makoro, Jhunjhunu.

⁷⁷ Tanuj Bal Niketan UPS Dev ka Harwada, Saraswati Bal Vidhya Mandir Gidhani, Shri Krishna Academy UPS Hachukuda, Jakhar Vidhya Peeth Secondary School, Seva and Shri Dev BaL Secondary School Heerapura.

Implementation of RTE Act in Non-Government Schools

The provisions for admission under 25 per cent RTE quota were made applicable after a delay of two years by the State Government. This deprived children belonging to weaker sections and disadvantaged groups of free education in Non-Government Schools. Also 11,300 Non-Government Schools representing 16.36 per cent did not adhere to the provision of 25 per cent RTE quota. Further 1434 Non-Government Schools did not apply for grant of recognition and are running in violation of the provisions of the RTE Act.

Recommendations:

- 4. The State Government should ensure that the provisions of the RTE Act regarding admission under 25 per cent quota into all Non-Government Schools should be strictly adhered to.
- 5. The State Government should ensure that all Non-Government Schools are recognized and are not running in violation of the provisions of the RTE Act.

2.2.7 Pupil Teacher Ratio

Audit objective 4: Whether RTE criteria regarding Pupil Teacher Ratio was adhered to within prescribed period.

(*i*) Section 25(1) of the RTE Act stipulates that within three years from the date of commencement of this Act, the appropriate government or local authority shall ensure the Pupil Teacher Ratio (PTR) in each school as specified in the Schedule⁷⁸ annexed to the RTE Act.

The position of single teacher schools and PTR in Government PS and UPS during 2010-16 at the State level is given in **Table 2.20**.

Year	Number of school	Number of sing schools having enrolment up to 30 children	le teacher having enrolment more than 30 children	Number of schools (not single teacher) having PTR more than prescribed limit	Total number of schools not maintaining prescribed PTR (in per cent)
2010-11	68,659	4,062	10,395	23,265	37,722 (72.72)
2011-12	68,954	NA	NA	NA	NA
2012-13	69,966	5,097	9,100	21,929	36,126 (51.63)
2013-14	73,069	6,265	6,517	18,853	31,635 (43.29)
2014-15	58,743	6,067	7,216	14,669	27,952 (47.58)
2015-16	59,293	5,453	5,983	19,113	30,549 (51.52)

Table 2.20

Source: DISE information.

For Primary classes: At least two teachers should be there for up to 60 children, three teachers for 61-90 children, four teachers for 91-120 children, five teachers for 121-150 children and five teachers plus one head teacher for more than 150 children. For Upper Primary classes: (1) At least one teacher per class should be there so that there shall be at least one teacher each for (i) Science and Mathematics, (ii) Social Studies, (iii) languages; (2) one teacher for every 35 children, (3) where children are more than 100 (i) one full time head teacher; (ii) part time instructors for-Art Education, Health and Physical Education and Work Education.

(a) As per the norms of RTE Act, prescribed PTR should be achieved within three years from the commencement of the Act. However, from the table above it can be observed that during 2013-14 i.e. three years after the commencement of the Act, PTR was above the required ratio in 31,635 schools (43.29 *per cent*). Further, even after five years i.e. in 2015-16, the PTR has not been achieved in 30,549 schools (51.52 *per cent*).

(b) As per the norms of RTE Act, the minimum requirement of teachers in PS and UPS is two and three respectively. However, in violation of the PTR norms 12,782 and 11,436 PS/UPS were running with a single teacher in 2013-14 and 2015-16 respectively.

Further, of the 126 test checked Government schools in six districts, the PTR in 2015-16 was higher than the prescribed limit in 99 schools (78.57 *per cent*). Of these 25 PSs were single teacher schools.

State Government stated (November 2016) that action is being taken to maintain prescribed PTR through rationalisation of posting of teachers.

(ii) Rule 21 of RTE Rules prescribes that the appropriate government or the local authority shall notify sanctioned strength of teachers in each school every year. The requirement of teachers is to be assessed every year on the basis of the number of children appearing in the last summative evaluation in the preceding academic session and DEE is responsible to consolidate sanctioned and working strength of teachers.

It was observed that such exercise was not done by DEE for the years 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15. Only in June 2015, DEE determined requirement of 1,97,192 teachers as per RTE norms for 52,281 Government schools and sent it to the State Government for approval which remained pending before the State Government as of May 2016. State Government stated (November 2016) that now as per RTE Act/Rules school wise teachers have been sanctioned. The State Government however did not intimate total number of teachers required as per RTE norms in the State.

In the 126 test checked Government Schools, the position of shortage and excess of teachers as per requirement of the RTE Act is given in **Table 2.21** below:

Standard	Nun	Number of teachers short, as per RTE Act				er	Number of teachers excess, as per RTE Act					
	In Urban area		In Rural area		Total		In Urban area		In Rural area		Tot	al
	S	Т	S	Т	S	Т	S	Т	S	Т	S	Т
Primary	11	16	47	69	58	85	6	10	13	18	19	28
Upper primary	13	25	30	56	43	81	2	2	28	43	30	45

Table 2.21

S-Number of schools T-Number of teachers

Thus, there is a need to rationalise the posting of excess teachers in line with the requirements.

Pupil Teacher Ratio

The prescribed Pupil Teacher Ratio was not maintained in 30,549 schools which constitute 51.52 per cent even after five years of the commencement of the Act. Further the requirement of teachers, which was assessed only in 2015-16, has not been provided so far.

Recommendation:

6. The State Government should ensure that the prescribed Pupil Teacher Ratio should be maintained at the earliest by working out the requirement of teachers and take necessary steps to appoint them speedily.

2.2.8 Infrastructure Facilities and Qualification of Teachers

Audit objective 5: Whether RTE criteria regarding basic infrastructure facilities and qualification of the teachers were adhered to.

2.2.8.1 Infrastructure Facilities

As per Section 19 of the RTE Act, every school should have all weather building consisting of at least one class room for every teacher, barrier free access, separate toilets for boys and girls, safe and adequate drinking water facility for all the children, a kitchen where mid-day meal is cooked in the school, play ground, library and arrangements for securing the schools building by boundary wall or fencing, within the period of three years from the commencement of the Act.

(*i*) Out of the total 72,915 Government schools in the State, 69,152 PSs and UPSs were maintained⁷⁹ by the State Government. Out of the 69,152 schools, 67,484 schools were having their own building, 166 schools were running in rented buildings, 925 were running in rent free buildings and 577 schools were running without buildings. The details of lack of infrastructure facilities in 67,484 Government Schools as per DISE data 2015-16 is given in **Table 2.22**.

SI. No.	Facility	Lacking in number of schools (<i>Per cent</i>)	SI. No.	Facility	Lacking in number of schools (<i>Per cent</i>)
1.	All weather Building	577 (0.85)	7.	Play ground	38,549 (57)
2.	Additional class room	17,633 (26)	8.	Library	16,746 (25)
3.	Ramp	27,331 (41)	9.	Boundary wall	12,152 (18)
4.	No toilet/separate toilet for boys & girls	3 (0.004)	10.	Electricity	39,860 (59)
5.	Drinking Water	2,175 (3)	11.	School building requiring major repair	14,598 (22)
6.	Kitchen shed	9,880 (15)	12.	Class rooms requiring major repair	28,672 (42)

Table 2.22

Source: DISE information.

⁷⁹ Government schools include schools running under Department of Education, Local Body, Sanskrit Education and Shiksha Karmi Management only. They do not include schools running under Central Government, Tribal Welfare Department, Madarsas, Kasturba Gandhi Balika Vidhyalayas and Child Labour schools.

The table above depicts the weaknesses in the infrastructure in the schools requiring attention.

• Lack of electrical connections in 39,860 (59 *per cent*) schools is the major infrastructural bottleneck in Government schools in the State.

State Government stated (November 2016) that under SSA there was provision for carrying out work related to internal electrical fittings in school building up to 2012-13 only. There was never any provision for providing of electricity connection since beginning itself. GoI is also not providing funds for carrying out work related to internal electrical fittings in school building since 2012-13.

• In respect of other infrastructural deficiencies in the schools, the State Government while accepting facts, stated (November 2016) that new school buildings could not be constructed due to non availability of funds from GoI and non availability of land. Further, GoI did not approve funds for library and play grounds under SSA.

• The position of funds allotted by GoI and State Government under Capital Head for creation of infrastructure and its utilisation thereof is shown in **Table 2.23**.

Year	Opening balance	Funds allotted	Total available funds	Funds utilised	Funds lying unutilised	(₹ in crore) Percentage unutilised
2012-13 ⁸⁰	-	357.41	357.41	266.75	90.66	25.37
2013-14	90.66	156.83	247.49	125.99	121.50	49.09
2014-15	121.50	163.81	285.31	228.72	56.59	19.83
2015-16	56.59	200.82	257.41	126.05	131.35	51.03
Total		878.87		747.51		14.95

Table 2.23

Source: Annual Accounts of RCEE.

From the table above it can be observed that in spite of a dire need to upgrade infrastructure as given in **Table 2.22**, percentage of unutilised funds ranged from 19.83 *per cent* (2014-15) to 51.03 *per cent* (2015-16). Further, even as of March 2016, an amount of ₹ 131.35 crore remained unutilised.

(ii) In the test checked 126 Government Schools, it was observed that one school was running without school building and 33 schools did not have one classroom for every teacher. There were lack of separate toilets in seven schools, library in 18 schools, boundary wall in 34 schools, kitchen shed in nine schools, electricity connection in 23 schools, play ground in 47 schools, ramp in three schools and drinking water in 10 schools.

⁸⁰ No funds were separately allotted under Capital head prior to 2012-13.



2.2.8.2 Qualification of Teachers

As per Rule 16 of RTE Rules the minimum qualification laid down by the academic authority notified by the GoI under section 23 (1) of the RTE Act shall be applicable to all schools referred to in clause (n) of Section 2 of the RTE Act. No appointment of teacher for any school can be made of any person not possessing the minimum qualification laid down by central academic authority. Rule 18 *ibid* prescribes that teachers, in schools owned and controlled by the State Government or the local authority at the time of commencement of the RTE Act, who do not possess the minimum qualification laid down by the central academic authority, shall acquire such minimum qualification within a period of five years from the commencement of the RTE Act. The National Council of Teacher Education (NCTE), being

the Central Academic Authority, prescribed (August 2010 and July 2011) minimum qualification⁸¹ for appointment of teachers for class-I to V and class-VI to VIII.

(*i*) There were 5.01 lakh school teachers (Government schools: 2.55 lakh and Non-Government schools: 2.46 lakh) in the State as of September 2015. The various categories of teachers include permanent teachers and contractual teachers which include para-teachers and *Shiksha Karmis*. Information regarding qualification of all teachers in Government and Non-Government schools though called for was not made available. In the absence of this information it was not possible to ascertain the compliance to Rule 16 of RTE.

Scrutiny of records of DEE however, revealed that 4,163 *Shiksha Karmis* were functioning as teachers in 2,752 *Shiksha Karmi* Schools⁸² during 2015-16. As per Administrative Report 2014-15 of DEE, 3,447 untrained *Shiksha Karmis* lacked the prescribed qualification even as of 31st March 2015, i.e. cutoff date prescribed by the Act for acquiring minimum qualification. Information regarding educational status of the balance 716 *Shiksha Karmis* was not available. Similarly, 3,137 para-teachers were posted in Government Schools during 2015-16 on monthly fixed honorarium basis. However, no information was made available about their educational status also.

State Government accepted the facts (November 2016) that both trained and untrained para-teachers are working in the Government schools.

Details of the 192 test checked schools with regard to qualification of the teachers are given in the **Table 2.24**.

Type of school	Total Number of schools and teachers			of qualified chers	Number of un qualified teachers		
	Schools	Teachers	Schools	Teachers	Schools	Teachers	
				(Percen	tage)		
Government	126	644	115 (91)	631 (98)	11 (9)	13(2)	
Non-Government	66	696	27 (41)	549 (79)	39 (59)	147 (21)	
Total	192	1,340	142 (74)	1180 (88)	50 (26)	160 (12)	

Table 2.24

Source: As per information provided by test checked schools.

⁸¹ Minimum qualification for classes I to V- (a) Senior Secondary with at least 50 *per cent* marks and two years Diploma in Elementary Education or Senior Secondary with at least 50 *per cent* marks and four years Bachelor Degree of Elementary Education or Senior Secondary with at least 50 *per cent* marks and two years Diploma in Education (Special Education) or Graduation and two years Diploma in Elementary Education and (b) Teacher Eligibility Test (TET) passed.

For classes VI to VIII- (a) Graduation and two years Diploma in Elementary Education or Graduation with at least 50 *per cent* marks and one year Bachelor Degree in Education or Graduation with 45 *per cent* marks and one year Bachelor Degree in Education or Senior Secondary with at least 50 *per cent* marks and four years Bachelor Degree in Elementary Education or Senior Secondary with at least 50 *per cent* marks and four years Bachelor Degree in Elementary Education or Senior Secondary with at least 50 *per cent* marks and four years BA/B. Sc. B. Ed. or B.A. B. Ed/B. Sc. B. Ed. or Graduation with at least 50 *per cent* marks and one year B.Ed. (Special Education) and (b) TET passed.

⁸² *Shiksha Karmi* Schools, functioning in the State in remote villages and hamlets, was being imparted by locally available manpower on fixed monthly honorarium basis.

From the table it can be seen that the percentage of non qualified teachers was two *per cent* in Government schools. As the recruitment in Government schools is controlled by the Government, the non-compliance to the minimum qualification is restricted to the para teachers and the *Shiksha Karmis* who are engaged on a contractual basis. The fact however remains that as per the RTE Act, these teachers were supposed to acquire the basic qualification within five years of the commencement of the Act i.e. March 2015.

In the case of Non-Government schools it can be seen that the percentage of unqualified teachers (21 *per cent*) was very high in the test checked schools. In the absence of any information available on this requirement with the DEE, this important aspect could not be verified for all the 2.46 lakh Non-Government teachers in the state.

State Government stated (November 2016) that database of all Non-Government Schools is being prepared on school web-portal which includes qualification of teachers also. Necessary action would be taken regarding qualification of teachers after completion of the database.

Infrastructure facilities and qualification of teachers

The State Government could not provide basic facilities as required as per the RTE Act within the prescribed period of three years i.e. by March 2013 inspite of availability of the funds. Further even after six years i.e. March 2016, there were huge gaps in infrastructure facilities in the schools. Further RCEE had not made an overall assessment of the total funds required to provide all the necessary infrastructure as mandated under the RTE Act.

Large number of contractual teachers in Government schools are yet to acquire the minimum qualifications as prescribed under the Act. There is no centralised system to monitor the qualification of teachers in Non-Government schools and as per test check the percentage of non qualified teachers in Non-Government schools was much higher than in Government schools.

Recommendation:

7. The State Government should make an overall assessment of the total funds required to provide all the necessary infrastructure as mandated under the RTE Act and ensure availability of necessary infrastructure at the earliest.

2.2.9 Financial Management and Monitoring

Audit objective 6: Whether Financial Management and monitoring of activities were effective.

2.2.9.1 Financial Management

(i) Releases and utilisation of funds

During 2010-11 to 2014-15, the GoI and the State Government were required to share funds for implementation of the RTE Act in ratio of 65:35, which

(Fin arona)

was revised to 60:40 from 2015-16. The position of funds received and their utilization by RCEE during 2010-11 to 2015-16 is given in **Table 2.25**.

								(₹ in crore)					
Year	Approved	XIII FC	Opening	Funds rel	Funds released by		Total	Actual	Closing				
	outlay	Grants- in-Aid	balance	GoI	State Govern- ment	receipts*	available funds	expenditure	balance (<i>Per cent</i>)				
2010-11	3,099.79	-	246.59**	1,461.82	1,180.73	16.48	2,905.62	2,644.25	261.37 (9.00)				
2011-12	3,675.46	320.00	261.37	1,485.81	1,222.10	21.15	3,310.43	3,047.69	262.74 (7.94)				
2012-13	3,999.08	356.00	262.74	1,535.20	1,417.57	19.68	3,591.19	3,405.55	185.65 (5.17)				
2013-14	4,215.48	394.00	185.65	2,424.89	1,129.82	55.79	4,190.15	3,641.00	549.15				
									(13.11)				
2014-15	4,836.36	409.00	549.15	2,480.41	1,230.24	28.09	4,696.89	4,256.39	440.50 (9.38)				
2015-16	5,026.14	0.00	440.50	1,934.62	2,132.09	67.29	4,574.50	4,256.35	318.15 (6.95)				
Totals	24,852.31	1,479.00		11,322.75	8,312.55	208.48	23,268.78	21,251.23					

Table	2.25

* Other receipts include bank interest earned on grants etc.

**This opening balance relates to unutilised funds of SSA.

Source: Audited Annual Accounts of RCEE.

During 2010-16, against the approved outlay of ₹ 24,852.31 crore, GoI/State Government released only ₹ 19,635.30 crore leaving a gap of ₹ 5,217.01 crore (20.99 *per cent*). Further, even the amount released could not be fully put to use and an amount ₹ 318.15 crore remained unutilised. This adversely impacted on provision of infrastructural facilities in schools (paragraph 2.2.8.1), IE activities {paragraph 2.2.5.1(ii)} and implementation of other activities⁸³ of the RTE Act.

State Government, while accepting the facts (November 2016), did not intimate action plan for utilisation of ₹ 318.15 crore.

(ii) Budget allotment by the State Government for reimbursement of fees for admission by Non-Government Schools under 25 per cent RTE quota

DEE allotted online budget through Integrated Financial Management System (IFMS) to BEEOs and DEOs for reimbursement to Non-Government schools for children admitted under 25 *per cent* RTE quota. The position of Budget Estimates (BEs), funds allocated and expenditure incurred there under during 2012-16, is given in **Table 2.26**.

Year	Budget Estimates (BEs)	Revised Estimates (REs)	Budget allocation	Expendi -ture incurred	Saving with respect to BEs (Percentage)	Saving with respect to REs (Percentage)
2012-13	92.20	42.20	42.20	16.55	75.65 (82)	25.65 (61)
2013-14	280.00	65.50	65.50	52.88	227.12 (81)	12.62 (19)
2014-15	162.50	162.50	162.50	127.54	34.96 (21)	34.96 (21)
2015-16	400.00	188.47	188.47	146.40	253.60 (63)	42.07 (22)
Total	934.70	458.67	458.67	343.37	591.33 (63)	115.30 (25)

Source: Information provided by DEE.

83 Activities like training to age appropriate children, learning enhancement programme (LEP), research evaluation monitoring and supervision (REMS), teachers training etc.

Audit observed that:

• During 2012-16, in spite of reduction of BEs of \gtrless 934.70 crore to $\end{Bmatrix}$ 458.67 crore (51 *per cent*) in REs, the total expenditure incurred was $\end{Bmatrix}$ 343.37 crore only resulting in 25 *per cent* saving with respect to REs. Thus, substantial savings with reference to REs indicates that estimates were not calculated rationally.

State Government stated (November 2016) that (i) in 2012-13 provision in REs was made in anticipation of expenditure but due to delayed allotment (March 2013) of funds to BEEOs, there were savings, (ii) saving in 2013-14 was due to reduction in number of eligible children and fees of most of the schools was less than unit cost fixed for reimbursement and (iii) in 2015-16 target was fixed for reimbursement of 4.97 lakh children but due to reduction in number of eligible children and other reasons, there were savings.

The fact however, remained that consistent savings during 2012-16 in the range of 19 to 61 *per cent* (averaging 25 *per cent*) was high as compared to REs and pointed to the need for improved budgetary management.

• During the year 2015-16, out of allotted fund of \gtrless 188.47 crore to DEE for reimbursement, \gtrless 42.07 crore was lying unspent with DEE as on 31st March 2016. Further, it was noticed that 125 BEEOs generated (January-February 2016) online budget demand of \gtrless 23.10 crore for reimbursement of first installment which remained pending till the end of the year despite availability of \gtrless 42.07 crore with DEE.

State Government stated (November 2016) that due to non surrender of unspent funds as on 31 March 2016 by subordinate offices to DEE, funds could not be allotted to 125 BEEOs is indicative of poor management of funds.

• As per Section 7(1) of the RTE Act, the Central Government and the State Government shall have concurrent responsibility for providing funds for carrying out the provisions of the RTE Act. It was noticed that during 2012-15, the State Government reimbursed ₹ 196.97 crore from own budget head to Non-Government Schools under 25 *per cent* RTE quota. For the year 2015-16, the State Government demanded ₹ 41.71 crore from the GoI only for 1.89 lakh children out of total 3.83 lakh children admitted under 25 *per cent* RTE quota. On being pointed out, Additional Commissioner, RCEE accepted the facts and stated (June 2016) that claim for 2015-16 in AWP&B was raised for children studying in class-I and above in 2014-15. The reply was not convincing as first installment to Non-Government Schools during 2014-15, was reimbursed for 3.83 lakh children but thereafter RCEE demanded funds for lesser number of children (i.e.1.89 lakh) from the GoI.

Thus, not raising demand of funds for the years 2012-15 and demanding funds for lesser number of children in 2015-16 by the State Government from the

GoI resulted in extra financial burden of \gtrless 190.84 crore⁸⁴ on the State Government.

(iii) Adjustment of Advances

As per para 74.1 of Manual of Financial Management (MoFM) of SSA, all funds released to the districts and block level units are initially classified as advances and indicated accordingly in the books of accounts. These advances shall be adjusted based on the expenditure Statements/utilisation certificates received in State Implementation Society of having spent the funds. Advances, if not actually spent and for which accounts have not been settled, should be shown as advances and not as expenditure.

Scrutiny of Annual Accounts of the RCEE revealed that ₹ 156.06 crore were outstanding against 15 districts level units as on 31 March 2015. However, contrary to this provision of MoFM, the outstanding amount was depicted as 'nil' in the annual accounts for the year 2014-15. The reasons for this was called for from RCEE but reply was still awaited (August 2016).

2.2.9.2 Monitoring mechanism

(i) State Advisory Council

In pursuance of Section 34 of the RTE Act and Rule 28 of the RTE Rules, the State Government constituted (June 2012) a State Advisory Council⁸⁵ (SAC) for advising on implementation of provisions of the RTE Act in an effective manner. The State Government reconstituted it in August 2014. As per Rule 28 (7) (a) *ibid* gap between last and the next meeting of the SAC shall not be more than three months.

In this regard, it was observed that against 15 quarterly meetings of SAC required to be held since its constitution, only three meetings (November 2012, May 2013 and June 2015) were held till March 2016. Further the State Government did not take concrete follow up action on the issues advised by SAC. Out of 15 issues⁸⁶ advised by SAC in its third meeting (June 2015), follow up action on only four issues⁸⁷ were taken up. Thus, neither the meetings of the SAC were held as per provisions nor comprehensive action was taken on its recommendations. Many of the issues discussed but not followed up continued to be deficiencies in the implementation of the RTE Act in the state.

For 2012-13 to 2014-15: ₹ 128.03 crore (65 *per cent* of ₹ 196.97 crore) plus for 2015-16:
₹ 62.81 crore i.e. 60 *per cent* of ₹ 104.69 crore (₹ 146.40 crore- ₹ 41.71 crore already received from GoI).

⁸⁵ SAC constituted under Chairmanship of Education Minister, Government of Rajasthan and consisting six ex-officio and six nominated members.

⁸⁶ Pupil Teacher ratio, data updation, reconciliation of DISE data with DEE data, special training, access to schools, infrastructural facilities, minimum qualification of teachers, syllabus & curriculum, admission under 25 *per cent* RTE quota, recognition of Non-Government Schools, training to SMC members, redressal of grievances of teachers, continuous and comprehensive evaluation, withholding of children and conduct of meetings of SAC.

⁸⁷ Syllabus and curriculum, redressal of grievances of teachers, continuous and comprehensive evaluation and withholding of children.

State Government stated (November 2016) that meetings of SAC will be regulated and advice on issues discussed by SAC are being implemented.

(ii) School Management Committee

Section 21(1) of the RTE Act stipulates that a Government School shall constitute a School Management Committee (SMC) consisting of the elected representatives of the local authority, parents or guardians of children admitted in such school and teachers of that school. The SMC shall perform functions like monitoring the working of the school and utilisation of grants received from the appropriate government or local authority, preparing and recommending school development plan etc.

Though SMC/executive committee were constituted in most of the test checked schools, however, the School Development Plan which was to include estimates of class-wise enrolment, requirement of additional teachers, additional infrastructure and financial requirement had not been prepared. This resulted in the issue of grants to the schools not based on development plans made by them. This defeated the very purpose of having a 'bottom up approach' for planning.

State Government did not reply about reasons for not preparing of School Development Plan by SMCs.

(iii) State Commission for Protection of Child Right

As per Section 31 of the RTE Act, the National Commission for Protection of Child Rights (NCPCR) and the State Commission for Protection of Child Rights (SCPCR) constituted under relevant section of Commissions for Protection of Child Rights Act, 2005 shall, in addition to other functions, monitor the issue of Right of Children to Education.

The State Government through the notification of Department of Women and Child Development constituted (April 2010) Rajasthan State Commission for Protection of Child Rights (RSCPCR) under Protection of Child Rights Act, 2005. It was observed that only one person is looking after the functions of the RTE Act.

As per information provided (May 2016) by RSCPCR, the Commission received 1,041 complaints regarding lack of basic infrastructure in schools, misbehavior of teachers, shortage of teachers etc., during 2010-16. Of these only 378 complaints were disposed of by concerned offices of education department whereas 663 complaints including 361 complaints pertaining to the period prior to 2013-14 were still pending as of July 2016.

State Government did not furnish any reply in this regard.

Financial Management and Monitoring

An amount of ₹ 318.15 crore released for implementation of the RTE Act could not be utilised which impacted on activities like training to children of appropriate age, learning enhancement programme, research evaluation monitoring and supervision and teachers training. Further the State Government did not demand an amount of ₹ 190.84 crore from the GoI towards central share for implementation of the 25 per cent RTE quota in Non Government Schools. The monitoring mechanism was weak as the State Advisory Council met only three times against 15 in the last four years. Further School Development Plans were not made by School Management Committees and this defeated the very purpose of having a 'bottom up approach' for planning.

Recommendations:

- 8. The State Government should ensure better utilisation of funds so that the activities as mandated under the RTE Act do not suffer.
- 9. The State Government should ensure that for monitoring the implementation of the RTE Act, quarterly meetings of the SAC are mandatorily held and the recommendations properly followed up.

2.2.10 Conclusion

The objective of providing free and compulsory education to all children upto 14 years of age through proper identification, enrolment and retention has not been achieved as 12.40 *per cent* to 18.74 *per cent* children of 6-13 years of age were not enrolled in any class during 2012-16. Reduction in number of schools by 14.90 *per cent* and non-distribution of transport allowance to children further led to no significant improvement in increasing accessibility as required under the RTE Act/Rules.

The provisions for admission under 25 *per cent* RTE quota were delayed by two years by the State Government and 11,300 Non-Government Schools representing 16.36 *per cent* did not adhere to the provisions. The prescribed Pupil Teacher Ratio was not achieved even after five years in 30,549 schools which constitute 51.52 *per cent*.

State Government could not provide basic facilities required as per the RTE Act even after six years and there were huge gaps in infrastructure facilities in the schools. Large numbers of contractual teachers in Government schools are yet to acquire the minimum qualifications as prescribed under the Act. The amount released for implementation of the RTE Act could not be fully utilised and this impacted the implementation of the Act. The State Government did not demand an amount of ₹ 190.84 crore from the GoI towards central share for implementation of the 25 *per cent* RTE quota in Non Government Schools. The monitoring mechanism was weak as the State Advisory Council met only three times against 15 in the last four years.

Thus, the key objective of RTE Act 2009 of universalisation of elementary education encompassing three major aspects of access, enrolment and retention of children in the age group of 6-14 years, was not fully achieved.

Chapter III

Compliance Audit

Chapter III Compliance Audit

Audit of transactions of the Government Departments, their field formations as well as audit of the autonomous bodies brought out lapses in management of resources and failures in the observance of the norms of regularity, propriety and economy, which have been presented in the succeeding paragraphs under broad objective heads.

Non-compliance with Rules and Regulations

Disaster Management and Relief Department

3.1 Inadmissible and irregular extra expenditure on agriculture input subsidy to farmers

By adopting incorrect norms, the Department incurred inadmissible and irregular extra expenditure of ₹ 47.74 crore towards payment of agriculture input subsidy to farmers.

Paragraph 3.1 of Audit Report (G&SS), Rajasthan for the year ending 31 March 2015 had pointed out that payment of inadmissible amount of ₹21.29 crore was made to the farmers of Barmer District based on test check of records of Collector (Barmer) during November 2014. Further scrutiny of information collected from the Collectors Ajmer, Banswara, Bikaner, Jaisalmer, Jhunjhunu and Sikar during December 2015 to June 2016 revealed that an additional amount of ₹47.74 crore was also irregularly paid to the farmers of these six districts as detailed below.

