CHAPTER-II

PANCHAYATS, RURAL HOUSING AND RURAL DEVELOPMENT DEPARTMENT

AUDIT FINDINGS

CHAPTER – II

This Chapter contains Audit findings of a Performance Audit on "Implementation of Sardar Patel Awas Yojana" and a Compliance Audit on the theme "Accessibility of select public services to the rural population of Gujarat"

PERFORMANCE AUDIT

PANCHAYATS, RURAL HOUSING AND RURAL DEVELOPMENT DEPARTMENT

2.1 Implementation of Sardar Patel Awas Yojana

Executive Summary

The Panchayats, Rural Housing and Rural Development Department of Government of Gujarat had been implementing the Sardar Patel Awas Yojana (SPAY/SPAY II) for providing free plots and financial assistance to eligible Below Poverty Line (BPL) and Above Poverty Line (APL) families for construction of pucca houses.

A performance audit of implementation of SPAY/SPAY II for the period 2012-17 revealed that due to poor planning in setting the targets and non-preparation of preferential waitlist, the State Government was not aware of the number of BPL families who remained deprived of pucca houses under SPAY.

Out of release of ₹ 2,040.67 crore to SPAY beneficiaries during 2012-13, expenditure incurred was only 56 per cent, which mainly represented release of advance installments to beneficiaries.

Utilisation of funds under SPAY II was only 63 per cent during 2014-17. Recovery of ₹ 2.35 crore paid as advance installment to 1,450 beneficiaries, whose houses were cancelled due to non-commencement of construction, was not made in four test-checked Taluka Panchayats as of February 2018. There were instances of irregular/fraudulent/double payment to beneficiaries due to failure of field-level functionaries to cross-check the sanctions and verify that payments released to beneficiaries were commensurate with physical progress of works.

Except 2016-17, there was a declining trend in allotment of free plots to beneficiaries during 2012-17 due to non-availability of Gamtal. The targets shown as achieved under SPAY (98 per cent) and SPAY II (65 per cent) during 2012-17 were overstated, as houses which were under construction or nearing completion were reckoned as physically completed. There was delay in completion of houses under SPAY (one to four years) and SPAY II (one to two years) due to poor financial condition of the beneficiaries.

There were vacancies in key posts leading to poor supervision and monitoring of construction works. The prescribed norms for construction of houses were not adhered to in many cases. The grievances redressal mechanism was deficient.

2.1.1 Introduction

A performance audit of 'Sardar Patel Awas Yojana' was conducted between April 2017 and September 2017 to examine the implementation of Scheme covering the period 2012-17. Audit conducted test-check of 85 Gram Panchayats in eight out of 33 representative District Panchayats and 17 of 62 Taluka Panchayats and joint field visits of 850 beneficiaries.

The latest[1] socio-economic survey data provided (May 2017) to audit by Panchayats, Rural Housing and Rural Development Department (PRH&RDD) of Government of Gujarat (GoG), revealed that there were 80.24 lakh families residing in rural areas. The Below Poverty Line (BPL) and Above Poverty Line (APL) families in Gujarat are identified based on the scores of 13 socio-economic parameters[2] prescribed by the Ministry of Rural Development, Government of India (GoI) *i.e.* families with scores between 0 and 20 are considered as BPL and families with scores between 21 and 52 are considered as APL. Of these 80.24 lakh rural families, 31.42 lakh rural families were BPL and 26.46 lakh rural families were APL with scores between 21 and 28. However, out of 26.46 lakh APL families, 14.82 lakh families did not have *pucca* house as per socio-economic survey data.

In 1997 the State Government had introduced *Sardar Patel Awas Yojana* (SPAY) by merger of two Schemes (*i.e.* a Scheme of providing free plots and a Scheme of financial assistance for construction of *pucca* houses). Under SPAY, the State Government provided free plots of 100 square yards to landless agricultural labourers in rural areas where the beneficiary is free to construct *pucca* house by availing financial assistance from any Central/State Government housing Schemes[3] and also provided financial assistance to homeless or *kutcha* house holder BPL rural families for construction of *pucca* houses. As per information collected (July 2012) by PRH&RDD, there were 4.53 lakh rural BPL families which were homeless or having *kutcha* houses in the State. The State Government introduced SPAY II from February 2014 with the objective of providing *pucca* houses[4] to APL families having *kutcha* houses with scores between 21 and 28.

The Scheme (SPAY and SPAY II) provided for construction of *pucca* houses with a built-up area of 22.90 square meters. The PRH&RDD fixed (2001) unit cost of a house at ₹ 43,000[5] under SPAY on the basis of estimates prepared by Gujarat Rural Housing Board (GRHB). Whereas, the unit cost of house on introduction of SPAY II (February 2014) was fixed at ₹ one lakh[6]. The PRH&RDD revised the unit cost of house under SPAY from time to time and in August 2010, the unit

1 Initial survey was carried out in 2002 and the list of BPL and APL families was prepared by PRH&RDD in 2006, which was updated every year.

2 (1) Size group of operational holding of land, (2) type of house, (3) average availability of normal wear clothing, (4) food security, (5) sanitation, (6) ownership of consumer durables, (7) literacy status, (8) status of the household labour force, (9) means of livelihood, (10) status of children, (11) types of indebtedness, (12) reason for migration, and (13) preference of assistance

3 Indira Awas Yojana (Centrally Sponsored Scheme), Sardar Patel Awas Yojana, Dr. Ambedkar Awas Yojana, Pandit Deen Dayal Upadhyay Awas Yojana, *etc.*

4 By demolition of the existing kutcha houses

5 Financial assistance: ₹ 40,000 + labour contribution by beneficiary: ₹ 3,000

6 Financial assistance: ₹ 40,000 + beneficiary contribution : ₹ 60,000

cost was revised to ₹ 54,500[7]. However, the unit cost of the house under SPAY II had remained the same as of February 2018.

As per survey carried out by PRH&RDD, there were 6.98 lakh APL families having *kutcha* houses in the State as of April 2014. Between April 2012 and March 2017, the State Government provided free plots to 21,651 beneficiaries and spent ₹ 2,882.53 crore on provision of *pucca* houses to 6.40 lakh beneficiaries.

2.1.2 Organisational Set-up

The Principal Secretary is the administrative head of PRH&RDD and is responsible for planning, implementation, monitoring and evaluation of SPAY and SPAY II (Scheme). The Scheme is implemented under the supervision of Development Commissioner (DC) who is assisted by District Development Officers (DDOs) of District Panchayats (DPs) at the district level and Taluka Development Officers (TDOs) of Taluka Panchayats (TPs) at the taluka level. The TDO is assisted by Additional Assistant Engineers (AAEs) for implementation of the Scheme at the taluka level and by the *Talati-cum-Mantris* (TCMs) at the village level.

2.1.3 Audit Objectives

The broad audit objectives of the performance audit were to assess whether:

- planning for the Scheme was adequate;
- financial resources were efficiently used;
- service delivery under the Scheme in terms of quantity, quality and timing was optimal; and
- monitoring for the Scheme was efficient.

2.1.4 Audit Criteria

During performance audit, the audit criteria adopted were Scheme provisions, resolutions, orders, circulars and instructions issued by the State Government from time to time in connection with the implementation of the Scheme.

2.1.5 Scope of Audit and Methodology

The performance audit commenced with an entry conference (11 April 2017) with Principal Secretary, PRH&RDD wherein the audit objectives, scope of audit and audit criteria were discussed and the inputs of the Department were obtained.

Audit test-checked the records in the offices of PRH&RDD and DC at State level and eight[8] of 33 DPs and 17 of 62 TPs (around one-fourth of total talukas in each selected district) at the field level. The scope of audit was extended to five Gram Panchayats (GPs) in each selected taluka (85 GPs - around one-eleven

7 Financial assistance: ₹ 45,000 + construction of toilets : ₹ 2,200 from Nirmal Gujarat Scheme + labour contribution by beneficiary: ₹ 7,300

8 Ahmedabad, Anand, Banaskantha, Dahod, Navsari, Porbandar, Surendranagar and Tapi

of total GPs in each selected taluka) and joint field visits of 10 beneficiaries in each selected GP (850 beneficiaries). Audit also collected information from the TCMs of 17 villages (one from each selected taluka) regarding number of rural families left out from housing benefits and conducted joint field visits of five such families in each selected village to confirm the validity of information provided by TCMs. The audit findings were discussed with the Principal Secretary, PRH&RDD in the exit conference held on 01 February 2018. The State Government furnished paragraph-wise reply to the draft report in February 2018, which had been incorporated at appropriate places in the report.

Details of free plots provided, houses approved, houses completed and expenditure incurred at State level and test-checked TPs during 2012-17 under SPAY/SPAY II are shown in **Table 1**.

Table 1: Details of free plots provided, houses approved, houses completed and expenditure incurred during 2012-17.

(₹ in crore)

Year	Free plots provided	Total houses approved in the State	Houses completed in the State as of March 2017 (Percentage)	Total houses approved in test-checked TPs	Houses completed in test-checked TPs as of March 2017 (Percentage)	Total expenditure incurred
2012-13	11,574	4,29,900	4,24,947 (99)	49,520	23,778 (48)	1,145.23
2013-14	5,370	5,279	3,142 (60)	253	113 (45)	95.36
2014-15	2,166	1,84,480	1,34,199 (73)	22,480	5,437 (24)	407.15
2015-16	1,068	1,42,773	77,336 (54)	14,996	3,444 (23)	800.17
2016-17[9]	1,473	00	00	00	00	434.62
Total	**21,651**	**7,62,432**	**6,39,624 (84)**	**87,249**	**32,772 (38)**	**2,882.53**

(Source: Information provided by DC and TPs)

Audit has analysed different aspects of the SPAY/SPAY II and the audit findings are mentioned below.

Audit Findings

Out of eight test-checked districts, audit observed best practice in Navsari district where planning process in selection of beneficiaries was followed more effectively as very few beneficiaries were left out from availing benefit of *pucca* houses. Financial management in terms of efficient utilisation of funds and completion ratio of houses was high in test-checked Chikhli taluka of Navsari district. Whereas, Amadhra village of Chikhli taluka demonstrated good work, as eight of 10 selected beneficiaries had completed their houses and no case of irregular/fraudulent payment was noticed. Contrary to this, implementation of Scheme was found very poor in Dahod district where large number of beneficiaries were left out from housing benefits in test-checked GPs, funds remained unspent with Devgadhbaria TP, completion ratio of houses was low and fraudulent payments were noticed in two of 10 cases in test-checked Piplod village of Devgadhbaria taluka. However, deficiencies noticed in planning,

9 No houses were approved under SPAY II during 2016-17 as a new Scheme namely, Pradhan Mantri Awas Yojana - Gramin was introduced in 2016-17.

financial management, Scheme management and monitoring and evaluation of the Scheme are discussed below.

