

Chapter III: Civil Departments

Reviews

Department of Education

3.1 Sports and Youth Services

The Department of Education received Rs. 48.99 crore from the Government of NCT of Delhi during 1998-99 to 2002-03 to implement various schemes on sports and youth welfare. Of this, the Department could utilize only Rs. 24.97 crore. Not a single sports centre could be opened in any of the Assembly segments as had been envisaged while the youth hostel at Singhu Sports Complex was not put to its intended use till June 2003. Construction of the Delhi School of Sports was pending since 1994. There was a delay of over three years in construction and making operational two new swimming pools. Up gradation of lawn tennis courts into synthetic courts at Chhattarsal Stadium was pending since December 1996. While sports material worth Rs. 1.46 crore was purchased during the period under review, no benchmarks or norms had been fixed to assess demand or the expected life period of the items. Inventory of non-consumable sports material was not maintained.

Highlights

There was a delay of over three years in construction of swimming pools while a sports complex had not been constructed even after five years which deprived the targeted population and the student community of the intended sports facilities.

(Paragraph 3.1.6)

A youth hostel at the Sports Complex, Singhu, was completed in February 2000 at a cost of Rs. 29.14 lakh. However, it had not yet been put to its intended use till June 2003.

(Paragraph 3.1.7)

The Department was to open sports centres in each Assembly constituency. But not a single sports centre had been opened. Instead, the Department spent Rs. 32.20 lakh on purchase of multi-gyms and other equipment which were supplied to 26 existing schools for use by their students in place of the proposed sports centres. Thus, the very purpose behind the expenditure was defeated.

(Paragraph 3.1.8)

The Department decided in November 1994 to set up the Delhi School of Sports for promoting sports talent in various disciplines. The Department accepted a plot of land for the purpose and released payments though its acquisition had been challenged and the matter was sub-judice. This resulted in blockage of Rs. 11.70 crore.

(Paragraph 3.1.9)

Construction of NCC Bhawan at Rohini Complex was yet to be started even though the Department had spent Rs. 1.26 crore between 1987-94 as cost of land, compound wall, etc.

(Paragraph 3.1.17)

3.1.1 Introduction

The Plan schemes under the sector “Sports & Youth Services” envisage promotion of sports and youth welfare programmes in Delhi through the Directorate of Education, the Municipal Corporation of Delhi (MCD), the New Delhi Municipal Council (NDMC), the Directorate of National Cadet Corps (NCC) and the General Administrative Department (GAD) of the Government. Facilities for promotion of sports and youth services include construction of sports complexes, stadia, swimming pools, development of playgrounds and youth hostels and the arranging of youth welfare programmes.

3.1.2 Scope of Audit

The records of the Sports and Physical Education branches of the Directorate of Education, the Directorate of National Cadet Corps and the General Administrative Department of the Government for the period 1998-2003 were test-checked in audit during April-June 2003.

3.1.3 Organizational set up

The Plan schemes under this sector are implemented by the Sports Branch and the Physical Education Branch of the Directorate of Education in the schools run by the Government, the Directorate of National Cadet Corps for construction of NCC Bhawan and the General Administrative Department of the Government for Delhi Government employees.

3.1.4 Financial outlay

The Government provides necessary funds to the Department of Education for implementation of various programmes/schemes on sports and youth welfare. The year-wise budget provision and expenditure on the schemes were as under:

Table 3.1.1:- Budget Provision and Expenditure

(Rupees in lakh)

Year	Sports Branch		Physical Education Branch	
	Budget Provision	Expenditure	Budget Provision	Expenditure
1998-99	1200.00	649.51	35.00	18.95
1999-00	1235.00	525.28	15.00	4.57
2000-01	582.00	267.37	18.00	8.71
2001-02	570.00	538.21	30.00	3.72
2002-03	565.00	402.09	25.00	4.06
Total	4152.00	2382.46	123.00	40.01

Table 3.1.2:- Budget Provision and Expenditure

(Rupees in lakh)

Year	National Cadet Corps		General Administrative Department	
	Budget Provision	Expenditure	Budget Provision	Expenditure
1998-99	150.00	1.28	1.00	0.52
1999-00	150.00	2.58	2.00	0.60
2000-01	104.00	39.80	5.00	5.31
2001-02	100.00	26.45	10.00	8.65
2002-03	120.00	4.84	10.00	8.93
Total	624.00	74.95	28.00	24.01

The Government provides funds direct to the General Administrative Department. The Directorate of Education received Rs. 48.99 crore from the Government during 1998-99 to 2002-03 to implement various schemes on sports and youth welfare. Out of this, it could utilize only Rs. 24.97 crore during the period under review.

Funds appropriated without approval of competent authority

Under the rules, Plan funds cannot be re-appropriated without the approval of the Planning Department. During the years 1998-99 to 2002-03, funds aggregating Rs. 66.55 lakh were diverted by the Sports Branch from one Plan

head to another. Approval of the competent authority for diversion of funds was not obtained.

The Department stated (October 2003) that the funds shown as having been diverted were under the capital head which is directly operated by the PWD for execution of work. However, formal approval would be obtained in future.

3.1.5 *Planning and Implementation*

The Department has only one stadium, two sports complexes and five gymnasiums for approximately 16 lakh students in 984 schools run by the Government of NCT of Delhi as of 31 March 2003. In addition, there are 11 swimming pools and 39 sports centres with coaching facilities in one or more disciplines. On an average, each swimming pool caters to 1.45 lakh students and each sports centre caters to 0.41 lakh students as indicated below:

Table 3.1.3: Sports Infrastructure vis-a-vis Number of Students

Description of sports facility	Number available for use as on 31 March 2003	Number of students as on 31 March 2003 (in lakh)	Average number of students catered (in lakh)
Stadium	1	16	16.00
Sports Complex	2	16	8.00
Gymnasium Hall	5	16	3.20
Swimming Pool	11	16	1.45
Sports Centre	39	16	0.41

Given the number of targeted beneficiaries, the sports infrastructure available with the Department as of March 2003 was not adequate to meet the declared objective of promotion of sports and games for all round development of the citizens and of facilitating growth of sports talent amongst the young.

Audit scrutiny of the implementation of the various Plan schemes revealed the following:

3.1.6 *Construction of sports complexes, swimming pools, gymnasium halls, etc.*

Swimming pools at Shakurpur and Hari Nagar were made available for use after a delay of more than three years

The Department constructed three new swimming pools in schools at Janakpuri, Shakurpur and Hari Nagar during the Ninth Five Year Plan (1997-2002) and the first year of the Tenth Five Year Plan (2002-2007). However, there were delays ranging from three to four years in construction of the pools at Shakurpur and Hari Nagar which was compounded by the failure of the

Department to take advance action to arrange the necessary coaches. The cases are summarized below:

Scrutiny of the records relating to the construction of integrated common sports facilities (swimming pool) in Government Senior Secondary Schools Nos. I, II, III at Shakurpur revealed that an estimate for Rs. 1.88 crore was received from PWD in August 1997 for issue of administrative approval and expenditure sanction. Administrative approval and expenditure sanction was accorded in July 1998 subject to restriction of the expenditure to Rs. 50 lakh during 1998-99. The construction of the swimming pool was to be completed by PWD in December 1999. The construction was actually completed by PWD only in February 2003, i.e. more than three years after the stipulated date of completion. In March 2003, PWD requested the Department to take over the swimming pool. However, the pool could not be immediately operationalised by the Department due to want of a regular coach. Thus, the targeted students were deprived of this facility for more than three years.

It was also noticed in audit that the actual expenditure on the project was Rs. 55.95 lakh which was indicative of both improper preparation of estimates by PWD and inadequate scrutiny by the sanctioning Department as the preliminary estimates had been inflated by PWD by over 300 per cent.

The Department, while confirming the facts, stated (October 2003) that the pool had since started functioning from 26 September 2003 after deployment of a coach and completion of certain tests relating to quality and supply of water.

An estimate for Rs. 1.12 crore (including Rs. 30.19 lakh for development of site) was received from PWD in March 1998 for construction of a swimming pool and changing room in the Government Boys Senior Secondary School, L-Block, Hari Nagar. Administrative approval and expenditure sanction for Rs. 81.84 lakh (excluding the item of development of site) was accorded in September 1998 subject to restriction of the expenditure to Rs. 25 lakh during 1998-99. The construction of the swimming pool and changing room was to be completed by PWD within 16 months from the issue of the administrative approval and expenditure sanction. The construction was actually completed by PWD in April 2003, i.e. more than three years after the stipulated date of completion. In April 2003, PWD requested the Department to take over the swimming pool but again the pool could not be operationalised by the Department due to lack of a coach. Thus, the students were deprived of this facility for more than three years. The final amount of expenditure was not available with the Department as the final bill was yet to be prepared by PWD as of September 2003.

The Department confirmed the facts and stated (October 2003) that the pool had since started functioning from 1 August 2003. It added that the final amount of expenditure was being ascertained from PWD.

Construction of a sports complex at a school at Chittaranjan Park was not completed even after a lapse of over five years

In January 1996, the Department received a proposal from the Government Boys Senior Secondary School (now Government Sarvodaya Vidyalaya), Chittaranjan Park, to level the playfield in the school. Subsequently, it was decided to develop the playfield as a sports complex. In March 1997, PWD prepared an estimate for Rs. 58.55 lakh.

In May 1998, the Department issued administrative approval and expenditure sanction for only Rs. 19.37 lakh for construction of an office-cum-changing room, badminton court, basketball court and lawn tennis court. The work was to be completed within six months from the date of award of work by PWD. It was, however, observed in audit that though a period of over five years had elapsed since the issue of administrative approval and expenditure sanction, only the work of construction of a lawn tennis court had been awarded by PWD in December 1998, which had also not been completed till June 2003. The delay had adversely affected the sports programme.

The Department stated in October 2003 that the delay was on the part of PWD and that personal attention would be given on this account.

3.1.7 Delay in utilization of sports facilities after their creation

In the Ninth and Tenth Five Year Plans, it was proposed to construct six youth hostels one each at Chhattarsal Stadium, Tikri Khurd, Tuglakabad, Tyagraj Nagar, Srinivaspuri and Singhu under the Scheme "Youth Welfare Programme". However, the Department could construct only a part of one Youth Hostel at Singhu Sports Complex, Singhu, till June 2003.

The Youth Hostel constructed in February 2000 at a cost of Rs. 29.14 lakh was not put to its intended use even after a lapse of three years

Audit scrutiny of the records relating to construction of the Youth Hostel at Singhu Sports Complex revealed that in May 1998, the Department had asked PWD to prepare an estimate for construction of 10 SPS¹ rooms and 1 toilet block as part of the work of construction of the youth hostel at Singhu Sports Complex. Accordingly, an estimate of Rs. 23.92 lakh was received from PWD in July 1998 for issue of administrative approval and expenditure sanction. The administrative approval and expenditure sanction was accorded by the Department in January 1999 subject to restricting the expenditure to Rs. 10 lakh during 1998-99. Subsequently in February 2001, another administrative approval and expenditure sanction of Rs. 10.99 lakh for construction of a kitchen, pantry, store and dining hall for the Youth Hostel was issued to PWD by the Department. Construction of the 10 SPS rooms and one toilet block

¹ Semi Pucca Structure

was completed in February 2000 and construction of kitchen, pantry, store and dining hall was completed in October 2001. The actual expenditure incurred was Rs. 19.18 lakh and Rs. 9.96 lakh respectively. However, the SPS rooms were not put to use as of June 2003 despite a lapse of three years.

The Department stated (October 2003) that the rooms were being used from April 2000 onwards for sports activities like gymnastics, yoga, indoor games, etc. while some of the other rooms were being used for storage of expensive sports material.

The contention of the Department is not correct as there was no evidence on record that the youth hostel had been put to use for its intended purpose as of June 2003 (i.e. as a youth hostel) or even the unintended purpose (i.e. as a gym and storage centre).

3.1.8 Non-establishment of Sports Centres

The Eighth Five Year Plan had provided for establishment of sports centres for the upkeep of health of the citizens of Delhi. The scheme was aimed at creating awareness about maintenance of good health amongst the citizens and to give senior citizens an opportunity to maintain their health by providing them facilities for yoga, wrestling, weightlifting, etc. These sports centres were to function in big parks maintained by the Municipal Corporation of Delhi (MCD) or the Delhi Development Authority (DDA) or any available open space which was to be identified by the local MLA or Residents Welfare Association. To start with, one sports centre was proposed to be established in each Assembly constituency.

The Department failed to establish even a single sports centre in public places as envisaged in the Eighth Plan

Audit scrutiny revealed that no sports centre had been established by the Department as of June 2003. However, during the period 1999-2003, the Department had procured multi-gyms and other equipment worth Rs. 32.20 lakh and supplied it to 26 existing schools for use by the students in place of the proposed sports centres.

Thus, the targeted community was deprived of the benefit of the scheme and the amount of Rs. 32.20 lakh was not utilized by the Department for the intended purpose.

The Department stated (October 2003) that their primary responsibility was to maintain good health among students. Further, opening of sports centres in parks maintained by MCD or DDA would have been a lengthy and cumbersome exercise. Hence, it was decided to open such sports centres in government schools exclusively for students by providing them with multi-gyms.

The Department's reply is not tenable as the scheme specifically aimed at improvement of the general health of not only the students but also of the citizens of Delhi as a whole by providing sports facilities in public places. By confining the sports facilities to students in 26 schools, this objective of the scheme was not achieved.

3.1.9 Blockage of Funds

The Department decided in November 1994 to set up the Delhi School of Sports for facilitating sports talent in 22 disciplines including athletics, cricket, lawn tennis and swimming. The Union Planning Commission conveyed approval for implementation of the scheme during 1994-95. Accordingly, the Department identified a plot area of 432 bighas at Ghevra Mor, Rohtak Road, in October 1994 for construction of the proposed school.

The Department failed to set up Delhi School of Sports even after six years of acquisition of land at a cost of Rs. 11.70 crore

Audit scrutiny revealed that the Land & Building Department issued the notification under the Land Acquisition Act in August and September 1997 invoking the urgency provisions of the Act for speedy acquisition of land. On an application filed by the land owners, the Court granted a stay in September 1997 on the acquisition of 127 bighas of land out of the total 432 bighas being acquired. Despite the stay order, the Department took possession of the site in November 1997 from the Land & Building Department without ensuring unencumbered possession. Subsequently in February 1999, in compliance with the directions of the Court, the Department had to return 93 bighas and 11 biswas to the original owners. However, 45 bighas and 9 biswas were again taken over by the Department in March 2003 on withdrawal of the petition by one of the original petitioners.

The Department had sanctioned Rs. 5.46 crore in September 1996 as the first installment of the total payment of Rs. 11.70 crore to the Land & Building Department for land acquisition. The second installment of Rs. 3.90 crore was released in March 1998 while the third installment of Rs. 2.34 crore was released in August 1999 when the case was still sub-judice and the legal status of the land undecided.

In February 2001, the Department also sanctioned Rs. 1.80 crore to PWD for construction of a boundary wall. In the absence of a clear demarcation of land and due to the pendency of the court cases for a portion of the land, PWD could not construct a boundary wall as of June 2003.

The Department stated (October 2003) that the land had been handed over by the Revenue Department with proper demarcation and that the stay granted by the Court in September 1997 was not known to it, the Revenue Department or the Land & Building Department upto the date of handing over/taking over possession of the land, i.e. November 1997.

The reply of the Department was indicative of the laxity with which the matter was handled in as much as the Department was ignorant of the fact that the acquisition of the land for which huge sums were being released had been challenged in Court. Further, release of funds should have been held up till the status of the land was finally determined and the cases settled. The failure of the Department to ensure unencumbered availability of the land before release of funds coupled with lack of adequate co-ordination with the Land & Building Department resulted in blockage of funds of Rs. 11.70 crore. Moreover, the proposed School of Sports has not yet been established even six years after notification.

3.1.10 Rural Sports Stadia

Delay of five years in construction of a boundary wall and gate at Singhu Sports Complex

Audit scrutiny relating to construction of a boundary wall and gate at the Singhu Sports Complex, revealed that an estimate for Rs. 24.17 lakh was received from PWD in July 1997 for issue of administrative approval and expenditure sanction by the Department. The Department accorded the administrative approval and expenditure sanction in September 1998. Construction was to be completed by PWD within five months from the date of issue of the administrative approval and expenditure sanction. However, the work was not started by PWD till September 2000. During an inspection of the site by the Director of Education in July 2000, it was decided to enhance the height of the mild steel grill on the boundary wall as initially approved in the estimates. PWD was asked to prepare fresh estimates for the boundary wall and gate. Accordingly, PWD submitted revised estimates for Rs. 39.00 lakh in May 2001. The Department accorded administrative approval and expenditure sanction for an additional cost of Rs. 14.83 lakh in August 2001.

