REPORT OF THE
COMPTROLLER AND AUDITOR GENERAL OF INDIA
ON
GENERAL AND SOCIAL SECTOR
FOR THE YEAR ENDED MARCH 2017

GOVERNMENT OF GUJARAT
REPORT NO. 4 OF 2018

http://www.cag.gov.in

TABLE OF CONTENTS

APPENDICES

PREFACE

This Report for the year ended 31 March 2017 has been prepared for submission to the Governor of the State of Gujarat under Article 151 of the Constitution of India. This Report contains three Chapters.

This Report relates to audit of the Social and General Sectors of the Government departments conducted under the provisions of the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971 and Regulations on Audit and Accounts, 2007 issued thereunder by the Comptroller and Auditor General of India. This Report is required to be placed before the State Legislature under Article 151 (2) of the Constitution of India.

The instances mentioned in this Report are those, which came to notice in the course of test audit during the period 2016-17 as well as those, which came to notice in earlier years, but could not be reported in the previous Audit Report; instances relating to the period subsequent to 2016-17 have also been included, wherever necessary.

The audit has been conducted in conformity with the Auditing Standards (March 2002) issued by the Comptroller and Auditor General of India.

CHAPTER-I

INTRODUCTION

CHAPTER-I

INTRODUCTION

1.1 About this Report

This Report of the Comptroller and Auditor General of India (C&AG) relates to matters arising from Performance Audit of selected programmes and activities and Compliance Audit of various Departments of State Government.

Compliance Audit refers to examination of the transactions relating to expenditure of the audited entities to ascertain whether the provisions of the Constitution of India, applicable laws, rules, regulations and various orders and instructions issued by competent authorities are being complied with. On the other hand, Performance Audit, besides conducting a Compliance Audit, also examines whether the objectives of the programme/activity/department are achieved economically and efficiently.

The primary purpose of the Report is to bring to the notice important results of Audit to the State Legislature. Auditing Standards require that the materiality level for reporting should be commensurate with the nature, volume and magnitude of transactions. The findings of Audit are expected to enable the Executive to take corrective actions so as also to frame policies and directives that will lead to improved financial management of the organisations, thus, contributing to better governance.

This chapter, in addition to explaining the planning and extent of Audit, provides a synopsis of the significant deficiencies in performance of selected programme, significant audit observations made during the Compliance Audit and follow-up on previous Audit Reports. Chapter-II of this report contains findings arising out of Performance Audit of selected programme/activity/departments. Chapter-III contains observations on the Compliance Audit in Government Departments.

1.2 Audited entity profile

The Accountant General (General and Social Sector Audit), Gujarat conducts Audit of the expenditure under the General and Social Services incurred by 13 Departments in the State at the Secretariat level and 169 autonomous bodies. In addition, two Departments (Panchayats, Rural Housing and Rural Development & Urban Development and Urban Housing) and 57 autonomous bodies under these Departments are audited by the Accountant General (General and Social Sector Audit), Gujarat for which separate Report on Local Bodies is presented in the State Legislature. The Departments are headed by Additional Chief Secretaries/Principal Secretaries/Secretaries, who are assisted by Directors/ Commissioners/Chief Engineers and subordinate officers under them.

The summary of fiscal transactions during the years 2015-16 and 2016-17 is given in **Table 1 -**

Table 1: Summary of fiscal transactions

(₹ in crore)

Receipts			Disbursements				
	2015-16	2016-17		2015-16	2016-17		
					Non- Plan	Plan	Total
1	2	3	4	5	6	7	8
Section-A: Revenue							
Revenue receipts	**97,482.58**	**1,09,841.81**	**Revenue expenditure**	**95,778.54**	**67,185.61**	**36,709.22**	**1,03,894.83**
Tax revenue	62,649.41	64,442.71	General services	32,876.05	34,312.51	1,491.84	35,804.35
Non-tax revenue	10,193.52	13,345.66	Social services	42,119.90	22,092.05	22,833.97	44,926.02
Share of Union taxes/ duties	15,690.43	18,835.39	Economic services	20,223.86	10,365.10	12,383.41	22,748.51
Grants from Government of India	8,949.22	13,218.05	Grants-in-aid and Contribu-tions	558.73	415.95	0.00	415.95
Section-B: Capital							
Misc. Capital receipts	0.00	240.05	Capital Outlay	24,169.44	53.41	22,301.98	22,355.39
Recoveries of Loans and Advances	125.46	165.77	Loans and Advances disbursed	675.79	62.35	415.21	477.56
Public Debt receipts	23,486.19	27,668.31	Repayment of Public Debt*	6,194.26			9,073.17
Contingency Fund	14.16	3.75	Contingency Fund	3.75			0.00
Public Account receipts	65,131.92	58,958.90	Public Account disbursements	61,936.12			56,388.19
Opening Cash Balance	21,076.47	18,559.48	Closing Cash Balance	18,559.48			23,248.93
Total	**2,07,316.78**	**2,15,438.07**	**Total**	**2,07,316.78**			**2,15,438.07**

(Source: Finance Accounts for the respective years)

* Excluding net transactions under ways and means advances and overdrafts.

1.3 Authority for Audit

The authority for Audit by the C&AG is derived from Articles 149 and 151 of the Constitution of India and the Comptroller and Auditor General's (Duties, Powers and Conditions of Service) Act, 1971.

1.4 Planning and conduct of Audit

Audit process starts with the assessment of risks faced by various Departments of Government based on expenditure incurred, criticality/complexity of activities, level of delegated financial powers, assessment of overall internal controls and concerns of stakeholders. Previous audit findings are also considered in this exercise. Based on this risk assessment, the frequency and extent of Audit are decided.

After completion of Audit of each unit, Inspection Reports containing audit findings are issued to the heads of the Departments. The Departments are requested to furnish replies to the Audit findings within one month of receipt of the Inspection Reports. Whenever replies are received, Audit findings are either settled or further action for compliance is advised. The important Audit observations arising out of these Inspection Reports are processed for inclusion in the Audit Reports, which are submitted to the Governor of the State under Article 151 of the Constitution of India, to be caused to be laid on the table of the State Legislature.

During 2016-17, in the General and Social Sector Audit Wing, 12,738 man-days were utilised to carry one Performance Audit and Compliance Audits of total 444 units. The Audit Plan covered those units/entities which were vulnerable to significant risk as per our assessment.

1.5 Significant Audit observations

In the last few years, Audit has reported on several significant deficiencies in implementation of various programmes/activities through Performance Audits, as well as on the quality of internal controls in selected Departments which impact the success of programmes and functioning of the Departments. Similarly, the deficiencies noticed during Compliance Audit of the Government Departments/organisations were also reported upon. The present report contains one Performance Audit and 11 Compliance Audit paragraphs. The highlights are given in the following paragraphs.

1.5.1 Performance Audit

1.5.1.1 Working of select Government Medical Colleges and attached Teaching Hospitals

The mission of the Health and Family Welfare Department of Government of Gujarat is to increase life expectancy through various health and medical interventions contributing to overall improvement in Human Development Index of Gujarat to a level comparable with developed countries. The vision of the department is to improve physical quality of life of people of Gujarat so that they attain the highest level of physical, mental and spiritual health and contribute towards the development of the State. The main objectives of the department are reducing maternal and child mortality, and creating adequate infrastructure and educational facilities for medical and para-medical education to produce medical manpower to provide quality healthcare services.

For providing equitable access to affordable, accountable and quality healthcare to the citizens, adequate healthcare infrastructure with trained medical human resource is a pre-requisite. Medical education is meant to make available services of doctors in Government as well as private hospitals of the State to cater to the health needs. As of March, 2017, there are six Government Medical Colleges (GMCs) with an annual intake capacity of 1,080 and 750 for Under Graduate (UG) and Post Graduate (PG) courses respectively.

"Working of select Government Medical Colleges and attached Teaching Hospitals (THs)" was taken up in audit between March and August 2017, for their performance from the year 2012 to 2017. Audit revealed that important areas of medical education and delivery of quality healthcare services in the attached teaching hospitals required immediate attention of Government and prompt remedial action for augmentation of medical education and quality healthcare. A few instances have been highlighted below –

- State Government could not avail of central funds of ₹ 750 crore for establishment of five new medical colleges in the State under Centrally Sponsored Scheme due to delay in submission of proposals by the State Government.

- Targets set (2012-15) for increasing the intake capacity of UG, PG and Super-Specialty courses has been partially achieved as of March 2017.

- In test-checked GMCs, prescribed infrastructure and other facilities for proper teaching was found deficient. Lecture theatres were not equipped for virtual class lecture. Due to inadequate capacity in the hostels, students were found accommodated on floor beds and four to five students in a room.

- Central Casualty Department of Civil Hospitals (CHs), Jamnagar and Surat were functioning without Intensive Care Units (ICUs) and had lesser number of beds than prescribed by Medical Council of India (MCI). Number of beds in ICUs of test-checked CHs was less than those prescribed by Indian Public Health Standards. The ICUs were not fully equipped to handle critical cases. The bed capacity of test-checked CHs attached with GMCs remained unchanged despite increase in number of indoor patients during 2012-17.

- Objectives of Pradhan Mantri Swasthya Surakhsha Yojana (PMSSY) to augment medical education and to strengthen the healthcare facilities were only partially achieved due to non-procurement of equipment by B. J. Medical College, Ahmedabad under the project.

- Norms prescribed by MCI for teaching, clinical postings and exposure of students to clinical units and training centres were not adhered to by the test-checked GMCs.

- Medical Education and healthcare suffered due to shortage in the cadre of teaching staff. Instances of en-masse transfer of teachers from one Medical College (MC) to the other MCs, prior to inspection of MCI for retaining the licence of the college were noticed in Audit.

- State Government had not framed any guidelines for promotion of research in Medical colleges. Research aspirants in the State have not received any financial assistance for research activities since 2014-15.

- Monitoring of education imparted in GMCs was found deficient.

(Paragraph 2.1)

1.5.2 Compliance Audit of Transactions

1.5.2.1 Implementation of Right of Children to Free and Compulsory Education (RTE) Act, 2009

The RTE target was to achieve the objective of providing free and compulsory education to all children in the age group of six to 14 years through proper identification, enrolment and retention. Though, there was marginal improvement during the last five years, however, the RTE target was not achieved by 12.80 to 15.11 *per cent* during 2012-17. Similarly, the prescribed pupil teacher ratio in the State was not achieved in 1,156 Primary Schools (PSs) and 3,098 Upper Primary Schools (UPSs) as on 31 March 2017.

It was seen that training had not been provided to 27 *per cent* of the identified Out of School Children (OoSC) in the State for their mainstreaming to regular schooling in appropriate class during 2012-17. The State Government did not print and provide Braille books to visually impaired students in the State during 2014-16. Only 63 *per cent* of hearing impaired students in the State had been provided with hearing aids during 2012-17.

The department allotted targets to all districts and Municipal Corporations for admission under 25 *per cent* RTE Quota without considering the total number of seats available for admission in Class I. The targets allotted were observed to be much lower than the actual seats available for admission in the State. Instances of denial of admission to eligible children and allotment of admission in different medium/school not opted for by the applicants were also noticed.

The State Government could not provide basic infrastructure facilities in majority of the Government Schools even after a lapse of seven years of implementation of the RTE Act. The Government of India (GoI) and State Government's share of ₹ 3,635.57 crore (34 *per cent*) was short released due to under utilisation of funds for implementation of the RTE Act. The monitoring mechanism was weak as Block Resource Centre Coordinators (BRCCs)/Cluster Resource Centre Coordinators (CRCCs) had not conducted the prescribed number of inspections of schools and the State Advisory Council met only twice against 16 meetings to be held during 2013-17.

The above deficiencies indicated that the key objectives of the RTE Act, 2009 of universalisation of elementary education could not be fully achieved.

(Paragraph 3.1)

1.5.2.2 Fraudulent and irregular payment under Member of Parliament Local Area Development Scheme (MPLADS)

Injudicious awarding of works under MPLADS to an Non-Government Organisation (NGO) without inviting tenders resulted in irregular payment of ₹ 5.93 crore including fraudulent payment of ₹ 84.53 lakh to the NGO.

(Paragraph 3.2)

1.5.2.3 Mukhyamantri Amrutum (MA) Yojana and Mukhyamantri Amrutum Vatsalya (MAV) Yojana

The department could enroll only 54.54 *per cent* of Below Poverty Line (BPL) families in the State under the scheme as on 31 March 2017. No empanelled hospital was available in 10 out of 33 districts in the State. Only four districts in the State had empanelled hospitals for all clusters, which forced the beneficiaries to move to other districts for availing treatment mainly for cancer, cardiac and paediatric. Seventy eight *per cent* of beneficiaries preferred to get treatment at private hospitals due to lack of adequate infrastructure and non-availability of specialist doctors in Government hospitals.

The department had not followed the enrolment procedure and opted for bulk printing of MA cards for BPLs already registered under Rashtriya Swasthya Bima Yojana (RSBY) scheme. These cards lacked vital information such as photographs, fingerprints, age, relationship, *etc.* which posed difficulties to the beneficiaries in getting immediate medical treatment.

Enrolment process at kiosks was also found deficient. Instances of non-monitoring of the work of Taluka Kiosk Executive (TKE) and authentication of the enrolment by Taluka Verification Authority (TVA) without verification of the records were also noticed. System to identify duplication in enrolment was not implemented which resulted in getting more than one active card by the beneficiaries.

Non-revision of financial limit available under scheme despite increase in package rates twice led to lesser benefits being available to beneficiaries. Instances of charging money by the empanelled hospitals were noticed which defeated very purpose of providing cashless treatment to the beneficiaries.

(Paragraph 3.3)

1.5.2.4 Unfruitful expenditure of ₹ 1.59 crore

Trauma Care Centre established at a cost of ₹ 1.59 crore could not be put to use due to non-appointment of Medical and Para-Medical Staff.

(Paragraph 3.4)

1.5.2.5 Irregular payment of ₹ 4.36 crore to agencies

Guru Gobind Singh Government Hospital, Jamnagar awarded contract of housekeeping services in contravention of State Government instructions which resulted in irregular payment of ₹ 4.36 crore to two agencies.

(Paragraph 3.5)

1.5.2.6 Loss of revenue of ₹ 68.64 lakh

Supervisory lapses on the part of the hospital authorities of Civil Hospital, Ahmedabad in initiating the tender procedure before expiry of the contract and getting the premises vacated in time, resulted in loss of revenue of ₹ 68.64 lakh besides undue favour to the old Agency.

(Paragraph 3.6)

1.5.2.7 Enforcement of Factories Act in Gujarat

Audit observed that Director, Industrial Safety and Health (DISH) had not ensured that all the factories in the State had been registered under the Factories Act as the number of factories registered with DISH was less than those registered with Employees Provident Fund Organisation (EPFO) in respect of textiles and diamond factories. Consequently, unregistered factories escaped the enforcement provisions of the Act for safeguarding the interest of the factory workers.

There was a shortfall in inspection by the factory inspectors ranging between 43 and 55 *per cent* against the norm during 2012 to 2015. After introduction (March 2016) of the system of joint inspection, the number of factories planned for inspection by DISH was also found below the prescribed norms during 2016-17. Inspection remarks issued by inspecting officers were mostly of general nature and not based upon industry specific issues. Further, compliance of remarks was also not ensured through follow-up.

Certifying Surgeons (CSs) appointed by the department had not conducted prescribed medical examination of workers during 2013 to 2016 as the shortfall in examination of workers against the norms was 78 *per cent*. CSs had not issued any fitness certificates to workers of factories performing dangerous operations. Against the requirement of 753 full-time Factory Medical Officers (FMOs) in 485 factories in the State performing hazardous/dangerous process with more than 200 workers, only 342 full-time FMOs (45 *per cent*) were available in the factories. Laboratory Assistants (LAs) of Industrial Hygiene Laboratories (IHLs) have visited fewer numbers of factories and the results of samples analyzed for identifying environmental risks at work place were not provided to concerned factories for taking corrective actions.

There were 1,194 cases of fatal accidents in Gujarat in the last five years. DISH had not completed detailed investigation in 88 fatal cases and had not initiated prosecution in five fatal accident cases though they were liable for prosecution. Accidents of similar nature occurred in Alang-Sisoya Ship Breaking Yard due to non-enforcement of workers' safety by DISH. The DISH had not initiated any prosecution against the factory occupiers in respect of 9,520 non-fatal accidents occurred during 2012 to 2016, thus, resulting in compromising the safety of workers. Though no provision for withdrawal of prosecution cases for violations of safety standards was provided in the Act, the State Government had withdrawn 35 court cases for fatal accidents on the plea of having paid compensation to the dependants of the deceased workers.

The enforcement of the Act in the State was deficient resulting in failure to achieve the objectives of the Labour and Employment Department which included provisions of various social security measures.

(Paragraph 3.7)

1.5.2.8 Unfruitful expenditure of ₹ 5.57 crore

Imprudent decision of awarding contract for laying and joining water supply pipelines between Anjar-Chandroda, before obtaining Right of Use permission by Gujarat Water Supply and Sewerage Board (GWSSB) resulted in hasty

procurement of 4,740 running metres pipes worth ₹ 2.73 crore for land yet to be acquired, which further rendered 4.5 kilometres pipeline laid in the prefixed section infructuous, at a cost of ₹ 2.84 crore.

(Paragraph 3.8)

1.5.2.9 Idle investment of ₹ 4.42 crore

Idle expenditure of ₹ 4.42 crore by GWSSB on developing web based online management system for ground water utilities by Planning and Research on Urban Development Affairs (PRUDA) deprived itself of a comprehensive database for a sustainable water supply and sanitation services in rural Gujarat since March 2014.

(Paragraph 3.9)

1.5.2.10 Avoidable expenditure of ₹ 1.02 crore on payment of Central Excise duty on purchase of pipes

Water and Sanitation Management Organisation (WASMO) failed to use the extant provision of Central Excise exemption for pipes and pipe fittings used as integral part of water supply projects which resulted in avoidable expenditure of ₹ 1.02 crore.

(Paragraph 3.10)

1.5.2.11 Development of Infrastructure and promotion of sports activities in Gujarat

State Government established Sports Authority of Gujarat (SAG) in 1993 to promote sports activities but the State Sports Policy was declared only in March 2016. Even after lapse of one year since the declaration of Sports Policy, neither the Commissioner nor the SAG had made any planning for achieving the goals envisaged in the policy.

Out of 33 districts in Gujarat, SAG could provide only 20 Sports complexes in 17 districts. The sports complexes established lacked infrastructural facilities for major sports disciplines which resulted in inadequate coaching facilities to sports persons. Out of 10 Sports hostels in the State, there was no occupancy in four hostels during 2012-17. In test-checked districts, the infrastructure in the sports complexes were not being utilised due to poor maintenance.

Khel Mahakumbh is an important programme for identifying sports talents. The objective of grooming its winners for participation in higher level competitions was not achieved as SAG and senior coaches of test-checked districts did not ensure imparting further coaching to the winners. Further, there were vacancies in the posts of Coaches. The performance of Swarnim Gujarat Sports University (SGSU) in attracting the aspiring sports persons for taking up sports education was found sub-optimal as it failed in arranging campus interviews for placement of students. It could provide placement to only 41 students out of 819 students enrolled during 2013-17. The above deficiencies indicated that the strategies adopted leave room for improvement in achievement of objectives enshrined in the State Sports Policy.

(Paragraph 3.11)

1.6 Lack of responsiveness of Government to Audit

1.6.1 Inspection Reports outstanding

The Hand Book of Instructions for prompt Settlement of Audit Objections/ Inspection Report issued by the Finance Department in 1992 provides for prompt response by the Executive to the Inspection Reports (IRs) issued by the Accountant General to ensure rectificatory action in compliance with the prescribed rules and procedures and accountability for the deficiencies, omissions, *etc.*, noticed during the inspections. The Heads of Offices and next higher authorities are required to comply with the observations contained in the IRs, rectify the defects and omissions promptly and report their compliance to the Accountant General within four weeks of receipt of the IRs. Periodical reminders are issued to the Head of the Departments requesting them to furnish the replies expeditiously on the outstanding paragraphs in the IRs.

As of 31 December 2017, 3,281 IRs (7,494 paragraphs) were outstanding against 13 Departments under the General and Social sector. Year-wise details of IRs and paragraphs outstanding are given in **Appendix-I**.

1.6.2 Response of departments to the audit paragraphs

A draft Performance Audit report and 11 draft Compliance Audit paragraphs were forwarded to the Additional Chief Secretaries/Principal Secretaries/ Secretaries of the concerned administrative departments between June 2017 and October 2017 with a request to send their responses within six weeks. The departments replied to a Performance Audit Report and three Compliance Audit Reports till date (February 2018). Entry and exit conferences were also held with the concerned Departments on the audit findings included in the draft report of the Performance Audit. The replies of the department and the views expressed by them have duly been considered while finalising this report.

1.6.3 Follow-up of Audit Reports

Rule 7 of Public Accounts Committee (Rules of Procedure) 1990 provides for furnishing Detailed Explanation (DE) to the observations which featured in Audit Reports by all the Departments of Government, within 90 days of their being laid on the Table of the Legislative Assembly.

The administrative Departments did not comply with these instructions and 17 Departments[1] as detailed in **Appendix-II** had not submitted 54 DEs for the period 2003-04 to 2015-16 as of 31 December, 2017.

1.6.4 Paragraphs to be discussed by the Public Accounts Committee

Details of paragraphs pending for discussion by the Public Accounts Committee as of 31 December 2017 are shown in **Appendix–III**.

1. This includes audit of departments transferred to Principal Accountant General (E&RSA), Gujarat, Ahmedabad after restructuring with effect from 1 April 2012.

CHAPTER-II

PERFORMANCE AUDIT

CHAPTER II

PERFORMANCE AUDIT

This chapter contains findings of Performance Audit on "Working of select Government Medical Colleges and attached Teaching Hospitals".

HEALTH AND FAMILY WELFARE DEPARTMENT

2.1 Working of select Government Medical Colleges and attached Teaching Hospitals

Executive Summary

The mission of the Health and Family Welfare Department of Government of Gujarat is to increase life expectancy through various health and medical interventions contributing to overall improvement in Human Development Index of Gujarat to a level comparable with developed countries. The vision of the department is to improve physical quality of life of people of Gujarat so that they attain the highest level of physical, mental and spiritual health and contribute towards the development of the State. The main objectives of the department are reducing maternal and child mortality, and creating adequate infrastructure and educational facilities for medical and para-medical education to produce medical manpower to provide quality healthcare services.

For providing equitable access to affordable, accountable and quality healthcare to the citizens, adequate healthcare infrastructure with trained medical human resource is a pre-requisite. Medical education is meant to make available services of doctors in Government as well as private hospitals of the State to cater to the health needs. As of March, 2017, there are six Government Medical Colleges (GMCs) with an annual intake capacity of 1,080 and 750 for Under Graduate (UG) and Post Graduate (PG) courses respectively.

"Working of select Government Medical Colleges and attached Teaching Hospitals (THs)" was taken up in audit between March and August 2017, for their performance from the year 2012 to 2017. Audit revealed that important areas of medical education and delivery of quality healthcare services in the attached teaching hospitals required immediate attention of Government and prompt remedial action for augmentation of medical education and quality healthcare. A few instances have been highlighted below –

- ***State Government could not avail of central funds of ₹ 750 crore for establishment of five new medical colleges in the State under Centrally Sponsored Scheme due to delay in submission of proposals by the State Government.***
- ***Targets set (2012-15) for increasing the intake capacity of UG, PG and Super-Specialty courses has been partially achieved as of March 2017.***
- ***In test-checked GMCs, prescribed infrastructure and other facilities for proper teaching was found deficient. Lecture theatres were not equipped for virtual class lecture. Due to inadequate capacity in the***

hostels, students were found accommodated on floor beds and four to five students in a room.

- ***Central Casualty Department of Civil Hospitals (CHs), Jamnagar and Surat were functioning without Intensive Care Units (ICUs) and had lesser number of beds than prescribed by the Medical Council of India (MCI). Number of beds in ICUs of test-checked CHs was less than those prescribed by Indian Public Health Standards. The ICUs were not fully equipped to handle critical cases. The bed capacity of test-checked CHs attached with GMCs remained unchanged despite increase in number of indoor patients during 2012-17.***
- ***Objectives of Pradhan Mantri Swasthya Surakhsha Yojana (PMSSY) to augment medical education and to strengthen the healthcare facilities were only partially achieved due to non-procurement of equipment by B. J. Medical College (BJMC), Ahmedabad under the project.***
- ***Norms prescribed by MCI for teaching, clinical postings and exposure of students to clinical units and training centres were not adhered to by the test-checked GMCs.***
- ***Medical Education and healthcare suffered due to shortage in the cadre of teaching staff. Instances of en-masse transfer of teachers from one Medical College (MC) to the other MCs, prior to inspection of MCI for retaining the licence of the college were noticed in Audit.***
- ***State Government had not framed any guidelines for promotion of research in Medical Colleges. Research aspirants in the State have not received any financial assistance for research activities since 2014-15.***
- ***Monitoring of education imparted in GMCs was found deficient.***

2.1.1 Introduction

Health is crucial for sustainable development, both as an inalienable human right and as an essential contributor to the economic growth of the society. For providing equitable access to affordable, accountable and quality healthcare to the citizens, adequate healthcare infrastructure with trained medical human resource is a pre-requisite. Medical education contributes significantly to make available services of doctors including specialists in Government as well as private hospitals to cater the health needs.

The Medical Council of India (MCI) constituted under Indian Medical Council Act (IMCA), 1956 is the regulatory authority for medical education. It grants permissions and recognitions for opening of new medical colleges and for increase in intake capacity for Under Graduate (MBBS), Post Graduate (MD/MS/Diploma) and Super-specialty (DM/M.Ch) Courses.

Health and Family Welfare Department of Government of Gujarat is working with mission of increasing life expectancy through various health and medical interventions contributing to overall improvement in Human Development Index of Gujarat to a level comparable with developed countries. The vision of the department is to improve physical quality of life of people of Gujarat so that they

attain the highest level of physical, mental and spiritual health and contribute towards the development of the State. The main objectives of the department are reducing maternal and child mortality, and creating adequate infrastructure and educational facilities for medical and para-medical education to produce medical manpower to provide quality healthcare services.

As of March 2017, there were 22 Medical Colleges (MCs) in the State conducting Under Graduate (UG) courses with an intake capacity of 3,530 students and Post Graduate (PG) courses with an intake capacity of 1,211 students. Of these, six are Government Medical Colleges (GMCs) and remaining 16 are self-financed colleges run by Societies, Municipal Corporations and private players. As of March 2017, the total annual intake capacity of these six GMCs[1] for UG and PG courses were 1,080 and 750 students respectively. The Civil Hospitals of the respective districts are attached as Teaching Hospitals (THs) to these GMCs.

This Performance Audit is an attempt to draw a comprehensive and holistic picture of functioning of GMCs and its attached THs on which the responsibility of developing efficient medical human resources and delivery of quality healthcare services to the population of the State are bestowed.

2.1.2 Organisational set-up

The Principal Secretary, Health and Family Welfare Department (H&FWD) is the Administrative head of the department. He is assisted by the Commissioner, Health, Medical Services, Medical Education and Research (Commissioner), who, in turn, is assisted by Additional Director, Medical Education and Research (ADMER). The Additional Director is responsible for overall administration and monitoring of the activities of GMCs and the attached THs. The Dean is the head of the Medical College and is responsible for academic education. The Medical Superintendents of the attached hospitals are responsible for administration of the Hospital.

2.1.3 Audit Objectives

The broad objectives of the Performance Audit were to assess whether –

- Planning for implementation of schemes for opening of new medical college, increase in intake capacity/up-gradation/strengthening of GMCs was robust and the plans were effectively implemented;
- Physical infrastructure, mode of teaching, training and research, and human resource were as per MCI norms; and
- Monitoring of education was effective.

2.1.4 Audit Criteria

In order to achieve the audit objectives, the following criteria were adopted -

- State Health Policy and Annual Development Plans of the State Government;

1 Buramjee Jeejeebhoy Medical College (BJMC), Ahmedabad (UG-250 and PG-257), GMC, Bhavnagar (UG-150 and PG-71), M. P. Shah Medical College, Jamnagar (UG-200 and PG-126), Pandit Deen Dayal Upadhyay Medical College, Rajkot (UG-150 and PG-75), GMC, Surat (UG-150 and PG-106) and GMC, Vadodara (UG-180 and PG-115)

- Scheme guidelines for strengthening of Medical Colleges issued by Government of India (GoI) in 2013;
- Guidelines of Pradhan Mantri Swasthya Suraksha Yojana;
- Minimum Standard Requirement (MSR) Regulations, 1999 for UG intake capacity of 150/200/250 students;
- UG and PG Regulations of MCI;
- Indian Public Health Standards (IPHS); and
- Instructions/circulars issued by Government of India (GoI), State Government and MCI.

2.1.5 Audit scope and methodology

The Performance Audit commenced with an 'Entry Conference' (27 February 2017) with the Joint Secretary (Medical Education) of H&FWD wherein the audit objectives, scope of audit and audit criteria were discussed and the inputs of the department were obtained. The audit involved scrutiny of records for the period 2012-17 maintained at the office of the Principal Secretary, H&FWD, Additional Director (Medical Education and Research) and three test-checked GMCs[2] and their attached THs[3]. Audit also conducted joint visit[4] of departments of test-checked GMCs and THs. An exit meeting was held (16 October 2017) with Additional Chief Secretary (ACS) of H&FWD. The views of the State Government have been considered and incorporated in the report.

Audit Findings

2.1.6 Planning and implementation of schemes

As per high level expert group for universal health constituted by the planning commission, the ratio of doctors to population shall be 1:1000. As of March 2017, the ratio of doctors to population in Gujarat State was 1:2092 and was even below the national ratio of 1:1613. Thus, establishment of MCs was a pre-requisite for development of medical human resources.

2.1.6.1 Establishment of new medical colleges under Centrally Sponsored Scheme

The State Government allocated average ₹ 6,673 crore (5.32 *per cent*) of the total State budget (₹ 1,25,428 crore) for healthcare and health education to H&FWD during 2012-17. Of this, ₹ 2,542 crore (38 *per cent*) on an average have been allocated for medical education and research which included ₹ 1,889 crore (74 *per cent*) as Plan funds.

2 B.J. Medical College, Ahmedabad, M.P. Shah Medical College, Jamnagar and GMC, Surat
3 Civil Hospital Ahmedabad, G.G. Hospital Jamnagar and Civil Hospital Surat
4 Jointly with officials of the test-checked GMCs and THs

GoI apprised (May 2013) the State Governments regarding the launching of a scheme for establishment of new Medical Colleges (MCs) attached to existing district/referral hospitals with a view to mitigate the shortage of doctors. The scheme envisaged project cost of ₹ 200 crore per college, sharable between the Central and State Governments in the ratio of 75:25. GoI instructed (May 2013) the State Governments to furnish immediately their willingness to contribute State share, ensure availability of land as prescribed by MCI and identify districts with hospitals having bed capacity of 200-250 but not having MCs.

Audit observed that the State Government had not taken any initiative for opening of new MCs under the scheme till October 2014 for which no reasons were available on record. In November 2014, the State Government submitted the proposals for establishing MCs attached to five district hospitals *i.e.* Amreli, Godhra, Nadiad, Palanpur and Vyara. However, by then, Cabinet Committee on Economic Affairs had already approved (January 2014) establishment of 58 new MCs in 20 States/Union Territories (UTs). Thus, the possibility of getting new MCs under the scheme could not materialise due to delay in submission of proposals by the State Government.

The Government stated (October 2017) that it had opened eight new MCs under Gujarat Medical Education and Research Society (GMERS) and the process for opening five new MCs on Public Private Partnership (PPP) mode was in progress. However, of the eight new MCs opened by GMERS as stated above, five had been opened before May 2013, two in 2015-16 and one project is in progress. Therefore, the contention is not correct. The Government accepted (October 2017) late submission of its proposal to the GoI and added that the same may be considered in the next phase of the scheme. It is evident that the State Government could not avail of GoI funding of ₹ 750 crore (36 *per cent* of ₹ 2,084 crore plan funds allocated during 2014-15 for medical education) for five Government MCs in Gujarat.

2.1.6.2 Planning to increase intake capacity

The healthcare need of population of the State is being catered through Civil Hospitals (CHs) attached with MCs; District Hospitals (DHs) and Sub-District Hospitals; Community Health Centres (CHCs), Primary Health Centres (PHCs); Sub-Centres (SCs), *etc.* Despite efforts made by the Government, vacant post of doctors, inadequate bed capacity, lack of modern diagnostic facilities, *etc.* in these institutions are major hurdles to attain the objective of providing quality healthcare services to all. Shortage of doctors is a major issue as more than 30 *per cent* of sanctioned posts were vacant in these institutions[5] as of March 2017. Analysis of achievement against goals set in Annual Development Plans (ADPs) for producing trained medical manpower to overcome these shortages are discussed below -

- ***Under Graduate Courses***

MSR Regulations, 1999 prescribe minimum requirement for different UG intake capacities *viz.* human resource, physical infrastructure, bed capacity of the THs,

5 31 *per cent* in CHs (63 posts vacant against 204 posts); 71 *per cent* in DHs and Sub-DHs (1,164 posts vacant against 1,639) and 32 *per cent* in CHCs and PHCs (1,747 posts vacant against 5,495).

etc. MCI approves UG intake capacity upto 250 seats depending on fulfilment of prescribed norms.

Out of six GMCs in the State, only GMC, Ahmedabad could attain the maximum permissible intake capacity as of March 2017. Audit observed that the State Government had planned to increase intake capacity of UG courses up to 250 seats in respect of only two GMCs during 2012-17 *i.e.* Jamnagar (200 seats) and Vadodara (180 seats). However, the intake capacity of these GMCs remained unchanged during 2012-17.

The Government stated (October 2017) that the intake capacity of GMC, Vadodara would be increased to 250 seats as it had been selected under Centrally Sponsored Scheme (2015). It was further stated that the infrastructure in GMC, Jamnagar had been created as per MCI norms for 250 intake capacity and the process was on to get approval of MCI at the earliest.

- ***Post Graduate Courses***

The teacher student ratio for PG seats was 1:2 for Professor and 1:1 for Associate Professor, who is a unit head. To increase the PG seats in clinical subjects, MCI revised (January 2017) the teacher student ratio to 1:3 for Professor and 1:2 for Associate professor. All the GMCs were required to submit their proposal immediately to MCI for increase in PG seats accordingly.

Audit observed that five out of six GMCs of the State could get 117 additional PG seats *i.e.* GMC Rajkot (32 seats), GMC Vadodara (27 seats), GMC Ahmedabad (26 seats), GMC Bhavnagar (24 seats) and GMC Surat (eight seats). GMC, Jamnagar could not avail the benefit of relaxation in norms due to 45 *per cent* vacancy of teaching staff (Professor and Associate Professor).

The Government stated (October 2017) that efforts would be made for filling the vacant posts of teachers to increase PG seats in GMC, Jamnagar.

