# **Executive Summary**

Recognising the importance accorded by the Planning Commission, Government of India, for a district-centric approach to devolution of finances for an integrated local area development, a district centric audit of Cachar district was carried out to assess the status and impact of implementation of various socio-economic developmental activities in the District during 2005-10 and to evaluate whether quality of life of the people has improved.

The review covered key Social Sector programmes relating to Health, Education and Water supply; Economic Sector programmes relating to creation of Roads and other infrastructure, employment generation, provision of basic civic amenities and use of Information Technology (IT) to provide better public services etc.

While audit observed many positive points in the Social Sector programmes relating to health and education; there were quite a few areas where the State/District administration needs to focus its attention.

## **Planning**

Audit scrutiny revealed that the District Planning and Monitoring Committee (DPMC) had not prepared a Perspective Plan or Annual Action Plans, or even a shelf of schemes for the overall development of the District. The local levels of administration like the Blocks and GPs were not involved in providing any inputs to the planning process. Schemes were sanctioned on an adhoc basis by the Deputy Commissioner (DC)/DRDA based on the proposals submitted by the MPs/MLAs/Other individuals/BDOs as per the perceived benefit to the local populace. In fact, there was no integrated District Plan.

In the absence of perspective plans and annual action plans for the development of the District with inputs from Blocks and GPs, gaps in various developmental schemes/programmes remained unidentified with the result that the felt needs of the weaker sections of the society and the disparities between various regions and communities within the District could not be addressed. (Paragraphs 3.1 to 3.3)

#### Recommendation

Holistic perspective and integrated annual plans should be prepared for the District, based on a structured process of obtaining inputs from Blocks and GPs and other stakeholders for a more realistic assessment of the needs of the District.

## **Accounting Framework and Financial Management**

The total flow of funds to the District during 2005-10 and expenditure incurred was not available either with the Additional DC who is the Chief Planning Officer or with the District Planning Officer and other district authorities like DRDA.

Utilisation Certificates were submitted after the release of funds to implementing agencies without verifying their actual utilisation. Hence, the reported progress and achievement of these schemes depicting the outcomes did not reflect the true state of affairs. This also affected the future planning process for overall development.

Large amounts of funds obtained from GOI and State Government were parked in banks without utilising them within the prescribed timeframe, as works could not progress due to delay in land acquisition, land disputes, inadequate project management, skewed planning, execution, monitoring and supervision. There were also instances of misappropriation due to lapses in internal control mechanism.

(Paragraphs 4.1 to 4.3)

#### Recommendations

Financial management, in general, needs improvement, and funds provided for various socio-economic developmental programmes need to be efficiently and effectively utilised.

A uniform accounting system should be put in place for showing actual utilisation of funds relating to various developmental schemes as distinct from mere release of funds to implementing agencies. Also, a mechanism to ensure release of funds only for works and schemes for which all preliminary and preparatory works have been completed, needs to be evolved.

## **Social Services**

## Health

The process of assessing the health care requirements and gaps in infrastructure and manpower etc., as per NRHM is yet to be completed in the District. The District had one CHC, 32 PHCs and 272 SCs against the requirement of 12 CHCs, 48 PHCs and 289 SCs. The basic health care services required to be provided in the health centres were not available at many of the centres visited by the audit team. Moreover, due to non-availability of skilled manpower and infrastructure the purpose of setting up the health centres was not achieved in the District.

The overall achievement in the District with regard to immunisation of children between zero to one year age group covering BCG, DPT and OPV ranged between 71 and 83 *per cent* during 2005-10. However, the shortfall in achievement of targets in secondary immunisation ranged between 10 and 50 *per cent*. Prevalence of infant and child diseases like diphtheria (16 cases), tetanus (two cases), pertussis (153 cases), measles (7,134 cases) and polio (274 cases) were noticed during 2005-10.

Separate targets/health indicators for the districts were not prescribed, though as per the Mission (NRHM) guidelines, these were required to be done. Therefore, the progress of achievement of crucial health indicators for the District could not be ascertained and the authenticity of the data reported at the State level could also not be verified.

