Chapter-4 : Social Services

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4.1 Health Services

4.1.1 National Rural Health Mission (NRHM)

The Chief Medical Officer (CMO) Kinnaur, functioning under the State Health and Family Welfare Department, is responsible for providing healthcare services to the people through a network of two[1] hospitals, four[2] Community Health Centres (CHCs), 21 Primary Health Centres (PHCs) and 31 Sub-Centres (SCs). Of these, District Hospital (DH) at Reckong Peo, Civil Hospital (CH) at Chango, two[3] out of four CHCs, four[4] PHCs (two each in sampled CHCs) were selected through SRSWOR method and seven[5] SCs (in sampled PHC) were selected through judgemental basis for detailed audit scrutiny. The deficiencies noticed in the implementation of the schemes are discussed below:

♦ Planning

As a first step towards providing accessible, affordable and equitable healthcare under NRHM, a household and facility survey was to be carried out by the District Planning Team to identify the gaps in healthcare facilities in rural areas. Audit scrutiny revealed that due to non-conducting of the requisite survey, the process of assessing the healthcare requirements and gaps in infrastructure, equipment and manpower in the district remained to be completed though the mission has completed seven years period as of March 2012.

The District Health Mission (DHM) 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 DHM was constituted in July 2006 but perspective plan had not been prepared as of May 2012. However, DHM had prepared Annual Plans for the period 2010-12.

The Mission activities were to be converged with other departmental programmes and working of non-Governmental stakeholders, Village Health and Sanitation Committees (VHSCs) and the Rogi Kalyan Samitis (RKSs). Audit scrutiny of records revealed that VHSCs were formed at Panchayat level only from 2011-12. The RKSs were stated to have been formed in all the health institutions. While community participation in

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1 District Hospital at Reckong Peo and Civil Hospital at Chango.
2 Bhabanagar, Nichar, Pooh and Sangla.
3 Bhabanagar and Pooh.
4 Barakhamba, Katgaon, Moorang and Ribba.
5 Akpa, Kraba, Kunnu, Ponda, Rispa, Sungra and Yangpa.

planning, implementation and monitoring of the programme was not ensured for the period 2007-11 due to non-formation of VHSCs, annual plan was prepared for the year 2011-12 without any inputs from them. Community participation in preparation of annual plans, therefore, remained unachieved despite formation of VHSCs in 2011-12.

The CMO stated (August 2012) that input from the concerned Department had been obtained in District Health Mission while preparing Project Implementation Plan (PIP). However, copy of such inputs was not made available to audit in support of above contention.

♦ Financial position

The year-wise position of funds received and expenditure under NRHM during 2007-12 in the district is indicated in **Table 1** below:

Table-1
Funds available under NRHM against all components and expenditure during 2007-12

(₹ in crore)

Year	Opening balance	Funds received		Total funds available	Expenditure	Amount refunded to SHS	Closing Balance
		Centre share	State share				
2007-08	0.89	0.58	0.10	1.57	0.24 (15)	--	1.33
2008-09	1.33	0.77	0.14	2.24	0.78 (35)	0.02	1.44
2009-10	1.44	0.87	0.15	2.46	1.73 (70)	0.49	0.24
2010-11	0.24	1.62	0.32	2.18	1.56 (72)	0.38	0.24
2011-12	0.24	1.05	0.23	1.52	0.93 (61)	0.58	0.01

Source: Departmental figures; figures in parenthesis indicate percentage.

As is evident from the above table, utilisation of NRHM funds during 2007-12 was only between 15 *per cent* and 72 *per cent*. During 2008-12, an amount of ₹ 1.47 crore was refunded to the State Health Society (SHS). The CMO stated (August 2012) that under utilisation of funds was due to shortage of manpower and the unspent balance was refunded to SHS as per instructions of SHS.

♦ Infrastructure

According to GOI's 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 hilly and tribal areas. In terms of these norms, present requirement of CHCs, PHCs and SCs in the district works out to one, four and 28, respectively. Against these norms, Kinnaur district had four CHCs, 21 PHCs and 31 SCs, as of March 2012.

Considering that Kinnaur district is a hilly and tribal area and habitations/ people are scattered, the increase in number of health centres over the norms would serve the

purpose only if these centres are adequately staffed. However, as brought out in the succeeding paragraphs, the health centres selected for audit were under staffed and lacked basic healthcare services.