2.1.6 Planning for the Scheme

2.1.6.1 Unrealistic targets set under SPAY

The State Government had set (March 2009) a goal of providing *pucca* houses to all BPL families under various housing Schemes by the Swarnim Gujarat Year 2010. The annual target set for the houses under SPAY was 74,180, 34,289 and 28,642 for the years 2009-10, 2010-11 and 2011-12 respectively. Initially the target for the year 2012-13 was fixed as 78,816 houses. However, PRH&RDD collected (July 2012) information from all DDOs regarding number of homeless or *kutcha* house holder BPL families in their districts. Accordingly, revised target of 4,53,482 houses[10] was fixed (August 2012) under SPAY to provide *pucca* houses to all remaining BPL families during the year 2012-13. No outcome assessment was done of SPAY till 2012. The process of collection of data, budgeting and release of fund was undertaken within a period of 26 days (from 12 July 2012 to 6 August 2012) with unusual alacrity. Further, the implementation procedure and institutional capacity was not re-configured for the fresh targets 475 *per cent* higher than the earlier targets. Similarly, to extend the rural housing benefits to APL population, a survey of only APL families was conducted (April 2014) without consolidating the outcome results of SPAY till 2014. BPL families left out were not surveyed during the period. The State Government achieved only 24 *per cent* housing after extending the Scheme to APL families. Detailed audit observations are mentioned in **paragraph 2.1.8.3.**

The Principal Secretary agreed (February 2018) that target of 4.53 lakh houses set during 2012-13 was very high. He further stated that the huge target was fixed to achieve the goal set by the State Government to cover all the remaining BPL beneficiaries on campaign mode during 2012-13. However, audit is of the view that the realistic targets should be fixed with adequate planning which could benefit the rural BPL/APL population with affordable housing as envisaged.

2.1.6.2 Non-preparation of preferential waitlist

As per the instructions issued (June 2006) by PRH&RDD, the benefits of SPAY and other housing Schemes were to be provided to the BPL families on preferential basis *i.e.* families with the lowest score shall be preferred first. Accordingly, each GP was required to prepare a preferential waitlist of BPL families and ensure selection of beneficiaries as per the preferential list.

Audit observed that none of the 85 test-checked GPs had prepared the preferential waitlist. Further, consolidated/comprehensive records of housing benefits provided to beneficiaries under other housing Schemes were also not being maintained by the TCMs/TPs/DPs. Consequently, the TDOs/DDOs were unaware of the number of BPL families who had been deprived of *pucca* houses under the Scheme(s) at the village level. Thus, the data collected by PRH&RDD (July 2012) regarding numbers of BPL families not covered for *pucca* housing

10 Original targets 78,816 + number provided by all DDOs 3,74,666 = revised target 4,53,482

benefits was not realistic and many BPL families have been left out as discussed in the succeeding paragraph.

The TCMs of test-checked GPs stated (May-August 2017) that the preferential lists could not be prepared due to heavy work load. The concerned TDOs stated (January 2018) that instructions would be issued to all TCMs for approving houses as per the preferential list.

2.1.6.3 Coverage of identified BPL families

The State Government introduced (February 2014) SPAY II for APL families, assuming that all the BPL families had been covered under SPAY and other housing Schemes. However, information provided by TCMs of 17 villages of selected talukas revealed that 978 of 7,802 BPL families (13 *per cent*) had not been extended benefits under any housing Scheme(s) as indicated in **Appendix-I**. During joint visits with TCMs, 72 of 978 BPL families of test-checked GPs confirmed to audit that they did not get any benefit under any housing Scheme(s) of the Government and were therefore, compelled to stay in *kutcha* houses **(Picture 1 and 2)**. This indicated that the State Government had introduced SPAY II in haste without ensuring 100 *per cent* coverage of BPL families in the State.

Picture 1: Dilapidated *kutcha* house in Piplod village, Devgadhbaria taluka under Dahod district.

Picture 2: *Kutcha* house in Simej village, Dholka taluka under Ahmedabad district.

During exit conference, the Principal Secretary, PRH&RDD stated (February 2018) that necessary action would be taken to provide *pucca* houses to left out BPL beneficiaries under Pradhan Mantri Awas Yojana - Gramin (PMAY), after due verification. The fact remains that the State Government introduced SPAY II without ensuring 100 *per cent* coverage of BPL families resulting in many BPL families residing in dilapidated/*kutcha* houses.

2.1.6.4 Maintenance of beneficiaries' records

As per instructions (June 2006) of PRH&RDD, the GPs were required to identify the poor families residing in *kutcha* houses or homeless. The details of such families were required to be forwarded to PRH&RDD through the taluka and district level authorities for approval and consideration for providing *pucca* houses under the housing Schemes.

Audit analysis of the list of BPL and APL families maintained by PRH&RDD (May 2017) revealed that during last five years (2012 to 2016), 2.16 lakh BPL and APL families had been added, which included 10,769 families from eight test-checked districts. Further, of the 85 test-checked GPs, 28 GPs had added 153 families while the remaining 57 GPs had not updated the data during 2012 to 2016. Therefore, the records at the GP level as required by PRH&RDD were not properly maintained.

Recommendation 1: The State Government may ensure that all the targeted beneficiaries not covered by SPAY are extended housing benefits expeditiously.

2.1.7 Financial Management

2.1.7.1 Utilisation of Scheme funds

For implementation of the Scheme, PRH&RDD releases funds to DC who in turn releases the same to DDOs, based on the targets fixed for each DP under the Scheme. The funds are then released to each TP, based on the number of houses actually approved for construction under each taluka. As per the Scheme provisions, the TDOs make payments to beneficiaries under SPAY and SPAY II in three installments[11] *viz.* first installment as advance payment on approval of house, second installment after completion of work up to lintel level duly certified by AAE and final installment on completion of house duly certified by both TCM and AAE.

The details of funds released and expenditure incurred in the State under SPAY and SPAY II during 2012-17 are shown in **Table 2**.

Table 2: Funds released and expenditure incurred under SPAY and SPAY II during 2012-17

(₹ in crore)

Year	SPAY		SPAY II	
	Funds released	Expenditure incurred	Funds released	Expenditure incurred
2012-13	2,040.67	1,145.23	NA	NA
2013-14	73.14	95.36	NA	NA
2014-15	10.00	274.07	743.74	133.08
2015-16	00.10	275.73	500.00	524.44
2016-17	00.00	176.23	200.00	258.39
Total	**2,123.91**	**1,966.62(93%)**	**1,443.74**	**915.91(63%)**

(Source: Information provided by DC)

NA= Not Applicable (SPAY II commenced from 2014-15)

Audit analysis revealed that against the original budget provision of ₹ 354.67 crore for the year 2012-13, the State Government had released ₹ 2,040.67 crore by additional authorization to provide pucca houses to all remaining BPL families. However, the State Government could utilise only ₹ 1,145.23 crore

11 SPAY: ₹ 21,000 (advance payment) + ₹ 15,000 + ₹ 9,000; SPAY II: ₹ 10,000 (advance payment) + ₹ 20,000 + ₹ 10,000

(56 *per cent*) during 2012-13 of which ₹ 902.79 crore[12] was paid as first advance installment to 4.30 lakh approved beneficiaries. As seen from the above table, after closure of SPAY (2013-14), the State Government had spent ₹ 726.03 crore on SPAY during 2014-17 indicating poor financial management in terms of timely utilization of funds.

Out of total release of ₹ 3,567.65 crore under SPAY/SPAY II, the State Government utilised ₹ 2,882.53 crore during 2012-17 and an unspent ₹ 685.12 crore were kept in Public Ledger Accounts (PLA) of TDOs/DDOs, which was almost equal to the first tranche of release in SPAY II and more than double the average annual expenditure incurred in SPAY II.

During the exit conference, the DDOs stated (February 2018) that financial assistance was given to beneficiaries as per the progress of works. As many houses were not complete, utilisation of funds was less. Fact remains that the State Government has not analysed the reasons for non-drawl of second and third installments and the non-completion of houses.

2.1.7.2 Unspent balances

The details of funds received by DDOs of eight test-checked DPs and released to 62 TPs during 2012-17 are shown in **Table 3**.

Table 3: Funds received and released by DDOs in test-checked DPs during 2012-17

(₹ in crore)

Name of DPs	Opening balance with DDOs	Funds received by DDOs	Total available funds	Funds released to TPs	Funds surrendered to State Government	Closing balance with DDOs
Ahmedabad	10.87	53.68	64.55	61.14	00.00	3.41
Anand	00.00	208.62	208.62	207.23	00.00	1.39
Banaskantha	00.00	183.61	183.61	183.61	00.00	00.00
Dahod	00.06	380.64	380.70	373.28	7.36	00.06
Navsari	00.00	104.29	104.29	102.58	00.00	1.71
Porbandar	00.00	8.25	8.25	4.02	00.00	4.23
Surendranagar	00.00	45.48	45.48	38.22	00.00	7.26
Tapi	00.00	163.74	163.74	163.74	00.00	00.00
Total	**10.93**	**1,148.31**	**1,159.24**	**1,133.82**	**7.36**	**18.06**

(Source: Information provided by the test-checked DPs)

The above table shows that the funds received by DDOs (on the basis of target fixed for the DPs) was more than that actually released to TPs (on the basis of actual number of houses approved in TPs), leading to accumulation of an unspent balance of ₹ 18.06 crore at the end of March 2017 in six of eight test-checked DPs, which was not surrendered to Government as of February 2018. Only Dahod DP had taken timely corrective action and surrendered the unspent amount of ₹ 7.36 crore during 2015-17.

12 4,29,900 approved beneficiaries x ₹ 21,000 = ₹ 902.79 crore

Further, 17 of 62 test-checked TPs spent ₹ 344.48 crore out of ₹ 422.04 crore made available by the DDOs during 2012-17, leaving an unspent balance of ₹ 76.90 crore[13] as of March 2017 (**Appendix-II**). The reasons for the non-utilisation of the funds provided, particularly when the number of beneficiaries was large, have not been adequately analysed by the State Government.

The State Government accepted the facts and stated (February 2018) that instructions would be issued to all the DDOs to refund the unspent balances which was provided in excess of the number of houses approved. Accumulation of funds with DDOs shows violation of financial provisions as they have to surrender the excess funds prior to closure of each financial year.

