

Audit reviewed implementation of the following flagship programmes in the Social sector:

- National Rural Health Mission (NRHM);
- Sarva Shiksha Abhiyan (SSA);
- Accelerated Rural Water Supply Programme (ARWSP/NRDWP);
- Integrated Child Development Services;
- Old Age Pension Scheme; and
- Total Sanitation Campaign (TSC).

It was revealed that there is a need to provide adequate and skilled manpower in these sectors for optimal utilisation of the infrastructure and to achieve the intended objective of providing quality health care, education, water and basic amenities to the people of the district.

5.1 Health

The Chief Medical Officer (CMO) Mandi, functioning under the State Health and Family Welfare Department, is responsible for providing health care services to the people through a network of six² hospitals. The health care services in the rural areas are delivered through 11 Community Health Centres (CHCs), 61 Primary Health Centres (PHCs) and 311 Sub-Centres (SCs) under the overall control of CMO at District level.

5.1.1 Planning

As a first step towards providing accessible, affordable and equitable health care under NRHM, a household and facility survey was to be carried out to identify the gaps in health care facilities in rural areas. Audit scrutiny revealed that the process of assessing the health care

requirements and gaps in infrastructure, equipment, manpower in the district remained to be completed though the mission period was to end on 31 March 2012.

The District Health Society (DHS) was required to prepare a perspective plan for the entire mission period and Annual plans for the district with inputs from the lower tiers of the Government. Audit analysis revealed that DHS was constituted only recently on 12 October 2010 and as such the perspective plan and Annual Plans had not been prepared as of May 2011.

The Mission activities were to be converged with other departmental programmes and working of non governmental stakeholders, Village Health and Sanitation Committees (VHSCs) and Rogi Kalyan Samitis (RKSs). However, Audit scrutiny revealed that the CMO did not interact with or obtained inputs from the concerned departmental functionaries relating to drinking water, sanitation and hygiene, nutrition, etc., leading to disconcerted efforts by various agencies towards the same goal. Further, community participation in planning, implementation and monitoring of the programme was not ensured. Scrutiny of records revealed that no VHSC had been formed in the district. The RKSs were stated to have been formed in all the CHCs and 59 PHCs (out of 61) in the district but in one PHC (Chattri), RKS formed yet to be made functional as of May 2011.

➤ Financial Position

Following is the year wise position of funds received and expenditure incurred thereagainst under NRHM during 2006-11 in the district:

² Jogindernagar, Karsog, Sandhole, Sarkaghat, Sundernagar and Zonal Hospital Mandi.

Table 2: Funds available under NRHM against all components and expenditure incurred thereagainst during 2006-11

(₹ in crore)

Year	Opening balance	Funds received	Total funds available	Expenditure	Closing Balance
2006-07	0.72	2.24	2.96	1.04 (35)	1.92 (65)
2007-08	1.92	2.09	4.01	1.73 (43)	2.28 (57)
2008-09	2.28	5.21	7.49	4.79 (64)	2.70 (36)
2009-10	2.70	3.72	6.42	5.67 (88)	0.75 (12)
2010-11	0.75	5.17	5.92	5.08 (86)	0.84 (14)

Source: Departmental figures; figures in parenthesis indicate percentage

It is evident from the above table that the utilisation of NRHM funds ranged between 35 per cent and 88 per cent during 2006-11. On this being pointed out, the CMO stated (May 2011) that non-utilisation of funds was due to shortage of Medical and technical staff.

5.1.2 Infrastructure

According to GoI guidelines there should be one CHC for every 80,000 population, one PHC for population over 20,000 and one SC for population over 3,000. In terms of these norms, the requirement of CHCs, PHCs and SCs for Mandi district worked out to 12, 49 and 326

respectively. Against this, the district had 11 CHCs, 61 PHCs and 311 SCs. While PHCs were opened in excess of norms, the number of other health centres was less than the prescribed norms.

Basic minimum infrastructure

➤ Status of infrastructure at health centres

Many of the health centres lacked the basic minimum infrastructure and health care services required to be provided in the health centres in the district which can be seen from the details given below:

Table 3: Non-availability of infrastructure and basic health care facilities in health centres

Particulars of infrastructure	Centres where service was not available		
	CHCs	PHCs	SCs
Infrastructure facilities in Health centres in the district	11	61	311
Waiting room for patients	--	11	68
Labour Room	3	37	311
Operation theatre	3	37	NA
Clinic Room	--	11	68
Emergency/Casualty Room	3	11	NA
Residential facilities for staff	--	27	68
Government Buildings	--	11	68
Provision for water supply	--	02	68
Electricity connection	--	02	--
Facility for medical waste disposal	--	03	68
Separate utility for Male and Female	3	37	311

Basic health care services			
Blood storage facility at health centres	11	61	NA
New born care	6	37	NA
24 x 7 deliveries	3	49	NA
In patient services	2	37	NA
X-rays	1	55	NA
Ultra-sound	10	61	NA
ECG	3	55	NA
Obstetric care	3	37	NA
Emergency services (24 hours)	2	49	NA
Family Planning(Tubectomy and Vasectomy)	3	49	NA
Intra-natal examination of gynecological conditions	3	11	NA
Pediatrics	3	49	NA

Source: Figures supplied by the CMO Mandi

NA: Not applicable.

Photograph: 1



Non-availability of stretcher and staff to carry the patient to ward at Zonal Hospital, Mandi (June 2010)

Photograph: 2



Shortage of man power resulting in long queue outside the lab testing centre at Zonal Hospital, Mandi (June 2010)

Photograph: 3



Patient accommodated in corridor at CHC, Janjehli (June 2010)

Photograph: 4



Non-availability of waiting room at CHC, Janjehli (June 2010)

Photograph: 5



Condition of Operation Theatre at CHC, Kotli (June 2010)

Photograph: 6



Stagnation of rain water in IPD of CHC, Janjehli (June 2010)

Photograph: 7



Dumping of medicines on floor at CHC, Kotli (June 2010)

Photograph: 8



Open pit for burning medical waste at PHC, Nanawan (June 2010)

In the absence of proper infrastructure and adequate health care services at health centres, the basic facilities could not be provided to the rural population.

➤ **First Referral Units**

The CMO received ₹2.80 crore between December 2005 and March 2009 for upgrading four³ CHCs and three⁴ hospitals to First Referral Units (FRUs) at the rate of ₹40 lakh per FRU, without specifying any time frame for

completion of upgradation of work. The CMO spent ₹1.89 crore on procurement of equipment and released ₹46.65 lakh as an advance to the Public Works Department for development of infrastructure. Besides, an amount of ₹44.11 lakh was also paid to three BMOs and two Senior Medical Officers for civil works (₹29.81 lakh) and purchase of Hospital furniture (₹14.30 lakh). However, none of the seven units were upgraded to FRU as of May 2011 due to non posting of specialist and other supporting staff.

³ Bagsaid, Baldwara, Karsog and Padhar.

⁴ Jogindernagar, Mandi (Zonal Hospital) and Sarkaghat.

CMO replied to audit (May 2011) that the FRUs could not be made functional due to non posting of Specialisits by the State Government and lack of proper infrastructure. Thus, the Department failed to provide appropriate health infrastructure to ensure timely availability of referral services in these institutions despite availability of funds.

➤ Availability of beds

The status with regard to the availability of beds in test checked CHCs/PHCs were as given below:

Table 4: Details of availability of beds in test checked CHCs/PHCs

Name of CHC/PHC	Number of beds		
	Male	Female	Total
CHC Janjehli	3	3	6
CHC Kotli	15	15	30
CHC Ratti	15	15	30
PHC Baggi	3	3	6
PHC Balichowki	NA	NA	NA
PHC Kataula	3	3	6
PHC Nanawan	NA	NA	NA
PHC Rewalsar	3	3	6
PHC Thunag	3	3	6

Source: Figures supplied by the Department

NA: Not Available.

