CHAPTER I
SOCIAL SECTOR

1.1 Introduction

The findings based on audit of State Government units under Social Sector are featured in this chapter. During 2015-16, against a total budget provision of ₹ 3,742.31 crore under Social Sector, a total expenditure of ₹ 3,255.28 crore was incurred by 17 departments. The Department-wise details of budget provision and expenditure incurred there against are shown in the following table.

Table No. 1.1.1 Budget Provision and Expenditure of Departments in Social Sector

(₹in crore)

Sl. No.	Department	Budget Provision	Expenditure
1	Labour and Employment	21.85	16.12
2	Information and Publicity	5.26	47.34
3	Tribal Affairs and Hill and Schedule Caste	441.40	408.65
4	Adult Education*	1,313.05	1,053.35
5	Education (Schools)*		
6	Education (University)*		
7	Technical Education*		
8	Medical Health and Family Welfare	535.91	485.66
9	Youth Affairs and Sports	58.35	56.34
10	Social Welfare	355.96	201.65
11	Relief and Disaster Management	25.48	50.98
12	Panchayat	61.46	62.25
13	Arts and Culture	37.33	31.01
14	Minorities and Other Backward Classes	25.48	50.98
15	Consumer Affairs, Food and Public Distribution	22.89	17.76
16	Municipal Administration Housing and Urban Development	113.69	100.99
17	Community and Rural Development	724.20	672.20
Total		**3,742.31**	**3,255.28**

Source: Appropriation Account

** Separate information not available*

Besides, the Central Government had been transferring a sizeable amount of funds directly to the implementing agencies of the State Government for implementation of various programmes of the Central Government. During 2015-16, out of ₹ 124.75 crore directly released to different implementing agencies, ₹ 35.41 crore was under Social Sector. The details are shown in ***Appendix 1.1***.

1.1.1 Planning and conduct of Audit

Compliance audit is conducted in accordance with annual audit plan. The auditee units are selected on the basis of risk assessment. Areas taken up are selected on the basis of topicality, financial significance, social relevance, internal control system of the units and occurrence of defalcation/ misappropriation/ embezzlement as well as findings of previous Audit Reports. All important departmental directorates and district level units are audited annually.

Inspection Reports are issued to the heads of units as well as heads of departments after completion of audit. Based on the replies received, audit observations are either settled or further action for compliance is advised. Important audit findings are processed for inclusion in the Audit Report of Comptroller and Auditor General (C&AG) of India.

Audits were conducted during 2015-16 involving expenditure of ₹ 6,527.25 crore including expenditure of ₹ 5,370.64 crore of previous years of the State Government under Social Sector, as shown in ***Appendix 1.2***. This chapter contains three Performance Audits *viz.,* "Implementation of Right of Children to Free and Compulsory Education Act", "Implementation of National Rural Health Mission – Reproductive and Child Health" and "Implementation of Integrated Child Development Services" and four compliance audit paragraphs as discussed in the succeeding paragraphs.

PERFORMANCE AUDIT

DEPARTMENT OF EDUCATION (SCHOOLS)

1.2 Performance Audit on Implementation of Right of Children to Free and Compulsory Education Act, 2009

Highlights

The Right of Children to Free and Compulsory Education (RTE) Act, 2009 became operative with effect from 1 April 2010. The Act came into force in Manipur from 21 October 2010.The RTE Act provides that all children in the age group of 6-14 have a right to free and compulsory education in a neighbourhood school. Sarva Shiksha Abhiyan (SSA) is the main vehicle for implementing the provision of the RTE Act.

- *Database of children who had attained the age of elementary education was not prepared properly.*

(*Paragraph 1.2.9.1*)

- *There were 4,670 teachers who did not have the minimum academic qualification.*

(*Paragraph 1.2.10.7*)

- *The distribution of text book was delayed by one month to more than six months and fund for uniform was released with a delay of more than 11 months to more than 14 months during 2010-16.*

(*Paragraph 1.2.10.11*)

- *Deficiencies in basic infrastructure facilities like class room, separate toilets for boys and girls, drinking water etc., were noticed in all the 60 schools test checked.*

(*Paragraph 1.2.10.12*)

- *The State Project Officer diverted ₹ 3.31 crore meant for construction of school buildings for other purposes without authorization.*

(*Paragraph 1.2.11.3*)

- *Provision of the RTE Act for reservation of 25 per cent of the seats in Class-I of private/unaided schools for children belonging to weaker section and disadvantaged groups was yet to be implemented in the State.*

(*Paragraph 1.2.12.2*)

1.2.1 Introduction

Article 21A of the Constitution of India states that *"the State shall provide free and compulsory education to all children of the age of 6 to 14 years in such manner as the State may, by law, determine."* The Right of Children to Free and Compulsory Education (RTE) Act, 2009 which became operative with effect from 1 April 2010 is to make elementary education a fundamental right of all children. The Act provides that all children in the age group of 6-14 years have a right to free and compulsory education in a neighborhood school till such time as elementary education is completed. The Act further provides that unaided private school shall admit children belonging to weaker section and disadvantaged group in the neighborhood in Class I, to the extent of at least 25 *per cent* of the strength of that class and also provide free and compulsory elementary education till completion of the elementary education. The expenditure incurred in this regard by the school may be reimbursed by the State. Sarva Shiksha Abhiyan (SSA) is the main vehicle for implementing the provision of the RTE Act. The SSA Framework of Implementation and Norms for Intervention have been revised to correspond to the provision of RTE Act, including norms for opening new schools as per the neighborhood norms prescribed under the State RTE Rules, the prescribed pupil teacher ratio and infrastructure norms. The Act came into force in Manipur from 21 October 2010 with the notification of Right of Children to Free and Compulsory Education Rules 2010, Manipur.

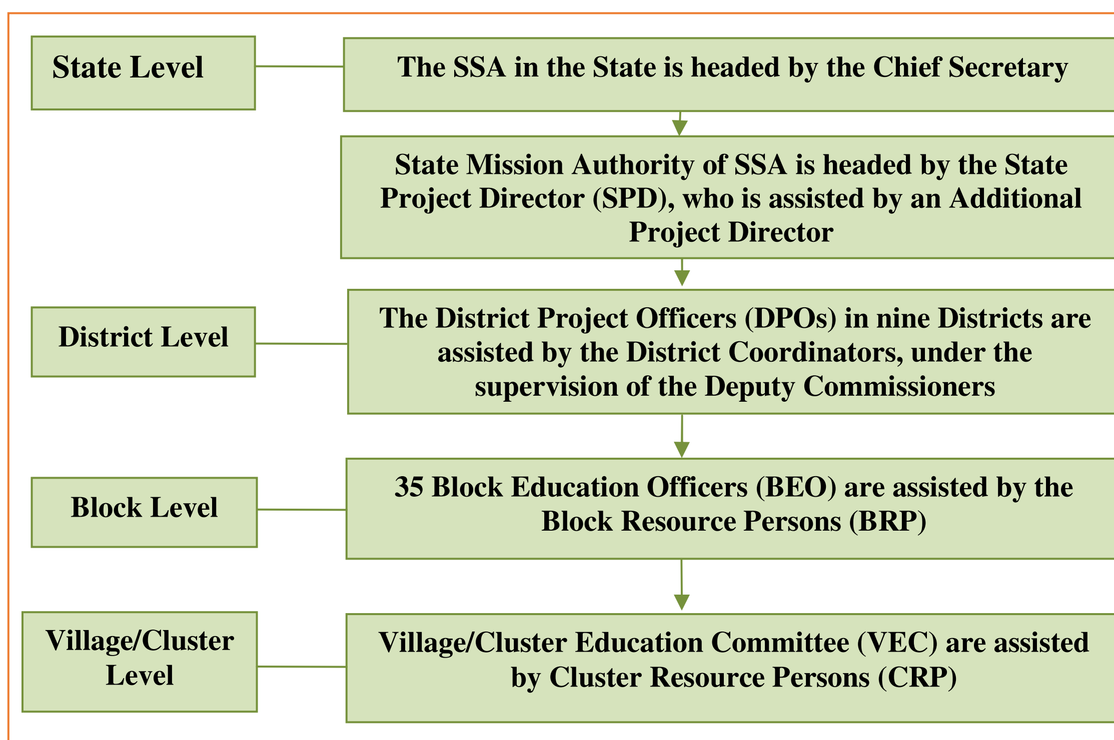
Under the RTE Act, "Elementary Education" means the education from 1st to 8th standard. "Free education" is defined as removal of any financial barrier by the State that prevents a child from completing eight years of schooling. "Compulsory education" means obligation of the appropriate Government to provide free elementary education and ensure compulsory admission, attendance and completion of elementary education to every child in the 6 to 14 age group.

1.2.2 Organization Set-up

Organization set up at the State Level

Sarva Shiksha Abhiyan (SSA) is implemented in the State through the State Mission Authority (SMA) which was created in December 2000. The organisational set up for implementation of the programme is as follows.

Organogram of SSA, Manipur



State Project Director (SPD) is the Chief Executive Officer at the Mission and responsible for coordination of the project, providing manpower resource to support SSA, providing necessary support and guidance to State Project office and District project offices under SSA Mission Authority as required for implementation of the project.

District Project Officer is responsible for coordination of project at district level, providing necessary resource support and guidance to district project office.

Block Education Officer is responsible for analysis of micro planning results, organizing training programme, monitoring and supervision of Cluster Resource Person (CRP) *etc.*

1.2.3 Audit Objectives

The Performance Audit was conducted to ascertain:

- Whether the implementation of the RTE Act achieved its objective to make elementary education as fundamental right for all children between the age of 6-14 years within 3 years i.e. 31 March 2013;
- Whether the funds allocated for implementation of the Act were utilized in an economic and efficient manner; and
- Whether the RTE Act was implemented and monitored in a planned manner.

1.2.4 Scope of Audit

The Performance Audit covered the period of 2010-11 to 2015-16 (six years). Audit has covered implementation of various aspects of the Act at the following levels.

State Level	State Nodal Department
District/Block Level	District Nodal Department
Local Level	Primary/Upper Primary School/Centre

1.2.5 Audit Sampling

Out of the nine districts in the State, two districts *viz.*, Imphal West and Senapati were selected on the basis of Probability Proportional to Size without Replacement (PPSWOR) method with size as number of schools in the district.

Within each selected district, 4 Blocks (3 Rural and 1 Urban) were selected based on Simple Random Sampling without Replacement (SRSWOR) method.

In each sampled district, thirty Schools were selected through SRSWOR covering 7 blocks (3 in Imphal West District and 4 in Senapati District) as shown in ***Appendix 1.3.***

1.2.6 Audit Methodology

The audit methodology included holding an Entry Conference (April 2016) with the Commissioner (Education), Government of Manipur and the officials of the Department, issue of requisitions, questionnaires, physical visits to schools sampled for audit, checking relevant records, analysis of data and documentary evidences to arrive at audit findings. The audit findings were discussed with the Commissioner (Education) and other departmental officers in an Exit Conference (November 2016). Their replies wherever relevant have been incorporated in this Report.

1.2.7 Audit Criteria

Audit findings were benchmarked against the following:

- Right to Free and Compulsory Education Act 2009;
- Right of Children to Free and Compulsory Education Rules, 2010, Manipur;
- Scheme guidelines of SSA based on Right to Free and Compulsory Education Act 2009;
- Norms framed by the State for expenditure under RTE Act;
- Various orders, notifications, circulars, instructions issued by MHRD/State Governments;

- Annual Work Plan and Budget prepared by the States Mission Authority;
- District Information System for Education;
- Guidelines Regarding applicability of RTE Act on Minority Institutions;
- Guidelines Regarding Procedure for School Admission Under RTE Act; and
- RTE Rules/Guidelines/Notification as available on MoHRD website http://mhrd.gov.in./rte

1.2.8 Acknowledgement

Indian Audit and Accounts Department (IA&AD) acknowledges the cooperation extended by the State Government in providing necessary information and records to audit.

Audit findings

The audit findings of the Performance Audit are discussed in the succeeding paragraphs.

1.2.9 Planning

1.2.9.1 Planning process

Section 3(1) of the RTE Act states that every child of the age of 6 to 14 years shall have a right to free and compulsory education in a neighbourhood school till completion of elementary education. Further, as per para 9.2.4 of SSA Framework for implementation, the process of micro-planning would *inter alia* involve (i) environment building in the village/urban units through *kala jathas*, (ii) conduct of a household survey to identify children in each household, and their participation/ non-participation in school, (iii) preparation of a village/school education register, (iv) preparation of a village map and its analysis to the people in a Gram Sabha and (v) preparation of a proposal for improved education facilities in the village.

During the year 2010-11 to 2015-16 number of children who had attained the age of enrolment as per Annual Work Plan & Budget (AWP&B) and the anticipated number of children who had attained the age of enrolment furnished by SMA is shown in the following table.

Table No. 1.2.1 Statement showing difference between anticipated and AWP&B number of children who had attained the age of enrolment

Year	Anticipated No. of children who had attained the age of enrolment by SMA	No. of children who had attained the age of enrolment as per AWP&B	Difference of anticipated child population over AWP&B child population	Percentage of difference wrt AWP&B
2010-11	4,73,056	4,73,056	0	0
2011-12	5,26,076	4,96,278	29,798	6
2012-13	5,72,822	4,83,478	89,344	19
2013-14	6,19,585	5,60,140	59,445	11
2014-15	6,63,420	4,82,079	1,81,341	38
2015-16	7,16,994	4,63,917	2,53,077	55

Source: SSA, Manipur

From the above table it can be seen that except 2010-11 the number of children who had attained the age of enrolment as per AWP&B was less than the anticipated number of children as per SMA. The excess of anticipated child population in the age of enrolment over the AWP&B child population of SSA was ranged from six to 55 *per cent*.

This indicates that the State Government could not plan and allocate adequate budgetary resources to absorb the actual rising number of children attaining the age of enrolment.

Moreover, SMA stated that the last household survey was conducted during 2009-10 and the report was used for planning purposes upto the year 2011-12. From the year 2012-13, the 2011 census data was being used to identify child population who had attained the age of elementary education. By relying on the census data without conducting any household survey annually, the SMA failed to get accurate number of children between the age of 6 to 14 years. Audit also observed that the total number of enrolled children between 6 to 14 years exceeded the total number of children planned to be covered in the AWP&B in the age group of 6 to 14 years during 2010-11 and 2012-13 as stated in the following table.

Table No. 1.2.2 Statement showing excess of enrolment over planned population of children between 6 to 14 years in the State

Year	No. of children enrolled	No. of enrolled children whose age is below 6 years or above 14 years	No. of enrolled children whose age is between 6 to 14 years	Total no. of children between 6 to 14 years as per AWP&B	No. of enrolled children which exceeds total population of children
1	2	3	4 (2-3)	5	6 (4-5)
2010-11	5,03,682	17,823	4,85,859	4,73,056	12,803
2011-12	5,08,064	15,242	4,92,822	4,96,278	NIL
2012-13	5,40,035	17,227	5,22,808	4,83,478	39,330
2013-14	5,49,766	69,536	4,80,230	5,60,140	NIL
2014-15	5,08,056	44,605	4,63,451	4,82,079	NIL
2015-16	5,02,596	50,413	4,52,183	4,63,917	NIL

Source: DISE Data

The district wise AWP&B data for 2013-14 was not available with SSA. In the remaining years, the AWP&B figure was lower than the actual enrolment in the age group 6-14 years in the two sampled districts.

The SMA stated that the discrepancies were due to non-inclusion of population of the block of (i) Paomata, (ii) Purul and (iii) Tadubi in the Census Report of Manipur State for 2001 and 2011. The reply is not acceptable as the SSA stated that household survey report of 2009-10 was used for the planning purposes upto the year 2011-12. The discrepancy during 2010-11 would not have occurred had the survey been conducted properly.

Thus, the database of children who had attained the age of elementary education was not prepared properly as per the SSA framework for implementation and was not reliable to that extent.

1.2.9.2 Coverage of children and enrolment

The trends of enrolment in Government and aided schools and in private schools during the period covered by Audit is as shown in the following table.

Table No. 1.2.3 Statement showing trends of enrolment in Government/aided schools and private schools

Year	Total no. of children between 6 to 14 years			Percentage of No. of children enrolled in Govt. and aided schools	Percentage of No. of children enrolled in Unaided Private School
	No. as per AWP&B	Enrolled in Govt. and aided schools*	Enrolled in Unaided Private schools		
2010-11	4,73,056	2,21,838	2,56,295	46.89	54.18
2011-12	4,96,278	2,24,236	2,62,854	45.18	52.97
2012-13	4,83,478	2,26,688	2,88,768	46.89	59.73
2013-14	5,60,140	2,04,460	2,67,397	36.50	47.74
2014-15	4,82,079	1,99,675	2,56,576	41.42	53.22
2015-16	4,63,917	1,86,727	2,55,760	40.25	55.13

Source: DISE Data

** Excluding children enrolled in KVS and other Central Government Schools*

As seen from the above table, despite implementation of RTE Act in the State, the number of children enrolled in Government and aided schools has declined from 2.22 lakh in 2010-11 to 1.87 lakh in 2015-16. Analysis of data for the last six years revealed that percentage of enrolment in Government and Aided schools was in the range of 36.50 to 46.89 and in private unaided schools it was in the range of 47.74 to 59.73.

Thus, private unaided schools could attract more children than Government and Aided schools.The Government of Manipur failed to implement RTE Act in private unaided schools as per section 12(1) of RTE Act which said that unaided private school shall admit children belonging to weaker section and disadvantaged group in the neighbourhood in Class I, to the extent of at least 25 *per cent* of the strength of that class and also provide free and compulsory elementary education till its completion. As RTE was not implemented in private unaided schools, the above decline in enrolment of children in 6-14

age groups in Government and aided schools indicates that implementation of RTE Act in the State had negligible impact.

As per Section 8 of RTE Act, the appropriate Government shall provide free and compulsory elementary education to every child in a neighbourhood school. SSA, Manipur could provide free elementary education to only 36.50 to 46.89 *per cent* of the child population during the period covered by Audit. SSA attributed less coverage of children due to majority of the parents sending their children to private (unaided) schools.

Scrutiny of District Information System for Education (DISE) data revealed that during 2010-11 to 2015-16 as much as 1.13 lakh[1] poor children belonging to disadvantaged section were enrolled in Class I of private unaided schools where RTE Act was not implemented. This indicates that poor children to that extent were deprived of the benefits of RTE Act.

Further, Section 16 of Right of Children to Free and Compulsory Education Act (2009) states that no child admitted in a school shall be held back in any class or expelled from school till the completion of elementary education. Analysis of DISE data revealed that during 2010-11 to 2014-15 between 1,508 to 7,540 children were held back in violation of the Act. However, the percentage of children held back showed declining trend as shown in the following table.

Table No. 1.2.4 Statement showing held back students

Class	2010-11		2011-12		2012-13		2013-14		2014-15	
	Enrolled	Held back	Enrolled	Held back	Enrolled	Held back	Enrolled	Held back	Enrolled	Held back
I	97,860	3,046	95,549	693	1,05,238	886	1,00,336	626	84,014	745
II	79,238	766	80,903	246	84,329	281	90,547	138	76,650	289
III	65,656	578	68,295	291	70,954	187	75,282	144	67,744	221
IV	61,854	650	62,428	295	65,804	168	67,283	168	62,642	208
V	59,225	826	59,197	306	62,223	166	61,671	137	64,247	186
VI	47,901	478	49,641	343	51,153	281	54,852	130	52,199	162
VII	46,357	612	46,984	279	51,511	78	49,785	91	50,941	144
VIII	45,591	584	45,067	488	48,823	75	50,141	74	49,619	107
Total	**5,03,682**	**7,540**	**5,08,064**	**2,941**	**5,40,035**	**2,122**	**5,49,897**	**1,508**	**5,08,056**	**2,062**

Source:* *DISE data including children of age below 6 years and above 14 years but enrolled in Class I to VIII

SSA stated that cases of held back happened in private unaided schools where RTE Act was not implemented.

[1]

2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	Total
17,253	**17,504**	**21,368**	**21,967**	**17,022**	**17,945**	**1,13,059**

1.2.10 Implementation

1.2.10.1 Identification of poor children belonging to disadvantaged sections

Government of Manipur vide Rule 2(5) and 2(6) of Right of Children to Free and Compulsory Education Rules 2010, identified poor children belonging to disadvantaged sections as below:

- A child belonging to socially disadvantaged group means and includes a child belonging to Scheduled Caste, Scheduled Tribe, orphans, children with special need and HIV affected/ infected children.
- A child belonging to weaker sections means a child belonging to Backward Class, Minorities and includes Other Castes whose parents' income does not exceed ₹ 40,000 per annum.

Accordingly, SSA Manipur identified poor children belonging to disadvantaged sections from the child population upto 2011-12 only. The reasons for non-identification of poor children belonging to disadvantaged section from 2012-13 onwards in violation of the provision *ibid* were not furnished to Audit.

1.2.10.2 Enrolment of poor children belonging to disadvantaged sections

Enrolment of poor children belonging to disadvantaged sections in all age groups in the State is given in the following table.

Table No. 1.2.5 Statement showing enrolment of poor children belonging to disadvantaged sections of all age groups in the State

Year	No. of children enrolled	Enrolment of poor children belonging to disadvantaged sections					
		SC	ST	Muslim	OBC	Total	Percentage of enrolment
2010-11	5,03,682	21,100	2,48,897	36,299	56,673	3,62,969	72
2011-12	5,08,064	22,291	2,30,613	43,558	66,412	3,62,874	71
2012-13	5,40,035	23,023	2,40,811	49,475	81,646	3,94,955	73
2013-14	5,49,776	21,106	2,42,533	48,949	1,20,771	4,33,359	79
2014-15	5,08,056	21,645	2,17,649	47,853	1,16,697	4,03,844	79
2015-16	5,02,596	22,787	2,11,583	49,317	1,22,698	4,06,385	81

Source: DISE data

As seen from the above table the percentage of enrolment of poor children belonging to disadvantaged sections increased from 72 in 2010-11 to 81 in 2015-16 in the State and in sampled districts the increase was from 56 *per cent* in 2010-11 to 65 *per cent* in 2015-16. In this regard, it is noted that SSA Manipur has established 9 Residential schools and 11 Kasturva Gandhi Balika Vidyalayas for enrolment of poor children belonging to disadvantaged sections.

1.2.10.3 Identification of children of more than 14 years but still in elementary education

As per Section 4 and 8(e) of the RTE Act, a child above six years who has not been admitted in any school or though admitted, could not complete elementary education, then, the child shall be admitted in a class appropriate to the child's age. Such child should be given special training.

As per DISE data the number of children of more than 14 years old but still in elementary education are shown in the following table.

Table No. 1.2.6 Statement showing number of children more than 14 years but still in elementary education

Year	No. of children enrolled	No. of children more than 14 years but still in elementary education
2010-11	5,03,682	2,095
2011-12	5,08,064	1,420
2012-13	5,40,035	1,376
2013-14	5,49,776	4,364
2014-15	5,08,056	4,146
2015-16	5,02,596	1,825

Source: DISE data

The SMA, SSA Manipur stated that training was given to School Management Committee (SMC) members to provide special training to these categories of children. However, during audit of 60 sampled schools, it was noticed that SMCs had not conducted any special training for such children who were more than 14 years and still in elementary education in contravention of the provision *ibid.* Thus, the children were deprived of special training in order to be at par with other.

1.2.10.4 Year wise data of children who have attained age of elementary education but not enrolled

Number of children who have attained age of elementary education but not enrolled is given in the following table.

Table No. 1.2.7 Statement showing number of non-enrolled children between 6-14 years

Year	No. of children who attained the age of enrolment as per AWP&B	No. of enrolled children whose age was between 6 to 14 years	No. of children who have attained age of elementary education but not enrolled	Percentage of non-enrolled children
2010-11	4,73,056	4,85,859	-12,803	-2.71
2011-12	4,96,278	4,92,822	3,456	0.70
2012-13	4,83,478	5,22,800	-39,322	-8.13
2013-14	5,60,140	5,10,446	49,694	8.87
2014-15	4,82,079	4,63,451	18,628	3.86
2015-16	4,63,917	4,52,183	11,734	2.53

Source: DISE data

At the end of 2015-16 number of children who have attained age of elementary education but not enrolled was 11,734 which was 2.53 *per cent* of

the total number of children who attained the age of enrolment. This shows that the Government could not provide elementary education to 11,734 number of children. It was also noticed that during 2010-11 and 2012-13, the number of children in the age group of 6 to 14 years enrolled in schools as per AWP&B data exceeded the total number of children enrolled in the same age group.