2.1.7.3 Non-recovery of financial assistance for non-construction/partial construction of houses

As per Scheme provision, the beneficiaries were to complete the construction of *pucca* houses within 15 weeks of issue of sanction letters by the concerned TDOs. Further, as per Government Resolution (GR) of May 2013, in cases where the beneficiaries had not commenced construction, houses sanctioned to them were to be cancelled and the first installment paid as advance was to be recovered.

Scrutiny of records of 17 test-checked TPs revealed that of 87,249 houses sanctioned under SPAY and SPAY II during 2012-16[14], TDOs released only first installment in 22,937 cases which did not require any certificate. Out of 22,937, sanctions for construction of only 1,471 houses were cancelled by five TPs but except TDO, Kutiyana who recovered the first installment from 21 beneficiaries, none of the four TDOs could recover first installment of ₹ 2.35 crore[15] from the remaining 1,450 beneficiaries as of February 2018. The remaining 21,466 cases where only first installment was paid (₹ 29.58 crore)[16], indicated that the beneficiaries had either not commenced construction or the houses were partially constructed. However, the TDOs did not take any action to cancel the sanctions and effect recoveries from the defaulting beneficiaries as of February 2018.

During exit conference, the Principal Secretary, PRH&RDD stated (February 2018) that necessary action would be taken to recover the first installment from the beneficiaries whose sanctions for construction of *pucca* houses stand cancelled. He further, stated that a proposal was under consideration to accommodate 21,466 beneficiaries under PMAY and the first installment paid to them under SPAY/ SPAY II would be adjusted in PMAY. Thus, many beneficiaries availing only first advance installment indicated failure of TDOs and other field functionaries in proper monitoring and supervision of construction work.

13 The difference of ₹ 0.66 crore in closing balance was due to surrender of the same to Government by TDO Dahod during 2012-13

14 No houses were approved under SPAY II during 2016-17 as a new Scheme namely, Pradhan Mantri Awas Yojana - Gramin was introduced in 2016-17.

15 820 beneficiaries of SPAY x ₹ 21,000 + 630 beneficiaries of SPAY II x ₹ 10,000 = ₹ 2,35,20,000

16 ₹ 15.49 crore paid under SPAY for 7,376 houses (at ₹ 21,000) and ₹ 14.09 crore paid under SPAY II for 14,090 houses (at ₹ 10,000)

2.1.7.4 Short payment / irregular deduction

In test-checked 17 TPs, audit observed instances of short payment/irregular deduction as discussed below:

- PRH&RDD had increased (August 2010) the financial assistance under SPAY from ₹ 43,000 to ₹ 45,000 effective from April 2010. However, TDO, Dhandhuka had approved houses during 2012-13 with pre-revised rate resulting short payment of ₹ 5.38 lakh to 329 beneficiaries of SPAY.

- As per provision under Scheme, the final instalment was to be paid on completion of construction of house with toilet. Audit scrutiny at four TPs revealed that the last installments were paid after deducting ₹ 46.63 lakh[17] due to non-construction of toilets by the 1,559 beneficiaries.

The TDOs of concerned test-checked TPs accepted (May-August 2017) the audit observation and stated that necessary corrective steps would be taken. The DC agreed (February 2018) that amount deducted for non-construction of toilet work would be released after verification of completion of toilet work.

2.1.7.5 Irregular/fraudulent/double payment

Audit obtained the physical and financial progress of 850 approved houses from the offices of 17 test-checked TPs and verified the actual status of these houses by conducting joint field visits in 85 test-checked GPs with TCMs and the representative of TPs. Audit observed that in 63 of 850 cases, there were instances of irregular/fraudulent/double payment to the beneficiaries totaling ₹ 13.25 lakh. The summarised position is given below.

- In 25 cases under SPAY and 10 cases under SPAY II, though the beneficiaries did not construct the houses up to lintel level, the TDOs paid the second installment to the beneficiaries in contravention of the extant provisions.

- In 14 cases under SPAY and 13 cases under SPAY II, the TDOs paid all the three installments to the beneficiaries though they did not commence or complete the construction work **(Picture 3 and 4).**

- In Rajpur village (Dholka taluka), one beneficiary had been sanctioned housing assistance twice under SPAY during 2012-13. Further, the beneficiary received first installment of ₹ 21,000 on both the occasions and had not even commenced the construction work till May 2017.

In all the 63 cases, the concerned TCMs/AAEs had issued fake certificates for different stages of construction, on the basis of which, the TDOs had released payments to the beneficiaries.

17 Limbdi: 44 case x ₹ 1,000, Amirgadh: 23 cases x ₹ 3,500, Dhrangadhra: 127 cases x ₹ 2,957 and Dahod: 1,365 cases x ₹ 3,050

Picture 3: *Kutcha* house of a beneficiary in Malgadh village, Deesa taluka under Banaskantha district on the date of joint visit (06 July 2017). The beneficiary had submitted fake photograph of the completed house (Picture 4) to claim third instalment.

Picture 4: Fake photograph of pucca house produced by the same beneficiary, as indicated in Picture 3, to TDO office to claim the third instalment.

During exit conference, the Principal Secretary, PRH&RDD viewed this as a serious omission. The State Government stated (February 2018) that instructions have been issued to all the eight DPs to look into the matter and appropriate action would be taken accordingly.

Recommendation 2: The State Government may ensure recovery of first installment in all the cases where houses have been cancelled on account of non-commencement of construction by the beneficiaries. The State Government may also review all such cases where partial or full payment had been released to the beneficiaries without verifying the physical progress of works.

2.1.8 Scheme Management

The State Government had provided free plots to 21,651 beneficiaries during 2012-17. Out of 7.62 lakh houses approved, 6.40 lakh houses were completed and an expenditure of ₹ 2,882.53 crore was incurred during 2012-17.

2.1.8.1 Inadequacies under the Scheme of allotment of free plots

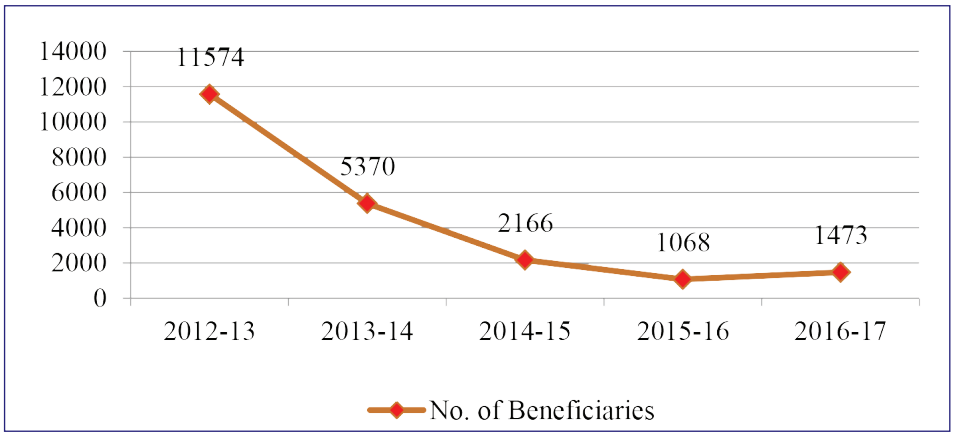
The GoI Scheme of 1972 for allotment of free plots to landless agricultural labourers in rural areas (which was subsequently transferred to State Government in 1974) laid down a number of key provisions for its effective implementation. However, audit observed the following inadequacies under the Scheme of allotment of free plots:

- As per provisions, application for free plots were to be called for from the beneficiaries after making due publicity of the Scheme. Scrutiny of records in 85 test-checked GPs under 17 talukas revealed that none of the GPs had publicised the Scheme or made *suo moto* efforts to call for applications from beneficiaries requiring free plots. The GPs had also not maintained any register showing details of applications received, applications approved and free plots allotted. Thus, TDOs were not aware

of the numbers of actual beneficiaries requiring free plots in the villages under them.

- There was a declining trend in allotment of free plots to the eligible beneficiaries in the State during 2012-17 (Chart 1), except 2016-17 where there was a marginal increase over the previous year.

Chart 1: Allotment of free plots to beneficiaries



(Source: Information provided by DC)

- In 17 test-checked talukas, of 3,070 applications received for allotment of free plots during 2012-17, only 1,566 applications (51 *per cent*) were approved by the taluka land committees[18]. The remaining 1,504 cases could not be approved due to non-availability of *Gamtal*[19] in concerned GPs. Further, *sanads*[20] were not issued in 457 of 1,566 approved cases, as a result, free plots could not be handed over to the beneficiaries for construction of houses. Of the remaining 1,109 cases where *sanads* were issued, sanction was accorded for construction in 574 cases (**Appendix-III**). These clearly indicated lapses on the part of the State Government/TDOs for not transferring Government waste land/*Gauchar*[21] land for providing free plots to remaining 1,504 beneficiaries, not preparing s*anads* for transferring the right of free plots to 457 beneficiaries and non-approval of houses for 535 beneficiaries.

- For effective implementation of free plots Scheme, a land committee was to be constituted at the district and the taluka levels and quarterly and monthly meetings respectively held to take decision on applications received for free plots, to ensure handing over of free plots to beneficiaries in time, analyse the work done for increasing *Gamtal* area and acquisition of private land, monitoring the construction of houses on free plots *etc.* Scrutiny of records in eight test-checked DPs revealed that the district land committees met only twice against 160 meetings to be held during 2012-17. Similarly, the taluka land committees in 17 test-checked TPs held only 44 meetings against 1,020 meetings to be held during the same

18 Headed by President of TP and Mamlatdar of TP, TDO of TP, local MLA and President of Social Justice Committee of TP being the members
19 Government land under the jurisdiction of GP.
20 It is a legal document for transferring the right of free plots (Government land) to beneficiaries.
21 Government land used for cattle grazing

period. Regular meetings by district and taluka land committees would have helped resolve the deficiencies mentioned above in implementation of the Scheme of allotment of free plots.

During the exit conference, Principal Secretary, PRH&RDD stated (February 2018) that for effective implementation of the Scheme, the provision had been revised (May 2017) and now the meetings of taluka land committees would be held under the Chairmanship of *Prant* Officer (Deputy Collector) who would also be empowered to transfer Government land to *Gamtal*. The Principal Secretary further stated that houses would be sanctioned to the remaining beneficiaries, to whom free plots have already been allotted, under PMAY.

2.1.8.2 Discrepancies in achievement of targets for completion of houses

Under the Scheme, the DC assigns annual targets to the DPs for construction of houses. The year-wise details of targets fixed by DC and achievement there-against by DPs in the State during 2012-17 are shown in **Table 4**.