5.1.3 Manpower Resources

NRHM aimed at providing adequate skilled manpower at all the health centres as per the norms of Indian Public Health Standard (IPHS).

Scrutiny of three CHCs, six PHCs and 12 SCs selected for test check revealed that none of these centres was staffed adequately as per the IPHS norms, as detailed below:

Table 5: Availability of manpower as per IPHS norm at selected health centres physically verified

	Sanctioned	In position	Vacant (%)
CHC			
Staff Nurses	21	11	10 (48)
PHC			
Medical Officers	12	10	2 (17)
SC			
Male Health Workers	12	9	3 (25)
Volunteer Workers	12	–	12 (100)

Source: Departmental figures

Audit analysis further revealed the shortage of the key functionaries manifested in the following ways:

- Against the required strength of 21 staff nurses, there were only 11 in the three CHCs test checked and in one test checked PHC (Nanawan), staff nurse was not posted.
- Two (Kataula and Nanawan), out of the six PHCs test checked were functioning with one Medical Officer as against required strength of two. One PHC (Nanawan) out of six test checked PHCs, did not have any Laboratory technician.
- Three⁵, out of 12 SCs test checked were functioning without male health worker. There was no voluntary worker in any of the 12 test checked SCs.
- Besides above, in five⁶ PHCs of the district, Medical Officers were not posted and 19 PHCs of the district were running without Pharmacist. Twenty nine SCs of the district were not functioning due to non-posting of male and female health workers.
- Two PHCs (Kotsnore and Thalot) though opened between July and October 2007 were not functioning as no infrastructure was created.

Thus, due to non-availability of adequate number of skilled manpower, the purpose of setting up the health centres was not achieved in the district. Moreover, due to the non availability/shortage of Medical staff and infrastructure facilities as detailed above, the bed occupancy in the test checked CHCs was quite low and ranged between 11 and 69 *per cent*, while it was zero to 11 *per cent* in the PHCs.

5.1.4 Achievement against Performance Indicators

Performance indicators qualifying the targets for reducing infant mortality rate (IMR), maternal mortality rate (MMR), total fertility rate (TFR), reducing morbidity and mortality rate and increasing cure rate of different endemic diseases are generally prescribed by the State Government.

➤ Reproductive and Child Health Care (RCH)

To achieve the NRHM goal of reducing the infant mortality rate (IMR) and total fertility rate (TFR), the State Government prescribed various health indicators to be achieved by 2008. As per the details provided by the State Government, all the prescribed targets were achieved.

However, it was noticed in audit that separate targets/indicators for the District were not prescribed despite the Mission requirement to do so. On being pointed out in audit, the CMO stated (May 2011) that indicators were not prescribed for the District and were drawn for the State as a whole. Therefore, in the absence of such data the progress of achievement of the 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.

➤ Non-deployment of trained female community health workers

One of the strategies envisaged by the Mission for achievement of the goal of reduction in IMR, MMR and TFR is the appointment of a trained female community health worker called Accredited Social Health Activist (ASHA). The ASHA is to be appointed for every thousand population and act as an interface between the

⁵ Dharwar Thach, Somnachan and Sarkidhar.

⁶ Jhungi, Dhalwan, Fatehpur, Draman and Balh Tikkar.

community and the health care system. The State Government decided to employ one ASHA for every 800 people. For selection and training of 1,123 ASHAs in the district, ₹2.37 lakh was sanctioned in October 2007. The Department, however, selected only 112 ASHAs and spent ₹0.71 lakh on the selection process but neither any training was imparted nor were they deployed as of May 2011 rendering the entire effort and exercise futile. Unspent amount of ₹1.66 lakh was transferred to flexible pool for family planning programme.

The CMO stated (May 2011) that the appointment of ASHAs is sub-judice. The fact remains that desired activity of interface between community and health care system still remains to be undertaken in the district.

5.1.5 Janani Suraksha Yojana

One of the important components of

Reproductive and Child Health (RCH) programme is the Janani Suraksha Yojana (JSY), to encourage pregnant women to have an institutional delivery rather than domiciliary delivery in order to reduce maternal and neo-natal mortality. Under this programme, all the pregnant women belonging to the SC, ST and BPL categories above 19 years of age, upto two live births are entitled to ₹700 for institutional delivery.

Besides, under the modified parameters of JSY, cash benefit of ₹500 per live birth would also be available to all pregnant women of BPL category on registration for Antenatal Care with ASHA/ANM/PHC.

The details of institutional and domiciliary deliveries in respect of which cash assistance provided by the CMO in Zonal Hospital Mandi during 2006-11 are given below:

Table 6: Position of institutional and domiciliary deliveries

Year	Institutional deliveries (In numbers)	Domiciliary Deliveries (In numbers)	Pregnant women registered (SC/ST and BPL) (In numbers)	Cash assistance given (₹ in lakh)
2006-07	The record was not maintained due to non-availability of prescribed proforma			
2007-08	177	1015	1192	6.31
2008-09	605	1361	1966	11.04
2009-10	1200	2272	3472	19.76
2010-11	1911	1747	3658	22.11

Source: Figures supplied by the CMO

As can be seen from the above table there was increase in the number of institutional deliveries over the period in respect of above categories of beneficiaries. Audit scrutiny, however, revealed that the categories of beneficiaries viz.,

SC/ST/BPL were not recorded in the Maternal and Child Health (MCH) registers. Consequently, it could not be ascertained whether cash assistance was indeed provided to the eligible beneficiaries.

The overall status of achievement with regard to institutional deliveries in the district and in three sampled units⁷ is given below:

Table 7: Position of institutional delivery in the district and three sampled CHCs

(In numbers)

Units	Year	Pregnant women registered	Institutional deliveries	Percentage of Achievement
Mandi District	2006-07	20,916	7,633	36
	2007-08	18,997	7,968	42
	2008-09	20,042	9,805	49
	2009-10	19,372	6,104	32
	2010-11	17,968	7,285	41
Three Sampled CHCs	2006-07	6,694	630	9
	2007-08	6,692	681	10
	2008-09	6,350	480	8
	2009-10	6,272	604	10
	2010-11	5,900	1,070	18

Source: Figures supplied by the CMO for district as a whole and three test-checked CHCs

The above table shows that, the percentage of pregnant women opting for institutional delivery facilities in district as well as in the test checked health centres was far behind the goal of 65 per cent that was to be achieved by March 2010 under NRHM. Clearly, this was due to the inadequate facilities in the health centres in the sampled units as brought out in Table 3. On this being pointed out, the CMO attributed (May 2011) the shortfall in achievements to shortage of manpower and lack of infrastructure. The reply does not explain as to why efforts to create proper infrastructure and to provide adequate staff in the health centres could not be made by the authorities.

➤ Antenatal care

Scrutiny revealed that the percentage of pregnant women in the District who had received three antenatal check ups (ANCs) during 2006-11 ranged between 91 and 99 per cent as of May 2011 as against the State level achievement of 77 per cent.

In the records of CMO, the shortfall of Iron Folic Acid (IFA) was 19 to 40 per cent and it was zero to

11 per cent in respect of Tetanus Toxoid (TT) in the District. However, in three out of 11 test checked blocks, the shortfall was between two to 28 per cent for IFA and four to seven per cent for TT.

5.1.6 Immunisation Programme

During 2006-11 the overall achievement in the District in immunisation of children in the age group of upto one year with respect to Bacillus Calmette and Guerin (BCG), was 100 per cent except during 2008-09 where shortfall was 10 per cent due to manpower shortage. However, the shortfall ranged between eight and 12 per cent for Diphtheria Pertussis Tetanus (DPT) and Oral Polio Vaccine (OPV). The shortfall in achievement of targets in the secondary immunisation of children ranged between nine and 19 per cent for DT (5 years age group), one and 34 per cent for TT (10 years age group) and upto 22 per cent for TT (16 years age group) during 2006-11. In the test checked units, the achievement of fully immunised children was between 79 and 100 per cent.