However, though more than five years had elapsed since the issue of administrative approval and expenditure sanction in September 1998, the construction of the boundary wall and gate had not been completed till June 2003. In the absence of a boundary wall, the track in the sports complex was being damaged by animals and trespassers. The exact quantum of loss due to the damage could not be ascertained in audit from the available records.

The Department stated (October 2003) that the delay was on the part of PWD which could not complete the work due to encroachment on a portion of the land. The encroachment had since been removed and the boundary wall was expected to be completed by December 2003.

Delay in construction of a gymnasium at Government School, Mundka since 1997

Audit scrutiny of the records relating to construction of a gymnasium at the Government Boys Senior Secondary School, Mundka, revealed that the Department had accorded administrative approval for Rs. 13.68 lakh and expenditure sanction for Rs. 8.18 lakh in March 1997 for construction of a

gymnasium at the school. Construction was to be completed within four months from the issue of administrative approval and expenditure sanction. Though about six years had passed since the sanction of funds to PWD, the work had not commenced as of June 2003. Such undue delay deprived the rural students of the intended sports facility.

The Department stated (October 2003) that the matter was being taken up with PWD.

3.1.11 Delay in upgradation of Chhattarsal Stadium

The Department failed to convert the existing lawn tennis courts at Chhattarsal Stadium into synthetic courts despite a lapse of more than five years

It had been proposed to convert the existing lawn tennis courts at Chhattarsal Stadium into synthetic lawn tennis courts in the Ninth Five Year Plan. In December 1996, the Department asked PWD to submit preliminary estimates for the work. PWD sent an estimate of Rs. 20.36 lakh in December 1997. The Department accorded administrative approval and expenditure sanction in March 1998. The said work was to be completed within five months from the issue of the administrative approval and expenditure sanction. PWD invited tenders three times between August 1998 and October 1998, which failed to evoke an acceptable response as the material required was to be imported and the preliminary estimate of Rs. 20.36 lakh did not include the component of import duty. Since then, neither the Department nor PWD had taken any further action in the matter despite a lapse of more than five years. Thus, faulty estimates, arising from a lack of adequate understanding of the work involved coupled with the failure to take remedial action resulted in continuing delay in conversion of the courts into a synthetic surface.

The Department stated (October 2003) that the matter was being taken up with PWD.

3.1.12 Injudicious sanction of expenditure

Audit scrutiny revealed that in December 2000, PWD submitted preliminary estimates of Rs. 7.35 lakh for repairs to RCC parapet walls at Chhattarsal Stadium which were damaged by the contractor while carrying out screening work. These estimates were sent by PWD on its own without their being asked for by the Department. The Department conveyed its administrative approval and expenditure sanction in May 2001 without having assessed the need as well as the quantum of work involved. According to the General Conditions of Contract (Clause 17), the contractor himself was liable to make good the damage at his own expense.

The Department sanctioned Rs. 7.55 lakh for repair to walls damaged by the contractor which should have been repaired by the contractor at his own cost

The Department, instead of asking PWD to recover the amount from the contractor, injudiciously sanctioned an amount of Rs. 7.55 lakh to PWD in May 2001 for repair of the damaged wall. Consequent upon the stadium's

selection as one of the venues for the Afro-Asian Games, it was decided to erect a new wall after demolishing the existing damaged RCC parapet walls. This work was completed by PWD in January 2002 at a total cost of Rs. 27.47 lakh.

The Department stated (October 2003) that it had never been brought to their notice that the wall had been damaged by the contractor. If it was so, it was the duty of PWD to get it repaired by the contractor and the Department was not at fault.

The Department's contention is not correct as PWD's preliminary estimates of December 2000 for repairs to the wall clearly indicated that the wall had been damaged by the contractor. It was evident that the estimate had not been scrutinized properly while according sanction.

3.1.13 Organization of Competitions

Only 4.2 per cent of the target for inter-school cultural competitions was achieved

In the Ninth Five Year Plan, inter-school cultural competitions, inter-district competitions and State level competitions were proposed to be organized under the scheme "Development of Physical Education" targeting 50,000 students. However, only one such competition had been organized in the Ninth Plan in which 2,100 students participated. Thus, only 4.2 per cent of the target was achieved by the Department.

Accepting the audit observation, the Department stated (October 2003) that efforts would be made by them to enhance the activities under the scheme in the Tenth Five Year Plan.

3.1.14 Training Programmes for Teachers

Only 27 per cent of the target for training programmes for teachers was achieved

In the Ninth Five Year Plan, there was a provision for training in-service teachers for development of professional skills and competence under the scheme "Development of Physical Education." A total of 1,125 teachers were targeted during the Plan. However, only 300 teachers were trained during the five year period from 1998-99 to 2002-03. Thus, only 27 per cent of the target set for the entire Plan could be achieved.

Accepting the audit observation, the Department stated (October 2003) that it had decided to provide training through SCERT which had better training facilities.

3.1.15 Monitoring System

No monitoring mechanism to watch progress of works

Capital works relating to creation of sports infrastructure are executed by PWD. During 1998-99 to 2002-03, Rs. 8.43 crore was sanctioned to PWD for

various capital works. However, the Directorate of Education did not have any mechanism for monitoring the progress of works through financial and physical progress reports from PWD. Thus, the Department was not in a position to keep track of either progress of work done or the expenditure incurred against sanctions.

The Department stated (June 2003) that it had always kept track of progress of work done physically at the site. The Department's reply is not tenable. Had it monitored the progress of work being done by PWD, the completion of the various projects would not have been badly delayed as observed by audit in some of the preceding paragraphs.

3.1.16 Store Management

The Department had not laid down any norms to regulate demand of sports material by various sports units

The day-to-day requirement of consumable and non-consumable sports material of various sports centres, sports complexes, stadia, etc. set up by the department is being met by the Sports Branch on the basis of indents received from the sports units. During the years 1998-99 to 2002-03, the Sports Branch procured and issued sports material valued at Rs. 1.46 crore. However, the Department had not laid down any norms for the sports units to assess their demand/requirement of sports material as of June 2003. Further, as provided in the General Financial Rules, the indents for the issue of sports material were not being made in the prescribed form nor were they being properly scrutinized by the Sports Branch. In such circumstances, the reasonableness of the quantity of sports material indented by the various sports units and its subsequent issue by the Sports Branch during the years 1998-99 to 2002-03 was not verifiable.

During the years 1998-99 to 2002-03, the department issued sports material, viz. multi-gyms, iron hammers, basketball rings, iron shotputs, football goal posts, badminton poles, volleyball poles, etc. valued at Rs. 55.22 lakh to various sports centres, sports complexes, stadia, etc. It was noticed in audit that these equipment were finally charged off from the stock account immediately on issue instead of keeping them on stock till expiry of their usable life. Further, the life period of such sports material had also not been prescribed by the department. Consequently, there was no system or benchmark to determine the life expiry of such expensive equipment which could lead to wastage of expenditure on avoidable purchases. The Department did not also maintain any inventory of non-consumable sports material issued to various sports units during 1998-99 to 2002-03. Stock Register of other non-consumable items had not been maintained properly as the value of various items was not entered.

Physical verification of stores of sports material and other non-consumable items had not been conducted during 1998-99 to 2002-03 as no certificate to this effect was found recorded in any of the stock registers.

3.1.17 Directorate of National Cadet Corps

An outlay of Rs. 10 crore was approved for implementation of the ongoing Plan schemes of the Directorate of National Cadet Corps during the Ninth Five Year Plan period.

Construction of NCC Bhawan

Construction of NCC Bhawan was yet to be started though Rs. 1.26 crore were spent towards cost of land, etc.

In order to exercise adequate control and enable the entire department to work cohesively, it was decided to accommodate NCC Headquarters and its units scattered at different places under one roof. For this purpose, DDA allotted land measuring 6.79 acres at Rohini complex in June 1988 for construction of NCC Bhawan. According to the terms of the allotment, construction of the building was to be completed within two years of taking possession. During the period 1987-1994, an expenditure of Rs. 1.26 crore was incurred by the Directorate towards cost of land, construction of a compound wall and cattle fencing. PWD informed the Directorate in November 1993 that the estimated cost of construction of NCC Bhawan would be Rs. 7.28 crore. However, no action was taken by the Department.

In September 1999, PWD informed the Directorate that the estimated cost of construction would be Rs. 9.82 crore. Since the approval of the Standing Finance Committee (SFC) had not been taken by the Directorate even after a lapse of about 11 years, the Finance Department asked the Directorate in December 1999 to seek approval of the SFC for the total cost of the project including the already incurred expenditure of Rs. 1.26 crore. In March 2002, DDA raised a total demand for Rs. 77.30 lakh including composition fee of Rs. 29.14 lakh for delay in construction which was sanctioned by the Government in May 2003. PWD informed in October 2003 that DDA had since agreed to accept Rs. 48.16 lakh, i.e. minus the composition fee. The construction of the building is now to be taken up.

Thus, failure of the Directorate/Government to take timely action to place the matter before SFC for expenditure sanction for construction of NCC Bhawan, especially after receipt of estimates for construction from PWD in November 1993 resulted in undue delay in the construction of the NCC Bhawan. Further, the expenditure of Rs. 1.26 crore already incurred remained blocked.

A scrutiny of the records also revealed that the Directorate had paid a sum of Rs. 104.58 lakh to DDA as against the demand of Rs. 92.78 lakh towards cost of land. Thus, the Directorate had made an excess payment of Rs. 11.80 lakh

to DDA. However, no refund had been asked for by the Directorate, though this had been pointed out in the Audit Report of the Comptroller and Auditor General of India for the year ended March 1994.

3.1.18 Conclusion and Recommendations

The various schemes being implemented by the department are aimed at the promotion of sports and youth welfare programmes in Delhi by creating and providing sports facilities and infrastructure and by arranging youth welfare programmes. However, the facilities set up by the department were inadequate to meet the stated objectives. The following recommendations are made:

- The Department needs to devise a mechanism to ensure better co-ordination and monitoring of works for which sanctions have been issued, to minimize delays. The executing agency, viz. PWD should be associated in this mechanism.
- It should be ensured that sports complexes created are utilized for the intended purpose and that there is no delay in their functioning.
- In accordance with the objective of encouraging healthy sporting activities amongst the citizens, efforts need to be made to develop sports centres at public places which can be used by the general populace.
- Setting up the Delhi School of Sports, pending since 1994, should be expedited.
- Inter-school and inter-district sports and cultural competitions as well as State level competitions under the scheme of “Development of Physical Education” should be pro-actively encouraged so that the target of 50,000 students is achieved.
- Norms or benchmarks should be determined and the life period of non-consumable sports equipment should be fixed to regulate the demand of sports material by various sports centres.

Department of Social Welfare

3.2 Welfare of the Handicapped

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995, came into force w.e.f. 7 February 1996.

In pursuance of the Act, the Government of NCT of Delhi framed the Delhi Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2001. Special schools to provide non-formal education to the disabled and Teacher Training Institutes were not set up. Grants-in-aid received by NGOs directly from the Central Government were not monitored by the Department of Social Welfare. No action was taken under the National Programme for Rehabilitation of Persons with Disabilities in spite of receipt of a grant of Rs. 1.47 crore from the Government of India. The Delhi Scheduled Caste Financial and Development Corporation has not yet started functioning as the State Channelising Agency for disbursement of loans to the disabled (as of March 2003). Thus, the Department of Social Welfare had failed to meaningfully implement the provisions of the Act thus denying the intended benefits of the legislation to the disabled persons.

Highlights

Six schools were run by the Government of NCT of Delhi for 5,269 disabled children in the last five years while there was no progress in the area of non-formal education.

(Paragraph 3.2.5)

Two special employment exchanges were run by Delhi Government. Only 493 establishments reported their vacancies to these Exchanges against which 4,306 persons were sponsored for employment in various establishments in the last five years.

(Paragraph 3.2.6)

Annual reports of the Commissioner for Persons with Disabilities had never been laid before the State Legislature.

(Paragraph 3.2.10)

Out of 19 complaint cases received as of May 2003, there were delays ranging from 15 days to over four months in issue of notice in seven cases. Ten cases were stated to be under process even after a lapse of six to twenty nine months.

(Paragraph 3.2.11)

Only 20 disabled persons were given assistance in the last 5 years for purchase of aids and appliances.

(Paragraph 3.2.13)

Delhi Government disbursed grants-in-aid of Rs. 2.35 crore to nine Non-Governmental Organisations but the quantum of grant was not reviewed after every three years. There were delays of 7 to 8 months in recommending the NGOs in 6 cases.

(Paragraph 3.2.14)

The Government did not initiate action under the National Programme for Rehabilitation of Persons with Disabilities though grants of Rs. 1.47 crore were provided by the Government of India.

(Paragraph 3.2.15)

3.2.1 Introduction

At its meeting held in Beijing in December 1992, the Economic and Social Commission for the Asian and Pacific Region adopted a Proclamation on the Full Participation and Equality of People with Disabilities. In pursuance of this Proclamation to which India was a signatory, the Parliament enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PWD Act), which was notified on 1 January 1996 and came into effect from 7 February 1996. Subsequently, the Government of the National Capital Territory of Delhi, Department of Social Welfare, framed and notified the Delhi Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2001, on 27 December 2001 to disseminate information about the rights of persons with disabilities. Initially in September 1998, the Director, Social Welfare, and subsequently (April 2003) the Principal Secretary, Department of Social Welfare, was designated as the Commissioner for Persons with Disabilities.

According to the National Sample Survey conducted in 1991, there were 1.05 lakh disabled persons in Delhi constituting 1.09 per cent of the total population of the National Capital Territory of Delhi. Out of the 1.05 lakh disabled persons, males accounted for 59.83 per cent and females for 40.17 per cent. The distribution of disabled persons by type of disability was as follows:

Table 3.2.1: Distribution of Disabled Persons

	Item	Rural		Urban		Combined	
	Type of Disability	Number	Percentage with reference to estimated Number of Disabled Persons (13760)	Number	Percentage with reference to estimated Number of Disabled Persons (91299)	Number	Percentage with reference to estimated Number of Disabled Persons (105059)
A	Persons with single disability	12903	93.76	78650	86.15	91553	87.15
1.	Visual	5629	40.91	17551	19.22	23180	22.06
2.	Hearing	1468	10.66	7821	8.57	9289	8.84
3.	Speech	711	5.17	5408	5.92	6119	5.82
4.	Locomotor	5095	37.03	47870	52.44	52965	50.42
B.	Persons with multiple disability	857	6.23	12649	13.85	13506	12.86

The Government of Delhi had not conducted any independent survey of the disabled while the results of the National Sample Survey, 58th Round (July to December 2002) were yet to be made available to the Government.

3.2.2 Scope of Audit

Audit test-checked the records of the Department of Social Welfare, Government of NCT of Delhi, relating to the schemes for the welfare of the handicapped for the years 1998-99 to 2002-03 during February-July 2003 with a view to examining their overall performance with respect to the implementation of the provisions of the PWD Act. All the nine districts in the National Capital Territory were covered in audit.

3.2.3 Financial Outlay

The year-wise position of budget allocated by the Department of Social Welfare for the welfare schemes and actual expenditure during 1998-99 to

2002-03 was as under:

Table 3.2.2: Budget Allocation and Actual Expenditure

(Rupees in lakh)

Year	Revised Allocation			Actual Expenditure			Saving/ Excess	
	Plan	Non-plan	Total	Plan	Non-plan	Total	Plan	Non-plan
1998-99	58.20	510.55	568.75	56.43	482.57	539.00	-1.77	-27.98
1999-00	56.17	556.20	612.37	53.27	492.36	545.63	-2.90	-63.84
2000-01	70.00	585.93	655.93	59.87	548.38	608.25	-10.13	-37.55
2001-02	60.50	571.53	632.03	53.24	545.32	598.56	-7.26	-26.21
2002-03	30.00	620.90	650.90	28.92	587.54	616.46	-1.08	-33.36
Total	274.87	2845.11	3119.98	251.73	2656.17	2907.90	-23.14	-188.94

3.2.4 Implementation of PWD Act, 1995

State Co-ordination Committee and State Executive Committee

Section 13(1) of the Act stipulates that each State shall form a State Co-ordination Committee with the Minister-in-Charge of the Department of Social Welfare as ex-officio Chairperson. This Committee was to serve as the focal point within the State on disability issues to facilitate the continuous evolution of a comprehensive policy towards solving the problems faced by persons with disabilities. Section 19 of the Act provides for the constitution of a State Executive Committee to be chaired by the Secretary, Department of Social Welfare, which would act as the executive body of the State Co-ordination Committee. However the two Committees were established in Delhi only in July 2003 viz after five years of the enactment of the Act.

