CHAPTER III : CIVIL DEPARTMENTS

SECTION-A

HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 Prevention and Control of Diseases

The main objective of the programme for prevention and control of diseases remained unfulfilled for lack of effective planning. Inadequate infrastructural facilities and shortage of manpower coupled with failure to perform the prescribed duties by some of the crucial functionaries plagued the programme. Leprosy Eradication Control Programme suffered due to lack of re-constructive surgery facilities for rehabilitation of the leprosy patients.

Highlights

Against the release of grants of Rs.6.67 crore (including spillover funds of Rs.0.46 crore) by the Government of India between 1996-97 and 2000-2001, Rs.5.65 crore only was spent, as of March 2001.

(Paragraph 3.1.11(a))

As the number of sputa examined (67,124) had substantially been lower by 63 *per cent* than the target(1,81,070) for the years 1996-97 to 2000-2001, there remained the danger of a large number of sputum positive cases going undetected every year. This resulted in the chain of transmission of tuberculosis virtually remaining unbroken.

(Paragraph 3.1.15)

Against 78,525 sputa required to be examined in 20 Peripheral Health Institutions of the District Tuberculosis Centre, Agartala, during 1996-2001, a target for examination of 59,500 sputa was fixed, out of which 28,706 sputa were actually examined indicating a shortfall of sputum examination by 63 *per cent* with reference to the norm.

(Paragraph 3.1.17)

Supervision of peripheral health institutions by District Tuberculosis Centres fell much short of prescribed standards. Against the requirement of 244 visits per year in 61 PHIs, the visits actually paid were 77 and 101 during 1999-2001.

(Paragraph 3.1.20)

4,910 suspected leprosy cases identified during Modified Leprosy Elimination Campaign in 1998-99 were not brought under treatment due to lack of bacteriological testing facilities. Further, leprosy patients were released from treatment without identifying their Bacterial Index.

(Paragraphs 3.1.25 and 3.1.26)

Against the requirement of 30,000 cataract operations by 4 District Mobile Eye Units during 1996-2001, a target of 26,000 operations was fixed; of this, 13,723 operations only were carried out.

(Paragraph 3.1.34)

Against the total number of children (1-6 years) ranging from 1,91,640 (1996-97) to 2,14,500 (2000-2001), the number of children covered by vitamin A solution ranged from 76,024 to 96,784, indicating a coverage of 37 to 49 *per cent* only.

(Paragraph 3.1.36)

The performance of Family Health Awareness Campaign was very poor. Against the targeted population ranging from 5.64 lakh to 7.74 lakh in 24 Health Institutions, actual attendance in the camps ranged from 4 to 5 *per cent* and the STD patients covered by treatment ranged from 18 to 29 *per cent* of the cases identified.

(Paragraph 3.1.44)

Five Blood Banks in the State claimed by the Department to have been modernised were found not to have been actually modernised as only 11 items of equipment out of 40 major items were provided to the blood banks. Spreading of HIV infection from the infected persons was allowed to continue unchecked as persons afflicted with HIV/AIDS were neither informed of the disease, nor treated and provided with counselling, as envisaged in the programme.

(Paragraphs 3.1.45 and 3.1.47)

Introduction

3.1.1 With a view to containing the magnitude of the diseases causing major health problems, the Government of India (GOI) started various Centrally sponsored schemes grouped under a common heading of "Prevention and Control of Diseases".

3.1.2 National Tuberculosis (TB) Control Programme (NTCP) launched in 1962 was reviewed in 1992 by a committee of experts and, based on the findings of the committee, a Revised Strategy for National Tuberculosis Control Programme (RNTCP) was evolved in 1993-94. It was decided by the GOI to extend the programme throughout the country in a phased manner with the aim to detect 75 *per cent* of the TB cases and cure at least 85 *per cent* of the cases so detected.

3.1.3 National Leprosy Control Programme launched in 1954-55 was redesignated as National Leprosy Eradication Programme (NLEP) in 1983. The objective of the programme was to achieve elimination of leprosy by 2000 AD by reducing the leprosy cases to less than 1 per 10,000 population.

3.1.4 AIDS (Acquired Immuno-Deficiency Syndrome) is a fatal disease, caused by HIV and is non-curable. National AIDS Control Programme was launched in 1987 with the objective to bring down the spread of HIV.

3.1.5 National Programme for Control of Blindness (NPCB) was launched in 1976 with the aim to reduce blindness from 1.4 *per cent* of the population to 0.3 *per cent* by 2000 AD by providing District Hospitals and Mobile Eye Units with better eye care facilities and various ophthalmic services.

Organisational set up

3.1.6 The State TB Officer, responsible for implementation of the programme, is assisted by 3 District Tuberculosis Officers (DTOs) of 3 District Tuberculosis Centres (DTCs)[#] through 61 Peripheral Health Institutions (PHIs).

3.1.7 The State Leprosy Officer is responsible for supervision of National Leprosy Eradication Programme. The Programme is implemented by Zonal Leprosy Officer, Agartala and he is assisted by 3 District Leprosy Officers posted at Agartala, Santirbazar and Manu and 3 Leprosy Control Societies located at these stations.

3.1.8 National AIDS control Programme is implemented by the Programme Officer of State AIDS Cell upto 1998-99 and thereafter by the Project Director, Tripura State AIDS Control Society and is integrated with 2 State Hospitals (GB Hospital and IGM Hospital), 3 District Hospitals (Udaipur, Kailashahar and Kamalpur), 10 Sub-Divisional Hospitals, 9 Rural Hospitals and 50 Primary Health Centres (PHCs).

3.1.9 The Programme Officer of State Ophthalmic Cell is responsible for implementation of National Programme for Control of Blindness. The programme is implemented through 4 District Blindness Control Societies (DBCSs)[•], 4 District Hospitals[*], 4 District Mobile Units (DMUs)[Ψ], 2 Sub-Divisional Hospitals (Dharmanagar and Melaghar) and 36 PHCs.

Audit coverage

3.1.10 Implementation of the above four programmes during the period from 1996-97 to 2000-2001 was reviewed in audit between December 2000 and May 2001 based on test check of records of 4 District Hospitals, 2 State Hospitals, 4 Sub-divisional Hospitals (Bishalgarh, Melaghar, Dharmanagar and Belonia), 2 Community Health Centres (Jirania and Teliamura), 11 PHCs[Θ], 3 DTCs, 3 Leprosy Control Units, and 4 DMUs, covering an expenditure of Rs. 1.90 crore (19.42 *per cent* of the total expenditure). The results of audit are discussed in succeeding paragraphs.

Outlay and expenditure

3.1.11 For National AIDS Control Programme, 100 *per cent* cost is borne by the GOI. For National TB Control Programme, only the cost of anti-TB drugs is borne by the GOI, while the operational expenditure including salary of staff is met by the State Government. For both the National Leprosy Eradication Programme and National Programme for Control of Blindness, the GOI provides the entire cost, except salary of staff which is borne by the State

[#] West District, Agartala; South District, Udaipur ; and North District, Kailashahar.

[•] West, South, North and Dhalai.

[*] BR Ambedkar Hospital (Agartala), Tripura Sundari (TS) Hospital (Udaipur), Rajib Gandhi Memorial (RGM) Hospital (Kailashahar) and Bimal Sinha Memorial (BSM) Hospital (Kamalpur).

[Ψ] West, South, North and Dhalai.

[Θ] Narsingarh, Bamutia, Mohanpur, Bisramganj, Madhupur, Kakraban, Manu, Panisagar, Santirbazar, Fatikroy, and Kadamtala.

Government. The grants released by the GOI and the expenditure thereagainst including the expenditure under State Plan during the period from 1996-97 to 2000-2001 are detailed in **Appendix-XIII.**

(a) Against the release of grants of Rs.6.67 crore by the GOI (including spillover funds of Rs. 0.46 crore) between 1996-97 and 2000-2001, Rs. 5.65 crore was spent by the State Government, leaving an unspent balance of Rs. 1.02 crore as of March 2001. Savings under NLEP were attributed by the State Government mainly to release of grants by the GOI to the State and to the Societies for the purposes which were identical. Savings under NPCB were due to not taking up of the works of constructions of an eye operation theatre and 10 - bedded eye ward (both at Ambassa) during 2000-2001 in absence of administrative approval from GOI.

(b) Grants of Rs. 50 lakh under AIDS Control Programme for the year 1998-99, though sanctioned, were not released by the GOI due to poor utilisation of funds by the State during earlier years and also due to not forming State AIDS Control Society during the year.

(c) Salaries of the staff deployed under National TB Control Programme and financial assistance to TB patients were booked under non-plan and amalgamated with other non-plan items. As such, actual expenditure incurred by the State Government under the programme could not be ascertained.

National TB Control Programme

Infrastructure

3.1.12 The target fixed for creation of infrastructure for the period ending 1996-97 and achievement thereagainst, as of 2000-2001, are shown below:

Particulars	Target	Achievement
District Tuberculosis Centres (DTCs)	3	3
50 - bedded TB ward (at GB Hospital)	1	1
20 - bedded TB wards (at TS Hospital, Udaipur, and RGM Hospital, Kailashahar)	2	NIL

Records indicated that two 20 - bedded TB wards were constructed in 1986 at a total cost of Rs. 15 lakh at Udaipur and Kailashahar. But the buildings were utilised by the Health Department for education and training and not handed over to the State TB Officer for utilisation under the programme.

Staffing pattern

3.1.13 For smooth functioning of DTCs, various key posts were to be created as per Manual of District Tuberculosis Programme brought out by the National TB Institute, Bangalore. It was noticed that the 3 DTCs suffered from shortage of key personnel (Second Medical Officers: 2; Treatment Organisers: 4; Laboratory Technicians: 3; Statistical Assistants: 3), which adversely affected the implementation of the programme. The State TB Officer informed (April 2001) that posts fell vacant due to retirement or death of the personnel. But the reasons for not filling up the posts during the last 3 to 4 years were not stated.