Ministry of Home Affairs (Disaster Management Division), Government of India (GoI) prescribes from time to time, the items and norms for various categories of relief from the State Disaster Response Fund (SDRF) and the National Disaster Relief Fund (NDRF). GoI revised these norms of assistance¹ on 28 September 2012 with prospective effect. These norms were further revised² on 21 June 2013 with retrospective effect from first March 2013.

As per paragraph No. 2 of Chapter 4 of 'Drought Management Manual' of Government of Rajasthan, in scarcity situations, the dates for announcement of the first and the final '*Girdavari Reports*' for *Kharif* crop is 31 October and 30 November respectively. It follows from the above that the NDRF norms dated 28 September 2012 were applicable for the *Kharif* crop 2012 (period June to October 2012).

¹ Agriculture crops: ₹ 3,000 per hectare in rainfed areas; ₹ 6,000 per hectare in assured irrigated areas and perennial crops: ₹ 8,000 per hectare.

² Agriculture crops: ₹ 4,500 per hectare in rainfed areas; ₹ 9,000 per hectare in assured irrigated areas and perennial crops: ₹ 12,000 per hectare.

Scrutiny of the information collected (December 2015 to June 2016) from Collectors (Relief) Ajmer, Banswara, Bikaner, Jaisalmer, Jhunjhunu and Sikar revealed that on the basis of '*Girdavari Reports Samvat* 2069', received from respective District Collectors³, Government of Rajasthan *inter alia* notified (January 2013) 3,371 villages of these Districts as scarcity areas for *Kharif* crop 2012 (*Samvat* 2069) for sanction of agricultural input subsidy. Accordingly, Collectors (Relief), assessed and deposited agriculture subsidy amounting to ₹ 113.15 crore⁴ in the concerned Central Co-operative Bank Limited, for disbursement to the affected farmers. Of this, an amount of ₹ 112.22 crore was disbursed to the affected farmers under NDRF norms dated 28 September 2012 and remaining amount of ₹ 0.93 crore was returned to the State Government.

Subsequently, the State Government clarified (July 2013) that the departmental orders for payment of subsidy for *Kharif* crop 2012 have been issued on 15 March 2013 while revised (21 June 2013) NDRF norms were effective from first March 2013, therefore agricultural subsidy may be disbursed as per revised norms.

Accordingly, Collectors of these districts deposited the differential amount of $\overline{\xi}$ 48.30 crore in concerned Central Co-operative Bank Limited for disbursement to affected farmers. Of this, an amount of $\overline{\xi}$ 47.74 crore⁵ was disbursed to the farmers and remaining amount of $\overline{\xi}$ 0.56 crore was returned to the Government.

Audit observed that as per provisions of Draught Manual, date prescribed for final *Girdavari* Report of *Kharif* crop is 30 November every year. Accordingly, subsidy for *Kharif* crop 2012 was required to be paid under the norms fixed by NDRF in September 2012 and not under the norms effective from March 2013. Therefore, payment of differential subsidy of ₹ 47.74 crore for *Kharif* crop 2012 was irregular.

On being pointed out Collector (Relief) Ajmer stated (December 2015) that the payment of input subsidy at revised rates was made to the farmers as per the directions of Secretary, Disaster Management and Relief Department. Collector (Relief), Sikar stated (January 2016) that the GoI revised the norms of assistance for the period 2010-15 in June 2013 which were effective from first March 2013. Further, as the agriculture input subsidy was sanctioned to the farmers after first March 2013 on the basis of the report of crops damage during the period July-October 2012 (*Samvat* 2069), therefore, the payment of input subsidy was made to the farmers at revised rates. While, Collector (Relief) Bikaner stated (April 2016) that payment of difference amount has been made in respect of only one Tehsil (Dungargarh).

³ Ajmer, Banswara, Barmer, Bikaner, Churu, Jaisalmer, Jhunjhunu, Jodhpur, Nagaur, Pali, Rajsamand and Sikar.

⁴ Ajmer: ₹ 26.89 crore; Banswara: ₹ 50.34 crore; Bikaner: ₹ 23.03 crore; Jaisalmer: ₹ 9.17 crore; Jhunjhunu: ₹ 2.65 crore and Sikar: ₹ 1.07 crore.

⁵ Ajmer: ₹ 13.45 crore; Banswara: ₹ 25.45 crore; Bikaner: ₹ 2.47 crore; Jaisalmer: ₹ 4.49 crore; Jhunjhunu: ₹ 1.33 crore and Sikar: ₹ 0.55 crore.

The replies were not convincing as the norms for assistance from the SDRF and NDRF revised (June 2013) by GoI were effective from 01 March 2013 and meant for *kharif* crop 2013 (*Samvat* 2070). Payment of agriculture input subsidy under revised norms (March 2013) for *kharif* crop 2012 was, therefore, irregular and in contravention of the decision of GoI. Reply from Collector (Relief) Jaisalmer, Jhunjhunu and Banswara has not been received so far.

Thus, by adopting incorrect norms, the Department allowed inadmissible agriculture input subsidy of ₹ 47.74 crore to farmers.

The matter was referred to State Government in April and October 2016, reply is awaited (December 2016).

Public Health Engineering Department

3.2 Avoidable extra expenditure on pipes

Avoidable extra expenditure of ₹ 132.88 crore on tender sanction at significantly high rate from typical rates.

Chief Engineer, Head Quarters, Public Health Engineering Department (PHED), directed (December 2010) field offices that while approving tenders based on single responsibility/turnkey basis or item rates for providing, laying and jointing of pipelines, rates for supply of ductile iron (DI)/Mild Steel (MS)/Ultra Poly Vinyl Carbonate (UPVC) pipes may be based on rates mentioned in the latest rate contracts, after adding necessary and justified expenses.

Principal Secretary, PHED also observed (December 2010) that in case of single responsibility/turnkey projects, the tenders of lowest bidders are approved on the basis of overall rates while the rates quoted by the bidders for certain items might be substantially higher/lower than their prevailing market rates. It was also instructed (December 2010) that while finalising such cases, a complete rate analysis comparing the quoted rates with market rates should be carried out and action for approving the overall rates should only be initiated thereafter.

In addition to this, Chief Engineer (CE) (Special Project), PHED prepared and circulated (April and July 2013) typical rates of various items on the basis of current market rates to maintain uniformity of rates in preparation of estimates in all major projects and to avoid necessity of revised sanctions.

Policy Planning Committee (PPC)/Financial Committee (FC) of Rajasthan Water Supply and Sewerage Management Board (RWSSMB) of PHED issued (August 2012 to September 2013) Administrative and Financial Sanction of ₹ 2,201.32 crore for eight works on single responsibility/turnkey basis under six PHED Divisions (detailed in *Appendix 3.1*) and the Technical Committee

(TC) accorded (December 2012 to October 2013) technical sanction for \gtrless 1,479.95 crore for these works.

Test check (April 2015 to October 2015) of the records of Executive Engineers (EEs) of the concerned six Divisions and further information collected (January 2016) revealed that Finance Committee (FC) approved (May 2013 to September 2013) tenders of six contractors for a total sum of \mathbb{R} 1,680.47 crore. However, in some cases, rates approved for items of providing, laying and jointing of DI K-7 and K-9, MS, UPVC and DI sluice valves under these tenders were substantially high (10 to 87 *per cent*) as compared to the typical rates prepared by CE (SP) (*Appendix 3.1*). This indicated that FC did not consider the instructions issued by Principal Secretary/CE while approving the tenders. As the rates taken in typical rates were based on current market rates therefore, the FC was required to make a complete rate analysis of individual items, specially where bidders have quoted very high rates and to approve the tenders accordingly. Nonobservance of the instructions resulted in avoidable expenditure of \mathbb{R} 132.88 crore (*Appendix 3.1*).

State Government, in case of Division-Neem Ka Thana, stated (May 2016) that the rates included works of CC road repairing, repairing the damaged road during excavation, shifting of water connection etc., amounting to \gtrless 4.29 crore, which were not mentioned in the technical sanction and the competent authority approved the rate after considering all aspects.

EEs, Barmer and Bharatpur stated (September 2015 to January 2016) that the rates of work were approved by FC after negotiations with contractors while EE, Hindaun city stated (December 2015) that the rates quoted by contractor were for the whole work and were lower than the departmental estimates.

The replies were not tenable as the items like CC road repairing, repairing the damaged road during excavation, shifting of water connection etc., were also considered as separate items but the approved rates were much higher. The fact remains that the Department did not adhere to the instruction of Principal Secretary/CE and failed to make a complete rate analysis before finalising the tenders.

The matter was referred to State Government in May 2016, a consolidated reply is awaited (December 2016)

3.3 Irregular and unauthorised sanction

Approving of irregular and unauthorised expenditure of \gtrless 81.04 crore on execution of additional works in contravention of financial rules.

Rajasthan Public Works Financial and Accounts Rules (PWF&ARs) delegates the financial power of sanction, execution and payment of additional quantities of items existing in Schedule 'G' or Bills of Quantities (BOQ) of a particular work to the various levels of authorities in the Department. Accordingly, Chief Engineer (CE)/Additional Chief Engineer (ACE)/ Superintending Engineer (SE)/Executive Engineer (EE) could sanction additional quantity upto 5 *per cent* over the original quantity of each item. Additional quantity upto 25 *per cent* over the original quantity could be sanctioned by next higher authorities. Administrative Department could sanction additional quantity upto 50 *per cent* of original quantity of each item in schedule 'G'.

During test check (August 2015 to March 2016) of records of ten Divisions⁶ of Public Health Engineering Department (PHED) it was noticed that the executing authorities (Chief Engineer, Additional Chief Engineer and Superintending Engineer) approved annual rate contracts (*Appendix 3.2*) during the period 2011-14 and allotted works ranging between \gtrless 0.04 crore and $\end{Bmatrix}$ 2.25 crore, to various contractors.

After exhausting the tendered/work order value of these works, the executing authorities, without inviting fresh tenders, continued to release works under these rate contracts. Though approval of higher authorities was obtained in these cases but against the total NIT value of ₹ 34.71 crore, approvals for execution of additional works were granted for a value of ₹ 78.79 crore, which were 43 to 768 per cent more than the permissible financial limit of ₹ 8.67 crore (25 per cent of the NIT amount) as delegated to the approving authorities under PWF&ARs *ibid*. (Appendix 3.2).

In addition to the above, additional works amounting to \gtrless 2.25 crore (12 to 85 *per cent* of NIT amount) were executed by EEs of two Divisions (Behror and Khetri) without any approval of higher authorities (*Appendix 3.3*).

State Government, in case of PHED Divisions, Taranagar and Churu, stated (May 2016) that these cases were covered under Rule 29(ii)(d) and 36 of Rajasthan Transparency in Public Procurement (RTPP) Rules and not under Serial No. 24 of Appendix XIII of PWF&ARs and approval of the financial limit was accorded by the competent authority under clause 12A of rate contract and as per prevailing practice in the Department for sanction of tenders. In case of PHED Division, Behror, the State Government stated (August 2016) that the payment was made to the contractor after approval of additional quantity of items of work by competent authorities, which increased due to inclusion of the cost of material supplied.

EEs, City Division, Jhunjhunu, Balotra, and Sirohi stated (November, December 2015 and February 2016) that in view of urgency and to resolve the drinking water problems, TWs were constructed. EE, District Rural Division-I, Jaipur and Pali stated (November 2015 and March 2016) that the works were executed as per approval of SE/ACE/CE (HQ). EE, Division Khetri stated (August 2015) that item of MS casing pipe was not included in the annual rate contract and was subsequently provided by the contractor. The payment made to contractor was inclusive of the cost of MS casing pipes, however, the expenditure incurred on these RCs were within prescribed limit after deducting

⁶ Balotra, Baheror, Churu, City Division Jhunjhunu, Khetri, Pali, District Rural Division-I, Jaipur, Chittorgarh, Sirohi and Taranagar.

the cost of MS casing pipes. EE, Chittorgarh stated (February 2016) that competent sanction for execution of remaining additional works (in excess of approval) would be obtained and intimated to Audit.

The replies of the EEs need to be viewed in the light of the facts that RTPP Rules, does not have overriding effect on PWF&ARs and item 24 of Appendix XIII *ibid* was relevant in these cases under which approving authorities were not competent to allow additional works of more than 25 *per cent* of the work order value. Moreover, clause 12(A) of contract agreement provides for sanctioning of additional work upto 50 *per cent* of each item limited to 20 *per cent* of the tendered value. This condition was also not followed in these cases. Department failed to assess its annual requirement of TWs and by keeping the tender value as low as ₹ 0.04 crore and ₹ 2.25 crore, the executing authorities not only deprived the Department from receiving competitive rates for high value works but also executed works beyond their financial limits. This resulted in irregular and unauthorised expenditure of ₹ 81.04 crore (₹ 78.79 crore + ₹ 2.25 crore).

The matter was referred to State Government in January 2016 and May 2016, a consolidated reply is awaited (December 2016).

Audit against propriety and cases of expenditure without adequate justification

Agriculture Department

3.4 Unfruitful expenditure on establishment of model and small nurseries

Establishment of model and small nurseries without assessing the requirement of plants, resulted in unfruitful expenditure of \gtrless 1.59 crore.

For providing high and good quality grafted fruit plants to the farmers, the Director, Horticulture, Rajasthan, Jaipur issued (August 2006) guidelines for developing model⁷ and small nurseries in government sector under National Horticulture Mission (NHM) for which subsidy of 100 *per cent* of the cost of model nursery or ₹ 18 lakh (whichever is less) or 100 *per cent* of the cost of small nursery or ₹ 3 lakh (whichever is less) was admissible. The expenditure was to be incurred on construction of net house, shed net, trenches, drip irrigation system, tube well, soil sterilisation chamber and purchase of mother plants, manure/fertilisers, polythene sheets, pesticides etc. As per the guidelines, model nursery should have an area of 4 hectare and production capacity of 4 lakh grafted plants annually while small nursery should have an area of one hectare and production capacity of 50,000 grafted plants annually.

⁷ With construction of net house, mist irrigation in net house, construction of trenches, tube well/pond for water harvesting, pump house, motor and electrification etc.

During test check (February-March 2013) of the records of Maharana Pratap University of Agriculture and Technology (MPUAT), Udaipur and further information collected (November-December 2015 and January 2016), it was observed that for establishment of eight model and four small nurseries under the MPUAT's jurisdiction, Mission Director, Directorate of Horticulture Jaipur, sanctioned of ₹ 1.59 crore (August 2006: ₹ 18 lakh, December 2007: ₹ 99 lakh, September 2008: ₹ 36 lakh, and March 2011: ₹ 6.25 lakh) on the proposals sent by MPUAT. The University established (2008-09, 2009-10 and 2011-12) these nurseries, one in its campus and eleven in its Krishi Vigyan Kendras (KVKs) in the State with an expenditure of ₹ 1.59 crore, as shown in **Table-3.1**.

S. No.	Period	Name of small/model nurseries	Expen- diture (₹ in lakh)	No. of plants required to be produced (No.)	Plants actually produced	Shortfall (per cent)	Plants sold
1.	2008-9 to	MPUAT, Udaipur	18.00	28,00,000	3,22,579	24,77,421	2,67,293
	2014-15	(Model nursery)				(88.48)	
2.	2009-10 to	KVK, Sirohi	18.00	24,00,000	4,54,785	19,45,215	4,50,201
	2014-15	(Model nursery)				(81.05)	
3.	2009-10 to	KVK, Bhilwara	18.00	24,00,000	1,74,239	22,25,761	1,57,709
	2014-15	(Model nursery)				(92.74)	
4.	2009-10 to	KVK, Bundi	18.00	24,00,000	1,74,366	22,25,634	1,64,866
	2014-15	(Model nursery)				(92.73)	
5.	2009-10 to	KVK, Dungarpur	18.00	24,00,000	69,200	23,30,800	62,407
	2014-15	(Model nursery)				(97.12)	
6.	2009-10 to	KVK, Anta (Baran)	3.00	3,00,000	1,05,214	1,94,786	94,929
	2014-15	(Small nursery)				(64.93)	
7.	2009-10 to	KVK, Banswara	21.00	27,00,000	4,43,133	22,56,867	3,85,363
	2014-15	(one Model and				(83.59)	
		one small nursery)					
8.	2009-10 to	KVK, Chittorgarh	21.00	27,00,000	4,08,861	22,91,139	3,89,849
	2014-15	(one Model and one				(84.86)	
		small nursery)					
9.	2009-10 to	KVK, Kota	18.00	24,00,000	3,87,300	20,12,700	3,34,890
	2014-15	(Model nursery)				(83.86)	
10.	2012-13 to	KVK, Rajsamand#	6.25#	1,50,000	44,418	1,05,582	44,418
	2014-15	(Small nursery)				(70.39)	
		Total	159.25	2,06,50,000	25,84,095	1,80,65,905	23,51,925
			i.e. ₹ 1.59			(87.49	(11.39
			crore			per cent)	per cent)

Table 3.1

Nursery established under Rashtriya Krishi Vikas Yojana.

Source: Information provided by MPUAT.

The table shows that against the target of growing 206.50 lakh plants, only 25.84 lakh plants (12.51 *per cent*) were grown during the period 2008-2015 by these nurseries, resulting in a shortfall of 180.66 lakh fruit plants (87.49 *per cent*). Moreover, against the production of 25.84 lakh plants, MPUAT could sell out 23.52 lakh plants (91.02 *per cent*). Thus, there was shortfall in production of fruit plants, ranging between 64.93 to 97.12 *per cent* and the expenditure of \mathbf{T} 1.59 crore incurred on establishment of eight model and four small nurseries was rendered unfruitful.

MPUAT stated (November 2015) that the Horticulture Department provides subsidy to farmers/public on fruit plants at district level, whereas the University do not provide subsidy. This caused a huge difference in rates of fruit plants produced by the Department ($\mathbf{\overline{T}}$ 20 per plant) and the University ($\mathbf{\overline{T}}$ 40 per plant), due to this less number of plants are purchased by farmers from these nurseries.

The State Government stated (June 2016) that the targets were calculated one year after establishment of nurseries while establishment of pedigree mother orchard⁸ takes 4-5 years, thereafter 100-150 scion⁹/year per plant can be obtained for further multiplication/propagation.

The reply of the State Government is not convincing as the University could not achieve the targets of annual production even after the lapse of 4-5 years of establishment of these nurseries.

Agreeing the facts that non-requisition of plants by the Horticulture Department or any other Government agency from these nurseries resulted in wasteful expenditure on production of plants, MPUAT stated (July 2016) that scientific survey was also not conducted at district level to assess the demand of plants before establishment of these nurseries.

The fact remained that these nurseries were established without carrying out any scientific survey at the district level and as MPUAT did not have subsidised rates for these plants, there was less demand of plants from farmer/public. This rendered the expenditure of ₹ 1.59 crore unfruitful. It is recommended that the State Government should consider subsidising the rates of plants distributed by MPUAT, to generate demand of plants distributed from there.

Public Health Engineering Department

3.5 Unfruitful expenditure on works under Regional Water Supply Scheme

Unfruitful expenditure of ₹ 6.55 crore incurred on incomplete works under Regional Water Supply Scheme. Besides, the objective of the scheme to provide safe drinking water was also defeated, depriving the habitation from fluoride free water for more than six years.

Policy Planning Committee (PPC) of Rajasthan Water Supply and Sewerage Management Board (RWSSMB), Public Health Engineering Department (PHED) issued (July 2003) Administrative and Financial (A&F) sanction of ₹ 24.73 crore for Regional Water Supply Scheme for supply of safe drinking water in fluoride affected villages of Salumber and Sarada Tehsils of Udaipur

⁸ Intentional planting of fruit or nut producing trees and maintaining their ancestral line for the purpose of taking cuttings/offsets in order to grow more quantity of the same plant.

⁹ A young shoot or twig of a plant especially one cut for grafting or rooting.

District. The Technical Committee (TC) accorded (May 2004) Technical Sanction for \gtrless 21.21 crore and the A&F was further revised (July 2005) to \gtrless 22.88 crore by Empowered Board Committee. The Scheme was divided into 12 packages¹⁰ (58 villages of Salumber and 26 villages of Sarada).

Test check (January 2016) of the records of Executive Engineer (EE), PHED, Division-Salumber revealed that tenders for execution of works under 12 packages were invited (2006-07 to 2008-09) by the Superintending Engineer (SE), PHED Circle Udaipur, and work orders were issued (May 2006 to December 2008) for ₹ 19.12 crore to nine contractors¹¹ with stipulated dates of completion between 12 January 2007 and 26 October 2009.

While the works under eight packages (₹ 12.33 crore) were completed by November 2011, works under four packages¹² (26 villages of Sarada Tehsil and one village of Salumber Tehsil), for which stipulated date of completion was between May 2009 to October 2009, were not completed (March 2016) even after incurring an expenditure of ₹ 6.55 crore.

EE, Division-Salumber stated (January 2016 and November 2016) that the work of four packages could not be completed within the original period of completion (October 2009) because Asbestos cement (AC) pipes proposed for use in the distribution system, could not be provided to the contractors. On account of change in pipe policy¹³ by the State Government in May 2010, a revised proposal was approved (August 2014) to accommodate the increase in the cost due to replacement of AC pipes with Ductile iron (DI) pipes. Further, even the DI pipes could not be provided to the contractors as the rate contract for supply of DI pipes did not exist. Hence, the work remained incomplete.

The reply of EE that the work remained incomplete due to change in pipe policy, was not tenable as the work was to be completed in 2009 only, whereas the pipe policy was changed in May 2010. Further, the works could not be

⁽i) Execution, operation and maintenance of construction of Intake Platform, (ii) L&J of DI/AC pipe line from RGF to Jhallra Balancing Reservoir, (iii) L&J of DI/AC pipe line from Jhallara balancing reservoir to Dangi Kheda GLSR, (iv) L&J of DI/AC pipe line from Kalyana Kala OHSR to Bhabrana OHSR, (v) L&J of DI/AC pipe line from Junction at Jodhpur Mod to Malguda OHSR, (vi) L&J of DI pipe line from Jhallara Junction to Kholadi OHSR, (vii) L&J of DI pipe line from Junction 'A' to Nayagaon Balancing Reservoir, (viii) L&J of DI pipe line from Nayagaon Balancing Reservoir, (viii) L&J of DI pipe line from Nayagaon Balancing Reservoir to Noli CWR, (ix) L&J of DI/AC pipe line from T to Chadora OHSR and from OHSR Chandora to Neemari GLRs, (x) L&J of DI/AC pipeline from Dholadhawara OHSR to Mallara OHSR, and (xii) L&J of Class DI/AC pipeline from Dholadhawara OHSR to Mallara OHSR.

¹¹ M/s Vishnu Prakash Pungalia, Jodhpur, M/s Hema Construction, Udaipur, M/s Jain Construction, Mavali, M/s Pushkar Lal Dangi, Udaipur, M/s Ganshyam Anjana, Chhoti Sadari, M/s Santi Lal Tailor, Badawali, M/s Laxman Khinchi, Udaipur, M/s Ratan Lal Khinchi, Udaipur and M/s Himmat Singh Shaktawat, Neechalagudha.

⁽i) L&J of DI/AC pipe line from T to Chadora OHSR and from OHSR Chandora to Neemari GLRs, (ii) L&J of DI/AC pipeline from Neemri OHSR to Shyampura OHSR, (iii) L&J of Class DI/AC pipeline from Dholadhawara OHSR to Mallara OHSR and (iv) L&J of Class DI/AC pipeline from Dholadhawara OHSR to Mallara OHSR.

¹³ Under the policy, the State Government decided to use cast iron (CI)/ductile iron (DI)/mild steel (MS) pipes for rising mains, on economical analysis, in all types of strata in rural areas/small towns.

completed even after a lapse of 27 months (as of November 2016) from the date of approval (August 2014) for use of DI pipes in place of AC pipes. This shows a lackadaisical approach on the part of the Department in execution of works.

Thus, expenditure of \gtrless 6.55 crore incurred on these four packages remained unfruitful. Besides, the objective of the scheme to provide safe drinking water to fluoride affected villages (26 villages of Sarada Tehsil and one village of Salumber Tehsil) was also defeated, depriving the habitation of fluoride free water for more than six years.

The matter was referred to State Government in March 2016, reply is awaited (December 2016).

Social Justice and Empowerment Department

3.6 Unfruitful expenditure on construction of Navjeevan Hostel

Unfruitful expenditure of \gtrless 0.96 crore on construction of Navjeevan Hostel without proper assessment and contrary to the provisions of the scheme.

Government of Rajasthan introduced (August 2009) 'Navjeevan Yojana (NY)' for social and economic development and rehabilitation (viz. providing alternate opportunities/resources, eradicate illiteracy and providing basic amenities) of people/communities dealing in production, storage and sale of illicit liquor. Initially in 2009-10, *Sansi* and *Kanjar* castes were included in NY, thereafter in 2010-11, *Bhaat, Bhaand, Rana, Dholi, Nat and Dome* castes were included. Subsequently *Mogya, Bawariya, Bediya, Bagriya, Sirkiwala* and *Choubedar* castes were also added in 2012-13.

As per NY guidelines, District Executing Committee (DEC), with the help of NGOs, was to identify the beneficiaries of the targeted communities. The guidelines also envisaged admission of children of the identified beneficiaries for their educational development, in the existing Departmental Hostels for SC/ST/OBC/SBC.

Test check (August 2015) of records of Social Justice and Empowerment Department (SJED), Jodhpur and information collected (March 2016) from Deputy Director (DD), SJED, Jodhpur revealed that instead of engagement of NGOs to identify the beneficiaries children for educational development, Additional Chief Secretary, SJED, Rajasthan, Jaipur accorded (December 2012) Administrative and Financial sanction of ₹ 0.96 crore for construction of Navjeevan Hostel Building at Jodhpur. Further, though the hostel building was handed over by the executing agency (Public Works Department) to SJED on 27 July 2015, children of the targeted community were not admitted in the Hostel during 2015-16.

Thus, the Department constructed the hostel even though it was not provided for in the NY and failed to admit children of the beneficiaries in the hostel. This resulted in the expenditure of \gtrless 0.96 crore remaining unfruitful.

Deputy Director, SJED, Jodhpur admitted (May 2016) that hostel was lying unutilized as identification of targeted community was not carried out and NGOs also did not provide the action plan or financial proposal to DEC.

State Government also accepted the facts and stated (August 2016) that efforts to admit the beneficiary children was made during 2015-16 through NGOs but sufficient children did not turn up and the hostels could not be utilised. The hostel would now be utilised in 2016-17 session as online applications for admission of the students in hostels were being received. It was also stated that construction of hostels for the children of the targeted community was not denied under NY and the scope of the scheme could not be limited to admission of the children in the existing hostels.

The reply is not convincing as the guidelines for NY provided for identification of beneficiaries of targeted communities and admission of their children in existing hostels for SC/ST/OBC/SBC. The Department not only constructed the hostel contrary to the provisions of the scheme but also failed to admit children of the beneficiaries in the hostel. Therefore, in absence of identification of beneficiaries, construction of hostel building will not serve any benefit to the targeted communities.

Thus, the expenditure of \gtrless 0.96 crore was rendered unfruitful as the Department constructed the hostel building without proper assessment and contrary to the provisions of the Scheme.

Persistent and pervasive irregularities

Finance Department

3.7 Excess/short payment of pension

Failure of the treasury officers to exercise prescribed checks led to excess/ short/irregular payment of pension/family pension amounting to ₹ 3.51 crore.

Appendix VI (Sl. No. 9) of Rajasthan Civil Services (Pension) Rules, 1996 stipulates that Treasury Officer (TO) will check the correctness of the payments made by the Banks with reference to the records maintained by him and thereafter incorporate the transaction in his accounts.

Public Accounts Committee (PAC) while examining para 3.3.1 "Persistent excess payment of pension" of Audit Report (Civil) 2010-2011, recommended (February 2013) that the Department should take necessary steps to avoid recurrence of excess payment of pension in future and inform PAC and the Principal Accountant General about the same. PAC also recommended (February 2015) on paragraph 3.3.1 of the Audit Report (G&SS) 2011-12 on

the same subject, that excess payment of pension should be examined through on line pension check register.

The Department directed (April 2014) all TOs to update the database of civil pension in the treasuries and 100 *per cent* checking of correctness of monthly pension payment made by the Banks. They were also directed to include only those amounts in the monthly accounts which were reimbursed to the Banks after carrying out reconciliation of e-scrolls uploaded by the Banks on the website of civil pension with online pension check register prepared on the basis of treasury database. Test check (April 2014 to March 2016) of records relating to pension payments made by various Banks and Treasuries/Sub-Treasuries, however, revealed persistence of the irregularities and excess/short payments of pension/family pension in following cases:

(*i*) In 74 Banks and 40 Treasuries/Sub-Treasuries, excess/irregular payments of superannuation/family pensions amounting to \gtrless 1.17 crore were made in 260 cases, as detailed in **Table 3.2**.