♦ Basic minimum infrastructure

Many of the health centres in the district lacked basic minimum infrastructure and healthcare services. The details are given in **Table 2** below:

Table-2

Deficiency in the availability of infrastructure and basic healthcare facilities in health centres

Particulars of infrastructure			
Total centres for which infrastructure facilities are required in the district	**CHCs**	**PHCs**	**SCs**
	4	21	31
(i) Status of Infrastructure	**Centres where service was not available**		
Labour Room	-	12	27
Operation theatre	-	12	NA
Emergency/ Casualty Room	-	-	NA
Residential facilities for staff	-	18	7
Government Buildings	-	6	7
(ii) Basic healthcare services			
Blood storage facility at health centres	4	21	NA
New born care	-	21	NA
24 x 7 deliveries	-	21	NA
In patient services	-	2	NA
X-rays	-	19	NA
Ultra-sound	4	21	NA
ECG	1	21	NA
Obstetric care	4	21	NA
Emergency services (24 hours)	-	21	NA
Family Planning (Tubectomy and Vasectomy)	4	21	NA
Intra-natal examination of gynaecological conditions	-	21	NA
Paediatrics	4	21	NA

Source: Figures supplied by CMO Kinnaur.
NA: Not Applicable

In the absence of proper infrastructure and adequate healthcare services at health centres, basic facilities to the rural population were not ensured.

♦ First Referral Units (FRUs)

Mention was made in paragraph 1.1.9.1 of the Audit Report (Civil) of the Comptroller and Auditor General of India, Government of Himachal Pradesh for the year ended 31 March 2009 regarding upgradation of two CHCs (Reckong Peo in 2005-06 and Bhabanagar in 2006-07) to FRUs. It was noticed that FRU at Reckong Peo had been made functional. The First Referral Unit at Bhabanagar was not made functional due to

non-appointment of specialists and other staff and lack of infrastructure as of August 2012.

♦ Availability of beds

The status with regard to the availability of beds in test-checked health centres is given in **Table 3** below:

Table-3
Details of availability of beds in test-checked health centres

Name of District Hospital/ CHC/ PHC/ CH	Required	Number of beds available		
		Male	Female	Total
CHC Bhabanagar	30	10	10	20
CHC Pooh	30	4	6	10
PHC Ribba	6	3	2	5
PHC Katgaon	6	3	3	6
PHC Barakhamba	6	-NA-	-NA-	-NA-
PHC Moorang	6	3	3	6
CH Chango	Not specified	-	-	10*

Source: Figures supplied by the Department; * Not separately for male/ female; NA: Not available.

As is evident from the above table in CHCs Bhabanagar and Pooh, against the requirement of 30 beds in each, there were only 20 and 10 beds respectively and there existed no indoor facility in PHC Barakhamba as of August 2012.

4.1.2 Manpower Resources

NRHM aimed at providing adequate skilled manpower at all health centres as per the norms of Indian Public Health Standard (IPHS). Scrutiny of records of two CHCs, four PHCs and seven SCs selected for test-check revealed that none of these centres was adequately staffed as per the IPHS norms. Audit analysis further revealed that the shortage of key functionaries manifested in the following ways:

- Against the required strength of 12 Medical Officers, there were only six in the two[6] test-checked CHCs.
- In the two selected CHCs, General Surgeon, Physician, Obstetricians and Gynaecologist, Paediatrics, Anaesthetist and Eye Surgeon (one each in each CHC) were not posted.
- Against the required strength of 42 staff nurses, there were only three staff nurses in the test-checked CHCs and PHCs.
- All the 10 posts of Pharmacists were lying vacant whereas against the requirement of 10 Laboratory technicians, only two were posted in the test-checked CHCs and PHCs.

[6] CHCs: Bhabanagar and Pooh.

- Five out of seven SCs, test-checked, were functioning without Male Health Workers and in one SC, Female Health Worker was not posted. There was no voluntary worker in any of the test-checked SCs.

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.

4.1.3 Achievement against Performance Indicators

Performance indicators quantifying 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 infant mortality rate (IMR) and total fertility rate (TFR), the State Government prescribed various health indicators to be achieved by 2012. It was noticed in audit that separate targets/ indicators for the district were not prescribed despite the Mission requirement to do so. On this being pointed out in audit, the CMO stated (August 2012) that at district level, it is not possible to do so and indicators were drawn for the State as a whole. Therefore, in the absence of such data, the progress of achievement of crucial health indicators for the district could not be ascertained.

4.1.4 Janani Suraksha Yojana

One of the important components of 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 pregnant women belonging to the Scheduled Caste (SC), Scheduled Tribe (ST) and Below Poverty Line (BPL) categories above 19 years of age, upto two live births are entitled to receive ₹ 700 for institutional delivery. Besides, under the modified parameters of JSY, cash benefit of ₹ 500 per live birth is also available to all pregnant women of BPL category on registration for Antenatal Care with Accredited Social Health Activist (ASHA)/ Auxiliary Nurse-cum-Midwife (ANM) or PHC.