State Co-ordination Committee and State Executive Committee were set up after delay of five years

Prevention and Early Detection of Disabilities

In order to prevent the occurrence of disabilities, Section 25 of the PWD Act envisages that the State Government and the local authorities should (a) undertake surveys, investigations and research concerning the cause of occurrence of disabilities, (b) promote various methods of preventing disabilities, (c) screen all children at least once in a year for the purpose of identifying 'at-risk' cases, (d) provide facilities for training to the staff at the Primary Health Centres (PHCs), (e) sponsor awareness campaigns and disseminate information for general hygiene, and (f) take measures for pre-natal, peri-natal and post-natal care of mother and child.

Audit observed that no such separate steps had been taken by the Delhi Government. It was, however, mentioned in the Annual Report for the year 2001-02 prepared by the Commissioner for Disabilities that such activities were being conducted by the various Integrated Child Development Scheme Centres in all the districts.

3.2.5 Education

Development of Educational Infrastructure for Persons with Disabilities

Section 26 of the Act provides for free education to children with disabilities as well as vocational training facilities. Section 27 envisages provision of facilities for non-formal education. Six schools were run by the Social Welfare Department for disabled persons during 1998-99 to 2002-03. The total allocation based on revised estimates and actual expenditure on these six schools during 1998-99 to 2002-03 was Rs. 11.75 crore and Rs. 11.14 crore respectively.

No scheme was framed for providing non-formal education

Out of these 6 schools, only two had lodging and boarding facilities. One school provided free books and only two schools provided vocational training facilities. In the last five years, barely 5,269 disabled children were able to benefit from these six schools where many of the basic amenities envisaged under the PWD Act were not available. The Joint Director, Department of Social Welfare, confirmed in May 2003 that no special schools had been opened to provide non-formal education in respect of children with disabilities as had been envisaged under the PWD Act.

Section 30 of the PWD Act stipulates that the Government shall notify a comprehensive education scheme including transport facilities, removal of architectural barriers from the educational institutions, supply of books and uniforms, grant of scholarship, setting up of appropriate forums for redressal of grievances of parents, suitable modification in the examination system and re-structuring of curriculum for the benefit of children with disabilities. No such comprehensive education scheme had been framed by the Government of Delhi though financial assistance, scholarship, stipend, petrol subsidy etc. were granted to the physically handicapped persons during the period under review.

Thus, facilities envisaged under the PWD Act were not fully provided.

Research for Designing and Developing Assistive Devices, Teaching Aids etc. and Teacher Training Institutions

Sections 28 and 29 of the Act envisage that Government shall initiate or cause to be initiated, research into the designing and development of new assistive devices, teaching aids, special teaching materials or such other items as are necessary to give a child with disability equal opportunities in education. Government was also to set up teacher training institutions so that requisite trained manpower would be available for the special schools and integrated schools for children with disabilities.

Institution for providing teacher training for special schools was not set up

The Social Welfare Department stated in May 2003 that no such teacher training institutions had been opened. No steps had also been taken to encourage research into developing assistive devices. Thus, the Department failed to discharge its responsibilities under Sections 28 and 29 of the Act.

3.2.6 Employment

Provision of Special Employment Exchanges

7,229 disabled persons registered with special employment exchanges, of whom only 4,306 were sponsored during 1998-99 to 2002-03

Section 34 of the Act requires that the Government shall notify Special Employment Exchanges where employers would be required to furnish details of vacancies for appointment of persons with disabilities. The Government of NCT of Delhi established two such special employment exchanges for physically handicapped persons at Vishwas Nagar, Shahdara and at Kasturba Gandhi Marg. However, only 493 establishments had reported their vacancies to these employment exchanges. According to information furnished by the special employment exchanges, 7,229 persons had registered themselves in these employment exchanges during the last five years, of whom 4,306 persons had been sponsored in various establishments (60 per cent of the total registered). No mechanism existed to monitor compliance from employers. A total of 5,129 persons were awaiting employment for more than two years as of 2002-03. Further, no unemployment allowance was paid by the Delhi Government to any of these registered unemployed as required under Section 68 of the Act.

It was noticed that while the number of vacancies reported to the employment exchanges remained almost the same throughout the period, there was substantial decrease in the number of candidates sponsored. In 1998-99, 1,058 persons were sponsored as against 98 reported vacancies while in 2002-03, the number was 778 as against 102 vacancies.

The Employment Officer, Special Employment Exchange, Vishwas Nagar, stated in April 2003, that employers did not inform them about the placement of candidates sponsored by them. The Special Employment Exchanges had no information as to whether candidates sponsored by them ultimately got employment. It is, therefore, difficult to assess either the performance or efficacy of the exchanges with reference to their envisaged role.

3.2.7 Research and Manpower Development

Section 49 of the PWD Act stipulates that State governments should grant financial assistance to universities, other institutions of higher learning, professional bodies and non-governmental research units or institutions for undertaking research in special education, rehabilitation and manpower development. The Department of Social Welfare informed audit in May 2003

Government of NCT of Delhi did not grant any financial assistance to Universities for research and manpower development during 1998-99 to 2002-03

that it had not released any grant to any institution for research and manpower development during 1998-99 to 2002-03 for this purpose.

3.2.8 *Non-Discrimination against Persons with Disabilities*

Sections 44 to 47 of the PWD Act stipulate that State governments and local authorities should make rules for the benefit of persons with disabilities, providing facilities like easy access to rail compartments, buses, toilets, aircraft and waiting rooms to enable such persons to move around without undue hindrance. Further, steps to facilitate their independent movement on the roads and in government offices should also be taken like providing (i) auditory signals at traffic signals on public roads for visually handicapped persons; (ii) engravings on the surface of zebra crossings and the edges of railway platforms for blind persons; (iii) ramps in public buildings, hospitals and primary health centres for wheelchair users.

Government of NCT failed to provide the proposed facilities to persons with disabilities. Only one auditory signal was installed as of May 2003

In pursuance of the above, the Government of Delhi made the following proposals during 2001-02:

- Access audit of six public buildings;
- Installation of eight audio traffic signals at various crossings/places;
- Suitable changes in the road surface at zebra crossings; and
- Ramps in public buildings, hospitals and primary health centres.

However, only one auditory signal could be installed as of May 2003. None of the other proposals fructified.

3.2.9 *Recognition of Institutions for Persons with Severe Disabilities*

Section 56 of the Act provides that the Government should establish and maintain institutions for persons with severe disabilities. Where the Government is of the opinion that any institution is fit for the rehabilitation of persons with severe disabilities, it may recognise such an institution as an institution for persons with severe disabilities for the purposes of this Act. The Department of Social Welfare stated that it had not accorded recognition to any such institution as of June 2003. The norms and facilities to be maintained by these institutions had not yet been defined.

Government of NCT of Delhi failed to finalise the norms and facilities to be maintained by institutions to which recognition was to be given

3.2.10 *Submission of Annual Report*

Section 61(d) of the PWD Act stipulates that the State Commissioner for Persons with Disabilities shall submit reports to the State Government on the implementation of the Act at such intervals as the Government may prescribe and forward a copy thereof to the Chief Commissioner. It was noticed that the

State Commissioner in Delhi submitted only two annual Reports for the years 1999-2000 and 2000-01 to the Chief Commissioner of Disabilities, Government of India, during 1998-99 to 2002-03.

Section 65 of the Act further stipulates that the State Commissioner for Persons with Disabilities shall prepare and submit an Annual Report giving a full account of the activities during the previous financial year to the State Government which shall cause it to be laid before the State Legislature along with its recommendations. No such Report had been submitted to the Delhi Government for placing in the State Legislature as of May 2003. Hence, the State Legislature was deprived of the opportunity to review the implementation of the PWD Act.

3.2.11 Complaint Cases

Section 62 of the Act envisages that the Commissioner may, of his own volition, or on the application of any person or otherwise, look into complaints with respect to matters relating to:

- deprivation of rights of persons with disabilities; and
- non-implementation of laws, rules, bye-laws, regulations, executive orders, guidelines or instructions made or issued by the appropriate Governments and the local authorities for the welfare and protection of rights of persons with disabilities

and take up the matter with the appropriate authority.

Rule 49 of the Persons with Disabilities Rules stipulates that the Commissioner for Persons with Disabilities, on receipt of a complaint, should send a copy of the complaint to the opposite party/parties mentioned in the complaint directing him/ them to give his/their version of the case within a period of thirty days or such extended period as may be granted by the Commissioner. It is also prescribed that the complaint should be decided as far as possible within a period of three months from the date of receipt of notice by the opposite party.

Delay in settlement of complaint cases ranged from six to 29 months

As of May 2003, only 19 complaint cases were registered with the Department of Social Welfare in the last three years ending March 2003. In seven cases, there were delays ranging from 15 days to over four months in issue of notice. Out of the nine cases settled, delays in settlement ranged from two to eight months. As of May 2003, 10 cases were under process despite lapse of period ranging from six to 29 months. The Department of Social Welfare did not maintain a complaint case register or any other mechanism to watch the progress and disposal of cases.

The Commissioner was also expected to hold advocacy meetings. Only one advocacy meeting had been conducted (in April 2003) by the Principal Secretary, Social Welfare with the Deputy Commissioners (Revenue) of all the districts.

3.2.12 Insurance Schemes for Persons with Disabilities

No specific insurance scheme framed

Section 67 of the PWD Act provides that the Government should frame an insurance scheme for the benefit of its employees with disabilities. The Government was yet to frame such an insurance scheme as envisaged under the Act.

3.2.13 Aids and Appliances to Persons with Disabilities

Section 42 of the Act states that Governments shall notify schemes to provide aids and appliances to persons with disabilities.

Assistance for Purchase of Aids

Under the scheme, financial assistance ranging from 50 per cent to 90 per cent of the actual price of the aids is provided to physically handicapped persons to increase their mobility and capacity. Year-wise budget provision and actual expenditure during 1998-99 to 2002-03 were as follows:

Table 3.2.3: Beneficiaries Granted Assistance for Purchase of Aids

(Rupees in lakh)

Year	Budget Provision	Expenditure	Number of Beneficiaries
1998-99	0.70	0.72	8
1999-00	0.70	0.81	11
2000-01	1.00	Nil	Nil
2001-02	1.20	0.02	1
2002-03	1.20	Nil	Nil
Total	4.80	1.55	20

Government of NCT of Delhi failed to utilise two thirds of budget provision for assistance for purchase of aids during 1998-99 to 2002-03 and covered only 20 beneficiaries

An expenditure of Rs. 1.55 lakh was incurred against the budget provision of Rs. 4.80 lakh covering a negligible number of 20 beneficiaries during 1998-99 to 2002-03 while there were 12,341 identity-card-holding disabled in Delhi during the same period.

Scheme of Petrol Subsidy to physically handicapped persons

Under this scheme, petrol subsidy is provided for facilitating travel. It is meant for those disabled persons who are owners of motor vehicles and are

employed. Subsidy is provided upto 50 per cent of the actual expenditure or a maximum of 15 litres per month.

Year-wise budget provision and actual expenditure during 1998-99 to 2002-03 were as under:

Table 3.2.4: Beneficiaries under Scheme of Petrol Subsidy to Physically Handicapped Persons

(Rupees in lakh)

Year	Budget Provision	Expenditure	Number of Beneficiaries
1998-99	0.60	0.53	15
1999-00	0.60	0.63	10
2000-01	1.00	0.67	20
2001-02	1.31	1.00	32
2002-03	1.39	0.96	31
Total	4.90	3.79	108

Only 108 beneficiaries were given petrol subsidy while there was a saving of Rs. 1.11 lakh during 1998-99 to 2002-03.

3.2.14 Grants-in-aid Released to NGOs

Schemes of Assistance to disabled persons for purchase/ fitting of Aids and Appliances

One of the primary objectives of the scheme is to assist the needy disabled persons in procuring durable, scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation by reducing the effect of disabilities and enhance their economic potential. Three Non-Governmental Organisations (NGOs) received grants of Rs. 1.03 crore and had spent the entire amount during 1998-99 to 2002-03. Scrutiny of the records revealed that:

- Inspection teams of the Department did not check the arrangements made by the implementing agencies for fitting and post-care of the aids and appliances distributed except in case of 3 beneficiaries;
- In terms of the guidelines of the scheme, implementing organizations should network and establish linkages with medical colleges/ district hospitals/ rural hospitals/fitment centre of the Artificial Limbs Manufacturing Corporation of India (ALIMCO)/ District Rehabilitation Centres (DRC)/ any other professionally competent

agency to acquire/ avail of the requisite infrastructure for fitment and maintenance of aids/ appliances distributed under the Assistance to Disabled Persons (ADIP) scheme. No record was made available to audit to see if the implementing organizations were observing the above guidelines;

- The recommending authority has to create field agencies who shall conduct sample checking of five to 10 per cent of the beneficiaries covered under the scheme, utilisation of grants by NGOs and distribution of aids/appliances by the implementing agencies. No such field staff were deployed for the above purpose.

Scheme to Promote Voluntary Action for Persons with Disabilities

It was noticed in audit that 24 NGOs had received grants of Rs. 9.61 crore under the scheme to promote voluntary action and had incurred an expenditure of Rs. 10.01 crore during 1998-99 to 2002-03 (Annex-I). Audit scrutiny revealed that:

- There were delays ranging from two to 10 months in formulating recommendations by the Department of Social Welfare.
- In terms of the scheme, there should be one teacher for every eight disabled students while for the mentally handicapped, the student teacher ratio should be 5:1. For the multiple disabled, the same would be 2:1. It was observed that there was a shortfall of 48 to 63 teachers i.e. 36 to 47 per cent during 1998-99 to 2002-03 against the above norms (Annex II).

Grants-in-aid released by the Social Welfare Department to NGOs

The Social Welfare Department, with the approval of the Government of India, introduced the Delhi Grants to Social Welfare Institutions/Organisations Rules, 1975, in September 1975 for the payment of grants-in-aid to voluntary organisations engaged in social welfare work within the Union Territory of Delhi.

A scrutiny of records pertaining to nine NGO's revealed that Rs. 2.35 crore had been given as grant-in-aid against which Rs. 2.07 crore was spent. Utilisation certificates for Rs. 0.28 crore were awaited for 1998-99 to 2002-03. Audit scrutiny revealed that:

- Rule 9 of the scheme stipulates that grants should be released in three installments. The first installment equal to 1/12 of the estimated expenditure of the institution or the actual budget provision of the

Guidelines for release of grants-in-aid to NGOs were not followed. Grants were released at the fag end of the year

institution whichever is less should be released in the month of April. The second installment to cover the expenses for five months from May to September should be released in the month of May or thereafter. The final installment of grant to cover the expenditure during the remaining six months of the financial year should be paid after the receipt of formal application as prescribed. It was noticed that no such procedure was being followed by the department and the grants were being released at the fag end of the year.

- A test check of records for the year 2002-03 revealed that there were delays of seven to eight months in respect of six cases in recommending the cases of NGOs by the department.
- According to Rule 7 of the scheme, the policy of the administration was to make the grantee institutions gradually self-sufficient in their finances. With this end in view, the quantum of grant should be reviewed every third year and reduced progressively. The department failed to review any grant given to the NGOs as contemplated under the scheme.

3.2.15 Implementation of Dedicated Programmes

District Disability Rehabilitation Centre Programme

No District Disability Rehabilitation Centre had been set up in Delhi either by the Government of India or by the Government of NCT of Delhi (May 2003)

Issue of Disability Certificate and Identity Cards

The Department of Health and Family Welfare, Government of Delhi, constituted eight medical boards as of April 2003 for the issue of disability certificates. On the basis of the disability certificate, the Divisional Commissioner issues identity cards to persons with disabilities through the Deputy Commissioners/Sub-Divisional Magistrates. Only 12,341 identity cards had been issued by the offices of the various Deputy Commissioners during 1998-99 to 2002-03 while the total number of handicapped in Delhi according to the Report of National Sample Survey, 1991, was 1.05 lakh. Though the Government claimed that information on the scheme was available on its website and on the district offices' notice-boards, it was evident that adequate publicity had not been given to the scheme.