2.1.6.3 Commencement of new Post Graduate Courses

The expansion of PG medical education is a priority as the shortage of PG medical seats in the country affects not only the availability of specialist doctors but also the ease of getting faculty for medical colleges. The Annual Development Plan (ADP) for 2014-15 indicated plan to introduce three PG Courses (Family Medicine, Palliative Medicine and Cancer Biology) in GMC, Ahmedabad and one PG course (Radiotherapy) in GMC, Vadodara. Audit observed that though more than two years have elapsed since the Annual Plan period, these courses had not commenced even as of March 2017 due to non-fulfilment of MCI norms *viz.* availability of infrastructure, teaching staff and clinical teaching materials.

The Government stated (October 2017) to commence new PG courses, infrastructure *viz.* creation of wards, requisite equipment and specialist doctors are required. It was further stated that efforts are on to fulfil the criteria prescribed by MCI for commencement of courses as envisaged.

2.1.6.4 Super-Specialty Courses

PG Regulations provides two super-speciality Courses *viz.* Doctor of Medicine (Cardiology, Gastroenterology, Nephrology, *etc.*) and Master of Chirurgie (Urology, Neuro-surgery, *etc.*).

ADP (2013-14) indicated increase of intake capacity of super-specialty courses in GMC Ahmedabad (Burns and Plastic Surgery, Neurology, Neurosurgery, Nephrology and Urology) and GMC Vadodara (Burns and Plastic Surgery). Audit observed that the intake capacity in these two GMCs have not been increased till date (August 2017) due to non-fulfilment of MCI norms.

ADP (2013-14) also indicated commencement of five[6] super-specialty courses in GMC Surat and four[7] Super-Specialty courses in GMC Vadodara. GMC, Surat could commence just one out of five planned courses (Burns and Plastic Surgery) while GMC, Vadodara could not commence any of the four courses as of August 2017. This was due to non-creation of prescribed infrastructure and non-deployment of teaching staff. This indicated lack of efforts on the part of the State Government in achieving the targets set in the ADP.

Audit further observed that GMC, Ahmedabad was providing 11 super-specialty courses with intake capacity of 64. GMCs at Jamnagar, Surat and Vadodara were providing super-specialty courses only in 'Burns' and 'Plastic Surgery' whereas GMCs at Bhavnagar and Rajkot were not providing super-specialty course in any of the subjects. This indicated that the medical aspirants of the State had limited opportunity for specialised courses in GMCs.

The Government stated (October 2017) that main reason for non-commencement of new post graduate courses and super-specialty courses was shortage of teachers as the super-specialists generally do not prefer to join Government jobs due to lower entitlements as compared to private sector. However, efforts are being made for commencement of courses as envisaged in ADPs.

2.1.7 Infrastructure to support Medical Education

Director, Medical Education and Research is the grant releasing authority to all six GMCs and attached Civil Hospitals (CHs). Out of grant of ₹ 1,703 crore, GMCs could utilise ₹ 1,674 crore (98 *per cent*) and out of ₹ 1,884 crore, attached CHs could utilise ₹ 1,868 crore (99 *per cent*) during 2012-17.

2.1.7.1 Availability of physical infrastructure in Government Medical Colleges and Teaching Hospitals

MSR Regulations, 1999 and UG Regulations inter alia, prescribe infrastructure and facilities. However, Audit noticed that test-checked GMCs and attached THs were functioning without adequate physical infrastructure as indicated in **Table 1 –**

6 (1) Neurology, (2) Neurosurgery, (3) Nephrology, (4) Urology, and (5) Burns and Plastic Surgery
7 (1) Neurology, (2) Neurosurgery, (3) Nephrology and (4) Urology

Table 1: Non-availability of Infrastructure in test-checked GMCs

Physical infrastructure	Deficiency noticed	Impact	Reply of the Government (October 2017)
Lecture Theatres	Seating capacity of GMCs, Ahmedabad and Surat were 180 and 160 against 300 and 180 respectively. Further, none of the test-checked GMCs had provision for E-class lectures and facilities for conversion of E-class/vitual class for teaching.	Congestion in Lecture theatre and deprival of benefit of modern teaching.	New College building is incorporated in the master plan of GMCs at Ahmedabad and Surat. Audio-visual and other gadgets are also being provided to colleges.
Demonstration Rooms (DRs)	GMC, Ahmedabad had only 21 DRs against the requirement of 32 DRs. Further, audio-visual aids were partially available in all test-checked GMCs.	Congestion in DRs and deprival of benefit of modern teaching.	New College building with provision of prescribed number of DRs is incorporated in the master plan of GMC, Ahmedabad. Audio-visual and other gadgets are also being provided to colleges.
Hostels for UG and PG Students	GMC, Ahmedabad had shortage of hostels for UG Students whereas independent set of furnitures were partially available in GMC, Jamnagar. Further, study room with facilities of computer and internet were not available in any of the test-checked GMCs.	Four to five students were accommodated in one room in GMC, Ahmedabad whereas 70 students were accommodated on floor beds in GMC, Jamnagar. In-hostel studies also suffered due to ill-equipped study rooms.	Work of construction of new hostel building at GMC, Jamnagar is already awarded. Dean of the GMCs would be instructed to submit proposals for upgradation of hostels.
Library facilities	GMC, Ahmedabad had not subscribed any kinds of journals during 2014-17 whereas GMC, Jamnagar had subscribed journals only in 2015-16 during the review period. Free text-books to Scheduled Tribe Students of final year were provided just before two months of examination.	Deprival of knowledge of latest development in the field of medical science. Inadequate time to study.	The Government is providing e-journals to all medical institutions. Instructions would be issued to GMC, Ahmedabad to take necessary action to provide books to students before commencement of semester.
Out-Patient Department (OPD)	In GMC, Jamnagar and Surat, OPDs of teaching hospitals were very small in size and could accommodate only five students at time.	Inadequate exposure to patients.	Instructions would be issued to ensure adequate exposure to all students.
Operation Theatre (OTs)	Observation gallery and Close Circuit Television (CCTV) was not available in OTs. Pre-anaesthetic room was not available in the OTs of the CH, Jamnagar.	Students were not adequately exposed to surgical processes. Anaesthetia was administered in the corridor of the hospital.	CCTV would be provided to the GMCs. Physical infrastructure of CH, Jamnagar would be strengthened.

Above audit observations indicate that existing physical infrastructure in test-checked GMCs and attached THs was inadequate as compared to MCI norms and needs upgradation for imparting quality education and also for comfortable stay of medical students.

2.1.7.2 Central Casualty Department

MSR Regulations, 1999 provide that each attached TH should have well equipped Intensive Care Unit (ICU), Intensive Coronary Care Unit (ICCU) and ICU-Paediatrics of five beds each and a 30 bedded trauma unit[8] in Central Casualty Department (CCD).

a) In Civil Hospital (CH), Ahmedabad (attached TH of GMC, Ahmedabad), the CCD had prescribed number of ICU units and beds. However, ICUs have not been established in CCD of CH, Jamnagar and CH, Surat. Further, only 15 and 22 beds were available in the trauma units of CHs, Jamnagar (April 2017) and Surat (May 2017) respectively.

b) In CH Jamnagar, the trauma unit was functioning without dedicated Super-specialist doctors, Medical Officers, Nursing and Para-Medical staff and life saving instruments *viz.* Ventilator, Multi-parameter monitor, Cardiac monitor with defribrillator, *etc.*

The Government stated (October 2017) that Trauma Care Unit at CH Ahmedabad had since been upgraded, necessary action would be taken to strengthen trauma care facilities in all other CHs attached with GMCs.

2.1.7.3 Intensive Care Units

The guidelines of IPH Standards provide that each hospital should have Intensive Care Units (ICUs) to attend to critically ill patients requiring life saving medical aid and nursing care. The guidelines further provide that the number of beds may be restricted initially to five *per cent* of total bed capacity of the hospital and gradually expanded to 10 *per cent*. Life saving equipment such as High End Monitor (HEM), Ventilator and Oxygen therapy for each bed and common Ultrasound (USG) and Defibrillator are essential to save critical patients.

Audit observed that the attached THs had separate ICUs for Medical, Surgical, Obstetrics and Gynaecology, Neonatal and Paediatrics departments. As on 31 March 2017, the target of 10 *per cent* beds of the total bed capacity in ICU in each CH could not be achieved. The shortage of beds as compared to IPH Standards ranged from 16 to 40 *per cent*, even after more than 10 years since the IPHS guidelines 2007 came into practices.

The Government stated (October 2017) that efforts were being made to provide high end equipment to each bed of ICUs.

2.1.7.4 Imaging Services

The guidelines of IPH Standards and MSR Regulations, 1999 provide that each hospital should have imaging facility such as X-ray machines of 300 mA, 600 mA

8 Objective of establishment of trauma care unit is to utilise golden hours of treatment to save precious life of road accident victims

and 800 mA, Image Intensifier Television (IITV), Ultra Sonography (USG), CT Scan, Magnetic Resonance Imaging (MRI), Barium Meal Test (BMT), *etc.* Audit observed (May-July 2017) in test-checked THs that -

- IITV and X-ray machines of 300mA, 600mA and 800 mA were not available in CH Surat.
- USG machine was not available in Medicine and Surgery OPD and surgical wards in any of the test-checked THs.
- Waiting period for MRI in CH Jamnagar was up to three months. Audit test-checked the records of waiting lists (15th, 16th and 17th March 2017) and found that out of 14-16 waitlisted patients, only 6-8 patients came for MRI on a given date.

The Government stated (October 2017) that procurement process for CT Scan Machine for CH Surat, USG and other imaging equipment for other CHs was under progress.

2.1.7.5 Availability of beds

Civil Hospitals attached with GMCs are the highest level of Government tertiary care institutions. As of March 2017, bed capacity at CH Ahmedabad, CH Jamnagar and CH Surat were 2000, 1290 and 1050 respectively. Though the number of indoor patients registered during the period 2012-17 indicated an increasing trend in test-checked THs (except at Ahmedabad in the year 2016-17), the bed capacity of these THs remained unchanged during corresponding period except an increase of merely 27 beds in CH Jamnagar. The bed-occupancy ratio of General Surgery Ward and Obstetrics & Gynaecology Ward ranged between 150 and 172 *per cent* and between 120 and 138 *per cent* respectively in CH Jamnagar. Similarly, bed-occupancy ratio in Tuberculosis ward and ENT ward was more than 100 *per cent* in all years during the review period in CH Surat. In Obstetrics & Gynaecology Ward of CH Surat, it ranged between 178 and 182 *per cent* in all years during the review period.

The Government (October 2017) stated that necessary action would be taken to provide beds to all patients during the peak season.

2.1.7.6 Storage of Drugs

To sustain effectiveness of drugs, proper infrastructural facility is required in every hospital to store the drugs in prescribed manner. During joint visit[9] (April-May 2017), Audit observed in test-checked CHs that injections required to be stored in a cool place (two to eight degree celsius) were being kept in Refrigerators. However, drugs required to be stored at below 25° C were found kept in the corridor and store room without air-conditioners (AC) in CH Jamnagar and CH Surat respectively **(Pictures 1 and 2)** where the temperature ranges between 17° C to 37° C with high humidity round the year. Pharmaceutical compounds lose their effectiveness due to improper storage which may affect the health of the patients adversely.

9 Audit team with Medical Superintendent of the Civil Hospitals

Picture 1: Drugs kept in the corridor in CH Jamnagar (25.04.2017)

Picture 2: Drugs kept in store room without AC in CH Surat (12.05.2017)

The Medical Superintendent of test-checked CHs stated (April to August 2017) that request (June 2016) for installation of AC in the store room had been made to the Project Implementation Unit.

2.1.7.7 Implementation of Pradhan Mantri Swasthya Suraksha Yojana to augment medical education

GoI announced (2003) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) with the objectives of correcting regional imbalances in the availability of affordable tertiary healthcare services and also to augment facility for quality medical education. The scheme consists of two components - (i) setting-up of All India Institute of Medical Sciences (AIIMS) like institutions and (ii) up-gradation of existing State GMCs.

In Gujarat, four GMCs were selected for up-gradation *i.e.* construction of super specialty blocks, trauma centres, nursing college, *etc.* and procurement of equipment. The status of works undertaken by these GMCs under the scheme as of June 2017 are shown in **Table 2** below –

Table 2: Status of works undertaken by selected GMCs under PMSSY as of June 2017

Phase (Year)	Name of selected GMCs	Stipulated date of completion	Status of works undertaken
I (2006)	B.J. Medical College (BJMC), Ahmedabad	March 2012	Procurement of equipment is in progress.
III (2013)	GMC, Rajkot	March 2017	Construction work initiated in May 2017.
IV (2016)	GMC, Bhavnagar	March 2021	Not started.
	GMC, Surat	March 2021	Not started.

(Source: Information obtained from website of PMSSY and selected GMCs)

The table above shows that GMCs selected in Phase IV have not undertaken the works for up-gradation till June 2017. The construction work at GMC, Rajkot was delayed due to not providing of clear sites by GMC, Rajkot to the agency. Audit observations emanated from scrutiny of records of BJMC, Ahmedabad are discussed below –

- ***Deficient Planning***

GoI sanctioned (January 2009) ₹ 82.40 crore for procurement of 427 items of equipment. Of these, 294 items with an estimated cost of ₹ 37.69 crore were to be procured by BJMC while the remaining 133 items were to be supplied by central agencies[10]. GoI directed (August 2013) BJMC to revisit the list of equipment to be procured by BJMC as it contained items which were not directly connected with tertiary healthcare up-gradation *viz.* CCTV, lift, ramps, laundry machine, *etc.* BJMC revised (October 2013) the list of equipment to be procured by it by deleting 112 items and added three new equipment[11] (costing ₹ 9.58 crore). However, GoI rejected (January 2014) the proposal for purchase of three new equipment stating that these items were not included in the gap analysis carried out by BJMC and curtailed the grant to ₹ 28.11 crore for procurement of 182 equipment instead of 294 equipment. Thus, lack of adequate planning at the initial stages on the part of BJMC resulted in a loss of central assistance of ₹ 9.58 crore.

The Government reiterated (October 2017) the events related to rejection of proposal and stated that the matter of release of curtailed grants would be taken up with GoI. The reply offered is not convincing because deletion of 112 items not directly linked to tertiary healthcare itself shows that the gap analysis was not done with due care by the BJMC.

- ***Procurement of equipment***

Status of procurement of approved equipment as of June 2017 is shown in **Table 3** below –

Table 3: Status of procurement of approved equipment as of June 2017

Agencies	Approved Equipment		Equipment procured		Yet to be procured	
	Number of equipment	Estimated cost (₹ in crore)	Number of equipment	Actual cost (₹ in crore)	Number of equipment	Estimated cost (₹ in crore)
HLL	126	44.41	108	48.11	18	8.77
HSCCL	07	0.30	07	0.30	0	0
BJMC	182	28.11	102	15.11	80	13.01
Total	**315**	**72.82**	**217**	**63.52**	**98**	**21.78**

(Source: Information provided by BJMC, Ahmedabad)

The above table shows that the central agencies could supply only 115 out of 133 approved equipment (86 *per cent*) whereas BJMC could procure only 102 out of 182 approved equipment (56 *per cent*). It was also observed that BJMC had not initiated any action till date for procurement of remaining equipment despite availability of funds[12] for which no reasons were found on record. This shows lack of efforts on the part of BJMC as 80 equipment could not be procured even after a lapse of more than five years from the stipulated date of completion of the project (March 2012).

10 Hindustan Latex Limited (HLL), New Delhi (126 equipment) and Hospital Services Consultancy Corporation Limited (HSCCL), New Delhi (seven equipment)
11 (1) Robotic Surgical System (2) Wound Cleansing and Debridement and (3) Silver antimicrobial solution
12 An amount of ₹ 9.67 crore was lying in PMSSY bank account as on 30 June 2017

The Government stated (October 2017) that instructions would be issued to BJMC to take necessary actions for procurement of approved equipment.

- ***Irregular expenditure***

PMSSY guidelines (May 2008) provide that GoI would only bear the equipment cost including warranty period. The Comprehensive Maintenance Contract (CMC) shall be effected by the concerned GMCs before expiry of the warranty period and the cost shall be borne by the concerned State Government/GMCs. Audit observed that BJMC in contravention to PMSSY guidelines, incurred expenditure of ₹ 1.83 crore on CMC and ₹ 1.76 crore on purchase of consumables from the GoI funds which was earmarked for procurement of equipment only. Resultantly, for procurement of remaining 80 equipment, BJMC had only ₹ 9.67 crore against estimated cost of ₹ 13.01 crore as of June 2017.

The Medical Superintendent stated (June 2017) that due to non-receipt of grants for CMC and consumables from the State Government, the said expenditure had been booked from the grant of PMSSY earmarked for procurement of equipment.

The Government stated (October 2017) that instructions would be issued to the Medical Superintendent to submit the proposal for procurement of equipment which could not be procured due to utilisation of PMSSY grant for award of CMC and purchase of consumables.

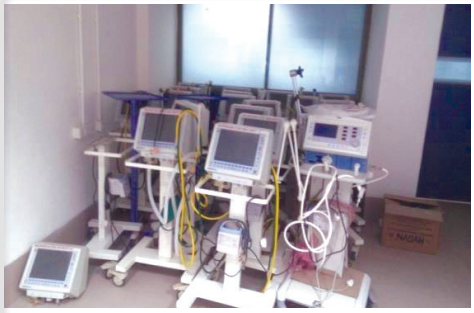
- ***Idle and non-functional equipment***

PMSSY guidelines envisage that installation and commissioning of equipment would be the responsibility of the concerned GMCs.

(i) Out of 217 items procured, 54 items were installed belatedly *i.e.* delayed upto one year[13] from the date of their receipt. Further, two machines (Fully Automated Alisa System and Automatic Strainer) procured in August 2015 and May 2016 respectively were lying uninstalled due to non-availability of sites as of June 2017. The Medical Superintendent stated (June 2017) that efforts would be made for early installation of these equipment.

(ii) During joint visit (23 May 2017) of departments of the hospital, it was observed that 21 ventilators procured (February 2010) at a cost of ₹ 2.35 crore (**Picture 3**), three Ethylene Oxide Sterilizers (ETO) procured (November 2011) at a cost of ₹ 0.58 crore and one Generator set procured at a cost of ₹ 0.30 crore (December 2010) respectively were lying idle (**Picture 4**).

13 32 equipment - one to three months; 14 equipment - three to six months and eight equipment - six months to one year



Picture 3:Ventilators lying idle in the Store room (23.05.2017)

Picture 4: Generator of 500 Kilowatt found lying idle and unused in U N Mehta Institute of Cardiology (23.05.2017)

The Medical Superintendent stated (June 2017) that these items had been installed and were being utilised till March 2017. It was further stated that the same would be re-installed after completion of ongoing civil works in Trauma Centre Block and Institute of Cardiology. The Government stated (October 2017) that instruction would be issued to the Medical Superintendent to take necessary action for early installation of equipment.

2.1.8 Teaching, Training and Research

Teaching medical students to produce quality doctors is the primary function of MCs. To meet this objective, MCI issued guidelines for teaching and training of medical students. The following have been noticed in Audit with regard to adherence of prescribed norms by the test-checked GMCs.

2.1.8.1 Updation of Curricula

MSR Regulations, 1999 provide that every MC shall have a College Council comprising of the Head of Departments as Members and Principal/Dean as Chairperson. The Council shall meet at least four times in a year to draw up the details of curricula and training programme. The UG Regulations also provide that every MC shall have a curriculum committee to plan curricula and instructional methods besides updating the same regularly.

The test-checked GMCs informed that the College Council held regular meetings but the proceedings of the meetings were not recorded and thus could not be furnished to Audit. In the absence of any minutes, Audit could not vouchsafe whether the College Councils had discharged its mandated duties of meeting regularly and updating the Curricula.

The Deans of test-checked GMCs stated (May to July 2017) that activities undertaken for chalking-out of curriculum, training programme and research review would be documented henceforth. It was also stated that proceedings of the meeting of College Council would be recorded henceforth.

- ***Online access of E-books and E-journals***

The Commissioner awarded (October 2015) the contract to provide online access of 2,231 E-books and 35 E-journals to 29 Government institutions[14] in the field of medical science to an agency at a tender cost of ₹ 1.92 crore. The contract was valid for the period November 2015 to July 2017. As per contract conditions, the agency had to provide remote login facilities and supply 35 print journals to all GMCs for one year.

On scrutiny of usage report[15] (January to November 2016), Audit observed that nine out of 29 institutes had not accessed the virtual library while 13 institutes had accessed only occasionally. The agency had not provided remote login facilities in GMCs, Jamnagar and Surat. Further, while only partial facility (155 out of 2,000 students) had been provided in GMC, Ahmedabad. Thus, most of the students of test-checked GMCs were deprived of remote online access of E-books and E-journals. It was also observed that as against committed supply of 35 print journals for one year, agency could supply only 31, 24 and 28 print journals to GMCs, Ahmedabad, Jamnagar and Surat respectively during 2016.

Thus, facilities hired at cost of ₹ 1.92 crore, remained under-utilsed due to non-providing of remote login facilities to the designated users.

The Government stated (October 2017) that instructions would be issued to all Deans and agency to ensure that remote login facilities are provided to all students and faculties.

2.1.8.2 Allotment of Teaching hours in Under Graduate Courses

The UG Regulations provide that every student shall undergo a period of certified study extending over four and a half academic years divided into nine semesters with minimum teaching hours in all subjects.

GMC, Ahmedabad had not maintained attendance register or any records showing the details of classes held. In absence of records, Audit could not ascertain the fulfilment of prescribed teaching hours. In remaining two test-checked GMCs, audit examined the teaching records of 2017 batch pass outs. Audit observed shortfall in prescribed teaching hours in some of the clinical subjects in these two test-checked GMCs. The major clinical departments in which teaching hours have not been provided as per prescribed norms in these two test-checked GMCs are shown in **Table 4** –

14 Six GMCs, seven MCs under GMERS, three Dental Colleges, five Physiotherapy Colleges and eight Nursing Colleges

15 Usage report shows the number of times site was logged in by particular college.

Table 4: Details of teaching hours allotted for clinical subjects

(figures in hour)

GMCs	Subjects	Prescribed norms	Actual teaching hours provided	Shortfall in teaching	Percentage of shortfall
Jamnagar	Paediatrics	100	60	40	40
	Radiology	20	04	16	80
	Orthopaedics	100	55	45	45
	Ophthalmology	100	68	32	32
	ENT	70	40	30	43
	Obstetrics and Gynaecology	300	225	75	25
	Dentistry	10	NIL	10	100
Surat	Paediatrics	100	35	65	65
	Radiology	20	10	10	50
	Orthopaedics	100	59	41	41
	Ophthalmology	100	60	40	40
	ENT	70	32	38	54
	Obstetrics and Gynaecology	300	198	102	34
	Tuberculosis and Chest	20	13	07	35

(Source: Information provided by test-checked GMCs)

The above table shows that the shortfall in teaching hours among clinical subjects ranged between 25 and 100 *per cent* in GMC Jamnagar and between 34 and 65 *per cent* in GMC Surat. This indicates that adequate teaching hours as prescribed in the UG Regulations for these subjects have not been fully provided for the batch passed out in 2017 in these two test-checked GMCs.

The Dean of GMC, Ahmedabad attributed (July 2017) huge flow of patients as the reason for non-maintenance of requisite records. It was also assured that records would be maintained henceforth. The Deans of GMCs, Jamnagar and Surat attributed (July 2017) vacancy of teachers as the reason for the shortfall in allotment of prescribed teaching hours.

The Government stated (October 2017) that efforts were on to fill up the vacant posts of teachers and added that instructions would be issued to the Deans to take necessary actions to ensure complete coverage of syllabus.

2.1.8.3 Clinical postings in Under Graduate Courses

UG Regulations provide that two-thirds of clinical time schedule should include practical, clinical or/and group discussions. It also provided that the clinical posting of three hours in each department should be done during third to ninth semesters.

GMC, Ahmedabad had not maintained any records of actual clinical posting. In absence of records, audit could not ascertain the extent of clinical exposure given to the students by the GMC. In remaining two test-checked GMCs, audit examined the clinical posting records of 2017 batch pass outs. Audit observed

shortfall in prescribed postings in some of the clinical subjects in these two test-checked GMCs. The major clinical departments in which clinical postings have not been done as per prescribed norms in these two test-checked GMCs are shown in **Table 5** -

Table 5: Details of clinical postings given to students for clinical subjects

(figures in weeks)

GMC	Subjects	Prescribed norms	Actual postings	Shortfall in posting	Percentage of shortfall
Jamnagar	Medicine	26	8-14	12-18	46-69
	Psychiatry	02	00	02	100
	Dentistry	02	00	02	100
Surat	Paediatrics	10	04	06	60
	Radiology	02	00	02	100
	Orthopaedics	10	06	04	40
	Ophthalmology	10	08	02	20
	Medicine	26	20	06	23

(Source: Information provided by test-checked GMCs)

The above table shows that students have not been provided any clinical exposure in departments of Psychiatry and Dentistry in GMC, Jamnagar and in department of Radiology in GMC, Surat. The concerned departments of GMC Jamnagar stated (April 2017) that no student turned up for clinical posting/exposure. Audit is of the view that if the students did not turn up for clinical exposure, suitable action should be taken. Lack of such mechanism indicated that GMCs failed to ensure prescribed clinical posting due to deficient monitoring system. The shortfall in postings for other clinical subjects indicated that the students of test-checked GMCs had not been given practical exposure as prescribed.

The Deans of the test-checked GMCs assured (May to July 2017) that henceforth, clinical postings would be done as per prescribed norms.

- ***Family Welfare Training***

As a part of clinical postings in Obstetrics and Gynaecology Department, UG students shall spend at least one month as a resident pupil in the maternity ward of the hospital. During this period, the student shall assist in 10 delivery cases and conduct at least 10 delivery cases.

On enquiry of log book containing histories of the delivery cases conducted by the students who passed out in 2017, GMC, Ahmedabad failed to submit the same stating that students had not filled in the log book. This indicated that GMC, Ahmedabad did not maintain the records as prescribed.

Audit test-checked the log books of five students of GMC, Jamnagar and eight students of GMC, Surat with 'labour register' maintained in Obstetrics and

Gynaecology Department. Out of 189 entries made in the log books, none of them matched with the details recorded in the 'labour register'. This indicated that the students might not have attended the training programmes. It was also noticed that students of GMC, Surat had recorded history of four to eight patients in their log book as against prescribed norms of 20 cases. This showed absence of monitoring mechanism which may pose threat to life of patients as these students may not be in position to deal with complex cases on their own.

The Deans of test-checked GMCs stated (May to July 2017) that the instructions would be issued to the department of Obstetrics and Gynaecology to adhere to the prescribed norms.

- ***Exposure to Training Centre***

MSR Regulations, 1999 provide that every college should have three Primary Health Centres (PHCs) or one Rural Health Training Centre (RHTC) for training of students in community oriented primary healthcare and rural health education. Adequate transportation facilities to visit these centres and accommodation facilities at RHTC were also to be provided. Audit observed in test-checked GMCs that -

- In GMC, Ahmedabad, the students who passed out in 2017 have not been provided training/exposure of rural health education at RHTC. The main reasons were (i) vacant posts of Medical Social Worker, Health Educator and Technical Assistants in RHTC, Bavla attached to GMC, (ii) hesitation of students to stay at RHTC due to dilapidated condition of the building and (iii) inadequate transportation facility.

- In GMC, Surat, the students were not exposed to RHTC. This was because the RHTC attached to the GMC was operational without Health Inspector and Technical Assistant.

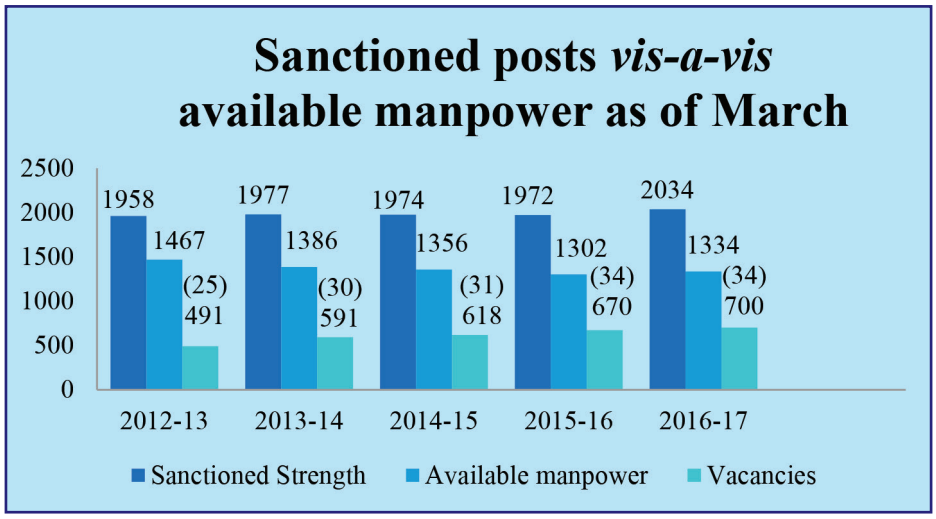
Resultantly, the UG medical students were not provided adequate exposure in community oriented primary healthcare and rural health education in the test-checked GMCs.

The Government stated (October 2017) that instructions would be issued to Deans of the GMCs to adhere to the prescribed norms as clinical exposure is a very important aspect.

2.1.9 Human Resource Management

2.1.9.1 Availability of teachers

MSR Regulations, 1999 prescribe minimum requirement of teaching and non-teaching staff in each MC and its attached THs depending on undergraduate intake capacity. The State Government is responsible for filling up the posts in all GMCs. The details of sanctioned posts *vis-a-vis* available manpower in all the GMCs of the State as on 31 March of each year during 2012-17 are depicted in **Chart** –



(Source: Information provided by the ADMER, Gandhinagar)

The above chart shows an increasing trend in number of vacancies in GMCs during 2012-17. It also shows that though the sanctioned strength had increased, availability of teachers reduced from 1,467 to 1,334 (nine *per cent*) as of March during 2012-17. Thus, the situation has been deteriorating over the years in terms of availability of teachers in GMCs.

Analysis of availability of teaching staff in clinical departments in test-checked GMCs revealed that GMC, Ahmedabad had shortage of upto 30 *per cent* in clinical departments (except 33 *per cent* in Ear, Nose and Throat (ENT) and 43 *per cent* in Tuberculosis and Chest Departments). On the other hand, shortage of teaching staff was more than 30 *per cent* in some of the clinical departments in other two test-checked GMCs (Jamnagar and Surat) as shown in **Table 6** below –

Table 6: Shortage of teaching staff in clinical departments of GMCs Jamnagar and Surat as on 31 March 2017

Subject	GMC, Jamnagar				GMC, Surat			
	Sanctioned posts	Available Manpower	Vacant posts	Percentage of Vacancy	Sanctioned posts	Available Manpower	Vacant posts	Percentage of Vacancy
Medicine	25	06	19	76	25	03	22	88
Surgery	24	08	16	67	25	14	11	44
Paediatrics	13	03	10	77	13	04	09	69
Obstetrics and Gynaecology	14	05	09	64	20	09	11	55
Orthopaedics	13	07	06	46	17	07	10	59
Ophthalmology	07	05	02	29	09	06	03	33
Tuberculosis and Chest	03	02	01	33	06	01	05	83

(Source: Information provided by test-checked GMCs)

The above table shows that the shortage of teachers was more than 50 *per cent* in four clinical departments of GMC, Jamnagar and in five departments of GMC, Surat. Huge shortages had direct effect on quality of education which was evident from the fact that UG final exam pass percentage during 2013-17 in GMC, Ahmedabad was 91 *per cent* whereas it was 82 and 81 *per cent* in GMCs, Jamnagar and Surat respectively. Further, with such high vacancies, goals set in ADPs to increase intake capacity of UG course in GMC, Jamnagar as discussed in **Paragraph 2.1.6.2** are unlikely to be achieved. Apart from this, shortfall of teachers also affects delivery of quality healthcare services as the treatment in attached hospitals largely depends on these specialists.

The Government stated (October 2017) that ad-hoc appointment as well as appointment through Gujarat Public Service Commission (GPSC) were done every year. However, the posts remained vacant due to low receipt of applications from eligible candidates. The reply is not correct as GPSC has not made any appointment in the cadre of Assistant Professor and above during 2014-17 due to non-finalisation of recruitment rules by the department.

2.1.9.2 Transfer of teachers

During the period 2012-17, the H&FWD had transferred 1,939 teachers from one college to another to fill the gaps before inspection of MCI. Audit observed that these transfers had been done *en-masse*[16] by issue of 135 orders. During November-December 2015, 93, 51 and 37 teachers of GMCs, Ahmedabad, Vadodara and Surat respectively had been transferred to other MCs. Similarly, 39, 37, 25 and 34 teachers from GMCs, Ahmedabad, Jamnagar, Surat and Vadodara respectively had been transferred in December 2016 through a single order. Transfer of teachers *en-masse* had direct effect on imparting quality education and delivery of healthcare services in the attached hospitals.

The Government stated (October 2017) that transfer of teachers from one college to another was done prior to MCI inspection to retain their approval. After completion of MCI inspection, these teachers were repatriated to their college as per need. It was also stated that due care would be taken before transfer of teachers to avoid adverse impact on education and healthcare services. The above reply itself proves the shortage of teaching staff in the GMCs.

2.1.9.3 Training of teachers

MSR Regulations, 1999 provide that each MC shall establish a Medical Education Unit (MEU) for faculty development and for providing teaching or learning resource material. Each MEU shall organise at least two training programmes of two weeks in a year. Each faculty shall undergo training at least once in every five years. Audit observed in test-checked GMCs that -

- GMCs, Ahmedabad and Surat could conduct only six training programmes each during 2012-17 as against prescribed 10 programmes as per norms. The Dean, GMC Ahmedabad attributed (October 2017) frequent transfer of faculties as reason for shortfall in training.

16 In bulk

- In GMC, Ahmedabad, 130 out of 320 teachers (41 *per cent*) and in GMC, Surat, 65 out of 174 teachers (37 *per cent*) have not been provided training by MEU during the review period of five years (2012-17) due to lesser number of training programmes organised by these GMCs. GMC, Jamnagar had not maintained the details of trainings imparted to the teachers by the MEU. The Deans of the test-checked GMCs stated (May to July 2017) that training to the remaining teachers would be imparted in future.

- The period of training programmes ranged between one and three days against the prescribed norm of two weeks in all test-checked GMCs. The Deans of the test-checked GMCs stated (May to July 2017) that duration of training was fixed considering the work load in the hospital.

- None of the GMCs had maintained teacher's training profile to ensure their nomination for training after completion of five years.

The Government stated (October 2017) that instructions would be issued to the Deans of all GMCs to conduct training programmes as per norms.