					(₹ in lakh)	
S. No.	Reasons for excess payment	dui	ment made ^r ing 4-15	du	ayment made luring 015-16	
		Number of cases	Amount	Number of cases	Amount	
1.	Family pension not reduced after expiry of the prescribed period (Rule 62 of Rajasthan Civil Services (Pension) Rules 1996)	15	4.23	26	13.83	
2.	Family pension not stopped after attaining the age of 25 years/marriage/employment of dependents (Rule 67 of Rajasthan Civil Services (Pension) Rules 1996)	-	-	1	0.85	
3.	Pension not reduced after its commutation (Rule 28 of Rajasthan Civil Services (Commutation of Pension) Rules, 1996)	60	6.50	28	8.33	
4.	Pension credited in Bank Accounts without receipt of Life Certificates (Rule 134 of Rajasthan Civil Services (Pension) Rules 1996)	-	-	15	13.77	
5.	Pension paid after death of pensioners	02	0.15	4	1.51	
6.	Dearness relief paid to pensioners during the period of their reemployment (Rule 164 of Rajasthan Civil Services (Pension) Rules 1996)	-	-	7	8.84	
7.	Pension and Dearness Relief Paid at higher rate than admissible	13	3.55	45	26.73	
8.	Non-recovery of dues from gratuity payments (Rule 92 of Rajasthan Civil Services (Pension) Rules 1996)	16	7.01	18	11.82	
9.	Miscellaneous	04	1.44	6	7.95	
	Total	110	22.88	150	93.63	
	Grand Total		260		116.51	

(*ii*) Test check in 109 Banks and one Sub-Treasury revealed short payments amounting to \gtrless 2.34 crore¹⁴ in 1,310 cases. Reasons for short payment were:

- Payment of pension less than the minimum pension;
- Non-payment of dearness relief;
- Non-payment of additional pension.

^{14 2014-15: 361} cases, ₹0.75 crore; 2015-16: 949 cases ₹1.59 crore.

Cases of excess payment of pension have also been mentioned in the earlier Audit Reports during 2009-10 to 2013-14 as detailed in **Table 3.3**.

Year of Audit Report	Para No.	No. of cases	Excess payment (₹ in crore)
2009-10 (Civil)	3.4.1	270	0.67
2010-11 (Civil)	3.3.1	202	0.58
2011-12 (G&SS)	3.3.1	278	0.94
2012-13 (G&SS)	2.3.1	193	0.92
2013-14 (G&SS)	3.3.1	308	1.54

Table 3.3

The irregularities persisted due to failure of the TOs in (i) updating database of pension, (ii) ensuring 100 *per cent* check of payment of pension made by Banks and (iii) carrying out reconciliation of e-scrolls uploaded by the Banks on the website with online pension check register prepared on the basis of Treasury database.

It is evident that the recommendations of the PAC about avoiding recurrence of such irregularities in payment of pension in future were not followed scrupulously.

State Government, while accepting the facts, stated (November 2016) that recovery of $\gtrless 0.96$ crore¹⁵ has been made against excess payment of $\gtrless 1.17$ crore. Further, amount of $\gtrless 0.75$ crore¹⁶ has been paid against short payment of $\gtrless 2.34$ crore and efforts are being made for recovery/payment of the remaining amount.

Failure in implementation, monitoring and governance

Consumer Affairs Department

3.8 Implementation of Acts and Rules for Consumer Protection

3.8.1 Introduction

The Consumer Protection Act, 1986 (CP Act) was enacted by the Parliament to provide simple, speedy and inexpensive redressal for the consumers' grievances. The CP Act gives the consumer an additional remedy besides those already available under other existing laws. The CP Act and the Consumer Protection Rules, 1987 came into effect on 15 April 1987 and the Consumer Protection (Rajasthan) Rules 1987 came into force from 23 July 1987.

The CP Act is applicable to all goods and services and provides for establishment of three-tier quasi-judicial consumer dispute redressal mechanism at National, State and District levels. State Consumer Disputes Redressal Commission (SCDRC) at Jaipur has been set up at the State level

^{15 (2014-15: ₹ 0.18} crore; 2015-16: ₹ 0.78 crore).

^{16 (2014-15: ₹ 0.14} crore; 2015-16: ₹ 0.61 crore).

with seven Circuit benches¹⁷ and 37 District Consumer Disputes Redressal Forums¹⁸ have been set up in all 33 districts. These forums/commissions were set up to supplement the existing judicial system without all the formal procedures of a court. The Central Government and State Governments can also act on behalf of the consumer. These quasi-judicial bodies observe the principles of natural justice and are empowered to give relief and to award compensation to the consumers. The District Forum can entertain complaints of value upto ₹ 20 lakh and complaints of value exceeding ₹ 20 lakh and upto one crore would be entertained by SCDRC. SCDRC also entertains appeals against the orders of District Forums.

State Consumer Protection Council is the advisory body at State level to promote and protect the rights of the consumers and headed by the Minister of Food, Civil Supplies and Consumer Affair Department. Director, Consumer Affairs Department is the Member Secretary of the Council. District Consumer Protection Council is the advisory body at the district level to promote and protect the rights of the consumers within the District and headed by the respective District Collector. The Department of Consumer Affairs headed by Principal Secretary, Department of Food, Civil Supplies and Consumer Affairs, deals with administration of the CP Act and implements measures to strengthen the consumer forums for speedy, affordable and simple dispensation of justice to the consumers.

Audit covered the examination of activities and programs carried out by the Consumer Affairs Department for implementation of the CP Act and Rules during 2012-16. Scrutiny of records of the Principal Secretary, Food, Civil Supplies and Consumer Affairs Department and Director, Consumer Affairs Department at the State level was done. Field study was conducted during March 2016 to July 2016. Records of the Divisional Consumer Protection Officers, District Supply Officers (DSOs) (entrusted with carrying out activities of consumer protection under the overall guidance of district collectors), Registrar, SCDRC and its circuit benches and 11 District Forums¹⁹, situated in seven selected districts namely Alwar, Bikaner, Jaipur, Jodhpur, Kota, Sikar and Udaipur were examined by Audit.

3.8.2 Audit Findings

3.8.2.1 Policy formulation and Notification of Rules

The CP Act provided for the State Government to make rules for carrying out the provisions of the Act. The Rajasthan Consumer Protection Rules, 1987 were notified during July 1987. The CP Act was further amended by the Parliament during 1991, 1993 and 2002. Thus, the Rules were also required to be amended to accommodate the amendments in the CP Act. Further, Public

¹⁷ Bikaner, Jaipur, Jodhpur, Kota and Udaipur benches have been set up and Ajmer and Bharatpur benches are yet to be set up.

¹⁸ Includes four consumer forums in Jaipur district and two in Jodhpur district.

¹⁹ District Forums, Alwar, Bikaner, Jaipur-I, II, III and IV, Jodhpur-I and II, Kota, Sikar and Udaipur.

Accounts Committee had also recommended²⁰ (July 2009) for amending the Consumer Protection Rules to accommodate the amendments in the CP Act. It was, however, observed that the Department had belatedly prepared the draft amended Rules 2015.

State Government accepted the fact and stated (October 2016) that finalisation of draft of amended rules is under process. The fact, however, remains that even after lapse of more than 13 years, the State Government has not amended the Rules to accommodate the amendments in the CP Act and the Rules thereon. The procedure with regard to the transaction of business of State Council and District Councils has also not been prescribed. As the procedure brings out the methodologies for smooth functioning of the State Council and District Councils, the absence of these Rules hampered the functioning of the State Council and District Council.

Recommendation:

1. The State Government should amend the Consumer Protection Rules to accommodate the amendments of the Act and notify them at the earliest in order to facilitate smoother procedures for implementation of the Act.

3.8.2.2 Consumer Complaints

(i) Status of disposal of cases in the State Commission and District Forums

1. The status of total number of cases filed and disposed off by State Commission (SC) and 37 District Forums (DF) in the State during 2012-16, is given in **Table 3.4**.

Year	Pending		21		mber of c disposed o		Number of cases pending					
	SC	DF	Total	SC	DF	Total	SC	DF	Total	SC	DF	Total
2012	3,686	29,374	33,060	2,963	24,016	26,979	2247	21,301	23,548	4,402	32,089	36,491
2013	4,402	32,089	36,491	2,601	22,140	24,741	2,312	20,879	23,191	4,691	33,350	38,041
2014	4,691	33,350	38,041	2,951	21,756	24,707	2,024	20,570	22,594	5,618	34,536	40,154
2015	5,618	34,536	40,154	3,509	23,001	26,510	1,779	20,504	22,283	7,348	37,033	44,381
2016 (Upto 3/16)	7,348	37,033	44,381	648	6,688	7,336	734	4,717	5,451	7,262	39,004	46,266
Total				12,672	97,601	1,10,273	9,096	87,971	97,067			

Table 3.4

Source: State Consumer Dispute Redressal Commission.

From the table it can be seen that 46,266 cases²² were pending as of March 2016 and the pendency of the cases was increasing from 2012 till 2016. It can

22 These include Consumer cases, Revision Petitions, First Appeal cases/Appeals, Execution Applications, Review Applications, Caveat Applications and Interlocutory Applications.

²⁰ Recommendation No. 6 of PAC Report No. 4 of 2009-10 (Thirteenth Legislative Assembly).

²¹ Cases dismissed in default due to non-appearance of the complainant or any other reasons are restored by order of the consumer forum on the application of the complainant. These cases are added in the cases filed in the year of such restoration.

be also seen that in addition to old pending cases, the number of new cases filed each year are more than the cases disposed off, leading to further accumulation of pending cases.

2. Analysis of data of the sector-wise cases filed (available on $CONFONET^{23}$ website) in respect to State Commission/District Forums during 2012-16, revealed that the top three sectors in which complaints were filed in Consumer Forums were Insurance (21.43 *per cent*), Electricity (16.66 *per cent*) and Banking (7.80 *per cent*), which was 45.89 *per cent* of total number of 60,186 cases filed. This was despite the fact that there were separate redressal mechanisms available for Insurance cases through the Insurance Ombudsman, Banking cases through Banking Ombudsman and Electricity cases through State Electricity Ombudsman. Considering the huge pendency of cases in the consumer forums, there is a need for creating a synergy between these platforms so that there is speedy disposal of consumer complaints.

Recommendation:

2. The Department should strive to achieve synergy between the Consumer Forums and various other specific ombudsman platforms available for banking, insurance and electricity so that the number of cases before Consumer Forums are reduced.

(ii) Disposal of Consumer Complaints

Section 13(3A) read with Section 18 of the CP Act prescribe that every complaint/appeal case shall be heard within a period of three months for deciding complaints which do not require analysis or testing of commodities and five months for the complaints which require analysis or testing of commodities.

It was observed that, out of total 46,266 pending cases as of March 2016, 35,825 cases pertained to cases of only complaints and appeals. Out of these, 32,692 cases²⁴ (91.25 *per cent*) were pending for periods more than the limits provided for in the Section *ibid*.

The position of disposal of complaint/appeal cases at the State Commission and 11 tests checked District Forums, during 2012-16 is given in **Table 3.5**.

^{23 &#}x27;Computerisation and Computer Networking of Consumer Fora' launched by Government of India (GoI) in March 2005, under which, the Consumer Fora at all the three tiers throughout the country were to be fully computerised to enable access to information and quicker disposal of cases.

^{24 15,731} cases were pending for more than two years, 10,362 cases for more than one year and upto two years, 6,599 cases were pending for more than six months but less than one year.

Table 3.5							
S No	Unit	Complaint/appeal cases filed	Complaint/appeal cases pending beyond three/five months	Per cent			
1	State Commission	6,026	4,669	77.48			
2	District Forum Alwar	8,178	7,855	96.05			
3	District Forum Bikaner	1,797	1,610	89.59			
4	District Forum-I Jaipur	5,661	5,438	96.06			
5	District Forum-II Jaipur	7,262	5,629	77.51			
6	District Forum-III Jaipur	4,655	4,429	95.14			
7	District Forum-IV Jaipur	5,829	5,829	100.00			
8	District Forum-I Jodhpur	3,940	3,213	81.55			
9	District Forum-II Jodhpur	3,084	3,084	100.00			
10	District Forum Kota	1,341	1,253	93.44			
11	District Forum Sikar	2,762	2,605	94.32			
12	District Forum Udaipur	1,963	1,691	86.14			
	Total	52,498	47,305	90.11			

Source: information provided by the Department.

It is seen from the table that during 2012-16, 90.11 *per cent* complaint/appeal cases were pending beyond the prescribed period of three/five months at the State Commission and 11 test checked District Forums. Further, disposal of cases within the prescribed period was 9.89 *per cent* (ranging between zero and 22.52 *per cent*).

State Government stated (October 2016) that the delay in disposal of cases was mainly attributable to adjournment sought by the parties, non-appointment of Presidents/Members and inadequate staff in District Forums. Further, vacancies of President, Members in State Commission and District Forums have now been filled and the cases will be disposed off in the prescribed time.

Recommendation:

3. The State Commission and District Forums should have a permanent monitoring mechanism to monitor the pendency of cases and speed up their disposal.

(iii) Discrepancies in data disseminated on the website

CP Regulation, 2005 stipulated computerisation and networking of State Commission and District Forums.

Comparison of data of the Complaint Cases/Appeal filed during 2012-16 revealed inconsistency in the data provided by the Department and retrieved from CONFONET. The details are given in **Table 3.6**.

S No	Unit	Complaint Cases/Appeal	filed during 2012-16		
		As per information provided by District Forum upto March 2016	As per CONFONET upto March 2016 (as on 01 August 2016)		
1	District Forum Alwar	8,178	4,481		
2	District Forum Bikaner	1,797	1,502		
3	District Forum-I Jaipur	5,661	4,645		
4	District Forum-II Jaipur	7,262	5,982		
5	District Forum-III Jaipur	4,655	1,340		
6	District Forum-IV Jaipur	5,829	1,999		
7	District Forum-I Jodhpur	3,940	3,002		
8	District Forum-II Jodhpur	3,084	1,423		
9	District Forum Kota	1,341	1,221		
10	District Forum Sikar	2,762	1,994		
11	District Forum Udaipur	1,963	1,522		
	Total	46,472	29,111		

Table 3.6

Source: Department information and CONFONET Website.

It is evident from the above table that CONFONET website was not correctly updated even after lapse of 10 years of launching of the website and the picture projected in the public domain through this website was deceptive as it under-reported the pending cases.

State Government accepted the fact and stated (October 2016) that discrepancy occurred because data of disposal of cases done during 2012 to 2014 was not entered on the CONFONET website. The fact, however, remains that the District Forums failed to update the website regularly.

(iv) Representation of complaints by consumer/NGOs/State Government

The CP Act provided that a complaint could be filed by the consumer for any service with the District Forum directly or through a representative. GoI directed (March 2004) all District Collectors to promptly display the guidelines for consumers at District Forums and other important locations, so that they do not depend on lawyers or touts.

Scrutiny of the data provided by the State Commission and 11 test checked District Forums revealed that total 56,160 cases were filed during 2012-16 in the State Commission and District Forums. Out of these 55,641 cases (99 *per cent*) were filed by the consumers through Advocates. This indicated that the consumers were dependent on the Advocates to file their complaints.

State Government stated (October 2016) that the consumer prefers filing of complaints through Advocates due to legal complications and shortage of time and the Act does not restrict filing of cases through Advocates.

The reply of the State Government needs to be viewed in the light of the fact that these forums/commissions were set up to supplement the existing judicial system without all the formal procedures of a court thereby speeding up the redressal mechanism of their complaints.

Recommendation:

4. Department should take proactive measures to encourage filing of complaints without Advocates by taking up awareness campaigns so that intention of the Act in setting up of these Forums, without the need for formal procedures of a Court, is achieved.

3.8.2.3 State Consumer Helpline

The State Consumer Helpline was set up by the State Government to encourage alternate consumer disputes redressal mechanism and help in resolving cases through a mediation cell. Under this scheme the Central Government provided the State Governments a one time non-recurring grant for establishing the State Consumer Helpline. Recurring grant was also provided for five years for smooth operation of these Helplines. It was the responsibility of the State Government to run the Helpline later on. The State Government authorised (March 2011) "Consumer Action and Network Society" (CANS) for operating and running the State Consumer Helpline. Total of 24,847 complaints calls²⁵ were received by CANS during 2012-16, of which 14,238 (57.30 *per cent*) complaints were related to Public Distribution System, Gas/Petroleum product services. These were to be processed by the DSOs²⁶.

Test check of records of DSOs revealed that they did not maintain the 'Complaint Register' to register the disposal of the complaints received from the Helpline. In absence of records, timely redressal of the complaints received by CANS, could not be ascertained.

It was also observed that the number of complaints forwarded by CANS did not match with the number of complaints received by DSOs in test checked districts. The details are given in **Table 3.7**. This indicates that the complaints from CANS were not acknowledged by these DSOs.

Table 3.7											
Name of DSO	Complaints forwarded by the State Consumer Helpline					Complaints received in DSOs					
	2012-13	2013-14	2014-15	2015-16	Total	2012-13	2013-14	2014-15	2015-16	Total	
Alwar	111	73	102	439	725	15	20	25	30	90	
Bikaner-I &II	98	63	79	334	574	0	15	28	32	75	
Jaipur-I&II	639	901	551	989	3,080	0	0	8	6	14*	
Jodhpur-I&II	125	93	108	288	614	7	12	15	28	62	
Kota-I&II	59	51	65	117	292	5	10	13	24	52	
Sikar	382	222	265	336	1,205	25	30	35	40	130	
Udaipur-I&II	31	24	39	133	227	2	4	12	15	33	
Total	1,445	1,427	1,209	2,636	6,717	54	91	136	175	456	

*Information not provided by DSO, Jaipur-II.

Source: information provided by the Department.

^{25 4,596} in 2012-13, 3,627 in 2013-14, 5,802 in 2014-15 and 10,822 in 2015-16.

²⁶ District Supply Officers, who are entrusted with Consumer Protection activities under the overall guidance of District Collectors.

State Government stated (October 2016) that directions have been issued to all DSOs for proper recording of complaints so that an effective system for redressal of the complaints could be developed.

As per Clause 8(c) of agreement, CANS was also required to make complaint before State Commission or District Forums with the consent of the consumer, where the complaints call was not redressed effectively.

State Government stated (October 2016) that 89 complaints in 2012-13 and 82 complaints in 2015-16 were lodged by CANS. There was, however, no record to support this reply. Further, the information in respect of complaints lodged by the CANS during 2012-16, was not provided to Audit.

The fact remains that the State Consumer Helpline did not serve the purpose for which it was established as an alternate consumer dispute redressal mechanism to help in resolving cases through mediation.

3.8.2.4 Creation of circuit benches

In addition to the SCDRC at Jaipur, the State Government sanctioned (May 2005-May 2012) establishment of seven Circuit Benches²⁷ to reach out to the consumers in the vast geographical territory of the State and reduce the heavy pendency before the SCDRC.

It was observed that whereas Circuit Benches at Jaipur, Jodhpur and Udaipur are working regularly, two Circuit Benches at Ajmer and Bharatpur were not working since their creation. Further, the circuit benches at Kota and Bikaner were not sitting since November 2014 and February 2015 respectively. The sittings were deferred due to vacant posts of the President and Judicial members in SCDRC. The pendency of cases increased from 311 (November 2014) to 475 at Kota and 1,138 (February 2015) to 1,304 at Bikaner as of March 2016.

State Government accepted the fact and stated (October 2016) that after appointment of judicial members, the cases in circuit benches at Bikaner and Kota are now being heard regularly and pendency of cases had been reduced. Further, identification of land and construction of buildings for Ajmer and Bharatpur benches is under process.

3.8.2.5 Infrastructure for the forums

GoI norms provided for built up area of 5,000 square feet (including space for library, visitors rooms, chamber for president/members, record room etc.) for District Forums in 12th plan scheme. GoI launched a scheme²⁸ for strengthening of Consumer Forums in two phases. Funds sanctioned and

²⁷ Ajmer, Bharatpur, Bikaner, Jaipur, Jodhpur, Kota and Udaipur.

²⁸ Integrated Project on Consumer Protection (IPCP) and renamed as Strengthening of Consumer Fora (SCF) Scheme.

released by GoI and expenditure incurred as of March 2016, is given in **Table 3.8**.

							(₹ in crore)		
Phase	Sanctioned	by GoI	Released by	y GoI	Expenditure 2016	e as of March	Status		
	Buildings	Other than Buildings	Buildings	Other than Buildings	Buildings	Other than Buildings			
Phase-I (2007-10)	2.93	1.27	2.93	1.27	2.35	1.02	₹ 0.83 crore could not be utilised due to non-availability of land for construction of buildings.		
Phase-II (2015)	12.76	3.90	3.71 (40 <i>per cent</i> of the estimated cost)	3.04	0	0	Administrative sanction issued in March 2016 for construction of new buildings.		

Table 3.8

Source: information provided by the Department.

Scrutiny revealed that adequate infrastructure was not available in four Circuit Benches²⁹ and two Circuit Benches³⁰ were not established at all. Out of 37 District Forums, only one District Forum at Karauli had adequate infrastructure facilities. Five District Forums³¹ were not provided their own premises and were working with interim arrangements. 31 District Forums also did not have adequate infrastructure facilities.

State Government stated (October 2016) that \gtrless 1.39 crore was also sanctioned during 2016-17 for extension of existing buildings. State Government further stated that budget of \gtrless 3.04 crore for providing facilities in new as well as the existing buildings would be released early.

In the 11 test checked District Forums³², the details of infrastructure deficiencies were as follows:

- Facilities for conference hall, library room, waiting room, record room, and computer room were not provided at Jaipur-I, II, III, IV and Kota District Forums.
- The District Forums Jaipur-I, II, III and IV were not operating in their own buildings. District Forum, Kota did not have adequate accommodation despite having its own building. Administrative Sanction of ₹ 0.88 crore each for District Forum, Jaipur I, II, III, IV and ₹ 1.25 crore for District Forum, Kota was accorded in March 2016 for construction of new buildings.

²⁹ Bikaner, Jodhpur, Kota and Udaipur.

³⁰ Ajmer and Bharatpur.

³¹ District Forums, Jaipur-I, II, III, IV and Jodhpur-II.

³² District Forums, Alwar, Bikaner, Jaipur-I, II, III and IV, Jodhpur-I and II, Kota, Sikar and Udaipur.
• District Forum Sikar though, had its own building, but basic amenities like toilet and drinking water, were not available to the complainants. A proposal was submitted (May 2013) for ₹ 0.17 crore for providing the same. It was not sanctioned as of May 2016, even after a lapse of more than three years.

Thus, inadequate infrastructure facilities in the Circuit Benches and District Forums were affecting their proper functioning and causing inconvenience to the complainants.

3.8.2.6 Manpower Management

(i) Inadequacy of staff in State Commission and District Forums

As per resolution adopted in the meeting (August 2004) convened by the National Commission, the process of selection of President/Member was to be started at least six months prior to the post falling vacant. Further, CP (Rajasthan) Rules, 1987 provided that the State Government would appoint supporting staff to assist the SCDRC. The position of Sanctioned Strength and Men in Position as of 31 March 2016 is given in **Table 3.9**.

Forum	Post	Sanctioned Strength	Men in Position	Vacancy (<i>Per cent</i>)
SCDRC	President	1	1	0
	Member	8	6	2 (25.00)
	Other supporting staff	101	63	38 (37.62)
District	President	37	32	5 (13.51)
Forum	Member	74	69	5 (6.75)
	Other supporting staff	295	220	75 (25.42)

Table 3.9

Source: information provided by the Department and State Commission.

It is evident that two posts of members (since May 2012) and 38 posts of supporting staff (37.62 *per cent*) were vacant in the State Commission. Further, five posts of Presidents³³, five posts of members³⁴ and 75 posts of supporting staff (25.42 *per cent*) were vacant in District Forums in the State as of March 2016.

It was observed that in 25 District Forums, posts of President remained vacant up to 20 months on various occasions during 2012-16. Similarly 22 posts of male members in 22 Forums and 24 posts of female members in 24 Forums also remained vacant up to 32 months during 2012-16. Moreover, post of President in the State Commission also remained vacant for 15 months (August 2014 to October 2015). As per Section 14(2) of the Act every proceeding shall be conducted by the President of the State Commission/District Forum and at least one member thereof sitting together. Hence filing up of the vacancies of members is essential for fulfilling the quorum for taking up cases.

³³ Banswara (January 2015), Jhalawar (March 2016), Jodhpur-I (April 2016), Jodhpur-II (March 2016) and Sirohi (February2016).

³⁴ Bhilwara (September 2015), Jhalawar (July 2013), Jodhpur-I (April 2015), Pratapgarh (September 2015) and Sawaimadhopur (July 2013).

State Government stated (October 2016) that the process of appointment to fill the vacant post of Presidents and Members in State Commission and District Forums would be started early. Further, to fill up the vacancies of the supporting staff in State Commission and District Forums, requests have been made to the Rajasthan Public Service Commission (RPSC) and Rajasthan Subordinate and Ministerial Services Selection Board.

Thus, non-filling up the vacant posts had hampered the smooth working of the forums. Consequently, the pendency of the complaints was increasing.

Recommendation:

5. The State Government should make efforts to fill up the vacant posts in the SCDRC/District Forums and ensure adequate infrastructure for the smooth functioning of the Forums.

3.8.2.7 Enforcement of orders of District Forum and State Commission

Section 25(3) of the CP Act, empowers the District Collector to recover the amount due under the order of the SCDRC and District Forums, as arrears of land revenue.

As of March 2016, in eight out of 11 test checked forums, 1,008 cases involving decretal amount ₹ 2.68 crore³⁵ were pending for recovery under the orders of the District Forums. These were sent to the respective District Collectors for recovery. In the absence of details of age wise pendency of cases, it was not possible to analyse the extent of delays in recovery of the decretal amount and payment to the consumers.

State Government stated (October 2016) that the directions would be issued to the District Forums for speedy recovery of decretal amount through the District Collectors. The fact remains that non-recovery of decretal amount denied the consumers of the benefit of speedy redressal of their complaints.

3.8.2.8 Not holding meetings of Consumer Protection Councils

The CP Act provided holding of at least two meetings every year of the State Council and District Consumer Protection Council. These are advisory bodies that make recommendations to promote and protect the rights³⁶ of the consumers.

Alwar (510 cases) ₹ 4.26 lakh; Bikaner (12 cases) ₹ 24.19 lakh; Jaipur-II (159 cases)
₹ 81.19 lakh; Jaipur-III (106 cases) ₹ 34.59 lakh; Jodhpur-I (3 cases) ₹ 3.86 lakh; Kota (81 cases) ₹ 1.00 lakh; Sikar (5 cases) ₹ 13.30 lakh; and Udaipur (132 cases) ₹ 105.49 lakh.

^{36 (}a) The right to be protected against the marketing of goods and services which are hazardous to life and property; (b) the right to be informed about the quality, quantity, potency, purity, standard and price of goods or services to protect the consumer against unfair trade practices; (c) the right to be assured to access to a variety of goods and services at competitive prices; (d) the right to be heard that consumer's interests will receive due consideration at appropriate forums; (e) the right to seek redressal against unfair trade practices or restrictive trade practices or unscrupulous exploitation of consumers; and (f) the right to consumer education.

It was observed that only one meeting (6 August 2014) of the State Council was held against prescribed eight meetings during 2012-16. Regular meetings of the District Councils were also not held during 2012-16. The percentage of meetings held in three test checked districts (Bikaner, Sikar and Udaipur) ranged between 22.5 to 50 *per cent*. No meeting was held in the other four test checked districts (Alwar, Jaipur, Jodhpur and Kota). Moreover, there was no mechanism to monitor whether adequate follow up action was taken on the decisions of the meetings.

State Government stated (October 2016) that process of nomination of nonofficial members in State Consumer Protection Council is under way and the directions have been issued to District Consumer Protection Councils for regularly organising meetings.

The State Consumer Protection Council and District Consumer Protection Councils thus could not fulfill their mandated responsibilities of rendering advice and making recommendations for promotion and protection of consumer rights.

3.8.2.9 Awareness and empowerment of the consumers

(i) Protection of Consumer Rights

GoI suggested (March 2004) the appointment of a District Consumer Protection Officer (DCPO) to assist District Collector to promote the consumer movement at the district level. The State Government directed (April 2004) all District Collectors to nominate Additional District Collector (Administration) as DCPO.

Scrutiny revealed that District Collectors of test checked districts did not nominate Additional District Collector (Administration) as DCPO. Contrary to the instructions, the District Supply Officers (DSOs) were nominated as DCPOs.