In terms of the data available with the various districts of Delhi Government, the number of beneficiaries helped by the NGO's and the Government under various schemes like teachers training classes, vocational training, purchase of aids and appliances, home management, schooling etc. was 52,899 by NGOs

and 9,706 by the Delhi Government during the last five years. But the total number of identity-card-holding disabled persons was only 12,341. This was indicative of a lack of co-ordination as well as lack of a coherent approach on the part of the implementing agencies in collating available data and extending benefits to the disabled persons.

National Programme for Rehabilitation of Persons with Disabilities

The Government of India launched the National Programme for Rehabilitation of Persons with Disabilities (NPRPD) in the year 1999-2000. The focus was on the provision of grassroot-level services for identification, early detection and intervention through a community-based approach and referral services at the district and State levels. Under the scheme, the Government of NCT of Delhi had to select a district for the implementation of the scheme. Accordingly, District (North West-I) was identified in December 2000 for implementation of the scheme.

Details of the funds provided by the Government of India and expenditure incurred are given below:

Table 3.2.5: Receipt of Funds under NPRPD

(Rupees in lakh)			
Year	Funds Received	Purpose	Expenditure Incurred
1999-00	12.50 (non-recurring)	For setting up State Referral Centre	Nil
2000-01	74.45	For providing rehabilitation services in the district and its corresponding blocks and gram-panchayats and activities for state referral centres	Nil
2001-02	60.35	--do--	Nil

During 1999-2002, Rs. 1.47 crore was provided by the Government of India but the Government of NCT of Delhi could not incur any expenditure due to administrative problems and for want of allocation of separate heads of accounts. In December 2002, the Director of Social Welfare requested the Project Director, District Rehabilitation Centre Scheme, to re-validate cheques of Rs. 1.35 crore. The cheques were yet to be re-validated as of June 2003.

No action has been taken under National Programme for Rehabilitation of persons with disability. Funds to the tune of Rs. 1.47 crore remained unutilised

The Department of Social Welfare sent a cheque for Rs. 12.50 lakh in April 2003 to the Lok Nayak Hospital which was notified as the State Referral Centre for physical disabilities under the scheme. Detailed breakup of the scheme for Rs. 12.50 lakh was to be intimated separately which was not done as of June 2003. The funds were lying with the hospital without any concrete action being taken.

The failure of the department to effectively utilise the funds received from the Government of India amounting to Rs. 1.47 crore deprived the disabled of the services envisaged in the scheme.

3.2.16 National Handicapped Finance and Development Corporation (NHFDC)

NHFDC functions as the apex institution for channelising assistance to persons with disabilities through State Channelising Agencies (SCA) or through NGOs (under the micro-finance scheme). The scheme aims to (a) promote economic development activities and self-employment ventures for the benefit of persons with disabilities, (b) extend loans to persons with disabilities for upgradation of their entrepreneurial skills for proper and efficient management of self-employment ventures, (c) extend loans to persons with disabilities for pursuing professional/ technical education leading to vocational rehabilitation/ self-employment, and (d) assist self-employed individuals with disabilities in marketing their finished goods. The loan applications in the prescribed format are to be submitted through the SCAs. Projects upto Rs. 1.00 lakh are sanctioned by SCAs and applications for loans exceeding Rs. 1.00 lakh are sanctioned by NHFDC.

The Government of NCT of Delhi had appointed (March 1998) the Delhi Scheduled Caste Financial and Development Corporation Limited (DSCFDC) as the SCA for the NCT of Delhi. But DSCFDC had not started functioning as SCA as of March 2003. A request was made by the Department of Social Welfare in March 2003 to convene a meeting to expedite the functioning of DSCFDC as SCA.

The State Channelising Agency did not start functioning as of March 2003.

3.2.17 Conclusion and Recommendations

There were serious deficiencies in the implementation of various schemes meant for the benefit of the disabled. The Department failed to fully achieve the objectives of the PWD Act in extending various benefits to persons with disabilities. Based on the audit findings, the following recommendations are made:

- the Department should undertake periodic surveys, investigations and research to identify the causes for occurrence of various types of disabilities with a view to initiating steps for their prevention and early detection;
- the educational and vocational facilities for school children with disabilities need to be expanded;

- the Department should ensure appropriate funding and encouragement for design and development of assistive devices and teaching aids and setting up of teacher training institutes;
- there should be effective monitoring of employment of disabled persons through special employment exchanges;
- the creation of infrastructure facilities and steps for removal of obstacles in public places for the benefit of the disabled should be expedited in a time-bound manner;
- the complaint redressal system needs to be strengthened;
- there was a need for wider publicity of schemes intended for the benefit of persons with disabilities;
- there should be more effective monitoring of the grants released to NGOs;
- funds received under the National Programme for Rehabilitation of Persons with Disabilities should be gainfully utilized; and
- the Delhi Scheduled Caste Financial and Development Corporation Limited (DSCFDC) should start functioning at the earliest as the State Channelising Agency to disburse loans to the disabled.

The matter was referred to the Government in August 2003; their reply was awaited (February 2004).

ANNEX-I
Statement of NGOs which received grants under scheme to promote voluntary action
(referred to in paragraph 3.2.14))

(Rupees in lakh)

S. No	District	Name of organisation	Name of project	1998-99				1999-2000				2000-01				2001-02				2002-03			
				S	E	DOA	DOR	S	E	DOA	DOR	S	E	DOA	DOR	S	E	DOA	DOR	S	E	DOA	DOR
1	Central	National Brotherhood for Social Welfare	Residential school for mentally retarded children	4.29	4.76	6.7.98	18.3.99	8.53	9.48	8.7.99	23.2.00	10.76	11.95	11.7.00	29.3.01	12.31	13.68	26.9.01	20.3.02	N.A.	N.A.	12.7.02	16.1.03
2	Central	National Federation of Blind	(i) Mobility Service	1.72	1.91	--	N.A.	2.56	2.21	--	8.3.00	2.39	2.65	--	23.3.01	1.93	2.14	--	28.11.02	Nil	Nil	Nil	Rejected
			(ii) Placement Service	2.20	2.66	--	N.A.	3.24	3.23	--	8.3.00	3.26	3.62	--	23.3.01	3.29	3.96	--	28.11.02				
3	Central	Prabha Institute of fine arts	Vocational Training and Education for Mentally Retarded	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	3.11	3.45	22.6.00	28.3.01	2.00	2.00	27.6.01	28.3.02	N.A.	N.A.	28.6.02	28.1.03
4	Central	Delhi Association of the Deaf	(i) Social Economic Rehabilitation Centre	0.33	0.37	22.5.98	15.3.99	0.55	0.34	--	303.00	0.45	0.67	--	27.4.01	0.45	--	--	28.3.02	N.A.	N.A.	30.4.02	27.2.03
			(ii) Library	0.05	0.06	--do--	--do--	Nil	Nil		N.R.	Nil	Nil	Nil	N.R.	Nil	Nil	Nil	N.R.	Nil	Nil	Nil	N.R.
			(iii) Secretarial Services	0.29	0.32	--do--	--do--																
5	South	Delhi Society for the Mentally Retarded Children	(i) Vocation Training Centre	0.69	0.59	N.A.	N.A.	2.01	2.01	6.8.99	28.3.00	1.35	1.35	12.7.00	26.4.01	0.99	0.99	31.5.01	20.3.02	Nil	Nil	Nil	N.R.
			(ii) Diagnostic and counseling clinic	2.21	2.21	N.A.	N.A.	4.80	4.04	6.8.99	28.3.00	4.76	4.51	12.7.00	25.4.01	2.27	2.27	31.5.01	20.2.02	Nil	Nil	Nil	N.R.
6.	South	Servants of the People's Society	Pre-vocational Training Centre for Mentally Retarded	2.48	2.73	29.7.98	11.3.99	4.45	4.91	1.1.2000	24.3.00	4.36	4.98	29.9.00	14.3.01	Nil	Nil	29.5.01	N.R.	N.A.	N.A.	29.4.02	28.11.02
7.	South	Sepastics Society of Northern India	(i) School of rehabilitation sciences	4.55	4.41	28.7.98	31.3.99	7.68	6.35	24.7.99	23.3.00	7.27	7.27	21.7.00	22.2.01	7.32	7.28	18.8.01	11.3.02	5.76	5.75	28.6.02	28.11.02
			(ii) Home Management	5.52	5.37	28.7.98	31.3.99	11.50	11.29	24.7.99	23.3.00	11.21	11.18	21.7.00	22.2.01	11.50	10.79	18.8.01	11.3.02	11.28	9.50	28.6.02	28.11.02
			(iii) Vishkarma Workshop	4.30	4.23	28.7.98	31.3.99	7.76	8.62	24.7.99	23.3.00	7.48	7.31	21.7.00	22.2.01	7.76	6.98	18.8.01	11.3.02	7.60	6.68	29.6.02	28.11.02
			(iv) Centre for special education	9.35	9.05	28.7.98	31.3.99	14.04	13.87	24.7.99	23.3.00	13.69	13.60	21.7.00	22.2.01	13.21	12.75	18.8.01	11.3.02	13.12	11.98	28.6.02	28.11.02
8.	South	Janta Adarsh Andh Vidhalaya	School for Blind	Not released	Not released	20.11.98	12.8.99	12.54	14.34	10.6.99	7.7.99	14.75	28.57	4.10.00	25.4.01	13.57	15.08	8.8.01	30.3.02	N.A.	N.A.	15.7.02	28.11.02
9.	South	Dr. Zakir Hussain Memorial Welfare Society	Child Guidance Centre	2.20	2.13	26.6.98	16.9.99	3.44	3.33	18.2.99	28.3.00	3.94	3.78	6.7.00	25.4.01	3.94	3.36	12.9.01	20.3.02	3.95	N.A.	12.6.02	27.2.03
10.	East	Bhartiya Blind Education and Cultural Society	Residential School-cum-VTC	1.33	1.47	8.9.98	--	5.77	4.42	28.2.00	28.3.00	5.88	3.29	8.9.00	30.4.01	5.47	3.86	6.9.01	12.2.02	N.A.	N.A.	7.8.02	16.1.03
11.	East	Amar Jyoti Charitable Trust	(i) Integrated School	14.92	16.58	1.7.98	12.3.99	27.97	27.92	23.6.99	25.10.99	29.50	33.18	1.8.00	24.3.01	29.34	32.60	12.5.01	21.2.02	N.A.	N.A.	12.7.02	16.1.03
			(ii) Hospital Research of Rehabilitation	7.35	7.30	1.7.98	12.3.99	11.74	11.47	23.6.99	25.10.99	12.12	11.92	1.8.00	24.3.01	12.54	13.93	12.5.01	21.2.02	N.A.	N.A.	12.7.02	16.1.03
			(iii) Teacher Training Classes	2.11	2.35	1.7.98	12.3.99	4.86	4.84	23.6.99	25.10.99	3.24	5.15	1.8.00	24.3.01	No grant	Nil	12.5.01	21.2.02	N.A.	N.A.	12.7.02	16.1.03
12.	South-West	Akshay Partishthan	Integrated School for Orthopadics	5.45	6.05	15.7.98	12.3.99	13.93	15.29	29.6.99	8.2.00	12.93	14.71	20.6.00	29.3.01	11.98	13.31	25.6.01	28.3.02	12.64	14.04	14.5.02	16.1.03

13.	-do-	National Association for the blind	(i) Transcription of Braille	2.13	2.37	19.6.98	12.3.99	2.94	3.27	30.9.99	10.2.00	2.98	3.31	20.9.00	15.3.01	3.39	3.77	28.1.01	30.3.01	N.A.	N.A.	11.11.02	20.1.03
			(ii) School for blind	2.43	2.70	19.6.98	12.3.99	5.51	6.12	30.9.99	10.2.00	7.09	7.88	20.9.00	15.3.01	9.39	10.43	28.1.01	30.3.01	Nil	Nil	11.11.02	N.R.
			(iii) Hostel for blind	8.02	8.91	19.6.98	12.3.99	12.88	14.31	30.9.99	10.2.00	12.97	14.86	20.9.00	15.3.01	13.80	15.40	28.1.01	30.3.01	N.A.	N.A.	11.11.02	16.1.03
			(iv) Transport allowance and maintenance of building	1.58	1.76	19.6.98	12.3.99	4.55	5.06	30.9.99	10.2.00	4.88	5.57	20.9.00	15.3.01	5.28	5.87	28.1.01	30.3.01	N.A.	N.A.	11.11.02	28.1.03
14.	-do-	Tamanna	(i) School for Mentally Handicapped	8.56	9.50	28.8.98	15.3.99	19.49	21.67	22.2.00		19.09	21.76	29.9.00	23.3.01	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
			(ii) Teacher Training	2.33	2.33	28.8.98	15.3.99	3.28	3.64	22.2.00		3.82	3.64	29.9.00	23.3.01	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
15.	-do-	Association for advancement and rehabilitation of handicapped	School for Mentally Retarded Project	5.10	4.73	8.6.98	4.6.99	9.48	8.09	15.6.99	5.2.00	8.97	7.94	8.9.00	29.3.01	9.58	8.40	28.9.01	26.3.02	7.27	6.10	15.7.02	16.1.03
16.	-do-	Federation of the Welfare of Mentally Retarded	(i) Sahana Institute of Central Library for Vocational Training of Mentally Retarded Childred	13.02	14.47	16.8.98	12.3.99	18.91	18.83	14.7.99	28.10.99	19.27	21.41	18.8.00	29.3.01	12.19	11.75	13.7.01	21.3.02	8.06	N.A.	14.8.02	
			(ii) Vocational Training Centre	Nil	Nil	Nil	Nil	7.52	8.36	14.7.99	28.1.99	1.83	1.24	18.8.00	7.3.01	2.60	2.89	13.7.01	22.3.02	Nil	Nil	14.8.02	
17.	North-West	All India Confederation of the blind	Training in shorthand and typewriting to blind	2.06	2.29	7.1.99	23.3.99	2.97	3.30	16.7.99	24.3.00	2.97	3.30	27.9.00	29.3.01	2.92	3.25	3.8.01	26.3.02	N.A.	N.A.	16.7.02	16.1.03
18.	N.W.-I	Eclate Society	School for Mentally Retarded	1.94	2.43	29.10.98	17.3.99	5.28	5.86	15.11.99	23.3.00	5.22	5.95	31.7.00	31.3.01	2.93	2.65	30.7.01	14.3.02	Nil	Nil	Not applied	Nil
19.	-do-	Handicapped Women Welfare Association	School for Deaf Children	5.15	5.72	29.6.98	17.3.99	9.14	10.15	16.7.99	22.2.00	8.68	9.64	17.6.00	29.3.01	8.56	9.52	5.8.01	27.3.02	N.A.	N.A.	15.6.02	20.1.03
20.	-do-	Co-lepra	Project for Leprosy Cured Person	Nil	Nil	Nil	Nil	NA	Nil	20.10.99	29.3.00	0.61	0.68	24.7.00	29.3.01	0.98	1.61	20.8.01	14.3.03	N.A.	N.A.	12.7.02	20.1.03
21.	New Delhi	Institution for the blind Andh Vidyalaya	Blind School	8.31	8.31	N.A.	N.A.	Not received	Not received	28.6.99	26.3.00	7.60	7.60	12.12.00	7.4.01	12.54	13.94	18.9.01	28.3.02	N.A.	N.A.	16.1.03	28.1.03
22.	-do-	Blind Relief Association	Technical Training-cum-sub contract workshop	4.80	5.33	24.8.98	18.3.99	4.00	4.00	30.12.99	25.3.00	N.A.	N.A.	13.11.00	29.3.01	2.62	2.62	N.A.	N.A.	N.A.	N.A.	24.6.02	16.1.03
23.	-do-	All India Federation of Deaf	(i) Multipurpose Training Centre for Deaf	1.00	1.00	N.A.	N.A.	3.84	3.84	30.6.99	27.3.00	2.81	2.81	16.8.00	22.3.01	3.22	3.58	22.8.01	22.3.02	N.A.	N.A.	11.7.02	28.1.03
			(ii) Placement Services	0.16	0.16	N.A.	N.A.	0.68	0.68	30.6.99	27.3.00	0.99	0.99	16.8.00	22.3.01	0.62	0.69	22.8.01	22.3.02	N.A.	N.A.	11.7.02	28.1.03
			(iii) Hostel for Deaf	0.51	0.51	N.A.	N.A.	0.71	0.71	30.6.99	27.3.00	1.08	1.08	16.8.00	22.3.01	0.47	0.47	22.8.01	22.3.02	N.A.	N.A.	11.7.02	28.1.03
24.	North-East	Bhartiya Parivardhan Santha	Day Care Centre for Mentally Retarded Person	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	N.A.	N.A.	15.7.02	16.1.03
Total				138.44	147.07			258.55	265.85			263.31	292.80			230.96	241.82			69.68	54.05		