2.1.9.4 Research Activities

Research is an integral part of medical education. Department of Health Research (GoI) provides advanced training in cutting edge research areas concerning medicine and health. The objective was to create trained human resources for carrying out research activities. Audit observed that initiatives taken for encouragement of research activities could not materialise as of March 2017 as discussed below -

- ***Financial support from State Government***

The State Government had not framed any guidelines for promotion of research in medical colleges. The State Government provided financial assistance[17] to research aspirants till 2013-14. Thereafter, applications for assistance were not called for from the research aspirants due to non-finalization of guidelines for research grant. Lack of financial support from Government due to absence of clear cut guidelines may discourage the research aspirants in taking up new projects.

- ***Establishment of Central Research Laboratory***

MSR Regulations, 1999 provide that each MC should have six laboratories which may be used commonly by various departments. It also provided for a well-equipped Central Research Laboratory under the control of the Dean for research purpose. All test-checked GMCs had prescribed number of laboratories. However, none of the test-checked GMCs had established Central Research Laboratory. Under PMSSY, 10 equipment were approved (2009) for Central Research Laboratory in GMC, Ahmedabad. However, only five equipment could be procured as of May 2017. Further, these equipment have been installed at different departments[18] instead of installing in the Central Research Laboratory.

17 On the basis of approval of a committee set-up for research activities.

18 Chemilumisence system in Immuno Haematology and Blood Transfusion Department, Electron Microscope in Research Lab, Fluorescence *in-situ* Hybridisation system in Pathology Department, Chromosome Analyser in Anatomy Department and Polorised Microscope in Pathology Department.

Thus, though the equipment have been put to use, researchers had no separate platform for conducting quality research.

The Government stated (October 2017) that necessary actions for strengthening Research and Development activities *viz.* provision of earmarked fund in the State Budget would be taken.

- ***Establishment of Multi-disciplinary Research Units***

GoI accorded Administrative Approval (July 2013) for establishment/ strengthening of Multi-Disciplinary Research Units (MDRUs) in GMCs and Research Institutions during 12th Five Year Plan. The main objective was to encourage and strengthen an environment of research in MCs. The scheme envisaged a one time financial assistance of ₹ 5.25 crore[19] and financial assistance of ₹ 34.23 lakh[20] per annum for five years to each MC.

Among the six GMCs in the state, GMC Jamnagar was selected by the GoI for establishment of MDRU. Accordingly, GMC Jamnagar received (February 2014 and March 2015) ₹ 1.43 crore for its establishment. Audit observed that GMC could utilise only ₹ 46.24 lakh[21] and an amount of ₹ 1.10 crore[22] (including interest) was lying unspent with GMC as of July 2017. Department of Health Research (GoI) expressed (July 2015) concern about the slow progress of work and stated that further release of grants would be made only on utilisation of funds already released. Since GMC Jamnagar did not expedite the progress, it failed to receive the remaining grant of ₹ 3.82 crore from GoI till date (July 2017). Though the GMC had completed (February 2015) the civil works relating to MDRU, the same could not be made functional due to non-procurement of equipment and non-appointment of requisite staff. Thus, inaction on the part of GMC Jamnagar defeated the objective of strengthening an environment of research in the MC.

The Government stated (October 2017) that instructions would be issued to the Dean of GMC Jamnagar to expedite procurement process of equipment and for filling the posts of researcher.

- ***Establishment of Viral Research and Diagnostic labs***

GoI accorded (July 2013) approval for "Establishment of a Network of Laboratories for Managing Epidemics and Natural Calamities". It envisaged setting-up of 10 Regional, 30 State and 120 Medical College Level Laboratories in the country. The State and Medical College Level Laboratories were required to be equipped for conducting 30 to 35 tests of viruses of public health importance. As compared to Medical College Level Laboratories, the State Level Laboratories are required to conduct more specialized tests for viruses. The project cost for each State Level Laboratory was ₹ 3.30 crore and for each Medical College Level Laboratory was ₹ 1.74 crore. The project cost was sharable between the Central and State Governments in the ratio of 75:25.

19 ₹ 5.00 crore for equipment and ₹ 0.25 crore for infrastructure
20 ₹ 19.23 lakh for recurring expenditure towards staff and ₹ 15.00 lakh towards consumables/contingencies
21 ₹ 25.00 lakh for civil works, ₹ 19.82 lakh for equipment and ₹ 1.42 lakh for contingencies
22 Principal amount - ₹ 96.76 lakh and interest accrued - ₹ 12.83 lakh

Of three test-checked GMCs, Ahmedabad and Jamnagar were selected for State Level Laboratory and Medical College Level Laboratory respectively. GoI released (November 2013 and June 2014) ₹ 2.47 crore and ₹ 1.24 crore to GMCs, Ahmedabad and Jamnagar respectively. Audit observed that GMC, Ahmedabad could utilise only ₹ 34.76 lakh whereas no expenditure was incurred by GMC, Jamnagar as of July 2017. GoI while expressing (January 2015 and June 2016) its concern over the slow progress had highlighted the essentiality for establishment and functioning of Laboratory so that viral research and diagnostic facilities could be made available in every State. The main reason behind delay was lack of renovation work by Project Implementation Unit (PIU), a wing functioning under H&FWD. Despite GoI instructions and College's request, work of renovation could not be started as of July 2017. This indicates lack of co-ordination among different units in the same department. Delay in establishment of MDRU defeated the intended purpose as samples of congo fever, encephalitis, *etc.*, were being sent to National Institute of Virology, Pune for analysis.

The Deans of test-checked GMCs stated (April to July 2017) that on completion of the works, the laboratories would be made functional. The Government stated (October 2017) that instructions would be issued to PIU to take up the work on priority.

2.1.10 Monitoring of education

The Commissioner, Medical Education and Research issued (November 2015) instructions to all GMCs to obtain progress report of teaching from all departments for evaluation and submit monthly report to the Commissionerate. Audit observed that instructions were not followed by GMCs, Ahmedabad and Surat. In GMC, Jamnagar, only three departments[23] had been furnishing fortnightly reports to the Dean. Thus, records for coverage of prescribed syllabus by respective departments had not been maintained by the Dean of the test-checked GMCs. The Dean of test-checked GMCs attributed heavy work load and shortage of staff as reasons for not following up of instructions. Audit is of the view that such lack of follow up could be a reason for lapses in teaching hours, clinical postings and inadequate exposures as highlighted in **Paragraphs 2.1.8.2 and 2.1.8.3.**

The Government stated (October 2017) that Dean of the GMCs would be instructed to submit the progress report to the Commissionerate without fail.

2.1.11 Conclusion and Recommendations

2.1.11.1 Conclusion

Opportunity for opening new Government Medical Colleges (GMCs) with Central budgetary assistance could not be availed of due to indifference shown by State Government in submission of proposals to MCI. Targets set for enhancing intake capacity of UG, PG and super-specialty courses in GMCs had been partially achieved. In test-checked GMCs, prescribed infrastructure and other

23 Anatomy, Physiology and Bio-chemistry

facilities for proper teaching was found deficient. Medical education suffered due to ill equipped intensive care units and casualty department, shortage in imaging services and inadequate number of beds. Up-gradation of GMCs under PMSSY got delayed due to non-procurement of important equipment by BJMC Ahmedabad and delay in allotment of land for construction of building in GMC Rajkot.

MCI norms for updation of curricula, allotment of teaching hours, clinical posting and exposure of students to different clinical areas and community training were not adhered to by the test-checked GMCs. Quality of education in GMCs was affected due to increased shortage of teaching staff and transfer of teacher *en-masse* during 2012-17. The State Government had not framed any guidelines for promotion of research in Medical Colleges (MCs).

The deficiencies mentioned above indicate that GMCs and attached THs were not successfully able to provide quality education and deliver tertiary care health services to the people optimally, as expected of them.

2.1.11.2 Recommendations

The State Government may –

- ***ensure timely submission of proposal to avail benefit of centrally sponsored schemes and achiement of goals sets in ADPs;***
- ***take measures for strengthening of physical infrastructure in GMCs and attached teaching hospitals for proper teaching and delivery of quality healthcare services;***
- ***issue necessary instructions to Deans of the GMCs to ensure adequate coverage of syllabus and exposure of students to various departments/ training centres as prescribed by MCI to produce adequately trained medical practitioners who could render quality healthcare services to the people; and***
- ***take measures to fill up the vacant posts and rationalise deployment of manpower to all GMCs to ensure proper teaching and delivery of healthcare services and for promotion of research activities in GMCs.***

CHAPTER-III

COMPLIANCE AUDITS

CHAPTER III

COMPLIANCE AUDITS

This Chapter contains four Compliance Audit paragraphs covering themes on "Implementation of Right of Children to Free and Compulsory Education Act, 2009", "Mukhyamantri Amrutum Yojana and Mukhyamantri Amrutum Vatsalya Yojana", "Enforcement of Factories Act in Gujarat", "Development of Infrastructure and promotion of sports activities in Gujarat" and seven individual paragraphs.

EDUCATION DEPARTMENT

3.1 Implementation of Right of Children to Free and Compulsory Education Act, 2009

3.1.1 Introduction

To provide free and compulsory education[1] to all children in the age group of six to 14 years, Article 21-A was inserted in the Constitution of India through the Constitution (Eighty-Sixth Amendment) Act, 2002. Consequently, Government of India (GoI) enacted the Right of Children to Free and Compulsory Education (RTE) Act in August 2009. The RTE Act provides that every child in the age group of six to 14 years shall have a right to free and compulsory education in a neighbourhood school till completion of elementary education[2].

The key objective of RTE Act, 2009 was universalisation of elementary education which encompasses three major aspects *i.e.* access, enrolment and retention of children in the age group of six to 14 years. The RTE Act became operative in Gujarat State with effect from April 2010 and the State Government notified (February 2012) the Gujarat RTE (GRTE) Rules, 2012.

The literacy rate in Gujarat increased from 69.14 *per cent* in 2001 (Census 2001) to 79.31 *per cent* in 2011 (Census 2011). However, to improve the same further, effective implementation of the RTE Act was an essential requirement.

The Principal Secretary (PS), Education Department is the administrative head of the department and is responsible for implementation of RTE Act in the State. The PS is assisted by State Project Director (SPD) of SSA under Gujarat Council of Elementary Education[3] (GCEE) and Director of Primary Education (DoPE) at State level. The SPD of SSA is assisted by District Project Co-ordinators (DPCs)/Additional District Project Co-ordinators (ADPCs) at district level, Block Resource Centre Co-ordinators/Urban Resource Centre Co-ordinators (BRCCs/URCCs) at taluka level and Cluster Resource Centre Co-ordinators (CRCCs) for cluster[4] of schools. The DoPE is responsible for

1 Free education is defined as 'removal of any financial barrier by the State that prevents a child from completing eight years of schooling'. Compulsory education means obligation of the appropriate Government to provide free elementary education and ensure compulsory admission, attendance and completion of elementary education to every child in the age group of six to 14 years.
2 Elementary Education means the education from Standard I to VIII
3 Registered as a Society (State Implementing Society-SIS)
4 Eight to nine schools

granting recognition to Primary and Upper Primary schools and for implementing Section 12 of the RTE Act, 2009. Section 12 envisages admission of children of weaker sections and disadvantaged group to the extent of 25 *per cent* of total seats available in Class – I in unaided non-minority schools and monitor the same till completion of elementary education. The DoPE is assisted by District Primary Education Officers (DPEOs) at district level, District Education Officers (DEOs)/Administrative Officers of Municipal School Board for corporation areas and Taluka Primary Education Officers (TPEOs) at taluka level. Gujarat State Commission for Protection of Child Rights (GSCPCR) is responsible for safeguarding child rights. Elementary Education in the State is imparted through 44,545 schools as of March 2017 (33,647 Government Schools, 911 Private Aided Schools and 9,987 Private Schools).

Audit was conducted with the objective of deriving an assurance about the efficacy of implementation of RTE Act in the State. Audit test-checked (March to October 2017) the records of GSCPCR, SPD and DoPE, field offices of SPD and DoPE at eight test-checked districts[5]. Audit also test-checked the records at 32 taluka level field offices (four talukas of each selected district) covering the period 2012-17. Audit also conducted joint field visit of 24 Government Primary Schools (PSs) and 136 Government Upper Primary Schools (UPSs) of 32 selected talukas. Audit visited 25 private schools of Anand, Ahmedabad and Surendranagar districts for assessing the implementation of admission to children of weaker sections and disadvantaged groups against 25 *per cent* reserved seats.

Audit findings

'Smart Goals' with a future vision of 'Education for All' is the most important project of the Education department with its continuing education and literacy policies geared to promote literacy and reduce the drop-out rates. To achieve these goals, the main objective was to increase the retention rate at primary level and to increase the transition rate from primary to upper primary. Audit findings on access, enrolment and infrastructural facilities for elementary education are discussed in the succeeding paragraphs -

3.1.2 Planning

3.1.2.1 Maintenance of records of children

Section 9 (d) of the RTE Act and Rule 7 of GRTE Rules stipulated that every local authority shall maintain records of children up to the age of 14 years residing in its jurisdiction, which would be updated annually through Household Survey.

The State Government had notified (February 2013) the District Panchayats (DPs) and Municipal Corporations (MCs) as local authorities for rural and urban areas respectively for the purpose of RTE implementation. However, in test-checked districts, Audit observed that the local authorities had not maintained proper records of all children in the age group of six to 14 years in their jurisdiction either due to non-conduct of household survey or deficient household survey. Absence of specific identification of children and non-maintenance of records

5 5 DPCs and DPEOs of Ahmedabad (including DEO (City) and Ahmedabad Municipal School Board), Anand, Banaskantha, Dahod, Junagadh, Navsari, Patan and Surendranagar

prescribed under the Act/Rules, indicated lack of efforts of the district authorities in implementation of RTE Act.

The Director of Primary Education stated (March 2017) that local authorities were maintaining the records of children. However, test-checked local authorities[6] stated (March to October 2017) that the records of children for the age group up to 14 years were not being maintained at district level but were being maintained at school level. It was further added that the school authorities maintained the same in Village Education Register (VER)/Ward Education Register (WER). Audit observed during joint field visit (March to October 2017) that the said registers were not being maintained by 98 out of 160 Government schools (61.25 *per cent*). In the remaining 62 Government schools, the registers were maintained but were found to be incomplete and not being updated annually.

3.1.2.2 School Development Plan

Section 22 of the RTE Act and Rule 17 of GRTE Rules provide that each School Management Committee[7] (SMC) of a school shall prepare a three year School Development Plan (SDP) encompassing all requirements *viz.* infrastructure, books, uniforms, transportation, funds, *etc.* It shall also contain three annual sub-plans. The SDP shall be the basis for release of grants by the State Government or Local Authority. As per information furnished by DPCs of test-checked districts, all the SMCs in the districts have prepared the SDP. However, Audit observed during joint field visit (March to October 2017) that 79 out of 160 Government schools (49 *per cent*) visited had not prepared the SDP during the period 2012-17. This indicated incorrect reporting by the district authorities in this respect. In absence of SDP, the grants were being released without assessing the requirement by the schools.

The SPD stated (February 2018) that the State Government had instructed (2014-15) all DPEOs to prepare SDP at their level and the SMCs had been instructed (December 2015) to update the SDP. However, in case of absence of SDP, one time grant is given to the schools in the first quarter of the year. It was further added that preparation of SDP by all SMCs would be ensured in future. The reply did not address the issue raised by Audit about incorrect reporting.

3.1.3 Compliance with RTE Act, 2009

3.1.3.1 Enrolment of Children

Section 3 (1) of the RTE Act stipulates that every child in the age group of six to 14 years shall have right to free and compulsory education in a neighbourhood school till completion of elementary education. SSA guidelines provide for identification of Out of School Children[8] (OoSC) by conducting household surveys and their mainstreaming to regular schooling.

6 District Panchayats and Municipal Corporation, Ahmedabad

7 SMC shall consist of 12 members including 50 *per cent* women. Nine members shall be amongst parents or guardians of children admitted in such school and remaining three members shall be an elected representatives of the local authority, teachers of that school and an educationalist.

8 Primary school age children not enrolled in any level of education (primary and upper primary). OoSC could belong to remote school-less habitation, could be working children, street children, deprived children in urban slums, bonded child labourers, *etc.*

A comparison of year-wise number of children[9] attaining the age of enrolment for elementary education as per Census 2011 and number of children enrolled in various schools in the State during 2012-17 as per District Information System for Education (DISE) is shown in **Table 1** below –

Table 1: Status of enrolment of children in the age group of six to 14 years

(Numbers in lakh)

Year	Number of children (as per Census 2011)	Number of children enrolled in PS and UPS (as per DISE)	Number of children not enrolled (Percentage)	Number of Children identified as OoSC (Percentage)
1	2	3	4	5
2012-13	108.10	91.76	16.34 (15.11)	1.00 (6.12)
2013-14	107.69	92.29	15.40 (14.30)	0.94 (6.10)
2014-15	106.48	91.43	15.05 (14.13)	0.41 (2.72)
2015-16	105.28	90.67	14.61 (13.88)	0.67 (4.59)
2016-17	103.35	90.12	13.23 (12.80)	0.39 (2.95)

(Source: Data obtained from the website of GoI and DISE)

The above table depicts that the percentage of children in the age group of six to 14 years not enrolled in any schools in the State during 2012-17 ranged between 12.80 and 15.11 *per cent*. Of these, the State Government could identify between 2.72 and 6.12 *per cent* of children as Out of School Children (OoSC) during 2012-17. Deficient household survey could be a reason for not identifying the OoSC in the State by the local authorities.

3.1.3.2 Establishment of neighbourhood schools and transportation facility

Section 6 of the RTE Act provides for establishing a school in the neighbourhood for the children, where no school exists within the area or limits. Rule 5 of GRTE Rules envisage establishment of a PS within a walking distance of one kilometre (km.) of neighbourhood and a UPS within a walking distance of three kms. of the neighbourhood. It also envisages that the State Government or the local authority shall make adequate arrangements, such as free transportation and residential facilities for providing elementary education in a school, in relaxation of the area or limits specified in the said Rule. GoI had set a timeframe of three years for establishment of neighbourhood schools *i.e.* by 31 March 2013.

The State Government in co-ordination with Bhaskaracharya Institute for Space Applications and Geo-Informatics (BISAG) had conducted (2011-12) mapping of schools and found the requirement of 201 schools in the State to meet the above norm. Of these, only 25 schools have been established and made functional as of March 2017. As a result, the number of students identified[10] to be provided transportation facilities due to non-availability of schools in the neighbourhood

9 As per Single Year Age Data (Table C-13) table downloaded from site of Ministry of Home Affairs, Office of the Registrar General and Census Commissioner of India. Data obtained from website as the said information was not available with the department.

10 51,653 students (2012-13), 79,535 students (2013-14), 79,508 students (2014-15), 99,989 students (2015-16) and 1,41,854 students (2016-17)

increased three times from 51,653 in 2012-13 to 1,41,854 students in 2016-17. Providing of transportation facility indicated that habitations were yet to be provided with the facility of neighbourhood schools.

Audit observed in seven test-checked districts[11] that 11,072 children of 163 habitations (25 to 516 students per habitations) commuted to schools in nearby villages/areas by availing transportation facilities due to non-availability of PSs/ UPSs as per neighbourhood norms.

The DPEOs of test-checked districts stated (April to October 2017) that they would explore the possibility for establishment of new schools after obtaining details of potential enrolment and availability of land.

- ***Deficiencies in providing transportation facilities***

The RTE Act envisages entitlement of transportation facilities to children of habitations without a PS/UPS. The applications received for transportation facility are required to be scrutinised at each level *i.e.* SMC/CRCC/BRCC and finally by the DPC. During test-check, Audit observed in Anand district that 37 SMCs of Anand and Umreth Talukas had applied for transportation facility for 1,799 students during 2015-17. However, the DPC had not approved the proposal and had not recorded any reasons for not approving the same. Similarly, in Dahod district, 98 SMCs had applied to the DPC for approving transportation facility for 7,613 students during 2016-17. However, the DPC had accorded approval for only 5,606 students without any recorded reasons. Further, in Surendranagar district, 1,107 eligible students were not provided transportation facility due to budget constraints. This resulted in deprival of transportation facilities to 4,913 students in test-checked districts, which was in contravention to the provisions of RTE Act.

The DPCs, Anand, Dahod and Surendranagar stated (May to October 2017) that the transportation facilities to eligible students could not be provided due to budget constraints. Reply of DPC, Dahod is not correct as there was a saving of ₹ 35.02 lakh under transportation head at the end of financial year 2016-17 which could have been utilised for providing facility to at least 1,167 additional students[12]. The fact remains that eligible students of Anand, Dahod and Surendranagar districts were deprived of transportation facility as envisaged in the RTE Act. As regards providing of transportation facilities to ineligible students, the DPCs of test-checked districts attributed (March to October 2017) the reason to improper scrutiny of applications by BRCCs/CRCCs.

3.1.3.3 Pupil Teacher Ratio (PTR)

As per Pupil-Teacher Ratio (PTR) norms of RTE Act, there should be at least two teachers[13] in a PS and three teachers in a UPS. Audit observed that the prescribed PTR was not maintained in 1,156 out of 10,531 PSs and in 3,098 out of 22,234 UPSs in the State as on 31 March 2017. Of these, 539 PSs and 196 UPSs had been

11 Ahmedabad, Anand, Banaskantha, Dahod, Junagadh, Navsari and Surendranagar

12 ₹ 35,00,000/ ₹ 3,000 per student per year

13 Enrolment : Upto 60 students – 2 teachers, 61 to 90 students – 3 teachers, 91 to 120 students – 4 teachers, 121 to 150 students – 5 teachers, 151 to 200 students – 5 teachers + one head teacher. Above 200 students – Pupil Teacher Ratio is 40:1 + one head teacher

functioning with a single teacher as against minimum requirement of two and three teachers respectively. Audit further observed that 740 and 3,291 teachers were surplus in 641 PSs and 2,758 UPSs respectively as on 31 March 2017. This indicated that the deployment of teachers in the State was not being done in a rational manner by the DPEOs.

In test-checked districts, Audit observed that PSs and UPSs were functioning without any teacher[14] and less number of teachers[15] during 2012-17 as against the minimum requirement. As on 31 March 2017, 153 PSs were functioning with single teacher as against the minimum requirement of two teachers. Similarly, 50 UPSs were functioning without any teacher while 650 UPSs were functioning with lesser number of teachers against the minimum requirement of three teachers. During test-check, it was observed that Gajeta Falia PS of Dahod district with 119 students was functioning without any teachers during 2012-14 and the students were being taught by teachers from nearby schools on alternative basis. In addition, Audit observed surplus teachers in 275 PSs (349 teachers) and 924 UPSs (1,105 teachers) in test-checked districts as of March 2017. The State Government could have utilised these surplus teachers in schools which did not have or which had less number of teachers. Thus, even after a lapse of more than seven years since inception of the Act, the State Government failed in ensuring maintenance of PTR as mandated in the RTE Act. Non-availability of teachers affects the quality of education being imparted and the learning environment.

Director of Primary Education stated (August 2017) that as per transparent transfer policy of the Government, no teacher could be transferred without their consent. The teachers opt for schools near their native place or urban areas and are not ready to move to remote areas. It was further added that the State Government was considering formulation of a new policy to rationalise the deployment of teachers.

3.1.3.4 Intervention for Out of School Children

The RTE Act provides that the local authorities shall arrange Special Training Programmes (STPs) for three/12 months for identified Out of School Children (OoSC) for increasing their competency level and mainstream them for regular schooling in appropriate class. Audit observed that the local authorities in the State had not provided training to 90,789 (27 *per cent*) out of 3,41,157 OoSC identified during 2012-17. Thus, the objectives of the Act of increasing the competency level of OoSC for their mainstreaming in appropriate class remained unachieved. Audit further observed following deficiencies in the Special Training Programmes (STPs) held by the SMCs -

- Out of 160 schools test-checked during joint visit, STPs were held in only 39 schools during 2012-17. Remaining schools had not conducted the STPs as the SMCs had not conducted the survey to identify OoSC.

14 10 PSs and 189 UPSs (2012-13), 06 PSs and 143 UPSs (2013-14), 02 PSs and 126 UPSs (2014-15), 116 UPSs (2015-16) and 50 UPSs (2016-17)

15 Single teacher - 91 PSs and 276 UPSs (2012-13), 107 PSs and 274 UPSs (2013-14), 117 PSs and 203 UPSs (2014-15), 161 PSs and 155 UPSs (2015-16) and, 153 PSs and 198 UPSs (2016-17), Two teachers – 515 UPSs (2012-13), 643 UPSs (2013-14), 533 UPSs (2014-15), 517 UPSs (2015-16) and 452 UPSs (2016-17)

- In Banaskantha district, 33 STPs having total 380 OoSC and 42 STPs having up to five OoSC (total 159 OoSC) were closed (2016-17) by the district authorities[16] within six months as against the schedule of conducting 12 months training. The district authorities compulsorily mainstreamed 412 out of these 539 OoSC without assessing their competency level. Similarly, in Dahod district, 13 STPs having 127 OoSC were closed within six months during 2015-16 and no children have been mainstreamed till March 2017. The DPC, Banaskantha stated (April 2017) that remaining OoSC would also be mainstreamed in due course. DPC, Dahod stated (May 2017) that due to irregular attendance of children and migration, STP classes were closed.

- In test-checked districts[17], 243 over-aged (15 to 18 years) and 611 under-aged (below six years) OoSC had been irregularly covered under various STPs during 2012-17 because the applications received were not scrutinised properly by the DPCs.

- STP norms provide maintenance of child profile of each OoSC by the SMC, which includes name, address, date of birth, photograph, *etc.* Out of 39 SMCs who conducted STPs, 21 SMCs had not maintained the child profiles. Further, two SMCs[18] of Junagadh district had incurred an expenditure of ₹ 17.61 lakh for STPs conducted during 2012-15. However, except for payment vouchers, no other records have been maintained by the SMCs *viz.* survey report, attendance register, child profile, movement register, *etc.* In view of the non-maintenance of complete records, Audit could not vouchsafe the authenticity of the actual conduct of STP by these SMCs.

This indicated that the local authorities could put more efforts into getting the OoSC admitted for regular schooling.

3.1.3.5 Intervention for children affected by migration

To address the issue of seasonal migration for work during varying periods and its adverse effect on education of children who migrate with or without other members of the family, the Act mandates bringing such children to regular schools both in districts where they stay and in districts where they seasonally migrate.

(i) Seasonal Hostel

Seasonal Hostel is a residential STP for children of migrants who do not migrate with other members of the family. The SMCs after identifying the children for seasonal hostel shall apply to the district authorities for running the hostel. The district authority accords the approval and releases funds for its operations. A hostel shall accommodate 25 children in one unit and shall function for a period of six months.

16 These STPs were closed as the special team constituted for monitoring the functioning of STPs found them closed on the date of visit, hence, the district authorities decided to close these STPs

17 Over-aged : Ahmedabad-45, AMC-02, Banaskantha-110, Junagadh-11, Navsari-16, Patan-14 and Surendranagar-45 and Under-aged : Ahmedabad-250, Anand – 82, AMC-71, Banaskantha-29, Junagadh-64, Navsari-29 and Surendranagar-86

18 Lirbainagar - ₹ 14.90 lakh (2012-15) and Timbavadi - ₹ 2.71 lakh (2012-14)

- In Dahod district, 156 SMCs had submitted (2015-16) proposal for running 281 units for accommodating 7,030 identified children. Audit observed that the district authorities had approved only 156 units for accommodating 3,900 children. Reasons for non-approving rest of the units were not on record. This resulted in deprival of hostel facility to remaining 3,130 children and the situation could have compelled the children to drop-out from the school and migrate with their family members. Thus, the very objective of the Act to provide continuous education was defeated.

- Junagadh district authority approved (2015-16) five units (125 children) of seasonal hostel to be run by Shobhavadala SMC of Visavadar Taluka. It was observed that profiles of 95 children neither had photographs of the child nor signatures of Balmitra, SMC chairman or Block Resource Person. Repeated photographs were found in 21 profiles *i.e.* photograph of nine children was repeated twice in 18 profiles and photograph of a child was repeated in three profiles. This raises doubt whether the units had actually functioned and expenditure had been incurred for said purpose by the SMC. The DPC stated (April 2017) that through oversight same photographs were pasted on more than one child profile. The reply is not convincing as child profile is an important document for identification of children covered under seasonal hostel. Non-attestation of 95 profiles by the SMC chairman/Balmitra is a serious omission.

(ii) Tent Special STP

Tent special STP is organised to provide education to children of migrant parents at work site. As per guidelines, the tent special STP shall consist of 20 children and training shall be provided for three to six months. Audit observed in Junagadh district that the DPC had approved (October 2016) 97 units of tent special STP for 1,697 children to be managed by eight SMCs. However, only nine units of three SMCs actually functioned covering 165 children resulting in deprival of education facility to remaining 1,532 identified children. Reasons for non-functioning of remaining 88 units were not available on record. In Anand District, tent special STP had not been provided to 287 eligible children during 2015-17 due to non-approval of 20 units by the DPC.

3.1.3.6 Intervention for children with special needs

Section 3 (2) of the RTE Act provides that Children with Special Needs[19] (CWSN) shall be provided access to free education in an appropriate environment. The State Government and the local authority shall ensure barrier free access facility in the schools for CWSN *i.e.* ramp, accessible classrooms, toilet, *etc.* to promote continuous elementary education. It also provided preparation of Individualised Education Plan (IEP) for each CWSN and to provide aids and appliances. Audit observed that -

- Out of 44,545 schools in the State, only 16,939 (38.03 *per cent*) schools could provide disabled-friendly toilet in the schools for CWSN as of 31 March 2017.

19 Orthopaedically impaired, visually impaired, cerebral palsy, intellectually challenged, *etc.*

- The State Government had not provided sets of Braille books (7,048 sets) to visually impaired students studying in Class I to VIII in the State during the period 2014-16 due to non-printing of such books. Thus, visually impaired students in the State were compelled to study without books during these two years. The SPD stated (July 2017) that the Braille books were not provided as the cost approved per book by Project Approval Board (PAB) was very low as compared to the actual cost. It was further stated that not a single tender was received against online tenders invited during 2014-16.

- Out of 43,678 hearing impaired students in the State, hearing aids had been provided to only 27,568 (63 *per cent*) students during 2012-17. The SPD attributed (October 2017) the reason for not providing hearing aids to non-organising of assessment camps for identifying the percentage of impairment. It was further stated that more hearing aids would be provided during 2017-18 with the assistance of the Health Department.

- An amount of ₹ 1.19 crore sanctioned (2012-13) for providing 11,916 kits to intellectually challenged and Visually Impaired students in the State had not been utilised by the SPD which resulted in deprival of benefit of kits to children with special-needs.

3.1.3.7 Recognition of existing Private Schools

Section 19 of RTE Act provides that no school shall be established or recognised unless it fulfils the norms and standards specified in the Schedule annexed to the Act. Rule 13 of GRTE Rules provides that every existing school[20] established before commencement of RTE Act shall make a self-declaration within a period of three months by May 2012 regarding its compliance with the norms and standards prescribed in the Schedule. A Committee consisting of three members[21] appointed by the Competent Authority shall conduct on-site inspection of such schools within three months of receipt of self-declaration form and submit its report to the Competent Authority indicating whether the school fulfils the norms for recognition. After inspection, the Competent Authority shall grant recognition on fulfilment of norms within a period of 30 days.

In test-checked districts, there were 3,112 Private schools established before commencement of the Act. Audit observed that of these, only 1,377 schools had submitted self-declaration forms till October 2017. Due to shortage of staff, the district authorities had not initiated any action against remaining 1,735 schools for non-submission of self-declaration forms. Audit further observed that none of the test-checked districts (except Surendranagar) had constituted the Committee for inspecting the schools. As a result, inspections of these schools to ascertain compliance of RTE norms had not been carried out and these 1,735 schools were running without recognition.

The DPEOs and DEO of the test-checked districts stated (March to October 2017) that scrutiny of self-declaration forms and on-site inspections of schools could not be done due to shortage of staff.

20 Other than a school established, owned or controlled by the State Government or Local Authority
21 TPEO, BRCC and Education Inspector

3.1.3.8 Admission to children belonging to weaker sections

Section 12 of the Act envisages that each aided and unaided non-minority school shall admit in Class-I (to the extent of at least 25 *per cent* of the strength of that class) children belonging to weaker sections and disadvantaged groups[22] and provide free and compulsory elementary education till its completion. The State Government or the Local Authority shall reimburse the amount of fees to the schools. The State Government issued (May 2013) detailed guidelines in this respect.

Audit observed that the State Government allotted (2013-14) target of 5,300 admissions of children belonging to weaker sections and disadvantaged groups to eight Municipal Corporations[23] (MCs) in the State. From 2014-15, year-wise targets were communicated to all districts and MCs in the State. Details of actual admissions made against the targets allotted during 2013-17 is shown in **Table 2** below –

Table 2: Actual admission of students against the target during 2013-17

Year	State as a whole			Test-checked districts		
	Target	Actual admission	Percentage of target achieved	Target	Actual admission	Percentage of target achieved
2013-14	5,300	432	8.15	2,250	33	1.47
2014-15	18,300	16,605	90.74	5,900	3,301	55.95
2015-16	30,000	27,929	93.10	11,100	9,630	86.76
2016-17	46,000	45,869	99.72	21,550	19,165	88.93
Total	**99,600**	**90,835**	**91.20**	**40,800**	**32,129**	**78.75**

(Source: Figures provided by DoPE and DPEOs and DEO of test-checked districts)

The above table shows an overall achievement of 91.20 *per cent* in the State and overall achievement of 78.75 *per cent* in test-checked districts. However, Audit observed that this process of fixation of a target was erroneous. The target fixed was much less than the mandated 25 *per cent* of the seats reserved as per RTE Act. As per DISE data (2016-17), 4,26,510 seats in the State were available for admission in Class-I of unaided schools. Against 1,06,628 seats (being 25 *per cent* of total seats of Class-I) available for giving admission to children of weaker sections and disadvantaged groups, the target fixed was only 46,000 (43 *per cent*) seats for the State. This indicates that the targets have been allotted by the State Government without considering the mandated provision of the Act.

During 2016-17, the State and the test-checked districts had received 59,841 and 24,191 applications respectively from children of weaker sections and disadvantaged groups for getting admission against the reserved seats. Of these, 51,952 and 20,859 applications had been approved for providing

22 Orphan Child, children needs care and protection, children belonging to child care institute, child labour/ children of migrating labourer, children affected with HIV, children belonging to SC, ST (annual income up to ₹ 2.00 lakh) and socially and educationally backward class (Annual income up to ₹ 1.00 lakh), children belonging to BPL family

23 Ahmedabad- 2000, Bhavnagar- 250, Gandhinagar- 250, Jamnagar – 250, Junagadh-250, Rajkot-500, Surat-1000 and Vadodara-800

admission. However, Audit observed that the State and the test-checked districts could provide admission to only 45,869 (88 *per cent*) and 19,165 (92 *per cent*) students respectively during 2016-17.