State Government stated (October 2016) that though Additional District Collector (Administration) were nominated as DCPO but they were busy in Administrative/Revenue matters and could not carry out work of promotion of consumer movement to achieve the desired results. The reply is not acceptable as the State Government did not carry out necessary modifications in its earlier (2004) directions to give mandate to DSOs.

State Government sanctioned (August 2013) seven posts of Divisional Consumer Protection Officers (DiCPOs) along with supporting staff at divisional headquarters. They were assigned (March 2014) the duties for consumer awareness activities³⁷. The details of posts sanctioned for DiCPO and Men-in-Position thereagainst as of 31 March 2016, are given in **Table 3.10**.

³⁷ Filing complaints on behalf of consumer, to give guidance to the consumers, to implement the Legal Aid Scheme for Poor/incapable Consumers, to promote the activities of the Voluntary Consumer Organisations, monitoring of consumer clubs and organising World Consumer Day/National Consumer Day etc.

Post	Sanctioned strength	Men-in- Position	Vacancy	Remarks
DiCPOs	7	2	5	Additional charge was given to DSOs.
Accountant	7	0	7	
Lower Division Clerk	7	0	7	Four retired persons were engaged on contract basis.
Assistant	7	0	7	One retired person was engaged on contract basis.
Total	28	2	26	

Table 3.10

Source: information provided by the Department.

It is evident from the table that regular DiCPOs were posted at only two divisional headquarters (Bikaner and Bharatpur). DSOs were additionally looking after the work of DiCPO in the remaining five divisional headquarters. Moreover, supporting staff was not posted with three DiCPOs in Ajmer, Bharatpur and Jodhpur. Only one person each was deployed on contract basis in the remaining DiCPOs at Bikaner, Jaipur, Kota and Udaipur. Thus, due to vacancies the duties assigned to DiCPOs for consumer awareness could not be carried out.

It was further observed that in all test checked districts DiCPOs/DSOs only organised World Consumer Day/National Consumer Day during 2012-16. No other consumer awareness activities were organised.

State Government accepted the fact and stated (October 2016) that DSOs were additionally looking after the work of DiCPOs due to delay in recruitment process.

The fact remains that the objective of increasing consumer awareness could not be fulfilled as the posts of DiCPOs could not be filled and the DSOs could not perform the required tasks.

(ii) Consumer Welfare Fund

Consumer Welfare Fund (CWF) was set up (June 2004) for creating consumer awareness and strengthening the consumer movement. CWF was also mandated to provide financial assistance to the recognized Voluntary Consumer Organisations (VCOs). The CWF was operated by a standing committee headed by the Principal Secretary, Consumer Affair Department. In this regard, it was observed that:

• The model rules for regulation of State Consumer Welfare Fund were forwarded (June 2005) by GoI for adoption as 'State Consumer Welfare Fund Rules' after publication in the State Gazette. The State Government modified (October 2011) the Rules and issued a departmental notification. The rules were not published in the State Gazette and hence were not enforceable.

State Government stated (October 2016) that the Rules have been revised and again issued during May 2016. The fact remained that the Rules were not yet published (October 2016) in the State Gazette and they continue to be not enforceable.

• The position of Consumer Welfare Fund during 2011-16, is given in **Table 3.11**.

				(₹ in crore)
Year	Opening balance as on 1 April of the year	Total receipt	Expenditure	Closing balance as on 31 March
2011-12	0.85	0.30	Nil	1.15
2012-13	1.15	0.38	0.18	1.35
2013-14	1.35	0.26	0.00	1.61
2014-15	1.61	0.40	0.26	1.75
2015-16	1.75	0.51	0.40	1.86
Total		1.85	0.84	

Table 3.11

Source: information provided by the Department.

It was noticed that the expenditure of \gtrless 0.84 crore was incurred on celebration of World Consumer Day/National Consumer Day and for revival of Consumer Clubs only during 2012-16. Other activities³⁸ to create consumer awareness and strengthen consumer movement and financial assistance to VCOs were not carried out, even though sufficient funds were available (\gtrless 1.86 crore as on March 2016).

State Government accepted the fact and stated (October 2016) that other activities to create consumer awareness and strengthen consumer movement will be started from this financial year.

Thus, the Consumer Welfare Fund could not be utilised for all activities as envisaged in the Rules.

(iii) Consumer Clubs

GoI launched (2002) a Scheme for establishment of Consumer Clubs (CCs) in each Middle/Secondary/Senior Secondary School affiliated to the recognised Board, to educate the students about the rights of the consumers. A grant of ₹ 10,000 per CC for two years were admissible under the Scheme. The scheme was transferred (April 2004) to the State Governments/UTs for implementation. In this regard it was observed that:

There were 64,710 middle, secondary and senior secondary schools, functioning in the State during 2014-15. CCs were established in only 968 schools (1.50 *per cent*) as of January 2016. Further, during 2012-16, the State Government provided ₹ 0.16 crore (@ ₹ 2,000 to each 794 CCs in 30 districts) in March 2015 only. In absence of monitoring of activities and auditing of accounts, it could not be ensured that the CCs were functional during 2015-16.

³⁸ Protection of consumer's health and safety from the hazardous goods and services, encouragement and protection of the consumer's economic interest, Information, education and communication about consumer's rights, distribution of literature and audio-visual material for the broadcast for consumer literacy, presentation-exhibitionorganisation/workshops/meetings on the matters related to organisational goals of department, establishment of libraries and information centres, publishing of orders, rules related to consumer affairs as per the need in consumer welfare, and providing legal aid to consumers etc.

• Besides, due to lack of proper financial support most of them had become non functional. Thus, neither the CCs were established in all the schools nor were they strengthened with sufficient funds to promote consumer education amongst the students.

State Government stated (October 2016) that the scheme was discontinued by GoI, however, the State Government rejuvenated CCs with financial assistance, but DSOs could not prioritise the coordination for CCs.

The reply was not acceptable. The scheme was transferred by GoI to the State Government, which did not implement the scheme in all the schools of the State. Besides, four other schemes³⁹ were also introduced by the State Government to promote and protect the rights of the consumers within the State. It was, however, observed that no activity was undertaken under the schemes during 2012-16, thereby defeating the purpose of introduction of these schemes.

State Government stated (October 2016) that scheme for State level Prize for 'Best Consumer Club' will be taken up from 2016-17. No application was received for *Yuva Puruskar* and *Prashasti-Patra Yojana*. Schemes of Legal Aid Scheme for poor/incapable consumers and strengthening scheme of VCOs would be reviewed for their continuance.

3.8.2.10 Conclusion

The pendency of consumer cases was increasing from 2012 to 2016 and was as high as 46,266 as of 31 March 2016. The disposal of complaint/appeal cases within the prescribed period was only 9.89 *per cent*. The delays were attributable to the lack of adequate infrastructure and manpower. The Rules prescribing the procedure and methodology for smooth functioning of the State Consumer Protection Council and District Consumer Protection Councils were not yet notified and the meetings of the State Council and District Council and District Councils were not held regularly.

The purpose of increasing consumer awareness could not be fulfilled as adequate manpower could not be posted, Consumer Welfare Fund could not be fully utilised and only very few Consumer Clubs in schools were formed. Even though the Consumer Forums were set up to supplement the existing judicial system without all the formal procedures of a Court, 99 *per cent* of the complainants were not confident of filing the case without an Advocate to support them.

Thus, the objective of providing speedy relief to consumers provided in the CP Act could not be fully achieved.

^{39 (}i) Yuva Puruskar and Prashasti-Patra Yojana during 1989, (ii) State level Prize for 'Best Consumer Club' during 2002, (iii) Legal Aid Scheme for poor/incapable consumers during 2005 and (iv) Strengthening scheme of Voluntary Consumer Organisations during 2005.

Home (Jail) Department

3.9 Follow-up action on recommendations of Public Accounts Committee/audit on 'Performance Audit of Jail Department' incorporated in Audit Report (Civil) 2004-05

Follow-up Audit of action taken on recommendations of Public Accounts Committee on 'Performance Audit of Jail Department' incorporated in Audit Report (Civil) 2004-05

3.9.1 Introduction

Jail Department is functioning to keep the safe custody of prisoners, organise activities to improve and change their living style and habits so that they may join the mainstream of society as useful and good citizens on their release.

Performance Audit (PA) of Jail Department was conducted in 2005. Audit reviewed functioning of Jails in the State for the period 2000-2005 through test-check of records of Director General (DG) office, four Central Jails (CJ)⁴⁰ and 16 other Jails and units⁴¹. The PA revealed deficiencies in management of security, sanitation, transportation, health and rehabilitation of prisoners. There were lacunae in financial management, in housing in prisons and in monitoring. Findings of the PA were incorporated in Paragraph 3.2 of Audit Report (Civil) for the year 2004-05.

The Public Accounts Committee (PAC) took-up the PA for detailed examination in February 2010. PAC made (March 2010) 48 recommendations⁴² for remedial action. PAC examined the compliance submitted by the Jail Department on these recommendations. PAC submitted (February 2011) its Action Taken Report to the Legislature. 15 recommendations were treated as executed, 19 were treated as complied and 14 remained for final compliance.

A follow-up audit was carried out to review the status of implementation of recommendations of PAC/Audit in the units covered in the earlier PA. Findings of the follow-up audit were discussed with DG, Jails on 29 July 2016 and his comments have suitably been incorporated. The State Government submitted that it had executed 15 recommendations made by PAC and other 19 were treated as complied. It was, however, noticed that 22 recommendations⁴³ were not complied with and irregularities were still persisting.

⁴⁰ CJs: Ajmer, Jaipur, Jodhpur and Udaipur.

⁴¹ District Jails (DJs): Dausa, Jhalawar, Sirohi and Tonk; Sub Jails: Abu Road, Beawar, Behror, Kotputali, Malpura and Sambhar Lake; Jail Training Institute: Ajmer; Juvenile Reformatory: Jaitaran; Woman Reformatory: Jaipur and Open Camp Jail: Sanganer, Mandore and Udaipur.

⁴² PAC Report No. 35 of 2009-10 (Thirteenth Legislative Assembly).

⁴³ Recommendation number 4, 8, 14, 18, 19, 20, 22, 23, 24, 26, 28, 32, 33, 35, 37, 38, 39, 42, 44, 45, 46 and 47= Total 22 recommendations.

Audit findings on the follow up action against recommendations of the PAC are discussed below:

3.9.2 Inadequate security arrangements

Paragraph 3.2.10 of Audit Report pointed out that in 12 Jails, security equipment were lying out of order and security equipment were not provided in three sub-jails.

PAC recommended that security equipment⁴⁴ lying out of order for many years may result in serious consequences. Therefore proper arrangements may be made in future.

The Department had assured (February 2010) PAC that necessary action had been taken to repair the security equipment and auction (June 2007) the unserviceable items.

The Department, however, had failed to provide adequate security as discussed below:

(*i*) The Department issued (November 2014) work order to M/s Bharat Electronics Limited, Panchkula (firm) for supply, installation and commissioning of 57 Cellular Phone 4G Jamming system in eight CJ⁴⁵, costing ₹ 20.13 crore. As per agreement, full payment of ₹ 20.13 crore was made (December 2014) as advance to the firm. The work was to be completed within 12 months (December 2015) from the date of payment.

Scrutiny of the records of DG revealed (July 2016) that 17 Jamming systems were not installed by the firm. 32 Jamming systems became non-functional after few days from their installation. The details of eight Jamming systems were not made available to Audit.

State Government stated (November 2016) that 47 Jammers have been activated and remaining ten would be activated in November 2016. The reply is not acceptable as the details of activation were neither on record nor intimated to Audit.

(*ii*) Power generator sets were required to maintain un-interrupted power supply in the event of load shedding to maintain security in the Jails. Audit found that out of 16 test checked Jails power generator sets were not available in nine Jail units⁴⁶.

State Government stated (November 2016) that the proposal for providing generator sets in all Jails has been made in the budget estimates for 2017-18. The fact remains that the irregularity persisted and the security of the Jails continued to be compromised.

⁴⁴ Hand Metal Detector (HMD), Door Fitted Metal Detector (DFMD), CCTV Cameras, and Electric Sirens.

⁴⁵ CJs: Ajmer, Bharatpur, Bikaner, Sriganganagar, Jaipur, Kota, Udaipur and High Security Jail Ajmer.

⁴⁶ DJs: Dausa and Sirohi; Sub Jails: Abu Road, Beawar, Behrore, Kotputali, Malpura, and Sambhar Lake; and Juvenile Reformatory, Jaitaran.

3.9.3 Escape from Jails

In Paragraph 3.2.11 Audit highlighted that 35 cases involving escaping of 89 inmates occurred during 2000-05, out of whom 29 inmates could not be traced. The Department initiated departmental enquires against defaulting Jail security personnel.

PAC recommended that pending departmental enquiries (two cases) be completed immediately and keeping in view the past experience the matter may be reviewed at high level to prevent escaping in future.

Audit observed that the departmental enquiry in the case of escaping of three inmates from District Jail, Dholpur (November 2001) was still pending (June 2016) with Department of Personnel (DoP), despite lapse of almost 15 years.

The Department did not provide information regarding conducting of high level review to prevent escaping. Scrutiny revealed that the cases of escaping increased during 2012-15 in the State, as 323 inmates⁴⁷ escaped in 275 incidents during the period and only 171 inmates were recaptured, as of March 2016.

State Government replied (November 2016) that the number of escaping prisoners decreased in 2015. This was due to enhancement of security, jammers, CCTV etc. Necessary coordination was being made with the Police Department to recapture them.

3.9.4 Construction works

3.9.4.1 Incomplete works

Paragraph 3.2.20 of Audit Report pointed out that of the 82 works taken up under modernisation of Jails, 18 were completed and handed over and 25 though completed but were not handed over. 31 works were in progress while eight works were not started (March 2005).

PAC in its final report recommended early completion of eight works pending as of 2011.

Audit observed that all the eight⁴⁸ works were completed as of March 2016. New Jail Building, Karauli (Cost: ₹ 4.07 crore) though completed (April 2010), was handed over (September 2015) after five years due to delay in electric and water supply connections. Further, even after handing over, the New Jail Building was not being utilised.

⁴⁷ Escaping from police: 98, Escaping from Jail/Open Jail: 95 and Escaping from parole: 130.

⁴⁸ Jail Building: Karauli, Staff Quarters: CJ Jodhpur, DJ: Alwar, Sirohi, Sub Jail Rajgarh, Kotra, Mavli and Neem Ka Thana.



Unutilised New Jail Building at Karauli

Deputy Superintendent (DJ), Karauli accepted the facts and stated (May 2016) that the new building could not be utilised as sufficient staff was not available. Thus infrastructure was created without ensuring proper deployment of staff resulting in unfruitful expenditure of \gtrless 4.07 crore for more than five years.

3.9.4.2 Non-utilisation of building

It was also pointed out that Borstal school building was constructed (December 1990) at Ajmer (cost $\gtrless 0.63$ crore) to accommodate 301 young offenders. It was underutilised because another building had been earlier constructed (March 1983) by the State Government for Juvenile Reformatory ($\gtrless 0.17$ crore) in the same campus.

Audit observed that Juvenile Reformatory Ajmer was shifted (August 2012) to Jaitaran (District Pali). This resulted in non-utilisation of the Borstal school as well as Juvenile Reformatory building (August 2012) constructed at a cost of ₹ 0.80 crore.

State Government stated (November 2016) that the Juvenile Reformatory had been declared (January 2015) as High Security Jail. Thus the building was utilised. The reply was not correct. Non utilisation of both Borstal school and Juvenile Reformatory building was confirmed during joint physical verification during April 2016. This indicates that the Department was not even aware of the status of its infrastructure.

3.9.4.3 Delay in construction of Jail buildings

Scrutiny of records of DG Jails, Jaipur revealed that construction of 1,536 civil structures *viz* buildings, toilets, bathrooms, barracks etc., were sanctioned at an approved cost of ₹ 175.87 crore during 2012-16. These works were to be carried out by Public Works Department. As per the progress reports 430 structures had been handed over to Jail Department, 443 completed yet not handed over, 652 works were in progress and 11 works were yet to be commenced (March 2016).

It was observed that construction of Jail building, Dausa was sanctioned (₹ 31.12 crore) during January 2012. Executive Engineer (EE), PWD, Division

Dausa issued (June 2014) work order only after lapse of 30 months. Though the stipulated date for completion of work was October 2015, the work was not yet completed (July 2016).

State Government accepted the facts and stated (November 2016) that the work of Jail building has been completed. Administrative and Financial sanction for construction of residential quarters and other additional works⁴⁹ has been issued (July 2016) for ₹ 9.35 crore.

The fact remains that the Department did not obtain a comprehensive sanction for the necessary infrastructure. The sanction for residential buildings and additional works was issued four years after the sanction of Jail building. Thus, the Jail building will remain unutilised till the infrastructure is ready.



Incomplete Jail building, Dausa.

3.9.5 Inadequate transportation system for carrying prisoners

Paragraph 3.2.18 pointed out that six vehicles were lying out of order in four Jails and five ambulances were lying unutilised for want of drivers. Therefore, transportation of prisoners to courts/hospitals and transportation of Jail officials including sick prisoners had been adversely affected.

PAC recommended that sufficient arrangement of vehicles with proper security be made in Jails for carrying convicts from Jail to courts and sick prisoners to hospitals. PAC further recommended that action be taken to repair vehicles.

Audit noticed (May 2016) that against availability of 73 vehicles⁵⁰ in the Jail Department, 17 vehicles were out of order. Further, no vehicle was available in nine⁵¹ of the 16 test checked units for transportation of prisoners from Jail to courts and hospitals. Five vehicles⁵² out of 21 available in seven test

⁴⁹ Residential quarters for security personnel, roads, barracks and electrical work.

⁵⁰ Car, Jeep, Bus, Mini bus, Truck, Motorcycle, Van etc.

⁵¹ DJs: Sirohi and Dausa; Sub-Jail: Abu Road, Behrore, Beawar, Kotputali, Malpura and Sambhar Lake; and Juvenile Reformatory, Jaitaran.

⁵² CJ: Ajmer (2015): 1, Jodhpur (2013): 2, Udaipur (2012): 1; and DJ: Jhalawar (2008): 1.

checked Jails were lying out of order⁵³. Further, against the requirement of nine buses and 18 minibuses in 16 test checked Jails as per norms, only two buses⁵⁴ and four minibuses⁵⁵ were available.

State Government stated (November 2016) that proposals for procuring vehicles would be placed in Budget Formulation Committee 2017-18.

Thus, the recommendation of PAC for making sufficient arrangement of vehicles for carrying convicts was not followed by the Department.

3.9.6 Inadequate Health facilities for prisoners

Paragraph 3.2.16 commented that health facilities available for prisoners were highly inadequate. 55 valuable medical equipment were lying unutilised since their purchase (2000-2004). Medical examination of prison inmates at the time of admission in Jails was also not carried out.

PAC directed to intimate efforts made for repairing the medical equipment and to fix responsibility on the defaulting officers for not carrying out medical examination of prisoners at the time of their admission in the Jails.

The Department did not provide the status of utilisation of afore mentioned 55 valuable medical /health equipments to Audit. Scrutiny revealed that 37 valuable medical equipment⁵⁶ worth ₹ 0.16 crore were lying unutilised in seven test checked units⁵⁷ from period ranging between seven months to 16 years (average period- nine years) as of March 2016. The reasons for non-utilisation of equipment were attributed to vacancy of medical staff. It was, further noticed that ultrasound machine purchased (July 2000) for CJ, Jodhpur was not put to use even after 16 years as it was not registered under the Preconception and Pre-Natal Diagnostic Techniques Act, 1994.

Test check of selected units for 2012-16, also revealed that:

- In seven Jail units⁵⁸ medical examination required to be conducted at the time of admission in the Jails was not carried out.
- In eight Jails⁵⁹, 129 inmates⁶⁰ died during 2012-16. Out of these, 49 inmates⁶¹ were infected during their term of imprisonment.

⁵³ Four vehicles for three to nine years and one vehicle for nine months.

⁵⁴ CJs: Jaipur and Jodhpur.

⁵⁵ CJs: Jaipur (2 numbers), Ajmer (1 number) and Udaipur (1 number).

⁵⁶ Semi Auto Analyzers, Ultra sound system, Cardiac monitor meter, DC shock meter, Digital electro gram etc.

⁵⁷ CJs: Ajmer, Jodhpur, Udaipur and Jaipur; DJ: Tonk; Sub-Jail: Beawar and Women Reformatory, Jaipur.

⁵⁸ DJ: Tonk; Sub Jails: Malpura, Beawar, Behrore, Sambhar Lake and Kotputali; and Juvenile Reformatory, Jaitaran.

⁵⁹ CJs: Ajmer (19), Jaipur (55), Jodhpur (23) and Udaipur (24); DJs: Dausa (three), Jhalawar (three), Sirohi (one) and Women Reformatory, Jaipur (one).

⁶⁰ Tuberculosis (16), AIDS (seven), Cardio (20), Cancer (seven), Miscellaneous (44) and reasons not given (35).

⁶¹ Tuberculosis (nine), AIDS (four), Cardio (14), Cancer (one), Miscellaneous (14) and reasons not given (seven).

• In seven Jails⁶², 132 inmates were infected by tuberculosis out of which 97 inmates were infected during their term of imprisonment.

State Government stated (November 2016) that the medical examination of prisoners and identification of infected prisoners was done at the time of their admission. The reply was not correct as the records furnished to Audit clearly brought out the fact that these 146 (49+97) prisoners were not infected when they entered the Jail. This indicates improper management of medical facilities as well as health care of the prisoners.

Thus, despite recommendation of PAC, the health facilities available to the prisoners continued to be inadequate.

3.9.7 Inefficient working of Jail Industries

It was pointed out that seven Jail industries were regularly incurring losses for more than five years and accumulated losses were \gtrless 4.44 crore, against the total investment of \gtrless 5.82 crore, as per their last accounts.

PAC recommended that the matter of continuous losses and treating indirect expenditure as the cost should be examined with the Department of Finance and action be taken accordingly.

PAC also recommended that effective action be taken to bring rates of finished goods manufactured in Jail Industries at par with market rates.

Scrutiny revealed that the total loss increased to ₹ 11.23 crore against the total investment of ₹ 11.35 crore $(2014-15)^{63}$ The Department stated (June 2016) that a proposal for registering *Rajasthan Jail Industry Operation and Improvement Committee, Jaipur'* under the Societies Act was under consideration of the State Government since November 2009. A meeting was again held (May 2016) with the Department of Finance on the issue. The State Government stated (November 2016) that overhead charges on Jail industry products had been reduced from 20 *per cent* to seven *per cent* and VAT was also exempted (March 2016) by the Finance Department, GoR. This was done to bring the pricing at par with the market rates.

Further, huge quantity of finished goods like wooden furniture, *niwar*, *dari*, cloth, garments, coolers etc., costing ₹ 0.71 crore were lying unsold in four test checked units⁶⁴ as on 31 March 2016. This included stores of ₹ 0.97 lakh lying since 2004-05 at Central Jail, Udaipur. No efforts were made by the units concerned to sell out the finished goods.

State Government stated (November 2016) that for selling finished goods the sites for outlets outside of Jails were being identified. A list of the goods was being sent to all Department heads due to which the finished goods would possibly be sold out soon.

⁶² CJs: Ajmer, Jaipur, Jodhpur and Udaipur; DJs: Dausa and Sirohi; Sub-Jail: Abu Road.

⁶³ Figures of CJ Ajmer are up to 2013-14 and CJ Kota up to 2012-13 due to non submission of proforma account for subsequent period.

⁶⁴ CJ, Ajmer, Jaipur, Jodhpur and Udaipur.

3.9.8 Delay in trial of prisoners and non-utilisation of Video Conferencing System

Paragraph 3.2.22 of the Audit Report highlighted that Video Conferencing (VC) System intended for speedy trial of remand prisoners was not established at CJ, Jaipur and Jodhpur.

During oral examination, DG assured that VC was operational at both the Jails. PAC accepted the assurance.

Analysis of the data maintained by the DG, Jail revealed that there were 15,811 prisoners under trial in the State as on 30 June 2016. Out of these, 2,645 cases⁶⁵ were pending for periods ranging from two to more than ten years.

Scrutiny revealed that while the two VC systems were installed and functional during 2012-16. The Department proposed to install VCs in another 16 places⁶⁶ (11 Jails and five judicial courts). Sanction of ₹ 8.71 crore was issued for construction of VC rooms and procurement and installation of machinery and equipments. The works were completed (March 2016) at 14 places (except Jail and judicial court at Pratapgarh) at the cost of ₹ 6.47 crore. VC systems, however, were not made operational at any of the 14 places due to non-connectivity. Thus, the expenditure incurred on VC systems remained unutilised.

State Government stated (November 2016) that a provision of ₹ 1.70 crore has been made under budget 2016-17 for providing connectivity to VC systems.

The fact, however, remained that the purpose of installation of VC system for ensuring speedy trial of remand prisoners was not achieved so far.

3.9.9 Other deficiencies

Audit findings on the follow up action on the recommendation of the PAC to other deficiencies are discussed in the *Appendix 3.4*.

3.9.10 Conclusion

Follow-up Audit on recommendations of PAC revealed that there was inadequate security system in Jails and cases of escaping of inmates were increasing. Health facilities to prisoners continued to be inadequate. Further, Department has not made adequate efforts to revamp Jail industries and ensure sale of Jail products at competitive prices. Sanctioned works were not completed in time and the completed building were also not utilised.

Thus, the recommendations of the PAC and the assurances given by the Department were not adequately complied with.

^{1,331} cases for two to three years, 1,054 cases for three to five years, 257 cases for five to 10 years and three cases for more than 10 years.

⁶⁶ CJs: Ajmer, Bharatpur, Bikaner, Kota, Udaipur and Sriganganagar; DJs: Alwar, Dholpur, Jhalawar, Pratapgarh, Tonk and Courts: Bharatpur, Bikaner, Kota, Pratapgarh and Sriganganagar.

Medical Education Department

3.10 Arogya Online in Sawai Man Singh Hospital, Jaipur

3.10.1 Introduction

Hospital Management Information System (HMIS) known as 'Arogya Online' was an initiative of Government of Rajasthan to deliver better quality of healthcare to citizens of the State through automation. The Arogya Online of Sawai Man Singh Hospital, (SMS) Jaipur was envisaged to manage critical health related data of Hospital operations including vital patient's records and providing solution to support the Hospital administration. The system was designed to streamline workflow operations by optimisation of tasks to be performed and enable transition to a paperless clinic. The system also sought to facilitate better sharing of information in the Hospital.

The project was entrusted to RajCOMP Info Services Limited (RISL) on 24 March 2007. As per scope of work and budget received, RISL was assigned formulation of work plan, procurement of hardware, third party software and networking. The Application Software and Facility Management System was outsourced to Centre for Development of Advanced Computing (C-DAC), Noida at a cost of ₹ 5.06 crore. It was scheduled to be completed in three phases by September 2009 as per Service Level Agreement (SLA) between RISL, SMS Hospital and C-DAC. The timeline of the implementation of the project was, however, revised to March 2011.

Audit examined (April-May 2016) related records of SMS Hospital, Jaipur covering the period 2011-16 with the objectives of assessing the effectiveness of the project in developing and integration of various modules as per phase wise plan, streamlining workflow, adequacy of security and controls, disaster recovery and business continuity plan and management of matching hardware. For analysing the security and adequacy of various controls, data for the month of May 2016 as stored and available on the system, was also examined. The operation of HMIS was also test checked in 12 wards⁶⁷ of the Hospital.

3.10.2 Audit Findings

3.10.2.1 Project Implementation

Arogya Online project was to be implemented in three phases and a total of 28 modules were required to be developed. In order to computerise patient care

^{67 (}i) 1C (ii) Special MICU (iii) 3DE (*Medicine*) (iv) Nephrology ward (*Nephrology*) (v) Cardiology ward (vi) CICU (*Cardiology*) (vii) CT ward (viii) CS COMP BMRC (*CT Surgery*) (ix) SW II (x) 2DE (xi) 3AB (xii) 3G (*Surgical*).

delivery system, initially 13 core clinical modules⁶⁸ were scheduled to be completed in Phase-I by 9th September 2008 which was revised to 31st August 2009. All Core Modules have been operationalised by October 2011 though certain important features in seven modules were not being utilised. In Phase-II eleven back office modules⁶⁹ and four miscellaneous modules⁷⁰ in Phase-III were required to be developed by 9th March 2009 and 9th September 2009 respectively. The timelines were subsequently revised to 30th March 2011. Audit found that six⁷¹ out of eleven modules of Phase-II were not developed/operationalised and none of the modules except library module under Phase-III was developed/operationalised.

Deficiencies noticed by Audit in achieving objectives of automation of hospital activities are detailed below:

(i) Modules were not developed as per Software Requirement Specification

Review of developed software with Software Requirement Specification (SRS) revealed that the following modules were not developed, as detailed in **Table 3.12**.

