

CHAPTER – III

PERFORMANCE REVIEWS

This chapter contains performance reviews on Primary Health Care Services (3.1), University Education in Jharkhand (3.2), Pradhan Mantri Gram Sadak Yojana (3.3), Implementation of Child Labour (Prohibition and Regulation) Act, 1986 (3.4) and Implementation of Welfare Schemes in Dumka District (3.5).

HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 Primary Health Care Services

Highlights

The main objective of the Health and Family Welfare Department is to provide primary health care services to ensure an effective health care of the people particularly the rural people in the State. A review of primary health care services revealed that the Department formulated no health policy since inception of the State (November 2000) and the infrastructure and manpower continued to be inadequate as was prevailing earlier.

There were only 3495 Health Sub-centres, 533 Primary Health Centres and 31 Referral Hospitals in the State against the requirement of 5548, 1387 and 231 respectively as per the norms under the National Health Policy 2002. The shortfall badly affected the health care facilities and family welfare programme. Despite release of funds the proposed diagnostic centers in five districts were not set up.

[Paragraphs 3.1.9 and 3.1.10]

Three PHCs and 22 APHCs had no building of their own. Five PHCs and 31 APHCs had only temporary electric connection. No generator facility was available in 14 PHCs and 33 APHCs. In 18 PHCs and 33 APHCs no labour rooms were available while there was no operation theatre in 15 PHCs and 32 APHCs.

[Paragraphs 3.1.12, 3.1.13 and 3.1.15]

Construction/ renovation of 10 RHs/ Sub-divisional hospitals were not completed and handed over to CS-cum-CMO despite release of funds (Rs 3.20 crore) during 2001-02.

[Paragraph 3.1.18]

There was 50 per cent shortage of medical officers and shortage of para-medical staff was 12 to 64 per cent in the State. In test check areas there were huge shortage of Pharmacists and Lab- technician.

[Paragraph 3.1.21]

Machine and equipments valued at Rs 1.07 crore purchased for 119 APHCs were lying largely unutilised in APHC due to lack of sufficient accommodation and indoor facilities.

[Paragraph 3.1.26]

Performance of Family Welfare Programme was poor as shortfall in achievement in sterilisation, Intra Uterine Device, Conventional Contraceptive Users and Oral Pills Users ranged up to 52.63 per cent, 78.57 per cent, 76.58 per cent and 71.79 per cent respectively.

[Paragraph 3.1.28]

3.1.1 Introduction

Jharkhand has 57 per cent population living below the poverty line. The life expectancy in Jharkhand is much lower against the national average (2000) of 64.6 years. The crude birth rate, crude death rate and infant mortality rate in the State is much higher than the national average. Government did not formulate any health policy since inception of the State (November 2000). The infrastructure facilities and manpower in the PHCs, APHCs and the RHs continued to be inadequate as it was prevailing earlier.

The National Family Welfare Programme (NFWP) a centrally sponsored scheme is wholly financed by Government of India (GOI). The programme aimed at stabilizing population at a level consistent with the needs of national development by bringing down the birth and death rates, persuading people to adopt small family norms by providing medical services, medicines etc. free of cost particularly the rural people.

3.1.2 Objective

The main objective of the Primary Health Care Services is to provide effective health care services to the rural people of the State to make Jharkhand healthier.

3.1.3 Organisational set up

The Secretary, Health and Family Welfare Department is responsible for the management of the Department. As the posts of Director and the Additional Directors were not filled in, the Directorate remained non-functional. At the district level the Civil Surgeon-cum-Chief Medical Officer (CMO) is the head of medical and public health and the Additional Chief Medical Officer (ACMO) heads the District Family Welfare Bureau. They are assisted by the District Reproductive and Child Health (RCH) Officer. Medical Officers incharge of Referral Hospitals (RHs), Primary Health Centres (PHCs), Additional Primary Health Centres (APHCs) and Health Sub-centres (HSCs) are responsible at the block/ panchayat level.

3.1.4 Audit coverage

Review of working of PHCs and implementation of health and family welfare programme was conducted by test check of records for the period 2001-04 at the Secretariat at six¹ out of 22 CS-cum-CMO at districts, six ACMOs out of 22, 21² out of 75 PHCs, 33³ out of 119 Addl. PHCs, 5⁴ out of 11 RHs and 240 HSCs. The review covered 35.23 lakh population and expenditure of Rs 46.69 crore.

3.1.5 Audit objective

The review aimed at to assess

- adequacy of infrastructure,
- availability of health care facility,
- adequacy of PHCs, APHCs, RHs and HSCs,
- availability of medical and para medical staff,
- performance under the National Family Welfare Programme

3.1.6 Financial management

Huge savings
(Rs 137.91 crore)
due to deficient
budgeting.

The Department operated three major heads of account i.e. 2210-Medical and Public Health (MPH), 2211-Family Welfare (FW) and 4210-Capital Outlay (CO) on medical and public health. Budget provision, release of fund and expenditure under these heads were as under:

(Rupees in crore)						
Year	Heads of account	Budget provision	Grants released	Expenditure	Excess (+) Savings (-)	Percentage of savings
1	2	3	4	5	6	7
2001-02	2210	105.92	90.13	65.95	(-) 24.18	27
	2211	83.03	82.14	54.73	(-) 27.41	33
	4210	4.00	3.82	3.82	Nil	Nil
	Total	192.95	176.09	124.50	(-) 51.59	29
2002-03	2210	91.69	64.40	58.99	(-) 5.41	8
	2211	79.53	71.22	54.99	(-) 16.23	23
	4210	3.60	1.11	1.34	(+) 0.23	21
	Total	174.82	136.73	115.32	(-) 21.41	16

1. CS-Dhanbad, East Singhbhum, Giridih, Gumla, Ranchi and West Singhbhum.
2. Dhanbad-Dhanbad Sadar, Jharia-cum-Jorapokhar & Nirsa, East Singhbhum-Chakulia, & Potka, Giridih - Giridih Sadar, Gandey & Pirtand, Gumla-Bharno, Gumla Sadar, Palkot & Raidih, Ranchi-Angarha, Khunti, Murhu, Ratu & Sonahatu, West Singhbhum-Chaibasa Sadar, Chakradharpur, Goel Kera & Jhinkpani.
3. Dhanbad - Bhaga, Gomoh, Jharia, Jogta, Madanpur, Roam and Topchanchi.
East Singhbhum – Haldipokhar, Bangruda and Ghorbandha
Giridih- Bhandaro, Senadoni, Tuladih and Udnabad.
Gumla - Duria, Phori, Jura, Karanj and Kotam,
Ranchi – Getalsud, Jonha, Maranghade, Nagri, Narkopi, Sarjamdih, Taimara, Tangerbasli Tuko.& subsidiary Health Centre, West Singhbhum- Chotanagara, Dudhkundi, Karaikela and Hathia.
4. East Singhbhum- Juri (Potaka), Giridih- Dumri, Gumla- Basia, Ranchi- Bundu, West Singhbhum-Goel Kera.

1	2	3	4	5	6	7
2003-04	2210	78.12	78.12	61.54	(-) 16.58	21
	2211	80.36	80.36	46.12	(-) 34.24	43
	4210	14.60	14.60	0.51	(-) 14.09	97
	Total	173.08	173.08	108.17	(-) 64.91	38
	Grand Total	540.85	485.90	347.99	(-) 137.91	28

Source – Appropriation accounts of relevant years.

The persistent savings indicated deficiency in budgeting and lack of control over expenditure. Reasons for the savings were not explained to Audit.

Role of Primary Health Centres (PHCs, APHCs, RHs)

The Primary Health Centres are to provide medical care services, family welfare and maternity and child health services (MCH), implement immunization programme, promote health education and create awareness on hygiene, training, lab testing for diagnosis of disease like Malaria, TB, Leprosy etc. PHC is a referral unit for six sub-centres. A Referral Hospital is the referral unit (FRU) for four PHCs. RHs provide specialist care by four specialised medical officers *i.e.* a physician, a surgeon, a gynecologist and a pediatrician.

3.1.7 Allotment to PHC's not in proportion to population

Scrutiny revealed that Rs 90,000 was allotted to each PHC during 2003-04 for purchase of medicines despite the fact that many PHCs catered to a larger population. The establishment expenditure per patient during the three year period (2001-04) varied between Rs 295 and Rs 1647 in the PHCs.

3.1.8 Poor admission of indoor patients

It was seen that the attendance of patients in the test checked PHCs, APHCs and RHs was poor as indicated below:

Year	Health Centre	Available bed capacity	Patient admitted	Admission	
				Per day	Per Hospital
2001-02	PHC	126	1312	3.59	0.17
2002-03		126	1223	3.35	0.16
2003-04		126	1410	3.86	0.18
2001-02	APHC	198	28	0.08	0.002
2002-03		198	41	0.11	0.003
2003-04		198	34	0.09	0.003
2001-02	RH	150	3157	8.65	1.73
2002-03		150	2670	7.32	1.46
2003-04		150	3347	9.17	1.86

Capacity norms – PHC/APHC – six bed each, RH- 30 bed each.

The lack of infrastructural facilities such as diagnostic pathological testing, laboratory, labour room, operation theatre and manpower like lab-technicians. (discussed in paragraphs 3.1.15, 3.1.17 and 3.1.21) would have discouraged

attendance of the patients in the health units. Besides, the MO, APHC, Bhandaro stated (December 2003) that it was very difficult to admit the indoor patients due to lack of building and other infrastructural facilities.

Health Care Management

3.1.9 Shortage of Health Centres

Number of HSCs, PHCs and RHs was inadequate to meet the need.

The National Health Policy 2002 acknowledges the requirements of an objective assessment of the quality and efficiency of the existing public health machinery in the field as the existing public health infrastructure is not satisfactory. In Jharkhand also the required infrastructure was far from satisfactory as would be evident from the details below:

As per census	Population	Health sub -centres			Primary Health Centres			Referral Hospitals		
		Required	Existing	Shortage/ Excess	Required	Existing	Shortage	Required	Existing	Shortage
1991	2.18 crore	4368	4462	94	728	561	167	218	37	181
2001	2.69 crore	5548	3495	2053	1387	533	854	231	31	200

Source: Information as furnished by the Department.

Requirement :- one HSC/5000 (2000 for tribal and hilly area), one PHC/30000 (20000 for tribal and hilly area), one RH/100000 (80000 for tribal and hilly area).

The population served by the HSCs, PHCs and RHs in the State were not in accordance with norms fixed by Government of India as detailed below:

Health Centres	Health centers available in State	Ratio to population	Norms of population prescribed
HSCs	3495	1 : 7696	1 : 5000
PHCs/APHCs	533	1: 50469	1 : 30000
RHs	31	1: 867741	1 : 100000

Note: Information as furnished by the Department.

Though, number of sub-centres, PHCs and RHs were not adequate in the State, no new PHCs/APHCs, RHs and HSCs were established during 2001-04.

3.1.10 Failure to set up diagnostic centres

Diagnostic centers were not set up despite availability of funds (Rs 15 crore).

During 2001-04, the Eleventh Finance Commission recommended setting up of five diagnostic centres for providing free medical testing facilities in five districts (Dumka, Gumla, Hazaribagh, Palamu and West Singhbhum). Deputy Commissioner (DC) of the concerned districts were allotted Rs 3 crore each (Rs 0.47 crore for building and Rs 2.53 crore for equipment). DC, Gumla did not draw the fund while four other DCs drew the fund through the Civil Surgeons. DC, Dumka and DC, West Singhbhum advanced Rs 46.60 lakh during the period July 2002 to July 2003 and Rs 47 lakh in March 2004 respectively to the Executive Engineer, (EE), Building Construction Division (BCD). The balance of Rs 11.06 crore was lying in the Bank accounts of the

concerned Civil Surgeons. Thus none of the diagnostic centers were set up as of March 2004, resulting in denial of the intended benefits to the people.

Infrastructure facilities in the PHCs, APHCs and HSCs

Health centers did not have any building of their own and there was lack of equipment and electricity as discussed below.

3.1.11 Non-availability of mobile clinic van

Mobile clinics are to provide health care facilities to people residing in remote localities and in Hat/Bazar and Melas.

Scrutiny revealed that 11 medical officers and 103 para medical staff deployed for the mobile units in 21 PHCs and three RHs test checked did not discharge their allotted duties due to non-availability of mobile clinic. Thus, the aim of providing medical health facilities to the people of remote localities, Hat, Bazar and Mela had been defeated. During 2001-04, Rs 6.53 crore were spent on the pay and allowances of these personnel.

Medical officers-in-charge of three PHCs⁵ and RH, Basia stated (July 2004) that mobile clinic was not in operation due to lack of vans.

3.1.12 Health Centre and Hospital buildings

To provide effective health care to patients, it is imperative that Primary Health Centres have buildings of their own. Three PHCs (Giridih Sadar, Gumla Sadar and Jharia-cum-Jorapokhar) having a capacity of six-beds had no building of their own. Of these, two PHCs (Giridih and Gumla Sadar) ran in two rooms of a block office building, while the PHC at Jharia-cum-Jorapokhar functioned in a room with the HSC. As a result, the machines and equipment like iron beds, mattresses, pillow, pillow cover, mosquito net, bed sheets, Autoclave etc issued to these PHCs were lying unutilized and indoor facilities were not available. Outdoor treatment was also not available in Giridih and Gumla Sadar PHCs mainly due to lack of accommodation. However, none of the Medical Officers have furnished the reasons though called for.

Similarly, 22 APHCs (out of 33 test checked) had no buildings of their own. They ran in a room of either an HSC or in a rented room. Test check revealed that indoor treatment facility was not available in these APHCs for want of sufficient accommodation. No funds for construction of building for APHCs had been allotted during 2001-03 while Rs 11 crore allotted during 2003-04 were not drawn.

⁵ Bharno, Palkot and Sadar Gumla.

It was seen that 105 HSCs functioned in rented rooms and 27 HSCs ran in Anganbari Centre, Panchayat Bhawan, Community Hall etc. No accommodation was available for Auxiliary Nurse Midwives (ANM) of the respective HSCs.

3.1.13 Failure to ensure Electric supply

It was seen that temporary electric connection was provided in 5 PHCs and 31 APHCs. In 14 PHCs and 33 APHCs no generator was available and in 7 PHCs generators were lying idle as there were no funds for fuel.

3.1.14 Non-maintenance of Cold Chain

"Cold Chain" facility was a pre-requisite for preserving the potency of vaccines. In eight PHCs test checked, this facility was not available as ILR/Deep freezer was either not functional due to erratic supply of electricity or were lying out of order for want of repairs.

3.1.15 Lack of facilities and diagnostic equipment

In 18 PHCs and 33 APHCs no labour rooms were available, while there was no operation theatre in 15 PHCs and 32 APHCs. No pathological testing facilities were available in these PHCs/APHCs. There was no provision for safe potable drinking water in 11 PHCs and 25 APHCs and no toilet facility in 19 PHCs and 30 APHCs. The machines and equipment issued to these APHCs were lying unutilised for want of accommodation and lack of indoor treatment facilities.

It was noticed that 117 microscopes were lying unutilised with District Malaria Officers (DMO) Gumla and West Singhbhum as of March 2004. Even 41 microscopes distributed to the Health Centres were not utilised for want of pathological laboratory and technician. This resulted in denial of diagnostic facility to patients.

Scrutiny also revealed that the ultrasound machine meant for Sadar Hospital was irregularly installed in PHC, Govindpur which was lying unutilised for want of technician. Besides, 10 glucometers were lying unutilised with the CS, Dhanbad as of July 2004.

3.1.16 Ambulance Services not provided

As per the norms prescribed by Government of India one vehicle was to be supplied to each PHC for implementation of Family Welfare Programme.

It was seen that out of 21 PHCs only two PHCs (Chakradharpur and Pirtand) were provided with one ambulance each. These vehicles (value: Rs. 10 lakh) were also lying idle for want of drivers.

In five test checked districts five ambulances (value: Rs 50 lakh) supplied to five referral hospitals⁶ during 2001-03 were lying idle for want of drivers. This deprived better medical health care facilities to the rural people.