Thus, the AWP&B data was not prepared on actual basis.

1.2.10.5 Functioning of Education Guarantee Scheme in violation of SSA framework

RTE mandate for full time schooling facilities for all children implies that Education Guarantee Scheme (EGS) centres will now have to be upgraded to regular primary schools. Further, as per para 2.4.1 (i) of SSA Framework, existing EGS centres will continue to be supported for a period of two years (2010-11, 2011-12) during which period States would take steps to convert the EGS centres into regular primary schools. However, 337 numbers of EGS centres continued to function in the State up to 2013-14 in violation of the norms of framework. Hence, children to that extent were deprived of full time schooling as provided in the RTE Act.

1.2.10.6 Schools running without certificate of recognition

As per Section 18(1) and 18(5) of RTE Act, no school, other than a school established, owned or controlled by the Government or the local authority, shall after the commencement of RTE Act, be established or function without obtaining a certificate of recognition and any person who establishes or runs a school without obtaining certificate of recognition, or continues to run a school after withdrawal of recognition, shall be liable to fine which may extend to one lakh rupees and in case of continuing contraventions, to a fine of ten thousand rupees for each day during which such contraventions continue. Further, as per Section 19(1) and 19(2) of this Act, no school shall be established or recognised unless it fulfils the norms and standards specified in the schedule of this Act and for those schools which have been established before the commencement of this Act shall fulfil the norms and standards specified in the schedule within three years from the commencement of this Act.

During 2010-16, out of total functioning unaided private schools, 11.04 *per cent* to 13.62 *per cent* were un-recognized schools as shown in the following table.

Table No. 1.2.8 Statement showing number of un-recognized schools

Year	No. of unaided private schools			No. of un-recognized unaided private schools			Percentage of un-recognized unaided private schools		
	State	IW*	SPT*	State	IW	SPT	State	IW	SPT
2010-11	902	138	137	117	8	18	12.97	5.80	13.14
2011-12	904	145	133	114	6	16	12.61	4.14	12.03
2012-13	980	166	139	126	12	20	12.86	7.23	14.39
2013-14	984	171	148	134	15	25	13.62	8.77	16.89
2014-15	1028	190	150	123	15	25	11.96	7.89	16.67
2015-16	1042	192	154	115	14	25	11.04	7.29	18.18

Source: DISE ** IW= Imphal West District, SPT= Senapati District*

Out of 115 un-recognized private schools in the State, nine schools were closed during 2015-16. The remaining 106 schools continued to function in spite of failing to fulfill the norms and standards specified in the schedule of this Act within the specified period. No action was taken against the 106 schools as per Section 18(5) of the Act.

1.2.10.7 Appointment of teachers

As per Government of Manipur Gazette notification dated 7 April 2011, the essential qualification for appointment of teacher for Primary School and Upper Primary School is as follows:

Primary School: (i) 10+2 or its equivalent with 2 year Diploma in Elementary Education/Special Education from recognised University/Institute/Board, and (ii) pass in Teacher Eligibility Test conducted by the State Government or any other agency approved by National Council of teacher education (NCTE).

Upper Primary School: (i) Graduate with 2 year Diploma in Elementary Education/or its equivalent from recognised University/Institute/Board, or (ii) 10+2 or its equivalent with 4 year Degree in Elementary Education/BA Education/BSc Education from recognised University/Institute/Board, and (ii) pass in Teacher Eligibility Test conducted by the State Government or any other agency approved by NCTE.

However, number of teachers in the State not having minimum academic qualification were 4,670 as on date of audit (76 are under Class X i.e. matric; 1,664 are Class X pass only and 2,930 are 10+2 only i.e. without other qualification as envisaged in the notification). Out of 4,670 teachers, 719 teachers were appointed during 2012-15, that is after the publication of Recruitment Rules of Primary and Upper Primary teachers. As such, the State had appointed teachers not having essential qualifications. As per Section 23(2) of the RTE Act, a teacher not having minimum qualification at the time prior to this Act shall acquire the minimum qualification within five years. As per SSA’s AWP&B 2015-16, there were 259 teachers who had not attained minimum educational qualification in the State. However, the Department had not taken any initiative for acquiring minimum educational qualification for 259 unqualified teachers.

There were 469 teachers in the 60 sampled schools as on 31 March 2016, out of which, 21 number of teachers did not have essential qualification.

Thus, SSA Manipur did not properly plan to impart training to unqualified teachers for acquiring minimum education qualification within five years. This violates the provisions of Section 23(2) of the RTE Act.

1.2.10.8 Duties of teachers

As per Section 27 of the RTE Act, no teacher should be deployed for any non-educational purposes other than decennial population census, disaster relief duties and duties related to election. Scrutiny of attendance records of teachers in respect of the 60 sampled schools revealed that teacher attendance was over 90 *per cent*. It was also noticed that six[2] teachers in five schools were utilized for clerical works which was against Section 27 of the Act.

1.2.10.9 Observance of working days / instructional hours

As per schedule of the RTE Act, the minimum number of working days and instructional hours in an academic year is (i) 200 working days and 800 instructional hours for Primary (Class I to Class V) and (ii) 220 working days and 1000 instructional hours for Upper Primary (Class VI to Class VIII). Test check of 60 sampled schools revealed that the minimum number of working days and instructional hours in an academic year as specified in the Act was not fulfilled as shown in the following table.

Table No. 1.2.9 Statement showing observance of working days and instructional hours in the sampled schools

Year	No. of Schools not fulfilling minimum No. of working days				No. of Schools not fulfilling minimum No. of instructional hours			
	Primary	Upper Primary	Total	Percentage	Primary	Upper Primary	Total	Percentage
2010-11	8	8	16	26.7	13	15	28	46.7
2011-12	7	9	16	26.7	12	17	29	48.3
2012-13	3	6	9	15	10	15	25	41.7
2013-14	1	7	8	13.3	10	16	26	43.3
2014-15	1	4	5	8.3	8	13	21	35.0
2015-16	5	9	14	23.3	12	16	28	46.7

Source: Field inspection

As can be seen from the table above, between 8.3 to 26.7 *per cent* of the sampled schools did not achieve minimum number of working days, while

2

Sl. No.	Name of School	No. of teacher deployed for other works
1	Khabi Bamdier High School	1
2	Saitu Jr. High School	2
3	Kamong Public High School	1
4	Oklong High School	1
5	Ngasi Rastralipi High School	1
Total		**6**

between 35 to 48.3 *per cent* of school did not achieve minimum number of instructional hours. The schools stated that frequent bandhs and adverse law and order situation affected normal functioning of school. There were no records of arrangements made by the Government or School Authority for recouping loss of working days.

1.2.10.10 Students' attendance

Neither the implementing agency of SSA nor the Directorate of Education (S) could furnish specific data with regard to attendance of children in schools. Such records were maintained in the school level only. Attendance percentage of the pupils in the 60 sampled schools was as shown in the following table.

Table No. 1.2.10 Statement showing attendance of students in the sampled schools

Year	No. of schools where attendance percentage was		
	Less than 60 %	60% to less than 80 %	80 % and above
2010-11	25	35	0
2011-12	25	30	5
2012-13	10	40	10
2013-14	20	40	0
2014-15	10	40	10
2015-16	10	40	10

Source: Field inspection

As compared to 2010-11, the number of schools achieving 80 *per cent* and above attendance improved in 2015-16. However, among the sampled schools, at least 10 schools had less than 60 *per cent* attendance throughout the period covered by this audit.

The schools stated that frequent bandhs and adverse law and order situation affected normal functioning of school.

1.2.10.11 Distribution of text books and uniforms

The details of free text books distributed by the SMA, Manipur to the districts during the years 2010-2016 are given in the following table.

Table No. 1.2.11 Statement showing delay in distribution of text books

Name of District	Delivery date					
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Date of commencement of classes	01-04-2010	First week of February 2011	First week of February 2012	First week of February 2013	5 to 10 January 2014	5 to 10 January 2015
Bishnupur	29-10-2010	29-07-2011	25-04-2012	22-04-2013	10-03-2014	18-03-2015
Chandel	18-10-2010	09-08-2011	25-05-2012	22-03-2013	06-03-2014	17-02-2015
Churachandpur	18-10-2010	29-07-2011	18-05-2012	02-05-2013	26-03-2014	12-03-2015
Imphal East	No record	20-08-2011	14-05-2012	08-05-2013	11-03-2014	13-04-2015
Imphal West	18-10-2010	18-08-2011	12-04-2012	30-04-2013	12-03-2014	19-03-2015
Senapati	12-10-2010	18-08-2011	10-05-2012	01-04-2013	07-03-2014	19-03-2015
Tamenglong	04-11-2010	27-07-2011	03-05-2012	06-04-2013	15-03-2014	23-03-2015

Name of District	Delivery date					
	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Thoubal	18-10-2010	12-08-2011	20-04-2012	09-04-2013	27-02-2014	04-03-2015
Ukhrul	28-10-2010	05-08-2011	07-05-2012	01-04-2013	29-03-2014	30-03-2015
Period of delay in delivery of Text Books	More than 6 months	More than 5 months	More than 2 months	More than 1 month	More than 1 month	More than 1 month

Source: Compiled from SSA records

As can be seen from the above table, the distribution of text books was delayed in all the years under reference and the period of delay was in the range of more than one month to more than six months. SSA stated that Board of Secondary Education, Manipur (the supplier) did not supply the text books on time.

Thus, students were deprived of desired education on time due to delay in supply of books.

School uniforms at the rate of ₹ 400 per child was provided to all girls and boys belonging to Schedule Caste (SC), Schedule Tribes (ST), and Below Poverty Line (BPL). Distribution of fund for uniform by the SMA to the districts during the academic year 2010-2015 is given in the following table.

Table No. 1.2.12 Statement showing delay in distribution of uniform

Year	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Date of release	26-03-2011	23-02-2012	26-02-2013	05-02-2014	25-03-2015	10-03-2016
Date of commencement of class	01-04-2010	First week of February 2011	First week of February 2012	First week of February 2013	5 to 10 January 2014	5 to 10 January 2015
Period of delay	More than 11 months	More than 12 months	More than 12 months	More than 12 months	More than 14 months	More than 13 months

Source: Compiled from SSA records

As seen from the above table, the SMA released funds for uniform at the end of academic session, and the period of delay was in the range of more than 11 months to more than 14 months.

1.2.10.12 Infrastructure deficiencies

The Schedule of the RTE Act provides that a school building has to be an all- weather building comprising at least one classroom for every teacher and an office-cum-store-cum-head teachers room, barrier free access, toilets, safe and adequate drinking water facility for all children, arrangements for securing the school building boundary wall fencing, a kitchen for cooking Mid-Day Meal (MDM) and a playground.

A. Basic infrastructure facilities

In the 60 sampled schools inspected, shortage of basic infrastructure are given in the following table.

Table No. 1.2.13 Statement showing lack of infrastructure in the sampled schools

Sl. No.	Basic Infrastructure	No. of schools where basic infrastructure were lacking	*Per cent* of schools where infrastructures were not enough
1	Not having at least one class room for every class and an office–cum-Head teacher's room	30	50.00
2	No Separate toilets for boys and girls	35	58.33
3	Safe and adequate drinking water facility to all children not provided.	27	45.00
4	Kitchen for cooking mid-day meal not available.	25	41.67
5	Arrangements for securing the school building wall or fencing not available	46	76.67

Source: Field inspection

The SMA stated that lack of basic infrastructures in the schools were due to non-completion of construction works.

Thus, due to lack of basic infrastructure like class room, separate toilets for boys and girls, drinking water *etc.*, SSA failed to attract, motivate and comfort to children which is one of the aims to universalise access to elementary education in accordance with the vision of the RTE Act.

B. Availability of Library

As per the schedule of the RTE Act, there shall be a library in each school providing newspaper, magazines and books on all subjects, including story-books. Further, as per para 4.3 of SSA Framework, library is a Core Component of Quality Education.

Audit noticed that only 11 schools (eight from Imphal West District and three from Senapati District) out of 60 sampled schools inspected had library facilities which indicated that library facilities were not available in nearly 82 *per cent* of schools inspected. Thus, children of these schools were deprived of library facility as per RTE Act even after six year of implementation.

1.2.10.13 Construction of schools

The State Project Director had taken up 1,722 number of construction works during 2010-13 with an estimated cost of ₹ 193.47 crore out of which an amount of ₹ 148.46 crore was released to School Management and Development Committees (SMDCs). As on date of audit (May 2016), only 410 (24 *per cent*) works were completed and 1,312 (76 *per cent*) works were in progress despite a lapse of one to three years after release of fund. The SMA stated that target dates for completion of works were not set. Details of construction works are given in the following table.

Table No. 1.2.14 Statement showing progress of construction works

Particulars of construction	Year of sanction	No. of Schools to be constructed			Completed			No. of incomplete works			Percentage of incomplete works		
		State	IW	SPT	State	IW	SPT	State	IW	SPT	State	IW	SPT
ACR*	2010-11	1,024	122	130	196	40	7	828	82	123	81	67	95
UPS*	2012-13	153	0	43	14	0	4	139	0	39	91	NA	91
NPS*	2010-11	180	14	48	139	13	46	41	1	2	23	7	4
NPS*	2012-13	365	27	60	61	5	4	304	22	56	83	81	93

Source: Compiled from SSA record

** ACR = Additional Class room, UPS = Upper Primary School, NPS = New Primary School*

Due to non-completion of the works in time many schools were lacking basic infrastructure as seen during joint inspection of sampled schools. Further, despite lagging behind in achieving norms and standards, as required under the Act, the State did not draw up plans (i) to make fund available in time by timely submission of UCs, (ii) to utilise the backlog fund during the subsequent year.

1.2.11 Financial management

Regular and timely release of funds is an essential requirement for effective implementation of any programme. Delays, irregular or short release of funds have a cascading impact on the execution of time-bound interlinked activities.

As per para 89.2 of Manual on Financial Management, financial assistance under the programme is to be shared in the ratio 90:10 between the Government of India and State Governments in respect of North-Eastern States.

1.2.11.1 Budget and Expenditure

The budget proposals of SSA, Manipur were prepared in the form of AWP&B, covering all the interventions specified in the SSA norms. Item wise budget demands for one year were included in the AWP&B. The AWP&B proposals were envisaged in two parts, the plan for the current financial year and the progress overview of the previous year including the spillover activities proposed to be carried over to the current year.

Details of budget proposal sent by SSA, Manipur and approved by Project Approval Board (PAB) during 2010-11 to 2015-16 are as shown in the following table.

Table No. 1.2.15 Statement showing details of AWP&B approved by Project Approval Board during 2010-11 to 2015-16

(₹in crore)

Year	Budget approved by PAB	Opening Balance	Receipt		Total	Expenditure	Closing Balance	Percentage of expenditure
			Central	State				
2010-11	159.71	9.44	132.56	5.46	147.46	66.14	81.32	41
2011-12	295.06	81.32	39.41	5.93	126.66	101.91	24.75	35

Year	Budget approved by PAB	Opening Balance	Receipt		Total	Expenditure	Closing Balance	Percentage of expenditure
			Central	State				
2012-13	475.44	24.75	173.62	18.74	217.11	97.52	119.59	21
2013-14	295.53	119.59	131.94	21.98	273.51	161.01	112.50	24
2014-15	313.26	112.50	223.82	15.77	352.09	241.53	110.56	77
2015-16	322.03	110.56	183.55	19.15	313.27	275.18	38.09	85

Source: Compiled from SSA records

As depicted in the above table SSA Manipur could utilize only 21 to 85 *per cent* of the actual budget approved by PAB. Thus, due to slow implementation of the scheme children were deprived of the benefit of elementary education to that extent.

1.2.11.2 Delay in release of fund

SSA funds are to be released directly to the SMA by GoI in two instalments, one in April and the other in September. The second instalment would be released only after the State share is released and after fulfilling other conditions. The State share is required to be released within 30 days of receipt of Central share.

However, there was delay ranging from 4 days to 356 days in release of Central share and 175 days to 246 days in release of State share, as detailed in the following table.

Table No. 1.2.16 Statement showing delay in release of fund by the State Government

Year	Date of first Central share release	Date within which State share shall be released as per norms	Date of first State share release	Delay in fund release by the State (in days)
2010-11	20-07-2010	19-08-2010	31-03-2011	224
2011-12	01-06-2011	01-07-2011	07-02-2012	221
2012-13	26-05-2012	25-06-2012	26-02-2013	246
2013-14	02-07-2013	01-08-2013	23-01-2014	175

Source: Compiled from SSA records

1.2.11.3 Diversion of funds

Rule 26 (ii) of General Financial Rules states that expenditure is to be incurred for the purpose for which funds have been provided. Further, as per para 26.2 of the SSA Manual on Financial Management and Procurement, expenses for construction of office building for State Project Office(SPO)/ District Project Office(DPO) including MIS Room, purchase of Laptop and other peripherals, payment of TA/DA to the officials, organising trainings, purchase of Television, hiring of vehicle, purchase of furniture for SPO office, *etc.,* could not be met from "civil work" fund.

The State Project Officer diverted ₹ 3.31 crore meant for construction of school buildings without any authorization as shown in the following table.

Table No. 1.2.17 Statement showing diversion of funds

Sl. No.	Name of work	Amount (₹ in crore)
1	Renovation of SPO and Garage, SPO, SSA/SMA, Babupara	1.81
2	Renovation of Chowkidar Quarter of SPO, SSA/SMA, Babupara	0.11
3	Development of Lawn yard of SPO, SSA/SMA, Babupara	0.10
4	Strengthening of Compound wall around the complex of SPO, SSA/SMA, Babupara	0.09
5	Purchase of Laptop, TA/DA to the officials, trainings, purchase of Television, hiring of vehicle, purchase of furniture for SPO office *etc.*	1.20
Total		**3.31**

Source: Compiled from SSA record

Such diversion of funds meant for construction works adversely affected creation of basic infrastructure in schools. The reasons for diversion of funds have not been intimated (January 2017).

1.2.11.4 Retention of heavy balances in bank

Audit scrutiny revealed that SSA, Manipur retained heavy bank balance during 2010-11 to 2015-16 as shown in the following table.

Table No. 1.2.18 Statement showing retention of heavy balances in bank

(₹ in crore)

Year	Fund available for the year	Bank balance on 31 March	Percentage of retention
2010-11	147.46	51.84	35.16
2011-12	126.66	8.34	6.58
2012-13	217.11	82.51	38.00
2013-14	273.51	49.83	18.22
2014-15	352.09	39.88	11.33
2015-16	313.27	34.89	11.14

Source: Compiled from SSA record

The State Project Director, SSA stated that the reason of retention of heavy balance in bank was due to release of major part of fund by the Central and State Government at the fag end of the financial year (during the month of March). However, as per para 9.11.5 of the "SSA Framework of Implementation", in order to release second instalment of fund the UC of previous year was required to be submitted before September, every year. Further, it was observed that the SSA, Manipur submitted UC for 2012-13 in November 2013, for 2013-14 in September 2014 and for 2014-15 in January 2016. Hence, releasing of fund by both the Central and State Government at the end of the financial year was due to non-submission of UC by the State on time. Thus, despite availability of funds the State did not have proper plan in place to utilise the same on time.

1.2.11.5 VAT deducted at source not deposited

As per Government notification of May 2013, the Drawing and Disbursing Officer (DDO) shall deduct the amount of tax payable from the bill of the selling/supplying dealer and deposit to Government. In case of failure without reasonable cause, to deduct the tax or to deposit the tax after deduction within

the stipulated period, the concerned DDO shall be personally liable to pay by way of penalty not exceeding double the amount of tax deductible but not so deducted and, if deducted, not so deposited into Government Account.

Test check of records (April 2016) of the SMA revealed that ₹ 5.52 lakh was deducted at source during 2011-2013 as shown in ***Appendix 1.4.*** However, records relating to deposit of such amount into Government Account could not be made available to Audit. Thus, deposit of the deducted VAT into Government Accounts appeared to be doubtful.

1.2.12 Monitoring

1.2.12.1 Formulation of school development plan

As per Section 22 of the RTE Act, every School Management Committee (SMC) shall prepare a school development plan which shall be the basis for the plans and grants to be made by the appropriate Government or local authority. In 33 schools (55 *per cent*) out of 60 sampled schools, development plan was not prepared. The reasons for non-preparation of development plan have not been intimated (January2017).

1.2.12.2 Observance of 25 *per cent* reservation, collection of fees

As per Section 12(1) of RTE Act, unaided private school shall admit children belonging to weaker section and disadvantaged group in the neighborhood in Class I, to the extent of at least 25 *per cent* of the strength of that class and also provide free and compulsory elementary education till its completion. The expenditure incurred in this regard by the school may be reimbursed by the State.

During 2010-11 to 2015-16, the numbers of seats required to be reserved in Class I for weaker and disadvantaged group in recognized unaided private schools was 48,894 as shown in the following table.

Table No. 1.2.19 Statement showing non-observance of 25 *per cent* reservation

Sl. No.	Year	No. of recognized unaided Private School			No. of pupils enrolled in Class I			25 *per cent* of the enrolled pupils in Class I		
		State	IW*	SPT*	State	IW	SPT	State	IW	SPT
1	2010-11	785	130	119	32,019	7,211	3,850	8,005	1,803	963
2	2011-12	790	139	117	32,240	8,100	3,360	8,060	2,025	840
3	2012-13	854	152	119	37,273	8,415	4,070	9,318	2,104	1,018
4	2013-14	850	156	123	34,342	7,732	4,179	8,586	1,933	1,045
5	2014-15	852	153	121	29,661	6,230	3,839	7,415	1,558	960
6	2015-16	859	151	123	30,042	6,908	3,554	7,510	1,727	889
Total		**4,990**	**881**	**722**	**1,95,577**	**44,596**	**22,852**	**48,894**	**11,149**	**5,713**

Source: DISE

**IW- Imphal West, SPT- Senapati*

However, till the date of audit there were no reimbursement claims from these schools. Further, there were no provisions for reimbursement in AWP&B for the year 2010-16. Due to non-availability of details of category-wise pupils registered in private schools, Audit could not ascertain whether 25 *per cent* of the strength of Class I were reserved for children belonging to weaker section and disadvantaged group. The State is yet to issue orders regarding (i) 25 *per cent* reservation of children belonging to weaker section and disadvantaged group in private/unaided schools and (ii) reimbursement of expenditure incurred by the schools. Thus, the provision of Section 12(1) of the RTE Act was yet to be implemented in the State.

1.2.13 Conclusion

The State Government did not plan and allocate adequate budgetary resources to accommodate the actual number of children attaining the age of enrolment due to non-preparation of database of children who had attained the age of elementary education. There were 4,670 teachers who did not have the minimum academic qualification. Text books and uniforms were not distributed to the students in due time. The creation of basic infrastructure for schools suffered due to (i) non-release of fund, (ii) diversion of fund and (iii) non-utilisation of fund. No action was taken to close the 106 un-recognized un-aided private schools as per provisions of the Act. State Government was yet to issue an order for reservation of 25 *per cent* of seats in Class I for children belonging to weaker section and disadvantaged groups in unaided private school.

1.2.14 Recommendation

The State Government may consider the following:

- Prepare a reliable database of children who had attained the age of enrolment and update it periodically to ensure that all eligible children are brought under the RTE Act;
- To ensure early completion and adequacy of infrastructure as mandated under the RTE Act;
- Prepare action plan to provide training to teachers not having minimum educational qualification;
- Ensure timely distribution of text books and uniforms to students;
- Prepare a well laid action plan and implement it to regularise the un-recognized schools in a time bound manner; and
- Ensure the provision of 25 *per cent* reservation in private unaided schools as per Section 12(1) of the Act.