⁷ CHCs Kotli, Janjheli and Ratti.

Data shows that the prevalence of vaccine preventable diseases was negligible in the District as no case of infant and child diseases like neonatal tetanus, diphtheria, and whooping cough was detected in the district during 2006-11. However, 611 cases of measles were detected during 2006-11. No new case of Polio was detected during 2006-11 in the district. The coverage of targeted children under pulse polio programme in the district ranged between 97 and 100 per cent.

Scrutiny revealed that in eight⁸ (13 per cent) PHCs in the district, cold chain facilities were not provided due to non-availability of space. CMO stated (May 2011) that vaccination was carried out in nearby PHCs.

However, to support immunisation programme, cold chain maintenance was to be ensured in all the CHCs and PHCs.

5.1.7 National Programme for Control of Blindness (NPCB)

The NPCB aimed at reducing the prevalence of blindness to 0.8 per cent by 2007 through increased cataract surgery, eye screening of school children, collection of donated eyes, creation of donation centres, eye bank, strengthening of infrastructure, etc.

During 2006-11 against the target of 16,500 cataract surgeries and screening of 85,746 school children, achievement was 61 per cent in respect of cataract surgeries and 71 per cent for screening of school children.

On being pointed out in audit, the CMO stated (May 2011) that the shortfall in achievement of targets was due to non-availability of skilled doctors. The facility for eye donation had not been created in any of the hospitals in the district.

➤ National Vector Borne Disease Control Programme (NVBDCP)

The NVBDCP aims at control of vector borne

diseases by reducing mortality and morbidity due to malaria, filaria, kala azar, dengue, chikungunia and japanese encephalitis in endemic areas through close surveillance, controlling of mosquitoes through indoor residual spray of larvicides, insecticides and improved diagnostic and treatment facilities at health centres. The programme was aimed at achieving Annual Blood Examination Rate (ABER) of 10 per cent of the targeted population under surveillance by 2007-08 and Annual Parasitic Incidence (API) of less than 0.5 per thousand throughout the country by that date.

The percentage of ABER in the district ranged between 7.4 (2008-09) and 8.7 (2010-11).

The API rate per thousand had decreased from 0.02 (2008-09) to 0.01 in 2010-11.

5.1.8 National Leprosy Eradication Programme (NLEP)

The NLEP aimed at eliminating leprosy by the end of Eleventh Plan and to ensure that the leprosy prevalence rate is less than one per ten thousand. The total number of leprosy patients undergoing treatment in the district during 2006-07, 2007-08, 2008-09, 2009-10 and 2010-11 were 15, 18, 18, 14 and 16 respectively with the incidence of 15, 17, 16, 14 and 15 new cases in the corresponding period. The rate of prevalence of leprosy in the District during 2006-07, 2007-08, 2008-09, 2009-10 and 2010-11 was lower at 0.18, 0.18, 0.16, 0.13 and 0.15 per 10,000 respectively against 0.28, 0.30, 0.25, 0.21 and 0.23 per 10,000 respectively during these years at the State level.

5.1.9 National Aids Control Programme (NACP)

The Programme was launched by the Gol in September 1992 with the assistance of World Bank and has been extended upto the year 2012. The main objectives of the programme are to:

- reduce the spread of HIV infection in the country; and

⁸ Bhambla, Chamiar, Khuhan, Dharanda, Pandole, Sajaoo Piplu, Sudhar and Chuku.

- strengthen the capacity to respond to HIV/AIDS on a long term basis.

To achieve the above objectives, funds were to be utilised on different components/activities of the programme like priority intervention for the general community, low cost AIDS care/STI/HIV/AIDS sentinel surveillance, training, etc.

➤ Utilisation of funds

Out of allocated funds of ₹81.01 lakh during 2006-11, ₹80.28 lakh (99 per cent) was utilised by the District AIDS Programme Officer (DAPO).

As per guidelines of National AIDS Control Programme (NACP), one Voluntary Blood Testing Centre (VBTC) was to be established in each district. The State Government had established one VBTC (now Integrated Counselling and Testing Centre) in each district of the State, including Mandi. Scrutiny revealed that the first HIV positive case was detected in Mandi district in April 2002. Out of 31,197 persons screened up to March 2011 in the district, 263 persons were found HIV positive. These included 102 fully blown AIDS cases. The rate of sero positivity achieved in the State as of March 2011 was 0.1 per cent and in Mandi district, it was below 0.36 per cent which is stated to be national sero positivity. The DAPO stated (May 2011) that the increase in cases was due to awareness and more testing facilities whereby such cases could be detected in the district.

➤ Family Health Awareness Camps

To increase awareness about HIV/AIDS and sexually transmitted diseases (STD) among the community and to provide facilities for early diagnosis and treatment of the targeted population falling in the age group of 15-49 years, the GoI decided (November 1999) to organise Family Health Awareness Camps (FHACs) in all the States in a phased manner. Intensive propaganda about STD epidemic was to be carried out through Information, Education and Communication (IEC) methodology.

However, no family health awareness camps were held in the district during 2006-11 due to non-receipt of budget for this purpose. Thus, due to financial constraints IEC activities for creating awareness among the community about HIV/AIDS were severely affected.

➤ Blood Safety

Under the blood safety component, the existing blood banks are to be modernised and new blood banks are to be opened. Blood component separation facility centres and skilled manpower are also to be made available. There is one blood bank in the district but blood separation facility had not yet been operationalised for want of license and availability of skilled manpower.

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 remains to be achieved in the District.

Recommendations

- *As the District Health Society has been constituted recently (October 2010), it should play a proactive role in commissioning a survey to identify the gaps in health care infrastructure facilities, 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 district.*
- *Community involvement should be ensured at every stage in planning, implementation and monitoring of the programme.*
- *Funds should be utilised for the intended purpose, especially for creation of basic health infrastructure and amenities to provide confidence to the community that health centres not only exist but are fully operational.*

- *All the health centres should be equipped with adequate and skilled manpower to achieve the objectives of the programme.*

5.2 Education

Education is one of the most important indicators of social progress of a nation. Both the State and the Central Governments have been spending enormous amounts on increasing the enrolment and retention of children in schools, especially in the primary and elementary

segments. Focus is also on an inclusive progress, with special attention to girls, SC/ST communities, other vulnerable sections of the society and remote and backward areas. The Sarva Shiksha Abhiyan (SSA) is one of the flagship programmes of the Government for universalisation of primary education.

The year-wise position of funds received and expenditure incurred under SSA during 2006-11 is given in the table below:

Table 8: Position of funds received and expenditure incurred under SSA during 2006-11

(₹ in crore)

Year	Opening balance	Funds Received	Total available funds during the year	Expenditure	Closing balance
2006-07	0.41	17.58	17.99	16.51	1.48
2007-08	1.48	18.44	19.92	18.57	1.35
2008-09	1.35	21.24	22.59	19.21	3.38
2009-10	3.38	25.95	29.33	22.57	6.76
2010-11	6.76	33.31	40.07	32.08	7.99
Total		116.52		108.94	

Source: Figures supplied by the DPO, SSA

The above table shows that during 2006-11 out of available funds, ₹108.94 crore was utilised leaving a balance of ₹7.99 crore as of March 2011.

