

THIRTEENTH KERALA LEGISLATIVE ASSEMBLY

**COMMITTEE
ON
PUBLIC ACCOUNTS
(2014-2016)**

12

SEVENTY SIXTH REPORT
(Presented on 16th December, 2014)



**SECRETARIAT OF THE KERALA LEGISLATURE
THIRUVANANTHAPURAM
2014**

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SEVENTY SIXTH REPORT

On

**Paragraphs relating to Revenue Department contained in the
Report of the Comptroller and Auditor General of India
for the year ended 31st March, 2011 (Civil)**

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INTRODUCTION

I, the Chairman, Committee on Public Accounts, having been authorised by the Committee to present this Report on its behalf, present the Seventy Sixth Report on paragraphs related to Revenue Department contained in the report of the Comptroller and Auditor General of India for the year ended 31st March, 2011 (Civil).

The Report of the Comptroller and Auditor General of India for the year ended 31st March, 2011 (Civil) was laid on the Table of the House on 22-3-2012.

The Report was considered and finalised by the Committee at the meeting held on 9th December, 2014.

The Committee place on record its appreciation of the assistance rendered to it by the Accountant General (Audit) in the examination of the Audit Report.

Thiruvananthapuram,
16th December, 2014.

DR. T. M. THOMAS ISAAC,
Chairman,
Committee on Public Accounts.

REPORT
REVENUE DEPARTMENT

AUDIT PARAGRAPH

District-centric Audit of Palakkad District

With the increasing investment by Governments with the district as the focal point, a district-centric audit was conducted in Palakkad District to assess the status and impact of implementation of various socio-economic developmental programmes. Audit conducted a review of key social sector programmes relating to health, education and water supply; economic sector programmes relating to agriculture, Member of Parliament Local Area Development Scheme, Special Development Fund for Members of Legislative Assembly, Housing for Scheduled Castes/Scheduled Tribes and the Attappady Wasteland Comprehensive Environmental Conservation Project and General Services relating to e-District and e-Literacy (Akshaya).

The District Planning Committee (DPC) was required to prepare an Integrated District Development Plan (IDDP) for the District and finalise Local Development Plans (LDPs) for Local Self Government Institutions (LSGIs). The DPC had not prepared either an IDDP or LDPs and therefore, gaps in various developmental schemes remained unidentified.

There was no system in place at the district level to have a consolidated picture of the year-wise funds received and utilised under various schemes implemented in the district.

The district had six hospitals, one Tribal Speciality Hospital, 20 Community Health Centres, 75 Primary Health Centres and 504 Sub Centres. Adequate manpower and infrastructure as per the Indian Public Health Standards were not provided. Medical instruments supplied were not properly utilised.

Despite the intervention of the Sarva Shiksha Abhiyan, the strength of students in Government/aided schools decreased and the strength of students in unaided schools increased.

Nine water supply schemes taken up under the Accelerated Rural Water Supply Programme to benefit a population of 2.93 lakh in nine Panchayats remained incomplete due to improper planning. Quality tests of water samples of the Comprehensive Water Supply Scheme (CWSS) to Nemmara and Ayilur showed presence of bacteria and other impurities.

Inordinate delays were noticed in the completion of houses taken up by the Scheduled Castes and Scheduled Tribes Development Department under Housing schemes to SCs and STs.

In respect of Special Development Fund for Members of Legislative Assembly, several works remained incomplete for reasons like non-availability of materials, public objections, vagaries of nature, etc.

In Attappady Wasteland Comprehensive Environmental Conservation Project, delays were noticed in completion of houses and several assets created by AHADS were lying unutilised or were not handedover to the beneficiary departments.

The e-District programme had not been fully implemented even after three years. Out of 46 services under the project, only 23 services relating to the Revenue Department were made online.

INTRODUCTION

District Profile

Palakkad District lies in the central part of Kerala bound in the north by Malappuram district; east by the State of Tamil Nadu; south by Thrissur district; and west by parts of Malappuram and Thrissur districts. The district spans an area of 4480 sq. kms. The total population (Census 2001) of the district is 26.17 lakh. The rate of literacy in the district is 84.31 per cent as against the State average of 90.86 per cent. The district consists of two Revenue Divisions, five Taluks, 13 Community Development Blocks, 91 Grama Panchayats and four Municipalities.

Administrative Set-up

The District Collector (DC) is the Head of the District. The DC is the Chairman of various development bodies and committees of the district. In the district, there are District level offices and Sub offices for almost all Government Departments. The departmental schemes are proposed by the departments concerned at the State level.

The District Planning Committee (DPC) is the body at the district level which approves the Annual Plans prepared by Local Self Government Institutions (LSGIs) (District Panchayat, Block Panchayats, Grama Panchayats, and Municipalities) and reviews the progress of the schemes approved by it. There were 14 members in the committee as against the stipulated 15. The District Planning Officer (DPO) is the Joint Secretary (Co-ordination) of the DPC and his office functions as the Secretariat of DPC.

AUDIT FRAMEWORK

Scope of Audit

There were numerous developmental programmes initiated by the State and the Central Governments for the upliftment of the standard of living of the people, with the district as the focal point. Audit of Palakkad District involved a review of the significant developmental programmes/schemes implemented in the district during the period 2005-10 covering Social, Economic and General Services. Audit undertook appraisal of (i) social sector programmes of health with focus on the National Rural Health Mission (NRHM), education with focus on Sarva Shiksha Abhiyan (SSA), water supply with focus on the Accelerated Rural Water Supply Programme (ARWSP) (ii) economic sector programmes with a focus on the State Horticulture Mission (SHM), the Prime Minister's Special Rehabilitation Programme (Vidarbha Package), the Member of Parliament Local Area Development Scheme (MPLADS), the Special Development Fund for Members of Legislative Assembly (MLA SDF), Housing to Scheduled Castes/Scheduled Tribes, Attappady Wasteland Comprehensive Environmental Conservation Project (AWCECOP) and (iii) general services with a focus on IT programmes like e-District and e-Literacy (Akshaya). This audit covered the developmental initiatives in the district and the expenditure thereon, both from the Central and State funds and focused on the role and responsibilities of the district administration in providing essential public services and improving the general standard of living of the people of the district as well as the extent of community participation in programme implementation and monitoring.

The audit was based on a scrutiny of the records of the District Planning Office, the offices of the District Collector, District Panchayat, selected Blocks and Grama Panchayats and the concerned line departments and autonomous institutions during December 2010 to March 2011.

Audit Objectives

The objectives of the audit were to assess whether:

- the planning process for different programmes was efficient;
- the financial management was efficient and effective;
- the implementation of programmes/schemes was efficient, effective and economical;
- an efficient monitoring mechanism was in place.

Audit Criteria

The audit findings were benchmarked against the following criteria:

- District Plans and Annual Plans;
- Guidelines of the concerned schemes/programmes, issued by the Central/State Government;
- Provisions of the Government Financial Rules and the Memorandum of Association of bodies;
- Prescribed monitoring mechanisms.

Audit Methodology

An entry meeting was held (3rd February, 2011) with the District Collector along with the implementing officers of various schemes. In the meeting, the audit objectives, the scope of audit and the programmes proposed for audit were discussed. The audit involved examination of documents of offices at the district, block and Grama Panchayat level. Photographic evidence and physical verification were also taken into consideration to substantiate the audit observations.

Three Block Development Offices (out of 13), namely, Palakkad, Nemmara and Attappady and six Grama Panchayats (out of 91), namely, Parali, Keralassery, Ayilur, Nelliampathy, Pudur, Sholayur were selected on judgemental method as samples for detailed scrutiny. The records of the District Collector, the District Planning Office, the Principal Agriculture Office, the District Office of Scheduled Castes/Scheduled Tribes Development Departments, the District Project Office (SSA), the District Health Society (NRHM), the District Medical Office of Health, the Divisional Offices of Kerala Water Authority (KWA), the District Office of SHM, and the Attappady Hills Area Development Society (AHADS) etc. were also scrutinized.

An exit meeting was held on 21st July, 2011 with the Deputy Collector on behalf of the District Collector (who was not available due to unforeseen reasons) wherein it was assured that replies to audit observations would be furnished at the earliest. No reply has, however, been received so far (October 2011).

PLANNING

District Planning

According to the guidelines for district plans in the Eleventh Five Year Plan issued by the Planning Commission, district planning is the process of preparing an integrated plan for the district taking into account the resources (natural, human and financial) available and covering the sectoral activities and schemes assigned to the district level and below and those implemented through local Governments. The document that embodies this statement of resources and allocation for various purposes is known as the District Plan.

District Planning Committee

The Constitution (74th Amendment) Act, 1992, envisaged constitution of a DPC in every State at the district level. The Kerala Municipality Act, 1994, provided for constitution of the DPC consisting of 15 members. The DPC in the district was first constituted in 1997 and was reconstituted in March 2006 with the District Panchayat President as the Chairman, the DC as the ex-officio-Secretary and 12 elected members of the District Panchayat and municipalities as members.

The DPC is required to consolidate the Plans prepared by the LSGIs and prepare a draft development plan for the district as a whole. The DPC is to monitor the physical and financial progress of the approved district planning schemes and evaluate the programmes already completed.

The guidelines issued (August 2006) by the Government of India (GOI) also stipulated integration of the plans prepared by the LSGIs with the departmental plans of the district and prepare the draft five year Plan and Annual Plans.

Integrated District Development Plan and Local Development Plan

The State Government directed (February 2007) the District Collectors to prepare Local Development Plans (LDPs) for all LSGIs and Integrated District Development Plans (IDDPs) for the districts under the auspices of DPC. The Plans were to consist of a Perspective Plan for 15-20 years and an Execution Plan for five years. In the district, the preparation of LDP and IDDP had not yet been completed. It was also seen that Annual Plans for the district had not been prepared.

The DPO stated (October 2011) that he had not received any directions from the Government for preparing Annual Plans of the district. Each LSGI prepared its Annual Plan and it was implemented after approval by the DPC.

In the absence of LDPs and IDDP, gaps in various developmental schemes remained unidentified and there was no assurance that the needs of the weaker sections of the society and prioritization of developmental programmes had been adequately addressed.

[Audit Paragraph 2.1.1 to 2.1.3 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March, 2011(Civil).]

Notes furnished from Government on the above audit paragraph is included as Appendix II.

1. Regarding the audit paragraphs, the Committee enquired the methodology adopted by the department in preparing an integrated developed plan. The Town Planner submitted that during the initial phase, data collection and sectoral analysis were conducted with the technical support of the Town Planning Department and perspective plan was prepared after framing policy strategy based on the findings of the special analysis. In the II Phase an execution plan for 5 years was framed in accordance with the demands from different sectors. Finally an approach paper was prepared for the local bodies for executing the plan process.

2. The Committee reminded that the Accountant General's objection was that the execution plan regarding the developmental activities is entirely different from the perspective plan and enquired whether there was a consolidated document of the developmental activities in the district. The Town Planner replied in the negative and appraised the Committee that execution plan is envisaged as the developmental plan for the upcoming 20 years. The witness, Principal secretary, LSGD informed that a similar plan was introduced in Kollam district, there the District Planning Committee decided to consider at least 50% of the proposals at the Local Panchayath level. But in Palakkad it was not implemented differently.

3. The Committee then opined that the perspective plan should be prepared by the experts through a consultative process. The Committee observed that even in Kollam district the consultative process was not properly done except conducting certain seminars. The Committee noticed that the department had not monitored various projects implemented through LSGIs, Centrally sponsored special programmes and projects implemented utilizing the

MLA's and MP's funds. An effective monitoring mechanism could review the feasibility of a project and could ascertain any change required to the ongoing projects. If such were put forward before finalising the ensuing years local plans, the DPC could notice the gaps and duplication if any, and plans could be approved accordingly.

4. The Committee emphasised that district plan is envisaged with a developmental perspective instead of a regulatory function. District Departmental heads are also the members of the DPC and in District Plan the LSG Institutions will get a chance to review plans and can incorporate fresh proposals. The Committee also opined that the Planning Board should issue Plan formation guidelines for each district considering the aspirations and requirement of that district rather than issuing the state guidelines through DPC's.

5. The Committee then suggested that if the department would prepare an integrated plan for the ongoing project for every district, then it would get a chance to ascertain the problems facing and could incorporate necessary changes in the perspective plan for the next year. The Committee exhorted that the DPC, DDC and Local Bodies should be more active in this regard. The Committee decided to recommend that the department should consult with different stake holders and experts to evaluate the process so far.

Conclusion/Recommendation

6. The Committee observes that the Local Self Government Department should monitor various projects implemented utilizing the fund of LSGIs, centrally sponsored programmes and also of MLAs, and MPs funds. It remarks that with the implementation of an effective monitoring mechanism, the feasibility of an ongoing project could be ascertained and also could analyse changes if any required for that project. The Committee emphasizes that district plan is to be formulated with developmental perspective instead of a regulatory function. It recommends that the planning board should issue plan formation guidelines for each district taking into account the requirements of that district rather than issuing the uniform guidelines for the whole state through DPCs.

7. It also suggests that the LSGD should prepare an integrated plan for the ongoing project of every district incorporating necessary changes in the perspective plan for the next year. The Committee recommends that the LSGD should consult with different stake holders and experts to evaluate the process and ensure the active participation of DPC, DDC and Local Bodies in the entire process.

AUDIT PARAGRAPH

Financial Management*Flow of Funds*

Funds are allotted to the District Departmental Officers through the State Budget. The district level departmental officers release funds to their subordinate offices and other executing agencies, based on the approved allocation for individual schemes. In respect of certain Central Schemes like MPLADS, funds are released directly by GOI to the district administration. In respect of Central Schemes like NRHM, GOI releases funds directly to the State level units from where funds are allotted to the district offices. The State Government allot funds directly to Panchayati Raj Institutions/Urban Local Bodies for implementation of schemes under the decentralized planning programme. It was found that there was no system in place at the district level to have a consolidated picture of the year-wise funds received and utilised under each programme/scheme implemented in the district. The position of funds received and expenditure incurred during 2005-10 in the case of certain selected departments/programmes is given in Table 2.1:

TABLE 2.1: POSITION OF FUNDS RECEIVED AND EXPENDITURE INCURRED IN THE CASE OF CERTAIN SIGNIFICANT PROGRAMMES

		(₹ in crore)	
Sl. No.	Department/Programmes	Funds received	Expenditure incurred
(1)	(2)	(3)	(4)
1	Health-National Rural Health Mission (NRHM)	28.88	27.90
2	Education-Sarva Siksha Abhiyan (SSA)	54.14	47.13
3	Water Supply	58.45	60.67
4	Prime Minister's Special Rehabilitation Programme(Vidarbha Package)	44.24	34.92
5	State Horticulture Mission (SHM)	20.35	24.34
6	Attappady Wasteland Comprehensive Environmental Conservation Project	153.50	171.36
7	MP Local Area Development Fund	19.00	17.97

(1)	(2)	(3)	(4)
8	Special Development Fund for MLAs	41.25	36.43
9	e-Literacy (Akshaya)	4.50	0.47
10	Scheduled Tribes Development Department	11.06	11.46
11	Integrated Tribal Development Project (ITDP)-Attappady	21.31	21.39
12	Scheduled Castes Development Department	93.10	93.24

Source: Departmental figures

Analysis of the fund management of the above schemes revealed significant deficiencies in the maintenance of accounts of Sarva Shiksha Abhiyan (SSA) and State Horticulture Mission (SHM) as detailed below:

- As on 31st March, 2010, 50.23 lakh released by the district office of SSA to the Block Resource Centres for various activities remained unadjusted.
- Funds allotted by SHM to its District Mission Offices were routed through the respective bank accounts. As per the bank account maintained by the District Mission at State Bank of India, Palakkad, the balance as of 31st March, 2010 was ₹ 5.62 crore. As per the details of receipts and payments furnished by the Deputy Director of Agriculture (Horticulture), who was in charge of the District Office, there was an excess expenditure of ₹ 3.99 crore as on 31st March, 2010. The Deputy Director did not prepare any annual financial statement or conduct any bank reconciliation.

The Deputy Director stated (October 2011) that the reconciliation of expenditure for the period 2005 to 2010 was being conducted and only on completion of the reconciliation, would it be possible to explain the differences.

[Audit Paragraph 2.1.4 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2011(Civil).]

Notes furnished from Government on the above audit paragraph is included as Appendix II.

8. While the Committee enquired the reason for the delay occurred in reconciliation of accounts, the District Collector, Palakkad informed that the delay was occurred due to lack of manpower. The Committee then enquired

whether the accounts of State Horticulture Mission had been reconciled. The Deputy Director of Agriculture, State Horticulture Mission pointed out that at the time of audit, there occurred some sort of overlapping and duplication of figures which could not be reconciled due to the shortage of manpower in the District Horticulture Mission. She added that there was not any excess expenditure during the period of 2005-2006 to 2009-2010. Out of the total allotment of ₹ 20.35 crore, ₹ 15.91 crore was expended and the balance amount of ₹ 3.99 crore was left unspent.

9. The Deputy Director of Agriculture, SHM added that as on 31st March, 2010 the outstanding balance was ₹ 5.62 crore. Out of this ₹ 4.44 crore was issued as subsidy to the beneficiaries, ₹ 0.65 crore as interest and cheque for ₹ 0.53 crore was not encashed. To a query of the Committee she replied that the delay in granting assistance to the beneficiaries had been completely rectified and now the situation had been improved.

Conclusion/Recommendation

No Comments.

AUDIT PARAGRAPH

SOCIAL SERVICES

Health

The District Medical Officer of Health (DMOH), Palakkad, functioning under the Health and Family Welfare Department was responsible for providing health care services to the people of the district. The services were provided through a network of six hospitals (one District hospital and five Taluk hospitals); a Tribal Speciality Hospital at Kottathara; 20 Community Health Centres (CHCs); 75 Primary Health Centres (PHCs) and 504 Sub-Centres (SbCs).

Audit selected three CHCs (Nemmara, Parali and Agali), five PHCs (Nelliampathy, Ayilur, Kerlasseri, Pudur and Sholayur) and 35 SbCs. The results of audit are summarized below.

Planning

NRHM was launched in April 2005 by the Government of India (GOI) with the goal of providing accessible, affordable and quality health care to the rural population.

The District Health Society (DHS) with the DMOH as the Chief Executive Officer and assisted by the District Programme Manager (DPM) is the district level implementing agency of NRHM. The DHS was required to prepare a Perspective Plan for the entire mission period 2005-12 and Annual Plans for the district. But no such plan for the district had been prepared though Annual Plans were being prepared for each year.