3.1.17 Lack of Infrastructure in RH

Referral Hospital is the First Referral Unit (FRU) for four PHCs offering specialist care. According to the norms each RH should have at least 30 beds, one operation theatre, Labour room, X- ray machine, laboratory facilities and should have four specialists i.e. a physician, a surgeon, a gynecologist and a pediatrician supported by 21 para medical and other staff.

No specialised treatment was provided in the Referral Hospital.

During 2001-04, specialised medical officers were not deployed in any of the five test checked RHs⁷ and diagnostic facilities were also not available.

It was seen that RH, Juri was housed in a dilapidated building, having no electric connection nor any provision of safe drinking water. The hospital building having no compound wall became a pasture for animals. Further, it was seen that machine and equipment namely iron beds, mattresses, pillow, pillow cover, bed sheet, mosquito net, auto claves and other surgical apparatus were dumped in a verandah and a room as no indoor treatment was provided in the hospital. Medical officers and para medical staff (except Compounder) were found unauthorisedly absent for periods ranging from one to four days. This was also witnessed by a few local people/patients. When this was pointed out, CS, East Singhbhum ordered withholding of pay and allowances of MOs and para medical staff at fault.

Thus, the intended objective of providing specialized treatment to patients in these RHs was defeated.

⁶ RH: Basia, Dumri, Bundu, Goelkera and Juri.

⁷ Basia (Gumla), Bundu (Ranchi), Dumri (Giridih), Goelkera (West Singhbhum) and Juri (East Singhbhum).



(Inside view of a room of Referral Hospital, Juri (Potaka) at East Singhbhum), where Iron beds, mattresses were kept dumped).



(Hedges and bushes grown up around the ambulance at Referral Hospital, Juri (Potaka) at East Singhbhum) which was lying idle for want of driver).



(Inside view of Hall/verandah of Referral Hospital, Juri (Potaka) at East Singhbhum), where iron beds etc were scattered here and there).



View of main building of RH, Juri (Potaka) in East Singhbhum, which was surrounded by hedges and bushes.

3.1.18 Non-completion of buildings – Rs 3.20 crore

Renovation/special repairs of RHs buildings remained incomplete since 2001-02.

During 2001-02, the Department sanctioned Rs.3.20 crore⁸ for construction, renovation and special repairs of ten referral and sub-divisional hospital buildings in four test checked districts. Four CS-cum-CMO in turn advanced the entire amount between February and April 2002 to the concerned Executive Engineer (EE) of Building Construction Division (BCD) for completion between March and June 2002. None of the buildings were completed as of July 2004.

CS-cum-CMO also did not take effective steps to get the work completed in time.

3.1.19 Infertuous expenditure on construction of Referral Hospital

Referral Hospital (Jamua) did not function ever since its construction (1993).

Government constructed a 30 bedded Referral Hospital at Jamua block (Giridih) in March 1993 at the cost of Rs 35.82 lakh to provide specialized medical facilities and improved health care to rural people of the area.

⁸ East Singhbhum-R.H.-Bahragora (Rs 87.03 lakh), Ghatshila (Rs 41.82 lakh), Giridih-RH, Dumri (Rs 12.32lakh) Rajdharwar (Rs 8.82 lakh), Ranchi - RH- Bundu (Rs 39.26 lakh), Mander (Rs 32.09 lakh) & Torpa (Rs 35.05 lakh), West Singhbhum Chakradharpur (Rs 48.41 lakh), RH-Goelkera (Rs 5.79 lakh) and RH Manjhaon (Rs 8.92 lakh).

However, due to absence of facilities for water supply, beds, medicines, equipments and medical and para medical personnel, the hospital did not function since its construction in 1993. The CS-cum-CMO, Giridih replied (January 2004) that medical officers, staff and equipment were not sanctioned by the Department.

3.1.20 Diet money not utilised - Rs 21.53 lakh

Patient in Referral Hospital were deprived of free diet despite availability of funds.

During 2001-04, Rs 21.53 lakh were provided by the Department to four referral hospitals⁹ for diet. The funds were not drawn and was allowed to lapse. As a result, in patients of RHs were deprived of the facilities of free-diet.

Man power Management

3.1.21 Shortage of medical and para-medical staff

Sanctioned strength and men in position of the state as furnished by the department as of August 2003 were as under:

Shortage of health care providers affected the health care services and RCH and Family Welfare Programme.

Category of personnel	Sanctioned strength	Men in position	Shortfall	Percentage of shortfall
Medical Officers	2484	1250	1234	50
ANM	6014	4764	1250	21
A Grade Nurse	927	816	111	12
LHV	610	274	336	55
FW Workers	3234	2000	1234	38
Block Extension Education Officer	193	70	123	64
PHN	36	14	22	61
Sister/ Tutor	54	23	31	57

Source: information as furnished by the Department on 31.8.2004.

There was 50 per cent shortage in the cadre of Medical Officers while shortage of para medical staff varied between 12 and 64 per cent.

Sanctioned strength and men-in-position of 19 test checked PHCs, 26 APHCs and four RHs as of July 2004 were as under:

Category of personnel	PHCs			APHCs			RHs		
	Sanctioned strength	Men-in-Position	Short fall	Sanctioned strength	Men-in-Position	Short fall	Sanctioned strength	Men-in-Position	Shortfall
1	2	3	4	5	6	7	8	9	10
Medical Officer	67	48	19 (28)	42	30	12 (29)	24	16	8 (33)
A.N.M	451	402	49 (11)	40	30	10 (25)	54	48	6 (11)
Pharmacist/ Dresser	33	18	15 (45)	37	8	29 (78)	13	1	12 (92)
X- ray / lab. Technician	18	4	14 (78)	16	--	16 (100)	11	5	6 (55)
LHV	40	30	10 (25)	--	--	--	6	4	2 (33)

⁹ Dumri (Rs 5.02 lakh), Bundu (Rs 6.16 lakh), Basia (Rs 4.73 lakh) and Goelkera (Rs 5.62 lakh).

1	2	3	4	5	6	7	8	9	10
Sanitary Inspector	17	1	16 (94)	--	--	--	3	0	3 (100)
H.W/BHW/F WW	229	132	97 (42)	11	10	1 (9)	27	13	14 (52)
Surveillance Inspector	40	16	24 (60)	--	--	--	6	1	5 (83)
Surveillance worker	153	30	123 (80)	--	--	--	25	9	16 (64)

(Figure in bracket indicates percentage).

Inadequate number of medical officers and para medical staff would have affected medical and public health services as well as implementation of family welfare and RCH programme. The Department has not furnished the reasons for the shortfall; nor did it intimate the action taken to fill up the vacancies.

Purchase of medicines

Government adopted (February and September 2003) a purchase policy according to which purchase of medicines was to be made from Government of India undertaking companies after preparing the comparative statement of the said firms. In case of non-availability of medicines in those companies the required medicines were to be purchased from the local market after necessary approval of rates by the Regional Purchase Committee headed by Regional Deputy Director.

It was noticed that during the period 2001-04, Rs 4.37 crore were spent against the total allotment of Rs 5.12 crore. Thus, 15 per cent of the allotted funds were not utilised though essential medicines at District /PHC level were inadequate. The irregularities noticed in purchase of medicines were as under:

3.1.22 Purchase of medicines without proper assessment

Distribution of date expired medicines.

Test check revealed that purchases were made at the level of CS-cum-CMO without taking into consideration actual requirement of medicines for the PHCs, APHCs and the RH. No indents for medicines were asked for from the PHC/APHC/RH by CS-cum-CMO. Thus purchases of medicines were not need based. It was noticed that purchase of medicine without ascertaining the requirement resulted in medicines remaining undistributed to the patients and consequent expiry of huge quantity of medicines namely Amoxycilline (250 mg.), Ciprofloxacin, Femotidin, IFA (large and small), Folic Acid, Manitol Inj. Ethambutol, Cotrimoxazole, Diazepam injection etc. Details are given in *Appendix – XX*.

It was also noticed that 1512 date expired Predenil pack tablets (anti-Leprosy drugs) were distributed in PHC Sadar, Chaibasa (West Singhbhum) during December 2003.

Huge quantity (1072 number) of date expired paracetamol tablets were distributed to 188 patients during March-April 2004 in the PHC/ State Dispensary, Ormanjhi (Ranchi). This indicated inefficiency of the Department

in providing health care services to rural people as the expired medicines distributed to the patients could risk the life of the patients.

3.1.23 Drug Inspector's certificate not obtained for purchase of medicines

Medicines purchased were not got tested by Drug Inspector.

Though the medicines purchased were to be tested by Drug Inspectors (DIs) and certified to be of requisite standard before making payment to the suppliers, test check revealed that payments were made without obtaining the required certificate from DI's. Out of 57 samples collected from CS, Dhanbad by the Drug Inspectors six samples were reported substandard which were distributed amongst the PHCs/APHCs/RHs. Test report of 27 samples was not received (March 2004) and four samples were returned untested by the laboratories though the medicines were already distributed to PHCs/ APHCs/ RHs and payment made to suppliers.

3.1.24 Drawal of money before receipt of medicine

Irregular drawal from treasury without supply of medicine.

Audit scrutiny revealed that CS, Giridih drew (March 2003) Rs 8.47 lakh for purchase of medicines before receipt of medicines from the supplier. The genuineness of the bills presented to treasury was doubtful as those did not contain batch number, manufacturing and expiry date of medicines. While medicines worth Rs 6.02 lakh were subsequently supplied, Rs 2.45 lakh remained with CS-cum-CMO as of January 2004.

The CS, Giridih stated (January 2004) that the medicines were not supplied by the company and the unutilized amount would be deposited into treasury. The reply was untenable as drawal of fund without actual requirement was irregular.

3.1.25 Non-availability of essential medicines /vaccines in PHC/APHC

Lack of essential medicine/vaccines despite availability of fund

Scrutiny of records of the test checked districts/ PHCs revealed that essential medicines/vaccines like Anti Venom Serum (AVS), Anti rabies vaccine, Coramin, Dexona, Avil Injection were not available in stocks of respective health centers during 2001-04 though the Drawing and Disbursing Officers surrendered Rs 75 lakh during the period. This resulted in patients being deprived of essential medicines/vaccines.

Machines & Equipment

3.1.26 Non-utilisation of machines and equipments by APHCs

Machines/equipment remained unutilised for want of sufficient accommodation in APHCs.

Scrutiny of records of six Civil Surgeons¹⁰ revealed that Rs 1.07 crore were spent on purchase of machines and equipment like iron cots, mattresses, pillow, pillow cover, bed sheets, mosquito nets, bed lockers, bed pan, stretchers, auto clave, MTP suction apparatus oxygen cylinder etc during the year 2001-02 and distributed among 119 APHC's without considering the

¹⁰ Dhanbad, East Singhbhum, Giridih, Gumla, Ranchi and West Singhbhum.

availability of accommodation. In all the 33 test checked APHCs, it was noticed that the APHCs were housed in one room or two rooms and in dilapidated buildings. Most of the APHCs had no electricity connection. As a result, the machines and equipment in those APHCs (value not ascertainable) remained unutilized. Thus, the people were denied proper health care facilities and the expenditure of Rs 1.07 crore rendered largely unfruitful.

3.1.27 Physical verification of stores and stocks not done

Physical verification not done.

As per the codal provisions and established norms physical verification of stores and stocks was required to be done periodically. Scrutiny of the records of CS / ACO/PHC revealed that no physical verification of stores and stock were done during the period 2001-04. In the absence of regular physical verification the shortage of store/ stock cannot be ruled out.

Family Welfare Programme

3.1.28 Sterilisation programme

Failure to achieve target of family planning devices

National Family Welfare Programme (NFWP) is a Centrally Sponsored Programme, fully financed by Government of India. The programme aimed at stabilising population at a level consistent with the needs of national development.

Under this programme Government of India provides compensation for purchase of medicine, fees of doctor, para medical staff and incentive money to the acceptors of sterilisation/ IUD (intra uterine devices) as per prescribed rates. Their statement of allotment and expenditure for the year 2001-04 was as below in the test checked districts:

(Rupees in crore)				
Year	Allotment	Expenditure	Savings	Percentage
2001-02	1.50	0.96	0.54	36
2002-03	1.16	0.69	0.47	41
2003-04	1.20	0.88	0.32	26
Total	3.86	2.53	1.33	34

Huge savings indicated low priority accorded to implementation of family welfare programme and sterilisation operations.

Details of target and achievement of sterilisation programme of district level are tabulated below:

(Figures in lakh)												
Year	Sterilisation			Intra Uterine Device (IUD)			Conventional Contraceptive Users (CC User)			Oral Pills Users (OP Users)		
	T	A	S	T	A	S	T	A	S	T	A	S
2001-02	0.56	0.32	0.24 (43)	0.98	0.21	0.77 (79)	1.05	0.30	0.75 (71)	0.74	0.38	0.36 (49)
2002-03	0.56	0.28	0.28 (50)	0.75	0.27	0.48 (64)	1.39	0.32	1.07 (77)	1.17	0.33	0.84 (72)
2003-04	0.57	0.27	0.30 (53)	0.79	0.22	0.57 (72)	1.03	0.40	0.63 (61)	1.03	0.35	0.68 (66)

T= Targets, A= Achievement, S=Shortfall and figures in brackets indicate percentage.

It would be seen from the above that the shortfall in achievement of sterilisation ranged between 43 and 53 per cent, though sufficient fund for compensation was available. Shortfall in achievement ranged from 64 to 79 per cent, 61 to 77 per cent and 49 to 72 per cent in IUD, CC users and OP users respectively. The shortfall was mainly attributed to delayed purchase of medicines and late receipt of funds for compensation. Among six ACMOs, ACMO Dhanbad stated (July 2004) that out of total sterilisation operation (34878) only 31 per cent of operation was conducted in Government Hospital and remaining 69 per cent was achieved by the private and other hospitals including missionary hospitals and voluntary organisations.

The shortfall was due to shortage of specialists (Anaesthesia), Medical Officers, shortage of medicines and equipments, late receipt of funds and lack of monitoring by the ACMOs.

3.1.29 Implementation of Family Welfare Programme (FWP)

The results of implementation of the Family Welfare measures in the 16 PHCs and three RHs test checked were as tabulated below:

(Figures in lakh)												
Year	Sterilisation			IUD			CC User			OP User		
	T	A	S	T	A	S	T	A	S	T	A	S
2001-02	0.14	0.03 (21)	0.11 (79)	0.15	0.03 (20)	0.12 (80)	0.27	0.09 (33)	0.18 (67)	0.23	0.08 (35)	0.15 (65)
2002-03	0.12	0.03 (25)	0.09 (75)	0.17	0.05 (29)	0.12 (71)	0.23	0.12 (52)	0.11 (48)	0.22	0.08 (36)	0.14 (64)
2003-04	0.11	0.02 (18)	0.09 (82)	0.15	0.04 (27)	0.11 (73)	0.18	0.13 (72)	0.05 (28)	0.18	0.05 (28)	0.13 (72)

T= Target, A= Achievement, S=Shortfall and figures in brackets indicate percentage.

It would be evident from the above that achievement was very poor in all the components of the programme.

Test check of records revealed that participation of male in sterilisation operation was negligible as only four vasectomy operations were conducted (RH, Dumri (one) and PHC Chakradharpur (three) during 2001-04. Not even a single operation was done in other PHC test checked. This indicated failure of Department in popularising these devices of family planning.

Against this backdrop the department incurred expenditure of Rs 5.71 crore, Rs 4.19 crore and Rs 4.17 crore on establishment during 2001-02, 2002-03 and 2003-04 respectively.