Audit further observed that –

- DEO, Ahmedabad City received 17,866 applications as against the target of 18,950 seats during 2013-17. Of these, only 13,126 children have been provided admission. Of the remaining 4,740 applications, 2,178 applications had been rejected for want of supporting documents while 2,562 children had not joined in the allotted school. Scrutiny revealed that these children had not joined the school due to allotment of admission in a school other than the school chosen by the applicant, allotted school being far away from their place of stay (above six kilometres), allotment in other medium of education, *etc.*

- In Surendranagar district, 359 eligible children of weaker sections and disadvantaged groups were denied admission during 2016-17 by the district authorities stating that the reserved seats of the school opted by the applicants had been filled up. The DPEO, Surendranagar confirmed (August 2017) that the children were studying in the same schools by paying fees which they had opted for in the applications.

The above deficiencies indicated that though the percentage of achievement against target for providing admission to children of weaker sections and disadvantaged groups improved over the years, the district authorities had not ensured allotment of admission by the schools.

- ***Reimbursement of fees to the unaided schools***

The State Government fixed (December 2014) reimbursement of maximum amount of ₹ 10,000 or actual fees charged by the unaided school whichever is less, for a child of weaker section and/or disadvantaged group admitted under the Section 12 of RTE Act. Audit observed delay of six to 12 months in reimbursement of fees to unaided schools by the district authorities in all the test-checked districts. In two test-checked districts[24], the district authorities had not reimbursed (June 2017) fees of ₹ 91.28 lakh payable to 377 unaided schools in respect of 2,121 students admitted under the RTE Act during 2014-17. Audit further observed in seven talukas[25] of three test-checked districts that the TPEOs had not calculated the fees to be reimbursed to 59 unaided schools for 770 students admitted during 2014-17.

The DPEOs of test-checked districts stated (March to October 2017) that the delay was due to late receipt of grant from DoPE. The DPEO, Patan stated (March 2017) that grant has been released to talukas for reimbursement of fees to unaided schools. DPEO, Ahmedabad stated (June 2017) that Show Cause Notice had been issued to TPEO, Dhandhuka for non-reimbursement of fees.

24 Ahmedabad – ₹ 29.44 lakh and Banaskantha - ₹ 61.84 lakh

25 Ahmedabad (Dhandhuka – 15 schools and 247 students), Anand (Anand- six schools and 128 students), Patan (Harij, Radhanpur, Santalpur, Saraswati and Shankheshwar – 38 school and 395 students)

- ***Payment of recurring expenditure to students***

The State Government provides ₹ 3,000 per child per annum to the students of weaker sections and disadvantaged groups admitted in unaided schools under Section 12 of the Act from 2015-16. The assistance is provided to the students towards expenditure of text books, writing materials, uniforms, *etc.* Audit observed delay of nine to 19 months in payment of assistance to these students in test-checked districts. In six test-checked districts, the district authorities had not made payment of assistance to 4,260 students[26] for the academic years 2015-16 and 2016-17 amounting to ₹ 1.28 crore till October 2017. Delay/non-payment of assistance to the students resulted in deprival of benefits to the students and resultant financial burden on the parents.

3.1.3.9 Availability of Infrastructure Facilities in Schools

Schedule forming part of Section 19 and 25 of the Act provides that adequate infrastructure[27] shall be made available in all schools by 31 March 2013. Audit observed that 260 out of 32,765 Government schools in the State were functioning in rented or rent free buildings due to non-availability of own building while 14 Government schools were functioning without any building as of March 2017. The details of infrastructure not available in Government PSs and UPSs in the State and test-checked districts as of March 2017 are given in **Table 3** below –

Table 3: Details of non-availability of infrastructure in Government PSs and UPSs

(in numbers)

	PSs and UPSs	At least one class room for every teacher	Office –cum-Headmaster's room	Kitchen shed	Play ground	Compound Wall
State	32,765	7,876	24,199	5,693	9,096	1,927
Test-checked districts	9,654	3,688	7,076	2,577	2,197	757

(Source: Information provided by SPD and DPCs/ADPC of test checked districts)

The above table shows that as against the target date of 31 March 2013 of GoI for providing infrastructure facilities in all schools, the State could not achieve the same as of March 2017. It may be pertinent to mention that provision of drinking water, barrier free access/ramp and separate toilets for boys and girls have been provided in Government schools. It can be seen that as of March 2017, 7,876 schools (24 *per cent*) did not have at least one class room for every teacher, 24,199 schools (74 *per cent*) did not have office-cum-headmaster's room, 1,927 schools (six *per cent*) did not have boundary wall/ fencing, 5,693 schools (17 *per cent*) did not have kitchen shed and 9,096 schools (28 *per cent*) had no play grounds.

26 2015-16 : 622 students (Ahmedabad- 476, Anand- 56, Banaskantha- 26, Junagadh – 14 and Patan -50) and 2016-17 : 3,638 students (Ahmedabad- 875, Anand- 56, Banaskantha-1,440, Junagadh – 213, Navsari- 446 and Patan -608)

27 All weather building consisting of at least one class room for every teacher; barrier free access; separate toilets for boys and girls; safe and adequate drinking water facility for all the children; play ground; and arrangement for securing the school building by boundary wall or fencing

Joint visit (March to October 2017) of 160 Government schools in test-checked districts revealed the following -

- In Bhadodar PS of Banaskantha district, only one class room was available for 354 students of Class I to VIII. Of these, 96 students of Class V and VI were found studying under Neem and Tamarind Trees and 85 students of Class VII and VIII were found studying in rooms made of pre- fabricated material. Similarly, in Khorda PS, only three class rooms were available for 451 students. Of these, 103 students of Class I and II were found studying under Banyan Tree **(Picture 1)**, 86 students of Class III and IV were studying under a tree in a nearby temple **(Picture 2)** and 69 students of Class V were studying in a Tin Shed on the day of joint visit.

Picture 1: Students of Class I and II of Khorda PS studying under Banyan Tree (13.04.2017)

Picture 2: Students of Class III and IV of Khorda PS studying under a tree (13.04.2017)

- In seven (four *per cent*) schools facility of drinking water[28] and in eight (five *per cent*) schools separate toilets for girls[29] were not available. However, the district authorities were reporting that all the schools in the districts were having these facilities. In 17 schools, toilets had no provision of running water.

- In two Government schools (Sayama PS and Golana PS) of Anand district, though the DPEO had declared (October 2016) the school building was not usable due to dilapidated condition; 796 children of Class I to VIII were found studying in the classrooms in this building as of October 2017.

- In six schools[30], 859 Desks (for students of Class I to Class V) and in eight schools[31], 961 Benches (for Class VI to Class VIII) received between August 2009 and June 2016 respectively were found lying idle **(Pictures 3 and 4)**.

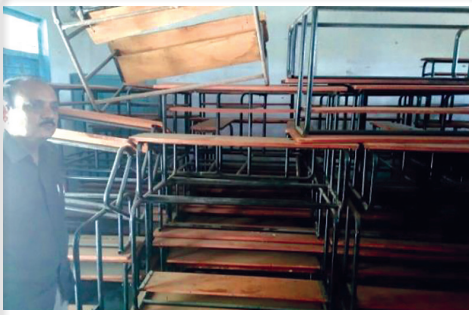
28 Uteliya PS (Ahmedabad district), Dabhava PS, Kaglakheda PS, Kaliyakuva Varg PS and Kamboi Bhagat Faliya Varg PS (Dahod district) and Chuli PS and Dudhrej PS No. 1 (Surendranagar district)

29 Ambali PS (Anand District), Changa PS, Khorda PS, Sakriya PS and Shantinagar PS (Banaskantha district), Kaglakheda PS (Dahod district), Gudajali SIM Shala (Junagadh district) and Jhadi Faliya PS Ghej (Navsari district),

30 Chaveli PS - 41, Dantisana PS- 78, Jesada PS-126, Laxmipura PS-162 and Vallabhnagar PS -404 (Patan district) and Soniyadhar (KH) PS – 48 (Surendranagar district)

31 Ajak PS – 84 and Lirbainagar PS- 65 (Junagadh district), Chaveli PS – 25, Khari Vavdi PS -53, Vallabhnagar PS-563 and Sojitra PS -90 (Patan district), and Soniyadhar (KH) PS – 31 and Ranagadh PS No. 1 - 50 (Surendranagar district)

Picture 3: Desks lying idle at Chaveli PS, Chanasma, Patan (22.03.2017)



Picture 4: Benches lying idle at Sojitra PS, Chanasma, Patan (22.03.2017)

The School authorities stated (March 2017) that the desks and benches had been supplied by the State authorities without ascertaining their requirement.

- ***Construction/utilisation of building***

(i) SPO approved (March 2011) augmentation of Block Resource Centre (BRC) building and construction of resource room for Children with Special Needs (CWSN) at BRC, Dascroi at an estimated cost of ₹ 37.83 lakh. SPO had released (April 2011 and March 2014) an amount of ₹ 36.20 lakh. However, Audit observed that even after a lapse of more than six years, the work remained incomplete despite incurring expenditure of ₹ 38.49 lakh (including interest income of ₹ 2.29 lakh) as the BRCC, Dascroi had misappropriated the Government money. Non-completion of works resulted in deprival of training facilities to the teachers as well as CWSN. The DPC stated (June 2017) that notices for completion of work had been issued to the BRCC and efforts would be made to get the works completed as soon as possible.

(ii) Construction of BRC training hall sanctioned in 2012-13 for BRC, Navsari in the campus of Primary School, Viraval had been completed in March 2016 at a cost of ₹ 15.15 lakh. However, Audit observed that the same had not been put to use for training purpose till date (May 2017) and was being used for storage of materials/ books/stationary items for BRC as well as DPEO office **(Picture 5)**. BRCC, Navsari stated (May 2017) that due to distance of five Km. from BRC Bhawan and other administrative reasons, the training hall could not be utilised. It was further stated that the same would be used as a resource room for CWSN in near future. This indicated that the site for construction of training hall was selected without assessing the requirement and consideration of these facts.

Picture 5: Newly Constructed BRC Training Hall at Navsari being used for storage of books/materials (31.05.2017)

3.1.4 Financial Management

Section 7 of the Act provides that the Central and the State Government shall have concurrent responsibility for providing funds for carrying out the provisions of the Act. There is no separate budget for RTE, rather it is subsumed in Sarva Shiksha Abhiyan (SSA) budget. The Central Government up to 2014-15 had provided the Central share in the ratio of 65:35 and from 2015-16, the ratio has been revised to 60:40. The approved amount of funds was released by the Central/State Government to State Implementing Society[32] (SIS) directly under SSA programme up to 2013-14. From 2014-15, the Central share is being released to the State Government, which in turn releases the Central as well as State shares to SIS for implementation of the approved activities.

During 2012-17, against the available funds of ₹ 7,595.23 crore[33], the State utilised ₹ 7,233.01 crore (95.23 *per cent*). However, against the approved outlay of ₹ 10,717.71 crore, the actual funds released were only ₹ 7,082.14 crore *i.e.* there was a short release of ₹ 3,635.57 crore (33.92 *per cent* of the approved outlay) by GoI and State Government. Consequently, even the annual plan made on the basis of planned allocation could not be translated into actual achievement due to short release of funds. The percentage shortfall in utilisation of funds in the State during 2012-17 ranged between five and 27 *per cent* indicating that the Department could not adequately utilise the available funds. This reflects inadequate planning and execution of works by the districts authorities which resulted in non-accomplishment of goals to provide infrastructure by March 2013 even upto March 2017.

On scrutiny of records, Audit observed the following –

- Projet Approval Board (PAB) approved (2014-15) an outlay of ₹ 2.79 crore for Teaching Learning Equipment (TLE) for 1,859 schools at the rate of ₹ 15,000 per school for integration of Class-VIII to elementary schools. However, SPD released only ₹ 65.40 lakh (23.45 *per cent*) to 436 schools. As a result, remaining 1,423 schools could not get the grant and the students of these schools were deprived of the benefit of TLE. The SPD attributed (March 2017) the reason of short release of grant to integration of Class-VIII in only 436 schools by DoPE during 2014-15.

- SSA framework provides for support under 'Learning Enhancement Programme' (LEP) to schools for initiating and instituting curricula reform including development of syllabi, textbooks and supplementary reading material keeping with the child centric assumptions. PAB approved (2016-17) ₹ 51.90 crore for LEP. However, the State could utilise only ₹ 26.34 crore during the year. This resulted in children being deprived of child centric curriculum reforms by the academic authority besides affecting teaching-learning process of students.

- SSA guidelines provide that each and every payment exceeding ₹ 2,000 should be made through account payee cheque. However, test-checked

32 Gujarat Council of Elementary Education (GCEE)

33 Opening balance as on 1 April 2012 (₹ 184.75 crore) plus funds received from GoI (₹ 4,122.58 crore), State Government (₹ 2,633.56 crore) and TFC (₹ 326.00 crore) and Miscellaneous receipts (₹ 328.34 crore).

BRCCs/URCC made payments of ₹ 2.31 crore either in cash or through bearer cheques in 1,145 transactions above ₹ 2,000 during 2012-17. It was further observed that due to late receipt of grants, BRCCs/URCC made payments from their personal funds and recouped through self cheques which was in contravention to the provisions of General Financial Rules and indicates lack of financial control. The BRCCs and URCC assured that henceforth cash payment would be avoided.

- In seven test-checked districts, an amount of ₹ 12.25 crore[34] and ₹ 2.01 crore[35] received during 2014-17 had been parked in the Personnel Ledger Account of the DDOs and TDOs respectively as of June 2017. These funds had been received for reimbursement of fees to unaided schools as per Section 12 and to provide financial assistance to students of weaker sections and disadvantaged groups. The DPEOs stated (March to October 2017) that the unspent balance after making payment to schools and students would be credited back to Government Account.

3.1.4.1 Retention of funds by headmasters

The SMC at village level is responsible for carrying out civil works such as construction of additional classroom (ACR), toilet blocks, kitchen sheds, *etc*. Funds are provided by the DPC and each sanctioned work is required to be completed by SMC within 10 months from the date of sanction. The Member Secretary of the SMC is empowered to withdraw ₹ 0.50 lakh as per instructions issued (November 2012) by the SPD. Unspent withdrawn amount if any, are required to be deposited into SMC account within seven days of withdrawal.

In three test-checked districts, the headmasters of 20 SMCs being the Member Secretary had withdrawn (2011-17) ₹ 1.62 crore[36] for 30 civil works. General Financial Rules (GFR) provide that money should be withdrawn from Government account as and when required for making payment. However, Audit observed that these works had not been completed till June 2017 and the SMCs had incurred only ₹ 1.12 crore on these works as per the valuation of these incomplete works done by the Technical Resource Persons[37] (TRPs) engaged by SSA. This indicated that the headmasters of these SMCs had withdrawn the money without ascertaining the actual requirement, which was in contravention to the provision of GFR. Till June 2017, the headmasters had not credited back the unspent amount of ₹ 0.50 crore to the SMCs' bank accounts despite lapse of more than one year. Retention of the money by the Member Secretary is fraught with the risk of misappropriation.

34 Ahmedabad - ₹ 8.03 crore, Anand – ₹ 1.88 crore, Dahod - ₹ 0.38 crore, Navsari - ₹ 0.47 crore and Patan –₹ 1.49 crore.

35 Ahmedabad - ₹ 0.84 crore (Bavla – ₹ 0.007 crore, Dascroi - ₹ 0.04 crore, Dhandhuka - ₹ 0.02 crore, Dholka - ₹ 0.05 crore, Ahmedabad city - ₹ 0.005 crore, Sanand - ₹ 0.47 crore and Viramgam - ₹ 0.25 crore), Banaskantha - ₹ 0.03 crore (Deesa) and Junagadh - ₹ 1.14 crore (Bhesan - ₹ 0.004 crore, Junagadh city - ₹ 0.56 crore, Junagadh rural - ₹ 0.02 crore, Keshod - ₹ 0.09 crore, Maliya-Hatina - ₹ 0.02 crore, Manavdar - ₹ 0.05 crore, Mangrol - ₹ 0.22 crore, Menderda - ₹ 0.11 crore and Visavadar - ₹ 0.07 crore).

36 ₹ 1.32 crore by 13 SMCs of Banaskantha, ₹ 0.09 crore by four SMCs of Dahod and ₹ 0.21 crore by three SMCs of Surendranagar

37 Engaged on contract basis having educational qualification of degree/diploma in Civil Engineering

DPC Banaskantha stated (April 2017) that notices had been issued for completion of works and penal action had been initiated by the TPEOs against the errant Member Secretaries. DPC Dahod stated (May 2017) that payment of salary to the concerned headmasters had been stopped and recovery of any excess above the valuation of the work would be effected in due course.

3.1.5 Monitoring

3.1.5.1 Central Admission Control Committee

Guidelines for admission under 25 *per cent* reserved seats for weaker sections and disadvantaged groups envisaged constitution of Central Admission Control Committee[38] for rural and urban areas in each district. The committee was responsible for allotment of admission of the applicants in schools. However, Audit observed that none of the test-checked districts (except Ahmedabad city) had constituted the Committee and the admission process was being looked after by officials of BRCC/URCC, TPEO, CRCC, *etc.* Absence of the Committee resulted in non-monitoring of admission process by the District Authorities and deprival of admission to children as discussed in **Paragraph 3.1.3.8.**

3.1.5.2 Inspection of schools

SSA framework provides that BRCC and CRCC shall inspect at least five schools in a month and one school in a day respectively to provide on-site academic support to address pedagogic issues, hold meetings with members of SMCs, check availability of basic infrastructure, *etc.* Out of 160 schools test-checked, Audit observed that 14 schools had not been inspected by the BRCCs/CRCCs, 35 to 47 schools had not been inspected by the CRCCs and 107 to 112 schools had not been inspected by the BRCCs during 2012-17. Deficiencies in availability of teachers and infrastructure facilities in schools discussed in the **Paragraphs 3.1.3.3 and 3.1.3.9** could have been avoided had the BRCCs and CRCCs conducted the prescribed inspections of schools.

3.1.5.3 Constitution of State Advisory Council

Section 34 of the RTE Act stipulates constitution of State Advisory Council (SAC) for advising compliance of the provisions of the Act to the State Government in an effective manner. Further, SAC is required to meet every quarter as per RTE Rules. However, Audit observed that against 16 meetings required (2013-17) to be held since its constitution in March 2013, only two meetings (2016-17) have been held. This indicated that the purpose of constitution of SAC was defeated as it could not provide necessary advice to the State Government for effective compliance of RTE Act in the State.

The Deputy Secretary stated (August 2017) that due to busy schedule of the Chairman and heavy work load, meetings of SAC could not be held as per norms. It was further stated that henceforth, meetings of the SAC would be held as per norms.

38 The members of the committee would DEO and AO of MCs (urban)/DPEO (rural), School Principal, representative of the respective school and the applicant.

3.1.6 Conclusion and Recommendations

3.1.6.1 Conclusion

The RTE target was to achieve the objective of providing free and compulsory education to all children in the age group of six to 14 years through proper identification, enrolment and retention. Though, there was marginal improvement during the last five years, however, the RTE target was not achieved by 12.80 to 15.11 *per cent* during 2012-17. Similarly, the prescribed pupil teacher ratio in the State was not achieved in 1,156 PSs and 3,098 UPSs as on 31 March 2017.

It was seen that training had not been provided to 27 *per cent* of the identified OoSC in the State for their mainstreaming to regular schooling in appropriate class during 2012-17. The State Government did not print and provide Braille books to visually impaired students in the State during 2014-16. Only 63 *per cent* of hearing impaired students in the State had been provided with hearing aids during 2012-17.

The department allotted targets to all districts and Municipal Corporations for admission under 25 *per cent* RTE Quota without considering the total number of seats available for admission in Class I. The targets allotted were observed to be much lower than the actual seats available for admission in the State. Instances of denial of admission to eligible children and allotment of admission in different medium/school not opted for by the applicants were also noticed.

The State Government could not provide basic infrastructure facilities in majority of the Government Schools even after a lapse of seven years of implementation of the RTE Act. The GoI and State Government's share of ₹ 3,635.57 crore (34 *per cent*) was short released due to under utilisation of funds for implementation of the RTE Act. The monitoring mechanism was weak as BRCCs/CRCCs had not conducted the prescribed number of inspections of schools and the State Advisory Council met only twice against 16 meetings to be held during 2013-17.

The above deficiencies indicated that the key objectives of the RTE Act, 2009 of universalisation of elementary education could not be fully achieved.

3.1.6.2 Recommendations

The State Government may -

- ***ensure conduct of annual household survey to identify number of children who are in the age group of six to 14 years and take requisite steps to ensure their enrolment in schools.***
- ***take steps to enhance infrastructure facilities and ensure availability of teachers in all Government schools.***
- ***ensure that the provisions of the RTE Act regarding admission under 25 per cent quota in all unaided schools are adhered to in letter and spirit.***

The matter was reported to the State Government (September 2017). Reply is awaited (February 2018).

GENERAL ADMINISTRATION DEPARTMENT

3.2 Fraudulent and irregular payment under Member of Parliament Local Area Development Scheme (MPLADS)

Injudicious awarding of works under MPLADS to an NGO without inviting tenders resulted in irregular payment of ₹ 5.93 crore including fraudulent payment of ₹ 84.53 lakh to the NGO.

Government of India (GoI) introduced (December 1993) "Member of Parliament Local Area Development Scheme (MPLADS)" with an objective to enable the Hon'ble Members of Parliament (MPs) to recommend works of developmental nature with emphasis on the creation of durable community assets based on the locally felt needs. These members are eligible for recommending works up to the annual entitlement of ₹ 5.00 crore during the financial year to the District Authority. The District Authority shall make the selection of an appropriate Implementing Agency (IA) through which a particular work would be executed. The selection of the IA is undertaken in accordance with the State Government Rules/Guidelines applicable for the purpose. The State Government instructions (November 2012) provide that the IA under the scheme shall be Government Institution as far as possible and for rural areas it shall be the Panchayati Raj Institution (PRI). In case of non-availability of their services, other IAs may be selected after following the prescribed tendering process.

During the course of test-check of records of District Planning Officer (DPO), Anand for the period 2014-17, Audit observed (June 2017) that the Hon'ble MP had recommended works to be carried out in the rural areas of the district from the funds allotted under MPLADS. On scrutiny of these works, Audit observed that -

- The Hon'ble MP had recommended 276 works with an estimated cost of ₹ 8.93 crore[39] for the years 2015-17. Of these, DPO awarded 232 works with an estimated cost of ₹ 5.93 crore to Shri Sharda Majoor Kamdar Co-operative Society, Kheda, a Non-Government Organisation (NGO). Audit observed that the selection of the NGO as IA was in contravention of the scheme guidelines and Government instructions, as no tender procedure was followed for its selection.

- The scheme guidelines prohibit construction of office and residential buildings belonging to Central and State Governments, their departments, Government Agencies/Organizations and Public Sector Undertakings. However, in contravention of the same, the construction of Mangrol Panchayat Ghar at a cost of ₹ 69.60 lakh had been awarded (April 2015) to the same NGO by the DPO.

- The work orders stipulated submission of completion certificate. In case of private agencies as IA, completion certificates for Government works were required to be issued by a Government officer appointed by the

39 ₹ 4.92 crore for 114 works (2014-15), ₹ 1.96 crore for 14 works (2015-16) and ₹ 2.05 crore for 148 works (2016-17)

Competent Authority. However, DPO made payment of ₹ 3.35 crore for 68 works (between October 2015 and May 2016) to the NGO based on the completion certificates signed by the Chairman of the Society and not by a responsible Government officer for the works executed for the period 2014-16.

- Completion certificates for 139 works executed during 2016-17 were signed jointly by the Chairman of the society and the Deputy Executive Engineer (DEE) of Jambughoda Irrigation division, Panchmahal district. There was nothing on record regarding appointment of DEE of Panchmahal district for issuance of completion certificates. Despite that, the DPO made the payment of ₹ 1.54 crore to the NGO for these works.

- The work orders stipulated that the IA shall submit the photographs of the works done. However, the NGO did not submit the photographs in respect of 88 works[40] (₹ 4.30 crore of 2014-17) and photographs were found repeated in 65 works (₹ 0.63 crore of 2016-17).

Audit conducted joint verification[41] of 10 works and found the following-

- The NGO had submitted completion certificates (signed by the Chairman of the NGO and EE of Jambughoda Irrigation division, Panchmahal district) in respect of six[42] works with a cost of ₹ 13.00 lakh and full payment had been made by the DPO. During joint field visit, it was observed that the NGO had not carried out any of these works **(Pictures 1 to 6)**.

Picture 1: Incomplete crematorium at Kabir Mandir, Anklav (14.06.2017)

Picture 2: No protection wall at crematorium, Vishnoli (13.06.2017)

Picture 3: No protection wall at Saraswati School at Palaj (13.06.2017)

Picture 4: Unlevelled playground for kids at Ganj Bazar, Anklav (14.06.2017)

Picture 5: Block paver not laid near Artificial Insemination Centre at Udhel (13.06.2017)

Picture 6: Block paver not laid in Sardar Vallabhbhai Patel Court, Borsad (14.06.2017)

40 2014-15 – 81 works (₹ 2.66 crore), 2015-16 – 06 works (₹1.58 crore) and 2016-17 – 01 work (₹ 0.06 crore)

41 Audit team and members of the office of the DPO, Anand

42 (i) Crematorium (₹ 1.00 lakh-2016-17) at Kabir Mandir in Anklav town, (ii) Protection wall (₹ 2.00 lakh-2016-17) at Crematorium of village Vishnoli, (iii) Protection wall (₹ 2.50 lakh-2016-17) at Saraswati High School in Palaj town, (iv) Playground for kids (₹ 1.00 lakh-2016-17) at Ganj Bazar in Anklav town, (v) Block Paver work (₹ 5.00 lakh-2016-17) near Artificial Insemination Centre at Udhel Vadola Road, and (vi) Block Paver and maintenance (₹ 1.50 lakh-2016-17) of Sardar Vallabhbhai Patel Court at Borsad town.

This indicated that the completion certificates issued by the NGO were incorrect which resulted in fraudulent payment of ₹ 13.00 lakh to the NGO by the DPO.

- Two work orders (2014-15) for construction of crematoria for Patel Samaj and Kshatriya Samaj at Mangrol at a cost of ₹ 16.67 lakh and ₹ 54.86 lakh respectively stipulated two sheds for cremation, compound wall, paver block, lawn with compound wall, bathroom and plantation works at each crematorium. However, during joint field visit, it was observed that the works had not been carried out as per their scope of work[43] **(Pictures 7 and 8)**. Further, the cost of shed and platform at Patel Samaj crematorium had been donated by some donors and not met from MPLADS funds. However, the DPO had made full payment of ₹ 71.53 lakh to the NGO on fake completion certificates submitted by the NGO.

Picture 7: Construction of crematorium for Patel Samaj done by the donors (14.06.2017)

Picture 8: Incomplete construction of crematorium for Kshatriya Samaj (14.06.2017)

Serious lapses were observed in the eight jointly verified works where the NGO had either not carried out the works allotted or the works were left incomplete. However, the payment of ₹ 5.93 crore was made to the NGO for 232 works awarded during 2014-17.

The DPO Anand accepted the negligence on the part of officials of the DPO and stated (June 2017) that the NGO had submitted fake documents which was a serious financial irregularity. It was further stated that based on the Audit observations, the Collector, Anand had constituted (June 2017) a committee

43 (i) Patel Samaj – Flooring not done in bathrooms, bathrooms had no doors and windows, block paving work done for only 90.00 sq. mtr. against 284.00 sq. mtr, benches have not been installed, *etc.* and (ii) Kshatriya Samaj – Flooring not done in Bathrooms and Store room constructed, only one shed constructed instead of two and the same not done with concrete column, block paving work done for only 490.50 sq. mtr. against 960.62 sq. mtr., benches not installed, *etc.*

headed by Prant Officer – Petlad to conduct an enquiry in this regard. The report of the inquiry committee is still awaited (November 2017).

Supervisory lapses of the DPO in inspecting the works as envisaged in the MPLADS guidelines led to poor quality of works, non-completion of works and fraudulent payment. Since the tendering process, scope of work awarded and payment processes were violated, therefore audit is of the view that these works are susceptible to fraudulent and irregular payments. Audit recommends that the State Government should investigate all the works carried out by the NGO and fix responsibility on the Government officials responsible for the negligence.

The matter was reported to the Government (September 2017). Reply is awaited (February 2018).

HEALTH AND FAMILY WELFARE DEPARTMENT

3.3 Mukhyamantri Amrutum Yojana and Mukhyamantri Amrutum Vatsalya Yojana

3.3.1 Introduction

The State Government launched (April 2012) "Mukhyamantri Amrutum (MA) Yojana" with an objective to provide cashless quality tertiary medical treatment to people living below the poverty line (BPL). The scheme envisaged cashless treatment for 544 predefined procedures in 11 clusters[44] of catastrophic diseases throughout the State both in Government and Private empanelled hospitals. It also envisaged treatment of pre-existing diseases from the day of enrolment under the scheme. The State Government subsequently launched (August 2014) "Mukhyamantri Amrutum Vatsalya (MAV) Yojana" with the objective to extend the benefits of the scheme to all poor families with an annual income up to ₹ 1.20 lakh[45]. The schemes provided coverage for meeting expenses of hospitalization and surgical procedures up to ₹ 2.00 lakh per year per family of five members[46] on a floater basis[47]. The reimbursement of the claim is made directly to the empanelled hospitals by the State Nodal Cell established in June 2012 through e-payment without involvement of any insurance company. The department has used the data of BPL and non-BPL poor families of 2002-03 and has not updated the data as per Census 2011.

3.3.2 Implementing Stakeholders

State Nodal Cell (SNC) is headed by the Principal Secretary (Health and Family Welfare Department) and is responsible for the overall implementation of the scheme. At district level, the SNC is assisted by the Chief District Health Officers (CDHOs) who are responsible for the overall monitoring of the enrolment at district and taluka levels and for redressal of grievances of the beneficiaries. To facilitate the implementation of the scheme in the State, the SNC also engaged (July and October 2012) two agencies *viz.* M/s. (n)Code

44 (1) Burns, (2) Cardiology, (3) Cardiothorasic Surgery, (4) Cardiovascular Surgery, (5) Genitourinary Surgery, (6) Neuro Surgery, (7) Paediatric Surgeries, (8) Poly Trauma, (9) Medical Oncology, (10) Radiation Oncology and (11) Surgical Oncology.

45 Revised to ₹ 2.50 lakh per annum from October 2017

46 Head of the family, spouse and up to three dependents

47 Utilisation limit of ₹ 2.00 lakh (fixed) by any member of a family in a year

Solution, Ahmedabad (NCS) and M/s. MDI India Healthcare, Pune (MDI) as Implementation Support Agency (ISA). NCS was engaged for development of a comprehensive IT solution for enrolment of the beneficiaries. MDI was engaged for networking/empanelment of the hospitals, facilitating for treatment at the hospitals, processing of claims, *etc.* The claims finalised by MDI was further scrutinised by SNC for final payment to the hospitals.

3.3.3 Data Analytics Methodology

Audit has used data analytics to support the processes of planning, sampling, guidance to field parties and reporting. Data analytics was used to get insights into focusing on areas of audit and to extrapolate the audit findings to arrive at impact on a macro level. The insights have been used for predictive analysis and reporting to the State Government.

- ***Collection and Analysis of Data***

Audit collected SQL dump data relating to the scheme from the department for the period 2012-17, maintained by NCS (Enrolment data) and MDI (Hospital transaction data). Analysis of the SQL dump data was done by using Computer Assisted Audit Tools[48] (CAATs) for determining risk areas and selection of districts and hospitals for audit.

3.3.4 Audit Objectives, Sample and Procedures

Audit was conducted with the objective of deriving an assurance about the efficacy in promotion and implementation of the schemes in the State during the period 2012-17. Audit commenced with an entry conference with Additional Director (April 2017) wherein the audit objectives, scope and audit criteria were discussed and the inputs from the department were obtained. Audit also involved scrutiny of the records for the period 2012-17 maintained at SNC, Commissioner of Health, District Coordinators office of ISA and CDHOs of 16 selected districts[49] (selected on the basis of enrolment and hospitals claims in the district). Audit also conducted joint visit (May to August 2017) of 27 hospitals in test-checked districts with the district representatives of ISA to observe the standards of delivery of the healthcare services.

Audit findings

MA/MAV schemes require enrolment of beneficiaries, empanelment of hospitals, management system for providing quality medical treatment to the beneficiaries as envisaged in the scheme and payment to the hospitals. Audit findings on implementation of MAA and MAV schemes are discussed in the succeeding paragraphs -

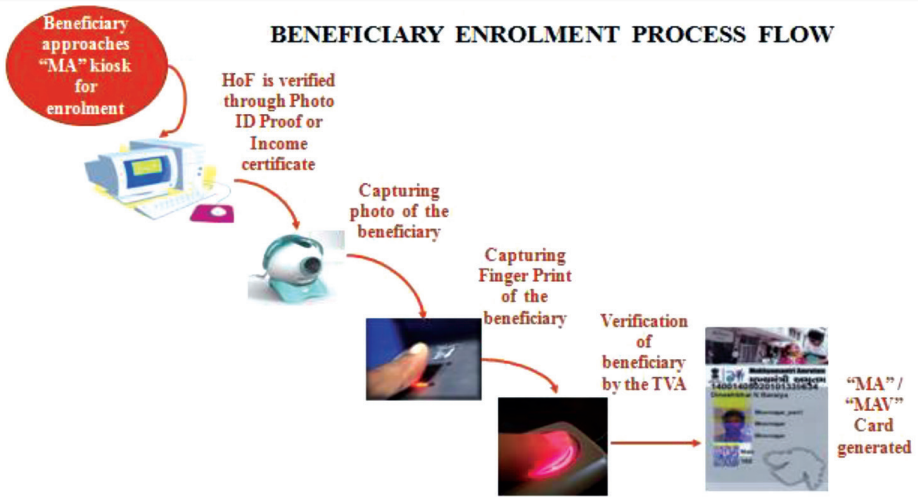
3.3.5 Enrolment procedure

As per the scheme guidelines, enrolment kiosk set-up at taluka level is the focal point for the enrolment of beneficiaries under the schemes. The beneficiaries are

48 IDEA, Tableau and other available audit tools

49 (1) Ahmedabad, (2) Anand, (3) Aravali, (4) Banaskantha, (5) Bhavnagar, (6) Dangs, (7) Devbhumi Dwarka, (8) Jamnagar, (9) Mehsana,(10) Narmada, (11) Navsari, (12) Patan, (13) Rajkot, (14) Sabarkantha, (15) Surat and (16) Vadodara

required to submit their documents such as ration card, income certificate and identity proof of the Head of the Family (HoF) at the Taluka kiosk. The Taluka Kiosk Executive[50] (TKE) captures all the documents, photos and fingerprints of all individuals of the family. The Taluka Verification Authority (TVA) after verifying the documents captured by TKE accords approval for issue of MA/ MAV cards to the beneficiaries and uploads the data to the main server for activation. The enrolment process is shown in **Picture 1**–



Picture 1: Enrolment process under MA and MAV schemes

3.3.5.1 Enrolment trends

The main objective of the scheme is to provide cashless medical treatment for catastrophic diseases[51] to the BPL beneficiaries in the State. To cover maximum number of BPL beneficiaries under the scheme, the State Government engaged Accredited Social Health Activist (ASHA) workers to bring the BPL families to the kiosk centre for enrolment. The ASHA workers were responsible to distribute brochures/pamphlets and make the beneficiaries aware about the enrolment process, benefits of the scheme and details of empanelled hospitals. They were also required to motivate the beneficiaries to get enrolled under the scheme. As per information provided by the department, total number of BPL families in the State was 41.50 lakh as of March 2017. The details of total number of non-BPL families having annual income upto ₹ 1.20 lakh in the State were not available with the department.