The DMOH stated (October 2011) that the Perspective Plan had not been prepared as there was no direction from higher authorities.

The reply of the DMOH is not acceptable as it was clearly mentioned in the guidelines for implementation of NRHM that a Perspective Plan should be prepared for each district.

Status of Infrastructure, Manpower and Services at Health Centres

As per the GOI norms, the population fixed for CHC, PHC and SbC was 120000, 30000 and 5000 respectively (in plain area).

It was seen in Audit that the population norm fixed by GOI had not been completely adhered to in creation of CHCs, PHCs and SbCs. The population under a CHC ranged from 112280 (CHC, Parali) to 258790 (CHC, Koduvayur) and in 40 PHCs the population was less than 30000.

The major items of infrastructure to be provided in CHCs, PHCs and SbCs as per the Indian Public Health Standards (IPHS) and their availability position in respect of the centres visited by audit were as detailed in Table 2.2:

TABLE 2.2: DETAILS OF INFRASTRUCTURE FACILITIES IN HEALTH CENTRES AUDITED

Sl. No.	Particulars	CHC (3)		PHC(5)		Sub-Centre (35)	
		Required	Available	Required	Available	Required	Available
(1)	(2)	(3)		(4)		(5)	
1	Clinic room	3	3	5	5	35	24
2	Waiting room (Outpatients)	3	2	5	1	35	16
3	Separate utilities for male/female patients	3	3	5	1	35	5
4	Labour room	3	3	5	1	35	..
5	Operation theatre	3	3	5	2	NR	..

(1)	(2)	(3)	(4)	(5)			
6	Emergency/ Casualty room	3	2	5	2	NR	..
7	Drinking water	3	3	5	3	35	35
8	Generator	3	2	5	1	NR	
9	Oxygen cylinder	3	3	5	4	NR	
10	Wheel chair/stretchers	3	3	5	1	NR	
11	Ambulance	3	2	5	1	NR	

NR—Not required

Audit scrutiny revealed the following:

- Almost all essential infrastructure facilities were available in all the three CHCs. Ambulance service was not available in one CHC.
- Waiting rooms for outpatients, separate utilities for male/female patients, labour rooms, generators, wheel-chairs/stretchers and ambulances were not available in four out of the five PHCs test checked.
- Operation theatres and emergency/casualty rooms were not available in three out of five PHCs test checked.
- No labour room was available in any of the sub-centres and separate utilities for male/female patients were available only in five out of the 35 test checked SbCs.

The basic health care services required to be provided in various centres and their availability in the centres visited by Audit were as detailed in Table 2.3:

TABLE 2.3: DETAILS OF HEALTH CARE SERVICES AT VARIOUS CENTRES AUDITED

Sl. No.	Particulars	CHC (3)		PHC(5)	
		Required	Available	Required	Available
(1)	(2)	(3)		(4)	
1	Inpatient services (IP)	3	3	5	1
2	Delivery services	3	1	5	..
3	Newborn care	3	1	5	..

(1)	(2)	(3)	(4)
4	Emergency services	3	1 5 ..
5	Laboratory services	3	2 5 1
6	Blood storage facility	3	.. NR
7	Ultrasound	3	.. NR
8	X-ray	3	2 NR
9	ECG	3	2 NR
10	Full range of family planning services	3	.. NR
11	Paediatrics-Care of sick children	3	.. NR
12	Emergency obstetric care/ Caesarean Surgery	3	.. NR
13	Surgery for Hernia, Hydrocele, Appendicitis	3	.. NR

NR-Not required

Audit scrutiny revealed the following:

- Delivery services, newborn care services and emergency services were available in only one out of the three CHCs test checked.
- Blood storage facilities, ultrasound, full range family planning services, paediatrics-care of sick children, emergency obstetric care/caesarean surgeries and surgeries for Hernia, Hydrocele, Appendicitis were not available in any of the CHCs test checked.
- Delivery services, newborn care and emergency services were not available in any of the PHCs test checked.
- Inpatient services and laboratory services were not available in four out of the PHCs test checked.

The Government of Kerala fixed the staff strength in respect of CHCs, PHCs and SbCs as per IPHS in May 2008. In order to standardise the health institutions, the Government of Kerala decided (November 2008) that the

manpower required as per the IPHS would be sanctioned in due course. The Government was still to provide the required manpower as per the IPHS standards. The actual number of staff in position against the required strength in the CHCs, PHCs and SBCs audited is as detailed in Table 2.4:

TABLE 2.4: DETAILS OF MANPOWER REQUIRED AND AVAILABLE IN THE VARIOUS CENTRES AUDITED

Sl. No.	Designation	CHC (3)		PHC(5)		SBC(35)	
		Required	Available	Required	Available	Required	Available
1	Specialist Doctors	15	Nil	NR		NR	
2	Dental Surgeon	3	Nil	NR		NR	
3	General Duty Medical Officer	18	14(10+4)*	15	5(4+1)†	NR	
4	Staff Nurse	57	22	25	4	NR	
5	Pharmacist	9	3	10	3	NR	
6	Lab Technician	9	1	10	..	NR	
7	Radiographer	6	..	NR		NR	
8	Junior Public Health Nurse	3	3	5	5	35	25
9	Male Health Worker	NR		NR		35	..

NR—Not required

* Four doctors appointed on contract basis

† One Compulsory Rural Service Doctor only at Nelliampathy

Audit analysis revealed the following:—

- Specialist doctors and dental surgeons were not available in the CHCs test checked against the requirement of 15 and three respectively.
- There was shortage of 35 staff nurses (61 per cent) 21 staff nurses (84 per cent) respectively in the test checked CHCs and PHCs against the requirement of 57 and 25. Incidentally, no staff nurse was available in PHC Nelliampathy.
- Though X-ray machines were available in two out of three CHCs test checked, the post of radiographer remained vacant in all the CHCs.

- There were only three pharmacists available in the test checked CHCs and PHCs against the requirement of nine and 10 respectively.
- In the case of laboratory technicians, only one was available against the requirement of nine in CHCs and none was available in PHCs against the requirement of 10.
- Male health workers were not available in any of the SBCs test checked.

The DMOH stated (October 2011) that the Government had not taken any steps for posting specialist/general doctors and other staff. It was also stated that there was scarcity of specialist/general doctors. However, the fact remains that the public was denied adequate health care facilities in the district, even though the infrastructure was available to some extent.

Non-utilization of equipment

In Government Tribal Speciality Hospital (GTSH), Kottathara and District Hospital, Palakkad, it was noticed in audit that various types of equipment supplied under NRHM were not being utilised as detailed in Table 2.5:

TABLE 2.5: EQUIPMENT NOT UTILISED IN THE HEALTH INSTITUTIONS

<i>Name of Institution</i>	<i>Name of item</i>	<i>Month of supply/ receipt</i>	<i>Cost (₹ in lakh)</i>	<i>Remarks</i>
(1)	(2)	(3)	(4)	(5)
GTSH, Kottathara	Autoclave-Horizontal	March 2010	10.14	Not put to use due to not providing three phase connection.
	Fully Automatic Haematology Analyser	June 2010	2.49	Not used from June 2010 due to non-availability of reagents.
District Hospital, Palakkad	Anaesthesia Workstation	April 2010	3.95	Operation theatre under renovation
	Multi parameter monitor	April 2010	1.46	Trauma unit under construction

(1)	(2)	(3)	(4)	(5)
District Hospital, Palakkad	Pulse Oxymeter	May 2010	3.62	Trauma unit under construction
	Ventilator ICU	December 2009	6.50	Trauma unit under construction
	Ventilator Non invasive	February 2010	5.10	Trauma unit under construction
	Cardiac Monitor	December 2009	2.65	Trauma unit under construction
	Defibrillator with Cardiac Monitor	January 2010	1.84	Trauma unit under construction
	Arthroscopy camera, Instruments and shaver system	January 2010	12.48	Operation theatre under renovation
Total			50.23	

The DMOH stated (October 2011) that the equipment was supplied by NRHM as part of Statewide supply by the State Government. The fact remains that NRHM procured the equipment without construction of infrastructure facilities, leading to non-utilisation of equipment in the above institutions for periods ranging from one to two years.

Failure to utilize surgical kits

The State Mission supplied (September 2007 and April 2008) 40 surgical kits in two batches of 20 (each kit costing ₹ six lakh) to the DMOH for distribution to various health institutions in the district. Each kit contained 11 sets (viz. surgical set I, II, III, IV, V, VI, IUD insertion kit, normal delivery kit, neonatal kit, blood transfusion kit and anaesthesia kit). The first batch of 20 kits was supplied to 16 institutions. The second batch of 20 kits was also to be supplied to the same institutions. Only three kits could be supplied as the institutions were not willing to accept further supplies. Seventeen kits (excluding three sets out of one kit) costing ₹ 1.01 crore were lying idle in the District Family Welfare Store since April 2008. In CHCs Nemmara, Agali and GTSH Kottathara, it was noticed that most of the items in the kits were not being put to use.

The DMOH stated (October 2011) that the supply was not against the indents from the institutions and surplus stock had not been transferred to other institutions as there was no request from them. The DPM stated (January 2011) that the kits were not utilised for want of specialist doctors in the respective hospitals. Evidently, the purchase was made without assessing the actual requirement or ascertaining the demands from the hospitals/centres concerned.

Non/underutilisation of facilities in the Tribal Speciality Hospital

In the Tribal Hospital at Kottathara, Attappady, three posts of specialist doctors were sanctioned by the Government (June 2007) and the hospital was classified (November 2008) as a speciality hospital. The Government approved (October 2009) six posts of specialist doctors in medicine, surgery, gynaecology, anaesthesia, paediatrics and ophthalmology. But no specialist doctors were appointed in the Hospital. In the absence of specialist doctors, the infrastructure facilities available in the hospital, like 54-bedded IP Ward, Operation Theatre (General and Ophthalmology), General ICU, Neonatal ICU were underutilised/not utilised.

The DMOH stated that specialists were not appointed due to scarcity of doctors.

Failure to use Advanced Life Saving Ambulances

Two Advanced Life Saving Ambulances fabricated at a cost of ₹ 56 lakh were allotted (March 2011) by the State Mission to Palakkad District for distribution to the District Hospital and GTSH, Kottathara. But these were lying idle in the District Hospital compound till September 2011.

The DMOH stated (October 2011) that one of the ambulances was put to use at the District Hospital and the one allotted to GTSH, Kottathara was transferred to Alapuzha as per directions of the Government. The tribal people of the area covered by GTSH, Kottathara were thus deprived of the ambulance facility.

Implementation of activities under NRHM

The objectives of NRHM are to reduce Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR) and Total Fertility Rate (TFR). The performance of various activities under NRHM during 2005-10 was as follows:

Accredited Social Health Activists (ASHA)

For promoting health care activities/programme under NRHM, trained female health workers called ASHAs were to be provided in the ratio of one per 1000 population to act as an interface between the community and the health care system. Against the target of 2800, 2686 ASHAs were appointed. Out of the above, 2561 ASHAs were trained.

Janani Suraksha Yojana (JSY)

The Janani Suraksha Yojana is a safe motherhood intervention under NRHM being implemented with the objective of reducing maternal and neonatal mortality. To promote institutional deliveries, JSY was introduced in April 2005 under which cash assistance of ₹ 700 each to BPL/SC/ST pregnant women for the first two live births for institutional and ₹ 500 for domiciliary deliveries were to be given. DMOH did not furnish the figures of the total number of SC/ST/BPL pregnant women and number of women to which the assistance was given for deliveries in hospitals under the Government and the private sector separately, for the years 2005-10 in the district. In the absence of adequate data, it could not be ascertained whether all eligible women were given the assistance.

As per NRHM guidelines, assistance to JSY beneficiaries should be made at the time of delivery. On a test check of the assistance made in CHC Nemmara, PHCs Nelliampathy, Keralassery and Ayilur, it was seen that out of 614 cases, only 12 cases were given assistance within 10 days from the date of delivery. In 597 cases, the delay ranged from 11 to 730 days and in five cases the delay was more than 730 days.

The DMOH stated (October 2011) that delay in payment of assistance was due to the inertia of the peripheral institutions.

Declining trend of delivery cases in Government Hospitals

The details of deliveries in the district during the period 2005-10 are as detailed Table 2.6:

TABLE 2.6 : DETAILS SHOWING INSTITUTIONAL/DOMICILIARY CASES OF DELIVERY

Period	Number of pregnant women registered	Number of deliveries		
		In Government Hospitals	In Private Hospitals	Domiciliary
2005-06	49450	19806	27831	399
2006-07	49759	10568	18198	307
2007-08	48765	21934	24229	315
2008-09	48073	8536	28611	283
2009-10	43637	7729	30176	213

Source: Departmental figures.

Audit scrutiny revealed the following:

- In the district, the number of domiciliary delivery cases was very low.
- In the case of institutional deliveries, the number of cases in Government hospitals showed a downward trend while there was an increase in deliveries in private hospitals during the period 2007-10. Though an amount of ₹ 28 crore had been spent for the years 2005-10 under NRHM, the public were depending more on private hospitals for services which indicated that the programme was not effective in raising the level of confidence among users by providing better services.
- There was a huge difference between the number of pregnant women registered and the number of delivery cases during 2006-07 and 2008-09. This indicated inadequate data collection and documentation.

Antenatal Care

The table below indicates the details of antenatal care given to pregnant women during 2005-10.

TABLE 2.7: DETAILS OF ANTENATAL CARE TO PREGNANT WOMEN

Year	Number of pregnant women registered	Number administered		
		Three antenatal check-up	Two doses of TT	100 Iron/folic acid
2005-06	49450	36893	44154	46619
2006-07	49759	37450	40135	19260
2007-08	48765	36551	39589	38135
2008-09	48073	37944	44551	28380
2009-10	43637	32943	38764	20286

Source: Departmental figures.

Except for 2005-06, there was shortfall in administration of 100 iron/folic acid and three antenatal check-ups.

The DMOH stated (October 2011) that the shortfall was due to data relating to private hospitals not being fully accounted for.

Family Planning

The details of sterilization of women and men in the district were as detailed in Table 2.8:

TABLE 2.8: DETAILS OF STERILIZATION

Year	Female sterilization			Male sterilization		
	Target	Achievement	Shortfall	Target	Achievement	Shortfall/ excess
2005-06	14015	11486	2529	101	65	36
2006-07	12000	10820	1180	91	21	70
2007-08	12500	10642	1858	70	26	44
2008-09	13100	11206	1894	100	341	241*
2009-10	13350	11003	2347	700	247	453

Source: Departmental figures.

* Achievement in excess of target

The target fixed for sterilization was not achieved in any of the years except for male sterilization during 2008-09.

The DMOH stated (October 2011) that non-achievement of the target was due to the change in attitude of the society.

NATIONAL PROGRAMME FOR CONTROL OF DISEASES

National Vector Borne Diseases Control Programme

The National Vector Borne Diseases Control Programme is an umbrella programme for prevention and control of vector-borne diseases, namely: malaria, filaria, kala-azar, dengue, chikungunya and Japanese encephalitis through close surveillance, mosquito control through residual spraying of larvicides and insecticides and improved diagnostic and treatment facilities at Health Centres.

The reported cases of malaria, filaria, dengue and chikungunya during the period 2005-10 were as detailed in Table 2.9:

TABLE 2.9: DETAILS OF VECTOR-BORNE DISEASES REPORTED IN THE DISTRICT

Year	Malaria	Filaria	Dengue	Chikungunya
2005-06	87	77	26	765
2006-07	66	47	6	271
2007-08	95	230	8	50
2008-09	87	358	19	36
2009-10	94	134	12	4

Source: Departmental figures.

The DMOH stated (October 2011) that surveillance of the migrant population would be strengthened for eradication of the diseases.

National AIDS Control Programme

The National AIDS Control Programme (NACP) was launched by GOI in 1992. The programme has been extended up to 2012 with the objective of reducing the spread of HIV infection in the country and to strengthen the capacity to respond to HIV/AIDS on a long-term basis.

The interventions of NACP to reduce the spread of HIV infection and awareness camps conducted for early diagnosis and treatment of the targeted population falling in the age group of 15 to 49 in the District during 2005-10 were as detailed in Table 2.10:

TABLE 2.10: DETAILS OF INTERVENTIONS UNDER NACP IN THE DISTRICT

<i>Interventions of NACP</i>	<i>2005-06</i>	<i>2006-07</i>	<i>2007-08</i>	<i>2008-09</i>	<i>2009-10</i>
Integrated Counselling and Testing Centre (ICTC)	4	4	4	7	9
No. of Blood Banks	2	2	4	4	4
No. of Blood Storage Centres	1	1	1	1	1
No. of Blood separation units	..	..	..	..	..
No. of population screened	1698	4172	4900	8934	10192
No. of HIV+ cases	121	204	174	221	265
No. of fully blown AIDS cases	102	109	159	171	345
Awareness Programme given to Sex Workers (SW)	Data not available	2188	2355	2597	2650
Awareness Programme given to Male Sex with Male (MSM)	Data not available	632	648	712	1004

Source: State AIDS Control Society.

- There was a steady increase in the screening of the targeted population from 1698 to 10192 during 2005-10, indicating the awareness of the population for the need to come forward for testing.

- The number of HIV (positive) cases detected increased from 121 to 265 and the number of fully blown up cases increased from 102 to 345 during 2005-10.
- The number of awareness camps conducted among the targeted groups, increased from 2188 to 2650 (SW) and from 632 to 1004 (MSM) during 2006-10.

[Audit Paragraph 2.1.5 contained in the Report of the Comptroller and Auditor General of India for the year ended 31 March 2011(Civil).]

Notes furnished from Government on the above audit paragraph is included as Appendix II.

10. Considering the audit objection, the Committee enquired the infrastructure facilities provided to CHCs, PHCs and Sub Centres in the district. The District Medical Officer, Palakkad answered that all panchayats except one in Palakkad District were provided with one PHC. He added that out of the 504 Sub Centres, 434 had been functioning in own building. He also informed that even though labour room was available, delivery service and newborn care services were not rendered in any of the Sub Centres at present and only the services of family planning activities and immunisation were provided there.

11. The Committee observed that even though most of the PHCs and CHCs had sufficient infrastructure facilities, delivery cases are not attended there and in Tribal Speciality Hospital, Kottathara various types of equipments were not utilised for trivial reasons. It also noticed that number of delivery cases attended in Private hospital was higher than in Government hospitals and enquired the reason for refusing delivery services in CHCs, as most people living in remote areas depend upon those institutions. The DMO, Palakkad replied that the service of two Gynaecologists, three Paediatricians and Doctors in medicine, Ophthalmology, Anaesthesia and Orthopaedic branches are provided now in Kottathara Hospital and the 56 bedded IP wards are fully occupied.