Table 4: Achievement of targets under SPAY and SPAY II during 2012-17

SPAY				
Year	**Target fixed**	**Final target as per houses actually approved**	**Number of houses completed up to March 2017 (percentage)**	**Houses in progress/ cancelled**
2012-13	4,53,482	4,29,900	4,24,947 (99)	4,953
2013-14	16,252	5,279	3,142 (60)	2,137
Total	**4,69,734**	**4,35,179**	**4,28,089 (98)**	**7,090**
SPAY II				
2014-15	3,53,000	1,84,480	1,34,199 (73)	50,281
2015-16	2,00,000	1,42,773	77,336 (54)	65,437
2016-17[9]	60,000	00	00 (00)	00
Total	**6,13,000**	**3,27,253**	**2,11,535 (65)**	**1,15,718**
Grand Total	**10,82,734**	**7,62,432**	**6,39,624 (84)**	**1,22,808**

(Source: Information provided by Development Commissioner)

While the table above shows that the State Government had been able to achieve the target for construction of houses under the Scheme to the extent of 84 *per cent* (98 *per cent* under SPAY and 65 *per cent* under SPAY II), the situation on ground was totally different. Audit scrutiny of documents in 16 test-checked TPs[22], where data was available, revealed that against the target of 49,773 houses to be constructed under SPAY, the achievement during 2012-17 was only 23,891 (48 *per cent*) while under SPAY II, only 8,881 houses could be constructed during 2014-17 against the target of 37,476 houses (24 *per cent*). Thus, the overall achievement under the Scheme shown by the DC did not appear to be credible.

22 Information from Deesa TP was awaited.

The State Government stated (February 2018) that houses which were under construction or nearing completion were shown as physically completed by the field offices (TDOs/DDOs) in their reports furnished to DC office. This led to depiction of inflated achievement of targets. During exit conference, the Principal Secretary, PRH&RDD and the DC agreed (February 2018) that there was a discrepancy in reporting which would be reconciled. The State Government, therefore, needs to look into the cases of over-reporting of achievements against the Scheme.

2.1.8.3 Delay in completion of houses

As already stated, the beneficiaries were to complete the construction of pucca houses under SPAY and SPAY II within 15 weeks of issue of sanction letters by the concerned TDOs. Audit observed that State-level information regarding delays in completion of houses was not available in DC office and therefore, the State Government did not have the macro picture of the quantum of delays registered in completion of houses under SPAY and SPAY II.

However, year-wise details of number of houses sanctioned and quantum of delays in completion of houses under SPAY during 2012-17 in 16 of 17 test-checked TPs, as compiled by audit, are shown in **Table 5**.

Table 5: Year-wise details of houses sanctioned and quantum of delays in completion of houses under SPAY in test-checked TPs during 2012-17

Year of approval	Total number of houses approved	Number of houses completed during the year					Total number of houses completed
		2012-13	2013-14	2014-15	2015-16	2016-17	
2012-13	49,520	391	4,978	10,749	5,770	1,890	23,778
2013-14	253	00	9	36	68	00	113
Total	**49,773**	**391**	**4,987**	**10,785**	**5,838**	**1,890**	**23,891**

(Source: Compiled by audit on the basis of information furnished by test-checked TPs)

It is evident from the table above that of the total 49,773 houses approved for construction under SPAY during 2012-14, only 23,891 houses (48 *per cent*) were completed as of March 2017. Of the 23,891 completed houses, only 400 houses were completed within the year of approval while the remaining 23,491 houses were completed after a delay ranging from one to four years.

Similarly, of the total 37,476 houses approved for construction under SPAY II during 2014-17, only 8,881 houses (24 *per cent*) were completed as of March 2017. Of the 8,881 completed houses, only 495 houses were completed within the year of approval while the remaining 8,386 houses were completed after a delay ranging from one to two years, as evident from **Table 6**.

Table 6: Year-wise details of houses sanctioned and quantum of delays in completion of houses under SPAY II in test-checked TPs during 2014-17

Year of approval	Total number of houses approved	Number of houses completed during the year			Total number of houses completed
		2014-15	2015-16	2016-17	
2014-15	22,480	27	1,869	3,541	5,437
2015-16	14,996	--	468	2,976	3,444
2016-17[9]	--	--	--	--	--
Total	**37,476**	**27**	**2,337**	**6,517**	**8,881**

(Source: Compiled by audit on the basis of information furnished by test-checked TPs)

The TDOs of all the 17 test-checked TPs attributed (January 2018) the delays to poor financial condition of the beneficiaries as one of the reasons. The State Government also confirmed this fact in February 2018. Joint field visit of 850 selected beneficiaries in test-checked GPs revealed that 315 beneficiaries either could not continue construction work after availing first/second installments or commence the construction work under SPAY/SPAY II (**Picture 5 and 6**).

Picture 5: Beneficiary not able to continue construction under SPAY beyond plinth level in Borna village, Limbdi taluka under Surendranagar district.

Picture 6: Beneficiary not able to commence construction under SPAY II by demolishing her kutcha house in Bamanwada village, Chikhli taluka under Navsari district.

2.1.8.4 Non-adherence to prescribed specifications in construction of houses

As per specifications prescribed in the GR of May 2001, all houses constructed by the beneficiaries under the Scheme were to be earthquake resistant with reinforced cement concrete (RCC) slab, plastered walls, solid doors/windows and toilets. Further, every beneficiary was to fix a plate in the front wall of the completed house, indicating the name of the beneficiary and the year of approval of the house. During joint field visit of 850 beneficiaries in test-checked GPs, it was observed that 535 beneficiaries (63 *per cent*) had availed of final installment after completing the construction of houses. Audit observed that houses had not been constructed by the beneficiaries as per prescribed specifications, as discussed below.

- In 297 of 535 completed houses (56 *per cent*), the beneficiaries used cement sheets/*naliya* instead of RCC slab in roof tops.
- 172 houses (32 *per cent*) had no plastered walls.

- 108 houses (20 *per cent*) had no toilets.
- In 33 houses (six *per cent*), doors/windows were not fixed.
- Name plates showing beneficiaries' name and approval details were not found fixed in 484 houses (*90 per cent*).

Audit observed during test-check and joint field verification that one of the most important reasons for violation of the specifications was inadequate quantum of financial assistance provided for construction of houses to the BPL/APL families and its proportion of release[23].

Recommendation 3: The State Government may ensure timely completion of houses under construction through effective supervision and monitoring. The State Government may also ensure strict adherence to all specifications prescribed for construction of pucca houses.

2.1.9 Monitoring and Evaluation

2.1.9.1 Shortage of manpower in key posts

The TCMs at the village level and the AAEs at the taluka level were the key functionaries and primarily responsible for processing the applications received from beneficiaries, supervising the construction works and issuance of stage-wise completion certificates. However, considering the fact that the average annual target of 2.17 lakh houses set during 2012-17 under SPAY/SPAY II (Table 4) was more than five times the target of 0.38 lakh set during 2007-12 under SPAY, the State Government did not make a corresponding increase in the sanctioned posts of TCMs and AAEs to keep up with the additional work load. In 17 test-checked TPs, there were vacancies against the existing sanctioned posts of TCMs and AAEs to the extent of 21 to 32 *per cent* and 25 to 42 *per cent* respectively during 2012-17, as indicated in **Table 7.**

Table 7: Details of sanctioned posts of TCMs/AAEs and their actual availability in test-checked TPs during 2012-17

Year	Talati-cum-Mantri			Additional Assistant Engineer		
	Sanctioned posts	Posts filled up	Percentage of vacancy	Sanctioned posts	Posts filled up	Percentage of vacancy
2012-13	1,066	766	28	31	18	42
2013-14	1,066	751	30	31	18	42
2014-15	1,008	688	32	30	19	37
2015-16	1,003	763	24	31	19	39
2016-17	1,008	794	21	32	24	25

(Source: Information provided by test-checked TPs)

Shortage of TCMs and AAEs over the years had resulted in non-updation of socio-economic data of BPL and APL families, non-maintenance of vital records

23 SPAY: ₹ 21,000 (advance payment) + ₹ 15,000 + ₹ 9,000; SPAY II: ₹ 10,000 (advance payment) + ₹ 20,000 + ₹ 10,000

relating to implementation of the Scheme (such as, preferential waiting list of BPL beneficiaries, records showing allotment of free plots to beneficiaries *etc.*) and poor supervision and monitoring of construction works, as discussed in preceding paragraphs.

The State Government accepted the facts and stated (February 2018) that the process for recruitment against the vacant posts had been initiated.

2.1.9.2 Non-constitution of monitoring committees

The GR of September 2015 provided for constitution of a squad by PRH&RDD comprising three members[24] for conducting surprise checks and investigate cases of irregularities noticed under SPAY/SPAY II. However, PRH&RDD did not constitute the squad as of February 2018. Had this been constituted, instances of irregular/fraudulent/double payment could have been minimised.

The GR of September 2015 also provided for constitution of a committee[25] at the district and the taluka levels to ensure quality assurance of houses constructed under SPAY/SPAY II. However, none of the eight test-checked DPs and 17 TPs constituted the committee. Monitoring committee at the district and the taluka levels could have checked the non-adherence of prescribed specifications in construction of houses under SPAY/SPAY II.

The State Government accepted the facts and stated (February 2018) that necessary action would be taken to constitute the squad/committees.

2.1.9.3 Deficient grievances redressal mechanism

Effective grievance redressal mechanism is an essential tool to evaluate the effectiveness of any Scheme. It also assists in course correction. Audit observed that the State Government had not developed any online grievance redressal mechanism or a web-based complaint redressal system (CRS) to monitor receipt and redressal of grievances received from the beneficiaries of the Scheme. It was further observed that none of the eight test-checked DPs and 17 TPs had maintained a complaint register for registering the complaints received from beneficiaries. In absence of web-based CRS at the apex level or complaint registers at the taluka and district levels, audit could not vouchsafe the number of complaints received and disposed of with regard to irregularities in selection of beneficiaries, release of installments to beneficiaries, non-provision of support services to beneficiaries *etc.*

The State Government accepted (February 2018) that grievances redressal system had not been established for the Scheme. However, grievances of serious nature were being looked into and appropriate action taken accordingly.

The fact remained that a web-based CRS could have been effectively used by the Government to monitor the action taken on disposal of complaints at taluka and district levels, in a timely manner.

24 Deputy Secretary, PRH&RDD; Additional Development Commissioner; Housing Commissioner, Gujarat Rural Housing Board

25 President of DP as chairman of district committee and President of TP as chairman of taluka committee

2.1.9.4 Poor maintenance of records

The TPs were required to maintain detailed records of each beneficiary comprising the filled-in application form, all supporting documents relating to identification of beneficiary, certificates of stage-wise completion of house, photograph of completed house, *etc.* In addition, a register showing beneficiary name and installments paid to him/her was also required to be maintained at the taluka level.