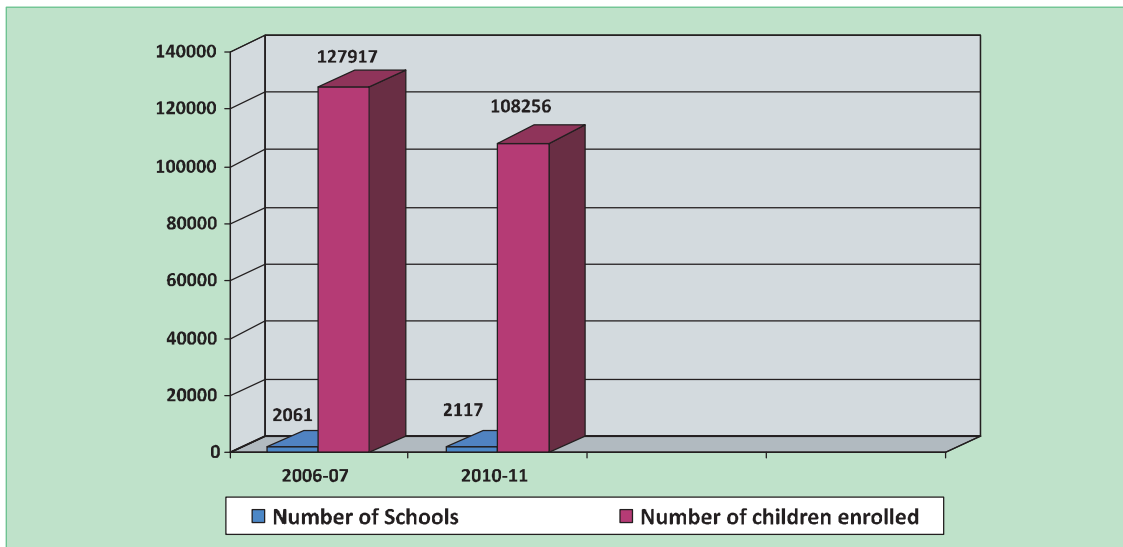
5.2.1 Elementary Education

➤ Enrolment

A review of the status of education in the district, especially in the context of implementation of

SSA, revealed that the number of primary and upper primary schools (upto standard VIII) increased but enrolment of children in the targeted age group of 6-14 years in these schools decreased during 2006-11, as can be seen from the following chart:

Chart 2: Chart showing position of number of Schools and Children enrolled



Source: Departmental figures

Enrolment of students in 10⁹ test-checked primary and upper primary schools has decreased to 22 *per cent* during 2010-11 as compared to 2006-07 due to opening of private schools.

The Deputy Director of Elementary Education (DDEE) attributed (April 2011) this decrease mainly to migration of students to the private institutions/schools.

In the absence of any enrolment data of private schools, the position of increase in enrolment in the private schools and consequent effect of decrease in enrolment in Government schools could not be correlated in audit.

➤ **Dropout**

Deputy Director Elementary Education had not monitored the dropout level in the elementary

schools of the district as a whole as data relating to drop outs was not kept for the period 2006-11. However, audit scrutiny revealed that in two¹⁰ out of four test-checked Block Elementary Education Officers (BEEOs), the number of dropout students ranged between four and 11 *per cent* during 2006-11 due to migration of parents.

In ten test-checked Primary and Upper Primary schools, the number of dropout students ranged between one and 11 *per cent* during 2006-11.

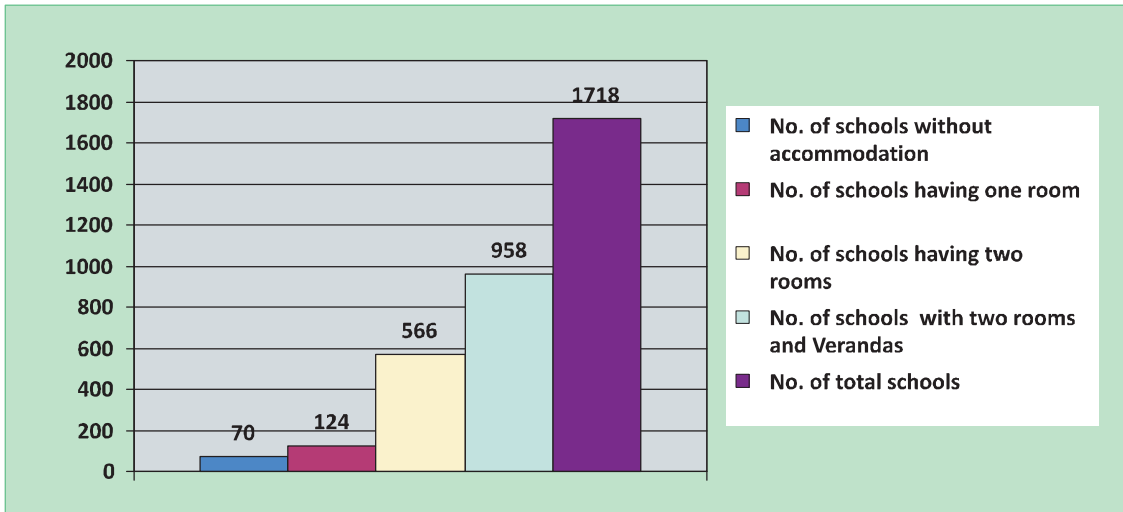
➤ **Infrastructure**

The status of infrastructure in primary schools in the district as on 1 April 2006 and 31 March 2011 is given in charts 3 and 4:

⁹ GPSs Baroti, Bari, Chauntra-I, Dharampur, Jai Devi and GMSs Bhojpur, Bharouri, Bhariyara, Fagwao and Tikri Mushehra.

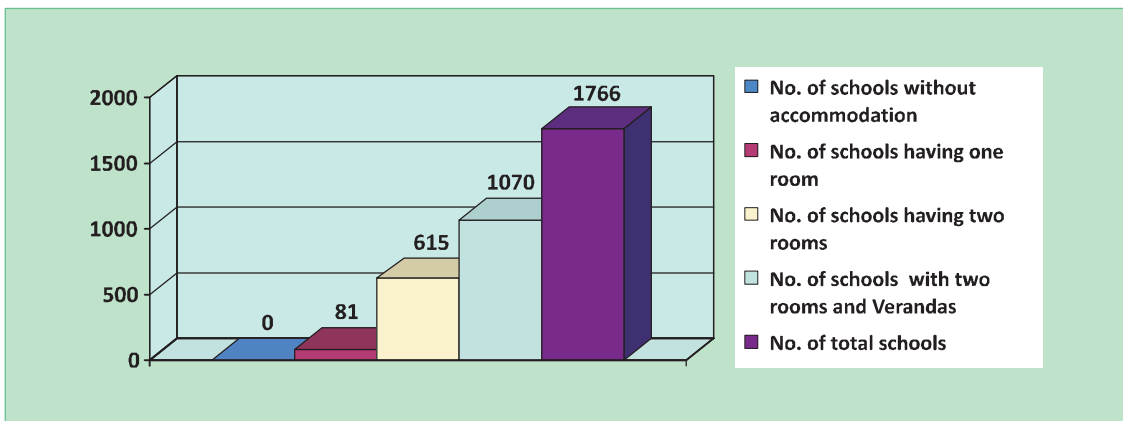
¹⁰ Dharampur-II and Sundernagar.