12. The Committee enquired whether there was any special scheme for financial assistance to those who seek medical care in Private hospitals due to the lack of essential facilities in Government Health Centres. The District Collector, Palakkad replied that the Tribal Development Department provides only ₹ 10,000 in such cases. The Committee decided to recommend that Tribal Development Department should provide comprehensive financial aid to the tribal people who receive medical treatment in private hospitals due to lack of facilities in Government Health Centres.

13. The District Collector, Palakkad informed that high mortality rate of infants and malnutrition were prevailing in Attappadi over the years and currently Government have taken effective measures to dilute the issue. He added that for the past nine years, one private contractor had been supplying substandard food materials for Tribes in Attappadi area under the ICDS scheme. Now food materials are supplied through Maveli Stores and a Vigilance enquiry had been initiated against the former contractor. Additional supply of nutritious food was also introduced.

14. The Committee enquired about the infant mortality rate in Attappady region and about the media reports that during the last year in Attappadi about 1000 numbers of death only 600 births were registered. The District Collector, Palakkad admitted that though the figures are not exact, in Attappadi area rate of death is greater than birth.

15. The Committee directed the Health and Family Welfare Department to furnish the details regarding the number of infant mortality with the details of the number of prenatal deaths and the number of deaths at the time of delivery and also mortality rate of children below 1 year and 5 years of age separately for the last two years. The Committee expressed its anguish over the fact that the tribals were facing extinction.

16. The Committee then pointed out that the number of man days of the tribals in Attappady area has been reduced to 100 days whereas they were provided with 200-220 days of work in connection with the afforestation project of AHADS before. The Project Officer, ITDP submitted that under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) an amount to the tune of ₹ 9,75,00,000 had been spent last year where 52% of the beneficiaries were STs. Only 3% of the fund was expended towards administrative charges and the balance amount was shelled out as remuneration for the labourers. He also brought to the notice of the Committee that last year the average number of man days in Attappadi area under the scheme was 64, which was above the national and state average.

17. The Committee evaluated that the afforestation projects and watershed programmes of AHADS were labour intensive programmes and half of the amount expended for the projects would reach the hands of the Tribal people. But now there is a livelihood crisis which could not be compensated with the 64 work days under the MGNREGS. Hence it demanded that tribals must be provided with maximum man days by relaxing the condition of maximum 100 working days under MGNREGS. The Committee decided to recommend

that steps should be taken to avoid the situations which lead to declining the labour opportunity among tribals by reallocating the surplus fund from a special scheme to certain other labour promoting schemes. The Committee urged the Scheduled Tribe Development Department to furnish the year wise details regarding the amount expended under various projects like watershed programmes etc., and its labour component since the inception of AHADS.

18. The Committee also wanted to be furnished with the details of food materials distributed among tribals and reasons for malnutrition. The DMO, Palakkad informed that in Attappady most of the pregnant women lack adequate nutrition and he added that for the last two years rice gruel and green gram were supplied to them which was not sufficient to meet their protein requirement. Premature delivery and under weight in children were mainly due to protein deficiency.

19. The Committee urged the department to supply nutrient rich food. The Committee then asked whether the department had fixed the responsibility against anyone who supplied inferior quality food materials to the tribals. The District Collector stated that it was the responsibility of the ICDS supervisor. He added that the department had taken steps to assure nutrient rich food to tribals either by tribal workers or through Maveli Stores as ration.

20. While stressing the need for reviving Thaikootam and Ayalkootam the Committee enquired the steps taken for revitalisation of micro community organisations. The Project Officer, ICDS informed that steps were taken to strengthen Kudumbashree. He added that as a first step one person from each tribal ward would be appointed as Kudumbashree animator for creating awareness among the tribals as number of Kudumbashree units among tribals are minimal. He was optimistic that with the establishment of Kudumbashree units, more employment oriented programmes could have been implemented in the region. The project Officer, ICDS brought to the notice of the Committee that Central Government had allotted ₹ 50 crore for creating employment opportunities through Kudumbashree and assured to implement another project called Mahila Kisan Sashaktikaran Pariyojana (MKSP) for the purpose. The Committee opined that the department should impart adequate training to tribal facilitators at district level as well as state level to make them empowered as Community organisers. It urged the department to make necessary arrangements for conducting such training for the tribal facilitators and it should be a major component of the programme.

21. The Committee asked whether the department had followed any special guidelines regarding the preparation of TSP Plan for Panchayat and the procedure followed at present. The Project Officer, ITDP stated that the schemes for the ITDP was prepared by the promoters through Oorukoottam and the schemes for the Panchayats were prepared through Gramasabha. The Committee opined that the representative of a Panchayat do not have the right to expend the fund allotted through TSP rather than sanctioning the decisions arrived at the Oorukoottam. The tribals have total autonomy regarding the expenditure of TSP as per the prevailing guidelines.

22. The Committee directed the department to furnish a consolidated statement regarding the projects implemented through TSP for the last 5 years in Palakkad district and also the details of Local Fund Audit made so far towards the functioning of TSP.

23. The Committee then enquired whether the department had conducted any official study towards alcoholism among tribals. The Project Officer, ITDP stated that KIRTHADS had conducted such a study, but its details were not available and assured to submit the details. The Committee then pointed out that during its visit to Attappady it was noticed that Thaikoottams were conducting campaign against alcoholism and they were succeeded in bringing down the rate of consumption of alcohol among women. The Committee asked whether such activities were still continuing. The District Collector, Palakkad informed that even though the activities of Thaikoottam had been considerably reduced after the extinction of AHADS, a number of 'ooru' became liquor free. The Committee urged the department to conduct awareness programmes to curtail the consumption of alcohol among tribals.

24. The District Collector, Palakkad stated that Excise Department has well equipped force there, but they are not supplied with sufficient fuel for running vehicle. He also informed that some tribals are engaged in illicit bottling of liquor in some colonies and in this connection 15 tribals were jailed.

25. The Committee decided to recommend to conduct sweeping operations to destroy the illicit brew and to take necessary steps to arrest the agents who bring spirit illegally from other states and also to start a de-addiction centre there. The Committee also recommended that the department should take adequate steps to send the chronic drinkers/offenders to de-addiction centres instead of imprisoning them and to curtail the flow of spirit to the colonies.

26. The Committee urged the department to furnish a detailed report regarding the number of cases registered in connection with alcoholism, nature of offences etc. for the last 5 years to it. The Project Officer, ITDC, Attappady stressed the need for strengthening the Excise Department.

27. To the query of the Committee regarding idling of Surgical Kits the District Programme Manager, Palakkad submitted that surgical kits were supplied according to the Central procurement list of NRHM. Initially 20 kits were supplied to 16 CHCs in order to upgrade those institutions up to the IPH standards. But the process of upgrading of the institutions could not be achieved as envisaged mostly because of the scarcity of specialist doctors and so the project remained idle. The Committee opined that the department had not distributed the surgical kits according to the necessity. The Committee remarked that surgical kits were purchased neither properly assessing the actual requirement nor ascertaining the demand from Hospital Management Committees. So it decided to recommend that Health Department should take scrupulous effort to avoid such lapses in future.

28. The Committee enquired about the exact number of specialist doctors in Kottathara Hospital. The DMO, Palakkad stated that except in surgical branch, all other branches have specialist doctors. Regarding the idling of horizontal autoclave, the DPM, Palakkad informed that earlier it remained idle due to lack of three phase electricity connection but now the same had been made functional.

29. While the Committee enquired whether Kottathara Hospital had Ambulance having modern amenities, the DPM, Palakkad informed that Advanced Life Saving (ALS) Ambulance was allotted to Government Tribal Speciality Hospital, Kottathara last year.

30. The Committee sought the number of ASHA workers and the number of tribals among them. The DPM, Palakkad informed that out of the 84 ASHA workers 63 were tribals. Regarding the training imparted to the ASHA workers he informed that all the 6 module training as instructed by Government of India had been given to the ASHA workers in the Attappadi area. The Committee suggested that ASHA workers should be empowered and their service should be monitored.

31. The Committee noted with grave concern that in Government Hospitals of Attappady the number of delivery cases was steadily decreasing and enquired the reason. The District Programme Manager, Palakkad informed that

in Attappady the average number of deliveries was 1000 per year. He added that mostly the tribals depends on the Bethani Mission Hospital for delivery as that hospital provided free treatment to tribals where 235 delivery cases attended during the last year. He further stated that a total number of 400 delivery cases were attended in Government Hospital, Mannarkadu and District Hospital, Palakkad and about 100 complicated cases were referred to Medical College Hospitals, Thrissur and Kozhikkodu. There were 61 home deliveries also in Attappady. In Agali Government Hospital only 25 number of deliveries were reported.

32. The DPM, Palakkad informed that the decline in the number was due to the lack of gynaecologists. He pointed out that now the scenario is different and in Kottathara Government Tribal Speciality Hospital two gynaecologists were posted, one through NRHM and other one through Public Service Commission. In Agali an additional post of gynaecologist was created and steps were initiated to fill the vacancy.

33. The Committee expressed its distress over the media reports that Kottathara Government Tribal Speciality Hospital was not supplied with Iron tablets in accordance with the directions of different agencies which conducted studies in Attappady. The District Programme Manager, Palakkad informed that instructions was there to provide iron and folic acid tablets to conceiving ladies, and the department had taken every step to provide those tablets to all the Sub Centres as RCH 'A' & 'B' kits, supplied by Government of India. He pointed out that in the year 2010 the supply of RCH 'A', & B kits was stopped by Government of India and thereafter it was instructed to procure the required tablets by the state itself utilizing the fund allotted through NRHM. But as the Kerala Medical Services Corporation, entrusted with the procurement of those tablets could not complete the procedure for purchase and also due to the non-availability of medicines the distribution of medical kits could not be carried out. Now the problem was rectified and the RCH kits were made available from April 2013 onwards using NRHM fund. He continued that the department had taken all possible efforts to distribute the tablet through the ASHA workers in Attappady. Each ASHA worker was provided with 1000 iron tablets which could be distributed as per the demand. In addition to this ORS was also supplied with.

34. The Committee urged the ST Development Department that the essential services which ensure maternal health, such as antenatal check-ups, supply of vitamins and nutrients etc. should be strengthened in Government

Hospitals located in tribal areas by utilising the fund allotted to the Tribal Department also. The District Programme Manager, Palakkad informed that the department had formulated and implemented a project for imparting total care to tribals and a tribal insurance fund worth ₹ 10 lakh had been given to the hospitals.

35. The Committee enquired whether the department had conducted any awareness programme among tribals regarding those projects. The Project Officer, ITDP answered that in Attappady there were 614 pregnant women as on that date and the Junior Public Health Nurses in 28 Sub Centres in the region were entrusted to gather information. He added that the number of delivery cases reported in Public Health Institutions had shown an increasing trend for the last two months. The Committee then wanted the department to furnish the data regarding antenatal care given to pregnant tribal women in Palakkad District.

36. To the query of the Committee regarding the details of sterilisation, the District Programme Manager, Palakkad stated that the department had not taken any special drive in this regard. The Committee expressed its apprehension that decline in birth rate was due to increase in sterilisation. The Project Officer, Integrated Tribal Development Project, Attappadi informed the committee that in the Moolakankal, an Ooru of Scholayoor Panchayat in Palakkad there was not even a single conceiving lady as on that date and that may be due to family planning activities conducted there earlier. The District Programme Manager, Palakkad informed that not even a single sterilisation campaign was conducted in Agali for the last 5 years and assured to look into the matter.

Conclusion/Recommendation

37. **The Committee observes that the CHCs and PHCs in Palakkadu District were not utilizing the infrastructure facilities available with them fruitfully and effectively. Even the Tribal Specialty Hospital, Kottathara is not an exception. Sometimes the exigencies lead the poor tribe to rely on private hospitals even with his financial constraints. The Committee recommends that Scheduled Tribes Development Department should provide comprehensive financial aid to the tribal people who availed medical treatment in private hospitals due to lack of facilities in Government Health Centres. It exhorts the Health and Family Welfare Department to take immediate steps to facilitate all health care services and instruments available at various health centres for the common man.**

38. **When informed that the rate of death in Attappady area is greater than birth, the Committee expresses its anguish over the fact that the tribals**

were facing extinction. Then it urges the Scheduled Tribes Development Department to furnish a report detailing the preventive measures taken in this regard to the Committee. It also directs the Health and Family Welfare Department to furnish the details regarding the infant mortality with the details of the number of prenatal deaths, the number of deaths at the time of delivery and the mortality rate of children below 1 year and 5 years of age separately for the last two years.

39. It urges the ST Development Department to ensure that the tribes are being supplied with nutrient food. The Committee directs the Department to furnish the details of food items distributed to the tribal people to it with specification of quantity of each item and the method applied for distribution.

40. The Committee evaluates that the afforestation projects and watershed programmes of AHADS were labour intensive programmes and half of the amount expended for the project would reach the hands of the tribal people. It urges the ST Development Department to furnish the year wise details regarding the amount expended under various projects like watershed programmes etc., and its labour component since the inception of AHADS.

41. The Committee feels pity on the plight of our primitive people and remarks that there is a livelihood crisis which could not be compensated with the employment guaranteed under the Mahatma Gandhi National Rural Employment Guarantee Scheme. It recommends that steps should be taken to avoid the situations of degeneration of labour opportunity among tribals by reallocating the surplus fund from a special scheme to certain other labour promoting schemes. The Committee demands that tribals must be provided with maximum man days by relaxing the condition of maximum 100 working days under MGNREGS. The Committee also recommends that there should be a concerted effort by the Scheduled Tribes Development Department and Local Self Government Department to take up the matter with Central Government to relax the guidelines of MGNREGS so that more works could be carried out under the scheme.

42. The Committee emphasizes the need for revitalizing the micro-community organizations like ayalkoottam and thaikoottam among tribals. The Committee demands that the ST Development Department should make necessary arrangement to impart adequate training to tribal facilitators at district level as well as state level to make them empowered as Community organisers.

43. The Committee directs the ST Development Department to furnish a consolidated statement regarding the projects implemented through TSP during the last 5 years in Agali and Attappadi region of Palakkad district and also the details of Local Fund Audit conducted so far towards the functioning of TSP.

44. The Committee suggests the Scheduled Tribes Development Department to furnish the study report, if any, conducted regarding the alcoholism among tribals. It also recommends the department to conduct awareness programmes to curtail the consumption of alcohol among tribals.

45. The Committee recommends the Excise Department to conduct sweeping operations to destroy the illicit brew and to take necessary steps to arrest the agents who bring spirit illegally from other states. It stresses the need for strengthening the wings of Excise Department in the region. It also recommends that the ST Development Department should start a de-addiction centre there and should take adequate steps to send the chronic drinkers/offenders to de-addiction centres instead of imprisoning them.

46. The Committee urges the Home Department to furnish a detailed report regarding the number of cases registered in connection with alcoholism, nature of offences etc. for the last 5 years in Palakkad district with special mention about the number of SC/ST people involved in such cases.

47. The Committee observes that even though 20 surgical kits were supplied to 16 CHCs, those could not be utilized effectively mostly because of the absence of qualified doctors. It criticizes the Health and Family Welfare Department for purchasing surgical kits without properly assessing the actual requirement of the hospitals and without considering the demand of the Hospital Management Committee. It advocates that Health and Family Welfare Department should take efforts to avoid such lapses in future.

48. The Committee recommends that the number of tribals performing as ASHA workers should be enhanced. It enunciates that the ASHA worker should be imparted with training as instructed by Government of India and the service of ASHA workers should be monitored.

49. The Committee urges the Scheduled Tribes Development Department to check the feasibility of utilizing the fund set apart for the welfare of Scheduled Tribes for strengthening the essential services like antenatal check-up, supply of vitamins, nutrients etc. in the Government Hospitals located at tribal regions. It also demands the department to furnish the data regarding antenatal care given to a pregnant tribal women in Palakkad district and the details of the insurance schemes implemented there for the tribals and the awareness programmes conducted so far.

50. The Committee expresses its apprehension that decline in birth rate among tribals is due to increase in sterilization among the tribal people. It recommends to enquire into the matter and to report it by incorporating the details of sterilization campaign conducted in Palakkad district during the last five years.

AUDIT PARAGRAPH

Education

Education is one of the most important indicators of social progress of a nation. Both the State and the Central Governments have been spending huge amounts in this sector, especially in the elementary education. The Sarva Shiksha Abhiyan (SSA) is one of the flagship programmes of the GOI for universalisation of elementary education.

Elementary Education

The SSA Programme was launched (2001) to provide quality elementary education to all the children of the age group of 6-14 years with active participation of the community, with special focus on educational needs of girls, SCs/STs and other children in difficult circumstances. The District Planning Committee comprising the District Collector and the District Panchayat President, assisted by the Deputy Director of Education, the Principal, District Institute of Educational Training and the Project Officer (SSA) is required to supervise the planning and implementation of the SSA programme in the district.

Enrolment

Under the SSA Programme, 100 per cent schooling of children of the targeted age group of 6-14 years was to be ensured. The enrolment of children of this age group (Standard I to VIII) for the years 2005-10 was as detailed in Table 2.11

TABLE 2.11: DETAILS OF ENROLMENT OF CHILDREN OF 6 TO 14 YEARS IN THE DISTRICT

Year	Number of schools		Enrolment				
	Govt. LP+UP	Aided LP+UP	Govt.	Aided	Total	Unaided	Grand Total
2005-06	213+139	339+248	108866	217387	326253	23123	349376
2006-07	213+139	339+248	103343	214852	318195	24507	342702
2007-08	213+139	339+248	102005	223998	326003	25867	351870
2008-09	213+139	339+248	100132	211203	311335	27384	338719
2009-10	213+139	339+248	95553	208401	303954	27231	331185

Source: details furnished by SSA.

Audit observed the following:

- There was a decrease in enrolment in Government/Aided Schools and increases in enrolment in unaided schools during 2005-06 to 2008-09.

The Project Officer stated (October 2011) that in most of the Government/Aided Schools the medium of instruction was Malayalam. The higher enrolment in unaided schools was attributed to the preference to English Medium Schools.

- As per Para 9.6 of the Manual on Financial Management and Procurement, a survey of the child population of the 6-14 years age group should be conducted and the information should be provided in the Perspective Plan of the district. No survey was conducted and data was not maintained. In the absence of the above, Audit could not ascertain the achievement of the objective of SSA for providing 100 per cent schooling to the targeted 6-14 years age group.

