Health and Medical Education Department

3.2 National Family Welfare Programme

Highlights

The National Family Welfare Programme is a demographic as well as a Welfare Programme meant for stabilising population level and at the same time improving maternal and child health care. The programme is cent per cent Centrally Sponsored.

- **Non-allocation of funds by the State Government in its regular budget affected flow of funds and implementation of the programme in the State. The Department had also not sent utilisation certificates and audited statement of accounts to Government of India for the period beyond 1996-97.**

(Paragraph: 3.2.4)

- **Expenditure on salaries ranged between 70 and 100 *per cent* of the total expenditure during 1995-96 to 1998-99 due to which the programme had become a wage programme.**

(Paragraph: 3.2.4 (ii))

- **PAP Smear tests were not conducted at the PP centre Srinagar (Lal Ded Hospital) despite availability of a cyto-technician who was paid idle wages of Rs 3.66 lakh. In the Jammu centre, the cyto-technician was attached to Government Medical College, Jammu and was not consequently involved in the programme.**

(Paragraph: 3.2.5.3)

- **Activities under the Post-Partum Programme were not undertaken as planned as funds for meeting recurring expenditure on contingencies, maintenance of operation theatres, replacement of surgical equipment, POL for vehicles, etc. were not provided. ORG-MARG Survey revealed that Post-Partum care was inadequate and PPCs were poorly equipped. Specialised personnel were not avaialble for attending the referred cases.**

(Paragraph: 3.2.5.4)

- **Physical achievements in respect of sterilisations conducted under the programme declined from 15714 (1995-96) to 11040 (1999-2000). The**

position of IUD[π] acceptors also remained stagnant during the period 1995-99 (except 1997-98). Though the number of OPUs[∞] increased after 1996-97, it was low in comparison to targets fixed for 1995-96.

(Paragraph: 3.2.5.5)

- **Achievements under Child Survival and Safe Motherhood Programme during the period 1995-96 to 1998-99 indicated declining trend in respect of prophylaxis against nutritional anaemia for mothers, except during 1997-98. As regards prophylaxis against blindness in children only 2-13 *per cent* of children receiving first dose of vitamin A were administered full dosage.**

(Paragraph: 3.2.7)

- **No training was imparted in all the eleven ANM[#]/LHV[&] and MPW[⊗] training schools during the period 1995-2000, resulting in payment of idle wages of Rs 2.55 crore (September 1999) to the staff of these schools. The hostel attached to Regional Health and Family Welfare Training Centre at Srinagar was non-functional for want of repairs/renovations and basic amenities.**

(Paragraph: 3.2.8)

- **Non-availability of adequate manpower, laparoscopic equipment, family control devices and medicines affected adversely the working of family welfare centres. Records relating to neo-natal/natal deaths, morbidity, mortality of pregnant ladies, reproductive tract infections, sexually transmitted diseases, etc. had not been maintained in any of the test-checked centres.**

(Paragraph: 3.2.10)

3.2.1 Introduction

The Family Welfare Programme was introduced in the First Five Year Plan in 1952. It was made target oriented and time bound with effect from 1966-67. Maternal and Child Health Services (MCH) designed to improve the health of mothers and children were also integrated with it during the Fourth Plan period. The National Health Policy (NHP) approved by the Parliament in 1983 envisaged attainment of twin goals of 'Health for All' and a 'Net Reproductive Rate' (NRR) of unity by the year 2000 AD. Keeping in view the

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π Intra-Uterine Devices
∞ Oral Pill Users
Auxiliary nursing midwife
& Lady health visitor
⊗ Multipurpose workers

level of achievements made in the Seventh Plan period, it was stated in the Eighth Five Year Plan document that NRR-I would be achievable during the period 2011-16 AD. However, the Report of the Technical group on Population Projection (constituted by the Planning Commission) indicated that the replacement level of NRR-I is achievable only by 2026 A.D.

The main objective of the National Family Welfare Programme (NFWP) was to stabilize population level consistent with the needs of national development by adopting following measures/methods:

(i) Various family welfare/planning measures and temporary methods of birth control so as to bring down the birth and death rates and providing maternal and child health care, post-partum facilities, establishment of referral linkages and immunisation of pregnant women and new borns against all preventable diseases.

(ii) Persuade people to adopt small family norms by popularising the use of conventional contraceptive devices or oral pills, etc.

(iii) Provide medical services, medicines and incentives free of cost at the doorsteps of the acceptors of family planning measures.