The details of institutional and domiciliary deliveries in respect of which cash assistance provided by the CMO in Kinnaur district during 2007-12 is given in **Table 4** below:

Table-4
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)
2007-08	175	59	234	1.52
2008-09	146	113	259	1.59
2009-10	275	480	755	4.72
2010-11	315	261	576	3.95
2011-12	431	45	476	3.60

Source: Figures supplied by the CMO.

As can be seen from the above table, except during the year 2008-09, there was an increase in the number of institutional deliveries over the period under review in respect of the above categories of beneficiaries.

The overall status of achievement with regard to institutional deliveries in the district and in three sampled units[7] is given in **Table 5** below:

Table-5
Position of institutional delivery in the district and three sampled CH/CHCs

(In numbers)

Units	Year	Pregnant women registered	Institutional deliveries	Percentage of Achievement
Kinnaur District	2007-08	1619	175	11
	2008-09	1868	146	8
	2009-10	1576	275	17
	2010-11	1518	315	21
	2011-12	1602	431	27
Three Sampled CH/ CHCs	2007-08	87	22	25
	2008-09	80	19	24
	2009-10	65	21	32
	2010-11	66	23	35
	2011-12	118	43	36

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

The above table shows that the percentage of pregnant women opting for institutional delivery in the district as well as in the test-checked health centres was ranging from eight *per cent* to 36 *per cent* which was far behind the goal of 65 *per cent* that was to be achieved by March 2010 under NRHM. On this being pointed out, the CMO attributed (August 2012) the shortfall in achievements to shortage of manpower and lack of infrastructure. The reply does not explain the reasons for not creating proper infrastructure and providing adequate staff in the health centres.

♦ Ante-natal care

Scrutiny revealed that out of 8183 pregnant women registered in the district during 2007-12, only 5227 women were provided three ante-natal checkups (ANCs) and the percentage thereof ranged between 57 and 73 *per cent* as against the State level achievement of 78 *per cent*.

In the records of CMO, the overall shortfall in providing Iron Folic Acid (IFA) to pregnant women was five to 24 *per cent* and eight to 16 *per cent* in respect of Tetanus Toxoid (TT) in the district.

[7] CHC: Bhabanagar and Pooh and Civil Hospital at Chango.

4.1.5 Immunisation Programme

During 2007-12, 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), ranged between 76 and 92 *per cent*. However, the achievement ranged between 80 and 85 *per cent* for Diphtheria Pertussis Tetanus (DPT) and Oral Polio Vaccine (OPV). The achievement of targets in the secondary immunisation of children ranged between 70 to 97 *per cent* for Diphtheria Tetanus (DT) (above five years age group), 60 to 94 *per cent* for Tetanus Toxoid (TT) (above 10 years age group) and 64 to 102 *per cent* for TT (above 16 years age group) during 2007-12.

In the test-checked units, the achievement of fully immunised children was between 70 and 133[8] *per cent*. The 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 during 2007-12. However, 31 cases of measles were detected during 2007-12 which needs to be addressed.

To support the immunisation programme, cold chain maintenance was to be ensured in all the CHCs and PHCs. Scrutiny revealed that in 15[9] out of 21 PHCs in the district, cold chain facilities were not provided.

The CMO stated (May 2012) that shortfall in immunisation was due to migration of people and schooling of children out of district. He, however, did not explain the reasons for non-provision of cold chain facilities in the above health centres.

4.1.5.1 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 2007-12, against the target of 1000 cataract surgeries and screening of 10,250 school children, achievement was 71 *per cent* in respect of cataract surgeries and more than 100 *per cent* for screening of school children. It was also noticed that there was no arrangement/ facility for the collection and preservation of donated eyes.

The CMO stated (August 2012) that shortfall in achievement of targets in cataract surgery was due to non-availability of skilled doctors.

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8 Due to population in transit and migrant labour.

9 Sapani, Rakchham, Tangling, Kalpa, Hango, Leo, Chango, Kanam, Lippa, Jangi, Rarang, Urni, Meeru, Barakhamba and Rupi.

4.1.5.2 National Leprosy Eradication Programme (NLEP)

The NLEP aimed at ensuring that the leprosy prevalence rate is less than one per ten thousand. The total number of leprosy patients already undergoing treatment in the district during 2007-08, 2008-09, 2009-10, 2010-11 and 2011-12 were three, four, one, four and five respectively, with the incidence of five, five, one, five and one new cases in the corresponding period. The rate of prevalence of leprosy in the district (except for the year 2009-10) was higher at 0.32, 0.41, 0.40 and 0.58 per 10,000 against 0.30, 0.25, 0.27 and 0.25 per 10,000, respectively, during 2007-09 and 2010-12 at the State level.