The Project Officer, SSA stated (October 2011) that in the absence of any directions from higher authorities, no survey of the child population had been conducted so far.

- Out of the total enrolment, the admission of girl students was very close to the expected 50 per cent.

Decrease in the strength of students in Government/Aided Schools

Decrease in the strength of students was noticed in respect of 17 out of 30 schools visited by Audit. Seven schools did not have the minimum required strength of students.

The Project Officer stated (October 2011) that the reasons for the decrease in strength were the decreasing trend in the birth rate in the State year by year and the increase in the number of unaided English Medium Schools. The Project Officer further stated that decline in Government/Aided Schools might not be due to the better quality of education in unaided schools but was due to the medium of instruction.

Infrastructure

The deficiencies noticed in the infrastructure and amenities in 16 Government and 14 Aided Schools test-checked in the selected panchayats were as detailed in Table 2.12:

TABLE 2.12: DETAILS OF DEFICIENCIES IN THE INFRASTRUCTURE AND AMENITIES

<i>Deficiency</i>	<i>Number of schools</i>	
	<i>Government (16)</i>	<i>Aided (14)</i>
Building—weak structure	2	6
Building—with AC roof	4	1
Classroom—no separation wall	6	8
Girls Toilet—not available	3	7
—not sufficient	3	..
Drinking water	3	1
Furniture shortage	7	5
Compound wall—not available	..	4
—partial	6	2
Kitchen room—not sufficient	5	1
Playground (UP)	3	1
Electric connection—not available	1	1
Laboratory—no separate room (UP)	2	2

- Ten (33.33 per cent) schools did not have any toilet facilities for girl students.
- Drinking water facilities were not available in four schools.

- Classroom separation walls were not provided in 14 schools.
- Aided Lower Primary School (ALPS), Kinavallur with a student strength of 140 did not have a pucca kitchen for cooking mid-day meals. The mid-day meals were seen prepared in an unhygienic environment at the entrance of the only toilet available in the school.

The Project Officer stated (October 2011) that the matter of not having a pucca kitchen in ALPS, Kinavallur was intimated to the Assistant Educational Officer for immediate action. This indicated that improvement of infrastructure in the aided schools which was to be done by the Manager concerned, was not ensured by the educational authorities.

Attendance in Schools

In the schools visited by Audit, the attendance of the students was as detailed in Table 2.13:

TABLE 2.13: DETAILS OF ABSENCE OF STUDENTS IN THE SCHOOLS VISITED

<i>Sl. No.</i>	<i>School</i>	<i>Date of visit</i>	<i>Total Strength</i>	<i>Absence on the day of visit</i>
1	AUPS, Keralasserry	28-1-2011	99 (I&IV Std.)	31 (31%)
2	ALPS, Kinavallur	3-2-2011	140	24 (17%)
3	Mount Carmel LPS, Mammana	31-1-2011	640	192 (30%)
4	Aarogyamatha LPS, Kottathara	1-2-2011	630	74 (12%)
5	GTUPS, Mattathukad	1-2-2011	87	19 (22%)
6	GTWLPS, Kathilakandi	1-2-2011	52	21 (40%)

Audit observed that the attendance registers of students on the day of visit by Audit, showed blank against students who were absent instead of marking absent. The attendance on the date of visit was much lower than that normally indicated on other days.

The Headmasters of the schools stated that the reasons for the absence of students were illness, marriage of relatives, non-availability of transport etc.

The attendance of students is important not only from the academic point of view but also from the entitlements of a school for mid-day meals etc., which are directly linked to the number of students shown as present. Since attendance was lower than on other days in all the six schools visited, there was a need for effective supervision by the Educational Officers.

[Audit Paragraph 2.1.6 contained in the Report of the Comptroller and Auditor General of India for the financial year ended 31 March 2011 (Civil).]

Notes received from Government on the above audit paragraph is included as Appendix II.

51. The Committee enquired whether the department had conducted education survey and had the details of enrolment. The District Project Officer, Sarva Siksha Abhiyan (SSA), Palakkad submitted that education survey was conducted during 2011 and hundred per cent enrolment could not be achieved. He added that dropouts had been reported in Attappady and Parambikulam area where the children were enrolled in other districts by paying ₹ 5,000 to their parents by some people which was the main reason for this. Now the department through Sarva Siksha Abhiyan has been taking every possible step to enrol the maximum number of students. A Multi Grade Learning Centre was also functioning for children from classes I to IV in remote areas which suffer lack of transportation facilities. She added that the percentage of dropping out was high among the tribal students.

52. The Committee then enquired whether the tribal students had hostel facility. The District Project Officer, SSA, Palakkad replied that existing hostel facility was insufficient. She added that in Paloor, a school was allotted under RMSA without hostel facility and hence the school could not be started. The Committee opined that if the department could provide adequate facilities like good food, playgrounds, hostel facility with single room accommodation, etc. to the children, they could curtail dropping out to a certain extent. The Project Officer, ITDP informed that at present there were 16 hostels and model residential schools in Attappady under Scheduled Tribes Development Department.

53. The Committee pointed out that some hostels in Attappady had not provided minimum facilities like toilet and kitchen and opined that highest priority should be given to health and education sectors. The Committee suggested that the department should formulate new methods for uplifting the educational system in tribal areas without intervening in their customs and traditions. The Committee also decided to recommend that the infrastructure facilities provided in the schools should be upgraded.

54. The Committee then called the attention of the witness towards report about Kinavallur School, where the mid-day meals were prepared in an unhygienic environment that too adjacent to the toilet. The District Project Officer, Sarva Siksha Abhiyan, Palakkad apprised that now it was separated and being an aided school the department could give only directions.

55. The Committee decided to recommend that basic infrastructure facilities like toilets and computer should be provided to schools including aided schools as and when required using the Special Development Fund of MLAs.

56. Regarding the audit observation the District Project Officer, Sarva Siksha Abhiyan, Palakkad pointed out that inspection was done in Parali School on the day of an annual carnival in the nearby temple which was the reason for the reduction in the attendance. In the case of Mannarkad School during inspection, the teachers were on census duty and some students depend these teachers to reach school. Hence they could not attend the classes and that affected the rate of attendance. He continued that all pupils enlisted in the attendance register were studying there. He added that as per the recommendation of ITDP, a project was submitted to construct temporary hostels for students. As it would take considerable time, it was decided to accommodate students in temporary set-up. The Committee decided to recommend that there should be co-ordination between the General Education and Tribal Development Departments in providing nutrient food three times a day to each and every pupil coming to school irrespective of whether they are residents or day scholars.

Conclusion/Recommendation

57. The Committee suggests that the Education Department should take necessary measures to curtail dropout of pupil by providing adequate facilities like good food, playgrounds, hostel facility with single room accommodation, etc. It demands that the Education Department should formulate new methods for uplifting the educational system in tribal areas without intervening in their customs and traditions. The Committee recommends that the infrastructure facilities provided in the schools should be upgraded. The Committee also recommends that the Education Department should check the feasibility of carrying out basic infrastructure facilities like toilets and computers to all educational institutions including aided schools using the Special Development Fund of MLAs.

58. The Committee recommends that there should be co-ordination between the General Education and Scheduled Tribes Development Departments in implementing welfare measures for the tribes. It emphasizes the need for supplying nutrient food three times per day to each and every pupil attending school irrespective of whether they are residents or day scholars.

AUDIT PARAGRAPH**Water Supply**

Provision of adequate and safe drinking water to all citizens, especially those living in rural areas has been a priority area for both the Central and the State Governments. In Palakkad district, water supply schemes funded by the Central, State and agencies like NABARD, LIC were being implemented during 2005-2010 by the Kerala Water Authority (KWA).

Status of Water Supply

There were 11883 habitations/wards in the State as on December 2008. All these 11883 habitations attained fully covered status taking the private wells also into consideration. Out of the total habitations of 11883, the habitations in Palakkad district were 1136. The report prepared by KWA (October 2010) showed that there were 83 completed schemes and 11 schemes were in progress in the district.

Accelerated Rural Water Supply Programme

The Accelerated Rural Water Supply Programme (ARWSP), a Centrally Sponsored Scheme was introduced in 1972-73 with the aim to ensure coverage of rural habitations with access to safe drinking water, sustainability of the systems and sources, to preserve quality of water by institutionalising water quality monitoring and surveillance.

The schemes taken up as well as ongoing under ARWSP during 2005-06 to 2009-10 were not completed within the stipulated time. Five schemes were badly delayed and nine were in a standstill due to various reasons, as detailed in Appendix II and Appendix III.

The following observations were made in Audit:

- The delay in completion of five schemes which ranged from one to six years resulted in denial of benefits to the targeted population and also in cost escalation.
- Nine schemes taken up under ARWSP to benefit a population of 2.93 lakh in nine Panchayats remained incomplete after spending ₹ 18.28 crore due to improper planning.

Status of Water Supply Schemes in three Panchayats

The audit team visited (March 2011) three Panchayats viz., Ayilur, Parali and Keralasserry to check the status of water supply and the findings were as discussed further:

- Only six out of the 17 wards in Ayilur Panchayat were covered in the scheme (CWSS to Nemmara, Ayilur and Melarcode Panchayats) operated by KWA. Pumping could be done only on alternate days as only one 60 HP motor was available for two panchayats namely: Ayilur and Melarcode. The remaining 11 wards were covered by mini schemes.

The Executive Engineer stated (October 2011) that there was one more standby pump set but could not be energized for want of additional power allocation.

- In Parali Panchayat the proposed comprehensive water supply scheme under ARWSP scheduled to be completed by August 2010 was not yet completed as the required permission for laying the pipelines crossing the railway lines could not be obtained from the railway authorities.

The Executive Engineer stated (October 2011) that permission for railway crossing had since been obtained and the scheme would be commissioned by March 2012.

- In Keralasserry Panchayat, no comprehensive scheme was available but mini schemes were available.

The Executive Engineer stated (October 2011) that technical sanction for such a comprehensive scheme could not be obtained as the Panchayat did not furnish details of land availability.

Thus all the three test checked Panchayats lacked access to safe drinking water as envisaged in ARWSP, as there were no comprehensive water supply schemes.

Water quality

In the district, KWA has one Quality Control District Laboratory at Palakkad for water quality testing. Water Supply Schemes were categorized as

A, B, C, D and E for quality testing according to the beneficiary population covered under the scheme. The frequency of tests to be conducted under each category and the number of samples to be tested are as detailed in Table 2.14:

TABLE 2.14: FREQUENCY OF WATER QUALITY TESTS

<i>Category</i>	<i>Frequency</i>	<i>No. of samples to be tested</i>
A	Monthly	15
B	Monthly	11
C	Bimonthly	9
D	Quarterly	7
E	Half-yearly	3

(i) Targets and Achievements

The targets fixed for water testing and achievement (tests actually conducted) for the period 2005-2010 were as detailed in Table 2.15:

TABLE 2.15: DETAILS OF SAMPLES OF WATER TESTED

<i>Year</i>	<i>Target</i>	<i>Achievement</i>
2005-06	1132	1038
2006-07	1132	853
2007-08	1389	1212
2008-09	1625	1552
2009-10	1625	1512

It may be seen that the achievement of water quality testing conducted by the Quality Control District Laboratory was almost close to the target fixed by KWA.

(ii) Analysis of sample tests of CWSS, Nemmara

As per the standards, safe drinking water should be free from bacteria. Audit scrutinized the reports on quality tests of water samples collected from six sampling points of CWSS, Nemmara. The reports repeatedly indicated presence of bacteria (Coliform/E-coli) as detailed in Table 2.16:

TABLE 2.16: REPEATED PRESENCE OF BACTERIA IN SAMPLING POINTS OF
CWSS, NEMMARA

<i>Sampling points</i>	<i>Date of testing</i>	<i>Presence of Bacteria (No./ per100 ml.)</i>	<i>Date of testing</i>	<i>Presence of Bacteria (No./ per100 ml.)</i>	<i>Date of testing</i>	<i>Presence of Bacteria (No./ per100 ml.)</i>
OHSR, Nemmara	22-10-2009	1100+	28-12-2009	210	25-2-2010	1100+
Tap at NSS College, Nemmara	10-8-2009	93	22-10-2009	1100+	..	..
DP at St. John's School, Akapadam	28-12-2009	1100+	25-2-2010	29	7-12-2010	1100+
Treated Water	10-8-2009	42	7-12-2010	1100+	..	..
DP at Pothundy Junction	28-12-2009	1100+	25-2-2010	21	7-12-2010	1100+
DP at VALP School, Aluvassery	28-12-2009	1100+	7-12-2010	1100+	..	..

Repeated presence of bacteria in the samples collected from the same sampling points indicated that KWA did not take remedial action to eliminate the bacteria and failed to provide safe drinking water to the population covered under the scheme.

Audit analysed the test results of 44 samples tested in respect of CWSS, Nemmara and Ayilur Panchayats during the year 2010 and the details were as in Table 2.17:

TABLE 2.17: DETAILS OF TEST RESULTS OF WATER SAMPLES

<i>Date of collection</i>	<i>Number of samples</i>	<i>No. of samples with presence of coliform bacteria*</i>	<i>Iron above permissible limit (1 mg./litre)</i>	<i>Turbidity above permissible limit (10 NTU)</i>	<i>Absence of Residual Chlorine (0 mg./litre)</i>
23-2-2010	9	5	..	..	..
21-4-2010	9	1	1	4	..
23-6-2010	8	6	1	1	..
6-8-2010	9	8	..	..	..
6-12-2010	9	8	1	..	9

* permissible number of bacteria present in the sample is zero.

The presence of coliform bacteria, iron, turbidity etc., indicated in the test results showed that KWA failed to supply safe drinking water even though there were water treatment plants in CWSS, Nemmara and Ayilur.

(iii) Analysis of samples of open wells

In 2010-11, the District Laboratory had taken 150 and 100 open well water samples from Parali and Keralassery Panchayats respectively for quality tests. All the samples showed the presence of coliform bacteria which indicated that the well water used in the panchayats was polluted and harmful for consumption.

[Audit Paragraph 2.1.7 contained in the Report of the Comptroller and Auditor General of India for the financial year ended 31 March 2011 (Civil).]

Note furnished from Government on the above audit paragraph is included as Appendix II.

59. On the audit para the Committee enquired about the Water Supply Schemes at Nemmara and Ayilur and the quality of water there. The District Collector, Palakkad stated that all the Water Supply Schemes have been functioning well. He added that due to defecation in open areas the quality of water was degraded and higher percentage of E-coli bacteria was detected. He stated that the department had submitted proposals for implementation of Integrated Water Supply Schemes. The Project Officer, ITDP informed that a

proposal for a project prepared exclusively for Attappady by Kerala Water Authority of ₹ 30 crore was submitted to Central Government. The Committee observed that Government machinery failed to deliver even one-third portion of drinking water needed in that area.

60. The Committee enquired about the method adopted to purify water. The District Collector, Palakkad stated that in Parali as the water having high iron content, it was purified using alum either by the department in the case of scheme run by the department or by beneficiary groups like Jananidhi. The Committee enquired about the reason for the brown teeth in children residing in those areas. The District Medical Officer, Palakkad informed that in some Panchayats of Chittur the flouride content in water was 95%. Meanwhile the District Project Officer, Palakkad brought to the notice of the Committee that a programme was formulated at national level for controlling flourosis and now that programme was implemented in Alappuzha and in tribal area like Chittur in Palakkad. NRHM had taken steps to collect urine samples of children from schools to ascertain the level of fluoride and to rectify it by effective measures.

61. The Project Officer, ITDP informed that in several areas of Attappady the supply of drinking water was done through Jananidhi. The Committee urged the Water Resources Department to strengthen the Water Supply Schemes in Attappady for providing safe drinking water to the population covered under the scheme and the water distribution system in that area should be properly maintained.

Conclusion/Recommendation

62. The Committee expresses its displeasure over the inefficiency of the Water Resources Department and remarks that the Government machinery has failed to deliver even one-third portion of drinking water required in Attappady. It urges the Water Resources Department to strengthen the Water Supply Schemes in Attappady for providing safe drinking water to the population covered under the scheme and the water distribution system in that area should be properly maintained.

AUDIT PARAGRAPH

ECONOMIC SERVICES

SCHEDULED CASTE AND SCHEDULED TRIBE DEVELOPMENT
DEPARTMENT

Housing to Scheduled Castes

The SC population in the district is 432578, which accounts for 16.53 per cent of the total population. A housing scheme for the benefit of the

SC population was implemented in the district through the District Development Officer for SCs. The grants provided for each house with a minimum plinth area of 323 sq. feet varied from ₹ 70,000 (2005-06) to ₹ 1 lakh (2009-10). The amounts for the beneficiaries were to be disbursed in four instalments on completion of each stage of construction.

The total number of houses sanctioned, and those remaining incomplete during 2005-2010 were as detailed in Table 2.18:

TABLE 2.18: DETAILS OF IMPLEMENTATION OF HOUSING SCHEME

Year of sanction	Number of Houses			
	Sanctioned	Completed as on 31st March, 2011	Percentage of completion	Incomplete as on 31st March, 2011
2005-06	766	681	89	85
2006-07	665*	571	86	94
2007-08	1873	1607	86	266
2008-09	2180	1759	81	421
2009-10	2175	1302	60	873
Total	7659	5920	77	1739

* Construction and handing over the houses were entrusted to Kerala State Nirmitti Kendra.

- From the above table, it was noticed that the percentage of completion of houses ranged from 60 to 89. However, an amount of ₹ 9.22 crore had already been released (2005-2010) to the beneficiaries towards construction of houses but 1739 houses remained incomplete at various stages. It was stated by the department that the non-completion of houses was due to insufficient financial assistance from the Government and financial hardships of beneficiaries.

Housing to Scheduled Tribes

The Scheduled Tribe population in the district is 39665 which is 1.52 per cent of the total population of the district. The housing scheme for the benefit of ST population was implemented in the district through the Tribal Development Officer and the Project Officer, Integrated Tribal Development Project (ITDP), Attappady. The rates of assistance for each house varied from ₹ 75,000 (2006-07), ₹ 1 lakh (2007-2009) to ₹ 1.25 lakh (2009-10).

The details of houses sanctioned to the ST population in the district during 2006-2010 were as detailed in Table 2.19:

TABLE 2.19: DETAILS OF HOUSES SANCTIONED AND INCOMPLETE

Year of sanction	Sanctioned		Incomplete as on 31st March, 2011			
	Tribal Development Officer	Project Officer, ITDP	Tribal Development Officer		Project Officer, ITDP	
			No.	Percentage	No.	Percentage
2006-07	175	130	94	54	13	10
2007-08	18	20	4	22	5	25
2008-09	22	20	10	45	13	65
2009-10	154	260	124	81	180	69
Total	369	430	232	63	211	49

It was noticed in audit that the percentage of shortfall in completion of houses sanctioned by the District Tribal Development Officer and the Project Officer, ITDP was 63 and 49 respectively. The Project Officer, ITDP stated (March 2011) that the non-completion of houses was due to the shortage of building materials, wide fluctuations in the cost of materials, hike in transportation cost of materials, etc.