3.1.30 Immunisation

National Family Welfare Programme (NFWP) includes Universal Immunization Programme (UI) which aimed to reduce mortality and morbidity among infants and younger children by application of preventive vaccines for BCG, polio, tetanus, DPT, measles etc. Achievement of Immunisation Programme in the test checked districts is as under:

(Figures in lakh)

Year	T.T. (PW)			DPT			OPV			BCG			MEASLES		
	T	A	S	T	A	S	T	A	S	T	A	S	T	A	S
2001-02	5.17	1.78	3.39 (66)	3.70	2.47	1.23 (33)	3.70	2.52	1.18 (32)	3.70	2.94	0.76 (21)	3.70	2.13	1.57 (42)
2002-03	4.43	1.75	2.68 (61)	3.50	2.21	1.29 (37)	3.50	2.45	1.05 (30)	3.50	2.93	0.57 (16)	3.50	2.10	1.40 (40)
2003-04	4.11	1.56	2.55 (62)	3.31	1.86	1.45 (44)	3.31	2.05	1.26 (38)	3.31	2.59	0.72 (22)	3.31	1.86	1.44 (44)

T= Target, A= Achievement, S=Shortfall and figures in brackets indicate percentage.

Shortfall in achievement of targets under immunisation.

Poor implementation of immunisation programme adversely affected the objectives of the Department

3.1.31 Fleet strength and maintenance of vehicles

Out of 91 Ambulances, five deluxe buses, two hydraulic trucks and one recovery van received under Family Welfare Programme from Government of India during 2001-03, 84 ambulances were distributed to different hospitals of rural and urban areas and remaining 15 vehicles valued approximately at Rs 1.50 crore lying idle in the campus of Doranda and Ranchi as of March 2004.

3.1.32 Monitoring and evaluation

Lack of proper monitoring and evaluation.

The Department did not evolve any system of periodical supervision/ inspection of PHCs by senior officers of the Department. Performance of PHCs in rendering preventive, curative and specialized health care to patients was not monitored by the department with a view to ensuring intended health care facilities to patients in PHCs. The Directorate of Health and Family Welfare Department did not start functioning for want of posting of Director and Additional Directors. Evaluation of performance of PHCs/APHCs/RHs was also not done by the government or any other independent agency for identifying weaknesses in the system and taking remedial action.

3.1.33 Conclusions

While the State of Jharkhand was created in November 2000, the State Government formulated a health policy only in June 2004.

Lack of infrastructure like buildings, electricity, generator facilities, safe drinking water/ sanitary facilities, labour room, pathological testing facilities, X-ray machines etc in the health care units were the main hindrance in providing better medical health care. Inadequate number of medical officers and para medical staff affected the medical and public health services as well as family welfare programme in the state. There were lack of supply of life saving drugs in the health care units.

Purchase of machines and equipment without assessing the actual requirement and without ascertaining the storage facilities and accommodation resulted in non-utilisation of equipment in PHCs/APHCs. There were instances of distribution of time expired medicines.

3.1.34 Recommendations

In order to strengthen the health care system the following recommendations are made:

- Directorate should be made functional immediately.
- Government should ensure buildings with infrastructure for HSCs, PHCs, APHCs, RHs.
- Government should ensure that sterilization under Family Welfare Programme as well as the immunisation programme should be implemented in a focused way.
- Government should ensure that essential and life saving drugs are available in PHCs/APHCs and RHs and that procurement is made based on proper assessment of requirements.
- Government should ensure the presence of medical officers and para medical staff round the clock in PHCs/APHCs and RHs. Medical officers should regularly visit HSCs.

The matter was referred to the Government (September 2004 and February 2005); reply is awaited (May 2005).

HUMAN RESOURCES DEVELOPMENT DEPARTMENT

3.2 HIGHER EDUCATION

Functioning of Universities in Jharkhand

3.2.1 Introduction

Ranchi University, Ranchi was established in July 1960 under the Bihar State Universities (Bihar, Bhagalpur and Ranchi University) Act, 1960 and is presently governed by the Jharkhand State Universities Act, 2000. The university is registered under the UGC Act; 1956. The University had 34 constituent Colleges, 23 Post Graduate (PG) departments and a PG Centre at Chaibasa.

Vinoba Bhave University Hazaribagh was established in September 1992 under the Bihar State Universities Act, 1976 on bifurcation of Ranchi University. The university had 19 constituent colleges, under its control.

Siddhu Kanhu University, Dumka was established in January 1992 under the Bihar State Universities Act, 1976 on bifurcation of Bhagalpur University. The name of Sidhu Kanhu University was changed (May 2003) to Sido Kanhu Murmu University, Dumka. The university had 13 constituent colleges and five PG departments under its control.

These Universities were established for imparting instructions in various branches of learning, including professional studies and technology for research advancement and dissemination of knowledge, to conduct examinations and to grant and confer degrees, diplomas, certificates and other academic distinctions.

Test check of the records in the Higher Education Department and three Universities (RU, VBU and SKU) and 23¹ constituent colleges (RU:11; BVU:5 and SKU:7) (out of 66 constituent colleges) was conducted (between November 2003 and February 2004, May 2004 and January 2005) covering the period from November 2000 to March 2004.

¹ Ranchi Women's College, (2) Tata College, Chaibasa, (3) K.O. College, Gumla, (4) G.L.A.College, Daltonganj, (5) J.N. College, Dhurwa, (6) Birsa College, Kunti, (7) Panch Pargania Kishan College, Bundu, (8) Singhbhum College, Chandil, (9) Graduate School College for women's, Jamshedpur, (10) Ghatshila College, Ghatshila, (11) Bahragora College, Bahragora, (12) S.P. College, Dumka, (13) Deoghar College, Deoghar (14) A. S. College, Deoghar, (15) Godda College, Godda, (16) Jamtara College, Jamtara, (17) Sahibganj College, Sahibganj, (18) R.D. Bajla Mahila College, Deoghar and (19) K.B.Women's College, Hazaribagh, (20) ST. Columbus College, Hazaribagh, (21) J.J. College, Jhumri Tilaya, (22) Chas College, Chas and (23) R.S. More College, Govindpur, Dhanbad.

3.2.2 Finances of the Universities

The Universities were mainly financed through (i) grants-in-aid by the State Government and the University Grants Commission (UGC), (ii) endowments made to the University, (iii) donations and contributions received from the local authorities and private persons and (iv) fees and fines levied under the Universities Act 2000 and Statutes, Ordinance and Regulations made there under.

The position of receipts and expenditure of each University during the period under review as reflected in the accounts of the Universities were as follows :

Ranchi University

Year	Receipt						Expenditure	
	State Government Grant	U.G.C. Grant	Receipt from other agencies**	Income from own sources***	Total receipt	Estt./ Revenue Exp.	Capital & others	Total Exp.
15.11.00 to 31.3.01	1646.50	27.13	1.32	134.60	2108.74	1822.85	36.76	1859.61
2001-02	5208.35	77.62	-	129.95	5415.92	4810.97	76.52	4887.49
2002-03	6055.36	37.06	3.21	311.94	6407.57	6569.49	43.20	6612.69
2003-04	7300.00	115.24	6.80	929.21	8351.25	8413.48	127.81	8541.29
					22283.48			21901.08

Vinoba Bhawe University

15.11.00 to 31.3.01	676.22	-	-	130.48	973.90	789.81	-	789.81
2001-02	2271.30	-	-	187.29	2458.59	2389.31	67.74	2457.05
2002-03	2908.98	--	--	370.20	3279.18	2773.43	39.38	2812.81
2003-04	3466.60	5.90	519.47	257.88	4249.85	4131.11	94.14	4225.25
					10961.52			10284.92

Sido Kanhu Murmu University

15.11.00 to 31.3.01	374.84	-	-	130.20	623.33	424.64	1.65	426.29
2001-02	1205.92	-	1.35	322.28	1529.55	1485.75	10.99	1496.74
2002-03	1794.38	--	0.15	433.50	2228.03	1913.05	10.12	1923.17
2003-04	1852.60	--	-	395.50	2248.10	2210.28	90.46	2300.74
					6629.01			6146.94

3.2.3 Lack of budgetary discipline and control

Budget proposals of the Universities were not timely submitted to Government and not got approved and funding was made on adhoc basis.

The Universities Act provides submission of Budget Estimates of the University and its colleges to the Government in such form and time as may be prescribed in the statutes. Neither statutes were prepared nor specific time schedule framed by the Universities and the Government. The Vinoba Bhawe

** Receipt from agencies other than UGC.

*** Includes fees income and interest income.

University stated that the due date of submission of Budget Estimates was 30 September every year. All three Universities submitted budget estimates several months after the beginning of the year and sometimes no budget is submitted at all as in the case of Vinoba Bhave University for the year 2000-01.

No action was taken by the Government except a few letters asking for submission of budget in time duly supported by relevant statistics.

Despite specific directive (August 2001) of the Government for timely submission of budget these Universities submitted their budget estimates for 2002-03 after 10 months. Government stated (August 2004) that the budget estimates lacked adequate information and supporting papers regarding sanctioned strength and men in position and the demands were inflated by allowing higher pay scales. Thus the budget provisions of the Government based on previous year's grants were passed by the Finance Department on adhoc basis as was being done since 1986.

3.2.4 Delay in preparation of accounts

No specific accounts rules were framed and no time schedule were prescribed for preparation of annual account.

Section 34 (J) of the Universities Act provides that University may frame statutes for the maintenance of accounts of income and expenditure of the university and colleges and prescribe forms and registers in which such accounts are to be prepared. The Act provides that under the direction of the Syndicate, annual report on the working of the University which includes the annual accounts of the University, shall be prepared and submitted on the prescribed date for consideration of the Senate at its annual meeting.

On test check of the accounts and records of three Universities it appeared that no specific accounts rules were framed by the Universities nor any format of accounts prescribed. No time schedule was prescribed for preparation of accounts. The extent of delay in preparation of accounts in the Universities is shown below:

Sl. No.	Name of the University	Annual account prepared upto year	Date of finalization	Years of accounts in arrears
1	Ranchi University	2000-01, 2001-02 to 2003-04	November 2003 January 2005	- -
2	Vinoba Bhave University	1999-2000	June 2003	2000-01 to 2003-04
3	S. K. University	2003-04	July 2004	-

Vinoba Bhave University clearly defaulted in discharging their responsibility for timely finalisation of their accounts.

3.2.5 Improper maintenance of Cash Book

Ranchi University

General Cash Book for the period 2000-01 to 2002-03 was not maintained properly. Receipt side of the Cash Book for the period 2001-02 and February and March 2003 was not written. It was not closed and balanced at the end of each month and each financial year. The cash book was not signed by any authority.

The University was to prepare monthly, quarterly and annual abstract register of receipts and expenditure, through which the annual accounts were to be prepared. Instead annual accounts were prepared from Cash Books.

Vinoba Bhawe University

In Vinoba Bhawe University, the cash book was not maintained in proper form since 2000-01. The subsidiary records such as subsidiary cash book, monthly, quarterly and annual abstract register of receipts and payments were also not prepared. The University stated (January 2005) that due to paucity of trained personnel the cash book has been maintained in computerised form of Bank/cash book and receipt and payment accounts were prepared on the basis of daily book through a chartered accountant which was not certified by any authority of the University. Bank reconciliation statement was prepared, but the errors were not rectified.

3.2.6 Outstanding Advances

No rule for payment of advance was framed, adjustment of advances was poor and outstanding advances mounted year to year.

The Universities did not frame any rule regarding payment and recovery of advances. Advances were sanctioned by the Vice-Chancellor for conducting University Examinations, evaluation of answer books, purchase of answer books, etc. to the University employees as well as to the Principals of Colleges and Centre Superintendents and other contractors but their adjustments and recoveries were very poor. As a result, unadjusted and unrecovered advances were mounting year after year as indicated in the table below:

Ranchi University

(Rupees in lakh)						
Sl. No.	Year	Opening balance	Advance paid	Total	Adjustment/recovery	Amount outstanding
1	2000-2001	591.07	37.44	628.51	6.80	621.71
2	2001-2002	621.70	42.64	664.34	9.90	654.44
3	2002-2003	654.44	41.74	696.18	5.49	690.69
4	2003-2004	690.69	67.14	757.83	11.24	746.59

Vinoba Bhawe University

Sl. No.	Year	Opening balance	Advance paid	Total	Adjustment/recovery	Amount outstanding
1	2000-2001	277.63	37.32	314.95	0.81	314.14
2	2001-2002	314.14	112.35	426.49	13.44	413.05
3	2002-2003	413.05	107.31	520.36	10.24	510.12
4	2003-2004	510.12	73.78	583.90	3.44	580.46

Sido Kanhu Murmu University

Sl. No.	Year	Opening balance	Advance paid	Total	Adjustment/rec overy	Amount outstanding
1	2000-2001	46.80	6.26	53.06	0.02	53.04
2	2001-2002	53.04	23.22	76.26	5.61	70.65
3	2002-2003	70.65	24.22	94.87	7.65	87.22
4	2003-2004	87.22	30.05	117.27	7.40	109.87

The University authorities thus failed to ensure timely adjustment or recovery of advances. Cases of heavy and old advances pertaining to the period between 1993-94 and 2003-04 and still lying unadjusted/un-recovered are shown in (*Appendix-XXI*). Some of the amounts are outstanding for more than ten years and the defaulting persons include quite a few former functionaries as shown below:

Sl.No	Name of Advance holders	Amount (Rs in lakh)	Period
1.	Sri Jari Kumar Sinha, Cricket coach	5.82	1992-93 to 2003-04
2.	Sri Kailash Singh, Ex P.A. to VC	16.77	1994-95 to 2003-04
3.	Sri B Kandolna, Ex. Hockey Coach	7.28	-do-
4.	Sr H P Rai, DPI, Retired	5.98	-do-
5.	Sri Prof. Shiv Pd., Ex. OSD	1.93	-do-

Very large amounts ranging into lakh of rupees are also outstanding against Principals of several colleges on account of centre expenses.

3.2.7 Non maintenance of Registers

None of the Universities maintained asset registers. Stock registers were maintained. Physical verification of both consumable and permanent articles were not done since 1993 in Vinoba Bhawe University.

Infrastructure Development

Out of released amount of Rs 6.98 crore, universities could utilize Rs 5.34 crore.

None of the three Universities have their own campus. State Government sanctioned Rs 21.14 crore for campus development and construction of examination hall the progress was unsatisfactory.

3.2.8 Incomplete Campus development work

Government sanctioned (March 2002) Rs 18.14 crore for Campus development in the three Universities (RU: Rs 7.72 crore, VBU: Rs 4.80 crore, SKU: Rs 5.62 crore) with the following directives:

- To get the design, model and plans prepared by an Architect to be approved by the Government;
- To prepare estimate on the scheduled rates of P.W.D.;
- To obtain the technical sanction of the competent authority;
- To utilise the fund for the purpose for which it was sanctioned and

- (v) To report the physical and financial progress of the scheme every three months to the Government.

Government released Rs 5.99 crore for campus development against which Rs 4.72 crore was utilized by three universities.

Government released Rs 5.99 crore in July 2002 (RU: Rs 2.55 crore, VBU: Rs 1.58 crore and SKU: Rs 1.86 crore). The expenditure incurred was Rs 4.72 crore as of December 2004 (RU: Rs. 2.59 crore, VBU: Rs 2.11 crore and SKU: Rs 0.02 crore). The work of campus development could not be completed due to non-transfer of land to Ranchi University & Sido Kanhu Murmu University. In Vinoba Bhave University the construction of building could not be completed due to non-release of the second instalment of funds.

3.2.9 Non-completion of multipurpose examination hall

Government released Rs 0.99 crore for constructions of Examination Hall, against which Rs 0.62 crore utilized.

The Government sanctioned (December 2001) Rs one crore each for construction of a multi purpose examination hall having seating capacity of 1000 students at Ranchi College (Ranchi University), St. Columbus College (Vinoba Bhave University) and SP College, Dumka (SK University).

All the three Universities were paid Rs 0.33 crore each (being 33 *per cent* of sanctioned amount) in July 2002. Out of Rs 0.99 crore so released, Rs 0.62 crore (RU: Rs 0.18 crore, VBU: Rs 0.43 crore and SKU: Rs 0.01 crore) was utilised (December 2004). Thus, even the first instalment could not be spent after two years of its release.

Academic Activities

3.2.10 Prescribed number of teaching days not observed

UGC's prescribed norms of 180 Teaching days was not observed by the Universities.