These measures were to be achieved through implementation of following schemes/programmes:-

(i) Minimum Needs Programme (Redesigned as Basic Minimum Services (BMS)

(ii) Sterilisation Bed Scheme.

(iii) Post Partum PAP Smear Test facility Programme.

(iv) All India Hospital Post Partum Programme.

(v) Population Research Centre Scheme.

(vi) Child Survival and Safe Motherhood (CSSM) Programme (Renamed as Reproductive Child Health (RCH) Programme).

3.2.2 Organisational set-up

At the State level, Commissioner-cum-Secretary of Health and Family Welfare Department is nodal authority to oversee the implementation of the Programme. The Programme is implemented by Director of Family Welfare, MCH and Immunisation Services through 87 Rural/Urban Family Welfare Centres; 333 Primary Health Centres; 54 Community Health Centres; 1495

sub-centres and 17[&] Post Partum Centres. Besides, 11 ANM/LHV and MPW Family Welfare Training Centres and one Regional Health and Family Welfare Training Centre had been established for imparting requisite training under the programme.

3.2.3 Audit coverage

Implementation of the Programme in the State for the period from 1985-86 to 1991-92 was reviewed in audit during April 1993 to September 1993 and comments included at Paragraph 3.7 of the Report of the Comptroller and Auditor General of India for the year ended March 1993. A further review of the implementation of the programme covering the period from 1995-96 to 1999-2000 was conducted by audit during October 1999 to March 2000 by test-check of the records maintained by Directorate of Family Welfare, MCH[ϕ] and Immunisation in 4[Φ] out of 14 districts of the State, covering 35 *per cent* of the total expenditure. Important points noticed are discussed in succeeding paragraphs.

The services of the ORG centre for social research, a division of ORG-MARG Research Limited was commissioned by the Comptroller and Auditor General of India with a view to obtaining the beneficiary perception of the programme and related matters. The ORG-MARG carried out survey over a sample which covered 1485 households (392 urban and 1093 rural) and 27 centres in the 3[≈] districts, determined on the basis of socio cultural characteristics and development status. Findings of the survey on matters discussed in the report have been included in this review at appropriate places.

3.2.4 Finance and expenditure

The programme is cent *per cent* Centrally assisted. For orientation-training of medical and para medical personnel, the grant is admissible on 50:50 sharing basis between Government of India and State Government which is to be utilised for rent of hostel, contingency, consumable training material, additional teaching staff, class rooms for Health and Family Welfare training Centres, etc. The expenditure on establishment of PHCs, CHCs, sub-centres in rural areas and hospitals and dispensaries in urban areas are met under Minimum Needs Programme.

Total budget provision, central assistance released by Government of India and expenditure incurred thereagainst during the period from 1995-96 to 1999-2000 are detailed below:

[&] Includes two A type teaching PP centres of Medical Colleges Srinagar/Jammu

[ϕ] Maternal and Child Health

[Φ] Srinagar, Jammu, Kathua and Udhampur

[≈] Kathua, Jammu and Udhampur

(Rs in crore)

Year	Budget provision		Total	Central assis-tance received	Expenditure		Total	Less or excess utilisation of Central assistance
	Salary component	Non-salary component			Salary component	Non-salary component		
1995-96	Lumpsum provision under plan without schematic break-up has been provided in the supplementary budget of the State Finance Department		14.59	10.22♦	10.45	4.44	14.89	+ 4.67
1996-97			12.76	7.79	11.75	0.41	12.16	+ 4.37
1997-98			13.39	18.35ℵ	12.30	0.43	12.73	- 5.62
1998-99			15.73	16.01⊗	13.56	0.02	13.58	- 2.43
1999-2000			Nil	18.04	NA	NA	18.50*	+ 0.46*

Non-provision of funds in the regular budget affected adversely the implementation of the programme

For ensuring proper implementation of various Centrally Sponsored Schemes, the State Government is required to make provision, based on its own share and the estimated releases of Central assistance, in its budget. The reimbursement of the expenditure incurred by the State Government is to be claimed subsequently from the Central Government on the basis of utilisation certificates. It was, however, seen that the State Government did not allocate funds for the programme in its regular budget and lump sum provision was made in the Supplementary demand for grants for the years 1995-96 to 1998-99 without schematic breakup. During 1999-2000 even supplementary provision was not made. Accordingly, funds for the programme were provided to the implementing agencies after release of funds provisionally by the Central Government. Non-allocation of funds for the programme in the regular budget affected the flow of funds and consequent implementation of the programme. The Chief Secretary had informed (January 1999) Secretary, Ministry of Health and Family Welfare, Government of India that no formal regular budget was being approved for the Programme by the State Legislature and that the implementation of the programme was adversely affected due to delay in releases of funds by Government of India. Reasons for the failure of the State Government to finance the programme through its own budget initially and claim reimbursement subsequently were neither on record nor intimated. Following points were also noticed:

Utilisation certificates and audited statement of accounts not furnished regularly

(i) The reimbursement of expenditure incurred by the State Government on the programme is subject to furnishing of utilisation certificates alongwith audited statement of accounts. The State Government had sent utilisation certificates and audited statement of accounts only up to 1996-97 reportedly due to non-reconciliation of accounts by the field units.

♦ Includes Rs 2 crore for part settlement of arrears prior to 1995-96.

ℵ Includes arrears of Rs 8.37 crore in full settlement up to 1994-95 and partly for the year 1995-96.

⊗ Includes arrears of Rs 3.11 crore in full settlement up to 1996-97.

* Figures provisional.

The Central Government, however, released payments for the years 1997-98 to 1999-2000 provisionally on the basis of estimates submitted by the Department.

Planned activities of family welfare affected adversely as 70 to 100 *per cent* funds utilised on payment of salary

(ii) The guidelines of the scheme stipulated that financial assistance up to 7.5 *per cent* (raised to 12 *per cent* with effect from April 1998) of the grants given by the Government of India was admissible for Direction and Administration of the family welfare programme in the State, subject to actual expenditure as ascertained from the Accountant General. This was also subject to the condition that the State provided for certain State/District level posts[β]. The State Government had neither provided these posts (except State Media Officer) nor regulated the expenditure on Direction and Administration in conformity with the guidelines of the Government of India. It was seen that the expenditure on salaries constituted 70 *per cent* (1995-96), 97 *per cent* (1996-97 and 1997-98) and 100 *per cent* (1998-99) of the total expenditure under the programme. The envisaged planned activities were, thus, badly affected as discussed in the following paragraphs and the programme degenerated into a wage programme. The main objectives of the programme to stabilise population level and improve maternal and child health care were not, thus, fully achieved.

Funds allocated for implementation of various schemes diverted for payment of salaries

(iii) Against Rs 67.34 lakh released by the Government of India for implementation of four schemes viz. Innovative Publicity, Printing of ECRs[ϕ], Orientation Training of medical/para-medical staff and Reproductive Child Health, the expenditure was incurred merely on payment of salaries instead of implementation of these schemes during the years 1995-96 to 1998-99. Similarly, the expenditure under five other sub-schemes viz. Media Activities, Family Welfare Compensation, POL, Sterilisation Bed Scheme and Medical Termination of Pregnancy during 1995-99 was only 33 *per cent* (Rs 0.77 crore) of the releases (Rs 2.36 crore) made by Government of India. The balance 67 *per cent* grant (Rs 1.59 crore) was utilised on payment of salaries.

Material valuing Rs 9.07 crore sent by Government of India not adjusted in accounts

(iv) Government of India sent material (value: Rs 9.07[ψ] crore) in kind to the State Government during the period 1995-96 to 1999-2000. However, cost of material received had not been adjusted in the accounts.

3.2.5 Implementation

3.2.5.1 Minimum Needs Programme

Family Welfare Services were to be provided to the community through a net-work of Sub Centres (SCs), Primary Health Centres (PHCs) and Community

β Additional/Joint/Deputy Director separately for MCH, Monitoring and Evaluation and Administration, Engineer/Assistant Engineer for State Cold Chain and State Media Officer

ϕ Eligible couple records

ψ 1995-96: Rs 16.40 lakh; 1996-97: Rs 1.64 crore; 1997-98: Rs 1.69 crore; 1998-99: Rs 2.13 crore and 1999-2000: Rs 3.45 crore

Health Centres (CHCs) in the rural areas and hospitals and dispensaries in the urban areas in a phased manner by 2000 AD. The population norms for setting up the Centres and their staffing norms and activities/services to be delivered are as detailed in *Appendix*-11.