Chart 3: Chart showing position of Primary Schools as on 1 April 2006



Source: Departmental figures

Chart 4: Chart showing position of Primary Schools as of 31 March 2011



Source: Departmental figures

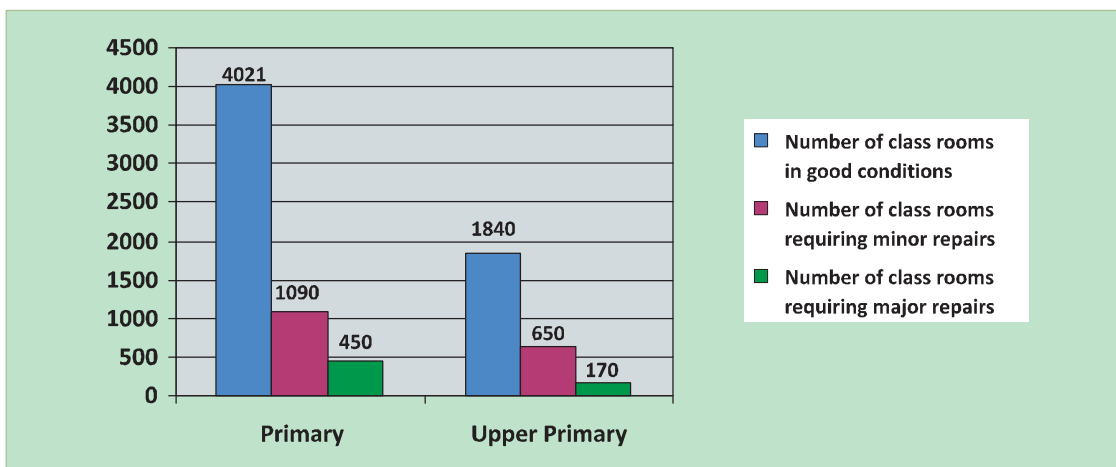
The charts above indicate an improvement in the provision of infrastructure.

The construction of rooms in 693 schools were sanctioned during 2009-11 for ₹11.97 crore against which the Director Elementary Education released an amount of ₹8.76 crore to the respective School Management Committees (SMCs) in June 2010 through bank drafts for the construction of 395 rooms in the school buildings in the district but detail regarding status of works was not available with the office. The balance

funds of ₹3.21 crore were not released further to the institutions concerned for taking up the construction of class rooms and remained unutilised in a saving bank account as of March 2011.

Out of the total number of 8,221 class rooms of primary (5,561 class rooms) and upper primary (2,660 class rooms) schools in the district as of March 2011 eight *per cent* required major repairs as depicted in chart 5:

Chart 5: Chart depicting the status of classrooms in the district as on 31 March 2011



Source: Departmental figures

It was noticed that during 2006-07 and 2008-09, no funds were provided for repair works, though under SSA, School Management Grant (SMG) at the rate of ₹5,000 for a school upto three class rooms and ₹10,000 for more than three class rooms per annum for primary and upper primary schools was permissible for carrying out repair works. The Director of Elementary Education intimated (September 2011) that funds

amounting to ₹37.71 lakh were directly provided by the Deputy Commissioner, Mandi to schools during 2010-11. However, status of repair works was not furnished to audit.

➤ Basic Amenities

A majority of schools at the elementary level did not have the basic minimum amenities as detailed below:

Number of schools not having basic facility					
Category	Total schools in district	Separate girls toilets	Drinking water	Access ramp	Playground
Primary and upper primary	2117	543	88	1746	1917

➤ Availability of teachers

As against the norm of two teachers per primary school and one teacher for every class in upper primary school (Class-VI to VIII) there were a

number of schools-both primary and upper primary, which did not comply with this norm as can be seen from the table 9:

Table 9: Primary and Upper Primary schools without minimum number of teachers

Year	Total number of primary schools	Number of primary schools		Total number of upper primary schools	Number of upper primary schools		
		Without Teacher	With only one teacher		Without teacher	With one teacher	With two teachers
2006-07	1,718	34	170	343	09	08	24
2007-08	1,730	32	195	360	11	16	21
2008-09	1,736	27	184	355	07	15	28
2009-10	1,740	19	172	363	06	09	27
2010-11	1,746	07	92	371	3	4	19

Source: Figures provided by the Department

The above details show availability of poor infrastructure facilities/amenities and staff position in the schools which indicated failure of the district authority in ensuring appropriate environment for teaching and learning besides improvement of quality of education at the desired level. The DDEE stated (April 2011) that in the schools where regular teachers have not been posted, teachers were deployed from nearby schools by rotation.

5.2.2 Higher Education

Higher education is being imparted in the district

through a network of 121 Government High Schools (GHS), 206 Government Senior Secondary Schools (GSSS), one Post Graduate Degree College, seven Degree Colleges and one Sanskrit College. The Deputy Director, Higher Education (DDHE) is the Controlling Officer at the district level for implementation of the schemes for educational development.

The year wise and class-wise detail of enrolment of students in the district during 2006-11 is as under:

Table 10: Details of enrolment of students in the district during 2006-11

(In numbers)

Year	Enrolment in the class				Total
	IX	X	XI	XII	
2006-07	15,776	15,752	14,558	8,253	54,339
2007-08	13,633	18,041	14,215	11,033	56,922
2008-09	15,284	14,432	15,939	11,079	56,734
2009-10	15,050	15,367	13,872	13,082	57,371
2010-11	16,241	15,570	14,681	12,239	58,731

Source: Figures supplied by the DDHE

Enrolment in class X has declined in the district and came down from 15,752 in 2006-07 to 15,570 in 2010-11 whereas enrolment in classes IX, XI and XII increased during 2010-11 as compared to 2006-07. The DDHE stated (April 2011) that enrolment in class X decreased due to shifting of students to private schools.

➤ Planning

An amount of ₹57.83 crore was allotted to the Public Works Department (PWD) for construction of 161 school buildings in the district during 2006-11 of which 22 school buildings were completed by incurring an expenditure of ₹2.60 crore as of March 2011. The progress of remaining 139 school buildings was not available with the DDHE.

The DDHE stated (April 2011) that the details of expenditure was furnished by the PWD through UCs/CCs in respect of completed works.

As such, DDHE did not monitor the status of construction of these school buildings to ensure timely completion of works.

➤ **Infrastructure and Amenities**

As of March 2011, out of 327 High Schools and Senior Secondary Schools in the district, 19 schools did not have pucca buildings and 14 schools did not have separate toilets for boys and girls. Besides, 237 schools did not have library facilities, 174 schools had no separate labs for science subjects and 201 schools were not provided furniture for the students.

In ten test-checked GHSs and GSSSs, four schools were without drinking water facility, two schools were without spacious playground, five schools having no library, four schools were not having science laboratories and six schools had no furniture for students as of March 2011.

Government Degree College, Dharampur has no land and building of its own and was being run in a rented building since April 2007. During 2006-10 the Education Department had

deposited ₹five crore with HPPWD Division, Dharampur for the construction of college building at Dharampur against which an expenditure of ₹0.42 lakh was incurred and the work was still in progress as of March 2011.

The Commissioner-cum-Principal Secretary (Tribal Development) to the Government of Himachal Pradesh deposited ₹1.22 crore with Executive Engineer (EE) HPPWD, Sundernagar between August 2008 and April 2010 for the construction of Scheduled Tribe Girls Hostel at Government Sanskrit College, Sundernagar. As per information supplied by the EE, an expenditure of ₹34.64 lakh has been incurred as of March 2011 and the work is in progress. Thus, due to non-completion of work, the beneficiaries were deprived of the intended benefits.

5.2.3 Quality of Education

Quality education can be imparted only when there is an adequate number of teachers available in schools/colleges and the quality of teaching is reflected in the level of improvement evident from the board results of classes X and XII.

➤ **Availability of Teachers**

The category wise position of teachers in the district as of March 2011 was as under.

Chart 6: Chart showing category wise position of teachers in district



Source: Departmental figures

Note: TGT: Trained Graduate Teachers.

C&VTs: Classical and Vernacular Teachers (Art and Craft Teachers, Language Teachers and Physical Education Teachers).

Others: Ministerial Staff.

In 12¹¹ out of 12 test-checked institutions there was a shortage of three to 32 posts in different categories (Lecturer: 23; HM: 3; C&V: 5 and Others: 32) as of March 2011.

➤ Board results

The data relating to overall pass percentage of students in different examinations of the Board of School Education had not been maintained by

the DDHE at the district level. As such, the quality improvement in educational level of the students and impact of the schemes could not be vouchsafed in audit.