Community participation in planning, implementation and monitoring of the NRHM programme was not ensured. Although all the PHCs, SCs and the CHC had their Village Health and Sanitation Committees (VHSCs), Rogi Kalayan Samitis (RKSs) were formed only in 2008-09, and are yet to be made fully operational.

In the absence of proper planning involving identification of gaps in the healthcare infrastructure and non-availability of stipulated facilities and skilled manpower in the health institutions, the aim of providing accessible and affordable healthcare to people was not achieved in the District.

The percentage of institutional deliveries has been increasing over the period of implementation of NRHM, which is encouraging. Further, the District could achieve the goal of Leprosy elimination during the last five years. (Paragraphs 5.1.1 to 5.1.10)

## Recommendation

The District Health Society should play a more positive role in commissioning a survey to identify the gaps in health care infrastructure and facilities and draw up a specific timeframe as per the NRHM guidelines, to provide accessible and affordable health care to the rural poor and vulnerable sections of the population. All the health centres should be equipped with adequate and skilled manpower to achieve the objectives of the programme.

#### Education

A review of the status of education in the District, especially in the context of implementation of Sarva Shiksha Abhiyan, revealed that the number of primary and upper primary schools (upto class VIII) increased but enrolment of children in the targeted age group of 6-14 years in these schools decreased during 2005-10.

Post class X education is being imparted in the District through a network of 242 Government High Schools (GHS) and 28 Government Higher Secondary Schools (GHSS). The Inspector of schools (IS) is the Controlling Officer at the district level for implementation of the schemes for educational development. Enrolment in classes

IX to XII has increased in the District during 2009-10 as compared to 2005-06. Some increase in pass percentage of Class-XII Board Examination was also noticed.

The infrastructure facilities available in 270 High and Higher Secondary Schools in the District are deficient as 127 schools do not have pucca buildings, two schools are running in rented buildings, 127 schools do not have separate toilets for boys and girls, 139 schools are running without electricity connection, 127 schools do not have safe drinking water facilities and nine schools have no separate laboratories for science subjects.

Scholarship schemes were not effectively managed. Neither surveys were conducted nor was any information regarding enrolment of SC/ST students obtained from the schools to ensure that the targeted group is given due financial assistance. Scholarships are being given only on the basis of applications received from the students.

Under Mid Day Meal Scheme the district administration could provide on an average 144 feeding days to primary students against the requirement of 222 days per year and 64 feeding days to upper primary students against the requirement of 205 days per year.

For management of the MDM programme by the teachers, considerable teaching time was lost. Further, the impact of the MDM through improvement of nutritional status of the students as well as improvement of quality of education through better performance in class examinations were never assessed.

To **District** sum up, many schools in the were lacking infrastructure/facilities and the scholarship schemes were not effectively managed as a database of the actual students to be covered and its periodical updation for assessing the requirement of funds was not being maintained which deprived and delayed the benefits of the scholarships to the eligible students. There were, however, significant qualitative improvement of pass percentage in Board's results inspite of shortage of teachers in schools.

(Paragraphs 5.2.1 to 5.2.3 and 5.3)

## Recommendations

Basic infrastructure/facilities should be provided on a priority basis in all the schools, especially at the elementary level, to ensure an appropriate environment for teaching and learning. Appropriate steps should be taken by the Education Department to arrest the declining trend in enrolment in the schools.

The State Government should carry out a survey and create a database of the beneficiaries to be covered under various scholarship schemes. This database should be updated periodically and all the eligible students should be provided scholarship as per norms, in a timely manner.

# **Drinking Water**

Out of 2,690 habitations, 890 (33 per cent) habitations were fully covered, 970 (36 per cent) habitations were partially covered and 830 (31 per cent) habitations were not covered upto 31 March 2005 whereas 1,963 (73 per cent) habitations were fully covered, 316 habitations (12 per cent) were partially covered and 411 (15 per cent) habitations remained uncovered as on 31 March 2010 showing significant increase in coverage during the last five years.

The quality of water provided to the fully covered habitations was, however, not tested at regular intervals and the Department also did not fix any norm for periodical testing. Out of 6,281 samples tested by the two divisions through two water testing laboratories available in the District, 280 samples were found contaminated with Arsenic. The divisions took remedial measures and provided safe drinking water through 88 Piped Water Supply Scheme in these localities but did not cover two habitations having population of 1,651.