S-Sanction, E-Expenditure, DOA-Date of Application, DOI-Date of Inspection, DOR- Date of Recommendation

Summary of Annex - I
Expenditure incurred to promote voluntary action
(referred to in paragraph 3.2.14)

(Rupees in lakh)

Year	Grant Sanctioned	Expenditure
1998-99	138.44	147.07
1999-00	258.55	265.85
2000-01	263.31	292.80
2001-02	230.96	241.82
2002-03	69.68	54.05
Total	960.94	1001.59

ANNEX - II

Statement of student teacher ratio

(referred to in paragraph 3.2.14)

Sl. No.	District	Name of organisation	School	1998-99				1999-2000				2000-01				2001-02				2002-03			
				No. of student	No. of Teacher required	No. of Teacher available	Shortage of Teacher	No. of student	No. of Teacher required	No. of Teacher available	Shortage of Teacher*	No. of student	No. of Teacher required	No. of Teacher available	Shortage of Teacher*	No. of student	No. of Teacher required	No. of Teacher available	Shortage of Teacher*	No. of student	No. of Teacher required	No. of Teacher available	Shortage of Teacher*
1.	Central	National Brotherhood for Social Welfare	Residential School for Mentally Retarded	68	14	8	6	86	17	8	9	84	17	8	9	62	12	8	4	50	10	9	1
2.	-do-	Prabha Institute of Fine Arts Culture and Crafts	Vocational Training and Education to Disabled Children (Mentally Handicapped)	118	23	9	14	79	16	9	7	110	22	9	13	95	19	7	12	95	19	6	13
3.	South	Janta Adarsh Andh Vidhyalya	Andh Vidhyalya School of Training Centre	80	11	11	Nil	84	11	11	Nil	99	12	11	1	109	13	11	2	107	13	11	2
4.	East	Bhartiya Blind Education and Cultural Society	Residential School-cum-VTC for blind	43	7	7	Nil	37	6	6	Nil	40	6	6	Nil	40	6	6	Nil	44	6	6	Nil
5.	S.W.	Akshay Parishthan	Integrated School for Orthopedic	213	26	7	19	213	26	11	15	213	26	14	12	178	21	14	7	190	24	14	10
6.	S.W.	National Association for Blind	Special School for blind	40	5	5	Nil	40	5	5	Nil	45	6	5	1	44	6	5	1	Not recommended			
7.	S.W.	Association for Advancement of Rehabilitation of Handicapped	School for mentally retarded	58	11	7	4	58	11	9	2	65	13	12	1	68	14	10	4	61	12	7	5
8.	N.W.	Ecelet Society	School for mentally retarded person	34	7	3	4	51	10	5	5	53	10	7	3	50	10	9	1	Not recommended			
9.	N.W.	Handicapped Women Welfare Association	School for Deaf Children	132	16	7	9	130	16	7	9	127	16	7	9	130	16	7	9	120	15	7	8
10.	New Delhi	Institution for the Blind	Blind Andh Vidhyalya	108	14	7	7	105	13	7	6	105	13	7	6	115	15	7	8	160	20	7	13
Total					134	71	63		131	78	53		141	86	55		132	84	48		119	67	52

Student-teacher ratio-prescribed: disabled 2:1, mentally retarded 5:1, others 8:1

Medical and Public Health

3.3 National AIDS Control Programme

The National AIDS Control Programme was aimed at controlling Acquired Immuno-deficiency Syndrome (AIDS) by spreading public awareness regarding transmission of the Human Immuno-deficiency Retro Virus (HIV). The Delhi State Aids Control Society was entrusted with the implementation of this programme in the National Capital Territory of Delhi. Though the NCT of Delhi is categorised as one of the “Low Prevalence” States by the National Sentinel Surveillance 2002, the number of cases in Delhi increased from 359 in December 1999 to 862 in October 2003. An audit review of the implementation of the Programme revealed that the Society could finalise the first batch of eight NGOs for priority targeted intervention for groups at high risk only by September 2001, viz. after three years of its formation. Supply of free condoms under the Programme fell short of requirement during 1998-99 to 2002-03. The Society could set up only one clinic for Sexually Transmitted Diseases (STD) against a target of 30 during the last five years. Only 12 per cent of the targeted population visited campsites during the Family Health Awareness Campaign run by the Society in 2002. A majority of these patients who visited the campsites were for general treatment rather than for Reproductive Tract Infection/STD. The sero-positivity rate of HIV infection in NCT of Delhi had increased from 3.81 per thousand (1999) to 18.87 per thousand (December 2002) in the cases surveyed under sentinel surveillance. Meanwhile, in the Voluntary Testing & Counseling Centres run by the Society, only 29.5 per cent of the people were imparted pre-test counseling while only 8.4 per cent people who had visited, voluntarily walked-in for testing. There was a short fall ranging from 26 per cent to 5.19 per cent of the targets for HIV cases surveillance.

Highlights

The Society could finalize the first batch of eight NGOs for priority targeted intervention for groups at high risk only by September 2001 viz. after three years of its formation.

(Paragraph 3.3.6)

Supply of condoms fell short of requirement during 1998-99 to 2002-03. In a survey conducted by ORG Centre for Social Research in 2002, only 23.4 per cent non-brothel based Commercial Sex Workers (CSW) reported consistent use of condoms with non-paying partners.

(Paragraph 3.3.6)

The Society could establish only one clinic for Sexually Transmitted Diseases (STD) against a target of 30 during the last five years. Out of a total of 11 STD clinics in existence, only one reported adequate supply of the required medicines. Further, only 14 per cent of the general population (3,776) who suffered from symptoms of STD approached government hospitals/clinics for HIV/AIDS or STD while 23 per cent took no treatment at all.

(Paragraph 3.3.6)

Sero positivity rate of HIV infection in NCT of Delhi which was 3.81 per thousand in December 1999 had increased to 18.87 per thousand by December 2002 in the cases surveyed under sentinel surveillance. The number of AIDs cases in NCT of Delhi had increased from 359 in December 1999 to 862 by October 2003.

(Paragraphs 3.3.1 & 3.3.15)

The Society strengthened only seven out of 41 blood banks functioning in NCT of Delhi. No training in blood transfusion practices was given to blood bank officers and laboratory technicians by the Society till March 2003.

(Paragraph 3.3.13)

Four out of thirteen 10KVA Diesel Generator Sets supplied by NACO to Blood Testing Centres in 1998 were lying idle for over five years.

(Paragraph 3.3.20)

3.3.1 Introduction

Acquired Immuno-deficiency Syndrome (AIDS) is a severe life-threatening condition which represents the late clinical stage of infection with Human Immuno-deficiency Retro Virus (HIV). HIV virus may be transmitted through sexual contact (homosexual, bi-sexual or heterosexual), sharing of

contaminated needles or syringes, multiple blood transfusion of an infected person's blood and transmission from infected mother to child before, during or shortly after birth.

The National AIDS Control Programme (NACP) focusing on increasing awareness of HIV/AIDS, screening of blood for HIV and testing of individuals practising risky behaviour, was launched by the Government of India and has moved through three phases since its launch in 1987 as below:

1986-1992: This period was marked by denial of the threat of HIV to India. The initial activities of this programme focused on HIV surveillance along with some initial training and educational activities.

1992-1999: The National Aids Control Project (NACP-I) was initiated for a period of five years from September 1992 to September 1997. Due to slow utilization of funds in the first two years of the project, it was extended upto March 1999.

1999-2004: The National AIDS Control Programme-II (NACP-II) was launched in 1999 in order to encourage and enable the States to take on the responsibility of responding to the epidemic on a longterm basis and reduce the spread of the infection.

NCT of Delhi is categorized as one of the "Low Prevalence" States according to the National Sentinel Surveillance Survey, 2002. However, the number of AIDS cases reported to the National AIDS Control Organisation (NACO) increased steadily from 359 in December 1999 to 862 by October 2003. The AIDS Control Project is implemented in Delhi by the Delhi State AIDS Control Society (DSACS).

3.3.2 Programme Objectives

NACP-II has two objectives namely (a) to reduce the spread of HIV infection in India; and (b) to strengthen India's capacity to respond to HIV/AIDS on a longterm basis. The components of the Programme are:-

- Priority targeted interventions;
- Preventive interventions for the general community;
- Low cost AIDS care;
- Institutional strengthening; and
- Inter-sectoral collaboration.

3.3.3 *Scope of Audit*

The implementation of the programme during 1998-99 to 2002-03 in the National Capital Territory of Delhi was test-checked by audit with reference to the records of the Delhi State AIDS Control Society.

3.3.4 *Organisational Set-up*

In order to effectively combat the HIV/AIDS epidemic, the Government of India established the National AIDS Control Organisation (NACO) in 1992 as an executive body in the Union Ministry of Health and Family Welfare to work for the prevention and control of AIDS in the country. The Delhi State AIDS Control Society (DSACS) became functional in Delhi from 1 November 1998 to implement the AIDS Control Programme in the National Capital Territory of Delhi through Government hospitals and Non-Government Organizations (NGOs). The Society functions through an Executive Committee under the chairmanship of Secretary (Health) of the Government of NCT of Delhi. The Member Secretary of the Executive Committee is the Project Director of the programme.



3.3.5 *Receipt of Funds and Disbursements*

NACP-II is a hundred per cent centrally sponsored scheme. Grants are directly released by NACO to the States AIDS Control Societies (SACSs) after approval of their annual plan of action. Subsequent release of grant is on the basis of expenditure figures reported by the States/ UTs.

The position of grants released to DSACS and expenditure reported to NACO was as under:

Table 3.3.1: Receipt of Grants and Disbursement

(Rupees in lakh)

Year	Grant Received	Expenditure Reported	Balance	Reasons for Savings
1998-99	110.00	71.94	38.06	Non-posting of staff; Training programme could not be taken up as the Society started functioning in November 1998.
1999-00	325.79	383.39	(-) 57.60	--
2000-01	229.00	168.15	60.85	Grant of Rs. 29 lakh for Family Health Awareness Campaign was received at the end of the year and therefore could not be utilised.
2001-02	354.00	328.97	25.03	--
2002-03	377.00	386.97*	(-) 9.97	--

It was noticed in audit that during the year 2002-03, the Society disbursed an amount of Rs. 59.57 lakh in the month of March 2003 to 19 NGOs as advance Grant-in-Aid merely to avoid lapse of funds received from NACO. Further, the Society was required to submit Project Management Reports and Statements of Expenditure (SOE) to NACO by 15 of the month following the end of the quarter. These were, however, not being sent in time. There was a delay of one to nine months in their submission to NACO.

The Society was also to submit annual Statements of Account duly audited by a Chartered Accountant to NACO within six months after the close of the financial year. There was a delay of one to 13 months in submission of these Financial Statements to NACO.

Non reconciliation of expenditure

Further, the expenditure figures as reported to NACO through the quarterly Statements of Expenditure did not tally with the expenditure figures depicted in the annual Statement of accounts. The variations were as under:

Table 3.3.2: Variations in figures between quarterly SOE and Annual Statement of Account

(Rupees in lakh)

Year	Expenditure		Variation
	According to SOE	According to Annual Statement of Account	
1998-99	71.94	32.22	39.72
1999-00	383.39	369.08	14.31
2000-01	168.15	171.55	3.40
2001-02	328.97	311.45	17.52
2002-03	386.97	Not audited by the Chartered Accountant (June 2003)	NA

The differences/ variations remained un-reconciled. The Society stated that the variations were due to:

- i) Fixed assets shown as expenditure in SOE;
- ii) Advances taken as expenses in SOE;
- iii) Omission of claims in SOE; and
- iv) Cancellation of cheques not taken in SOE.

Components/ Activities Covered under the Programme

3.3.6 Priority Targeted Intervention for High Risk Groups

The project aims to reduce the spread of HIV amongst groups at high risk by identifying target populations and providing peer counseling, condom promotion and treatment of Sexually Transmitted Infections (STI). These are to be delivered largely through NGOs, Community Based Organisations (CBOs) and the Public Sector using generic protocols.

The Society implements targeted intervention projects through NGOs short-listed by the NGO advisor and recommended by the Technical Advisory Committee with the approval of the Executive Committee of the Society.

Delay in finalisation of NGOs for Targeted Intervention Projects

The Society could finalize the first batch of eight NGOs for priority targeted intervention project of groups at high risk only by September 2001, i.e. after almost three years of its formation. The Government stated (January 2004) that sanctions could not be granted earlier due to shortage of funds.

During the year 2001-02, nineteen targeted intervention projects were allotted against a target of 13 projects. The increase was mainly in the targeted intervention group of "Migrant Labour" in which the Society had allotted 13 projects for Rs 19.08 lakh (Annex -I) against a target of four. The Government stated (January 2004) that this was because more proposals were received from NGOs in this targeted intervention group.

No targets were fixed for imparting training to NGOs making it difficult to assess performance. The Society stated that targets were not fixed but training in the form of a workshop was given to the selected NGOs at the start of their project.

In terms of NACO guidelines, 10 per cent of the budget for targeted intervention projects was to be borne by the NGO. Accordingly, 10 per cent of the grant-in-aid was to be deducted by the Society in cash which was not done. The Society stated (July 2003) that 10 per cent contribution was being

accepted in the form of fixed assets and not as cash contribution in terms of a decision taken in the NGO Advisors' meeting held on 20 April 2002.

The position of Grants-in-aid released to NGOs and receipt of Utilization Certificates (UC) was as under:

Table 3.3.3: Outstanding Utilization Certificates

Year	No. of NGOs/ Voluntary Organisations to whom grants released	Amount of grants released (Rs. in lakh)	No. of UCs received	No. of UCs awaited	Grants involved in respect of UCs awaited (Rs. in lakh)	Reasons for non receipt of UCs	Percentage of grants for which UCs awaited
2001-02	T.I. Projects 11	53.61	8	3	22.16	Nil	41.33
	SAEP ² 35	23.68	--	35	23.68		100.00
2002-03	T.I. Projects 28	119.53	6	22	87.91	Nil	73.54
	SAEP 16	8.20	--	16	8.20		100.00

Note: No grants were released for the first 3 years (1998-99 to 2000-01).

The Government stated (January 2004) that all NGOs had been instructed to submit the utilisation certificates and that no further grants could be released till they were received.

Evidently, adequate action had not been taken to ensure the timely receipt of the UCs. In their absence, the proper utilization of the grants released cannot be conclusively established.

Audit scrutiny revealed that an NGO (Desi Trust) applied (August 2000) for a grant in aid under the Targeted Intervention Project for 10,000 truckers at the Apsara Border, Wazirabad and Loni Border areas of Delhi. The target was reduced to 5,000 as the financial position of the NGO was not found to be sound. A grant of Rs. 2.33 lakh as first installment was released to it in November 2001. In August 2002, the site was visited by a team from the Society who reported that a consistent approach had been missing in the project and that the performance of the NGO was not satisfactory.

Though the second installment was to be released on receipt of a progress report and satisfactory utilisation of the first installment, the Society released the second installment of Rs. 2.80 lakh in November 2002 in spite of progress not being satisfactory. The project was to run for three years but no extension was given by the Technical Advisory Committee of the Society. Thus, a grant of Rs. 5.13 lakh was given to the NGO though it clearly lacked the ability and wherewithal to meet the programme parameters.

**Release of grant
inspite of
unsatisfactory
progress**

² School AIDS Education Programme

The Government merely stated (January 2004) that the prescribed procedure had been followed in this cases.

Condom Distribution

The most common way by which HIV/AIDS spreads is through sexual contact. The objective of the condom programme is to ensure easy access to good quality, affordable and acceptable condoms to promote safe sex. Condoms were provided free of cost by the Department of Health and Family Welfare, Government of India, to the Society upto 2001-02. During the year 2002-03, the Society purchased 45 lakh condoms from the Union Ministry of Health and Family Welfare and distributed them free of cost through NGOs.