In five[26] of 17 test-checked TPs, maintenance of records was poor. In three TPs, files of 56 of 150 beneficiaries (37 *per cent*) selected for scrutiny in audit were not traceable. In one TP, register of payments made to beneficiaries for the year 2012-13 was not traceable while in another TP, photographs of completed houses and stage-wise completion certificates issued by TCMs and AAEs were not found enclosed in the individual files of beneficiaries.

The State Government stated (February 2018) that necessary instructions would be issued to the concerned TDOs for proper maintenance of records.

2.1.9.5 Effective evaluation of the Scheme not carried out

Audit observed that the State Government did not establish any system of regular evaluation of the Scheme. Besides, no evaluation studies had been carried out by any agency at State or district levels during the period 2012-17. Thus, the State Government remained unaware about efficient implementation of Scheme and its impact on improvement in living of rural BPL/APL families in the State.

Recommendation 4: The State Government may ensure effective implementation of Scheme. The grievances redressal mechanism may be strengthened to monitor redressal of all complaints received under the Scheme.

2.1.10 Conclusion

- The implementation of *Sardar Patel Awas Yojana* (SPAY/SPAY II) for providing free plots and financial assistance to eligible BPL and APL families for construction of *pucca* houses was poorly planned and implemented. Due to inadequate planning in determining target group, allotment of housing targets, non-preparation of preferential waitlist and non-maintenance of beneficiaries' records, the State Government were not aware of the number of BPL families who remained deprived of *pucca* houses under SPAY.

- Under SPAY, only 56 *per cent* of funds released was utilised during 2012-13. Overall utilisation of funds under SPAY II was only 63 *per cent* during 2014-17.

- There were instances of irregular/fraudulent/double payment to beneficiaries due to failure of field-level functionaries to cross-check the sanctions and verify the actual status of construction works *vis-à-vis*

26 Deesa, Limbdi, Dhandhuka, Dholka and Navsari

payments released to beneficiaries. The Scheme for allotment of free plots under SPAY suffered due to non-availability of *Gamtal* and non-issue of *sanads* to beneficiaries. The targets shown as achieved under SPAY (98 *per cent*) and SPAY II (65 *per cent*) during 2012-17 were inflated, as houses which were under construction or nearing completion were reckoned as physically completed.

- There was delay in completion of houses under SPAY (one to four years) and SPAY II (one to two years) due to poor financial condition of the beneficiaries. The prescribed norms of construction of houses were not adhered to in many cases. There were vacancies in key posts and inadequacy in mechanism of complaint redressal system leading to poor supervision and monitoring of construction works.

COMPLIANCE AUDIT

2.2 Accessibility of select public services to the rural population of Gujarat

2.2.1 Introduction

The foremost priority of any State Government is to improve the quality of life in villages to bring them at par with urban areas. To improve the standard of living of rural population, it is imperative that basic infrastructure facilities are available in the villages and all segments of the rural population have access to basic amenities/public services such as, safe drinking water, sanitation, primary health, education, public housing *etc*.

In Gujarat, the State Government renders basic facilities/public services to its citizens through various Departments. The responsibility for providing basic public services at the village level had been devolved to the Panchayati Raj Institutions[27] (PRIs) by the 73rd amendment to the Constitution. The Panchayats, Rural Housing and Rural Development Department (PRH&RDD) is responsible for framing policies pertaining to implementation of various developmental Schemes. The Development Commissioner (DC) and the Commissioner of Rural Development (CRD) at the State level are responsible for overseeing the implementation of the developmental Schemes. The DPs and the District Rural Development Agencies (DRDAs) at the district level, the TPs at the taluka level and the GPs at the village level are responsible for implementation of various public service Schemes.

In order to evaluate the extent of accessibility of public services to rural population, audit selected three basic public services *viz.* (i) Rural Healthcare, (ii) Nutrition, and (iii) Sanitation being provided by the PRIs to rural population. For this purpose, audit test-checked (February to August 2017) the records of eight[28] of 33 DPs, three TPs in each selected DP (24 TPs) and five GPs in each selected TP (120 GPs) covering the period 2014-17. Audit also conducted joint field visits in 30 of 120 GPs with the Departmental officials in order to check the quality of select public services being provided at the village level.

27 District Panchayats (DPs), Taluka Panchayats (TPs) and Gram Panchayats (GPs)
28 Banaskantha, Chhotaudepur, Dahod, Dang, Jamnagar, Junagadh, Patan and Valsad

The matter was reported to the State Government in October 2017; their reply was awaited as of February 2018.

Audit findings

In test-checked districts, Audit observed that the accessibility to the healthcare, sanitation and nutrition services at village level was better in Jamnagar district whereas it was worst in Dang district as compared to other test-checked districts. Audit findings on accessibility to the services at village level in test-checked districts are discussed in the succeeding paragraphs –

2.2.2 Rural Healthcare

Accessibility to sound healthcare facility is the basic necessity of every individual, but lack of quality infrastructure, a dearth of qualified doctors, and non-accessibility to essential medicines and medical facilities thwart its reach to the majority of the rural populace. In Gujarat, there were 10,913 Public Health Institution (PHIs) comprising 9,156 Sub-Centres (SCs), 1,393 Primary Health Centres (PHCs) and 364 Community Health Centres (CHCs) as of March 2017 which provides healthcare services to the rural population.

Sub-Centre (SC) acts primarily as Maternal and Child Health (MCH) centre with basic facilities for providing antenatal, intra-natal and post natal care to mothers, infants (up to one year) and child (one to five years). The PHC is the cornerstone of rural health services and a first port of call to a qualified Government doctor in rural areas for the sick and those who directly report or are referred from SCs for curative[29], preventive[30] and promotive[31] healthcare.

In the 12th Five Year Plan, the State Government set the target to bring down the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) to 90 and 26 per one lakh and per 1,000 live births respectively. However, the State could achieve the target of 112 MMR and 30 IMR as per the Socio Economic Review (2016-17) of Government of Gujarat. The State Government had provided grant of ₹ 1,015.25 crore for rural healthcare during 2014-17. Of this, the State could utilise only ₹ 883.08 crore (87 *per cent*). Audit findings on accessibility to PHIs, availability of doctors, para-medical staff and basic infrastructure are discussed in the succeeding paragraphs -

2.2.2.1 Non-availability of doctors and para-medical staff

To run any healthcare facility effectively, availability of adequate manpower is a pre-requisite. Shortfall or absence of manpower would have an adverse impact on quality and extent of essential health services.

As per high level expert group for universal health constituted by the planning commission, the ratio of doctors to population shall be 1:1000. As of March 2017, the ratio of doctors to population in Gujarat State was 1:2092 and was even below the national ratio of 1:1613. The details of sanctioned and posted

29 Primary management of wounds, fractures, poisoning, burns and minor surgeries, *etc.*
30 Early detection of diarrhoea and dehydration, pneumonia, nutritional anaemia, blindness, vitamin A deficiencies, immunisation, medical check-up, *etc.*
31 Promote institutional deliveries, guidance for nutrition programmes, *etc.*

strength of doctors (in PHCs) and para-medical staff (in SCs and PHCs) in eight test-checked districts and the State as of March 2017 are shown in **Table 1.**

Table 1: Availability of doctors and para-medical staff as *vis-a-vis* sanctioned strength

Name of districts	Doctors					Para-medical staff		
	Sanc-tioned	Posted strength	Shortfall (Percent-age)	Population (Census 2011)	Population catered by a doctor	Sanc-tioned	Posted strength	Shortfall (Percent-age)
Jamnagar	31	30	1(3)	6,60,013	22,000	540	318	222(41)
Junagadh	38	37	1(3)	9,52,287	25,737	604	477	127(21)
Dang	19	8	11(58)	2,03,604	25,451	222	163	59(27)
Valsad	95	53	42(44)	10,70,177	20,192	1,008	859	149(15)
Patan	45	35	10(22)	10,62,653	30,362	833	644	189(23)
Banaskantha	122	94	28(23)	27,05,591	28,783	1,971	1,505	466(24)
Dahod	170	43	127(75)	19,35,461	45,010	1,724	1,366	358(21)
Chhotaudepur	83	32	51(61)	9,99,416	31,231	972	755	217(22)
Test-checked districts	**603**	**332**	**271(45)**	**95,89,202**	**28,883**	**7,874**	**6,087**	**1,787(23)**
State	**1,762**	**1,194**	**568(32)**	**3,46,94,609**	**29,057**	**22,981**	**18,926**	**4,055(18)**

(Source: Information provided by the Commissioner of Health and test-checked districts)

The table above shows that there was a shortage of doctors to the extent of 32 *per cent* and 45 *per cent* in the State and eight test-checked districts respectively as of March 2017. The shortage of doctors in test-checked districts ranged from three *per cent* to 75 *per cent*. The shortage was mainly in tribal districts of Dahod (75 *per cent*), Chhotaudepur (61 *per cent*), Dang (58 *per cent*) and Valsad (44 *per cent*). Consequently, the population catered to by a doctor in a PHC was significantly high.

As a result, in Dahod and Chhotaudepur districts, the population catered to by a doctor was 45,010 and 31,231 respectively. The above table also shows an overall shortage of para-medical staff in SCs and PHCs in test-checked districts (23 *per cent*) and State (18 *per cent*).

The Commissioner of Health stated (October 2017) that open interviews had been conducted regularly for Medical Officers. However, due to unwillingness of doctors to serve in rural areas, some posts were lying vacant. As regards recruitment of para-medical staff, the Commissioner stated that proposals were sent (January 2014/February 2015/October 2016) to Panchayat Services Selection Board, Gujarat and the process was under consideration. However, Audit observed that the department failed to utilize the services of MBBS and Post Graduate medical students in PHCs as they had to render minimum service of two years in rural areas in partial fulfillment of the degree. As per information provided by the department, only 537 students out of 2,334 students required to render service in rural areas had joined in rural service. Further, as per CM Setu program, the department had the option of appointing doctors on contractual basis which was not attempted by the department. Thus, the department failed to avail the services of graduating medical students and also could not appoint the

doctors on regular or contractual basis resulting in deprival of quality healthcare to rural population.

2.2.2.2 Accessibility to public health institutions

At the village level, SC is the most peripheral and first contact point between the primary health care system and the community. Each SC is manned by at least one auxiliary nurse midwife/female health worker and one male health worker. The PHC is first port of call to a qualified Government doctor and acts as a referral unit for SCs and refer out cases to CHC and higher order public hospitals located at sub-district and district level. The CHCs constitute the secondary level of health care and provide specialist health care as well as referral to the rural population.

