Chapter 2: Performance Audits

HEALTH & FAMILY WELFARE DEPARTMENT

2.1 National Rural Health Mission

Executive Summary

The National Rural Health Mission (NRHM) was launched by the Government of India in April 2005 to provide accessible, affordable and quality health care to the rural population for ensuring reduction in child and maternal mortality, better accessibility to comprehensive primary health care and prevention and control of communicable and non-communicable diseases. The State Health Mission, with the State Programme Management Unit acting as its Secretariat, was in the overall charge of the mission. The West Bengal State Health & Family Welfare Samity was entrusted with the planning, supervision, monitoring and implementation of National Health Programmes. A performance audit of the NRHM, covering a period from 2011-12 to 2015-16, has thrown light on various areas of deficiencies, which call for immediate attention of the Government.

- The State had not set any benchmark of its own in respect of availability of health facilities *vis-à-vis* population or distances. However, as compared to the Indian Public Health Standards (IPHS) norms, there was shortfall in the number of health centres resulting in health centres being burdened with far larger population than recommended as per the IPHS norms. Even the existing health centres lacked basic facilities *e.g.* running water supply, uninterrupted electricity, staff quarters, etc.
- Progress in the construction of buildings for health facilities lagged behind the targets. Failure in sorting out land problems as well as under-performance of implementing agencies factored behind such slow progress. Even a good number of the created/ upgraded infrastructure like Primary Health Centres (PHCs) with round the clock delivery service etc. could not be made functional depriving the public of the emergency obstetric care. This had in turn put additional pressure of patients on the Sub-Divisional Hospitals/ District Hospitals affecting the quality of service at those points too.
- Round the clock services were further affected by reluctance of the health centre staff in staying in quarters attached to the hospitals. While a large number of quarters constructed for Auxiliary Nursing Midwives remained vacant, a number of staff quarters also remained in dilapidated conditions.
- Installation of New Born Care Corner and New Born Stabilisation Units without proper planning and necessary training of the doctors/ staff resulted in a number of such facilities remaining idle.
- Shortage of doctors, Nurse and other support staff were observed at every level. Not only the number of posts fell short of the posts required under IPHS norms, but also there were substantial vacancies against the sanctioned posts.
- Ante-natal and Post-natal care and other health related services could not be extended to a considerable number of villages due to shortfall in appointment of ASHA workers.
- Though the Quality Control Committee and the Quality Control Team were formed up to district level, these were yet to start functioning in a meaningful way. Village Health & Sanitation and Nutrition Committees and Rogi Kalyan Samities were found to have been either not formed or non-functional in the test-checked districts.

2.1.2 Introduction

The National Rural Health Mission (NRHM) was launched by Government of India (GoI) in April 2005 to provide accessible, affordable and quality health care to the rural population. The objectives of NRHM *inter alia* included

- Reduction in child and maternal mortality.
- Access to integrated comprehensive primary health care.
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

In order to achieve the goals, the NRHM interventions aimed at improving the health indictors and included making the public health delivery system fully functional and accountable to the community, human resources management, rigorous monitoring and evaluation against standards in a decentralised way, convergence of health and related programmes, etc.

The finances are shared between the Central and State Governments in the ratio 75:25[1]. In West Bengal, during 2011-16, ₹ 7352.62 crore was available under NRHM out of which ₹ 4054.54 crore (55 *per cent*) was spent.

2.1.3 Organisational structure

At the State level, NRHM functions under the overall guidance of the State Health Mission headed by the Chief Minister of West Bengal. The State Programme Management Unit (SPMU) acts as the Secretariat to the State Health Mission and is headed by a Mission Director. The West Bengal State Health & Family Welfare Samity (State Samity), a society, is entrusted with the planning, supervision, monitoring and implementation of National Health Programmes and other Public Health Programmes, under the overall policy framework laid down by the Ministry of Health & Family Welfare, GoI. The Principal Secretary, Health & Family Welfare (H&FW) Department, West Bengal is the President of the Executive Committee of the State Samity. NRHM funds[2] received by the State Samity are onward transferred to the District Health & Family Welfare Samities (District Samities) and Block Health & Family Welfare Samities (Block Samities) which function under the overall supervision and guidance of the State Samity.

Each District Samity is headed by the District Magistrate and is responsible for planning, implementation, monitoring, evaluation and database management at the district level. Chief Medical Officer of Health (CMOH), the district level functionary of the H&FW Department, is the Member Secretary of the District Samity and is vested with the responsibilities of providing health care services to the people through health facilities. The health care infrastructure in rural areas has been developed as a three tier system - Community Health Centres (CHC) {which includes Rural Hospital (RH) and Block Primary Health Centre (BPHC)}, Primary Health Centres (PHC) and Sub-Centres (SC)[3].

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[1] *It was 85:15 during the 11th Plan period*

[2] *Up to the year 2013-14, the Ministry released funds directly to the State Health Societies. Thereafter the funds were routed through State budget.*

[3] *Block Medical Officer of Health (BMOH) looks after CHC; Medical Officer (MO) looks after PHC and Auxiliary Nursing Midwife (ANM) looks after SC.*

Besides, there are Rogi Kalyan Samities (RKS) at the Hospital/ CHC (RH/ BPHC)/ PHC level to ensure community ownership of delivery of quality health services.

A Performance Audit of NRHM covering the period from 2011-12 to 2015-16 was conducted between April and August 2016.

2.1.4 Audit objectives

The audit objectives were to

A) Assess the availability and sufficiency of physical infrastructure and manpower in the health facilities at the grass root level as well as various referral levels;

B) Assess the impact of NRHM on improving Reproductive and Child Health and

C) Assess the efficacy of the monitoring mechanism.

2.1.5 Audit criteria

The following are the sources of audit criteria/ performance impact indicators for the National Rural Health Mission:

- NRHM Frameworks for Implementation (2005-12) and 2012-17;
- NRHM Operational Guidelines for Financial Management;
- Operational Guidelines for Quality Assurance in public health facilities 2013 and
- Assessor's Guidebooks for Quality Assurance in District Hospitals, Community Health Centres and Primary Health Centres.

Besides the above, for assessing adequacy of health infrastructure at various levels of facilities, benchmarks set by the Indian Public Health Standards (IPHS) Guidelines (2007 and 2012) were also used, where no other norms were available.

2.1.6 Audit scope, coverage and methodology

The performance audit involved data collection and scrutiny of relevant records in the State Samity, State Project Management Unit, Directorate of Health Services and four[4] District Samities selected through Simple Random Sampling Without Replacement (SRSWOR) by stratifying districts into low, medium and high performing districts. Audit also covered three/ two[5] CHCs in each selected district, two PHCs in each selected CHC and three SCs in each selected PHC covering 11 CHCs, 22 PHCs and 66 SCs, all selected statistically. The list of the test-checked health centres is given in ***Appendix 2.1.1***. Test-check also encompassed the respective District Hospitals, District and Block Samities including the Rogi Kalyan Samities.

Further, Audit surveyed 660 beneficiaries[6] (ten in each selected SC selected by employing SRSWOR method).

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[4] *Paschim Medinipur, Murshidabad , Birbhum and Uttar Dinajpur*

[5] *Three CHCs were selected in districts where number of Blocks is more than ten and two CHCs in other districts.*

[6] *Women who have given birth within the last 24 months.*

An Entry Conference (April 2016) was held with the H&FW Department wherein the audit objectives, scope, criteria and methodology were explained. The observations arising out of the Performance Audit were also discussed in an Exit Conference (December 2016) with the Additional Chief Secretary of the Department and his team. The views expressed by the Department have been suitably included in relevant portion of the report.

A Performance Audit on National Rural Health Mission was featured (Paragraph 2.1) in the Report of the C&AG of India (Civil) for the year ended March 2009. The repot flagged issues such as deficiencies in planning, inadequate physical infrastructure, lack of man power, etc. some of which still persist. The replies to that report were, however, not given by the Department.

2.1.6.1 Acknowledgement: We acknowledge the co-operation and assistance rendered by the Additional Chief Secretary of the H&FW Department, State Programme Management Unit, the West Bengal State Health & Family Welfare Samity, CMOsH, District Health & Family Welfare Samities and all lower level functionaries during the course of audit.

Audit findings

2.1.7 Availability of physical infrastructure

2.1.7.1 Shortage of health care facilities vis-à-vis IPHS norms

The Government of West Bengal in its Plan of Action under the Health sector for the years 2011-15 had *inter alia* targeted for providing affordable and accessible health care facilities to all within five years with special focus on the poor, mother and child and those living in underserved areas. However, no population based norms for setting up of health facilities were spelt out by the Government. IPHS stipulates population based norms[7] of availability of health facilities. Compared to the said norms (based on population figures as per Census 2011), there was shortage in the number of health facilities in the State as well as in four test-checked districts as shown in the **Table 2.1.1** below:

Table 2.1.1: Shortage of health facilities

State/ District	SC			PHC			CHC		
	Required	Available	Shortfall (%)	Required	Available	Shortfall (%)	Required	Available	Shortfall (%)
West Bengal	18280	10369	7911(43)	3046	909	2137(70)	914	340	574 (62)
Paschim Medinipur	1183	858	325 (27)	197	82	115 (58)	59	29	13 (51)
Birbhum	700	484	216 (31)	117	58	59 (50)	35	19	16 (46)
Murshidabad	1421	832	589 (41)	237	70	167(70)	71	26	45 (63)
Uttar Dinajpur	601	344	257 (43)	100	18	82 (82)	30	09	21 (70)

Source: Reply furnished by the office of the Mission Director, NRHM and computation by Audit

Thus, the test-checked health facilities were burdened with far larger population than recommended as per IPHS norms. Further analysis showed the following:

- Out of the 66 test-checked SCs, 63 SCs (95 *per cent*) had been serving population of more than 5000 (up to 15000). Of these 63 SCs, 27 were

[7] *One Sub-centre for a population 5000 people in the plains and for 3000 in tribal and hilly areas, one Primary Health Centre (PHC) for 30,000 population in plains and 20,000 population in tribal and hilly areas and one Community Health Centre (CHC/ Rural Hospital) for a population of one lakh.*

serving population of between 5000 and 7000 souls, while nine SCs were serving population of more than 10000 souls each.

- Out of the 22 test-checked PHCs, 15 PHCs (68 *per cent*) had been serving, populations beyond the stipulated norm of 30000 per PHC. Of these over-burdened PHCs, nine were serving a population of up to 50000, while in case of seven, the number of population being catered by each PHC ranged between 50000 and one lakh.
- Out of the 11 test-checked CHCs, 10 (91 *per cent*) had populations of between 1.68 lakh and 4.70 lakh souls in their jurisdiction *vis-à-vis* the stipulated one lakh.

As regards adequacy of the number of health facilities the Department stated during the Exit Conference (December 2016) that West Bengal being a State with high population density, the Government, while setting up new health facilities, focused more on accessibility and quality issues. It was also pointed out that adoption of IPHS norms would have resulted in further stretching of the already thin manpower. The reply may, however, be viewed with the fact that the State had not set any benchmark of its own, based on distances, either. Further, the issue of quality in services at lower levels of health facilities remained a matter of concern from the viewpoint of amenities and infrastructure, as discussed in the succeeding paragraphs.

2.1.7.2 Lack of amenities in SCs, PHCs and CHCs

Audit analysed the availability of various amenities like water, electricity, telephone, waste disposal, generator, etc. in the 99 test-checked facilities, the result of which is tabulated in **Table 2.1.2**. Audit noted that while the test-checked CHCs (which were the highest level of health facilities in a block) had these facilities by and large, an unsatisfactory picture presented itself in health centres (PHCs and SCs) of lower hierarchy.

Table 2.1.2: Availability of infrastructure in test-checked facilities

No. test-checked	Water supply	Electricity	Waste disposal	Telephone	Separate toilet for women	Computer	Standby generator	Boundary Wall
	Number of facilities in which available							
11 CHC	11	11	11	11	11	11	10	10
22 PHC	15	20	22	02	06	NA*	2	19
66 SC	58	61	49	01	17	NA*	NA*	28

*NA: Not applicable *Source: Data collected from test-checked facilities*

Audit further observed that in four test-checked districts, out of total 2718 Sub-Centres, 19 *per cent* (517) lacked water supply, 13 *per cent* (355) had no electricity and 10 *per cent* (262) had no toilet.

2.1.7.3 Non-achievement of targets for construction of health centre

During 2011-16, the State Samity released ₹ 168.85 crore to various implementing agencies[8] for construction and upgradation of various facilities namely, SC, PHC and CHC. The target for construction of and achievement thereof during 2011-16 are shown in **Table 2.1.3**.

[8] *For construction and upgradation of existing PHCs and SCs, the State Samity places funds with the Zilla Parishads and Panchayat Samities through the respective district Samities. For CHCs, funds are directly placed with other Government agencies viz. Public Works Department, West Bengal Industrial Infrastructure Development Corporation (WBIIDC), Mackintosh Burn Ltd., Asansol Durgapur Development Authority (ADDA), etc.*

Table 2.1.3: Target and achievement- construction of health facilities

Type of facility	Target		Achievement		Shortfall		Percentage of Shortfall	
	West Bengal	Test-checked districts	West Bengal	Test-checked districts	West Bengal	Test-checked districts	West Bengal	Test-checked districts
SC	613	165	517	133	96	32	16	19
PHC	79	13	38	4	41	9	52	69
CHC	122	29	84	20	38	09	31	31

Source: Data furnished by the office of the Mission Director, NRHM

As can be seen from **Table 2.1.3**, several health facilities could not be completed as targeted. While the main reason for non-construction of SCs was non-availability of land, in case of PHCs and CHCs the delay was attributable to the under-performance of implementing agencies. The implementing agencies took abnormally long time to complete work as no agreement had been executed with them by the State Society.

In two test-checked districts, 29 PHC buildings (Murshidabad: 16 and Paschim Medinipur: 13) were completed with delays of one to seven years; while in Murshidabad, 13 PHCs were yet to be completed even after lapse of five years from date of sanction for no recorded reasons.

2.1.7.4 Deficient performance in upgradation of infrastructure

(a) Upgradation to First Referral Unit: For providing referral services to the mother and child and for taking care of obstetric emergencies and complications including provisions for C-section[9] delivery and safe abortion services, 48 CHCs (out of total 340 in the State) had been identified (February 2014) for upgradation as First Referral Unit (FRU). However, as of March 2016 only 28 CHCs could be upgraded to FRU. In Murshidabad, Jalpaiguri and Coochbehar districts, there were no CHCs with facilities of FRU. In these districts, these facilities were available only in Sub-Divisional and District Hospitals. As a result, in case of emergencies the expectant mothers had to travel to Sub-Divisional and District Hospitals, rather than the nearest CHCs (FRUs). Moreover, the SDHs or District Hospitals were also over-burdened potentially affecting the quality of service.

(b) PHCs with round the clock delivery services: Out of the total 909 PHCs in the State, only 234 (26 *per cent)* were designated (February 2014) for providing 24x7 delivery services. However, out of the targeted PHCs for providing 24x7 services, only 157 PHCs (67 *per cent*) had been providing 24x7 delivery services as of March 2016. The remaining PHCs were providing only OPD services for seven hours for six days in a week for lack of adequate manpower.

Thus, 24x7 delivery services in PHCs remained far from being achieved.

2.1.7.5 Health infrastructure remaining unutilised

(a) PHC buildings remaining unutilised: During the period 2007-11, 332 PHC[10] buildings were planned for upgradation from non-bedded to 10 bedded centres providing 24x7 service. Mention was made in para 3.1 of the Report of the C&AG on General &Social Sector for the year ended March 2012 that owing to non-posting of medical and para-medical officials,

[9] *A C-section, or caesarean section, is the delivery of a baby through a surgical incision in the mother's abdomen and uterus*

[10] *Of this, 24 PHCs were to be financed from the 13th Finance Commission grant*

upgradation of PHCs had remained unfruitful. Further scrutiny showed (April-August 2016) that as of March 2016, 287 PHC buildings have been completed between November 2009 and April 2015. However, based on the population based norms of the Ministry for setting up delivery points in the rural areas, the H&FW Department revised its original plan of upgrading 332 PHCs and decided (February 2014) to designate only 95[11] of these PHCs as delivery points. Thus, 237 PHC[12] buildings constructed at a cost of ₹ 142.75 crore remained idle as the same were not identified in the changed plan. Nothing was forthcoming from records as to how these 237 newly constructed buildings would be utilized.

(b) Idle expenditure on vertical extension of Islampur Sub-Divisional Hospital: Government of West Bengal, Health & Family Welfare Department had accorded (May 2011) administrative approval and financial sanction[13] for vertical extension of Islampur Sub-Divisional Hospital at an estimated cost of ₹ 2.62 crore for accommodation of separate maternity and paediatric block with the facility of separate OT, labour room, Sick Neo-natal Care Unit (SNCU) and ward for infants. The work was executed by the Uttar Dinajpur Division of the PWD. As per records made available from the PWD office and Islampur, SDH, the work was completed (April 2014) at an expenditure of ₹ 1.99 crore and was handed over to the Hospital authority in August 2014.

As of July 2016, it was seen that the requisite equipment/ machinery and manpower were not provided and except the paediatric OPD, the infrastructure created remained idle.

2.1.7.6 Misuse/ improper use of health infrastructure

In Paschim Medinipur, four newly constructed CHC/ SC buildings were being used by Gram Panchayat (one SC) and Joint Police force (two SCs and one CHC). Thus, the intended benefits could not be derived from these infrastructures.

2.1.7.7 Impact of lack of infrastructure on service delivery

Short/ non-availability of infrastructure at every level of health facility resulted in overcrowding in health facilities which in turn caused deterioration of health services. At SC level, shortfall in Ante-natal Care service delivery (discussed later in this report under Reproductive and Child Health *vide para 2.1.10.2*) was observed putting pressure on the PHCs/ CHCs. As per the IPHS norms, number of patients expected to be checked daily by a Medical Officer (MO) posted in PHC/ CHC is 40. In the test-checked PHCs/ CHCs, average numbers of patients checked by an MO ranged between 43 and 522 per day as under:

Overcrowded Krishnapur RH, Murshidabad (August 2016)

[11] *This included five PHCs constructed with the 13th FC grant*

[12] *218 PHC buildings (308 minus 90) constructed at a cost of ₹122.56 crore and 19 PHC buildings (24 minus 5) constructed at an expenditure of ₹19.19 crore*

[13] *Out of the 13th Finance Commission grants under Head of A/cs "Strengthening District, Sub-Divisional and State General Hospital".*

Table 2.1.4: Patient load on an MO at test-checked PHCs/ CHCs

Number of PHC test-checked	Average number of patients expected to be seen by an MO *per* day	Number of CHC test-checked	Average number of patients seen by an MO *per* day
19	43 to 99	4	99 to 189
2	156	5	217 to 245
1	229	2	305 to 522

Source: Data collected from test-checked facilities.

As per norms of the World Health Organisation there should be 1500 beds for every 10 lakh population. However, in view of limited public sector capacity, the Department had envisaged 500 beds for every 10 lakh population across all facilities of the district as a minimum commitment. A district-wise comparative analysis showed the following:

Table 2.1.5: Comparative analysis of requirement and availability of beds in the test checked districts

District	Total population as per Census 2011	Number of beds required as per WHO norms (1500 beds/ 10 lakh population)	Number of minimum beds required as envisaged by the Department			Actual number of beds in the district including all level of facilities in Government sector		
			Government sector	Private sector	Total	Government sector	Private sector	Total
Birbhum	3502404	5254	1751	NA	1751	2634	838	3472
Murshidabad	7103807	10656	3552	NA	3552	3957	1225	5182
Paschim Medinipur	5913457	8870	2957	NA	2957	4342	1752	6094
Uttar Dinajpur	3007134	4511	1504	NA	1504	1135	89	1224

Source: Data provided by the test-checked four DHFWS.