Phases	Name of Module	Purpose	Time Limit of Installation
Phase-II	Appointment and Roster Management	Fixation of Patient appointment and schedules of each Department activities	30/03/2011
Phase-II	Biomedical Engineering Department (BMED)	To provide technical expertise and management support to Hospital administration, engineering department and medical staff	30/03/2011
Phase-III	Health Portal	Portal should have all information specific to SMS Hospital i.e. availability of doctor, patient care charges, contact details, departmental activities etc., on portal.	30/03/2011

Table 3.12

The Department, while accepting the facts, stated (July 2016) that these modules will be developed/operationalised within three months. The reasons for delay were not intimated.

(ii) Non-operationalisation of Modules

Review of computerisation of the SMS Hospital revealed that out of total 28 modules required to be operationalised as per SRS, six modules under phase II

^{68 (}i) Emergency Registration (ii) Out Patient (OPD) Registration (iii) In patient (IPD) Management (iv) Outpatient (OPD) Management (v) Enquiry (vi) User Management (vii) Investigation (viii) Billing (ix) Blood Bank (x) Patient Medical Record (xi) Operation Theater (xii) Diet Kitchen and (xiii) Pharmacy Store.

 ⁽i) Store Management System (ii) Procurement/ Purchase (iii) Central Sterile Services
(iv) Personnel Information System (v) Finance Management System (vi) Bio Medical
Waste (vii) Transport (viii) Linen/ Laundry (ix) Bio Medical Engineering Department
(x) Administrative Module and (xi) Appointment and Roster Management.

^{70 (}i) Right to Information Module (ii) Health Portal (iii) File Tracking System (FTS) and (iv) Library.

^{71 (}i) PIS Module (ii) CSSD (iii) Bio Medical Waste (iv) Linen and Laundry (v) Appointment and Roster Management and (vi) Bio Medical Engineering Department.

and phase III were not operationalised as of July 2016, as detailed in **Table 3.13**.

S. No	Name of Modules	Purpose	Implication
1	Personnel Information System (PIS) Module (Phase-II)	Information on human resources activities.	Management of personal details of employees was not automated.
2	Central Sterile Services (CSSD) Module (Phase-II)	Online information of sterilisation of equipment, instruments and materials.	No hardware was installed in CSSD Details of equipment, instruments and materials sterilised, shift wise are being maintained manually in CSSD.
3	Bio Medical Waste (BMW) Module (Phase-II)	Monitoring category wise waste into colour coded plastic bags, storage, transportation, collection and final disposal.	Module is not in operation. All records are being maintained manually. Final disposal/ disinfection/treatment of harmful biomedical waste could not be monitored online.
4	Linen & Laundry Module (Phase-II)	Management of clean linen to patients in Hospital.	Washing requirement from various departments could not be made online. Records in laundry section are being maintained manually. Interface with other modules are also disabled.
5	Right to Information (RTI) Module (Phase-III)	Managing RTI process.	This deprived access to online information.
6	File Tracking System (FTS) Module (Phase-III)	Management of movement of files, letters and other documents.	Movement and location of the files not traceable online. Records are being maintained manually.

Due to non-operationalisation of these modules, Hospital operations scheduled for computerisation in respect of these modules were done manually. Department, while accepting the facts, stated (May 2016) that these modules would be operationalised shortly.

Recommendation:

1. The Hospital should operationalise/develop all the modules in order to bring complete automation in entire Hospital operations, so that advantages of a fully automated IT system could be harnessed.

(iii) Non-utilisation of available features

Review of computerisation of SMS Hospital, Jaipur revealed that though the following modules were developed by the C-DAC, Noida and the modules were operationalised, all the features of these modules were not utilised. This affected the automation process as detailed in **Table 3.14**.

Category of Phase	Name of Module and date of operationalisation	Purpose	Details of features not utilised
Phase-I	OPD Module 02.04.2009	Providing diagnosis details, patient history, physical examination details, vital from clinical observation file and treatment file.	Patients visit stamping, name of disease for which patients seeking treatment, examination and diagnosis done, treatment provided, instructions given to patients, clinical observations on patient vital parameter, online ordering of investigation, medication, consultation, cross consultation and history of patients.
Phase-I	IPD Module Nursing Desk 02.04.2009	Completetreatmentadministered duringthe periodofpatient'sstayHospitalwhichincluded	Investigation, packing list, medical equipment, Blood Bank, Doctor Visit, Blood requirement status, Bed management.
	IPD Module Doctor Desk 02.04.2009	Electronic Orders Processing, Clinical Notes, Clinical Observation, Drug Administration, Discharge Summary etc.	Admitted patient history, raising investigations online, packing list, in- Hospital management, discharge preparations, OT advice and stock position on line.
Phase-I	Billing 07.08.2009	Billing of Registration, Admission and Investigation.	Dhanwantri OPD were not integrated with bar code printer.
	Blood Bank Module 04.05.2010	Providing upto date information about blood/component stock, total daily blood requisitions and information regarding blood/ components, cross matching and infection tests of donors.	Alert in advance of the expiry date of blood/blood components.
	Operation Theatre 08.08.2009	Online information about scheduling of operations, Pre Anaesthesia Clearance (PAC), Dossiers.	Online status of patients, history, PAC and operation details, type of Anaesthesia and Online data generation.
Phase II	Store Management System 27.04.2013	To ascertain needs of all the stores of each department and to provide stores to each department as and when needed.	Consumables and non-consumable items/equipment & tools were not displayed online.
	Procurement and Purchase 03.07.2012	Procurement and management of stock of various consumables and non consumables.	Except medicines and drugs, other consumables and non consumables were not procured/purchased online.

Table 3.14

Non-utilisation of features of core clinical modules affected automation of the important hospital activities like operations, online discharge, bed management under IPD management etc. The Department while accepting the facts of non utilisation of the features of the modules stated (May 2016) that diagnosis will be entered by all the Departments shortly in OPD modules. IPD management through Nursing staff will be started after imparting training to them and online discharge will be started soon in five Departments (Medicine, Dermatology, Ophthalmology, Endocrinology and plastic surgery). Further Bar Code will be made available on all counters of Billing and features pointed out by Audit in Blood Bank Module and Operation Theatre Module will be utilised.

(iv) User Acceptance Test not done

User Acceptance Test (UAT) is executed in the final stage of software development cycle by client. It confirms that the system meets the requirement of the specification. It was noticed that UAT was not conducted in nine modules⁷² out of 25 modules developed/operationalised by C-DAC. Reasons for non-conduct of UAT were not intimated by the Department.

(v) HMIS operating without security certificate

It was seen that Arogya Online was operating without testing of application by the Government approved agency. This was desirable for an e-Governance programme developed by Government agency before making the application operational. This also fulfills the requirement of Third Party Certification for the product in line with National and International Standards.

The Department stated (July 2016) that the matter for obtaining security certificate would be pursued with Standardisation, Testing and Quality Certification (STQC).

(vi) All hardware not covered under Annual Maintenance Contract

It was decided (January 2011) that RISL would finalise tender for Annual Maintenance Contract (AMC) of all hardware including batteries and networking equipment of Arogya Online Project on behalf of SMS Hospital.

Audit, however, noticed that RISL awarded (February 2012) a Comprehensive Annual Maintenance Contract (CAMC) to a firm for a period of one year at the cost of \gtrless 6.62 lakh which included only networking equipment leaving all other hardware including batteries uncovered in the CAMC.

It is worth mentioning that 561 hardware equipment worth \gtrless 69.43 lakh became condemnable/unusable due to non-maintenance.

(vii) Hardware lying idle in the store

Audit observed that 94 computers and related hardware costing ₹ 20.69 lakh supplied (during August 2008 to October 2013) by RISL, were not installed as of May 2016. They were lying idle in the store despite lapse of more than three years of their procurement. Keeping a large number of hardware for long periods without use led to obsolescence due to change of technology. Delay ranging between 6 months to 90 months was also noticed in issue of hardware (706 items) by the store of Data Centre to various units of Hospital.

The Department stated (October 2016) that the configuration of thin clients had become outdated and these equipment along with their connectable devices were now not usable.

 ⁽i) Out patient management (ii) Enquiry (iii) User management (iv) Operation theater (v)
Procurement/ purchases (vi) Central Sterile Services Department (CSSD) (vii)
Administrative Module (viii) RTI and (ix) Library Management System.



Unused Computer Hardware lying idle in Store.

Further, against a provision⁷³ of physical verification of all stores at least once in a year, physical verification of stores related to Arogya Online project was not conducted after August 2010.

Department, while accepting the facts, stated (July 2016) that the detailed reply would be submitted shortly.

Recommendation:

2. Hardware equipment should be procured according to the requirement in the project and optimum utilisation of equipment should be ensured. AMC of hardware equipment on regular intervals should also be ensured.

(viii) Inadequate Training on Arogya Online Project

As per Para 2.21 of Schedule II of Service Level Agreement (SLA), a user level training was to be given to the concerned person at various modules of Arogya Online along with comprehensive one time on-site training on System Administration. Operational level of Application Software training and training on Network Administration was also required to be given for a period of five days each. These training programmes were required to be arranged by the Hospital.

It was observed that only 54 nursing staff and 26 outsourced computer operators were trained during 2008-2009 for Registration module. Other Training programmes were not arranged by the Hospital. Audit observed that none of the nursing staff/doctors of test checked wards⁷⁴ were trained for the project.

Due to lack of adequate training, nursing staff were maintaining in-patient's registers⁷⁵ manually. Further, activities like raising investigations, prescribing medicines, noting operation details, discharge preparations etc., were also being done by the Doctors manually instead of generating them online.

⁷³ Rule 12 (1) of General Financial and Accounts Rules, Part II.

 ⁽i) 1C (ii) Special MICU (iii) 3DE (*Medicine*) (iv) Nephrology ward (*Nephrology*) (v) Cardiology ward (vi) CICU (*Cardiology*) (vii) CT ward (viii) CS COMP BMRC (*CT Surgery*) (ix) SW II (x) 2DE (xi) 3AB (xii) 3G (*Surgical*).

⁷⁵ Patient admission register, Diet kitchen register, Linen & Laundry register, Bio-medical waste register and medicine register.

Consequently the objective of transition to a paperless clinic was defeated. Apart from this online functioning of core modules like IPD module, Blood Bank module and Operation Theatre module was also affected due to nonavailability of trained clinical staff.

Department of Information Technology & Communication stated (September 2016) that the gains of classroom type of training were limited as the Hospital staff could not be spared during shifts. SMS Hospital shall be advised to ensure that training is made compulsory for the relevant staff before implementation of a module in the Ward/Department.

Recommendation:

3. All the users and existing manpower of the Hospital should be provided training in order to use the automated systems effectively and reap all its benefits.

3.10.2.2 Security and adequacy of controls

(i) Application Control

The data of patients was required to be secured through password policy and firewall created on the server. Deficiencies noticed by Audit are elaborated in succeeding paragraphs:

a) Input Control

Input controls are application controls which seek to minimize the risk of incorrect data entry by making validation checks, duplicate checks and other related controls. Though the data of patients was secured through password policy and firewall created on the server but in following instances application deficiencies were noticed in test check months⁷⁶ which could compromise the data integrity of HMIS (Arogya Online):

- Auto insertion of date and time was not programmed in the system. Analysis of data of test checked months revealed that in 36 cases of discharge from Orthopaedic Department, the system captured incorrect dates *e.g.* date of admission of patients was exhibited 30th September 2015 and date of discharge was shown 8th October 2016 in the report generated on 18th May 2016.
- Age of patients was wrongly entered in 102 cases in OPD Registration, which was in the range of 117 years and 820 years and age of 61 patients was entered as zero. 39 OPD patients of age below 20 years were entered in pensioner category.

⁷⁶ September 2013, September 2014 and September 2015.

- More than one Central Registration (CR) numbers were allotted to the same patient in the OPD registration on different occasions on the same day.
- A report was generated by Audit on 10th May 2016 wherein the number of patients in the test checked wards exceeded (ranged between 265 *per cent* and 768 *per cent*) the number of beds available in the ward (*Appendix 3.5*).
- It was also noticed that 28 patients were discharged from Day Care BCC ward while only 24 patients (old patients: 4 and new patients: 20) were admitted in the ward on the day.

b) Output Control

Output controls are the processing controls that ensure that the output is complete, accurate and timely. Instances given below indicated processing of incorrect data:

- Patient Statistics Report generated for 2015-16 contained repetition of data in the five categories⁷⁷ of patients which resulted in fictitious increase of 16.84 lakh patients in the report.
- Blood Bank module generates various reports such as Daily Blood Stock Book, Balance Sheet of Blood Bank, Blood Donor Register Report, Registered Donor Blood Group wise report and registered donors type wise reports. Audit noticed discrepancies in data of the number of Donors generated during March 2016 from three different reports as given in **Table 3.15**.

Donors	As per Blood Donor Register report	Registered Donor Type wise	Registered Donor Blood Group wise
Without Biometric	4254	3097	4862
With Biometric	634	639	

Table 3.15

Source: Reports generated during March 2016.

It is seen from the table that the data of the number of donors during March 2016 did not match in Blood Donor Register Report, Registered Donor Type wise reports and Registered Donor Blood Group wise reports.

Department of Information Technology & Communication stated (September 2016) that the SMS Hospital shall be advised to ensure that the observations of Audit are incorporated to make the system more robust.

⁷⁷ Below Poverty Line, Handicapped, Pensioners, Senior Citizens and Paid (Auto Finance Scheme)

(ii) Validation Controls

Validation controls ensure completeness and authenticity of data captured. Instances given below indicate lack of data validation.

- As per medical standards given in Drugs and Cosmetics Rules 1945, persons in the age group of 18 to 60 years could only donate blood. Analysis of data of selected months revealed that in three cases the age of donors was below five years and in 11 cases it ranged between 61 years to 459 years. It is evident that no controls existed to map age.
- Senior Citizens OPD patients (age 60 years and above) were required to be categorized in exempt category whereas, 36,095 Senior Citizens were categorized in '*Paid Auto Finance Scheme (AFS)*'. Thus, registration charges of ₹ 1.80 lakh at the rate of ₹ 5 each were wrongly recovered from these patients inspite of being exempted.
- *Male child*' and '*Female child*' were categorised wrongly under the category of '*Senior Citizens*', '*Pensioners*', '*Widow*', '*Journalist*' and '*Prisoner*' in patient statistics report generated (Registration of Patients) for the period April 2015 to March 2016.

The Department, while accepting the facts, stated (July 2016) that the validation controls mentioned by Audit have been incorporated. Detailed reply will be submitted shortly.

(iii) Discrepancies between report generated on the system and records maintained manually

The data of in-patients in the 12 selected wards was extracted in the report generated on the system on 31^{st} March 2016. It showed 353 patients whereas the records maintained manually in the wards showed 628 patients. Thus, there was discrepancy in the number of in-patients exhibited by the system and the records maintained manually. The details are given in *Appendix 3.6.*

Reply of the Department is awaited (December 2016).

Recommendation:

4. Adequate application controls and validation controls should be exercised to minimise the errors in the critical health related data.

3.10.2.3 Ineffective Business Continuity and Disaster Recovery Plan

Effective Business Continuity and Disaster Recovery Plan are important to ensure that the organisation does not lose the capability to process, retrieve and protect information maintained in the event of an interruption or disaster leading to temporary or permanent loss of computer facilities. It was observed that the Business Continuity and Disaster Recovery Plan were not framed in SMS Hospital and the documented backup policy had not been put in place. The Department, while accepting the facts, stated (May 2016) that Disaster Management Plan will be developed shortly in Trauma Centre/Dhanwantri OPD block of the Hospital and equipment required for the Disaster Recovery Management would be procured after approval of the executive committee.

Recommendations:

5. Department should formulate a Business Continuity and Disaster Recovery Plan and ensure its strict compliance so that it can smoothly resume its operations in the event of any interruptions.

3.10.3 Conclusion

Arogya Online project has benefitted both out patients and in-patients due to automation of some of the critical hospital activities, however, nonoperationalisation/delayed development of certain modules for operation theatre, bio-medical waste, linen & laundry, sterilisation of equipment etc., has resulted in not harnessing most of the advantages of a fully automated IT system. Manual preparation of the reports and patients' register by the hospital staff defeated the objective of transition to a paperless system.

In absence of proper planning for procurement of hardware and non execution of AMC, large number of hardware equipment became condemnable and were lying idle. Comprehensive and time bound training for acquaintance with HMIS applications was not imparted to all the users. Lack of adequate application controls and validation controls resulted in feeding of wrong patient data into the system which compromised the reliability of database. Moreover, Disaster Recovery and Business Continuity Plan were not formulated to meet the threat to the information.

Higher Education Department

3.11 Non-recovery of sports infrastructure fee and penalty

Sports Infrastructure fee and penalty was not recovered from affiliated colleges due to non-compliance of instructions of BoM and non-maintenance of proper/effective records.

The Board of Management (BoM), University of Kota (University) resolved (May 2005) to increase the Sports Infrastructure (SI) fee from \gtrless 50 to \gtrless 100 per regular student from session 2005-06. Out of this, \gtrless 50 was to be kept by the College and remaining \gtrless 50 would be sent to the University for the

development of sports infrastructure facilities. BoM further resolved (May 2014) to take SI fee along with the examination fee from the affiliated colleges for current session. The affiliated colleges were required to deposit the fee for previous sessions to the University within one month. A minimum penalty of ₹ 5,000 was imposable on the defaulting colleges.

Test check (March-April 2015) of records of the University and information collected (October 2015) revealed that from the academic sessions 2005-06 to 2010-11, the University had not maintained the complete details such as list of affiliated colleges which have defaulted in depositing SI fee, total number of students, SI fee due for the academic session, fee recovered/outstanding etc. In absence of these, recoverable amount for the academic sessions 2005-06 to 2010-11, from the affiliated colleges could not be ascertained in Audit.

As per information made available by the University for the academic sessions 2011-12 to 2013-14, the position of outstanding fee and penalty from the affiliated colleges is as shown in **Table 3.16**.

S. No.	Session	No. of total colleges	No. of colleges who did not deposit SI Fee	No. of students	Outstanding amount of SI fee not deposited by colleges (in ₹)	Penalty @ rate of ₹5,000 per college (per year)
1	2011-12	169	125	55,965	27,98,250	6,25,000
2	2012-13	170	66	33,780	16,89,000	3,30,000
3	2013-14	176	104	30,228	15,11,400	5,20,000
	Tot	al			59,98,650	14,75,000

Table 3.16

The above table shows that affiliated colleges did not comply with the instructions of BoM, resulting in accumulation of recoverable SI fee of $\gtrless 0.60$ crore and penalty of $\gtrless 0.15$ crore for academic sessions 2011-12 to 2013-14.

State Government accepted the facts and stated (August and September 2016) that \gtrless 0.58 crore has been recovered against the outstanding amount of \gtrless 0.75 crore, and efforts are being made for recovery of remaining amount.

Thus due to non-maintenance of proper records to watch recovery of SI fee and non-compliance of instructions of BoM, SI fee and penalty amounting to ₹ 0.17 crore is still to be recovered from affiliated colleges. Further, the outstanding fee for the sessions from 2005-06 to 2010-11 needs to be ascertained and recovered by the University.

Tribal Area Development Department

3.12 Non-construction of *Janjati Bhawans*

Failure to get suitable land for construction for *Janjati Bhawans* at Dungarpur, Jaipur and Udaipur Districts and slow pace of work at Banswara, Pratapgarh and Sirohi Districts, resulted in depriving the tribal people of intended benefits.

Tribal Area Development Department (TAD), Government of Rajasthan issued (March 2012) Administrative and Financial sanction of ₹ 18 crore for construction of six *Janjati Bhawans*,⁷⁸ in order to conserve the social activities and cultural heritage of tribal families, organise various trainings/seminars/proficiency trainings and provide affordable residential facilities to tribal people and public representatives. TAD appointed (April 2013) Public Works Department (PWD) as the executing agency and the Ministry of Tribal Affairs (MTA) GoI, released ₹ 13.50 crore⁷⁹ to the State Government for this purpose. Out of ₹ 13.50 crore received from GoI, ₹ 9 crore⁸⁰ was transferred to Personal Deposit (PD) accounts of Project Officers (POs)/Deputy Project Officers (DPOs)/Chief Executive Officers (CEOs) concerned during February and September 2013. Commissioner, TAD issued (April 2013) instructions to all PO/DPO/CEOs concerned to get in touch with respective District Collectors for initiating the process of allotment of land under intimation to commissionerate office.

Test check of records (December 2014 and January 2015) of CEO, Zila Parishad, Jaipur and further information collected (December 2015) from Commissioner, TAD Udaipur, revealed that barring Banswara and Pratapgarh, where the construction work was in progress, construction of *Janjati Bhawans* in Dungarpur, Jaipur, Sirohi (Abu Road) and Udaipur was not started due to non-availability of land. Consequently, the funds allotted to Dungarpur (₹ one crore), Jaipur (₹ two crore) and Udaipur (₹ two crore) were transferred (January 2015 and December 2015) to PO, TAD, Banswara and Pratapgarh for utilization in their *Janjati Bhawans*. It was further observed that as of June 2016, even after incurring an expenditure of ₹ 4.13 crore in Banswara District and ₹ 1.00 crore in Pratapgarh District, not a single *Janjati Bhawan* was completed.

State Government, while accepting the facts, furnished (June 2016) the position of utilisation of funds and status of the work of construction of *Janjati Bhawans* as given in **Table 3.17**.

⁷⁸ Banswara; Dungarpur; Jaipur; Pratapgarh; Sirohi (Abu Road) and Udaipur.

^{79 ₹ 4.50} crore: 2012-13 (December 2012) and ₹ 9 crore: 2013-14 (₹ 4.50 crore each in June 2013 & September 2013).

⁸⁰ Jaipur: ₹ 2 crore; Banswara: ₹ 2 crore; Dungarpur: ₹ one crore; Abu Road: ₹ one crore; Pratapgarh: ₹ one crore and Udaipur: ₹ 2 crore.

				(₹ in crore)
Name of the District	Funds allotted	Expenditure incurred	Status of work	Reason for delay in completion
Banswara	4.50	4.13	Work in progress and under completion.	Work started late due to imposition of code of conduct during elections of Parliament, State Assembly, and Panchayati Raj.
Pratapgarh	3.50	1.00	Work in progress and work likely to be completed by February 2017.	Delay in allotment of land.
Sirohi (Abu Road)	1.00	Nil	Sanction for construction issued in March 2016 and tendering is under process	Change in the site as earlier allotted site was found unsuitable.
Total	9.00	5.13	-	

Table 3.17

The position conveyed by the State Government shows that in three Districts, against the total available funds \gtrless 9 crore, an expenditure of \gtrless 5.13 crore (57 *per cent*) only was incurred even after a lapse of more than two years. The work in other three Districts was withdrawn due to non-availability of land

Thus, failure of the Department to get suitable land for construction of *Janjati Bhawans* at Dungarpur, Jaipur and Udaipur Districts, and slow pace of work at Banswara, Pratapgarh and Sirohi Districts, resulted in non utilisation of ₹ 3.87 crore of central funds and non-completion of *Janjati Bhawans* despite incurring expenditure of ₹ 5.13 crore (June 2016), depriving the beneficiaries of the intended benefits.

Medical Education Department

3.13 Non-utilisation of drugs

Failure of Department to ensure utilisation/transfer of drugs within the expiry period resulted in time barring of drugs and loss of ₹ 5.46 crore to the exchequer.

Rule 64 (iii) of General Financial & Accounts Rules (Part II) provides that 'Stores should not be purchased in advance of actual requirements, if such purchase is likely to prove unprofitable to Government'.

Rajasthan Medical Service Corporation Limited (RMSCL), a Public Undertaking of the Government of Rajasthan, acts as nodal agency for procurement of drugs, medicines, surgical equipment and sutures to various Government Institutions/Healthcare Institutes in the State. The drugs, medicines, surgical equipment and sutures are procured, based on the need and consumption pattern of the items by the medical institutions.

Scrutiny of records (March-April 2015) of receipt and distribution of drugs in Central Store of Superintendent, Maharana Bhupal Government Hospital (MB Hospital), Udaipur revealed that the Hospital received medicines under *Mukhya Mantri Nishulk Dava Yojan*a (MNDY) from RMSCL without proper assessment of annual requirement during the period 2011-12 to 2015-16. This resulted in non-utilisation of medicines worth ₹ 5.03 crore⁸¹ within the expiry period and thus rendered them time-barred.

Medical Officer In-charge (Store), MB Hospital, Udaipur stated (May 2016 and July 2016) that MNDY was launched on 2 October 2011 and at that time, accurate assessment of requirement of drugs was difficult and the drugs were supplied to the Hospital without any demand. However, efforts were made to transfer the medicine received in excess quantity to other districts but in all districts, medicines were available in sufficient quantity.

Further, similar cases of expiry of drugs of $\gtrless 0.43$ crore were also observed in four⁸² attached Hospitals of Medical Colleges.

State Government stated (May 2016) that medicines expired due to excess quantity as per estimated demand in initial years of the scheme, availability of substitute medicines, banning of some medicines by Central Government and procurement of additional medicines for seasonal diseases as per anticipation. It was also stated that amount of expired medicines declined during the year 2012-13 and 2013-14, which shows successful implementation.

Reply is not acceptable as the medicines were supplied without any demand. Drugs amounting to ₹ 3.87 crore and ₹ 0.34 crore also expired during the year 2014-15 and 2015-16 respectively even after three to four years of launching of the scheme and the amount involved in medicines banned by Central Government was very meagre. The RMSCL also confirmed the facts that medicines were supplied to medical institutions without obtaining their indents and some of the medicines were supplied in excess quantity against the demand. This indicates ineffective inventory management of medicines in the Department which needs to be continuously monitored.

Thus, failure of the Department to ensure utilisation/transfer of drugs within the expiry period resulted in time barring of drugs and loss of \gtrless 5.46 crore to the exchequer.

^{81 2011-12: ₹ 0.49} crore; 2012-13: ₹ 0.31 crore; 2013-14: ₹ 0.02 crore; 2014-15: ₹ 3.87 crore; and 2015-16: ₹ 0.34 crore.

⁸² SMS Hospital, Jaipur (₹ 16.06 lakh), JLN Hospital, Ajmer (₹ 1.71 lakh), MBS Hospital, Kota (₹ 14.35 lakh), and Jhalawar Medical College & Hospital, Jhalawar (₹ 10.77 lakh).

Public Health Engineering Department

3.14 Undue benefits to contractors

Extending undue financial benefits of \gtrless 2.97 crore to the contractors by deletion of defect liability clause in the contract agreements.

Additional Chief Engineer (ACE), Region-Jaipur, Superintending Engineer (SE), District Circle-Jaipur and Executive Engineer (EE), District Rural Division-I Jaipur, Public Health Engineering Department (PHED), issued (during 2011-14) notice inviting tenders (NITs) for Rate Contracts (RCs) for works of providing, laying and jointing of pipelines, raw water harvesting and construction and commissioning of 125 mm tube wells with single phase power connection.

Condition No. 8.1 of Instruction to Tenderers (ITT), issued along with NITs stipulated that 'at any time prior to the deadline for submission of tenders, the Department may, for any reason, whether at its own initiative, or in response to a clarification requested by a prospective tenderer, amend the tender documents'. This implied that no amendment in tender conditions was allowed once the deadline for submission of tenders had expired.

As per Special Condition No. 14.1 of NITs, 90 *per cent* payment shall be made after successful completion, commissioning and testing of the system. Further, 10 *per cent* payment other than Security Deposit (SD) shall be withheld by the Department against defect liability. Defect liability period for these works ranged between one and five years.

Test-check (November 2015) of the records of EE, PHED, District Rural Division-I Jaipur, revealed that RCs were approved (July 2012 to November 2013) by the authorities concerned (ACE/SE/EE). Of the 17 works allotted against these RCs, in 10 works only \gtrless 0.66 crore was recovered from the running bills of the contractors on account of defect liability, while in seven works no recovery was made. Meanwhile, EE proposed deletion of relevant clause (special condition No. 14.1) of tenders for recovery of defect liability and got the same approved (September to November 2013) by ACE. On this basis, EE refunded \gtrless 0.41 crore (of \gtrless 0.66 crore recovered from ten contractors) and stopped recovery of defect liability of $\end{Bmatrix}$ 2.56 crore from contractors in remaining cases. The position of recovery/refund of defect liability in 17 works is given in *Appendix 3.7*.

No change in tender conditions was permissible after finalisation of tendering process or allotment of work and therefore ACE was not authorised to delete clause of recovery of defect liability at a later stage. This not only resulted in non-recovery/failure to withhold \gtrless 2.97 crore, but also in extending undue financial benefits to contractors. In absence of defect liability clause, the possibility of the Department bearing extra expenditure during defect liability period cannot be ruled out.