HEALTH AND FAMILY WELFARE DEPARTMENT

1.3 Performance Audit on Implementation of National Rural Health Mission- Reproductive and Child Health

Highlights

The National Rural Health Mission (NRHM) was launched by Government of India (GoI) on 12 April 2005 to provide accessible, affordable and quality health care to the rural population, especially the vulnerable sections. In Manipur, it was launched in November 2005.

- *The percentage of utilization of funds during the years 2011-16 ranged from 48 to 73 per cent indicating that the State was not able to achieve the targets in implementing the mission all through the five years.*

(*Paragraph 1.3.8.1*)

- *During 2014-2016 a sum of ₹ 1.18 crore was diverted as loans, advances etc., on non-approved activities from Reproductive and Child Health (RCH) Flexipool and National Rural Health Mission (NRHM) Additionalities, which had not been adjusted till August 2016.*

(*Paragraph 1.3.8.3*)

- *There was shortfall in health facilities against Indian Public Health Standards (IPHS) norms ranging from 25 to 50 per cent for Primary Health Sub-Centres (PHSCs), 7 to 47 per cent for Primary Health Centres (PHCs) and 50 to 67 per cent for Community Health Centres (CHCs) in all the nine districts. Audit also noticed lack of infrastructure and poor infrastructure in the existing PHSCs, PHCs and CHCs.*

(*Paragraph 1.3.9.2, 1.3.9.4 and 1.3.9.5*)

- *Functional equipment were lying unutilized in the two sampled districts.*

(*Paragraph 1.3.9.10*)

- *Stock Register of medicines and consumables was not maintained and expired medicines were still lying in the store room of District Health Society Ukhrul.*

(*Paragraph 1.3.10.2*)

- *There were shortage of Specialist Doctors and paramedical and support staff in District Hospital Ukhrul.*

(*Paragraph 1.3.11.4*)

- *In the test checked districts, 39 to 45 per cent of total home deliveries were not attended by Skilled Birth Attendant within 24 hours of delivery.*

(*Paragraph 1.3.11.5*)

1.3.1 Introduction

The National Rural Health Mission (NRHM)[3] was launched by the Ministry of Health and Family Welfare (Ministry), Government of India (GoI) on 12 April 2005. In Manipur, it was launched in November 2005. The vision of the Mission *inter alia* includes improving access to rural people, especially poor women and children to equitable, affordable, accountable and effective primary health care.

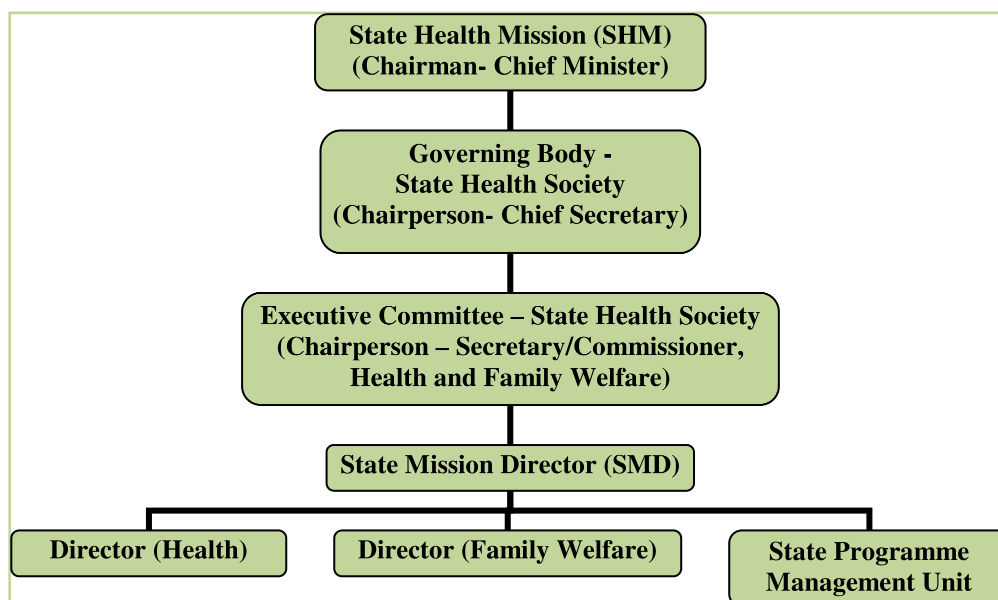
The objectives of NRHM are reduction in child and maternal mortality through universal access to public services for food and nutrition, sanitation and hygiene with emphasis on services addressing women's and children's health. These services include universal immunization, prevention and control of communicable and non-communicable diseases, access to integrated comprehensive primary health care, population stabilisation, gender and demographic balance, revitalize local health traditions and mainstream Ayurveda, Unani, Shiddha and Homeopathy (AYUSH) and promotion of healthy life styles. One of the components of NRHM is Reproductive and Child Health (RCH) (maternal health, child health and family planning which plan to reduce Infant Mortality Rate (IMR)/ Maternal Mortality Rate (MMR)/ Total Fertility Rate (TFR).

1.3.2 Organisation structure

At the State level, the Mission functions under the overall guidance of the State Health Mission (SHM) headed by the Chief Minister. The Chief Secretary and the Secretary/Commissioner, Health and Family Welfare (HFW) are the Chairman of the Governing Body and the Executive Body of State Health Society (SHS) respectively. A designated officer is identified as the State Mission Director (SMD) who is directly supported by a State Programme Management Unit (SPMU). The organogram of the SHS is as shown in the following chart.

[3] The National Urban Health Mission (NUHM) as a Sub-mission of an over-arching National Health Mission (NHM) was launched on 20th January 2014, with National Rural Health Mission (NRHM) being the other Sub-mission of National Health Mission.

Organogram: Structure of SHS, Manipur



At the District level, the Deputy Commissioner is the Chairman of the Governing Body of the District Health Society (DHS) and the Chief Medical Officer is the head of the Executive Body and functions as District Mission Director (DMD). They are supported by the District Programme Management Unit (DPMU).

1.3.3 Audit Objectives

The Performance Audit on implementation of NRHM with focus on RCH in the State was conducted to assess whether:

- availability of physical infrastructure was adequate;
- availability of health care professionals were adequate;
- quality health care was provided; and
- the mechanism of data collection, management and reporting which serve as indicators of performance were adequate.

1.3.4 Scope and coverage of Audit

The Performance Audit of NRHM with focus on RCH for the period from 2011-12 to 2015-16 was conducted during April to August 2016 to study the overall enabling infrastructure available for implementation of various programmes under the mission and the quality thereof; and efficiency and effectiveness of services affecting RCH particularly maternal health, child health, family planning, Janani Suraksha Yojana (JSY), Janani Shishu Suraksha Karyakram (JSSK), compensation for sterilization *etc.*

In Manipur there were five hill districts and four valley district as on 31 March 2016. Two hill districts (Ukhrul and Senapati) out of the five hill districts[4] were selected for audit by using simple random sampling without replacement method (SRSWOR). Further, in the two sampled districts the two District Hospitals[5] and two District Health Societies[6], three Community Health Centres (CHCs)[7], five Primary Health Centres (PHCs)[8], 18 Primary Health Sub-Centres (PHSCs), 53 Accredited Social Health Activists (ASHAs) and 170 beneficiary mothers who had delivered within the last two years were also sampled for audit.

1.3.5 Audit methodology

The audit commenced with an Entry Conference (March 2016) with the State Mission Director (SMD), SHS Manipur and Officers of the Department. Audit findings, conclusions and recommendations were arrived at through issue of requisitions, questionnaire and obtaining replies thereof, checking of the relevant records, analysis of data and documentary evidences, joint physical verification and beneficiary survey.

The draft audit report was forwarded to the Government in October 2016. The audit findings were discussed with the Deputy Director (Health and Family Welfare) and other Officers of the Department in an Exit Conference (November 2016). Their views and replies have been incorporated in appropriate places in this Report.

1.3.6 Audit criteria

The audit findings were benchmarked against the following criteria:

- NRHM Framework for Implementation 2005-12 and 2012-17;
- NRHM Operational Guidelines for Financial Management;
- Indian Public Health Standards (IPHS) – Guidelines (2007 and 2012) for Sub-Centers, Primary Health Centres, Community Health Centres, Sub-District/Sub-Divisional Hospital and District Hospital and standards set by the State, if any;
- Operational guidelines for Quality Assurance in public health facilities 2013; and
- Assessor's Guidebook for Quality Assurance in "District Hospitals 2013", "Community Health Centres (First Referral Unit) 2014" and "Primary Health Centres (24 x 7) 2014".

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[4] The five hill districts were divided into two categories namely : Category I-Senapati and Chandel; and Category II- Tamenglong, Ukhrul and Churachandpur.
[5] District Hospitals-Ukhrul and Senapati.
[6] District Health Society- Ukhrul and Senapati.
[7] CHCs- Mao, Kangpokpi and Kamjong.
[8] PHCs- Tadubi, Maram, Kalapahar, T.Waichong and Phungyar.

1.3.7 Acknowledgement

Indian Audit and Accounts Department (IA&AD) acknowledges the cooperation extended by State Government in providing necessary information and records to audit.

Audit Findings

1.3.8 Financial Management

1.3.8.1 Release of fund

Total fund available for implementation of NRMH/NHM during the period 2011-12 to 2015-16 was ₹ 900.49 crore (comprising ₹ 484.40 crore as Central share, ₹ 84.86 crore as State share and ₹ 12.93 crore as interest) out of which ₹ 518.16 crore was utilised.

The details of funds released for Reproductive and Child Health (RCH) by GoI and the State Government to the State Health Society (SHS) and the expenditure thereof during the period 2011-12 to 2015-16 were as shown in the following table.

Table No. 1.3.1 Funds received and expenditure under RCH (RCH Flexipool, NRHM Flexipool and Immunisation)

(₹in crore)

Year	OB	Funds received		Total fund available	Fund Utilized	Percentage of utilisation
		Central	State			
2011-12	66.23	33.67	5.00	104.90	50.72	***48***
2012-13	54.18	1.34	20.00	75.52	45.83	***61***
2013-14	29.69	78.46	5.90	114.05	58.19	***51***
2014-15	55.85	60.51	7.65	124.01	70.16	***57***
2015-16	53.84	54.52	0	108.36	78.99	***73***
Total		**228.5**	**38.55**	**526.84**	**303.89**	***58***

Source: State Health Society (SHS)

The percentage of utilization of funds during the years 2011-16 ranged from 48 to 73 *per cent* indicating that the State could not accomplish the targets for implementing RCH activities all through the five years. During the year 2012-13, GoI had released only ₹ 1.34 crore (five *per cent*) of the approved amount (₹ 26.89 crore[9]) due to short release of State share during the previous years under NRHM. Thus, non release of State share had deprived RCH to the extent of ₹ 25.55 crore of GoI fund. Reply of the SHS has not been received (January 2017).

[9] Figures of RCH Flexipool, NRHM Flexipool and Immunization from Record of Proceedings (RoP).

1.3.8.2 User charges not accounted in cash book and vouchers not maintained - ₹ 10.3 lakh

As per para 4.1 of the guidelines for Rogi Kalyan Samitis (RKS)[10], receipts from user fees constitute one of the sources of funds of the Society. Para 4.2 of the guidelines *ibid* states that a separate account in the name of RKS is to be opened in a bank approved by the Executive Committee (EC) named after the facility and all funds should be paid into the account of the Society with the appointed bank and shall not be withdrawn except by a cheque, bill note of other negotiable instruments signed by the Member Secretary and such one more person from amongst the EC members as may be decided by the EC.

Examination of the counterfoils for the period 2014-16 showed that ₹ 10.30 lakh was collected as user charges[11], by District Hospital, Ukhrul (DHU), which was neither recorded in the cash book nor credited in the bank account, in contravention of the guidelines for RKS. DHU could not produce the counterfoils for collection of user charges, RKS Cash Book, vouchers and RKS bank pass book for the period 2011-14 to audit. Further, there was no record in DHU to support expenditure incurred from the user charges. In view of the above, misappropriation of the user charges collected during 2011-16 could not be ruled out.

No reply has been furnished by the State Government (January 2017).

1.3.8.3 Diversion of funds

(A) Diversion of fund meant for RCH Flexipool and NRHM Additionalities

Para 3.3.5 of the Operational Guidelines for Financial Management for NRHM states that it should be ensured at all levels that the funds provided for various programmes are used for the purpose for which they were given and should not be mixed with other funds. Further, Para 10.3 of the guidelines *ibid* states that diversion of funds from one programme to another is not permitted without approval of the Ministry.

Audit noticed that during 2014-2016 a sum of ₹ 1.18 crore diverted from RCH Flexipool and NRHM Additionalities as loan, advance, repairing expense *etc.*, to the Health Directorate, Manipur, without approval of the Ministry of Health and Family Welfare, GoI had not been adjusted (August 2016) as detailed in ***Appendix 1.5***. Further ₹ 8 crore was transferred from Part A (RCH Flexible Pool)[12] to Part B (Mission Flexible Pool)[13] to meet expenses for salary of contractual staff and civil works on the condition that the amount would be adjusted from second Instalment of 2014-15. Though Government of Manipur had already sanctioned the second instalment amount of ₹ 22.13 crore during

[10] Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Committee. This committee, which would be a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital.

[11] User Charges: X-ray, Ultra sound, urine tests, blood test *etc*.

[12] A/C No. 914010020257038 of Axis Bank, Imphal Branch.

[13] A/C No. 914010018060345 of Axis Bank, Imphal Branch.

July 2015, which *inter-alia* included ₹ 10.09 crore for Part B, the amount of ₹ 8 crore was yet to be transferred back to Part A (RCH Flexible Pool) account.

The SHS replied (November 2016) that the loans/advances were given from Flexible Pools where there was shortage of funds to avoid any delay and hindrances in implementation of NRHM or funds were borrowed or temporarily transferred from one pool to another pool as per instruction from the Ministry. The SHS also stated that the loans and advances would be refunded from Health Department.

The reply is not tenable as the loans and advances had not been adjusted for more than one year in contravention to the existing guidelines, thereby affecting the approved activities as per the Programme Implementation Plan (PIP) for the year.

(B) Diversion of funds meant for District Health Societies

Para 2.4.4 of the Operational Guidelines for Financial Management on ceiling on Programme Management Costs stipulates that a maximum of 6 *per cent* of approved State Programme Implementation Plan (SPIP) may be spent on programme management activities (Administrative Expenses). Para 2.4.1 of the guidelines *ibid* further stipulates that under NRHM, a maximum of 10 *per cent* of funds are to be spent at the State level, 20 *per cent* at the District level and at least 70 *per cent* at the block level and below so that maximum benefits of affordable and quality health care reaches the people at the grass root level.

Audit noticed that the Programme Management Cost at the State level during 2011-15 ranged from 15 to 27 *per cent*, thereby exceeding the ceiling of 6 *per cent*. The figures for 2015-16 could not be ascertained as accounts had not been finalised (August 2016). The SHS incurred expenditure of ₹ 22.62 crore out of which ₹ 5.31 crore was incurred on Programme Management Cost. As such, the SHS had incurred excess expenditure of ₹ 3.95 crore.

Further, it was noticed that ₹ 14.84 lakh meant for District Health Society (Strengthening of DHS/DPMU (A10.2)) and Block Programme Management Unit (Strengthening of Block PMU (A10.3)) was spent for hiring of vehicles *etc.*, at the State level.

The SHS has not intimated the reasons (January 2017) for incurring excess expenditure on Programme Management Cost beyond permissible limit and expenditure on hiring of vehicles out of the fund approved for District Health Societies and Block Programme Management Units.

1.3.8.4 Release of funds for procurement of ambulance

As per Record of Proceedings (RoP) 2010-11, ₹ 99 lakh was approved and released by the Ministry for procurement of vehicles[14]. Accordingly, SHS, Manipur placed two supply orders to MGT Motors (P) Ltd. Tata Motors, MG Avenue, Imphal based on the rate quoted by the firm without call of tender as given in the following table.

Table No. 1.3.2 Details of supply order for ambulance

(₹in lakh)

Supply order and date	Items	Number	Rate	Amount
169/01/NRHM-2010(Fin)(Amb) Dt.17.02.2011	Basic Life support ambulance on 207(2 StrAmb MK II 500 kg 4x4)	5	9.39	46.95
169/01/NRHM-2010(Fin)(Amb) Dt.22.02.2011	Basic Life support ambulance on 207(2 StrAmb MK II 500 kg 4x4)	6	9.39	56.34
	Total	**11**		**103.29**

The SHS signed MoUs with the firms wherein it was stipulated that 50 *per cent* advance would be paid by the purchaser and the supplier had to deliver the vehicles within 60 days from the receipt of purchase orders. The SHS paid an advance of ₹ 51.63 lakh in March 2011. Though all the vehicles were to be delivered by June 2011, the firm could supply only six ambulances in December 2011.The firm stated that due to increase in the prices of ancillary parts, the remaining vehicles could not be supplied at the agreed rates and the supply order for procurement of the five ambulances were cancelled. The firm refunded the advance of ₹ 23.47 lakh received from the SHS for the five ambulances. Final payment of ₹ 25.95 lakh for the six ambulances was made in August 2012. As SHS was able to procure only six ambulances, an amount of ₹ 56.34 lakh was utilised out of ₹ 99 lakh released by the Ministry leaving an unutilised balance of ₹ 42.63 lakh.

Further, in RoP 2011-12, an amount of ₹ 50 lakh was approved and released by the Ministry for procurement of five ambulances for five 24x7 PHCs. As of August 2016, the SHS had not yet initiated any action for procurement of the ambulances.

The SHS stated in their reply (November 2016) that the ambulances were not procured and the unspent fund was adjusted by the Ministry against the budget of the next financial year. Thus, the purpose of providing free referral transport to intended beneficiaries remained deferred on account of failure of the firm to supply the ambulances on the agreed terms and non-initiation of any action for procurement of ambulances by the SHS.

[14] ₹ 54 lakh for procurement of 4 Wheel Drive Mobile Medical Units @ ₹ 9 lakh for 5 hill districts plus Jiribam under Imphal East District and ₹ 45 lakh for procurement of 5 ambulances @ ₹ 9 Lakh each.

1.3.8.5 Advance not adjusted

State level: As per para 6.9.1 of the Operational Guidelines for Financial Management under NRHM, all advances should be duly approved by the competent authority and should be preferably settled within a maximum period of 90 days. The guidelines further stipulates that before sanctioning further advance, it must be ensured that all earlier advances to the same party and for the same purpose have been settled.

Scrutiny of Schedule of Advances of the SHS for the period 2011-16 under RCH-Flexipool and NRHM Additionalties revealed that ₹ 30.41 crore[15] given to Agency/Person/Department for activities like civil works, supply of drugs, NGOs/Private Health Institutions for implementation of RCH, training, other approved programmes *etc.*, were lying unadjusted for the period ranging from one to five years as of March 2016 in violation of the above provisions of the guidelines as shown in ***Appendix 1.6***.

The SHS stated (November 2016) that most of the advances had been settled in 2015-16. The contention was not acceptable as amount of advance settled and relevant documents for the settlement of the unadjusted advances were not furnished to audit.

Sampled district level: In District Hospital Senapati, advances of ₹ 2.03 lakh (₹ 1.71 lakh for JSSK and ₹ 0.32 lakh for JSY) given to two doctors during 2012-13 was not adjusted till date of audit (August 2016). In District Health Society, Ukhrul, advances of ₹ 1.90 lakh released to the District Programme Manager and District Community Manager (₹ 1 lakh for IPC Initiative from 2013-14, ₹ 0.50 lakh for IPC School Festival from 2014-15 and ₹ 0.40 lakh for BCC/IEC from 2014-15) remained unadjusted. No reply has been furnished (January 2017).

1.3.9 Availability of Physical Infrastructure

1.3.9.1 Baseline Survey and Annual Facility Survey

As per Para 5.1.2 of the NHM Framework for implementation 2007-12, the District Health Action Plan (DHAP) would provide a district-wise baseline of the facilities available in the district. This would form the basis for prioritization of focus of concerted action by all stakeholders including the Centre, State, and technical agencies at National and State levels and other partners. Accordingly, funds would be allocated by including in the State Programme Implementation Plan (PIP) which would be reported and monitored in the subsequent PIPs.

The SHS stated that baseline facility survey and annual facility survey were conducted every year during 2011-16 for all the existing health facilities in the state *viz.*, 421 PHSCs, 85 PHCs, 17 CHCs, one SDH and seven DHs. The DHSs of the sampled districts of Ukhrul and Senapati also stated that baseline

[15] ₹1.18 crore during 2011-12, ₹ 0.04 crore during 2012-13, ₹ 13.91 crore during 2013-14, ₹ 1.47 crore during 2014-15 and ₹ 13.82 crore during 2015-16.

facility survey and annual facility survey were conducted every year during 2011-16 for the sampled 18 PHSCs, five PHCs, three CHCs and two DHs in both the districts.

However, the SHS and DHS of the sampled districts could not produce to audit any baseline facility survey reports or annual facility survey reports for any of the years 2011-16.

1.3.9.2 Availability of Health Centres (CHCs, PHCs and PHSCs) against the requirement

Indian Public Health Standards (IPHS) are a set of uniform standards envisaged to improve the quality of health care delivery in the country and are the benchmarks for quality expected from various components of public health care organizations and may be used for assessing performance of health care delivery system. The State was yet to adopt all the IPHS norms, only the IPHS population norms for establishment of health centres as stated below was used for calculation of requirement for establishment of health centres:

- Primary Health Sub-Centre (PHSC) for every 5,000/3,000 population in plain/hill areas;
- Primary Health Centre (PHC) for every 30,000/20,000 population in plain/hill areas; and
- Community Health Centre (CHC) for every 1,20,000/80,000 population in plain/hill areas.

Shortage of health centres against the IPHS norms are as shown in the following table.

Table No. 1.3.3 Statement showing shortage of health centres as against IPHS norms as on 31 March 2016

District	Population (2011 census)	PHSC			PHC			CHC		
		Existing	Requirement	Gap (% of shortage)	Existing	Requirement	Gap (% of shortage)	Existing	Requirement	Gap (% of shortage)
Valley										
Imphal East	4,52,661	53	91	38(42%)	11	15	4(27%)	2	4	2(50%)
Imphal West	5,14,683	51	103	52(50%)	9	17	8(47%)	2	4	2(50%)
Thoubal	4,20,517	58	84	26(31%)	13	14	1(7%)	5	4	-1(-25%)
Bishnupur	2,40,363	36	48	12(25%)	7	8	1(13%)	2	2	0(0%)
Hill										
Chandel	1,44,028	26	48	22(46%)	6	7	1(14%)	1	2	1(50%)
Churachandpur	2,71,274	61	90	29(32%)	11	14	3(21%)	1	3	2(67%)
Senapati*	**3,54,972**	**66**	**118**	**52(44%)**	**14**	**18**	**4(22%)**	**2**	**4**	**2(50%)**
Tamenglong	1,40,143	29	47	18(38%)	6	7	1(14%)	1	2	1(50%)
Ukhrul*	**1,83,115**	**41**	**61**	**20(33%)**	**8**	**9**	**1(11%)**	**1**	**2**	**1(50%)**
Total	**27,21,756**	**421**	**690**	**269(39%)**	**85**	**109**	**24(22%)**	**17**	**27**	**10(37%)**

Source: State Health Society, Manipur
**Sampled districts*

From the above table it is noticed that there were 421 PHSCs, 85 PHCs and 17 CHCs against the requirement of 690 PHSCs, 109 PHCs and 27 CHCs in the state. In the sampled districts *i.e.* Senapati and Ukhrul there were

107 PHSCs, 22 PHCs and 3 CHCs against the requirement of 179 PHSCs, 27 PHCs and 6 CHCs, thereby resulting in shortage of health facilities in the state as well as in the sampled districts.

No reply has been furnished by the State Government (January 2017).