Identification of TB cases

3.1.14 Sputum positive cases are responsible for transmission of Tuberculosis in the community. Maximum number of sputum positive cases should be detected to break the chain of transmission. On an average, which is also the national average, 2.5 to 3 *per cent* of patients who are attending hospitals have chest symptoms, which is taken as a norm by the department and 2.5 to 3 *per cent* chest symptomatic patients are subjected to sputum examination. Of this, 10 *per cent* are estimated to be sputum positive. The target fixed for sputum examination and detection of sputum positive cases during 1996-2001 and actual achievement thereagainst with other relevant details are detailed in **Appendix–XIV**.

3.1.15 It would be seen that the number of sputa examined (67,124) during the years was far less than the target (1,81,070). The norm for estimation of sputum positive cases based on the number of sputa examined suggests that the number of sputum positive cases would have increased had the number of sputa examined been larger. As the number of sputa examined had substantially been lower by 63 *per cent* than the target for these years, there remained the danger of a large number of sputum positive cases going undetected every year. This ultimately made the chain of transmission of tuberculosis virtually remaining unbroken.

Sputum examination in Peripheral Health Institutions (PHIs)

3.1.16 As per revised strategy of NTCP, PHIs[±] are required to examine 500 chest symptomatic cases per one lakh population per year, and 3 samples of sputum are to be examined for each chest symptomatic patients.

3.1.17 **Appendix-XV** indicates that against 78,525 sputa required to be examined during 1996-2001 in 20 PHIs of West District, a target of 59,500 sputa to be examined was fixed and, out of this, 28,706 were actually examined, indicating a shortfall in performance by 63 *per cent* with reference to the norm.

3.1.18 Regarding shortfall of sputum examination, the State TB Officer stated (April 2001) that the State Government had accepted the target fixed by the GOI for the benefit of the common people. But to achieve the goal of Revised National Tuberculosis Control Programme (RNTCP), more manpower was required particularly in laboratory section and supervision of different sections of a District Tuberculosis Centre. The State TB officer stated (December 2001) that the action plan for the RNTCP was being processed to be submitted to the GOI. Funds would be released by the GOI for recruitment of additional manpower only after approval of the action plan.

[±] The health institutions, other than the DTC, implementing the programme. There are 61 PHIs in the State.

Treatment

3.1.19 As per objective of the programme 85 *per cent* of the TB cases detected were to be cured. The number of cases brought under treatment and cured between 1996-97 and 2000-2001 with other relevant details as supplied by the Department are shown below:

	Cases brought under treatment										
Year	**Old**	**New**	**Number of patients brought back under treatment**	**Number of patients trans-ferred from outside centres**	**Total (2 to 5)**	**Number of patients cured**	**No. of patients trans-ferred to outside centres**	**Number of patients who did not complete their treat-ment**	**Number of deaths**	**Total number of patients going out of treatment (7 to 10)**	**Number of patients remaining at the end of the year (6 *minus* 11)**
(1)	**(2)**	**(3)**	**(4)**	**(5)**	**(6)**		**(8)**	**(9)**	**(10)**	**(11)**	**(12)**
1996-97	2,907	2,462	15	536	5,920	1,532	233	1,303	7	3,075	2,845
1997-98	2,845	2,511	118	196	5,670	1,465	348	1,733	7	3,553	2,117
1998-99	2,117	2,397	180	845	5,539	1,557	432	1,076	33	3,098	2,441
1999-2000	2,441	2,013	256	589	5,299	1,585	793	636	50	3,064	2,235
2000-2001	2,235	2,132	189	667	5,223	1,711	697	475	52	2,935	2,288
Total	**12,545**	**11,515**	**758**	**2,833**	**27,651**	**7,850**	**2,503**	**5,223**	**149**	**15,725**	**11,926**

It would be noticed that 14,422 patients (2,907+11,515) were brought under treatment during the period 1996-2001, out of which 12,258 cases were to be cured as per target of the programme. Against this, 7,850 cases only were cured indicating 54 *per cent* efficiency in curing the patients. It is also noticed that out of 5,223 cases where the patients did not complete their treatment, only 758 cases were brought back under treatment. Apparently, the Department failed in its role of counsellor and motivator of T.B. patients for taking up the prescribed treatment regularly. Given the nature of T.B. disease, this did not only result in wasteful expenditure on incomplete medication, but also to the contra purpose of making those patients immune towards simpler line of medication.

Supervision

3.1.20 According to the Manual of District Tuberculosis Programme, supervision of PHIs by a team set up by the District TB Centre should be systematic and thorough. The DTC team should visit each PHI once in every quarter to raise the work standard and to provide guidance. Test check of the records of 3 DTCs for the years 1999-2000 and 2000-2001 indicated that against the requirement of 244 visits per year in 61 PHIs at the rate of 4 visits per PHI per year, the visits actually paid were 77 in 1999-2000 and 101 in 2000-2001. The shortfall in visits ranged from 59 to 68 *per cent*. The DTOs, Udaipur and Kailashahar stated that due to shortage of manpower and non-availability of departmental vehicles, required number of visits to PHIs could not be made.

National Leprosy Eradication Programme

3.1.21 Leprosy is a chronic infectious disease caused by Mycobacterium Leprae. It affects mainly the nerves, skin, muscles, eyes, bones and internal organs.

Infrastructure

3.1.22 A sound infrastructure is required to be created for proper implementation of the programme. The target fixed for creation of infrastructure during the period ending 1996-97 and achievement thereagainst are shown below:

Name of the units	Target	Achievement
1. Leprosy Control Units (LCUs)	3	3
2. Urban Leprosy Centres (ULCs)	3	3
3. Survey, Education and Treatment Centres (SETs))	75	75
4. Temporary Hospitalisation Wards (THWs)	3	NIL
5. Re-constructive Surgery Unit (RSU)	1	NIL
6. Sample Survey-cum-Assessment Unit (SSAU)	1	NIL

In low endemic districts i.e. the districts with comparatively low incidence of leprosy, Multi Drug Treatment (MDT) services are required to be provided through Mobile Leprosy Treatment Units (MLTUs). In spite of the fact that all the districts in Tripura fall under this category, even the creation of infrastructure like MLTUs was never targeted in the programme. It was also seen that the State Government failed to create 3 Temporary Hospitalisation Wards (THWs), one Re-constructive Surgery Unit (RSU) and one Sample Survey-cum-Assessment Unit (SSAU) so far although the programme had been under implementation for more than four decades since 1954-55. The programme thus suffered due to lack of the temporary hospitalisation facilities for leprosy patients and a re-constructive surgery facilities for their rehabilitation.

3.1.23 As stated (August 2001) by the Department, 3 THWs were constructed at Hapania, Manu and Santirbazar prior to 1996-97. The THWs at Hapania could not be commissioned due to setting up of a Communicable Disease Centre (CDC) while the THW of Manu could not be commissioned due to resistance by the local people. Further, the THW at Santirbazar was being utilised as LCU.

Shortage of staff

3.1.24 Each LCU was required to be manned by a Medical Officer, 4 Non-Medical Supervisors and 20 Para-Medical Workers (PMWs). Each ULC and each SET was to be served by a Para-Medical Worker. Records showed that against the requirement of 138 PMWs[ϕ] as per norms, 78 PMWs were in position due to non-sanction of more posts of PMWs by the GOI. It was noticed that the services of 5 Laboratory Technicians (out of 6), 2 Physiotherapists(out of 2), 2 Health Educators (out of 2) and 7 LD Clerks (out of 10) were utilised by the Health Department to maintain general health services and never made available in implementing the NLEP.

[ϕ] For LCUs : 60 ; for ULCs : 3 ; and for SETs :75.

Identification and treatment

3.1.25 The target fixed for identification of cases during 1996-2001 and achievement thereagainst, according to the Department, are detailed below :

		New cases			Discharged		
Year	**Old cases registered**[1]	**Target**	**Detected and treated**	**Total cases treated**[1] **(2+4)**	**Released after treatment**	**Other reasons**[2]	**Balance remaining under treatment**
(1)	**(2)**	**(3)**	**(4)**		**(6)**	**(7)**	
1996-97	883	100	212	1095	372	41	682
1997-98	682	100	201	883	402	80	401
1998-99	401	100	574	975	273	41	661
1999-2000	661	50	117	778	565	39	174
2000-2001	174	20	88	262	96	6	160
Total		**370**	**1,192**		**1,708**	**207**	

The above data indicate that 1,192 new leprosy cases were detected against a total target of 370, indicating fixation of very low target. To achieve the goal of elimination and to detect hidden cases of leprosy, Modified Leprosy Elimination Campaign (MLEC) was organised during 1998-99. Records of 2 LCUs (Santirbazar and Manu) showed that 4,910 suspected cases were identified during the campaign; but, due to lack of laboratory facilities and laboratory technicians, bacteriological tests of these suspected cases could not be conducted, confirmed, and brought under treatment.

3.1.26 "Bacterial Index was the only objective way of monitoring the benefit of treatment. It should be done at regular intervals[3]". But it was noticed that patients were released from treatment (RFT) by the District Leprosy Officers without identifying their bacterial index. The Leprosy Officers stated that due to lack of Laboratory Technicians bacterial index could not be done.

Surveillance

3.1.27 Bacteriological surveillance of all the cases after completion of treatment was an important part of MDT therapy and essential for successful treatment. As recommended by the GOI, the cases should be bacteriologically examined at least once in a year and for a period ranging from 2 to 5 years. But no such surveillance was carried out, indicating laxity in implementation of the programme.

National Blindness Control Programme

3.1.28 Blindness is one of the most significant health as well as social problems. The main diseases responsible for blindness in India[3] are cataract (55 *per cent*), trachoma (20 *per cent*), small pox (3 *per cent*), xerophthalmia (2 *per cent*), glaucoma (0.8 *per cent*) and other causes (19.2 *per cent*).

[1] All the old cases registered were shown as treated.
[2] Other reasons include number of patients who died and who were not traceable.
[3] 'Preventive and Social Medicine' by Park and Park.

Infrastructure

3.1.29 The programme envisaged to upgrade 4 District Hospitals, 2 Sub-Divisional Hospitals, 4 District Mobile Units and 36 PHCs within 2000-2001 by providing required infrastructure for eye care. The Department claimed (January 2001) that upgradation of all the above health institutions had been completed. But it was seen (June 2001) that 29 PHCs out of 36 were yet to be provided with Ophthalmic Assistants❤. Absence of trained paramedical workers, may adversely affect the quality of the eye care services in these PHCs.