The data relating to BPL and non-BPL families enrolled under MA and MAV schemes across the State were analysed. Data Analysis of the cumulative enrolment of BPL families under MA scheme during 2012-17 is shown in **Chart 1** -

50 Appointed by M/s. (n)Code Solution, Ahmedabad
51 As per the State Government Resolutions and tender document for empanelment of hospitals

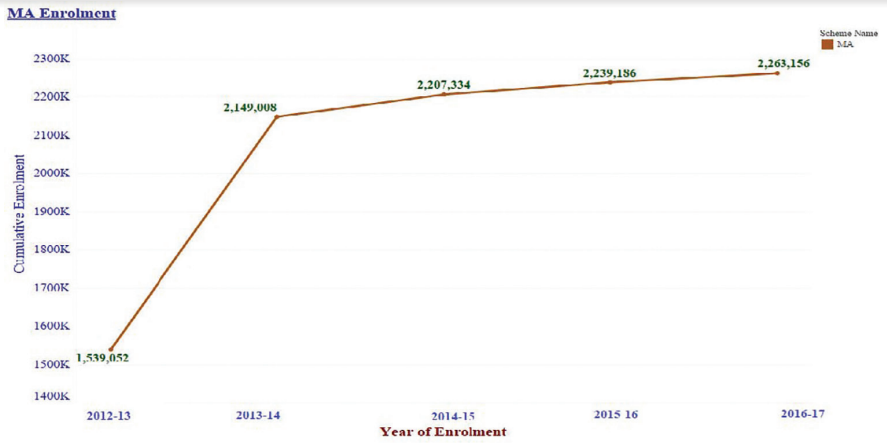


Chart 1: Chart showing cumulative enrolment of BPL families (2012-17)

The above chart signifies that only 22,63,156 out of 41,49,913 BPL families (54.54 *per cent*) in the State have been enrolled in MA scheme till March 2017. Detailed audit analysis revealed that the high percentage of BPL enrolment in 2012-13 (15,39,052) and 2013-14 (6,09,956) was due to issue of bulk printed cards (20,10,850 cards) for BPL families based on *Rashtriya Swasthya Bima Yojana (RSBY)* data as discussed in **Paragraph 3.3.7.1**. It was also observed that despite engaging ASHA workers on incentive basis (₹ 100 per BPL family) for mobilizing and bringing the remaining BPL families for enrolment to the kiosk centre, the enrolment during the subsequent three years was quite low (2,52,306 during 2014-15 to 2016-17). Thus, the efforts to motivate and enrol were ineffective. As such, the objective of providing the benefit of the scheme to BPL families of the State remained unachieved even after a lapse of more than five years.

The CDHOs of test-checked districts stated that the low coverage was due to non-matching of name and/or address of beneficiaries with the database of BPL families, migration of families, lack of awareness and motivation, *etc*. The Government stated (January 2018) that the major reason behind low enrolment was the BPL database provided by the State Rural and Urban Development Departments, as the same was of census 2002-03. Therefore, even after repeated rounds of village to village enrolments, only 50 *per cent* of BPL families could be enrolled. It was further stated that there is no fixed period of enrolment under MA scheme. Any beneficiary requiring tertiary care can get the MA card at any time and then avail the treatment. The reply is not tenable as in case of need for emergency treatment, the beneficiaries would not get free treatment unless the MA card is issued to them. Further, engagement of ASHA worker for enrolment of beneficiaries was also found deficient. Audit is of the view that the State Government may consider fixing a time line for coverage of all BPL families in the State and may consider the latest Census database to avoid non-matching of name and/or address of beneficiaries.

- ***Enrolment of BPL families in the districts***

The percentage of enrolment of BPL families across the State under MA scheme stood at 54.54 *per cent* of the total BPL families as on 31 March 2017. Analysis

of district-wise data of BPL enrolment revealed that the percentage of BPL enrolment in 11 districts[52] were even lower than the State average percentage as shown in **Chart 2** below-

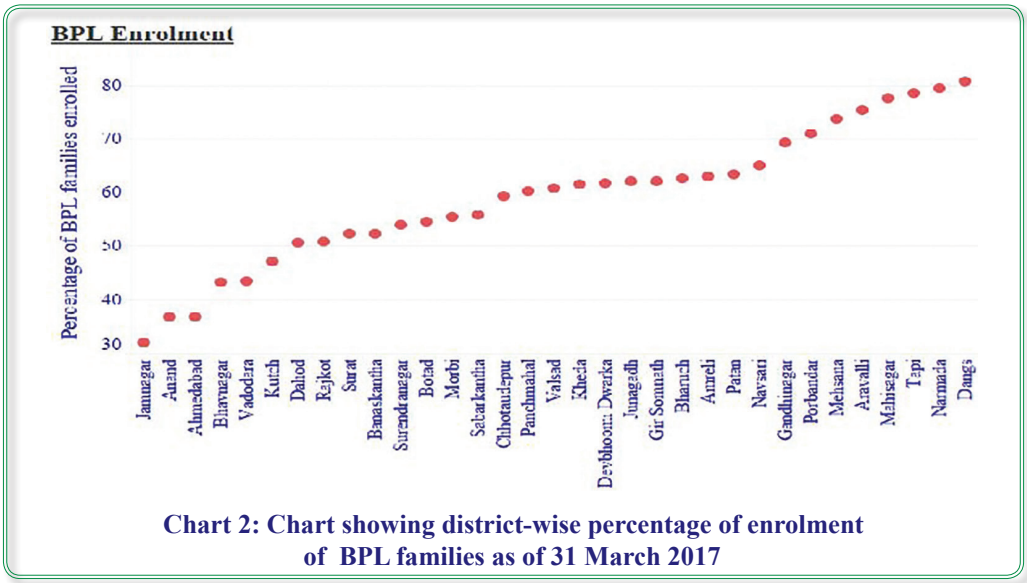


Chart 2: Chart showing district-wise percentage of enrolment of BPL families as of 31 March 2017

The above chart shows that the percentage of enrolment in these 11 districts, ranged from 32 *per cent* (Jamnagar district) to 54 *per cent* (Surendranagar district) as on 31 March 2017. Audit observed that the State Government had released (2012-17) ₹ 1.30 crore to 21 districts for organizing mega camps to create public awareness about MA scheme. However, despite availability of funds, the camps were held in only 13 districts during January to March 2014 (except for Dangs district held in 2012-13).

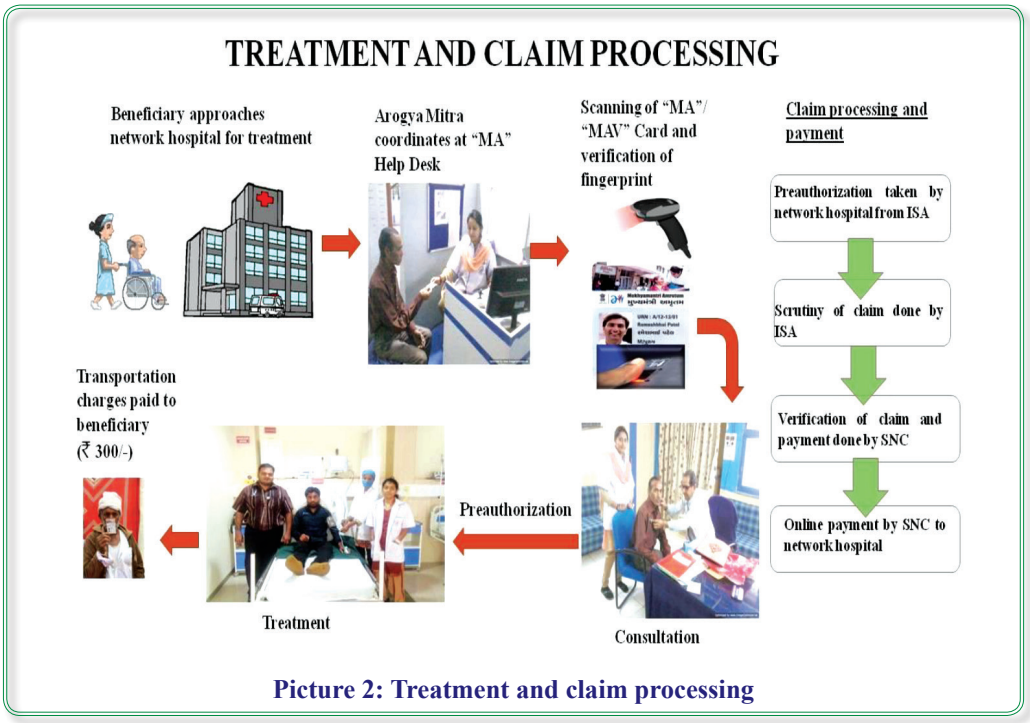
The Government attributed (January 2018) (1) the use of BPL census of 2002-03, (2) non-fixing of time line for enrolment and (3) BPL families not turning out for enrolment as main reasons for low enrolment. It was further stated (January 2018) that conduct of mega camp was not compulsory and from September 2012 to March 2014, various Information, Education and Communication (IEC) Activities such as advertisement in Television, Radio, Newspaper and Bus panel were done. Audit observed that the funds for organizing mega camp had been released to the districts based on their demand. However, the reasons for non-conduct of mega camps by remaining eight districts have not been addressed in reply to audit observation. Audit further observed that in addition to above ₹ 1.30 crore, the State Government had released ₹ 1.26 crore for IEC activities under the scheme to all 33 districts in the State during 2012-17. However, district-wise details of IEC activities done and expenditure incurred for it was not provided to Audit. Audit is of the view that the State Government may engage Anganwadi workers, Non-Government Organisations, Corporate Bodies located in the district or adjoining areas, *etc.* to achieve enrolment of all BPL families and may cross-check the data with Aadhaar Card to avoid non-matching of name/address of BPL families during enrolment process.

52 (1) Ahmedabad, (2) Anand, (3) Banaskantha, (4) Bhavnagar, (5) Dahod, (6) Jamnagar, (7) Kutch, (8) Rajkot, (9) Surat, (10) Surendranagar and (11) Vadodara

3.3.6 Medical treatment and financial assistance

For availing treatment, the beneficiary has to approach an empanelled hospital. The Arogya Mitra (AM) appointed by the Implementation Support Agency (ISA)[53] verifies the fingerprints and photo of the beneficiary with the central data server and facilitates in undergoing preliminary diagnosis. The hospital, based on the diagnosis, admits the patient and sends preauthorization request to the ISA for approval. On receipt of approval from ISA, the hospital extends cashless treatment to the beneficiary.

The hospital after discharge of the beneficiary, forwards the claim for processing and settlement. ISA scrutinises the claims and forwards the payment request to the State Nodal Cell (SNC). The SNC after verification of the claim makes direct payment to the hospital through electronic transfer. The treatment and claim processing is shown in **Picture 2** below –



Picture 2: Treatment and claim processing

3.3.6.1 Availability of empanelled hospitals in districts

The scheme guidelines provide that the department shall invite proposals for 11 clusters from hospitals providing tertiary care health services for empanelment under the scheme. The empanelment of the hospitals is done on cluster basis consequent on the fulfillment of minimum criteria of availability of beds, diagnostic and laboratory services, super specialists, *etc.* Analysis of district-wise and cluster-wise empanelment of hospitals in the State as on 31 March 2017 is shown in **Chart 3** -

53 M/s. (n)Code Solution, Ahmedabad and M/s. MDI India Healthcare, Pune

Empaneled Hospitals

Speciality Name

1 — 14

Sr. No.	District Name	Total Empaneled Hospitals	Cluster-1 Burns	Cluster-2 Cardiology	Cluster-3 Cardiothoracic Surgery	Cluster-4 Cardiovascular Surgery	Cluster-5 Genitourinary Surgery	Cluster-6 Neuro Surgery	Cluster-7 Paediatric Surgery	Cluster-8 Polytrauma	Cluster-9 Medical Oncology	Cluster-10 Radiation Oncology	Cluster-11 Surgical Oncology
1	Ahmedabad	25	4	11	11	4	14	9	5	4	4	2	6
2	Vadodara	16	6	7	5	4	8	8	3	7	7	3	10
3	Surat	13	3	5	6	2	4	5	2	5	2	1	3
4	Rajkot	9	2	2	3	2	5	1	1	2	1	1	1
5	Mehsana	5	1	1	1	1	5						1
6	Gandhinagar	5	2				4	1		2	1	1	2
7	Kutch	5	1	1			4	3	1	1	1		1
8	Navsari	5	1	2	2	1	4	1		1	2	1	2
9	Bhavnagar	4	1	3	2	1	3	2		1	1		1
10	Kheda	4		2	2		2						
11	Bharuch	3	1	1			1						1
12	Patan	3	1				3			2			2
13	Anand	2		2	1	1	1				1	1	1
14	Banaskantha	2	1	1			2						1
15	Sabarkantha	2	2	1			2		1	2			
16	Valsad	2	1				1			1	1		1
17	Amreli	1					1						
18	Jamnagar	1	1				1			1	1		1
19	Narmada	1					1			1			
20	Panchmahal	1					1						
21	Porbandar	1					1						
22	Surendranagar	1					1						
23	Tapi	1					1						
	Grand Total	113	28	39	33	16	70	30	13	30	22	10	34

Chart 3: District-wise and Cluster-wise empanelled hospitals in the State as on 31 March 2017

The above chart shows that only 23 out of 33 districts in the State have empanelled hospitals. Remaining 10 districts[54] having enrolment of 9,52,793 families (20.31 *per cent* of total enrolment) under the scheme had no facility of empanelled hospitals. Further, seven out of 23 districts (from Amreli to Tapi) had only one empanelled hospital and in the remaining 16 districts, the availability of empanelled hospitals was between two to nine hospitals (except Ahmedabad, Vadodara and Surat districts).

The chart also signifies that only four (Ahmedabad, Rajkot, Surat and Vadodara) out of 23 districts have empanelled hospitals for all the 11 clusters envisaged in the scheme. Of the remaining 19 districts, six districts[55] with one empanelled hospital was providing treatment for only dialysis cluster while remaining 13 districts provided treatment for two to 10 clusters. Paediatric cluster is empanelled only in six districts.

As a result, the beneficiaries of these districts were not getting requisite scheme benefits within the district and were forced to travel to other districts for availing the treatment under the scheme.

Analysis of data of hospital claims revealed that due to inequitable availability of healthcare services in the State, beneficiaries of districts having no empanelled hospital and districts with less number of empanelled hospitals have moved to other districts for availing medical treatment. The beneficiaries preferred treatment mostly in four major cities (Ahmedabad, Rajkot, Surat and Vadodara) having adequate number of empanelled hospitals **(Chart 4)**.

54 (1) Aravalli, (2) Botad, (3) Chhotaudepur, (4) Dahod, (5) Dangs, (6) Dwarka, (7) Junagadh, (8) Mahisagar, (9) Morbi and (10) Somnath

55 (1) Amreli, (2) Narmada, (3) Panchmahal, (4) Porbandar, (5) Surendranagar and (6) Tapi

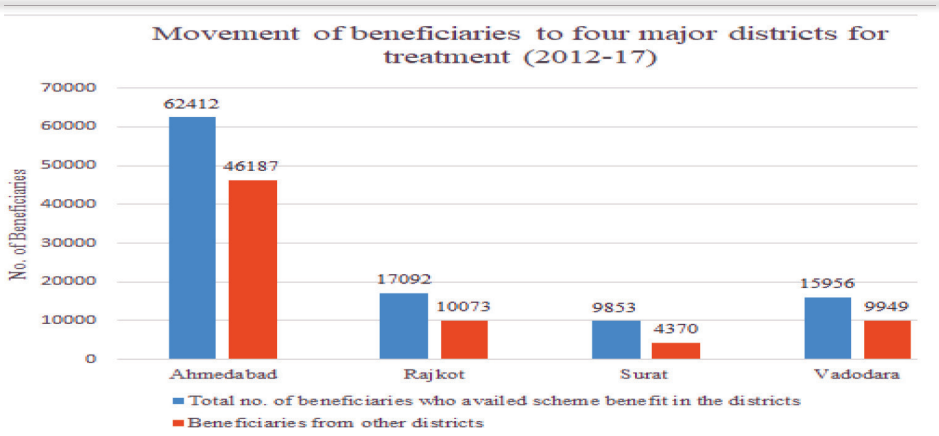


Chart 4: Beneficiaries moving to four major districts for treatment (2012-17)

The Government stated (January 2018) that establishing multi-specialty hospital with tertiary care services in each district was beyond the purview of MA Yojana. However, the distance which the BPL persons were travelling before the launch of MA Yojana has definitely been reduced from 500 to 100 kilometres (kms.) and even lesser in some districts due to empanelment of hospitals. The reply is not tenable as Audit analysis revealed that only 11 out of 22 District Hospitals (DHs) have been empanelled under the schemes and these DHs have been empanelled only for Dialysis under Cluster 5. Further, only four out of eight Gujarat Medical Education and Research Society (GMERS) have been empanelled under the schemes and have been empanelled only for Clusters 1, 5 (only dialysis) and 8. Therefore, beneficiaries moved to other districts for availing treatment due to non-availability of empanelled hospitals for all clusters in their own district as discussed in the succeeding paragraphs.

- ***Movement for treatment for different clusters of diseases***

The data analysis in Audit of the movement of beneficiaries from their own districts to other districts for availing treatment is shown in **Chart 5**–

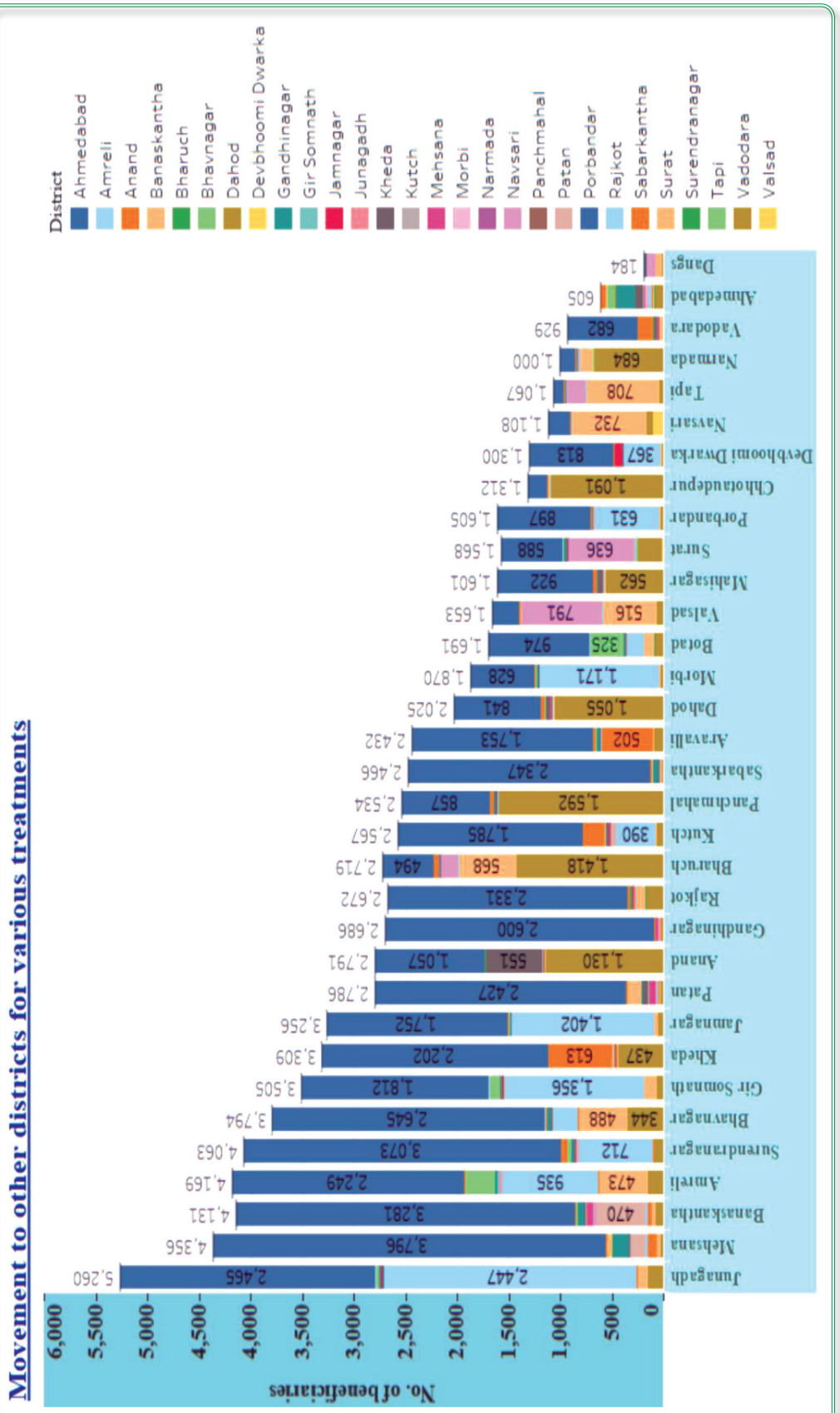


Chart 5: Beneficiaries moving to other districts for various treatments (2012-17)

The above chart shows that the patients from all over the State moved to Ahmedabad city for availing treatment under the scheme. The percentage of movement of beneficiaries from other districts to Ahmedabad, Rajkot, Surat and Vadodara districts for availing treatment was 74, 59, 44 and 62 *per cent* respectively. This was mainly due to non-availability of empanelled hospitals for all clusters in other districts. The percentage of movement of patients out of their own district for taking treatment ranged from 3.56 *per cent* (Ahmedabad) to 100 *per cent* (Dangs). The least movement out of Ahmedabad highlights the unequal distribution of hospitals across the districts of the State.

Audit analysed the movement of patients from one district/region to others for availing treatment under different clusters. Major observations revealed from the analysis are discussed below -

- ***Movement for Cancer treatment***

The details of beneficiaries having availed treatment of cancer outside their district based on data analysis is shown in **Chart 6** below –

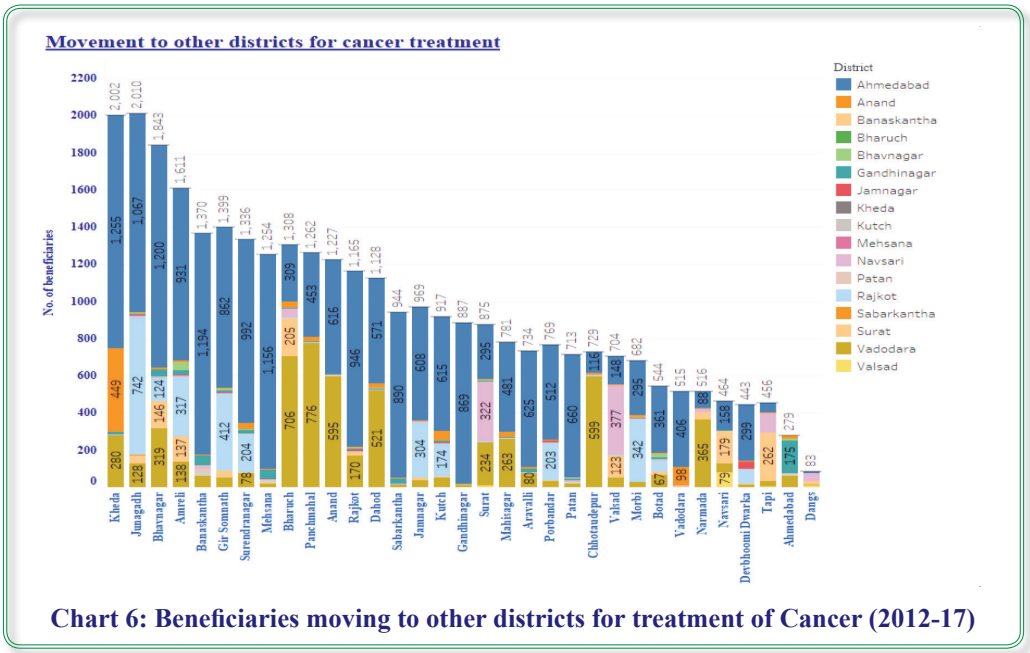


Chart 6: Beneficiaries moving to other districts for treatment of Cancer (2012-17)

The above chart shows maximum movement for cancer treatment was from Saurashtra region, Kheda and Banaskantha. Saurashtra region consists of 11 districts with total enrolment of 13,99,338 beneficiaries (MA and MAV) as of March 2017. The region has only two empanelled hospitals for cancer treatment (one for medical and radiation oncology; and the other for surgical oncology), both of which are located at Rajkot district. Out of total 14,114 patients for cancer in Saurashtra region, who availed the benefit of the scheme (2012-17), 8,072 (57.19 *per cent*) beneficiaries had moved to Ahmedabad for the treatment of cancer due to non-availability of adequate number of empanelled hospitals for cancer treatment in the region. These patients travelled about 220 kms. (Rajkot) to 450 kms. (Devbhoomi Dwarka).

- ***Movement for cardiac treatment***

The data analysis revealed high movement of cardiac patients from Mehsana, Junagadh, Surendranagar, Banaskantha, Bhavnagar, Patan, Amreli and Jamnagar

districts to the cities of Ahmedabad, Vadodara and Rajkot. The beneficiaries of Rajkot city moved to Ahmedabad district while beneficiaries of nearby districts of Rajkot district moved to Rajkot city for availing treatment. Out of total 17,873 cardiac patients in these districts, who availed the benefit of the scheme (2012-17), 11,994 (67 *per cent*) beneficiaries had moved to other districts for availing cardiac treatment. Audit observed that the reasons for movement were mainly due to non-availability of empanelled hospitals for cardiac treatment.

- ***Movement for paediatric treatment***

The data analysis revealed that 379 out of 557 beneficiaries (68.04 *per cent*) who availed the benefit of the scheme had moved to Ahmedabad city for availing paediatric treatment. Audit observed that the movement was mainly due to inadequate number of empanelled hospitals. Only six districts in the State have empanelled hospitals for paediatric treatment under the scheme.

The above illustrative analysis shows that the empanelled hospitals are concentrated in a few districts of the State thereby forcing beneficiaries to travel long distances for availing treatment under the scheme.

The Government stated (January 2018) that a policy has been launched to provide assistance in procurement of equipment, establishment of new super-specialty and new medical college especially in remote areas. The beneficiaries would have to travel to the nearest hospital empanelled under the scheme till the time these hospitals are constructed. The reply is not tenable as the ISA appointed for empanelment of more number of hospitals failed to empanel private hospitals in districts having no empanelled hospital. Further, it was observed that the State Government empanelled only six Civil Hospitals (CHs) for all clusters and ignored the 22 Government district hospitals to provide super speciality services at least in a few clusters which could also have avoided extensive lateral movement of the patients for availing medical treatment. Clustering of specialized areas of treatment and corresponding criteria for empanelment is leading to cross movement of patients apparently with catastrophic diseases.

3.3.6.2 Trend of treatment in Government and Private Hospitals

Analysis of hospital-wise treatment data under the scheme indicated that the beneficiaries preferred to get treatment from private hospitals (77.71 *per cent*) than Government hospitals (22.29 *per cent*) as shown in **Chart 7** -

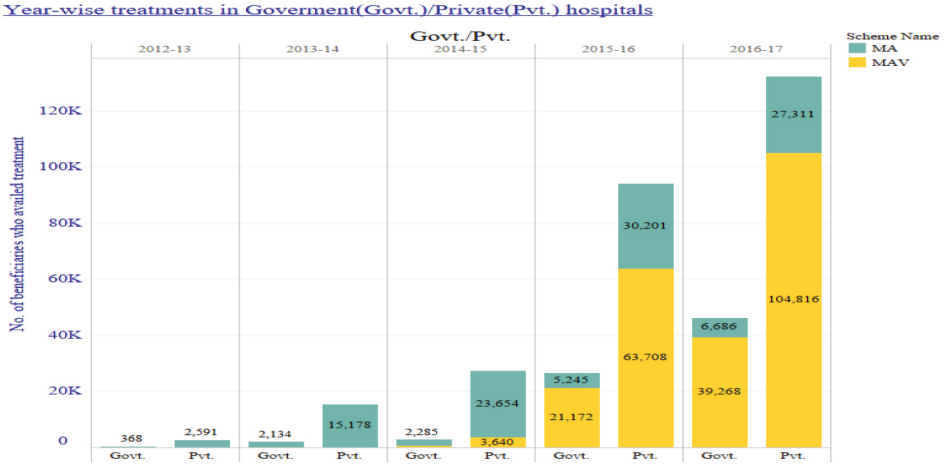


Chart 7: Chart showing beneficiaries preferred private hospitals

Audit observed that out of total claim amount of ₹ 557.70 crore for treatment provided to the beneficiaries under the scheme during 2012-17, the claim made by private hospitals was ₹ 433.39 crore while the claim by Government hospitals was only ₹ 124.31 crore. It was observed that the medical facilities provided by Government hospitals were not adequate to cater to the medical needs of the beneficiaries under the scheme as discussed in the succeeding paragraphs.

- ***Treatment at Government Civil Hospitals***

In Gujarat, tertiary healthcare services including super specialty services are provided by six Civil Hospitals[56] (CHs) which are attached with medical colleges. All the CHs have been empanelled since launch of the scheme.

The details of number of beneficiaries who have availed treatment under the scheme from the CHs in the State during the period 2012-17 is shown in **Chart 8** below -

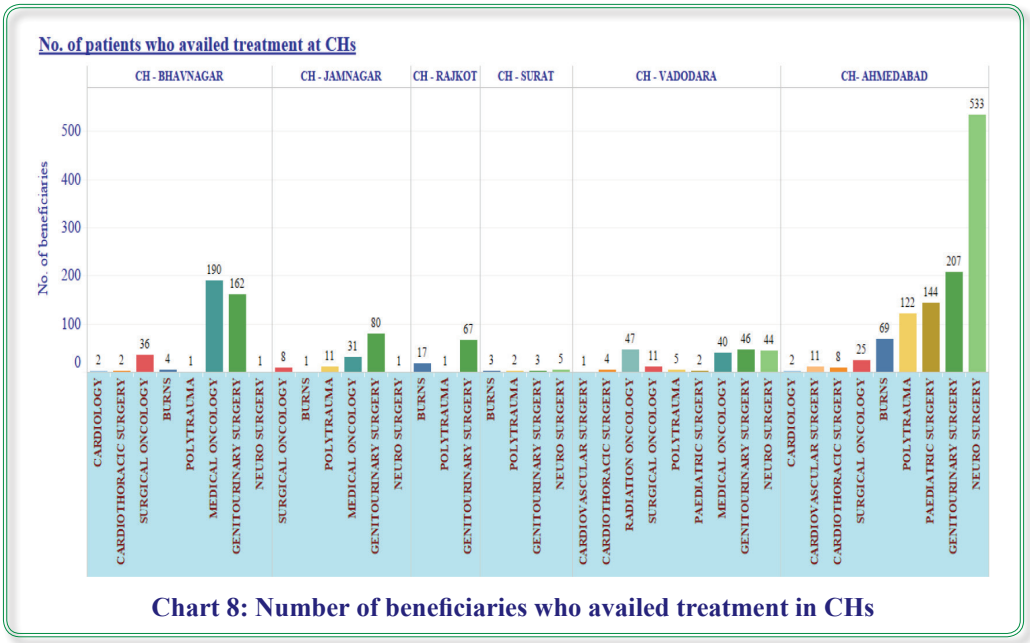


Chart 8: Number of beneficiaries who availed treatment in CHs

The above chart shows that the CHs have not provided treatment to the beneficiaries for all 11 clusters, which ranged between three (CH Rajkot) and nine (CH Vadodara) clusters.

The Chart 7 also shows that the beneficiaries preferred availing treatment in empanelled private hospitals than in CHs. Audit observed that this was mainly due to non-availability of specialist doctors and infrastructure in CHs as shown in **Table 1**–

56 (1) Ahmedabad, (2) Bhavnagar, (3) Jamnagar, (4) Rajkot, (5) Surat and (6) Vadodara

Table 1: Details of availability (✓) of specialist doctors and infrastructure in CHs as of August 2017

Cluster No.	Specialist/Infrastructure	CH Bhavnagar	CH Jamnagar	CH Vadodara	CH Surat	CH Rajkot
	Specialist					
01	Plastic and Cosmetic Surgeon			✓	✓	✓
02	Cardiologist				✓	
03	Cardiothoracic Surgeon					
04	Cardiovascular Surgeon					
05	(i) Nephrologist			✓	✓	
	(ii) Urologist	✓		✓	✓	✓
06	Neuro Surgeon	✓		✓	✓	✓
07	Paediatric Surgeon			✓		✓
08	Polytrauma Surgeon	✓	✓	✓	✓	✓
	Orthopaedic Surgeon	✓	✓	✓	✓	
09	Medical Oncologist		✓	✓		✓
10	Radiation Oncologist		✓	✓		
11	Surgical Oncologist			✓		
Others	General Surgeon	✓	✓	✓	✓	✓
	Anaesthetist	✓	✓	✓	✓	✓
	Infrastructure					
	Mammography for Surgical Oncology	✓	✓	✓	✓	
	PET Scan for Surgical Oncology			✓		
	Cobalt Radiation for Surgical Oncology		✓	✓	✓	
	Brach Radiation for Surgical Oncology		✓		✓	
	Linear Accelerator for Surgical Oncology					
	Cathlab for Cardiology					
	Operation Theatre for Cardiovascular			✓		

(Source: Information provided by Civil Hospitals)

During test-check, Audit observed that at CH Bhavnagar, 18 MA beneficiaries were referred to other CHs for treatment due to non-availability of specialists and infrastructure in the hospitals. This indicated that the CHs have been empanelled under the scheme without assessing the availability of required infrastructure and specialist doctors for respective clusters as envisaged in the guidelines. Further, even after lapse of more than five years since launching of the scheme, the State Government has not taken any action for enhancing the facilities in the CHs to provide treatment to the beneficiaries.

