

Executive Summary



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Women Empowerment is a burning issue all across the world especially in developing countries like India where gender inequality and discrimination against women persists for centuries. Indian Constitution guarantees equality and equal protection of law for both men and women, prohibits gender discrimination and empowers the States for adopting special measures for women and children. India has also ratified the Convention on Elimination of All Forms of Discrimination Against Women in 1993. Despite these constitutional provisions and ratifying international conventions, Indian women continue to face discrimination in social, economic, religious and other spheres adversely affecting their advancement, development, confidence and security.

In Gender Gap Index rankings, India ranked 108 out of 145 countries in World Economic Forum 2015 much below some of our neighboring countries such as Sri Lanka at 84 and China at 91. The State of Uttar Pradesh has also been performing poorly in removing gender inequalities/disparities and ranked 26 amongst all Indian States with sex ratio of only 908 females per 1000 males as per 2011 Census. The maternal mortality rate (292 per one lakh live births) of the State was much above the all India average (178) and at approximately three times higher than the UN Millennium Development Goals, 2015 (109). Every second child in the State is undernourished and 52 *per cent* of pregnant women were anaemic as per data maintained by State Nutrition Mission. There were wide wage disparities between men and women. The incidence of crime against women in the State were highest in the country.

We have, therefore, taken up this performance audit to evaluate important government schemes relating to Empowerment of Women in the State to ascertain efficiency and effectiveness of their implementations, identify slippages and make suitable recommendations for taking appropriate corrective measures by the State Government.

As women empowerment is a multidimensional issue and it is not possible to examine all the schemes in one performance audit, we have selected 11 government schemes/Acts for examination during the course of this performance audit. These schemes relate to controlling abuse of modern technology for sex selection, reducing maternal mortality rates through institutional/safe deliveries, family planning, improving health and nutritional support of mother and girl child, addressing problems of adolescent girls, providing financial and other supports to victims of crime and women in distress, etc. The focus of this performance audit has been on women empowerment issues related to health, nutrition, safety and wellbeing of women so that they can live their life freely with a sense of self-worth, respect and dignity.

The performance audit covers the period from 2010-11 to 2014-15. Out of 75 districts of the State, 20 districts were selected for detailed test-check of implementation of the schemes.

Chapter-1 of the report provides the introduction and major audit findings of the performance audit are contained in Chapter 2 to Chapter-8 of the report. The conclusions and recommendations are listed in the Chapter-9.

Our major audit findings are as follows:

Chapter 2 - Planning and Financial Management

- To promote gender equality and women empowerment, the Government of India (GoI) has already implemented gender based budgeting in the Ministries. The Government of Uttar Pradesh (GoUP) had declared State Women Policy in 2006 accepting the principle of gender based budgeting for introduction from the year 2005-06. GoUP, however, failed to adopt the gender based budgeting even after 10 years of its declaration of State Women Policy in 2006.

(Paragraph 2.1.1)

- Gender segregated data was not maintained by programme implementing agencies and, therefore, proper identification of beneficiaries, accurate need assessment of financial and other resources required, and setting realistic performance targets and goals were not feasible.

(Paragraph 2.1.2)

- In various schemes related to empowerment of women such as Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection), Medical Termination of Pregnancy, Maternal Death Review, Family Planning, *Kishori Shakti Yojna* and Uttar Pradesh Victim Compensation Scheme, there were significant savings ranging from 46 to 100 *per cent* indicating non-achievement of targets/goals in respect of these schemes due to lack of proper planning and inefficient implementation by implementing agencies and ineffective monitoring by the governance structure.

(Paragraph 2.2)

Chapter 3 - Missing Daughters

Steep decline in the child sex ratio in the State is becoming an area of serious concern which needs to be addressed by the Government on priority. The practice of sex selective abortions had been a critical influencer of skewed sex ratio after advent of modern technologies. The use of ultrasound technology has become the most common mode of sex determination. In view of growing misuse of technology, the Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act (PC-PNDT), 1994 was enacted to check female foeticide and address gender-biased sex selection and hence, improve sex ratio at birth.

The Act provides for mandatory maintenance and preservation of certain records and information by all Ultrasonography Centres (USG), frequent inspection and close monitoring of the activities of these centres by the district authorities and complete mapping of USG centres by the Government to ensure that the ultrasonography and other diagnostic testing is carried out by the registered centres/clinics only for bona-fide medical purposes on the recommendation of a qualified doctor and were not used illegally for sex determination and termination.