Thus, while number of available beds was way below the WHO approved level in all four districts, in Uttar Dinajpur, even the minimum number of beds fixed by the Government was not available.

Out of the 11 test-checked CHCs and four DHs/ MCHs, the bed occupancy level was more than 100 *per cent* in four CHCs while high level of bed turnover rate (discharge per bed during a given period of time) was seen in nine CHCs and three DHs. It was observed that normal delivery patients had to be discharged before the mandatory observation time of 48 hours owing to shortage of beds. During survey, out of 660 mothers 368 (56 *per cent*) stated that they were discharged within 48 hours of delivery. Overcrowding at each level of health facilities also compromised the cleanliness of the facilities.

2.1.7.8 Vacant staff quarters at various levels of health facilities

Neither the State Health Directorate nor CMOH office at district level maintained any data regarding availability of staff quarters at SC, PHC and CHC levels. In course of visits to the test-checked PHCs/ CHCs/ DHs, Audit observed that almost half of the quarters (277 out of 564 test-checked) attached to those facilities remained vacant which was mainly attributable to their dilapidated and uninhabitable conditions.

(a) ANM quarters in Sub-Centres: In West Bengal, delivery facility was not available at SC level and none of the SCs was functioning 24x7. However, out of the 66 test-checked SCs, in 29, ANM quarters had been constructed at the first floor. These, however, have been lying vacant since construction, as no ANM stayed there. Instead of giving the intended round the clock service, all the test-checked SCs were found to be open only for five to six hours a day. As

the quarters were not being utilised, State Government had given instructions to use first floor of SCs as meeting halls. However, no such utilisation was seen and these infrastructure remained unused.

(b) Staff quarters in PHCs and CHCs: The details regarding availability of staff quarters in bedded as well as non-bedded PHCs against IPHS norms were as detailed below:

Table 2.1.6: Availability of staff quarters at test-checked facilities as of March 2016

(Number of staff quarters)

Type of health facility (Number)	No. of quarters Required as per IPHS Norms	Available	Shortfall	Staff quarters remaining vacant	Reasons for non-occupancy
PHC (22)	110	76	34	53	Dilapidated condition of the buildings
CHC (11)	209	250	0	121	
DH (4)	416	238	178	103	

Source: Data collected from test-checked facilities.

Table 2.1.6 makes it evident that healthcare facilities did not have adequate accommodation for staff. Further, Staff quarters were lying vacant due to bad condition of the buildings and inadequate amenities like water, electricity, etc. Absence of boundary wall in some cases (57 *per cent* of the test-checked facilities) caused security concern. In Kuli PHC of Murshidabad, two quarters were found to have been occupied by outsiders. Even the quarters which were in use required urgent repair.

Mallarpur BPHC (Birbhum): Staff quarters lying in dilapidated and unoccupied condition since long (before 2008) (April 2016)

2.1.7.9 Availability of equipment at Health Centre

(i) Installation of New Born Care Corner and New Born Stabilisation Units: During 2012-16, the Department had issued 561 New Born Care Corners (NBCC) and 307 New Born Stabilisation Units (NBSU) to 307 health facilities for stabilisation and care of newborns. Scrutiny of records showed that out of 307 NBSUs, 94 were not made operational as of July 2016 as the doctors and staff were not trained. Further, Audit observed that in the four test-checked districts, 32 of the 561 NBCCs had been lying idle as the same were issued to health facilities where no deliveries were conducted.

(ii) Blood Storage Unit (BSU): The State Samity had sanctioned (upto March 2016) 104 BSUs for all districts in the State and supplied all the required equipment to these BSUs. Scrutiny showed that only 32 BSUs could be made functional till March 2016. The remaining 69 BSUs with equipment costing ₹ 2.14 crore were not made functional as the requisite licence from Drug Controller was yet to be obtained. Further, the services of 42 technicians posted in 42 of these 69 BSUs remained unutilized though they were paid a salary of ₹ 86.79 lakh per year. In September 2016, Department decided to cancel 21 BSUs installed at 16 BEmOC centres and five CEmOC centres as there was no requirement of BSUs there. In the Exit Conference, the Department clarified that 16 BSUs installed at CHCs were declared as BEmOCs, as BSUs were not needed in these Centres. Thus, there was idling of infrastructure.

(iii) Idle equipment: In test-checked districts, Audit observed the following instances of equipment not being utilized:

- In two test-checked CHCs (Labpur RH, Birbhum and Krishnapur RH, Murshidabad), one defective X-Ray machine each had been lying unused for long. In the absence of any other machine, the X-Ray service was discontinued in Krishnapur RH whereas in Labpur RH the service was continued with another machine.
- Two Boilers/ Autoclaves (one each in Labpur RH, Birbhum and Salboni RH, Paschim Medinipur) had been lying idle.
- In Raiganj District Hospital, 17 pieces of equipment and machines (valued at ₹ 17.84 lakh) received between 1999 and 2008 under the State Health System Development Project–II (SHSDP-II) had been lying idle (***Appendix 2.1.2***) in the hospital for years together since receipt till date of audit (June 2016). The Department had supplied these equipment to this hospital without ascertaining the requirement from the hospital authority.

2.1.7.10 Shortage of drugs vis-à-vis IPHS norms

The State Government has not specified the list of drugs to be available at various levels of health facilities (SC, PHC, CHC and DH). However, comparison of availability of the drugs at the test-checked facilities *vis-à-vis* IPHS norms showed that all the test-checked facilities had shortage of medicines as indicated in **Table 2.1.7** below:

Table 2.1.7: Shortage of drugs *vis à vis* IPHS norms

Type of facility	Type of drugs	No. of drugs recommended as per IPHS	Number of drugs not available against IPHS	Percentage of drugs not available against IPHS
SC	Kit A	9	1 8	11% 89%
	Kit B	9	2-8	22%-89%
PHC	Different essential drugs	110	50-104	45%-95%
CHC	Emergency obstetric care	71	28-65	39%-92%
	Sick New Born	25	6-21	24%-84%
	Other essential drugs	80	43-69	54%-86%
DH	Different essential drugs	370	223-245	60%-66%

Source: Data collected from test-checked facilities

Drugs which were not available also included essential obstetric care drugs, drugs for the sick new born and other essential drugs. Major drugs which were not available at the time of visit by Audit are indicated in the ***Appendix 2.1.3***.

2.1.7.11 Quality testing of drugs

As per Government norms, heads of the procuring units of the decentralised stores are to get the drugs tested at the designated laboratories. After receiving the quality control report from laboratories, only standard drugs should be issued and initiative should be taken by the authority. It was observed that in two test-checked districts, seven batches (Paschim Medinipur District Reserve Stores: four, Murshidabad Medical College & Hospital: three) of non-standard medicines had been administered to the patients by the time the test report was received. Further, the District Reserve Stores at Murshidabad did not send any of the batches for testing during 2011-15.

During the Exit Conference, the Department clarified (December 2016) that apart from statutory testing there were additional safeguards against use of

sub-standard medicines, namely selection of companies of good repute, every batch of medicine being accompanied with mandatory test report and stoppage of medicines reported as inferior from being issued through the store management software. It was, however, accepted by the Department that there were instances of medicines being issued before receipt of test results and attributed the same to patient pressure. The Department further added that a mechanism was being contemplated to avoid such instances.

2.1.7.12 Mobile Medical Unit

Mobile Medical Unit (MMU) consists of doctor and paramedical staff with equipment for pathological tests, X-Ray, etc. to enable delivery of medical care to people residing in remote areas. The status of implementation of MMU is indicated in the table below:

Table 2.1.8: Status of implementation of MMUs

Year	Total number of districts targeted	Number of districts with functional Mobile Medical Unit	Reasons for shortfall in MMU, if any
2012-13	6	6	--
2013-14	10	6	Selection of Implementing agency not done due to delayed approval from GoI.
2014-15	10	6	Process for selecting NGO was initiated. However, as there was only one bidder, the matter referred to Finance Department, GoWB
2015-16	10	9	Purba Medinipur district was unable to select site for MMU for want of electricity a pre-requisite for MMU to be functional.

Source: Data provided by the office of the Mission Director, NRHM

This facility was available in nine districts which included two test-checked districts *viz*. Paschim Medinipur and Uttar Dinajpur. In Paschim Medinipur, it was seen that against the targeted 11 Left Wing Extremist affected blocks, 10 were covered. The remaining one block was not covered due to non-selection of NGO for running the MMUs, which was attributed by the Department during the Exit Conference to a court case. Consequently, 12055 camps (80 *per cent*) could be organized out of 15024 targeted.

2.1.7.13 Emergency response system

The objective of the scheme is to devise a system by which the beneficiaries, even in rural areas, can have easy and timely access to an ambulance by dialling a toll free number (102). Transportation of pregnant woman was done through 'Nischoy Yan (NY)', the free referral transport under Janani Sishu Suraksha Karyakram. Under this scheme, ambulances/ vehicles (2490 as of March 2016 which were not owned by Government) were empanelled for providing transportation facility for mothers and infants. As per the Scheme provision, when a patient or his/ her relatives called 102/ District Control Unit (DCU), the operator would contact the driver located nearest to the residence of the patient. The contacted driver would pick up the patient from the address provided.
The following was observed by Audit in this regard:

- The toll free number worked only in the district Headquarters and its vicinity. In other areas, mothers were given the mobile number of the driver when they came for the third ante-natal check-up. The mother(s) directly

contacted the driver(s) for necessary transport. Thus, though there was arrangement for emergency transport, it was not functioning the way it was intended.

- As the times of receiving the calls and times of response (when vehicles were provided) was not mentioned in the DCU register, Audit could not assess the efficiency of response.
- All ambulances/ vehicles were to be fitted with GPS system, However, it was seen that 2222 (89 *per cent*) of the vehicles were not fitted with GPS system during 2015-16.
- In the test-checked BPHCs/ RHs, NY vehicles were not equipped with emergency life-saving equipment.
- Further, it transpired from the beneficiary survey of 660 mothers that
  - thirty one *per cent* did not avail of the *Nischoy Yan* facility pointing to the need for creating more awareness of the scheme;
  - fifteen *per cent* stated that the vehicle did not arrive on time and
  - four *per cent* stated that they had to pay for the service, ranging between ₹ 20 and ₹ 400, which should be viewed seriously, as the scheme envisaged free transportation of pregnant women.

While accepting the need of better professionalism in managing the emergency response services, the Department intimated during the Exit Conference (December 2016) that managing these services through a single number 102 throughout the State was under consideration.

2.1.8 Availability of Health Care personnel

2.1.8.1 Availability of medical personnel at CHCs and PHCs

Analysis of data collected from the test-checked districts and facilities (**Table 2.1.9**) indicated that the health facilities were running without adequate personnel, especially doctors and nurses.

Table 2.1.9: Position of medical/ paramedical personnel in various health facilities

Health Facilities	Type of personnel	West Bengal		Birbhum		Uttar Dinajpur		Paschim Medinipur		Murshidabad	
		SS*	MIP# (Shortfall in %)	SS*	MIP# (Shortfall in %)	SS*	MIP# (Shortfall in %)	SS*	MIP# (Shortfall in %)	SS*	MIP# (Shortfall in %)
All facilities											
CHCs	Doctor	2017	1199(41)	153	80(48)	108	41(62)	292	199(32)	NA	160
	Staff Nurse	4605	3115(32)	153	133(13)	155	118(24)	350	287(18)	NA	245
	Paramedics	1516	892(41)	156	110(29)	67	27(60)	202	163(19)	NA	52
PHCs	Doctor	1324	721(46)	147	52(65)	33	23(30)	165	119(28)	140	109(22)
	Staff Nurse	2305	1677(27)	180	145(19)	45	43(4)	214	162(24)	NA	68
	Paramedics	1294	877(32)	58	55(5)	18	18(0)	82	76(7)	NA	64
Test-checked facilities											
CHCs	Doctor	Not Applicable		28	13(54)	9	8(11)	35	24(31)	25	19(24)
	Staff Nurse			29	21(28)	16	14(12)	43	41(05)	29	21(28)
	Paramedics			18	11(39)	8	5(37)	22	20(09)	16	10(37)
PHCs	Doctor			14	7(50)	7	4(43)	15	11(27)	NA	7
	Staff Nurse			18	9(50)	12	8(33)	26	14(46)	NA	3
	Paramedics			9	7(22)	10	7(30)	24	19(21)	NA	11

** Sanctioned Strength; # Men in position*

Source: Data furnished by the office of the Mission director, NRHM and the respective CMOHs.

In this regard, Audit further observed that

- Seventeen PHCs in Paschim Medinipur[14], Murshidabad[15] and Birbhum[16] were running without any doctor.
- Out of 22 test-checked PHCs in four districts,
  - Only five[17] PHCs (23 *per cent*) had medical personnel available on call in case of emergency;
  - Only one[18] PHC (five *per cent*) had Lady Medical Officer and
  - Only five[19] PHCs (23 *per cent*) had doctor or nurse staying in the facility at night.

As is evident from above, the facilities were working with serious human resource constraints which potentially affected the delivery of health care.

2.1.8.2 Shortage of human resources vis-à-vis IPHS norms

The adequacy of man power was also assessed by comparing it with the IPHS norms (based on population to be covered by the facility), the results of which are depicted below:

Table 2.1.10: Human resources *vis-à-vis* IPHS norms

Level of health facility (Number of facilities test-checked)	Name of post	Strength required as per IPHS	No. of persons in position	Shortage w.r.t IPHS norms (%)
District hospitals (2)	Doctors	120	65	55 (46)
	Nurses	405	264	141 (35)
	Paramedics	168	52	116 (69)
CHCs in four test-checked districts (84)	Doctors	690	480	210 (30)
	Nurses	840	783	57 (07)
	Paramedics	924	352	572 (62)
PHCs in four test-checked districts (228)	Doctors	456	303	153 (34)
	Nurses	684	418	266 (39)
	Paramedics	556	213	343 (62)

** Excluding NA-Not Available for Murshidabad district*
(Source: Data provided by the test-checked four DHFWS and SHFWS)

In this regard, Audit observed that

- IPHS-recommended posts (one person in each CHC) for Dental Assistant, Cold Chain and Vaccine Logistic Assistant, OT Technician and Community-based Rehab Worker were not sanctioned for CHCs.
- The PHCs did not have IPHS-recommended posts (one person in each PHC) for Health Worker (Female), Health Assistant (Male) and Lab Technician sanctioned.
- There was shortage of specialist doctors in all the test-checked CHCs which ranged between 89 *per cent* and 100 *per cent* as illustrated below:

[14] *Dharampur, Sasra, Rajnagar, Gokulpur, Goatsandhya, Khasbarh, Makrampur and Mangrul (8)*
[15] *Faridpur, Margram, Putimari, Bahutali, Kharjuna and Kiriteswari (6)*
[16] *Banagram, Bipratikuri and Udaypur(3)*
[17] *Makrampur PHC (Narayangarh Block); Mohoboni PHC (Keshpur Block); Godapiasal PHC (Salboni Block); Panchthupi PHC (Burwan Block) and Azimganj PHC (MJ Block)*
[18] *Anandapur PHC (Keshpur Block)*
[19] *Makrampur PHC (Narayangarh Block); Mohoboni PHC (Keshpur Block); Godapiasal PHC (Salboni Block); Panchthupi PHC (Burwan Block) and Azimganj PHC (MJ Block)*

Table 2.1.11: Lack of specialists *vis-à-vis* IPHS norms

Name of test-checked district	Obstetrician & Gynaecologist		Paediatrician	
	IPHS recommended strength	Persons in position (shortfall *per cent*)	IPHS recommended strength	Persons in position (shortfall *per cent*)
Paschim Medinipur	29	3 (90)	29	2 (93)
Murshidabad	27	0 (100)	27	0 (100)
Uttar Dinajpur	9	1 (89)	9	0 (100)
Birbhum	19	2 (89)	19	1 (95)

Source: Data provided by respective DHFWS of test-checked districts

Shortage of doctors, nurses and paramedical staff hampered the smooth implementation of NRHM as would be evident from the following.

- Out of 141 Comprehensive Emergency Obstetric Care (CEmOC) Centres identified in the State, 20 (14 *per cent*) were not functional owing to man power shortages. Thus, the intended emergency obstetric care of complicated cases (including caesarean section) on 24x7 basis remained deficient.
- Out of the 234 PHCs identified for delivery points (24x7 service) in the State, 77 PHCs (33 *per cent*) were not functional due to shortage of medical personnel.

Thus, the Department's capacity to deliver quality health care services was severely constrained by dearth of man power.

2.1.8.3 Availability of personnel at Sub-Centres

Sub-Centre, the lowest tier of health facility is manned by Auxiliary Nursing Midwife (ANM) and Health Workers (Male). Availability (as of March 2016) of these personnel against sanctioned strength for all SCs (2518) in the four test-checked districts is indicated below:

Table 2.1.12: Availability of ANMs and Health Workers (Male) in all 2518 SCs in four test-checked districts (as of March 2016)

Name of test-checked district	Name of post	Sanctioned strength	No. of persons in position	Percentage of shortage
West Bengal	**ANM**	**8625**	**8429**	**2**
	ANM (contractual)	**NA**	**NA**	**NA**
	Health Worker (male)	**NA**	**NA**	**NA**
Birbhum	ANM	484	483	0
	ANM (contractual)	484	390	19
	Health Worker (Male)	484	70	86
Uttar Dinajpur	ANM	344	328	05
	ANM (contractual)	344	261	24
	Health Worker (Male)	344	19	94
Paschim Medinipur	ANM	858	849	01
	ANM (contractual)	858	NA	-
	Health Worker (Male)	858	88	90
Murshidabad	ANM	832	823	1
	ANM (contractual)	832	701	16
	Health Worker (Male)	314	91	71

NA-Not Available
(Source: Data provided by the test-checked four DHFWS and SHFWS)

Audit noted the following in this regard,

- As per norms, each SC requires one regular ANM and one contractual ANM. However, the State had only 8625 sanctioned posts of regular ANMs against the requirement of 10356. The Department did not clarify the inconsistency between the total number of SCs and sanctioned posts for ANMs, though called for. In the test-checked districts, though the shortage of regular ANMs was not significant (between one and five *per cent*), shortfall of contractual ANMs called for attention as it ranged between 16 and 24 *per cent.*

  The Department pointed out during the Exit Conference that the expenses of the contractual ANMs were to be borne by the Ministry of Health, GoI as part of NRHM framework.

- There was significant shortage of Health Worker (Male) against the sanctioned strength which ranged between 71 *per cent* and 94 *per cent.*

- Out of the 66 SCs test-checked, ANMs in only 25 SCs (38 *per cent*) had Skilled Birth Attendant (SBA) training.

2.1.8.4 Availability of Accredited Social Health Activists

Accredited Social Health Activists (ASHA) are voluntary health workers at the village/ community level instituted by the GoI as a part of NRHM. Each ASHA was expected to have three fold roles, namely, (i) to be a facilitator of health services and link people to health care facilities; (ii) to be a provider of community level health care and (iii) an activist helping people understand health rights and enabling them to access their entitlements. Accordingly, availability of trained ASHAs is significant to the success of NRHM. They are attached to SCs and work in one or more villages under the jurisdiction of the SC.

Audit observed that against 61008 ASHAs sanctioned for the whole State, there were 47566 (78 *per cent*) in position (as of March 2016) leaving a shortfall of 22 *per cent.* In the test-checked districts also the position was almost similar, with vacancy of 21 *per cent* (12586 ASHAs against sanctioned strength of 15983) owing to shortage of ASHAs. In the four test-checked districts, 106 out of 2518 SCs were running without ASHAs while 22 *per cent* (3647villages out of 16892) of the villages were not covered by ASHAs. Population-wise, ASHAs served only 63 to 85 *per cent* of the population in those test-checked districts.