1.3.9.3 Location of health centres

As per para 5.4.6 of the NHM Framework for Implementation (2012-17) in hilly and desert areas, health care delivery facilities should be within 30 minutes of walking distance from habitation, implying that additional sub-centres where population is dispersed would need to be created. During joint physical verification and beneficiary survey in the sampled districts, audit observed that out of the 18 audited PHSCs, seven PHSCs were located at a distance ranging from five kilometers (KM) to 30 KM away from the remotest village/habitation, which were much more than 30 minutes of walking distance from the PHSC thereby acting as a deterrent to availing the service. The PHSCs catered to population ranging from 5,383 to 11,111 which is also more than the IPHS norm of 3,000 persons as detailed in the following table.

Table No. 1.3.4 Statement showing remoteness of location of PHSC and requirement of additional PHSC

District	PHSC	Distance from remotest village/habitation (Km)	Population covered (Number)	No. of PHSC required as per IPHS norms
Senapati	Solitokho	9	11,111	4
	Tobumai	5	6,278	2
	Shajouba	18	10,578	3
	Maram Khunou	20	5,383	2
	Maram Khullen	22	10,568	3
	Keithelmanbi	15	8,210	2
Ukhrul	Lamlai Khunou	30	5,881	2

Source: Facility information survey

No reply has been furnished by the State Government (January 2017).

1.3.9.4 Lack of infrastructure in PHSCs, PHCs, CHCs and District Hospitals

Damp labour room, PHC Tadubi functioning from the old IB constructed in 1963

During joint physical verification of the sampled health facilities, audit noticed lack of infrastructure as detailed below.

a) **Primary Health Sub-Centre (PHSC)**: Out of 18 tests checked PHSCs in the two

sampled districts, 5 PHSCs *were* functioning from rented buildings, 14 PHSCs (50 *per cent)* had no compound walls, seven PHSCs (39 *per cent)* had no staff quarters and one PHSC (six *per cent)* had no labour room (***Appendix 1.7*)**.

b) Primary Health Centre (PHC): Out of five[16] test checked PHCs in the two sampled districts, four PHCs (80 *per cent*) had no compound wall, one PHC (20 *per cent*) had no labour room, three PHCs (60 *per cent*) had no emergency room, five PHCs (100 *per cent*) had no separate male and female ward and no laundry facility and four PHCs (80 *per cent*) were without operation theatre (***Appendix 1.8***).

c) Community Health Centre (CHC): Out of the three[17] test checked CHCs in the two sampled districts, two CHCs (67 *per cent*) had no operation theatre, no new born care stabilization unit, no family welfare clinic, no ECG facility, no ultrasound facility and no blood storage facility and there was no facility for food/canteen in three CHCs (100 *per cent*) (***Appendix 1.9***).

d) District Hospital (DH): Out of the two[18] test checked DHs in the two sampled districts, audit noticed that one DH (50 *per cent*) had no neo natal room, ECG facility, new born care stabilization unit and post partum ward and two DHs (100 *per cent*) had no compound wall and 2 D Echo equipment (***Appendix 1.10***).

Out of 170 beneficiaries interviewed, 35 beneficiaries (31 *per cent*) stated that the facilities were not clean while 18 beneficiaries (11 *per cent*) stated that no private room for delivery or check-up were available.

No reply has been furnished by the State Government (January 2017).

1.3.9.5 Poor infrastructure in PHSCs, PHCs, CHCs and District Hospitals

Joint physical verification of the sampled health facilities showed poor infrastructure as detailed below.

a) Primary Health Sub-Centre (PHSC): Out of the 18 test checked PHSCs, poor quality plaster on walls, poor condition of floor/no *pucca* flooring, open waste disposal

PHC T. Waichong completed in July 2012 at a cost of ₹ 59.47 lakh had developed cracks at the joining of wall and floor, crack in the ward rendering it unusable, toilet without water connection and crack on the wall

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[16] PHCs Phungyar, Maram, Tadubi, Kalapahar and T. Waichong.

[17] CHCs Mao, Kangpokpi and Kamjong.

[18] DHs Ukhrul and Senapati.

(inside/outside SC) were noticed in four PHSCs (22 *per cent*), no electricity connection were noticed in seven PHSCs (39 *per cent*) and no water supply were noticed in 12 PHSCs (67 *per cent*) (***Appendix 1.11***).

Thus, the patients had been deprived of the intended benefit of clean and hygienic healthcare.

b) **Primary Health Centre (PHC)**: Out of the five test checked PHCs, poor cleanliness in ward and toilet was noticed in one PHC (20 *per cent*), poor cleanliness in premises were noticed in two PHCs (40 *per cent*), poor condition of floor/no *pucca* flooring, no separate toilet for male and female, no water supply were noticed in three PHCs (60 *per cent*), poor quality plaster on walls were noticed in four PHCs (80 *per cent*) and no citizens charter was in place in five PHCs (100 *per cent*) (***Appendix 1.12***).

c) **Community Health Centre (CHC)**: Similarly out of the three test checked CHCs, poor condition of floor/no *pucca* flooring and no citizens charter were noticed in two CHCs (66 *per cent*) and poor quality plaster on walls and no separate toilet for male and female were observed in three CHCs (100 *per cent*) (***Appendix 1.13***).

d) **District Hospital (DH):** Out of the two test checked DHs, lack of cleanliness in premises, poor quality plaster on walls, poor cleanliness in ward and toilet, poor condition of floor, no separate toilet for male and female and open waste disposal were noticed in one DH (50 *per cent*) and there was no fire protection measures and no display of visible name board at night at two DHs (100 *per cent*) (***Appendix 1.14***).

No reply has been furnished by the State Government (January 2017).

1.3.9.6 Targets for construction of health centres not achieved

During the period 2011-16, the SHS targeted to construct 109 new PHSCs Institutional Buildings (IBs) (including 15 new PHSCs IBs approved for construction prior to 2011-12) and 11 new PHCs as detailed in the following table.

Table No. 1.3.5 Target and achievement of construction of new PHSCs and PHCs

Year	Construction of new PHSC				Construction of new PHC			
	Approved	Cumulative	Achievement	Shortfall (*per cent*)	Approved	Cumulative	Achievement	Shortfall (*per cent*)
Opening balance	15*							
2011-12	16	31	15	16 (52)	0	0	0	0
2012-13	16	32	0	32 (100)	4	4	0	4 (100)
2013-14	45	77	0	77 (100)	1	5	0	5 (100)
2014-15	17	94	32	62 (66)	0	5	0	5 (100)
2015-16	0	62	13	**49 (79)**	6	11	2	9 (82)
Total	**109**		**60**		**11**		**2**	

Source: State Engineering Cell, SHS, Manipur
**** Opening balance of 2011-12***

It can be noticed that during 2011-16 the *percentage* of shortfall ranged from 52 to 100 *per cent* for PHSCs and 82 to 100 *per cent* for PHCs. As of 2015-16, construction of 49 PHSCs IB and 9 PHCs IB were yet to be completed, thereby depriving timely benefit of the new IBs to the intended beneficiaries.

Similarly, in the sampled districts out of the targeted 39 PHSCs and 3 PHCs, 22 PHSCs and two PHCs were yet to be completed.

The SHS stated (November 2016) that the delays were attributable to non-availability of fund. The reply is not tenable, as works were taken up as per the approved PIPs and request for further funds should have been made as per the actual physical and financial progress. As mechanism like works register, register of advances *etc.*, was not available in the SHS, monitoring of the works was poor, resulting in slow progress of works.

1.3.9.7 Infrastructure not upgraded

State: The State had targeted for upgradation of 100 PHSCs, 75 PHCs and 17 CHCs to IPHS norms, 2 CHCs to First Referral Unit (FRU) and 85 PHCs to 24X7 facilities. As against these targets there was no achievement for upgradation to IPHS norms and upgradation to FRU. However, 63 PHCs (74 *per cent*) were stated to have been upgraded to 24X7 facilities.

Sampled Districts: For the two sampled districts no targets were set for upgradation of PHSCs, PHCs and CHCs to IPHS norms; CHC to FRU; and Type A SC (Non-delivery) to Type B SC (Delivery).

Out of 22 PHCs[19] targeted for upgradation to 24X7 facility, only 15 PHCs[20] were upgraded. PHC Phungyar (Ukhrul) and PHC Tadubi (Senapati) were reported to be functioning as 24X7 facilities. However, during joint physical verification and facility survey, it was seen that no doctor/staff was posted at night, nobody was available on call for emergency and the facility was open for five hours for six days a week. Thus, essential services as per IPHS norms were denied to the public.

No reply has been furnished by the State Government (January 2017).

1.3.9.8 Health infrastructure not utilized

During joint physical verification, audit noticed that the Institutional Buildings (IBs) and staff quarters remained unutilised as given in the following table.

Table No. 1.3.6 Unutilized health infrastructure noticed during joint physical verification

Facility name (District)	Cost of the structure	Year of construction	Reasons for non-utilization
PHSC, Sadim (IB with attached quarter) **(Senapati)**	Not furnished.	Not furnished.	The building was damaged and not occupiable.

19 14 for Senapati and 8 for Ukhrul.
20 8 for Senapati and 7 for Ukhrul.

Facility name (District)	Cost of the structure	Year of construction	Reasons for non-utilization
PHSC, Makui (IB and quarter) **(Senapati)**	Estimated cost ₹ 6 lakh, but actual expenditure incurred is yet to be furnished.	2007-08	Building located in an uninhabited area about 500 m from the village.
Quarters of PHC, T. Waichong **(Senapati)**	Not furnished.	Not furnished	Staff and doctors are occupying rooms in the IB.
PHSC, Irang (IB with attached quarter) **(Senapati)**	Not furnished.	Not furnished	IB situated around 2 Km away from the village.

Abandoned Institutional building and dilapidated floor at PHSC Sadim

Thus, non-utilization of the designated health infrastructures resulted in not only unfruitful expenditure but also deprivation of the facility to the public/officials.

1.3.9.9 Misuse/improper use of health infrastructure

The following health infrastructures were observed to have been used for other purposes. The details are as shown in the following table.

Doctors and staff occupying the ward as residential accomodation and unoccupied residential accommodation at PHC T. Waichong

Table No. 1.3.7 Misused/improperly used health infrastructure noticed during joint physical verification

Facility name (District)	Misused/ Improperly used infrastructure	Currently used as	Cost of the structure	Reasons for non-utilization
PHC, Tadubi (Senapati)	AYUSH Clinic	Store-room	Not available	Non-posting of AYUSH doctor
CHC, Kangpokpi (Senapati)	OT Room	Store-room	₹ 7.03 lakh released out of approved amount of ₹ 14.06 lakh for repairing OT room under Supplementary Civil Works 2009-10.	Not furnished.

Facility name (District)	Misused/ Improperly used infrastructure	Currently used as	Cost of the structure	Reasons for non-utilization
PHC, T. Waichong (Senapati)	Two rooms of IB	Accommodation for doctors	Not available	Staff and doctors are occupying rooms in the IB.
District Hospital (Ukhrul)	Blood Bank	Opioid Substitutional Therapy	₹ 6.55 lakh released (March 2014) out of approved amount of ₹ 12 lakh (ROP 2012-13) for repairing of blood bank	Not furnished.

OT room of CHC Kangpokpi used as store room (only ₹ 7.03 lakh out of approved amount of ₹ 14.06 lakh was released)

Blood bank room at District Hospital Ukhrul was used as Opioid Substance Therapy Centre (only ₹ 6.55 lakh out of approved amount of ₹ 12 lakh was released)

Thus, the services of AYUSH Doctor, utility of OT Room, quarters and benefit of blood bank were deprived to the populace served by these facilities.

No reply has been furnished by the State Government (January 2017).

1.3.9.10 Equipment lying unutilised

NRHM Framework for Implementation 2012-17 identified availability of essential functional equipment in all facilities as one of the issues for strengthening services.

Uninstalled and parts of Incinerator, unused Baby incubator and Autoclave and Suction Machines at District Hospital, Ukhrul

Audit noticed that the equipment like autoclave, x-ray machine, blood bank refrigerator, baby incubator, suction pump, incinerator, freezer, ice lined refrigerator (ILR) and

portable ultrasound machine had been lying unutilised in the two sampled districts from the date of receipt of the equipments. The non-utilization of the equipments were attributed to absence of power supply, non-installation, non-posting of technician *etc.*, thereby depriving the benefit of these equipment to the population covered by these remote hill facilities. The details of the equipment lying unutilised are given in ***Appendix 1.15***.

The expenditure incurred on the incinerators, source of fund and the year in which the incinerators were provided to the DH though called for were not furnished to Audit.

Thus, the equipments were procured/installed before ascertaining/ensuring regular power supply and availability of techniques which indicates lack of proper planning.

No reply has been furnished by the State Government (January 2017).

1.3.9.11 Non-availability of equipment and furniture in SCs, PHCs, CHCs and District Hospitals

During joint physical verification and facility survey of the test checked sampled health facilities, it was noticed that essential equipment and furniture like ECG, 2D Echo, OT table, Ultrasound, Blood storage, Blood testing equipment, urine testing equipment, sterilization instrument, normal delivery kit, generator set, examination table, labour table, disposable delivery kit *etc.*, were not available across all types of facilities as detailed in ***Appendix 1.16***.

Thus, due to lack of equipment and furniture, basic services to the patients situated in the remote hilly areas could not be provided.

No reply has been furnished by the State Government (January 2017).

1.3.9.12 Emergency Response System (Ambulance Service)-Availability round the clock

Ambulance service on call

- As per NRHM guidelines, facility where people can dial telephone number 102/104 for calling an ambulance was to be established. However, such facility was not available in the districts of Ukhrul and Senapati. Moreover, none of the ambulances in these districts were equipped with GPS for real time tracking.

Ambulance at CHC Kamjong without essential equipments

- Supply order for procurement of ambulances for the districts included equipment such as water tank, wash basin, medicine cabinet, oxygen cylinder and fans which were to be fixed in the ambulances.

It was however noticed that none of the eight ambulances available in the sampled districts (four each at Senapati and Ukhrul Districts) had the full range of essential medical equipment as provided in the supply orders. During joint physical verification it was noticed that the equipment like water tank, wash basin, medicine cabinet, oxygen cylinder and fans were not available in the ambulances. Reasons for the lack of equipment though sought for have not been furnished to Audit (January 2017).

1.3.10 Availability of Drugs at Health Centres

1.3.10.1 Undue favour to supplier

As per Rule 159 of the General Financial Rules 2005 (GFR), payments for services rendered or supplies made should be released only after the services have been rendered or supplies made.

Test check of records revealed that the SHS placed supply order to M/s Karnataka Antibiotics and Pharmaceuticals Limited, Bangalore (KAPL) for supply of drugs and medicines for Weekly Iron Folic Acid Supplement (WIFS) Programme under NHM valued at ₹ 2.20 crore. The SHS had paid ₹ 2.18 crore (March 2015) as 100 *per cent* advance to the supplier. Thus, the SHS had given undue benefit to the KAPL by giving 100 *per cent* advance in violation of the provisions of the GFR.

No reply has been furnished by the State Government (January 2017).

1.3.10.2 Expired medicine

For safe and secure handling of medicines, all medicines received by the store should be entered in the stock register with complete details of the medicines and consumables such as date of receipt, batch number, expiry date, rate and quantity received and issued thereof.

Test check of records revealed that DHS, Ukhrul maintained stock register of the medicines and consumables from April 2016 onwards. As such, complete position of the stock of medicines and other consumables received, issued and balance during the period 2011-16 could not be verified. On joint physical verification of the store of DHS Ukhrul, it was observed that the medicines were kept inside the store room without proper labeling of the name, batch number and expiry date. On detailed checking, it was noticed that expired medicines were still lying in the store room of the DHS. Details of expired medicines are shown in ***Appendix 1.17***.

Reason for non-maintenance of the stock register prior to April 2016 and piling up of expired medicines were not furnished (December 2016). Further, Iron and Folic Acid (IFA) Syrup/Suspension (100 bottles x 30 boxes) manufactured in June 2015 (expiry date of November 2016) was received by

the Store keeper of the DHS in September 2015. The medicine was yet to be issued (July 2016) to different health facilities inspite of the very short useful life remaining, reasons for which has not been intimated (January 2017).

1.3.10.3 Shortage of drugs *vis-à-vis* IPHS norms

All the sampled health facilities had shortage of drugs *vis-à-vis* IPHS norms as detailed below. However, as the State Norms could not be furnished at the level of SHS, DH, CHC, PHC and PHSC, the same has been benchmarked against IPHS norms.

(a) **District Hospital (DH):** Out of 270 types of drugs required to be kept, only 66-67 types of drugs were available in both the sampled DHs (Senapati and Ukhrul).

(b) **Community Health Centre (CHC):** Out of 219 types of drugs required to be kept, only 41 types of drugs were available in CHC, Kangpokpi. However, as stock register was not maintained properly, the availability/number in stock for different types of drugs could not be ascertained for CHC Mao and CHC Kamjong.

(c) **Primary Health Centre (PHC):** Out of 148 types of drugs required to be kept, only 12 and nine types of drugs were available at PHC T. Waichong and PHC Kalapahar respectively. However, the number of available types of drugs could not be ascertained for the remaining three PHCs of Phungyar, Tadubi and Maram as the stock registers were not maintained properly.

(d) **Primary Health Sub-Centre (PHSC):** Out of 37 types of drugs required to be kept, only 3-15 types of drugs were available in the 18 test checked PHSCs.

Further, the shortage of essential medicines in the health facilities was also corroborated by beneficiary survey wherein 14 *per cent* beneficiaries (23 out of 170 surveyed) stated that they did not receive 100 Iron Folic Acid (IFA) tablets each and 56 *per cent* beneficiaries (96 out of 170 surveyed) stated that they had paid for medicines/lab test *etc.*

Thus, due to shortage of essential drugs at the sampled health facilities, beneficiaries covered by these health centres were deprived of the health care support as envisaged in the scheme.

The SHS replied (November 2016) that the arrangement for availability of all free drugs as per the IPHS norms were under process with e-procurement and Drugs and Vaccine Delivery System.

1.3.10.4 Accredited Social Health Activists (ASHA) kit not provided

Para 5.5.1.3 (iv) of the NHM Framework for Implementation 2012-17 stipulates that a basic set of drugs should be provided in ASHA's drug kit that enables ASHA to provide lifesaving basic first contact community level care.

Test check of records revealed that though GoI had sanctioned ₹ 27.14 lakh during 2012-14 for purchase of ASHA Kits, all the 787 ASHAs in Senapati and Ukhrul districts had not received any ASHA kit after 2011-12. This was corroborated by the 53 sampled ASHAs interviewed during the joint physical verification of the sampled health facilities. Thus, the ASHAs were denied the provision of basic first contact community level care to the intended beneficiaries residing in the remote villages.

No reply has been furnished by the State Government (January 2017).

1.3.11 Human resource management

1.3.11.1 Human resources at CHCs

The IPHS 2012 identified 17 categories of essential staff for the CHCs and specified the number of staff per CHC under each category. As per information furnished by the SHS, the men in position for the 17 CHCs of the State were only 78 *per cent* of the requirement. As per the sampled DHSs, men in position in the sampled CHCs were 88 *per cent* of requirement. The category wise requirement and men in position are shown in the following table.

Table No. 1.3.8 Statement showing men-in-position in CHCs in the State

Sl. No.	Name of post	Essential No. of staff as per IPHS-2012 for CHCs		Men in Position	
		In the State	Sampled CHCs	In the State [21]	Sampled CHCs[22]
1	Public Health Nurse	17	3	0 (0 %)	3 (100 %)
2	Dental Surgeon	17	3	31 (182 %)	5 (167 %)
3	General Duty Medical Officer	34	6	148 (435 %)	19 (317 %)
4	Medical Officer - AYUSH	17	3	17 (100 %)	4 (133 %)
5	Staff Nurse	170	30	145 (85 %)	22 (73 %)
6	Pharmacist	17	3	35 (206 %)	5 (167 %)
7	Pharmacist – AYUSH	17	3	16 (94 %)	3 (100 %)
8	Lab. Technician	34	6	16 (47 %)	6 (100 %)
9	Radiographer	17	3	19 (112 %)	1 (33 %)
10	Opthalmic Assistant	17	3	0 (0 %)	3 (100 %)
11	Dental Assistant	17	3	14 (82 %)	0 (0 %)
12	Counsellor	17	3	0 (0 %)	3 (100 %)
13	Registration Clerk	34	6	0 (0 %)	2 (33 %)
14	Statistical Assistant/DEO	34	6	0 (0 %)	1 (17 %)
15	Administrative Assistant	17	3	0 (0 %)	2 (67 %)
16	Ward Boys/Nursing Orderly	85	15	0 (0 %)	8 (53 %)
17	Driver	17	3	12 (71 %)	3 (100 %)
Total		**578**	**102**	**453 (78 %)**	**90 (88 %)**

Source: SHS and DHS of the sampled districts

As can be seen from the table, in respect of three category of staff *viz.*, Dental Surgeon, General Duty Medical Officer and Medical Officer – AYUSH, the staff posted in the sampled CHCs was more than the norms. However, as can

[21] Include contract staffs also.

[22] Ukhrul and Senapati districts.

be seen from the above table, the information furnished by the SHS and the number of sampled DHSs conflicted in respect of seven category[23] of staff wherein the DHSs showed men in position whereas the SHS stated that no staff was posted. This indicates that the SHS was not aware of the ground realities in respect of posting of manpower.

No reply has been furnished by the State Government (January 2017).

1.3.11.2 Human resources at PHCs

Men-in-position for 10 categories of essential staff in the 85 PHCs in the State (83 *per cent)* and the five sampled PHCs (83 *per cent*) against the requirement specified in IPHS 2012 was as shown in the following table.

Table No. 1.3.9 Statement showing men-in-position in PHCs in the State

Sl. No.	Name of post	Essential No. of staff as per IPHS-2012 for PHCs		Men in Position	
		In the State	Sampled PHCs	State[24]	Sampled PHCs[25]
1	Medical Officer- MBBS	85	5	349 (411 %)	20 (400 %)
2	Accountant cum Data Entry Operator	85	5	41 (48 %)	3 (60 %)
3	Pharmacist	85	5	86 (101 %)	4 (80 %)
4	Nurse-midwife (Staff-Nurse)	255	15	266 (104 %)	11 (73 %)
5	Health worker (Female)	85	5	124 (146 %)	8 (160 %)
6	Health Assistant. (Male)	85	5	12 (14 %)	1 (20 %)
7	Health Assistant. (Female)/Lady Health Visitor	85	5	0 (0 %)	2 (40 %)
8	Laboratory Technician	85	5	41 (48 %)	1 (20 %)
9	Multi-skilled Group D worker	170	10	0 (0 %)	0 (0 %)
10	Sanitary worker cum watchman	85	5	0 (0 %)	4 (80 %)
Total		**1,105**	**65**	**919 (83 %)**	**54 (83 %)**

As can be seen from the table, the number of Medical Officer- MBBS and Health worker (Female) in the State and the sampled PHCs was higher than the norms. However, the DHSs of the sampled districts showed posting of personnel for two posts *viz.*, Health Assistant (Female)/Lady Health Visitor and Sanitary worker cum watchman whereas as per the records of the SHS personnel for these categories of posts were not available. Thus, the data provided by the State were not matching with the data in the PHCs.

No reply has been furnished by the State Government (January 2017).

[23] Public Health Nurse, Opthalmic Assistant, Counsellor, Registration Clerk, Statistical Assistant/DEO, Administrative Assistant and Ward Boys/Nursing Orderly.
[24] Include contract staffs also.
[25] Ukhrul and Senapati districts.

1.3.11.3 Human resources at PHSCs

Men-in-position for three categories of essential staff in the 418 PHSCs in the State (57 *per cent)* and the 18 sampled PHSCs (43 *per cent*) against the requirement specified in IPHS 2012 was as shown in the following table.