We conducted scrutiny of records of USG centres and also carried out joint physical inspections of selected centres/clinics along with the departmental officials, and our findings are as follows:

Pre-Conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994

- GoI allotted only 35 *per cent* funds against the requirement of ₹ 20.26 crore projected by the State during 2010-14, against which the State Government could utilise only 54 *per cent* (₹ 3.86 crore) of the meagre allocation of ₹ 7.09 crore made during 2010-14 indicating inadequate implementation of the Act and leaving USG centres largely un-monitored and un-regulated.

(Paragraph 3.1.3)

- Ultrasonography (USG) centres did not maintain/preserve mandatory basic records/information as such 68 *per cent* of the ultrasonography cases test-checked did not have referral slips of doctors who recommended such tests and 57 *per cent* did not mention the purpose of carrying out USG/diagnostic procedures. In absence of which it was difficult for the inspecting authorities to establish the purpose of carrying out diagnostic procedures and large scale misuse of technology for illegal sex determination could not be ruled out.

(Paragraph 3.1.4.2)

- None of the test checked centres kept backups/records of images taken during ultrasonography of pregnant women which is mandatory to be kept for two years and 16 *per cent* USG centres did not submit prescribed monthly returns. In absence of proper maintenance of mandatory records and non-receipt of prescribed returns, effective monitoring and inspection of the USG centres in the districts was not possible.

(Paragraph 3.1.4.2 and 3.1.4.3)

- District Appropriate Authorities (DAAs) did not conduct prescribed number of inspections of USG centres and there was a shortfall of 76 *per cent* against the norm prescribed under the Act.

(Paragraph 3.1.4.4)

- In 96 *per cent* cases, DAAs did not issue inspection reports to USG centres after their inspections. 13 out of 20 test-checked DAAs did not maintain even information of USG centres functioning under their jurisdiction. This indicated extremely lackadaisical approach adopted by the District Appropriate Authorities towards strict enforcement of the provisions of the Act.

(Paragraph 3.1.4.5)

- Mapping of sale of USG machines was not carried out by the State/District Appropriate Authorities in any of the districts test checked. In the absence of mapping of USG machines and exact location of their operation, State Appropriate Authority (SAA) and DAAs were not able to effectively monitor and regulate the activities of such centres/clinics.

(Paragraph 3.1.4.6)

- It was found in joint physical inspection that USG machines did not have memory to save data for more than 24 hours making it difficult to verify their actual usage in inspection/surprise checks. GoUP also failed to introduce online tracking system for tracking of all the scanning done on USG machines to facilitate centralized monitoring, and control misuse of these machines for illegal purposes.

(Paragraph 3.1.4.7)

- Breach of important provisions of the Act was noticed in 936 (58 *per cent*) out of 1,652 USG centres in 20 test checked districts. Despite, rampant breaches of the mandatory provisions, neither any action was taken nor any penalty imposed on the defaulting USG centres by District Magistrates.

(Paragraph 3.1.4.11)

- State Supervisory Board (SSB) headed by Hon'ble Minister-in-charge of Health and Family Welfare, State Advisory Committee (SAC) and District Advisory Committee (DACs) neither met regularly nor ensured proper follow up action on their directions regarding maintenance of basic records/information by USG centres, conduct of regular inspections, tracking of pregnancies, providing toll free lines for registration of complaints, ensuring receipt of monthly reports from USG centres, sealing USG centres breaching provisions of the PC-PNDT Act and initiating legal action against them.

(Paragraph 3.1.5.1 and 3.1.5.2)

- State Inspection and Monitoring Committee (SIMC) also did not carry out adequate number of random inspections. The number of decoy operations carried out by DAAs was also negligible.

(Paragraph 3.1.5.3)

Medical Termination of Pregnancy Act, 1971

The Medical Termination of Pregnancy Act, 1971 (MTP, Act), provides for the termination of pregnancies by registered medical practitioners in cases where length of pregnancy ranged between 12 and 20 weeks and continuance of pregnancy would involve a risk to life of the pregnant woman or of grave injury physical or mental health; or there is a substantial risk that if the child were born, it would suffer from such physical or mental abnormalities so as to be seriously handicapped.