During the Exit Conference (December 2016) the State Project Director stated that steps were being taken to address the shortage of ASHAs.

Training of ASHAs: ASHAs were to be imparted training in two phases (first to fifth modules of training in the first phase and then sixth and seventh modules in the second phase) to equip them with sufficient knowledge and skills for village/ community level health care. It was seen that out of 47566 ASHAs in position, 40056 (84 *per cent*) and 39367 (83 *per cent*) had attended the first and second phases of training respectively, leaving 15 *per cent* of the ASHAs untrained, which evidently affect the quality of health services delivered through them. This assumed significance considering that ASHAs were the first point of contact for health services in the rural areas. Inadequate knowledge level of ANM/ ASHA emerged as one of the reasons for maternal death in the Maternal Death Reviews conducted in the test-checked districts.

2.1.8.5 ASHA kit for all ASHAs and timely replacement of ASHA kits

ASHA kits were provided to ASHAs once during 2011-14. Thereafter, ASHA kit was replenished time to time from drug stocks of sub-centres. During the course of audit it was seen that

- In Birbhum, 84 *per cent* ASHAs (2662 out of 3165) were provided with drug kits. District authorities of Paschim Medinipur, Murshidabad and Uttar Dinajpur did not maintain any record regarding how many ASHAs were provided with drug kit.
- Non-availability of drugs (in terms of types of drugs) in ASHA kits against the IPHS norms ranged between 6 *per cent* and 76 *per cent* in the test-checked SCs in four test-checked districts.

2.1.9 Quality Assurance Mechanism

GoI had issued Operational Guidelines for Quality Assurance in public health facilities in 2013. It envisaged certification and accreditation of health facilities. This required a setting up of an organisational frame work for quality assurance (QA) activities, training and capacity building, facility level quality improvement, etc.

The H&FW Department (NHM) had notified the adoption of National Quality Assurance Programme (NQAP) in July 2014. The progress of West Bengal in QA activities is discussed in the following paragraphs.

2.1.9.1 Setting up of organization framework for Quality Assurance

The organisational framework for QA consisted of Quality Assurance Committees at the State level and District level, State and District Quality Assurance Units, facility level Quality Teams and identification and empanelment of State Quality Assessors.

(i) State level Quality Assurance Committee (SQAC)

The broad responsibility of this committee was to oversee the quality assurance (QA) activities across the State in accordance with the applicable guidelines and to ensure regular and accurate reporting of the various key indicators. It was to provide overall guidance, mentoring and monitoring of QA efforts in the districts.

In West Bengal, SQAC was formed in July 2014. SQAC was to meet at least once in six months and was to take decisions for corrective and preventive actions and ensure follow-up actions. The State Health Mission intimated that review meetings were held five times[20] in 2015-16. However minutes of these meetings were not available and the decisions taken in these meetings were not known.

State Quality Assurance Unit (SQAU): SQAU, the operation and implementation arm of SQAC was not made functional as of March 2016, as the requisite personnel were not recruited. The State health authority stated (March 2016) that recruitment process had been initiated.

(ii) District level Quality Assurance Committee (DQAC)

DQAC was to ensure that QA standards were achieved at public health care facilities. The Committee was to ensure that district level orientation and

[20] *22 September 2015, 23September 2015, 21 December 2015, 23 December 2015 and 8 January 2016*

trainings were accomplished in time for District Quality Assurance Unit (DQAU), the working arm of DQAC and also District Quality Team. DQAC was to meet at least once in a quarter and periodically review progress of QA activities and co-ordinate with State authority for quality improvement process.

District Quality Assurance Committees (DQACs), though formed (between January and May 2015) in the four test-checked districts, the Committees were not functioning as of March 2016 as they did not meet after their constitution meeting. State health authority also stated (March 2016) that DQACs were yet to be fully functional.

District Quality Assurance Unit (DQAU): The DQAU was also not functional as of March 2016 as the requisite personnel were yet to be recruited.

(iii) District Quality Teams

A District Quality Team (DQT) was to be formed at each district hospital and was to ensure adherence to quality standards and report regularly to the DQAC. Though it was stated that DQT meetings were held in 14 district hospitals (DHs) between May and October 2015, no minutes were made available by the test-checked DHs. Similarly, though it was stated that internal assessments were done in 14 DHs (between December 2014 and August 2015), no records to this effect were produced to Audit in the test-checked DHs. Further, it was doubtful whether the internal assessments served any purpose as DQACs, which were to consider the findings of internal assessments, were not meeting regularly.

2.1.9.2 Facility level quality improvement

Facility level quality improvement *inter alia* included Patient Satisfaction Survey, Key Performance Indicators (KPI), Death Audits, etc. While KPI was being regularly reported, it was seen that Patient Satisfaction Surveys[21] were not conducted in any of the facilities (as of March 2016). The position as to death reviews is indicated below:

Maternal Death Review (MDR): Maternal Death Review (MDR) is an important strategy to improve the quality of obstetric care and reduce maternal mortality. In case of maternal death in a health facility, investigations were to be conducted in the facility by the Medical Officer. The BMOH was also to depute a team for community based investigation. The MDR committee at the health facility reviews all the maternal death cases occurred in the facility for corrective measures. The findings of both the facility based and community based investigations were then to be reviewed by the district MDR committee. The information on MDRs in test-checked facilities is indicated in the table below:

Table 2.1.13: Maternal Death Reviews conducted

Name of district	Total No. of maternal deaths during 2011 16	No. of maternal death reviewed at the district level	Short-fall (%)	Remark
Paschim Medinipur	278	280*	--	*MDRs included review held on maternal deaths from previous year(s) which were not specified by the DHFWS.
Murshidabad	1026	178	83	During 2011-15, maternal death cases reviewed ranged between 6 and 26 *per cent*

[21] *Quarterly patient satisfaction surveys/ Patient feedback (OPD & IPD separately)*

Name of district	Total No. of maternal deaths during 2011-16	No. of maternal death reviewed at the district level	Short-fall (%)	Remark
Birbhum	321	240	25	MDR Committee was formed in February 2011.
Uttar Dinajpur	276	82	68	During the year 2011-13,126 maternal death cases were not reviewed as Committees had not been formed then.

Source: Data furnished by each test-checked DHFWS office

As can be seen from **Table 2.1.13**, during the years covered under audit, all maternal deaths were not reviewed as required. There was shortfall in maternal death review in the test-checked districts, ranging between 25 and 83 *per cent.*

The reasons for maternal death emerging from the review conducted in the test-checked districts, were medical complications (eclampsia, haemorrhage, cardio respiratory/ renal failure, etc.) non-availability of blood for emergency transfusion, non-availability of vacant bed in HDU[22], improper ante-natal check-up, ignorance/ negligence of health staff, insufficient equipment, inadequate knowledge of ANM/ ASHA, etc.

Infant Death Review: Though infant death reviews were required to be conducted, it was not done in any of the test-checked districts despite occurrence of 849 infant deaths in these districts during 2013-16.

The above indicated that the facility level improvement needed more attention from the authorities.

2.1.9.3 Training and orientation

It was seen that awareness workshop was held at the State level during December 2014 and December 2015. Though, as per information provided, 719 personnel had been imparted Internal Assessors' training, Service Providers' training and Introduction to Key Performance Indicators[23], in the absence of any training schedule or set targets, the adequacy of the training could not be assessed in audit.

Thus, the quality assurance mechanisms were evidently in a nascent stage as the institutional arrangements could not be fully put in place. This was also evidenced by the low level of spending of funds for quality assurance. The districts utilised only 40 *per cent* (₹ 63.36 lakh out of ₹ 159.20 lakh released during 2014-16) of the funds while the four test-checked districts utilised only 11 *per cent* of the funds made available to them (₹ 2.11 lakh out of ₹ 19.90 lakh).

2.1.10 Implementation of Reproductive and Child Health Programme

The major components of this programme are maternal health care, access to safe abortion services, care for Sexually Transmitted Infections (STI), Newborn and Child Health, Universal Immunization, Family Planning, etc.

[22] *High Dependency Unit*

[23] *Key Performance Indicators pertaining to Reproductive, Maternal, Newborn, Child Health (RMNCH) viz. Maternal Mortality Ratio, Mothers who have received Ante-natal care, Institutional Deliveries, Mothers who have received Post-Natal Care, Infant Mortality Rate, Immunisation coverage, etc.*

2.1.10.1 Institutional Deliveries

Target and achievement: One of the important interventions was to promote institutional delivery in order to reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR). The position in this regard is indicated in the **Table 2.1.14**.

Table 2.1.14: Institutional and home deliveries in the State during 2011-16

Year	Total registered pregnant woman	Total delivery	No. of deliveries (*per cent*)	
			Institutional delivery	Delivery at home
2011-12	1957713	1492952	1071509 (72)	421443 (28)
2012-13	1879037	1449007	1071312 (74)	377695 (26)
2013-14	1966304	1527662	1186842 (78)	340820 (22)
2014-15	1866097	1398144	1153207 (82)	244937 (18)
2015-16	1757141	1375738	1205967 (88)	169771 (12)

Source: Data furnished by the office of the Mission Director, NRHM

As can be seen from **Table 2.1.14**, percentage of Home Delivery with respect to total number of deliveries showed a decreasing trend during 2011-16. A similar trend [24] was observed in all the four test-checked districts also. Introduction of *Nischoy Yan* played an important role in reducing the number of home delivery. Audit, however, noted that 99 *per cent* of total domiciliary delivery cases were not attended by skilled birth attendants and 24 *per cent* cases were not visited by any health personnel within 24 hours of delivery, due to shortfall in man power. One of the reasons for domiciliary delivery was instant discharge of pregnant woman in case of false pain. The discharged women sometimes failed to turn up at the health facilities in due time for the actual delivery. Lack of health facilities, manpower, awareness and poor road conditions in some pockets of the districts also contributed to domiciliary delivery.

Though there was noticeable improvement in institutional deliveries, the State was yet to achieve the ideal target of *cent per cent* institutional delivery. This may be seen in the context of non-upgradation of PHCs and CHCs to the desired level to conduct deliveries/ C-Sections. Audit also found that the institutions identified as delivery points did not perform up to the standard.

Poor performance of delivery points: CHCs/ SDHs, identified as delivery points were to conduct at least 20 deliveries per month while in case of PHCs it was at least10. It was seen that due to lack of infrastructure and non-deployment of adequate man power these delivery points were not conducting delivery upto the minimum benchmark. During 2015-16, out of 574 delivery points (CHCs: 340, PHC: 234), only 326 (CHCs: 298, PHC: 28) had achieved the minimum benchmark. During joint survey of mothers conducted by Audit, it was observed that inadequate infrastructure, shortage of nurses and doctors, non-availability of diet service, etc. contributed to lack of interest among the mothers in attending the nearest delivery points.

Further, PHCs were not equipped to conduct mandatory tests required in respect of delivery like Blood Grouping, Rh typing, etc. Though there was provision to tie up with private laboratory and sufficient funds were allocated for this

[24] *Percentage of home delivery reduced from 25 to13 per cent in Paschim Medinipur, 32 to 25 per cent in Birbhum, 43 to 11 per cent in Murshidabad and 56 to 42 per cent in Uttar Dinajpur.*

purpose under JSSK, six out of the 11 test-checked CHCs did not avail of this facility thereby depriving the intended beneficiaries.

2.1.10.2 Ante-natal care (ANC)

In order to provide safe motherhood, at least three ANC check-ups, 100 days intake of Iron Folic Acid tablets (IFA) and two doses of Tetanus Toxoid (TT) were to be provided to all registered pregnant women (PW). Besides, to encourage pregnant women to volunteer for ANC, the distribution of IFA tablets was linked to each check-up. The details of ANC provided to registered pregnant woman are shown in table below:

Table 2.1.15: Ante-natal care in the State during 2011-16

Particulars	2011-12	2012-13	2013-14	2014-15	2015-16
Registered pregnant woman	1957713	1879037	1966304	1866097	1757141
Registration within 1st trimester	1132413	1183229	1347372	1364466	1352423
1st and 2nd Tetanus Toxoid (TT) immunization	1523342	1472528	1547895	1493494	1452888
Given100 IFA tablets	1361718	1305990	1444167	1521857	1584121
Detected with hypertension	31215	23252	24025	28817	34509
Detected with eclampsia	3442	4793	4823	9581	9363
Detected with severe anaemia	10883	5246	2749	3333	4708
Three ANC check-up done	1440585	1377277	1502571	1532039	1501127

Source: Data furnished by the office of the Mission Director, NRHM

There was shortfall in various components of ante-natal care in the State as well as in the test-checked districts as shown below:

Table 2.1.16: Achievement in various interventions of Ante-natal care during 2011-16

Name of the component	Shortfall in the State as a whole	Shortfall in the four test-checked districts
Three ANC check-up to pregnant woman	15 to 26 *per cent*	17 to 28 *per cent*
Administration of two doses of TTs	18 to 22 *per cent*	08 to 21 *per cent*
Providing of IFA tablet	10 to 30 *per cent*	19 to 34 *per cent*

Source: Data provided by the WBHFWS and test-checked four DHFWS

Such shortfall may be attributed to delay in registration of pregnant women, shortage/ under-performance of ASHA, limited awareness/ motivation among the pregnant women, etc.

Thus, there is significant scope for improvement in respect of providing ante-natal care.

2.1.10.3 Post-natal care

Post-natal care (PNC) includes identification and management of all post-delivery complications like *post-partum* haemorrage, eclampsia, sepsis, etc. by ensuring a minimum 48 hours of stay of the mother in health facilities after delivery and three to seven days stay for managing complications.

It was observed that due to shortage of beds in public health institution during 2011-16, 35 to 57 *per cent* mothers were discharged after delivery, without keeping them under observations for the stipulated minimum period of 48 hours. Thus, PNC care was being compromised to accommodate other pregnant mothers.

2.1.10.4 Performance of Janani Shishu Suraksha Karyakram

Janani Shishu Suraksha Karyakram (JSSK) launched in June 2011 is an initiative to assure free services to all pregnant women and sick neonates having access to public health institutions. The scheme envisages free and cashless

services (drugs, diagnostics, diet, transport, etc.) to the pregnant women including normal deliveries and caesarean operations and also treatment of sick new born (up to 30 days after birth) in all Government health institutions. The performance of JSSK during 2013-16 was as under:

Table 2.1.17: Ante-natal care in the State during 2013-16

Year	No. of delivery in public institutions	Free service given			
		Drugs & consumables (*per cent*)	Diet (*per cent*)	Diagnostics (*per cent*)	Transport (*per cent*)
2013-14	899009	801000 (89)	811133 (90)	582048 (65)	355915 (40)
2014-15	889924	860289 (97)	883158 (98)	670208 (75)	419110 (47)
2015-16	932050	960002 (100*)	937166 (100*)	779647 (84)	471895 (51)

** Excess number of achievement was attributable to spill-over cases of previous year*
Source: Data furnished by the office of the Mission Director, NRHM

As is evident from the above Table, there was an upward trend in the percentage of beneficiaries availing the free services. However, there was much scope for improvement in respect of extending free diagnostic and transport services. There was no attempt by the department to identify the reasons for these services not being availed of even when they were given free of cost. The shortfall in diagnostic services, however, can be viewed with the fact that in five test-checked PHCs, 24x7 laboratory service was not available though delivery took place. Moreover, at test-checked 11 CHCs, laboratory service was available only to those patients attending ANC clinic, not to the patients getting direct admission.

Further, during beneficiary survey, 23 mothers[25] (four *per cent* of those surveyed) who had institutional delivery reported that they had to pay for their diet.

2.1.10.5 Referral service

A comprehensive First Referral Unit (FRU) is a hospital where all complications are managed including Caesarean sections and blood transfusions. An FRU is a CHC with a Comprehensive Emergency Obstetric Care (CEmOC) unit.

As of March, 2016 out of 183 FRUs required as per population norms, only 118 (64 *per cent*) could be developed as FRUs. In Murshidabad, Jalpaiguri and Coochbehar districts, there were no CHCs providing CEmOC services. CEmOC service in these districts was available only in SDHs and DHs. As a result, not only were these hospitals over burdened with pregnant mothers compared with sanctioned bed strength affecting quality of service, but also the pregnant mothers had to travel all the way to SDHs/ DHs, rather than the nearest FRU, in case of emergency.

2.1.10.6 Janani Suraksha Yojana

The Janani Suraksha Yojana (JSY) was introduced in 2005-06 as a key intervention to enable women to access institutional deliveries and thereby to reduce MMR and IMR in the State. JSY envisaged encouraging institutional deliveries by providing cash incentive (₹ 1000 for institutional delivery and ₹ 500 for home delivery) to pregnant women belonging to SC/ ST/ BPL families. Audit scrutiny of JSY showed the following irregularities.

[25] *Birbhum:2; Uttar Dinajpur:5; Murshidabad:15 and Paschim Medinipur:1*

(i) Non-payment of incentive to beneficiaries: All registered pregnant women in rural area attending health institutions for delivery were eligible for cash incentive of ₹ 1000 under JSY immediately or within seven days after delivery to meet the delivery expenses. Since July 2013, Government had decided to make payments through cheques and it was observed that during 2014-16, 37 to 59 *per cent* of registered JSY beneficiaries could not receive the benefit of the scheme as they had no bank accounts to encash the cheques. In 2014-15, cheques amounting to ₹ 6.95 crore to JSY mothers became time-barred and had to be written back into the account.

(ii) Non-payment of cash benefit to JSY beneficiaries in Ayushmati Scheme: Under Ayushmati scheme a BPL/ SC/ ST pregnant mother could avail of the delivery facilities at earmarked private facilities. These mothers are also entitled to cash incentive of ₹ 1000. In Murshidabad and Birbhum districts 41616 Ayushmati beneficiaries were not paid this incentive.

2.1.10.7 GP Camp/ RCH outreach Camp

In order to provide medical services to Gram Panchayats (GPs) having no PHC, health camps were to be conducted in GP headquarters once in a week. A medical officer along with support staff was to man the camp. It was seen in audit that during 2011-16, GP camps could not be conducted in desired numbers in the State as shown below:

Table 2.1.18: GP/ RCH outreach camp conducted during 2015-16 in the State

Year	No. of GP without any PHC	No. of camp need to be held	No. of camp held	Shortfall (*per cent*)
2011-12	2093	108836	55380	53456 (49)
2012-13	2093	108836	32926	75910 (70)
2013-14	2093	108836	20818	88018 (81)
2014-15	2093	108836	15709	93127 (86)
2015-16	2093	108836	10980	97856 (90)

Source: Data provided by the State Mission Director, NRHM

There was shortfall in organization of GP camp ranging from 49 *per cent* to 90 *per cent* with a steady fall in performance every year. Shortfall in conducting GP camps limited the access of patients to registered Medical Practitioners. Scarcity of Medical Officers was one of the factors attributable to shortfall in holding camps.

2.1.10.8 MTP service

Medical Termination of Pregnancy (MTP) services were to be provided at least in every 24x7 facility in every block and in every facility upgraded for FRU services. Access to safe abortion services is key to reduction of MMR. The focus was to be on improving access to comprehensive abortion care, including post-abortion contraceptive counselling. However, MTP service was not available at any of the test-checked five 24x7 PHCs or 11 CHCs of test-checked districts.