The status of PHIs in 120 test-checked villages as of March 2017 is shown in **Table 2**.

Table 2: Status of PHIs in test-checked villages as of March 2017

Number of villages test-checked	Number of villages with SCs	Number of villages with PHCs	Number of villages with CHCs	Distance from village to next higher health facility (PHC/CHC)					Average radial distance (Km)		
				0-6 Km	7-10 Km	11- 15 Km	16- 20 Km	21-40 Km	National	State	Test-checked villages
120	44	11	5	61	32	16	8	3	6.26	6.98	7.27

(Source: Information provided by test-checked villages and Rural Health Statistics 2014-15 published by Ministry of Health and Family Welfare, GoI)

As per Indian Public Health Standards (IPHS) guidelines of 2012, PHCs should be centrally located and easily accessible to general public. However, the table above shows that of the 120 test-checked villages, only 61 villages were located within six km of PHC/CHC while 27 villages were located beyond 10 km (up to 40 km). This meant that patients from 27 villages had to travel at least 10 km to seek medical advice in PHCs. Also, the average radial distance of PHCs in the State and test-checked villages was 6.98 km and 7.27 km respectively which was more than the national average of 6.26 km. In Jamnagar, Patan and Valsad districts, the average radial distances were 9.33 km, 10.66 km, and 9.93 km respectively.

Further, as per IPHS guidelines of 2012, where a PHC is already located at a place, another health centre/SC should not be established to avoid wastage of human resources. However, in six of 120 test-checked villages, both PHCs and SCs were established in contravention of IPHS guidelines. These six SCs could have been established in other villages which did not have primary healthcare facilities.

The Additional Director (Public Health) stated (July 2017) that PHIs were established on the basis of the population norms mentioned in IPHS guidelines of 2012, and additions/alterations in the existing facilities were proposed keeping in view the workload of the facility. The Additional Director further stated (March 2018) that the State Government had already taken a decision not to build SCs where PHC or CHC buildings were available in the villages.

The reply is not convincing because, as per framework for implementation of national health mission (2012-17) and the State health policy, new constructions were to be planned not just on the basis of population norms set out in IPHS guidelines, but other factors such as, utilisation of existing facilities, existence of other facilities (public as well as private) and disease burden were also to be considered. Given the fact that there is shortage of doctors and para-medical staff, the State Government may plan construction of new infrastructure after having commensurate medical staff in place.

2.2.2.3 Non-availability of basic infrastructure facilities

In 120 test-checked villages, 11 PHCs were available of which, nine were functioning sub-optimally due to lack of basic infrastructure facilities. The status of availability of basic infrastructure in these nine PHCs as of February 2018 is given in **Table 3**.

Table 3: Status of basic infrastructure facilities available in nine PHCs

Facility	Requirement as per IPH Standards	Status as of February 2018	Reply furnished (March 2018) by Additional Director (Public Health)
Operation theatre	Operation theatre shall be established in the PHCs to facilitate the conduct of selected surgical procedures such as, vasectomy, tubectomy, hydrocelectomy *etc.*	None of the nine PHCs in test-checked villages had operation theatres.	No reply was furnished.
Separate Wards	Separate wards for male and female patients should be available in each PHC.	Separate wards were not available in Shil PHC, Junagadh district. All the patients were being accommodated in a common ward.	Male and female patients accommodated in the single ward were separated by curtains. A new building for Shil PHC had been sanctioned in 2017-18 where provision for separate male and female wards had been made. The reply is not tenable as the department could not produce any record to indicate the sanction of new building and provision made for separate wards in the new building.
Ambulance	The PHCs shall have an ambulance for timely transportation of patients for assured referral to first referral unit (FRU), in case of complications during pregnancy and childbirth.	Ambulance was not available in four PHCs (Sakarpatal and Kalibel PHCs in Dang district; Dolariya PHC in Chhotaudepur district; and Tokarva PHC in Dahod district).	The ambulance services were tied up with 108 (emergency services) and through hired vehicles. Further, there are seven 108 ambulances in 10 PHCs and 108 ambulances are available for emergency service for reaching the PHCs or higher healthcare institutes and not for post-treatment or referral services. Audit observed that two test-checked PHCs at Dang district had not hired any vehicle during the audit period.

Facility	Requirement as per IPH Standards	Status as of February 2018	Reply furnished (March 2018) by Additional Director (Public Health)
Residential facility for doctors /nursing staff/technicians	Residential facility for doctors/nursing staff/ technicians should be available in the vicinity of PHCs so that they are available 24×7 in case of emergencies.	Residential facilities were not available in two PHCs (Dolariya PHC in Chhotaudepur district and Pipaldahad PHC in Dang district).	Due to land issues, residential facility could not be provided in Dolariya PHC. Two residential quarters have been constructed in Pipaldahad PHC during 2017-18 through financial assistance from NABARD. The reply is not tenable as residential facility could have been provided by arranging quarters on rent which could have benefitted the rural population of timely quality healthcare services.

(Source: Information provided by test-checked GPs)

Lack of basic infrastructure resulted in over referral to CHCs/District Hospitals/ Civil Hospitals and movement of patients for availing further treatment to other PHCs/CHCs. Audit observed in Dolariya and Tokarva PHCs that all 964 pregnancy cases[32] registered in the PHCs during 2014-17 had been referred to CHCs. Thus, the rural population were deprived of timely treatment in case of serious complications and had to move to next higher PHIs for getting medical treatment. Further, four PHCs (Shil, Dolariya, Sakarpatal and Kalibel) were functioning for more than thirty years without basic facilities.

2.2.2.4 Supply of 'Not of Standard Quality' medicines

Ensuring the uninterrupted supply of Essential Drugs (EDs) to hospitals plays a vital role in the delivery of quality healthcare services in hospitals. Gujarat Medical Services Corporation Limited (GMSCL) is responsible for procurement, storage, distribution of medicines, surgical goods, medical equipment/ instruments and insecticides to healthcare institutions of the State. GMSCL has come up with a list of 580 Essential Drugs (EDs) for the State of Gujarat containing a list of drugs that are to be procured and supplied to all healthcare institutions. Medicines received from suppliers are stocked in GMSCL depots and subsequently distributed to various PHIs.

The Health branch of the district panchayat is responsible to procure EDs from GMSCL for further supply to PHCs and SCs as per their demand. Audit observed in four test-checked districts that 273 out of 580 EDs had not been supplied by GMSCL against the demand made during 2014-17. As a result, the PHCs and SCs of test-checked districts had to procure the same from local market.

Further, to ensure quality of medicines supplied to PHIs, the State Government issued (July 2010) instructions for pre-despatch testing of medicines by Food and Drugs Laboratory (FDL), Vadodara. The samples were to be drawn randomly from each batch of medicines and sent to FDL for testing the quality. If the medicines are found to be substandard or not conforming to the desired specifications, the related batches of medicines are not to be released to PHIs for

32 Dolariya PHC – 840 cases and Tokarva PHC – 124 cases

further distribution to patients. Medicines which fail during quality testing are termed as 'Not of Standard Quality' (NSQ) and the related batches are rejected.

Audit observed that 22 batches of medicines/consumables[33] were issued to 1,989 PHIs (1,745 SCs and 244 PHCs) in three[34] test-checked districts during 2014-17, before receipt of pre-despatch test reports from FDL. The test reports subsequently received from FDL (after two to 11 months) confirmed all the 22 batches of medicines/consumables to be NSQ. However, by that time, 15 of 22 batches of NSQ medicines had been fully issued to patients at the SCs/PHCs levels and the remaining seven batches were partially issued (20 to 98 *per cent*) to patients by the PHIs. Consumption of these medicines without quality checks posed grave health risks to patients.

District Panchayats stated (May to August 2017) that the testing reports were received after delivery of medicines/consumables. It was further stated that after receipt of testing reports, the distribution of the same was stopped. The fact remained that the PHCs and SCs of test-checked districts had distributed sub-standard medicines to the patients.

The Additional Director (Public Health) stated (October 2017) that detailed explanation would be provided by GMSCL. The GMSCL stated (November 2017) that recoveries had been made from the suppliers of substandard medicines and a decision had been taken not to procure these medicines from the defaulting suppliers any more. However, neither Additional Director (Public Health) nor GMSCL owned up the responsibility for supply of substandard medicines to PHIs, even before receipt of test reports.

2.2.3 Nutrition

Supplementary Nutrition Programme (SNP) is one of the important components of Integrated Child Development Services (ICDS) Scheme which aims at increasing the nutrition level of the targeted beneficiaries (children between six months and six years, pregnant and lactating mothers and adolescent girls). Under ICDS, the beneficiaries receive supplementary nutrition through Anganwadi Centres (AWCs) which are funded by Women and Child Development Department (WCD) of the State Government. In Gujarat State, there were 53,029 AWCs as of 31 March 2017. The department could utilise only ₹ 5,200.90 crore (77.72 *per cent*) against ₹ 6,691.90 crore grants received during 2014-17.

2.2.3.1 Nutritional status in the State

In 2012, Gujarat developed a State Nutrition Policy along with a plan of action to reduce malnutrition in the State. According to World Health Organisation child growth standards, moderate malnutrition may be due to low weight-for-height (wasting) or a low height-for-age (stunting) or to a combination of both. If some of these moderately malnourished children do not receive adequate support, they may progress towards severe acute malnutrition or severe stunting, which are both life-threatening conditions.

The State Government claimed (2015-16) that 4.85 *per cent* and 0.65 *per cent*

33 Disposable hypodermic needles, Betamethasone valerate cream, Omeprazole capsules, Reagent strips of estimation of albumin and glucose in urine *etc.*

34 Banaskantha, Dahod and Valsad

children in the State were moderately malnourished and severely malnourished respectively. However, as per National Family Health Survey (NFHS-4) of 2015-16 conducted by the Ministry of Health and Family Welfare, GoI, 38.50 *per cent* children were stunted and 26.40 *per cent* were wasted (moderately malnourished) and 39.30 *per cent* were underweight[35]. Thus, the claim made by the State Government was not consistent with the findings of NFHS-4. In fact, the percentage of wasted children (under five years) in the State increased from 18.7 *per cent* (as per NFHS-3, 2005-06) to 26.40 *per cent* (NFHS-4, 2015-16).

The main reason behind the variation was the methodologies adopted for calculating the same. The State Government considers low weight for age (underweight) to calculate malnutrition whereas NFHS (as per the WHO norms) considers low weight-for-height (wasting) and/or low height-for-age (stunting). Thus a short child gaining weight for medical reasons would also be considered as healthy though being malnutritional as per WHO/NFHS norms.