Shortage of manpower

3.1.30 As per norms of NPCB, 8 Ophthalmic Surgeons, 44 Ophthalmic Assistants and 4 Camp Co-ordinators were required for the State to man the infrastructure already created. But records showed that the Department was yet to fill up 25 posts of Ophthalmic Assistants and all the 4 posts of Camp Co-ordinators, as of June 2001. As a result the performance of the programme had been affected adversely. As stated (August 2001) by the Programme Officer, State Ophthalmic Cell, the vacant posts of Ophthalmic Assistants could not be filled up due to non-availability of qualified persons.

Physical performance

(a) Cataract surgery

3.1.31 As per norms of the GOI, 250 cataract surgeries per lakh population were required to be conducted.

3.1.32 The details given in the **Appendix-XVI,** as furnished by the Department, show that against the total of 43,891 cataract operations required to be done during 1996-97 to 2000-2001 as per norms, a target of 30,760 operations was fixed, against which 33,551 operations were actually conducted. The shortfall worked out to 24 *per cent* with reference to the norm although achievement of the target had been shown as over-achieved.

(b) Camps organised

3.1.33 Each District Mobile Unit was required to conduct 1500 cataract operations each year.

3.1.34 Data obtained for the years 1996-97 to 2000-2001 from 4 DMUs compiled in **Appendix-XVII** indicate that, against the requirement of 30,000 cataract operations as per norm, a target of 26,000 operations was fixed against which 13,723 operations only were conducted during the period. Thus, the performance of the DMUs fell short of the prescribed norm by 54 *per cent*. The DMUs were also required to hold camps in underserved areas including tribal and geographically difficult areas. It was noticed that against 60 PHCs located in different rural areas, camps were held by covering only 38 PHCs.

❤ As per norm, each PHC was to be provided with one Ophthalmic Assistant.

The shortfall in covering the areas was attributed (March 2001) by the Department to shortage of manpower and insurgency problems.

Vitamin A prophylaxis

3.1.35 The diseases like Xerophthalmia and Keratomalacia often leading to blindness are caused by Vitamin A deficiency and are largely limited to the children in the age group of 1-6 years. For this purpose, Vitamin A prophylaxis was introduced under the National Family Welfare Programme to provide 2 lakh International Units (IU) of it every six months to the children of this age group.

3.1.36 Records of the National Family Welfare Programme showed that against the estimated number of children ranging from 1,91,640 (1996-97) to 2,14,500 (2000-2001) in the age group of 1-6 years, the number of children covered by Vitamin A ranged between 76,024 and 96,784, indicating a coverage of 37 to 49 *per cent* (detailed in **Appendix-XVIII**), though a large number of cases of Xerophthalmia (765 Nos.) was detected as per ophthalmic records test checked.

3.1.37 To be able to contain Xerophthalmia, the whole family should be kept under surveillance for one year and the children for 5 years. But no such surveillance was being carried out.

National AIDS Control Programme

3.1.38 AIDS is a fatal disease caused by HIV and is transmitted through sexual contact, STD patients, blood transfusion, contaminated needles and from HIV infected mother to her foetus or to her child during breast feeding. Since AIDS is not curable, the objective of the programme was to bring down the spread of HIV infection. The programme was to be implemented through (i) intervention for high risk group, (ii) STD control, (iii) intervention for general community,(iv) blood safety, (v) voluntary testing centres, and (vi) sentinel surveillance.

Infrastructure

3.1.39 For implementation of the programme, the target fixed for creation of infrastructure and achievement thereagainst (1996-97 to 2000-2001) are shown below :

Name of the units	Target	Achievement
Blood Banks	6	5
STD Clinics	3	3
Sentinel Surveillance Centres	4	1
Blood Component Separation Facilities	1	NIL
Zonal Blood Testing Centres	3	1
Voluntary Testing Centres	3	1

Intervention for groups at high risk

(a) Targeted intervention

3.1.40 Sex workers, truck drivers, injecting drug users, STD patients, industrial workers etc are the groups at high risk and vulnerable to spread HIV. The project aims to reduce the spread of HIV in groups at high risk by

identifying target population and providing peer counselling and condom promotion.

3.1.41 It was noticed that the Department did not take any steps to identify the target groups, nor was there any arrangement for providing peer counselling or for condom promotion.

(b) Control of sexually transmitted diseases (STD)

3.1.42 In view of the similarities in the dominant modes of transmission, it is utmost important that STD prevention and care facilities should be strengthened and upgraded by providing laboratory testing facilities and technical manpower. Three STD clinics were claimed to have been strengthened by the Department in 3 district hospitals, which meant that the clinics should have had the above facilities.

3.1.43 But, test check of records of Tripura Sundari Hospital, Udaipur, revealed that laboratory testing facilities were not provided for detecting diseases like syphilis, gonorrhoea etc. In RGM Hospital, Kailasahar, it was noticed that no specialist was posted, nor were there any laboratory testing facilities. Reasons for these shortfalls were not stated.

3.1.44 Family Health Awareness Campaigns were taken up during April 1999, December 1999 and June 2000 by organising camps at various places for detection and treatment of STD patients. Records of 24 health institutions spread over three districts test checked indicated a very poor performance of Health Awareness Campaigns as shown below:

Period of campaign	Population targeted (40 to 50 *per cent* of total population of the areas covered)	Actual attendance in camps	Percentage of attendance	STD patients identified and referred to clinics	Patients that actually attended STD clinics	Percentage of coverage by treatment
April 1999	5,63,848	28,214	5	6,099	1,787	29
December 1999	7,58,151	34,976	4	8,726	2,252	26
June 2000	7,73,909	34,591	4	8,607	1,540	18

This indicates that against the targeted population ranging from 5.64 lakh to 7.74 lakh, actual attendance in the camps was between 4 and 5 *per cent* and the STD patients covered by treatment ranged from 18 to 29 *per cent* of the cases identified inspite of incurring expenditure of Rs. 36.59 lakh in the campaigns. The amount allocated for the campaigns during 1999-2000 and 2000-2001 could not be indicated by the Department (June 2001), though asked for in audit.

Intervention for general community

(a) Blood Safety

3.1.45 As per national blood safety policy, testing of every unit of blood against syphilis, hepatitis B, malaria and HIV by all blood banks was mandatory. The Department claimed to have modernised 5 Blood Banks. But it was noticed that against 40 items of equipment required to be provided in modern blood banks, only 11 items were provided. Even Elisa reader machine,

essential for detecting HIV, was not provided in 3 blood banks at Udaipur, Dharmanagar and Kailashahar.

3.1.46 There are 40 components in our blood. As per National Blood Policy, only the component which is required by a patient should be transfused. If separation facilities are available, transfusion of undesirable component can be avoided. The State Government was, therefore, required to establish blood component separation facilities in all blood banks for rational use of blood. It was seen that infrastructure for blood component separation, though targeted in 1996-97 for one Blood Bank (at GB Hospital), was not provided, as of March 2001.

3.1.47 Records of all the 5 blood banks indicated that 48,101 blood units were tested between 1996-97 and 2000-2001, against which 86 HIV seropositive cases were detected. The matter had been kept secret and no counselling was provided to the patients. Even the patients concerned were not informed of the results of blood testing• . This increased the risk of spreading of HIV infection from the infected persons to the members of their families, expectant/lactating mothers and the would be/newly born babies. This was not at all conducive to the programme objective of bringing down the spread of HIV.

(b) Voluntary testing and counselling

3.1.48 This would involve increasing availability and demand for voluntary testing especially joint testing of couples and providing counselling services. It was envisaged in the programme that one voluntary testing centre would be set up in each district and the target for setting up 3 centres by 1996-97 was fixed. It was noticed that only one such centre started functioning at GB Hospital, Agartala, in 1999-2000, though stated to have been established in 1996-97 i.e., three years earlier.

3.1.49 The performance of voluntary testing centre is shown below :

Year	Number of sites offering the services	Number of volunteers targeted for screening	Attendance per site	Number of couples jointly tested	HIV positive cases detected
1999-2000	1	250	83	NIL	1
2000-2001	1	250	99	NIL	-

It was also noticed that the voluntary testing centre was established without providing any Elisa Reader for detection of HIV. Not turning up of any couples for joint testing was also an indication of poor performance of awareness campaign taken up by the Department.

(c) Sentinel Surveillance

3.1.50 Limiting the spread of HIV infection requires constant surveillance by screening high risk groups (sex workers, injecting drug abusers, migrated labourers, tru9ck drivers etc.). For this purpose, one surveillance centre was

• In addition, one such case under the component 'voluntary testing, and counselling' and 17 others under the component 'sentinel surveillance' were also detected without informing the patients of the results of blood testing.

set up in 1996-97 at GB Hospital, Agartala. The staff members of the surveillance centre were required to collect samples of blood from the high risk groups for HIV screening. But, it was noticed that no such active surveillance was carried out by the centre. The number of blood units screened and HIV seropositive cases detected are shown below :

Year	Name of group	Number of blood units tested	Number of HIV positive cases detected
1996-97	STD patients	1,029	1
1997-98	-Do-	1,177	2
1998-99	-Do-	1,511	5
1999-2000	-Do-	888	4
2000-2001	-Do-	794	5

3.1.51 Counselling was an essential part of AIDS Control Programme for prevention of spreading HIV infection and taking care of the patients. Under the programme, annual recurring grant from the GOI for salary of 2 Counsellors was admissible. But it was noticed that no Counsellors were appointed and no counselling was being done. Thus, the objective of the programme was frustrated.

Monitoring

3.1.52 State AIDS Control Society established in April 1999 under the National AIDS Control Programme was to be manned for effective implementation as well as monitoring of the programme. It was noticed that out of 26 posts[@] sanctioned for the society, only one post of the Project Director was filled up so far (March 2001).