Member of Parliament Local Area Development Scheme

Under MPLADS, each Member of Parliament (MP) can identify and suggest developmental works based on locally felt needs for the creation of durable assets. The allocation to each MP per year is ₹ 2 crore. In Kerala, the Planning and Economic Affairs Department has been declared as the nodal department for MPLADS. The District Collector is responsible for sanctioning the works recommended by the MPs, get the works executed and hand over the same to the concerned department or user agency.

Audit scrutiny of the implementation of the scheme revealed that the unspent/uncommitted balance left in respect of former MP of Palakkad in the 14th Lok Sabha was ₹ 76,41,535. This was redistributed (August 2011) equally among all the 20 MPs of the State representing the 15th Lok Sabha based on GOI directions (May 2010). Thus the people of Palakkad Lok Sabha Constituency were deprived of developmental works of the above mentioned amount.

Special Development Fund for Members of Legislative Assembly

The 'Special Development Fund for Members of Legislative Assembly' (MLA SDF) was notified in October 2001 to enable Members of the Legislative Assembly (MLA) to create durable assets for public use at large. The implementation of the scheme was governed by guidelines issued by the State Government. The annual allotment under the scheme to each MLA was ₹ 75 lakh per annum. The scheme is fully funded by the State Government and the funds released under the scheme are non-lapsable.

The District Collector is the nodal officer for the release of funds for the works recommended by MLAs under the scheme of MLA SDF. During the period 2005-2010, the District Collector received ₹ 41.25 crore for the scheme and sanctioned 1774 works amounting to ₹ 40.96 crore. Out of the above, 1653 (93 per cent) works had been completed.

Audit revealed the following:

- An amount of ₹ 19.62 crore was lying in the Treasury Savings Bank accounts unutilised as on 31st March, 2010. A minimum balance of ₹ 3.74 crore was parked in the account from March 2008 onwards.
- A total of 121 works were not completed for reasons such as non-availability of materials, public objection, vagaries of nature, revision of estimates, delays in getting sanction from various departments, etc.

Prime Minister's Special Rehabilitation Package (Vidarbha Package) Agriculture

Palakkad district was included under the PM's Special Rehabilitation Package (Vidarbha Package) for farmers in suicide-prone districts of the country. One component of the scheme was micro-irrigation (drip/sprinkler Irrigation). The objective of the component was to increase crop productivity; conservation of water, sustainable use of water, etc. GOI released (September 2006) ₹ 2.71 crore for implementation of the programme in the district, out of which ₹ 1.89 crore was lying unutilised in a bank account operated by the Principal Agricultural Officer (PrAO) as on 31st July, 2010. The details of the physical target and achievement were as detailed in Table 2.20:

TABLE 2.20: DETAILS OF DRIP/SPRINKLER IRRIGATION

Year	Drip Irrigation (In Ha.)		Shortfall (Percentage)	Sprinkler Irrigation (In Ha.)		Shortfall (Percentage)
	Target	Achievement		Target	Achievement	
2006-07	1290	483.46	63	1000	94.30	91
2007-08	804.60	394.47	51	901.93	62.06	93
2008-09	304	316.34	..	816.40	59.21	93
2009-10	548	229.08	58	752.60	46.14	94

The low utilization indicated that there was not much demand for the scheme in the region.

The reasons stated by the PrAO were:

- (i) high cost of material of installations as per the GOI norms;
- (ii) low rate of subsidy in comparison to the cost of material;
- (iii) adequate rainfall from May to October.

It was observed that the PrAO had not brought out the reasons for non-popularization of the scheme to the notice of the Government.

[Audit Paragraph 2.1.8 to 2.1.11 contained in the Report of the Comptroller and Auditor General of India for the financial year ended 31 March 2011 (Civil).]

Notes furnished from Government on the above audit Paragraph is included as Appendix II.

63. The Committee observed that so many housing programmes implemented by the department and the panchayat remain uncompleted and enquired the reasons for the same. The Project Officer, ITDP, Attappadi answered that usually the fund was allotted in instalments directly to the beneficiary and it would be disbursed only after completing each stage of construction. At present an amount to the tune of ₹ 2.5 lakh was allotted by the ST Development Department for house construction. The District Collector, Palakkad informed that the housing programmes of AHADS were planned in accordance with requirements whereas the Tribal Development Department had uniform plan for houses and it might not be suitable for families having more members. While the Committee asked the number of houses left to be distributed among tribes, the District Collector, Palakkad stated that the houses constructed by AHADS had been completely distributed.

64. The Committee decided to recommend to integrate the housing programme of the Tribal Development Department and Panchayats and to implement the same through Ooru Samithis. In the light of experience during its visit to Wayanad, the Committee remarked that individual houses are not advisable. Construction of only less than 10% individual houses were completed there and even the completed ones were not occupied as tribes prefer to live in colonies.

65. The District Collector, Palakkad stated that on the basis of a verdict of the Honourable High Court, the Nirmithi Kendra had completed the construction of 5 houses within 3 months. He added that Nirmithi Kendra was ready to construct the remaining 40 houses, but there was objection towards it from intermediary people who benefited out of such projects.

66. The Committee decided to recommend to discontinue the system of disbursing fund direct to individual beneficiaries and to implement AHADS model group housing projects which were proven very successful since tribes prefer to live in colonies. It also directed to take adequate measures to complete the construction of remaining houses in a time bound manner.

Conclusion/Recommendation

67. The Committee realises that there is no uniformity in the implementation of housing schemes for the Tribes by various agencies. It appreciates the remarkable performance of AHADS in this field. The Committee recommends to integrate the housing programmes of the Scheduled Tribes Development Department and Panchayats by considering the recommendations of Ooru Vikasana Samithis.

68. The Committee understands that at present the aid for housing projects was granted to individual beneficiaries and middle men were benefited out of it. The Committee recommends to discontinue the prevailing system of disbursing fund directly to the individual beneficiaries and to implement AHADS model group housing projects which were proven very successful since tribes prefer to live in colonies rather than providing them with individual houses. It also directs to take adequate measures to complete the constructions of remaining houses in a time bound manner and opines that ST Development Department should take scrupulous effort to ensure that houses are completed in the year in which it is sanctioned. The steps taken in this regard should be intimated to the Committee.

AUDIT PARAGRAPH

State Horticulture Mission

The State Horticulture Mission (SHM) was set-up to implement the National Horticulture Mission Programme, a Centrally Sponsored Scheme, introduced during the financial year 2005-06. The objectives of the mission were to provide holistic growth of the horticulture sector, to enhance income support to farm households and to create opportunities for employment generation. SHM is headed by a Mission Director at the State level. The District Horticulture Mission with the PrAO as the Vice Chairman and the Deputy Director of Agriculture (Horticulture) as the Member-Secretary is the implementing agency at the district level. The programme was implemented through Krishi Bhavans of the district.

Planning

The mission period was 2005-2012 (which was extended up to 2017). The programme was implemented based on Annual Action Plans (AAP) approved by the Mission Director.

Implementation

Progress reports of AAP in the district showed that the targets fixed could not be achieved. The targets and achievements for the period 2005-2009 (details for 2009-10 not furnished) as on 31st March, 2009, in respect of major components of the programme, namely: (i) production of planting materials, (ii) establishment of new gardens, (iii) rejuvenation/productivity enhancement, (iv) organic farming, (v) establishment of marketing infrastructure, (vi) project based activities were as detailed in Table 2.21:

TABLE 2.21: DETAILS OF PROGRAMMES IMPLEMENTED UNDER SHM

Sl. No.	Item/component	Unit	Physical		Shortfall (per cent)
			Target	Achievement	
(1)	(2)	(3)	(4)	(5)	(6)
1	Production of Planting Materials				
	Rehabilitation of existing tissue culture units	Number	7	2	71
	Seed infrastructure	Number	31	31	..
	Vegetable seed production				
	Public sector	Hectare	14.50	1.10	92
	Private sector		12.00	2.00	83

(1)	(2)	(3)	(4)	(5)	(6)
2	Establishment of New Gardens				
	Fruits	Hectare	11113.70	5598.70	50
	Vegetables	Hectare	1211.00	708.15	42
	Flowers	Hectare	129.54	58.54	55
	Spices	Hectare	4193.10	1595.99	62
	Plantation crops	Hectare	1415.00	388.38	73
	Mushroom	Hectare	112.00	40.38	64
	Cocoa	Hectare	200.00	..	100
	Medicinal plants	Hectare	50.40	22.10	56
3	Rejuvenation/Productivity Enhancement	Hectare	5235.00	458.20	91
4	Organic Farming				
	Adoption of organic farming	Hectare	1571.89	802.44	49
	Vermi compost units	Number	620.00	183.50	70
5	Establishment of Marketing Infrastructure				
	Rural markets	Number	22	..	100
	Wholesale markets	Number	27	..	100
6	Project Based Activities				
	Plant health clinic	Number	5	..	100
	Leaf tissue analysis lab	Number	3	..	100
	Disease forecasting unit	Number	3	..	100
	Biocontrol lab	Number	1	..	100

The above table shows the following:

- The achievements were far below the targets fixed. The percentage of non-achievement varied from 100 to 42. Hundred per cent achievement was seen only in respect of seed infrastructure.

- There was no achievement under the components 'Establishment of marketing infrastructure' and 'Project based activities' and hence the shortfall was 100 per cent.
- As on 31st March, 2010, there was a balance of ₹ 5.62 crore lying in the bank account of the District Horticulture Mission, which showed that funds received for the implementation of the SHM programme were not being utilised efficiently.

The Deputy Director stated (October 2011) that shortage of staff at Krishi Bhavans and heavy workload of Agricultural Officers were the reasons for non-achievement of targets.

The reply of the Deputy Director is not acceptable as no steps were taken to utilise the Central assistance. Thus the objectives of the mission to enhance income support to farm households and to create opportunities for employment generation were denied to the farmers.

Attappady Wasteland Comprehensive Environmental Conservation Project (AWCECOP)

The Attappady Wasteland Comprehensive Environmental Conservation Project sanctioned by the State Government in October 1995 was to be implemented in the tribal block of Attappady in Palakkad district at a total cost of ₹ 219.31 crore. The project envisaged sustainable development of Attappady by planning and implementing an eco-restoration programme in degraded areas through a variety of measures to arrest denudation of land and further deforestation; conserve water resources and consequently, stabilize the environment leading to economic development and employment generation for people below the poverty line, with focus on Scheduled Tribes, particularly women. The Government of Kerala entrusted (October 1995) the implementation of the project to the Attappady Hill Area Development Society (AHADS), Agali (a society registered under the Societies Registration Act, 1860) functioning under the LSGD. The total area and the identified wasteland project area were 745 sq.km. and 372.43 sq.km. respectively.

The project was partly funded by the Government of Kerala and partly through loans from the Japan Bank for International Co-operation [now Japan International Co-operation Agency (JICA)]. The project period was seven years from March 1996, later extended up to December 2010.

Planning

A Perspective Plan for the entire project period had not been prepared. AHADS stated that the original physical and financial targets proposed for the project needed to be modified due to the changed perspectives, taking into account need-based site specific requirements for the project. The physical targets were re-worked and the Final Implementation Programme (FIP) for the period 2006-07 to 2009-10 was approved (2006).

Implementation of eco-restoration programme

The project envisaged sustainable development of Attappady by planning and implementing an eco-restoration programme in degraded forest areas through a variety of measures to arrest denudation of land and further deforestation; conserve water resources and consequently, stabilize the environment leading to economic development and employment generation for people below the poverty line, with focus on Scheduled Tribes, particularly women. The physical targets and achievements of the Final Implementation Programme of the project under the component eco-restoration were as detailed in Appendix III.

Audit scrutiny revealed the following:

- Out of 25 physical targets given for eco-restoration of degraded forest areas, the achievement in respect of 17 targets was over 90 per cent.
- The major shortfall in achievement was noticed in the structural conservation of forest land and water resource development. It was only 72 per cent in both the cases.
- A study on the impact of the project interventions for the period from 2001 to 2005 was conducted by the Kerala Agricultural University (KAU). The report showed that there had been a net positive impact of 11.8 per cent on forest regeneration and 13.81 per cent on the private and degraded lands. No further study had been conducted by KAU on this project. Final evaluation and impact of eco-restoration achieved in implementation of the project was also not conducted by any agency.

Socio-economic Development Programmes

Socio-economic development programmes were incorporated as an objective of the project in 2002, mainly focusing on housing, sanitation, health, education and cultural improvement to the tribal population.

(i) *Hamlet development*

The details of targets and achievements of construction of houses taken up under the scheme during the project period were as given in Table 2.22:

TABLE 2.22: DETAILS OF CONSTRUCTION OF HOUSES

<i>Scheme</i>	<i>Target (Nos.)</i>	<i>Achievement (Nos.)</i>	<i>Shortfall (per cent)</i>
Hamlet based development—Houses			
Phase I (up to 2008-09)	997	863	13
Phase II (2009-10)	1015	..	100

It was stated by AHADS (March 2011) that the shortfalls in achievement were due to lack of skills among the tribal people in civil engineering works, difficulty in accessing various interior hamlets during the rainy season, non-availability of building materials and skilled labour. The expenditure on the incomplete houses amounted to ₹ 28.73 crore.

(ii) *Other Infrastructure*

The new assets created by AHADS during the project period were either lying idle or not handed over to the departments concerned which are given in Table 2.23:

TABLE 2.23: DETAILS OF ASSETS REMAINING UNUTILISED

(₹ in lakh)

<i>Name of asset</i>	<i>Cost</i>	<i>Date of completion</i>	<i>Reply by AHADS</i>
(1)	(2)	(3)	(4)
Building for Lower Primary School, Karara	5.00	28th February, 2011	The building was completed, but not handed over to the department (April 2011)
Govt. Upper Primary School, Thazhemully	30.85	20th March, 2011	The building was completed, but not handed over to the department (April 2011)
Staff quarters at Thazhemully	10.50	31st March, 2011	The building was completed, but not handed over to the department (April 2011)

(1)	(2)	(3)	(4)
Community Health Centre, Agali	40.03	17th July, 2010	The building was completed and handed over to the Block Panchayat, but was found lying unutilised during the field visit
Tribal Hostel for Girls, Kottathara	32.34	..	Only civil works were completed (February 2011)
Staff Hostel, Government Tribal High School, Sholayur	9.12	..	Work was completed but not handed over (December 2010)

GENERAL SERVICES

e-District

The Government of India had approved (March 2007) the National e-Governance Plan (Ne-GP) in pursuance of its policy of introducing e-Governance on a massive scale. The Ne-GP vision aimed at making all Government services accessible to the common man in his locality, through common service delivery outlets ensuring efficiency, transparency and reliability of such services at affordable cost. To realise the above vision, 27 Central, State and Integrated Mission Mode Projects (MMPs) along with eight support components were identified under Ne-GP, to enable and facilitate rapid introduction of e-Governance in the country, with the focus on service delivery. e-District is one of the 27 MMPs under Ne-GP to target certain high volume services delivered at the district level to enable the delivery of these services through common service centres in a sustainable manner within a specific time frame.

In Kerala, Palakkad was one of the two districts selected (March 2008) for implementation of the project at an estimated cost of ₹ 3.05 crore. Forty-six services as detailed in Appendix III, pertaining to six departments were to be provided under the project. The Kerala State Information Technology Mission (KSITM) was appointed as the implementing agency. GOI released ₹ 3.05 crore for the programme in March 2008.

Status of Implementation

KSITM procured hardware and other accessories and distributed to all the Village Offices, Taluk Offices, Revenue Divisional Office and the District Collectorate. Internet connectivity (through BSNL) was also provided in all the above offices by the KSITM.

Audit revealed the following:

- Out of 46 services under the project, only 23 services relating to the Revenue Department were made online. The remaining 23 services relating to other departments were not yet made operational. The 23 Revenue Department services were not online in 59 Village Offices. It was operational only in 97 out of 156 Village Offices.
- Though internet connectivity was provided at a cost of ₹ 43 lakh in 153 Village Offices, the connectivity was not established in 59 Village Offices and hence the hardware procured and installed was not fully put to use in these village offices.

The e-District Programme through e-services had not been fully achieved even after three years. The partial implementation of the e-District Programme resulted in non-achievement of the objective of making all Government services accessible to the common man in his locality, through common service delivery outlets ensuring efficiency, transparency and reliability of such services at affordable cost. Besides, the common man was denied the facility for familiarisation/awareness of computers and the speedy access of various services envisaged in the programme.

e-Literacy (Akshaya)

As a part of providing Information Communication and Training (ICT) access to all sections of the society, the Government accorded (March 2007) sanction for implementation of the Akshaya Project. The project aimed at generation of economic growth, creation of employment, providing training centres for IT literacy campaign and establishment of IT dissemination nodes and service delivery points to the common man. Under the project, at least one person in every family was to be given functional IT literacy training.

An amount of ₹ 4.50 crore was received during 2006-2010 for implementing the project through Akshaya Centres. Out of the above, only ₹ 47 lakh was utilised and only 15 per cent of the households were benefited through these centres.

The District Officer of Akshaya, Palakkad stated (March 2011) that computer literacy was mandatory everywhere including schools and most of the households became e-literate through other sources. This indicated that the project was conceived without a proper pilot study or requirement analysis, resulting in blocking of funds to the tune of ₹ 4.03 crore as of March 2011.

Conclusion

The Government of India has increasingly been entrusting responsibility at the district/local level, especially at the level of the Panchayat Raj Institutions, to ensure efficiency and effectiveness in delivery of key services like health, education, drinking water etc. Audit scrutiny revealed that an Integrated District Development Plan for the district and Local Development Plans for each Local Self Government Institution were not prepared though the State Government had issued directions as early as in February 2007. Hence, there was no assurance that gaps in various developmental schemes/programmes had been identified. There was no system in place at the district level to have a consolidated picture of the year-wise funds received and utilised under various schemes implemented in the District. Adequate manpower and infrastructure as per the Indian Public Health Standards were not provided. Medical instruments supplied were not properly utilised. Despite the intervention of the Sarva Siksha Abhiyan, the strength of students in Government/Aided Schools decreased and the strength of students in Unaided Schools recorded an increase. Inordinate delays were noticed in the completion of houses taken up by the Scheduled Castes and Scheduled Tribes Development Department under housing schemes for SCs and STs.