In fifteen test-checked schools, the pass percentage in respect of classes X to XII during 2006-11 is depicted as below:

Table 11: Pass percentage of test-checked schools in respect of classes X to XII

(In percentage)

Class	2006-07	2007-08	2008-09	2009-10	2010-11
X	74	71	79	84	83
XI	76	82	80	88	73
XII	90	88	87	96	70

Source: Departmental figures

From the above table it can be seen that as compared to 2006-07 the pass percentage in respect of Class X had decreased during 2007-08 and increased during the period 2008-10. The pass percentage of XI class increased during the period 2007-10 while it decreased substantially during 2010-11. The class XII pass percentage came down by 26 *per cent* during 2010-11 (70 *per cent*) as compared to 2009-10 (96 *per cent*). Reasons for decrease in pass percentage were not available on record.

➤ Inspections of Schools

The Himachal Pradesh Education Code provides that the DE or any other Officer authorised by him is responsible for the supervision and inspection of schools. The inspection of schools is to be done at least once a year.

Scrutiny revealed that the DE or any other officers authorised by him had not conducted inspection of the schools in the district during 2006-11.

Test check of records in the office of DDHE revealed that in respect of GSSSs and GHSs against the requirement of 420 inspections during 2006-11, DDHE carried out only 238 inspections resulting in shortfall of 182 inspections (43 *per cent*). In the exit conference, DDHE stated (October 2011) that due to large number and tough geographical locations of the schools and shortage of manpower, inspections could not be carried out to the prescribed extent.

5.2.4 Scholarship schemes

➤ Pre-matric scholarship scheme for OBC students

The scheme was implemented in the district from the year 2005-06. Budget provision and expenditure incurred under this scholarship programme during 2006-11 and number of students identified and covered in the district was as following:

¹¹ Government High Schools (GHSs): Badog, Bari, Bari Gumana, Ghasnoo and Reur; Government Senior Secondary Schools (GSSSs): Dharampur, Mandi (Boys), Mandi (Girls), Baryana, Sundernagar (Boys), Government Degree College Dharampur and Government Sanskrit College, Sundernagar.

Table 12: Budget provision and expenditure incurred under scholarship programme

Years	Funds received (₹ in lakh)			No. of eligible students			No. of students covered			Funds spent (₹ in lakh)		
	DDHE	DDEE	Total	DDHE	DDEE	Total	DDHE	DDEE	Total	DDHE	DDEE	Total
2006-07	7.67	0	7.67	1863	0	1863	1863	0	1863	7.67	0	7.67
2007-08	0	0	0	0	0	0	0	0	0	0	0	0
2008-09	1.65	3.12	4.77	165	539	704	165	539	704	1.65	3.12	4.77
2009-10	3.38	0	3.38	338	0	338	338	0	338	3.38	0	3.38
2010-11	0	49.62	49.62	545	24343	24888	0	5314	5314	0	49.62	49.62
Total	12.70	52.74	65.44	2911	24882	27793	2366	5853	8219	12.70	52.74	65.44

Source: Figures provided by DDHE and DDEE

The identification of eligible students and requirement of funds for the purpose was not done by the Deputy Director Higher Education for the year 2007-08 and Deputy Director Elementary Education for the year 2006-08 and 2009-10. The Deputy Director Higher Education identified 545 eligible students during 2010-11 to whom scholarship were to be provided but due to non-receipt of budget under this programme, the students were denied the scholarship. During 2010-11 the Deputy Director Elementary Education identified 24,343 students of which only 5,314 students were covered and 19,029 students were denied the benefit of the scheme. Thus, the scheme was not managed effectively.

In GHSs Ghasnoo and Reur selected for test-check, 18 out of 41 eligible students were denied the benefit due to non-availability of funds.

➤ **Integrated Rural Development Programme (IRDP)**

The scholarship under the programme is being granted to students of Ist to XII standards of families identified under IRDP from 1991-92 annually to enable them to complete their studies. Budget provision and expenditure incurred under this scholarship programme during 2006-11 and the number of students covered in the district is given below:

Table 13: Budget provision and expenditure incurred under scholarship programme

Year	Budget (₹ in crore)	Expenditure (₹ in crore)	Applications received	Students covered
			(In numbers)	
2006-07	1.84	1.84	55261	55061
2007-08	1.59	1.46	38232	38232
2008-09	1.29	1.29	37475	37471
2009-10	1.10	1.10	32078	32078
2010-11	1.23	1.23	36753	33694
Total	7.05	6.92	199799	196536

Source: Figures provided by the DDHE and DDEE

During 2006-11 disbursement of scholarships to 3263 eligible students was not made due to paucity of funds during 2006-07, 2008-09 and 2010-11 respectively and consequently the students were deprived of the intended benefits. Thus, the programme was not managed effectively at district level.

In 22 test checked colleges and schools, 3197 out of 3339 students of IRDP families were given the benefit of IRDP scholarship and 142 students were deprived of the intended benefit due to non-receipt of budget allocation.

➤ **Post-matric scholarship scheme (PMSS)**

As per information made available by the DDHE, out of 6046 eligible students in the district, 4394 were covered under the scheme by providing the financial assistance of ₹59.57 lakh at the rate of ₹140 per month for SC/ST and ₹90 per month for OBC leaving 1,652 eligible students as uncovered due to non-receipt of funds during 2006-11.

In seven¹² out of 22 test-checked institutions, 118 students identified under the scheme were given the benefit of PMSS.

➤ **Kasturba Gandhi Balika Scholarship Scheme**

Kasturba Gandhi Balika Scholarship Scheme was introduced by the GoI from 2008-09. Under this scheme financial assistance was to be provided to girls belonging to SC/ST category below 16 years of age and studying in IX and X classes. In the district, 4986 girls were identified during 2008-11 but benefit could not be extended due to non allocation of funds by the State Government.

To sum up, many schools in the district were lacking basic infrastructure/facilities. 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 scholarships to the eligible students. Shortage of teachers in schools impacted the board results which was far from satisfactory.

Recommendations

- *Accommodation and basic infrastructure/facilities should be provided on a priority basis in respect of all the schools, especially at the elementary level, to ensure an appropriate environment both for teaching and learning.*
- *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 on a yearly basis to ensure that the eligible students should be provided scholarships as per norms, in a timely manner.*

5.3 Integrated Child Development Service (ICDS)

Integrated Child Development Service (ICDS) is a centrally sponsored scheme and has been in operation in the State since 1975-76. The programme aimed at the holistic development of children in the age group of 0-6 years, expectant and nursing mothers belonging to most deprived sections of the society. As per guidelines, Anganwari Centres (AWCs), in hilly areas were to be opened where population is 300 or more. The district has 2,950 AWCs for population of 9.01 lakh and AWCs were opened as per prescribed norms. Some of the aspect of the programmes were covered in audit and discussed below:

➤ **Nutrition programme**

As per the ICDS guidelines supplementary nutrition was required to be provided to the children in the age group of 6 months to 6 years of age and expectant and nursing mothers.

The table below indicates the status of

¹² GSSSs Baryara, Dharampur, Mandi (Boys), Mandi (Girls), Sundernagar (Boys), Government Degree College, Dharampur and Government Sanskrit College, Sundernagar.

identification of beneficiaries and the extent of actual coverage under the programme during 2006-11.

Table 14: Status of identification of beneficiaries and actual coverage during 2006-11

(In numbers)

Year	Expectant and Nursing mothers			Total population of children below 6 year		
	Identified	Assisted	Shortfall	Identified	Assisted	Shortfall
2006-07	16151	14970	1181 (7 per cent)	84151	70411	13740 (16 per cent)
2007-08	17250	16331	919 (5 per cent)	88920	75139	13781 (16 per cent)
2008-09	16872	15464	1408 (8 per cent)	87016	71420	15596 (18 per cent)
2009-10	16834	15753	1081 (6 per cent)	86283	68022	18261 (21 per cent)
2010-11	16239	15114	1125 (7 per cent)	88315	63932	24383 (28 per cent)

Source: The data supplied by the District Programme Officer (ICDS) Mandi

Thus, five to eight *per cent* expectant and nursing mothers and 16 to 28 *per cent* children were denied the benefits of supplementary nutrition during 2006-11.