4.1.5.3 National AIDS Control Programme (NACP)

The Programme was launched by the GOI in September 1992 with the assistance of World Bank and has been extended upto the year 2012. The main objectives of the programme were to reduce the spread of HIV infection in the country and strengthen the capacity to respond to HIV/ AIDS on a long term basis.

As per the 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 VBTC (now Integrated Counselling and Testing Centre) in Kinnaur District. Audit scrutiny revealed that the first HIV positive case was detected in Kinnaur district in September 2010. Out of 5,089 persons screened upto March 2012 in the district, four persons were found HIV positive. These included one fully blown AIDS case. The rate of sero positivity achieved in the State as of March 2012 was 0.62 *per cent* and in Kinnaur district, it was below at 0.44 *per cent*.

♦ 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.

It was noticed in audit that except during 2008-09, no Family Health Awareness Camps were held in the district during 2007-08 and 2009-12 due to non-receipt of budget for this purpose.

4.1.6 Blood Safety

Under the blood safety component, 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.

Thus, it is observed that 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

The Government may consider

- *strengthening the District Health Mission to play a proactive role in the implementation of NRHM scheme to provide accessible and affordable health care to the rural poor and vulnerable sections of the district.*
- *ensuring Community involvement at every stage in planning, implementation and monitoring of the programme.*
- *ensuring effective utilisation of funds for the intended purpose, especially for creation of basic health infrastructure and amenities to make Health Centres fully operational.*
- *equipping all the Health Centres with adequate and skilled manpower to achieve the objectives of the programme.*

4.2 Education

Education is one of the most important indicators of social progress of a nation. The Central Government and the State Government both 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 in remote and backward areas. Sarva Shiksha Abhiyan (SSA) is one of the flagship programmes of the Government of India for universalisation of primary education. The year-wise position of funds received and expenditure incurred under SSA during 2007-12 is given in **Table 6** below:

Table-6
Position of funds received and expenditure incurred under SSA during 2007-12

(₹ in crore)

Year	Opening balance	Funds received	Interest receipt	Total available funds during the year	Expenditure	Closing balance
2007-08	0.09	2.60	0.02	2.71	2.01	0.70
2008-09	0.70	1.66	0.02	2.38	2.29	0.09
2009-10	0.09	3.26	0.07	3.42	3.10	0.32
2010-11	0.32	4.79	0.07	5.18	3.68	1.50
2011-12	1.50	2.93	0.11	4.54	4.33	0.21
Total		**15.24**	**0.29**		**15.41**	

Source: Figures supplied by the DPO, SSA.

The above table shows that during 2007-12, ₹ 15.41 crore was utilised leaving a small balance of ₹ 0.21 crore as of March 2012.

The deficiencies noticed in the implementation of the scheme are discussed below:

4.2.1 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 (up to standard VIII) remained constant but enrolment of children in the targeted age group of 6-14 years in these schools decreased considerably (23 *per cent*) in 2011-12, as can be seen from **Table 7** below:

Table-7
Statement showing position of number of Schools and Children enrolled

Particulars	2007-08	2011-12
Number of schools	271	271
Number of children enrolled	10263	7917

Source: Departmental figures
Note: Number of schools includes 189 GPS, 34 GMS, 27 GSSS (having classes upto VIII standard) and 21 GHS (having classes upto VIII standard).

Enrolment of students in 13[10] test-checked primary and upper primary schools decreased by 25 *per cent* during 2011-12 as compared to 2007-08. In the absence of enrolment data of private schools, the position of increase in enrolment in private schools and consequent effect of decrease in enrolment in Government schools could not be correlated in audit.

The Deputy Director of Elementary Education (DDEE) attributed (August 2012) decrease in enrolment mainly to migration of students to the private institutions/ schools.

♦ Drop out

The DDEE or Block Elementary Education Officers (BEEOs) had not monitored the drop out level in elementary schools of the district as a whole, as data relating to drop outs was not kept for the period 2007-12. However, in 13 test-checked Primary and Upper Primary schools, the number of drop out students ranged between two and five *per cent* during 2007-12.

♦ Infrastructure

The status of infrastructure in primary schools in the district as on 1 April 2007 and 31 March 2012 is given in **Table 8** below:

[10] GPSs: Bralengi, Chhotta Khamba, Ponda, Reckong Peo, Roghi, Tapri, Yangpa-I and Yuwanrangi; GMSs: Boning Sering, Choltu, Jonange, Kafnoo and Ponange.