Table No. 1.3.10 Statement showing men-in-position in PHSCs in the State

Sl. No.	Name of post	Essential No. of staff as per IPHS-2012 for PHSCs		Men in Position	
		In the State	Test Checked PHSCs (18)	State [26]	Sampled PHSCs[27]
1	ANM/Health Worker (Female)	418	18	488 (117 %)	17 (94 %)
2	Health Worker (Male)	418	18	228 (55 %)	5 (28 %)
3	Safai Karmachari	418	18	1 (0.24 %)	1 (6 %)
Total		**1254**	**54**	**717 (57 %)**	**23 (43 %)**

It can be seen from the above table that 70 ANMs were in excess of IPHS norms. However, during joint physical verification, the Medical Officer CHC, Kamjong stated that PHSC Maku (since 2014-15), Ningthi (since 2014-15) and Grihang (since March 2016) were without ANM. This showed that no annual facility survey was conducted and posting of staff was not rationalised. Thus, the populations covered by these three PHSCs were denied basic health care as envisaged in the programme guidelines.

No reply has been furnished by the State Government (January 2017).

1.3.11.4 Shortage of human resource *vis-à-vis* IPHS norms

- **Shortage of Specialist Doctors and Medical Officers at District Hospital, Ukhrul (DHU)**

As per the status of men-in-position of specialist doctors and Medical Officers (MOs) in DHU *vis-à-vis* sanctioned strength as on 31 March 2016 as per IPHS norms and the sanctioned strength of the DHU, there was shortage of 12 (41 *per cent*) and eight (32 *per cent*) doctors/specialist respectively as detailed in ***Appendix 1.18***.

Audit further observed that the DHU is not only being deprived of the services of the 16 sanctioned specialist doctors (100 *per cent* shortage) as per IPHS norms, especially for maternal and child health but also facing shortage of the services of MOs as out of the 12 MOs posted in the DH, only 10 MOs (two doctors are on study leave) are effectively rendering services to the patients.

- **Shortage of paramedics and support staff at District Hospital, Ukhrul (DHU)**

As per the status of men-in-position of paramedics and support staff in DHU *vis-à-vis* sanctioned strength (IPHS and State) as on 31 March 2016, there was

[26] Include contract staffs also.
[27] Ukhrul and Senapati districts.

shortage of 40 staff as against the IPHS norms and the sanctioned strength of the DHU as detailed in ***Appendix 1.19***. The shortage of Staff Nurse (33), Laboratory Technician (4) and Pharmacist (2) as against the IPHS norms need to be attended to as early as possible, as it is related with the smooth and efficient running of the hospital.

- **Human Resources at CHCs**

Doctors: In the test checked CHC Mao, not a single specialist and AYUSH doctors were posted as against the requirement of six specialists and one AYUSH doctor as per IPHS norms.

Paramedic: There was shortage of 15 paramedic/ nurses/assistants against the requirement prescribed by IPHS norms for CHC.

- **Human Resources at PHCs**

No AYUSH doctor was posted at the PHCs- Maram and Tadubi in the district of Senapati.

In the sampled districts, audit noticed that out of 22 PHCs functioning in the two sampled districts as on March 2016, 12 PHCs were functioning without Laboratory Technician, 10 without Accountant cum DEO, one without Female Health Worker, 10 without Male Health Worker and 12 without Lady health Visitor/Health Assistant (Female) which have not been filled up in succeeding years.

No reply has been furnished by the State Government (January 2017).

1.3.11.5 Impact of shortage of human resource on service delivery - Unattended deliveries

As per the guidelines, post natal care (PNC) home visits should be made by the Auxiliary Nurse Midwife (ANM) to render advice regarding care of mother and care and feeding of the new-born on 0th, 3rd, 7th and 42nd day of the delivery at home as well as at the Sub-Centre.

In the districts of Senapati and Ukhrul, between 39 to 45 *per cent* of home deliveries during 2011-12 to 2015-16 were not attended by Skilled Birth Attendant (SBA) within 24 hours of delivery and between 45 to 65 *per cent* of new-borns were not visited by Health workers within 24 hours of deliveries as shown in the following table.

Table No. 1.3.11 Number of unattended deliveries in the sampled districts

Year	Total No. of pregnant women registered	No. of home deliveries in the villages attached to the Sub Centre *(percentage to Col 2)*	No. of home deliveries not attended by SBA (Doctor/ Nurse/ANM) *(percentage to Col 3)*	No. of new-borns not visited by health worker within 24 hours of home delivery *(percentage to Col 3)*
1	*2*	*3*	*4*	*5*
2011-12	7,823	4,075*(52 percent)*	1,798*(44 percent)*	1,831*(45 percent)*
2012-13	6,608	4,728*(72 percent)*	1,960*(41 percent)*	2,330*(49 percent)*
2013-14	5,558	4,862*(87 percent)*	2,081*(43 percent)*	2,386*(49 percent)*

Year	Total No. of pregnant women registered	No. of home deliveries in the villages attached to the Sub Centre *(percentage to Col 2)*	No. of home deliveries not attended by SBA (Doctor/ Nurse/ANM) *(percentage to Col 3)*	No. of new-borns not visited by health worker within 24 hours of home delivery *(percentage to Col 3)*
1	*2*	*3*	*4*	*5*
2014-15	5,123	4,298*(84 percent)*	1,930*(45 percent)*	2,301*(54 percent)*
2015-16	5,496	4,253*(77 percent)*	1,641*(39 percent)*	2,763 *(65 percent)*

Reason for the non-attendance by SBA and non-visiting within 24 hours of home delivery was not furnished.

During joint physical verification, it was noticed that the ANMs posted in seven out of the 18 test checked PHSCs (39 *per cent*) were not trained as SBAs.

1.3.12 Quality of Health Care

1.3.12.1 Setting up of organization Framework for Quality Assurance and Assessment facilities

The State Level Quality Assurance Committee was formed in June 2014 with the State Mission Director as the Chairman in accordance with the prescribed guidelines. The sampled districts of Ukhrul and Senapati constituted the committees in June 2014 and May 2015 respectively.

District Quality Team (DQT) is responsible to District Hospital and is composed of Medical Superintendent, Gynaecologist, Anaesthesiologist, Surgeon *etc.* DQT performs various activities like formal training of staff, regular internal assessment, regular reporting to district QAC on monthly basis and interdepartmental coordination.

As per records, the DQT for District Hospital Senapati though constituted (November 2015) did not perform the aforesaid activities till the date of audit (May 2016). As such, Audit noticed various shortcomings like equipments lying unutilized, non-posting of specialist doctors, shortage of staff *etc.*, as discussed in ***paragraphs Nos. 1.3.9.8 to 1.3.9.10 and 1.3.11.4***.

DQT for District Hospital Ukhrul was not constituted (July 2016). Reply of the SHS is awaited (January 2017).

Further, as per Para 6(iii) of the Operational Guidelines for Quality Assurance, every facility should be assessed by the State Quality Assurance Unit (SQAU) at least two times in a year till the certification happens and assess the progress made. Further, Para 6(ii) of the guidelines *ibid* states that District Quality Assurance Unit (DQAU) would assess the facility at quarterly interval and share their findings with SQAU. Facility Assessment report would also be shared with SQAC. DQAU is the working arm under DQAC and it composed of District Family Welfare Officer, one clinician *etc.*

The SQAU stated that eight field visits were made and action was taken based on the reports. The SHS also stated that only three districts had submitted partial data during 2015-16. However, the SHS informed that six monthly meetings were not held by the SQAU during 2013-16 to review the quality

assurance activities. In both the districts of Ukhrul and Senapati, the respective DQAUs had not been constituted.

Thus, lack of adequate assessment by the SQAU and non-constitution of the DQAUs in the two test-checked districts resulted in non-availability of adequate essential medicines, non-utilisation of installed equipment, shortage of technical and supporting staff *etc.*

1.3.13 Data collection, management and reporting

1.3.13.1 Inadequate data verification

Scrutiny of the Janani Suraksha Yojana (JSY) Register and Generated Monthly Reports of DH Ukhrul for the period 2011-16, Audit noticed that there was erroneous reporting of data. As per JSY Register, 826 mothers and 21 ASHAs were given JSY payment and incentive respectively. However, monthly reports in Health Management Information System (HMIS) reported payment to 836 mothers and incentive to 16 mothers. Thus, there was a mismatch between the figures as per the JSY Register and the HMIS data.

This indicates that the data uploaded in the Central Web Portal of HMIS by the PHCs were not verified at the CHC/Block, District or State level, thereby providing erroneous information to the stakeholders.

Further, Audit noticed that even though the delivery register in DH, Senapati recorded 43 deliveries during March 2016, the monthly report showed 53 deliveries during the same month, thereby indicating that proper verification of the data had not been conducted before furnishing reports.

Unless corrective action is taken, such erroneous reporting would undermine the effective implementation of the scheme and could result in denial of benefits and leakage of fund.

No reply has been furnished by the State Government (January 2017).

1.3.13.2 Data reliability

Test check of records revealed discrepancies in the records and information at different levels of the health care system as shown in the following table.

Table No. 1.3.12 Discrepancies in the records and information at different levels of the health care system

Name of facility	Particulars	Reported/HMIS	Actual[28]	Difference
1	*2*	*3*	*4*	*5(3-4)*
State Health Society	PHSCs in Senapati District functioning as 24X7 facilities	7	4	3
DHS Senapati	PHSCs functioning without Male Health worker	4	8	-4

[28] Records with DHS, Inpatient Register, Statement of expenditure.

Name of facility	Particulars	Reported/HMIS	Actual[28]	Difference
1	*2*	*3*	*4*	*5(3-4)*
DH Ukhrul	Mothers discharged under 48 hours of delivery	73	17	56
	Deliveries in the hospital during 2015-16	314	361	-47
	C-section deliveries during June and July 2015	7	5	2

In view of the above, data available with the SHS and DHS were not matching as shown by the difference with actual field level information, thereby compromising the data reliability for planning and other management purposes.

No reply has been furnished by the State Government (January 2017).

1.3.14 Quality of delivery of services under RCH

1.3.14.1 Antenatal care

Good antenatal care reduces the risk of childbirth complications, reducing maternal and child deaths and population stabilization. To achieve this NRHM envisages early registration of all pregnancies, ideally within first trimester (before 12th week of pregnancy), minimum four antenatal check-ups (ANC) *viz.,* first visit to the antenatal clinic as soon as pregnancy is suspected, second between 4th and 6th month (around 26 weeks), third at 8th month (around 32 weeks) and fourth at 9th month (around 36 weeks) along with associated services like general examination such as weight, Blood Pressure (BP), anaemia, abdominal examination, height and breast examination, Folic acid supplementation in the first trimester, Iron and Folic Acid (IFA) supplementation from twelve weeks, Injection Tetanus Toxoid (TT), treatment of anaemia, *etc.*, and minimum laboratory investigations like haemoglobin, urine albumen and sugar for identification of high-risk pregnancies and appropriate and prompt referral counselling.

The details of pregnant women registered, number of registered women who- received three ANC check-ups, were given TT immunization and were given 100 IFA tablets in the State and the sampled districts during the period 2011-16 are discussed in the following paragraphs.

i. **Antenatal check-ups**: At the State level, 56 *per cent* of the total number of pregnant mothers who registered during 2011-16 received three ANCs. In the sampled districts of Ukhrul and Senapati, the percentage of registered pregnant mothers who received three ANCs was much lower at 34 *per cent* and 41 *per cent* respectively.

ii. **Administration of Tetanus Toxoid and Iron Folic Acid**: During 2011-16, at the State level, 61 *per cent* and 75 *per cent* of the registered pregnant women were not administered TT and 100 IFA tablets respectively.

Of the total registered pregnant women, 28 *per cent* in Ukhrul and 41 *per cent* in Senapati were not administered TT. Further, of the total registered pregnant women, 70 *per cent* in Ukhrul and 67 *per cent* in Senapati were not administered 100 IFA tablets.

Thus the objective of adequate antenatal care to reduce the risk of childbirth complications, reducing maternal and child deaths and population stabilization as envisaged by the mission could not be satisfactorily achieved by the State during the period 2011-16.

iii. **User charges collected on antenatal care**: Para 3.1.3 of the Free Diagnostics Service Initiative of NHM states that the initiative aims at the provision of a package of quality essential diagnostic services free of cost in all public health facilities by identifying a set of essential diagnostic services at each facility level which would be provided free of cost in an assured mode. Further, Ultrasonography, ABO blood group, Urine test *etc.*, have been included as a free test in the Illustrative list of Free Investigations for District Hospitals.

During test check of the In-Patient files/records of the District Hospital, Ukhrul for March to May 2015, Audit noticed that eight mothers were charged for test like Ultra Sonography, ABO blood group, Venereal Disease Research Laboratory (VDRL), Hepatitis C Virus (HCV) and Urine though these were included in the illustrative list of free diagnostics.

Such action of the District Hospital, Ukhrul failed to ensure achievement of the objective of the Free Diagnostics Service Initiative to ensure the availability of a minimum set of diagnostics appropriate to the level of care and to reduce high out of pocket expenditure incurred by patients for diagnostics.

iv. **Short payment:** Against the admissible ₹ 1,600 for Caesarean-section (C Section) under Janani Shishu Suraksha Karyakram (JSSK) for mother, only ₹ 350/- (rate for normal delivery) each was paid to 19 mothers who underwent C-section in DH Senapati during 2011-15 resulting in short payment of ₹ 1,250 per mother.

Thus, the mothers were deprived of the benefit visualized in the programme for them.

No reply has been furnished by the State Government (January 2017).

1.3.14.2 Payment of JSY incentive to beneficiaries

Para 5(g) and 7.1 of the JSY guidelines stipulates that cash assistance provided under the scheme be made available to the mother in one instalment including compensation amount for sterilization wherever applicable at the time of discharge from the hospital/health centre. Women from BPL families who availed three Antenatal check-ups and who delivered in health institutions were eligible for getting cash incentives of ₹ 700.

In the district of Ukhrul, scrutiny of JSY Register maintained at Leiting PHSC under Phungyar Block, showed that 57 beneficiary mothers who had delivered between October 2012 and December 2015 were not paid JSY incentive till the date of audit (July 2016) even after 208 to 1366 days from the date of delivery. The Auxillary Mid-Wives (ANM) stated that payment was not made due to non-receipt of funds from the Block Programme Management Unit.

Further, as per JSY payment register maintained at PHC Phungyar, Ukhrul district, out of 93 mothers to whom JSY incentives were paid during the period 2011-16, 67 mothers were paid after one month. In case of five mothers, the date of payment recorded was before the date of delivery.

The reasons for delay in payment or making payment in advance have not been intimated (January 2017).

1.3.15 Immunization

1.3.15.1 Routine Immunization

The State could not achieve the target across all age groups during the period 2011-16. The year-wise target and achievement for immunization is shown in the following table.

Table No. 1.3.13 Target and Achievement of Neo Natal Child Care *viz.*, Immunisation in the State

Year	Target for complete Immun-izations upto one year	Actual achievement (for all vaccines as prescribed)				Target for administra-tion of Vitamin A	Actual achievement		
		Up to one Year (%)	Above one year	Above five years	Above 10 years		1st dose	2nd dose	3rd to 5th dose (5th dose only)
2011-12	42,551	40,509*(95%)*	9,731	15,646	16,712	42,551	33,554	NA	11,799
2012-13	43,007	40,366*(94%)*	10,571	14,493	17,084	43,007	36,947	NA	14,813
2013-14	43,467	41,614*(96%)*	14,964	18,146	18,754	43,467	27,447	NA	9,903
2014-15	43,932	34,272*(78%)*	16,529	18,830	15,679	43,932	31,087	NA	20,021
2015-16	44,402	41,198*(93%)*	22,956	21,872	14,229	44,402	33,962	NA	22,985
Total	**2,17,359**	**1,97,959*(91%)***	**74,751**	**88,987**	**82,458**	**2,17,359**	**1,62,997**	**NA**	**79,521**

Source: HMIS, SHS Manipur
**NA: Not available*

It is noticed that during 2011-16, the percentage of achievement of immunization for the infant upto one year of age was 91 *per cent*. However, the percentage of achievement for the other age group of children (i.e above one year) could not be ascertained as the targets were not furnished by the SHS. The target and achievements of immunization in respect of two sampled districts are given in the following table.

Table No. 1.3.14 Target and Achievement of Neo natal Child Care *viz.*, Immunisation in the two sampled districts

Name of District audited	Year	Target for complete Immunizations upto one year	Actual achievement (for all vaccines as prescribed)				Target for administration of Vitamin A	Actual achievement		
			Up to one Year (%)	Above one and half year	Above five years	Above 10 years		1st dose	2nd dose	3rd to 5th dose
Ukhrul	2011-12	NA*	1,531	1,107	644	1,000	NA	917	NA	316
	2012-13	NA	1,463	1,235	480	1,012	NA	1,285	NA	368
	2013-14	NA	1,727	1,273	459	968	NA	647	NA	179
	2014-15	NA	1,666	1,137	485	580	NA	967	NA	272
	2015-16	NA	1,814	1,263	497	423	NA	947	NA	181
Total		NA								
Senapati	2011-12	7,311	6,824 *(93%)*	5,512	3,237	4,001*x*	7,311	5,066	NA	1,742
	2012-13	7,415	6,536 *(88%)*	5,181	2,724	3,232	7,415	6,244	NA	3,048
	2013-14	6,510	6,616 *(102%)*	5,294	2,879	3,206	6,510	3,448	NA	1,617
	2014-15	6,630	6,139 *(93%)*	5,473	3,745	3,589	6,630	5,706	NA	3,110
	2015-16	6,630	6,184 *(93%)*	5,639	3,969	3,673	6,630	4,405	NA	2,672
Total		**34,496**	**32,299 *(94%)***	**27,099**	**16,554**	**17,701**	**34,496**	**24,869**	**NA**	**12,189**

Source: DHS Ukhrul and Senapati **NA: Not available*

Ukhrul district could not furnish the target for complete immunization as well as vitamin A administration during the period 2011-16. Consequently, the achievement could not be assessed in the absence of target. However, in Senapati district, 94 *per cent* of the target for immunisation for upto one year was achieved during 2011-16. For this category, the achievement during 2013-14 was 102 *per cent*. For other age groups of children (i.e above one year) the achievement during 2011-16 could not be ascertained as the targets were not furnished.

1.3.15.2 Pulse Polio Campaign

In pursuance of the World Health Assembly Resolution of 1988, in addition to the Universal Immunisation Programme, Pulse Polio Immunisation (PPI) was launched in 1995-96 to cover all the children below the age of five years to eradicate polio and ensure zero transmission by the end of 2008.

The target and achievement of polio immunisation in the State during 2011-16 are given in the following table.

Table No. 1.3.15 Pulse Polio Campaign in the State

Year	No. of children given Polio drops		Percentage of achievement
	Target	Achievement	
2011-12	42551	43750	103
2012-13	43007	46154	107
2013-14	43467	48174	111
2014-15	43932	43860	100
2015-16	44402	45109	102
Total	**217359**	**227047**	**104**

Source: HMIS, SHS Manipur

The State achieved the targets for Pulse Polio immunization in all the years during 2011-16. No Pulse Polio case was reported in the State during the period covered by audit.

1.3.16 Monitoring and evaluation

1.3.16.1 Governing Body and Executive Committee meetings

Para 5.14.1 of the Framework for Implementation of NHM 2012-17 on Governance and Accountability Framework states that the General Body (GB) would meet annually, while the Executive Committee (EC) would meet at least thrice a year. Regular meetings of the GB and EC with adequate preparation, reports, transparency and multi-stakeholder participation are essential.

As per records made available to Audit, it was noticed that 16 GB meetings chaired by the Minister Health and Family Welfare (MH&FW)/ Chairman was held up to 27 April 2013. However, records of holding GB meetings after April 2013 could not be furnished to Audit.

Audit also noticed that three EC meetings chaired by the Commissioner (H&FW) were held during 2012-13. Further records for holding any other EC meetings were not available with the SHS.

This indicates lack of initiative by the Governing Body and Executive Committee for ensuring adequate accountability in the functioning of the SHS as envisaged in the Framework for Implementation.

1.3.16.2 District level

At the DHS level, as a practice, monthly district level review meetings chaired by the Deputy Commissioner were held in Senapati district. However, Ukhrul district could not produce records/files of such monthly district level review meetings.

All the 27[29] Rogi Kalyan Samities (RKS)/Hospital Management Committees (HMCs) required to be formed in the two sampled districts during 2011-16 were achieved in all the years during 2011-16. In the sampled health facilities, RKS meetings discussed issues pertaining to work plan and budget utilisation from the corpus grant of the hospital/health centre.

1.3.16.3 Village Health Sanitation and Nutrition Committee

Though all the 1089[30] Village Health Sanitation and Nutrition Committee (VHSNC) required to be formed in the two sampled districts during 2011-16 were stated to have been formed, in the test checked SCs, there was neither any records on the functioning nor of the meetings held by the VHSNC. However, during facility survey/beneficiary survey it was noticed that in all the test checked PHSCs, village health and nutrition day was held on a particular day each month, which encouraged participation of the villagers and also increased the awareness of the mission in the remote hilly areas.

[29] Ukhrul: 10 and Senapati: 17
[30] Ukhrul: 302 and Senapati: 787

1.3.17 Impact of NRHM on IMR, MMR and TFR

1.3.17.1 Targets in Millennium Development Goals

The expected outcome by the end of 31 March 2016 was to reduce Maternal Mortality Rate (MMR) to 109/100,000 live births as per Millennium Development Goal of 2015. The achievement of MMR could not be ascertained due to non-availability of data for the State as the State never had 1,00,000 live births in any year. However, there was six maternal deaths reported against the 39,475 live birth during 2015-16.

As per Sample Registration Survey (SRS) of September 2014, the Infant Mortality Rate (IMR) of the State was 10 per 1000 live births, thereby showing that the State had achieved the Millennium Development Goal of achieving IMR of 27 by 2016.

Further, as against the expected outcome of Total Fertility Rate (TFR) of 2.1 by March 2016, the achievement by the State was 1.5, thereby showing that the State had achieved the target.

1.3.18 Conclusion

During 2011-16, neither baseline facility surveys nor annual facility surveys were conducted hence implementation of the mission was not based on identified gaps. Objectives of the mission was not fully achieved and Reproductive and Child Health (RCH) under National Rural Health Mission (NRHM) was adversely effected on account of utilisation of only 48 to 73 *per cent* of the total funds and also diversion of funds on non-approved activities. Shortage of Community Health Centres (CHCs), Primary Health Centres (PHCs) and Primary Health Sub-Centres (PHSCs) was compounded by lack of requisite manpower as per Indian Public Health Standard (IPHS) norms even in those facilities which were functioning. Inspite of shortage of equipment, some of the equipment procured were lying unutilised. Service delivery was poor due to lack of infrastructure/poor infrastructure in the health facilities and non-availability of basic services and amenities like stock of essential drugs and medicines, ambulance service, ASHA drug kits and skilled birth attendants. There were instances of expired medicines being maintained in stock. Capacity addition/creation of health infrastructure was affected due to delays in construction, absence of quality control/testing. The quality assurance units did not perform the functions or held meetings as per the guidelines showing that the monitoring and quality assurance activities were not adequate. There were deficiencies in the data uploaded in Health Management Information System (HMIS) and to that extent the data in HMIS was not reliable. Except for Pulse Polio immunisation the State could not achieve the target for immunisation of children and pregnant women.

1.3.19 Recommendations

The Government may ensure:

- Conducting of baseline survey and annual facility survey regularly and rationalise allocation of physical infrastructure as well as human resources as per Indian Public Health Standard (IPHS);
- Utilising the fund on the approved activities and address the inadequacies in financial management;
- Facilities are functioning with available equipment and put to optimum use;
- Setting-up Framework for Quality Assurance and ensure that the State Level Quality Assurance Committee, State Quality Assurance Unit, District Quality Team and District Quality Assurance Unit are functioning with due diligence;
- Adequate availability of medicines/drugs and health care functionaries at the health facilities; and
- Validation and checking of report before uploading on HMIS.