The UGC prescribed (November 1988) norms of 180 teaching days in a year after adjusting 132 days (for admission, examination 72 days and public holidays 60 days) excluding 52 Sundays. These Universities, in violation of the UGC norms, allowed public holidays and vacation exceeding 60 days during the review period as a result of which lesser number of teaching days were observed in these Universities, as detailed below:

University	Teaching days observed				
	1998	1999	2000	2001	2002
1. Ranchi	121	125	124	151	124
2. S.K.U. ^Δ	126	134	132	128	129
3. V.B.U.	128	127	125	126	132

Δ SKU is not registered with UGC.

3.2.11 Posting of teachers without sanctioned posts

128 teaching posts lying vacant.

Scrutiny of records of Universities revealed that Universities deployed 84 teachers in 22 colleges and 12 PG departments to teach subjects² for which no post was sanctioned. Contrarily, no teachers were actually in position against 128 sanctioned posts in 37 colleges, as shown in **Appendix-XXII**.

² Physics, Chemistry, Maths, Botany, zoology, Geology, Philosophy, Hindi, English, Urdu, Bengali, Oriya, Sanskrit, Geography, History, Political Science, Sociology, Economics, Anthropology and Home Science.

Unjustified deployment of Teachers

Ranchi University

In 9 PG departments and 23 colleges in Humanities and Social Sciences faculty, 58 teachers were deployed in excess where as in the same stream in 17 departments and 26 Colleges 257 posts were lying vacant. In 4 PG departments and nine Colleges in science faculty, 31 teachers were in excess where as in the same stream in six PG departments and 18 Colleges 150 posts were vacant. In a PG department and four Colleges in Commerce faculty 13 teachers were deployed in excess where as in the same stream in 10 Colleges 27 posts were vacant.

Vinoba Bhawe University

In nine colleges in Humanities and Social Sciences faculty 11 teachers were deployed in excess where as in the same stream in 8 colleges 48 posts were vacant. In nine colleges in Science Stream 23 teachers were deployed in excess. In two colleges in Commerce faculty three teachers were deployed in excess.

Sido Kanhu Murmu University

In four colleges in Humanities & Social Sciences faculty 21 teachers were deployed in excess where as in the same stream in 13 colleges 80 posts were vacant. In four colleges in science stream four teachers were deployed in excess where as in the same stream in 13 colleges 26 posts were vacant. In one college in Commerce faculty one post was vacant.

3.2.12 Delay in Publication of examination Results

Section 30 of the Jharkhand State Universities Act, 2000 provides that the date of examination is to be notified by the State Government in the official gazette and the result of the examination should be published within sixty days of the termination of the concerned examination which may be extended to further sixty days for reasons to be recorded in writing.

Results were not published within time schedule. Publication of result delayed between 6 to 240 days.

Scrutiny revealed that dates of examination were not notified in Government official gazette and the time schedule for publication of results after completion of examination of various courses of studies was not maintained. There was inordinate delay in publication of results of final examinations as indicated below:

Name of the University	Period of Examination	Name of examination	No. of Exam.	Period of delay after 60 days from the last date of examination (days)
Ranchi University	1998-2003	BA/BSC/B. Com.	6	6 to 105
	1998-2001	MA/M. Sc. /M. Com	4	79 to 171
Vinoba Bhawe, Hazaribagh	1998-2003	BA/BSC/B Com.	6	25 to 150
	1998-2000	MA/M Sc. /M Com	3	90 to 240
S. K. University, Dumka	1998-2003	BA/BSC/B Com.	6	40 to 187
	1999-2000	MA/M Sc./M Com.	3	14 to 56

Controller of examination of SK University stated (June 2004) that delay was attributable to agitation from the student's side, strike of teaching staff and Court case. Reasons for delay were not furnished by other Universities.

3.2.13 Physical Verification of Books not conducted

Physical Verification of the Central Library of Ranchi University was not done after 1976 and that of Vinoba Bhave University was last done in July 2003. No physical verification of the library of SK University was done since its establishment (January 1992).

Non-functioning of governing bodies/University Committees

3.2.14 Non-constitution of Senate

The Government and the Universities failed to constitute the Senate, the Supreme governing body fully as provided under Section 18 of the Jharkhand State Universities Act, 2000 and hence the Senate meetings were not held.

Shortfall in Meetings of Syndicate

Prescribed norms
of meetings of
syndicate not
observed.

As per Section 22 (3) of the Jharkhand State Universities Act, 2000, the Syndicate, which is the executive council should hold meeting at least once a month (leaving period of holidays). Against the minimum 29 meetings required only 11, 4 and 8 meetings were held in Ranchi University, Vinoba Bhave University and Sido Kanhu Murmu University respectively during 15 November 2000 to 31 March 2003.

Scrutiny further revealed that during the period from 15 November 2000 to March 2003 the Commissioner-cum-Secretary, Higher Education or Director, Higher Education, Government of Jharkhand did not attend the meeting of Syndicate of SKU as required under Section (22) *ibid*.

Non-functioning of University Committees

Finance Committee was not functioning in Ranchi University and Vinoba Bhave University whereas Planning and Evaluation Committees were not even constituted in any of the Universities.

3.2.15 Conclusions

The Universities did not submit their budgets to the Government in time and continued to receive funds on ad hoc basis. They had not prescribed any format for their accounts nor any rules and prepared the accounts on the basis of their Cash Books and other subsidiary records which had quite a few deficiencies. The Universities were slow to utilize the funds received from the government for infrastructure development. The governance of the Universities was deficient in that meetings of the Senate, the supreme governing body were not held. Similarly, none of the universities had any finance committee in position. Large amounts of money advanced to Principals of the Colleges and functionaries of universities were outstanding for years together in the absence of any proper system of watching the

recoveries/adjustments of advances. There were delays in publication of examination results. The prescribed number of teaching days were not observed in any of the universities. There were instances of teachers being deployed without sanctioned posts in the universities and no teachers being deployed against sanctioned posts in many colleges.

3.2.16 *Recommendations*

- Timely preparation of Budget by the Universities and its approval by the Finance Committee should be ensured.
- Prompt adjustment of outstanding advances, before the close of the financial year should be insisted upon.
- Timely declaration of examination results needs to be given top priority.
- Teachers are to be deployed according to sanctioned strength.

The matter was reported to the Government (October 2004) and again (February 2005); their reply is awaited (May 2005).

3.3 Pradhan Mantri Gram Sadak Yojana

Highlights

Government of India launched the programme “Pradhan Mantri Gram Sadak Yojana” in December 2000 to provide all weather road connectivity to all rural habitations of the State by the year 2007. There were 21036 unconnected habitations in the State of which only 1200 habitations were provided with connectivity during 2000-04. Implementation of the programme was slow and suffered from various deficiencies such as improper selection of roads, non-observance of schedule of activities, faulty estimates, wrong priority for up-gradation works rather than for connectivity and lack of monitoring and supervision.

Out of 499 roads measuring 2747.96 kms targeted for construction during 2000-04, the State could complete 131 roads providing connectivity to only 138 habitations of population of 1000 and above and 105 habitations of population below 1000.

(Paragraph 3.3.9)

Priority in road connectivity was not observed. As a result, 19 roads selected for construction at an estimated cost of Rs 23.71 crore did not connect even a single habitation having population of 1000 and above and Rs 13.18 crore were already spent on these roads up to March 2004.

(Paragraph 3.3.10)

Contrary to the norms of the programme, up-gradation works were given priority over the works of new connectivity and amount provided for up-gradation works exceeded 66 per cent of total allocations in the State.

(Paragraph 3.3.14)

Irregular and indiscriminate time extensions were granted to the contractors, which resulted in low achievement besides relieving the contractors from payment of penalty of Rs 34.43 crore.

(Paragraph 3.3.17)

Quality control and monitoring mechanism to be established at the State level was not set up till March 2004 and such monitoring at PIUs level were ineffective due to want of quality testing facilities. According to inspections carried out by the National Quality Monitors 28 out of 109 roads were below Very Good.

(Paragraph 3.3.20)

3.3.1 Introduction

Government of India (GOI) launched (December 2000) the Pradhan Mantri Gram Sadak Yojana (PMGSY), a Centrally Sponsored Programme, with the primary objective of providing all weather connectivity to all unconnected habitations with a population of 1000 persons and more by the year 2003 and for 500 and above by the Tenth Plan period (2007). Upgradation of existing roads was also permissible in only those districts where all habitations of designated population size had been provided with all weather connectivity.

3.3.2 Organisational set up

Rural Development Department (RDD) headed by the Secretary was the nodal Department (ND) for implementation of the programme. Rural Engineering Organisation (REO) headed by Engineer-in-Chief (EIC) of the RDD was the Executing Agency (EA) and the 24 REO (Works) Divisions in 22 Districts headed by an Executive Engineer (EE) in each Division were the Programme Implementation Units (PIUs). Birla Institute of Technology (BIT), Ranchi was the State Technical Agency (STA) since August 2001 and was responsible for scrutinising the project proposals prepared by the State Government, providing technical support and undertaking quality control test upon specific request.

3.3.3 Audit objectives

Audit objective was to assess:

- The financial management of the programme
- Programme management and execution of works
- Delivery of the desired output of the programme by providing all weather road connectivity to targeted habitations within a specified timeframe; and
- Quality control issues and monitoring of the programme

3.3.4 Audit coverage

Records of Rural Development Department, Rural Engineering Organisation and six PIUs in five districts³ where 40 *per cent* of total expenditure was incurred were test-checked between May and August 2004.

³ Bokaro, Dumka, Giridih, Hazaribagh and Ranchi

Financial Management

Fund released by the GOI and expenditure incurred as of March 2004 were as below:

(Rupees in crore)

Year	Estimated cost	Tendered cost	Amount released by the GOI	Expenditure
2000-01	144.24	133.75	123.87	114.09
2001-03	242.11	221.99	230.00	131.95
2003-04	135.92	122.03	Nil	Nil
Total	522.27	477.77	353.87	246.04

Shortfall in utilisation of released fund was eight *per cent* in 2000-01 and 43 *per cent* in 2001-03. As regards not taking up any works in 2003-04, Government stated (January 2005) that GOI introduced the new accounting system since April 2004 according to which accounts of PMGSY funds were to be prepared on commercial pattern. The funds were to be released only after submission of audited accounts, which were under compilation by engaging Chartered Accountants.

Following deficiencies were noticed in financial management of the programme:

3.3.5 Loss of interest

There was loss of interest of Rs 1.13 crore due to delay in finalisation of budgeting procedure.

In the absence of any State level autonomous agency in the State as envisaged by the GOI, the grants given by the GOI to the State Government was required to be distributed to the District Rural Development Agencies (DRDAs) within 15 days from the date of receipt. The funds, so received were to be kept in the Bank account of the DRDA concerned. However in the first year (2000-01) the State Government received Rs 110 crore in two instalments (Rs 10.19 crore in February 2001 and Rs 99.81 crore in March 2001) which was kept in the Consolidated Fund of the State and was released to DRDAs only in July 2001 due to delay in finalisation of budgeting procedures. The delay of 136 days for Rs 10.19 crore and 86 days for Rs 99.81 crore for transfer of funds to DRDAs resulted in a loss of Rs 1.13 crore on account of interest, which would have accrued to the programme fund had the funds been in the DRDA's bank account during that period. The State Government, however, constituted the State level agency named as "Jharkhand Rajya Gramin Path Vikas Pradhikaran" (JRGPPV) in August 2003 and had been receiving funds directly from the GOI through a specified account opened with the State Bank of India, Hatia.

3.3.6 Loss due to non-provision of cost of preparation of DPR

As per programme guidelines cost of preparation of the Detailed Project Reports (DPR) at the rate upto Rs 10,000 per km was to be included in the project cost, which was left out in the project cost of constructions in the first and second phase, the State Government released Rs 67.82 lakh for conducting survey etc. The amount spent on survey etc. met out of state funds was not recouped and was thus a loss to State Government.

3.3.7 Central/State taxes deducted from Contractors' bill not credited to respective Government account

From December 2003 onwards PIUs issued cheques to contractors for net amount for drawal from SBI, Hatia after deducting Central/State taxes. Test check revealed that deductions of Rs 82.54 lakh (December 2003-May/June 2004) were not credited to respective Government accounts as detailed below:

District	Amount lying in Bank Account				
	(Rupees in lakh)				
	Income Tax	Sales Tax	Royalty	Other revenue	Total
Bokaro (As of 5/2004)	4.58	1.27	1.01	-	6.86
Dumka (As of 5/2004)	7.85	7.76	-	1.37	16.98
Giridih (As of 5/2004)	5.24	5.24	9.00	-	19.48
Hazaribagh (As of 6/2004)	5.57	5.32	28.33	-	39.22
Total	23.24	19.59	38.34	1.37	82.54

3.3.8 Avoidable liability due to unnecessary provision of spray grouting

Unnecessary provision of built up spray grouting resulted in avoidable expenditure of Rs 8.50 crore on the State exchequer

Though the built up spray grouting (BUSG) was not approved by the Central Road Research Institute (in first phase) the State Government decided to meet the cost of this item of work out of its own fund. However, it was seen in audit that Rural Engineering Organisation issued instructions in June 2003 to all PIUs to stop further execution of work of BUSG in view of economy. In six test checked divisions it was seen that work of BUSG for Rs 8.50 crore was already executed and paid for. Due to this there was unnecessary expenditure of Rs. 8.50 crore. It was further seen that though this entire expenditure was to be met out of the State Fund, Rs 5.11 crore was met out of PMGSY fund.

Programme Management

The programme primarily aimed at providing all weather connectivity to all the 21036 unconnected habitations of the state within a specified time frame. Implementation of the programme was slow and suffered from under-utilization of funds, improper selection of works, delayed execution of works etc. as discussed in succeeding paragraphs.

3.3.9 Under-utilisation of funds

Details of approved Projects targeted and achievement there against during 2000-04 were as under:

(Length in Km- Amount in Rupees in crore)								
Phase	Project approved			Achievement			Shortfall	
	Number of roads	Length	Estimated cost	Number of roads	Length	Expenditure	Number of roads	Length
First	166	900.74	144.24	97	557.43	79.61	69	343.31
Second	202	1200.23	242.11	34	192.40	30.82	168	1007.83
Third	131	646.99	135.92	Nil	Nil	Nil	131	646.99
Total	499	2747.96	522.27	131	749.83	110.43	368	1998.13

Thus, though funds were available, implementation of the programme in the State lagged far behind the target. The expenditure incurred in first and second phases was 85 and 59 *per cent* respectively while the number of roads completed was 58 *per cent* in first phase and 17 *per cent* in the second.

Performance in the test-checked districts was as below:

(Length in Km- Amount in Rupees crore)								
Phase Year	Project approved			Achievement as of March 2004			Percentage of achievement	
	Number of roads	Length	Estimated cost	Number of roads	Length	Expenditure	Number of roads	Length
2000-01	52	352.50	60.18	35	260.14	36.97	67	74
2001-03	80	473.52	97.33	18	117.46	18.92	23	25

During 2003-04, however, no works were taken up although funds were available.

3.3.10 Flawed selection of roads

19 roads selected in seven districts did not provide connectivity to any of the targeted habitations.

As per the guidelines of PMGSY, so long as there were unconnected 1000+ habitations, selection of roads was required to be done in such a way that it would cover at least one 1000+ habitation. But 19 roads in total length of 133.95 kilometers in seven districts were selected which did not connect even a single 1000+ habitation. The estimated cost of these roads was Rs 23.71 crore against which Rs 13.18 crore were already spent up to March 2004.