As per information furnished by the Joint Director of Health Services, Cachar 1,035 cases of water borne diseases were detected (Diarrhea: 512; Gastroenteritis: 523) during 2005-10 indicating supply of unsafe drinking water.

There was substantial improvement in the coverage of habitations in the last five years. Supply of quality water was, however, not ensured by conducting required water sample tests at regular intervals. (Paragraphs 5.4.1 to 5.4.5)

#### Recommendations

The State Government/district administration needs to prepare a strategic action plan to provide potable drinking water to the uncovered habitations in a time bound manner.

Water quality testing system should be improved/upgraded to ensure supply of safe drinking water to the public.

#### Sanitation and Sewerage

According to Total Sanitation Campaign (TSC), all schools were to be covered by 2008. The division targeted 1,839 schools (out of 2,438) and covered 1,869 schools by 2009.

Further, only 51 *per cent* (859 out of 1,697) Angandwadi toilets were constructed although these were to be completed by 2009.

There are two towns in the District *viz.*, Silchar and Lakhipur. No sewerage facilities are available in these two towns. The Department also did not have any plan for construction of sewerage plants. (Paragraphs 5.5.1 to 5.5.2)

#### Recommendation

Steps need to be taken to ensure sewerage facility in both the towns of Silchar and Lakhipur.

## **Economic Services**

# **Infrastructure-Transportation and Road connectivity**

The only airport in the District is at Kumbhirgram, 35 kms away from Silchar town. Except the district headquarters Silchar, only one Block headquarter (Salchapra) is connected by railways.

Out of the total 1,054 habitations in the District, only 425 habitations have been provided road connectivity as of March 2010. The distance of various places from the district headquarters ranges from 9 kms (Baskandi) to 40 kms (Rajabazar). Only 273 kms road was added during the last five years.

Out of 524 road works, 170 works (32 per cent) were completed. Of which only 54 works (10 per cent) were completed within stipulated completion period. Further, out of remaining 354 works, 42 works had not been started whereas the remaining 312 works are in progress. Out of 312 works, 139 works, which were due for completion, remained incomplete with delays ranging from one to 43 months.

Failure to evolve viable mechanism to resolve land disputes and other problems to facilitate timely completion of road works has delayed the providing of road connectivity to all the villages in the District. (Paragraph 6.1.1)

## **Irrigation**

During 2007-10, 55 schemes were sanctioned at an estimated cost of ₹165.01 crore, of which 49 schemes (Estimated cost: ₹136.54 crore) were taken up for execution. Out of these 49 schemes 37 were due for completion as on 31 March 2010, against which only seven schemes (Expenditure: ₹3.31 crore) were completed and the balance 42 schemes were in progress after incurring an expenditure of ₹62.78 crore, with physical progress ranging between one to 95 *per cent*. Against the targeted potential of 10,818 hectare of irrigated land only 2,868 hectare (27 *per cent*) could be created indicating shortfall of 7,950 hectare.

Thus, due to delay in completion of the schemes, the desired potential was not created and a large number of schemes remained inoperational. (Paragraph 6.1.2)

## **Other Developmental Schemes**

The other developmental schemes like District Development Plan (DDP), Untied funds, Members of Parliament Local Area Development Scheme (MPLADS), Member of Legislative Assembly Area Development Scheme (MLAADS) etc., were taken up in the District in an uncoordinated manner as the works were neither properly planned nor completed within the specified timelines, resulting in huge accumulation of funds lying unutilised. The assets created out of these schemes also remained unknown to the district administration as no asset register was maintained at any level. (Paragraph 6.1.3)

## Recommendation

A coordinated approach needs to be adopted by the State/District administration with the executing agencies to ensure that the works are planned and completed in time to ensure that benefits percolate down to the people.

# **Employment Generation**

#### Sampoorna Gramin Rozgar Yojana (SGRY)

Under SGRY, works were proposed on perceived need in an ad-hoc manner, rather than in a planned and coordinated manner, resulting in overlaps in execution of works and underutilisation of available funds. There was no database at the district/DRDA level, detailing the developmental works undertaken in various Blocks and GPs.