On being pointed out in audit, the District Programme Officer stated (April 2011) that due to topography of rural areas, expectant nursing mothers could not attend Anganwadi Centres (AWCs). Besides, in some cases beneficiaries due to good economic background were not interested to take nutrition at AWCs. It was also stated that there was no provision for home delivery of nutrition to the age group of three to six years. However, the specific reason for which a large population of children below 6 years of age could not be extended benefits of nutrition programme under ICDS in the district need be analysed by the authorities and remedial measures taken for effective implementation of the scheme.

➤ **Infrastructure and amenities**

As of March 2011, 473 out of 2,950 AWCs in the district, had Government accommodation and

2,477 AWCs were running in private premises made available by the people free of cost.

The District Programme Officer stated (April 2011) that due to non-availability of land and insufficient funds, the basic amenities could not be provided in the AWCs. Action by the district authorities to overcome the situation of insufficient funds and amenities should have been initiated.

➤ **Status of execution of Anganwadi buildings**

During 2006-11, ₹3.21 crore were sanctioned for the construction of 128 Anganwadi buildings. As per sanction order the stipulated period for completion of works was one year reckonable from the date of sanction. Of these, 67 buildings works were required to be completed upto March 2011 whereas 47 works were completed at a cost of ₹1.01 crore. It was further observed that execution of 14 works was not taken up due to non-availability of land. Completion of 67 works was delayed and it ranged between one and 48 months as of April 2011.

The District Programme Officer stated (April 2011) that the works are being executed by the BDOs and they have been directed by the DC to expedite the works at the earliest or refund the amount where the works have not been started.

In sum, five to eight per cent expectant and nursing mothers and 16 to 28 per cent children in the age group of six months to six years were denied the benefits of supplementary nutrition. In 2,477 out of 2,950 AWCs, adequate infrastructure facilities were not available. There was delay ranging from one to 48 months in completion of 67 works of Anganwadi building. Besides, 14 building works could not be commenced due to non-availability of land.

Recommendations

- *The district administration should ensure that land for construction of AWCs is made available before release of funds to the executing agencies.*
- *A co-ordinated approach needs to be adopted by the District Programme Officer and the BDOs to ensure timely completion of building works.*

5.4 Social Security Pension Scheme

With the objective of providing social security and financial assistance to old persons/widows with inadequate sources of livelihood, the State Government implemented the Social Security Pension Scheme. The scheme comprised *inter alia*, the following components:

- Old aged pension (OAP) since 1971;
- Widow pension (WP) since 1979; and
- National old aged pension (NOAP) since 1995.

During 2006-11, all 61,042 beneficiaries were covered under social security pension scheme in

the district and provided financial assistance of ₹92.68 crore by the District Welfare Officer (DWO), Mandi.

It was also noticed in audit that the Department identified (October 2008) 1,158 ineligible persons and stopped disbursement of pension of only 520 persons. In the case of remaining 638 ineligible persons, the Department disbursed ₹62.59 lakh as pension upto March 2011 and stopped disbursement of pension thereafter after this being pointed out in audit.

The DWO stated (March 2011) that the cases were put up to District Welfare Committee for further review but no action was initiated by the committee. The reply does not explain as to why immediate action to stop pension to the ineligible pensioners was not initiated by the Department. Thus, an expeditious action to review such other cases besides effecting recovery of the past period would also require to be taken up by the Department to avoid any further undue financial loss to the exchequer.

To sum up, there was adequate coverage of beneficiaries under the scheme during the past five years. However, benefit of pension involving ₹62.59 lakh was given to 638 ineligible persons. While disbursement of pension to 520 persons was stopped in October 2008 itself, the Department irregularly paid ₹62.59 lakh to ineligible persons until March 2011 despite their identification.

Recommendation

- *To avoid disbursement of social security pension to ineligible persons, district administration should issue suitable instructions to field functionaries viz. Tehsil Welfare Officer to conduct proper verification of applicant's livelihood status in the presence of representatives of Gram Panchayats/Municipalities.*

5.5 Water Supply

Provision of adequate and safe drinking water to all the citizens, especially those living in the rural areas, has been a priority area for both the Central and State Governments. In Mandi district, (as with the State as a whole) one

centrally sponsored scheme and three State Plan schemes are being implemented for provision of drinking water through six¹³ divisions by the Irrigation and Public Health Department. The budget allocation and expenditure on water supply schemes in the district during 2006-11 was as follows:

Table 15: Position of funds received and expenditure on water supply schemes

(₹ in crore)

Year	Central funds Allocation	Expenditure	State funds Allocation	Expenditure
2006-07	15.77	16.00	23.09	23.24
2007-08	23.45	23.64	24.87	24.07
2008-09	29.28	29.17	22.52	22.58
2009-10	16.15	16.43	20.11	21.06
2010-11	31.14	31.00	19.59	18.99
Total	115.79	116.24	110.18	109.94

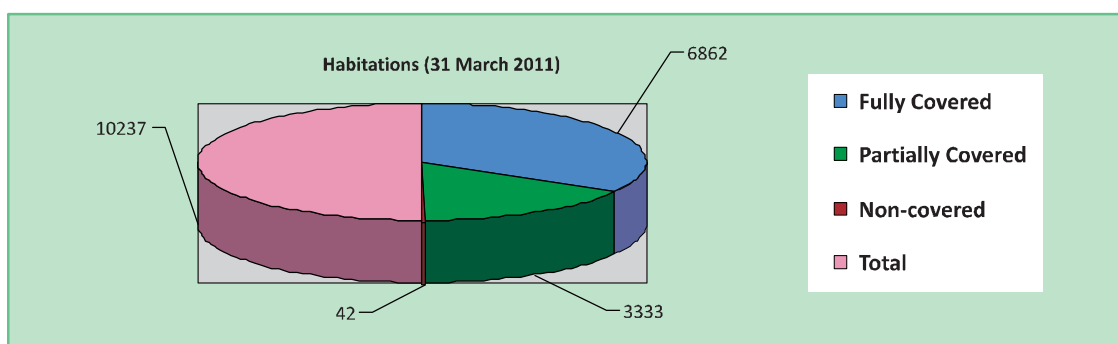
Source: Data supplied by Superintending Engineers of Hamirpur and Sundernagar Circles

(i) Status of Water Supply

A survey was carried out in the district in 2003 to identify the status of habitations for water supply. The survey revealed that as of March 2006, out of 10,237 habitations in the district, 37 per cent habitations were fully covered, 42 per cent were partially covered and

the remaining were yet to be covered. Based on population data of 2010, percentage of fully covered habitations increased to 67.03 per cent leaving partially covered and non-covered habitations as 32.56 and 0.41 per cent respectively upto March 2011. The position is pictorially depicted below:

Chart 7: Chart showing coverage of habitations with water supply schemes



Source: Data supplied by Superintending Engineers of Hamirpur and Sundernagar

Note: Availability of water 40 litres and above per day per capita- Fully covered.
 Availability of water between 11-39 litres per day per capita- Partially covered.
 Availability of water 0-10 litres per day per capita- Non covered.

¹³ Baggi, Karsog, Mandi, Padhar, Sarkaghat and Sundernagar.