2.1.10.9 Management of RTI/ STI

Key strategies for prevention and management of Reproductive Tract Infections (RTI) and Sexually Transmitted Infections (STI) included Behavioural Change Communication (BCC) interventions for community health education, provision of diagnosis and treatment services at health facilities, syndromic

management[26] at 24x7 PHCs and lower levels and laboratory and diagnostic based services at FRU facilities. Special focus was to be given on linking up with Integrated Counselling and Treatment Centres (ICTCs) and establishing appropriate referrals for HIV testing and RTI/ STI management. In test-checked districts, RTI/ STI management service was available only at four PHCs out of the 22 test-checked. In nine CHCs out of 11 test-checked, except HIV testing no other service for management of RTI/ STI was available.

2.1.10.10 Immunization and Vitamin A Administration

Immunisation of children against preventable diseases had been the cornerstone of routine immunisation under universal immunisation programme. Audit observed that the overall achievement of primary immunisation of children belonging zero to one year age group, covering BCG, Measles, DPT and Hepatitis B hovered between 80 and 91 *per cent* during 2011-16. The achievement of targets in the secondary immunisation of children was as under:

Table 2.1.19: achievement of targets in the secondary immunisation during 2011-16

Immunisation	Achievement
DPT (for the age group of five to six years)	42 to 61 *per cent*
TT (above 10 years of age group)	43 to 58 *per cent*
Administration of polio vaccine	97 to 99 *per cent*
First dose of prophylaxis vaccination against blindness amongst children due to Vitamin A deficiency	17 to 67 *per cent*

Source: Data provided by the State Mission Director, NRHM

Thus, there was scope for improvement in universal immunisation programme, especially in the secondary immunisation.

2.1.10.11 Family Planning

As per NRHM framework, implementation of family planning services was to be utilized as a key strategy to reduce maternal and child morbidities and mortalities in addition to stabilizing population. The initiatives in this direction are discussed below.

(i) Target and achievement of sterilization

Terminal method of family planning includes vasectomy for male and Tubectomy/ laproscopy/ minilap for female. Audit observed that shortfall in conducting vasectomy and tubectomy during 2011-16 ranged between 15 and 63 *per cent* against the target.

(ii) Failure of male and female sterilization procedures

Quality of sterilization is an important issue to ensure success in sterilisation programme. During 2011-16, 45 persons died owing to complications arising from sterilization. Of this, eight men died while undergoing vasectomy sterilisation operation. During the same period 6486 persons were reported to have faced complication after sterilization. There were also 709 failure cases. This indicated that the quality of service was highly questionable.

[26] *Syndromic management refers to the approach of treating STI/ RTI symptoms and signs based on the organisms most commonly responsible for each syndrome.*

2.1.11 Monitoring & evaluation

The West Bengal State Health & Family Welfare Samity[27] is responsible for the supervision and monitoring of National Health Programmes and other Public Health Programmes, under the overall policy framework laid down by the Ministry of Health, GoI. The districts and block level Samities function under the overall supervision and guidance of the State Samity.

Further, Rogi Kalyan Samities (RKS) were to be constituted at the health facilities with the purpose to provide sustainable quality care with accountability, transparency and people's participation. RKSs were responsible for smooth functioning of health centres and maintaining the quality of services. The functioning of these organisations are discussed below:

2.1.11.1 Monitoring meeting by State Samity and District Samities

Meetings of the Executive Committee of the State Samity were to be held at least once in a month. Test-check of relevant records showed that shortfall in meetings of State Samity ranged between 75 *per cent* and 83 *per cent* as it had held only two to three meetings in a year against the required 12 (**Table 2.1.20**).

Table 2.1.20: Meetings held by WBSHFWS during 2011-16

Year	Number of meetings to be held by SHFWS *(at least once a month)*	Number of meetings held	Shortfall *(per cent)*
2011-12	12	02	83
2012-13	12	03	75
2013-14	12	03	75
2014-15	12	03	75
2015-16	12	NA	--

(Source: Data/ information provided by SHFWS office)

Similarly, meetings were to be held by each District Samity[28] at least once in three months. Test-check of records in four selected districts showed shortfall in meetings of DHFWS ranging between 20 *per cent* and 80 *per cent*. While the Samities in Paschim Medinipur and Uttar Dinajpur met four and seven times, respectively during 2011-16 against the requisite 20, the positions in Murshidabad and Birbhum were comparatively better with the Samities having met 15 and 16 times, respectively.

2.1.11.2 Rogi Kalyan Samities

Though Rogi Kalyan Samities were formed in the test-checked health care facilities, regular meetings (at least once a month) were not held during 2011-16. In Illambazar[29], Raiganj[30] and Keshpur[31] CHCs, out of a requirement of at least 60 meetings to be held in each block during 2011-16, only five meetings of RKS were held, leaving shortfalls of 92 *per cent* each. In Labpur CHC [32] RKS meetings were not held during 2014-16. Four test-checked DHFWS did

[27] *Pr. Secretary, H&FW Department, GoWB: President, Executive Committee, SHFWS Director of Health Services, GoWB: Vice-President*
[28] *District Magistrate is the President of the Executive Committee, DHFWS while CMOH is the Secretary*
[29] *Birbhum*
[30] *Uttar Dinajpur*
[31] *Paschim Medinipur*
[32] *Birbhum*

not produce reports of the RKS meetings held at health care facilities and follow-up actions taken by the District authority. In test-checked DHs/ MCHs, against the requirement of 60 RKS meetings to be held during 2011-16, the number of RKS meetings held ranged between eight and 13 (shortfall ranging from 78 *per cent* to 87 *per cent*).

2.1.11.3 Village Health & Sanitation and Nutrition Committee

Audit found that Village Health & Sanitation and Nutrition Committee (VHSNC) had not been constituted in all the Gram Sansads. Out of the four test-checked districts, VHSNC were constituted in all Gram Sansads only in one district (Birbhum) while in other districts, they were yet to be formed in several villages. (**Table 2.1.21**).

Table 2.1.21: Formation of VHSNC in test-checked districts.

Name of district	Number of *gram sansads*	Number of *gram sansads* in which VHSNC formed	Number of VHSNC with Bank A/c opened
Paschim Medinipur	3846	2257 (59)	1421 (63)
Murshidabad	4164	1693 (41)	1620 (96)
Birbhum	2242	2242 (100)	1161 (52)
Uttar Dinajpur	1632	1491 (91)	1435 (96)
Total	**11884**	**7683 (65)**	**5637 (73)**

Source: Data furnished by respective CMOHs/ Zilla Parishads

Further, only 73 *per cent* had opened bank accounts for keeping the funds required for planning and monitoring activities. Neither were funds[33] released to the VHSNC for their activities[34]. This pointed to the fact that many of the VHSNC were not in a position to undertake monitoring and planning activities. Moreover, none of the test-checked SCs were aware of monitoring activity done by these Committees. Audit also did not come across any records as to the meetings and other activities by the VHSNC in the test-checked districts.

2.1.11.4 Visit of SCs by medical officers

SCs are to be visited once a month by Medical Officer of the PHC to which they are attached. Out of the test-checked 66 SCs, 59 SCs[35] (89 *per cent*) were not visited at least once a month by medical officers indicating lax monitoring of these facilities.

As evidenced by the foregoing paragraphs, much more needs to be done to improve the oversight of NRHM activities.

2.1.12 Conclusions

Performance Audit on implementation of National Rural Health Mission has thrown light on various areas of deficiencies, which call for immediate attention of the Government.

- There was shortfall in number of health centres against the IPHS norms. Even the existing health centres lack basic facilities *e.g.* running water supply, uninterrupted electricity, staff quarters, etc.

[33] *As per Untied Fund guidelines (NRHM) VHSNC constituted is entitled to untied fund (₹10000/-)*

[34] *Village level public health activity like cleanliness drive, sanitation drive, school health activities, Anganwadi level activities, household surveys; VHSNC is also expected for involvement in preparation of annual Village Health Plan and submission to block office.*

[35] *Birbhum: 18; Uttar Dinajpur: 10; Paschim Medinipur: 14 & Murshidabad: 17.*

- Construction of buildings for health facilities needs to be expedited as progress of construction lags behind target. Failure in sorting out land problems as well as under-performance of implementing agencies factored behind such slow progress. Even a good number of the created/ upgraded infrastructure like PHCs with round the clock delivery service, First Referral Units, etc. could not be made functional. Thus, the Department could not upgrade the health facilities as planned depriving the public of the emergency obstetric care. This had led to additional pressure of patients on Sub-Divisional Hospitals/ District Hospitals affecting quality of service at those points too.
- Round the clock services were further affected by reluctance of the health centre staff in staying in quarters attached to the hospitals. While a large number of quarters constructed for Auxiliary Nursing Midwives remained vacant, a number of staff quarters also remained in dilapidated conditions.
- Installation of New Born Care Corner and New Born Stabilisation Units without proper planning and necessary training of the doctors/ staff resulted in a number of such facilities remaining idle.
- Shortage of doctors, nurse and other support staff were observed at every level of health facility. Not only the number of posts fell short of the posts required under IPHS norms, but also there were substantial vacancies in the sanctioned posts.
- Ante-natal and Post-natal care and other health related services could not be extended to a considerable number of villages due to shortfall in appointment of ASHA.
- Though Quality Control Committee and Quality Control Team were formed upto district level, these were yet to start functioning in a meaningful way. Village Health & Sanitation and Nutrition Committees and Rogi Kalyan Samities were found to have been either not formed or non-functional in test-checked districts.

2.1.13 Recommendations

Government may consider ensuring

1. ***Improvement of infrastructure needed at the health care centres and availability of medical and para-medical staff as per IPHSs norms on priority.***
2. ***Operationalization of the New Born Care Corners and New Born Stabilisation Units through imparting necessary training among the staff.***
3. ***Time-bound completion of the construction works through proactive pursuance with the implementing agencies.***
4. ***Proper functioning of quality control and monitoring mechanism at each level of health facilities.***

SCHOOL EDUCATION DEPARTMENT

2.2 Secondary Education in West Bengal

Executive Summary

Secondary education forms the first stepping stone for students towards their career path. In India, classes IX and X (normal age group: 14-16 years) constitute the secondary stage, whereas classes XI and XII (age group: 16-18 years) are designated as the higher secondary stage. While the Rashtriya Madhyamik Siksha Abhiyan (RMSA), a centrally sponsored scheme, had the target of achieving Gross Enrolment Ratio (GER) of 75 *per cent* by 2014-15, the Government of West Bengal had set an ambitious objective of achieving 100 *per cent* Net Enrolment Ratio (NER) in Secondary Education by 2014-15. In West Bengal, the School education up to higher secondary level is the responsibility of the School Education Department (SED), while the RMSA is implemented through a Society named West Bengal State Rashtriya Madhyamik Siksha Mission (RMS Mission). The performance audit on Secondary Education in West Bengal covering the period from 2011-12 to 2015-16 was conducted during April to October 2016.

- Though West Bengal has surpassed the GER based target of RMSA, it fell short of its own target of reaching 100 *per cent* NER by 2014-15 as almost half of the eligible students did not get into secondary education. Drop-out rate has shown an increasing trend during 2011-16 pointing to the need for increased efforts keep the children in school.
- Though the growing pressure for admission to secondary level education was foreseeable, the departmental efforts to cope with the growing need were found to be deficient in many respects. There was neither any analysis of the demand-availability gap in the secondary education, nor any roadmap for attaining its own target.
- The data of unserved habitations had serious discrepancies and consistency issues which was indicative of lack of diligence and cross-check at the State level in consolidation of the lower level proposals. Owing to lack of preparedness and slipshod approach in submitting the work proposals, the Department was unable to avail itself of all the benefits of the GoI scheme of RMSA.
- The sense of urgency was also missing in the departmental approach in upgrading the existing upper primary schools into the secondary schools.
- The test-checked schools were found to suffer from significant infrastructural deficiencies in terms of availability of adequate numbers of classrooms, science laboratories, computer rooms, toilets, etc. affecting the quality of curricular activities at the secondary level. Efforts in addressing such deficiencies in the infrastructure remained unproductive due to slow progress of civil works in schools. Implementation of ICT@ Schools also lagged behind schedule.
- Availability of teachers *vis-à-vis* the number of students was also a matter of concern as 70 *per cent* of the test-checked schools had significantly high pupil-teacher ratios at the secondary/ higher secondary level. In 20 *per cent* of the test-checked schools, the situation was found to be alarming.
- Quality of teaching in schools was also an area of concern as significant number of teachers did not have the necessary professional qualification in training. Monitoring of the quality of education remained weak as the number of inspections conducted was much lower than the norms.

2.2.1 Introduction

Secondary education forms the first stepping stone for students towards their career path. Apart from imparting education, it strives to assist the students in choosing his/ her future career goal. In India, classes IX and X constitute the secondary stage, whereas classes XI and XII are designated as the higher secondary stage. The normal age group of the children in secondary classes is 14-16, whereas it is 16-18 for higher secondary classes.

The vision of the School Education Department, Government of West Bengal, is to achieve universalisation of Secondary and Higher Secondary Education and to ensure quality education. It has set an objective of achieving 100 *per cent* Net Enrolment Ratio[36] in Secondary Education by 2014-15.

As of 2015-16, there are 10182 secondary schools in West Bengal, out of which 8627 (85 *per cent*) were under the School Education Department. The position of allotment and actual expenditure under the Secondary Education is shown in ***Appendix 2.2.1***. Funds for Secondary Education were also received from Government of India for implementation of Integrated Rashtriya Madhyamik Siksha Abhiyaan (RMSA)[37], a Centrally sponsored scheme launched in 2009 with a Centre-State funds sharing ratio of 60:40[38]. Initially, RMSA had a limited impact on secondary education as it targeted only Government and Government-sponsored schools, while the majority of the schools in West Bengal were Government-aided schools[39]. Gradually more number of Government-aided schools came into the ambit of RMSA by becoming Government-sponsored schools. RMSA aimed at enhancing access to secondary education and improving its quality. During 2011-16, out of ₹ 246.79 crore available under RMSA, ₹ 127.12 crore (51.51 *per cent*) was spent (***Appendix 2.2.2***).

2.2.2 Organisational set-up

School education up to higher secondary level is the responsibility of the School Education Department (SED), which is headed by Secretary. The SED has a dedicated Directorate of School Education entrusted with all executive functions concerning school administration. The Directorate is responsible for regular monitoring and supervision of schools through the District Inspectors of Schools (DIs), Assistant Inspectors of Schools (AIs) and Sub- Inspectors of Schools (SIs).

The RMSA, the centrally sponsored scheme running in Secondary Education sector, is implemented through a Society named West Bengal State Rashtriya Madhyamik Siksha Mission (RMS Mission). State Project Director (SPD),

[36] *Net Enrolment Ration (NER) is the number of children enrolled in a given level of education who belong to the age group that officially corresponds to that level, divided by the total population of the same age group.*

[37] *Subsequently renamed as Integrated Rashtriya Madhyamik Siksha Abhiyaan consequent to subsuming of schemes such as Girl's Hostel, Information and Communication Technology @ School, Inclusive Education for Disabled at Secondary Stage (IEDSS) and Vocational Education (VE)*

[38] *The scheme is funded by the Central Government and State Government in the ratio of 75:25 till 2014-15 after which ratio of funding became 60:40.*

[39] *While both government aided and government sponsored schools receive salary grant from Government, the basic difference between these two lies in the constitution of Management Committee (MC). While the President and Secretary of MC of a government aided school are elected, these functionaries are nominated by the Government in case of government sponsored schools.*

Rashtriya Madhyamik Siksha Abhiyan is responsible for overall implementation of integrated RMSA Scheme. SPD is assisted by two Joint Secretaries of SED, one Deputy Director and one Controller of Finance at the State level. At the district level District Project Officers (DPOs), RMSA and District Inspectors of Schools (DIs) are responsible for implementation of the Scheme.

2.2.3 Audit Objectives

The performance audit was conducted to evaluate the Secondary Education in West Bengal in the light of the objectives and norms set out for the RMSA scheme. Accordingly, the audit objectives are to examine

- whether adequate number of schools were available and these were equipped with requisite infrastructure and human resources;
- whether the oversight mechanism was working effectively.

2.2.4 Audit Criteria

The criteria used for framing audit comments were sourced from

- Scheme Guidelines and policies issued by Ministry of Human Resource Development (MHRD), Department of School Education & Literacy, Government of India.
- Decisions taken in the meetings of Project Approval Board (PAB), MHRD, Government of India
- Secondary Education Planning and Appraisal Manual by NUEPA[40]
- Financial Management and Procurement Manual, RMSA, MHRD, GoI
- The National Policy of Education (1986)
- National Building Code
- Orders and Instructions issued by State/ Central Government

2.2.5 Audit scope, coverage and methodology

The performance audit on Secondary Education in West Bengal covering the period from 2011-12 to 2015-16 was conducted during April to October 2016. At the State level, Audit scrutinized the records of the School Education Department, School Education Directorate and office of the Rashtriya Madhyamik Siksha Mission. At the district level, records of the Offices of the District Inspector of Schools (Secondary Education) and the District Project Offices of RMSA in five[41] selected districts were test-checked. These districts were selected using Population Proportional to Size without Replacement (PPSWOR) method. Besides, in each district, Audit covered 30 schools (Urban: 24, Rural: 6) which were selected through Simple Random Sampling Without Replacement (SRSWOR).

An Entry Conference was held in April 2016 with the Principal Secretary of the Department wherein audit objectives, scope, methodology, criteria, etc. were explained.

[40] *National University of Educational Planning & Administration*
[41] *Murshidabad, Jalpaiguri, Malda, Bankura and Purulia*

The audit findings were discussed (December 2016) with the Secretary, School Education Department in the Exit Conference and the views of the Department are incorporated suitably in the Report at the appropriate places.

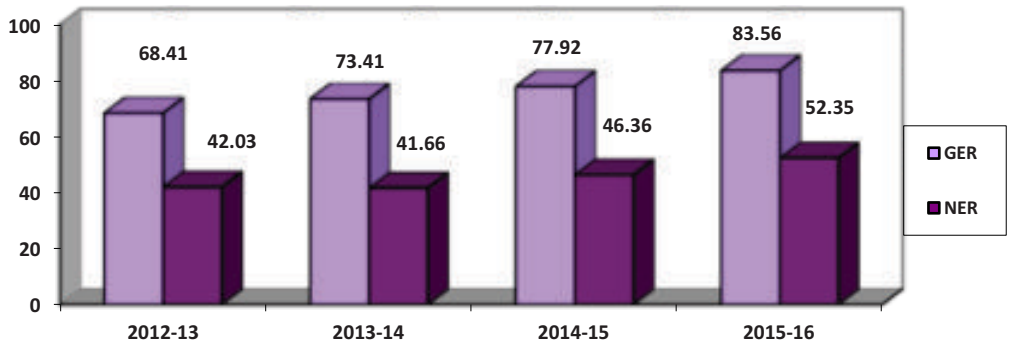
2.2.5.1 Acknowledgement: We acknowledge the co-operation and assistance rendered by the Principal Secretary of the School Education Department, School Education Directorate and the office of the Rashtriya Madhyamik Siksha Mission as well as the Offices of the District Inspector of Schools (Secondary Education) and the District Project Offices of RMSA of the test-checked districts during the course of audit.

Audit Findings

2.2.6 Macro-level scenario in the Secondary Education in West Bengal

Under the Rashtriya Madhyamik Siksha Abhiyan (RMSA), the Government of India had a target of achieving Gross Enrolment Ratio (GER) of 75 *per cent* by the year 2014-15. As would be evident from the **Chart 2.2.1** below, West Bengal has reached that level with GER standing at almost 84 *per cent* as of 2015-16. Further, pursuant to the 'no detention' policy envisaged in the Right of Children to Free and Compulsory Education Act, 2009, at the elementary level, all students of class VIII get automatic promotion to class IX. Accordingly, West Bengal had a transition rate (percentage of students transitioning from class VIII to IX) ranging from 82.98 *per cent* to 92.58 *per cent* during 2011-12 to 2015-16. However, in terms of NER, which is the percentage of eligible children by age getting enrolled, the State lagged behind its own target of reaching 100 *per cent* NER by 2014-15 (**Chart 2.2.1**)

Chart 2.2.1: GER and NER in Secondary level in West Bengal



Source: School Report card for the respective years

Thus, it was evident that about half the eligible students did not get into secondary education, which calls for attention of the Government.