While 30 *per cent* of employment generated should have been in respect of women beneficiaries, the DRDA reported only 1.90 lakh mandays for women out of 52.93 lakh mandays generated in the District during 2005-08, resulting in less wage employment of 13.98 lakh mandays for women. (**Paragraph 6.2.1**)

## **National Rural Employment Guarantee Scheme (NREGS)**

Under the NREGS shortfall in providing guaranteed 100 days wage employment to card holders who had demanded employment ranged between 95.57 and 99.88 *per cent*. No unemployment allowance was granted to eligible job card holders who were not provided employment.

Thus, the district authorities failed to provide the guaranteed wage employment in rural areas of the District thereby defeating the objective of security of livelihood to the needy and the vulnerable sections viz., SC/ST and women; the extent of poverty alleviation through these schemes was not up to the targeted level. (Paragraph 6.2.2)

# Swarnajayanti Gram Swarozgar Yojana (SGSY)

Though a database indicating year of formation of the Self Help Groups (SHGs) and individual Swarojgaries, amount of subsidy and revolving fund released to participating banks is maintained, details of payment of loan and subsidy and revolving funds to the beneficiaries were not indicated. Further, financial status of the SHGs and individual Swarojgaries were not physically verified/ensured at any level as evident from the records produced to Audit. Performances/activities of the SHGs/Swarojgaries had not been monitored.

Thus, in the absence of any monitoring mechanism to evaluate the status of economic viability of the projects undertaken by SHGs/individuals, their economic upliftment was not ascertainable in audit. (Paragraph 6.2.3)

## **Housing Scheme**

#### Indira Awaas Yojana (IAY)

Under IAY 31 to 89 per cent houses were completed in the District, whereas in the test-checked Blocks 10 to 95 per cent houses were completed during 2005-10. In three Blocks construction of 958 houses were not taken up due to non-selection of beneficiaries. Further, 3,199 beneficiaries were selected from outside the BPL list. Besides, selection of beneficiaries was not done by Gram Sabhas as required according to the provision of guidelines. (Paragraphs 6.3.1 to 6.3.4)

#### Recommendation

Selection of BPL beneficiaries should be ensured.

## **Energy**

## Rajiv Gandhi Gramin Vidyutikaran Yojana (RGGVY)

Out of 1,020 villages in the District, 850 villages (83 *per cent*) were electrified as of March 2010. The State Government chalked out plans for electrifying 890 villages but did not initiate any action to electrify the remaining 130 villages.

Out of targeted 73,512 BPL households, 40,000 were covered, of which only 4,227 (11 *per cent*) were energised. Further, delay in completion of the work resulted in price escalation of ₹15.60 crore.

(Paragraph 6.4)

## Recommendation

The district administration should streamline its internal processes and co-ordination among different agencies to ensure coverage of un-electrified villages and completion of the project within a specific timeframe.

## **General Services**

# **E-Governance**

For implementation of the National e-Governance Policy (NeGP) the Government of Assam appointed (August 2009) M/s Assam Electronics Development Corporation Limited (AMTRON) as the State Designated Agency (SDA). The SDA (AMTRON) in turn, selected M/s Zoom Developers Ltd., a private agency as the Service Centre Agency (SCA) for the District. A District e-Governance Society was also constituted (November 2009) under the Chairmanship of the Deputy Commissioner, Cachar for implementation of NeGP, monitoring the functioning of the Common Service Centres (CSCs), delivery of G2C services etc.

Though 159 Village Level Entrepreneurs (VLEs) were appointed as of July 2010 to run the CSCs at GP/village and expenditure ₹15.53 lakh was already incurred, the CSCs were providing only B2C services¹ and no G2C service² was being provided mainly due to inaction of the district authority.

The District e-Governance Society/district administration has not intimated the steps taken/proposed to be taken for early implementation of NeGP in the District.

(Paragraph 7.1)

## Waste management

Management of solid waste by Municipal Boards was characterised by inherent defects of usage of open vehicle for transportation of waste and non-development of suitable sites for setting up of solid waste management project.