(ii) Status of Execution of schemes

Three¹⁴ out of six divisions were selected for detailed test-check during the course of audit. In the three sampled divisions 4,131 habitations were to have been covered as per Comprehensive Action Plan (CAP) 2003. Of these, 3,848 habitations remained uncovered up-to March 2006. During 2009-10, the data of uncovered habitation was re-casted and according to that 2,474 habitations were found to be uncovered habitation as of March 2010 which came down to 1,796 habitations during 2010-11. The Department took up the execution of 210 water supply schemes during 2006-11 (including 31 ongoing schemes) at a cost of ₹141.19 crore to cover 2,880 habitations. Of these, only 81 schemes covering 511 habitations were completed as of March 2011 after expending ₹20.49 crore. Thirty two out of 81 schemes were completed with a cost overrun of ₹2.34 crore, besides a delay ranging from one to 70 months was occurred in 27 schemes. The remaining 129 schemes to cover 2,369 habitations were in progress after incurring an expenditure of ₹83.29 crore. It was, however, noticed that another 1,393 habitations had been reported as covered from 87 schemes, although these schemes were yet to be completed/commissioned as of March 2011. The execution of six water supply schemes to cover 70 habitations approved during 2009-10 had not yet been taken up (March 2011).

On being pointed out, the EEs concerned stated (May 2011) that cost overrun was due to increase in labour and material cost and delay was due to insufficient budgets, land disputes and increase in scope of work, etc. However, audit scrutiny revealed that lack of adequate supervision at departmental level had not only delayed the completion of schemes on time, but also raised doubts about the quality of works. Further, the targeted beneficiaries were denied

adequate and safe drinking water due to non-completion of schemes as envisaged.

In the exit conference held in October 2011 SE (I&PH) Sundernagar stated that these schemes remained incomplete due to less budget allotment.

(iii) Water quality

As per departmental instructions, fortnightly testing of water samples of rural water supply schemes to ensure safe drinking water during the rainy season and monthly testing thereafter is required to be conducted in the State laboratories. The Public Accounts Committee (PAC) in its 167th Report (9th Vidhan Sabha) had observed (March 2000) that the position regarding testing of drinking water was not satisfactory in the State and recommended that effective steps should be taken to avoid occurrence of any serious diseases. Scrutiny of records in sampled divisions revealed that in respect of 938 schemes, against the required 68,220 water sample tests to be conducted during 2006-11, only 8,075 tests were actually done resulting in shortfall of 88 per cent. It was further noticed that in three sampled divisions, 121 water testing kits had been distributed in 120 *Panchayats* between January 2009 and 2010-11. However, neither the *Panchayats* sent results of tests-conducted nor were the same obtained by the concerned divisions.

As per information supplied by the Chief Medical Officer, Mandi, there were 2,44,125 cases of water borne diseases (Diarrhoea/dysentery including gastroenteritis: 2,20,811; Typhoid: 21,972 and viral Hepatitis: 1342) noticed in Mandi district during 2006-11, apart from occurrence of twelve deaths due to water borne diseases during 2006-11.

Thus, the Department failed to ensure quality of water and continued to supply unsafe drinking water to the public.

¹⁴ Karsog, Mandi and Sundernagar.

In reply, Superintending Engineer, Sundernagar stated (January 2011) that shortfall in water testing was due to lack of water testing laboratories. The reply is not acceptable in view of the fact that PAC had already recommended to take effective steps to avoid occurrence of any serious disease.

In sum, unsafe water was being supplied to the public in the district as the quality of water to the habitations was not being ensured by conducting the required water sample tests; as a result substantial number of cases of water borne diseases were noticed in the district.

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.*

5.6 Sanitation and sewerage

(i) Total Sanitation Campaign

The total sanitation campaign (TSC) is a centrally sponsored scheme. The main objective of the scheme was to accelerate sanitation coverage in rural areas to provide toilets to all by 2012.

The project for Mandi district was sanctioned in July 2005 with project period of five years

i.e. 2005-09 at a cost of ₹10.37 crore with DRDA as the implementing agency.

The activities envisaged in the scheme were:

- (i) Start-up activities (conducting of baseline survey, preparation of PIP, etc.);
- (ii) IEC activities (creating demand for sanitation facilities in rural areas through inter personal communication, use of folklore media and outdoor media like wall painting and hoardings, etc.);
- (iii) Establishment of Rural sanitation Marts and production centres;
- (iv) Solid and liquid waste management work;
- (v) Construction of individual household latrines (IHHL for BPL and APL);
- (vi) Construction of community sanitary complexes; and
- (vii) Construction of institutional toilets.

The scheme was to be implemented in a project mode. The cost sharing arrangement between Centre and State was 80:20 for activities at Sr. No. (i) to (iii) and 60:20:20 between Centre, State and beneficiaries for activities at Sr. No. (iv) to (vi) and 70:30 between Centre and State for institutional toilets such as Anganwadi Centres and Schools.

The year wise position of funds received by DRDA, and utilisation thereagainst during 2006-11 is given in Table 16:

Table 16: Position of funds received and expenditure incurred under Total Sanitation Campaign

(₹In lakh)

Year	Opening balance	Funds received				Total	Funds utilised	Unspent balance (per cent)
		Centre	State	Interest	Other misc. receipts			
2006-07	152.09	---	78.49	3.14	0.33	234.05	146.17	87.88 (38)
2007-08	87.88	69.21	5.00	1.32	13.12	176.53	170.13	6.40 (04)
2008-09	6.40	245.94	32.97	0.55	22.50	308.36	62.51	245.85 (80)
2009-10	245.85	--	114.47	5.96	77.54	443.82	443.15	0.67 (--)
2010-11	0.67	312.16	82.06	1.36	11.66	407.91	329.09	78.82 (19)
Total		627.31	312.99	12.33	125.15		1151.05	

Source : Figures supplied by the Department

It was noticed that ₹78.82 lakh remained unspent due to non taking up of activities under Solid and Liquid Waste Management and Rural Sanitary Marts as of May 2011. Besides, against the targets of 224 Anganwadi toilets and 100 community toilets to be constructed during 2006-11, only 124 and 54 toilets had been constructed as of May 2011. In reply PO, DRDA stated (May 2011) that shortfall in achievement of target would be covered in the extended project period 2011-12.

Thus, the objective of scheme to accelerate sanitation coverage in rural area remained to be achieved despite availability of funds.

(ii) Sewerage

There are five¹⁵ towns in the district, out of which, only Mandi and Jogindernagar have sewerage facilities. For two towns viz., Sundernagar and Sarkaghat sewerage schemes were approved (March 1992 and December 1995) for ₹11.28 crore and were stipulated to be completed within a period of five years (i.e. by March 1997 and December 2000 respectively). Despite expending ₹16.73 crore, these schemes were still incomplete as of May 2011 and citizens of these towns have been deprived of sewerage facilities.

In respect of Rewalsar town, SE, Sundernagar intimated (May 2011) that an estimate of

₹9.02 crore had been sent in November 2010 to SE, Planning and Investigation-II, Shimla-9 for providing the sewerage facilities. However, final outcome thereof was not intimated to audit.

The EE of Sundernagar and Sarkaghat divisions attributed (May 2011) the delay to insufficient funds, change in scope of work and land disputes. The reply indicates poor planning by the Department before taking up the execution of the scheme.

To sum up, DRDA could not utilise ₹78.82 lakh due to non-taking up activities of solid and liquid waste Management, etc. Besides, targets of construction of AWCs and community toilets were also not achieved and overall shortfall in achievement of targets was 45 and 46 per cent respectively.

Completion of sewerage systems in Sarkaghat and Sundernagar were lagging behind the schedule for more than 10 years due to poor planning of the I&PH Department.

Recommendation

- Since execution of sewerage schemes is lagging behind the schedule, effective steps needs to be taken to ensure early completion of these long delayed sewerage schemes. Besides, Rewalsar town should also be considered for providing sewerage facility.

¹⁵ Jogindernagar, Mandi, Rewalsar, Sarkaghat and Sundernagar.