Test-check of records and information collected from Director Health Services Jammu/Kashmir and from Director Family Welfare, MCH and Immunisation revealed the following targets and achievements in respect of establishment of these centres:

Centres	**Number of Centres required as per 1991 census**	**Targets fixed**	**In position as on 31 March 2000**	**Shortfall (percentage)**	**Funds released during 1995-2000**		**Actual expenditure**
					By GOI	State	
Sub-Centres	2859	Not fixed	1798	1061 (37)	No separate funds provided for minimum needs programme as per sanctions	Nil	No expenditure under Minimum Needs Programme has been booked by the Department
Primary Health Centres	436	Not fixed	333	103 (24)		Nil	
Community Health Centres	109	Not fixed	54	55 (50)		Nil	

Substantial shortfall in setting up of various health centres as per norms

The percentage of shortfall in establishing SCs, PHCs and CHCs at the end of March 2000 was 37, 24 and 50 respectively. Family Welfare Services were, however, provided in 1495 sub-centres (out of 1798), 5 urban and 82 Rural Family Welfare Centres and 17 PP centres only. However, test-check of records of 2 District Family Welfare Bureax (Srinagar and Kathua) revealed that out of 176 sub centres, 32 were non-functional due to non-availability of ANMs and non-payment of rent for hired buildings. The survey conducted by ORG-MARG also revealed that the PHCs covered, on an average, population of 64062 in plain areas against the norm of 30000. Thus, due to non-provision of funds by the State/Central Governments under the component and substantial shortfall in establishing centres as per norms, the objectives of the programme were not fully achieved.

3.2.5.2 Sterilisation Bed Scheme

The scheme for reservation of sterilisation beds in hospitals run by local bodies and voluntary organisations was introduced in 1964 to provide facilities for tubectomy operations. Such operations conducted in hospitals run by Government are covered under Post Partum Programme. Under the Scheme, local bodies/voluntary organisations were eligible for maintenance grant of Rs 4500 per bed/annum for conducting 60 tubectomy operations and Rs 3000 per bed/annum for 45 such operations. Assistance was to be further reduced proportionately keeping in view the number of operations actually performed.

Poor implementation of scheme

Rupees 2.70 lakh were released by Government of India for maintenance of approved beds during the period 1995-96 to 1999-2000 (September 1999). However, Rs 0.25 lakh only were utilised during 1995-96 and that too in a Government Hospital, which was not covered under the scheme. The balance of Rs 2.45 lakh had been diverted for payment of salaries under other schemes. Against 14 beds approved by Government of India in two hospitals (John Bishop Hospital Anantnag and Khanam Nursing Home Srinagar) under the scheme, the position of beds actually reserved for sterilisation was not available with the Department.

Thus, the objective of the programme of population control through reservation of beds in hospitals run by Voluntary Organisations was not achieved despite release of grants by the Government of India.

3.2.5.3 Post-Partum PAP Smear Test facility Programme

With a view to detect cervical cancer among women, PAP Smear Test facility was introduced by Government of India initially in 25 Medical Colleges in 1977 which was later on extended to other Medical Colleges also. For conducting necessary tests, one post of Cyto-technician is provided under the scheme. The Government of India is to provide salary of the Cyto-technician as per respective State Government scale of pay and Rs 3000 per annum for purchase of glass ware, chemicals, etc. The technician is required to collect/examine smears from women acceptors/non-acceptors of Family Welfare methods, report results of confirmation by Cyto-pathologist, follow up both positive and negative cases and send quarterly report of Post Partum Centres to the Department of Family Welfare of Government of India through State Family Welfare Officers.

PAP smear tests not conducted and salary of Rs 3.66 lakh paid to technician proved unfruitful

Medical Colleges Srinagar and Jammu were implementing the programme in the State and Rs 109.73 lakh were spent mainly on payment of salaries of staff during 1995-96 to 1999-2000 (September 1999). Review of records of above centres revealed that at the PP Centre in Lal Ded Hospital, Srinagar although a Cyto-technician was posted, no PAP Smear test was conducted during the period 1995-96 to February 2000 due to non-availability of laboratory facility, drugs, equipment and para medical staff/technicians, etc. Amount of Rs 3.66 lakh paid as salary to the Cyto-technician, thus, proved unfruitful. In PP centre at SMGS hospital Jammu, the Cyto-technician was attached to Pathology Department of Medical College Jammu after 1996-97. Only 177 Smear tests were conducted during 1995-96 to December 1999 (30 by Cyto-technician and 147 by a laboratory technician) in Gynaecology out-patients department of the hospital. Records indicating cases of smear collected from acceptors/non-acceptors of various family welfare methods, confirmation results reported by Cyto-pathologist, cross checking of positive slides for cancerous lesions, normal slides and follow-up of negative/positive cases for carcinomas were not maintained at the Centre. There was shortage of 8 medical and 2 para-medical personnel vis-à-vis approved staffing pattern in

these 2 centres as of October 1999. Besides, funds for replacement of surgical goods, maintenance of operation theatres, purchase of glassware, chemicals and contingencies had not been provided to these centres which adversely affected their proper working. Quarterly progress reports required to be sent to the State Family Welfare Officer/Government of India were also not furnished by any of these centres.