- Only 11 *per cent* of the total funds allocated (₹ 4,058.12 lakh) for MTP purposes during 2010-15 could be utilised by the department due to non-procurement of kits and equipment required for MTP.

(Paragraph 3.2.2)

- Only six *per cent* of 773 Community Health Centres (CHCs) in the State were having MTP facilities. As a result, majority of women in rural areas had no access to safe abortion services at affordable cost and at reasonable distance from their habitations.

(Paragraph 3.2.3)

- Only 548 of 2,083 nursing homes/hospitals having MTP facilities and operating in test-checked districts, were registered under MTP Act.

(Paragraph 3.2.4.1)

- Inspection to ensure safe and hygienic conditions for MTPs had not been carried out by Chief Medical Officers/District Level Committees (DLCs) during 2010-15 in any of test-checked districts. CMOs of 10 out of 20 test-checked districts did not receive monthly report on MTP while out of remaining 10, CMOs of 7 districts had received MTP reports sporadically and in incomplete format.

(Paragraph 3.2.5.3)

- Only 25 *per cent* of MTPs, which were conducted at Government hospitals, were reported and remaining 75 *per cent* MTPs were conducted at private clinics, most of which were unregistered. The department did not have any information on the total number of MTPs in the State including those conducted in unauthorised clinics.

(Paragraph 3.2.5.4)

Chapter 4 – Controlling Maternal Mortality ***Janani Suraksha Yojana***

The main objective of *Janani Suraksha Yojana* (JSY) is to reduce Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) and to provide safe motherhood by encouraging institutional deliveries.

We in audit observed that:

- Target for institutional deliveries was only 1.24 crore (46 *per cent* of registered pregnant women) during 2010-15 indicating that majority of rural women had to depend on home deliveries by unskilled birth attendants due to non-affordability of private nursing homes and lack of access to Government institutions.

(Paragraph 4.1.2)

- There was shortage of government health centres in the State as only 773 CHCs, 3,538 PHCs and 20,521 Sub centres were functional as on March 2015 against the required number of 1,555 CHCs, 5,183 PHCs and 31,100 Sub-centres respectively indicating lack of government health facilities in rural areas.

(Paragraph 4.1.2)

- There were huge shortfalls in achievement of targets for home deliveries by Skilled Birth Attendants which increased from 55 *per cent* in 2010-11 to 92 *per cent* in 2014-15. A large number of rural poor approximately 111.76 lakh (42 *per cent*) had to depend on home deliveries by unskilled attendants during last five years.

(Paragraph 4.1.3 (i) and (ii))

- No private nursing homes and hospitals were accredited in the State for JSY purposes. Only 7,226 sub centres (42 *per cent*) under CHCs/PHCs were accredited to the scheme as of March 2015 against 17,219 sub centres running in government buildings in the State.

(Paragraph 4.1.5 and 4.1.6)

Maternal Death Review

MDR programme was started with the objective to effectively reduce Maternal Mortality Rate through qualitative improvements in delivery of Services. However, we in audit observed that:

- Expenditure of only ₹ 1.70 crore was incurred against the allotment of ₹ 7.22 crore indicating that very few cases of maternal death were reviewed by the Department.

(Paragraph 4.2.1)

- 85 per cent of the estimated Maternal Deaths (55,242 Deaths) were unreported and 86 per cent were un-reviewed during 2010-15 in the state, defeating the objective of the scheme.

(Paragraph 4.2.2)

Family Planning Programme

There is a close relationship between birth spacing and maternal health. The objective of Family Planning Programme was to control the population growth and have a positive impact on state of maternal health by encouraging adoption of appropriate family planning methods.

We in audit observed that:

- 49 per cent of allotted funds (₹ 380.57 crore) under the scheme remained unutilized during 2010-15.

(Paragraph 4.3.1)

- Target fixed for females (tubectomy) was 20 times higher than the target fixed for males (vasectomy); while achievement for tubectomy was 41 times of the achievement for vasectomy in terms of absolute numbers.

(Paragraph 4.3.2)

- There was short-fall in achievement of Intra-Uterine Device (IUD) targets ranging from 41 to 47 per cent, while no targets were fixed for most common and non-invasive methods viz. oral-pills and condoms etc.