3.1.53 Under National Tuberculosis Control Programme, PHIs are required to send the monthly reports to the DTO in time. It was noticed that 7 PHIs out of 24 under the DTC (North), Kailashahar, did not send their monthly reports during the years 1999-2000 to 2000-2001 in spite of visits by the DTC team.

3.1.54 Evaluation should be an integral part of intervention programme to measure the extent to which the diseases have been contained and to assess how effectively the infrastructure was working. But no such evaluation was carried out during the period from 1996-97 to 2000-2001. As a result, the Department is in the dark as to whether leprosy cases were reduced to less then 1 per 10,000 population and blindness cases were reduced to 0.3 *per cent* of the total population by 2000, as envisaged under the respective programmes.

Recommendations

3.1.55 To improve detection of leprosy cases, the special drive like Modified Elimination Campaign should be taken up periodically.

3.1.56 Supervisory activities organised by the District Tuberculosis Centres in relation to peripheral health institutions should be strengthened.

[@] This includes key posts like Addl. Project Director ; Jt. Director (Surveillance); Dy. Director (STD); Dy. Director (Surveillance); Dy. Director (Blood Safety); Asstt. Director (STD), etc.

3.1.57 Adequate laboratory testing facilities should be provided under both the National Leprosy Control and AIDS Control Programmes.

3.1.58 Since expectant mothers constitute one of the vulnerable groups for spreading HIV, greater vigilance and surveillance are called for on the part of programme authorities.

3.1.59 Treatment and counselling of HIV infected persons, hitherto ignored, should be introduced.

3.1.60 The above points were reported to the Government in July 2001, their replies have not been received as of November 2001.

SCIENCE, TECHNOLOGY AND ENVIRONMENT DEPARTMENT

Tripura State Pollution Control Board

3.2 Implementation of Environmental Acts and Rules relating to Air Pollution and Wastes Management

The Tripura State Pollution Control Board (TSPCB) was established in January 1988 for prevention and control of water pollution, air pollution and wastes management by listing and categorising of industries, and by conducting analysis of air and water quality of the State. The Board had failed in its main objectives due to inadequate manpower, although funds were made available on regular basis by the State Government/Government of India for implementing various pollution control programmes/schemes.

Highlights

Shortfall in utilisation of funds by Tripura State Pollution Control Board ranged from 83 to 93 *per cent* resulting in accumulation of unspent balance of Rs. 1.92 crore at the end of March 2001.

(Paragraph 3.2.4)

The Auditor of the Board was not appointed on the advice of the Comptroller and Auditor General of India as required by both the Water Act, 1974 and Air Act, 1981.

(Paragraph 3.2.4)

Though the board had identified 2,422 industrial plants, only 1,238 plants, being 51 *per cent* of the total, were brought under the consent management.

(Paragraph 3.2.7)

During the period from 1992-93 to 2000-2001, the State Government had conducted only 3,395 vehicular smoke emission tests (VSETs) out of 6,93,472 tests required to be done which represent achievement of 0.49 *per cent* only.

(Paragraph 3.2.15)

The Board reported excess expenditure of Rs. 4.37 lakh to the Government of India over the actual expenditure of Rs. 2.87 lakh incurred by it against the funds received for preparation of Zoning Atlas and Siting of Industries (ZASI), under World Bank funded Environmental Management Capacity Building Project.

(Paragraph 3.2.20)

Absence of adequate treatment facilities of bio-medical wastes in Agartala Municipal area added to the causes for increase in both air and water borne diseases.

(Paragraphs 3.2.21 to 3.2.23)

Introduction

3.2.1 The Air (Prevention and Control of Pollution) Act, 1981 was enacted by Parliament, to achieve the objectives of prevention, control and abatement

of air pollution. The Tripura State Pollution Control Board (TSPCB), constituted in January 1988 in pursuance of the Water (Prevention and Control of Pollution) Act, 1974, is also to be deemed to be the State Board for the prevention and control of air pollution constituted under the Air (Prevention and Control of Pollution) Act, 1981. It has to exercise the powers and perform the functions of the State Board for the prevention and control of air pollution in the State. Accordingly, the State Government framed the Tripura State Pollution Control Board Rules, 1989.

Organisational set up

3.2.2 The Controlling Department of the Board is Science, Technology and Environment Department, with the Secretary to the Department as the administrative head. The General Body of the Tripura State Pollution Control Board consists of a full time Chairman, a Member-Secretary, one member of the State Legislative Assembly, three Chairpersons of local authorities, eleven officials representing 9 Departments[ɵ]. In addition, there are two members drawn from fields associated with environmental programmes and one member from Central Pollution Control Board. During the period covered by audit, the Member-Secretary functioned as Drawing and Disbursing Officer of the Board upto 30 December 1999 and thereafter the charge of the DDO was taken over by the Executive Engineer of the Board.

Audit coverage

3.2.3 The activities of the Tripura State Pollution Control Board in regard to air pollution and wastes management for the period from 1995-96 to 2000-2001 were test checked during February to April 2001. Besides those pertaining to Science, Technology and Environment Department, the offices covered included Agartala Municipal Council, Directorate of Industries and Commerce, Directorate of Health Services, offices of the three Chief Medical Officers at the District level, seven hospitals[ψ] and six Nagar Panchayats. The results of the test check are mentioned in the succeeding paragraphs.

Financial arrangement

3.2.4 The Board receives grants from the State Government, Central Pollution Control Board (CPCB), Ministry of Environment and Forest and also receives fees from industrial plants and other establishments for issuing consent certificates to establish/operate these concerns. The annual accounts of the Board have been prepared and audited upto March 1998 by a Chartered Accountant under Section 36 of the Air Act, 1981 and Section 40 of the Water Act, 1974. The Auditor of the Board was not appointed on the advice of the Comptroller and Auditor General of India as required by both the Water and Air Acts. Yearwise details of funds received *vis-à-vis* expenditure incurred by the Board during 1995-96 to 2000-2001 are indicated in **Appendix-XIX**. Data in respect of 1998-99 to 2000-2001 are provisional as the annual accounts are yet to be finalised (April 2001). Scrutiny of receipts and expenditure of the

[ɵ] Science, Technology and Environment, Forest, Transport, Industries and Commerce, Public Health Engineering, Agriculture, Health & Family Welfare, Urban Development and Law Departments.

[ψ] State level: 2; District level: 3; Sub-Divisional level: 2.

Board revealed continued shortfall in utilisation of funds ranging from 83 to 93 *per cent* of the total funds available resulting in accumulation of unspent balance of Rs. 1.92 crore as of March 2001.

3.2.5 Grants received from the State Government, the GOI and from the World Bank through the CPCB upto 2000-2001 for laboratory management and various other programmes for control of pollution were either not utilised or partially utilised by the Board during the years from 1995-96 to 2000-2001 as indicated in **Appendix-XX** and shortfall in utilisation varied from 35 to 100 *per cent* during these years. The average shortfall in utilisation was 79 *per cent*. The reasons for shortfall in utilisation were attributed (October 2001) by the Government to poor infrastructure and manpower in the organisation.

Consent management

3.2.6 Under Section 21 of the Air Act, 1981, read with Rule 8 of the Tripura State Pollution Control Board (Control of Air Pollution) Rules 1989, no person shall, without the previous consent of the State Board, establish or operate any industrial plant in an air pollution control area. The consent issued by the State Board is valid for one year and requires to be renewed on expiry of its validity failing which penalty equivalent to 100 *per cent* of the amount of consent fee should be paid for each year of default along with normal fee for renewal.

3.2.7 Information furnished by the Board on the basis of an incomplete survey revealed that, as of April 2001, there were 2,422 industrial plants in the State, of which the Board brought only 1,238 plants under consent management, leaving 1,184 plants outside its fold. As against this, the records of the Director of Industries and Commerce showed that in the State there were 12,910 industrial plants[†] as of March 2001. The wide difference between the two sets of information on the number of industrial plants in the State was mainly because the survey started by the Board was still not complete. Even no record was maintained by the Board to indicate the categorisation of the plants already brought under consent management under Control of Air Pollution Rules.

3.2.8 According to the Board (March 2001), consent fees under the Air Act were being collected at the minimum rate along with fees under the Water Act **(Appendix-XXI).** The Board realised Rs. 1.80 lakh in respect of 1986[*] consents/renewals under the Air Act as against 7,810[**] consents/renewals due as of March 2001 resulting in short renewal of 5,824 consents with consequent short realisation of Rs. 6.01 lakh. Consent fees due and not realised in respect of 11,672 (12,910–1,238) which were not brought under consent management worked out to at least Rs. 70.03 lakh (11,672 units × 6 years × Rs.100) during 1995-96 to 2000-2001. Thus, consent fees of Rs. 76.04 lakh (Rs. 6.01 lakh +

[†] Of which, 10,317 received temporary / provisional registration certificates and 2,593 permanent registration certificates.

[*] Total number of cases shown in columns 3 and 5 of **Appendix XXI**.

[**] Total number of cases shown in columns 3 and 4 of the **Appendix XXI**.

Rs. 70.03 lakh) under the Air Act, computed at the minimum rate, remained unrealised at the end of March 2001.

3.2.9 Rule 9 of the Control of Air Pollution Rules, 1989 read with Section 24 of the Air Act, 1981 authorises the Board to inspect/investigate the industrial plant/factory which has applied for consent and to take samples of air or emission etc, for analysis. The Board has the power to penalise any industrial plant which fails to comply with the provisions of the Act mentioned above. Although 5,824 renewals were due during the period from 1988-89 to 2000-2001, the Board initiated action against 11 industrial plants only by issuing show cause notices and closure orders and no further remedial action was on record. Also, action was not taken against the remaining plants except issuing letters inviting applications for renewals in some cases.

3.2.10 The Government stated (October 2001) that the organisation did not take legal action as the whole process was likely to be considerably delayed.

3.2.11 Thus, the Board failed to conduct proper monitoring on consent management, and to penalise the defaulters for non-compliance of the provisions of the Acts and Rules.