Further, Audit observed significant drop-out rate in secondary level during 2012-13 to 2015-16 which hovered around from 17.30 to 18.34 *per cent* (*vis-à-vis* 14.54 to 20.14 *per cent* at the national level) pointing to the need for more efforts to retain children at secondary level. In this context, Audit also analysed the trend of transition of two batches of students from class IX to class XII during 2011-15 and 2012-16. It was observed that significant number of students enrolled in class IX could not continue till Class XII. Further, the number of students dropped out in the rural areas was found to be much more than that of urban areas as would be clear from the **Charts 2.2.2** and **2.2.3**.

Chart 2.2.2 : Transition of students from Class IX to Class XII during 2011-12 to 2014-15

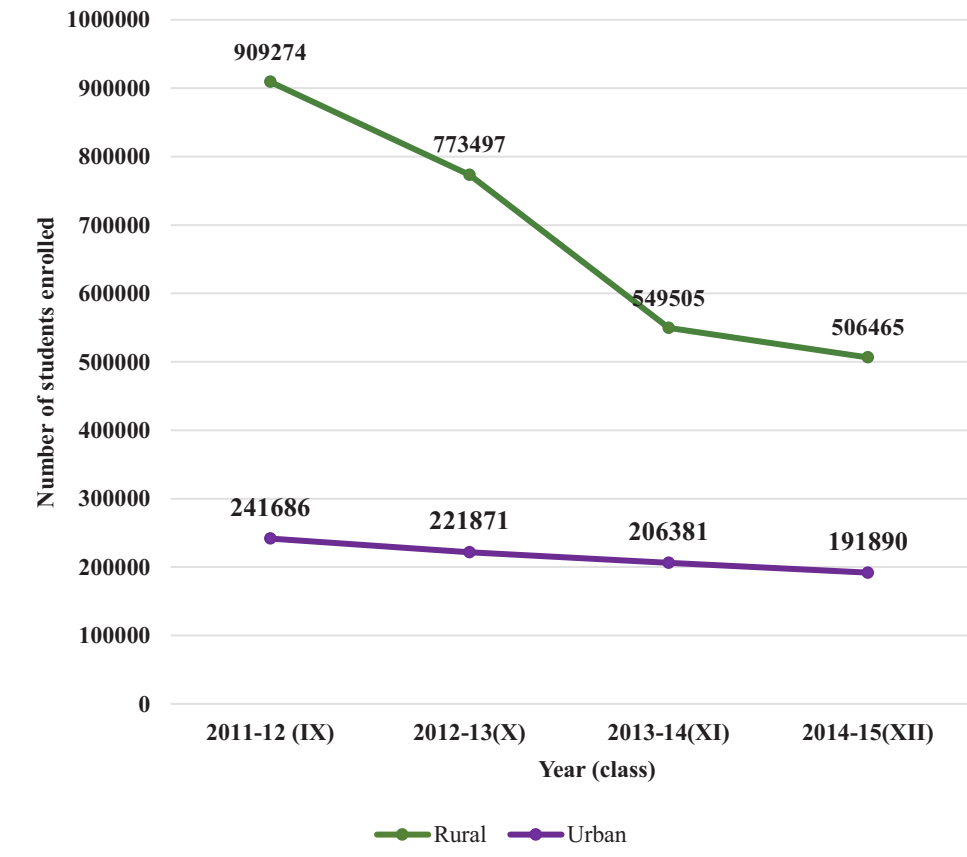
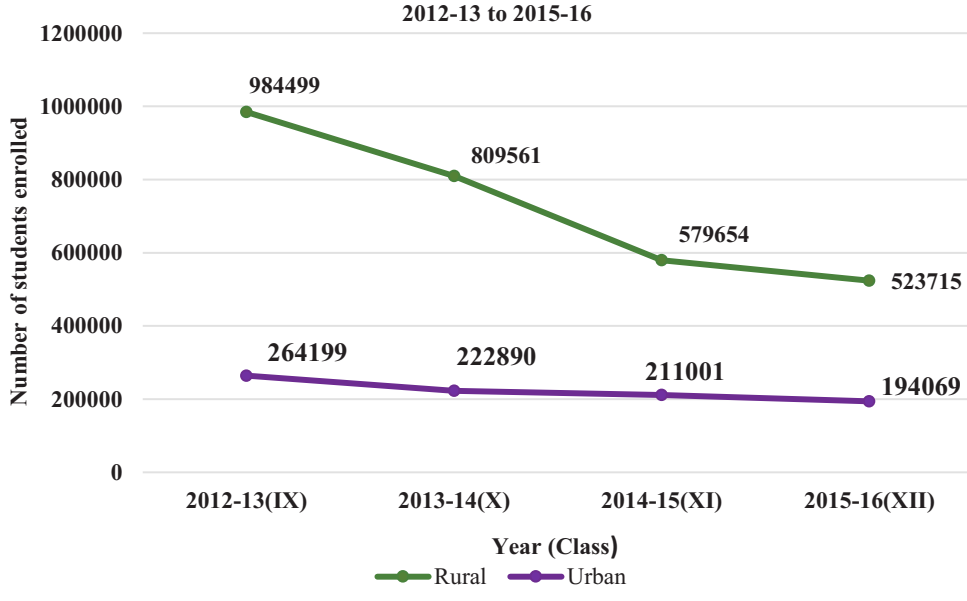


Chart 2.2.3 : Transition of students from Class IX to Class XII during 2012-13 to 2015-16



Source: State Report Card

The Department, however, did not conduct any study to look into the reasons for such situation of low NER or retention. Audit analysis, however, indicated issues such as inadequate planning, insufficient infrastructure and lax monitoring as had been brought out in successive paragraphs.

2.2.7 Absence of long term plan

Audit noticed that there was no assessment on the adequacy of the number of secondary schools with respect to the eligible population. Such assessment was necessary especially in view of foreseeable pressure for admission to class IX owing to 'no detention' policy at the elementary level. Neither was any roadmap drawn to quantify and bridge the existing gap in the Secondary Education to fulfil the stated objective of achieving 100 *per cent* NER by 2014-15. In the test-checked districts, it was seen that the strength of the schools was increased by the Department without any long term goal of attaining the stipulated Pupil Teacher Ratio (norm: 30:1) and the Student Class Room Ratio (norm: 40:1).

It was observed that (**Table 2.2.1**) during 2011-16 though there was 25 *per cent* increase in the number of students enrolled in class IX, number of schools in the State increased by 10 *per cent*, while the increase in the number of schools under the Department stood at mere one *per cent*.

Table 2.2.1: Availability of schools and enrolment in class IX

Year	Number of secondary schools (including private schools)	Number of secondary schools under School Education Department (including both aided and sponsored ones)	Students enrolled in class IX
2011-12	9225	8542	1227870
2012-13	9765	8517	1342677
2013-14	9902	8539	1420617
2014-15	10015	8563	1505449
2015-16	10182	8627	1528718

Source: School Report Cards from UDISE data and AWB&P of RMSA, 2016-17

2.2.7.1 Unserved habitations: According to RMSA Guidelines (paragraph 1.3.1), there should be a secondary school within five kilometres and a higher secondary school within 7-10 kilometres of any habitation. As per Annual Work Plan & Budget (AWP&B), 2015-16, out of 48708 habitations in the State, 768 habitations in nine educational districts[42] had no secondary school within the stipulated five kilometres as of February 2015 which indicated that there was need to increase access to secondary education.

It was proposed in AWP&B of RMSA for the year 2015-16 to cover 361 unserved habitations (out of 768) by opening 18 new upper primary schools (which is to be upgraded to high schools in the subsequent year) and 50 habitations by upgrading 29 existing upper primary schools. No plans were made to cover the remaining 357 unserved habitations. However, the proposals had not been accepted by GoI citing issues relating mainly to distance norm of 5 kms and enrolment norm of a minimum requirement of 40 students (21 schools).

As of March 2016, none of the unserved habitations could be provided with schools.

2.2.7.2 Doubtful data on unserved habitations: The correctness of the departmental data on unserved habitations was doubtful as there were no

[42] *Bankura (34), Bardhaman (117), Jalpaiguri (208), Malda (65), Murshidabad (7), Paschim Medinipur (94), Purulia (190), Siliguri (18) and Uttar Dinajpur (35). There are altogether 21 educational districts as defined by the Government in West Bengal.*

consistency between two sets of data (especially at the district level) submitted by the Department to GoI under RMSA as shown in the **Table 2.2.2**.

Table 2.2.2: Variation in data in respect of unserved habitations in AWP&Bs

Name of districts	Number of unserved habitations as reported by the Department		Number of unserved habitations as indicated in the AWP&B of the test-checked districts
	AWP&B 2015-16	AWP&B 2016-17	
Bankura	34	48	Not available
Bardhaman	117	57	Not test-checked
Jalpaiguri	208	84	0
Malda	65	144	52
Murshidabad	7	0	0
Paschim Medinipur	94	78	Not test-checked
Purulia	190	300	61
Siliguri	18	1	Not test-checked
Uttar Dinajpur	35	28	Not test-checked
Total	**768**	**740**	Not test-checked

Source: AWP&Bs of RMSA

As evident from the **Table 2.2.2**, there were significant increase in the number of unserved habitations in Bankura, Malda and Purulia districts, which throws doubts on the correctness of the data. Moreover, records of the test-checked districts showed that there were mismatch in the data submitted by the districts in their work plan with those included in the consolidated plan. Such mismatch was indicative of lack of diligence and cross-check at the State level in consolidation of the lower level proposals.

2.2.7.3 Establishment/ upgradation of existing schools

Proposals for new schools/ upgradation of existing schools during 2011-16 under RMSA is indicated in **Table 2.2.3**.

Table 2.2.3: Approval of Project Approval Board regarding construction of new schools/ up-gradation of schools

Year*	Proposed		Approved		Reason for not approving the proposal
	Number of schools	Amount (₹ in crore)	Number of schools	Amount (₹ in crore)	
2011-12	1006	583.48	Nil	Nil	Only the list of schools to be upgraded was forwarded to GoI without their locational details and GIS mapping
2014-15	42	24.36	01	0.58	Mainly Non-adherence to distance and enrolment norms
2015-16	29	17.96	04	3.46	
Total	**1077**	**625.80**	**05**	**4.04**	

Source: AWP&B and PAB minutes of respective years
**There was no approval during 2012-13, 2013-14*

As can be seen from **Table 2.2.3**, during 2011-16, proposals for 1077 new schools/ up-gradation of schools were sent to MHRD out of which only five were approved. However, no attempt was made to address the reasons for disapproval and resubmit the unapproved proposals. Out of the approved schools, as of March 2016, only one pertaining to 2014-15 was upgraded. Out

of the remaining four, works in respect of three[43] were in progress, while the proposal for one[44] had to be dropped as the enrolment slipped below 40. Partly, the above situation arose owing to the deficient preparation of AWP&Bs without due diligence as would be evident from the following reasons.

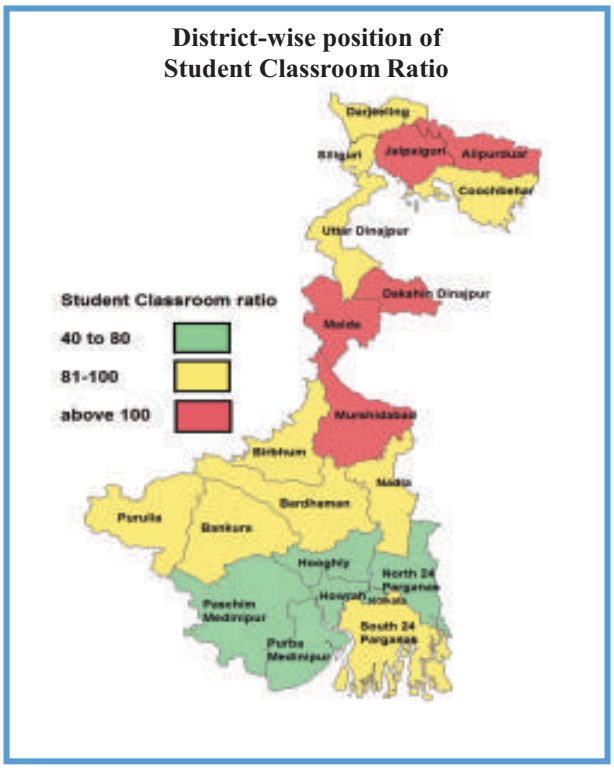
- **Bottoms-up method not followed:** Contrary to RMSA Guidelines which stipulate preparation of Annual Work Plan & Budget (AWP&B) by consolidating the proposals obtained from districts project offices and schools, these were prepared during 2011-16 without involving the district level functionaries and School Management and Development Committees (SMDC). In 2016-17, the Department acknowledged that this affected the program implementation on account of low ownership on part of the districts, but indicated no intention to address this serious gap in a suitable manner.
- **Incorrect UDISE data:** The data for preparing AWP&Bs are sourced from Unified District Information System for Education (UDISE), a database of information about schools in India. The data on schools of the State were supplied by the State Project Director to GoI for onward uploading. However, there were discrepancies in UDISE data furnished by SPD as would be evident from the following
  - During 2014-15, Programme Approval Board, MHRD, GoI (PAB), the authority which was to approve the AWP&B of RMSA, used UDISE data to verify the distance from the Upper Primary Schools to the proposed new schools and it noted that "the distance from UPS (Upper Primary Schools) to Secondary Schools is shown as zero in many cases even if the actual distance is 6 km to 15 kms. Due to this discrepancy in the data, proposals for new schools were not found eligible for upgradation."
  - Similarly, MHRD observed that there was discrepancy in the type of schools by management - 1100 Government aided schools were shown in the category of Government schools and the State was requested to rectify it. The State, however, took no action for such rectification.
- **Mismatch in UDISE data and those indicated in AWP&B:** While evaluating the AWP&B of 2014-15, PAB noted the following mismatch between the UDISE data of 2013-14 and the data mentioned in AWP&B which resulted in non-acceptance of proposals and non-release of funds by the Ministry.
  - Discrepancy was observed in Pupil Teacher Ratio - while UDISE showed it as 58, the State had reported it as 43.
  - There was mismatch in number of Children with Special Need (CWSN) as per UDISE and the figure furnished by the State. In 2014-15, UDISE data indicated CWSN as 23032, while the State Government furnished a figure of 24001. The sharp variation could not be explained by the State Government to the satisfaction of the PAB.

[43] *Sylee Junior High School, Jalpaiguri, Panchveer Junior High School, Jalpaiguri and Baradanga Sivaji Junior High School, Paschim Medinipur*
[44] *Khatam Junior High School, Bankura*

2.2.8 Inadequate infrastructure in secondary schools

The Ministry of Human Resources Development had identified several factors[45] contributing to the unsatisfactory quality of school education in the country, one of the major factors being the existence of schools not compliant with the prescribed standards. The Ministry has also linked the quality of teaching with the availability of required infrastructures like blackboards, furniture, libraries, Science & Mathematics laboratories, computer labs, toilet clusters, etc. A study made by the Indian Institute of Management Calcutta[46] (August 2010) also opined that the quality of education and attendance rate of students is inextricably interwoven with the school infrastructural criteria *e.g.* seating arrangements, toilet and playground facilities.

An analysis of availability of infrastructure in test-checked secondary schools showed various inadequacies, especially in the numbers of class rooms, science laboratories, computer rooms, toilets, adequacy of drainage systems, drinking water facilities, boundary walls, etc. These are discussed in detail in the following paragraphs.



2.2.8.1 Classroom: Student Classroom Ratio (SCR): Audit noted that at the State level, the overall SCR at secondary stage was 81:1 against the stipulated norm of 40:1. Among 21 Educational districts in West Bengal, only one, the capital district of Kolkata, had SCR (43) close to the norm of 40. All other districts had SCRs above 60:1 with 15 districts having SCR at double the norm (80:1 or above) (***Appendix 2.2.3***).

In five test-checked districts, there were 1640[47] secondary schools under School Education Department having 582145[48] students in class IX and X. The total number of classrooms in class IX and X was only 6972[49] resulting in a highly unfavourable student classroom ratio (SCR) of 83:1. Out of 150 test-checked schools of five districts, SCR of 145 (97 *per cent*) schools compared unfavourably with the norm of 40:1 (**Table 2.2.4**).

[45] *The factors identified by the Ministry in its study titled "Some Inputs for Draft National Education Policy 2016" included the existence of schools not compliant with the prescribed norms and standards, serious gaps in teacher motivation and training resulting in deficiencies relating to teacher quality and performance, slow progress in regard to use of information and communic ation technologies in education, sub-optimal personnel management, inadequate attention to monitoring and supervision of performance, etc.*

[46] *IIM, Calcutta conducted a study on 'Restructuring of School Education System in West Bengal' at the behest of the Department.*

[47] *Murshidabad: 428, Jalpaiguri: 171, Malda: 261, Bankura: 435 and Purulia: 345*

[48] *Murshidabad: 187265, Jalpaiguri: 79290, Malda: 110044, Bankura: 112416 and Purulia: 93130*

[49] *Murshidabad: 1673, Jalpaiguri: 816, Malda: 1047, Bankura: 1475 and Purulia: 1961*

Table 2.2.4: SCR in test-checked schools

Range of SCR	Name of districts				
	Bankura	Jalpaiguri	Malda	Murshidabad	Purulia
0-40	01	01	01	01	01
41-60	Nil	Nil	02	05	02
61-80	06	08	03	05	04
81-160	20	17	21	17	22
161 and above	03	04	03	02	01
Total	30	30	30	30	30

Source: Data collected from test-checked schools

Some of the schools with noticeably adverse SCR were Dhuliyan Banichand Agarwala Balika Vidyalaya (223), Mirzapur Hazi Soleman Choudhury High School (192) in Murshidabad; Chengmari (WME) High School (197) in Jalpaiguri; Bhutni Chandipur High School (197), Raniganj Krishna Chandra High School (196) in Malda; Indpur Sarojini Girls' High School (212) and Krishnanagar J.K. High School (200) in Bankura.

2.2.8.2 Science laboratory: RMSA Guidelines (5.5.1) identified that failure in examinations of a large number of students were attributable to their limited understanding of concepts in Mathematics and Science. Guidelines also emphasized availability of one integrated Science Laboratory in every secondary school. Audit scrutiny showed that Science Laboratories were available only in 26 *per cent* of the total number of secondary schools in West Bengal**.** Among the test-checked secondary schools in five districts, 49 *per cent* (73 out of 150 test-checked) did not have any science laboratory.

During Exit Conference (December 2016), Secretary stated that only the higher secondary schools having science subjects needed science laboratories and only 40 *per cent* of schools had science subjects. The reply, however, was not acceptable as RMSA guidelines had envisaged availability of science laboratory at every secondary school. Moreover, non-availability of science laboratories was one of the major impediments in starting science stream at the higher secondary schools.

2.2.8.3 Computer room: ICT[50] @ schools: It was seen from the Report Card (2015-16) that 61 *per cent* of the schools did not have any computer and internet facilities. In this background, Audit examined the implementation of ICT @ School programme which aimed to create an e-enabling environment for secondary education. The programme strives to provide with requisite infrastructure, training of teachers and students, development of e-content, etc. to the schools. Accordingly, each school was to be provided with 10 PCs, peripherals, software, etc. costing ₹ 6.40 lakh and a recurring cost of ₹ 2.70 lakh for broadband, maintenance, training, etc. During 2007-11, 3948 schools were to be covered under the scheme with an approved budget of ₹ 259.43 crore. Audit, however, noticed that as of March 2016, ICT was yet to be implemented in 400 schools though funds (₹ 189.39 crore) for the same were available with

[50] *Information and Communication Technology*

the Department. On this ground, PAB turned down the Department's proposal to implement ICT in 4174 new schools in 2015-16.