(Paragraph 4.3.3)

Chapter 5 –Improving Health and Nutritional Support

Women are severely disadvantaged in having poor diet and access to health care services. Women face high risk of malnutrition and disease at all the three critical stages viz., infancy and childhood, adolescence and reproductive phase. As maternal and child nutritional levels in the State remain to be persistently low and access to medical care was limited, there is a wide prevalence of deficiency diseases, low body mass index and other related health issues. This is also one of the main cause of high rate of maternal and infant mortality. Hence, addressing nutrition and health care issues has been one of the prime focus of the Government policy on the women empowerment.

Integrated Child Development Services (ICDS) Scheme

The Scheme aims at holistic development of children up to six years of age, pregnant women and lactating mothers. The scheme is implemented through Angan Wadi Centre (AWC), located within the village or a slum, and run by an Angan Wadi Worker (AWW) with the support of Angan Wadi Helper (AWH) in service delivery. However, we in audit observed that:

- Adequate number of AWCs, as required under the scheme guidelines, were not established. Against the requirement of 2,85,429 AWCs, 1,90,145 (67 *per cent*) were sanctioned and 1,87,997 (66 *per cent*) were functional in the State.

(Paragraph 5.3.1)

- Basic amenities like toilet facilities were not available in 43,600 AWCs (68 *per cent*), safe drinking water facilities were not found in 53,757 AWCs (84 *per cent*), and kitchens were not provided in 18,467 AWCs (29 *per cent*) test checked.

(Paragraph 5.3.2)

- Initially, 9400 AWCs in the State were to be equipped with the facility of crèche. The Government of Uttar Pradesh decided to establish 3000 crèches during 2014-15. However, none of the crèches were established in the State, depriving the targeted children and their mothers of the intended benefits of the scheme.

(Paragraph 5.3.3)

- GoUP failed to obtain central grant of ₹ 650.83 crore under Supplementary Nutrition Programme (SNP) component as GoI released only ₹ 6,502.77 crore against total expenditure of ₹ 7,153.60 crore incurred by the State during 2010-15.

(Paragraph 5.4.1.1 (i))

- The State had total 3.21 crore to 3.44 crore pregnant women, lactating mothers and children between six months and six years of age, however, supplementary nutrition was provided to only 2.33 crore to 2.52 crore beneficiaries during 2010-15. Hence, 22 to 32 *per cent* pregnant women, lactating mothers and children were deprived of the benefits of supplementary nutrition programme during 2010-15.

(Paragraph 5.4.1.1 (ii))

- Nutritional support was provided to the beneficiaries ranging between 20 and 22 days in a month and 240 to 269 days in a year during 2010-15 against the prescribed norms of 25 days per month and 300 days per year.

(Paragraph 5.4.1.1 (iii))

- Required funds were not released to 17, out of the 20 test-checked districts, during 2010-15, which resulted in supply of hot cooked food to the children for only two to nine months in a year.

(Paragraph 5.4.1.1 (iv))

- 42 *per cent* of the children in the State were underweight and 15 *per cent* were suffering from wasting. The number of severely malnourished children increased more than five times from 0.28 lakh in 2010-11 to 1.46 lakh in 2014-15.

(Paragraph 5.4.1.1 (v) and 5.7)

- Nutrition and Health Education was neglected in AWCs as documentation regarding house visits by AWWs to counsel the mothers and their families during critical contact periods of pregnancy, infancy and sickness was not maintained in 157 (52 *per cent*) out of 300 test checked AWCs.

(Paragraph 5.4.1.2)

- Number of girls not attending Pre School Education activities has exponentially increased from three *per cent* in 2010-11 to 33 *per cent* in 2014-15.

(Paragraph 5.4.1.3 (i))

- Pre-natal and post-natal health check-up services were inadequate as pre-natal and post-natal cards were not issued to expectant/lactating mothers in 217 (72 *per cent*) out of 300 test checked AWCs.

(Paragraph 5.4.2.1)

- Only ₹ 19.75 crore (34 *per cent*) of released amount of ₹ 58 crore was utilized for purchase of medicine kits during 2010-15 within the respective financial year. Medicine kits for common ailments like fever, cold, worm infection etc., were not supplied to 1,87,997 AWCs (100 *per cent*) in the State in 2012-13 and about 50 *per cent* AWCs were not issued medicine kits in 2011-12 and 2014-15.

(Paragraph 5.4.2.1 (i))

- Health care services provided at AWCs were deficient as new growth charts were not available in 60 to 95 *per cent* AWCs; Maternal and Child Protection cards, baby weighing machines and adult weighing machines were also not available in 91 to 100 *per cent*, 22 to 84 *per cent* and 22 to 84 *per cent* AWCs respectively.