Recommendations

The Government should:

- Prepare an Integrated District Development Plan for effective implementation of the schemes and Local Development Plan in consonance with the Integrated District Development Plan for effective implementation of the schemes;
- Evolve a mechanism for scheme-wise accounting of receipts and expenditure of funds;
- Provide adequate manpower and infrastructure facilities for proper implementation of NRHM Schemes;
- Restrict the purchase of equipment to the actual requirement and their optimum utilisation should be monitored.

[Audit Paragraphs 2.1.12 to 2.1.15 contained in the Report of the Comptroller and Auditor General of India for the financial year ended 31 March 2011 (Civil).]

Notes furnished from Government on the above audit Paragraph is included as Appendix II.

69. The Committee pointed out the necessity of a centralized system for production and marketing of vegetables among the tribes. The Deputy Director of Agriculture (Horticulture), District Horticulture Mission, Palakkad informed that to tackle the problem of under nutrition, food security should be ensured. He also added that the ST Development Department had allotted fund worth ₹ 3.08 crore as pool fund for planning Comprehensive Agriculture Development Programme. As per the assessment of the department 4894 Ha. of arable land was available under the ownership of 8158 farm families coming under SC/ST beneficiaries. She continued that it was decided to cultivate traditional crops like ragi, pulses, vegetables etc. in 2500 Ha. during the I phase. For this 2000 Ha. of land was prepared by Kerala Agro Industries Corporation. ITDP would assist all these activities, the remaining amount would be met from the allotted fund of ₹ 3.08 crore.

70. The Deputy Director of Agriculture (Horticulture), District Horticulture Mission, Palakkad explained that under the leadership of Dr. Subayya, the integration and supervision of the project was being continued. She added that the Forest and Wildlife Department had deployed 36 Forest guards as field assistants for the purpose and every field assistant was given charge of six hamlets. A basic survey was conducted by the Agriculture Department to ascertain the extend and type of cultivation required. Accordingly it was decided to cultivate ragi in 2000 Ha. Order was also given to purchase a type of maize seed 'Sorgum' and also pulses. He stated that it was decided to cultivate vegetables and fruits at least in an area of 25 cents in each hamlet. As per the central scheme, the Agriculture Department had proposed to cultivate in 1400 Ha. for nutritional support and had sanctioned a project worth ₹ 1.55 crore for the cultivation of vegetables.

71. To the query of the Committee regarding the steps taken to monitor the scheme, the Deputy Director of Agriculture (Horticulture), District Horticulture Mission, Palakkad stated that she herself was posted as the nodal officer for monitoring the developments in the system and every panchayat had a Krishi Bhavan each with one Agriculture Officer and three Agriculture Assistants for visiting the site and assessing the work regularly. The field assistants perform their duties under the control of Krishi Bhavans.

72. The Deputy Director of Agriculture (Horticulture), District Horticulture Mission, Palakkad submitted that the department lack sufficient vehicles, though a proposal was forwarded to Government to sanction the required amount for purchasing a vehicle out of the pooled fund worth ₹ 3.08 crore, the same was not yet granted. The Deputy Director also stated that seeds needed for cultivation were distributed in Agali, Puthoor and sholayur and opined that there were rain fed irrigated areas and from next season onwards irrigation should be given more emphasis. She added that the local bodies had constructed 50 irrigation units, which became defunct and since recurring expenditure could not be incurred under the decentralized planning fund, scheme could not be maintained.

73. The Committee pointed out that so many buildings constructed by AHADS during the project period were lying unutilized though these buildings were handed over to Government and opined that being a social investment, it should be utilized as Community buildings. The Project Officer, ITDP informed that the term of Ooru Vikasana Samithi had been terminated and as a result about ₹ 2 crore had become dead money.

74. The Committee observed that even though AHADS provided certain basic requirements, objections were raised by some greedy contractors and certain corrupt politicians. The Committee was at a loss to note that AHADS, a well established project had been abolished and decided to recommend to revive 'Ooru Vikasana Samithis'. The Committee decided to recommend that Tribal Development Department should give special attention in the utilization of created asset. It directed that planning should be reviewed on the aspect of the discussion held during the evidence examination and its impact should be reported to the Committee.

Conclusion/Recommendation

75. The Committee emphasizes the need for setting up a centralized system for the cultivation, production and marketing of vegetables among the tribals. It directs that continuous effort should be taken by the Agriculture and ST Development Department to make the tribes self-sufficient in the production of crops. It also suggests that steps taken in this regard should be reported to the Committee.

76. The Committee notices that many buildings constructed by AHADS were left idle for years though handed over to Government. So it recommends that Scheduled Tribes Development Department should give special attention in the effective utilization of created asset.

77. The Committee is apathetic on the overall performance of the Scheduled Tribes Development Department. It evaluates AHADS as a well established project and feels loss at its abolition. The Committee urges the Scheduled Tribes Development Department to take necessary steps to revive the 'Ooru Vikasana Samithi'. It reminds the department that the discussions made during the examination of the audit paragraph should not be rendered futile. Planning should be reviewed and its impact should be reported to the Committee.

Thiruvananthapuram,
16th December, 2014.

DR. T. M. THOMAS ISAAC,
Chairman,
Committee on Public Accounts.

APPENDIX I

SUMMARY OF MAIN CONCLUSION/RECOMMENDATION

<i>Sl. No.</i>	<i>Para No.</i>	<i>Department concerned</i>	<i>Conclusion/Recommendation</i>
(1)	(2)	(3)	(4)
1	6	Local Self Government/ Planning and Economic Affairs	The Committee observes that the Local Self Government Department should monitor various projects implemented utilizing the fund of LSGIs, centrally sponsored programmes and also of MLAs and MPs funds. It remarks that with the implementation of an effective monitoring mechanism, the feasibility of an ongoing project could be ascertained and also could changes if any required for that project. The Committee emphasizes that district plan is to be formulated with developmental perspective instead of a regulatory function. It recommends that the planning board should issue plan formation guidelines for each district taking into account the requirements of that district rather than issuing the uniform guidelines for the whole state through DPCs.
2	7	„	It also suggests that the LSGD should prepare an integrated plan for the ongoing project of every district incorporating necessary changes in the perspective plan for the next year. The Committee recommends that the LSGD should consult with different stake holders and experts to evaluate the process and ensure the 'active participation of DPC, DDC and local bodies in the entire process.
3	37	Scheduled Tribes Development, Health and Family Welfare	The Committee observes that the CHCs and PHCs in Palakkad District were not utilizing the infrastructure facilities available with them fruitfully and effectively. Even the Tribal Speciality Hospital, Kottathara is not an exception. Sometimes the exigencies lead the poor tribe to rely on private hospitals even with his financial

(1)	(2)	(3)	(4)
			constraints. The Committee recommends that Scheduled Tribes Development Department should provide comprehensive financial aid to the tribal people who availed medical treatment in private hospitals due to lack of facilities in Government Health Centres. It exhorts the Health and Family Welfare Department to take immediate steps to facilitate all health care services and instruments available at various health centres for the common man.
4	38	Scheduled Tribes Development/ Health and Family Welfare	When informed that the rate of death in Attappady area is greater than birth, the Committee expresses its anguish over the fact that the tribals were facing extinction. Then it urges the Scheduled Tribes Development Department to furnish a report detailing the preventive measures taken in this regard to the Committee. It also directs the Health and Family Welfare Department to furnish the details regarding the infant mortality with the details of the number of prenatal deaths the number of deaths at the time of delivery and the mortality rate of children below 1 year and 5 years of age separately for the last two years.
5	39	Scheduled Tribes Development	It urges the ST Development Department to ensure that the tribes are being supplied with nutrient food. The Committee directs the Department to furnish the details of food items distributed to the tribal people to it with specification of quantity of each item and the method applied for distribution.
6	40	..	The Committee evaluates that the afforestation projects and watershed programmes of AHADS were labour intensive programmes and half of the amount expended for the project would reach the hands of the tribal people. It urges the ST Development Department to furnish the year-wise details regarding the amount expended under various projects like watershed programmes etc., and its labour component since the inception of AHADS.

(1)	(2)	(3)	(4)
7	41	Scheduled Tribes Development, Local Self Government	The Committee feels pity on the plight of our primitive people and remarks that there is a livelihood crisis which could not be compensated with the employment guaranteed under the Mahatma Gandhi National Rural Employment Guarantee Scheme. It recommends that steps should be taken to avoid the situations of degeneration of labour opportunity among tribals by reallocating the surplus fund from a special scheme to certain other labour promoting schemes. The Committee demands that tribals must be provided with maximum man days by relaxing the condition of maximum 100 working days under MGNREGS. The Committee also recommends that there should be a concerted effort by the Scheduled Tribes Development Department and Local Self Government Department to take up the matter with Central Government to relax the guidelines of MGNREGS so that more works could be carried out under the scheme.
8	42	Scheduled Tribes Development	The Committee emphasizes the need for revitalizing the micro-community organizations like ayalkoottam and thaikoottam among tribals. The Committee demands that the ST Development Department should make necessary arrangement to impart adequate training to tribal facilitators at district level as well as state level to make them empowered as Community organisers.
9	43	,,	The Committee directs the ST Development Department to furnish a consolidated statement regarding the projects implemented through TSP during the last 5 years in Agali and Attappadi region of Palakkad district and also the details of Local Fund Audit conducted so far towards the functioning of TSP.

(1)	(2)	(3)	(4)
10	44	Scheduled Tribes Development	The Committee suggests the Scheduled Tribes Development Department to furnish the study report, if any, conducted regarding the alcoholism among tribals. It also recommends the department to conduct awareness programmes to curtail the consumption of alcohol among tribals.
11	45	Excise, Scheduled Tribes Development	The Committee recommends the Excise Department to conduct sweeping operations to destroy the illicit brew and to take necessary steps to arrest the agents who bring spirit illegally from other states. It stresses the need for strengthening the wings of Excise Department in the region. It also recommends that the ST Development Department should start a de-addiction centre there and should take adequate steps to send the chronic drinkers/offenders to de-addiction centres instead of imprisoning them.
12	46	Home	The Committee urges the Home Department to furnish a detailed report regarding the number of cases registered in connection with alcoholism, nature of offences etc. for the last 5 years in Palakkad district with special mention about the number of SC/ST people involved in such cases.
13	47	Health and Family Welfare	The Committee observes that even though 20 surgical kits were supplied to 16 CHCs, those could not be utilized effectively mostly because of the absence of qualified doctors. It criticizes the Health and Family Welfare Department for purchasing surgical kits without properly assessing the actual requirement of the hospitals and without considering the demand of the Hospital Management Committee. It advocates that Health and Family Welfare Department should take efforts to avoid such lapses in future.

(1)	(2)	(3)	(4)
14	48	Social Justice	The Committee recommends that the number of tribals performing as ASHA workers should be enhanced. It enunciates that the ASHA worker should be imparted with training as instructed by Government of India and the service of ASHA workers should be monitored.
15	49	Scheduled Tribes Development	The Committee urges the Scheduled Tribes Development Department to check the feasibility of utilizing the fund set apart for the welfare of Scheduled Tribes for strengthening the essential services like antenatal check-up, supply of vitamins, nutrients etc. in the Government hospitals located at tribal regions. It also demands the department to furnish the data regarding antenatal care given to a pregnant tribal women in Palakkad district and the details of the insurance schemes implemented there for the tribals and the awareness programmes conducted so far.
16	50	,,	The Committee expresses its apprehension that decline in birth rate among tribals is due to increase in sterilization among the tribal people. It recommends to enquire into the matter and to report it by incorporating the details of sterilization campaign conducted in Palakkad district during the last five years.
17	57	General Education	The Committee suggests that the General Education Department should take necessary measures to curtail dropout of pupil by providing adequate facilities like good food, playgrounds, hostel facility with single room accommodation, etc. It demands that the General Education Department should formulate new methods for uplifting the educational system in tribal areas without intervening in their customs and traditions. The Committee recommends that the infrastructure facilities provided in the schools should be

(1)	(2)	(3)	(4)
			upgraded. The Committee also recommends that the General Education Department should check the feasibility of carrying out basic infrastructure facilities like toilets and computers to all educational institutions including aided schools using the Special Development Fund of MLAs.
18	58	General Education, Scheduled Tribes Development	The Committee recommends that there should be co-ordination between the General Education and Scheduled Tribes Development Departments in implementing welfare measures for the tribes. It emphasizes the need for supplying nutrient food three times per day to each and every pupil attending school irrespective of whether they are residents or day scholars.
19	62	Water Resources	The Committee expresses its displeasure over the inefficiency of the Water Resources Department and remarks that the Government machinery has failed to deliver even one-third portion of drinking water required in Attappady. It urges the Water Resources Department to strengthen the water supply schemes in Attappady for providing safe drinking water to the population covered under the scheme and the water distribution system in that area should be properly maintained.
20	67	Scheduled Tribes Development, Local Self Government	The Committee realises that there is no uniformity in the implementation of housing schemes for Tribes by various agencies. It appreciates the remarkable performance of the AHADS in this field. The Committee recommends to integrate the housing programmes of the Scheduled Tribes Development Department and Panchayats by considering the recommendations of Ooru Vikasana Samithis.
21	68	Scheduled Tribes Development	The Committee understands that at present the aid for housing projects was granted directly to individual beneficiaries and middle men were benefited out of it. The Committee recommends

(1)	(2)	(3)	(4)
			to discontinue the prevailing system of disbursing fund directly to the individual beneficiaries and to implement AHADS model group housing projects which were proven very successful since tribes prefer to live in colonies rather than providing them with individual houses. It also directs to take adequate measures to complete the constructions of remaining houses in a time bound manner and opines that ST Development Department should take scrupulous effort to ensure that houses are completed in the year in which it is sanctioned. The steps taken in this regard should be intimated to the Committee.
22	75	Agriculture, Scheduled Tribes Development	The Committee emphasizes the need for setting up a centralized system for the cultivation, production and marketing of vegetables among the tribals. It directs that continuous effort should be taken by the Agriculture and ST Development Department to make the tribes self-sufficient in the production of crops. It also suggests that steps taken in this regard should be reported to the Committee.
23	76	Scheduled Tribes Development	The Committee notices that many buildings constructed by AHADS were left idle for years though handed over to Government. So it recommends that Scheduled Tribe Development Department should give special attention in the effective utilization of created asset.
24	77	,,	The Committee is apathetic on the overall performance of the Scheduled Tribes Development Department. It evaluates AHADS as a well established project and feels loss at its abolition. The Committee urges the Scheduled Tribes Development Department to take necessary steps to revive the 'Ooru Vikasana Samithi'. It reminds the department that the discussions made during the examination of the audit paragraph should not be rendered futile. Planning should be reviewed and its impact should be reported to the Committee.

APPENDIX II

NOTES FURNISHED BY GOVERNMENT

ACTION TAKEN REPORT RELATING TO AUDIT PARA 2.1 PERTAINING
TO REVENUE DEPARTMENT CONTAINED IN THE REPORT OF
C & AG FOR THE YEAR ENDED 31-3-2011
(CIVIL) REGARDING DISTRICT CENTRIC
AUDIT OF PALAKKAD DISTRICT

Para.No	Paragraph Title	Remedial Measures Taken
2.1.3.3	Integrated District Development Plan and Local Development Plan	<p>A special technical advisory group (Special TAG) was constituted by the District Planning Committee for the preparation of Integrated District Development Plan (IDDP) Palakkad with District Collector as chairman and District Town Planner as convener. The Special TAG is the general body of the subgroups of various sectors such as Agriculture, Irrigation, Soil conservation, Tourism, Education, Health, Infrastructure, Industry, Sanitation, ScheduledCaste, ScheduledTribe, Social Security for women and child,Poverty alleviation, Finance, Energy, DrinkingWater, Telecommunications, Fisheries, Forest and Environments, Human resources. Each sub groups are chaired by District Planning Committee member and District Level Officer as each sub groups are the conveners The each sub groups also consists various subject level officials and non officials as members. The District Town Planning office is contributing Technical supporting to theSpecial TAG. At present preparation of Annual Plan of the District is completed.The Local Development Plans are prepared by each local body by a Spatial Integration Committeeconstituted by each local body. The district level processing committee chaired by District Collector is monitoring the process of preparation of Local Developments Plan. Presently Local bodies initiated the process and also functioning effectively Due to these , the needs of the weaker section of the soceity could be prioritized and fulfill to large extent.</p>

2.1.4.1	Flow of Funds	<p>In main points raised by Accountant General in this para are -</p> <p>Absence of a system at the district level to monitor funds received and utilized by each and every office in the District.</p> <ol style="list-style-type: none"> 1. Non adjustment of Rs. 50.23 lakhs by SSA 2. Non reconciliation of the accounts of State Horticulture Mission resulting excess expenditure of Rs. 3.99 Crore. <p>Regarding the 1st point, I may report that there is no system at District Level to monitor and watch the flow of funds and expenditure of each and every district level offices, because they have their own system to watch and monitor the flow of funds and expenditure. Various District level officers are getting funds from their Head of Department. So it is not practicable to watch the flow of funds at single point. However in the District Development Committee meeting chaired by District Collector, discussion will be coming about all departments regarding their funds received and expenditure of the funds received and expenditure incurred by major District Level Offices. Due to this watching of year wise funds received and utilised under various scheme at District Level can be monitored at certain extent.</p> <p>Regarding 2nd point the District Officer Sarva Siksha Abhiyan informed that the Non adjustment of Rs. 50.23 lakhs since been adjusted.</p> <p>Regarding 3rd point the District Officer State Horticulture Mission, Palakkad informed that action is being taken to reconcile the bank figure with Department figure and also informed the excess expenditure of Rs. 3.99 Crore raised in the audit had been adjusted in the financial year 2011-2012.</p>
2.1.5.2	Status of Infrastructure, Manpower and Service at Health Centres	<p>It is fact that the Population Norms fixed by the Government of India had not been completely adhered in CHC'S, PHC'S and Sub Centres in terms of population.</p> <p>The ambulance services for CHC Parali, CHC Agali will be provided at the earliest. The shortage of infrastructure facility will be rectified at the earliest. It is informed that the PHCS are providing only basic health care, the availability of</p>

		operation theatre's are not essential. In Kerala the delivery's are encouraged institutionally and the sub centres. are supposed to provide basic health activities like immunisation FWD activities etc. Due to the shortage of man power the delivery and allied services like new born care services etc are not provided in most of the CHC's. Due to the unavailability of sanctioned post of surgeons paediatrician, Sonologists, Blood bank Technicians etc, the care fro Blood storage facilities, full range family planning services paediatric care 6 children, emergency obstetric care/caesarean surgeries surgeries etc cannot be provided in CHC'S. Also no specially doctors and surgeons are available in PHC's. The detailed proposal of additional staff are being forwarded regularly to higher authorities. The post of male health worker is not available in Sub Centres .
2.1.5.3	Non Utilisation of Equipments	The NRHM had informed that the equipments supplied to JTHS Kottathara and District Hospital Palakkad are now put in to use the Operation Theatre, the Trauma unit etc functioning well.
2.1.5.4	Failure to utilise surgical kits	The NRHM had informed that the surgical kits kept in the institution, which was supplied bythem, will be transferred to needy institutions. For these requests from the concerned institutions are called for. Also the scarcity of Specialists Doctors had also resulted the non utilisation/delayed utilisation of surgical kits. The purchase of surgical kit was done as per the assessed and actual requirements in accordance to the demands raised from the management of the concerned hospitals and also request from the Hospital Management Committees.
2.1.5.5	Non/under utilization of Facilities in the Government Tribal Speciality Hospital	A special package for the Attappady area had been formulated by the Government of Kerala and special attention had been given to the Government. Tribal Speciality Hospital by forwarding proposals for providing additional Staff strength in all aspects of Medical and Paramedical Units including Speciality Units and it is known that the earliest.