EE, PHED, District Rural Division-I, Jaipur stated (November 2015) that the relevant records would be reviewed and recovery, if necessary, would be adjusted from future payments to the contractors or from their deposits with the Division Office. The reply was not convincing as deletion of the relevant clause was contrary to the conditions laid down in the 'Instruction to Tenderers' and pointed to undue benefit to the contractors.

The matter was referred to State Government in April 2016; reply is awaited (December 2016).

JAIPUR, The 02 March 2017

(R. G. VISWANATHAN) Principal Accountant General (General and Social Sector Audit), Rajasthan

Countersigned

(SHASHI KANT SHARMA) Comptroller and Auditor General of India

NEW DELHI, The 06 March 2017

Appendices

Appendix 1.1

(Refer paragraph 1.2; page 1)

Brief profile of the Departments

S.No.	Name of Department	Objective/Functions of the Department
1	Agriculture	The main objective of the Department is to plan growth in 'area & productivity' of the crops of fruits, vegetables, spices, flowers & medicinal plants etc. It is also responsible for dissemination of latest technical know-how termed as 'extension services' besides ensuring timely supply of quality inputs to the farming community.
2	Agriculture Marketing	The main objective of the Department is to strengthen basic infrastructure related to agriculture marketing, provide marketing facilities in <i>Mandis</i> to farmers and provide fair & competitive price to farmers at the time of selling their crops.
3	Animal Husbandry	The main objective of the Department is providing treatment to livestock, prevention & control of livestock diseases, providing artificial insemination services to cattle, manufacturing of vaccines and provide training etc.
4	Archaeology and Museum	The main objective of the Department is to make concerted efforts to discover, preserve, protect, exhibit and interpret the cultural legacy embodied in various forms of art and architecture. It also takes care of monuments, museums, art galleries, archaeological sites under its control comprising of sacred and secular monuments, such as exquisite temples, colossal mosques, massive forts, splendid palaces, artistic cenotaphs, carved and painted <i>havelies</i> etc.
5	Art and Culture	The main objective of the Department is the preservation and conservation of our cultural heritage and promotion of all forms of art and culture, both tangible and intangible.
6	Ayurveda	The main objective of the Department is to provide medical facilities, prevention of diseases, procurement, production & distribution of medicines, medical education, training & research and grant subsidy to private institutions for providing education on Indian system of medicines.
7	Bhasha and Pustkalaya	The main objective of the Department is the establishment, development, administration and management of the public libraries and improvement of national language 'Hindi'.
8	Colonization	The main function of the Department is development and allotment of land in the colonised areas of the State. The Department is also involved in the inhabitation of remote ravine and barren desert areas by providing proper means of irrigation and transport, thereby turning unfertile desert and ravine land into fertile area.
9	Cooperative	The main objective of the Department is to improve living standard of youth, women, tribal, farmers and needy persons through active participation in the cooperative movement.
10	Disaster Management and Relief	Main function of the Department is to carry out relief measures pertaining to flood and famine.

S.No.	Name of Department	Objective/Functions of the Department
11	Devsthan	The main function of the Department is to create self dependence in temples/religious institutions. The Department is also involved in their control and management, providing <i>puja</i> facilities, organising various festivals and <i>melas</i> , registration and supervision of public trusts and their control, making plans for <i>devsthan</i> development, construction and maintenance of <i>dharmshalas</i> & rest houses for public and appointing <i>mahants</i> & priests for various temples.
12	Election	The State Election Commission is a Constitutional body, accountable for regulating and conducting elections to the regional bodies in the State.
13	Employment	The main object of the Department is to ensure proper enforcement of the provisions of Employment Exchange (Compulsory Notification of Vacancies) Act, 1959 and Rules, 1960.
14	Employees State Insurance	The main object of the Department is to provide medical services to insured workers including their family members coming under Section 98 of Employee State Insurance Act, 1948.
15	Finance	Finance Department is the nodal department for managing all financial affairs of the State Government. It is concerned with all economic and financial matters affecting the State including mobilisation and allocation of resources for infrastructure development, social welfare and human development.
16	Fisheries	The main function of the Department is to increase fish & fish seed production, promote fish culture in the State and uplift the socio- economic conditions of fishermen.
17	Food, Civil Supply and Consumer Affairs	The main objectives of the Department are the procurement of food grains at reasonable prices from farmers, its storage/handling, maintenance of buffer stocks and implementation & proper functioning of Public Distribution System.
18	General Administration	General Administrative Department covers many small Departments such as State Guest Houses/Circuit Houses, Estate office, Civil Aviation Department, Governor House, and Legislative Assembly.
19	Higher Education	The Department plays an important role in bringing about the quantitative and qualitative improvement in the higher education along with management and administration of universities and colleges in the State.
20	Home	Home Department comprises of Police, Home Guard, Anti Corruption Bureau (ACB) and State Forensic Science Laboratory. Police is the law enforcement agency and Home Guard assists administration and police to maintain law and order. ACB is primarily responsible for the detection, investigation and prosecution of cases of corruption among public servants and facilitating Government Departments to provide an honest and transparent administration. The State Forensic Science Laboratory functions to provide scientific support and services to the investigation of crime.
21	Rajasthan Institute of Public Administration (RIPA)	RIPA is the apex level administration training institute of the Government of Rajasthan for civil service training. It also organises professional training for the officers of Indian Administrative Service (allotted to Rajasthan). Besides, in-service training programmes both specific objective oriented and target group oriented training programmes are conducted in the Institute for officers working in various state/central departments/undertakings in Rajasthan and elsewhere.
22	Information and Public Relation	The Department works as a bridge between the State Government and public. The Department is working continuously with promptness to make the public aware about the Government's policies, public welfare decisions and schemes.
23	Industrial Training Institute	Main objective of the Department is to provide skill development/ technical training to unemployed youth.

S.No.	Name of	Objective/Functions of the Department			
	Department				
24	Jail	The Department serves the State by keeping in safe custody, the persons forwarded to prisons and is responsible for the custody and			
		care of inmates and protects public safety by ensuring that offenders serve their sentences of imprisonment in accordance with the law.			
25	Labour	The Department is entrusted with the task of implementation and enforcement of the labour act and rules made thereunder.			
26	Law and Legal	The Department is established to regularly monitor progress of litigation in which state is a party, improve efficiency in handling of the			
	Department	cases, diagnose flaws to improve and strengthen systems, reduce unnecessary litigation and multiplicity of litigation and curb litigation expenses.			
27	Medical and Health	The Department is tasked with providing adequate medical facilities to the citizens of the State. The Department also implements the national disease control programmes like TB, malaria, blindness, leprosy and AIDS.			
28	Medical Education	The main function of the Department is to provide quality medical education and administrative control over the medical colleges			
		situated in the State.			
29	Minority Affairs	The Department is established to ensure a more focused approach towards issues relating to the notified minority communities (Muslim, Christian, Buddhist, Sikhs, Parsis and Jain) and formulation of overall policy and development programmes for the benefit of the minority communities.			
30	Pension and	The Department deals with the disposal of pension cases of retired employees of the State Government and it also seeks to promote			
	Pensioner's Welfare	pensioner's welfare and serve as a forum for the redressal of pensioner's grievances.			
31	Personal	The Department is the co-ordinating agency of the State Government in personnel matters, especially in respect of issues concerning recruitment, training, career development and staff welfare.			
32	Planning	The State Planning Department is responsible for plan formulation and its monitoring at the state level and for advising the State Government in matters relating to plan formulation, monitoring and evaluation systems.			
33	Printing and	The main function of the Department is to provide printing and stationery material to the various Departments, publish various orders,			
	Stationary	rules, acts, ordinances etc., issued by the State Government from time to time in the gazette. The Department is also involved in printing of ballet papers for election of parliament, legislative assembly, panchayat and local bodies.			
34	Public Health	The Department is responsible for efficient operation and maintenance of water supply systems to provide safe drinking water at			
	Engineering Department	competitive cost and on a sustainable basis to the inhabitants of the State.			
35	Rajasthan Public	Rajasthan Public Service Commission is the premier commission for organising recruitment examinations for officials to various			
55	Service Commission	Departments of the Government. This includes the recruitment of clerical cadre and the recruitment in Rajasthan Administrative			
	bervice commission	Service and Rajasthan Police Service.			
36	Sainik Kalyan	The main aim of the Department is to work for the welfare of ex-servicemen and widows of martyrs.			
37	Sanskrit Education	The main function of the Department is the planned development and expansion of sanskrit education, strengthening and upgradation of			
		institutions, establishment of new institutions, introducing new subjects, and arrangement of training to improve quality of teachers.			
38	Primary Education	The main functions of the Department are formation of education policies, implementation and expansion of primary education with proper management & administration; promote informal education & literacy, improvement of educational activities in the field of primary education and financial planning for primary education.			

S.No.	Name of Department	Objective/Functions of the Department			
39	Secondary Education	Determination, implementation, expansion, management and administration of secondary education, encouragement of different languages, development of educational activities and appropriation of funds for secondary education are the main functions of the Department.			
40	Social Justice and Empowerment	The Department is primarily focused and dedicated towards educational and socio-economic development of the Scheduled Castes, Scheduled Tribes, Economical Backward Classes, Other Backward Classes, Special Backward Classes, along with welfare of specially disabled, destitute and economically weaker children, women and aged citizens.			
41	State Enterprises	Major functions of the Department is related to the management of salt and chemical works through three units: (i) Rajkiya Lavan Strot, Didwana (ii) Rajasthan State Chemical works, Didwana (Crude sodium sulphate works) and (iii) Rajkiya Upkram Bureau, Jaipur.			
42	State Motor Garage	The primary function of the Department is to manage vehicles for the state government departments, ministers, secretaries, district pools and state guests. The Department also arranges purchase of vehicles and spare parts, repairs & maintenance, auction of condemned vehicles for various Departments.			
43	Technical Education	The main objective of the Department is to ensure the availability of engineering hands and trained personnel by imparting training on the emerging technologies. The Department is also involved in improvement the quality of the technical education by strengthening of infrastructure, removal of deficiencies in the existing system and skill development to meet the manpower requirements of the industry.			
44	Tribal Area Development	The main objectives of the Department are development of Scheduled Areas, economic, social, cultural & intellectual development of tribes and construction of tribal development schemes. The objective of the Department is also to bring the tribal dominated areas equivalent to other areas and upgrade their living standard.			
45	Women and Child Development	The main objectives of the Department are to ensure the overall development of women & children in the State and to preserve the constitutional rights & the various facets of the development of child & women by getting them into the mainstream by operating various schemes/programmes.			
46	Urban Development and Housing	The main function of the Department is planned development of residential and commercial areas as per master plan, implementation of schemes and programme of central and state government from time to time, arrangement of basic infrastructure facilities and approval of building maps.			
47	Youth and Sports Affairs	The main activities of the Department is relating to promotion and development of sports, development of sport environment by providing sport infrastructure, enhance the feeling of national integrity, harmony and character building among youth.			

Appendix 1.2

(Refer paragraph 1.6; page 3)

Audit findings from Performance and Compliance Audits conducted during the last five years

Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
2 of 2010- 11	2.1	National Horticulture Mission Programme	Horticulture Department	34 th Report 2014-15 (14 th Vidhan Sabha)	142 nd Report 2016-17 (14 th Vidhan Sabha)
	2.2	Implementation of Drinking Water Supply Projects	Public Health Engineering Department	68 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.3	Implementation of schemes for welfare and upliftment of weaker and backward sections of society	Social Justice and Empowerment Department	69 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.4	Working of Rajasthan University of Health Sciences, Jaipur	Medical Education Department	244 th Report 2013-14 (13 th Vidhan Sabha)	48 th Report 2014-15 (14 th Vidhan Sabha)
	3.1.1	Avoidable payment of Electricity Duty	Higher Education Department	252 th Report 2013-14 (13 th Vidhan Sabha)	-
	3.1.2	Loss to Government	Public Health Engineering Department	223 th Report 2013-14 (13 th Vidhan Sabha)	37 th Report 2014-15 (14 th Vidhan Sabha)
	3.1.6	Irregular and unauthorised expenditure	Disaster Management and Relief Department	213 th Report 2012-13 (13 th Vidhan Sabha)	27 th Report 2014-15 (14 th Vidhan Sabha)
	3.2.1	Non-utilisation of Central Assistance for a long period	Ayurved Department	196 th Report 2012-13 (13 th Vidhan Sabha)	17 th Report 2014-15 (14 th Vidhan Sabha)
	3.2.2	Hostel buildings lying unutilised/incomplete	College Education Department	252 th Report 2013-14 (13 th Vidhan Sabha)	-
	3.2.3	Community Health Centres lying unutilised	Medical and Health Department	201 th Report 2012-13 (13 th Vidhan Sabha)	18 th Report 2014-15 (14 th Vidhan Sabha)
	3.2.4	Unfruitful expenditure on construction of anicut and laying additional pipeline	Public Health Engineering Department	223 th Report 2013-14 (13 th Vidhan Sabha)	37 th Report 2014-15 (14 th Vidhan Sabha)
	3.2.5	Re-organisation of Urban Water Supply Scheme, Nimbahera lying incomplete	Public Health Engineering Department	3 rd Report 2014-15 (14 th Vidhan Sabha)	93 th Report 2015-16 (14 th Vidhan Sabha)
Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
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	3.2.6	Unfruitful expenditure on Urban Water Supply Scheme	Public Health Engineering Department	3 rd Report 2014-15 (14 th Vidhan Sabha)	93 th Report 2015-16 (14 th Vidhan Sabha)
	3.3.1	Persistent excess payment of pension	Finance Department	200 th Report 2012-13 (13 th Vidhan Sabha)	4 th Report 2014-15 (14 th Vidhan Sabha)
	3.3.2	Sale Proceeds of examination forms lying unrecovered	Higher Education Department	252 th Report 2013-14 (13 th Vidhan Sabha)	-
	3.3.3	Under utilisation of new hospital building	Medical Education Department	201 st Report 2012-13 (13 th Vidhan Sabha)	18 th Report 2014-15 (14 th Vidhan Sabha)
	3.4.1	Unproductive expenditure on establishment of Ayurved Drug Testing Laboratory (ADTL)	Ayurved and Indian Medicine Department	196 th Report 2012-13 (13 th Vidhan Sabha)	17 th Report 2014-15 (14 th Vidhan Sabha)
	3.4.2	Central subsidy for construction of tenements for Beedi workers remained unutilised	Labour and Employment Department	3 rd Report 2014-15 (14 th Vidhan Sabha)	93 rd Report 2015-16 (14 th Vidhan Sabha)
	3.4.3	Non-recovery of extra cost from the defaulter contractor	Public Health Engineering Department	223 rd Report 2013-14 (13 th Vidhan Sabha)	37 th Report 2014-15 (14 th Vidhan Sabha)
	3.4.5	Special Central Assistance remained unutilised	Tribal Area Development Department	61 st Report 2015-16 (14 th Vidhan Sabha)	131 st Report 2016-17 (14 th Vidhan Sabha)
	3.4.6	Special Central Assistance remained unutilised	Tribal Area Development Department	61 th Report 2015-16 (14 th Vidhan Sabha)	131 st Report 2016-17 (14 th Vidhan Sabha)
1 of 2013 (2011-12)	2.2	Computer Education and Information and Communication Technology Scheme in Schools	Department of Secondary Education	87 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.1.1	Unauthorised adjustment of subsidy	Disaster Management and Relief Department	47 th Report 2014-15 (14 th Vidhan Sabha)	-
	3.1.2	Irregular expenditure	Medical and Health Department	63 rd Report 2015-16 (14 th Vidhan Sabha)	
	3.1.3	Less/delayed deduction of royalty from contractors' bills	Public Health Engineering Department	42 nd Report 2014-15 (14 th Vidhan Sabha)	100 th Report 2015-16 (14 th Vidhan Sabha)
	3.2.2 Non-utilisation of Machines		Medical and Health Department	40 th Report 2014-15 (14 th Vidhan Sabha)	145 th Report 2016-17 (14 th Vidhan Sabha)
	3.3.1	Persistent excess payment of pension	Finance Department	47 th Report 2014-15 (14 th Vidhan Sabha)	101 st Report 2015-16 (14 th Vidhan Sabha)

Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
	3.4.2	Non-availing of UNICEF Assistance	Labour Department	47 th Report 2014-15 (14 th Vidhan Sabha)	101 st Report 2015-16 (14 th Vidhan Sabha)
	3.4.3	Functioning of Rajasthan Building and Other Construction Workers Welfare Board	Labour Department	85 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.4.4	Central funds not utilised	Medical Education Department	94 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.4.5	Funds lying idle	Medical and Health Department	40 th Report 2014-15 (14 th Vidhan Sabha)	145 th Report 2016-17 (14 th Vidhan Sabha)
	3.4.6	Irregular/excess payment	Medical and Health Department	Report yet to be finalised by the PAC	-
	3.4.7	Non-utilisation of funds	Medical and Health Department	40 th Report 2014-15 (14 th Vidhan Sabha)	145 th Report 2016-17 (14 th Vidhan Sabha)
	3.4.8	Non/delayed completion of Sub-Health Centres and Anganwadi Centres	Medical and Health and Women and Child Development Departments	40 th Report 2014-15 (14 th Vidhan Sabha)	145 th Report 2016-17 (14 th Vidhan Sabha)
	3.4.9	Delay in completion of Water Supply Scheme	Public Health Engineering Department	42 nd Report 2014-15 (14 th Vidhan Sabha)	100 th Report 2015-16 (14 th Vidhan Sabha)
	3.4.10	Infructuous expenditure	Public Health Engineering Department	140 th Report 2016-17 (14 th Vidhan Sabha)	-
	3.4.11	Non-recovery of development fee from affiliated Colleges	Department of Technical Education	144 th Report 2016-17 (14 th Vidhan Sabha)	-
2 of 2014 (2012-13)	2.1.1	Irregular expenditure	Medical and Health Department	96 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.1.2	Unauthorised diversion of funds	Medical and Health Department	63 rd Report 2015-16 (14 th Vidhan Sabha)	-
	2.1.3	Award of work at higher rate due to non- finalisation of bid within the validity period	Urban Development and Housing Department	89 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.2.1	Unfruitful expenditure	Medical and Health Department	96 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.2.2	Avoidable expenditure	Public Health Engineering Department	140 th Report 2016-17 (14 th Vidhan Sabha)	-
	2.2.3	Avoidable expenditure	Public Health Engineering Department	140 th Report 2016-17 (14 th Vidhan Sabha)	-

Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
	2.3.1	Persistent excess payment of pension	Finance Department	59 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.4.1	Management and handling of biomedical waste by 79 government hospitals in jaipur and regulation by the Rajasthan State Pollution Control Board	Departments of Medical and Health, Animal Husbandry and Environment	136 th Report 2016-17 (14 th Vidhan Sabha)	-
	2.4.2	Public private partnership for lease of Manas Arogya Sadan heart care and multi speciality hospital; Loss of ₹ 290.16 Crore due to manipulation of tender evaluation and agreement	Medical Education Department	94 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.4.3	Setting up of Model Schools at block level as benchmark of excellence	School and Sanskrit Education Department	60 th Report 2015-16 (14 th Vidhan Sabha)	118 th Report 2016-17 (14 th Vidhan Sabha)
	2.4.4	Irregularities in disbursement of post matric scholarships in Social Justice and Empowerment Department	Social Justice and Empowerment Department	92 nd Report 2015-16 (14 th Vidhan Sabha)	-
	2.4.5	Unproductive expenditure due to non- functioning of Trauma Care Centres	Departments of Medical Health & Family Welfare and Medical Education	94 th Report 2015-16 (14 th Vidhan Sabha)Med.Ed. 95 th Report 2015-16 (14 th	
	2.4.6	Non-recovery for supply of Not of Standard Quality drug	Medical and Health Department	Vidhan Sabha) M&H 63 rd Report 2015-16 (14 th Vidhan Sabha)	-
	2.4.7	Unproductive expenditure	Medical and Health Department	95 th Report 2015-16 (14 th Vidhan Sabha)	-
	2.4.8	Loss due to unauthorised and irregular destruction of supplementary nutrition	Women & Child Development Department	108 th Report 2015-16 (14 th Vidhan Sabha)	-
1 of 2015 (2013-14)	2.1	Implementation of Sarva Shiksha Abhiyan in Rajasthan	Elementary Education Department	146 th Report 2016-17 (14 th Vidhan Sabha)	-
	2.2	Modernisation of Police Force in Rajasthan	Home Department	Report yet to be finalised by the PAC	-
	2.3	Quality of Drinking Water	Public Health Engineering Department	Report yet to be finalised by the PAC	-
	3.1.1 Avoidable expenditure on supply of pipes		Public Health Engineering Department	Report yet to be finalised by the PAC	-

Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
	3.1.2	Irregular and unauthorised expenditure	Public Health Engineering Department	Report yet to be finalised by the PAC	-
	3.2.1	Non-upgradation of ITIs	Labour Department	85 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.2.2	Blocking of funds for more than three years	Medical Education Department	94 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.2.3	Delay in execution of project	Public Health Engineering Department	Report yet to be finalised by the PAC	-
	3.2.4	Creation of avoidable extra liability	Public Health Engineering Department	Report yet to be finalised by the PAC	-
	3.3.1	Persistent excess payment of pension	Finance Department	Report yet to be finalised by the PAC	-
	3.4.1	Implementation of Eklavya Model Residential School scheme	Tribal Area Development Department	Report yet to be finalised by the PAC	-
	3.4.2	Implementation of schemes for Prevention of discrimination against Girls	Women and Child Development, Medical Health and Family Welfare and Home Departments	Report yet to be finalised by the PAC	-
	3.4.3	Construction of Sports Infrastructure/ Stadium	Youth Affairs and Sports Department	Report yet to be finalised by the PAC	-
	3.4.4	Non-recovery of Government dues	Medical Education Department	96 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.4.5	Loss of interest due to blockage of funds	Public Health Engineering Department	Report yet to be finalised by the PAC	-
	3.4.6	Non-recovery of grant from non-operational hostels	Social Justice and Empowerment Department	92 th Report 2015-16 (14 th Vidhan Sabha)	-
	3.4.7	Non-utilisation of Special Central Assistance	Tribal Area Development Department	Report yet to be finalised by the PAC	-
3 of 2016 (2014-15)	2.1	Working of Juvenile Homes	Department of Child Rights & Social Justice and Empowerment	Yet to be discussed	-
	2.2	Working of Rajasthan Technical University	Technical Education Department	Yet to be discussed	-

Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
	3.1	Inadmissible and irregular extra expenditure of ₹ 21.29 crore on agriculture input subsidy to farmers	Disaster Management and Relief Department	Yet to be discussed	-
	3.2	Unfruitful expenditure on construction of Nursing College Building	Medical Education Department	Yet to be discussed	-
	3.3	Irregular and unauthorised sanction	Public Health Engineering Department	Yet to be discussed	-
	3.4	Unfruitful expenditure	Public Health Engineering Department	Yet to be discussed	-
	3.5	Non-utilisation of grant	Medical Education Department	Yet to be discussed	-
	3.6	Creation of extra liability due to approving higher rates	Public Health Engineering Department	Yet to be discussed	-
	3.7	Extra liability to Government exchequer	Public Health Engineering Department	Yet to be discussed	-
	3.8	Unusual delay in execution of work	Public Health Engineering Department	Yet to be discussed	-
	3.9	Unfruitful expenditure	Urban Development and Housing Department	Yet to be discussed	-
	3.10	PPP project of Soil Testing Laboratories	Agriculture Department	Yet to be discussed	-
	3.11	Preservation, protection, maintenance, acquisition, and control over ancient and historical monument, archaeological sites and antiquities in the State	Archaeology and Museums Department	Yet to be discussed	-
	3.12	Procurement and Utilisation of Machinery, Equipment, Tools and Plants in Medical Colleges and their attached Hospitals	Medical Education Department	Yet to be discussed	-
	3.13	Implementation of Mukhyamantri Nishulk Dava Yojana	Medical & Health and Medical Education Departments	Yet to be discussed	-
	3.14	Implementation of Rajasthan Guaranteed Delivery of Public Services Act-2011	Medical & Health and Administrative Reforms & Co- ordination Departments	Yet to be discussed	-
	3.15	Bisalpur-Dudu drinking water supply project	Public Health Engineering Department	Yet to be discussed	-

Report No. and year	Para No.	Subject	Name of Department	PAC Report No. & Year	Action Taken Report No. & Year
	3.16	Follow-up action on recommendations of PAC/audit on Performance Audit of 'Drinking Water Supply in Jaipur City' incorporated in Audit Report (Civil) 2009-10	Public Health Engineering Department	Yet to be discussed	-
	3.17	Implementation of 'Rajiv Gandhi Vidhyarthi Digital Yojana'	Secondary and Elementary Education Department	Yet to be discussed	-
	3.18	Failure in exercising prescribed checks and balances led to dubious payment on water transportation	Disaster Management and Relief Department and Public Health Engineering Department	Yet to be discussed	-
	3.19	Undue benefit to the licensee	Medical Education Department	Yet to be discussed	-
	3.20	Non-adjustment/ recovery of loans and advances	Sports and Youth Affairs Department	Yet to be discussed	-
	3.21	Non-recovery of due amount	Sports and Youth Affairs Department	Yet to be discussed	-
	3.22	Hostel buildings not utlised for intended purpose	Tribal Area Development Department	Yet to be discussed	-
	3.23	Avoidable extra expenditure on construction of sewerage line due to change of alignment	Urban Development and Housing Department	Yet to be discussed	-
	3.24	Non-construction of Anganwadi Centres	Women and Child Development Department	Yet to be discussed	-

(Refer paragraph 1.8; page 10)

Lack of response to audit observations

S. No	Nature of Irregularity	Women & Ch	ild Department	Public Health & Engineering Department			
		No. of Paragraphs	Amount (₹ in lakh)	No. of Paragraphs	Amount (₹ in lakh)		
1.	Fraud/Misappropriation/	4	67.08	68	44399.49		
	embezzlement/losses/ theft of stores and						
	cash						
2.	Recoveries pointed out by audit	72	537.79	280	39015.14		
3.	Violation of contractual obligation,	68	158.57	697	36149.64		
	undue favour to contractor.						
5.	Avoidable/Excess Expenditure	96	2480.09	307	52365.60		
6.	Wasteful/in fructuous expenditure	46	27343.12	401	78664.76		
7.	Regulatory issues	469	9298.46	655	111670.63		
8.	Idle investments/idle	292	15955.34	216	106863.04		
	establishment/blockade of						
	funds/diversion of funds						
9.	Idle/delay in commissioning equipments.	48	1993.59	35	7061.66		
10.	Non achievement of objectives	93	812.38	101	32514.80		
11.	Miscellaneous	721	12423.57	731	75083.94		
	Total	1909	71069.99	3491	583788.70		

(Refer paragraph 2.1.8.5; page 21)

Statement showing the details of civil works in which work orders issued without availability of Land

(**₹ in lakh**)

Sl. No.	Name of work	Name of district	Year of Sanction	Work order Amount	Work status
1	ANM quarters at Kuncholi	Rajsamand	2012-13	8.93	De-sanctioned due to Land Not Available
2	PHC quarters at Diver	Rajsamand	2012-13	12.79	De-sanctioned due to Land Not Available
3	20 bedded JSY ward at CHC, Bhinmal	Jalore	2012-13	47.70	De-sanctioned due to Land Not Available
4	ANM quarters at SC Bibalsar	Jalore	2012-13	50.61	De-sanctioned due to Land Not Available
5	ANM quarters at SC Meda	Jalore	2012-13	Not Available	De-sanctioned due to Land Not Available
6	ANM quarters at SC Munthalakaba	Jalore	2012-13	Not Available	De-sanctioned due to Land Not Available
7	ANM quarters at SC Thobau	Jalore	2012-13	Not Available	De-sanctioned due to Land Not Available
8	PHC quarters, at L1 PHC, Jhab	Jalore	2012-13	12.42	De-sanctioned due to Land Not Available
9	Labour Room at SC, Thobau	Jalore	2012-13	Not Available	De-sanctioned due to Land Not Available
10	Toilet at SC, Thobau	Jalore	2012-13	Not Available	De-sanctioned due to Land Not Available
11	ANM quarters at SC Padar	Sirohi	2014-15	12.22	De-sanctioned due to Land Not Available
12	ANM quarters at SC Ahemedpura	Nagaur	2012-13	7.30	De-sanctioned due to Land Not Available
13	PHC quarters at L1 PHC, Chanwadia	Nagaur	2012-13	12.91	De-sanctioned due to Land Not Available
14	LR at SC, Makodi	Nagaur	2012-13	4.94	De-sanctioned due to Land Not Available
15	Toilet at SC, Makodi	Nagaur	2012-13	1.53	De-sanctioned due to Land Not Available
16	PHC quarters at L1 PHC, Merta Road	Nagaur	2012-13	23.24	De-sanctioned due to Land Not Available
17	Toilet at SC, Bhadana	Nagaur	2012-13	1.54	De-sanctioned due to Land Not Available
18	PHC quarters at L1 PHC, Khedlabujurg	Dausa	2012-13	13.87	De-sanctioned due to Land Not Available
19	Construction. of SC, Agauli	Dausa	2014-15	18.28	De-sanctioned due to Land Not Available
20	Construction. of SC, Bhojpura,	Dausa	2014-15	18.36	De-sanctioned due to Land Not Available
	Total	•	·	246.64	