Except Medical College, Silchar no other organisation providing medical services has an incinerator for disposing of the bio-medical waste as per specified norm of the Pollution Control Board. (Paragraph 7.2)

## **Other Civic Amenities**

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<sup>&</sup>lt;sup>1</sup> **B2C service**: DTP, commercial photography, internet browsing, insurance, computer education, e-recharge, downloading, CD burning, DTH sale, courier service, coin PCO etc.

<sup>&</sup>lt;sup>2</sup> **G2C service**: PRC, caste certificate, Non-creamy layer certificate, next of keen certificate, bakijai clearance certificate, senior citizen certificate, permission for delayed birth/death certificate, permission for special events etc.

- The district town of Silchar is deficient in drainage system. As a result water logging during rainy season causing difficulties to general public was noticed.
- In the case of banking facilities available in the District, Audit noticed that only 124 (12 per cent) out of 1,020 villages were covered by the bank branches. Only 14 per cent of total credits were provided to the farmers, which indicated that financial services at an affordable cost to lower income groups is yet to be delivered in the District.
- Availability of electricity supply is a cause of concern to the common man. The shortage in meeting energy requirement in the District ranged between 17 and 27 per cent during 2005-10 where as shortage of peak demand ranged between 41 to 49 per cent. As a result supply of electricity is available only for 12 to 16 hours a day.
- Crime cases in the District increased by 13 per cent from 3,370 cases as on 31 March, 2005 to 3,807 cases as on 31 March, 2010. Major increases were in kidnapping (84 per cent), rape (44 per cent), car lifting (77 per cent) and theft (16 per cent). Increase in crime cases during 2005-10 indicates that there was no noticeable effect of MOPF in minimizing the crime rate in the District.

To sum-up the District is deficient in basic amenities like good quality roads, sufficient supply of electricity, medical facilities, adequate bank branches, transportation and communications, drainage system. Besides there is no Waste management Plan for both Bio-medical and municipal wastes available in the District.

(Paragraphs 7.3.2 to 7.3.3)

#### Recommendation

Waste management plans need to be finalised by the MCs on priority basis for pollution free environment.

## Satisfaction level of the beneficiaries in the district

The responses to personal interviews and information furnished by the GPs indicate poor satisfaction level in respect of road conditions, drinking water supply, electricity supply, medical facilities etc. (Chapter-8)

#### Recommendation

The District authority should take concrete and tangible efforts to improve the quality of life in the district by efficient implementation of the development programmes.

# **Monitoring Mechanism and Impact Evaluation**

Monitoring and supervision of the progress of implementation of various schemes at all tiers of local administration in the District was perfunctory which impacted the progress of developmental works/projects undertaken by various departments/implementing agencies. Consequently, there were a large number of works in the social and economic sectors which were plagued by cost and time overruns thereby depriving the public of the benefits of these developmental schemes.

(Paragraphs 9.1 to 9.5)

#### Recommendation

Monitoring, inspection and supervision needs to be strengthened at all the tiers of local administration to ensure that the programmes are executed on time and within cost, and timely corrective action is taken in cases of slippage.

## **Conclusion**

The GOI has increasingly been entrusting the responsibility at local level, especially the PRIs, to ensure efficiency and effectiveness in delivery of key services like health, education, employment etc. Audit scrutiny, however, revealed that people's participation in the planning process at the Block and GP levels was absent, which hindered the planned progress in the District.

Due to multiplicity of programmes/schemes and even large number of implementing/executing agencies, it was difficult for the district administration to effectively coordinate, monitor and supervise the schemes. Adequate monitoring system was either not instituted or was not functioning as required with regard to execution of schemes.

The State Government should introduce structured and coordinated district planning process by mapping the gaps in infrastructure under various sectors like health, education, drinking water supply, employment generation etc. To achieve the targets set through such plans, a clear road map should be drawn up by the district administration so that the intended benefit of the scheme reach the beneficiaries in time. District specific human development indicator to gauge the extent of development and the effectiveness of various schemes being implemented in the District should be evolved by the State Government. People's participation is essential for ensuring sustainable development in the District.

(Chapter-10)