		The Operation Theatre, the Neo Natal ICU will be put in to use in accordance to the allocation of additional staff strength.
2.1.5.6	Failure to use Advance Life Saving Ambulance	Even though the full fledged Ambulances(ALSA) allotted to District Hospital, Palakkad and GTSH, Kottathara, they were transferred to Alappuzha and other station and two Ambulances (Ordinary) were realotted to Dist. Hospital, Palakkad and GTSH, Kottathara, which are now in use.
2.1.5.7	Implementation of Activities under NRHM	<p>In order to attain the objectives to reduce infant mortality rate, Matrnal mortality rate and total fertility rate, various activities like Accredited Social Health Activities(ASHA), Janani Suraksha Yojana(JSY) and Anti-natal care activities are being performed under the NRHM. All the above programme are performed in full swing in Palakkad Didst. Proper attention, care and timely monitory assistance in accordance to the figures of the total number of SC/ST/BPL Pregnant women and number of women to which the assistance was given for deliveries given in Hospitals in Government. And Private Sector to ensure the real beneficiaries were facilitated. All the field Staff under the department and under NRHM had given specific instructions, training etc, to strengthn institutional deliveries, especially in the Government Hospital sector to make the programme more effective.</p> <p>The programmes for anti-natal care had strengthened by collecting required data and providing services including in the Private Hospitals to ensure the total and indepth involvement of beneficiaries in the programme.</p> <p>The Familyh Planning activities had been doubled to obtain the targets prescribed in the sterilization opf both male and female. All types of awareness programmes and IEC activities, had strengthened to make the Soceity to make their total involvement in the FW Activities.</p>

2.1.5.8	National Programmes for control of Diseases	All the National Programmes for control of Diseases like Malaria, Filaria, Blindness Control etc. Are being performed in this district with utmost care and total involvement of both Officials and Public, NGOs etc. The ISDP Cell attached to the DMO's Office is monitoring the activities and timely intervention can be made to fill the gaps and shortages arised during the implementation of the programme.
2.1.6.2	Enrolment	The main point raised in the audit is the survey of Child Population of age between 6-14 was not conducted and no data was maintained. The officials in Education Department informed that they had conducted the survey of Child People aged 6-14 years and since maintained the data.
2.1.6.4	Infrastructure	The deficiencies noticed in the infrastructure and amenities in 16 Government and 14 Aided Schools mentioned in the audit were brought to the notice of the government and steps are under way to supply the deficiencies. In the meanwhile the toilet facilities and drinking water supply were provided. It is also informed by Dy. Director of Education that action is being taken to construct Pacca Kitchen for cooking mid-day meals in the ALP School, Kinavaloor under hygienic environment.
2.1.6.5	Attendance in Schools	The officilas of the Education Department informed that the frequency of inspection by the Educational Officers were increased so as to avoid the manipulation in the Attendance Register of Students in the Schools.

2.1.7.2	Accelerated Rural Water Supply Programme	The Kerala Water Authorities informed that the delay in completion of five schemes which ranged from one to six years were due to various reasons ie delay in handing over the site , escalation in the cost of construction materials , shortage of skilled workers, Protest from the Local Peoples and also the vagaries of nature. However the audit is noted for future guidance. The Kerala Water Authorities informed that nine scheme remained incomplete as said in the audit were since been completed.
2.1.7.4	Water Quality	<p>The Kerala Water Authorities informed that the treatment plant is renovated by replacing filter media and proper disinfection was done by using liquid chlorine at treatment plant. Now safe Drinking Water after eliminating the bacteria is supplying in the areas of Nemmara and Ayilur Panchayats. Frequent checks are also conducting in that areas for providing safe Drinking Water.</p> <p>The quality of the water is checked in the Quality Control Lab , Palakkad and necessary steps are taken to provide safe drinking water. Moreover they said that Local Self Governments need also take necessary steps to tackle drinking water problems in the wells.</p>
2.1.8.1	Housing to Scheduled Castes	In the audit it was stated that , out of the 7659 Numbers of Houses sanctioned to Scheduled casteduring the year 2005-2010 , only 1739 houses were completed on 31.03.2011. The scheduled caste officer , Palakkad informed that the reason for the shortfall in achievement was due to the scarcity of funds and also the financial instability of the beneficiaries. He also informed that earnest efforts had been taken from his office to acheive the target. So that the number of incomplete houses could-reduced to 689 from 1739 as on this date.
2.1.8.2	Housing to Scheduled Tribes	In the audit reveals that the percentage of shortfall of incompleted houses sanctioned by District Tribal Officer and the Project Officer ,ITDP was 63 and 49 respectively. In reply

		to the audit the District Tribal Officer and ITDP Project Officer informed that they could reduce the percentage of incompleteness of houses to 45 from 63 and 10 from 49 respectively as on this date.
2.1.9	Member of Parliament Local Area Development Scheme	<p>The Member of Parliament representing Palakkad Lok Sabha constituency had submitted proposal worth close to Rs.100 lakhs. But on scrutiny, most of the proposals are found inconsistent with the guidelines. The fact was brought to the notice of the Hon'ble M.P. and also requested him to give alternative proposals. Before submitting the new proposals, the 14 th Lok Sabha was dissolved. So the unspent amount of Rs. 76,41,535/- available in favour of former M.P was surrendered as per the direction of Government of India. The audit pointed out that Palakkad Lok Sabha Constituency were deprived of benefits of development of Rs.76,41,535/- . Regarding this I may report that an amount of Rs. 31.32 lakhs was also received to this constituencies from the unspent balance of other MP's in Kerala.</p>
2.1.10	Special Development Fund for Members of Legislative Assembly	<p>The balance in the account of an MLA at a given time indicates only the undisbursed amount. It does not represent unutilized funds. Works corresponding to the balance must be in progress. In other words the balance is committed but undisbursed. Later the amount will have to be released. Hence the balance cannot be described as unutilized.</p> <p>SDFMLA works are taken up only after being verified of their feasibility and also taking in to consideration of various factors present at the time of estimating as well as those foreseeable. Some realities such as objection from the public, vagaries of nature, non availability of construction materials surface only an actual execution of works. These cannot be foreseen while preparing estimates. All foreseeable things are factored in while preparing estimate and issuing administrative sanction.</p> <p>NABCON, the consultancy arm of NABARD, has</p>

		conducted a study on the impact of MPIAD and SID-MIA in the state. The study found that MPIAD and SID-MIA have succeeded in creation of state assets quite beneficial for people at a greater than budgeted works.
2.1.11	Prime Minister's Special Rehabilitation Package(Vidarbha Package)Agriculture	In the audit reported that an amount of Rs.1.89 crore out of 2.71 crore was laying unutilized in a bank account. In the reply of audit the Principal Agricultural Officer , Palakkad informed that from the unspent balance, an amount of Rs.67.07 lakhs was refunded to the Pay & Accounts Officer, Ministry of Agriculture , Government of India , New Delhi as per the direction of the Director of Agriculture, Thiruvananthapuram and the balance amount has been utilized by giving subsidy to the purchase of Drip / Sprinkler equipments in the next financial year of the audit.
2.1.13	Attappady Wasteland Comprehensive Environment Conservation Project (AWCECOP)	The ITDP project officer informed that the target of completion of 2012 numbers Hamlet based Houses including Phase 1 and 11 has already been achieved. It is also informed that the assets created by AHADS have already been handed over to the beneficiaries
2.1.14.1	Status of Implementation	In connection with the implementation of the district project in palakkad district, KSITM procure hardware are distributed in 156 villages Offices, 5 Taluk Offices, 2 Revenue Divisional Offices, Revenue Recovery Offices. E-district is not covered with District Collectorate. At present 23 Revenue services are providing through e-district and remaining other Department Services will be given to the public soon. All the Revenue Villages and all Taluk Offices in Palakkad district are providing the said 23 services, through e district. All the Village Offices are connected with BSNL VPNoBB and the Revenue Divisional Offices and Taluk Offices are connected with KSWAN for the purpose of e-district.

2.1.15	E-Literacy:(Akshaya)	<p>The e-literacy project Akshaya was conceived in 2002 and started at Malappuram District as a pilot project. Later it was started in all districts. At that time the aim of the project was economic growth, creation of employment, e-literacy and also establishment of IT dissemination modes and service delivery points to common man. After years the computer literacy was made mandatory in schools and several NGOs have given Computer education, so that the aim of Akshaya to have at least one member in family e-literate has been achieved. The other conceived aims are still valid and being implemented through Akshaya. In the above circumstances, Akshaya has not promoted e-literacy and Government in G.O. (Rt)No.2392/2010/LSGD dated 21/07/2010 ordered to utilize the excess fund deposited for e-literacy for E.M.S. Housing scheme. Moreover it may please be noted that the funds for e-literacy is deposited in Government Treasury in favour of District Collector. who is the Secretary, District Planning Committee. As the funds are deposited in Govt. Treasury, the ways and Means position of the State Government was not affected.</p>
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REMEDIAL MEASURES TAKEN (RMT) STATEMENT ON THE AUDIT
PARAGRAPH 2.1 PERTAINING TO REVENUE DEPARTMENT
REGARDING DISTRICT CENTRIC AUDIT OF
PALAKKAD DISTRICT

As part of the e-district project, the Department of Information Technology through the I.T Mission have planned to launch online service delivery for the 46 high volume citizen -centric services of 6 departments in the State of Kerala. As a pilot project, the same was inaugurated on 17.12.2010 in Kannur district and it was also launched as a pilot project in Palakkad district as well. As the pilot project was a highly successful one, the Government of India has sanctioned the rolling out of the programme in all the 14 districts across Kerala. The same has been achieved as on 26.03.2013. As on date 17 92 784 number of digitally signed online certificates have been issued by the Village Officers across 14 districts and the project is running successfully. The Department of Revenue obliges to render 5 more services from the Revenue Divisional Offices for which the process flow has been finalized and given to the software developer (N.I.C.Kerala) on 02.02.2013 itself and waiting for the next step from N.I.C and I.T. Department with that the entire 28 services planned by the Department will be "online" under the e-district programme. The duty of making the services of other Department online vests with the department of Information Technology and the concerned Departments in Government.

APPENDIX III

**ADDITIONAL INFORMATION RECEIVED FROM
HEALTH AND FAMILY WELFARE DEPARTMENT**

**Committee on Public Accounts (2011-14) — Audit Paragraph 2.1
in the Report of Comptroller and Auditor General of India —
Additional Information — Report Reg.**

1. The number of live birth/ still birth among the tribes in Palakkad district and also the infant mortality rate and number of death during the past two years	<i>2011-12</i>		<i>2012-13</i>	
	Total Live birth ..	847	Total Live birth ..	937
	Still birth ..	12	Still birth ..	12
	Infant death ..	17	Infant death ..	23
	IMR ..	20	IMR ..	24.5
4. A report on the malnutrition and infant death among the tribes in the Attappady region and measures taken to ensure minimum nutrition	Enclosed as Annexure.			
5. The number of delivery cases of tribal women in each hospital in Palakkad district during the last two years	<i>2011-12</i>		<i>2012-13</i>	
	<i>Name of Hospital</i>	<i>No. of Delivery</i>	<i>Name of Hospital</i>	<i>No. of Delivery</i>
	CHC, Agali	41	CHC, Agali	21
	Govt. Tribal Speciality Hospital, Kottathara	24	Govt. Tribal Speciality Hospital, Kottathara	24
	THQH, Mannarkkad	76	THQH, Mannarkkad	88
W & C Hospital, 23 Palakkad		W & C Hospital, 23 Palakkad		

Action Taken Report

- A Mega Medical Camp was conducted at GTSH Kottathara. Medicines have been distributed for 849 patients.
- Total tribes examined 23597. In second phase 7767 tribes were examined and 140 patients were given treatment.
- Malnutrition screening camp for children were conducted and identified 296 malnourished cases out of which 198 are severe malnourished.
- Nutrition rehabilitation centre opened in CHC Agali for giving therapeutic feeding to the severely malnourished children.
- The above mentioned malnourished children are given therapeutic diet and follow up is done by JPHNs and Anganwadi workers.
- IFA Tablets supplied by NRHM was distributed to antenatals and lactating mothers through JPHNs and Asha Workers.
- Animators are posted through Kudumbasree, Second JPHN through NRHM to strengthen the services provided through Sub centres.
- EDC monitoring are strengthened and JPHNs are able to transport the antenatals in time to the hospital before delivery.
- Transport facilities are made available through JSSK and Tribal department.
- Tribal Insurance fund are made available in CHC Agali, PHC Pudur, PHC Sholayur and GTSH Kottathara.
- Monitoring system was strengthened.
- Blood storage facilities started functioning with the storage capacity of 20 units blood at GTSH Kottathara.
- USS started in GTSH for O&G.
- Specialists Doctors & Nurses are posted at GTSH & Other institutions in Agali.
- Major operation theatre started functioning.

Actions taken on UNICEF Recommendations

- Prepared proper list of ANC's and updated MCTS entries, prepared list high risk cases with contact no. of care taker for regular followup.
- EMONC Training (Essential Emergency Maternal , Obstetric and Neonatal care) first face given to Obstetricians, staff nurses and Pediatricians of GTSH with the help of Dr.N.S.Iyyer, UNICEF consultant, Chennai.
- Continues supply of IFA ensured.
- Labour room in GTSH supplied with emergency drugs like Misoprostol, magsulf, nifedipine
- Infection control practices improved in labour room and wards ; sufficient materials and supplies ensured.
- IV iron sucrose available for anemic cases.
- Sufficient transportation facility arranged to sub centers for early transportation.
- To and fro transportation of ANC are ensured.
- Permission received from SMD TVPM to procure equipments for NICU in GTSH for Rupees 22,43,591 on 25/7/2013.
- High risk mothers and malnourished children are monitored regularly in sub center wise, PHC wise and at CHC Agali.
- Separate OPD arranged for ANC's in GTSH and CHC Agali.
- Protocol for ANC and PNC are followed strictly.
- USS and radiology facility ensured.
- Tele medicine facility activated under the leadership of physician
- Adolescent care and ANC improved in field(proper care , registration , proper check up and ensure proper diet)
- Work of mobile medical units improved with(early registration, monitoring , check up , Hb estimation , follow up of LBW baby's , high risk cases , growth monitoring and recording , early reference , dietary practices and breast feeding practices)

- Early registration of ANC's ensured by providing 24 hour service of sub centers, IPI card and TT available in all sub centers.
- Improved mother and child tracking data.
- Ensured 48 hour stay of PNC and IEC for post partum RCTD insertion.
- Conducting regular infant death review.
- Tribal promoters are trained for enhancing community outreach services hygiene management and hand washing practices.
- Adhoc postings, 22 numbers from DMO level done for newly created post of staff nurses.
 - 28 ANMS and 12 Attenders are posted as HEALTH animators and assistants respectively to 28 Sub-centers through Kubumbasree to ensure 24 hour service from sub centers and to ensure early registration of ANC's, intime referring, follow up of high risk ANC's and malnourished children.
 - Sickle clinics are redistributed to all PHCs on all Wednesdays.
 - Evening OP started in CHC Agali & GTSH Kottathara.
 - Started bystander service in GTSH for those Pt. where bystander available from 17/6/2013.
 - Menstrual data monitoring cell started in sub centers with the help of ASHA workers and ST Promoters.
 - Decided to start 23 additional health out lets by NRHM to provide health care to extreme remote areas 15 in Pudur ,2 in Agali & 6 in Sholayoor punchayath.
 - Health secretary visited Attapady on 9/7/2013 and 10/7/2013 and visited all peripheral health institutions and evaluated the progress. After his visit the following decisions are taken.
 - ❖ Decided to start Nutrition rehabilitation center in PHC Sholayur & Pudur on 1/8/2013 to make more approachable.
 - ❖ To start NRC in PHC Sholayur staff nurses are posted.
 - ❖ NRHM provided Rs 1,00,000 in advance to start NRC in PHC pudur and Sholayur
 - ❖ RS:10,000/- each allotted to PHC Pudur and Sholayur under the comprehensive tribal health insurance scheme.
 - ❖ Decided to start 2 more mobile units to a total of 5 nos for efficient field care with effect from 1/8/2013.

- ❖ Four JPHNs belonging to tribal community may be posted to the mobile units for efficient health delivery in tribal hamlets.
- ❖ Decided to arrange mobile clinics in hamlets with the joint mobility by health staff, ST promoter, Asha and Anganwadi worker.
- ❖ Mobile clinics will be conducted on fixed days at fixed time from 1/8/2013 on wards. Reports of all mobile units will be consolidated by Health inspector of medical unit no.1 regularly.
- ❖ Convened HDC meeting in PHC Sholayur, Pudur, Agali and GISH and ensured the support of LSGDS.
- ❖ Prime ministers adviser Sri T.K.A Nair visited the area and evaluated the progress of the area on 16/7/2013 & 17/7/2013 and as per his direction:
 - Prepared and updated MCTS list of pregnant ladies.
 - Prepaid list of high risk candidates and their hamlets and caretaker with phone number.
 - A monitoring cell started in all sub centers for MCTS with daily following.
 - Started menstrual date monitoring unit in all sub center for intime registration of ANCs in all sub centers.
 - Prepaid a protocol for the management of preterm labour pain.
 - Training to Doctors, staff nurses, JHIs, JPHNs, Supervisors, Anganwadi workers, ASHA workers, S.T promoters, Health animators and Health animators assistants conducted with effect from 23/7/2013 to 26/7/2013 by the H & FW training center, Thycaud, TVM and medical college, TVM.
 - Health and family welfare training center TVM provided an enthusiasm, unity and a new team spirit among the young doctors and other paramedics of Attapadi area.
 - Provided Dai kit to 12 sub centers where home delivery reported more.
 - Dai training is continuing for 12 health assistants in GTSH, Kottathara.
- ❖ 1/08/2013; started Antenatal rehabilitation center in CHC Agali and PHC Pudur and shifted five Antenatals of remote hamlets; two weeks prior to EDC for safe delivery; of which two delivered LBW babies and the babies are kept in NICU of GTSH Kottathara.