3.3.11 Shortfall in coverage for providing connectivity

As against providing connectivity to all the habitations with population of 1000 and above by 2003 the shortfall was 79 per cent even as of March 2004 as below:

Number of habitations	Categories of habitations for coverage during 2000-04				
	1000+	500-999	250-499	<250	Total
Unconnected habitations before PMGSY	2622	4178	5962	8274	21036
Habitations taken up in the first Phase	243	150	137	100	630
Habitations taken up in the second Phase	319	117	62	72	570
Total habitations taken up	562	267	199	172	1200
Shortfall in achievement	2060(79 <i>per cent</i>)				

In five test checked districts the shortfall in taking up connectivity of habitations having population of 1000 and above ranged between 74 and 78 *per cent* as detailed below:

District	Unconnected Habitations		Provision for connectivity (1 st & 2 nd phase)		Balance		Percentage of shortfall
	1000+	999 and below	1000+	999 and below	1000+	999 and below	
Bokaro	153	541	33	27	120	514	78
Dumka	50	1000	12	62	38	938	76
Giridih	155	1607	38	33	117	1574	75
Hazaribagh	268	1175	66	28	202	1147	75
Ranchi	219	2206	57	58	162	2148	74
Total	845	6529	206	208	639	6321	

The respective EEs and the Rural Development Department stated that the connectivity was taken up according to the fund allocated by the GOI. The reply was not acceptable as the nodal department failed to utilise the funds made available by the GOI.

3.3.12 Non-observance of schedule of activities

Non-observance of schedule of activities led to delay in achieving envisaged benefit of programme.

The programme stipulated a period of nine months for completion of the works from the date of approval of the project. Out of 132 road works approved for five districts during 2001-2003, none was completed in time. It was seen that over six months were consumed in preparation and sanction of the estimates and there was delay of up to seven months in deciding an award of tendered works though a maximum of 15 days was permitted in the programme for taking a decision on finalisation of tenders. Besides, the progress of work was invariably slow and the estimates also were found to be faulty.

Execution of works

PMGSY works were to be executed according to Guidelines. However instances of preparation of faulty estimates, work allotted to unregistered contractors, grant of irregular and indiscriminate time extension, construction of sub-standard roads were noticed as discussed below:

3.3.13 Works executed on the basis of faulty estimates

Works commenced on the basis of faulty estimates led to revision of estimates.

The estimates of first and second phases suffered from several deficiencies, like (a) inadequate provision of PCC portion, (b) inadequate provision of guard/retaining walls, cross drainages where necessary, (c) non-provision of fixation of signboards, road stones etc.

Due to commencement of works according to faulty estimates several additions and alterations were required during the course of execution. As a result estimates of first phase of all 61 packages (166 roads) with total original cost of Rs 108.47 crore was revised to Rs 144.50 crore with additional cost of Rs 36.03 crore. In test check districts the original estimated cost of Rs 44.68 crore of first phase was revised to Rs 60.18 crore in 27 package (52 roads) due to additional provision of protection/guard wall, CD works, logo, etc. and alteration of bituminous surface to PCC roads where necessary (particularly in village portion).

3.3.14 *Non-observance of norms for upgradation works*

Upgradation works were taken up in contrary to the norms of the programme.

As per guidelines, no upgradation work was permissible in a district, where habitations remained to be provided with all weather connectivity and provision on upgradation was not to exceed 20 per cent of the State's allocation during existence of unconnected habitations. During the first phase, provision for upgradation was for Rs 81.37 crore (66 *per cent*) against the total allocation of Rs 123.87 crore and the expenditure on upgradation as of March 2004 was Rs 69.73 crore.

The EEs replied that provision was made as per instruction of RDD and thickly populated habitations were considered for upgradation work to avoid public resentment. The replies were not acceptable as the condition of taking up upgradation work and the limit for expenditure on upgradation specified in the PMGSY guideline should have been adhered.

3.3.15 *Provision for plantation of trees on both sides of roads not made*

No plantation was done on roadside.

Plantations of fruit bearing and other suitable trees were to be taken up by the State Government at its own cost. No action was taken in this regard.

3.3.16 *Allotment of work to contractors not registered in RDD*

Works of five packages awarded to unregistered contractors at Rs 8.65 crore.

According to the terms of Notice Inviting Tenders the contractors were to be registered with the RDD. Test check revealed that (2nd phase) Package No. JH-1104, 1108 and 1113 in Hazaribagh and Package No. JH- 0803 and 0804 of (2nd phase) in Giridih were awarded for Rs 8.65 crore with the condition that contractors would submit the documents in support of their registration with RDD within three months but Registrations were not submitted. Such allotment of work was thus irregular and against the codal provision.

3.3.17 *Irregular and indiscriminate time extension granted to the contractors*

Irregular and indiscriminate time extension relieved the contractors from penalty of Rs 34.43 crore.

Guidelines envisage completion of work within nine months from date of clearance by GOI. In exceptional case this period may be extended upto 12 months. Out of agreemental value of work of Rs 133.75 crore of first phase awarded to contractors for completion by March 2002 five works of Rs 2.29 crore were completed as of 1.3.2002. Rest of contractors warranted imposition of penalty of Rs 13.15 crore (10 per cent of agreemental value). In 2nd Phase also against total agreemental value of Rs 221.99 crore the 11 road works of Rs 9.18 crore were completed in time. Penalty of Rs 21.28 crore was to be imposed on rest of the contractors. The EIC granted three time extension upto November 2002, March 2003 and finally upto June 2003 attributing reasons for non-completion within time to the failures on the part of departmental engineers and the contractors in discharging their duties properly. Though divisions initiated imposition of penalty the same was stopped and amounts deducted from the bills of contractors were being refunded to them on their

requests. Thus action of the Department to refund the penalty was in violation of the guideline.

3.3.18 Excess and inadmissible payment to contractor

A contractor was paid Rs 20.34 lakh at enhanced rate without doing further work.

In Giridih the road SH to Bhagodh via Choudharidih with road length of 7.75 kms was technically sanctioned for Rs 1.21 crore for completion by March 2002. The work could not be completed within the stipulated date. According to technically sanctioned original estimate Rs 1.19 crore was paid against the contractors 13th running bill. Thereafter the estimate was revised to Rs 1.42 crore but the rates of seven items which were already paid upto the 13th running bills were also increased retrospectively while making payment in 14th running bill for Rs 1.41 crore though no further quantity was executed in these seven items. This resulted in excess and irregular expenditure of Rs 20.34 lakh.

3.3.19 Recoveries not made from the contractors

Rates of packed bitumen and cement for use in works included the cost of bitumen drums and cement bags. Thus the empty drums/bags belonged to the department. Test check revealed that three divisions namely Bokaro, Khunti and Hazaribagh did not recover the cost of empty bitumen drums /cement bags amounting to Rs 13.22 lakh though these were not returned to the divisions.

3.3.20 Quality control and monitoring

Three-tier Quality Control Mechanism has been envisaged under PMGSY, first being PIUs/EEs, second State Quality Monitors (SQM) and third National Quality Monitors (NQM) deputed by the NRRDA. Test check revealed that at PIU level effective quality control mechanism was lacking as no quality test laboratories were established at that level. No SQM was appointed by the state as of March 2004 resulting in no SQM inspection ever being made on completed as well as on going works. However in April 2004 five SQMs were appointed by the RDD but they were not equipped with laboratories and laboratory equipment were not purchased as of August 2004. The only Quality Control Mechanism being operated was visits by NQMs from time to time. The common deficiencies reported by the NQMs were (i) non-establishment of site laboratories in most of the cases, (ii) non-maintenance of Quality Control Register, (iii) non-inspection of sites by any SQM and (iv) quality test not conducted in some of the works even by AEs/EEs.

Twenty-eight out of 109 roads costing Rs22.69 crore graded below "Very Good" grade.

PMGSY stipulated that completed roads be graded Very Good in quality control test. Out of 109 completed roads inspected by the NQMs, as many as 28 roads (166.45 kms) were graded below Very Good. The expenditure on these roads amounted to Rs.22.69 crore.

No action was taken to make good the deficiencies in construction of these roads. No clauses relating to performance guarantee/routine maintenance were

included in the contract documents. In fact, in terms of the PMGSY guidelines, the State Government was to obtain a bank guarantee from the contractors for 10 *per cent* of value of the work to remain valid for a five-year period. In the absence of any bank guarantee or performance guarantee, the Government was in no position to ensure the quality of the road works executed under PMGSY.

3.3.21 *Deficiencies in Online Management and Monitoring System*

PIUs were not able to upload/update the data due to lack of connectivity and efficient manpower.

The Online Management System was considered to be the chief mechanism for monitoring the programme. The State Government was to provide necessary manpower, space and facilities to set up computer hardware while the National Rural Development Agency was to supply the software. All the computers were to be connected with internet facility. In 24 PIUs though computers were installed, internet connection were obtained only in 4 (Chaibasa, Hazaribagh, Palamau and Sahebganj). As regards manpower, test check revealed that men were engaged on casual basis and the information such as photographs of the roads, the expenditure incurred, quality test reports etc. were not fully available.

3.3.22 *Conclusions*

The primary objective of all weather road connectivity to all the unconnected habitations of 1000 persons and above by the year 2003 remained unachieved as only 138 such habitations out of 2622 targeted could be provided with connectivity up to March 2004. The huge shortfall in achievement was mainly due to priority being accorded to upgradation works, flawed selection of roads not providing any new connectivity, delayed execution of works, frequent changes in the estimates etc. Quality control and monitoring mechanism was virtually non-existent. No performance guarantee had been taken from the contractors. According to the reports of National Quality Monitors, 28 out of 109 roads inspected were below the desired level of Very Good.

3.3.23 *Recommendations*

- The procedure of prioritisation and selection of roads should be rationalised keeping in view the objective of new connectivity envisaged in the programme;
- Steps should be taken at the PIU level to arrest delay in execution of works;
- Quality assurance should be improved by forcing the contractors to deliver works of the requisite standard.

The matter was referred to the Government (October 2004 and February 2005); their reply was not received (May 2005).

DEPARTMENT OF LABOUR EMPLOYMENT AND TRAINING

3.4 Implementation of Child Labour (Prohibition and Regulation) Act, 1986

Highlights

The Child Labour (Prohibition and Regulation) Act, 1986 seeks to prohibit employment of children below the age of 14 years in hazardous occupations and processes and lays down the manner in which the working conditions of child labour in non-hazardous occupations and processes are to be regulated. The National Child Labour Project (NCLP) seeks to rehabilitate children employed in hazardous occupations through education and training in the special schools run for them.

A review of the implementation of the Act during the period 1999-2004 revealed deficiencies in the enforcement of the Act in both its prohibitory and regulatory aspects. There was no well-focused target oriented approach. The surveys for identification of child labour were not reliable, inspections were ineffective and monitoring was deficient and almost non-existent. Children employed in non-hazardous occupations and processes and children below the prescribed age limit were enrolled in overwhelming proportion in the NCLP schools.

No survey was conducted for identification of child labour. No systematic and authentic survey of child labour was conducted in the districts on the direction of the Supreme Court. Subsequent survey conducted by Non-Government Organisations (NGO) and others were mostly inaccurate.

[Paragraph 3.4.5]

Inspection of NCLP schools was not done by district level (Deputy Commissioner) and State level authorities.

[Paragraph 3.4.7]

Overwhelming number of children from non-hazardous employment were admitted in the special schools in departure from the guidelines of Government of India.

[Paragraph 3.4.11]

Persistent delay in payment of stipend, non-preparation of child health card, non-serving of mid-day meal etc were noticed in the State.

[Paragraphs 3.4.12, 13 and 14]

Instructors for vocational training were not appointed in two districts and in one district instructors were appointed without providing the educational material in the schools.

[Paragraph 3.4.15]

About 35 per cent of child labour due for mainstreaming were not mainstreamed in the test checked districts.

[Paragraph 3.4.16]

Parents of only 2655 child labour (nine per cent) were covered under poverty alleviation schemes.

[Paragraph 3.4.17]

3.4.1 Background

There are several constitutional¹ and other statutory² provisions aimed at tackling the problem of child labour. The Child Labour (Prohibition and Regulation) Act, 1986 (the Act) provides one such legal framework. It seeks to prohibit employment of children below the age of 14 years in various specified occupations and processes and to regulate the working conditions to the children in other employments not prohibited under the Act. These prohibited occupations and processes constitute “hazardous” employments. Besides laying down penalties for employment of children in hazardous occupations and processes, the Act seeks to obtain uniformity in the definition of the “child labour” in the related parallel laws by comprehensively defining the said term as any child below 14 years of age engaged in hazardous occupations and processes.

The Supreme Court of India, in its judgment of December 1996, issued directions regarding the manner in which the children working in hazardous occupations were to be withdrawn from work and rehabilitated as also the manner in which the working conditions of the children employed in non-hazardous occupations were to be regulated and improved upon.

To translate the National Child Labour Policy announced in 1987 into action, the GOI launched the National Child Labour Projects (NCLPs) in 1988 with components such as awareness generation, survey for identification of child labour, non-formal education in special schools, mainstreaming of the child labour studying in special schools, enforcement of labour laws and income and employment generation.

3.4.2 Organisational set up

The Child Labour Act is a Central Act; but each State has the responsibility of enforcing the provisions of the Act. In Jharkhand, the Act is enforced by the Labour and Employment Department headed by the Principal Secretary/Secretary. The Directorate of Labour headed by the Labour Commissioner (LC) at the State level and the Labour Superintendent and Labour Enforcement Officers at the district level are directly involved in enforcement and administration of the Act. The functioning of NCLPs was also to be reviewed and monitored by the aforementioned machinery of the State Government.

¹ Articles 24, 39 (e & f) and 45 of the Constitution of India.

² Employment of Children Act, 1938 as amended in 1951 and 1978, Factories Act, 1948, Mines Act, 1952, Merchant Shipping act, 1958, Motor Transport Workers Act, 1961, Minimum Wages Act, 1948.

3.4.3 Audit objectives

The objectives of audit examination were to see how far

- State Government succeeded in enforcing the various prohibitory and regulatory provisions of the Act;
- The NCLP run special schools succeeded in rehabilitation and mainstreaming of the child labour; and
- Government enforced the directions of the Supreme Court with regard to survey, withdrawal and rehabilitation of child labour.

3.4.4 Scope of audit

Implementation of the Act during the period 1999-2004 was reviewed through test check of records in the Labour and Employment Department. All five Project Directors' offices, all the seven NGOs (Non-government Organisation) working in the State and 38 NCLP schools out of 114 NCLP's schools in the State were also test checked.

Prohibitory functions under the Act

Though the Act was promulgated in 1986, no regular and systematic survey to identify children engaged in various hazardous occupation and processes was conducted.

3.4.5 Inaccurate and inadequate surveys

The children engaged in hazardous occupation were to be identified through periodical surveys and inspections thereafter. However, no such surveys were conducted except the surveys conducted by NGO's and instructors of special schools at district level. However, the figures reported in such surveys were not cross checked by any other authority in any of the five districts of the State.

In compliance with the Supreme Court Judgment of December 1996, survey was conducted by A. N. Sinha Institute in the district of Garhwa and Dumka (copy of survey report of Dumka District was not furnished) in the year 1997. Survey was also conducted by instructors of NCLP schools and countersigned by Labour Enforcement Officer in Sahebganj District (year 1996-97, 1999-2000, 2002-03). In Pakur District survey was conducted by instructors of NCLP schools only. In West Singhbhum survey was conducted by NGOs and instructors of the NCLP schools. Survey report was not available in the Chaibasa Project Director's office.

The child labour identified as employed in hazardous/non-hazardous work during 1997-2003 was as detailed below:

Name of district	Non-hazardous	Hazardous	Total
Garhwa	5592	612	6204
Dumka	13796	251	14047
Pakur	Nil	4466	4466
Sahebganj	4736	977	5713
West Singhbhum	NA	NA	NA
	24124	6306	30430

(Source: Project Director's office)

For identification of child labour working in hazardous work, no survey was conducted by the Government of Jharkhand. However before creation of Jharkhand State, the number of child labour in the districts of Jharkhand was 407200 as per Census 1991. Government accepted that no survey was done (January 2005).

3.4.6 Non-identification of offenders

The Act prohibits employment of children below 14 years in any hazardous occupation/processes and prescribes the penalty of imprisonment (three months to two years) or fines (Rs 10,000 to Rs 20,000) or both for the defaulting employers under Section 14 of the Act.

Scrutiny of records revealed that 6306 instances of child labour employed in hazardous occupations were reported in four districts during 1997-2003. The report was not furnished by the Project Director's office, West Singhbhum. The compensation of Rs 20000 from each offending employer for every child as per Supreme Court orders was not realised as they were not identified by the surveying agencies.