Table-8

Statement showing position of Primary Schools as on 1 April 2007 and 31 March 2012

Particulars	As on 1 April 2007	As on 31 March 2012
No. of schools without accommodation	2	2
No. of schools having one room	2	0
No. of schools having two rooms	8	0
No. of schools having two rooms and verandahs	177	187
No. of total schools	189	189

Source: Departmental figures

The table above indicates improvement in the provision of infrastructure.

The construction of 20 Middle School buildings was sanctioned during 2009-11 at an estimated cost of ₹ 4.18 crore against which an amount of ₹ 2.35 crore had been spent as of August 2012. It was noticed that only eight school buildings were completed. Construction of buildings for six schools had not yet started and work on remaining six schools was in progress.

♦ Basic Amenities

A majority of schools at the elementary level did not have amenities like boundary walls, electricity, access ramps, etc., as detailed in **Table 9** below:

Table-9

Detail of number of schools not having basic facility

Number of schools not having basic facility				
Category	**Total schools in district**	**Boundary Walls**	**Electricity Facility**	**Access ramp**
Primary and upper primary	223	43	49	223

Source: Departmental figures

♦ Availability of teachers

As against the norm of two teachers per primary school, there were 20 primary schools out of 189 schools which had only one teacher as of March 2012. The availability of teachers was found as per norms in all the upper primary schools of the district.

4.2.2 Higher Education

Higher education is being imparted in the district through a network of 21 Government High Schools (GHSs), 27 Government Senior Secondary Schools (GSSSs) and one Government Degree College. The Deputy Director, Higher Education (DDHE) is the Controlling Officer at the district level for implementation of schemes for higher educational development. The year-wise and class-wise details of enrolment of students in the district during 2007-12 are given in **Table 10** below:

Table-10
Details of enrolment of students in the district during 2007-12

(In numbers)

Year	Enrolment in the class				Total
	IX	X	XI	XII	
2007-08	1204	1469	823	777	4273
2008-09	763	1004	850	669	3286
2009-10	1067	878	724	669	3338
2010-11	1223	1102	738	639	3702
2011-12	1008	1119	730	577	3434

Source: Figures supplied by the DDHE

Enrolment in classes IX to XII declined in the district and came down from 4273 in 2007-08 to 3434 in 2011-12. The DDHE stated (August 2012) that enrolment in classes IX to XII has decreased due to shifting of students to private schools by the parents. This showed that the parents of the children preferred to shift their children to private schools having a better environment for teaching and learning and department's efforts in this regard were lacking.

♦ Infrastructure and Amenities

As of March 2012, out of 48 High and Senior Secondary Schools in the district, five schools did not have pucca building and one GHS at Hango did not have its own building. Two schools did not have separate toilets for boys and girls. Besides, 46 schools did not have library facilities and 23 schools had no separate laboratories for science subjects.

Besides this, as against the requirement of 222 toilets (Boys: 108, Girls: 114), 103 toilets (Boys: 50, Girls: 53) were available with a shortfall of 119 toilets. The Department stated (November 2012) that due to non-availability of funds, the remaining toilets could not be constructed. This indicated the Department's failure to ensure availability of basic amenities in all the schools by not taking up the matter with the State Government/ district administration for providing funds for construction of toilets.

♦ Quality of education

Quality education can be imparted only when there are 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 class X and XII.

♦ Availability of Teachers

The category wise position of teachers in the district as of March 2012 is indicated in **Table 11** below:

Table-11
Statement showing category wise position of teachers in the district

Category of staff	Sanctioned Strength	Men-in-Position
Principal	27	18
Headmaster	21	6
Lecturer	276	176
Trained Graduate Teacher	269	232
Classical and Vernacular Teachers	341	281
Others	249	68

Source: Departmental figures
Note: TGT: Trained Graduate Teachers; C&VTs: Classical and Vernacular Teachers (Art and Craft Teachers, Language Teachers and Physical Education Teachers) and Others: Ministerial Staff.

In all the eight[11] High and Senior Secondary schools test-checked, there was a shortage of one to 11 posts in different categories (Principal: one; Lecturer: six; TGT: six; HM: two; C&V: six and Others: 11) as of March 2012.

♦ 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 eight test-checked High and Senior Secondary schools, the pass percentage in respect of classes X to XII during 2007-12 is depicted in **Table 12** below:

Table-12
Pass percentage of test-checked schools in respect of classes X to XII

(In percentage)

Class	2007-08	2008-09	2009-10	2010-11	2011-12
X	94	77	82	81	59
XI	67	60	65	96	75
XII	47	72	66	93	98

Source: Departmental figures.

From the above table it can be seen that the pass percentage in respect of Class X had decreased during 2008-12 in comparison to 2007-08 and came down to 59 *per cent*. However, there was improvement in pass percentage in respect of classes in XI and XII during 2010-12.