SOCIAL WELFARE DEPARTMENT

1.4 Performance Audit on Implementation of Integrated Child Development Services

Highlights

The main objectives of the Integrated Child Development Services (ICDS) scheme are to improve the nutritional and health status of children in the age-group of 0-6 years and to improve non-formal pre-school education to children with a view to reduce the incidence of mortality, morbidity, malnutrition and school dropout. The following deficiencies were noticed in implementation of the scheme:

- *Annual Programme Implementation Plan of ICDS was not realistic and several deficiencies were noticed in the planning process*

  (Paragraph 1.4.8.1)

- *The State could not utilize the available fund under the scheme during 2011-12 to 2015-16. Further, the State share was not fully released during the last five years.*

  (Paragraph 1.4.9.1)

- *Construction of 336 Anganwadi Centre (AWC) buildings was not started in spite of payment of ₹5.52 crore.*

  (Paragraph 1.4.10.2)

- *Under six test checked ICDS projects, there were 645 Anganwadi Centre buildings against 2709 AWCs. Out of these 182 were pucca buildings, 127 were semi-pucca building and remaining 336 were kutcha buildings.*

  (Paragraph 1.4.10.3)

- *Lack of hygiene and sanitation was noticed in the test checked Anganwadi Centres. None of the test checked AWCs had drinking water facility, weighing machines and medicine kits; Pre School Education kits were inadequate.*

  (Paragraphs 1.4.10.5 to 1.4.10.8)

- *Supplementary nutrition was interrupted by up to six months in a year; instances of providing supplementary nutrition below the required 25 days in a month were also noticed.*

  (Paragraph 1.4.11.1 (c))

- *There was a loss of Scheme fund of ₹5 crore due to excess engagement of UDC/LDC against the prescribed norms and infructuous expenditure of ₹4.24 crore on idle staff (29 Drivers).*

(*Paragraphs 1.4.12.1 and 1.4.12.2*)

- *There was lack of monitoring and supervision of Anganwadi Centres by ICDS officials.*

(*Paragraphs 1.4.13.1 and 1.4.13.2*)

1.4.1 Introduction

1.4.1.1 The Integrated Child Development Services (ICDS) is a Centrally Sponsored Scheme with the Central assistance comprising of 90 *per cent* of the project cost to Special Category States. The State is to contribute the remaining portion. The scheme was introduced in Manipur in October 1975 with a pilot project at Ukhrul T.D Block and extended to the entire State from 1988-89. The objectives of the scheme are:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;
- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various Departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

1.4.1.2 Package of services under ICDS Scheme

The scheme envisages delivery of an integrated package of six services comprising the following through Anganwadi Centres (AWCs) and with the help of Anganwadi Workers (AWWs) and Anganwadi Helpers (AWHs):

- **Supplementary Nutrition Programme (SNP)**: It includes providing of hot meal or ready-to-eat snacks to the target groups i.e., below six years children, pregnant women and lactating mother through AWWs and AWHs;
- **Immunization**: Immunization of pregnant women against tetanus and immunization of infants against vaccine-preventable diseases provided at AWCs with the assistance of Health functionaries on the Nutrition and Health Day;
- **Health Check-up**: This includes healthcare of children less than six years of age, antenatal care of expectant mothers and post-natal care of lactating mother;

- **Referral Services**: During health check-ups and growth monitoring, sick or severely malnourished children and high risk pregnant women are referred to the Primary Health Centre (PHC) or its sub-centres, *etc.*;
- **Nutrition and Health Education (NHED)**: NHED has the long term goal of capacity building of women especially in the age group of 15-45 years so that they can look after their own health and nutrition needs as well as that of their children and families; and
- **Non-Formal Pre-School Education**: The non-formal pre-school education is to cater to the needs of the development of children in the age group of 3-6 years through the medium of play. The services are rendered by AWWs and AWHs at AWCs.

1.4.2 Organization set-up

The Principal Secretary (Social Welfare), Government of Manipur is responsible for the overall administration of the scheme in the State. The Director, Social Welfare Department is the implementing officer with one ICDS Cell at the State level and eight ICDS Cells at the district level. The district level ICDS Cells are headed by District Programme Officers (DPOs) and at the Project level by the Child Development Project Officers (CDPOs). The ICDS package of services is delivered at AWCs through AWWs and AWHs on honorarium basis.

1.4.3 Audit objectives

The Performance Audit was conducted to assess and evaluate whether:

- Planning process for implementation of the scheme was efficient and effective;
- Financial management was efficient, economic and effective;
- The infrastructure *viz.*, buildings, drinking water, supporting manpower, *etc.*, created for implementation of the six services were adequate and effective for the delivery of services;
- Human resource management for the implementation of the scheme was efficient; and
- The system of monitoring and evaluation was in place and effective.

1.4.4 Scope and coverage of audit

The Performance Audit covers the period from 2011-12 to 2015-16. Districts, CDPO offices and AWCs were selected through Simple Random Sampling without Replacement (SRSWOR). Records of the Directorate of Social Welfare, State ICDS Cell and three of the selected District level ICDS Cells, six offices of the sampled CDPOs and 120 AWCs as shown in ***Appendix 1.20*** were test checked. Joint physical inspection of sampled projects and 120 sampled AWCs was also carried out.

1.4.5 Methodology of audit

Audit commenced with an entry conference with the Director on 15 April 2016 during which the audit objectives, scope and criteria were discussed Thereafter, records of the Directorate of Social Welfare, State ICDS Cell, sampled District level ICDS Cells, CDPOs and AWCs were test checked and Joint physical inspection was carried out. Draft of the audit findings were issued to the Department on 26 October 2016 and the same were discussed with the departmental officers in an exit conference on 22 November 2016. Department's views/replies, wherever necessary and applicable has been incorporated in this Report.

1.4.6 Audit criteria

The criteria being adopted to achieve the audit objectives are:

- Population Census data 2011 and directions issued by Government of India (GoI) on ICDS schemes;
- Government of India orders for releasing funds;
- Monthly/quarterly progress reports of expenditure *etc.*;
- Prescribed norms, guidelines and instructions/orders issued by the Ministry of Women and Child Development (MoWCD) and Government of Manipur (GoM);
- Norms for monitoring, evaluation and impact assessment;
- General Financial Rules, 2005; and
- Central Treasury Rules.

1.4.7 Acknowledgement

Indian Audit and Accounts Department (IA&AD) acknowledges the cooperation extended by State Government and District Health Societies (DHSs) Senapati and Ukhrul in providing necessary information and records to audit.

Audit Findings

Audit findings are discussed in subsequent paragraphs.

1.4.8 Planning

1.4.8.1 Inadequate Annual Plans

For smooth implementation of the scheme a detailed plan is needed. As per guidelines, the proposed plan for the State "Annual Programme Implementation Plan (APIP)"[31] is to be prepared by the Department and

[31] Preparation of APIP was introduced from 2013-14. Before that, annual plans were to be prepared.

submitted to the MoWCD for its approval and as per the approved APIP, the scheme is to be implemented in the State at various levels i.e. Directorate, District, Project and AWCs. The Department prepared APIP for three years (2013-14 to 2015-16) and submitted to the Ministry of Women and Child Development (MoWCD). However, Annual Plans for the preceding two years (2011-12 and 2012-13) were not prepared.

Scrutiny of the plans revealed that the APIPs simply indicated the outlay without specifying the activities to be carried out by various field units. There was no record to indicate that inputs from Block/Project and AWC levels were obtained for preparation of the State level plans. The plans were to be prepared on the basis of household and facility survey at village, block and district levels. Records for carrying out comprehensive household survey were not available with the Department till date of audit (October 2016). Therefore, the plans prepared for implementation of ICDS scheme in the State were not realistic. Some instances of shortcomings of the APIPs noticed during the course of audit are as follows:

- The APIP, 2015-16 was made in the format given by the Ministry with two components *viz.*, "Salient Features of State APIP" for the year 2015-16 and "Summary of Demand" for year 2015-16. It was noticed that there were 28 number of severely malnourished children under 12 CDPOs in the first component of the plan. In contrast, the corresponding number shown in the summary of demand was for 1,939 children.
- The status for Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), under-weight children, severely malnourished children and anemic children (7-36 months) for the year 2014-15 was not provided in the Plan. Planning for nutrition and health improvement of women and children in the State under the Scheme for 2015-16 without relevant information for the year 2014-15 renders the Annual Plan incomplete. The Department replied (December 2016) that the relevant information for the year 2014-15 could not be reflected due to non-availability of State figure.
- The data of malnourished children for the year 2015-16 given in the plan was based on the report of 12 Child Development Project Officers (CDPOs) only against 43 projects operational in the State. The data would have been more informative/ useful had the information been furnished by all the 43 CDPOs. However, the information on Supplementary Nutrition Programme (SNP) beneficiaries under children 0-36 months, children 37-72 months and pregnant and lactating mother were given for all the 43 projects.
- The APIP for 2013-14 projected demands for funds under various components without outlining the strategy to achieve the plan. Though only 9,507 AWCs and 298 Mini-AWCs were operational as of March 2013, the plan had demand for ₹ 6.60 crore under Pre School Education (PSE) kits, medicine kits, flexi fund and monitoring covering 9,958 AWCs and 1,552 Mini-AWCs. Thus, the demand of ₹ 77.22 lakh on excess number of 451 AWCs and 1,254 Mini AWCs

was unrealistic as the plan did not have provision for opening and operationalization of these additional AWCs and Mini-AWCs.

- During 2013-16, implementation of the plans was not fully effective as PSE kits for AWCs, medicine kits for AWCs, Uniform and badges for AWWs and AWHs was not made available as targeted in the plan though the fund was available.

The shortfalls in the planning process as discussed above have resulted in gaps in implementation of the Scheme which is discussed in subsequent paragraphs.

1.4.9 Financial Management

As far as release of funds for carrying out schemes of ICDS is concerned, it is released in two parts – namely, (i) ICDS (SNP) under which only the Supplementary Nutrition Programme (SNP) component is covered, and (ii) ICDS (General) under which five components other than SNP are covered.

1.4.9.1 Financial Progress under ICDS (General)

During 2011-12 to 2015-16, Government of India (GoI) released ₹ 365.70 crore under ICDS (General) while the State Government released ₹ 36.46 crore of its share which is sort by ₹ 4.18 crore of the applicable State share of ₹ 40.63 crore. The fund released by GoI and State Government and expenditure incurred during 2011-16 is shown in the following table.

Table No. 1.4.1 Funds received and expenditure under ICDS (General)

(₹in lakh)

Year	Fund released by GoI (90 *per cent*)	Applicable State share (10 *per cent*)	State share released	(+)Short/ (-) Excess release of State share	Total funds received	Total Expenditure
2011-12	5,337.13	593.01	548.00	45.01	5,885.13	5,337.13
2012-13	5,292.74	588.08	549.00	39.08	5,841.74	4,940.21
2013-14	9,333.16	1037.02	841.79	195.23	10,174.95	9,333.16
2014-15	11,177.62	1241.96	806.90	435.06	11,984.52	8,168.09
2015-16	5,428.99	603.22	900.00	-296.78	6,328.99	6,378.17
Total	**36,569.64**	**4063.29**	**3645.69**		**40,215.33**	**34,156.76**

Source: Departmental records

From the above table, it appears that the State could not utilize the available fund under the scheme in all the five years. Further, the State Government contribution was not fully released during last five years 2011-16.

1.4.9.2 Financial Progress under ICDS Supplementary Nutrition Programme

The Supplementary Nutrition is one of the six services provided under the Integrated Child Development Services (ICDS) Scheme which is primarily designed to bridge the gap between the Recommended Dietary Allowance (RDA) and the Average Daily Intake (ADI) among children (6 months – 6 years), pregnant mothers and lactating mothers.

During 2011-12 to 2015-16, GoI released ₹ 334.91 crore under ICDS (SNP) while the State Government released ₹ 8.31 crore which is short by ₹ 27.80 crore of the applicable State share of ₹ 36.11 crore as shown in the following table.

Table No. 1.4.2 Fund received and expenditure under ICDS (SNP)

(₹in lakh)

Year	Fund released by GoI (90 *per cent*)	Applicable State share (10 *per cent*)	State share released	(+)Short/ (-) Excess release of State share	Total funds received	Total Expenditure
2011-12	2,248.30	249.81	Nil	249.81	2,248.30	2,248.30
2012-13	2,946.24	327.36	Nil	327.36	2,946.24	0.00
2013-14	7,395.34	821.70	211.00	610.70	7,606.34	0.00
2014-15	10,996.11	1,221.79	310.08	911.71	11,306.19	2,040.71
2015-16	9,904.70	990.05	310.00	680.05	10,214.70	2222.99
Total	**33,490.69**	**3,610.71**	**831.08**	**2779.63**	**34,321.77**	**6,512.00**

Source: Departmental records

In violation of the ICDS guidelines which require the State Government to contribute its share of 10 *per cent* proportionately, State share for 2011-12 and 2012-13 was not released. In spite of release of grant of ₹ 29.46 crore and ₹ 73.95 crore by Government of India (GoI) during 2012-13 and 2013-14 respectively, no expenditure was made during these two years thereby depriving the intended beneficiaries of the scheme. Reasons for not incurring expenditure during 2012-13 and 2013-14 were not furnished (January 2017).

1.4.9.3 Other issues in Financial Management under ICDS (General) and ICDS (SNP) budget

a) Delay in release of fund

As per instructions of GoI, the State Government is required to release fund within 15 days of receipt of fund from GoI.

Scrutiny of records showed that during the period from 2012-13 to 2014-15, State Finance Department delayed the release of ICDS funds both ICDS (General) and ICDS (SNP) received from GoI by 16 to 1,186 days beyond the permissible limit. Details are shown in ***Appendix 1.21***. Records on release of fund for the year 2011-12 and 2015-16 were not made available to Audit.

Implementation of ICDS scheme is dependent to a great extent on adequate and timely availability of both food-grains and fund, such interruptions on fund flow had an adverse impact on the timely implementation of the SNP Scheme.

Department replied (January 2017) that delay in release of funds occurred due to late release of funds by the Government of India. Reply is not acceptable as the delays were calculated based on the date of release of funds by GoI.

b) Fund kept under 8449 - Other Deposit

As per Rule 290 of Central Treasury Rules (CTR), no money shall be drawn from the Treasury unless it is required for immediate disbursement. It is not

permissible to draw money from the treasury in anticipation of demands or to prevent the lapse of budget grants.

Scrutiny of records of the Director, Social Welfare Department revealed that ₹ 28.11 crore was drawn during March 2011 to March 2016 through 42 bills and immediately deposited under the Major Head 8449-Other Deposits under the instruction of the State Finance Department. Keeping of fund under Other Deposit and their subsequent partial release or non-release hindered timely implementation of the scheme. As of March 2016, ₹ 2.03 crore was lying under the deposit head.

While accepting the audit observation, Department replied (January 2017) that parking of funds and their partial withdrawals were done on the advice/instruction of State Finance Department and now the amount has been reduced to ₹ 2.03 crore. However, the fact remains that the Department had kept huge amount of fund under deposit head in violation of provision of CTR.

c) Taxes and charges not deducted - ₹ 4.12 crore

As per orders of the Government of Manipur (GoM), Value Added Tax (VAT) (5.6 *per cent*), Agency Charges (11.75 *per cent*), Labour Cess (one *per cent*) and Income Tax (two *per cent*) were to be deducted at source while making payment/release of fund to the work agency from the bills of construction works and deposit/remit the deducted amounts into Government accounts. Further, the State Finance Department while issuing Administrative Approval and Expenditure Sanction (AA&ES) instructed the Department to deduct at source all leviable taxes and charges and deposit the same into the relevant heads of account before depositing fund to the work agency.

Scrutiny of records of the Directorate of Social Welfare, revealed that leviable taxes and charges amounting to ₹ 4.12 crore was not deducted while making payment[32] (November 2015) to the work agency/contractor for construction of 1000 Anganwadi Centres as required under provisions *ibid*. The details are shown in the following table.

Table No. 1.4.3 Taxes and charges not deducted

(Amount in ₹)

Total Expenditure	Deductible				Total Amount
	LST/VAT (5.60%)	Agency Charge (11.75%)	Labour Cess (1%)	Income Tax (2%)	
20,25,00,000	1,13,40,000	2,37,93,750	20,25,000	40,50,000	4,12,08,750

Source: Departmental records

This has resulted in loss of Government revenue to the tune of ₹ 4.12 crore.

While accepting the audit observation, Department replied (January 2017) that the concerned District Programme Officers and Deputy Commissioners were informed to deduct and remit the realizable amount and the same would be intimated to Audit after receipt of reply from them. Though the Department

32 Drawn vide Bill No. 320/SW/ICDS dated 16 November 2015.

stated that the realizable amounts would be recovered, progress in this regard has not been intimated.

d) Detailed Countersigned Contingent (DCC) bills submitted without vouchers - ₹ 24.57 crore

As per provisions contained in Rules 308 and 309 of CTR, DCC bills along with supporting vouchers are to be submitted in respect of the Abstract Contingent (AC) bills drawn, and sent to the Office of the Accountant General (A&E) within a month from the date of receipt of such AC bills.

Scrutiny of records revealed that the Department drew ₹ 24.57 crore during October 2015 to January 2016 through seven AC bills for purchase of materials for hot cook meals, vehicle, furniture, rice, payment of godown rent *etc*. The DCC bills were prepared and submitted after the prescribed time period of one month. However, the Department could not produce relevant vouchers/sub-vouchers/APRs *etc*., for utilization of the amount. Thus, the practice of submitting DCC bills without supporting vouchers involved high risk of misappropriation. Department stated (January 2017) that no DCC bill is pending. However, supporting vouchers for submitted DCC bills were not furnished.

e) Irregular drawal of Fully Vouched Contingent (FVC) Bills

Rule 306 of CTR provides that money under FVC charges should be drawn from Treasury in Form TR 30 showing full details of charges and number of sub-vouchers enclosed in support of supplies received/liabilities incurred.

Test check of bills for implementation of ICDS (General) scheme in the Directorate revealed that ₹ 22.49 crore was drawn for construction of 1000 AWCs' buildings (₹ 20.25 crore) and up-gradation of 498 AWCs' buildings (₹ 2.24 crore) during November 2015 and March 2016 through two FVC bills without enclosing any sub-vouchers and other relevant documents like detailed estimates, abstract of cost, measurement books, Administrative Approval and Expenditure Sanction (AA&ES), technical sanction, work agreement, work orders and relevant vouchers *etc*. Drawing of money through FVC bills without enclosing sub-vouchers and other relevant documents is a gross violation of financial rules with high risk of fraud and misappropriation.

While admitting the audit observation, Department stated (January 2017) that the practice of drawal of FVC bill for construction works would be avoided in future.

f) Irregular Drawal of Self Cheques

As per instructions of the Finance Department, drawal of cheque in favour of self by all Drawing and Disbursing Officers (DDOs) was banned with effect from 13 March 2008. Failure to comply with the order was to be treated as a case of fraud and would be liable to prosecution under the Manipur Public Servants Personal Liability Act, 2006.

Scrutiny of bank statements, cheque counterfoils and cash books of all the sampled CDPOs and DPOs and the Directorate revealed that ₹ 8.00 crore was drawn through self cheques during the period from April 2011 to March 2016 in contravention of the extant provisions *ibid*. The details of drawal of self cheques are shown in the following table.

Table No. 1.4.4 Amount drawn through self cheques

Sl. No.	Name of DDO	Amount (₹)
1	CDPO, Chandel	36,96,544
2	CDPO, Imphal East-I (Sawombung)	33,46,650
3	CDPO, Imphal East-II (Keirao Bitra)	1,64,05,690
4	CDPO, Kakching	89,37,703
5	CDPO, Machi	60,16,375
6	CDPO, Thoubal	3,98,60,940
7	Directorate of Social Welfare[33]	2,78,000
8	DPO, Chandel	2,66,300
9	DPO, Imphal East[34]	9,10,000
10	DPO, Thoubal	2,86,044
Total		**8,00,04,246**

Source: Departmental records

The amount of ₹ 8.00 crore was apparently drawn for procurement of Hot Cooked Food items under SNP and for miscellaneous items in violation of Government order.

Audit could not draw any assurance about its proper utilization as there was no recorded acknowledgment of receipt by the payee/recipient, actual disbursement and receipt of the amount by the intended person. Hence, the misuse/misappropriation cannot be ruled out.

While accepting the Audit finding, Department stated (January 2017) that instructions would be issued to all DDOs not to encash any amount by self cheque.

g) Cash book and records not maintained

As per Rule 290 of CTR, no money shall be drawn from the Treasury unless it is required for immediate disbursement. It is not permissible to draw money from the Treasury in anticipation of demand or to prevent the lapse of budget grant. Further, Rule 77 of CTR states that all monetary transactions should be entered in the cash book as soon as they occur and attested by the Head of the office in token of check. Use of eraser or overwriting of an entry once made in the cash book is strictly prohibited. Any correction should be made under the dated initials of the Head of the office.

The Directorate could not produce the cash book prior to 27 June 2011 and for the period from 01 April 2013 to 03 March 2014. As per information furnished by the Department, during the aforesaid period, expenditure of ₹ 100.33 crore was incurred. It was also seen that during the period 01 April 2011 to 31

[33] Bank Account Statement produced only for the period from 15 October 2014 to 5 January 2015 (i.e. three months).

[34] Upto 26 February 2014 only.

March 2014, expenditure of ₹ 218.59 crore was incurred under ICDS – General, SNP and Training. However, supporting documents in respect of the transactions for ₹ 218.59 crore could not be made available to Audit.

During the period from August 2011 to August 2012, corrections in Cash book were made by using white fluid/erase-ex without any dated initials of the Deputy Director who held charge of DDO which was in violation of rules *ibid*.

The irregularities in maintenance of cash book and records which persisted over prolonged periods indicate failure in the control system and the possibility of misappropriation of funds could not be ruled out.

Department stated (January 2017) that the documents/records were not traceable and will try to produce in the next audit.

h) Payments without authorization

Rule 22 of General Financial Rules, 2005 (GFR) envisages that no authority may incur any expenditure or enter into any liability involving expenditure or transfer of moneys for investment or deposit from Government account unless the same has been sanctioned by a competent authority.

Test check of bills and records of the Directorate revealed that expenditure of ₹ 1.06 crore was incurred from the funds provided for implementation of ICDS scheme without obtaining Administrative Approval and Expenditure Sanction (AA&ES). It was noticed that the sanctions were obtained after incurring expenditure for different purposes in violation of the rules *ibid*.

The Department stated (January 2017) that sanctions were accorded when the DDOs claimed the amounts for reimbursement. The reply is not acceptable as prior approval should have been obtained as per rules *ibid*.

i) Retention of heavy cash balance

As per Rule 290 of CTR, no money shall be drawn from the Treasury unless it is required for immediate disbursement. It is not permissible to draw money from the Treasury in anticipation of demand or to prevent the lapse of budget grant.

Scrutiny of cash book revealed that the Directorate retained heavy cash balances ranging from ₹ 2.00 crore to ₹ 41.03 crore during the period 2011-16 in their current account throughout the course of the respective years as shown in ***Appendix 1.22***. The Director had drawn the amounts for procurement and supply of SNP items, medicine kits, uniforms, weighing machines *etc.*, without immediate requirement. Such retention of heavy cash balance is not only violation of Rule *ibid* but also potentially fraught with mis-utilization of funds.

While accepting the Audit observation, the Department stated (January 2017) that these occurred due to delay in finalization of tender process and would try

to minimize cash balance in future. The reply is not acceptable as the amounts should not be drawn in anticipation of demand as per provision of CTR.

j) Utilization Certificates not submitted

As per instructions of the MoWCD, information on expenditure for every quarter must be furnished by 15th of the following month. Further, Rule 212 of GFR provides that Utilization Certificates (UCs) should be obtained by the departmental officers from the grantees and after verification, these should be forwarded to the Accountant General (A&E), Manipur within 12 months from the date of their sanction, unless specified otherwise in respect of grants provided for specific purposes.

However, it was noticed that Utilization Certificates for ₹ 317.66 crore in respect of 90 *per cent* grants under ICDS scheme were in arrears during the period from 2011-12 to 2015-16.

While accepting the Audit observation, the Department replied (January 2017) that they would try to submit UCs in time.