Health profile of the State

3.2.12 Scrutiny of statistical data, furnished by the Director of Health Services (DHS), Tripura, Agartala for the years 1995-1998[🗗] (**Appendix-XXII**) revealed that 11.69 to 15.44 *per cent* of the total patients treated in the State during 1995 to 1998 suffered from diseases, *viz*., bronchitis, acute upper respiratory infection, pulmonary tuberculosis, whooping cough etc., caused by air pollution, spread through micro-organisms and other chemical pollutants in the air. The ambient air quality of Tripura for residential areas exhibits presence of Suspended Particulate Matter (SPM) and Respirable Particulate Matter (RPM), which were 47 to 183 *per cent* and 400 *per cent* above the prescribed national standards[*] and which are due to pollutants emitting out of vehicular smoke. The poor quality of air as mentioned above is attributable to weak control mechanism, not implementing various air pollution control programmes and also lack of compliance to the provisions of Rule 115 of Central Motor Vehicles Rules, 1989 related to conducting of vehicular smoke emission tests (VSETs).

Vehicular Smoke Emission Tests – non-compliance to Rules and Act

3.2.13 Pollutants from vehicular smoke contribute to creation of major health hazards, viz., coronary heart disease, cancer, tuberculosis of lungs, asthma, bronchitis, blood cancer and neurological problems. Ambient air quality of the State reveals that pollution of air in Agartala town and other major towns[*] of

[🗗] Information on account of air borne diseases, treatment, death etc, relating to the years 1999 and 2000 could not be furnished by the DHS as these were stated (March 2001) to be under preparation.

[*] The maximum permissible limit prescribed as national standards is 200 mcg/m^3 of air for SPM and 100 mcg/m^3 of air for RPM.

[*] Bishalgarh, Jirania, Teliamura, Mohanpur in West District and Matabari, Amarpur in South District.

the State are caused due to pollutants emitting from vehicular smoke and dusts.

3.2.14 Sub-rule (7) of Rule 115 of the Central Motor Vehicles Rules, 1989 stipulates that every motor vehicle shall carry "Pollution Under Control" (PUC) certificate to be issued by an agency authorised by the State Government. The certificate shall be valid for six months. The State Government authorised the Tripura State Pollution Control Board (August 1992) to conduct vehicular smoke emission tests (VSETs) and to issue 'PUC' certificates. The authority had been transferred subsequently to Transport Department (February 1997).

3.2.15 Scrutiny revealed that, during the period from 1992-93 to 2000-2001, the Board and the Transport Department had conducted 3,395 VSETs out of 6,93,472 tests due in all[@] and issued 2884 PUC certificates. This was 0.49 *per cent* of the VSETs required to be done.

3.2.16 Thus, although vehicular smoke is the major factor of air pollution in the State, the Board and the Transport Department failed to comply with the relevant provisions of the Act and rules to check the pollution created by vehicular smoke.

3.2.17 The Government stated (October 2001) that such a huge task cannot be taken and completed successfully by the Board or the Transport Department alone, but remained silent about how this could be made possible.

Zoning Atlas for Siting of Industries – incorrect exhibition of expenditure

3.2.18 Proper siting of industries is a strong pollution preventive instrument that ensures environmental soundness of the industrial development. Environmental planning programme, started in 1995, with the preparation of Zoning Atlas for Siting of Industries (ZASI), came under the World Bank funded Environmental Management Capacity Building Project.

3.2.19 The CPCB released the following funds to the Board during the period from 1997-98 to 2000-2001 under the project:

Year	Funds released	Particulars
	(Rupees in lakh)	
1997-98	3.00	Preparation of Zoning Atlas
1998-99	4.00	- do -
1999-2000	2.36 3.00	ZASI Workshop Industrial Estate Planning (IEP)
2000-2001	3.00	ZASI – Regional Planning Study

3.2.20 The GOI instructed the Board to maintain separate accounts for the World Bank funded project and to send Audited Statement and Audit Certificate and also to refund all unspent amount to the CPCB. The

[@] Calculated on the basis of the number of vehicles on road as per data furnished by the State Transport Department.

expenditure statements were liable to be audited by the CPCB as well as by the World Bank. The format for audit certificate prescribed by GOI was also not followed by the Board. Instead, the Board furnished to the GOI incorrect Audited Statement prepared by a Chartered Accountant appointed by the Board, showing utilisation of Rs. 6.77 lakh received during 1997-98 to 1998-99, on account of preparation of Zoning Atlas, as detailed below:

Year	**Actual expenditure as per Board's books and accounts**	**Expenditure shown in the Audited Statement** ***(In rupees)***	**Excess expenditure shown in the statement**
1997-98	35,530	3,52,426	3,16,896
1998-99	2,14,593	3,24,269	1,09,676
1999-2000	36,776	47,199	10,423
Total	2,86,899	7,23,894	4,36,995

Thus, the Board had shown expenditure of Rs. 7.24 lakh against grant of Rs.7.00 lakh received for preparation of Zoning Atlas whereas the actual expenditure was Rs. 2.87 lakh, resulting in over-statement of expenditure by Rs. 4.37 lakh.

Wastes management

Listing of hospitals, nursing homes and bio-medical wastes management

3.2.21 Government of India requested the State Government (November 1999) to enforce Bio-medical Wastes (Management and Handling) Rules, 1998 from 1 January 2000 in all the hospitals and nursing homes, according to which treatment facilities like incinerators, autoclaves/micro wave systems for disposal of the bio-medical wastes were to be set up by different categories of hospitals and similar establishments. This required listing of hospitals, nursing homes and pathological laboratories by the State Pollution Control Board. It was noticed (April 2001) in audit that the Board categorised and listed the total quantum of solid bio-medical wastes, including organic wastes, generated in Tripura. This was done with the technical help of Environment Division, National Productivity Council, New Delhi. But the wastes generating establishments remained yet to be enumerated and categorised. The interim report of the Council prepared in March 2001 revealed that the total bio-medical wastes generated in Tripura was 1,451 Kg per day and, in addition, 131 m^3 of waste water per day is generated from them. In addition to this, as disclosed by the report, the bio-medical wastes generated from Animal Health Care Centres was 29,870 Kg per year and about 7,800 m^3 of liquid waste was generated from Animal Stocks and Artificial Insemination (AI) Centres per year. It was, however, noticed in audit that no action was taken by the Board (September 2001) for treatment and disposal of bio-medical wastes generated in the State.

3.2.22 The practice for safe disposal of Bio-medical Wastes in State Hospitals, Nursing Homes, Pathological Laboratories, Veterinary Hospitals, Artificial Insemination Centres, Disease Investigation Laboratories etc, was not being followed.

3.2.23 It was noticed in audit that the treatment facilities, viz. incinerators, autoclaves, and microwave systems were neither set up by the Government nor did the Board take up the matter with the Health Department/Local Bodies. Even the 'Competent Authority' required to be set up under BMW Rules, 1998, was not established in Tripura. Nor did the Board issue any instructions to the concerned establishment for treatment and appropriate disposal of the wastes. Absence of treatment facilities of bio-medical wastes in Agartala Municipal area, has added to the causes for increase in both air and water borne diseases. Thus, lack of awareness and initiative on the part of the Board/Government in bio-medical wastes management has led to creating hazards for public health and environment.

Hazardous wastes management

3.2.24 The Hazardous Wastes (Management and Handling) Rules, 1989 (as amended in 2000), under the Environment (Protection) Act, 1989 provide control of generation, collection, treatment, transport, storage and disposal of hazardous wastes. Powers to implement these rules have been given to the Board and the State Governments. The GOI requested (March 1997) to enlist the hazardous wastes generating units in the State in accordance with the provisions of the Hazardous Wastes Rules in order to bring them under management and control. An amount of Rs. 5 lakh was also granted by the GOI to the Board (1999-2000) for the work and the target date of achieving 100 *per cent* compliance to the Hazardous Wastes Rules was fixed by the GOI as March 2001. The Board, with the help of National Productivity Council, New Delhi, listed and categorised (March 2001) the hazardous wastes generating units and prepared the Interim Report with proposals of plans to be formulated and implemented for management and control of hazardous wastes. The highest quantum of hazardous wastes i.e. 80,000 m^3 per year is generated from processing of latex. About 240 tonnes of spent acid is generated from lead acid battery reconditioning process, which are discharged in municipal drains; lead scrap generation is about 1,200 tonnes per year; and about 198 tonnes of oil containing sludge and 13 tonnes of cloth contaminated with oil is generated from repairing and servicing of automobiles.

3.2.25 According to the report of the National Productivity Council, no organised waste disposal system exists in the State and the hazardous wastes generated by the industries are continued to be disposed of indiscriminately and some hazardous wastes are dumped along with municipal solid wastes without treatment. The position was far from being satisfactory even after 13 years of existence of the Board whose sole objective was to take suitable measures to control pollution.

Manpower position

3.2.26 The sanctioned strength for manpower of the Board was reduced from 20 to 10[ÄÄ] (Technical–3; Scientific–4; Group-D and Ministerial Workers–3) with effect from 1997-98. But with the enforcement of various statutes, there had been considerable increase in the responsibility and area of activities of

[ÄÄ] Manpower in position: Technical - 2; Scientific –4; Group-D and Ministerial Workers- 3.

the Board. Setting up of the laboratory with sophisticated and costly machinery in 1997-98 at a cost of Rs. 17.58 lakh remained ineffective due to shortage of technical and skilled staff. The GOI decided (February 2001) to provide salary support to 14 posts` upto Xth Five Year Plan (i.e., the five years ending 2006-07) through CPCB with the condition that the State Board with the assistance from the State Government would make provision for the salary from the XIth Five Year Plan onwards. The recruitment should be made within six months, i.e., by August 2001, positively. The Board proposed (March 2001) for creation of 23 posts but no response from the Government had yet been received (June 2001).

Monitoring and evaluation

3.2.27 Section 10(I) of the Air Act read with Rule 4(b) of the Control of Air Pollution Rules, 1989, stipulates that the State board shall meet at least once in every three months to conduct its transaction of business. But scrutiny revealed that, during the period from 1995-96 to 2000-01, the board held only 5 meetings, with a gap of 9 to 20 months in between. Periodical evaluation of air quality, together with listing of hazardous wastes generating units, proper coordination with the Local Bodies and the concerned Government Departments for control of air pollution and wastes management by way of disemination of relevant information and guidelines issued from time to time were mostly ignored by the Board during the period under review. The Government stated (October 2001) that the Board was trying its best to have co-ordination among the line departments / organisations to the desired extent but the response was not encouraging.