Regulatory functions under the Act

The Act permitted employment of children below 14 years in certain occupations and processes, which were not considered hazardous. The working hours of such child labour were to be regulated as per section 7 of the Act to ensure that such children also got education. The Supreme Court in its directions in December 1996 capped the working hours of such child labour to 4-6 hours per day with minimum two hours of education every day at the cost of the employer. Scrutiny, however, revealed that the provisions of the Act as well as the directives of the Supreme Court in regard to regulatory measures were not followed and there was large shortfall in inspection as discussed in the succeeding paragraphs.

3.4.7 Inadequate inspections

Regular monitoring at the Central, State and district level was important for the effective implementation of the National Child Labour project. At the national level, a central monitoring committee was set up under the Chairmanship of the Union Labour Secretary for overall supervision, monitoring and evaluation of various child labour projects. At the district level, the Chairperson (Deputy Commissioner) was to review the functioning of the project continuously. The functioning of the child labour projects was to

be monitored and reviewed at the State level by the State Department of Labour.

Scrutiny of Inspection Registers of NCLP schools in five districts revealed that the schools were never inspected by the district level officers. However, in Garhwa District inspection was done by Welfare Commissioner, Jharkhand in August 2001. (Inspection report not received). In the month of December 1999 and January 2003 inspections were done by Deputy Labour Commissioner and representative of Government of India respectively in Sahebganj District.

Special schools under National Child Labour Projects (NCLPs)

The implementation of the rehabilitation package through the NCLPs in the State deviated from the GOI guidelines. Children employed in non-hazardous occupations and processes and other ineligible children were all enrolled in the special schools. Mainstreaming of the children withdrawn was also poor.

3.4.8 Opening of Special Schools under NCLP

The main objective of the NCLPs was to withdraw children working in hazardous occupations and rehabilitate them through education in special schools where they were to be provided with non-formal education and vocational training and given the benefit of stipend, nutrition etc. While the NCLPs were funded directly by the Government of India, they were to be implemented by the Collectors-cum-Chairmen of the NCLP societies (Project Societies) and their activities reviewed and monitored by the State Government through the regular organizational hierarchy of the State Labour and Employment Department.

Out of 22 districts of Jharkhand, a total of 114 NCLP schools under five projects were sanctioned in five districts. Out of 114 special schools, 40 (35 per cent) schools were managed by the Project Societies directly and 74 (65 per cent) by NGOs.

3.4.9 Financial outlay and expenditure

The projects are entirely funded by the Central Government (Ministry of Labour). The funds are received in two equal instalments in a financial year. Funds released between 1999-2004 were as under:

<i>(Rupees in lakh)</i>							
Year	Available unspent balance	Grant in aid received	Interest/ other receipt	Total	Expenditure	Unspent closing balance	Percentage of unspent balance to total
1999-2000	110.66	119.69	4.91	237.26	199.12	38.14	16.08
2000-01	38.14	113.02	7.58	158.74	109.46	49.28	31.04
2001-02	49.28	185.59	8.03	242.90	153.15	89.75	36.95
2002-03	89.75	164.77	4.29	258.81	194.71	64.10	24.77
2003-04	64.10	148.25	2.97	215.32	140.88	74.44	34.57
				1113.03	794.32		

It would be seen from the above that during the period 1999-2004, the unspent balances at the end of every year ranged between 16 and 37 per cent of the

funds available. This was largely due to inflated demand for funds by the Project Societies from the GOI and release of funds by GOI without reference to the actual expenditure incurred by the Project Societies in the previous years.

3.4.10 Enrolment of child labour engaged in non-hazardous employments

The scheme envisaged enrolment of child labour withdrawn from hazardous occupations and processes in the special schools. Child labours engaged in non-hazardous establishments were to be imparted education at the cost of the employer. However, it was seen that children from both hazardous and non-hazardous employment were admitted in the special schools; overwhelming numbers were from the non-hazardous category. Scrutiny of statement submitted to State Government revealed that out of 16262 students enrolled in NCLP schools during 1997-2003 only 6306 (38.78 *per cent*) children were from hazardous work and 9956 (61.22 *per cent*) children were from non-hazardous work. It was also noticed that children admitted to special schools in three test checked districts of Garhwa (732), Dumka (4911) and Sahebganj (223) were from non hazardous occupations.

Thus, a large part of the expenditure of Rs 3.48 crore incurred during 1999-2004 in these districts was misdirected.

3.4.11 Enrolment of ineligible children in special schools

Scrutiny of records of the special schools in the test checked districts revealed that though the scheme envisaged enrolment of students in the age group of eight/nine to 14 years, students below eight/nine years were enrolled in three NCLPs as detailed below:

Name of the district (NCLP)	No. of schools whose records were test checked	Total No. of students enrolled	No. of students enrolled below eight/nine years	Percentage
Dumka	13	650	100	15.38
Pakur	6	300	67	22.33
Chaibasa	13	650	123	19

The Project Director stated that appropriate action would be taken as per the provisions of the GOI guidelines.

Deficiencies in administration of stipends, mid-day meal and health check up

3.4.12 Persistent delay in release of stipend

According to the scheme, stipend at the rate of Rs 100 per month per child labour was to be deposited every month in the post office or in any nationalized bank in joint account of the child labour and his/ her mother (father, if mother not alive).

Scrutiny revealed instances of delay upto five years in release of stipend from Project Societies in the schools in Garhwa District and from one to two years in Pakur, Dumka and Sahebganj Districts.

3.4.13 Irregularities in supply and administration of mid-day meal

It was seen that mid-day meal was not served in 21 schools of Garhwa, Dumka and Pakur Districts for a period ranging between 13 and 180 days though fund was available. The Project Directors did not furnish specific reasons but stated that mid-day meal would be served regularly in future.

3.4.14 Health check-up not conducted

Health check up of the children enrolled in the special schools was an important component of the scheme. A health card was required to be maintained for each child.

Test check of records of child labour in five districts (Garhwa, Dumka, Pakur, Sahebganj and West Singhbhum) revealed that health cards of the children were not prepared in most of the schools in two districts (Garhwa and Dumka) and no doctor for this purpose was appointed in Garhwa and Dumka as of May 2004. Obviously regular health check up of the child was not done.

The Project Directors stated that the doctor would be appointed and health card be prepared shortly.

3.4.15 Inadequate vocational training

Under the scheme, need based vocational training was to be imparted to the child labour keeping in view the nature of trades and skills from where they were withdrawn and the potential of future employment in such trades or skills. As per guidelines one vocational teacher was to be appointed in each NCLP School.

Scrutiny revealed that Dumka District the vocational instructors were appointed between December 2002 and December 2003 in NCLPs without purchase/supply of educational material to the schools. Thus, it was obvious that vocational training was not provided to the students rendering payment of Rs 7.34 lakh to the instructors till 2003-04 infructuous. The vocational instructors were not appointed in Sahebganj and Pakur Districts.

The Project Director (PD), Dumka stated that material for vocational training would be supplied to NCLP schools in future while PD Sahebganj and Pakur stated that the appointment of vocational instructors was under process.

3.4.16 Failure to mainstream child labour withdrawn from hazardous occupation

After completion of three years at NCLP schools, each child was expected to be mainstreamed through admission to formal schools, In case of any difficulty to cope with the standards in the formal schools, necessary assistance was required to be given by the project society. The position as of March 2004 was as under:

Sl. No.	Name of district	Year	No. of special schools	No. of children enrolled	Drop out	No. of children due for main-streaming	No. of children main-streamed	Percentage
1.	Garhwa	1996-2003	09	1350	30	1320	715	54.16
2.	Dumka		40	5162	362	4800	3883	81.00
3	Pakur		19	2832	--	2832	1446	51.05
4.	Sahebganj		08	1200	112	1088	688	63.00
5.	West Singhbhum		38	5700	456	5244	3444	65.67
	Total		114	16244	960	15284	10176	66.57

It would be seen from the above that 33 *per cent* of the children due for mainstreaming could not be mainstreamed.

3.4.17 Below optimal convergence of services

The Act envisaged convergence of the efforts of the Government in the areas of poverty alleviation, employment assurance, health care etc. so that the parents of child labour withdrawn from employment get compensated and refrain from sending their child to such hazardous employment.

Scrutiny revealed that out of 30430 child labour detected upto 2003-04 parents of only 2655 child labour (8.72 *per cent*) were covered in different poverty alleviation schemes. Other parents were neither provided employment nor were paid Rs 5000 per child labour as per the Supreme Court directions (December 1996). In view of the above, possibility of the children going back to the same hazardous occupation after completion of their education could not be ruled out.

3.4.18 Deficiency in man power management

Full time Project Directors though preferred under the scheme were not appointed in any of the five districts and Executive Magistrate Cum P.A (in West Singhbhum), APO DRDA (in Garhwa), DPRO, Executive Magistrate and DPC (in Dumka), Executive Magistrate and Executive Officer (in Pakur) and Deputy Collector and District Statistical Officer (in Sahebganj) worked as part time Project Directors during the period of review (1999-2004). This affected enforcement of the general provisions of the Act as well as the mandatory inspection of the Project Societies and the special schools. This also affected monitoring of the Projects.

3.4.19 Conclusions

The enforcement of the Act was deficient in both its prohibitory and regulatory aspects. The absence of any scientific and systematic survey of child labour in the State made the work more intractable. Close monitoring of the work of the lower functionaries by the higher officials was not in evidence. There was also lack of knowledge among the enforcing officials of the various legal provisions in the Act as well as the other connected parallel Acts/statutes.

Implementation of the rehabilitation package through NCLPs, the entire efforts in the State significantly deviated from the guideline of the GOI in that children employed in non-hazardous occupation formed an overwhelming majority of the children enrolled in the special schools. Some children who completed three years in special schools could not be mainstreamed. Vocational training was not imparted to the children in NCLP schools.

3.4.20 Recommendations

- The State Government should conduct a survey in all the districts to identify child labour.
- It should be ensured that only children withdrawn from hazardous occupations are enrolled in the NCLP run schools as per the guidelines of the scheme.
- Vocational education in special schools should be ensured.
- Post mainstreaming monitoring of the special schools children should be made mandatory for NGOs as well as Project Societies.
- Inspection should be conducted as per guidelines to ensure proper monitoring of NCLP schools.

The matter was referred to the Government in July 2004 and February 2005; their reply is awaited (May 2005).

Human Resource Development (Primary Education), Health and Family Welfare, Rural Development and Drinking Water and Sanitation Departments

3.5 Implementation of welfare schemes in Dumka district

Highlights

Dumka district comprises Dumka town which is the district headquarters, 10 blocks and 2944 villages covering an area of 3716.2 square kilometers. According to the census of 2001, the district had a population of 11.02 lakh. The ratio of male–female population in the district was 1:0.95 and literacy rate was 35.01 *per cent*. According to a survey made during 1997-2000, 1.33 lakh (56 per cent) families live below the poverty line (BPL) as figures supplied by District Statistical Officer, Dumka.

A review of the implementation of the programmes relating to primary education, primary health care facilities, poverty alleviation and availability of safe drinking water in the district for the period 2001-04 revealed poor infrastructure of schools, poor infrastructure of all categories of hospitals and shortage of doctors and para medical staff, irregular allotment of houses constructed under the Indira Awaas Yojana, failure to generate employment for the required number of mandays etc.

Out of 1431 primary and middle schools in the district, 79 schools did not have buildings and 685 school buildings were badly damaged. There were many schools in the district without basic facilities such as drinking water (99), electricity (1423), toilets (1386), girls' toilet (1405), playground (1180) and boundary wall (1083).

(Paragraph 3.5.6)

Scheduled Caste/Scheduled Tribe and girl students were deprived of access of free text books as their distribution was delayed between 4 and 11 months.

(Paragraph 3.5.11)

Against the target of 85 per cent retention at the end of DPEP period March 2002, the actual level of retention achieved in the classes I to IV for both boys and girls was much lower and ranged between 49 per cent to 68 per cent in 2003-04 when compared to the number of students enrolled in these classes in 2001-02.

(Paragraph 3.5.16)

Out of 36 APHCs and 258 HSCs, 31 APHCs and 125 HSCs had no building of their own.

(Paragraph 3.5.19)

Referral hospital Jarmundi had no facility of operation theatre, pathological test and X-ray machine and therefore patients had to depend on private facilities. Sadar Hospital also lacked facility of diagnostic pathological tests.

(Paragraph 3.5.21)

During 2001-04, there were shortfalls in immunisation against DPT, Polio, BCG and Measles. The shortfall during the same period under TT ranged between 78 and 99 per cent.

(Paragraph 3.5.32)

Construction of 2353 houses under the Indira Awaas Yojanataken up during 2000-01 remained incomplete after incurring expenditure of Rs 3.57 crore as of March 2004. Thus dwelling facility could not be made available to 2353 BPL families.

(Paragraph 3.5.36)

Under SGRY, employment of only 12 to 16 days instead of 100 days was generated for 132594 BPL families defeating the aim of the scheme to provide maximum employment to the poor living in rural areas.

(Paragraph 3.5.37)

Analytical test of water was not carried out during 2001-04. As a result the quality of water supplied from 14393 tube wells and from the Hijla plant was not tested.

(Paragraph 3.5.42)

3.5.1 Introduction

Dumka district is bounded by the districts of South Jamtara, North Godda, East Pakur and West Deoghar. The district is largely inhabited by Santhals and Paharias tribes. As per census 2001, tribal constitute 41 per cent of the total population of the district.

3.5.2 Audit objectives

Audit objective was to assess the quality of implementation of Government initiatives in Dumka district in the following welfare related areas that have a direct bearing on the quality of life of the people:

- Primary education

- Quality of primary health care facilities and quality of services provided by the district hospital
- Poverty alleviation programmes viz. Swarnajayanti Gram Swarajgar Yojana, Sampoorna Gramin Rojgar Yojana and Indira Awaas Yojana.
- Availability of safe drinking water.

3.5.3 Organisational set-up

The Deputy Commissioner (DC) being the head of district administration was to act in co-ordination with other district level officers viz. District Superintendent of Education, District Project Co-ordinator (looking after the implementation of District Primary Education Programme (DPEP) and Sarva Siksha Abhiyan (SSA)), Civil Surgeon-cum-Chief Medical Officer (CS-cum-CMO), District Rural Development Agency (DRDA), Executive Engineer, Drinking Water and Sanitation (Civil) and (Mechanical) Division to ensure sustainable development in the district.

3.5.4 Programme Implementation

Implementation of the programmes relating to Primary Education, Primary Health Care facilities, Poverty Alleviation Programmes viz, Swarnjayanti Gram Swarajgar Yojana (SGSY), Sampoorna Gramin Rojgar Yojana (SGRY), Indira Awaas Yojana and availability of safe drinking water which are of utmost social importance were test checked in the review.

3.5.5 Scope of audit and audit criteria

The audit conducted between November 2003 and August 2004, included examination of implementation of the main schemes and activities of the Government in Dumka district under each of the four selected areas. The audit was based on a test check of records at the Secretariat and the various implementing agencies in the district, which covered a period of three years from 2001-02 to 2003-04. Targets set were taken as audit criteria for judging the achievement under different schemes and activities.

PRIMARY EDUCATION

Laying emphasis on literacy and universalisation of primary education, the State Government aimed for all children to be in school by 2003. In Dumka district, the number of primary schools (upto Standard VIII) increased from 1093 in 1997-1998 to 1432 in 2003-2004. The enrolment of children under primary section in these schools also increased from 0.74 lakh in 2001-2002 to 1.61 lakh in 2003-2004 and an amount of Rs 21.96 crore was spent on providing elementary education in the district during 2001-04.

District Superintendent of Education is primarily responsible for the elementary education in the district. Besides that there was one District Project

Coordinator (DPC) for looking after the implementation of the District Primary Education Programme (DPEP) and Sarva Siksha Abhiyan (SSA) scheme with the assistance of block level machinery and he would approach the Deputy Commissioner of the district in case of ineffectiveness of the block level machineries.