This way, the State became ineligible for financial assistance of ₹ 112.70 crore meant for ICT programme and the students of 4174 schools were deprived of its benefit.

2.2.8.4 Library facility: Out of 150 test-checked schools in five districts, 63 (42 *per cent*) schools did not have any designated library room facility.

2.2.8.5 Availability of toilets: The RMSA guidelines did not specify any norms for availability of toilets for students. The handbook on 'Swachh Bharat Swachh Vidyalaya' published by MHRD, G oI, prescribed that every school should have separate toilets for boys and girls, with one unit generally having one toilet (Water Closet) plus three urinals. The ratio to be maintained is preferably one unit for every 40 students. Moreover, facilities should include menstrual hygiene management facilities including soap, adequate and private space for changing, adequate water for cloth washing and disposal facilities for menstrual waste, including an incinerator and dust bins.

Out of 150 test-checked schools in five districts, in 126 schools, Student: toilet ratio was higher against the norm of 40 as shown in **Table 2.2.5**.

Table 2.2.5: Number of secondary schools with various ranges of students: toilet ratios

Range of student: toilet ratio	Number of schools	Range of Student: toilet ratio	Number of schools
Up to 40:1	24	161:1 to 320:1	27
41:1 to 80:1	37	321:1 to 640:1	4
81:1 to 160:1	56	Above 641:1	2

Source: Test-checked schools

During the Exit Conference (December 2016), the Department stated that it had a norm of one toilet for every 80 students. Even compared to this norm, 59 *per cent* of test-checked schools had insufficient number of toilets.

Moreover, in 69 schools (46 *per cent*) there was inadequate drainage system in toilets. During test-check of records at DI or DPO offices no funds were found to be expended for creation of menstrual hygiene management facilities, as a result of which such facilities could not be provided in the test-checked schools.

Further, 79 *per cent* of schools did not provide separate toilet facilities for CWSN despite such prescription in RMSA guidelines.

2.2.8.6 Failure to ensure safe drinking water: Most of the water borne diseases spread due to ignorance of the quality of drinking water. Accordingly, care should be taken by school authorities to ensure that water is safe. This calls for periodic testing of quality of water.

Though all the schools have drinking water facility, it was seen that water testing was not being undertaken by 87 *per cent* of the schools (131 out of 150) to ascertain the quality of drinking water. The necessity for water testing was vital considering that 83 out of 150 test-checked schools (55 *per cent)* had water sources like wells, hand pumps, etc. water from which is consumed directly without any treatment. In the absence of regular water tests, the safety of the drinking water could not be ensured. It was also noted that the UDISE data

captured only the information on 'source of drinking water' but did not emphasize on capturing data on regular water testing which would have served as a monitoring tool for ensuring the safety of drinking water.

The deficiencies in infrastructure as brought out in the above paragraphs may be viewed with slow progress of works for additional class rooms, library rooms, computer rooms, etc. Audit found that during 2009-15, though 1050 additional class rooms, 375 science laboratories, 257 computer rooms, 143 library rooms, 51 toilets blocks, and 38 drinking water installations were approved, physical progress was only 10 *per cent*. Owing to this, PAB rejected (March 2015) the proposals for infrastructure[51] costing ₹ 5033.70 crore in 7831 schools in 2015-16. Further, in May 2016, PAB observed that the State had failed to utilize ₹ 229.60 crore on account of civil interventions approved under integrated RMSA scheme during 2009-15. Thus, due to slow progress of work, the State became ineligible for significant quantum of funds which could have improved the secondary school infrastructure and the quality of education.

During exit conference (December 2016), Secretary stated that presently more emphasis was being given to quality rather than the infrastructure. This reflects a casual attitude towards the problem; besides, quality is also inherently linked to the infrastructure as it provides enabling condition for quality education. The Ministry of Human Resources Development (MHRD)[52] had also identified schools not compliant with the prescribed norms and standards as one of the factors affecting quality of education.

2.2.8.7 Non-adherence to safety norms for school buildings

Safety norms prescribed in National Buildings Code of India 2005 along with the Orders of the Hon'ble Supreme Court of India had been made mandatory for the construction of the Schools by the MHRD. Hon'ble Supreme Court of India had directed (April 2009) all State Governments to ensure that school buildings were safe from every angle before granting affiliation or recognition. Safety norms *inter alia* included installation of fire extinguishers, making buildings earthquake resistant, training staff and other officials for using the fire extinguishers, etc.

Scrutiny of records in four test-checked districts[53] showed that 65 out of 120 schools (54 *per cent*) did not have fire extinguishers; even in the remaining schools, no training on operation of fire extinguisher was imparted to staff. Further, only 21 out of 171 school buildings in Jalpaiguri District, which is situated in high risk seismic zone, had earth quake resistant buildings.

Thus, safety norms for school buildings were not complied with.

2.2.9 Availability of teachers

As per the copies of the Annual Work Plan & Budget (AWP&B) 2016-17, the position of availability of teachers in the Government and Government

[51] *Additional class rooms (31365), integrated science laboratories (5813), lab equipment (5813), Computer room (2914), libraries (3406), Art and craft room (6921) and toilet block (44), Water facility (1), Ramps/ railings (1982) and toilet for CWSN (4263).*

[52] *In its study titled "Some Inputs for Draft National Education Policy 2016"*

[53] *Jalpaiguri, Malda, Bankura and Purulia*

aided/ sponsored secondary schools in the State and the test-checked-districts against the sanctioned strength is indicated in **Table 2.2.6**.

Table 2.2.6: Position of teachers *vis-a-vis* sanctioned strength of secondary school teachers

(A) Government aided schools

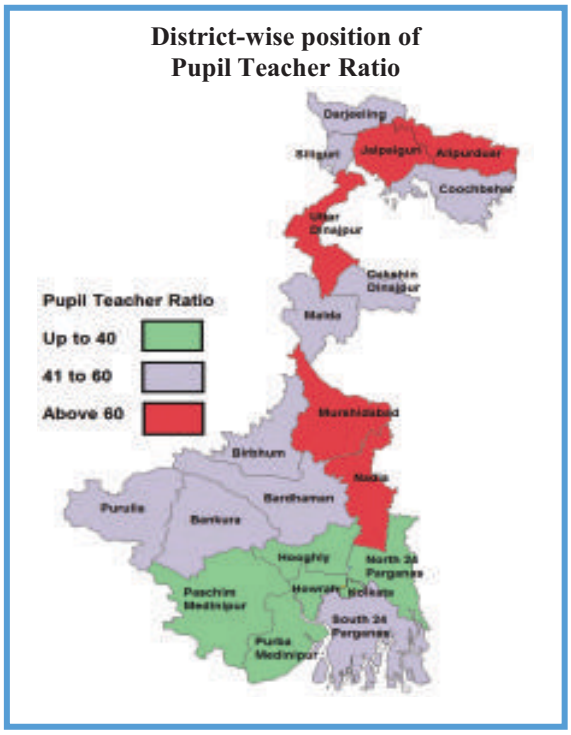
State/ test-checked districts	Government aided schools					
	Headmasters/ Principals			Teachers		
	SS	MIP	Vacancy*	SS	MIP	Vacancy*
West Bengal	**776**	**427**	**349(45)**	**4632**	**4094**	**538 (12)**
Bankura	22	15	7(32)	122	101	21(17)
Jalpaiguri	8	5	3(38)	78	47	31(40)
Malda	30	15	15(50)	240	206	34(14)
Murshidabad	52	28	24(46)	378	358	20(5)
Purulia	28	6	22(79)	116	85	31(27)

(B) Government and Government-sponsored schools

State/ test-checked districts	Government and Government sponsored schools					
	Headmasters/ Principals			Teachers		
	SS	MIP	Vacancy *	SS	MIP	Vacancy*
West Bengal	**7856**	**5843**	**2013(26)**	**57877**	**54537**	**3340(6)**
Bankura	413	334	79(19)	3012	2615	397(13)
Jalpaiguri	163	118	45(28)	1500	1254	246(16)
Malda	231	167	64(28)	2110	1960	150(7)
Murshidabad	376	254	122(32)	3250	3171	79(2)
Purulia	303	196	107(35)	2109	1959	150(7)

Source: AWP&B 2016-17 of RMSA;
**Figures in parenthesis indicate percentage of shortage*

As can be seen from **Table 2.2.6**, 2362 schools (27 *per cent*) were being run without Headmasters/ Principals. As regards the availability of teachers, the position in Government and Government sponsored schools was better than the Government aided schools. The shortage of Headmasters in all the test-checked districts as well as the shortage of teachers in aided schools of Jalpaiguri district remains a matter of serious concern. Considering that the Headmaster is responsible for arrangement of classes, time-table, examination, class promotions, selection of candidates for class X final examination and all matters relating to school discipline and teaching, their shortage needs to be addressed urgently.



Pupil Teacher Ratio (PTR): Owing to the shortage of teachers, the overall PTR of the state was unfavourable. Against the norm of 30:1, the State had a PTR of 45:1. Among the 21 educational districts only one (Kolkata) had favourable PTR (25:1) while in seven districts PTR stood at 50:1 or more (***Appendix 2.2.3***). Similar trend was noticed in test-checked districts with 105 out of 150 test-checked schools having an unfavourable

PTR which ranged from 31 to 260 as shown in **Table 2.2.7**.

Table 2.2.7: Number of test-checked schools with various ranges of PTR

Range of student: teacher ratio	Number of schools
Up to 30:1	45
31:1 to 60:1	75
61:1 to 120:1	25
121:1 & above	4 (260:1 in one school)

Source: Test-checked schools

Such adverse PTR ratio evidently affects the quality of education.

2.2.9.1 Capacity building

Since teacher is the most important element in school education, it is necessary to continuously upgrade the quality of teachers through in-service education programmes with special emphasis on use of Information and Communication as well as other measures, apart from the essential professional qualifications in teacher training *viz*. B.Ed., Basic Training, M. Ed., etc.

In the Secondary Education State Report Card 2015-16 published by NUEPA, professional qualification-wise break up of teachers was available, which showed that out of total 189694 teachers engaged in secondary schools in the State, only 73238 (39 *per cent*) had any type of professional qualification on teaching (B.Ed., M. Ed., Basic Teachers' Training, Diploma/ Degree in Special Education, etc.).

Moreover, as per RMSA Guidelines, every teacher has to undergo a five days' orientation course annually. Against this requirement, only 20 *per cent* of the teachers had attended such courses during 2012-13, while only three to seven *per cent* of teachers took part in such courses annually thereafter.

In this context Audit noted that direction regarding formation of District Level Committee for Teacher's Training in each educational district under RMSA was issued by the State Project Director, RMSA only in the month of August 2016. The State, however, had not chalked out any training calendar.

The lack of B.Ed qualification coupled with inadequate coverage of teachers in the annual orientation courses can have an adverse impact on the quality of training. Evidently, this aspect calls for increased attention of the Department.

2.2.10 Monitoring and Evaluation

2.2.10.1 Inspection of Schools

The District Inspectorates of Secondary Education of the School Education Department is responsible for the inspection of secondary schools for its qualitative and infrastructural improvement. Each district has a District Inspector of Schools (Secondary). The Department has prescribed inspections of schools at district, sub-division and circle level with specific targets[54] for the

[54]

Inspecting Authority	*No. of Schools to be inspected per month per personnel*		
	District	*Sub-Division*	*Circle*
DI	*5*	*5*	*-*
AI	*6*	*6*	*-*
SI	*10*	*10*	*14*

District Inspector of Schools (DI), Assistant Inspector of Schools (AI) and Sub-Inspector of Schools (SI).

Audit scrutiny in four test-checked districts (Bankura, Jalpaiguri, Malda and Purulia) showed that the inspection of schools was not given due importance. The inspections conducted by DI, AI and SI *vis-à-vis* stipulated norms indicated that there was shortfall in inspection ranging from 48 to 87 *per cent* during 2011-16 (**Table 2.2.8**).

Table 2.2.8: Inspections conducted by DI, AI and SI against norms

District	2011-16		
	Inspection to be conducted as per norms	Actually conducted	Shortfall (*per cent*)
Jalpaiguri	2268	304	1964 (87)
Malda	3324	784	2540 (76)
Bankura (only 2014-15)	1368	208	1160(85)
Purulia	4440	2288	2152 (48)

Source: Data furnished by DI of schools and test-checked records of schools.

The shortfall in number of inspections was significant and accordingly the infrastructural and quality requirements remained unreported. The DI (SE), Jalpaiguri attributed the shortfall in inspection to engagement of inspectors in various other administrative works, while the other DIs did not give any reply. It was also observed that there was significant vacancies (ranging from 20 to 100 *per cent*) in the positions of Assistant Inspectors and Sub-Inspectors in the test-checked districts which also contributed to inadequate inspections.

2.2.10.2 The School Management and Development Committee and Parents Teachers Association

Community mobilisation and close involvement of community members in implementation of secondary education are extremely critical as it facilitates the bottom up approach not only in effective planning and implementation of interventions in the schools, but also in the effective monitoring, evaluation and ownership of the Government programmes by the community. With this end multi-member School Management and Development Committee (SMDC) is to be established in each school. Under RMSA, the SMDC is responsible for all activities including planning, collection of data, implementation, monitoring, evaluation and taking corrective/ remedial actions on all the components/ interventions of the scheme - infrastructural as well as academic and others at the school level. Further, Parents Teachers Association (PTA) is to be established in each school as parental involvement in children education leads to improved learning outcomes. Guidelines mandate holding meeting of SMDC and PTA at least once every fortnight and once a month respectively.

However, the data of UDISE 2015-16 as provided by DPOs, Jalpaiguri, Murshidabad, Bankura (DPOs of Malda and Purulia did not furnish data, though called for) reflected that out of 1034 schools only 300 had constituted SMDC and 242 schools had constituted PTA up to 2015-16. As regards the frequency of holding SMDC and PTA meetings as per the stipulated norms, none of these schools met the norms barring one school in Bankura where PTA met as per norms.

2.2.10.3 Project Monitoring System

Project Monitoring System (PMS) was developed to monitor the physical and financial progress under Integrated RMSA and to capture the activity-wise monthly progress at State level. The main objective of implementation of PMS was to obviate the need for submitting hard copies of monthly progress reports among national, state level and district levels to facilitate timely movement of funds to lower levels of programme implementation. PMS also envisaged better financial management, more accurate assessment of actual requirement for implementation. Accordingly, all the education districts were to be issued user-id and password to view, edit and update physical/ financial progress under each component of RMSA for project monitoring and evaluation purpose.

Audit found PMS was not maintained in any of the test-checked districts[55]. The data was being submitted to the State in hard copies. Thus, the project monitoring through PMS at the district level could not be done on a real time basis which frustrated the objectives of PMS system.

On audit enquiry, two DPOs attributed (July 2016 and September 2016) this to non-provisioning of user-id and password (Malda) and non-provision of detailed guidelines (Bankura).

The smooth running of PMS was significant given that the Ministry of Human Resource Development had requested (August 2016) for uploading data of beneficiaries into PMS for disbursement of stipend through Direct Benefit Transfer mode.

2.2.11 Conclusions

Though the growing pressure for admission to secondary level education was foreseeable, the departmental efforts to cope up with the growing need was found to be deficient in many respects. There was no analysis of the demand-availability gap in the secondary education and absence of any roadmap for attaining the ambitious target of *cent per cent* Net Enrolment Ratio by 2014-15. Even the data of unserved habitations had serious discrepancies and consistency issues. Owing to lack of preparedness and slipshod approach in submitting the work proposals, the Department was unable to avail all the benefits of the GoI scheme of Rashtriya Madhyamaik Siksha Abhiyan. The sense of urgency was also missing in the departmental approach in upgrading the existing upper primary schools into the secondary level ones. During 2011-16, increase in the number of secondary schools was 10 *per cent* with the government sector contributing a mere one *per cent*.

The test-checked schools were found to suffer from significant infrastructural deficiencies in terms of availability of adequate numbers of classrooms, science laboratories, computer rooms, toilets, etc. affecting the quality of curricular activities at the secondary level. Efforts in addressing such deficiencies in the infrastructure remained unproductive due to slow progress of civil works in schools. Implementation of ICT@ Schools also lagged behind schedule. This also made the State ineligible for significant quantum of RMSA funds.

[55] *Murshidabad, Jalpaiguri, Malda, Bankura and Purulia.*

Availability of teachers *vis-à-vis* the number of students was also a matter of concern as 70 *per cent* of the test-checked schools had significantly high pupil-teacher ratios; in 20 *per cent* of the test-checked schools, the situation was found to be alarming. Quality of teaching in schools was also an area of concern as significant number of teachers did not have the necessary professional qualification or overage in training. Monitoring of the quality of education remained weak as the number of inspections conducted was much lower than the norms.

Drop-out rate has shown an increasing trend during 2011-16 pointing to the need for increased efforts keep the children in school. Viewed with the Net Enrolment ratio of 52.35 *per cent*, such worsening drop-out rate is a matter of serious concern.

2.2.12 Recommendations

The following recommendations are made:

1. ***Government should take adequate steps to address the issues of Student Class room Ratio and Pupil Teacher Ratio in schools.***
2. ***The Department should ensure regular inspection of the schools by strictly adhering to the normative requirement of number of inspections at various levels of inspecting staff.***
3. ***Participation of the teachers in the orientation courses in higher number needs to be ensured.***
4. ***Meaningful participation of SMDCs and PTAs in planning and monitoring activities should also be ensured.***

HOUSING DEPARTMENT

2.3 Schemes implemented by Housing Department

Executive Summary

The access to a safe and healthy shelter is essential for a person's wellbeing. With an aim to providing 'Affordable Housing to All' with special emphasis on the disadvantaged sections of the population, the Housing Department had launched (2009-10) a flagship programme namely '*Gitanjali*'. Apart from this, the Housing Department constructed Rental Housing Estates (RHEs) and Public Rental Housing Estates (PRHEs) which were rented out to the State Government employees and common people respectively. All these activities are performed by the Housing Department with the help of Housing Directorate and Estate Directorate. A performance audit of the schemes implemented by the Housing Department conducted between April and August 2016 spanned the period 2011-16 and showed various deficiencies in implementation.

- Though the Department prepared a Plan outlining the housing shortage in the State, the magnitude of the shortage had remained under-estimated as it relied on outdated data. Even the interventions envisaged in the Plan were not enough to address the housing shortage worked out by it. The Housing Department did not co-ordinate with the multiple departments working in the housing sector to bring about synergy in their activities.
- The implementation of the flagship scheme for housing, '*Gitanjali*', suffered from various implementation bottlenecks such as arbitrary selection of beneficiaries, inclusion of ineligible beneficiaries, inaccurate reporting, retention of unspent funds, etc. This was attributable to the fact that the Housing Department had to depend on multiple departments for implementation in the absence of a district level set-up of its own.
- The houses built under the scheme in the test-checked districts did not adhere to the guidelines in terms of the minimum area requirement; they also often lacked toilets.
- The Government did not have adequate control over the assets held in Public Rental Housing Estates (PRHE) and Rental Housing Estates (RHE). In both PRHE and RHE, people continued to unauthorisedly occupy the Government property, with many tenants not paying the rent regularly. In Public RHEs, several tenants had made unauthorised alteration to Government properties and even sold it.