(Refer paragraph 2.1.12.1; page 48)

Statement showing the differences among records maintained at health facilities, PCTS and HMIS

						Pa	rt-I (20	11-12 to	o 2013-1	4)								
Activities	2011-12						2012-13				2013-14							
	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS
Total No. of pregnant women registered for ANC	2,97,166	2,99,149	-1,983	2,99,315	-2,149	-166	2,86,144	2,85,932	212	2,86,000	144	-68	2,75,961	2,74,656	1,305	2,74,820	1,141	-164
of which No. registered within first trimester (within 12 weeks)	1,43,690	1,42,794	896	1,42,857	833	-63	1,51,299	1,50,603	696	1,50,628	671	-25	1,49,909	1,49,075	834	1,49,158	751	-83
Total No. of pregnant women registered under JSY	2,93,297	2,95,273	-1,976	2,95,339	-2,042	-66	2,85,751	2,85,545	206	2,85,561	190	-16	2,75,369	2,74,109	1,260	2,74,274	1,095	-165
Total No. of pregnant women received 3 ANC checkups during pregnancy	2,19,087	2,20,870	-1,783	2,20,987	-1,900	-117	2,21,750	2,21,245	505	2,21,288	462	-43	2,10,574	2,09,663	911	2,09,771	803	-108
Total No. of pregnant women given 100 IFA tablets	1,84,154	1,91,357	-7,203	2,06,574	-22,420	-15,217	2,35,133	2,33,737	1,396	2,72,358	-37,225	-38,621	2,07,954	2,06,085	1,869	2,49,598	-41,644	-43,513
Totanl No. of Home Deliveries	19,027	19,027	0	19,072	-45	-45	16,841	17,441	-600	16,213	628	1,228	14,394	14,394	0	12,572	1,822	1,822
Total No. of Institutional Deliveries	2,09,706	2,10,187	-481	2,12,666	-2,960	-2,479	2,16,131	2,26,531	-10,400	2,27,111	-10,980	-580	2,25,529	2,31,893	-6,364	2,33,542	-8,013	-1,649
Deliveries conducted at public institutions (including C- section)	1,58,754	1,57,250	1,504	1,57,274	1,480	-24	1,41,664	1,61,391	-19,727	1,61,390	-19,726	1	1,71,738	1,70,501	1,237	1,70,332	1,406	169
Deliveries conducted at private institutions (including C- section)	50,952	54,206	-3,254	54,514	-3,562	-308	53,066	65,140	-12,074	67,012	-13,946	-1,872	53,791	63,331	-9,540	63,210	-9,419	121

Activities	2011-12						2012-13						2013-14					
	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS		As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS
No. of mothers paid JSY incentive for deliveries conducted at Public Institutions	1,64,599	1,55,167	9,432	1,55,171	9,428	-4	1,62,570	1,54,349	8,221	1,54,611	7,959	-262	1,76,849		1,372	1,75,684	1,165	-207
Total MTP cases	1,612	1,590	22	1,535	77	55	1,117	1,113	4	1,101	16	12	879	879	0	879	0	0
Total No. of sterilisation cases	51,935	51,963	-28	51,784	151	179	52,961	53,602	-641	53,396	-435	206	49,803	50,556	-753	50,342	-539	214
Vasectomy Achievement	161	442	-281	446	-285	-4	166	424	-258	450	-284	-26	107	235	-128	260	-153	-25
Tubectomy Achievement	38,855	51,431	-12,576	50,853	-11,998	578	40,418	53,120	-12,702	52,664	-12,246	456	37,718	50,301	-12,583	50,082	-12,364	219
No of Beneficiaries assisted by ASHA	24,332	27,997	-3,665	27,822	-3,490	175	21,228	24,175	-2,947	24,130	-2,902	45	29,286	37,027	-7,741	37,052	-7,766	-25
Women Discharged Within 48 hours of Deliveries	85,863	84,359	1,504	1,15,466	-29,603	-31,107	73,663	71,989	1,674	1,28,204	-54,541	-56,215	44,273	42,645	1,628	95,783	-51,510	-53,138
No. of cases of Maternal Death	115	110	5	103	12	7	144	139	5	112	32	27	149	148	1	157	-8	-9
Total No of Still Death	4,896	4,899	-3	5,299	-403	-400	5,067	4,872	195	4,852	215	20	4,715	4,694	21	4,701	14	-7
No. of women who attended for facilities for availing post natal care	1,64,310	1,62,804	1,506	1,62,886	1,424	-82	1,89,072	2,27,183	-38,111	2,28,505	-39,433	-1,322	1,93,604	1,91,997	1,607	1,92,005	1,599	-8
Achievement of Oral Pills Cycle	8,99,945	10,26,942	- 1,26,997	10,27,328	- 1,27,383	-386	7,76,260	8,13,147	-36,887	8,13,229	-36,969	-82	7,46,521	7,69,253	-22,732	7,69,771	-23,250	-518
No. of IUD insertions	68,377	68,161	216	67,723	654	438	68,554	68,582	-28	68,327	227	255	60,931	60,803	128	60,389	542	414
No. of Pregnant women who have been detected with severe Anaemia	4,936	4,595	341	4,595	341	0	3,130	3,077	53	2,977	153	100	3,553	3,491	62	3,480	73	11
BCG	2,34,055	2,32,474	1,581	2,32,579	1,476	-105	2,31,000	2,38,575	-7,575	2,38,240	-7,240	335	2,42,464	2,44,579	-2,115	2,44,653	-2,189	-74
DPT-1	2,36,455	2,35,488	967	2,35,594	861	-106	2,45,168	2,73,996	-28,828	2,44,041	1,127	29,955	2,50,659	2,49,594	1,065	2,49,700	959	-106
DPT-2	2,30,239	2,29,333	906	2,29,436	803	-103	2,40,793	2,37,716	3,077	2,36,759	4,034	957	2,42,033	2,41,013	1,020	2,41,113	920	-100
DPT_3	2,34,343	2,33,377	966	2,43,470	-9,127	-10,093	2,38,832	2,37,302	1,530	2,37,345	1,487	-43	2,42,469	2,41,518	951	2,41,608	861	-90
No. of Newborn having weight less than 2.5 kg	45,486	44,746	740	39,107	6,379	5,639	57,014	56,953	61	56,999	15	-46	62,632	74,367	-11,735	74,402	-11,770	-35

				P <u>ar</u>	t-II (201 <u>4-</u>	15 to 2015-1	(6)					
Activities			2014	4-15			2015-16					
	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS
Total No. of pregnant women registered for ANC	2,77,576	2,76,473	1,103	2,76,485	1,091	-12	2,76,286	2,77,642	-1,356	2,62,371	13,915	15,271
of which No. registered within first trimester (within 12 weeks)	1,60,480	1,59,845	635	1,59,850	630	-5	1,65,995	1,65,154	841	1,60,199	5,796	4,955
Total No. of pregnant women registered under JSY	2,77,209	2,76,106	1,103	2,76,118	1,091	-12	2,76,338	2,74,657	1,681	2,66,641	9,697	8,016
Total No. of pregnant women received 3 ANC checkups during pregnancy	2,09,308	2,07,891	1,417	2,07,892	1,416	-1	1,91,096	1,90,321	775	1,84,101	6,995	6,220
Total No. of pregnant women given 100 IFA tablets	2,13,651	2,11,913	1,738	2,63,390	-49,739	-51,477	2,03,474	2,01,524	1,950	2,53,955	-50,481	-52,431
Totanl No. of Home Deliveries	10,833	10,833	0	9,013	1,820	1,820	6,207	6,168	39	4,696	1,511	1,472
Total No. of Institutional Deliveries	2,19,768	2,22,549	-2,781	2,23,337	-3,569	-788	2,23,532	2,23,703	-171	2,17,853	5,679	5,850
Deliveries conducted at public institutions (including C-section)	1,64,248	1,63,427	821	1,62,750	1,498	677	1,66,988	1,66,379	609	1,59,924	7,064	6,455
Deliveries conducted at private institutions (including C-section)	55,520	61,407	-5,887	60,587	-5,067	820	56,544	60,802	-4,258	57,929	-1,385	2,873
No. of mothers paid JSY incentive for deliveries conducted at Public Institutions	1,69,976	1,60,845	9,131	1,60,845	9,131	0	1,66,685	1,56,033	10,652	1,51,225	15,460	4,808
Total MTP cases	733	738	-5	738	-5	0	507	503	4	743	-236	-240
Total No. of sterilisation cases	44,486	49,828	-5,342	50,156	-5,670	-328	44,100	45,117	-1,017	46,426	-2,326	-1,309

Activities			2014	4-15					2	015-16		
	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS	As per Records	As per PCTS	Diff. Between Records & PCTS	As per HMIS	Diff. Between records & HMIS	Diff. Between PCTS & HMIS
Vasectomy Achievement	188	205	-17	303	-115	-98	109	125	-16	254	-145	-129
Tubectomy Achievement	39,481	49,429	-9,948	49,253	-9,772	176	32,827	44,746	-11,919	46,006	-13,179	-1,260
No of Beneficiaries assisted by ASHA	26,378	29,777	-3,399	29,777	-3,399	0	14,236	13,666	570	15,055	-819	-1,389
Women Discharged Within 48 hours of Deliveries	44,981	38,525	6,456	24,708	20,273	13,817	65,923	44,200	21,723	27,721	38,202	16,479
No. of cases of Maternal Death	185	178	7	212	-27	-34	194	193	1	188	6	5
Total No of Still Death	4,494	4,467	27	4,467	27	0	4,337	4,347	-10	4,235	102	112
No. of women who attended for facilities for availing post natal care	1,75,837	1,74,331	1,506	1,74,340	1,497	-9	1,70,190	1,68,579	1,611	1,64,410	5,780	4,169
Achievement of Oral Pills Cycle	6,98,969	7,43,097	-44,128	7,43,245	-44,276	-148	5,89,632	6,82,259	-92,627	6,62,866	-73,234	19,393
No. of IUD insertions	54,473	60,357	-5,884	60,116	-5,643	241	71,830	70,844	986	68,207	3,623	2,637
No. of Pregnant women who have been detected with severe Anaemia	3,784	3,695	89	3,695	89	0	5,447	5,698	-251	4,407	1,040	1,291
BCG	1,97,565	2,42,976	-45,411	2,42,984	-45,419	-8	2,53,282	2,53,725	-443	2,46,708	6,574	7,017
DPT-1	1,02,209	1,39,458	-37,249	1,39,458	-37,249	0	394	388	6	388	6	0
DPT-2	1,17,411	1,59,433	-42,022	1,59,443	-42,032	-10	504	479	25	479	25	0
DPT_3	1,32,678	1,79,956	-47,278	1,79,966	-47,288	-10	937	907	30	907	30	0
No. of Newborn having weight less than 2.5 kg	58,737	58,390	347	58,491	246	-101	33,271	30,797	2,474	59,137	-25,866	-28,340

(Refer paragraph 2.2.4.3; page 57)

Details of age wise children enrolled in classes-I to VIII during 2010-11 to 2015-16

							(Number in lakh)
Number of children enrolled in class (age in years)	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	Total	Number of children of more than 14 years of age
Class-I	1.41	0.92	0.60	0.56	0.73	0.82	5.04	0.00
(more than 7 years)								
Class-II	1.56	1.38	1.09	0.83	0.86	0.98	6.70	0.00
(more than 8 years)								
Class-III	2.18	2.21	2.23	1.58	1.51	1.57	11.28	0.07
(more than 9 years)								
Class-IV	2.12	2.22	2.44	2.05	1.83	1.74	12.40	0.22
(more than 10 years)								
Class-V	2.07	2.24	2.41	2.11	2.21	1.98	13.02	0.60
(more than 11 years)								
Class-VI	2.02	1.97	2.12	1.97	2.11	2.18	12.37	1.70
(more than 12 years)								
Class-VII	1.71	1.91	2.07	1.83	1.99	1.97	11.48	4.23
(more than 13 years)								
Class-VIII	1.75	1.73	2.06	1.73	1.79	1.82	10.88	10.88
(more than 14 years								
Total	14.82	14.58	15.02	12.66	13.03	13.06	83.17	17.70

(Refer paragraph 2.2.5.2; page 61)

1. Details of children drop out at district level in the test checked districts as per information provided by DEEOs/DEOs

Year		Barmer		Jaipur		Jhunjhunu		Rajsamand		Sikar		Udaipur
	No. of children enrolled	No. of children drop out (<i>Per cent</i>)	No. of children enrolled	No. of children drop out (Per cent)	No. of Children Enrolled	No. of children drop out (<i>Per cent</i>)	No. of children enrolled	No. of Children drop out (Per cent)	No. of children enrolled	No. of children drop out (<i>Per cent</i>)	No. of children enrolled	No. of children drop out (<i>Per cent</i>)
2010-11	4,27,328	57,688 (13.50)	3,49,000	111(0.03)	2,34,192	1,352 (0.58)	1,72,213	16,134 (9.37)	1,12,766	8,489 (7.53)	3,15,182	Not available
2011-12	5,68,810	4,948 (0.87)	3,35,986	629(0.19)	2,68,411	546 (0.20)	1,66,512	5,007 (3.00)	1,44,605	7,680 (5.31)	3,29,993	8,212 (2.49)
2012-13	4,51,377	20,446 (4.53)	3,06,618	92(0.03)	2,64,346	610 (0.23)	1,57,406	4,598 (2.92)	1,43,882	8,608 (5.98)	3,14,639	6,995 (2.22)
2013-14	4,45,134	19,078 (4.29)	2,65,556	99(0.04)	2,71,405	177 (0.07)	1,53,947	1,879 (1.22)	1,30,078	2,162 (1.66)	3,14,024	9,333 (1.69)
2014-15	4,14,275	15,025 (3.63)	1,89,435	1,198(0.63)	2,53,512	122 (0.05)	1,47,159	2,584 (1.75)	75,615	443 (0.59)	2,56,593	5,333 (2.03)

2. Details of children drop out during 2010-15 at district level in the test checked districts as per DISE

																	(Nu	mber in l	akh)
	Number	of children	admitte	ed in class-	I to VII			Number of	of children	admitted	in class-II	to VIII		Number of children drop out (Per cent)					
Year	Barmer	Jaipur	JJN	Rajsa- mand	Sikar	Udaipur	Year	Barmer	Jaipur	JJN	Rajsa- mand	Sikar	Udaipur	Barmer	Jaipur	JJN	Rajsa- mand	Sikar	Udaipur
2010-11	3.98	3.90	1.19	1.56	1.80	3.48	2011-12	3.81	3.54	1.11	1.40	1.64	3.22	0.17 (4.27)	0.36 (9.23)	0.08 (6.72)	0.16 (10.26)	0.16 (8.89)	0.26 (7.47)
2011-12	4.17	3.75	1.15	1.50	1.72	3.69	2012-13	3.94	3.41	1.07	1.37	1.58	3.31	0.23 (5.52)	0.34 (9.07)	0.08 (6.96)	0.13 (8.67)	0.14 (8.14)	0.38 (10.30)
2012-13	4.13	3.50	1.09	1.40	1.62	3.54	2013-14	3.83	3.18	1.01	1.34	1.49	3.17	0.30 (7.26)	0.32 (9.14)	0.08 (7.34)	0.06 (4.29)	0.13 (8.02)	0.37 (10.45)
2013-14	4.09	3.20	1.01	1.37	1.51	3.41	2014-15	3.52	2.79	0.88	1.28	1.36	3.05	0.57 (13.94)	0.41 (12.81)	0.13 (12.87)	0.09 (6.57)	0.15 (9.93)	0.36 (10.56)
2014-15	3.81	2.92	0.89	1.32	1.42	3.29	2015-16	3.53	2.91	0.90	1.30	1.49	3.12	0.28 (7.35)	0.01 (0.34)	(-)0.01 (-) 1.12)	0.02 (1.52)	(-) 0.07 (-)4 .93)	0.17 (5.17)

JJN: Jhunjhunu

(Refer paragraph 2.2.6.3; page 64)

Details of reimbursement made to Non-Government Schools for children admitted under 25 per cent RTE quota during 2012-16

Year	Instalment	Number of new children admitted	Number of children promoted in current academic year	Number of verified children	Number of children for which reimbursement was made	Number of verified children for which second instalment was not paid (in <i>Percentage</i>)	Number of children to whom second instalment was paid but did not promote to next year (in <i>Percentage</i>)	Rate [*] of reimbursement fixed by the State Government (Amount in ₹)
2012-13	Ι	1,27,172	-	1,27,172	1,27,172	12,073 (9)	Not applicable	9,748
	II				1,15,099			
2013-14	Ι	1,53,974	81,868	2,35,842	2,34,153	11769 (5)	33,231 (29)	11,704
	II				2,24,073			
2014-15	Ι	1,74,648	2,10,364	3,85,012	3,83,104	10233 (3)	13,309 (6)	14,141
	II				3,74,779			
2015-16	I	1,49,916	3,48,070	4,97,986	2,99,613	Second instalment yet to be paid	26,709 (7)	17,732

* Rates of reimbursement are inclusive for text books also.

(Refer paragraph 2.2.6.4; page 65)

Position of recognition of Non-Government Schools established before 1 April 2010

SI.	Name of District		Number of sch	ools established before 1 A	April 2010	
No		Not applied for recognition upto 31 March 2013	Applied for recognition upto 31 December 2015	Not applied for recognition upto 31 December 2015	For which recognition granted upto 31 March 2016 by DEEOs	For which recognition pending at DEEOs
1	2	3	4	5 (3-4)	6	7 (4-6)
1.	Alwar	1,363	840	523	654	186
2.	Barmer	9	-	9	-	-
3.	Bharatpur	1,088	905	183	901	4
4.	Dausa	10	10	-	10	-
5.	Hanumangarh	1,036	1,036	-	868	168
6.	Jhunjhunu	0	0	0	0	0
7.	Jodhpur	1,572	1,433	139	1,423	10
8.	Karauli	72	72	-	53	19
9.	Kota	135	13	122	13	-
10.	Nagaur	648	338	310	146	192
11.	Pratapgarh	167	167	-	127	40
12.	Rajsamand	258	258	0	258	0
13.	Sikar	444	296	148	296	-
14.	Udaipur	238	238	-	-	238
Total	•	7,040	5,606	1,434	4,749	857

(Refer paragraph 3.2; page 81 and 82)

Statement showing avoidable expenditure on pipeline works at higher rates

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)
1	2	3	4	5	6	7	8	9
(A) EE,	PHED, Project Division-	I, Sawaimadhopur						
1	Work of cluster WSS of 63 villages & other	M/s SPML Infra. Ltd., Gurgaon	100 mm dia DI K-7	1,136	1,400	264.00 (23.24)	42,962	1.13
	habitations of Nadouti Tehsil (Package-II)		150 mm dia DI K-7	1,571	2,050	479.00 (30.49)	73,475	3.52
			200 mm dia DI K-7	1,981	2,450	469.00 (23.67)	23,141	1.08
			250 mm dia DI K-7	2,574	3,050	476.00 (18.49)	46,138	2.20
			850 mm dia MS	14,281	17,334	3,053.00 (21.38)	18,300	5.59
			Total DI K-7 and N	4S			2,04,016	13.52
			90 mm UPVC-Class 3	354	662	308.00 (87.00)	4,90,348	15.10
			110 mm UPVC-Class 3	445	706	261.00 (58.65)	2,17,791	5.68
			140 mm UPVC-Class 3	637	948	311.00 (48.82)	52,392	1.63
			160 mm UPVC-Class 3	769	1,337	568.00 (73.86)	21,763	1.24
			180 mm UPVC-Class 3	933	1,548	615.00 (65.92)	5692	0.35
			200 mm UPVC-Class 3	1,120	1,748	628.00 (56.07)	742	0.05
			250 mm UPVC-Class 3	1,668	2,051	383.00 (22.96)	5,868	0.22
			Total UPVC pipe	s			7,94,596	24.27
	Total	(A)					9,98,612	37.79

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)
1	2	3	4	5	6	7	8	9
(B) EE,	PHED, Division, Neem K	a Thana					<u>.</u>	
2	Reorganisation of UWSS Neem ka Thana	M/s Unipro Techno Infra,	100 mm DI K-7	1,136	1,385	249.00 (21.92)	3,900	0.10
	(Package-II)	Chandigarh	150 mm DI K-7	1,571	1,925	354.00 (22.53)	3,200	0.11
			200 mm DI K-7	1,981	2,395	414.00 (20.90)	10,451	0.43
			250 mm DI K-7	2,574	3,075	501.00 (19.46)	5,201	0.26
			300 mm DI K-7	3,195	3,850	655.00 (20.50)	644	0.04
			350 mm DI K-7	3,911	4,695	784.00 (20.05)	15,265	1.20
			400 mm DI K-7	4,681	5,585	904.00 (19.31)	2,163	0.20
			Total DI K-7	, I	I		40,824	2.34
			90 mm UPVC	354	627	273.00 (77.12)	51,985	1.42
			110 mm UPVC	445	700	255.00 (57.30)	9,981	0.25
			140 mm UPVC	637	880	243.00 (38.15)	5,941	0.14
			160 mm UPVC	769	910	141.00 (18.33)	4,895	0.07
			200 mm UPVC	1,120	1,550	430.00 (38.39)	1,600	0.07
			250 mm UPVC	1,668	2,025	357.00 (21.40)	1,195	0.04
			Total UPVC pip	pes			75,597	1.99
			Total (B)				1,16,421	4.33

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)
1	2	3	4	5	6	7	8	9
	PHED, RIGEP Division,				1		1	1
3	Cluster of distribution system from Barmer	M/s Pratibha Industries Ltd.,	500 mm, DI K-7	5,422	7,295	1,873.00 (34.54)	12,225	2.29
	lift project- Part B (Barmer-Rawatsar-	Mumbai	450 mm, DI K-7	4,576	6,143	1,567.00 (34.24)	17,000	2.67
	Kharantiya)		350 mm, DI K-7	3,318	4,462	1,144.00 (34.48)	15,700	1.80
			300 mm, DI K-7	2,614	3,582	968.00 (37.03)	11,000	1.06
			250 mm, DI K-7	2,131	2,963	832.00 (39.04)	28,025	2.33
			200 mm, DI K-7	1,656	2,252	596.00 (35.99)	39,750	2.37
			Total (C)	1			1,23,700	12.52
(D) EE,	PHED, Division, Hindon						· · · · · ·	•
4	Work of Reorgnisation of UWSS Hindaun on single respoasibility i.e.	M/s Vishnu Prakash R. Pungalia Ltd.,	100 mm DI K-7	1,136	1,464.72 (1,429+2.5% TP)	328.72 (28.94)	6,000	0.20
	Build and O & M during defect liability of 10 year after comm.	Jodhpur	150 mm DI K-7	1,571	2,032.58 (1,983+2.5% TP)	461.58 (29.38)	450	0.02
	of whole system.		200 mm DI K-7	1,981	2,601.45 (2,538+2.5% TP)	620.45 (31.32)	5,550	0.34
			250 mm DI K-7	2,574	3,391.73 (3,309+2.5% TP)	817.73 (31.77)	1,100	0.09
			300 mm DI K-7	3,195	4,108.20 (4,008+2.5% TP)	913.20 (28.58)	7,100	0.65
			350 mm DI K-7	3,911	4,812.38 (4,695+2.5% TP)	901.38 (23.05)	8,608	0.77
			500 mm DI K-7	6,446	7,069.43 (6,897+2.5% TP)	901.38 (13.98)	9,400	0.85
			Total (D)				38208	2.92

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)
1	2	3	4	5	6	7	8	9
	PHED, Project Division-I			-	-			
5	Work of RWSS of 246 village and their NRVS	M/s SPML Infra Ltd Gurgaon	100 mm DI K-7	1,136	1,400	264.00 (23.24)	34,566	0.91
	& dhanies of kaman- Pahari Tehesils, under		150 mm DI K-7	1,571	2,050	479.00 (30.49)	98,353	4.71
	CDBP WS project and Augmentation of		200 mm DI K-7	1,981	2,450	469.00 (23.67)	54,275	2.55
	UWSS of Kaman town on Single responsibility		250 mm DI K-7	2,574	3,050	476.00 (18.49)	61,545	2.93
	i.e. Build and O & M during defect liability		300 mm DI K-7	3,195	3,750	555.00 (17.37)	31,570	1.75
	of 10 year after comm. of whole system.		350 mm DI K-7	3,911	4,750	839.00 (21.45)	10,357	0.87
	(Package-I)			Total DI	K-7		2,90,666	13.72
			90 mm UPVC-Class 3	354	440	86.00 (24.29)	7,43,630	6.40
			110 mm UPVC-Class 3	445	540	95.00 (21.35)	4,66,326	4.43
			140 mm UPVC-Class 3	637	790	153.00 (24.02)	98,936	1.51
			160 mm UPVC-Class 3	769	990	221.00 (28.74)	24,563	0.54
			180 mm UPVC-Class 3	933	1,190	257.00 (27.54)	12,469	0.32
			200 mm UPVC-Class 3	1,120	1,490	370.00 (33.04)	3,947	0.15
				Total UPVC	pipes		13,49,871	13.35
				Total (1			16,40,537	27.07
6	Work of RWSS of 283 village and their NRVS	M/s IVRCL Ltd., Jaipur	100 mm DI K-7	1,136	1,515	379.00 (33.36)	72,501	2.75
	& dhanies of Deeg- Nagar Tehsils, under	, vupu	150 mm DI K-7	1,571	2,119	548.00 (34.88)	1,27,184	6.97
	CDBP WS project and Augmentation of		200 mm DI K-7	1,981	2,702	721.00 (36.40)	58,082	4.19

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)																	
1	2	3	4	5	6	7	8	9																	
	UWSS of Deeg- Nagar town on Single		250 mm DI K-7	2,574	3,490	916.00 (35.59)	41,269	3.78																	
	responsibility i.e. Build and O & M during		300 mm DI K-7	3,195	4,338	1,143.00 (35.77)	21,061	2.40																	
	defect liability of 10 year after comm. of		400 mm DI K-7	4,681	6,403	1,722.00 (36.79)	8,500	1.46																	
	whole system. (Package-I)		200 mm DI K-9	2,306	3,858	1,552.00 (67.30)	4,500	0.70																	
			Total DI K-7 and 9		·	•	3,33,097	22.25																	
			90 mm UPVC-Class 3	354	483	129.00 (36.44)	10,48,648	13.53																	
			110 mm UPVC-Class 3	445	595	150.00 (33.71)	1,33,912	2.01																	
			125 mm UPVC-Class 3	550	706	156.00 (28.36)	39,823	0.62																	
			140 mm UPVC-Class 3	637	820	183.00 (28.73)	68,485	1.25																	
																				160 mm UPVC-Class 3	769	982	213.00 (27.70)	38,577	0.82
																	180 mm UPVC-Class 3	933	1,199	266.00 (28.51)	14,413	0.38			
					200 mm UPVC-Class 3	1,120	1,406	286.00 (25.54)	15,197	0.44															
			225 mm UPVC-Class 3	1,391	1,716	325.00 (23.36)	4,732	0.15																	
			250 mm UPVC-Class 3	1,668	2,041	373.00 (22.36)	2,330	0.09																	
				Total UPVC	pipes	•	13,66,117	19.29																	
				Total (2	2)		16,99,214	41.54																	
			Total (E)				33,39,751	68.61																	

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)
1	2	3	4	5	6	7	8	9
	PHED, Division, Banswar				1	1	1	T
7	Work of RWSS of 334 villages of Choti sarwan and Talwada	M/s Pratibha Industries Ltd. Mumbai	350 mm, DI DI K-7	3,911	4,370	459.00 (11.74)	3,630	0.17
	Panchayat Samiti (District Banswara) and	Wumbai	200 mm, DI K-9	2,306	2,544	238.00 (10.32)	2,550	0.06
	Peepalkhunt Panchayat Samiti (District		250 mm, DI K-9	3,047	3,372	325.00 (10.67)	9,860	0.32
	Pratapgarh) on Single responsibility i.e. Build		300 mm, DI K-9	3,787	4,233	446.00 (11.78)	33,190	1.48
	and O & M during defect liability of 10		350 mm, DI K-9	4,585	5,280	695.00 (15.16)	35,275	2.45
	year after comm. of whole system.		400 mm MS pipe	6,661	8,407	1,746.00 (26.21)	1,000	0.17
			500 mm MS pipe	8,289	9,974	1,685.00 (20.33)	7,510	1.26
			100 mm, DI Sluice valves	12,293	15,504	3,211.00 (26.12)	218	0.07
			150 mm, DI Sluice valves	19,625	22,666	3,041.00 (15.50)	89	0.03
			200 mm, DI Sluice valves	30,448	36,064	5,616.00 (18.44)	33	0.02
			250 mm, DI Sluice valves	52,999	67,253	14,254.00 (26.89)	26	0.04
			300 mm, DI Sluice valves	73,460	90,153	16,693.00 (22.72)	20	0.03
			350 mm, DI Sluice valves	1,75,534	2,23,331	47,797.00 (27.23)	17	0.08
	Total	(1)			I	1	93418	6.18