The details of malnourished children enrolled in AWCs in the State and eight test-checked DPs during 2014-17 are shown in **Table 4.**

Table 4: Details of malnourished children in the State and test-checked DPs

(In numbers)

Name of test-checked DPs	Children between six months and three years				Children between three years and six years			
	Total number of children	Malnourished children			Total number of children	Malnourished children		
		Moder-ately	Severely	Total (percentage)		Moder-ately	Severely	Total (percentage)
Jamnagar	1,40,741	8,703	1,456	10,159 (7)	99,476	8,339	1,418	9,757(10)
Junagadh	1,63,243	3,189	692	3,881 (2)	1,21,572	3,640	618	4,258 (4)
Dang	42,789	8,757	832	9,589(22)	34,455	7,775	762	8,537(25)
Valsad	1,99,413	6,621	1,066	7,687 (4)	1,46,213	6,536	848	7,384 (5)
Patan	1,74,192	13,894	1,442	15,336 (9)	1,00,959	11,046	1,045	12,091(12)
Banaskantha	4,98,855	20,119	2,215	22,334 (4)	3,37,173	14,357	1,116	15,473 (5)
Dahod	4,21,752	20,807	2,593	23,400 (6)	3,41,746	17,398	964	18,362 (5)
Chhotaudepur	1,66,042	16,009	1,734	17,743(11)	1,09,537	12,420	1,103	13,523(12)
Test-checked DPs	**18,07,027**	**98,099**	**12,030**	**1,10,129(6)**	**12,91,131**	**81,511**	**7,874**	**89,385 (7)**
State	**66,86,553**	**3,39,127**	**44,077**	**3,83,204(6)**	**47,30,054**	**2,98,796**	**34,387**	**3,33,183 (7)**

(Source: Information provided by WCD)

The above table shows that during 2014-17, six *per cent* children (06 months to 03 years) and seven *per cent* children (03 years to 06 years) were malnourished in eight test-checked DPs as well as the State. However, in tribal district of Dang, the percentage of malnourished children was significantly higher at 22 *per cent* (06 months to 03 years) and 25 *per cent* (03 years to 06 years). Further scrutiny of records in 120 test-checked GPs revealed that 5,531 of 66,028 children (eight *per cent*) registered in the AWCs were malnourished, either moderately or severely.

35 Low weight-for-age

Under Supplementary Nutrition Programme (SNP), standard type of food supplement was to be provided to all children throughout the State. However, Audit observed that the department had not done any analysis of area specific deficiency or case-wise/area-wise food supplements required to assess the cause of malnourishment.

The Programme Officer, District Panchayat, Dang accepted the facts and stated (December 2017) that due to low per capita income of the district, people were not able to afford nutritious food. Further, due to difficult geographical conditions, less number of children turn up to AWCs due to which, the problem of malnourishment had remained largely unaddressed. The reply is not tenable as the very purpose of SNP was to provide the food supplements to compensate the deficiency of nutrition in the regular diet which was not addressed by the district authorities.

2.2.3.2 Non-establishment of Anganwadi Centres and shortfall in coverage of beneficiaries under Supplementary Nutrition Programme

An AWC is the first out post at the habitation level for nutrition, health and early childhood development and learning. The ICDS envisage setting up of AWCs as per population norms[36] to cover all the identified habitations under the Scheme. Considering a population of 6.04 crore of the State (2011 census), 75,480 AWCs were required in the State against which, only 53,029 AWCs (70 *per cent*) had been established in the rural and urban areas of the State as of August 2017. Further, the State Government could provide supplementary nutrition to 1.49 crore[37] (81 *per cent*) of the 1.83 crore beneficiaries enrolled in AWCs during 2014-17. As a result, 34 lakh (19 *per cent*) beneficiaries remained uncovered in the State under the supplementary nutrition programme.

The WCD attributed (January 2018) the shortfall in coverage to beneficiaries getting enrolled under various private sector initiatives (day-care centres, nurseries, play schools *etc.*) and migration of people from rural areas to other parts of the State to seek employment. However, WCD admitted that the AWCs did not maintain any data of such children switching-over to private care or migrating to other parts of the State. The reply is not tenable as private sector initiatives are mainly available in the urban areas. Further, the department should have identified the migrated beneficiaries and got them enrolled in the AWCs at the migrated places.

2.2.3.3 Non-availability of basic amenities in Anganwadi Centres

Information furnished by the DPs and WCD revealed that 13,696 AWCs in eight test-checked DPs and 48,557 AWCs (out of total 53,029 AWCs) in rural areas of the State were operational as of March 2017. Audit observed that basic amenities as envisaged in ICDS guidelines were not available in some of these AWCs as shown in **Table 5**.

36 The population norms prescribe for setting-up of one AWC for 400 to 800 populations (300 to 800 populations in tribal area) and additional AWC for every additional 800 population. It also prescribed for a mini AWC for areas with 150 to 400 populations.

37 Children 06 months to 03 years (2014-17): 50,47,210; Children 03 years to 06 years (2014-17): 44,63,061; Adolescent girls (2014-17): 32,01,749; Pregnant and lactating mothers (2014-17): 22,25,112

Table 5: Availability of basic amenities in AWCs-rural areas of State and test-checked districts

District	Total AWCs	Without own building	Without toilets	Without drinking water	Without tap water connection	Without electricity
Jamnagar	900	108	0	0	63	14
Junagadh	1,426	428	2	0	0	37
Dang	441	35	164	69	435	15
Valsad	1,899	0	91	0	0	12
Patan	1,427	171	13	0	0	14
Banaskantha	3,365	315	119	0	757	133
Dahod	3,056	516	0	169	169	48
Chhotaudepur	1,182	85	18	79	79	14
Test-checked districts	**13,696**	**1,658 (12)**	**407 (3)**	**317 (2)**	**1,503 (11)**	**287 (2)**
State (rural areas)	**48,557**	**8,555 (18)**	**5,758(12)**	**5,515 (11)**	**Not available**	**1,232 (3)**

(Source: Information provided by WCD Department and DPs of test-checked districts)
Note: Figures in parenthesis indicate the percentage

The table above also shows that in tribal district of Dang, 37 *per cent* AWCs had no toilets, 16 *per cent* AWCs had no drinking water facility and 99 *per cent* AWCs had no tap water connection and three *per cent* AWCs had no electricity connection. In 120 test-checked villages, 38 of 312 AWCs were functioning from rented buildings, 16 had no toilet facilities, 24 had no drinking water facilities and six had no electricity. Further, where toilets were available, these remained unused, due to non-provision of soak pits.

The Deputy Director (Works), WCD stated (January 2018) that the Department was coordinating with other implementing agencies to address the problem of inadequate facilities in AWCs. Audit observed that GoI had issued instructions (March 2011) to all State Governments to ensure availability of basic facilities in AWCs *viz.* safe drinking water and child friendly toilets. However, even after the passage of over six years, the same has not been ensured by the State Government and the children enrolled in the AWCs are being deprived of these basic facilities. Audit further observed that -

- 2,379 of 11,521 electronic baby weighing machines (to identify malnourished children) procured by WCD at a total cost of ₹ 1.10 crore and supplied (between 2013-14 and 2015-16) to AWCs under eight test-checked DPs remained unused as of December 2017, due to technical defects.

- 3,759 of 7,777 water purifiers (to provide potable water to children) procured by WCD at a total cost of ₹ 2.25 crore and supplied (between 2014-15 and 2016-17) to the AWCs under eight test-checked DPs remained unused due to non-availability of overhead water tanks, non-availability of electricity, non-availability of tapped water connection *etc.*

- Similarly, the DP, Dahod procured[38] (2013-14) 8,880 steel storage bins (100 kg and 50 kg), without clear tender specifications, for supply to 2,780 AWCs and 180 mini AWCs at a total cost of ₹ 1.90 crore which were unfit for storage of food grains. Joint field visits by audit with ICDS officials in 96 AWCs of eight talukas under DP, Dahod revealed that 288 of 8,880 storage bins supplied by the agency at a cost of ₹ 6.17 lakh had not been used for storage of food grains due to corrosion. Audit randomly picked one storage bin from one of the AWCs under Limkheda, taluka and sent (April 2017) the same for laboratory testing from a Government approved testing house[39] which confirmed that the storage bin supplied by the agency was made up of 25 gauge mild steel[40].

2.2.3.4 Delay in lifting of food grains

The Commissioner, WCD is responsible for supply of take home ration (THR[41]) and food grains to AWCs. In Gujarat, the Gujarat State Civil Supply Corporation (GSCSC) is responsible for supply of food grains (rice and wheat) to AWCs through the concerned DPs. Audit observed that during 2015-17, DP, Dang failed to lift two batches of rice (22,250 kg) and two batches of wheat (34,550 kg) within the validity period indicated in the demand authorisation (DA[42]) issued by WCD. The food grains (56,800 kg) were finally lifted by DP Dang after two to four months of expiry[43] of the original validity period indicated in the DA thus, affecting the uninterrupted supply of food grains to the beneficiaries through AWCs.

The DP, Dang attributed (March 2017) the delay in lifting of food grains to non-availability of staff. The reason attributed is not convincing as the district panchayat was required to ensure timely lifting of food grains and its supply to AWCs. As a result, the beneficiaries of AWCs of Dang district were deprived of food with essential nutrients due to shortage of food grains.

2.2.3.5 Issue of substandard THR to beneficiaries

The WCD lifts approximately 20-25 *per cent* of THR (as sample) from DPs on random basis for quality testing at FDL, Vadodara. The concerned batches of THR from where samples have been drawn are then shared by WCD with DPs, with the instructions to stop distribution of a particular batch, if found substandard on testing. Thereafter, WCD initiates action for replacement of the defective batch/batches of THR by fresh batch/batches with the supplier.

Audit observed that samples drawn from four batches of THR supplied to three[44] of eight test-checked DPs during 2016-17 were either not found conforming to the specifications or of substandard quality in laboratory testing. However, while the entire substandard batch of THR in DP, Patan was replaced, the substandard

38 M/s. Maa Ambika Marketing, Vadodara
39 Test well Laboratories, Ahmedabad
40 Lighter in comparison to the only tender specification of 22 gauge
41 Balbhog, Sukhdi, Sheera and Upma
42 DA is an authority letter issued by WCD to DPs indicating the time period within which the demanded quantities were to be lifted by DPs from GSCSC godowns.
43 The validity period of original DA was extended by WCD by two to four months.
44 Banaskantha, Patan and Valsad

batches of THR in DPs, Valsad and Banaskantha were fully distributed and consumed by the beneficiaries in September 2016 and November 2016 respectively, even before receipt of test reports in November 2016 (for Valsad) and December 2016 (for Banaskantha).