(Paragraph 5.4.2.1 (ii))

- Monitoring and Evaluation Committees at district, block and AWC level neither met regularly nor the functionaries of ICDS conducted regular inspections of AWCs. The revised web-based MIS was also not implemented in AWCs in the State.

(Paragraph 5.6)

Chapter 6 - Adolescent Girls

To address the problems of adolescence, a significant phase of transition from childhood to adulthood and marked by physical changes accompanied by psychological changes, *Kishori Shakti Yojana* (KSY) and Rajiv Gandhi Scheme for Empowerment of Adolescent Girls or Sabla (SABLA) were launched through ICDS platform. The objectives of these schemes were to make adolescent girls (AGs)

aware of health, nutrition, and lifestyle related behaviour and adolescent reproductive and sexual health needs to be positioned in this phase of life in order to improve the health of adolescent girls and facilitate an easier transition to womanhood. KSY has been implemented in 53 districts and SABLA in remaining 22 districts of the State. An expenditure of ₹ 11.69 crore was incurred on implementation of KSY and ₹ 1,186.41 crore on SABLA during 2010-15. We in audit observed that:

Kishori Shakti Yojana

- Only ₹ 11.69 crore (62 *per cent*) of released amount of ₹ 18.88 crore was spent during 2010-15 for implementation of the scheme in the State.

(Paragraph 6.1.1.1)

- Due to ceiling of covering just 60 adolescent girls per block, only 35100 adolescent girls (less than one *per cent*) out of the total population of 70,74,240 adolescent girls were provided supplementary nutrition in the test-checked districts, leaving balance 99 *per cent* adolescent girls uncovered. Thus, KSY had little impact on nutritional status and vocational skills of adolescent girls in 53 districts of the State.

(Paragraph 6.1.2)

- Shortfall of 87 *per cent* in achieving targets fixed for imparting vocational training to adolescent girls was noticed in the test checked districts.

(Paragraph 6.1.4)

Rajiv Gandhi Scheme for Empowerment of Adolescent Girls/SABLA

- An expenditure of ₹ 1,186.41 crore was incurred on the scheme during 2010-15 including Central share of ₹ 564.34 crore and 97.77 lakh Adolescent Girls (AG), were covered under the scheme.

(Paragraph 6.2.1.1)

- Take Home Ration (THR) was not provided to 13.45 lakh adolescent girls (AGs) in the test checked districts during 2011-15. This implied that 28.21 *per cent* of the eligible AGs did not get nutritional support under the scheme in these districts.

(Paragraph 6.2.3.1)

- Vocational training was not imparted to adolescent girls in any of the six test-checked districts during 2011-15.

(Paragraph 6.2.3.2 (i))

- Only 26,084 training kits (10 *per cent*) against requirement of 2,60,865 kits in 52,173 AWC's of 22 districts covered under the scheme were provided in the year 2014-15.

(Paragraph 6.2.3.2. (ii))

Chapter 7 - Crime Against Women

Crime against women includes any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. The incidence of crime against women in India have been increasing continuously with 2.13 lakh cases reported in 2010 which rose to 3.37 lakh cases in 2014 registering a growth of 58 *per cent* in last four years. According to the report of National Crime Records Bureau (NCRB) for the year 2014 (latest), Uttar Pradesh earned the dubious distinction of leading the list of States where crime against women in 2014 was highest, accounting for 11.4 *per cent* of the total number of incidence of crime against women in the country.

We in audit observed that:

- The incidence of crime against women in the State have been rising consistently during last five years. There has been 61 *per cent* increase in incidence of crime against women between 2010-11 and 2014-15. The increase in crime has been very steep during 2013-14 when the number of such incidence shot up from 24,652 in 2012-13 to 31,810 in 2013-14. The incidence of crime against women have not declined in 2014-15.

(Paragraph 7.1)

- There was substantial increase in cases of rape (43 *per cent*) and kidnapping and abduction of girls/women (21 *per cent*) during 2013-14 as compared to previous year. 59 *per cent* of the victims of rape and 71 *per cent* of victims of kidnapping and abduction were minor girls.

(Paragraph 7.2)

- The cases of Torture-both mental and physical increased from 7302 in 2010-11 to 9476 in 2014-15. There has been significant increase of 24 *per cent* in 2013-14 over the previous year.