Audit Report (G&SS) for the year ended 31 March 2016

S. No.	Name of work	Name of contractor	Size of pipe	Typical rate (in ₹)	Rates approved by FC (in ₹)	Difference between approved rate & typical rate (in <i>per cent</i>) (6 - 5)	Quantity of pipe (in meter)	Avoidable expenditure (₹ in crore)
1	2	3	4	5	6	7	8	9
8	Work of RWSS of 82 villages & dhanies of Tehsil Bagidora &	M/s L&T Ltd Chennai	100 mm, DI Sluice valves	12,293	19,791	7,498.00 (60.99)	297	0.22
	Banswara (District Banswara) on Single responsibility i.e. Build		150 mm, DI Sluice valves	19,625	29,626	10,001.00 (50.96)	30	0.03
	and O & M during defect liability of 10 year after comm. of		200 mm, DI Sluice valves	30,448	44,582	14,134.00 (46.42)	20	0.03
	whole system		250 mm, DI Sluice value	52,999	78,136	25,137.00 (47.43)	8	0.02
			300 mm, DI Sluice valves	73,460	1,01,983	28,523.00 (38.83)	12	0.03
			350 mm, DI Sluice valves	1,75,534	2,32,471	56,937.00 (32.44)	16	0.09
			400 mm, DI Sluice valves	2,11,427	2,89,455	78,028.00 (36.90)	3	0.02
			450 mm, DI Sluice valves	3,17,630	4,31,357	1,13,727.00 (35.80)	8	0.09
		•	Total(2)		L	L	394	0.53
			Total (F)				93,812	6.71
			Grand Total (A+B+C+D	+E+F)			47,10,504	132.88

(Refer paragraph 3.3; page 83)

Statement showing irregular and unauthorised expenditure of ₹ 78.79 crore on execution of additional works in contravention of financial rules

								(₹ in crore)
S No.	Work Sanctioning Authority	Date of Work Order	Amount of NIT	Authority who Approved additional work	Total Approval	Financial Limit of additional works (25 <i>per</i> <i>cent</i> of NIT)	Excess approval (in <i>Per Cent)</i>	Total expenditure incurred upto March 2016 (excess <i>per cent</i>)
1	2	3	4	5	6	7	8	9
(A) El	E,PHED, Balotra							
1	SE, Barmer	13.06.2011	0.60	ACE, PHED, Jodhpur	2.50	0.15	1.90 (317)	2.36 (293)
Total			0.60	-	2.50	0.15	1.90 (317)	2.36 (293)
(B) EI	E,PHED, Taranag	ar			•		·	
2	EE, PHED, Taranagar	26.11.2012	0.25	CE (HQ), PHED	0.75	0.06	0.50 (200)	0.54 (116)
3	SE (O&M), PMC,Churu	17.02.2012	0.40	ACE, PHED, Bikaner	0.96	0.10	0.56 (140)	0.68 (70)
4	SE (O&M), PMC, Churu	17.08.2012	0.10	ACE, PHED, Bikaner	0.17	0.03	0.07 (70)	0.17 (70)
5	SE (O&M), PMC, Churu	17.08.2012	0.09	ACE, PHED, Bikaner	0.18	0.02	0.09 (100)	0.18 (100)
6	SE (O&M), PMC, Churu	07.08.2012	0.04	ACE, PHED, Bikaner	0.12	0.01	0.08 (200)	0.12 (200)
7	SE (O&M), PMC, Churu	17.08.2012	0.06	ACE, PHED, Bikaner	0.18	0.02	0.12 (200)	0.18 (200)

S No.	Work Sanctioning Authority	Date of Work Order	Amount of NIT	Authority who Approved additional work	Total Approval	Financial Limit of additional works (25 <i>per</i> <i>cent</i> of NIT)	Excess approval (in <i>Per Cent)</i>	Total expenditure incurred upto March 2016 (excess <i>per cent</i>)
1	2	3	4	5	6	7	8	9
8	SE (O&M),	17.08.2012	0.04	ACE, PHED,	0.14	0.01	0.10	0.14
	PMC, Churu			Bikaner			(250)	(250)
9	SE (O&M),	17.08.2012	0.04	ACE, PHED,	0.15	0.01	0.11	0.15
	PMC, Churu			Bikaner			(275)	(275)
10	SE (O&M),	17.08.2012	0.05	ACE, PHED,	0.09	0.01	0.04	0.09
	PMC, Churu			Bikaner			(80)	(80)
11	SE (O&M),	17.08.2012	0.05	ACE, PHED,	0.11	0.01	0.06	0.11
	PMC, Churu			Bikaner			(120)	(120)
Total			1.12		2.85	0.28	1.73	2.36
							(154)	(111)
(C) E	E,PHED, Jhunjhur	nu						
12	CE (R), PHED	12.08.2013	2.00	CE (HQ), PHED	2.90	0.50	0.90	3.90
							(45)	(95)
Total			2.00	-	2.90	0.50	0.90	3.90
							(45)	(95)
(D) E	E,PHED, Churu							
13	SE, PHED, Churu	26.04.2011	0.05	SE, PHED,	0.24	0.01	0.19	0.22
				Churu			(380)	(340)
14	SE, PHED, Churu	NA	0.07	SE, PHED,	0.17	0.02	0.10	0.17
				Churu			(143)	(143)
Total			0.12		0.41	0.03	0.29	0.39
							(242)	(225)
(E) El	E,PHED, Jaipur							
15	SE, PHED, Jaipur	24.08.2012	0.30	ACE, PHED,	0.45	0.08	0.15	0.43
				Jaipur			(50)	(43)
16	SE, PHED, Jaipur	20.02.2013	0.30	ACE, PHED,	0.59	0.08	0.29	0.57
				Jaipur			(97)	(90)

S No.	Work Sanctioning Authority	Date of Work Order	Amount of NIT	Authority who Approved additional work	Total Approval	Financial Limit of additional works (25 <i>per</i> <i>cent</i> of NIT)	Excess approval (in <i>Per Cent)</i>	Total expenditure incurred upto March 2016 (excess <i>per cent</i>)
1	2	3	4	5	6	7	8	9
17	SE, PHED, Jaipur	20.02.2013	0.30	ACE, PHED,	0.49	0.08	0.19	0.48
				Jaipur			(63)	(60)
18	SE, PHED, Jaipur	20.02.2013	0.30	ACE, PHED,	0.62	0.08	0.32	0.62
				Jaipur			(107)	(107)
19	SE, PHED, Jaipur	20.02.2013	0.30	ACE, PHED,	0.48	0.08	0.18	0.48
				Jaipur			(60)	(60)
20	SE, PHED, Jaipur	28.03.2012	0.40	ACE, PHED,	0.70	0.10	0.30	0.62
				Jaipur			(75)	(55)
21	SE, PHED, Jaipur	10.09.2012	0.25	CE (HQ), PHED	0.75	0.06	0.50	0.75
				Jaipur			(200)	(200)
22	ACE, PHED,	04.02.2013	1.25	CE(HQ), PHED,	2.50	0.31	1.25	2.25
	Jaipur			Jaipur			(100)	(80)
23	ACE, PHED,	06.02.2012	1.25	CE(HQ), PHED	5.00	0.31	3.75	3.92
	Jaipur			Jaipur			(300)	(214)
24	SE, PHED, Jaipur	25.02.2013	0.25	CE (HQ), PHED	0.81	0.06	0.56	0.80
				Jaipur			(224)	(220)
25	SE, PHED, Jaipur	22.08.2013	0.20	CE(HQ), PHED	0.43	0.05	0.23	0.32
	-			Jaipur			(115)	(60)
26	SE, PHED, Jaipur	12.12.2013	0.42	CE(HQ), PHED	0.84	0.11	0.42	0.74
	-			Jaipur			(100)	(76)
27	SE, PHED, Jaipur	07.09.2012	0.25	CE (HQ),	1.00	0.06	0.75	0.79
				PHED, Jaipur			(300)	(216)
28	ACE, PHED,	14.02.2013	1.00	CE (HQ),	3.00	0.25	2.00	2.48
	Jaipur			PHED, Jaipur			(200)	(148)
29	SE, PHED, Jaipur	01.11.2012	0.25	CE (HQ),	0.50	0.06	0.25	0.44
				PHED, Jaipur			(100)	(76)
30	ACE, PHED,	16.04.2013	1.25	CE (HQ),	5.00	0.31	3.75	3.89
	Jaipur			PHED, Jaipur			(300)	(211)

S No.	Work Sanctioning Authority	Date of Work Order	Amount of NIT	Authority who Approved additional work	Total Approval	Financial Limit of additional works (25 <i>per</i> <i>cent</i> of NIT)	Excess approval (in <i>Per Cent)</i>	Total expenditure incurred upto March 2016 (excess <i>per cent</i>)
1	2	3	4	5	6	7	8	9
31	ACE, PHED,	04.02.2013	0.30	CE (HQ),	0.93	0.07	0.63	0.92
	Jaipur			PHED, Jaipur			(210)	(207)
32	ACE, PHED,	04.02.2013	0.30	ACE, PHED,	0.45	0.07	0.15	0.60
	Jaipur			Jaipur			(50)	(100)
33	ACE, PHED,	10.04.2012	0.80	CE (HQ),	1.80	0.20	1.00	1.35
	Jaipur			PHED, Jaipur			(125)	(69)
34	ACE, PHED,	22.11.2012	1.00	CE (HQ),	2.00	0.25	1.00	2.00
	Jaipur			PHED, Jaipur			(100)	(100)
35	ACE, PHED,	24.08.2012	1.00	CE (HQ),	3.25	0.25	2.25	3.21
	Jaipur			PHED, Jaipur			(225)	(221)
36	CE(R), PHED	26.07.2013	2.25	CE (HQ),	3.67	0.56	1.42	4.31
				PHED, Jaipur			(63)	(141)
37	SE, PHED, Jaipur	25.05.2012	0.70	CE (HQ),	1.92	0.17	1.22	1.89
				PHED, Jaipur			(174)	(170)
38	SE, PHED, Jaipur	14.08.2012	1.00	CE (HQ),	4.00	0.25	3.00	3.95
				PHED, Jaipur			(300)	(295)
39	SE, PHED, Jaipur	12.12.2013	1.20	CE (HQ),	2.04	0.30	0.84	2.03
				PHED, Jaipur			(70)	(70)
40	ACE, PHED,	19.11.2012	1.00	CE (HQ),	1.93	0.25	0.93	1.89
	Jaipur			PHED, Jaipur			(93)	(89)
41	ACE, PHED,	11.03.2013	2.25	CE (HQ),	4.50	0.56	2.25	4.56
	Jaipur			PHED, Jaipur			(100)	(103)
42	ACE, PHED,	04.09.2013	0.25	CE (HQ),	0.51	0.06	0.26	0.48
	Jaipur			PHED, Jaipur			(104)	(92)
43	SE, PHED, Jaipur	30.10.2013	0.25	CE (HQ),	0.50	0.06	0.25	0.50
				PHED, Jaipur			(100)	(100)
44	SE, PHED, Jaipur	25.10.2013	0.25	CE (HQ),	0.50	0.06	0.25	0.50
				PHED, Jaipur			(100)	(100)

S No.	Work Sanctioning Authority	Date of Work Order	Amount of NIT	Authority who Approved additional work	Total Approval	Financial Limit of additional works (25 <i>per</i> <i>cent</i> of NIT)	Excess approval (in <i>Per Cent)</i>	Total expenditure incurred upto March 2016 (excess <i>per cent</i>)
1	2	3	4	5	6	7	8	9
45	ACE, PHED,	16.04.2013	1.25	CE (HQ),	2.50	0.31	1.25	2.06
	Jaipur			PHED, Jaipur			(100)	(65)
46	SE, PHED, Jaipur	26.05.2011	0.60	CE (HQ),	2.40	0.15	1.80	2.39
				PHED, Jaipur			(300)	(298)
47	SE, PHED, Jaipur	21.08.2012	0.50	CE (HQ),	1.00	0.13	0.50	0.70
				PHED, Jaipur			(100)	(40)
Total			23.17		57.06	5.78	33.89	52.92
							(146)	(128)
(F) El	E,PHED, Chittorga	rh						
48	ACE, PHED,	30.12.2011	0.90	CE, PHED,	1.35	0.23	0.45	1.64
	Udaipur			Udaipur			(50)	(82)
Total			0.90		1.35	0.23	0.45	1.64
							(50)	(82)
(G) E	E,PHED, Sirohi		·		-			
49	CE(P), PHED,	14.06.2013	2.00	CE (HQ),	4.00	0.50	2.00	3.29
	Jodhpur			PHED, Jaipur			(100)	(65)
50	SE, PHED Circle,	23.12.2011	0.45	ACE, PHÊD,	2.00	0.11	1.55	1.99
	Jalore			Jodhpur			(344)	(342)
Total			2.45		6.00	0.61	3.55	5.28
$(\mathbf{H})\mathbf{F}$	E,PHED, Behror						(145)	(116)
51	ACE, PHED, Jyoti	11.02.2013	0.75	ACE, PHED,	0.94	0.19	0.19	1.16
~-	Nagar, Jaipur			Jaipur			(25)	(55)
52	ACE, PHED, Jyoti	11.02.2013	0.60	ACE, PHED,	0.75	0.15	0.15	0.91
	Nagar, Jaipur			Jaipur			(25)	(52)
53	ACE, PHED, Jyoti	28.05.2013	0.25	ACE, PHED,	0.45	0.06	0.20	0.76
	Nagar, Jaipur			Jaipur			(80)	(204)
54	ACE, PHED, Jyoti	23.07.2013	1.00	ACE, PHED,	1.50	0.25	0.50	2.15
	Nagar, Jaipur			Jaipur			(50)	(115)

S No.	Work Sanctioning Authority	Date of Work Order	Amount of NIT	Authority who Approved additional work	Total Approval	Financial Limit of additional works (25 <i>per</i> <i>cent</i> of NIT)	Excess approval (in <i>Per Cent)</i>	Total expenditure incurred upto March 2016 (excess <i>per cent</i>)
1	2	3	4	5	6	7	8	9
55	ACE, PHED, Jyoti	19.08.2013	0.50	ACE, PHED,	0.75	0.13	0.25	0.76
	Nagar, Jaipur			Jaipur			(50)	(52)
56	ACE, PHED, Jyoti	13.09.2013	0.50	ACE, PHED,	1.00	0.13	0.50	1.30
	Nagar, Jaipur			Jaipur			(100)	(160)
57	ACE, PHED, Jyoti	19.08.2013	0.50	ACE, PHED,	0.62	0.12	0.12	0.73
	Nagar, Jaipur			Jaipur			(24)	(46)
Total			4.10		6.01	1.03	1.91	7.77
							(47)	(90)
(I) EE	C,PHED, Pali							
58	SE, PHED, Pali	16.04.2013	0.25	CE(HQ), PHED,	2.40	0.06	2.15	2.17
				Jaipur			(860)	(768)
Total			0.25		2.40	0.06	2.15	2.17
							(860)	(768)
Total -	- (A to I)		34.71		81.48	8.67	46.77	78.79
	()						(135)	(127)

(Refer paragraph 3.3; page 83)

Statement showing irregular and unauthorised expenditure of ₹ 2.25 crore on execution of additional works by Executive Engineers of two Divisions (Behror and Khetri) without any approval of higher authorities

S No.	Work Sanctioning Authority	Date of Work Order	NIT Amount	Total Expenditure Incurred	Excess expenditure (5-4)
1	2	3	4	5	6
(A) EE,	PHED, Behror				
1.	ACE, PHED, Jyoti Nagar, Jaipur	31.12.2012	0.25	0.28	0.03 (12)
2.	ACE, PHED, Jyoti Nagar Jaipur	31.12.2012	1.00	1.19	0.19 (19)
3.	SE, PHED, Alwar	13.08.2013	0.25	0.28	0.03 (12)
Total	-		1.50	1.75	0.25 (17)
(B) EE,	PHED, Khetri		· · ·		
4.	ACE, PHED, Jaipur	25.07.2013	1.50	2.22	0.72 (48)
5.	ACE, PHED, Jaipur	17.05.2013	1.50	2.78	1.28 (85)
Total		-	3.00	5.00	2.00 (67)
Total (A to B)			4.50	6.75	2.25 (50)

(Refer paragraph 3.9.9; page 113)

Status of follow up action on other deficiencies on the recommendations of the PAC

Para No. of previous audit report and brief description of para	Recommendation of PAC	Current status during follow-up audit (2012-16)	Reply of State Government (November 2016)	Comments
 3.2.6: The electricity consumption was more than load sanctioned in CJ, Jaipur and demand surcharge of ₹ 6.83 lakh was paid to Jaipur Vidyut Vitran Nigam Limited for excess load consumption. PHED classified Jails as domestic consumers, however, CJs, Jodhpur (₹ 12.63 lakh) and Udaipur (₹ 4.25 lakh) were paid water charges at the rates applicable for non-domestic consumers. 	PAC recommended that responsibility be fixed for non enhancement in load and ensure that such lapse is not repeated in future.	 During Audit it was revealed that three CJs, Jaipur, Jodhpur and Udaipur paid demand surcharge of ₹ 0.52 crore to the concerned Vidhyut Vitran Nigam Limited for excess electric consumption over the sanctioned load. During Audit it was revealed that two CJs, Ajmer and Jodhpur irregularly paid ₹ 3.23 lakh and ₹ 0.54 lakh respectively for water charges at non-domestic rates. 	State Government accepted the facts and stated that load had been enhanced at CJ, Udaipur and electricity load at CJ Jaipur and Jodhpur is still to be enhanced. State Government stated that CJs, Ajmer and Jodhpur have been instructed for converting water connection on domestic rates.	Despite the recommendation of PAC to avoid payment of demand surcharge by enhancing the load, the irregularity was still persisting. Further, not responsibility was fixed against the delinquent officer. Jail Department did not initiate action to rectify the category for water charges across all the Jails in the state.
3.2.8: Para highlighted that the post of Instructor grade-II was vacant and head warder was imparting military training in squad drills and musketry to Jail personnel.	PAC recommended that the post of Instructor grade-II should be filled up.	The post of Instructor grade-II has since been filled up, in 14 test checked units, musketry training was imparted to only 18, out of total 617 warders/head warders eligible for training during 2015-16.	State Government stated that 42 per cent posts of warders/chief warders were vacant and they were not spared for imparting training as priority of providing security of the Jails was given over imparting training to them.	The reply is not convincing as the staff deployed for security of the Jails could have been spared for necessary musketry training in a phased manner.

Para No. of previous audit report and brief description of para	Recommendation of PAC	Current status during follow-up audit (2012-16)	Reply of State Government (November 2016)	Comments
3.2.13: The Prisoners Welfare Fund created for providing scholarship, examination fees, books, stationary, recreation facilities to the children of prisoners was not fully utilised in Jails.	PAC recommended for ensuring utilisation of fund on scholarship and education facilities for children of prisoners.	During Audit it was revealed that six test checked units utilised ₹ 5.69 crore from Prisoner's Welfare Fund out of total receipts available of ₹ 7.42 crore. Out of this, only ₹ 0.51 lakh was utilised on educational facility to the children of prisoners and entertainment of prisoners. The rest of amount was utilised for purchase of raw material for Jail Industries.	State Government stated that due to non-receipt of applications from the dependents of prisoners, the fund could not be utilised for award of scholarships. All the Jailors have been directed to call the applications from the dependents of the prisoners for award of scholarships.	The recommendation of PAC for utilisation of Prisoners Welfare Fund for award of scholarship and education facilities to the children of prisoners was not followed.
3.2.15: Three Night soil Bio gas Plants (NBPs) worth ₹ 0.29 crore installed (Jaipur: two and Udaipur: one) between September 1999 and October 2001 were lying unutilised	PAC recommended that: (i) Responsibility of defaulting officers to be fixed and disciplinary action be taken against them. (ii) To enquire about the shutting of NBP at Udaipur after two days of its commissioning.	During Audit it was revealed that NBPs are still non operational and the action against the delinquent officers was still pending at the departmental level.	The action against delinquent officers was under process at departmental level. Further, the implementing agency has since black listed (February 2015) the firm.	The Department has still not completed the action against the delinquent officers. Further, no recovery had been made from the firm.
3.2.23: Shortfall in holding quarterly meetings in four District Parole Committees (DPCs) during 2000-05, where only 56 meetings were held against the required 80 meetings	PAC recommended that efforts should be made for holding regular meetings of DPC.	During 2012-16 regular meetings were held in CJ Jaipur. However in seven Jails ¹ , only 117 meetings (64 <i>per cent</i>) were held against the prescribed 182 meetings.	State Government stated that it was only responsible for contacting the concerned District Magistrate for holding meetings of DPC and rest was the responsibility of the concerned District Magistrate.	The fact remains that despite the recommendation of PAC to hold regular meetings of DPC, there was shortfall in holding the meetings of DPC.

1 CJs: Ajmer, Jodhpur and Udaipur; DJs: Dausa, Jhalawar, Sirohi and Tonk.

Para No. of previous audit report and brief description of para	Recommendation of PAC	Current status during follow-up audit (2012-16)	Reply of State Government (November 2016)	Comments
3.2.24: Paragraph highlighted that a well planned strategy to ensure periodical audit coverage of each unit on annual, biennial or triennial basis was not adopted. Internal Audit of 30 units was pending for five to 24 years.	PAC recommended that remaining 3,689 objections (358 outstanding reports) of internal audit should be settled.	During Audit it was revealed that 1,217 (212 outstanding reports) out of 3,689 objections were still outstanding as of July 2016. Further, internal audit of departmental units was not conducted during 2012-16.	State Government stated that the internal audit parties were not functional as the posts were lying vacant.	The recommendation of PAC to settle outstanding objections of internal audit was not addressed by the Department.
3.2.25: Para highlighted shortfall in regular inspections by Inspector General (IG), Jail and Superintendents of CJs.	PAC recommended to ensured regular inspections by the officers.	During 2012-16, there was substantial shortfall in regular inspections by the departmental officers at all levels.	State Government stated that targeted inspections could not be carried out due to vacancy of officers in large number of posts.	The recommendation of PAC to ensure regular inspections by the officers was not followed.
3.2.29: It was recommended that Photo identity cards (ID) should be issued to each prisoner.	Department assured to PAC that photo identity cards (ID) would be issued to all the prisoners in three phases in order of prisoners of open Jails, prisoners of life imprisonment and remaining prisoners.	Scrutiny of records of test checked Jails revealed that whereas ten Jails ² maintained photos of prisoners at the time of admission, six ³ Jails did not take photos of prisoners. None of these Jails however, issued photo ID cards to the prisoners.	State Government stated that Aadhar cards of 2,207 prisoners had been obtained and obtaining Aadhar from the rest of prisoners was under progress.	Assurance given by the Department to PAC was not implemented.

² CJs: Ajmer, Jaipur, Jodhpur and Udaipur; DJs: Dausa, Jhalawar, Sirohi and Tonk; Sub-Jail: Abu Road and Women Reformatory Centre, Jaipur.

³ Sub Jails: Beawar, Behrore, Kotputali, Malpura, Sambhar Lake; Kishore Bandi Sudhar Griha, Jaitaran.

(Refer paragraph 3.10.2.2; page 121)

Statement showing details of in-patients in excess to the bed available

S No.	Name of Selected Ward	No. of sanctioned Bed	No. of patient as per computerised system	No. of patients exceeding sanctioned beds	Percentage of patients exceeding sanctioned beds (%)
1	IC	32	157	125	391
2	3 DE	52	190	138	265
3	3 AB	45	203	158	351
4	2 DE	28	243	215	768
5	3 G	21	173	152	724
6	SW-I	43	192	149	347
7	BMRC IV (Cardiology)	34	215	181	532
8	BMRC V	69	291	222	322
	(CS Comp)				
9	CTW	77	456	379	492
10	Nephrology	59	339	280	475

Source: (On the basis of report generated on 10th March 2016).

(Refer paragraph 3.10.2.2; page 122)

Statement showing the discrepancies of in-patients between manual records maintained and report generated online in wards

S No.	Name of Selected Ward	Total No. of Patients	as on 31.3.2016	Difference with manual	
		As per computerised system	As per manual record	record	
1	IC	11	26	15	
2	Spl MICU	0	12	12	
3	3 DE	36	56	20	
4	3 AB	7	107	100	
5	2 DE	33	39	6	
6	3 G	1	46	45	
7	SW-I	3	36	33	
8	BMRC IV (Cardiology)	64	100	36	
9	Cardiology ICU	7	25	18	
10	BMRC V	125	72	53	
	(CS Comp)				
11	CTW	19	75	56	
12	Nephrology	47	34	13	
	- ••	353	628		

Source: Data based on the report generated as of 31st March 2016.

(Refer paragraph 3.14; page 128)

Statement showing the position of recovery/refund of defect liability in 17 works

S.No.	Name of work	Total payment to contractor		Defect liability recoverable	Defect liability recovered	Defect liability not recovered	(₹ in lakh) Defect liability
		Paid upto	Amount	(Per cent)			refunded
1	Providing, Laying and Jointing of various type & size of pipelines in Urban/Rural area under Sub-Division, Dudu	November 2013	43.26	4.33	3.60	0.73	0
2	Providing, Laying and Jointing of various type & size of UPVC pipeline of UWSS, Sanganer & Bagru	October 2013	79.40	7.94	1.06	6.88	0
3	Providing, Laying and Jointing of various type & size of pipeline under jurisdiction of Sub. Division-1, Sanganer	March 2014	224.70	22.47	3.51	18.96	0
4	Providing, Laying and Jointing of various type & size of pipeline of UWSS, Sanganer	September 2014	391.66	39.17	0	39.17	0
5	Construction of RCC RWH at various places under jurisdiction of JEN, Sanganer	May 2014	92.09	9.21	0	9.21	0
6	Providing, Laying and Jointing of different pipeline of UWSS, Bagru	March 2014	247.71	24.77	0	24.77	0
7	Construction of RCC RWH at various places under jurisdiction of JEN Bagru (Rural)	March 2014	33.52	3.35	1.45	1.90	1.45
8	Construction of RCC RWH at various places in Renwal Manji Block under jurisdiction of Sub Division, Phagi	September 2014	56.96	5.70	0	5.70	0
9	Construction of RCC RWH at various places under jurisdiction of JEN, Sambher	July 2014	48.16	4.81	0	4.81	0
10	Construction of RCC RWH at various places under jurisdiction of JEN, Jobner	June 2014	62.29	6.23	1.89	4.34	0
11	Construction of RCC RWH at various places under jurisdiction of JEN, Phulera	March 2014	47.76	4.78	1.43	3.35	1.43
12	Construction & Commissioning of 125mm Dia tubewells with single phase submersible pump sets in all type of strata under jurisdiction Sub Division-I, Sanganer	July 2014	455.56	45.56	34.83	10.73	31.20
13	Providing, Laying and Jointing of various type & size of UPVC pipeline in Rural area of Samber Lake	October 2014	372.93	37.29	0	37.29	0

S.No.	Name of work	Total payment to contractor		Defect liability recoverable	Defect liability recovered	Defect liability not recovered	Defect liability
		Paid upto	Amount	(Per cent)			refunded
14	Providing, Laying and Jointing of various type & size of UPVC pipeline of Rural areas, Sub-Division, Dudu	July 2014	159.31	15.93	0	15.93	0
15	Construction & Commissioning of 125mm Dia tubewells with single phase submersible pump sets in all type of strata in urban/rural area including 2000 ltr PVC Tank Sub-Division, Sanganer	October 2014	395.43	39.54	5.67	33.87	0
16	Providing, Laying and Jointing of various type & size of UPVC pipeline of Rural areas, Sub-Division, Phagi	July 2014	205.69	20.57	7.41	13.16	7.41
17	Construction & Commissioning of 125mm Dia tubewells with single phase including 2000 Ltr PVC Tank Sub-Division, Sanganer	September 2014	203.48	30.52 ⁴	5.45	25.07	0
	Total		3119.91	322.17	66.3	255.87	41.49
	Total non recovery/withholding					297.36 lakh or say ₹ 2.97 crore	

⁴ In this case, 15 *per cent* payment was recoverable against defect liability.

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