♦ Inspection of Schools

The Himachal Pradesh Education Code provides that the Director of Higher Education (DHE) 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.

[11] GHSs: Bari, Batseri, Brua and Kangos.
GSSSs: Chagaon, Katgaon, Nichar and Rakchham.

Test-check of records in the office of the Deputy Director, Higher Education revealed that in respect of GSSSs and GHSs against the required 240 inspections during 2007-12, DDHE carried out only 150 inspections resulting in shortfall of 90 inspections (37 *per cent*). The DDHE attributed (July 2012) shortfall in inspection to tough geographical locations of the schools and shortage of manpower. The reply is not acceptable as inspection of schools to the prescribed extent is mandatory as per provision of the State Education Code.

4.2.3 Scholarship schemes

♦ Integrated Rural Development Programme (IRDP)

Scholarships under this programme are being granted to students of Class I to XII Standards of families identified under IRDP annually to enable them to complete their studies. During 2007-12, disbursement of ₹ 9.74 lakh on account of scholarship was made to 1867 students. However, no data in respect of applications received from eligible students was maintained at the district level. In 20 test-checked educational institutions, all the 595 students of IRDP families were given the benefit of IRDP scholarship.

♦ Post-matric scholarship scheme (PMSS)

As per information made available by the DDHE, 1461 students were covered under the scheme by providing financial assistance of ₹ 25.12 lakh at the rate of ₹ 140 per month for SC/ ST eligible students. Data in respect of total eligible students in the district was not maintained by the DDHE. In the absence of data regarding eligible students, the extent of uncovered students, if any, could not be verified in audit. In four Senior Secondary Schools selected for test-check, all 434 students were given the benefit of PMSS.

♦ College Level Scholarship

Out of 247 applications of SC/ ST students received during 2007-12, 229 students were covered under the scheme and 18 students remained uncovered. The Principal of Government Degree College, Reckong Peo stated (November 2012) that due to non-clearance of compartment examination, the remaining students were not provided scholarship. Thus, it is observed that, many schools in the district were lacking basic infrastructure and other facilities. The shortages of teachers in schools impacted adversely the Board results.

Recommendations

The Government may consider:

- *to provide accommodation and basic infrastructure/ facilities 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.*

- *to carry out a survey and create a database of the beneficiaries to be covered under various scholarship schemes.*

4.3 Integrated Child Development Services (ICDS)

Integrated Child Development Services (ICDS) is a Centrally Sponsored Scheme and has been in operation in the State since 1975-76. The programme aimed at 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, in hilly areas, Anganwadi Centres (AWCs) were to be opened where population is 300 or more. The district has 232 AWCs for a population of 84,000 and was sufficient to meet the requirements of the district. Some of the aspects of the programme which were covered in audit are discussed below:

4.3.1 Nutrition programme

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

The status of identification of beneficiaries and the extent of actual coverage under the programme during 2007-12 is indicated in **Table 13** below:

Table-13
Status of identification of beneficiaries and actual coverage during 2007-12

(In numbers)

Year	Expectant and Nursing mothers			Total population of children below six year		
	Identified	Assisted	Shortfall	Identified	Assisted	Shortfall
2007-08	1092	1023	69 (6)	5053	4942	111 (2)
2008-09	950	939	11 (1)	4604	4510	94 (2)
2009-10	995	995	Nil	4363	4335	28 (1)
2010-11	1003	1003	Nil	5146	5146	Nil
2011-12	1125	1125	Nil	5450	5433	17

Source: The data supplied by the District Programme Officer (ICDS) Kinnaur.
Figures in parenthesis indicate percentage.

During 2009-12, 100 *per cent* expectant and nursing mothers and during 2010-12 almost all the identified children were assisted under the scheme. Only one to six *per cent* expectant and nursing mothers and one to two *per cent* children remained uncovered during 2007-09 and 2007-10, respectively. In reply, the District Programme Officer stated (August 2012) that the shortfall was due to scattered population on hilly area.

4.3.2 Infrastructure and amenities

As of August 2012, 126 out of 232 Anganwadi Centres in the district were housed in Government property and 106 were running in private premises hired on monthly rent of

₹ 200. The District Programme Officer stated (August 2012) that due to non-availability of Government accommodation in the concerned area, basic amenities could not be provided in these Anganwadi Centres.

Thus, it is observed that the coverage of beneficiaries under supplementary nutrition was closer to the target fixed. However, 46 *per cent* AWCs running from private premises lacked adequate infrastructure facilities as no funds were provided during 2007-12 for construction of Anganwadi Centres.