- ❖ 3/8/2013: 10 doctors sent for one day sickle cell training in MCTI Kozhikode under the Dept: Pathology
- ❖ 05/03/2013: 2 NRHM doctors appointed under NRHM to PHC Sholayoor for 24x7 services.

Long term measurement taken

- ❖ Special focus on adolescent health especially girls through intersectoral co-ordination.

03/08/2013

- ❖ Opened AN rehabilitation centre at CHC Agali & PHC Pudur shifted 5 ANC 2 delivered at GTSH both preterm: one with 1kg birth weight in NICU. Identified 23 additional health out lets.
- ❖ Training on sickle cell disease started in MCH .KKD, 7 doctors send for training.
- ❖ 4 JPHN of tribal community posted to 4 mobile units by NRHM.
- ❖ Conducted animators meeting for evaluation of their work for one month

7/8/2013

- ❖ ADGP , Smt B.Sandhya IAS conducted a review meeting and instructions given to analyse nutritional value of food supplied in tribal hostels. Prepared schedule for sickle screening to cover all hostel children who are returning to their hamlets from distant hostels during the Onam vacation and prepared schedule for regular visit of tribal hostels.
- ❖ Steps taken to issue ration cards to IP of Pudur & Sholayur ;
- ❖ JANAMAITHRI POLICE offered help to shift sick and resistant cases of patients to hospitals.

11/08/2013

- ❖ Minister for S T, P K Jalayalakshmi inaugurated JANANI JANMA RAKSHA scheme in Vadakottathara undertaken hamlets of Attapadi to assure a financial assistance of rupees 1000 per month to a period of 18 months starting from 3rd month of conception.

14/08/2013

- ❖ 31 patients received treatment under community mental health program in CHC Agali ; which is arranged on all 2nd wed and as DOTS.

16/08/2013

- ❖ BEMONC training started in W&C hospital Palakkad for doctors and staff nurses of Attapady area.

19/08/2013

- ❖ Prepared proposal to allot a PHC in Agali Gramapanchayath. in the existing building of mobile medical unit No 1 in Ommala

20/08/2013

- ❖ Arranged one day training to Health Animators in palliative care, pharmacy, lab, Register keeping, field work, FW & FP activities.

27/08/2013

- ❖ As per decision of FDA meeting conducted in Silent vally IB. decision taken to issue solarlamps to s/c Anawai and decided to conduct combined medical camps with forest dept.

29/08/2013

- ❖ Sri Subbiah IAS conducted a sitting of medical officers and prepared a fixed schedule for 5 mobile clinics.

30/08/2013

- ❖ UNICEF arranged a work shop in Kila for intersectoral co-ordination for joint planning, execution and monitoring of programs.

31/08/2013

- ❖ Total infant deaths for the month : 0
Abortion for the month: 15
Home deliveries for the month: 4

INTERVENTION IN ATTAPPADY - NO ACTION TAKEN
NRHM (AROYAKERALAM)
PALAKKAD

INTERVENTION IN ATTAPPADY BY NRHM (AROYAKERALAM) PALAKKAD IN CO-OPERATION
WITH DEPARTMENT OF HEALTH SERVICES

- A Gynecologist has been posted at Government Tribal Speciality Hospital, Kottathara on contract basis by NRHM. She is also a trained sonologist. In addition to that a Gynecologist under NRHM from W&C hospital is providing weekly 2 days service at GTSH Kottathara. A fulltime Anesthetist has been appointed through NRHM. In addition to that 4 contract doctors have been posted at GTSH Kottathara Hospital, 1 contract doctor in CHC Agali, 3 doctors in PHC Pudur, 2 doctors in PHC Sholayur and 1 doctor in PHC Anakkatty. 24 hours IP facility has been started in PHC Pudur
- As a part of improving labour room, Operation theatre and New born care facilities and primary health care in Attappady, 9 staff nurses have been posted at GTSH Kottathara through NRHM. Apart from that 4 staff nurses have been posted at CHC Agali, 2 staff nurses in PHC Pudur, 3 staff nurses in PHC Sholayur and 1 staff nurse in MMU3. Apart from this 4 JPHNs posted in GTSH Kottathara.
- For improving patient care facilities at GTSH Kottathara equipments like Crash cart, Autoscope, Air conditioner, and refrigerator has been purchased. Furniture, stretchers trolley, full-arm chairs, visiting chairs, bedside lockers etc have also been provided to GTSH Kottathara. Public Address system, token system, intercom facilities and fire extinguisher also provided to upgrade the facility to KASH Standards.
- IFA tablets have been made available at all sub-centers through the ASHA kit and it is been supplied to all eligible beneficiaries. Weekly Iron Folic Acid tablets for adolescent girls are being distributed (96000 tablets in all schools in Attappady and 29250 tablets through anganwadi workers) through NRHM under WIFS program. NRHM has provided 150000 Iron and Folic Acid tablets through KMSCL and 50000 tablets through Karunya pharmacy. Folic acid tablets have been distributed through KMSCL to all Anganwadis for antenatals.
- Blood storage facility has started functioning in GTSH Kottathara. Since last month 223 persons have been provided blood transfusion of which there were 41 Antenatals.
- Major OT has been modified in GTSH Kottathara by repairing the existing equipments and purchase order issued to KMSCL for Anaesthesia Work station. It is planned to provide 24*7 power supply and backup through Generator and UPS.
- From the month of May 2013 MMU-1, MMU-2, MMU-3 were assigned to cover Agali, Pudur, Sholayoor Grama Panchayats respectively as per a pre-planned schedule. Apart from that 2 more MMUs under NRHM have been established, MMU 4 and MMU5 with vehicle on contract, with adequate medicines purchased through KCP. Doctors have been posted to mobile medical units 3, 4 and 5 on Contract. NRHM has also provided a vehicle in PHC Sholayur for strengthening field activities.
- Nutrition Rehabilitation Centres have been started in CHC Agali, PHC Pudur and PHC Sholayur. An amount of Rs 100000/- each was given through NRHM for the operational

cost of NRC. Doctors, staff nurses, nutrition counsellors, Medical social workers, Cook cum Care Taker, Attender and Dietician have been posted in NRC. They were given training in SAT Hospital, Trivandrum. Equipments worth 1.38 lakhs have been supplied to these NRCs. NRC Training organized for key officials with the support of UNICEF for 4 doctors, 5 staff nurses, 2 Medical social workers, 2 nutritionists from NRCs, 5 District Officials and 2 State level officials.

- The proposal for renovation of demolished subcentres in Attappady for an Estimate of Rs 1.87 crores have prepared by Nirmithi Kenna and approved through NRHM Supplementary PIP and Administrative sanction given by State Mission Director, NRHM. Proposal for construction of new subcentres for 75 lakhs is also approved through supplementary PIP. *85% of works completed in 2 subcentres*
- Comprehensive health package Attappady submitted through supplementary PIP aimed at improving laboratory facilities in Attappady area for which an amount of Rs 23.78 lakhs for GTSH Kottathara, Rs 6.06 lakhs for CHC Agali and 4.79 lakhs for PHC Pudur. Equipments for lab strengthening procured through KMSCL and installation in *completed progress*. Apart from this two mobile Biochemistry analyzers have been supplied through NRHM to MMU2 and MMU3. The purpose of the lab is to conduct biochemistry tests like glucose, urea, uric acid etc. It is a portable equipment and has 24 hr backup. All facilities of a lab is available in this biochemistry analyser. Reagents have also been procured and given through NRHM. An amount of 4.8 lakhs have been expended for the purchase of this equipment.
- In CHC Agali 2 weighing machines and infantometres have been provided -1 for NRC and other for OP.
- Asha, Anganvadi workers, tribal promoters and health animators has been given sensitization on identification of malnutrition specially among under 5 children and to line list all malnourished children with the support of UNICEF. Considering the report submitted by UNICEF team it is decided to strengthen obstetric, neonatal care practices in facilities and field level. As part of this, intensive BEMoC training is organized for 15 doctors and 22 staff nurses from Attappady to improve facility level obstetric and neonatal care. Apart from this special strategy is evolved to drastically improve community level neonatal care by training public health nurses, Asha workers and tribal health animators to provide and monitor home based newborn care services. With the support of UNICEF, MUAC tapes for measuring mid-arm circumference for assessing malnutrition have been provided to all Asha workers and necessary training has been given.
- Funds have been provided to Attappady for the up gradation of Govt health facilities in the area as Untied fund for CHC Agali -50000/-, Untied fund for PHCs -75000/- (Rs 25000/- for each PHC), Untied fund for Subcentres 280000/- (Rs 10000/- for each subcentre), Untied fund for GTSH Kottathara 25000/-, AMG for subcentres 210000/-, HMS for CHC Agali -100000/-, HMS for PHCs -300000/- (Rs 100000/- for each PHC), HMS for GTSH Kottathara -500000/- . It comes to a total of Rs 15,40,000/- *80% of funds have been expended.*
- Training organized for health staff, Anganvadi staff, Tribal promoters and animators on adolescent health, Antenatal care, Post natal care, nutrition etc through State Institute of Health & Family Welfare. Asha workers and health animators are sensitized and

- oriented on adolescent health aspects ,Antenatal care. Post natal care and nutrition aspects specific to Attappady.
- 4 staff nurses and 2 doctors (1 pediatrician and 1 MBBS)trained in IMCH Chennai or Facility based New born care (SNCU)with support of UNICEF.
 - Second JPHNs posted in all 24 peripheral subcentres and training on RMNCH+A (6 Days) ,NSSK (2 days), HBNC (1 day).Specific job responsibility entrusted to take care of adolescent girls ,antenatals and newborn in view of recommendations of respected Advisor to Hon.Prime Minister.As part of this all antenatals will be line listed and monitored bi-weekly on Weight, Hb, BP and weight gain and any dangerous signs.All new borns from this area will be visited by Asha workers and specifically look for correct practices for newborn care based on a checklist provided to them for appropriate corrective measures through effective health education.
 - As part of community development programme under comprehensive health plan in Attappady 10 social work trainees were placed in 5 hamlets on pilot basis for reorganizing community for social well being through need analysis ,better planning and implementation of programmes. Household survey completed in all the 5 hamlets and resource mapping ~~will be done this week.~~ *completed.*
 - It is planned to screen all school children from Attappady both Aided and Unaided on BMI,BP,Routine screening ,refractive errors and all girl children of 8th -12th standard for Hb, sickle cell screening for all tribal children based on suggestion from DPI.Efforts will be taken for better implementation of WIFS and menstrual hygiene programme through schools and tribal hostels.Adolescent health clubs are formed in all tribal hostels to promote better health practices .All clubs are equipped with notice boards ,weighing machines, studiometre and other IEC materials.
 - 10 tribal volunteers from Agali Area has been identified for the masonry training being conducted by Nirmithi Kendra in Attappady .
 - Bethany Medical centre ,Anakkatty has been included for performing Family Welfare services including Medical termination of Pregnancy free of cost to the acceptors by the District Quality Assurance Committee and MTP committee ,Palakkad
 - SNCU in GTSH Kottathara and NBSU In CHC Agali inaugurated in Attappady. All equipments for SNCU worth 20 lakhs and NBSU worth 2.5 lakhs have been procured and given through NRHM.

APPENDIX IV
APPENDICES FROM C & AG's REPORT

Appendix 2.2
Details showing works yet to be completed
(Reference: Paragraph 2.1.7.2, Page 28)

(₹ in lakh)

1	WSS to Parali I (19,256)	95	August 2009	August 2010	91.82	Delay in obtaining permission from Railway authorities for crossing lines. The Executive Engineer stated (October 2011) that permission had since been obtained and the scheme would be completed by March 2012.
2	WSS to Parali II (16,236)	95	November 2009	November 2010	88.57	-- do --
3	ARWSS to Kodumba & Poipully (60,000)	1030	September 2003	September 2005	355.52	Work of laying distribution pipes was to be taken up. The Executive Engineer stated that administrative sanction was awaited.
4	ARWSS to Pottassery (35,802)	340	November 2000	November 2002	236.31	Delay in completion of work of source and treatment plant. The Executive Engineer stated that tender was invited (October 2011).
5	ARWSS to Pattambi (28,675)	460	February 2003	February 2005	255.17	Works of water distribution system for zone II & III were still to be completed. The Executive Engineer stated that administrative sanction for the work is awaited (October 2011).
6	ARWSS Kumaram-puthur - Poyyannadam (33,570)	583	February 2003	February 2004	390.56	The Executive Engineer stated (October 2011) that the work of distribution of zone II would be completed by February 2012 and the project would be commissioned by March 2012.
7	ARWSS (NC/ PC) to Lakidi - Perur (5,000)	70	March 2006	June 2006	70.00	Sanction for railway crossing was not obtained.
8	ARWSS to Nellaya - Kulikkallur (84,750)	720	2003	Not furnished	138.21	Laying of distribution system was in progress.
9	ARWSS (NC/PC) to Mankara (10,000)	163	2004	May 2007	201.73	The scheme after completion was handed over to the Grama Panchayat. The Executive Engineer stated (October 2011) that the Panchayat could not operate the scheme as there were no sufficient technicians to maintain the scheme.

Appendix 2.3
Details of physical targets fixed and achievements for eco-restoration
(Reference: Paragraph 2.1.13.2, Page 36)

1	Private land development	8118 Ha	7889 Ha	97	7.66-	Private land development includes developing minor irrigation facility, drainage line treatment, land use, promotion of field crops, development and maintenance of plantations etc.
2	Developing minor irrigation facility	800 Ha	764 Ha	96	1.87	
3	Private drainage line treatment	361 Ha	342 Ha	95	10.21	
4	Private land use plan - First year	4905 Ha	5354 Ha	109	10.01	
5	Private land use plan - Second year maintenance	4,441Ha	4,247 Ha	96	3.20	
6	Plantation works - Third year maintenance	4,600 Ha	4,035 Ha	88	1.96	
7	Plantation works - Fourth year maintenance	3,405 Ha	1,385 Ha	47	0.46	
8	Plantation works - Fifth year maintenance	3,434 Ha	1,413 Ha	41	0.22	
9	Establishment of Nurseries	4862658 Nos	4144141 Nos	85	1.88	
10	Promotion of field crops	2084 Ha	2288 Ha	110	0.52	
11	Forest Land development Fencing post production and procurement of barbed wire	378 km	308 km	81	2.60	Forest land development includes fencing, post production, forest bio-mass conservation, forest plantation works, and watershed based participatory fire management, other government land plantations and structural conservation in forest land.
12	Forest Biomass Conservation - First year	7947 Ha	8062 Ha	101	2.50	
13	Forest Biomass Conservation - Second year maintenance	7947 Ha	7566 Ha	95	1.23	
14	Forest Biomass Conservation - Third year	6697 Ha	6369 Ha	95	1.20	
15	Forest Biomass Conservation - Fourth year	5497 Ha	5330 Ha	97	0.90	
16	Forest Biomass Conservation - Fifth year	4497 Ha	4346 Ha	97	0.70	
17	Forest Plantation works - First year	3938 Ha	3756 Ha	95	6.54	
18	Forest Plantation works - Second year maintenance	3938 Ha	3776 Ha	96	3.12	
19	Forest Plantation works - Third year	3938 Ha	3728 Ha	95	2.78	
20	Forest Plantation works - Fourth year	3363 Ha	3272 Ha	97	2.08	
21	Forest Plantation works - Fifth year	2866 Ha	2761 Ha	96	1.78	
22	Protection of treated areas all and above sixth year maintenance	11729 Ha	10147 Ha	87	3.04	
23	Watershed based participatory fire management	3700 Ha	10331 Ha	279	0.48	
24	Structural conservation in forest land	158 km	113 km	72	4.24	
25	Water resource development	2,333Nos	1,682 Nos	72	4.10		Water resource development consists of irrigation systems, water harvesting systems and systems for recharging aquifers

Appendix 2.4
Details of 46 services envisaged under e-District programme
(Reference: Paragraph 2.1.14, Page 39)

Revenue Department	1.	Caste Certificate
	2.	Community Certificate
	3.	Residence Certificate
	4.	Relationship Certificate
	5.	Nativity Certificate
	6.	Domicile Certificate
	7.	Income Certificate
	8.	Possession Certificate
	9.	Identity Certificate
	10.	Legal Heir Certificate
	11.	Solvency Certificate
	12.	Location Certificate
	13.	Conversion Certificate
	14.	Dependency Certificate
	15.	Destitute Certificate
	16.	Family membership Certificate
	17.	Inter caste marriage Certificate
	18.	Life Certificate
	19.	Non-remarriage Certificate
	20.	One and the same Certificate
	21.	Possession and attachment Certificate
	22.	Valuation Certificate
	23.	Widow-Widower Certificate
Revenue Department (Cases)	24.	Issue of notices
	25.	Listing of cases
	26.	Adjournment of cases
	27.	Tracking status of execution of orders
	28.	Stay and final orders of cases
Local Self Government Department	29.	Registration of Birth/ Certificate
	30.	Registration of Death/ Certificate
	31.	Registration of Marriage/ Certificate
	32.	Single Window Services through Sookhika Module
Civil Supplies Department (Public Distribution System)	33.	Issue of New Ration Card
	34.	Issue of Duplicate Ration Card
	35.	Addition of Name
	36.	Deletion of Name
	37.	Change of Name
RTI/Grievance Services	38.	Application for information under RTI
	39.	Grievance and Complaints of various departments (Revenue Agriculture, Police, Passport at District Passport Cell, Transport and Election)
Agriculture	40.	Soil Testing
	41.	Crop Insurance
	42.	Indemnity of Crop Insurance
Home (Police, District Passport Cell)	43.	Petition Filing
	44.	Information on missing/dead person
	45.	Filing of passport application at district passport cell
	46.	Status of passport application at district passport cell