The Government stated (January 2018) that under Chief Minister Setu's program, the Government hospitals have been instructed (October 2016) to hire

specialist doctors for providing treatment to the patients. The fact remained that despite issuance of instructions by the department, the hospitals failed to hire specialist doctors. The Government further stated that to enable easy access of quality treatment to the beneficiaries, availability of specialist doctors and infrastructure for all clusters in the CHs or tying up hospitals on Public Private Partnership (PPP) mode in remote districts would be ensured. This indicated that allocation of health budget is not allocated in a manner to improve infrastructure and efficiency of CHs and DHs which resulted in non-appointment of specialist doctors under Chief Minister Setu's program and not empanelling of district hospitals for more clusters.

3.3.7 Control Mechanism for enrolment process

3.3.7.1 Printing of the MA Cards

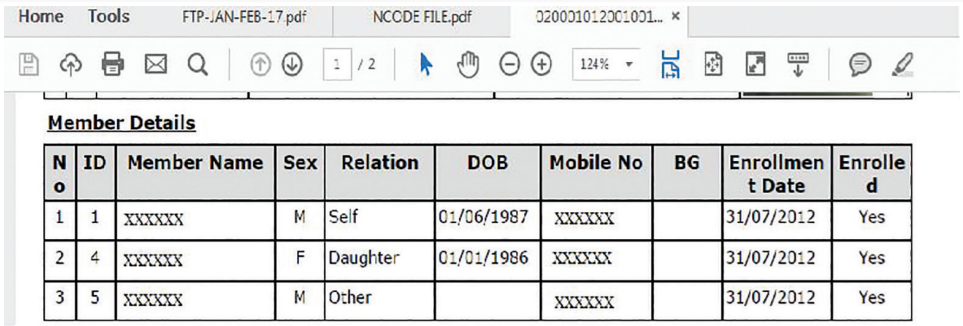
As per the scheme guidelines, enrolment kiosk set-up at taluka level is the focal point for the enrolment of new beneficiaries under the scheme. The cards have to be issued only after verification of documents and authentication by the Taluka Verification Authority (TVA) at the enrolment kiosk.

Audit observed that the department had not followed the enrolment procedure prescribed in the scheme guidelines. The data of 20,10,850 BPL beneficiaries registered under *Rashtriya Swasthya Bima Yojana* (*RSBY*)[57] were used for bulk printing of MA cards for these beneficiaries. These bulk-printed MA cards were delivered to the Chief District Health Officers (CDHOs) for onward delivery to the beneficiaries. On scrutiny of records in test-checked CDHOs, it was observed that out of 2,20,378 pre-printed MA cards in four test-checked CDHOs, 8,797 MA cards[58] (four *per cent*) have not been delivered to the concerned beneficiaries till date (August 2017) due to non-printing of photos/names, incorrect address, *etc.* on the MA cards. While remaining 12 test-checked CDHOs had not maintained the records of number of MA cards received and distributed to the beneficiaries. As a result, Audit could not vouchsafe whether all the cards received have been delivered to the concerned beneficiaries.

Further, Audit randomly test-checked few of the pre-printed MA cards and their relevant records in the MA database maintained by the Department. Few illustrative deficiencies noticed in the test-check are discussed below -

- The pre-printed MA cards lacked photographs and finger prints of individual members of the family. Therefore, the beneficiaries faced difficulty in getting immediate treatment as the cards required modification at the time of availing treatment.
- In 916 out of 1,270 test-checked records of MA cards, the date of birth of the family members were either missing or found incorrect as there were difference of only four to six years in the age between parents and their children.
- Besides, the data extraction conducted in Audit revealed that in 19,10,700 out of 46,38,884 cases (41.19 *per cent*), the relationship with Head of Family (HoF) with the family member was mentioned as "Others". An example of such a case is shown in **Picture 3** -

57 A Centrally sponsored medical insurance Scheme for BPL population
58 (1) Jamnagar (552 cards), (2) Mehsana (2,718 cards), (3) Patan (1,149 cards) and (4) Rajkot (4,378)



Member Details

No	ID	Member Name	Sex	Relation	DOB	Mobile No	BG	Enrollment Date	Enrolled
1	1	XXXXXX	M	Self	01/06/1987	XXXXXX		31/07/2012	Yes
2	4	XXXXXX	F	Daughter	01/01/1986	XXXXXX		31/07/2012	Yes
3	5	XXXXXX	M	Other		XXXXXX		31/07/2012	Yes

Picture 3: Incorrect date of birth captured in MA Card (as captured from the MA database on 13-04-2017)

The above instances indicated that the bulk MA cards were pre-printed by the department in haste, without ensuring the correctness/integrity/reliability of RSBY beneficiary data, which posed problems of authentication afterwards.

The Government accepted (January 2018) the above facts and attributed the reason to the utilization of RSBY data for MA enrolment purpose. It was further stated that to overcome such issues, enrollment kiosks at each taluka and civic centres were rectified and super kiosks have been established at designated hospitals for rectifying the error at the hospital itself. The reply is not tenable as the beneficiaries could face difficulty in getting immediate treatment in emergency cases due to above deficiencies in the card which required modifications.

3.3.7.2 Deficiencies in enrolment process

The Taluka Kiosk Executive (TKE) captures all the documents, photos and fingerprints of all the family members. The Taluka Verification Authority (TVA) after verifying the documents captured by TKE accords approval for issue of MA/MAV cards to the beneficiaries and uploads the data to the main server for activation. During test-check in Audit, following deficiencies were observed –

- The scheme guidelines provide enrolment of a family under MA/MAV scheme up to five members of a family. Data analysis revealed that in 149 cases, the system enrolled more than five members of a family *i.e.* up to eight members of a family. This indicated lack of validation and input controls in the system.

- As per enrolment guidelines, verification of physical records and data entered by TKE is to be authenticated by the designated TVA through his fingerprints. Data analysis of fingerprints of the TKEs and TVAs revealed that in 286 cases, the data entry as well as authentication was done by using the same fingerprint. This indicated that the data entry, its authentication for verifying the documents and uploading of data was done by a single person. Therefore, the system was fraught with risk.

- Irrelevant photos/logos of MA had been uploaded in place of scanned copies of ration card, voter-id, *etc.* as shown in **Pictures 4 and 5.**

Picture 4: Ration Card of MA Card Number 13004130500101556275

Picture 5: Death Certificate of MA Card Number 22001710100101506378

(as captured from the MA database on 27.06.2017)

These indicated that the TVAs had validated the enrolment done by TKEs without proper and adequate verification of the physical documents with uploaded scanned documents. Further, the works done by TVAs and TKEs had not been monitored at any level before activation of the MA Cards.

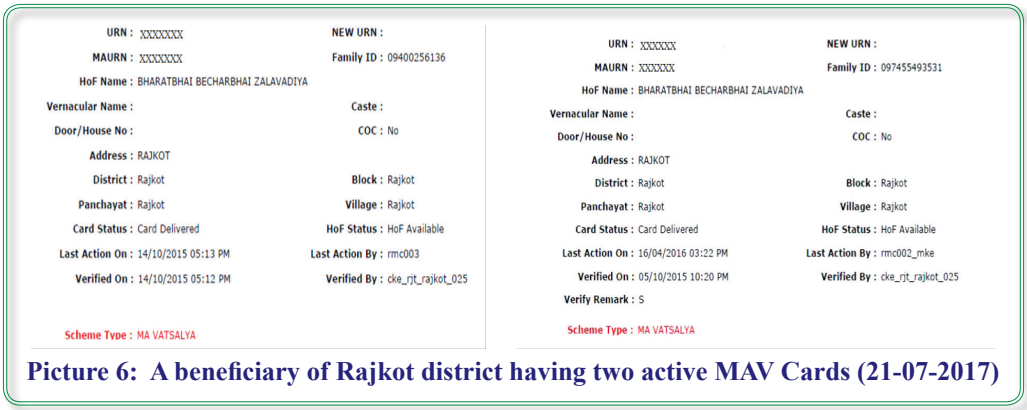
- The TKE at Modasa, Aravalli issued (2015-16) 2,291 MAV cards without following the prescribed procedure of enrolment process. The income certificates of these beneficiaries were not uploaded. The TKE himself had authenticated the enrolment through his fingerprints. Of these 2,291 beneficiaries, 26 beneficiaries had availed medical treatment (₹ 9.87 lakh) from various empanelled hospitals. It was observed that the State Government had issued orders (March 2016) for recovery of amount from the agency (NCS), however, the same could not be recovered till date (August 2017).

The Government accepted (January 2018) the deficiencies pointed out during the test-check in Audit and stated that these have been rectified. It was also stated that the software has been upgraded to prevent recurrences of such instances in future. However, subsequent online access into the system by Audit revealed (December 2017) that the above deficiencies have still not been rectified.

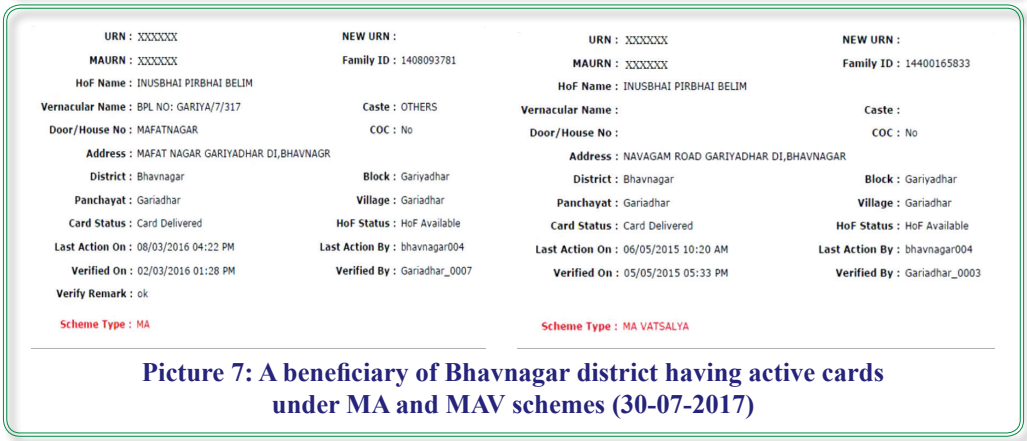
3.3.7.3 System to identify duplication in enrolment

To identify duplicate enrolment of beneficiaries and its deletion from the database, the State Government procured (2012-13) a '*de-duplication*' engine[59]. NCS was assigned the work to identify the duplicate entries by comparing the biometric fingerprint captured for each beneficiary. Audit observed that the said engine had not been put to use till date (August 2017) and the agency had not performed the said work despite issued (October 2016) instruction by the Executive Committee of SNC. Data analysis of 5,564 randomly test-checked cases in Audit revealed that 377 beneficiaries were having more than one active card *i.e.* two active cards under MAV or one active card in MA and one active card in MAV **(Pictures 6 and 7)**. This indicated that the system lacked adequate internal and validation controls to prevent enrolment of a person for more than one time and therefore was fraught with risk.

59 De-depulication is the processing of the biometric data of beneficiaries to remove instances of multiple enrolments by the same person.



Picture 6: A beneficiary of Rajkot district having two active MAV Cards (21-07-2017)



Picture 7: A beneficiary of Bhavnagar district having active cards under MA and MAV schemes (30-07-2017)

The Government attributed (January 2018) the reason for non-use of de-duplication engine due to long time taken by it for checking the duplicity which consequently resulted in delay in enrolment process. It was further stated that other control mechanism such as capturing of mobile numbers, ration card number, *etc.* has been implemented to restrain duplicity of enrolment.

3.3.8 Other findings

3.3.8.1 Revision of scheme benefit

The scheme guidelines provide (2012) reimbursement of expenses towards hospitalization and surgical procedures up to ₹ 2.00 lakh per year per family for 544 procedures for 11 clusters. The State Government revised (December 2015) the package rate of 544 procedures uniformly by 15 *per cent* which was further revised in May 2017. However, Audit observed that the State Government had not revised the scheme benefit/limit of ₹ 2.00 lakh despite increase in package rates of procedures. As a result, the beneficiaries could avail lesser benefits for the treatment under the scheme. Illustratively, the number of dialysis, a beneficiary could avail was 100 in pre-revised rate (₹ 2,000) which reduced to 87 dialyses after revision of package rates (₹ 2,300), within the overall limit of ₹ 2.00 lakh per annum.

3.3.8.2 Charging of money from beneficiaries

The scheme guidelines provide that in case of refusal of service or recovery of charges from MA beneficiaries or defective service and negligence by empanelled hospitals, the SNC may delist or de-empanel the hospital from the scheme. The SNC may also recover liquidated damages equivalent to 50 *per cent* of the Performance Security tendered by the empanelled hospital.

In three test-checked districts (Ahmedabad, Surat and Vadodara), Audit observed that nine hospitals had charged ₹ 9.23 lakh from 67 beneficiaries during 2012-17 as deposit and cost of investigation and medicines in contravention of the scheme guidelines. Hospitals of Vadodara district subsequently returned the money to 46 beneficiaries based on the instructions of CDHO (except for nine cases by a hospital[60]). Despite complaints made by the beneficiaries to the concerned CDHOs, the SNC had not taken any punitive/requisite action against these hospitals.

The Government stated (January 2018) that as there was no report of either charging money from the beneficiaries or denial of services by these hospitals, no action has been initiated. The reply is not tenable as the complaints received by concerned CDHOs had been forwarded to the SNC, however, action had not been initiated by SNC.

3.3.9 Monitoring and Grievance Redressal Mechanism

3.3.9.1 Taluka Level Grievance Redressal Committee

The scheme guidelines provided for constitution of Grievance Redressal mechanism at the State, district and taluka levels for monitoring the implementation of the scheme and redressal of the grievances of the beneficiaries. The State Government constituted (September 2012) State Level Grievance Redressal Committee (SLGRC) and instructed the district authorities to set-up the committees at district and talukas. The taluka committee was to ensure maximum coverage of BPL families of the taluka under the scheme. Audit observed that while district level committee had been constituted in all the districts, none of the talukas of the test-checked districts had constituted the committee till date (August 2017). This resulted in non-availability of redressal forum at taluka level for the grievances of the beneficiaries and non-monitoring of enrolment work at taluka levels.

3.3.9.2 Renewal of empanelment of hospitals

The scheme guidelines provide that each hospital shall enter into a service agreement with the State Government on empanelment, which shall be valid for a period of one year. The agreement had to be renewed every year. Audit observed that as of March 2017, the validity of service agreement had expired in respect of 40 out of 113 empanelled hospitals. As such, these hospitals were providing treatment to the beneficiaries under the scheme without valid service agreement since last one month to an year. This was fraught with risk because the bank guarantee (performance security) available with the Government against these agreements would have lapsed with the expiry of these agreements. As such, the same could not be invoked to safeguard the interest of the beneficiaries/ State Government in case of any lapse on the part of those hospitals.

3.3.10 Conclusion and Recommendations

3.3.10.1 Conclusion

The department could enroll only 54.54 *per cent* of BPL families in the State under the scheme as on 31 March 2017. No empanelled hospital was available in 10 out of 33 districts in the State. Only four districts in the State had empanelled

60 Himalaya Cancer Hospital, Vadodara

hospitals for all clusters, which forced the beneficiaries to move to other districts for availing treatment mainly for cancer, cardiac and paediatric. Seventy eight *per cent* of beneficiaries preferred to get treatment at private hospitals due to lack of adequate infrastructure and non-availability of specialist doctors in Government hospitals.

The department had not followed the enrolment procedure and opted for bulk printing of MA cards for BPLs already registered under RSBY scheme. These cards lacked vital information such as photographs, fingerprints, age, relationship, *etc.* which posed difficulties to the beneficiaries in getting immediate medical treatment.

Enrolment process at kiosks was also found deficient. Instances of non-monitoring of the work of TKE and authentication of the enrolment by TVA without verification of the records were also noticed. System to identify duplication in enrolment was not implemented which resulted in getting more than one active card by the beneficiaries.

Non-revision of financial limit available under scheme despite increase in package rates twice led to lesser benefits being available to beneficiaries. Instances of charging money by the empanelled hospitals were noticed which defeated very purpose of providing cashless treatment to the beneficiaries.

3.3.10.2 Recommendations

- ***Anganwadi workers, Non-Government Organisations, Corporate Bodies located in the district or adjoining areas, etc. may be engaged for creating more awareness to achieve higher enrolment of beneficiaries especially BPL families in the scheme.***
- ***Empanelment of more hospitals covering all clusters in the scheme may be explored besides improving medical facilities (infrastructure and specialist doctors) in the Government Hospitals to minimise movement of beneficiaries for treatment in other districts.***
- ***Monitoring mechanism for enrolment process may be strengthened to ensure issuance of cards to the eligible beneficiaries under the scheme duly authenticated by the Competent Authority.***

3.4 Unfruitful expenditure of ₹ 1.59 crore

Trauma Care Centre established at a cost of ₹ 1.59 crore could not be put to use due to non-appointment of Medical and Para-Medical Staff.

The Government of India (GoI) launched (2007-08) a scheme for development of network of Trauma Care Centres (TCCs) all along the East-West and North-West corridors of Golden Quadrilateral of National Highways during 2007-12. The scheme envisaged construction of TCC buildings, development of manpower, purchase of equipment, establishment of life support ambulances and communication system. The trauma care network has been so envisaged that no trauma victim has to be transported for more than 50 kilometers (kms.) and a designated trauma care facility is available at every 100 km. The Ministry of Health and Family Welfare (MOHFW) selected (October 2007 and August 2008)

12 hospitals[61] in the State proposed by the State Government for up-gradation as TCCs at a cost of ₹ 91.55 crore.

GoI sanctioned (November 2008) a 14 bedded TCC in Referral Hospital and Community Health Centre (RH&CHC), Radhanpur, District Patan under the scheme. As per the Memorandum of Understanding (MoU) signed (November 2007) between GoI and the State Government, the TCC was to be made operational immediately after March 2012. The construction of TCC Building of Radhanpur was completed (November 2012) by the Project Implementation Unit of Health and Family Welfare Department at a cost of ₹ 62.37 lakh and equipment worth ₹ 96.26 lakh[62] were procured.

The State Government had sanctioned (June 2011) one post each of Orthopaedic surgeon and Anaesthetist, three posts of Medical Officer on fixed pay for 11 months on contractual basis and 24 posts of Para-Medical Staff and six posts of Housekeeping Staff on outsourcing basis. However, these posts have not been filled by the State Government as of April 2017 except for staff nurses and safai kamdars who have been posted on outsourcing basis from February 2016.

Audit observed that the TCC had not been put to use till April 2017 due to lack of Medical and Para-Medical staff. Scrutiny of records revealed that all accident/ trauma cases were being referred to Gujarat Medical Education and Research Society (GMERS) Medical College and Hospital at Dharpur, Patan which was almost 77 kms. away from Radhanpur.

Audit further observed (April 2017) that the equipment procured have not been put to use except for 4D Doppler machine which has been given on loan (December 2012) to General Hospital, Gandhinagar. Of these, five ventilators procured (March 2009) at a cost of ₹ 56.71 lakh had not been installed for want of compressors and got damaged during the flood of July 2015, indicating negligent storage and upkeep by the officials of RH&CHC.

Failure on the part of the State Government to fill up the sanctioned posts of Medical and Para-Medical staff resulted in infructuous expenditure of ₹ 1.59 crore due to non-utilisation of TCC established since March 2011. This also resulted in failure to achieve the scheme objectives.

The Additional Director (Medical), Health & Medical Services, Gandhinagar accepted the facts and stated (April 2017) that despite conducting weekly interviews to fill the above vacant posts of Medical staff on fixed pay, no candidates had accepted the offer. The proposal to fill the vacant posts on ad-hoc basis for the present was under consideration. It was further stated that the ventilators had not been installed due to the supplier's failure to supply

61 **Seven Hospitals** at Bhachau, Bharuch, Himatnagar, Jetpur, Morbi, Porbandar and Radhanpur as **Level-II TCCs** and **five Hospitals** at Palanpur, Rajkot, Surat, Vadodara and Valsad as **Level-III TCCs. Level-II TCCs** shall have bed strength of 300 to 500 beds and provides definitive care for severe trauma patients with Emergency physicians, surgeons, orthopaedicians, anaesthetists in house and neurosurgeons and paediatricians on-call. **Level-III TCCs** shall have bed strength of 100 to 200 beds and provides initial evaluation, stabilization, comprehensive medical and surgical inpatient services with availability of emergency doctors (Physicians, surgeons, orthopaedician and anaesthetist) and nurses round the clock.

62 Procured by RH&CHC, Radhanpur, Patan – (1) C-Arm Image Intensifier (₹ 8.43 lakh), (2) 500 X-Ray Machine (₹ 5.34 lakh), (3) Operation Theatre Table Ortho (₹ 4.75 lakh), (4) Caultery Machine (₹ 2.87 lakh), (5) Operation Theatre Ceiling Light (₹ 15.37 lakh), (6) Suction machine Type-1 (₹ 0.19 lakh), (7) Medical Devices (₹ 0.27 lakh) and (8) X-Ray Accessories (₹ 0.95 lakh) and Supplied by M/s. Hindustan Aeronautics Limited.- (1) Anesthesia Machine with monitor 608 channel (₹ 1.38 lakh), (2) Ventilator High End – ICU (₹ 56.71 lakh), (3) Defibrillator with ECG monitor (value not provided), (4) 4D High end Colour Doppler (Value not provided) and (5) Multiparameter monitor (value not provided).

air-compressors for the ventilators. The reply is not tenable as equipment lying idle was brought to the notice of the State Government in the CAG's Audit Report for the year ended March 2012. Though more than five years have elapsed, no action has been taken by the State Government to operationalise the TCC, Radhanpur.

The matter was reported to the Government in June 2017. Reply is awaited (February 2018).

3.5 Irregular payment of ₹ 4.36 crore to agencies

Guru Gobind Singh Government Hospital, Jamnagar awarded contract of housekeeping services in contravention of State Government instructions which resulted in irregular payment of ₹ 4.36 crore to two agencies.

With a view to operate medical equipment, provide pathological/technical services to patients and provide administrative services in Government Hospitals, State Government decided to fill up vacant posts of Para-Medical, Administrative and Class-IV staff through outsourcing. The State Government prescribed (January 2007) terms and conditions for outsourcing housekeeping arrangements in the hospital campus against vacant sanctioned posts. The Additional Director, Health, Medical Services and Medical Education issued (July 2014) instructions to all the Medical Superintendents that the outsourcing should not be more than the vacant sanctioned posts.

Guru Gobind Singh Government Hospital (Hospital), Jamnagar invited (September 2014) e-tenders for outsourcing of housekeeping services (Class-IV staff) for the year 2014-15. Out of seven agencies[63] qualified for participation in the tender process, an agency[64] with the lowest bid (₹ 19.54 lakh per month for 323 personnel) was awarded (December 2014) the contract for a period of three months (January to March 2015) on trial basis which was further extended (April 2015) for three more months (up to 30 June 2015). Audit observed that the actual vacancy in Class-IV cadre was only 206. Therefore, the hospital should have awarded the contract for 206 personnel only instead of 323. It was also observed that the contract was entered into for number of personnel to be deployed without assessing the viability of the quotes. Audit analysis revealed that the price quoted by the L_1 bidder could not have met the minimum wages. This was also one of the grounds later cited by the hospital to terminate the contract in June 2015. Hence, the contract was *ab-initio* violative of the Gujarat Financial Rules and the Government instructions, which resulted in irregular payment of ₹ 1.17 crore.

Audit further observed (July 2016) that after termination of the contract in June 2015, instead of inviting fresh tenders, the Purchase Committee[65] of the hospital invited (June 2015) the remaining bidders for negotiation in violation of Central Vigilance Committee (CVC) guidelines. Three out of remaining six bidders (L_2, L_3 and L_6 agencies) refused to provide services at old prices. From the remaining three bidders, the Committee selected L_7 agency which had quoted a rate of ₹ 26.59 lakh for 299 personnel (₹ 8,892 per person per month) as against ₹ 23.70 lakh for 269 personnel and ₹ 22.92 lakh for 260 personnel quoted by L_4 and

63 L_1 - M/s. Bansi Enterprise, L_2 - M/s. Hanshil Enterprise, L_3 - M/s. Ravi Associates, L_4 - M/s. D. G. Nakrani, L_5 - M/s. Maruti Refrigeration, L_6 - M/s. J. K. Securities and L_7 - M/s. M. J. Solanki. Out of eight agencies technically qualified, M/s. Maha Gujarat Security Services, Bhavnagar had not furnished the price bid.

64 M/s. Bansi Enterprise, Rajkot

65 Head Clerk, Steward, Administrative Officer and Medical Superintendent were the constituents of the committee

L_5 agencies[66] respectively. Audit analysis revealed that even the rate quoted by these bidders could not meet the payment of minimum wages along with other statutory levies *viz.*, Employees' Provident Fund and Employees State Insurance Scheme contribution. However, the work was awarded in July 2015 which was extended on quarterly basis till date of Audit (June 2016). Therefore, award of work to the L_7 agency further vitiated the entire contracting process and resulted in irregular payment of ₹ 3.19 crore.

Thus, irregular payment of ₹ 4.36 crore was made by the Guru Gobind Singh Government Hospital, Jamnagar on account of outsourcing of housekeeping services during January 2015 to June 2016.

The Medical Superintendent stated (July 2016) that as the hospital had to approach an agency at Ahmedabad engaged by the State Government for e-tendering process which was time consuming, remaining bidders were invited for negotiation. It was further stated that contract for more personnel was considered based on the requirement in the wards of 7th block.

The reply is not tenable as personnel in excess of the vacant post were outsourced, which was in violation of the instructions issued (June 2014) by the Additional Director, Health, Medical Services and Medical Education. Moreover, the CVC guidelines and purchase policy of the State Government[67] prohibits negotiation with other than L_1 bidder. Therefore, the hospital should have assessed the viability of rates quoted by various bidders so as to ensure payment of minimum wages and other statutory levies before award of contract. Thus, award of contract *ab-initio* violated the extant Government instructions and CVC guidelines, which led to irregular payment of ₹ 4.36 crore.

The matter was reported to the Government in June 2017. Reply is awaited (February 2018).

3.6 Loss of revenue of ₹ 68.64 lakh

Supervisory lapses on the part of the hospital authorities of Civil Hospital, Ahmedabad in initiating the tender procedure before expiry of the contract and getting the premises vacated in time, resulted in loss of revenue of ₹ 68.64 lakh besides undue favour to the old Agency.

With a view to provide medicines, injections and surgical instruments to patients of Government hospitals in time and at an appropriate rate within the hospital complex, the Additional Director (Medical Services) proposed (June 2003) to the State Government for framing a specific policy to operate private medical stores on rental basis. Accordingly, State Government issued (July 2006) detailed terms and conditions for allowing private medical stores for operating in Government Hospitals at district and taluka levels.

Based on the above proposal, Civil Hospital (CH), Ahmedabad invited tender and awarded (February 2005) the contract for running a medical store in its campus to an agency[68]. The contract was inked for three years (upto February 2008) with monthly rent of ₹ 4.47 lakh to be paid quarterly in advance. The contract was further extended (March 2008) for another two years (upto February 2010)

66 ₹ 8,810 per person per month by L_4 and ₹ 8,815 per person per month by L_5
67 Manual of purchase procedure issued by Industries and Mines Department - 2004
68 M/s. Paras Medical Store

with increased monthly rent of ₹ 4.54 lakh. Thus, the CH Authorities extended the existing contract for another two years with minor increase in rent instead of inviting competitive rates.

Audit observed (May 2015) that though the contract period had expired in February 2010, CH Ahmedabad invited fresh tenders only in July 2010. CH selected (August 2010) a new agency[69] having quoted highest rent of ₹ 10.26 lakh per month and issued (August 2010) the Letter of Intent (LoI) to the new agency with condition to take over the possession from September 2010. CH also instructed (August 2010) the old agency to vacate and hand over the possession to the new agency. Delay in invitation of tender resulted in undue favour to the old agency and loss of revenue to the tune of ₹ 34.32 lakh[70].

Audit further observed that the old agency did not vacate and hand over the possession of the premises to the new agency till February 2011. Even the CH authorities had not taken any action against the old agency for getting the premises vacated till filing (December 2010) of Special Civil Application (SCA) in the Hon'ble High Court of Gujarat by the new agency. In the meantime, the old agency agreed (November 2010) to pay monthly rent till finalisation of tender at the higher rate quoted by the selected tenderer. Though the old agency had agreed to pay the monthly rent at new higher rate till finalisation of tender, the RKS collected rent from the agency at the old rate. The agency was liable to pay rent to the tune of ₹ 61.56 lakh from September 2010 to February 2011; however, RKS had collected only ₹ 27.24 lakh. This resulted in short recovery of rent to the tune of ₹ 34.32 lakh.

Supervisory lapses led to delayed invitation of tender and failure to evict the agency from the possession of the premises which resulted in loss of rental income to the tune of ₹ 68.64 lakh to the Government as well as extension of undue favour to the Agency.

The Medical Superintendent stated (January 2016) that sincere efforts were made to get the premises vacated by old agency and as full rent was paid by the old agency during the period of delay, no question of loss of revenue arose. The reply is not tenable as the full rent recovered by the hospital authorities from old agency was the old rent and not the higher rent as per new tender rate agreed (November 2010) by the old agency. Further, hospital authorities failed to provide explanation on behalf of delayed tender procedure. Supervisory lapses on the part of the hospital authorities for initiating the tender procedure well in advance before expiry of the contract and getting the premises vacated in time resulted in substantial loss of revenue to the extent of ₹ 68.64 lakh.

The matter was reported to the Government in January 2017. Reply is awaited (February 2018).

LABOUR AND EMPLOYMENT DEPARTMENT

3.7 Enforcement of Factories Act in Gujarat

3.7.1 Introduction

Government of India (GoI) enacted (April 1948) the Factories Act, 1948 (the Act) to consolidate and amend the law regulating labour in factories. Accordingly,

69 M/s. Chandan Medical Stores

70 ₹ 10.26 lakh - ₹ 4.54 lakh = ₹ 5.72 lakh x 6 months (March 2010 to August 2010) = ₹ 34.32 lakh

the State Government framed "Gujarat Factories Rules, 1963" for proper implementation of the Act in the State. The objective of the Act is to ensure safety, health and welfare of workers employed in factories. The Factories Act primarily applies to establishments functioning with ten or more workers with use of power and twenty or more workers without use of power. However, State Government has the authority to declare any place as a factory even if it does not fall within the definition of "factory". Worker is defined as a person employed directly or by/through an agency including a contractor.

The Additional Chief Secretary (ACS), Labour and Employment Department (L&ED) is the administrative head of the department and is responsible for overseeing the enforcement of Factories Act in the State. Director of Industrial Safety and Health (DISH) at the State level and its subordinate offices at district level are responsible for enforcement of the Act to ensure health, safety, welfare and working conditions of the industrial workers at their work place.

Audit was conducted with the objective of deriving an assurance about the efficacy in registration and issuance of licence, inspection of factories and implementation of health and safety measures under the Factories Act. The audit involved scrutiny of records for the calendar years[71] 2012 to 2016 maintained at the office of the DISH and their regional offices (ROs) located at Ahmedabad, Vadodara, Surat and Rajkot. Audit also conducted joint field visit of 10 factories from each region.

Audit findings

The main function of DISH for implementation of the Act was registration/issuance of licence to the factories, its renewal, inspection of factories by inspectors of DISH and monitoring of follow-up action of deficiencies pointed out during inspection of factories. Audit observed that neither the DISH nor its ROs had maintained proper and adequate records for these activities during the period covered in audit. In absence of records, Audit faced difficulties in prioritising the audit to bring out a clear picture of enforcement of the Act in the State. The audit findings based on the available records are discussed in the succeeding paragraphs.

3.7.2 Registration and Licensing

3.7.2.1 Mechanism for registration of factories

As of December 2016, there were 43,052 registered factories in the State. On receipt of an application from the occupier of a factory, DISH after its registration, issues a licence valid till December of the succeeding year. Audit observed that DISH had not ensured whether all the factories in the State had been registered under the Act. For test-check purpose, Audit compared the data of DISH with the data of factories registered with Employees Provident Fund Organization (EPFO) for two sectors *viz.*, textiles and diamond-cutting, and observed that the number of factories registered with DISH was less than those registered with EPFO. As of March 2017, as against 6,870 textiles and 2,055 diamond factories registered with EPFO, only 3,092 textiles and 431 diamond factories respectively had been registered with DISH. This indicated that DISH had not ensured registration of all factories in the State under the Act. As a result, the unregistered factories escaped from the enforceable provisions of the Act for safeguarding the interest of the factory workers.

71 DISH maintained records on calendar year basis.

The Government stated (January 2018) that the reason for discrepancy might be due to inclusion of all types of establishments in the EPFO database. It was further stated that a system to cross-check data with that of EPFO would be introduced from now onwards. The reply is not correct because the information furnished by EPFO relates only to the factories in the specific sectors and did not include other establishments registered with EPFO.

Case Study: Minimal coverage of petrol pumps under the Factories Act, 1948

As per notification issued (March 1994) by L&ED, the provisions of the Act were applicable to all premises used for storage, handling and processing of toxic/highly inflammable/explosive chemicals. The Hon'ble Supreme Court had decided in 2009 in M/s Qazi Noorul HHH Petrol Pump and Others Versus Deputy Director, ESIC that running a petrol pump (public retail outlet) for dispensing petrol/diesel is covered under the definition of factory as pumping oil is a manufacturing process. Thus, all petrol pumps were to be covered under the ambit of the Act.

Audit observed that in spite of Notification/Judgment, DISH did not take adequate efforts to register petrol pumps as factories and as on 31 March 2017, only 156 (five per cent) out of 3,302 petrol pumps had been registered in the State. Thus, the provisions of the Act could not be enforced for safeguarding the interest of the workers employed in the petrol pumps.

3.7.2.2 Renewal of licence

The Act and the Rules envisage that the occupier or manager of each factory registered under the Act shall apply to the Chief Inspector (DISH) for renewal of licence for a period of one to 10 years as desired by the occupier/ manager, two months prior to expiry of the licence. On test-check in Audit of licence files of 1,180 factories maintained in ROs and at DISH, Audit observed (August-September 2017) that licences of 164 registered factories (14 *per cent*) had expired between 2005 and 2016. It was further observed that DISH did not have any mechanism to ensure whether the factory occupier/manager had approached it for renewal of the licence in time. Consequently, the ROs had not issued any notice or taken action against these factories. It was also observed that the licences were being renewed by the ROs only in cases where the occupier/ manager has voluntarily applied for renewal of licences. As a result, these 164 factories were working without licence as required under the Act. This indicated that DISH did not have adequate mechanism for tracking renewal of licences.

The Government stated (January 2018) that a system would be put in place to issue reminders to factories for renewal of licence and assured that the renewal process would be strengthened for timely renewal of licences.

3.7.3 Factory Inspections

3.7.3.1 Shortfall in inspection and under-utilization of available manpower

DISH issued (January 2005) instructions that each factory should be inspected at least once in a year and fixed the target of inspecting 10, 24 and 24 factories in a month by the Deputy Directors (DDs), Assistant Directors (ADs) and Industrial Safety and Health Officers (ISHOs) respectively.