Recommendations

3.2.28 To ensure proper implementation of the air quality management programme and the process of disposal and treatment of various kinds of wastes, monitoring and evaluation process and co-ordination among the various departments of the State Government/Local bodies should be strengthened.

3.2.29 The Board should list out and categorise all wastes generating units in the State and issue instructions to them for treatment and disposal of the wastes as per rules.

3.2.30 The State Government should take effective steps for creation/sanction of different categories of posts required by the State Pollution Control Board for its proper and smooth functioning.

` Scientist-C:1; Scientist-B:1; Environmental Engineer:1; Assistant Environmental Engineer:1; Junior Scientific Assistant:2; Junior Laboratory Assistant/UDC:2; Data Entry Operator:1; Assistant/UDC:1; Personal Assistant:2; Junior Accounts Officer:1 and Attendant:1.

SECTION B

AGRICULTURE DEPARTMENT

3.3 Idle pay and allowances

Discontinuance of the functioning of the hiring centres for non-allocation of running costs for the centres led to idling of machinery as well as idle pay and allowances of Rs. 19.67 lakh to technical and operational staff besides denial of intended benefits to farmers.

With a view to providing technical assistance to farmers, the Superintendent of Agriculture, Jirania, maintains establishments of two hiring centres (Jirania and Briddhanagar) with 5 power tillers at Jirania and 4 power tillers at Briddhanagar with required number of technical and operational staff. The hiring centres were established to facilitate availability of power tillers to the needy farmers on hire at the rate fixed by the Government from time to time.

Test check (May 1999) of the records of Superintendent of Agriculture, Jirania and subsequent information obtained (March 2001) revealed that the functioning of both these hiring centres had been kept suspended since August 1998 due to non-allocation of funds for meeting expenditure on maintenance and operational costs of power tillers. As a result, the services of the technical and operational staff (18 Nos.)• , which were field-specific, could not be utilised in any other areas as stated by the Superintendent of Agriculture in April 2001. Meanwhile, the decision of the Government in March 2000 to transfer the implementation of the hiring centre scheme to Panchayat Samity had also not materialised pending drawing up of modalities for transfer etc.

Thus, failure of the Department to provide funds for running and maintenance of the power tillers and delay in transfer of the scheme to Panchayat Samity led to un-productive expenditure on pay and allowances of Rs. 19.67 lakh for the period from August 1998 to March 2001, besides idling of the 9 power tillers (approximate cost Rs.7 lakh @ Rs.77,750 per power tiller) and depriving the farmers of the intended benefits.

The Government stated (August 2001) that the functioning of the hiring centres was discontinued w.e.f. August 1999 due to power tillers being out of order. The reply, however, does not corroborate the facts brought out in the para, which were duly confirmed (May 1999) by the Superintendant of Agriculture, under whose direct control the hiring centres were functioning. Moreover, in either case, the fact remains that the department incurred idle expenditure on pay and allowances of the staff in non-functioning establishments.

• Junior Engineer 3 Nos.; Power Tiller Driver 4 Nos.; Permanent Labourers 5 Nos.; Casual Labourers 4 Nos.; Helper 1 No. and Daily Rated Worker 1 No.

3.4 Non-recovery of dues from contractors and unfruitful expenditure

Cost of unused materials (Rs. 4.32 lakh) and extra expenditure (Rs. 1.64 lakh) recoverable from original contractors on rescinded works remained unrecovered due to inaction of the Divisional Officer. Besides, unfruitful expenditure of Rs. 3.07 lakh was incurred on unfinished works left abandoned.

(a) The work relating to construction of a 200 tonne capacity godown at Nutannagar under Mohanpur Agriculture Sub-Division was awarded (January 1989) by the Executive Engineer (West), Agriculture Department, to contractor 'A' at his tendered value of Rs. 3.62 lakh (52 *per cent* above the estimated cost of Rs. 2.38 lakh) stipulating completion within 60 days from the date of handing over of site in February 1989. The contractor after executing approximately 75 *per cent* of the work, discontinued it and was paid Rs. 2.71 lakh in January 1992 for the work done. The contract was rescinded at the risk and cost of the original contractor only in August 1996 and the balance work was awarded (March 1998) to Contractor 'B', who had completed the work in July 2000 at a total cost of Rs. 2.55 lakh excluding extra item for Rs. 0.28 lakh. As a result, extra expenditure of Rs. 1.64 lakh* incurred on completion of work stood recoverable from Contractor 'A'. Further, an amount of Rs. 2 lakh (after adjusting Security Deposit of Rs. 0.24 lakh available with the division) was also recoverable from him on account of unutilised materials not returned.

No action was initiated by the Division to recover the amount, as of April 2001.

The Government stated (December 2001) that the police was informed in September 1993 for recovery of the cost of materials, and in October 2001 for recovery of extra expenditure, with no responds till date.

(b) Mention was made in para 3.1.17.1 (iii) of the Report of the Comptroller and Auditor General of India for the year ended 31 March 1994 about rescission of a contract (July 1992) against the work ('construction of regulated market at Kalyanpur'), after payment of Rs. 3.07 lakh (61.65 *per cent* of the tendered value of Rs. 4.98 lakh) to a contractor. The contractor had left the work (October 1991), keeping with him unutilised materials valued at Rs. 2.32. lakh (at double the issue rate).

Test check (August 2000 and April 2001) of the records of the Executive Engineer (West), Agriculture Department revealed that the balance work (tendered value : Rs. 1.91 lakh) was put to tender (April 2000), but the work could not be awarded for want of funds as of April 2001. Meanwhile, the executed portion of the unfinished work was also reported (September 1996) to be in dilapidated condition. The Divisional Officer stated (April 2001) that effecting recovery of dues would not be possible without taking recourse to judicial process as the defaulting contractor was not responding to any of the departmental communications.

* (Rs. 2.71 lakh + Rs. 2.55 lakh – Rs. 3.62 lakh).

The Government stated (May 2001) that efforts would be made to complete the work departmentally in case awarding of work by inviting tender fails, but remained silent on recovery of dues from the defaulting contractor. The Government did not spell out the reasons for sustained failure in taking appropriate action even after a lapse of about ten years.

In December 2001, the Government stated that legal action had been taken against the contractor for recovery of the cost of materials and the balance work had been taken up departmentally.

ANIMAL RESOURCES DEVELOPMENT DEPARTMENT

3.5 Functioning of Livestock Farms

3.5.1 The declared objective of the Animal Resources Development Department is to stabilise animal husbandry practice as a profitable one and to establish it as a subsidiary source of income through integrated programming of production, processing and marketing of animal products. As one of the means to achieve the objective, the Department had established 18 livestock farms so far (March 2001) all over the State since 1969, besides taking up a number of other activities like upgrading of local livestock through cross breeding, control of livestock diseases, training of farmers in better animal husbandry practices, etc. The farms were set up as model farms to be run on scientific lines. Out of 18 farms, 3 have not been functioning since 1994-95. Through random sampling, 5 farms♣ (out of the existing 15♦) were selected in audit to examine, in terms of a number of performance indicators, how far the objective was achieved.

3.5.2 Of the farms selected in audit, 3♥ were being financed by the North Eastern Council (NEC) initially for a number of years in the plan sector and then transferred to the non-plan sector within the responsibility of the State, one♠ by the Centre and the State on 50:50 basis in the plan sector and one• by the State both in the plan and non-plan sectors. Most of the farms were, however, found to have been financed from sources more than one in addition to the source indicated in the general pattern.

State Poultry Farm at Gandhigram

3.5.3 During 1995-96 to 2000-2001, the Department spent Rs. 3.96 crore† on the farm.

♣ Poultry, Cattle, Duck, Rabbit and Goat: one farm in each category.

♦ Pig: 7; Poultry: 3; Rabbit: 2; Cattle: 1; Duck: 1; Goat:1.

♥ Regional Exotic Cattle Breeding Farm; Regional Exotic Duck Breeding Farm; and Regional Goat Breeding Farm.

♠ Rabbit Breeding Farm at Radhakishore Nagar.

• State Poultry Farm at Gandhigram.

† State plan: Rs. 2.02 crore; State non-plan: Rs. 1.49 crore; Central plan: Rs. 0.45 crore.

Production of eggs

3.5.4 Based on average layer strength[※] maintained round the year and the norm of productivity of exotic birds fixed by the Indian Council of Agricultural Resarch (ICAR), which was 240 eggs per layer per year[➧], the farm should have produced 40.22 lakh eggs during 1995-96 to 2000-2001. But the actual production was less by 8.94 lakh eggs leading to revenue loss of Rs. 17.88 lakh[*]. The Government stated (November 2001) that the factors responsible for low production were non-availability of balanced feed round the year, non-procurement of parent stock every year and lack of proper housing.

Hatching and production of chicks

3.5.5 During 1995-96 to 2000-2001, 51 *per cent* of the total production of 31.28 lakh eggs were set for hatching against the norm of 75 *per cent*[❁]. The Assistant Director stated (June 2000) that the deviation from norm was due to lack of accommodation in brooder and rear houses as well as production of eggs which were small in size and unsuitable for hatching. Again, based on norms of hatchability (i.e. 70 *per cent* of the eggs set for hatching), the farm, should have produced 16.42 lakh day old chicks, against which the actual production was 12.08 lakh. This resulted in financial loss of Rs. 69.44 lakh[♪] to the farm. The Government stated (November 2001) that low production of chicks was due to lack of required cooling system in the egg store room and well-ventilated facilities in the hatching room, which were installed only during 2000-2001.

Mortality of adult birds

3.5.6 The mortality rate of adult birds during the period was high in the range of 14 to 23 *per cent* with reference to the norm of 2 *per cent*[✪]. The Government attributed (November 2001) that the high mortality rate mainly to irregular supply of balanced feed, non-availability of vaccines, attack of wild cats and high environmental temperatures during summer days.