1.4.10 Overall Infrastructure Facilities

The implementation of various components/services under ICDS on the whole was dependent on the provision of basic physical infrastructure, necessary human resources, weighing machines, pre-school education kits, medicine kits, *etc*. In addition, each AWC should be provided with Information Education and Communication material and Early Child Care Education activity books. Basic infrastructure required for delivery of ICDS services involves construction of new AWCs/ mini-AWCs and up gradation of existing AWCs. Further, the services are delivered by provision of designated human resources in the form of appointment of AWWs and AWHs. Normally, an AWC is provided with one AWW and one AWH. In the case of mini AWCs, only one AWW is provided.

Scrutiny of records pertaining to creation and upgradation of AWCs and appointment of AWWs and AWHs brought out various deficiencies which are discussed in the succeeding paragraphs.

1.4.10.1 Creation of excess number of AWCs in violation of norms resulting in extra expenditure - ₹ 50.77 crore

AWCs and Mini-AWCs are to be created as per norms of ICDS scheme prescribed by the Ministry of Women and Child Development based on the population of the area/project, one AWC should be created to cover population of 400 to 800 for Rural/Urban areas/projects and for tribal areas/project, one AWC to cover population of 300 to 800.

As per the Census Report 2011, the total urban/rural population in the valley districts of the State was 16,28,224 while the total population in tribal areas, i.e., the hill districts was 10,93,532. As per norms the State should have 7,715 AWCs as per population. However, the Department had created 9,958 AWCs

as of March 2016. This resulted in excess creation of 2,243 AWCs (March 2016) in violation of population norms. The creation of these excess centres resulted in extra expenditure of ₹ 50.77 crore towards payment of honorarium to Anganwadi Workers and Anganwadi Helpers during the period from 2011-12 to 2015-16 as shown in the following table.

Table No. 1.4.5 Excess expenditure due to creation of excess AWCs and Mini AWCs

Year	No. of AWCs created	Maximum No. of AWCs to be created as per norms	Excess Centres created	Amount of Excess Honorarium *(Amount in ₹)*		
				Workers @ ₹ 3000 pm	Helpers @ ₹1500 pm	Total
2011-12	9,497	7,715	1,782	6,41,52,000	3,20,76,000	9,62,28,000
2012-13	9,507	7,715	1,792	6,45,12,000	3,22,56,000	9,67,68,000
2013-14	9,507	7,715	1,792	6,45,12,000	3,22,56,000	9,67,68,000
2014-15	9,507	7,715	1,792	6,45,12,000	3,22,56,000	9,67,68,000
2015-16	9,958	7,715	2,243	8,07,48,000	4,03,74,000	12,11,22,000
			Total	**33,84,36,000**	**16,92,18,000**	**50,76,54,000**

Source: Departmental records

Justification for creation of excess number of AWCs contrary to the norms was not available on record. Records for assessment of requirement were also not available.

In reply, the Department stated that the total targeted number of AWCs and sanctioned by the GoI by 2008-09 for the State was 9,958 AWCs. The reply of the Department is in contrary to the information furnished to Audit as shown in the table above and against the prescribed population norms. Further, copy for sanction of 9,958 AWC during 2008-09 could not be furnished.

1.4.10.2 Non construction of AWCs rendering doubtful expenditure - ₹ 5.52 crore

Construction works of AWC buildings were planned to be undertaken in five phases starting from 2002 to 2015 under ICDS Scheme in the State. The works were entrusted to the construction committee consisting of the local MLA, the District Programme Officer (DPO) and the Executive Director, District Rural Development Agency (DRDA)/Deputy Commissioner of the concerned district with an estimated/ approved costs of ₹ 1.25 lakh per AWC building for Phase-I to III; ₹ 1.75 lakh per AWC building for Phase-IV, and ₹ 4.5 lakh per AWC building for Phase-V. The amounts were released to the joint bank accounts operated by the concerned DPO of ICDS and Deputy Commissioner of the concerned district. Payments for the construction works from Phase I to IV had already been made while only 50 *per cent* of the amount was paid as 1st installment for the works taken up under Phase-V. The works were stated to have been completed as per the terms and conditions within three months in respect of AWC building constructed under Phase-I to IV and six months in respect of Phase V from the date of release of 1st installment. As per records, Phase V works started in November 2015 and was scheduled to be completed in May 2016. The status of completion/non-completion of construction of AWCs is given in the following table.

Table No. 1.4.6 Construction of AWC buildings in sampled districts

<table>
<tr><th rowspan="3">Phase</th><th colspan="7">No. of AWC building</th><th rowspan="3">Amount spent on AWC buildings not constructed (in ₹)</th></tr>
<tr><th colspan="4">Plan/claimed to be Completed</th><th rowspan="2">Construc-ted but not in use</th><th rowspan="2">Not comple-ted</th><th rowspan="2">Not construc-ted</th></tr>
<tr><th>Imphal East</th><th>Thou-bal</th><th>Chan-del</th><th>Total</th></tr>
<tr><td>I</td><td>109</td><td>123</td><td>68</td><td>300</td><td>19</td><td>15</td><td>32</td><td rowspan="3">127 x ₹ 1,25,000 = ₹ 1,58,75,000</td></tr>
<tr><td>II</td><td>127</td><td>81</td><td>90</td><td>298</td><td>12</td><td>14</td><td>45</td></tr>
<tr><td>III</td><td>110</td><td>102</td><td>24</td><td>236</td><td>13</td><td>11</td><td>50</td></tr>
<tr><td>IV</td><td>308</td><td>140</td><td>49</td><td>497</td><td>11</td><td>58</td><td>154</td><td>154 x ₹ 1,75,000 = ₹ 2,69,50,000</td></tr>
<tr><td>V</td><td>177</td><td>155</td><td>32</td><td>364</td><td>0</td><td>122</td><td>55</td><td>55 x ₹ 2,25,000 = ₹ 1,23,75,000</td></tr>
<tr><td></td><td></td><td></td><td>Total</td><td>1695</td><td>55</td><td>220</td><td>336</td><td>₹ 5,52,00,000</td></tr>
</table>

Source: Departmental records

From the above table, it appears that out of the 1,695 AWC building reported by the DPOs to have been completed in Phase –I to Phase-V, only 1,139 AWC buildings were completed, 220 AWCs buildings were incomplete, 55 AWCs buildings were in dilapidated condition as they were not used and 336 AWC buildings was not constructed.

It was also noticed that expenditure of ₹ 5.52 crore was already incurred in respect of the 336 AWC buildings which were yet to be constructed. Sample photographs of the identified sites for constructions of these AWCs are shown below.

Site for Building of Island AWC, Machi Project in Chandel district which was listed as constructed in Phase-II.

Site for Building of Langmeidong Mamang Makha Leikai AWC, Kakching Project in Thoubal district which was listed as constructed in Phase-IV.

Site for building of Wangjing S.K. Mamang AWC of Thoubal Project, Thoubal district which was listed as constructed in Phase-IV.

Site for building of Khangabok Part I Awang Leikai AWC, Thoubal Project, Thoubal district started under Phase-IV was abandoned.

Thus, expenditure of ₹ 5.52 crore incurred on 336 AWC buildings under Phase-I to Phase-V was doubtful and misappropriation of the amount cannot be ruled out.

Department replied (January 2017) that 2nd installment for construction of AWCs under Phase-V was not released and strict instructions had been issued to DPOs and DCs to make payment after proper verification. However, copy of the same was not furnished and the Department remained silent about payments for construction of AWCs under Phase-I to IV and further stated that the Department would strictly monitor the construction of AWCs.

1.4.10.3 Poor physical condition of existing Anganwadi Centres

Test check of records of the sampled six ICDS projects revealed that as of March 2016, there were 645 (23.8 *per cent*) ICDS AWC buildings against 2,709 AWCs. Out of these, 182 were *pucca* buildings, 127 were *semi-pucca* buildings and the remaining 336 were *kutcha* buildings. In respect of Machi ICDS project no information had been furnished.

The conditions of some of the AWC buildings are shown below:

Lairikyengbam Awang Leikai AWC, Imphal East-I Project run in a *kutcha verandah*

Dilapidated condition of Khongjom Mamang AWC of Thoubal Project in Thoubal district.

Even after four decades (since 1975) of implementation of this flagship scheme, the State failed to provide good infrastructural support to the AWCs thereby adversely affecting the quality of services rendered. An AWC with good infrastructure and requisite facilities can serve as the primary attraction for parents, encouraging them to send children for feeding and pre-school education. The existing infrastructure of AWCs is not likely to attract intended beneficiaries to the centres.

1.4.10.4 Inadequate space, furniture, utensils, equipments, *etc.*, in AWCs

As per the Scheme guidelines, the AWCs are required to provide hot cooked meals under SNP. In addition, the AWCs are also required to provide pre-school education to children between the age-group of three to six years. For construction of AWC building prescribed by the Ministry, an AWC should have a separate sitting room for children/women, separate kitchen, store room for food items and adequate space for children to play (indoor and outdoor activities).

Joint inspection of 120 AWCs revealed that there was non adherence to the norms prescribed by the Ministry regarding availability of space, utensils, equipments, *etc.* In 79 AWCs, there was no adequate space for outdoor activities. In 119 AWCs, no blackboard was available. Separate space for cooking; separate space for storing of food; adequate space for indoor activities of children; adequate space for outdoor activities; basic furniture like table and chair; and utensils for cooking as well as for serving were not available in all 120 AWCs.

The inadequacies in basic infrastructure for AWCs pose a serious challenge to the effective delivery of the services under the Scheme. Audit could not find assurance on quality of services in view of inadequate space and furniture at the AWCs.

The Department accepted the audit observation (January 2017).

1.4.10.5 Poor hygiene and sanitation at AWCs

Hygiene and sanitation of AWCs is important in view of the fact that beneficiaries are required to stay at AWCs for about four hours during the day. As per the Ministry's instructions, child friendly toilet and drinking water facility were the basic minimum requirements for the effective functioning of an AWC.

Test check of records of the sampled six ICDS projects revealed that toilet and drinking water facilities in the AWCs were not adequate. As of March 2016, there were 214 (7.89 *per cent*) AWCs with basic toilet facilities and only 10 (0.36 *per cent*) AWCs with drinking water facilities against 2,709 AWCs under six ICDS projects.

Thus, inadequate infrastructural support to AWCs compromised the quality of hygiene and sanitation available to the beneficiaries under the Scheme. The absence of these basic amenities put the young children in unhygienic condition.

In response (January 2017), Department stated that they would try to improve the toilet and drinking water facility to AWCs.

1.4.10.6 Non-availability of Weighing Machines

The provision of supplementary nutrition to beneficiaries under ICDS necessitates the need of monitoring weight of children on a regular basis to gauge the nutrition level of the beneficiaries. Children below the age of three years are to be weighed once a month and children of 3-6 years of age are to be weighed quarterly. Further, health check-up component under the scheme requires healthcare of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers.

During test check of records of the sampled six ICDS projects, it was noticed that adequate weighing machines (both adult and baby) were not provided to the AWCs. The shortage was from 2 *per cent* to 100 *per cent* of the total

AWCs in a project. Among the sampled 120 AWCs, none of them had a functional weighing machine. During interactions, the AWWs stated that available weighing machines are used on rotation basis. Thus, inspite of availability of fund, weighing machines were not provided to AWCs.

As such, monitoring and evaluation of growth and health status of the beneficiaries were not taken up on regular basis. Therefore, it was not possible to assess the effectiveness of supplementary nutrition programme.

In response (January 2017), Department stated that procurement of weighing machine is under process.

1.4.10.7 Medicine Kits not available

ICDS guidelines envisage supply of Medicine Kits worth ₹ 1,000 to every AWC every year, for which fund was provided through the Central allocation for ICDS (General). Government of India reiterated in March 2000 that the Medicine Kits should be made available to all AWCs every year. The Medicine Kits were meant for medical exigencies in the jurisdiction of the AWCs.

During test check of records of the sampled six ICDS projects, it was noticed that Medicine kit provided to the AWCs were not adequate with the exception of Thoubal ICDS Project with an excess supply of 9,064 Medicine Kits (1,201 *per cent* of requirement) in the year 2011-12 against the requirement of 755 numbers. The Department has not replied (December 2016) to Audit on the excessive procurement for only one project.

From the year 2012-13 to 2015-16, all the test checked projects including Thoubal ICDS Project did not received any Medicine Kits. As such, there was no regular supply of Medicine Kits to AWCs despite availability of fund.

Thus, the AWCs were left without any backup for medical exigencies with adverse impact on the effectiveness of the scheme. The lack of Medical Kits in the AWCs also indicated lack of seriousness on the part of the Department in implementation of the scheme.

In reply, the Department stated that during 2015-16, 9,805 number of Medicine Kits were procured and being distributed. However, records for procurement, distribution and receipt of the item could not be furnished to Audit (January 2017).

1.4.10.8 Non-provision of Pre-School Education kits

Pre-School Education (PSE) is an important component of the ICDS scheme for imparting non formal pre-school education to children in the age group 3 – 6 years in AWCs. It includes exercises for physical and motor development, language development like pre-conversations, story-telling, vocabulary building, development of creativity and imagination, group activities, pre-writing activities like drawing and pattern making, developing pre-number concepts, playing with dolls, toys, role play, personal hygiene, identification

of objects, *etc.*, so as to develop learning attitudes, values for emotional and mental preparation before primary education is imparted to them in regular schools. To effectively achieve the objective, recurring expense on Pre-school education kit is required to be incurred annually at the rate of ₹ 1,000 per AWC to equip each AWC with the necessary items for imparting pre-school education. The rate was revised to ₹ 3,000 from the year 2013-14.

During test check of records of the sampled six ICDS projects, it was noticed that the shortage of supply of PSE kits ranged from 12 *per cent* to 100 *per cent* during 2011-16. Details are given in ***Appendix 1.23***.

In the absence of PSE kits, imparting of PSE to the children would be ineffective, thereby defeating the objectives of the scheme.

In reply (January 2017), Department stated that tender for procurement of Pre-School kit was under process.

1.4.10.9 Information Education Communication materials and Early Childhood Care Education activity books not available

The objective of the Information Education Communication (IEC) (including Infant Young Child Feeding activities) and Community Mobilization component under ICDS scheme are essentially to:

- Create awareness and build up image of ICDS Programme;
- Stimulate demand for ICDS Services;
- Affect and sustain behavioural and attitudinal changes in child caring, nutrition and health behavior; and
- Muster and sustain community participation.

As per the Scheme guidelines, IEC activities were to be carried out through district and project level seminars, audio and visual media, folk media, village camps, Mahila Mandal/ Mothers' Group meetings, home visits and other local media such as posters, slides, flash cards, flip charts, periodical newsletters, *etc.* A sum of ₹ 50,000 per Project and ₹ 1,000 per AWC per year were to be provided for conducting IEC activities. Also a sum of ₹ 1,000 per AWC per year was to be provided for conducting Early Childhood Care Education (ECCE).

Test check of records of the sampled six ICDS Projects revealed that there was significant shortfall in expenditure incurred on conducting IEC activities and ECCE ranging up to 100 *per cent*. Further, all the 120 AWCs test checked did not receive any IEC materials and ECCE Activity Book during the period. This showed that the Department failed to heed the importance of IEC in implementation of the Scheme.

In reply, the Department stated that fund for IEC was allotted to the concerned CDPOs and they in turn organized sector-wise programme on various activities being taken up under ICDS with local women and children.

However, Department could not produce/furnish to Audit any record for receipt of any IEC materials and ECCE Activity Book and organization of sector-wise programme.

Thus, the State failed in providing necessary physical infrastructure, human resources and other facilities to AWCs which should have an adverse impact in delivery of various services.

1.4.11 Delivery of Services under various Components

1.4.11.1 Under SNP Component

Supplementary Nutrition Programme (SNP) is one of the major components of ICDS scheme under which children in the age group of 6 months to 6 years and Pregnant Women and Lactating Mothers are to be provided 300 days (25 days per month) of Supplementary Nutrition as Hot Cooked Meals (HCM), Take Home Ration (THR) and Morning Snacks. This is to improve the health and nutritional status of the beneficiaries by bridging the energy and protein gap between the Recommended Dietary Allowance (RDA) and Average Dietary Intake (ADI) of children, expecting women and lactating mothers. In order to ensure effective delivery of services under SNP, the department has to arrange for procurement of food items / Micronutrient Fortified Energy Dense Food, *etc.*, in a time bound manner and ensure its availability in all AWCs without any interruption.

The instances of lapses noticed in procurement and supply of quality food items and ensuring the availability at AWC level are discussed below.

a) Irregular Procurement of food items for SNP

i. Irregular Procurement of food items for SNP – ₹ 5.92 crore

As per the provision of Rule 149 of the GFR, goods shall be procured by following the standard method of obtaining bids.

Test check of records revealed that all purchases of food items made by the Anganwadi Supplementary Nutrition (ASN) committees under the sampled six ICDS Projects were made from one firm (M/S. Shekhawat Trading, Thangal Bazar). Expenditure of ₹ 5.92 crore was incurred for procuring food items like pulses, oil, salt, spices, *etc.,* during 2011-16 without observing procurement formalities like floating of tenders, preparing comparative statement, issue of supply/work order under certain terms and conditions, *etc.* This has affected the principle of economy, efficiency and transparency in public procurement of public goods and amounts to giving the firm undue benefit.

ii. Irregular Procurement of Micronutrient Fortified Energy Dense Food

Micronutrient Fortified Energy Dense Food are provided to the beneficiaries under SNP for supplementary feeding to bridge the calorie gap between the

national recommended and average intake of children and women especially in low income and disadvantaged communities.

During scrutiny of records for purchase of Micronutrient Fortified Energy Dense Food, the following irregularities were noticed:

On expiry of the existing contract, the Department called for bids (February 2013) for purchase of Micronutrient Fortified Energy Dense Food for the year 2013-14 and the Tender Opening Committee recommended M/S. Rausheena Udyog Ltd., Guwahati being the lowest bidder; the same firm which supplied the item in 2012-13. In this regard, the Higher Tender Committee (June 2013) observed that:

- The Notice Inviting Tender (NIT) was published in only two national and four local dailies as against requirement of publication in three national and five local dailies. A complaint petition had also been received in this regard;
- It was necessary to host the Tender on the Government website; and
- The obligations of the supplier relating to the delivery were not spelt out in the Tender Form. Further, the NIT did not indicate the quantity of goods which could have attracted more suppliers.

The Higher Tender Committee directed (June 2013) for a fresh tender to be completed within a period of three months and recommended that during the intervening period, the item restricted to the requisite quantity for three months be procured at the existing rates from M/s Rausheena Udyog Ltd. However, the Department placed supply order with the firm in October 2013 after a lapse of more than four months from the date of Higher Tender Committee recommendation.

There was no record for finalisation of the new tender. As per the Terms and Conditions of the Agreement, the schedule for supply was to be stipulated in the supply order. The supply order issued to M/S. Rausheena Udyog Ltd., Guwahati did not stipulate any schedule of supply. The agreement did not have provision for deposit of Performance Security, clauses for insurance and penalty in the event of delay in delivery of the food items by the firm. Such irregular procurement of food items without observing due purchase procedure would have an adverse impact on economy, quality and transparency in procurement of the items.

iii. Delay in supply of Micronutrient Fortified Energy Dense Food

Another Supply Order for Micronutrient Fortified Energy Dense Food was placed with the same firm (M/S. Raushena Udyog Ltd., Guwahati) in October 2014. As per the Terms and Conditions of the Agreement, the schedule of supply should have been stipulated in the supply order. The supplier had to submit Performance Security Deposit of ₹ 50.00 lakh in the form of Performance Bank Guarantee from a Nationalized Bank valid till 31 March 2015 within 15 days of receipt of Purchase Order. However, the Department

did not stipulate any schedule in the supply order nor had the firm submitted any performance security deposit.

From the records of the Directorate, cases of inordinate delay in the delivery of the item were noticed. As per the agreement dated 21 October 2014 and the supply order dated 22 October 2014, the requirement of one and half month was 6,18,849 kg of Micronutrient Fortified Energy Dense Food. However the food items were supplied by the firm in a staggered manner from November 2014 till November 2015. In the absence of schedule of supply in the supply order, the supplier delivered the requirement of one and half month in 13 months taking the advantage of absence of schedule of supply in the supply order. This has affected timely supply of the food items with adverse consequences on the implementation of SNP.

b) Non-adherence to calorific norms and quality standards in procurement of Micronutrient Fortified Energy Dense Food

As per the Memorandum of Understanding signed between M/S Rausheena Udyog Ltd., Guwahati and the Department, every 100 gm of Micronutrient Fortified Energy Dense Food (Paustik Aahar with milk and Paustik Aahar without milk) supplied by the firm should contain 12-15 gm of protein and 500 Kilo Calorie (K Cal) respectively. The supplier should have tests conducted by a Government of India approved food testing laboratory on the quality and fitness for human consumption, for each batch, and send a copy of the test reports to the Department.

The firm failed to send these reports in time and the Department had not taken action on the firm for the gross lapse which could endanger the health of the beneficiaries. The risk of the lapse on the part of both the firm and the Department was brought to the fore when in May 2015, children under Imphal East-II Project suffered from vomiting and diarrhea after consuming the Micronutrient Fortified Energy Dense Food (Paustik Aahar with milk and Paustik Aahar Khichdi) supplied by the firm.

In July 2014, the Food and Nutrition Board (Eastern Region) and Quality Control Laboratory, Government of India, MoWCD on examining the sample of Micronutrient Fortified Energy Dense Food (Paustik Aahar with milk and Paustik Aahar without milk) collected from Imphal West-I Project found that the protein and the calorie contents were 9.17 gm and 387 K Cal respectively which was much below the agreed standards as stated above.

Thus, the department failed to ensure adherence to calorific norms and quality standards in the food items procured.

While accepting the audit observation, Department stated that supply of items within the stipulated period would strictly be observed in future.

c) Interruption in Supplementary Nutrition Programme and insufficient provision below the norms per month

During test check of records of the sampled six ICDS projects, it was noticed that there were interruptions in providing supplementary nutrition to the beneficiaries up to six months in a year during 2011-12 to 2015-16. There were also instances where the beneficiaries were provided supplementary nutrition below the required 25 days in a month in the sampled six ICDS project. Abstract to the gaps in implementation showing the maximum instances are given in the following table.

Table No. 1.4.7 Maximum interruption in providing supplementary nutrition

Year	Supplementary nutrition not provided (Maximum period)		Supplementary nutrition provided for less than 25 days in a month (Maximum period)	
	ICDS project	Period of interruption	ICDS project	Period of interruption
2011-12	Chandel	3 months	Machi	10 months
2012-13	Imphal East – I	2 months	Chandel	11 months
2013-14	Machi	6 months	Chandel	8 months
2014-15	Machi	3 months	Chandel	11 months
2015-16	Machi	5 months	Chandel	10 months

Source: Departmental records

Such interruptions in providing supplementary nutrition up to a maximum period of 6 months in a year as well as providing supplementary nutrition below the required 25 days a month up to a maximum period of 11 months in a year as shown in the above table could be attributed to delay in supply or non-supply of food items in time at AWC levels. This would result in providing inadequate nutritional support to the beneficiaries. Such interruptions would also have adverse impact on other components of the scheme such as PSE as children are likely to be discouraged to attend for PSE in the absence of supplementary nutrition.

While accepting the audit observation, it was stated that the Department could not provide the exact days for supplementary nutrition due to delay in process for procurement of food items.

1.4.11.2 Under Other Components

Delivery of services under other components suffered from the following inadequacies:

a) Health related services

Immunization, health checkup and referral services are the health related services of ICDS. The scheme guidelines prescribe that all the children below 6 years of age under the project area were to be immunized against diphtheria, whooping cough, tetanus, polio, tuberculosis and measles and health checkups are to be organized at regular intervals by Medical Officer (MO), Auxiliary

Nurse Midwife (ANM) *etc.*, and status to be recorded in health care records. Audit scrutiny in test checked AWCs revealed the following:

- Though Immunization Registers were maintained, details like number of children in the AWC area, date of birth, date of vaccination, *etc.*, were not recorded properly;
- Referral slips were not issued in all the 120 sampled AWCs;
- Records for conducting health check-up including ante-natal care of expectant mothers, postnatal care of nursing mothers and care of the newborn and children under six years of age were not maintained;
- No health cards, mother child cards, child assessment cards and ante-natal or post-natal cards were maintained or issued to the mothers by the AWCs; and
- Record of visits by MO or ANM was not found in the visitors' book maintained by the AWWs.