The Programme Officer of DP, Valsad stated (May 2017) that no health issues had been reported subsequent to distribution of substandard THR to beneficiaries. The Programme Officer of DP, Banaskantha stated (June 2017) that though the batch in question (UP 441) was distributed to the beneficiaries in November 2016, the batch was declared as passed by WCD in December 2016.

The reply of Programme Officer of DP, Banaskantha is not factually correct as the batch was passed without a testing report by WCD. Therefore, the action of DP, Banaskantha to distribute THR without receipt of test reports was highly irregular.

2.2.4 Sanitation

Realising the importance of sanitation, GoI launched (1999) a programme named "Total Sanitation Campaign (TSC)" renamed as "Nirmal Bharat Abhiyan" for sustainable reforms in the rural sector through a time-bound campaign mode. The approach to TSC was to be demand driven with an increased emphasis on awareness creation and demand generation for sanitary facilities in houses, schools and for a clearer environment.

To accelerate the efforts to achieve universal sanitation coverage and to put focus on sanitation, the GoI launched (October 2014) Swachh Bharat Mission (SBM). The main objectives of SBM (Gramin) were to improve the levels of cleanliness in rural areas through solid and liquid waste management activities and making GPs Open Defecation Free (ODF), clean and sanitised. In Gujarat, SBM (Gramin) is being implemented by the District Rural Development Agencies (DRDAs).

The SBM guidelines (December 2014) envisage financial assistance up to ₹ 12,000 for construction of one unit of Individual Household Latrine (IHHL) to Below Poverty Line (BPL) HHs and identified Above Poverty Line (APL) HHs (restricted to SCs/STs, small and marginal farmers, landless labourers with homestead, physically handicapped and women-headed households). During 2014-17, PRH&RDD received grants of ₹ 2,249.53 crore under SBM and could utilise ₹ 2,223.56 crore (99 *per cent*).

2.2.4.1 Open Defecation Free Districts

The Ministry of Drinking Water and Sanitation, GoI has defined ODF as the termination of faecal-oral transmission *i.e.* no visible faeces found in environment/ village and every household (HH) as well as public/community institutions using safe technology option for disposal of faeces.

According to the Baseline survey (BLS-2012) conducted in 2012-13, 33,21,047 HHs were without toilets. Of this, 23,86,495 HHs have been covered as of March 2017, leaving 9,34,552 HHs without toilets.

Audit observed that the State Government declared all the districts of Gujarat as ODF by 02 October 2017. However, information provided by 120 test-checked GPs under eight selected DPs for the period 2014-17 revealed that 29 *per cent* HHs still did not have any access to toilets (either individual or public), as shown in **Table 6**. Therefore, the claim of State Government that all the districts of Gujarat were ODF did not appear to be correct.

Table 6: Details of HHs without access to toilet facilities

Districts declared as ODF	Status in 120 test-checked villages			
	Number of HHs	Number of HHs without toilet	Number of HHs without access to toilet	Percentage of HHs without access to toilet
Banaskantha	8,434	4,755	4,755	56.37
Chhotaudepur	7,798	2,534	2,471	31.68
Dahod	5,804	2,370	2,370	40.83
Dang	7,975	1,515	907	11.37
Patan	3,918	574	574	14.65
Valsad	5,292	1,746	1,608	30.38
Jamnagar	8,411	1,066	1,066	12.67
Junagadh	6,376	1,977	1,977	31.00
Total	**54,008**	**16,537**	**15,728**	**29.12**

(Source: Information provided by test-checked GPs)

Audit observed that the district administration had declared all the districts as ODF on achieving the targets set out in the baseline survey conducted by PRH&RDD as early as 2012. However, this list was not updated after 2012 and therefore, a number of HHs did not have any access to toilets and they remained uncovered.

The Assistant Commissioner, SBM (*Gramin*), Gandhinagar accepted (March 2018) that the State has achieved the target of toilet construction set out in baseline survey of 2012, and toilets not covered under baseline survey have been constructed through CSR initiatives. In this regard, inter-district verification and third party verification by Quality Council of India had been completed and all the villages were now ODF.

Information provided by 120 test-checked villages and joint field visits to 30 of 120 test-checked villages revealed the following:

- In 41 of 120 villages, household water connections were not available and therefore, toilets constructed under SBM could not be used. In 15 of 30 villages, toilets were not being used either due to non-availability of water and soak pits or they were incomplete **(Picture 1).**

Picture 1: Toilets not being used due to non-availability of water in Lavchali village (Subir taluka), Dang district

- In Kaprada taluka (Valsad district), only 223 (1.26 *per cent*) of 17,646 toilets constructed with financial assistance (₹ 1,200) under the erstwhile Total Sanitation Campaign/*Nirmal Bharat Abhiyan* were newly constructed under SBM while the remaining 17,423 toilets were in defunct. The Assistant Commissioner, SBM (*Gramin*), Gandhinagar stated (March 2018) that 2,529 of 17,423 defunct toilets had been newly constructed and put to use as of March 2018 while the process of construction of remaining defunct toilets was under progress. Reply is not tenable as a significant number of HHs were either without toilets or not able to use it due to non-availability of water or incomplete structure.

2.2.4.2 Community Sanitary Complexes

According to the SBM guidelines (December 2014), community sanitary complexes (CSCs) comprising an appropriate number of toilet seats, bathing cubicles, washing platforms, wash basins *etc.* can be set up in a place in the village acceptable and accessible to all. Ordinarily, such complexes shall be constructed only when there is lack of space in the village for construction of household toilets.

Audit observed that only 46 of 120 test-checked villages had the facility of CSCs as of March 2017. In the remaining 74 villages (61.67 *per cent*), 8,699 HHs did not have any access to toilets (individual or public), meaning that establishment of more CSCs could have resolved the problem of open defecation in these 74 villages to a large extent.

The Assistant Commissioner, SBM (Gramin), Gandhinagar stated (March 2018) that the State Government had mainly focused on construction of individual household toilets (as per targets set out in baseline survey of 2012) and therefore, a few works were taken up under other components of SBM, including CSCs. Had the State Government constructed more CSCs, cleanliness at public places could have been achieved and rural people without toilet or defunct toilet could have utilised this facility.

2.2.4.3 Solid and Liquid Waste Management

One of the objectives of SBM (*Gramin*) is to bring about improvement in the cleanliness, hygiene and the general quality of life in rural areas. Solid and Liquid Waste Management (SLWM) is one of the key components of SBM that envisage scientific methods of disposal of solid and liquid wastes in such a way that it has a tangible impact on the population.

The status of implementation of SLWM in 120 test-checked villages as of March 2017 was as shown in **Table 7**.

Table 7: Status of SLWM in test-checked villages

Number of villages test-checked	Number of HHs	Segregation of wastes	Waste treatment plant	Door-to-door collection of garbage	Underground drainage		HHs connected by drainage line
					Full	Partial	
120	54,008	00	00	15	00	22	4,328

(Source: Information provided by test-checked GPs)

The above table shows that none of the 120 villages had any facility for waste segregation or treatment plants for scientific disposal of solid wastes. Door-to-door collection of garbage was being done only by 15 of 120 villages (12 *per cent*). Designated dumping sites were available in only six of 120 villages (five *per cent*). Underground drainage facility was partially available in 22 of 120 villages (18 *per cent*). Out of 54,008 HHs in 120 villages, only 4,328 HHs (eight *per cent*) were connected with drainage line. Waste Water Treatment Plant was established in only one[45] of 120 villages. In the remaining 119 villages, waste-water flows into open areas. This indicated that SLWM in villages was grossly inadequate.

The Assistant Commissioner, SBM (*Gramin*), Gandhinagar stated (March 2018) that the State Government had mainly focused on construction of individual household toilets (as per targets set out in baseline survey of 2012) and therefore, a few works were taken up under SLWM component. The reply is not tenable as cleanliness of the villages is more important for improving the quality of the life of rural poor. As such, neglecting the component of SLWM deprived the rural population of hygiene and quality life.

2.2.5 Conclusion and Recommendations

The State Government envisaged accessibility to medical facilities, reduce malnutrition in the State and to achieve universal sanitation coverage. However, audit observed that the Public Health Institutions (PHIs) were not easily accessible to general public. In 120 test-checked villages under eight selected District Panchayats (DPs), only 61 villages were located within six km of Primary Health Centre (PHC)/Community Health Centre (CHC) while 27 villages were located beyond 10 km (up to 40 km). There was acute shortage of doctors in the

45 Lalpur village in Jamnagar district

tribal districts of Dahod (75 *per cent*), Chhotaudepur (61 *per cent*), Dang (58 *per cent*) and Valsad (44 *per cent*). Nine of 11 PHCs in test-checked villages were functioning sub-optimally due to lack of basic infrastructure facilities. Twenty two batches of medicines/consumables were issued to 1,989 PHIs in three test-checked districts during 2014-17, even before receipt of pre-despatch test reports from Food and Drugs Laboratory, Vadodara.

In tribal district of Dang, the percentage of malnourished children was significantly higher at 22 *per cent* (06 months to 03 years) and 25 *per cent* (03 years to 06 years). The State Government could establish 53,029 Anganwadi Centres (AWCs) against the requirement of 75,480 AWCs. Basic amenities in AWCs were deficient. There were also shortfalls in coverage of beneficiaries under Supplementary Nutrition Programme. There were instances of delay in lifting of food grains and issue of substandard Take Home Ration to beneficiaries.

Of the 54,008 households in test-checked villages, only 38,280 households (71 *per cent*) had access to toilets. Community Sanitary Complexes were available in only 46 of 120 test-checked villages while 8,699 households in the remaining 74 villages did not have any access to toilets (individual or public). Management of solid and liquid waste in 120 test-checked villages was inadequate.

The State Government may take necessary steps to fill up the vacant posts of doctors and para-medical staff in Public Health Institutions. Necessary arrangements may also be made to provide basic infrastructure facilities at Primary Health Centres. The State Government may also prescribe a definitive time frame for testing of medicines/consumables by Food and Drugs Laboratory, Vadodara.

The State Government may devote more attention to tribal and remote areas of the State by conducting regular awareness campaign regarding the need for healthy and nutritious diet, to reduce malnourishment in children, pregnant women, lactating mothers and adolescent girls. A mechanism may also be devised to ensure that Take Home Ration are not distributed to the targeted beneficiaries before receipt of test reports.

The State Government may cover all the individual households left out from the baseline survey of 2012 to ensure that everyone have access to toilets. The State Government need to focus on creation of infrastructure facilities for effective management of solid and liquid wastes in rural areas so as to ensure cleanliness, hygiene and improving the general quality of life of rural population.