In physical verification conducted by audit at Jarmundi block, headmasters, teachers of primary & middle schools and cluster resource centre coordinators accepted the poor condition of primary education in district and attributed it to the lack of infrastructure, proper school building, strength of teachers and insufficient & delayed distribution of text books, food grains, etc.

Review of records also revealed several infrastructure related deficiencies, low teacher-pupil ratio, engagement of teachers in non-teaching works, mismanagement in supply of free text books, insufficient distribution of incentives which affected the quality of primary education.

Lack of infrastructure

79 schools were building less and 685 schools were badly damaged.

3.5.6 During the last five years, only 34 new school buildings were constructed under District Primary Education Programme (DPEP) raising the total number of schools in the district to 1432 as of March 2004. Of these 79 schools did not have buildings, while 685 school buildings need major repairs. There were many schools in the district without drinking water (99), electricity (1423), toilets (1386), girls' toilets (1405), playgrounds (1180) and boundary walls (1083) as of March 2004.

Large number of civil work remained incomplete despite having sufficient fund.

3.5.7 As per DPEP guidelines all civil works (Repair & construction of school, additional class rooms, toilets, block resource center, cluster resource center buildings, boring of hand pumps etc.) were to be executed by the Village Education Committee (VEC). During 2001-04 Rs 8.92 crore were advanced to VEC (under DPEP and SSA) for completion of 1017¹ different civil works but 285 works costing Rs 4.72 crore were only completed by VEC as of April 2004. Remaining 732 works, consisting of construction of new school buildings (66), additional class rooms (170), cluster resource centers (22), toilets (164) and boring of hand pumps (310) were incomplete as of April 2004.

DPC attributed the non-completion of works to paucity of funds and adoption of new concept for construction by VECs. The reply is not acceptable as Rs 4.20 crore remained unutilised with the VECs.

34 sq. meters seating space was provided against required 140 sq. meters in 34 schools.

3.5.8 DPEP guidelines provide for seating space of 0.7 sq. meters for each student in a classroom taking minimum strength of 40 students. In 34 new primary school buildings constructed under DPEP between 2000-2004 at a cost of Rs 80.00 lakh, space of only 34 sq. meters in each school was provided against 140 sq. meters space to be provided for seating of 200 students in a school having five classes resulting in construction of less space of 106 sq.

¹ Additional class rooms (234), Boring of hand pumps (390), Cluster Resource Centers (93), New School Buildings (100), Toilets (200).

meters in each school. In reply District programme Co-ordinator stated that the drawing of new school building was provided by State level office. Thus State level office failed to provide drawing according to norms resulting in construction short of norms.

Quality of Education

3.5.9 Teacher pupil ratio

Teacher Pupil ratio in the district was 1:50 against the norms of 1:40.

Enrolment of students under State run primary, upper primary schools increased from 0.74 lakh in 2001-02 to 1.61 lakh in 2003-04, there was no corresponding increase in the strength of teachers. Sanctioned strength of teachers of 1410 schools was 3908 against which 2641 teachers were working and 1267 posts (32 per cent) were vacant as of March 2004. Against the prescribed national norm of teacher/student ratio of 1:40, the existing teacher/students ratio was 1:50 in the district. In reply it was stated by the District Superintendent of Education that the matter would be reported to the department.

3.5.10 Teachers engaged in non-teaching work

Teachers were engaged for 24 to 90 days in a year for non-teaching works.

Test check of eight² block resource centre records revealed that services of teachers of State run primary/middle schools of Dumka district were utilised for periods ranging between 24 and 90 days in a year during 2001-04 for non-teaching work such as BPL survey, Mukhya Mantri Awaas Yojana, revision of electoral rolls and Animal survey etc as per orders of BDO/ SDO/Deputy Commissioner. Teachers working in single teacher schools were also engaged in such work which further reduced the teaching time. In reply it was stated by the District Superintendent of Education that the matter would be reported to higher authority for proper action.

3.5.11 Delay in distribution of text books

Distribution of text books after a lapse of 4 to 11 months of schools session.

Under District Primary Education Programme the State Government announced free distribution of NCERT books to all SC/ST and girl students of primary schools from the year 2002-03 (May 2002). Scrutiny revealed that during the year 2002-04 free NCERT text books worth Rs 4.05 crore were distributed among SC/ST and girl students after the lapse of 4 to 11 months of school session due to delayed procurement of books. Failure of State Government to take timely decision for supply of free text books and lack of planning and sincere efforts of DPC and BRC coordinators resulted in non-distribution of text books among students at the beginning of the school session.

² Dumka, Gopikander, Jama, Jarmundi, Kathikund, Ramgarh, Saraiyhat, Shikaripara.

3.5.12 Excess procurement/non-distribution of text books

Infructuous expenditure on supply of extra text books due to change of syllabus in subsequent year.

Under District Primary Education Programme free text books were to be supplied to the students of classes I to V. It was noticed that against the required 3.48 lakh books of particular subjects valuing Rs 94.03 lakh for classes I to V, NCERT supplied (June and September 2003) 5.35 lakh books valued at Rs 144 lakh for which payment was made (November 2003). This resulted in excess supply of 1.87 lakh text books for Rs 39.98 lakh which was rendered infructuous due to change in syllabus in the subsequent year (2004-05). The DPC was to monitor the receipt of the books. However it failed to monitor the supply of books.

Non-distribution of 0.85 lakh text books.

Under District Primary Education Programme and Sarva Siksha Abhiyan eighty five thousand (0.85 lakh) books procured for class I to VIII worth Rs 10.23 lakh could not be distributed among students till the end of the school session (2003-04) as DPC failed to obtain the same from NCERT though payment had been made.

3.5.13 Undisbursed incentive allowance

Non-distribution of Incentive allowance.

The incentive allowance scheme launched (April 1999) by the State Government envisaged payment of Rs 240 per year per student (maximum) of poor families having red cards. Out of the incentive allowances of Rs 168.67 lakh received during 2001-03, Rs 46.50 lakh were not distributed among the students as of April 2004. This deprived the students of financial help and defeated the purpose of the scheme.

3.5.14 Mid-day meal not provided

Serving of free mid-day meals in schools was an attraction for children to attend schools. Instead of serving mid-day meals, the children were provided with dry ration (rice) of three kilograms every month, which violated the scheme guidelines.

3.5.15 Non-distribution of teaching learning material grant

Teaching Learning Material (TLM) grant was not distributed invariably to all teachers.

To improve the teaching ability of teachers, Teaching Learning Material (TLM) grant of Rs 13.21 lakh to 2641 teachers at the rate of Rs 500 per teacher was to be distributed under DPEP. Test check revealed that in the year 2001-02 and 2002-03, TLM grants of Rs 3.45 lakh to 690 teachers and Rs 11.44 lakh to 2288 teachers were distributed. There was a shortfall of TLM grant amounting to Rs 9.76 lakh for 1951 teachers and Rs 1.77 lakh for 353 teachers in the year 2001-02 and 2002-03 respectively despite funds being available. Further no supervision was made by DPC, Dumka to ensure effectiveness of teaching aids provided to teachers. DPC stated that TLM grant was given to those teachers who furnished utilisation certificate of earlier grants. The reply is not tenable because as per para 27 of DPEP guidelines grant of Rs 500 per teacher per annum was to be invariably provided.

Poor levels of enrolment and retention.

3.5.16 Low Enrolment /Retention Levels in Primary Schools

It was proposed to raise the retention level of students from 42 per cent to 85 per cent at the end of DPEP period (March 2002) but test check of 1431 schools implementing DPEP and SSA in Dumka district revealed that against the target of 85 per cent retention, the actual level of retention achieved in the classes I to IV for both boys and girls was much lower and ranged between 49 per cent to 68 per cent in 2003-04 when compared to the number of students enrolled in these classes in 2001-02 (*Appendix XXIII*).

As per Census Report of 2001 there were 1.91 lakh eligible children for primary education and only 1.39 lakh children were enrolled in Government schools as of 2003-04. Remaining 0.52 lakh children (27 per cent) were deprived of elementary education. The enrolment of boys in class I declined from 31009 in 2001 to 17725 in 2004 and enrolment of girls declined from 25644 in 2001 to 14162 in 2004 (Figures supplied by District Project Coordinator and District Superintendent of Education). The DPC and DSE did not explain the reasons for decrease in enrolment. However, it was stated that steps were being taken to improve the retention and enrolment position.

3.5.17 Poor infrastructure for schools, shortage of teachers and their engagement for non-teaching works, inordinate delay in procurement and distribution of text books were noticed in audit. Shortfall in enrolment of new students in class I to VI, low retention of students in classes resulted in non-achievement of target of universalization of primary education.

PRIMARY HEALTH CARE FACILITIES AND QUALITY OF SERVICES PROVIDED BY DISTRICT HOSPITALS

The Civil Surgeon-cum-Chief Medical Officer (CS-cum-CMO), Dumka is responsible for providing health care services in the district through the network of Sadar Hospital, Referral Hospital, Primary and Additional Primary Health Centres, sub-centres, Disease Control Programmes and Family Welfare Societies under the chairmanship of the Deputy Commissioner.

Audit reviewed the working of CS-cum-CMO, Sadar Hospital, one referral hospital (out of two), six primary health centers¹ (out of 10) with attached eight additional primary health centers² (out of 36) and 12 health sub-centers³ (out of 258). The District TB Center, the District Malaria Control Society and District Reproductive Child Health Society (Additional CMO) were also reviewed in audit.

3.5.18 Inadequacy of staff

The District was running with acute shortage of doctors and paramedical staff as under:

¹ Dumka Sadar, Jarmundi, Jama, Kathikund, Raneshwar and Shikaripara.

² Amjora, Asanbani, Baskuli, Barapalasi, Chitadih, Gando, Haripur and Taljhari.

³ Bandhdih, Baratand, Chamra Bahiyar, Karmadih, Ladhughaghar, Lakra Pahari, Naunihat, Pariya, Patjor, Rajaun Amarkunda, SP College, Dumka and Singhani

Sl. No.	Post in the district	Sanctioned strength	Men-in-position	Vacant post	Percentage of vacant post
1.	Medical Officer	137	90	47	34.3
2.	Paramedical Staff				
	i. Laboratory Technician	34	3	31	91.18
	ii. Pharmacist	43	6	37	86.05
	iii. Dresser	38	6	32	84.21
	iv. X-ray Technician	4	2	2	50.00
	v. Operation Theatre Assistant	5	Nil	5	100
	vi. Senior Scientific Assistant (DPH Lab)	1	Nil	1	100
	vii. B.C.G. Technician	5	Nil	5	100
	viii. Health Visitor (T.B)	5	1	4	80
3.	ANM School				
	i. Nursing Principal	1	Nil	1	100
	ii. Jr. Sister Tutor	3	1	2	67

Due to shortage of medical officers and para-medical staff, patients had to depend on Auxiliary Nurse Midwives (ANMs) and Basic Health Works (BHWs) in most of the APHCs/HSCs. Due to non availability of X-ray technician, Senior Scientific Assistant of laboratories etc., X-ray and pathology units were not functioning properly as a result patients were dependent on outside source. The CS-cum-CMO accepted (August 2004) the facts.

3.5.19 Inadequate health care facilities at PHC/APHC and HSC

Wherever HSCs had their own buildings these were in dilapidated condition.

Out of the total 258 HSCs and 36 APHCs in the District 125 HSCs and 31 APHCs had no building of their own. The Sadar PHC was running in a portion of Block Development office building with insufficient space. PHC Kathikund was provided with only one hall as its building for all purposes. Facts were accepted by the CS-cum-CMO and MOs concerned. The CS-cum-CMO further stated that the dilapidated condition of buildings led to deterioration of medicine and equipments.

Beds and equipments were purchased & supplied despite inadequate.

Due to shortage of accommodation indoor facilities were not available at PHCs and APHCs. However steel beds and equipment worth Rs 7.25 lakh were purchased and supplied by the district store which was injudicious, as these items remained unutilised in the store of the PHCs/APHCs.

In two PHCs, five APHCs and 63 HSCs patients were deprived of the services of Medical Officers either due to shortage or because the medical officer did not visit APHCs/HSCs they were posted in as noticed from the OPD registers or stated by some of the ANMs and CMOs concerned.

3.5.20 Issue of expired medicines

Distribution of expired medicines.

Scrutiny of stock register of Additional Chief Medical Officer (ACMO) revealed that expired medicines were issued to some PHCs between August 2003 and January 2004 by the ACMO. The reason thereof was not explained by the ACMO. The scrutiny of the medicine distribution register (general) of PHC, Jama, revealed that expired medicines (chlorophenicol, chlorophemine

and Doxycellin) were issued to HSCs and OPD of PHC for distribution among patients. The Medical Officer replied that attention would be given to this aspect in future.

3.5.21 Functioning of referral hospital, Jarmundi

The referral hospital, Jarmundi lacked the facility of operation theatre, pathological laboratory, X-ray facility due to non-availability of staff and equipment. As a result patients were deprived of the facility of pathological tests and X-ray.

Further it was seen that against the available capacity of 30 beds in the hospital with the occupancy capacity of 10950 (30 x 365) in a year, beds occupied during 2001, 2002 and 2003 were just 45, 125 and 79 respectively.

Inadequate facilities at Sadar Hospital

Mobile eye unit was not functioning.

3.5.22 Though a mobile eye unit was sanctioned for the Sadar Hospital, no doctor was posted and no vehicle was available for mobile unit. In reply it was stated that the work of the mobile unit was looked after by two ophthalmologists posted at Sadar Hospital. The reply is not acceptable as no progress report of the mobile eye unit was made available to audit.

Patients were deprived of free pathological tests.

3.5.23 The District Public Health Laboratory was to carry out Pathological tests of patients of Sadar Hospital. However, in the absence of equipment and chemicals several biochemical as well as bacteriological tests like routine examination of urine, TC/DC of blood, stool, blood sugar, blood urea, uric acid, vial tests for typhoid, jaundice, pregnancy, blood groups platelets count etc. were not done. In reply, the Superintendent stated that patients got the pathological tests done from outside. The reply confirmed deficient lab facility in the hospital and denial of benefit of free testing to the patients.

Non availability of separate ward for patients suffering from infectious disease.

3.5.24 Patients suffering from TB, cholera and burn cases were accommodated in the verandah of the wards with the general patients as the isolation ward for infectious diseases was occupied by the District Malaria Office. The deleterious effect of this was seen with an increasing trend of TB patients in the district i.e. from 636 in March 1999 to 1205 in 2002. The fact was accepted by the Superintendent, Sadar Hospital Dumka who assured that arrangement of a separate ward would be made for the patients of infectious diseases.

3.5.25 There was no arrangements for providing electricity during power cuts at Sadar Hospital as the generator was out of order for a long periods and indoor wards were lit with hurricane and operation theater was lit with emergency lights as stated by the Superintendent (November 2003).

3.5.26 Non-availability of blood bank

Blood bank was non-functional for want of license and equipments.

Though a blood bank was established in the year 1979, it remained non-functional for want of license and is occupied by the District Leprosy Eradication Office. Another building constructed (1999-2000) at an expenditure of Rs 8.78 lakh also remained non-functional for want of license and essential equipments as of July 2004. It was stated by the CS-cum-CMO (April 2004) that action was taken for obtaining license. Thus the lackluster attitude of the authorities concerned to obtain the license and equipment and make the blood bank functional deprived of needy patients facility of the blood bank.

3.5.27 Poor achievement under Tuberculosis Programme

No medicine was provided to TB patients at Sadar Hospital and cure rate was 4.87 per cent only.

Under National Tuberculosis Programme treatment was provided at District Tuberculosis Center (DTC) only. Due to lack of essential facilities and despite having provision of bed, TB patients were admitted at Sadar Hospital where no medicine was provided to them since January 2000 although free medicine were supplied by the Government under NTP. Further it was also seen that out of 4740 patients- 231 patients only could be cured.

3.5.28 National Malaria Eradication Programme

Shortfall in blood slide collection of fever cases was 56.46 per cent.

PHCs were required to collect blood smears (thick & thin) of all patients suffering from fever. Test check of records of four PHCs revealed that as against 83678 cases of fever during 2001-2003 slides collected and tested were 36434. Undetected malarial cases due to non-collection of the remaining slides could not be ruled out.