Audit observed that the inspecting staff of DISH could inspect 57,966 factories (75 *per cent*) against the target of 77,020 factories during 2012 to 2015. Audit further observed that shortfall in inspection ranged between 43 (2013) and 55 *per cent* (2014) against the norm of yearly inspection of all factories due to the increase in number of factories and decrease in number of inspecting staff. This indicated that due to shortage of staff, DISH could not monitor the compliance of the provisions of the Act by all working factories in the State.

From March 2016, the State Government introduced a system of joint inspection[72] of factories in the State on computerised risk assessment criteria as per the instructions of Department of Industrial Policy and Promotion, GoI. Audit observed that as against 12,784 inspections required to be scheduled (May 2016 to March 2017) keeping in view inspection norms and available manpower, only 6,381 (50 *per cent*) inspections were planned. Out of this, only 4,651 (73 *per cent*) inspections could be conducted by March 2017. This indicated that the overseeing role of DISH towards ensuring the safety, health and welfare of factory workers was undermined in the new inspection regime.

In addition, Audit further observed the following -

- Detailed check-list had not been prescribed for inspection of factories as is being done by Maharashtra and Tamilnadu. Standardised format for reporting the results of the inspection has also not been adopted. Consequently, a comprehensive assurance regarding the compliances made by the factories of various provisions of the Act/Rules could not be ensured.

- DISH had not maintained any record/database indicating the details of factories inspected in a year, compliance by factories to inspection remarks, follow-up action, *etc.* In the absence of such record, Audit could not vouchsafe the details of number of factories which had not been inspected since the period under review.

- Inspection remarks issued by inspecting officers were mostly of general nature and not based upon industry specific issues. Similar types of remarks have been issued for all factories without identifying factory specific safety issues. Compliance of remarks was also not ensured through follow-up. During joint visit of factories, it was observed that none of the factories had submitted their compliance to the remarks issued during previous inspections.

- Gujarat Factories Rules, 1963 envisage that all Major Accident Hazard (MAH)[73] factories shall be inspected once in a year. As of December 2016, Gujarat State has 406 MAH factories/installations. Against the sanctioned strength of four AD (Chemical), DISH had only one AD (Chemical) who had been appointed in January 2014. Audit observed that AD (Chemical) could visit only 197 MAH factories/installations in 2015, 174 in 2016 and 72 up to March 2017.

72 Inspecting staff of various authorities responsible for the enforcement of various labour laws would visit factories jointly, so as to check the compliance to various labour laws simultaneously.

73 Identified based on specified substances and their threshold quantities as per the Manufacture, Storage and Import of Hazardous Chemicals (MSIHC) Rules, 1989, as amended in 1990 and 1994.

- Alang-Sisoya complex in Bhavnagar district is categorized as industry with hazardous process and dangerous operations as per Gujarat Factory Rules. The complex consists of 170 units registered under the Factories Act. Of these, 132 units were functional as on 31 December 2016. As per Accident Register maintained in RO, Rajkot, 47 fatal accidents occurred in Alang-Sisoya ship-breaking yard during 2012 to 2016 resulting in death of 56 workers. Audit observed that maximum accidents occurred in Alang due to workers being hit by heavy metal objects (22) and workers falling from height (12). Other accidents were due to fire (5), electric shock (1), motor vehicle (1) and miscellaneous reasons (6). However, DISH had conducted inspection of only 12 units between March 2014 and March 2017 in spite of the ship-breaking industry being declared as hazardous/ dangerous. The details of inspection conducted prior to March 2014 were not provided to Audit by DISH.

The above observations indicate that the inspections by DISH officers failed to achieve the desired result and act as deterrence to non-compliance of the provisions of the Factories Act relating to safety, health and welfare of workers thereby leading to accidents.

The Government stated (January 2018) that shortfall in inspections were due to allotment of other important Government works to the officers. However, the Government agreed to improve the quality of inspection. As regards adoption of standardized checklist/format, it was stated that it was very difficult to devise and adhere to, as the production process varied from factory to factory. It was further stated that under new inspection regime, format prescribed by the GoI is to be adhered. However, Audit is of the view that detailed industry specific checklist could be prepared for ensuring quality inspection as has been done in other States and findings could be reported as per the format prescribed by GoI.

3.7.4 Implementation of Health standards in the factories

3.7.4.1 Medical examination of workers

The Act and the Rules *ibid* also provided that the State Government may appoint Certifying Surgeons[74] (CSs) to oversee the work of medical examination of workers. CSs shall record their remarks in the factory inspection books during their visit to the factory. At the end of every month, they shall submit their monthly diary to ROs with a copy of remarks. Against 21 sanctioned posts of CSs, there were nine CSs in the State during 2013 to 2016.

DISH prescribed (July 2011) medical examination of at least 1,500 workers in a month by each CS in the State. It was observed that the nine CSs visited only 11,227 factories during 2013 to 2016. Against the target of 6,48,000 workers to be examined, they could examine only 1,42,287 workers, leading to a shortfall in examination of 5,05,713 workers (78 *per cent*). This indicated lack of planning and monitoring by DISH in enforcing the provisions of health of labourers as envisaged in the Act.

Audit further observed that -

- CSs had not issued any fitness certificates during 2012 to 2016 as mandated in the Act and the Rules.

74 Qualified medical practitioners

- Remarks issued by CSs were general in nature and had no mention of the types of examinations conducted for the workers.
- The Rules provided for maintenance of Health Register in each factory in which CS records the details of workers examined during the visit. The Health Register was not maintained in 10 out of the 40 factories jointly visited.

The above deficiencies indicated that medical examination of workers employed in the factories in the State was not being done as prescribed in the Act and Rules. Thus, enforcement of the provisions of the Act and the Rules to safeguard the health of factory workers was not fully ensured in the State.

The Government stated (January 2018) that the system of medical examination of workers by the CSs would be revamped after filling up the vacant posts.

3.7.4.2 Availability of Occupational Health Centres and Factory Medical Officers

Gujarat Factories Rules, 1963 provide that every factory having more than 50 workers are required to establish an Occupational Health Centre (OHC) in the factory. It also provided for appointment of Factory Medical Officers (FMOs) on full time basis in factories with more than 200 workers performing hazardous/ dangerous process. Data furnished to Directorate General, Factory Advice Service and Labour Institutes (DGFASLI) by DISH for the year 2016 reported that against the requirement of 356 FMOs, 342 FMOs were available. On scrutiny of data provided by DISH, Audit observed that there are 485 factories in the State performing hazardous/dangerous process with more than 200 workers. These factories required 753 FMOs[75]. Thus, the State Government had reported incorrect figures of requirement of full-time FMOs in the State.

On scrutiny of 834 Inspection Remarks of CSs, it was observed that the CSs had also reported non-availability of FMOs in 83 factories and non-availability of OHC in 19 factories. However, compliance of these specific remarks by the factories was not ensured by DISH. Out of 40 factories jointly visited, Audit observed that the provisions for appointment of FMOs were applicable to 19 factories. However, FMOs were not available (August-September 2017) in eight out of these 19 factories. Non-availability of FMOs in the factories indicated that the workers were not being medically examined on regular basis as mandated in the Rules.

The Government stated (January 2018) that State-wide data of OHCs and FMOs in the factories would be prepared and necessary steps would be taken to strengthen the system of medical examination of workers by OHCs/FMOs/CSs.

3.7.4.3 Functioning of Industrial Hygiene Laboratories

The Act envisages that the occupier of a factory shall provide safe working environment in the factory for the workers and shall also have adequate facilities for their welfare. The assessment of working environment in a factory and quality of air, dust and noise are measured by Industrial Hygiene Laboratories (IHLs). In Gujarat, there are four IHLs under DISH, each located at the four regions.

75 One FMO in factories with 200 to 500 workers and one more FMO for every additional 1,000 workers or part thereof

As of March 2017, against sanctioned posts of four Industrial Hygienists and eight Laboratory Assistants (LAs), the IHLs had only three LAs. The posts of Industrial Hygienist remained vacant during the review period (2012-17). Audit observed that the LAs visited only 3,315 factories during 2012 to 2016. Out of 18,519 samples taken from these factories for chemical analysis, results of 947 samples indicated exposure of chemical and toxic substances above the maximum permissible Threshold Limit Value (TLV) prescribed in the second schedule to the Act. The results of the samples had been sent to the jurisdictional inspector and not to the concerned factories for taking corrective action. The jurisdictional inspectors had also not monitored the compliance by the factories. Thus, the purpose of analyzing the samples obtained from the factories was defeated.

Random test-check in Audit of 58 cases of samples analyzed by IHL, Surat revealed that the results of noise samples in seven factories of three districts[76] repeatedly remained beyond the TLV in 17 visits done during 2012 to 2016. However, in none of the cases, audiometric test reports of exposed workers had been called for to check the impact of the excessive noise on the hearing ability of the workers. Few illustrative cases of toxic chemical exposure to workers found in factories by LAs are shown in **Appendix-IV**. No follow-up actions have been initiated by the jurisdictional inspectors in respect of feedbacks received from the factory visits by the LAs and the test results of samples (noise, toxic exposure, *etc.*). This led to poor enforcement of provisions of the Act/Rules relating to factory hygienic/environmental issues.

The Government stated (January 2018) that the laboratories would be strengthened and staff proposal would be submitted to the Finance Department.

3.7.5 Implementation of safety standards in the factories

3.7.5.1 Availability of Safety Officer

The Act provides that every factory employing 1,000 or more workers or carrying out hazardous or dangerous operations, as notified by the State Government, shall appoint Safety Officers (SOs). Audit observed that DISH had not maintained the data regarding the availability of SOs in the factories. As per information provided by DISH to DGFASLI, against 645 factories requiring 896 SOs, 994 SOs are available in the factories of the State, as of December 2016. However, Audit observed that as of December 2016, only two SOs were appointed as against the requirement of 132 SOs in Alang-Sisoya ship breaking yard. This indicated that the data reported to DGFASLI in this regard was not correct.

The Government stated (January 2018) that records relating to availability of SOs would be maintained henceforth. As regards shortage of SOs at Alang, it was stated that ship breaking being a unique activity, there was dearth of qualified SOs. However, efforts would be made to develop safety courses in collaboration with DGFASLI and Gujarat Maritime Board.

3.7.5.2 Third Party Safety Audit

The Rules envisage that every occupier of the factory handling hazardous chemicals shall get the third party Safety Audit conducted once in two years and shall send the report of implementation of its recommendations to the

76 Three factories of Valsad district – seven visits, two factories of Bharuch district – four visits and two factories of Surat district – six visits

Chief Inspector within thirty days of the completion of such audit. Audit scrutiny revealed that no mechanism existed in DISH or ROs to keep track of due date of third party safety audit and its timely conduct, implementation of recommendations and receipt of report. Scrutiny of inspection reports also revealed that the inspectors were not regularly mentioning the requirement, conduct and implementation of safety audit recommendations during their field inspection of factories. Even in cases where it was mentioned in the inspection reports to carry out safety audit or implement the recommendations of safety audit, no mechanism was in place to ensure compliance to the same.

During joint visit of 40 factories, it was observed that none of the 12 factories to which safety audit provisions were applicable had submitted the report to the DISH during the period covered under audit.

The Government stated (January 2018) that proposal for filling up the vacant posts would be made to ensure timely conduct of safety audit and compliance of remarks.

3.7.5.3 Reporting of fatal accidents

The Act and the Rules *ibid* prescribed responsibility of occupiers for maintaining adequate safety standards in the factory so that accidents and dangerous occurrences could be avoided and workers safety could be ensured.

As per information furnished by DISH, 1,194 fatal and 9,520 non-fatal accident cases in the factories in the State have been reported during the period 2012 to 2016. The State showed marginal increase in fatal accident cases during 2012-15. Occurrences of such fatal and non-fatal accident cases indicated that the factory occupiers in the State were not following adequate safety standards as mandated in the Act and the Rules. Audit observed that the factory inspectors failed to point out safety violations during their inspections and also failed to enforce compliance by issue of notice for prosecution as discussed in **Paragraph 3.7.3.1**.

- ***Investigation and prosecution of fatal accident cases***

The Act and the Rules *ibid* provide that after notification of occurrence of an accident, the Chief Inspector shall make an enquiry into the occurrence of such accident within one month and file prosecution case in the local court within three months.

Audit observed that out of 1,194 fatal accident cases reported during 2012 and 2016, detailed investigations had not been completed in 88 cases. Of these, 21 cases are six to 12 months old, 35 cases are 12 to 24 months old and remaining 32 cases are more than 24 months. Delay in completion of detailed investigation with consequential delay in initiating prosecution proceedings against the factories would dilute the enforcement of the provisions of the Act concerning the safety of the workers.

On test-check in Audit of the records relating to accident, it was observed that DISH had not initiated prosecution in the following cases as shown in **Table 1**–

Table 1: Details of prosecution not initiated in fatal accident cases

Name of the factories	Details of fatal accident	Audit Remarks
Gujarat Narmada Valley Fertilizers and Chemicals Limited (GNFC), Bharuch	Accident occurred (November 2016) due to leakage of toxic chemical named toluene isocynate, which affected 13 workers. Out of these 13 workers, six workers died later.	DISH had not initiated any action for prosecution for which no reasons were on record. Even primary notice detailing the breach of safety provisions was not issued to the factory.
M/s. Vertex Enfab Private Limited, Surat.	The gatekeeper of the factory died (May 2016) on the spot as the factory gate fell on him.	DISH had not filed any court case against the factory occupier on the plea that as per enquiry report the accident had occurred outside the premises of the factory. In a similar case earlier in 2014 (M/s. Lakme Lever Private Limited, Kutch, **Sr. No. 3 of Table – 2)**, DISH has initiated a court case.
M/s. Saurya Industries, Surat	The accident occurred in September 2015 when a worker who was carrying the load of sacks over his head, lost balance, fell on the ground and died due to fatal injury.	DISH had not filed any court case as the cause of death was not decided at the time of preliminary enquiry. However, DISH did not pursue the case further and followed up to receive the final cause of death for initiating prosecution proceedings.
M/s. Khodiyar Textile, Surat,	The accident occurred in October 2015, where two workers died due to fire in the room above the terrace of the factory where they were residing.	DISH had not filed any court case as the enquiry report stated that the death had not occurred due to the factory operations. The enquiry report of the accident had no mention about the availability of fire safety equipment in the factory building and residential quarters of the workers. Audit observed that last inspection of the factory was conducted by ISHO in November 2013. During the same, the need for regular refilling of fire extinguishers and training to workers for its use was pointed out, to which the factory had not responded.
M/s. Bodal Chemical, Unit-2, Vatva Ahmedabad.	The accident report prepared by DISH *inter alia* stated that a girl was working in the night shift at around 8:30 pm.	DISH had not initiated any action for prosecution. Audit is of the view that since the Act prohibited employment of women after 7.00 p.m, DISH should have initiated prosecution proceedings against the manager/ occupier of the factory for violation of the provisions of the Act.

The above test-checked cases indicated that the accident investigation and prosecution process were not being effectively enforced by the DISH to fix responsibility for non-observance of the provisions of the Act.

The Government stated (January 2018) that most of the pending investigation cases pertained to chemical factories wherein detailed investigations remained pending due to non-receipt of Viscera Report from the Forensic Science Laboratory (FSL). However, Audit is of the view that adequate follow-up with FSL could expedite the receipt of Viscera Report.

- ***Investigation and prosecution of non-fatal accident cases***

When any accident occurs and it causes such bodily injury that prevents the person from working for a period of 48 hours or more immediately following the accident, the manager of the factory shall send a report thereof to the Inspector within 24 hours after the expiry of 48 hours from the time of the accident. The

factory inspector shall investigate the case and if he finds the cause of accident due to breach of safety provisions, prosecution shall be initiated against the occupier. Audit observed that the DISH had not initiated any investigation against the factory occupiers in respect of 9,520 non-fatal accidents occurred during the period 2012 to 2016. Non-investigation by Inspectors to check adherence to safety norms and fixing of responsibility over the factory occupier for the breach of safety norms is fraught with the risk of fatal accidents apart from compromising with the safety of workers.

The Government stated (January 2018) that non-fatal accident cases were not being investigated due to shortage of inspecting staff and absence of specific provision in the Act/Rules. The reply is not correct as the form prescribed under the Rules for reporting of accidents provide for giving the details of investigation carried out.

3.7.5.4 Withdrawal of court cases on violation of Factories Act

As per instructions issued (October 2014) by the department, DISH may recommend withdrawal of criminal complaints against the factory occupier/ manager if the conditions of payment of minimum ex-gratia compensation[77] to the legal heir of a deceased are met. The final decision on the same shall be taken by the department.

Scrutiny of records at DISH revealed that court cases filed in respect of 35 fatal accidents for violation of safety standards have been withdrawn by the department during the period 2012 to 2016. These cases have been withdrawn on the plea that adequate compensation had been paid to the dependants of the deceased workers by the management of the factories. Few cases test-checked in Audit are discussed in **Table 2**–

Table 2: Illustrative cases of withdrawal of court cases

Name of the factory	Date of accident	Number of workers died	Description	Violation of provision
M/s. Adani Power Limited, Mundra, Kutch	20-04-2016	8	Accident happened due to burst of boilers. There was no system in boilers for automatic shutdown in case of increase in pressure which was necessary for safety precautions.	Violation of provision 7A 2(a) of the Factories Act, 1948, was imposed upon the factory which states that every occupier shall ensure, so far as is reasonably practicable, the health, safety and welfare of all workers, while they are at work in the factory.
M/s. Tata Chemicals Limited, Mithapur	01-05-2014	1	It transpired that the clay material was not moving to silo through conveyor belt from hopper of the old stock pile section of the cement factory. One contract worker was employed to manually remove clay material and feed it into feeder. As the heap of clay material was 10 to 12 metres high, it fell on the worker resulting in his death.	As above .

77 (i) Minimum of ₹ 5.00 lakh in case of a Non-Major Accident Hazard (MAH) factory or Non-MNC or factory employing less than 500 workers, (ii) Minimum of ₹ 10.00 lakh in case of an MAH factory or MNC or factory employing more than 500 workers and (iii) in case of the legal heir of the deceased having left to their native place or non-availability of any adult member in the family of the deceased for employment or the legal heirs are not willing to accept the job offer, the management of the factory shall pay three years' minimum wages to the dependants of the fatal accident victim.

M/s. Lakme Lever Private Limited, Kutch.	23-01-2014	1	Security Guard was closing the entry gate after the passage of a vehicle, when the last part of the collapsible gate dislodged and fell off on guard resulting in his instant death.	As above
M/s. Reliance Industries Limited, Hazira, Surat	22-11-2015	1	The victim was deployed on a platform of seven metre height to remove the iron grating on the same height. He was wearing body harness with shock absorber. As he was working with iron net above, the hook of his body harness was entangled with the iron net above and he fell down on the ground.	As above
M/s. Reliance Industries Limited (RIL), Jamnagar	23-11-2016	6	The Fluidized Catalytic Cracking Unit (FCCU) at RIL, Jamnagar Refinery was under shutdown maintenance. The pump in gas concentration area of the FCCU was used to pump C-5 hydrocarbon (highly inflammable) to another plant. In order to replace the valve in pump suction pipeline, contract workers were engaged for the gas cutting and grinding. Flash fire occurred probably due to spark or any other ignition source.	Violation of Section 37(4) of the Factories Act, 1948 was imposed upon the factory which provides that no plant, tank or vessel which contains or has contained any explosive or inflammable substance shall be subjected in any factory to any welding, brazing, soldering or cutting operation which involves the application of heat unless adequate measures have first been taken to remove such substance and any fumes arising therefrom or to render such substance and fumes non-explosive or non-inflammable.
M/s. Gujarat Alkalies and Chemicals Ltd., Dahej, Bharuch	21-01-2012	1	One contract worker was standing on solar tank platform in Caustic Soda plant, when the Caustic Construction Unit was closed for a shutdown. When another worker opened the valve for flushing the heating salt mixture, the mixture with temperature of 350 degree centigrade fell on the worker who was burnt and later died.	Violation of Para 13(1) of Schedule XIX – Part II of Rule 102 of the Gujarat Factories Rules, 1963 was imposed which states that effective arrangements shall be provided in all plants, containers, vessels, sewers, drains, flues, ducts, culverts, and hurried pipes and equipment to control the escape and spread of substances which are likely to give rise to fire or explosion or toxic hazards during normal working and in the event of accident or emergency.

Audit observed that the instructions issued by the department in October 2014 were not in consonance with the provisions of the Act regarding prosecutions for violations of safety standards. These accidents occurred due to violation of safety norms as established by DISH during investigation/enquiry of the accidents. Therefore, the prosecutions launched against the factory occupiers were required to be concluded to its logical end. Paying compensation to the dependants of deceased workers could not be the ground for absolving the factory occupiers for violation of safety standards which led to the death of workers.

The Government stated (January 2018) that the policy of case withdrawal would be reviewed at the appropriate level.

3.7.5.5 Status of prosecution cases

Prosecutions are launched when a violation is noticed during the regular inspection as mandated under the Act or during investigation of accident cases. DISH had carried out 62,532 inspections during 2012-16. However, prosecutions have been launched in only 9,394 cases (15 *per cent*) during this period. Audit observed that only 1,037 (11 *per cent*) out of 9,394 prosecution cases are related to violation of safety standards and hazardous processes & dangerous operations. The remaining 8,357 cases relate to procedural matters. This indicated that the inspection of factories by DISH did not yield desired results as regards improvement in the safety standards of workers.

Audit further observed discrepancies in the prosecution cases filed by the Inspectors for same type of offence. Illustratively, in one instance, court case was filed against the factory and in another similar case only advisory remarks had been issued to the factory. The Director, ISH stated (September 2017) that if a particular factory occupier seemed non-compliant, court cases would be launched, otherwise, only advisory remarks would be issued to the factory occupiers who are by and large compliant to the provisions of the Act/ Rules. Audit is of the opinion that by taking different stands against the similar violations, the objectivity in launching prosecution cases for non-compliance of the provisions of the Act/Rules was defeated.

The Government agreed (January 2018) to strengthen the inspection and prosecution mechanism.

3.7.6 Conclusion and Recommendations

3.7.6.1 Conclusion

Audit observed that DISH had not ensured that all the factories in the State had been registered under the Factories Act as the number of factories registered with DISH was less than those registered with EPFO in respect of textiles and diamond factories. Consequently, unregistered factories escaped the enforcement provisions of the Act for safeguarding the interest of the factory workers.

There was a shortfall in inspection by the factory inspectors ranging between 43 and 55 *per cent* against the norm during 2012 to 2015. After introduction (March 2016) of the system of joint inspection, the number of factories planned for inspection by DISH was also found below the prescribed norms during 2016-17. Inspection remarks issued by inspecting officers were mostly of general nature and not based upon industry specific issues. Further, compliance of remarks was also not ensured through follow-up.

Certifying Surgeons (CSs) appointed by the department had not conducted prescribed medical examination of workers during 2013 to 2016 as the shortfall in examination of workers against the norms was 78 *per cent*. CSs had not issued any fitness certificates to workers of factories performing dangerous operations. Against the requirement of 753 full-time FMOs in 485 factories in the State performing hazardous/dangerous process with more than 200 workers, only 342 full-time FMOs (45 *per cent*) were available in the factories. LAs of IHLs have visited fewer numbers of factories and the results of samples analyzed for

identifying environmental risks at work place were not provided to concerned factories for taking corrective actions.

There were 1,194 cases of fatal accidents in Gujarat in the last five years. DISH had not completed detailed investigation in 88 fatal cases and had not initiated prosecution in five fatal accident cases though they were liable for prosecution. Accidents of similar nature occurred in Alang-Sisoya Ship Breaking Yard due to non-enforcement of workers' safety by DISH. The DISH had not initiated any prosecution against the factory occupiers in respect of 9,520 non-fatal accidents occurred during 2012 to 2016, thus, resulting in compromising the safety of workers. Though no provision for withdrawal of prosecution cases for violations of safety standards was provided in the Act, the State Government had withdrawn 35 court cases for fatal accidents on the plea of having paid compensation to the dependants of the deceased workers.

The enforcement of the Act in the State was deficient resulting in failure to achieve the objectives of the L&ED which included provisions of various social security measures.

3.7.6.2 Recommendations

The State Government may -

- ***strengthen mechanism for ensuring registration of all factories in the State under the Act for safeguarding the interest of the factory workers;***
- ***ensure prescribed inspection of factories and medical examination of all workers in the factories on regular basis to avoid health related risks to the factory workers; and***
- ***strengthen supervision, monitoring and control of DISH on factories.***

NARMADA, WATER RESOURCES, WATER SUPPLY AND KALPSAR DEPARTMENT

3.8 Unfruitful expenditure of ₹ 5.57 crore

Imprudent decision of awarding contract for laying and joining water supply pipelines between Anjar-Chandroda, before obtaining Right of Use permission by Gujarat Water Supply an Sewerage Board (GWSSB) resulted in hasty procurement of 4,740 Running Metres pipes worth ₹ 2.73 crore for land yet to be acquired, which further rendered 4.5 kilometres pipeline laid in the prefixed section infructuous, at a cost of ₹ 2.84 crore.

The Gujarat Public Works Manual prescribes that no work should be commenced on land, which has not been duly made over by the responsible civil officer. When tenders for works are accepted but the land required for the purpose is still to be acquired, the time that should be allowed for the acquisition of the land should be ascertained from the Collectors concerned, before the orders to commence the works are issued. Further, as per technical comments of the

Central Public Health and Environment Engineering Organisation[78] (CPHEEO), necessary clearances/approvals for the projects were to be obtained from the Railways or State/National Highway Authority of India (NHAI), wherever necessary before implementing the scheme.

The Chief Engineer, Kachchh Zone, Gujarat Water Supply and Sewerage Board (GWSSB), Bhuj accorded (September 2014) Administrative Approval of ₹ 17.90 crore for supply of water to Anjar Taluka. The objective of the project was to provide potable water to the habitants of Anjar Taluka from main line of Gujarat Water Infrastructure Limited (GWIL) based on Mundra Water Supply Project. The Executive Engineer (EE), Public Health Division, Bhuj approved (October 2014) the Draft Tender Papers for the work of providing, lowering, laying and joining of 450 mm diameter K-9 Ductile Iron (DI) pipes from Anjar to Chandroda with an estimated cost of ₹ 14.12 crore. The work was awarded (January 2015) to an agency[79] at the tendered cost of ₹ 14.68 crore with stipulation to complete the work by September 2015.

The work was foreclosed (April 2016) and the final payment of ₹ 14.20 crore was made to the agency in July 2016. This included cost of 22,860 Running Metres (Rmt.) of K-9 DI pipes procured by the agency as per tender.

Audit observed that the Agency had carried out the work of laying and joining in respect of only 18,120 out of 22,860 Rmt. of pipes procured. The works of remaining 4,740 Rmt. pipelines from Tapping Wave (TW) No. 5 of Kandla complex to Chapal Mata Temple on Khedoi highway were not executed due to non-finalisation of land acquisition by the National Highways Authority of India (NHAI) for a six-lane road. It was observed that the land acquisition work by NHAI was in early stage (January 2015) as negotiation with the farmers for Right of Use (RoU) was going on and there was no possibility of finalisation of the same in the near future. Remaining 4,740 Rmt. pipes were handed over (April 2016) to GWSSB by the agency and were lying unutilised (January 2017). Further, pipelines laid in 4.5 kms. (prefixed stretch) out of 18.12 kms. at a cost of ₹ 2.84 crore could not be commissioned due to non-laying of above 4,740 Rmt. pipes.

Considering the facts that only after acquisition of land and finalisation of six-lane highway by the NHAI, GWSSB could go in for acquisition of land for laying the pipelines, GWSSB should have restricted the award of contract to 13.62 Kms. only. This would have avoided excess procurement of 4,740 Rmt. pipes costing ₹ 2.73 crore[80] and unfruitful expenditure of ₹ 2.84 crore on laying of pipes in 4.5 Kms. stretch as the same was not likely to be utilised in the near future.

Deputy Executive Engineer, Public Health Sub-Division, Mundra accepted the facts and stated (January 2017) that they had commenced the work in anticipation

78 Technical wing of the Ministry of Urban Development, Government of India dealing with the matters related to urban water supply and sanitation including solid waste management in the country.
79 M/s. Vinod H. Patel, Mehsana
80 4,740 Rmt. x ₹ 5,767/- per Rmt.

of resolving the RoU problem in Khedoi within a short time. It was further stated that the work would be carried out after getting RoU permission. The reply is not tenable as the land acquisition was to be done by NHAI and not by GWSSB. Though the facts were known, GWSSB did not instruct the Agency to refrain from hasty procurement of 4,740 Rmt. pipes worth ₹ 2.73 crore for land yet to be acquired which further rendered 4.5 kms. pipelines laid in the prefixed section at a cost of ₹ 2.84 crore as infructuous. Further, having relieved the Agency from the work, any defects in the pipes arising in future would result in loss to GWSSB as it would not be able to recover the loss from the Agency. This indicated that GWSSB awarded the work without ascertaining the ground realities which resulted in infructuous expenditure of ₹ 2.84 crore and blocking up of ₹ 2.73 crore.

The matter was reported to the Government in June 2017. Reply is awaited (February 2018).

3.9 Idle investment of ₹ 4.42 crore

Idle expenditure of ₹ 4.42 crore by GWSSB on developing web based online management system for ground water utilities by Planning and Research on Urban Development Affairs (PRUDA) deprived itself of a comprehensive database for a sustainable water supply and sanitation services in rural Gujarat since March 2014.

Gujarat Water Supply and Sewerage Board (Board) is a statutory body entrusted with the responsibility of ensuring sustainable water supply and sanitation services in the rural areas of Gujarat. As the Board lacked comprehensive database of the groundwater utilities, it decided (May 2012) to undertake a project of survey and assessment of groundwater utilities. The project envisages building a robust information system of groundwater utilities including database of groundwater utilities, to locate the utilities with Geo co-ordinates, to assess the present working condition and life cycle of the utility, to estimate the quantum of water drawn from the utility, *etc.* It was also aimed to develop a web based online database management and record keeping system to watch proper maintenance of utilities in time and avoid breakdown of the utilities.

The State Government allocated (2012-13) ₹ 11.33 crore under Research and Development programme of Water Supply Scheme-2. The Planning and Resources on Urban Development Affairs (PRUDA), Ahmedabad, a Research and Development wing of All India Institute of Local Self Government, Mumbai submitted (June 2012) a proposal for undertaking survey and assessment of groundwater utilities in South Region of Gujarat. The Board awarded (August 2012) the work to PRUDA on pilot basis for surveying 0.95 lakh utilities[81] at a cost of ₹ 1.75 crore covering eight districts[82]. The work was to be completed by August 2013. Similarly, the work of survey and assessment of utilities of North and Central Gujarat (Zone-II) was also awarded (October 2012) to PRUDA for surveying 1.06 lakh utilities[83] at a cost of ₹ 1.81 crore covering 10

81 92,779 hand pumps, 1,208 tube wells and 940 open wells = 94,927 utilities x ₹ 184.72 per utility = ₹ 1.75 crore
82 Bharuch, Dang, Narmada, Navsari, Surat, Tapi, Vadodara and Valsad
83 93,586 hand pumps, 6,823 tube-wells, 1,049 open wells and 4,534 mini pipes = 1,05,992 utilities x ₹ 170.61 per utility = ₹ 1.81 crore

districts[84]. These works were also required to be completed by October 2013. These works were awarded without inviting expression of interest from eligible agencies through advertisements and without entering into specific service level agreements. Thus, the benefits of competitive bidding were lost.

PRUDA completed the work by March 2014 in respect of 2.74 lakh utilities[85] at a cost of ₹ 4.89 crore[86] against the work awarded for 2.01 lakh utilities[87] at a cost of ₹ 3.56 crore[88]. The Board had paid ₹ 4.42 crore to PRUDA against the total bill of ₹ 5.53 crore (including taxes) till February 2017.

Audit observed that though the work was completed in March 2014, the same was not put to operation till date of Audit (March 2017) as PRUDA had not linked the database with the web portal of the Board due to non-release of final payment by GWSSB. The very objective of developing and utilising the web based online management and record keeping system by the Board was thus not achieved despite incurring huge expenditure on it. This resulted in idle investment of ₹ 4.42 crore.

The Board stated (September 2017) that PRUDA had approached the Hon'ble High Court of Gujarat for appointment of an Arbitrator for settlement of outstanding claims and the appointment of an Arbitrator was in process. It was further stated that the Board was negotiating with the agency for operation and functioning of the project in all respects at the earliest. However, Audit observed that the Board because of supervisory lapses, failed to avail of the provisions of tendering process in enforcing the work with conditions favouring the project. Further, the Board failed to respond to the repeated request of PRUDA for making the remaining payment. The process of even appointing an Arbitrator had to be enforced by the Hon'ble High Court. Thus, lack of supervision and management resulted in idle expenditure of ₹ 4.42 crore on developing a web-based online management system for ground water utilities besides depriving the Board itself of having a comprehensive database for sustainable water supply and sanitation services in rural Gujarat.

The matter was reported to the Government in June 2017. Reply is awaited (February 2018).

3.10 Avoidable expenditure of ₹ 1.02 crore on payment of Central Excise duty on purchase of pipes

Water and Sanitation Management Organisation (WASMO) failed to use the extant provision of Central Excise exemption for pipes and pipe fittings used as integral part of water supply projects which resulted in avoidable expenditure of ₹ 1.02 crore.

Central Excise Notification dated 04 December 2009 granted full exemption from payment of Central Excise Duty on pipes and pipe fittings of outer diameter

84 Ahmedabad, Anand, Banaskantha, Dahod, Gandhinagar, Kheda, Mehsana, Panchmahals, Patan and Sabarkantha

85 **South Region - 1,48,301 utilities** (1,14,302 hand pumps, 20,061 tube wells, 10,342 mini pipes and 3,596 open wells) and **North and Central Region - 1,26,158 utilities** (92,528 hand pumps, 21,054 tube wells, 3,924 mini pipes and 8,652 open wells)

86 **(A)**. 1,48,301 utilities x ₹ 184.72 per utility = ₹ 2.74 crore, **(B)**. 1,26,158 utilities x ₹ 170.61per utility = ₹ 2.15 crore, **(A)** + **(B)** = ₹ 2.74 crore + ₹ 2.15 crore = ₹ 4.89 crore

87 94,927 utilities (South Region) + 1,05,992 utilities (North and Central Region) = 2,00,919 utilities

88 ₹ 1.75 crore (South Region) + ₹ 1.81 crore (North and Central Region) = ₹ 3.56 crore

exceeding 10 centimetres (cms.) when such pipes are integral part of the water supply projects. The duty concession is subject to production of "intended use" certificate signed by the Collector/District Magistrate/Deputy Commissioner of the District in which the water supply project is executed.