(Paragraph 7.2)

- The cases of assault on women with intent to outrage her modesty have increased from 2989 in 2010-11 to 7972 in 2014-15. Maximum number (55 *per cent*) of victims for the said crime were minor girls. In the year 2013-14 there was an increase of 73 *per cent* in the cases of assault on women with intent to outrage her modesty over the previous year.

(Paragraph 7.2)

Police manpower

- To protect 19.98 crore population of the State and to enforce law and order and deal with all types of crime including crime against women only 81 police personnel per one lakh population were available against the sanctioned strength of 178.48 police personnel per one lakh population in the State. Since Uttar Pradesh tops the list of the States having highest number of violent crimes against women accounting

for 12.7 *per cent* of the total number of violent crimes in the country and also has maximum incidence of crime against women, shortage of about 55 *per cent* of the police manpower if not immediately bridged may further worsen the crime scenario in the State.

(Paragraph 7.4)

- Women police personnel constitute only 4.55 *per cent* of the total police force in the State against the Ministry of Home Affairs advisory (September 2009) of 33 *per cent*.

(Paragraph 7.4.1)

Crime and Criminal Tracking Network and Systems

- Implementation of Crime and Criminal Tracking Network and Systems (CCTNS) has been considerably delayed in the State. Except for registration of FIRs, other functionalities/ modules of Core Application Software (CAS) are rarely being used by the police stations and higher offices though made functional. Further, citizen centric services envisaged to be made available through police portal and *via* SMS have not yet been made fully functional.

(Paragraph 7.6)

Compensation schemes

- Under the direction of the Hon'ble Supreme Court, a scheme for restorative justice was formulated by GoI as 'Financial Assistance and Support Services to Victims of Rape: A Scheme for Restorative Justice'. The allocation of ₹ 15.03 crore by GoI during 2010-12 under this scheme, was not utilised by the State though 3544 cases of rape were reported in the State during the same period.

(Paragraph 7.7.1)

- Out of the total 18 cases for sanction of compensation under The Uttar Pradesh Victim Compensation Scheme, only two cases have been awarded compensation and remaining 16 cases are pending for four to 20 months as of December 2015.

(Paragraph 7.7.2)

Ujjawala – Support Services for Trafficked Women

Ujjawala scheme is implemented for prevention, rescue and rehabilitation of trafficked women and their children. Under the scheme *Ujjawala* homes are set up for providing immediate relief such as food, shelter, trauma care and counselling to the rescued victims. The victims are also to be provided skill training, capacity building and guidance in income generating activities to empower and help them to live independently.

- Only 13 *Ujjawala* projects were implemented in the State during 2010-11 to 2014-15 covering 11 districts. No second and subsequent installments were released to 12 out of 13 projects. All the three projects located in the test checked districts (Allahabad, Pratapgarh and Unnao) were found closed. Hence, *Ujjawala* scheme had become largely non-functional in the State.

(Paragraph 7.9.1)

- No *Ujjawala* homes were established in districts bordering Nepal which are major transit areas vulnerable to trafficking as per UN report.

(Paragraph 7.9.2)

- The State Level Monitoring Committee was not formed and periodic evaluation of the projects through reputed institutions was not done.

(Paragraph 7.9.3)

Chapter 8 - Destitute Women

The *Swadhar Greh* scheme is meant to provide temporary accommodation, maintenance and rehabilitation service to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism etc. We in audit observed that:

- District Women Welfare Committees for planning and implementation of the *Swadhar Greh* scheme in the districts were not constituted, as a result, the magnitude of prevalence of destitution in women in the districts remained un-assessed.

(Paragraph 8.2.1)

- *Swadhar Grehs* were established in only 42 out of 75 districts in the State as of March 2015.

(Paragraph 8.2.2)

- The State Department as well as implementing agencies had not established necessary linkages with other programmes such as non-formal education, skill development, etc., which resulted in non-achievement of the objective of upliftment and economic rehabilitation of inmates of *Swadhar Greh* through linkage with other programmes.

(Paragraph 8.2.3)

- Inadequate infrastructure, excess reporting of beneficiaries, lack of support services, non-rehabilitation of inmates and improper maintenance of records were found in *Swadhar Grehs*, functioning in test checked districts.

(Paragraph 8.3)