2.3.1 Introduction

The Government of India's commitment to 'Shelter for All' gained momentum when India became a signatory to the Istanbul Declaration on Human Settlement in 1996, recognising the need for access to safe and healthy shelter as essential for a person's physical, psychological, social and economic wellbeing. Government of West Bengal envisaged providing ways and means of 'Affordable Housing to All' with special emphasis on the Economically Weaker Sections and Lower Income Group Sections.

With a view to mitigating the housing shortage in the State, the Housing Department had launched (2009-10) a flagship programme namely '*Gitanjali*' for the Economically Weaker Section of the Society (EWS).

Apart from this, the Housing Department constructed Rental Housing Estates (RHEs) and Public RHEs (PRHEs) which were rented out to the State Government employees and common people respectively. The Housing Department also constructed hostels for working women, motels, etc. During 2011-16, the Department incurred an expenditure of ₹ 2385.87 crore on implementation of housing schemes against a capital budget estimate of ₹ 3370.60 crore (***Appendix 2.3.1***).

2.3.2 Organisational Set-up

The Housing Department is headed by a Principal Secretary and comprises the following directorates:

- ***Housing Directorate:*** Headed by a Chief Engineer, this directorate is responsible for execution and maintenance of rental housing estates (both RHEs and PRHEs).
- ***Estate Directorate:*** Under the charge of the Estate Manager (who is an *ex-officio* Deputy Secretary), this directorate has the responsibility of allotment of flats and collection of rents from Public Rental Housing Estates.

2.3.3 Audit Objectives

The audit objectives were to examine whether

- the planning was adequate to achieve the stated objective of providing affordable housing to all;
- the implementation of housing scheme '*Gitanjali*', targeted to the Economically Weaker Sections (EWS) of population, was efficient and effective and
- the management of Rental Housing Estates was efficient.

2.3.4 Audit Criteria

The audit criteria for framing audit comments were sourced from:

- Guidelines of Gitanjali and Indira Awas Yojana;
- National Building Code 2005;
- PWD Code, Schedule of Rates;
- West Bengal Government Premises (Tenancy Regulation) Act, 1976;
- West Bengal Government Premises (Regulation of Occupancy) Act, 1984 and
- West Bengal Financial Rules.

2.3.5 Audit coverage and methodology

The performance audit, the scope of which spanned the period 2011-16, was conducted between April and August 2016. Apart from test-check of records of the Housing Department, Housing Directorate, Estate Directorate and Housing Construction Divisions, audit scrutiny encompassed five[56] selected District Magistrates and the district level functionaries of the five Departments[57] involved in implementation of *Gitanjali*. The districts were selected statistically

[56] *Bankura, Birbhum, Darjeeling, Jalpaiguri and Purulia*

[57] *Backward Classes Welfare, Fisheries, Forest, Minority Affairs and Madrasah Education and Paschimanchal Unnayan Affairs*

through stratified sampling[58]. In the selected districts, one-fifth of the blocks (18 blocks) were also test-checked. Further, a total of 159 *Gitanjali* beneficiaries of five test-checked districts were surveyed jointly with block level functionaries.

An Entry Conference was held (April 2016) with the Principal Secretary of the Department wherein the audit objectives, methodology, criteria, etc. were explained. The observations arising out of the performance audit were discussed with the Department in an Exit Conference held in November 2016. The Department also furnished its formal replies (November 2016) on various issues flagged by Audit. The views of the Department have been suitably included in the report.

2.3.5.1 Acknowledgement: We acknowledge the co-operation and assistance rendered by the Principal Secretary of the Housing Department, Housing Directorate, Estate Directorate as well as the District Magistrates and the district level functionaries of five other Departments[59] of the test-checked districts during the course of audit.

Audit findings

2.3.6 Planning

2.3.6.1 Planning deficiencies

As per Census 2011, West Bengal with a population of 91.3 million is the fourth most populous and the second most densely populated state in India. In terms of housing shortage, West Bengal features among the top five[60] states in the country. As per the Socio Economic and Caste Census 2011 (SECC), 59 *per cent* of 1.57 crore rural households in the State reside in *kutcha*[61] dwellings. However, instead of drawing the plan based on this 2011-report, the Department had relied on the data provided by the National Sample Survey Organisation (NSSO) report[62] brought out in 1994 which had estimated 19.77 *per cent* houses in the state being in 'uninhabitable conditions', which was based on a criteria different from the one used in the SECC report of 2011. This was done despite availability of much more current data in NSS 65th Round (July 2008 – June 2009) results (semi-*pucca* houses: 38.5 *per cent* and *kutcha* houses: 25.3 *per cent*).

The Department, in its reply (November 2016), stated that the SECC data had not been available at the time of framing of the 12th Five Year Plan. However, there was no subsequent effort on the part of the Department to update the plan with more current data. During the Exit Conference, the Department accepted that the SECC data would have helped in rational selection of beneficiaries.

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[58] *4.4 per cent of the households having no pucca houses (as available from SECC data) have been covered in the scheme. The districts were divided into two strata- Stratum I consisting of those districts where more than 4.4 per cent of households having no pucca houses have been covered and Stratum II consisting of the remaining districts.*

[59] *Backward Classes Welfare, Fisheries, Forest, Minority Affairs and Madrasah Education and Paschimanchal Unnayan Affairs*

[60] *As per West Bengal Urban Affordable Housing & Habitat Policy 2015*

[61] *Houses (floor, roof and exterior walls) made from mud, thatch, or other low-quality materials are called kutcha houses*

[62] *Report on comprehensive survey on housing (49th round, January-June 1993) brought out in 1994*

Thus, the State was planning to provide "Housing for all" on the basis of outdated data, thereby grossly underestimating the problem of housing shortage within the State. Even going by this underestimated percentage of housing shortage, the Department ought to have targeted construction of 31.03 lakh dwellings in the State, against which the Department had set a target of providing only two lakh dwelling units during the 12th plan period (2012-17). During 2012-16, Government had managed to disburse assistance for construction of 1.76 lakh houses, which was way below the requirement, given the enormity of shortage.

Considering the serious challenge posed by the housing shortage and the need to provide Affordable Housing for All, it was imperative for the Department to adopt a consultative/ collaborative approach with other Departments working in the housing sector, like Panchayats & Rural Development Department (nodal Department for Indira Awas Yojana) for rural housing, and Municipal Affairs Department, Urban Development Department, State Urban Development Agency, Kolkata Metropolitan Development Authority, West Bengal Housing Infrastructure Development Corporation, etc. for urban housing, to set realistic targets among themselves so that the whole State could be covered effectively.

Audit, however, found that each Department was working as per their own targets in an insular manner, without any co-ordination among themselves to address the overall housing shortage in the State, indicating lack of an integrated roadmap to achieve the stated objective of "Housing for all".

In its reply, the Department accepted (December 2016) that synchronization with other Departments working in Housing sector was necessary for realistic planning. It was also intimated that a Perspective Plan for the flagship programme "Housing for all" was going to be prepared and henceforth SECC data would be considered for setting the targets.

2.3.7 Implementation of Gitanjali Housing Scheme

The *Gitanjali* scheme (2012-13) which had subsumed the earlier housing schemes of the state Government, envisaged construction of *pucca* dwelling units having carpet area of around 25 sq. m (270 sq. ft.) each. The cost of such dwelling units for new construction in rural areas varied from ₹ 83,000 to ₹ 3,00,000[63], depending on the location. Under the scheme, the EWS people having no *pucca* houses with monthly family income of ₹ 6,000 or less and land of his/ her own were eligible for receiving the benefit.

The *Gitanjali* scheme had two phases. In the first phase till 2013-14, the Housing Department had provided funds to the six selected implementing Departments who would construct houses for the selected beneficiaries according to a plan and estimate prepared by the Housing Department. In the second phase starting from 2014-15, Housing Department provided funds to the District Magistrates, who would credit money directly to the beneficiaries' accounts in two instalments. The beneficiaries were to construct the houses themselves.

During 2011-16, against the target of construction of 218,709 houses, 181,826 (83 *per cent*) were constructed as per departmental figures. However, Audit

[63] *Revised in 2012-13 from ₹ 83,000 to ₹ 1,97,000*

detected discrepancies in the departmental achievement figures, as discussed in para nos. 2.3.7.3 (ii) and (iii) of this report.

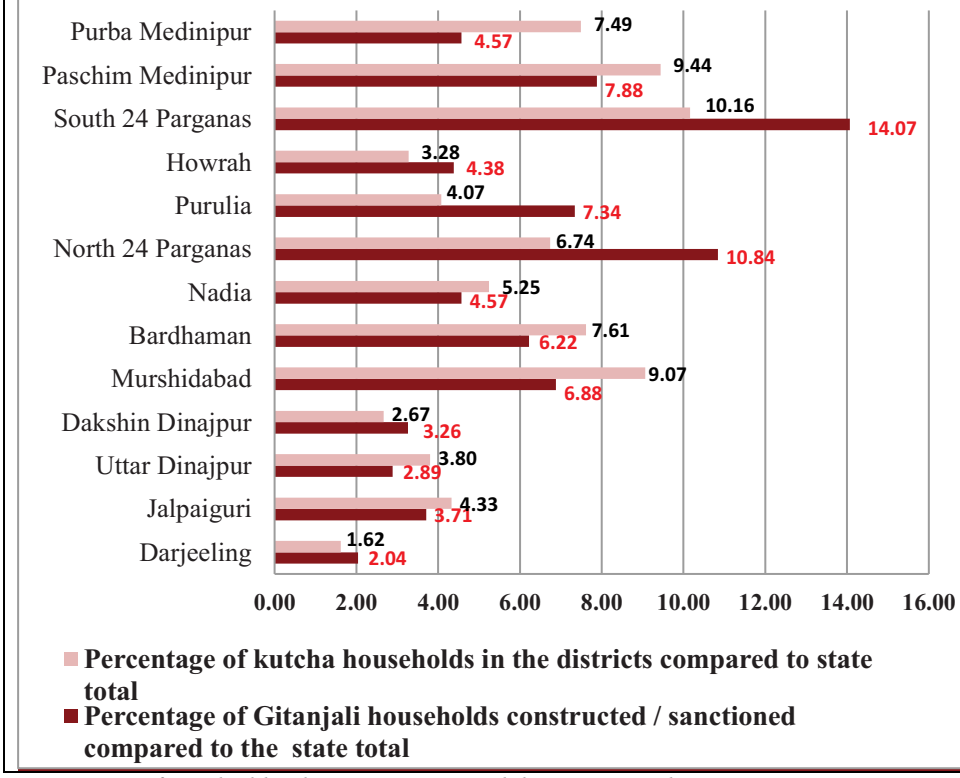
2.3.7.1 Selection and targeting errors

Audit found the following deficiencies in targeting and selection of districts and beneficiaries.

(i) Improper targeting of districts and blocks and arbitrary selection of beneficiaries: In the first phase of *Gitanjali,* the Housing Department assigned quotas to the implementing Departments for the State as a whole without any recorded basis for *inter se* distribution among different implementing Departments. The individual Departments in turn subdivided the assigned quota among its district offices. Nowhere in this exercise was the rationale for the distribution recorded, and there was no relationship between targets of construction and existing shortages.

A comparison of the number of beneficiaries targeted under '*Gitanjali*' *vis-à-vis kutcha* households available in the Socio-Economic Caste Census 2011 indicated that the more disadvantaged districts were not appropriately targeted. On comparing this, Audit found that in thirteen districts there were significant variations (**Chart 2.3.1**) between the number of the eligible households and the number of households targeted.

Chart 2.3.1: Eligible beneficiaries in district versus the targeted



Source: Data furnished by the Department and data contained in SECC 2011

Within the test-checked districts also, Audit found that some blocks were given preference while others were ignored. WBSCSTDFC [64], one of the implementing agencies in Darjeeling district, selected the beneficiaries from

[64] *West Bengal Scheduled Caste Scheduled Tribe Development and Finance Corporation*

only three out of the eight hill blocks under Gorkhaland Territorial Administration (GTA), Darjeeling, ignoring the beneficiaries (3245 SC & ST households) from the remaining five. Even in these three blocks, the beneficiaries (209) were selected without any reference to Below Poverty Line list or the Socio-Economic or Caste Census parameters. Similarly, in Purulia, WBSCSTDFC selected beneficiaries only from six out of 20 blocks, depriving 94,620 SC & ST households with *kutcha* houses in the remaining 14 blocks of Purulia district. Thus, in the absence of any laid down criteria, the selection of beneficiaries appeared to be arbitrary. As a result, benefits of the scheme did not percolate to the deserving population in many part of the state in an equitable manner.

The Department, in its reply, stated that district-wise targets were fixed annually after considering the budget allocation. It was further intimated that the implementing Departments re-assigned their targets among the lower level functionaries/ agencies. However, the reply did not offer any specific comment on the apparent lack of equitability in selection of beneficiaries.

Audit noted that *'Gitanjali'* scheme guidelines did not specify the mode of selection of beneficiaries. No instruction on criteria for selection of beneficiaries was issued by the Department to the Block Development Officers (BDOs) and Gram Panchayats (GPs). None of the 18 test-checked blocks had prepared any beneficiary list. During test-check, it was seen that there were no records available on the process of selection of beneficiaries on the basis of identified criteria; only the final list of beneficiaries were available. The entire process lacked transparency.

Since the second phase of the *Gitanjali* scheme guidelines (May 2014) mentioned recasting of the scheme on Indira Awas Yojana (IAY) pattern, Audit compared the selection process with that of IAY. IAY guidelines mandated preparation of a five year priority list and an annual list through a participatory process using the Socio-Economic Caste Census 2011 (SECC) as the baseline data. The five year priority list and annual list of beneficiaries should be presented in the Gram Sabha for its approval. Adopting such methods could have ensured transparency in identification of beneficiaries.

Though the Department, in its reply, referred to its order dated May 2014 and emphasised its reliance on the Panchayati Raj Institutions in the selection of beneficiaries, it did not offer any specific comment on the non-adherence to the modalities contained in the guidelines of IAY.

(ii) Irregular selection of beneficiaries: Beneficiary survey conducted by Audit indicated that there were instances of irregular selection of beneficiaries. Audit found that 29 beneficiaries (18 *per cent*) out of 159 surveyed already owned a *pucca* house at the time of selection. Interestingly, neither did the application proforma circulated by the Department for *Gitanjali* contain any column to indicate whether the beneficiary was living in a *kutcha* house, nor was there any mechanism to ascertain the nature of existing houses of the applicants. This led to selection of ineligible beneficiaries affecting the implementation of the scheme.

The Department in reply stated (November 2016) that it had not received any complaint in this regard, but assured that it would take such issues seriously if

reported. It also intimated that information on the condition of the applicant's existing dwelling units would be captured in the application proforma.

2.3.7.2 Construction of houses in the first phase of Gitanjali

(i) Involvement of multiple agencies affecting the efficiency of implementation: As already mentioned, the Housing Department had involved six Departments/ agencies for construction of houses in the first phase. The implementing Departments, with the exception of the Forest Department, did not have any engineering set up in the districts to construct houses. Out of these six Departments, the district offices of three[65] Departments again sub-allotted the amounts to the BDOs for construction of houses, thereby delaying the funds flow. Out of 29 allotments (2012-16) analysed in audit, in case of eight, it took between eight months to more than two years to get sub-allotted to the BDOs.

(ii) Non-revision of cost of the house resulting in construction of houses with less area: The estimate of the house was based on 2008 Schedule of Rates (SOR) of PWD. Though the SOR was revised twice (2010 and 2012), the estimate per house was revised only once by the Housing Department (in 2012-13). This led to a situation where the implementing agencies had to reduce the size of the houses, originally approved by the Housing Department in 2009 (based on SOR 2008) to fit it within the allotment. In two test-checked districts (Birbhum and Purulia), 7168 beneficiaries (59 *per cent*) out of 12,227 were provided with houses, the carpet area of which measured in the range of 16.65 to 20.25 sq. m against 22.70 sq. m. as required by the prototype circulated by the Housing Department.

The Department, in reply, attributed such deviations to land availability issues in rural areas. The reply was general and did not address the audit contention that it was primarily due to non-revision of the allotment amounts that the sizes had to be reduced.

(iii) Retention of unspent funds: The decision to route the funds through multiple Departments also led to substantial amount of funds remaining unspent with the implementing Departments. In five test-checked districts, ₹ 32.70 crore were lying unspent in DM's Personal Deposit account, Local Fund account of Panchayat Samity, bank account of WBSCSTDFC, deposit account of Fish Farmers' Development Agency and bank account of State Forest Development Agency for two to four years. This was mainly attributable to the fact that the implementing Departments could not take up the targeted number of houses for reasons such as objection by MLA (94 houses), non-participation of agencies in tenders (120 houses), completion of works for amounts less than the estimated amount (577 houses), selection of beneficiaries who were subsequently found ineligible as they had already availed of IAY benefits (48 houses), non-issue of work order without any recorded reason (102 houses), etc. The Housing Department was not aware of this fact as the only monitoring mechanism it had was the utilisation certificates submitted by the implementing Departments. There was no mechanism for verification of constructed houses.

The Department stated (November 2016) in reply that all the implementing agencies had been instructed to refund the unutilised amounts and the Backward

[65] *Backward Classes Welfare, Minority Affairs &* Madrasah *Education and Paschimanchal Unnayan Affairs*

Classes Welfare Department had already deposited such amounts in RBI. No information was, however, forthcoming from two other Departments in respect of the refundable amount of ₹ 12.13 crore. The amount that was deposited (₹14.59 crore in October 2016) was also done after Audit had pointed it out (May 2016).

(iv) Preparation of estimates at Kolkata rates resulting in excess expenditure: Audit observed that in three test-checked districts (Bankura, Birbhum and Purulia), five implementing agencies had prepared the estimates of dwelling units following 2010 Kolkata rates, instead of using rates applicable to the respective districts which were cheaper as detailed in **Table 2.3.1**.

Table 2.3.1: Excess payment by allowing higher rates

Name of implementing agency	Estimate[66] of single unit (in ₹)			No. of houses involved	Excess payment made (₹)
	As per Kolkata 2010 rates	As per 2010 rates of respective districts	Difference		
Assistant Director of Fisheries, Birbhum	161993	146346	15647	3181	49773107
DM, Purulia	163993	147229	16764	4005	67139820
Divisional Forest Officer, Purulia	163993	147229	16764	31	519684
DM, Bankura	163993	154227	9766	1983	19365978
Assistant Director of Fisheries, Bankura	161993	151707	10286	171	1758906
Total				**9371**	**138557495**

Source: Records of respective offices

This way, excess payment of ₹ 13.86 crore was made to contractors in these districts. This amount could have been used to construct houses for 830 more beneficiaries at approved rates.

The Department, in its reply, did not initially accept the fact that there was a separate schedule of rates for Kolkata. However, during the Exit Conference, the Department assured that requisite directives would be issued to ensure that the applicable SOR for any particular area was henceforth used for ongoing/ future projects. The reply was silent about the excess payment made to the contractors.

Audit further noted the following instances of departures from guidelines/ norms in construction of houses in the first phase of *Gitanjali*.

- ***Inadequate covered area in approved prototype of house:*** Though the guidelines of the scheme (2009) had provided for construction of *pucca* dwelling units with a carpet area of around 25 sq. m. (270 sq. ft.), the modular building plan prepared (September 2009) by the Housing Department had a covered area of only 22.70 sq. m. (carpet area: 17.72 sq. m.) which included two rooms, two verandas and a separate toilet. Audit noted that the covered area of the prototype should be considered as only 18.38 sq. m., as the two verandas measuring 4.32 sq. m. were not to be counted as covered area of the dwelling unit as per the Indian Standard Method of Measurement of Plinth, Carpet and Rentable area of buildings (Bureau of Indian Standards). Hence,

[66] *Excluding contingency charges*

the building plan approved by the Housing Department was much smaller than the area approved in the guidelines. Thus, four out of the five implementing agencies (except Forest Department) deviated from the prototype (in terms of carpet area) without any approval from the Housing Department which resulted in further reduction of covered area.