Culling

3.5.7 Between April and December 1999, all the 2,851 layer birds constituting the parent stock of the farm were sold out as 'culled'. The ICAR laid down that a layer bird can be declared 'culled' only when it was found to be unproductive or poor producer or to be suffering from stunted growth and physical deformities. There was no recorded evidence that the parent stock

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[※] 1995-96: 1965; 1996-97: 3733; 1997-98: 2328; 1998-99: 4069; 1999-2000: 1306; 2000-2001: 3353.

[➧] Poultry Production: Panda and Mohapatra (page 135); published by ICAR.

[*] Calculated at the average market rate of Rs. 2.00 worked out by the National Agricultural Bank for Rural Development.

[❁] The norm as communicated (February 2000) by the Assistant Director of the State Poultry Farm to the Director.

[♪] Based on the average market rate of Rs. 16 per day-old chick as reported by the Assistant Director in February 2000.

[✪] Evaluation of study of State Poultry Farm (1994): Evaluation Organisation, Planning and Co-ordination Department (page 4).

thus 'culled' had fulfilled any of the above conditions. The Government stated (November 2001) that the stock had to be sold out due to scarcity of livestock ration.

Breeding

3.5.8 For breeding purpose, the number of cocks and hens should be maintained at the optimum ratio of 1:10[♯]. Based on this, the farm should have maintained 1,675 cocks during 1995-96 to 2000-2001 against the stock of 16,754 layer hens. But the scrutiny revealed that the farm actually maintained 2,629 cocks, i.e., 954 cocks in excess of requirement. This led to unnecessary expenditure of Rs. 5.11 lakh on 511.12 quintals of feed for maintenance of the excess stock of cocks. The Government stated (November 2001) that the additional stock of cocks was being maintained as 'reserve'. The reply was not tenable as the ICAR norm did not provide for maintenance of any such reserve stock.

Regional Exotic Cattle Breeding Farm at Radhakishore Nagar

3.5.9 During 1995-96 to 2000-2001, the Department spent Rs. 13.39 crore[♥] on the farm.

Milk production

3.5.10 Based on the average number of milch cows maintained per day (34.5) during the period, the number of days involved (2,192) and the norm of productivity of milk per cow per day (8 kg)[➧] the farm should have produced 6,04,992 kg of milk. But the actual production was only 4,45,185 kg leading to a shortfall in production of 1,59,807 kg valued at Rs. 25.57 lakh[▼] during the period under review.

3.5.11 The Government stated (November 2001) that the shortfall in production was due to poor quality of feeds and fodder, 'hard' green fodder being supplied which was avoided by the cows, failure to supply balanced feeds by Feed Mixing Plant and funds constraint hampering maintenance and infrastructural development.

Heavy loss in production of green fodder

3.5.12 Through spending an amount of Rs. 1.91 crore towards seeds, fertilisers and wages for the labourers engaged, the farm produced green fodder worth Rs. 28.71 lakh during 1995-96 to 2000-2001, incurring a total loss of Rs. 1.62 crore. The Government reply was silent on incurring such a heavy loss in running the farm indicate the acute failure in management.

[♯] Poultry Production: Panda and Mohapatra; ICAR (page 29).

[♥] State plan: Rs. 7.33 crore; Central plan: Rs. 0.80 crore; State non-plan: Rs. 5.26 crore.

[➧] As intimated (August 2000) to Audit by the Deputy Director of R.K. Nagar Farm Complex.

[▼] 1,59,807 kg X Rs. 16 (i.e. the average market price per kg as worked out by the NABARD).

Shortfall in production of green fodder

3.5.13 The farm had a total cultivable land of 2045.25 acres[•] throughout the years, with which it could have produced 1,02,263 tonnes[*] of green fodder, against which the actual production was 7,297 tonnes (7.14 per cent). The shortfall was attributed (August 2000) by the Assistant Director (Fodder) mainly to much of the cultivable area having been allowed to remain uncultivated, lack of irrigation facilities, irregular supply of seeds and fertilisers and shortfall in output from wage labourers. The Government reply was silent on this point.

Excess issue of feed concentrate

3.5.14 According to the ICAR norm, a milch cow at the optimum level of milk production of 10 kg per day can be maintained with 42 kg of green fodder and 1 kg of feed concentrate per day. As indicated above, with the total cultivable land available, the farm could have produced 1,02,263 tonnes of green fodder which was sufficient to maintain 9.5 times[¦] of the existing strength[*] of milch and non-milch cows during the period under review. But the farm not only failed to produce the minimum quantity of green fodder as per norm , but also failed to produce even the required quantity of green fodder for the existing strength (10,740 tonnes). Against this, the actual production of green fodder was only 7,297 tonnes. The deficiency was met by the farm by issue of 372.923 tonnes of feed concentrate in excess of 255.714 tonnes[•] which was the normal requirement as per ICAR standard. This resulted into extra avoidable expenditure of Rs. 37.29 lakh on 372.923 kg of feed concentrate. In spite of this, the shortfall in production of milk was 1,59,807 kg during the period under review.

Regional Exotic Duck Breeding Farm at Radhakishore Nagar

3.5.15 The expenditure incurred on the farm by the Department during 1995-96 to 2000-2001 was mixed up with the expenditure on Regional Exotic Cattle Breeding Farm.

Productivity

3.5.16 Although the duck farm was established for production eggs and supply of ducklings to local farmers and the neighbouring States, no target was found to have been fixed by the department for the purpose. The farm also had an objective to act as a demonstration farm.

[•] 454.48 acres during 1995-96 to 1997-98; 229.71 acres during 1998-99 to 1999-2000; 222.39 acres during 2000-2001.

[*] The productivity norm for green fodder as prescribed by the North Eastern Council is 50 tonnes per acre in the minimum.

[¦] 1,02,263 tonnes ÷ 42 kg = 24,34,833 cattle days (one cow maintained for a day = one cattle day) divided by 2,55,714 cattle days maintained by the farm during the period (this figure is arrived at first multiplying average herd strength round the year by 365/366 (i.e. the number of days in the year) and then adding such figures for all the years together).

[*] 1995-96: 115; 1996-97: 115; 1997-98: 122; 1998-99: 103; 1999-2000: 99; 2000-2001: 146.

[•] @ 1 kg per day per cow.

3.5.17 During 1995-96 to 2000-2001, against Rs. 45.55 lakh spent towards feeding of layer birds, the farm produced and sold eggs, ducklings and adult birds on culling as well as duck manure valued at Rs. 29.93 lakh[☼] at the average market rate resulting in loss of Rs. 15.62 lakh to the farm. The loss was substantial and running of a duck breeding farm with so much loss was not a matter suitable for demonstration to any interested farmer who was likely to be discouraged in duck breeding practice after being subjected to such demonstration. The farm thus lost also its demonstrative value.

3.5.18 The Government stated (November 2001) that steps had been taken to improve the functioning of the farm with better management practice.

Rabbit Breeding Farm at Radhakishore Nagar

3.5.19 During 1997-98 to 2000-2001, the Department spent Rs. 22.80 lakh[★] on the Rabbit Breeding Farm.

Breeding

3.5.20 The farm was to obtain 3,612 kids during 1997-98 to 2000-2001 as per ICAR norm (24 kids per doe per year) from the average number of does maintained by it throughout the year ranging from 30 to 50. But the actual production was 2,008 kids, the shortfall being 1,604 kids valued at Rs. 0.64 lakh. The Government stated (November 2001) that the position would improve on providing better accommodation to the rabbits shortly.

Defective project report

3.5.21 The In-charge of the Rabbit Breeding Farm stated (July 2001) that the poor fertility rate was, inter-alia, due to high temperature and humidity in the farm and controlled breeding in view of absence of demand from the farmers and the general public. These reasons conflicted with the project report of the farm submitted to the Government of India to obtain its sanction. In that report, the State Government had said that "climatic condition for Tripura suits rabbit farming favourably", "there is tremendous demand of meat in Tripura" and "rabbit meat is not unfamiliar or unknown to the people of Tripura".

Regional Goat Breeding Farm at Debipur

3.5.22 During 1995-96 to 2000-2001, the Department spent Rs. 2.47 crore[❖] on the Regional Goat Breeding Farm.

Breeding

3.5.23 Based on the standard kidding rates per breedable goat per year[✓] and the average herd strength of breedable goats maintained round the year[◆], the

[☼] The sale value at the market rate had been obtained (December 2001) from the Deputy Director, Radhakishore Nagar Farm Complex.

[★] State plan: Rs. 5.50 lakh; Central Plan: Rs. 8.30 lakh; NEC (plan): Rs. 9 lakh.

[❖] State plan: Rs. 1.67 crore; Central Plan: Rs. 0.17 crore; State non-plan: Rs. 0.63 crore.

[✓] Barbari: 2.6 and Black Bengal: 3 vide C. Devendra and W.J.A. Payne: Goat and Sheep Production in Tropics (page 45); and Report of the Comptroller and Auditor General of India on Government of Tripura, 1986-87 (page 22).

[◆] Barbari (B) and Black Bengal (BB): 1995-96: BB 60; 1996-97: 60; 1997-98: B 14; 1998-99: B 12, BB 60; 1999-2000: B 14, BB 173; 2000-2001: B 12, BB 90.

farm should have obtained 134 and 1,461 kids from Barbari and Black Bengal breeds respectively. But the actual production was 42 and 409 kids respectively, representing a massive shortfall of 69 and 72 *per cent*. The Deputy Director of the farm stated (August 2001) that the poor fertility was due to malnutrition and poor hygienic conditions in the goat sheds.

Feeding

3.5.24 A total area of 600 hectares (ha) of land was available with the farm for fodder cultivation during 6 consecutive years ending 2000-2001 (i.e. 100 ha per year). The farm cultivated fodder only in 119 ha of land during the period. It was seen that 84.784 tonnes of green fodder valued at Rs.0.71 lakh was produced during this period after spending Rs. 48.66 lakh[*] on wages of labourers exclusively engaged for fodder cultivation.