Recommendation

- *The district administration may take up the matter with the State Government to provide funds for construction of Anganwadi Centres in the left out areas and to ensure availability of basic amenities in all the Anganwadi Centres of the district.*

4.4 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 components of Old aged pension (OAP) since 1971; Widow pension (WP) since 1979; National Old aged pension (NOAP) since 1995; Lepers Pension Scheme since 1997; Indira Gandhi National Widow Pension Scheme (IGNWPS) since 2010 and Indira Gandhi National Disability Pension Scheme (IGNDPS) since 2010.

The year-wise position of identified beneficiaries and those actually covered under the scheme during 2007-12 is given in **Table 14** below:

Table-14
Details of identified beneficiaries and beneficiaries actually covered during 2007-12

Year	Number of identified eligible beneficiaries	Number of beneficiaries covered	Number of beneficiaries remained uncovered
2007-08	3634	3634	--
2008-09	4040	3935	105 (3)
2009-10	3935	3721	214 (5)
2010-11	4031	3850	181 (4)
2011-12	4075	3843	232 (6)

Source: Data supplied by the District Welfare Officer. Figures in parenthesis denote percentage.

During 2007-12, the District Welfare Officer, Kinnaur provided financial assistance of ₹ 5.78 crore to the beneficiaries. However, three to six *per cent* beneficiaries during 2008-12 remained uncovered under the scheme.

The District Welfare Officer, Kinnaur stated (August 2012) that financial assistance could not be provided in the remaining cases due to non-availability of proper addresses.

4.5 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 Kinnaur district, (as with the State as a whole) one[12] Centrally Sponsored Scheme and three[13] State Plan Schemes are being implemented for provision of drinking water by two[14] divisions of the Irrigation and Public Health Department. The budget allocation and expenditure on water supply schemes in the district during 2007-12 is given in **Table 15** below:

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

(₹ in crore)

Year	Central funds Allocation	Expenditure	State funds Allocation	Expenditure
2007-08	0.34	0.34	12.41	12.46
2008-09	0.56	0.56	12.06	12.08
2009-10	2.97	2.97	14.86	14.82
2010-11	0.04	0.08	10.48	10.44
2011-12	0.02	0.01	7.15	7.36
Total	**3.93**	**3.96**	**56.96**	**57.16**

Source: Data supplied by Superintending Engineer of I&PH Circle, Reckong Peo.

The deficiencies noticed in the implementation of the scheme are discussed below:

(i) Status of Water Supply

A survey revealed that as of March 2007, out of 379 habitations in the district, 80 *per cent* habitations were fully covered and remaining 20 *per cent* were yet to be covered. With the coming in force of National Drinking Water Supply Programme from 1 April 2009, re-alignment survey was conducted (April 2011) in the district. As per survey, 78 *per cent* habitations were fully covered, 15 *per cent* partially covered and seven *per cent* non-covered habitations. As of March 2012, the percentage of fully covered habitations increased to 93 *per cent* leaving seven *per cent* habitations partially covered as indicated in **Chart 2** below:

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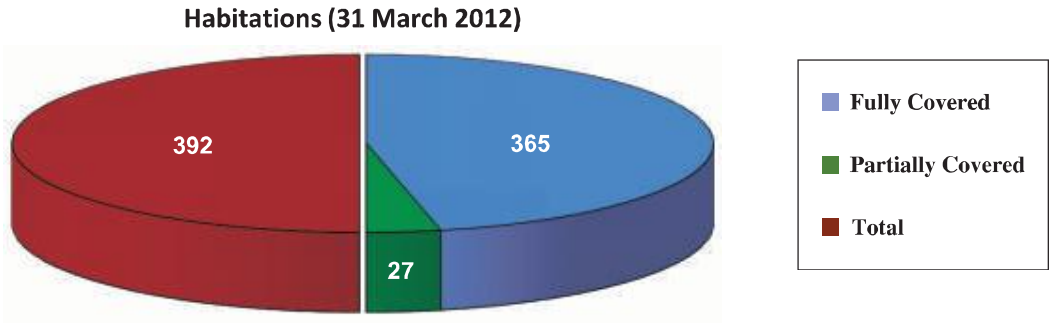
12 Accelerated Rural Water Supply Programme.
13 Rural piped Water Supply Schemes, NABARD (RIDF) Assisted Water Supply Schemes and Handpumps.
14 Reckong Peo and Pooh.

Chart-2
Chart showing coverage of habitations with water supply schemes



Source: Data supplied by Superintending Engineer of Reckong Peo.
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.