The Department, in a generalised reply, attributed this to non-availability of space at the beneficiaries' end. The reply was not acceptable as the reduction in covered area was not a result of non-availability of land at the time of construction; rather, the covered area had been reduced by the Department itself in its modular building plan mainly due to non-revision of costing compromising the standard of living of the beneficiaries. This may be further viewed with the following fact.

- ***Non-provision of toilets:*** As has been mentioned above, the prototype included a toilet. However, among the 159 houses inspected by Audit jointly with the departmental officials, 103 (65 *per cent*) did not have a toilet. Thus the houses constructed by the Department did not provide for a facility which was essential for a dignified life.

Thus, the objective of the schemes was diluted by providing beneficiaries with houses of suboptimal sizes and without the essential facilities in many cases.

2.3.7.3 Second phase of Gitanjali

The second phase of the *Gitanjali* scheme was launched in April 2014 recasting it on the IAY pattern. This provided for cash assistance for building houses instead of providing ready-built houses. Assistance amounting to ₹ 70,000 in plain areas and ₹ 75,000 in hill areas were to be provided to the beneficiaries in two instalments. The scheme was to be implemented through the District Magistrates (DM). The Housing Department was to release to DMs 50 *per cent* of the amount as the first instalment and the remaining after submission of Utilisation Certificates. Audit noted the following violations of the guidelines in the implementation of the scheme.

(i) Sub-allotment of funds to SDO/ BDO in violation of guidelines: Guidelines clearly stipulated that the assistance should be credited to the beneficiaries' bank accounts. It was, however, observed in Bankura, Darjeeling and Jalpaiguri districts that out of ₹ 80.20 crore (meant for 10,936 beneficiaries) received by the DMs, ₹ 78.86 crore [67] (98 *per cent*), meant for 10,759 beneficiaries, were sub-allotted to the SDOs and BDOs in contravention of the guidelines.

Attributing the same to inadvertent error and shortage of staff in the district headquarters, DM Darjeeling stated that the guidelines would be followed in future.

(ii) Discrepancy in reports: Audit noted that there were discrepancies in the number of beneficiaries as reported by DMs in three test-checked districts (Purulia, Jalpaiguri and Bankura). In these districts, the number of persons provided with the first/ second instalment as reported by the DM Office was

[67] *Darjeeling: ₹17.26 crore for 2381 beneficiaries (out of ₹17.33 crore), Jalpaiguri: ₹17.93 crore for 2555 beneficiaries (out of ₹19.20 crore for 2732) and Bankura: ₹43.67 crore for 5823 beneficiaries during 2014-16*

found to be at variance with the figures captured and reflected in the records of BDO or verified in audit, as detailed in **Table 2.3.2**.

Table 2.3.2: Discrepancy in reports

Period	District	Discrepancy in	Figures Reported by DM	Figures as per BDO/ Audit verification	Difference	Funds involved (₹ in crore)
2015-16	Purulia	No. of beneficiaries who received 1st instalment	6871	6635	236	1.16
2014-16	Jalpaiguri (three test-checked blocks)	No. of completed houses	802	295	507	1.06
2014-16	Bankura (one test-checked block)	No. of completed houses	170	117	53	0.12
Total			**7843**	**7047**	**796**	**2.34**

Source: Records of DMs and BDOs

Thus, the DMs of the above three test-checked districts had apparently reported inflated achievement figures compared to the figure arising out of the block level records. The quantum of additional assistance involved in those 796 beneficiaries stood at ₹ 2.34 crore. It was also observed that in the records, houses were shown as constructed as soon as the second instalments were disbursed.

The Department intimated (November 2016) that the issue was being pursued with the concerned district authorities; responses were, however, awaited.

(iii) Overstatement of the number of achievement: Of the above, the case of DM Jalpaiguri was significant as the discrepancy resulted in overstatement of the number of houses completed during 2014-16 by 63 *per cent* just in the three test-checked blocks of Mal, Moynaguri and Rajganj (***Appendix 2.3.2***).

As already observed in para 2.3.7.3 (ii) earlier, the above instances detected in Audit point to discrepancy in the achievement figures as reported by the Department, the reasons for which were:

- Block and District authorities were preparing the beneficiary database without due diligence which compromised the data integrity. There were instances where the banks were unable to credit the beneficiaries' accounts for incorrect or insufficient information furnished by the district/ block authorities. Thus, in Purulia, 271 unpaid cheques/ Pay Orders amounting to ₹ 1.11 crore were returned to the DM by the concerned Banks, Post Offices or the BDOs between January 2015 and May 2016 and the same had been lying with the DM's Office without any further action till date (August 2016). In this connection it was observed that the DM's office neither maintained any consolidated record of such undisbursed instalments nor reconciled the progress of expenditure with the banks/ post offices. Hence, actual percolation of benefits to the beneficiaries remained unmonitored.
- There was no independent mechanism available to the Housing Department for monitoring the implementation of the scheme.

- In cases where the second instalments were released, the guidelines did not require a second inspection by the Block authorities to ensure that the houses had been completed. It led to the scenario where the DM had no control over the progress of construction and had no means to ascertain the number of houses actually completed. As mentioned earlier, the houses were shown as completed once the second instalments were released. Out of 109[68] beneficiaries who received the second instalment, 14 (13 *per cent*) did not complete their houses till the date of beneficiary survey conducted by Audit. Thus, the figures of achievement reported were suspect.

In reply, the Department attributed the discrepancies in the achievement figures to the gigantic volume of task associated with transfer of funds and incomplete information on bank accounts in some cases. The reply was general and unconvincing.

2.3.8 Rental Housing Estates for State Government employees

This scheme was meant for providing accommodation to the in-service employees of the State Government. At present there are 12181 flats in 104 Rental Housing Estates (RHE) spread across all the 19 districts of West Bengal. Of these, allotments in 36 RHEs containing 4634 flats in and around Kolkata were controlled from the Housing Department at Kolkata while the remaining (7547 flats in 68 RHEs) were controlled by the DMs and the SDOs in the districts.

(i) Site selection of RHEs without proper survey: As of March 2016, out of 10,413 flats (Kolkata: 4634, 18 districts: 5779) in respect of which occupancy reports were available, 1270 (12 *per cent*) were lying vacant. Noticeably, this vacancy was significantly higher in the RHEs in the districts (15 *per cent*) than those in Kolkata (nine *per cent*). Audit further noted that while the Department had no figures of application, allotment and waiting list for the State as a whole, in Kolkata, 418 flats were lying vacant while there was a waiting list of 4252 applicants. This pointed to applicants preferring particular RHEs. In Kolkata also, two RHEs (Gumar Math and Andul Road) had significant vacancies (more than 25 *per cent*), while in the districts significant vacancies were observed in RHEs at Nadia, Murshidabad, Hooghly, Purba Medinipur, Bankura, Dakshin Dinajpur and Jalpaiguri (more than 25 *per cent*). In case of two RHEs (Bishnupur and Gumar Math) test-checked by Audit, it was observed that out of 176 flats (Bishnupur: 48, Gumar Math: 128) of various categories constructed, 122 (69 *per cent*) could not be allotted (Bishnupur: 42, Gumar Math: 80). The State Government has not drawn any plan to put these assets to use or dispose them off.

The Department, in its reply (November 2016), stated that site selection of Rental Housing Estates was based on the need felt by the local administration. It was also stated during the Exit Conference (December 2016) that vacancy position fluctuated owing to a minimum of three months' time lapse between submission of applications and final occupancy. It was also added that the condition of quarters might

[68] *Out of 159 surveyed by Audit, 109 were beneficiaries of second phase where cash assistance was given.*

contribute to such a high number of RHEs lying vacant. It was further stated that in Kolkata, the RHEs had much higher occupancy rates. It was, however, accepted by the Department that RHEs like Gumar Math was not preferred by the applicants.

(ii) Unauthorized occupation of RHEs flats by the retired/ families of deceased Government employees: The West Bengal Government Premises (Regulation of Occupancy) Act, 1984 (Act) which was enacted to prevent unlawful occupation of Government premises does not permit retention of Government accommodation beyond 90 days from the date of retirement/ death. Audit, however, found that as per a departmental enquiry report (January 2015), out of 4634 flats in 36 RHEs situated in and around Kolkata, 610 were being unauthorisedly retained by the retired employees or the families of deceased Government employees for years together as shown below:

Table 2.3.3: Number of unauthorised occupants and periods of such occupancy

	Periods of unauthorised occupancy					
	One to three years	**Three to five years**	**Five to ten years**	**More than ten years**	**Period not available**	**Total**
Number of occupants	82	132	121	181	94	**610**

Source: Data provided by the Estate Directorate

Though eviction notices were issued to 72 unauthorized occupants in 2013, it yielded no results. The Department did not take any further action to evict these unauthorised occupants.

Further, the numbers of unauthorised occupants have been increasing over the years (from 591 in July 2012 to 610 in January 2015).

The Department, in its reply as well as during the Exit Conference, also shared its concern over the issue of unauthorised occupancy of RHEs and intimated that monthly meetings were being held to monitor this matter. It was also intimated that a policy was being framed to strengthen the rules and that the incorporation of stricter clause in the Act/ rules against the delinquent occupants was under active consideration.

2.3.9 Public Rental Housing Estates

Flats under Public Rental Housing Estates (PRHEs) are meant for people belonging to High Income Group (HIG), Middle Income Group (MIG) and Low Income Group (LIG) categories. There are 20,284 such dwelling units (HIG: 42, MIG: 904 and LIG: 19,338) spread over 89 Housing Estates in seven[69] districts. Audit observed the following in this regard:

Poor control over Government assets: During test-check it was seen that there was poor control over the assets as there were cases of unauthorized occupancy of accommodation, unauthorized construction in the premises and retention of flats without payment of rents as indicated below.

- **Unauthorised occupation:** 2608 occupants were reported to be occupying the dwellings unauthorisedly as of March 2016. As accepted in a report by the Secretary, Housing Department (September 2013), "in many cases the

[69] *Kolkata, Howrah, Nadia, North 24 Parganas, South 24 Parganas, Hooghly and Bardhaman*

original authorised occupant illegally sold these flats to other persons without the knowledge of the Department". Further, the number of flats under such illegal occupation increased[70] from 1549 in March 2012 to 2608 in March 2016.

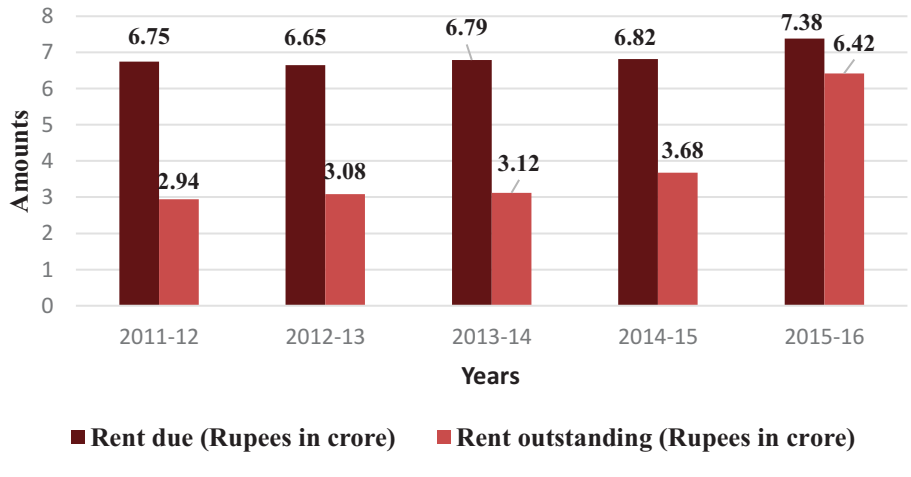
The Estate Manager and Dy. Secretary to the Housing Department stated (November 2016) that notices were served on the unauthorised occupants, replies were acted upon and steps were taken for eviction, without giving any further details. Evidently, such efforts have proved to be ineffective in restricting unauthorised occupancy.

- **Unauthorised construction:** As per an inspection report (April 2016) of the Department, in Durgapur PRHE, 89 tenants had constructed temporary or permanent structures in extension of the existing blocks as there were no provisions in the Act to prevent such constructions. Even the local Police Station had refused to accept any General Diary entry against such unauthorised construction. There were two cases where tenants had extended the structures without proper support in first or second floors.

  The Estate Directorate stated that minor constructions were allowed in view of the needs of growing families. As regards major constructions, it was intimated that amendment in the Act enabling demolition of major constructions was under process.

- **Outstanding rent:** Audit noted that the tenants were not paying the rents regularly, resulting in accumulation of outstanding rent. As is evident from **Chart 2.3.2**, the rent collected during a year was decreasing and the outstanding rent for each year was increasing as the number of persons who paid rent was decreasing and the outstanding rent increased steadily reaching 87 *per cent* of the rent due in 2015-16 from 44 *per cent* in 2011-12.

Chart 2.3.2: Rent due each year and rent outstanding



Excluding 4443 flats of PRHEs of Bardhaman District for which data not maintained by the Assistant Estate Manager Durgapur
Source: Compiled from data provided by various Circles

[70] *1549 in March 2012, 1705 in March 2013, 2080 in March 2014, 2416 in March 2015 and 2608 in March 2016*

It was also seen that PRHE at Durgapur did not maintain any data of rent collection tenant-wise. Therefore, the Circle was not aware of the number of persons from which rent was outstanding.

It is noteworthy that during 2011-16, the Government had spent ₹ 86.67crore on repair and maintenance of the existing housing estates (both RHE and PRHE) against which rent collected and House Rent Allowance deducted amounted only to ₹ 29.74 crore. Government had no policy in respect of fixing the rents for such accommodation. The Department had revised the rent last time in 2002, but against fresh allotments only; the then existing occupants had continued to pay rents at older rates.

2.3.10 Other accommodation related projects

Apart from providing housing, the Housing Department also constructs working women's hostels, night shelters and motels.

2.3.10.1 Working Women's Hostel

For safe accommodation of single working women (Unmarried/ Widow/ Divorcee), the Department had constructed five[71] working women's hostels with a total capacity of 668.

Out of these five completed hostels, Audit test-checked the one at Durgapur (capacity: 40). The construction work of the hostel had started in February 2008 and was completed in December 2013 at a cost of ₹ 1.29 crore. It was decided (June 2014) to fix a rent of ₹ 2000 per boarder. Only two women had applied for accommodation in response to advertisement in newspaper and the number was too low to make the hostel viable. Consequently, the hostel has been lying vacant under lock and key till date of audit (February 2016).

During audit it was seen that the work was taken up without conducting any demand survey or assessment of running expenses. A similar Working Women's Hostel of 102 seats run by Durgapur Municipal Corporation since 1994 at an adjacent location had occupancy ranging from 49 to 78 *per cent* during 2010-16 where the seat rent ranged between ₹ 350 and ₹ 600.

Thus, the expenditure of ₹ 1.29 crore remained unfruitful due to non-assessment of demand before taking up the scheme and fixing unreasonable rent.

The Department, in its reply, stated that the hostel had been set up in view of increasing number of employments of women and expansion of Durgapur city. However, without providing any specific details, it was intimated that the District administration was preparing a revised proposal for optimum utilisation of the hostel.

2.3.10.2 Motels

Government had decided (April 2012) to construct multipurpose buildings having facilities for cafeteria, rest and motel for travellers, along the sides of all State Highways and major district roads at an interval of 30-40 kilometres. The objective of the scheme was mainly to facilitate the travellers and passengers undertaking long distance road journeys. The project was to be a joint venture

[71] *Gariahat, Salt Lake, Siliguri, Sahapur and Durgapur*

between the PWD and Housing Department and the motels were to come up on land belonging to PWD and National Highway Directorate.

Initially PWD had started (May 2013) construction of 12 Motels christened as *Pathasathis*, with the financial assistance of the Housing Department. After this PWD and Housing Department took up construction of *Pathasathis* out of their own budgets. Out of the 69 motels planned, PWD was constructing 51 while the remaining 18 were being constructed by the Housing Department. As per information furnished by the Department, out of the motels being constructed by the Housing Department, only three were complete as of October 2016, while the remaining 15 would be complete by March 2017.

Audit found that the Government had ventured into motel construction without any planning for the management of these motels. Therefore, after construction, attempts were made to hand over the motels initially to the Tourism Department (May 2015) and then to the Youth Affairs Department (May 2015) which did not materialise. Finally, the Housing Department was entrusted (June 2015) with the running of these motels. The Housing Department estimated (July 2015) that substantial funds were required to make all these motels use-worthy by furnishing[72] these and by providing the necessary manpower. However nothing further had been done so far to make these *Pathasathis* operational and all these were lying vacant till date (October 2016).

Audit analysis showed that the Housing Department had no prior experience nor the required manpower to operate this type of establishments. In the absence of the same, the *Pathasathis* constructed at a cost of ₹ 27.41 crore (only Housing Department's expenditure) were all lying unused, leaving the stated motive for their construction unmet.

The Department intimated (November 2016) that the motels would be handed over to the DMs, who would in turn try to engage Self Help Groups to run the motels; otherwise, suitable agencies would be engaged through bidding. The reply is hypothetical and did not reflect any seriousness on the part of the Department.

2.3.11 Conclusions

Though the Department prepared a Plan outlining the housing shortage in the State, the magnitude of the shortage had remained under-estimated as it relied on outdated data. Even the interventions envisaged in the Plan were not enough to address the housing shortage worked out by it. Though the Housing Department was working with the motto of 'Housing for All', it did not coordinate with the multiple Departments working in the housing sector to bring about synergy. As each Department was working as per their own targets without any coordination, no consolidated position of the current shortage was available to the Government. The Housing Department had lacked the vision to achieve its stated objective of Housing for All.

[72] *Infrastructure like furniture, TV, refrigerator, AC machines for the rooms, bar and restaurant, lighting for both interior and exterior illumination, provision of generator, dining table, cutlery and kitchen arrangements, arrangement of security, manpower for management of the rooms, toilets, bar and restaurants*

The implementation of the flagship scheme for housing, '*Gitanjali*', suffered from various implementation bottlenecks such as arbitrary selection of beneficiaries, inclusion of ineligible beneficiaries, inaccurate reporting, retention of unspent funds, etc. This was attributable to the fact that the Housing Department, having no presence in the districts, engaged multiple departments for implementation which made it difficult for it to monitor the implementation of the scheme. The only monitoring tool available to it was the Utilisation Certificates which depicted incorrect and inflated position regarding the construction of these houses.

The houses built under the scheme did not adhere to the guidelines in terms of the minimum area requirement; they also often lacked toilets. Further, there was no mechanism to ensure houses were actually completed as these were considered complete once the second instalment was released. As a result, the scheme objectives remained unmet.

The Government did not have adequate control over the assets held in Public Rental Housing Estates (PRHE) and Rental Housing Estates (RHE). In both PRHE and RHE, people continued to unauthorisedly hold the Government property, with many tenants not paying the rent regularly. In Public RHEs, several tenants had made unauthorised alteration to government properties and even sold it.

The Department built Working Women's Hostel and motels with little planning as it did not have the wherewithal to make them functional after their construction, making the expenditure unfruitful.

2.3.12 Recommendations

The Department may consider the following

1. ***Performance of the district authorities in providing toilets to the beneficiaries needs to be closely monitored.***
2. ***Legislations and rules governing Rental Housing Estates should be framed and strengthened so that Government can take suitable action against unauthorised occupation/ overstayal.***
3. ***In case of illegal occupation of quarters in Rental Housing Estates for Government Employees, procedure like withholding of gratuity as is done in case of Central Government Employees may be considered as a deterrent against overstayal in Government accommodation***.