Water and Sanitation Management Organisation (WASMO) issued (October to December 2014) centralised purchase orders to two agencies[89] for supply of Poly Vinyl Chloride (PVC) pipes with diameter ranging from 0.63 cms. to 31.5 cms. The agencies had supplied (between October 2014 and February 2015) 20,76,925 metres of pipes of various diameters and WASMO had paid ₹ 27.20 crore to the agencies for the same.

Audit observed (July 2015) that 3,74,267 metres of pipes supplied by the agencies at a cost of ₹ 9.30 crore were of diameter ranging from 11 cms. to 31.5 cms. WASMO had not included the clause of Central Excise exemption in the tender and the rates quoted by the agencies with central excise duty were accepted. This resulted in avoidable expenditure of ₹ 1.02 crore[90] to WASMO paid on account of central excise duty at the rate of 12.36 *per cent* on the above pipes.

WASMO stated (October 2015) that only pipes and pipe-fittings needed for delivery of water from its source to the plant and from the plant to the first storage point were eligible for central excise exemption. The projects of WASMO mainly focus on the internal distribution system of water supply from storage or by direct pumping from local sources. The reply is not tenable as the Notification dated 4 December 2009 fully exempted the pipes of outer diameter exceeding 10 cms. when such pipes are integral part of water supply projects. WASMO failed to use the extant provision of central excise exemption and paid ₹ 1.02 crore in excess to the two agencies.

The matter was reported to the Government in June 2017. Reply is awaited (February 2018).

SPORTS, YOUTH AND CULTURAL ACTIVITIES DEPARTMENT

3.11 Development of Infrastructure and promotion of sports activities in Gujarat

3.11.1 Introduction

The mission of the State Government is to spread awareness of sports across different sections of society, and identify and nurture sporting talents to give them the opportunity to shine in the global sports arena by creating a sports-centric, incentivised eco-system for all stake holders.

The Department of Sports, Youth and Cultural Activities, headed by the Secretary, is primarily responsible for enunciating the broad vision, policies, and

89 M/s. Mayfair Polymers Private Limited, Himatnagar, Sabarkantha and M/s. Duke Plasto Technique Private Limited, Palanpur, Banaskantha

90 M/s. Mayfair Polymers Private Limited supplied 1,51,872 metres of pipes and was paid ₹ 4.47 crore which includes ₹ 49.21 lakh towards central excise duty and M/s. Duke Plasto Technique Private Limited supplied 2,22,395 metres of pipes and was paid ₹ 4.83 crore which includes ₹ 53.10 lakh towards central excise duty

for implementation of plans and programmes related to sports in the State. The department is assisted by Commissioner of Youth Services and Cultural Activities (Commissioner), Sports Authority of Gujarat (SAG) and Swarnim Gujarat Sports University (SGSU). The Commissioner is responsible for the overall supervision of youth and sports activities. At district level, the Commissioner is assisted by the District Sports Officers (DSOs).

The State Government established (May 1993) SAG to facilitate the implementation of National and State Sports policies, and to promote sports activities. The responsibilities of the SAG include acquisition, development and maintenance of sports infrastructure at convenient places and to promote and develop sports activities in the State. The SAG is headed by the Director General. Senior Coaches manage the activities of SAG at the district level. The Project Implementation Unit (PIU) of SAG looks after the works related to creation of infrastructure, such as, sports complexes, hostels, *etc.*

The SGSU offers diploma, degree, postgraduate studies and research programmes related to Physical Education, Health and Applied Sports Sciences, Sports coaching, *etc.*

Audit was conducted for deriving an assurance on the efficacy in promotion of sports activities and development of infrastructure for sports in the State during the period 2012-17. Audit reviewed the records maintained by the department, the Commissioner, SAG and SGSU. Audit also reviewed the records maintained by the DSOs and Senior Coaches of 11 selected districts[91]. Joint field visits were also undertaken alongwith representatives of DSOs.

3.11.2 Sports policy

The National Sports Policy 2001 envisaged upgradation and development of sports infrastructure. Though the State Government had established SAG in 1993 to promote sports activities, the State sports policy was declared by the department in March 2016. The declaration of the policy was delayed as compared to some better performing States in National School Games and National Games *viz.*, Madhya Pradesh (1989), Haryana (2001), Kerala (2000), Manipur (1992), and Maharashtra (2001). In the absence of a State policy, the Commissioner restricted his role to conduct only school events in addition to cultural and adventurous activities. SAG also did not take any action either to impart training to sportsmen for grooming them or sponsor players and send them for various competitions.

The 'Gujarat Sports Policy 2016' envisaged creation of sporting culture, instituting mass competition structure, devising mechanism for identification of talents and nurturing of talents in sports. It also provided incentive to all stakeholders and creation of infrastructure for the development of sports activities. Audit observed that even after lapse of one year since the declaration of State Sports Policy, neither the Commissioner nor the SAG had made any planning for achieving the goals envisaged in the policy as discussed in succeeding paragraphs.

91 (i) Ahmedabad (City),(ii) Ahwa-Dangs, (iii) Bhavnagar (Rural), (iv) Gandhinagar (Corporation), (v) Gir-Somnath, (vi) Sabarkantha, (vii) Kheda, (viii) Banaskantha, (ix) Rajkot (Rural), (x) Surat (Rural) and (xi) Vadodara (Rural)

Audit findings

Medal tally in National School Games and National Games has improved from 129 to 312, and 19 to 20, respectively during 2012-17. The per capita revenue expenditure incurred by the State on youths for sports activities improved from ₹ 33 to ₹ 87 *per* person during 2012-17. Audit findings on development of infrastructure and promotion of sports in the State, which could have further improved the position of Gujarat in the sports arena are discussed in the succeeding paragraphs -

3.11.3 Development and utilisation of Sports infrastructure

In Gujarat, there were only 19 sports complexes with SAG situated in 16 out of 33 districts as of April 2012. Audit observed that though required land for development of sports complexes has been allotted (between January 2000 and May 2016) to eight out of the remaining 17 districts, SAG could establish only one sports complex in Porbandar district during the period 2012-17.

Of the remaining seven districts, in Gandhinagar and Rajkot districts, it was observed that the lands allotted (August 2007 and November 2008) had been encroached upon as of July 2017. In Bharuch, Chhotaudepur and Navsari districts, the construction of complex had not been taken up for want of funds and in Junagadh and Tapi districts, the work was in progress. Thus, these districts did not have sports facilities that could cater to the sports persons in these districts.

3.11.3.1 Status of execution of infrastructure works

The SAG constituted (November 2013) a Project Implementing Unit (PIU) for construction and maintenance of Sports infrastructure in the State. Prior to constitution of PIU, the said works were being done by Roads and Buildings (R&B) department, which was responsible for completing 31 works allotted to them up to 2013-14. Of these, 14 works which were not taken up due to non-availability of land, encroachment, *etc.* were transferred to PIU and the remaining 17 works were completed by R&B department by March 2017. As a result, against the provision of ₹ 139.94 crore made in the Budget during 2012-17 for creation of sports infrastructure, R&B department could utilise only ₹ 53.98 crore (38.57 *per cent*).

During 2014-17, PIU had to execute 35 works which included four out of 14 works transferred from R&B department. Of these, 20 works were scheduled to be completed prior to March 2017. However, Audit observed that the PIU could complete only six works before March 2017 while remaining 15 works were still in progress. This indicated tardy progress in the execution of the works which was mainly due to lack of proper monitoring by SAG over the management of works awarded.

The Government accepted (February 2018) that the works were in progress and proposal for extension of time limit for completion of work has been submitted to the competent authority.

3.11.3.2 Maintenance of inventory of assets

Rule 175 of Gujarat Financial Rules, 1971 provides for maintenance of Assets Register. Audit observed that neither the SAG nor the field offices were maintaining the inventory of assets created for promotion of sports activities in the State. It was also observed that the department and the SAG had no information of the land available for development of sports infrastructure, properties encroached, details of sports infrastructure available at various sports complexes, *etc.* In the absence of inventory, a proper assessment of sports infrastructure required to be created in the State could not be assessed by the SAG and the department.

The Government stated (February 2018) that the PIU of SAG has maintained a register of works taken up as per Form 133-G prescribed by Roads and Buildings Department. The reply is not tenable as Audit observed that the register had details of only the works taken up by PIU and not the details of assets in the State in possession of SAG.

3.11.3.3 Infrastructural facilities in Sports complexes

The handbook of Sports Authority of India on field of play and specifications for sports infrastructure provided specifications in respect of 12 major sports disciplines[92]. Audit selected 10 out of these 12 disciplines (except Artificial sports lighting and squash) to check the availability of facilities in the sports complexes in the State. Audit observed that none of the sports complexes provided the facility for all of the 10 disciplines as of March 2017 (**Appendix-V**). Out of 20 sports complexes in the State, sports complexes at Anand, Jamnagar, Porbandar and Surendranagar (Dhrangadhra) had no facility for any of these sports disciplines while the remaining had facility for two to five disciplines. Hockey playground and multipurpose hall was available in only two sports complexes (Limbdi and Nadiad). As a result, sports persons had to move to other districts for availing training due to non-availability of infrastructural facilities for their sports discipline in the sports complexes.

The Government stated (February 2018) that facilities in the sports complexes have been made available considering the importance of traditional games of the district. The reply is not tenable as development and broad-basing of sports in the State could be achieved only by providing multidisciplinary facilities in each sports complex.

3.11.3.4 Sports Hostels

Sports hostel signifies the importance of designing a specialized training programme for enhancing the performance level of identified sports talents in the State. The identified talents are inducted in these hostels for undertaking training under highly qualified expert coaches.

As of April 2012, there were five Sports hostels with SAG. During 2012-17, SAG established five more sports hostels *viz.* Devgadhbariya new (August 2016),

92 (1) Artificial sports lighting, (2) Athletic track, (3) Badminton court, (4) Basketball court, (5) Football playground, (6) Handball court, (7) Hockey playground, (8) Lawn Tennis court, (9) Multipurpose hall, (10) Squash, (11) Swimming pool and (12) Volleyball court

Himatnagar (August 2016), Jamnagar (April 2015), Godhra (October 2015) and Nadiad new (February 2017) with intake capacity of 221, 221, 36, 150 and 400 respectively. The status of utilisation of five hostels established prior to April 2012 during 2012-17 is shown in **Table 1** below –

Table 1: Utilisation of sports hostels established prior to April 2012 during 2012-17

Sr. No.	Place	Intake capacity	Utilisation				
			2012-13	2013-14	2014-15	2015-16	2016-17
Established prior to April 2012							
1.	Limbdi	64	0	0	0	0	0
2.	Bhavnagar	64	0	0	0	0	0
3.	Devgadhbariya old	68	23	23	24	68	68
4.	Porbandar	60	50	50	50	50	50
5.	Nadiad old	64	64	64	64	64	64

(Source: Information provided by SAG)

The above table shows that only three out of five sports hostels established prior to April 2012 were being used optimally while in remaining, there was no occupancy during 2012-17. Out of five hostels established during 2012-17 there was no occupancy in two hostels (Godhra and Jamnagar) though they had been established during 2015-16. This indicated that specialized training programme have not been arranged for the identified sports talents which led to non-utilisation of hostels.

The Government stated (February 2018) that the sports hostels are being utilised for accommodating players during sports events or camps. The reply is not tenable as these hostels were meant for providing regular in-house coaching facilities to groom the sports talent in the State. Moreover, details of utilisation of hostels during sports events were not on record nor furnished with the reply.

3.11.3.5 Utilisation of sports infrastructure

Audit conducted joint field visit of sports complexes of 11 selected districts to assess the utilisation of infrastructures. The following were noticed during the field visits –

(i) Palanpur Sports Complex

During joint visit of sports complex at Palanpur (April 2017), it was observed that the sports infrastructure such as the Basketball court, the Volleyball court, the Kabaddi ground and the Athletic track were not being used since 2012. Audit observed that regular maintenance of athletic track **(Picture 1)** and Kabaddi ground was not being done. Basketball court **(Picture 2)** and the Volleyball court had no poles for arranging the nets.

Picture 1: Incomplete Athletic track (20.04.2017)

Picture 2: Incomplete Basketball Court (20.04.2017)

The Senior Coach, Palanpur accepted the facts and stated (April 2017) that the sports infrastructure had never been used. The Government stated (February 2018) that the work of maintenance of athletic track has been taken up and the tender process for awarding works of basketball court is in progress.

Audit further observed that a portion of land allotted for the sports complex had been encroached by slum dwellers, vendors and hawkers due to non-construction of compound wall **(Pictures 3 and 4)**. No action has been initiated by the Senior Coach to evacuate the same till date (July 2017).

Picture 3: Land encroached meant for sports complex (20.04.2017)

Picture 4: Land encroached meant for sports complex (20.04.2017)

The Government stated (February 2018) that the land could be utilised for creation of sports facilities only after rehabilitation of encroachers and the matter has been taken up with the concerned Mamlatdar for removal of encroachment.

(ii) Palanpur Sports Complex at Suigam

SAG constituted a Committee[93] (April 2011) to assess the quality of the facilities in the sports complex at Suigam. The Committee submitted (June 2011) its report to the SAG which pointed out various deficiencies *viz.* Athletic track was not of

93 Coach of Kabbadi and Kho-Kho, coach of Volleyball and coach of Athletics

100 metres as per specification and was not properly leveled, there was difficulty in distinguishing the Kho-Kho and Kabaddi grounds, instances of non-levelling of playground, non-erection of poles in Kho-Kho ground, *etc.* Audit observed that SAG had not taken any action for resolving these deficiencies till August 2017 despite submission of report in June 2011. As a result, the infrastructure created in the complex at a cost of ₹ 71.50 lakh remained unutilised and was lying idle since its creation (2010).

The Government accepted the facts and stated (February 2018) that said sports complex was developed by Roads and Buildings Department, however, SAG had not taken the possession as the committee constituted by SAG observed various deficiencies. The fact remains that the sports complex developed in June 2011 is still unutilised.

(iii) Bhavnagar Sports Complex

Audit observed (April 2017) that infrastructure for Handball and Table Tennis disciplines were not being utilised since April 2015 and July 2016 respectively due to absence of qualified coaches. The coach of Handball had been transferred (April 2015) to another station and the coach of Table Tennis had been transferred (July 2016) to SAG for administrative work. Therefore, the sports persons of these disciplines have been deprived of proper training.

The Government stated (February 2018) that two district coaches for Table Tennis discipline have been posted now.

(iv) Ahmedabad Sports Complex

Infrastructure facilities for Kho-Kho and Kabaddi disciplines were not being utilised since July 2013, and those of Boxing, Athletics and Badminton since April 2014. Similarly, infrastructure for Basketball and Volleyball were not being used since July 2014 and April 2015 respectively. It was observed that these disciplines were not being utilised due to absence of coaches. By not filling the posts of coaches for a long period, aspiring sports persons were denied opportunities for developing their skills to become top sports professionals.

(v) Himatnagar Sports Complex

Infrastructure facilities for Badminton discipline was not being utilised since April 2012, Archery since April 2014, Basketball since April 2015, Kho-Kho and Swimming pool since April 2016 due to absence of coaches for these disciplines. It was observed that the SAG had transferred these coaches to other places but had not filled the vacancy till date (May 2017).

(vi) Ahwa-Dangs Sports Complex

Infrastructure facilities for Football, Volleyball, Handball, Badminton and Kabaddi have not been utilised during 2012-17 as SAG could not post coaches for these disciplines.

The above deficiencies indicated that SAG had not developed any methodology for assessing the efficient utilisation of the sports complexes in the State.

The SAG accepted the facts (September 2017) that they had not developed any mechanism for monitoring optimum utilisation of sports infrastructure. The Government stated (February 2018) that SAG could provide coaches based on the available manpower. However, efforts are being made to provide coaches on requirement basis for each sports complex in the State.

3.11.3.6 Availability of Coaches

Regular and effective coaching plays a very important role in the development of sports persons. The details of availability of coaches against the sanctioned strength during the period 2012-17 is shown in **Table 2** below –

Table 2: Details of availability of coaches against the sanctioned strength

(in numbers)

Year	2012-13	2013-14	2014-15	2015-16	2016-17
Sanctioned strength	184	198	198	198	198
Men in position	140	145	143	133	172
Shortage	44	53	55	65	26
Percentage of Shortage	24	27	28	33	13

(Source: Information provided by SAG)

The above table shows that the shortage of coaches increased during the period 2012-16 though it came down during 2016-17. Audit observed that –

- SAG had not prepared the annual coaching plan with reference to Sports Calendar[94] during the period 2012-17 except for games organised by School Games Federation of India (SGFI) during last two years (2016-17 and 2017-18). As a result, targets have not been set for the coaches for training the players to achieve the desired results.
- SAG had not fixed the sanctioned strength of Senior Coaches and Coaches district-wise. In four test-checked districts[95], it was observed that sports infrastructures created for certain disciplines were not being utilised due to absence of coaches. It was also observed that Senior Coaches posted in five test-checked districts[96] and seven coaches posted in SAG had been assigned administrative works. Therefore, they were more involved in administrative work rather than providing coaching to the identified sports talents of the district/State.

3.11.4 Implementation of programmes for promotion of Sports

To assess the implementation of programmes, audit selected two out of six[97] programmes being implemented by the State for promotion of sports. Audit observations in this regard are discussed below –

94 It shows the coaching and competition programmes planned for the year
95 Ahmedabad, Ahwa-Dangs, Bhavnagar and Himatnagar
96 Ahmedabad, Bhavnagar, Himatnagar, Kheda and Vadodara
97 Central of Excellence, District Level Sports School, Khel Mahakumbh, Khele Gujarat Summer Camp, Shaktidoot Yojana and Special Khel Mahakumbh

3.11.4.1 Khel Mahakumbh

The Khel Mahakumbh is an annual sports event organised throughout the State since 2010. The programme envisages identification of talented sports persons of all age groups from village to State level by conducting competitions at village, taluka, district and State levels for various sports disciplines. The participants are required to get themselves registered online. The winners of taluka level are required to compete at district level and the winners of district level are required to compete at State level. The winners of State level are to be given intensive training for grooming them for higher level competitions.

The District Sports Officers communicated the details of winners of district and State level events to SAG. On enquiry of district-wise details of winners of each of such events, SAG informed that there were 1,49,643 winners in Khel Mahakumbh 2015 at various levels *viz.*, taluka, district and State level. Similarly, in Khel Mahakumbh 2016, there were 1,68,276 winners.

The purpose of introducing Khel Mahakumbh was to identify talented sports persons and by providing further coaching and groom them for participation in higher level competition. Audit observed that except for conducting the events and awarding cash prizes, no efforts were made by the SAG or Senior Coaches of the test-checked districts to provide further coaching to these winners. Even records have not been maintained regarding the winners who have been provided with further coaching in summer camps held at district and State levels. Audit observed that inadequate number of sports complexes, inadequate infrastructure in the sports complexes and shortage of coaches were the main reasons for not providing further coaching. Thus, the purpose of conducting Khel Mahakumbh was not fully achieved despite incurring expenditure of ₹ 66.32 crore during 2016-17.

The Government stated (February 2018) that efforts would be made to ensure participation of more persons in future. It was further stated that 1,729 and 1,545 winners have been admitted in DLSS and Swami Vivekanand Pratibha Samvardhan Kendra at district levels during 2015-17 for giving them further training. This indicated that against 1.96 lakh winners at district levels during 2015 and 2016, SAG could provide training to only 3,274 winners.

- ***Special Khel Mahakumbh for differently abled persons***

A Special Khel Mahakumbh is an annual event organised throughout the State since 2013 for differently abled persons. Audit observed that against the increase of differently abled persons in the State from 8.40 lakh in 2013-14 to 11.36 lakh in 2016-17, their participation in the annual event decreased from 80,486 to 38,459 during the corresponding period. This indicated the need for SAG to have special focus on differently abled persons of the State to bring out their talents and achieve the objectives of the programme.

The Government stated (February 2018) that efforts are being made to increase the participation of differently abled persons in sports activities.

3.11.4.2 Khele Gujarat Summer Camp

Khele Gujarat Summer Camp is organised at State level to give intensive training with guidance of international coaches to the winners of Khel Mahakumbh. The talented sports persons identified during the camp were admitted to sports schools and could also be given scholarships.

The 'Khele Gujarat Summer Camp' was organised for the first time in May 2016 and thereafter in May 2017. In the first camp (May 2016), 12,454 players had participated and an expenditure of ₹ 7.76 crore was incurred. In the second camp, 20,435 players participated.

Audit observed that all the winners at taluka, district and State levels have not been provided training in the camp *i.e.* as against 1,49,643 and 1,68,276 winners of Khel Mahakumbh 2015 and 2016, only 12,454 and 20,435 winners respectively had participated. Audit further observed that despite the availability of funds, the services of international coaches were not provided to the players and scholarship was also not paid to the sports persons of the camp as envisaged in the Sports Policy. Thus, the purpose of encouraging the sports persons to achieve higher level was not facilitated due to non-arrangement of the international coaches and non-payment of scholarship to them.

SAG stated (September 2017) that the facility of International coaches in Khele Gujarat Summer Camp would be provided in future. The Government stated (February 2018) unwillingness of the winners for attending the camp as a reason for less attendance.

3.11.5 Sports Education Centres

The State Government established (2011) Swarnim Gujarat Sports University (SGSU) to provide world class educators in the field of Physical Education and Sports with an objective to produce world class sportsmen, coaches and technical officials. SGSU offered diploma, graduation, post-graduation, Ph.D and certificate courses in sports, physical education and related subjects. These courses were offered through seven affiliated colleges[98].

Year-wise details of number of students enrolled vis-a-vis number of approved seats in the colleges during 2013-17 is shown in **Table 3** –

Table 3: Details of number of students enrolled vis-a-vis approved seats

Year	Number of approved seats	Number of students enrolled	Percentage of students enrolled to approved seats
2013-14	520	293	56
2014-15	502	206	41
2015-16	366	127	35
2016-17	390	193	49
Total	**1778**	**819**	**46**

(Source: Information provided by SGSU)

98 (1) Anand, (2) Bhachau, (3) Junagadh, (4) Mahemdavad, (5) Rajkot, (6) Rajpipla and (7) Vallabhvidyanagar

The above table shows that the percentage of students enrolled during 2013-17 ranged between 35 and 56 indicating low inclination for physical education.

Audit observed that –

- Against 17/18 courses to be included in the curriculum for diploma courses, seven to 14 courses were not operational during 2014-17. Similarly, against 16/17 courses to be included in the curriculum for certificate course, three to 14 courses were not operational. The Government attributed (February 2018) receipt of less number of applications from the students for these courses for not operating these courses.

- SGSU could provide placement to only 41 out of 819 students (five *per cent*) during the 2013-17 due to non-arrangement of campus interviews.

Failure of SGSU in arranging campus interviews for placement of students resulted in sub-optimal performance of SGSU in attracting the aspiring sports persons for taking up sports education.

Audit further observed that against the grants of ₹ 50.89 crore released by SAG to SGSU during 2012-17, SGSU incurred an expenditure of only ₹ 7.95 crore (15.62 *per cent*).

SGSU stated that there was no statutory obligation for SGSU to arrange for the placement of their students. The Government stated (February 2018) that admissions during 2017-18 have increased to 347 students, hence, the placement could increase in future. Audit is of the opinion that though SGSU may not be under statutory obligation to arrange placements, the students would opt for courses considering their future job prospects. As such, arranging campus recruitment drives and assisting in placement would help in increasing the prospects to develop qualified professional manpower for sports activities, for which the SGSU was established. As regards the utilisation of funds, the Government stated (February 2018) that the funds have been provided to SGSU on long term basis for its development and these would be utilised in due course.

3.11.6 Conclusion and Recommendations

3.11.6.1 Conclusion

State Government established SAG in 1993 to promote sports activities but the State Sports Policy was declared only in March 2016. Even after lapse of one year since the declaration of Sports Policy, neither the Commissioner nor the SAG had made any planning for achieving the goals envisaged in the policy.

Out of 33 districts in Gujarat, SAG could provide only 20 Sports complexes in 17 districts. The sports complexes established lacked infrastructural facilities for major sports disciplines which resulted in inadequate coaching facilities to sports persons. Out of 10 Sports hostels in the State, there was no occupancy in four hostels during 2012-17. In test-checked districts, the infrastructures in the sports complexes were not being utilised due to poor maintenance.

Khel Mahakumbh is an important programme for identifying sports talents. The objective of grooming its winners for participation in higher level competitions was not achieved as SAG and Senior Coaches of test-checked districts did not ensure imparting further coaching to the winners. Further, there were vacancies in the posts of Coaches. The performance of SGSU in attracting the aspiring sports persons for taking up sports education was found sub-optimal as it failed in arranging campus interviews for placement of students. It could provide placement to only 41 students out of 819 students enrolled during 2013-17. The above deficiencies indicated that the strategies adopted leave room for improvement in achievement of objectives enshrined in the State Sports Policy.

3.11.6.2 Recommendations

The State Government and SAG may -

- ***take necessary action to establish adequate infrastructure for sports activities in all districts;***
- ***make efforts to utilise the hostels optimally by providing regular in-house coaching to the sports talents in the State;***
- ***recruit coaches for major sports disciplines; and***
- ***issue instructions to SGSU for arranging placements of its qualified students.***

(K. R. SRIRAM)
Principal Accountant General
(General and Social Sector Audit),
Gujarat

Rajkot
The

Countersigned

(RAJIV MEHRISHI)
Comptroller and Auditor General of India

New Delhi
The

APPENDICES

APPENDIX - I

Statement showing the details of year-wise outstanding IRs/Paragraphs as of 31 December 2017

(Reference: Paragraph 1.6.1; Page 9)

Year	IRs	Paras
1993-94	1	1
1994-95	4	4
1995-96	8	10
1996-97	18	22
1997-98	20	33
1998-99	27	42
1999-2000	24	62
2000-01	33	90
2001-02	70	142
2002-03	91	171
2003-04	108	196
2004-05	77	164
2005-06	119	227
2006-07	113	255
2007-08	148	339
2008-09	165	331
2009-10	193	494
2010-11	247	470
2011-12	162	427
2012-13	175	390
2013-14	183	344
2014-15	261	745
2015-16	438	916
2016-17	409	884
2017-18	187	735
Total ...	**3,281**	**7,494**

APPENDIX - II

Statement showing Detailed Explanations on Audit Reports pending as of 31 December 2017

(Reference: Paragraph 1.6.3; Page 9)

Sl. No.	Department	2003-04	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2013-14	2014-15	2015-16	Total
1	Education	--	--	--	--	01	--	--	01	01	01	04
2	Fisheries	--	--	--	--	01	--	--	--	--	--	01
3	Forest and Environment	--	--	--	01	--	01	--	--	--	--	02
4	Health and Family Welfare	--	--	--	01	01	--	01	01	01	01	06
5	Home	--	--	--	--	--	--	01	--	01	--	02
6	Labour and Employment	--	--	--	--	--	--	--	--	01	--	01
7	Legal	--	--	--	--	--	--	--	01	--	01	02
8	Panchayats, Rural Housing and Rural Development	--	01	01	01	01	--	01	01	01	01	08
9	Revenue	--	--	--	--		01	--	--	--	--	01
10	Roads and Buildings	--	01	--	--	01	01	--	--	--	--	03
11	Science and Technology	01	--	--	--	01		--	--	--	--	02
12	Social Justice & Empowerment	--	01	01	01	--	--	01	--	--	01	05
13	Urban Development and Urban Housing	--	--	--	--	--	01	01	01	02	02	07
14	Water Resources	--	01	01	01	01	01	--	--	--	--	05
15	Water Supply	--	--	--	01	--	--	--	--	--	01	02
16	Women & Child Development	--	--	--	--	--	--	01	--	--	--	01
17	Youth Services and Cultural Activities	--	--	--	--	--	01	--	01	--	--	02
	Total ...	**01**	**04**	**03**	**06**	**07**	**06**	**06**	**06**	**07**	**08**	**54**

APPENDIX - III

Paragraphs to be discussed by Public Accounts Committee as of 31 December 2017

(Reference: Paragraph 1.6.4; Page 9)

Sl. No.	Department	2003-04		2005-06		2006-07		2007-08		2008-09		2009-10		2010-11		2011-12		2013-14		2014-15		2015-16		Total
		C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	C.A.	P.A.	P.A.
1	Co-operation	--	--	--	--	04	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
2	Education	--	--	--	--	--	--	--	--	--	--	01	01	01	--	--	--	01	--	01	--	03	--	**01**
3	Food, Civil Supplies and Consumer Affairs Department	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
4	Fisheries	--	--	--	--	01	--	--	--	--	--	01	--	--	--	--	--	--	--	--	--	--	--	--
5	Forest and Environment	--	--	--	--	--	--	--	--	--	01	--	--	--	01	--	--	--	--	--	--	--	--	**02**
6	Health and Family Welfare	--	--	--	--	--	--	--	--	--	01	01	02	--	--	01	01	01	01	01	01	03	01	**07**
7	Home	--	--	--	--	--	--	01	--	--	--	--	--	--	--	--	--	01	--	01	--	--	--	--
8	Home (Transport)	--	--	--	--	--	--	--	01	--	--	--	--	--	--	01	01	--	--	--	--	--	--	**02**
9	Labour and Employment	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	**01**
10	Panchayats, Rural Housing and Rural Development	--	--	--	--	01	--	02	--	01	--	02	--	--	--	01	01	03	01	--	02	02	--	**04**
11	Ports	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	--	--	--	--	--	--	--	--
12	Revenue	--	--	--	01	--	--	--	--	--	--	--	--	--	01	--	--	--	--	--	--		--	**02**
13	Roads and Buildings	--	--	--	--	01	01	--	--	--	--	05	--	02	--	--	--	--	--	--	--	--	--	**01**
14	Science and Technology	01	--	--	--	--	--	--	--	--	--	--	01	--	--	--	--	--	--	--	--	--	--	**01**
15	Social Justice & Empowerment	--	--	--	--	01	01	--	01	--	01	--	--	--	--	01	--	--	--	--	--	01	--	**03**
16	Urban Development and Urban Housing	--	--	--	--	01	--	--	--	--	--	--	--	01	--	--	01	05	--	04	02	03	02	**05**
17	Women and Child Development	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	--	--		--	**01**
18	Water Resources	--	--	--	--	01	--	06	01	02	--	01	01	02	--	--	--	--	--	--	--	--	--	**02**
19	Water Supply	--	--	--	--	01	--	06	--	03	--	01	--	02	01	--	--	--	--	--	--	01	--	**01**
20	Youth Services and Cultural Activities	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	01	--	--	--	--	--	**01**
21	Legal	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	01	--	--	--	01	--	--
22	General paragraphs	--	--	--	--	01	--	01	--	--	--	01	--	--	--	--	--	--	--	--	--	--	--	--
	Total ...	**01**	**--**	**--**	**01**	**12**	**02**	**16**	**03**	**06**	**03**	**13**	**05**	**09**	**04**	**04**	**05**	**13**	**02**	**07**	**06**	**14**	**95**	**34**

Note : Performance Audit (PA) and Compliance Audit (CA)

APPENDIX - IV

Illustrative cases of toxic chemical exposure to workers found in factories

(Reference: Paragraph 3.7.4.3; Page 88)

Name of factory	Date of visit	Findings of SLAs	Remarks
Reliance Industries Limited, Hazira	16-01-2016	Ethylene Oxide four 9.5 ppm against TLV of 1ppm	Ethylene oxide has irritating, sensitizing and narcotic effects. It is a proven carcinogen.
Lupin Limited, Bharuch	02-02-2016	Methanol level found 241 ppm against TLV of 240	Methanol is a highly toxic substance and exposure to it can cause problems of blurriness, skin irritation, permanent motor skill impairment and death if ingested.
Hindalco Industries, Bharuch	26-02-2016	SO_2 level found 4.25 ppm against TLV of 2 ppm	Sulfur Dioxide causes irritation in the skin and mucous membranes of the eyes, nose, throat, and lungs. High concentrations of SO_2 can cause inflammation and irritation of the respiratory system and can affect lung function, worsen asthma attacks, and aggravate existing heart disease in some cases.
Lucky Chemical, Valsad	04-01-2012	Chlorine exposure 2.8 ppm against TLV of 1ppm	Chlorine gas is particularly insidious. Even small exposures can trigger coughing, choking and wheezing, and burn the eyes, skin and throat. Inhaling large amounts constricts the airways by inflaming the lining of the throat and lungs. At time, fluid accumulates in the lungs making it hard to breathe. At high exposures, a few deep breaths are lethal.
Fosrock Chemical, Surat	12-03-2013	Xyline exposure was found 149.99 ppm against TLV of 100 ppm	Exposure to xylene affects hematological parameters, liver size, liver enzymes, auditory memory, visual abstraction etc. Long-term occupational exposures can result in dizziness, fatigue, tremors, anxiety, sleep disruption, headaches, depression, agitation, impaired short-term memory *etc*.

APPENDIX - V

Availability of infrastructure facility for 10 major sports in Sports Complexes

(Reference: Paragraph 3.11.3.3; Page 101)

Sr No.	Sports Complex	Hockey	Athletic track	Football	Lawn Tennis	Volley-ball	Hand-ball	Basket-ball	Badmin-ton	Multi-purpose hall	Swim-ming Pool	Total
1	Nadiad	N	Y	Y	N	Y	Y	N	N	Y	N	5
2	Patan	N	Y	N	Y	Y	N	Y	N	N	Y	5
3	Amreli	N	Y	Y	N	Y	Y	N	N	N	Y	5
4	Himatnagar	N	Y	N	Y	Y	Y	Y	N	N	N	5
5	Surendranagar (Limbdi)	Y	Y	Y	N	N	N	Y	N	N	N	4
6	Surendranagar (Dhrangadhra)	N	N	N	N	N	N	N	N	N	N	0
7	Kachchh-Bhuj (Gandhidham)	N	Y	N	N	Y	N	N	N	N	Y	3
8	Kachchh-Bhuj (Madhapar)	N	Y	N	N	Y	N	Y	N	N	Y	4
9	Ahmedabad	N	Y	N	Y	Y	N	Y	N	N	N	4
10	Panchmahal (Godhra)	N	Y	Y	N	Y	N	Y	N	N	Y	5
11	Narmada (Rajpipla)	N	Y	Y	N	Y	N	N	N	N	N	3
12	Ahwa-Dangs (Saputara)	N	Y	Y	N	Y	Y	N	N	N	N	4
13	Mehsana	N	N	N	Y	Y	Y	N	N	N	N	3
14	Banaskantha (Palanpur)	N	Y	N	N	Y	N	Y	N	N	N	3
15	Banaskantha (Suigam)	N	Y	N	N	Y	N	N	N	N	N	2
16	Porbandar	N	N	N	N	N	N	N	N	N	N	0
17	Bhavnagar	N	Y	Y	N	Y	Y	Y	N	N	N	5
18	Dahod (Devgadhbariya)	N	Y	N	N	Y	Y	Y	N	N	N	4
19	Jamnagar	N	N	N	N	N	N	N	N	N	N	0
20	Anand	N	N	N	N	N	N	N	N	N	N	0

Note : Y - Infrastructure available, N – Infrastructure not availabl