(ii) Status of Execution of schemes

As per the comprehensive action plan (CAP), all 379 habitations identified in the district in 2003 were to be provided with safe drinking water by March 2007. However, 76 habitations remained uncovered as of March 2007. The Department took up execution of 42 water supply schemes during 2007-12 (including 27 ongoing schemes) at a cost of ₹ 10.33 crore to cover the remaining 89 habitations (including 13 habitations identified in 2011). Of these, 29 schemes covering 62 habitations had been completed as of March 2012 after spending ₹ 3.63 crore. The remaining 13 schemes (for 27 habitations) were in progress, of which 10 schemes were lagging behind their schedule of completion ranging from seven to 52 months after incurring an expenditure of ₹ 2.25 crore.

The Assistant Engineer, I&PH Circle, Reckong Peo stated (July 2012) that the time overrun was due to short working seasons and insufficient provision of funds. The reply is not convincing as audit scrutiny revealed lack of adequate supervision at departmental level which was the main reason for delay in completion of schemes. As a result, the targeted beneficiaries were denied timely availability of adequate and safe drinking water. Moreover, the matter was not taken up by the Superintending Engineer's office with the Engineer-in-Chief to provide sufficient funds for completion of works.

In the exit conference, the Superintending Engineer, I&PH Department also stated (November 2012) that the schemes remained incomplete due to less budget allotment and limited working season.

(iii) Water Quality

As per departmental instructions, fortnightly testing of water samples of rural water supply schemes during the rainy season and monthly testing thereafter is required to be conducted in the State laboratories to ensure safe drinking water. 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 revealed that in respect of 42 schemes, against the requisite 2520 water sample tests to be conducted during 2007-12, only 1023 tests were actually done resulting in shortfall of 59 *per cent*. It was further noticed that during 2011, the Department procured 69 water testing kits out of which 50 kits were distributed to 50 Gram Panchayats (one each) and 10 to schools. However, neither the Panchayats/ schools sent results of water tests conducted nor were the same obtained by the Department. As per information supplied by the Chief Medical Officer, Kinnaur, 4561 cases of water borne diseases (Gastroenteritis: 3798 and Typhoid: 763) were noticed in the district during 2007-12.

Recommendation

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

4.6 Sanitation facilities/ 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 Kinnaur district was sanctioned in 2001-02 with a project period of 10 years i.e. upto March 2012 for ₹ 2.72 crore with DRDA as the implementing agency. However, GOI has approved (June 2012) continuance of this scheme in the 12th Five Year Plan and renamed it as Nirmal Bharat Abhiyan (NBA).

The activities envisaged in the scheme include (i) Start-up activities i.e. conducting of baseline survey, preparation of PIP, etc.; (ii) Information, Education and Communication (IEC) activities i.e. creating demand for sanitation facilities in rural areas through inter personal communication, use of folklore media and outdoor media like wall paintings 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 complex; and (vii) Construction of institutional toilets. The year-wise position of funds received by DRDA, and their utilisation during 2007-12 is given in **Table 16** below:

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			
2007-08	3.20	---	---	0.11	2.24	5.55	5.27	0.28 (05)
2008-09	0.28	35.82	18.05	0.09	4.30	58.54	19.89	38.65 (66)
2009-10	38.65	---	---	0.70	0.18	39.53	39.44	0.09 (---)
2010-11	0.09	56.67	15.15	1.30	3.30	76.51	59.79	16.72 (22)
2011-12	16.72	8.44	12.76	3.93	0.90	42.75	11.13	31.62 (74)
Total		**100.93**	**45.96**	**6.13**	**10.92**		**135.52**	

Source: Figures supplied by the Department. Figures in parenthesis indicate percentage.

It was noticed that ₹ 31.62 lakh remained unspent due to non-taking up of activities under Solid and Liquid Waste Management and Rural Sanitary Marts as of May 2012. Besides, against the target of 226 Anganwadi toilets, 65 community toilets and 350 school toilets, only 45, 27 and 91 toilets, respectively, had been constructed as of May 2012. As a result, the objective of the scheme to accelerate sanitation coverage in rural areas remained to be achieved despite availability of funds.

In reply, the PO, DRDA stated (May 2012) that the targets could not be achieved due to limited working season and snow bound area. The reply is not acceptable as planning for construction of toilets in Anganwadi centres should have been done keeping in view the factor of working seasons.

(ii) Sewerage

In Kinnaur district, there is no urban area. The district headquarters' at Reckong Peo has sewerage facility. Besides, a sewerage scheme for Sangla (tehsil headquarters) was administratively approved for ₹ 4.16 crore in August 2007 and was stipulated to be completed within a period of two years. Despite spending ₹ 1.05 crore, the work was still incomplete as of June 2012. The delay has deprived sewerage facility to the people.

The EE, Reckong Peo while confirming (June 2012) the facts stated that the site for development of treatment plant had not been decided as yet. The reply is not convincing as the site should have been identified at the planning stage for timely completion of the scheme.