The position of demand and distribution of condoms during the period under review was as follows:

Table 3.3.4: Demand and Distribution of Condoms

(Figures in lakh)

Sl. No.		1998-99		1999-2000		2000-01		2001-02		2002-03	
		Demand	Distribution	Demand	Distribution	Demand	Distribution	Demand	Distribution	Demand	Distribution
1.	Free Distribution	60.00	28.14	120.00	52.68	144.00	30.90	72.00	37.65	85.00	45.00
2.	Social Marketing	--	--	--	--	0.43	0.43	--	--	--	--
3.	Commercial Sales	--	--	--	--	--	--	--	--	--	--
Total		60.00	28.14	120.00	52.68	144.43	31.33	72.00	37.65	85.00	45.00

Short supply of condoms

It is evident that the supply of condoms fell short of the Society's requirement during 1998-99 to 2002-03. The Government attributed (January 2004) the shortfall to inadequate supply from the Government of India. No effort was made to make-up the shortfall. Such massive shortfalls have an adverse impact on the objective of controlling the spread of HIV through promotion of safe sexual encounters.

In a sample survey conducted by the ORG Centre for Social Research (June 2002) in Delhi, it was reported that about two thirds of all respondents from the general population (3,776) had heard of or seen a condom (67.8%). There were, however, significant differences between awareness levels amongst male (73.3%) and female (62.4%) respondents. Further, 72.5 per cent of brothel-based female sex workers and 67.2 per cent of non-brothel-based female sex workers reported consistent condom use with paying clients. Only 66.7 per cent of brothel based and 23.4 per cent non-brothel-based Commercial Sex Workers (CSW) reported consistent use of condoms with non-paying partners.

There is a need to intensify efforts to spread awareness about the use of condoms to prevent the spread of the HIV virus.

Strengthening of STD Clinics

Sexually Transmitted Diseases (STDs) increase the chances of HIV infection. Hence, STD control forms a key component of the strategy to combat AIDS.

There were 10 STD clinics in different government hospitals. The Society could add only one clinic (2001-02) against a target of 30 clinics during the second Phase of NACP. The Government stated in January 2004 that the shortfall was due to lack of space and staff in the Government hospitals. Concurrence of one hospital (Shri Guru Tegh Bahadur) had since been received for establishing an STD clinic. The Government added that further strengthening of STD clinics was in process. The number of cases treated in STD clinics was as follows:

Table 3.3.5: Performance of STD Clinics

Year	Number of cases attended to in STD Clinics	Number referred by the STD clinics to Government Hospitals for further diagnosis/treatment	Number Treated
Jan.98 to Dec.98	NA	NA	NA
Jan.99 to Dec.99	NA	NA	NA
Jan.2000 to Dec.2000	3275	NA	3275
Jan.2001 to Dec.2001	3147	NA	3147
Jan.2002 to Dec.2002	9920	554	9366

Note: The figures pertained to all STD clinics in Delhi run by government hospitals.

According to a report obtained by NACO in 2002, only 14 per cent of the STD clinics which sent their reports indicated adequate availability of essential medicines for treatment of STD cases. The Society stated in November 2003 that the STD clinics were being equipped and supplied by the regulating agencies like the Directorate of Health Services and no additional requirement had ever been projected by these clinics. However, under the scheme of strengthening of STD clinics, a requirement of STD drugs was brought out and Rs. 1.00 lakh had been released to eight hospitals during 2003-04 for the procurement of STD drugs.

An audit analysis indicated that out of the 11 STD clinics in existence, only seven had reported the position of adequacy of medicines to NACO. Of these, only one STD clinic actually reported adequate availability of the required medicines.

**Government clinics
not preferred for
treatment of STD**

A Baseline Behavioural Surveillance Survey (BBSS) 2001-02 conducted by the ORG Centre for Social Research found that only 14 per cent of the general population (3,776) of Delhi who suffered from any symptom of STD during the previous 12 months had approached government hospitals/clinics for HIV/AIDS or STD treatment while 23 per cent took no treatment at all. The remaining preferred private hospitals/clinics. According to an evaluation study of doctors conducted by the Department of Social Work, University of Delhi (March 2002), almost one third (32.61%) of the respondents admitted that they were not aware of any guidelines for STD care and management. The responses on treatment of STD patients were also not very encouraging on a few aspects like partner notification and compliance and treatment.

The Government stated (January 2004) that guidelines for STD care and management had since been made available to the dispensaries and hospitals.

Preventive Intervention for the General Community (Prevention among Low Risk Group)

3.3.7 Information, Education and Communication (IEC)

Information, Education and Communication are critical aspects of the AIDS prevention and control programme. A broad range of approaches can be used effectively to generate awareness, modify attitudes and change behaviour.

The Baseline Behavioural Surveillance Survey (BBSS) conducted by the ORG Centre for Social Research among the General Population, Bridge and High Risk Groups in Delhi (June 2002) to assess the awareness level of HIV/AIDS and STD revealed the following:

- 70.4 per cent among general population and 66.2 per cent amongst female sex workers and 64.3 per cent clients of female sex workers were aware of the need to use condoms and have one uninfected, faithful, sexual partner to avoid the perils of AIDS;
- 23.5 per cent respondents from the general population, 44 per cent clients of sex workers, 33 per cent female sex workers, 54 per cent men who have sex with men, and 25 per cent injecting drug users had correct knowledge of all three issues relating to non-transmission of HIV i.e. through mosquito bites, through sharing a meal with an affected person and the fact that a healthy looking person can also transmit HIV.
- Persons suffering from STD have a higher chance of contracting HIV/AIDS. Overall, 34 to 94 per cent of all the respondents as categorised above had heard of STD.

- The awareness of linkage between STD and HIV/AIDS amongst the general population was 23.9 per cent (24.3 per cent in urban areas and 20.8 per cent in rural areas of NCT of Delhi).

The lack of awareness as brought out by the survey was indicative of poor dissemination of information to the general public as well as the various high risk groups regarding the linkage between STD and HIV/AIDS.

3.3.8 Utilisation of funds- IEC activities

Annual action plans are prepared by DSACS in respect of IEC activities during a year. The details of expenditure sanctioned and actual expenditure during 1998-99 to 2002-03 were as under:-

Table 3.3.6: Allocation and Expenditure – IEC activities
(Rupees in lakh)

Year	Amount of Allocation approved by NACO	Amount Spent
1998-99	60.00	72.45
1999-00	84.00	153.67
2000-01	40.00	21.94
2001-02	50.00	31.06
2002-03	59.10	52.32

No grant was given to NGOs for IEC activities by DSACS. However, a grant of Rs. 53.27 lakh was given to NGOs for social mobilization under the Family Health Awareness Campaign from 1998-99 to 2002-03.

3.3.9 Level of Awareness about RTI/ STD and HIV/ AIDS

An evaluative study on the Family Health Awareness Campaign (FHAC) conducted by the Department of Social Work, University of Delhi, reported in March 2002 that only 12 per cent of the targeted population visited campsites during the FHAC in February 2002. Only 34.55 per cent of community members went to dispensaries for treatment. But the majority of the patients who came to the dispensaries came for general treatment rather than for problems related to RTI³/ STD. Out of 822 community members, 36 per cent were unaware about the availability of treatment in the public health system.

The study found that the Campaign lacked a focused IEC strategy for the male population at the ground level. This was evident from the relatively poor awareness amongst males about FHAC as also their poor participation in the campaign as compared to females. The Government stated (January 2004) that the Campaign had been redesigned to motivate the male population.

12 per cent of the targeted population visited camps during Family Health Awareness Campaign

³ Reproductive Tract Infection

3.3.10 School AIDS Education Programme

Imparting correct knowledge to young people on how to protect themselves against HIV/ AIDS and to encourage them to adopt a responsible lifestyle is an important component of NACP to check the growing prevalence of HIV/ AIDS.

There were 2,500 secondary and senior secondary schools in NCT of Delhi of which the Society covered only 1,600 viz. 64 per cent. The Government stated in January 2004 that the reason for not covering all the schools was limited allocation of funds by NACO.

The Society had not conducted any evaluation of the programme. The Society stated (November 2003) that evaluation of this programme was undertaken by UNESCO for the year 2002-03 but the reports had not been received so far.

3.3.11 Provision of Voluntary Testing and Counseling Services

The programme sought to enable individuals to ascertain their HIV status by making available facilities for voluntary testing and counseling. Such self assessment was expected to promote safe behaviour amongst such people thus reducing the risk of infection.

There were 15 Voluntary Counseling and Testing Centres (VCTC) in existence in Delhi out of which 10 VCTCs were established by the Society. Five VCTCs had been functioning in Delhi since 1992 in government hospitals. Fifteen VCTCs functioning in Delhi incurred an expenditure of Rs. 1.01 crore during 1998-99 to 2002-03.

It was found that the sero positivity rate which was 2.25 per thousand in December 1993 increased to 47.43 per thousand by December 2002 according to the data available in the VCTCs (Annex-II).

The Government stated (January 2004) that increase in the sero positivity rate could be attributed to increase in the number of HIV positive cases, increase in the number of VCTCs, increase in the awareness level about the counseling and testing facilities amongst the general population and medical fraternity and reduction in the cost of the test from Rs. 100 to Rs. 10 per test.

3.3.12 Pre-test Counseling at VCTC

Voluntary HIV counseling and testing is the process by which an individual undergoes counseling enabling him or her to make an informed choice about being tested for HIV. The counsellor also prepares the client by explaining the HIV test and by correcting myths and mis-information about HIV/ AIDS. The

Sero positivity rate per thousand increased from 2.25 (December 1993) to 47.43 (December 2002) as per data with the VCTCs

percentage of people who were imparted such pre-test counseling at VCTCs was 29.5 which was lower than the all India average of 67 per cent.

Out of the 50,390 persons tested for HIV/ AIDS at VCTCs in the year 2002, only 4,256 (8.4 per cent) had walked in voluntarily for counseling and testing.

The Society stated in October 2003 that pre-test counseling was being done by the treating physician in the wards and OPDs of hospitals and referral cases from centres other than government hospitals were being directly tested.

The Government stated (January 2004) that efforts were being made to provide bed side pre-test/ post-test counseling to patients admitted in the wards.

Analysis of the training of healthcare workers in HIV/ AIDS counseling revealed that against a total strength of 8,000 health workers, only 3,487 (43.59%) had been trained as of March 2002.

3.3.13 Reduction of Transmission by Blood Transfusion

This activity included (i) setting up of modern blood banks, upgrading existing major blood banks and setting up of new district-level blood banks; (ii) establishing blood component separation units; (iii) establishing mandatory screening of all blood units for Hepatitis-B and C Virus; and (iv) promoting voluntary blood donations. There were 10 zonal blood testing centres with networking of 41 blood banks functioning in Delhi. It was observed in audit that:

- Only seven out of the 41 blood banks had been strengthened by the Society with supply of consumable items like blood bags, anti-seras and Elisa Kits.
- No training in blood transfusion practices had been imparted to blood bank officers and laboratory technicians till March 2003. The Society stated in November 2003 that under External Quality Assurance Scheme, training of blood bank officers and laboratory technicians was taken up in August 2003 and was likely to be completed by December 2003.
- The course curriculum for blood bank officers and technicians for short and longterm courses had not been finalised by the Society.
- The Blood Testing Centres are used to test the samples for HIV infection. These are collected during each round of sentinel survey at the identified sites once a year (during August to October). Information for the period 1999 to 2002 is as under:

Training in blood transfusion practice not given

Table 3.3.7: Targets and Achievements of Sentinel Surveys

Year	Number of Centres	Number of Centres which conducted Sentinel Survey	Tests targeted to be conducted	Actual
1999	3	3	1050	1050
2000	7	7	2200	1628
2001	9	9	2850	2534
2002	9	9	2850	2702

Thus only nine sentinel surveys were conducted in which 7,914 tests were actually conducted against the target of 8,950 between 1999 and 2002.

The Government stated (January 2004) that only seven blood banks had been designated under the modernization of blood banks by NACO and only these were being provided the necessary consumables. It added that though training of blood bank staff was to be done by the State Blood Transfusion Council, two training programmes for blood bank officers and laboratory technicians had been undertaken by the society.

3.3.14 Prevention of Parent to Child Transmission (PPTCT) of HIV

Mother to Child transmission (MTCT) is by far the most significant route for transmission of HIV infection in children. HIV can be transmitted during pregnancy, during child birth and during breast-feeding.

In Delhi, DSACS had opened five PPTCT centres against a target of ten centres (2002-03) in the Gynaecology departments of Government hospitals. In addition, four more centres had been started till November 2003. An analysis of records revealed that 29,244 women had visited such centres since their inception in August 2002 till July 2003. Of these, 14,010 (47.90%) women were counseled and 5,830 (41.61%) were tested out of whom 15 (0.25%) were found HIV positive. However, only 75 per cent of these HIV positive women had collected their test results.

The Government stated (January 2004) that the PPTCT Centres had been linked to the local NGOs for wider dissemination of awareness and that capacity building of counselors had been taken up.

3.3.15 STI/ HIV/ AIDS Sentinel Surveillance

Surveillance of sexually transmitted diseases constitutes an important component of prevention and control of HIV/ AIDS. The objective of this activity is to develop an effective surveillance system to generate a set of reliable data. Three approaches were identified, namely (i) Etiological

Short fall in opening PPTCT Centres

information (ii) Syndromic information and (iii) initiation of community-based studies to generate data on prevention of STD. The following activities were included in the sentinel surveillance:

- HIV sentinel surveillance;
- STI surveillance through specific survey;
- Behaviour surveillance survey; and
- AIDS cases surveillance.

The Society was conducting a three-month sentinel surveillance once in a year under NACP-II to generate reliable data to enable monitoring of the trends of HIV infection in various groups of population. Though there were no surveillance centres run by the Society, VCTCs being run by DSACS conducted surveillance in addition to their normal work. There were nine such surveillance centres (out of 15 VCTCs) as on 31 March 2003 which included four Ante-natal cases (ANC), four Sexually Transmitted Diseases (STD) and one Intra-Venous Drug User (IVDU) centre.

The Government stated (January 2004) that nine centres are specifically setup every year for HIV Sentinel Surveillance as per NACO guidelines.

The position of AIDS cases surveillance for the period January 1999 to December 2002 as compiled by the Society was as under:

Table 3.3.8: AIDS Cases Surveillance

Year/ Period	No. of cases targeted to be screened	No. of cases screened	Shortfall	No. of sero- positive	Sero positive rate per 1000	AIDS cases	AIDS cases cumulative
Jan. 1999 to Dec. 1999	1050	1050	--	4	3.81	72	359
Jan. 2000 to Dec. 2000	2220	1628	592(26%)	18	11.05	139	498
Jan. 2001 to Dec. 2001	2850	2534	316(11.10%)	47	18.54	158	656
Jan. 2002 to Dec. 2002	2850	2702	148 (5.19%)	51	18.87	106	762

The Government stated in January 2004 that the blood collection for the Sentinel Surveillance was either for reaching the targeted number or for a period of three months whichever was earlier, and hence the shortfall was only an aberration. It added that the number of patients walking into the ANC/STD/ IVDUs OPDs were outside any one's control.

Sero positive rate per 1000 in these surveillance cases had increased from 3.81 (1999) to 18.87 (2002)

The sharp fall in the number of cases to be screened ranged from 5.19 per cent to 26 per cent. The number of AIDS cases had also increased from 45 (in the year 1993) to 762 up to the year ending 2002 and to 862 by October 2003. It was observed that the sero positive rate per 1,000 in these surveillance cases had increased from 3.81 (1999) to 18.87 (2002) in Delhi.

3.3.16 No provision for anti retro-viral drugs for HIV/ AIDS Patients

Anti retro-viral drugs can enable persons suffering from HIV/AIDS to prolong their life-span and maintain their health. Though various combinations of anti-retro-viral drugs are available in the country, these drugs were not supplied to HIV/AIDS patients by the Society in NCT of Delhi.

The Society stated in November 2003 that there was no provision for supply of anti-retro-viral drugs to HIV/AIDS patients. The Government stated (January 2004) that the Government of India had recently decided to supply anti-retroviral drugs in six high prevalence states.

3.3.17 Low Cost AIDS Care

These activities would provide funding for home-based and community-based care including increasing the availability of cost effective interventions for common opportunistic infections. Specific activities would include (i) establishing best practice guidelines and providing appropriate drugs for treating common opportunistic infections at district hospitals, (ii) training at selected State level hospitals for the provision of referral services, and (iii) establishment of new support services to care for persons with AIDS in partnership with NGOs and CBOs by establishing small community based hospitals, drop-in centres and home-based care. No activity under this component had been taken up by DSACS till March 2003.