As such, full picture of services of immunization, health checkups and referral services to beneficiaries during 2011-16 could not be ascertained. The AWWs of the sampled AWCs stated that such works were carried out in nearby hospitals and PHC/PHSC *etc.*, by Accredited Social Health Activist (ASHA) of their localities which was against the scheme guidelines.

b) Nutrition and Health Education

In all the AWCs, Nutrition and Health Education (NHED) is to be observed to create awareness about the nutrition and health of the beneficiaries. However, records were not maintained pertaining to this activity.

From the foregoing paragraphs, it is revealed that the State failed in providing quality services like immunization, health check-ups, referral services, nutrition and health education.

1.4.12 Human Resource Management

1.4.12.1 Excess engagement of UDC/LDC

The revised staffing pattern of the Ministry of Women and Child Development prescribed to engage one Clerk or Typist in each ICDS Project. Contrary to these norms, the Department engaged 96 regular clerical staff for the 43 ICDS projects in the State. Due to engagement of 46 UDC/LDC in excess, the scheme fund to the extent of ₹ 5.00 crore was utilised for pay and allowances during 2011-12 to 2015-16 (considering the average pay of an LDC as ₹ 18,128 per month[35]). Reasons for engagement of excess staff against ICDS norms were not available on record.

[35] The least salary of an LDC drawn in March 2012 was considered to get minimum amount for the period from April 2011 to March 2016.

In reply (January 2017), the Department stated that new staffing pattern would be followed by abolishing the post of UDC when the present incumbents superannuate/expire.

1.4.12.2 Infructuous expenditure on idle staff

Scrutiny of records of the offices of the Social Welfare Department under ICDS, it was noticed that none of the DDOs in field offices were provided/allotted any office vehicle. However, 29 regular Drivers were posted in the ICDS projects and DPOs. The expenditure of ₹ 4.24 crore[36] on pay and allowances during 2011-12 to 2015-16 on these idle staff was infructuous expenditure.

The Department replied (January 2017) that recommendation to issue vehicle to ICDS offices for better implementation of the Scheme was requested. Due to utilization of scheme fund on payment of salary *etc.*, to excess/idle staff, the implementation of the scheme suffered.

1.4.12.3 Training status of ICDS functionaries

Training status of functionaries and assessment of training backlog as on March 2016 are as given in the following table.

Table No. 1.4.8 Training status of ICDS functionaries

Sl. No.	Functionaries	Sanctioned by GoI	Men in Position as on 31 March 2016	No. of trained in Job	No. of trained in Refresher	Job training backlog	Refresher training backlog
1	CDPO	43	37	31	34	6(16%)	3(8%)
2	ACDPO	10	10	10	10	0	0
3	Supervisors	391	349	226	101	123(35%)	248(71%)
4	AWWs	9,958	9,958	9,927	6,380	31(0.3%)	3,578(36%)
5	AWHs	9,958	9,958	9,958	5,660	0	4,298(43%)
6	Mini-AWWs	1,552	1,552	0	0	1,552(100%)	1,552(100%)

Source: Departmental records

As seen from the above table, as of March 2016, all the 10 ACDPOs had received both Job Training and Refresher Training whereas all the Mini-AWWs were not given any training. Most of the CDPOs were also trained (backlog 8-16 *per cent* only). The biggest shortfall was in respect of Supervisors as 35-71 *per cent* of them were yet to be trained. Though almost all the AWWs and AWHs had been given Job Training, a large number of them (36-43 *per cent*) were yet to receive Refresher Training.

Implementation of the scheme by untrained functionaries would be less effective. Reason for non-imparting of the requisite trainings to all the functionaries has not been intimated (January 2017).

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[36] Calculated at the average pay of a Driver of CDPO, Thoubal at the rate of ₹ 24,411 per month (March 2012) for five years.

While accepting the audit observation the Department stated (December 2016) that backlog of untrained Supervisors was due to non-availability of training programme from Regional Training Centre – NIPCCD, Guwahati. However, initiatives have been taken up to upgrade the State run AWTC to middle level training centre so that Supervisors could be trained in Manipur.

1.4.13 Monitoring and Evaluation

1.4.13.1 Monitoring and supervision visits by ICDS functionaries

As per guidelines for monitoring and supervision on the implementation of the scheme prescribed by the Ministry (2010), the following monitoring and supervision schedule was stipulated and directed for the State officials to ensure effectiveness in the delivery of services in ICDS.

Table No. 1.4.9 Monitoring and supervision schedule

Sl. No.	Category of officials	Schedule requirement	Remarks
1	Supervisors (ICDS)	A minimum of 50 *per cent* of AWCs under the Supervisor's jurisdiction every month	Each AWC under a supervisor's jurisdiction should be visited at least six times in a year.
2	Joint visit by Supervisors (ICDS) with ANM	At least 2-3 AWCs every month	
3	CDPOs/ACDPOs	At least 20 AWCs per month on a rotational basis and to ensure coverage of 100 *per cent* AWCs in a year	Each AWC under a project should be visited by the concerned CDPOs/ACDPOs at least once in a year
4	Joint visit by CDPOs/ ACDPOs with Medical Officer	At least 5 AWCs per month	
5	District Programme Officers (ICDS)	All blocks to be covered per quarter. At least 3 AWCs during each block visit	

Source: Guidelines of ICDS

Test-check of records of the sampled 120 AWCs for the period 2011-16 revealed the following:

- In 33 AWCs, Supervisors did not achieve the minimum requirement of 30 visits[37] during the period;
- Joint visits of Supervisors with ANM were not conducted in any of the 120 AWCs;
- 84 AWCs were not visited by any CDPO, 22 AWCs were visited only once, 8 AWCs were visited twice and 6 AWCs were visited thrice;
- None of the sampled AWCs were jointly visited by CDPOs/ACDPOs with medical officers; and
- DPOs did not visit 119 AWCs.

[37] Calculated at the minimum requirement of six visits in a year.

As such, the monitoring and supervision by ICDS functionaries to AWCs were poor and below the prescribed norms. Therefore, timely monitoring and supervision of the Scheme which provided an important opportunity to the ICDS functionaries for effecting the successful implementation of the Scheme was not done.

While accepting the audit finding, the Department stated (December 2016) that instruction for frequent visits to AWCs by CDPOs/Supervisors will be issued.

1.4.13.2 Coordination with line departments in implementation of the scheme

Government of India vide order No. 16-8/2010-ME, MoWCD (ICDS M&E Unit), dated 31 March 2011 proposed to put in place a 5-tier monitoring and review committee at the central level up to the AWC level with an objective of strengthening the co-ordination and convergence with the line departments and also monitoring and reviewing the progress made in the implementation of the Scheme. The 5-tier levels are given below.

- National Level Monitoring and Review Committee (NLMRC) on ICDS;
- State Level Monitoring and Review Committee (SLMRC) on ICDS;
- District Level Monitoring and Review Committee (DLMRC) on ICDS;
- Block Level Monitoring Committee (BLMC) on ICDS; and
- Anganwadi Level Monitoring and Support Committee (ALMSC) on ICDS.

The SLMRC was to meet every six months or earlier as and when required on the notice of the Chairperson to monitor and review various issues pertaining to implementation of the Scheme and recommend appropriate actions. Under convergence, the SLMRC was to discuss with line departments the following issues:

- Health/NRHM: Status of full immunization at AWCs, provision of ante-natal and health check-ups, referral services and supply of micronutrients (Vitamin A, Iron Folic Acid, de-worming tablet) to AWCs;
- Water and Sanitation: Provision of potable water and sanitation facility at AWCs through convergence with Total Sanitation Campaign and Rajiv Gandhi National Drinking Water Mission or any other schemes of State Governments;
- Sarva Siksha Abhiyan (SSA): Co-location of AWCs with primary schools, integration of PSE in AWCs, support from SSA, *etc.*; and
- Panchayati Raj Institutions (PRIs): Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs.

At district level, the DLMRC was to meet at least once in a quarter and discuss on the issues as mentioned above. Similarly, at block level, BLMC was to meet once in a quarter and review on the issues as mentioned above except the convergence with SSA.

However, test-check of records revealed that all the committees were constituted in August 2012 but the required meetings were not held till date of audit (October 2016). Though the term of the SLMRC was to be renewed every year, it has not been renewed since constitution. This indicates that the committees were non-functional. Moreover, immunization at sampled AWCs, ante-natal and health check-ups, referral services and supply of micronutrients were not done in the sampled AWCs. Only de-worming tablets were distributed.

Provision of potable water and sanitation facility at AWCs through convergence with other schemes were absent. It was stated that the facilities of potable water and sanitation were made to the beneficiaries through amenities present at the homesteads of AWWs/AWHs. All the test-checked AWCs were neither co-located with primary schools nor was any support made to them from SSA. Involvement of PRIs and community in overseeing and coordinating the delivery of services at AWCs could not be found.

Thus, coordination of policy and implementation amongst the various departments to promote child development was not achieved for want of effective inter-sectoral convergence.

The Department replied (December 2016) that effort will be made to improve co-ordination with line Departments.

1.4.13.3 Roll-out of the Revised MIS formats not implemented

Para 5 and 6 of the guidelines on "Introduction and Roll-out of Revised Management Information System (MIS) in ICDS programme" of the Ministry prescribes (March 2012) that 11 registers such as Family Details (Register 1), Supplementary Food Stock (Register 2), Supplementary Food Distribution (Register 3) *etc.*, to be maintained by AWWs in place of all existing registers. This is to minimize the burden of paperwork on the AWWs and to maintain process integrity in reporting. The registers are to be distributed after imparting training as recommended. Also, para 17 of the guideline states that once Master Trainers are to be trained, training of the field functionaries and the actual use of the new MIS should follow without any time lapse.

Test check of the records maintained at the Directorate revealed that the Department incurred ₹ 2.06 lakh in connection with the implementation of the Roll-out of the Revised MIS formats for printing of registers and training. One-time induction training covering 5,150 out of 11,510 AWWs, 349 Supervisors/AWTC instructors, 30 District Level Master Trainers and 80 DPOs/CDPOs were conducted during 16 June 2015 to 17 July 2015. Further, test check of records of the sampled CDPOs and AWCs revealed that during September 2014 to February 2015 the sampled AWCs were issued the Revised MIS registers for use. However, as of March 2016, none of the

sampled AWCs used the new MIS registers. As the new revised MIS formats were not maintained by the AWCs the expenditure of ₹ 2.06 lakh incurred on the purpose was unfruitful (March 2016). As such, it has a negative impact on accountability and monitoring of the scheme. This violates the instructions given by the Ministry.

The Department replied (December 2016) that strict instruction to maintain the new MIS reports system was issued.

1.4.14 Other Schemes implemented under the platform of ICDS

1.4.14.1 Rice under Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA not lifted – ₹ 53.14 lakh

The Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)-SABLA should cover adolescent girls in the age group of 11-18 years under 14 ICDS projects of the selected three districts (Imphal West, Senapati and Chandel districts). Under the scheme, each Adolescent Girl will be given Supplementary Nutrition containing 600 calories, 18-20 grams of protein and micronutrients per day for 300 days in a year in the form of Take Home Ration.

Test-check of records relating to RGSEAG-SABLA in the Directorate showed that the GoI allocated 511.38 MT of rice, during 2012-13 (2nd and 3rd Quarter), for implementing the Supplementary Nutrition provision under SABLA in the three selected districts. The Department deposited ₹ 28.90 lakh to FCI, District Office, Yaiskul during 2012-13 being the cost of the rice. Similarly, the Department deposited ₹ 24.24 lakh to FCI in February 2014 being the cost of 429 MT of rice allocated for 3rd Quarter 2013-14. Before lifting the allocated rice from FCI, the cost of the rice is to be deposited after which release order for lifting is issued. In this regard, the Department could not produce the relevant records showing release order for lifting of rice, stock receipt and distribution of the same. Thus, it could not be ascertained whether the Department had lifted the allocated rice. As a result, it was doubtful whether the beneficiaries were actually benefited from Supplementary Nutrition under SABLA during the period.

1.4.14.2 Irregular Implementation of KSY scheme

As a part of the scheme, adolescent girls of Kishori Shakti Yojana (KSY) implementing ICDS projects are required to be imparted vocational training so as to fully equip them before entering into matured womanhood.

The following irregularities were noticed during scrutiny of records pertaining to implementation of the scheme:

- Vocational training was imparted to adolescent girls on the recommendation of the concerned CDPOs and sewing machines were provided on completion of the training course. It was noticed that training was imparted to 76 adolescent girls during 2010-11 to 2015-16 who were either not recommended by the concerned CDPOs or in excess of the number recommended by the concerned CDPOs.

Therefore the Department incurred an additional expenditure of ₹ 5.50 lakh on payment of stipend to trainees, expenditure on raw materials, fuel, contingency, *etc*. This is significant as it pertains to availing of equitable benefits to adolescent girls of the projects.

- Though GoI had released ₹ 24.20 lakh for training purpose during 2013-14, no training was conducted due to various reasons including non-selection of beneficiaries. Further examination of the expenditure incurred on KSY scheme during the two years revealed that the Directorate had procured sewing machines and wool knitting machines worth ₹ 20.61 lakh from M/S Noyon Singh and Sons, Imphal as shown in the following table.

Table No. 1.4.10 Purchases made under KSY scheme

Year	Item	No.	Rate (₹/No.)	Amount (₹)	Amount paid (₹)	Excess paid (₹)
2011-12	Sewing machine	84	6,200	5,20,800	5,20,800	0
	Wool knitting machine	8	5,600	44,800	44,800	0
2013-14	Sewing machine	112	7,100	7,95,200	15,01,000[38]	7,05,800
			Total	**13,60,800**	**20,66,600**	**7,05,800**

Source: Departmental records

However, the norms prescribed in GFR for purchase from Government fund through purchase committee (Rule 146) and by obtaining bids (Rule 149) were not followed. As stock register was not maintained, the actual receipt and issue of the above items could not be verified in audit. Further, in respect of the purchase of 112 sewing machines in 2013-14, the firm was paid ₹ 7.06 lakh in excess of the required amount.

The Department stated (January 2017) that 224 sewing machines for 224 trainees were procured. The reply is not acceptable as the Supply Order (June 2013) placed to the firm was for only 112 sewing machines. As such, excess payment of ₹ 7.06 lakh could not be ruled out.

[38] vide cheque Nos. 268526 and 268527 dated 09 July 2013.

1.4.15 Conclusion

Implementation of Integrated Child Development Services (ICDS) scheme in the State suffered from lack of adequate infrastructure and logistic support even after four decades of its launch. Lack of basic amenities and necessary infrastructure in many centers affected the quality of service delivery.

Capacity building of human resource at various levels was affected as the stipulated trainings were not conducted resulting in the projects being manned without trained staff in many cases.

Interruption in the service delivery and non-availability of adequate kits and equipment compromised the scheme implementation.

Community mobilization, Information Education Communication (IEC), convergence with other line departments, monitoring and supervision and quality control were not taken up as envisaged thereby affecting the effectiveness of the scheme.

Weakness in financial management and non-maintenance of accounting records resulted in leakage and unaccounted funds.

1.4.16 Recommendations

The Government may consider to:

- Assess infrastructure requirement and take appropriate steps to ensure provision of adequate infrastructure facilities to implement all the components of ICDS in an effective manner;
- Augment the capacity of the Scheme functionaries to the required standards through timely training and in consonance with the targets fixed under State Training Action Plan;
- Take up adequate steps to test the quality of supplementary nutrition items and strive for uninterrupted distribution;
- Strengthen monitoring of the construction of AWC buildings so as to ensure quality and their timely completion; and
- Strengthening and streamlining regular monitoring and supervision of ICDS Projects and AWCs to facilitate effective follow-up.

COMPLIANCE AUDIT

CONSUMER AFFAIRS, FOOD AND PUBLIC DISTRIBUTION DEPARTMENT

1.5 Avoidable expenditure

Avoidable expenditure of ₹ 4.03 crore due to storage of rice in godown instead of distributing it to the districts

The Consumer Affairs Food & Public Distribution Department (CAF&PD), Government of Manipur procures food grains and sugar under the Targeted Public Distribution System (TPDS) against the monthly quantities allocated by Government of India (GoI) from the Food Corporation of India (FCI) and distributes to the districts through the Fair Price Shop (FPS) agents.

Audit of accounts of CAF&PD (February 2015 and May 2016) revealed that during March 2014 to March 2016, the Department had incurred expenditure of ₹ 4.03 crore[39] for shifting of the allocated rice from FCI godown to the adjacent CAF&PD godown, which is separated by only a brick wall. The expenditure was avoidable as the rice lifted from FCI could have been directly transported to the respective district godowns.

On this being pointed out (February 2015 and May 2016), the Department stated (December 2016) that the State Government is required to ensure the lifting of food grains from FCI by the last day of the month proceeding the allocation month as per Government of India (GoI) instructions. However, as recovery of sale proceeds from the District authorities cannot be made in time and further payment to the FCI cannot be made as per guidelines, the State's quota of rice of the particular month was shifted from the FCI godown to the CAF&PD godown in order to ensure that the State's quota would not lapse the validity period.

Thus, the inability of the Department to recover the sale proceeds of rice from the district authorities on time has resulted in avoidable expenditure of ₹ 4.03 crore.

[39] ₹ 1.73 crore between March 2014 and February 2015; ₹ 2.30 crore between March 2015 and March 2016.

RURAL DEVELOPMENT AND PANCHAYATI RAJ DEPARTMENT

1.6 Excess expenditure

Excess expenditure to the tune of ₹ 1.40 crore was incurred due to preparation of estimates of works at rates higher than those admissible under MGNREGS

Para 7.6.6 of the Operational Guidelines (2013) of Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) stipulates that contractors cannot be engaged in any manner in the execution of works. Further, as per Para 7.6.5, overhead charges will not be paid to the line departments who render any technical support to the Gram Panchayats (GPs). Accordingly, the estimates for MGNREGA works should be devoid of provisions for contractor's profit and overhead charges. Further, the rates stipulated in the Manipur Schedule of Rates (MSR) 2011 and 2013 are inclusive of 15 *per cent* contractor's profit and overhead charges. Thus, estimate for MGNREGA works should be restricted to 85 *per cent* of MSR 2011 and MSR 2013.

Audit of accounts of the Block Development Officer (BDO), Moirang (September 2015) showed that during 2013-15 an expenditure of ₹11.86 crore was incurred on 554 number of works for which estimates were framed based on MSR 2011 and MSR 2013 which includes 15 *per cent* contractor's profit and overhead charges. The estimates should have been prepared exclusive of 15 *per cent* contractor's profit and overhead charges as per guidelines. Thus, inclusion of contractor's profit and overhead charges in the estimate led to excess expenditure of ₹ 1.40 crore as shown in the following table.

Table No. 1.6.1 Calculation of excess payments

Sl. No.	Particulars	Amount (*₹ in lakh*)
A	Total sanctioned value of work (inclusive of 3% contingency)	1185.53
	Less contingency charge @ 3%	(-) 34.53
B	Less VAT charge @ 5.65%	(-) 63.40
C	Less Labour Cess charge @1%	(-) 11.74
D	Net cost of work	**1075.86**
E	Contractor's profit to be deducted	140.33[40]
	Excess payment	**140.33**

This resulted in undue benefit to the contractors and resulted in loss to Government and also deprived the people under BDO Moirang an opportunity for creating additional community assets to that extent.

The matter was brought to the notice of the BDO, Moirang (September 2015) for his comments. In response, the BDO accepted the audit observation and stated that steps will be taken to avoid such expenditure in future.

The matter was referred to the Government. However, reply is awaited (January 2017).

[40] 1075.86 X $\frac{15}{115}$ =140.33

1.7 Excess payment

Value Added Tax of ₹ 52.92 lakh deducted at the time of release of fund was subsequently disbursed in cash to the executing agencies as refund after completion of works resulting in excess payment

As per Finance Department, Government of Manipur (GoM) Office Memorandum (July 2007 and January 2011), Value Added Tax (VAT) at the rate of 5.6 *per cent* should be deducted at source before releasing the amount to the contractor/Implementing Agency in case of execution of civil work. The Ministry of Minority Affairs (MoMA), Government of India had directed (October 2010 and May 2012) GoM not to deduct at source VAT while releasing Multi-sectoral Development Programme (MsDP) fund to the implementing agencies as VAT should be paid at the time of purchase of the materials and not at the time of release of funds. The VAT already deducted at source by the State Government should be released to the implementing agency.

Audit of accounts (December 2015) of the Executive Director, District Rural Development Agency (DRDA), Chandel for the period from July 2013 to October 2015 showed that MoMA released (February 2010) ₹ 9.45 crore as Central share for construction of Drinking Water Supply in 175 schools in the District under MsDP. While releasing the fund to DRDA Chandel (February 2010), GoM deducted VAT[41] at source at the rate of 5.6 *per cent* aggregating to ₹ 52.92 lakh[42] as per existing order of the GoM. All the works were completed as per specifications during 2011-12 and the work agencies were paid full value of work done.

In compliance with MoMA's instructions *ibid,* GoM refunded (February 2013) to DRDA Chandel the VAT component which was deducted at source. The DRDA in turn disbursed the amount of ₹ 52.92 lakh (January 2014) in cash to the work agencies as refund of VAT in respect of the works as stated above. However, it was noticed in audit that the work agencies had not deposited VAT at the time of execution of works.

In this regard it was noticed in audit that the work agencies had completed the works and final payment had been made to them and hence further release of ₹ 52.92 lakh for the same work amounts to excess payment to that extent. Further, there was a loss to Government as VAT had not been deposited on the purchases made by the work agencies.

The DRDA while admitting (December 2015) the audit observation stated that necessary action would be taken up. However, action taken, if any, has not been intimated (January 2017).

The matter was referred to the Government (July 2016); reply has not been received (January 2017).

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[41] As for levy and collection of VAT, there has to be a transaction i.e., sale or purchase.

[42] $\frac{5.6}{100} \times 945 = 52.92$

TRIBAL AFFAIRS AND HILLS DEPARTMENT

1.8 Suspected misappropriation of fund

Misappropriation of funds to the tune of ₹ 34.29 lakh is suspected due to failure to comply with the provisions of financial rules

Rule 159 of General Financial Rules envisages that payments for services rendered or supplies made should be released only after the services have been rendered or supplies made. Also, Rule 30(1) and 57 of Receipts and Payments Rules, 1983 stipulates that whenever payments are being made for works done, services rendered or articles supplied, a certificate to the effect that payment has been made to the proper person is to be recorded on the body of the bill and a proper acknowledgment may be obtained when payment is made to a private party.

Audit of accounts (March 2016) of the Chief Executive Officer (CEO), Autonomous District Council (ADC), Ukhrul showed that under Social Infrastructure Development Fund (SIDF), the Council had implemented (February 2014) the work[43] 'Supply and installation of Solar LED Street light under ADC, Ukhrul' with total estimated cost of ₹ 99.36 lakh through a firm[44].

Accordingly, the Council had drawn (October 2014) ₹ 34.29 lakh on account of first running account bill and the amount was paid in cash (October 2014) to the Executive Engineer[45] of the Council. However, even though the Council stated that 40 *per cent* of work was completed (March 2016), there was no records to show that the money was actually paid nor any records showing execution of the work. On enquiry, the CEO stated that the documents in question had not been submitted (March 2016) to them by the Executive Engineer, ADC, Ukhrul despite a lapse of 18 months.

Thus, payment made in cash to an officer of the Council instead of direct payment by cheque without any evidence of completion of the work is fraught with the risk of misappropriation of funds.

The matter was reported (July 2016) to the Department and Government; their reply is awaited (January 2017).

[43] Stipulated date of completion was within six months.
[44] M/s Philips, Thangal Bazar, Imphal.
[45] Shri Th. Shyamo, Executive Engineer, ADC, Ukhrul.