Cerebral malaria cases were on the rise.

3.5.29 Records revealed that against the requirement of 223.20 MT of DDT 175.25MT only was procured between 2001-2004. As per norms, two rounds spraying of insecticides were required to make the area fully protected. However, it was noticed that in some area two rounds spraying of insecticide was not completed during the year 2000-03 due to shortage of insecticides.

It was further noticed that number of cerebral malaria cases were on the rise and increased from 358 in 2000 to 725 in 2003.

Government Hospital had no facility of Bone marrow test to confirm kalazar.

Further in the year 2004 there was an outbreak of Kalazar affecting 101 people. Number of cured patients was not available with the District Malaria Officer. Facility of Bone Marrow test as required for diagnosis was not available in Government Hospitals. The District Malaria Officer stated that CS-cum-CMO was requested but facility could not be arranged as of July 2004.

Increased numbers of such patients could be due to shortage of insecticides and surveillance worker and this was accepted by the District Malaria Officer.

3.5.30 Family Welfare Programme

Shortfall under Family Planning Programme ranged between 64 and 86 per cent.

Number of couples targeted to be covered by unit under family planning programme by all modes** and achievement there against during 2000-2004 was 14 to 34 per cent as follows:

Sl. No.	Year	Number of couples targeted to be covered (As Percentage of previous year's achievement).	Achievement in number of couples covered	Achievement of target in Percentage
1.	2000-01	50,223 (NA)	6,787	13.51
2.	2001-02	78,800 (1161.04)	13,392	16.99
3.	2002-03	25,125 (53.30)	8,603	34.24
4.	2003-04	67,922 (789.51)	9,178	13.51

Note: The above figures include the figures of Jamtara district also as no separate report was prepared.

As per norms if the target fixed was five per cent less or 25 per cent more than the previous years achievement, then it indicates that target fixed was unrealistic. However, records relating to assessment having been verified by the MO / ACO were not shown to audit.

3.5.31 Awareness Programme on HIV/AIDS

Un-fruitful expenditure on pay and allowances of para medical and other

A sum of Rs 9.43 lakh was paid (May 2001 and April 2003) to the CS-cum-CMO by the Jharkhand AIDS control society to campaign to spread awareness among society for causation and prevalent wrong notion about HIV/AIDS. Out of the total funds Rs 4.30 lakh was spent on printing of posters, contact cards, wall paintings, contingencies etc. and Rs. 1.05 lakh were spent on purchase of medicine. Balance amount of Rs 4.08 lakh provided for installation of hoardings/wall paintings at Sadar Hospital, organisation of Swastha Meal at Sadar Hospital, setting up of a separate blood bank for HIV testing and purchase of equipment for STD clinic etc. remained unutilised till date of audit. The medicine purchased were diverted to RCH Society for general patients as no RTI/STD/HIV infected patients was identified due to non-functioning of STD clinic at Sadar Hospital since May 1997 for want of a doctor. STD clinic was although not functioning, a sum of Rs 12.90 lakh was spent on pay and allowances of nurses, para medical staff and other staff posted at STD clinic.

The Superintendent, Sadar Hospital stated (November 2004) that treatment of STD was looked after by other doctors in addition to their own work but no record was furnished to audit.

3.5.32 Immunisation Programme

During 2001-04, there were huge shortfalls in immunization of DPT, Polio, BCG and Measles as against the targets. The shortfall during the same period under TT were also huge ranging between 78 and 99 per cent.

** Vasectomy, Tubectomy, IUD, Conventional contraceptive users and oral pills.

3.5.33 Health care facilities and quality of services provided by Primary Health Centers/APHCs was extremely poor due to lack of infrastructure, shortage of doctors, paramedical staff.

POVERTY ALLEVIATION

Implementation of poverty alleviation programmes in the district was the responsibility of the district administration through the District Rural Development Agency (DRDA) and at block level through Block Development Officers (BDOs). Among others, Swarnajayanti Gram Swarozgar Yojana (SGSY), Sampoorn Gramin Rozgar Yojana (SGRY) and Indira Awaas Yojana (IAY) were the most important schemes in term of flow of funds and implementation of developmental works in rural areas.

All the three schemes were centrally sponsored. In both SGSY and SGRY the funds sharing pattern was 75:25 between central and the state while it was 80:20 under the IAY. Main objective of SGSY was to promote self-employment and to bring the rural poor above poverty line by ensuring sustainable level of income of at least Rs 2000 per month linking them to bank credit as well as government subsidy while objective of IAY was to make available dwelling houses to Below the Poverty Line (BPL) families.

Audit review revealed poor utilization of funds, low coverage, deficient employment generation, diversion of training components and negligence towards women as discussed in the succeeding paragraphs.

3.5.34 Poor utilisation of funds

Financial position of IAY showed that against available funds of Rs 24.36 crore during 2000-04 expenditure of Rs 22.95 crore was incurred.

An amount of Rs 8.75 crore was given to different banks for distribution of subsidy under SGSY of which Rs 6.72 crore were distributed by different banks during 2000-2004. Follow up action was not taken by the DRDA to ascertain whether the balance of Rs 2.03 crore was distributed to beneficiaries by the banks as of July 2004.

Distribution of subsidy of Rs 2.03 crore was not ascertained from the banks.

A sum of Rs. 26.77 crore was provided to DRDA Dumka during 2000-2004 for implementing schemes under SGRY Stream- I through different blocks. Only Rs. 20 crore was distributed among the blocks during 2000-04. Around 25 per cent of the total allotment remained unutilized. This resulted in non-employment/non-assistance to more and more number of BPL families. The reasons for non-release of funds were not on record.

25 per cent funds under SGRY-I remained unutilised.

3.5.35 Allotment of houses to ineligible persons under IAY

Scrutiny of records of BDOs of Jama and Dumka revealed that Rs 12.56 lakh were paid (2000-01 to 2001-02) by BDOs to 70 persons who did not belong to

Indira Awaas were allotted to non-BPL families.

BPL families. The DDC's letter (January 2003) confirmed that some persons did not find place in the list of BPL families but nevertheless houses were sanctioned for them on the basis of recommendation made by BDOs. On being pointed out the BDOs stated that sanction was accorded due to some special reasons. The reply was not tenable as people living above the poverty line were benefited at the cost of BPL families which needed investigation.

3.5.36 *Incomplete shelters under IAY*

2353 Indira Awaas remained incomplete.

In Dumka District construction of 2353 number of houses was taken up under IAY during 2000-02 for distribution among the rural people living below the poverty line. The houses to be completed within three months remained incomplete as of March 2004 after incurring an expenditure of Rs 3.57 crore. In reply to audit observation the BDOs stated that efforts were being made to complete the houses. Reasons for non-completion of houses, however, were not stated (August 2004).

3.5.37 *Poor generation of employment under SGRY*

Only 12 to 16 days of employment generated against 100 days per family per year.

Under Sampoon Gramin Rojgar Yojana while providing wage employment preference was to be given to the members of BPL families living in rural areas. As per BPL Survey Report (1997-2002) there were 1,32,594 BPL families in Dumka district. Scrutiny of records revealed that in both the streams (Stream I & II) year-wise employment generated in lakh man days during 2001-02, 2002-03 and 2003-04 were 15.95, 17.74 and 20.87 respectively. Thus, for 1,32,594 BPL families in Dumka district only 12 to 16 days of employment instead of 100 days of employment to each family annually was generated.

3.5.38 *Irregularities in payment of wages*

Wages paid to the labourers in cash only violating the norms

Scrutiny of scheme records of Dumka district revealed that under SGRY different schemes were taken up during the year 2002-2003 and 2003-2004 and 54,55,690 man days were created. As per guidelines at least 5 Kg. of food grains per man-day i.e. 27,279 tons of food grains was to be distributed. Against this only 8,820 tons of food grains were distributed during 2002-2004. In lieu of the balance of food grains to be distributed, labourers were paid in cash violating the guidelines. Thus the aim of improving the nutritional standards of the families of the rural poor was defeated. Besides, they were also deprived of access to food grains at subsidized rates.

As per provision of SGSY guidelines, labourers were to be paid weekly. Audit noticed that payment of Rs 1.73 lakh to the labourers was made after 11 to 58 days from the date of completion of the work.

3.5.39 *Low participation of Women Labourers*

Only 5 per cent women labourers were employed

As per SGRY guidelines 30 per cent of employment opportunity was kept reserved for women labourers but participation of women labourers in the scheme was 5 per cent only.

Each Panchayat Samiti for its samiti area was to maintain an employment register. But no such register was maintained in the block.

As per SGRY guidelines each district, block and village Panchayat was to maintain complete inventory of the assets created under the scheme. During audit no such records containing the details of assets created were produced.

3.5.40 Poverty alleviation programme through implementation of IAY, SGSY and SGRY failed to deliver as houses meant for BPL families were allotted to non-BPL families, a large number of houses were incomplete. Mandays of employment generated for families living below poverty line were much less than the hundred days employment aimed by the scheme.

AVAILABILITY OF SAFE DRINKING WATER

3.5.41 Availability of safe drinking water

Government of India (GOI) introduced in 1997-98 the Accelerated Rural Water Supply (ARWS) to provide access to safe drinking water within 1.6 km. of all rural habitation. The habitations were planned to be covered under tube wells (TW)/sanitary wells (SW). Piped water supply schemes were also introduced in the area affected by water quality problem.

The Executive Engineer, Drinking Water and Sanitation (Civil) Division and Drinking Water and Sanitation (Mechanical) Division, Dumka under the control of Chief Engineer, Drinking Water and Sanitation are responsible for providing safe drinking water to the people of Dumka district.

The review revealed that quality of water was not assured and quantity of water supply was inadequate.

3.5.42 Quality of water not ensured

The ARWS programme envisaged a system of quality monitoring and surveillance to ensure the potability of water. It was noticed that analytical test of water samples was not carried out during 2001-2004, although a sum of Rs 0.43 lakh was allotted (September 2003) for conducting bacteriological test but the entire amount was surrendered in 2003-04. The Divisional Officer stated (July 2004) that due to non-posting of laboratory assistant, funds allotted could not be utilised. Thus quality of water in respect of 14393 tube wells remained untested as of July 2004.

Departmental inspection by the Superintending Engineer, Drinking water and Sanitation Circle, Dumka (October 2003) revealed that Hijla Water filtration plant was in a poor condition and the water supplied was dirty. It was however, stated by the Executive Engineer-in charge that no impurity was found in the water. Reply is not acceptable in view of the findings of Superintending Engineer.

Impure and dirty water supplied to urban and rural population.

3.5.43 *Inadequate piped water supply*

1.81 M. Lit. water was supplied against required 3.36 M. Lit.

According to the capacity of Hijla filtration plant 3.36 M. lit. of water was to be supplied through pipe to 48,000 urban population of Dumka town and its adjacent area but only 1.81 M. lit. of water was supplied during 2001-02 to 2003-04. Thus there was short supply of 1.55 M. lit. pipe water. In reply to audit query the Executive Engineer stated that town water supply treatment plant completed in 1960 was meant for 30 years and had already deteriorated its capacity of water supply and thus required quantity of piped water could not be supplied. He further stated that only 26,000 population was covered and 22,000 population remained uncovered by piped water supplied by the department.

Rural Water Supply Scheme

3.5.44 *Unfruitful expenditure on incomplete schemes*

Four water supply schemes remained incomplete in spite of having fund.

Five high yielding tube wells in Kathikund, Sikaripara, Nonigram, Nawadih and Nischitpur villages having population between 2000 and 5000 were drilled by the Central Ground Water Board in 1989 but the Water Supply Schemes estimated to cost of Rs 1.20 crore in those villages were taken up in the year 2002-03. Although Rs 1.32 crore were provided during 2002-2004, only one water supply scheme at Nonigram was completed at a cost of Rs 0.20 crore and rest four water supply schemes were incomplete as of March 2004 after incurring expenditure of Rs. 0.85 crore on these scheme which proved to be unfruitful besides people of these villages were deprived of piped water supply as of March 2004.

3.5.45 *Infructuous expenditure on dry bores*

Geo-hydrological survey not conducted prior to boring.

Scrutiny of records revealed that 247 tube wells drilled at a cost of Rs. 37.23 lakh during 2001-04 were found dry due to non-availability of water strata as of March 2004. The total expenditure incurred on dry bores proved to be infructuous. The Divisional Officer stated that there was no instruction for conducting geo-hydrological survey before boring Hand Drilled Tube Wells on the relevant sanction letters.

Thus failure of the department to conduct geo-hydrological survey to assure source of water before drilling could have avoided expenditure of Rs 37.23 lakh.

3.5.46 *Non-functional drilled Tube Wells*

12 to 23 per cent of rural people remained deprived of drinking water facility.

Records revealed that for want of normal repair, special repair and damaged rising pipes 1742 Drilled Tube Wells constructed at a cost of Rs 25564.17 each were non-functional since last three years.

Year-wise status of Drilled Tube Wells were as under:

Year	Total No. of existing tube wells	Tube wells functioning	Tube wells not functioning	Total population of Dumka district excluding Masalia block	Affected population (considering average)	Percentage deprived of drinking water
2001-02	13296	10,288	3,008 (22.62 %)	9,36,478	1,95,520	22.62
2002-03	14318	12727	1591 (11.11 %)	9,36,478	1,03,415	11.11
2003-04	14393	12651	1742 (12.12 %)	9,36,478	1,11,280	12.10

N.B : Population of Masalia block is excluded from total population of Dumka district as this block comes under the jurisdiction of Jamtara district.

Non-functional tube wells deprived at least 195520 (22.62 per cent), 103415 (11.11 per cent) and 111280 (12.10 per cent) rural people of drinking water facility during 2001-02, 2002-03, and 2003-04 respectively.

3.5.47 Incomplete tube wells

Intended benefit was not achieved due to non-completion of 373 tube wells.

For drilling of 2755 number of tube wells within one to three months from the date of agreement, 106 agreements for Rs 6.02 crore were executed with different contractors between May 2001 and March 2004. A sum of Rs 5.56 crore was paid to the contractors as of March 2004 for drilling of 2382 tube wells. Balance 373 tube wells to be constructed at a cost of Rs 0.46 crore remained incomplete as of March 2004. Hence intended benefit was not achieved due to non-completion of 373 tube wells. In reply the Divisional Officer stated that remaining Drilled Tube Wells would be completed in 2004-05 on availability of funds and on receipt of list of D/T Wells done by EE, PH (Mech.) Division, Dumka.

3.5.48 Although the district had adequate tube wells and sanitary wells however quality of water used from these wells was not ensured. Adequate water supply to Dumka town was not ensured as plant supplying piped water needed capacity augmentation.

3.5.49 Conclusions

Poor infrastructure for schools, shortage of teachers and their engagement for non teaching work and inordinate delay in procurement and distribution of text books were noticed in audit. Shortfall in enrolment of new students in class I to VI and low retention of students in schools resulted in non-achievement of target of universalisation of primary education.

Health care facilities and quality of services provided by the Primary Health Centers/APHCs was extremely poor due to lack of infrastructure and shortage of doctors, paramedical staff. Facilities at the Sadar Hospital Dumka were highly inadequate and even routine pathological testing could not be done in the absence of equipment and chemicals.

Poverty alleviation programmes through implementation of IAY, SGSY and SGRY had deficiencies in implementation as houses meant for BPL families

were allotted to non-BPL families, a large number of houses were incomplete and there was poor generation of employment.

Although the district had adequate tube wells and sanitary wells the quality of water used from these wells was not assured. Adequate water supply to Dumka town was not ensured as the plant supplying piped water needed capacity augmentation.

3.5.50 Recommendations

Audit recommends the following:

- Government should ensure adequate infrastructure (buildings, labs and equipment) for all the categories of health centres and hospitals.
- Immediate steps need to be taken to improve enrolment and increase retention levels in primary schools.
- Government should monitor the implementation of poverty alleviation programmes (IAY, SGSY, and SGRY) so that the BPL families are benefited.

The matter was referred to the Government (December 2004 and February 2005); their reply is awaited (May 2005).