The Government stated (January 2004) that it had started running three Community Care homes with the help of NGOs from March 2003.

3.3.18 Training

The basic objectives of the training programmes were to impart knowledge and develop skills amongst medical and para-medical staff so as to attain

complete coverage by March 2002. It was noticed in audit that:

- The Society had neither reviewed the curricula/ modules/ material nor finalised an activity schedule as required under NACP-II.
- The Society had not established any system of assessing or evaluating the impact of the training imparted on its recipients. The Society stated

Training curricula/ modules not reviewed

Results of training could not be verified

in November 2003 that these formats were in the process of being developed. In the absence of monitoring and evaluation reports, the results of the training could not be assessed. The Government replied (January 2004) that these formats had since been developed.

- Forty seven per cent of doctors, 50.7 per cent of nurses and 9.8 per cent of paramedical staff in Government hospitals, dispensaries and health centres were yet to be trained.

3.3.19 *Inter-sectoral Collaboration*

Efforts not made for inter-sectoral collaboration

Inter-sectoral collaboration aims at promoting collaboration amongst the public, private and voluntary sectors. Activities are to be co-ordinated with other programmes within the Union Ministry of Health and Family Welfare and other Central Ministries and Departments.

No efforts were made under this component although there was adequate provision of funds as depicted below:

Table 3.3.9: Funds Allocation and Expenditure

(Rupees in lakh)

Year	Allocation	Expenditure	Saving	Percentage of savings
1999-00	36.53	7.63	28.90	79.1
2000-01	2.00	0.20	1.80	90.00
2001-02	10.00	0.28	9.72	97.20
2002-03	10.00	NA	NA	

The Government stated (January 2004) that the activities could not be carried out to their maximum extent due to inadequacy of staff.

3.3.20 *Procurement of Equipment and Other Stores*

Under NACP-II, NACO was responsible for procurement of HIV test kits, equipment and certain drugs as a central component through the National Thermal Power Corporation (NTPC), the procurement agent appointed under the project. The Delhi AIDS Control Society was responsible for civil works, procurement of drugs and NGO services for various activities.

Audit scrutiny revealed that thirteen 10 KVA Diesel Generator (DG) sets were supplied by NACO to Blood Testing Centres in the hospitals in 1998. Of them, four DG sets supplied to the centres in the following hospitals were yet to be installed as of March 2003 and were lying idle for over five years.

Table 3.3.10: Non-installation of Diesel Generator sets

Sl. No.	Name of the Hospital	Date of Receipt	Reasons
1.	Deen Dayal Upadhyay Hospital	27 January 1998	Lack of space in the hospital
2.	Hindu Rao Hospital	2 February 1998	Problem with electricity supply in blood bank.
3.	LNJP Hospital	27 January 1998	
4.	Indian Red Cross Society	29 January 1998	Not installed by Service Engineer

The Government stated (January 2004) that the generator sets had been supplied directly by NACO to the hospitals and the society had no financial involvement in the matter. However, the fact remain that it was incumbent upon the society to operationalise the generator sets for the intended purpose.

3.3.21 Monitoring and Evaluation

Monitoring and Evaluation was to be conducted by an outside agency at the baseline, interim and final years whereas DSACS had not engaged any such agency for monitoring and evaluation of the project.

3.3.22 Conclusion

Implementation of the AIDS Control Programme in NCT of Delhi requires strengthening in view of the steady increase in the reported cases of AIDS from 359 in December 1999 to 862 in October 2003. Shortfalls in setting up of STD clinics and PPTCT centres as well as in supply of both condoms and essential drugs were retarding the effective implementation of the programme. Efforts at dissemination of information relating to prevention as well as treatment of HIV/ AIDS need to be intensified, particularly amongst the more vulnerable sections of society like young people and high risk groups. Training of health workers, doctors, nurses and para-medical staff has to be geared up.

Annex - I
(Referred to in paragraph 3.3.6)
Position of Targeted Intervention Projects

(Rupees in lakh)

Group	Year	Targeted Intervention		Amount	
		Planned to be covered	Actually covered	Allotted	Utilised
Commercial Sex Workers (CSW)	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	01	01	Nil	Nil
	2001-02	03	01	3.81	3.81
	2002-03	05	--	13.95	10.58
Truck Drivers	1998-99	Nil	Nil	Nil	Nil
	1999-2000	Nil	Nil	Nil	Nil
	2000-01	2	2+1*	Nil	Nil
	2001-02	3	1	18.10	8.20
	2002-03	04	--	21.14	6.54
Injecting drug users	1998-99	Nil	Nil	Nil	Nil
	1999-2000	Nil	Nil	Nil	Nil
	2000-01	Nil	Nil	Nil	Nil
	2001-02	02	01	Nil	Nil
	2002-03	02	--	6.04	--
Men having sex with men	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	Nil	Nil	Nil	Nil
	2001-02	--	02	Nil	Nil
	2002-03	--	--	3.00	Nil
Street children	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	2	2+1*	Nil	Nil
	2001-02	1	1	12.62	3.22
	2002-03	05	--	11.05	2.57
Migrant Labourers	1998-99	Nil	Nil	Nil	Nil
	1999-00	Nil	Nil	Nil	Nil
	2000-01	4	3+1*	Nil	Nil
	2001-02	4	13	19.08	16.22
	2002-03	07	--	64.34	11.93
Total	2001-02			53.61	31.44
	2002-03			119.53	31.62

* Targeted Intervention Projects transferred from NACO

Annex - II
(Referred to in paragraph 3.3.11)
Reports of the Voluntary Counseling and Testing Centres
Serological Testing – VCTC

Year Jan-Dec	No. of Samples	Positive Test	Sero Positivity Rate/1000
1993	13317	30	2.25
1994	9266	80	8.63
1995	9724	102	10.49
1996	12688	159	12.53
1997	12394	163	13.15
1998	22565	328	14.53
1999	27385	407	14.86
2000	42061	1122	26.67
2001	50495	1323	26.20
2002	50390	2390	47.43
Upto September, 2003	40417	2030	50.22

Paragraphs

Education Department

3.4 Irregular drawl of Abstract Contingent Advance

An Abstract Contingent Advance of Rs. 7.58 crore was drawn by the Education Department in March 2002 for payment of 25 per cent of the construction cost of school buildings to DSIDC in violation of the extant financial rules. This Advance remained unadjusted till March 2003.

Rule 96 of the Receipt and Payment Rules pertaining to contingent charges excludes works expenditure from its ambit. Rule 118 *ibid* provides that an Abstract Contingent (AC) advance drawn should be adjusted within one month of its drawl. Test check of records pertaining to the Department of Education, Government of NCT of Delhi, revealed that an amount of Rs. 8.06 crore was drawn as AC advances during February and March 2002 for office expenses, legal matters, purchase of computer accessories and capital works.

The Director of Education stated in January/May 2003 that advances to the extent of Rs. 42.54 lakh had been adjusted upto March 2003. The balance of Rs. 7.64 crore was still to be adjusted despite lapse of more than one year. Audit scrutiny revealed that, of the above amount, Rs. 7.58 crore was drawn for payment to the Delhi State Industrial Development Corporation on 31 March 2002 towards 25 per cent of the construction cost of five pucca school buildings at Dwarka, Pooth Kalan, Bhorgarh, Ghazipur and Jahangirpuri. Drawal of such AC advance for capital nature of works was in violation of the codal provisions cited above.

Thus, the drawal of an AC advance to the extent of Rs. 7.58 crore for capital works at the fag end of the year, coupled with failure to adjust it within the stipulated time, constituted a gross violation of the extant financial rules.

The matter was referred to the Government in August 2003. Government stated in November 2003 that the delay in utilization of advance by DSIDC was due to completion of certain time consuming legal and codal formalities, necessary for the commencement of construction work.

The reply is not tenable as completion of codal formalities like preparation and approval of drawings and building plans by the competent authorities should be done before inviting tenders and they do not involve any financial involvement. Hence the drawal of Rs. 7.58 crore as A.C. advance was not justified. Further the reply did not address the primary issue as to why the codal financial provisions were violated by drawal of AC advance for incurring expenditure of a capital nature.

Social Welfare Department

3.5 Non-utilisation of funds released for Indira Mahila Yojana Scheme

Lackadaisical approach of the Department to the implementation of the Indira Mahila Yojana led to non-utilisation of Rs. 12.20 lakh for six years and its ultimate refund.

The Government of India, Ministry of Human Resource Development, (HRD) Department of Women and Child Development (Ministry), released Rs. 12.20 lakh in March 1996 to the Department of Social Welfare (DSW), Government of NCT of Delhi, for implementing the Indira Mahila Yojana (IMY) scheme. The DSW did not send the stipulated monthly progress reports to the Ministry of HRD. In March 1999, the Ministry directed the DSW to review the progress of IMY scheme in each block and to select new blocks in case progress in these blocks was not satisfactory. The DSW again sent no report on this matter to the Ministry. In September 1999, the DSW directed two Child Development Project Officers to send action taken reports to the Ministry which was not done.

In February 2001, when the Ministry asked the DSW to give a utilisation certificate for Rs. 12.20 lakh given as grant, DSW stated that since the Ministry had not released the funds for this scheme, the question of submission of utilisation certificate did not arise.

In July 2001, the Ministry informed the Chief Secretary, Government of NCT of Delhi, that Rs. 12.20 lakh had been released in March 1996 for implementation of the scheme which had also been acknowledged (March 1996) as having been received by the Principal Accounts Officer of the Government. The Ministry also pointed out that the Delhi Government had given similar incorrect replies in the past to the Rajya Sabha Questions raised

on 3 July 1998, 20 April 2001 and 4 May 2001. The Ministry asked for immediate refund of the unutilized amount and also suggested that a detailed inquiry be conducted into the matter and responsibility fixed for furnishing incorrect information to the Rajya Sabha and the Government of India.

In February 2002, the Department of Social Welfare returned the whole amount of Rs. 12.20 lakh to the Government of India as unutilized funds.

The lackadaisical approach of the Department of Social Welfare in implementing the IMY scheme resulted in funds received in March 1996 remaining unutilized for 6 years and finally being refunded to the Ministry. The intended benefits thus could not reach the target group. The DSW had also not fixed responsibility for furnishing of incorrect information to the Rajya Sabha and the Ministry.

The matter was referred to the Government in July 2003. The Director, Department of Social Welfare, while confirming the facts, stated in October 2003 that the IMY scheme could not be effectively implemented due to practical problems and lack of enthusiasm amongst the intended beneficiaries. Insofar as furnishing incorrect information to the Rajya Sabha question is concerned, the Department had admitted laxity and lack of co-ordination on the part of the concerned officials but expressed difficulty in fixing responsibility as many of the erring officials had since retired or had been transferred out of the department. The Government stated (March 2004) that the omission on the part of the department was regretted and efforts would be made to avoid recurrence of such lapses in future.

Medical and Public Health Department

3.6 Delay in implementation of project due to poor planning

Not ensuring conformity with the land use norms before purchase of land for construction of an Institute building led to delay in implementation of the project besides an expenditure of Rs. 8.70 crore.

In September 1997, the Government of NCT of Delhi (Health and Family Welfare Department) approved the purchase of 95 acres of land at village Khera Dabur of Najafgarh block in Delhi for establishing the Institute of Indian Systems of Medicine and Homeopathy. The Project had the following components:

- Yoga and Prakritik Chikitsa Sansthan for education, health care and research;
- the Rajkiya Ayurved Sansthan for ayurvedic education;
- the Rajkiya Ayurved Hospital for health care dispensary;

- the Hakim Ajmal Khan Unani Shodh Sansthan, and
- the Delhi Research Institute for Modernised Promotion of Ayurveda.

The Institute was intended to provide a comprehensive infrastructure for holistic medicare and research in Indian systems of medicine and treatment.

The Department paid Rs. 5.70 crore to the Gram Sabha in December 1997 for 94.27 acres of land and took over the land in March 1998 on a 99 year lease basis. Ground rent @ 2.5 per cent per annum which worked out to Rs. 84.66 lakh was paid for the period from 1997-98 to 2002-03. Apart from this, the Department incurred (September 2000 to March 2003) an expenditure of Rs. 2.15 crore on construction of boundary wall, gates and guard rooms.

Scrutiny in audit revealed that the land was categorised as for “rural use” at the time of its acquisition and construction of the proposed Institute thereon was not permissible according to the land use norms. It was in November 1997 i.e. just prior to making payment to the Gram Sabha, that the Directorate of Indian Systems of Medicine approached DDA for change of land use from “rural use” to “public and semi-public” to enable the Institute to come up. Ultimately, the Ministry of Urban Development and Poverty Alleviation allowed (November 2001) the change in land use in respect of only 15 acres of land as against 94.27 acres paid for in December 1997. The Gazette Notification for change in the land use was issued in March 2002.

Subsequently the Department prepared (August 2003) a revised plan for construction in the 15 acre area. A comparison of the revised plan with the original plan revealed that some of the primary activities of the proposed Institute like psychology, yoga, natural therapies, manipulative therapy, satvik diet, etc. were excluded in the revised plan due to space constraints. The space earlier allotted for different departments was also drastically curtailed. The Department also proposed to utilise the remaining area of the land for a medicinal garden and vegetable garden to supply raw materials for ayurvedic drugs which had not been included in the original plan. The building plan on the 15 acres for construction of the Institute was, however, rejected by the Delhi Urban Arts Commission on the ground that the building should be based on a “rural concept”.

It was observed in audit that given the magnitude of the project and the wide-ranging nature of activities proposed, there was an evident need for better planning, conceptualisation and co-ordination of activities. The availability of the land for the intended purpose and conformity of the project with the extant land use norms and regulations should have been attended to and ensured before approval of the project, the purchase of land and payment for it. Failure to do so resulted in acquisition of land which could not be used for the

originally intended purpose as well as subsequent drastic curtailment of its activities in a revised plan. Further the project was yet to be implemented despite a lapse of about six years and incurring of expenditure of Rs. 8.70 crore.

The matter was referred to the Government in September 2003. The department stated in November 2003 that 85 per cent of the land had always been intended for agriculture/ gardening purposes. However, they had sought change in land use for the entire area as the buildings were planned to be scattered around the entire plot. This was subsequently revised and buildings were now proposed in a portion of the land. Hence there was no avoidable expenditure or ill planning. The Government stated in January 2004 that necessary revision had been made in the plan in view of changing circumstances and that the project was being vigorously pursued with the DUAC.

The reply of the Department/ Government is not tenable as no such proposal for medicinal/ vegetable garden etc was included in the original plan and the fact remains that the building plan for construction of the institute has still to be approved by the DUAC. As a result of such defective planning and lack of proper conceptualisation and co-ordination, the huge investment of Rs. 8.70 crore remained idle for more than five years and construction of the Institute building could not be started even after a lapse of nearly six years after the acquisition of land.

3.7 Delay in installation/repair of medical equipment

Hospital authorities failed to take effective action to install/ repair medical equipment worth Rs. 61.80 lakh resulting in their remaining either uninstalled or non-functional since their purchase or shortly thereafter.