Manpower

3.5.25 Although not required, a Dairy Officer was found to have been posted in the farm from April 1996 to January 2001 resulting in wasteful expenditure of Rs. 6.15 lakh[*] on his salary. The Government stated (November 2001) that the Dairy Officer was posted to look after milk production from goats. The reply was not found tenable in audit as there was no evidence that the farm had ever stored, processed and distributed any goat milk for which the service of a Dairy Officer was required.

3.5.26 Scrutiny further revealed that although a Fodder Officer had been posted in the farm since November 1993, 3 more Fodder Officers were posted there anew between April 1998 and January 2000 without any allocation of work and were paid Rs. 7.19 lakh as salary up to March 2001. The Government stated (November 2001) that the services of the Fodder Officers were required to improve fodder production. The reply was not tenable as the Department spent Rs. 11.03 lakh between 1995-96 to 2000-2001 on salary of Fodder Officers, number of whom ranged from one to four with meagre production of 0.71 lakh tonnes of fodder during the period, which did not even cover the cost of their salary.

EDUCATION DEPARTMENT

3.6 Irregular utilisation and idling of funds of discontinued scheme

Retention of unspent amount of Rs. 11.15 lakh pertaining to a discontinued programme resulted in locking up of Rs. 4.76 lakh with consequent loss of interest of Rs. 3.63 lakh, besides irregular utilisation of Rs. 6.39 lakh.

With the introduction of a Central Scheme *viz*. "National Programme for Nutritional Support to Primary Education" (NPNSPE) with effect from 15 August 1995, the Mid-day Meal (MDM) Programme, an identical State

[*] 65 SREP workers engaged per day @ Rs. 40 per day X 312 days in a year = Rs. 8.11 lakh, multiplied by 6 years.

[*] Average monthly salary of Rs. 10,608 X 58 months.

scheme, implemented throughout the State since 1980 had been discontinued with effect from 1 November 1995. Accordingly, unspent balances relating to the discontinued programme were to be deposited to the relevant receipt head of the Government account.

Test check (August 1996 and April 2001) of the records of the Education Inspectorate, Jirania, revealed that on the advice of the Inspector of Schools, 40 Implementing Officers (Heads of Primary Schools) refunded (November 1995) an unspent amount of Rs. 11.15 lakh lying with them as on the date of discontinuance, to the Education Inspectorate, Jirania. The Inspector of Schools, instead of refunding the same to the Government, utilised Rs. 6.39 lakh[♦] for purpose not related with the scheme. The balance amount of Rs. 4.76 lakh continued to remain with the Inspectorate, as of April 2001.

On this being pointed out, the Inspector of Schools, Jirania stated (April 2001) that the unspent funds were retained on the advice of the higher authority, but did not spell out the reasons for such retention as well as irregular utilisation.

Thus, the decision to retain the unspent funds, pertaining to a scheme which had long been discontinued, ended up in irregular utilisation of Rs. 6.39 lakh besides locking up of Rs. 4.76 lakh for the period from November 1995 to April 2001 with consequent loss of interest of Rs. 3.39 lakh, calculated at the prevailing borrowing rate[☛] of the Government, during the period.

The Government stated (November 2001) that steps had already been taken to deposit the unspent amount in the Government exchequer.

INDUSTRIES AND COMMERCE DEPARTMENT

3.7 Infructuous expenditure

Expenditure of Rs. 7.67 lakh incurred on execution of preliminary works without seeking approval of project report proved infructuous due to change of site.

For encouraging industrialisation in backward areas, Government of India in continuation of its policy towards "No Industry Districts" declared in June 1984, introduced (June 1988) a scheme for setting up of Growth Centres throughout the country. Accordingly, one such Growth Centre was allocated (December 1988) to Tripura State. A draft project report envisaging setting up of Growth Centre at Uttar Champamura in West Tripura district was submitted (February 1991) to the Government of India by the Tripura Industrial Development Corporation Ltd. (TIDC), the nodal implementing agency nominated by the State Government for the purpose.

♦ Rs. 4 lakh paid to Food , Civil Supplies and Consumers' Affairs Department being transport and distribution cost of food grains lifted by Education Department in separate schemes and Rs. 2.39 lakh paid to General Administration (Printing and Stationery) Department for meeting liability of the Education Department against printing cost.

☛ 13.85 *per cent* per annum (the rate prevalent in 1995-96).

In January 1995, Government of India while rejecting the draft project report on the ground that the projected Growth Centre would not be commercially viable, suggested the State Government to submit a revised proposal scaling down the size of the project area substantially. Following this, a revised proposal, as per Central Guidelines, was submitted (April 1997) on a new location abandoning altogether the site selected earlier. The change of site was attributed to the land not being contiguous, law and order problems around the area and other difficulties in land development. The revised project was approved (November 1997) and the work was under progress (March 2001).

It was, however, noticed in test check (February – March 2000) of records of the Director, Industries and Commerce that pending approval of the Growth Centre Project, preliminary works for creation of infrastructural facilities at the proposed site at Uttar Champamura was taken up. Out of Rs. 14.70 lakh advanced to different implementing departments of the State Government in 1988-89, Rs. 7.67 lakh had been spent (cost of land Rs. 0.95 lakh, cost of preparation of draft project report Rs. 1.54 lakh, cost of approach road Rs. 4.76 lakh, earth work Rs. 0.30 lakh and miscellaneous Rs. 0.12 lakh) as of March 1992 and balance amount of Rs. 7.03 lakh was lying unutilised with the implementing departments as of November 2001. With the change of site at Uttar Champamura, further works on the project remained abandoned since April 1997.

Thus, improper selection of site and execution of works in anticipation of project clearance by the Centre rendered the expenditure of Rs. 7.67 lakh infructuous.

The Government, to whom the matter was referred (April 2001) stated (June 2001) that the site would be utilised as an "Industrial Area/Industrial Estate" for fruitful utilisation of the infrastructure already created, but did not spell out as to why the infrastructure could not be put in any gainful use for last 10 years or more.

MISCELLANEOUS DEPARTMENTS

3.8 Abstract Contingent Bill

According to the Treasury Rules, Detailed Countersigned Contingent (DCC) Bills in respect of Abstract Contingent (AC) Bills drawn by the Drawing and Disbursing Officers (DDO) are required to be submitted to the Controlling Officer within one month of the drawal of the AC bills, who shall submit the same after his countersignature to the Accountant General within another month. Further, while drawing a fresh AC bill, every DDO shall also furnish a certificate to the effect that DCC bills in respect of all AC bills drawn more than a month before the date of presentation of that bill have been submitted to the Controlling Officer.

Test check (April – June 2001) of the records of 4 Directorates[☛] and 5 DDOs[☛] revealed that Rs. 10.73 crore drawn on account of implementation of various Central and State sector schemes through 1218 AC bills during the period from 1984-85 to 2000-2001 were lying outstanding as of June 2001, details of which are given in **Appendix – XXIII**.

The reasons for poor utilisation of funds drawn and resultant delay in adjustment of AC bills were attributed by the DDOs to delayed preparation of estimate of works, delay in formation of Implementing Committees, non-execution/slow progress in execution of works and non-submission of vouchers etc. by the implementing officials.

The salient points noticed in course of audit were as follows:

(1) Four DDOs[☛] had drawn Rs. 2.52 crore in 690 AC bills during March 2001 for construction of 32 Junior Basic school buildings. But, pending formation of the Implementing Committees to take up the works, the entire funds were deposited in Current Deposit Accounts of the accredited bank branches operated by these DDOs and remained locked up as of June 2001. The cost of the funds remaining outside Government account worked out to Rs. 7.88 lakh at the prevailing Government borrowing rate[♦].

(2) Inspector of Schools, Dharmanagar (Sri C.R. Malakar) had drawn Rs. 20 lakh between November 1997 and January 1999 in 41 AC bills for construction of 5 school buildings at a cost of Rs. 4 lakh each.

The entire amount (Rs. 20 lakh) though received by Shri Malakar himself during January 1998 to January 1999 as implementing officer of the above works, was kept with him i.e. outside Government account. The status of construction was not reported nor was the amount refunded to the Government as of June 2001.

(3) Inspector of Schools, Sonamura had drawn Rs. 22.19 lakh in 17 AC bills between January 1997 and December 1999 for construction and repair of school buildings and toilets and retained the same in his cash chests for periods ranging from 3 months to 13 months before being disbursed to implementing officials. The delay in disbursement was attributed to non-preparation of estimates of works and non-formation of implementing

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[☛] (1) Directorate of Sports and Youth Affairs, (2) Directorate of Higher Education, (3) Directorate of School Education and (4) Directorate of Information, Cultural Affairs and Tourism.

[☛] (1) Inspector of Schools, Dharmanagar, (2) Inspector of Schools, Sonamura, (3) Inspector of Schools, Kailashahar, (4) Inspector of Schools, Udaipur and (5) Deputy Director of Agriculture (West), Agartala.

[☛] (1) Inspector of Schools, Dharmanagar Rs. 0.87 crore
(2) Inspector of Schools, Kailashahar Rs. 0.75 crore
(3) Inspector of Schools, Udaipur Rs. 0.45 crore
(4) Inspector of Schools, Sonamura Rs. 0.45 crore

[♦] 12.5 *per cent* with effect from 1 June 2000.

committees, etc. The cost of funds thus remaining outside Government account worked out to Rs. 1.49 lakh calculated at Government lending rate prevailing from time to time.

Thus, the reasons for pendency of adjustment of AC bills, as analysed in audit, are summed up below:

In total disregard to the provision of financial rules, funds had been drawn especially at the fag end of the financial years in anticipation of demand, obviously to avoid lapse of budget grants.

Drawal in AC bills were made without adequate prior planning for incurring expenditure within a definite time frame.

Lack of co-ordination among controlling departments, DDOs and various implementing officials.

No effective monitoring system was found to have been in operation in order to watch over the implementation of various works and timely submission of adjustments against funds drawn in AC bills.

(4) The statutory requirement of furnishing certificate regarding submission of DCC bills against AC bills drawn more than a month before the drawal of any fresh bill was not complied with. This indicated lapses in scrutiny of bills on the part of treasuries before passing for payment.

The matter was reported to the Government in September 2001; their reply had not been received (November 2001).