Audit of the Guru Teg Bahadur (GTB) Hospital revealed that the following medical equipment purchased at a total cost of Rs. 61.80 lakh remained uninstalled or non-functional due to failure of the hospital authorities to take

timely action as tabulated below:

Table 3.7.1 Delay in installation/ repair of medical equipment

Sl. No.	Name of equipment	Name of suppliers	Date/Cost of purchase	Details regarding non-installation/ break down of the equipment	Action taken by the Department	Present status
1.	Orbix skull X-ray unit	M/s Siemens India Limited	January 1989 Rs. 8.54 lakh	Out of order since August 1996	Imported the spare parts worth Rs. 22.72 lakh for repair of both machines in July 1999	Repaired in December 2001 but not to the satisfaction of the user department
2.	Angiography Unit		June 1990 Rs. 45.55 lakh	Out of order since February 1995		Was non-functional and being considered for condemnation.
3.	Pulmonary function system	M/s B.L. Marketing Service Private Limited	April 1990 Rs. 7.71 lakh	Not installed since purchase. Damaged by rats	No action taken except correspondence with the firm and DGS&D.	Not installed

The details of the cases are as follows:

Orbix Skull X-ray unit and Angiography unit

The hospital purchased the Orbix Skull X-ray unit (January 1989) and an Angiography unit (June 1990) for Rs. 8.54 lakh and Rs. 45.55 lakh respectively. While the Angiography unit became dysfunctional in February 1995, the Skull X-Ray unit went out of order in August 1996. In response to quotations invited by the hospital for repair of both the machines, M/s. Siemens India Ltd. submitted estimates between September 1996 and March 1997 for various spare parts. However, the hospital could place the orders only in March 1999 i.e. after more than two years from receipt of the estimates, for importing the required spare parts at a total cost of Rs. 22.72 lakh. The spare parts were received in July 1999. M/s. Siemens India Ltd. thereafter informed the hospital (January 2000) that owing to delay in placing of orders and receipt of the spare parts, certain other portions of the two machines had also become defective in the intervening period and that it was not possible at that stage to repair certain parts of the Angiography machine so as to make it operational. Hence, they offered in September 2000 to repair the Skull X-ray machine by utilising some of the imported spares and cannibalising certain required parts from the Angiography machine and also added that the cost of the unutilised spare parts would be refunded to the hospital. The X-ray machine was thereafter made functional from December 2001. Out of the total spare parts of Rs. 22.72 lakh imported for repairs of the above equipment, spare parts worth Rs. 15.28 lakh were utilised for repair of the Skull X-ray machine. The hospital informed in October 2003 that Rs. 7.44 lakh as cost of unutilised spare parts had since been recovered. It was, however, reported that the performance of the machine was not fully

satisfactory as many of the components had become old. The Angiography unit remained un-repaired and was being considered for condemnation.

Thus, the failure of the hospital authorities to take timely action for repair of the equipment alongwith failure to ensure their maintenance and safe keeping under proper conditions resulted in an Angiography unit procured at a cost of Rs. 45.55 lakh being rendered non-functional after only five years of service. The Skull X-ray unit remained out of service for about five years and was still not functioning to the full satisfaction of the user department even after incurring an expenditure of Rs. 15.28 lakh on its repairs.

The matter was referred to the Government in August 2003. The Department stated in November 2003 that the procedural formalities required for import of the spare parts took time and that there was no undue delay. It added that the Skull X-ray unit was now functional and that all recoveries had been effected from the firm. No mention was made about the Angiography unit which was being condemned.

Pulmonary Function Test System

The hospital placed (August 1988) an indent with the Director General of Supplies & Disposal (DGS&D) for purchase of a Pulmonary Function Test System for its Department of Medicine. DGS&D in turn (February 1990) placed a supply order on M/s B.L. Marketing Service Private Limited for Rs. 7.71 lakh. The equipment was received in the hospital in April 1990 with a warranty period of 12 months. The equipment was not, however, installed and remained in the store till December 1990 when service personnel of the firm, after inspecting it, reported that it had been damaged by rats and that the incoming AC voltage was 265V. The firm added that they would not be responsible for damage caused to the equipment by the rats. Without taking any action on the issues raised by the firm, the hospital authorities routinely asked the firm between March 1991 and September 1992 to install/demonstrate the equipment. In the meantime, the authorized dealer changed and the hospital authorities thereafter approached (January 1993) M/s Micronic Devices, the current distributors of the equipment, for its installation. The machine was yet to be installed (October 2003). The hospital also informed DGS&D in June 1994 with reminders in August 1995, July 1996, May 1998 and January 2001 about non-installation of the equipment and finally also suggested legal action against the firm. However, DGS&D was yet to take any action against the firm (October 2003).

The matter was referred to the Government in August 2003. The Department stated (November 2003) that no repair estimates were ever submitted by the firm due to damage by rats and that there was no lapse on the part of the hospital authorities.

The reply is not tenable since M/s. B.L. Marketing Services had clearly informed the Medical Superintendent about the equipment being damaged by rats and of the requirement of appropriate AC voltage, but no cognizance was evidently taken thereof. Further, no reason was available on record as to why action was not taken for eight months from the time of receipt of the equipment till its inspection by the firm. It was clear that the hospital authorities had failed to ensure proper storage of the equipment purchased at a cost of Rs. 7.71 lakh and also failed to take action for timely installation even after being advised of the damage caused by the rats.

3.8 Failure to prevent issue of sub-standard medicines

Lack of proper systems and procedures to ensure quality of drugs and enforcement of contractual terms led to extra expenditure of Rs. 10.18 lakh and issue of sub-standard medicines to patients.

A test check of the records of the Guru Teg Bahadur (GTB) Hospital relating to the purchase and issue of medicines revealed the following:

3.8.1 Non-enforcement of contractual provisions resulting in extra expenditure

The Central Procurement Agency (CPA), Directorate of Health Services (DHS), Government of NCT of Delhi, purchases medicines for all hospitals under the Delhi Government. The terms and conditions governing rate contracts entered into between the CPA and different suppliers stipulate that the medicines/drugs which are either rejected or not supplied could be procured by the purchaser at the risk and cost of the supplier.

Test check in audit of procurement of medicines during 1997-98 to 2000-01 revealed that 18 CPA rate contract holding firms on whom orders were placed by the DHS for purchase of medicines failed to supply fifty-two medicines included in the contract. Consequently, the Medical Superintendent purchased these medicines at higher rates through open tender at an extra cost of Rs. 10.18 lakh. The hospital authorities as well as DHS, however, failed to invoke the risk and cost clause to recover the extra charges/expenses from the defaulting firms.

The matter was referred to the Government in July 2003. The Department stated in November 2003 that an amount of Rs. 3.19 lakh had since been recovered from the Earnest Money Deposit and pending bills of seven out of

the 18 defaulting firms. Efforts were being made to recover the balance amount of Rs. 6.99 lakh.

3.8.2 Use of sub-standard medicines

Fifty thousand Prednisolone 5 mg. tablets (Batch No. 018) were purchased on 19 June 2000. On 10 July 2000, the DHS informed the Medical Superintendent, GTB Hospital, that the government-approved analytical laboratory had declared the above medicine as “not of standard quality” and asked the hospital to get the entire stock replaced by the concerned supplier firm. However, the hospital failed to act promptly upon those instructions and 17,300 tablets were issued even after receipt of the instructions on 10 July 2000. The balance 16,400 tablets were subsequently replaced by the supplier on 26 August 2000 out of a total issue of 33,600. The matter was referred to the Government in July 2003. The Department stated in November 2003 that the DHS report on sub-standard quality had been misplaced and that issue of the medicine was stopped as soon as the report was traced.

Similarly 49,700 Isoniazid 300 mg. tablets (Batch No. 073) were purchased on 7 August 2000. On 28 September 2000, the DHS informed the hospital that the medicine was not of standard quality and directed replacement of the entire stock. The matter was referred to the Government in July 2003. The Department stated in November 2003 that the drugs had been used partly before the test report as there were no standing instructions not to issue medicines before quality check report. It added that there was no batch-wise system for issue of medicines in the medical stores and that 41,200 tablets from batch no. 073 were consumed and the remaining 8,500 tablets were sealed and stocked separately for replacement.

The replies of the Department are indicative of the fact that adequate controls and quality checks were not in place to safeguard against issue of sub-standard drugs. According to the stock records, over 41,000 tablets were issued after the date of receipt of report upto 30 November 2000 and in the absence of any batch-wise system for issue, there was every possibility of sub-standard medicines being issued alongwith those from earlier batches in stock.

There was evidently a need to expedite quality control checks and strengthen procedures to guard against the issue of sub-standard drugs as well as to ensure enforcement of contractual terms on defaulting firms.

3.9 Avoidable expenditure due to delayed installation of shunt capacitor

Delayed installation of a shunt capacitor in Lal Bahadur Shastri Hospital, Delhi, led to avoidable payment of Rs. 15.18 lakh towards low power factor surcharge.

The Delhi Vidyut Board levies a surcharge of 20 per cent on the basic charge plus energy charges if the average power factor is below 0.85 which can be maintained by installing shunt capacitor of the requisite capacity.

Scrutiny of electricity bills paid by the Lal Bahadur Shastri Hospital, Khichripur, Delhi, revealed that the hospital paid Rs. 15.18 lakh to the Delhi Vidyut Board towards low power factor surcharge for nine months from May 2000 to January 2001 as a shunt capacitor was not installed.

Audit scrutiny also revealed that although the High Tension connection of 856.4 KW was sanctioned to the hospital by the Delhi Vidyut Board in April 2000, expenditure sanction for installation of the shunt capacitor for the purpose of maintaining the power factor was issued by the hospital in July 2000 and it was procured and installed by PWD (Electrical Wing) only in January 2001 at a cost of Rs. 20.47 lakh.

The matter was referred to the Government in July 2003. The Department, stated (November 2003) that the fault lay with the PWD which should have installed the shunt capacitor at the time of energisation or taken expeditious action to install it thereafter. However, the fact remains that the need for shunt capacitor should have been assessed at the initial stage by proper co-ordination between the hospital authorities and the PWD (Electrical Wing). Failure to ensure timely installation of a shunt capacitor resulted in avoidable expenditure of Rs. 15.18 lakh towards low power factor surcharge.

3.10 Non-functioning of a mortuary

Lack of synchronisation and delay in issue of a mandatory notification for starting a mortuary at Rao Tula Ram Memorial Hospital, Jaffarpur,

resulted in the mortuary remaining non-functional despite incurring an expenditure of Rs. 17.43 lakh on equipment and pay and allowances of the staff.

The Government decided (January 1997) to start medico-legal cases/ post-mortem services at the Rao Tula Ram Memorial Hospital, Jaffarpur. The Medical Superintendent of the hospital was directed to submit a proposal to this effect immediately. According to the extant procedure, any proposal for starting of mortuaries is to be submitted to the Health Department by the Medical Superintendent of the hospital through the Directorate of Health Services. After due scrutiny by the Health Department, it is submitted to the Lieutenant Governor of Delhi for approval whereafter a notification is issued followed by the commencement of mortuary services. Prior to issue of the notification, the mortuary is expected to be ready with the necessary infrastructure and manpower.

It was noticed in audit that the hospital spent Rs. 6.64 lakh between May 1997 and October 2002 on procuring cold chambers and other instruments/equipment for the mortuary. Further, four attendants were specially recruited in March 2001 while one assistant and one doctor were re-deployed in this hospital in May 2000 and July 2002 respectively from duties elsewhere for manning the mortuary and Rs. 10.79 lakh was spent on their pay and allowances till August 2003. However the proposal for issue of the notification was sent by the Director Health Services to the Principal Secretary (Health), Government of NCT of Delhi, only in January 2003 where it was pending as of October 2003.

The matter was referred to the Government in August 2003. The Department stated in November 2003 that the mortuary was ready for functioning from December 2002 and the file regarding its notification was with the Health Department. It added that the four attendants recruited for the mortuary had been re-deployed in the hospital against vacant posts of nursing orderlies and that the specialist and assistant were deployed in other hospitals. The fact, however, remains that the purpose for which the recruitment of four attendants had been made remained unfulfilled. The assistant and specialist remained in the hospital for 18 and 11 months respectively before they were shifted to other hospitals.

Thus, inordinate delay in sending the proposal for issuing the mandatory notification for starting the mortuary coupled with failure to synchronise the services of personnel and procurement of equipment, resulted in an expenditure of Rs. 17.43 lakh being rendered unfruitful.

3.11 Avoidable expenditure and under utilization of Air-Conditioning Plants

Lack of proper assessment of air-conditioning requirements coupled with inadequate co-ordination between the hospital authorities and PWD (Electrical) led to under-utilisation of AC Plants installed at a cost of Rs. 50.46 lakh as well as avoidable expenditure of Rs. 2.92 lakh on the purchase of individual air conditioners which would be rendered redundant.

Rao Tula Ram Hospital installed (1991) three Air-Conditioning (AC) Plants of 80 Tonnage Rating (TR) capacity each, through PWD (Electrical) at a cost of Rs. 50.46 lakh. In October 2000, an Energy Audit Report (EAR) prepared by the Petroleum Conservation Research Association, brought out that the total load on the AC Plant was only 27 TR as against the installed capacity of 240 TR. Since two AC Plants were lying idle, EAR recommended extension of central air-conditioning to other areas also, after switching off recently purchased window AC/Split units.

It was noticed in audit that the hospital authorities had failed to make a proper assessment of the air-conditioning needs before incurring an expenditure of Rs. 50.46 lakh on three AC Plants of 80 TR each when their total AC requirement was only 27 TR. Even though it had excess AC capacity, the hospital incurred an additional expenditure of Rs. 2.92 lakh after installation of the AC plants upto July 2000 on purchase of 16 window/split AC units instead of utilizing the existing excess central air-conditioning capacity by extending it to the areas proposed to be covered by the individual AC units. The extension of the air-conditioning capacity of the AC Plants on the recommendation of EAR, when implemented, would render the window/split AC units redundant.

The Medical Superintendent stated (July 2003) that the decision to install the three AC Plants had been taken by PWD (Electrical). The hospital authorities had since asked PWD (Electrical) to increase the area of central air conditioning in the hospital to utilize the “reserve” air-conditioning capacity. The Executive Engineer (PWD) stated (September 2003) that requisition for extension of air-conditioning to additional areas like Emergency, OPD, Dispensary, Injection Room and Administration Block had been received. But even after such extension, the load would remain less than 80 TR. He added that each unit would have to be operated in cyclic order and the plants would have a full load in future.

It was evident that the hospital had installed central air-conditioning capacity far in excess of its immediate needs, which resulted in under-utilisation of AC Plants worth Rs. 50.46 lakh. Even after extension of central air-conditioning to the new areas, the total capacity required would still be less than 80 TR viz capacity of only one AC plant. Assuming 100 per cent standby for exigencies and cyclical operation, the third AC Plant would still remain idle. In addition, the expenditure of Rs. 2.92 lakh on window/split AC units was clearly unnecessary when surplus air conditioning capacity already existed.

The matter was reported to the Government in July 2003. In response, the Department stated (November 2003) that PWD was supposed to install the AC Plant as per the requirement intimated to them and that they were thus responsible for installation of the excess capacity. It added that despite repeated requests, neither had any proposal been submitted by PWD to extend the AC facility to uncovered areas of the hospital nor had this facility been extended so far. The reply clearly indicated lack of co-ordination between the hospital and PWD authorities.

Thus, lack of systematic and proper assessment of the actual air-conditioning needs coupled with lack of co-ordination between the hospital authorities and PWD resulted in under-utilisation of AC Plants installed at a cost of Rs. 50.46 lakh and avoidable expenditure of Rs. 2.92 lakh on purchase of individual air conditioners.

3.12 Outstanding Inspection Reports and Audit observations

Audit observations raised during audit and not settled during the course of audit are communicated to heads of offices and other departmental authorities through inspection reports. The important irregularities are reported to the heads of Departments and Government. The heads of offices are required to furnish replies to the inspection reports through the respective heads of Departments within a period of four weeks.

The details of inspection reports and audit observations relating to Civil Departments outstanding as on 31 March during the last three years are given below:

Table 3.12.1: Outstanding objections

		2000-01	2001-02	2002-03
1.	Number of inspection reports pending settlement	1114	1315	1331

2.	Number of outstanding audit observations	5299	6333	5995
3.	Money value of objections (in crore of Rupees)	78.95	87.31	104.84

Table 3.12.2: Department-wise details of outstanding objections as on 31.3.2003

Sl. No.	Name of department	Number of outstanding paras as on 31.3.2003
1.	PWD	1371
2.	Irrigation and Flood Control	481
3.	Directorate of Training and Technical Education	374
4.	Directorate of Employment Services	281
5.	Health Department	1117
6.	Social Welfare Department	774
7.	Education Department	1034
8.	PAOs	328
9.	Other Departments	235
Total		5995

At the instance of the Accountant General (Audit), Delhi, the Finance Department set up in March 2003 a State Level Audit Committee under the Chairmanship of the Additional Secretary (Finance) for speedy settlement of outstanding audit objections. However, no meeting of the Committee has been held so far (November 2003). The systems for responding to audit observations need to be strengthened particularly in the Department of Public Works, Health and Education and accountability ensured for failure to respond to audit observations within the stipulated period.

3.13 Response of the Departments to Draft Paragraphs

Draft Paragraphs and Reviews proposed for inclusion in the Audit Reports are forwarded to the Principal Secretary/ Secretary of the administrative Department concerned through demi-official letters seeking confirmation of facts and their comments within a period of six weeks. It was observed that of the 21 draft paragraphs and five reviews forwarded to the various Civil

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Departments between July 2003 to September 2003, replies were received to 20 draft paragraphs and two reviews as of February 2004.