3.2.5.4 All India Hospitals for Post-Partum Programme

The district/sub-district level Post Partum Centres (PPCs) were to motivate women within the reproductive age group of 15-44 years and their husbands for adopting small family norms through education and motivation during pre-natal, post-natal period and after Medical Termination of Pregnancy. The basic objective of the programme was to provide integral package of maternal/child health and Family Welfare Services, in-service training to medical/para medical staff and outreach services to the targetted population. Under this programme cent *per cent* Central assistance was provided for recurring and non-recurring items. In the State there are 15 PPCs (9 District level and 6 Sub District level).

Funds provided by Government of India, released by the State Government and expenditure incurred during 1995-96 to 1999-2000 were as under:

(Rs in lakh)

Year	Funds provided by Government of India	Funds released by State Government	Expenditure incurred
1995-96	49.01	58.09	61.96
1996-97	48.00	76.98	74.68
1997-98	71.09	76.69	70.10
1998-99	105.81	86.15	89.79
1999-2000	67.50[ψ]	114.88	107.89[*]

Post-partum activities for adopting small family norms not undertaken as envisaged

Funds for meeting recurring expenditure on contingencies, maintenance of operation theatres, replacement of surgical equipment, POL for vehicles and seminars had not been provided to any of the PP centres in the State during 1995-96 to March 2000. Assistance of Rs 3.41 crore released by the Central Government during the period 1995-2000 (September 1999), was utilised mainly on payment of salaries. Consequently, no planned activities were undertaken at these PP centres. ORG-MARG survey also found that Post-Partum care was quite poor in the State as only 15 *per cent* of women were examined within 42 days of delivery and 20 *per cent* had received family planning counselling during natal/post-natal period. The survey further revealed that PPCs were poorly equipped and only 25 *per cent* of the available

ψ Figures up to September 1999
* Figures provisional

Medical Officers had received training and no specialist was available for attending the referred cases.

3.2.5.5 Physical performance

Targets and achievements for the year 1995-96 and achievements for the years 1996-97 to 1999-2000 under family welfare programme including Post-Partum Centres and immunisation are indicated in *Appendix*-12.

Declining trend in sterlisations

Onus of adopting birth control measures mainly on women

While there was a declining trend in the number of sterilisations from 15714 in 1995-96 to 11040 in 1999-2000, the position of IUD acceptors remained more or less stagnant during the period from 1995-96 to 1998-99, except for the year 1997-98. It was also seen in audit that the percentage of male sterilisation (vasectomy) to total sterilisations conducted was only 5 during 1995-96 which further declined to 2 during 1999-2000. This indicated that onus of adopting birth control measures was mainly on women. Though the number of oral pill users had increased after 1996-97, it was low in comparison to the targets fixed for 1995-96. Reasons for decline in the family welfare activities were neither placed on record nor intimated.

Contribution of PP programme to family welfare not assessed/ monitored

Decline in post-partum activities

The effectiveness of the PP Programme and its contribution to family welfare in the districts had neither been monitored nor assessed at any level during 1995-96 to 1999-2000 due to non-receipt of quarterly progress reports from 14 out of 15 PP centres. The Co-ordination Committee for PP centres had also not been constituted. Test-check of records in 4 PP centres (Jammu and Kathua districts) revealed that there was overall decline in the contribution of these centres towards the family welfare activities of the concerned districts during 1995-96 to 1998-99. The percentage decline in the activities of these centres during 1998-99 ranged between 1 and 8 vis-à-vis performance during 1995-96. Following further points were also observed in test-check of records of 3[≠] district and 1[∞] sub-district level PPC[f].

Substantial shortfall in immunisation of expected mothers and children despite availability of vaccines free of cost

(i) Shortfall in immunisation of expected mothers and children against various diseases (Tetanus, Polio, TB, Measles, Diphtheria, etc.) ranged between 9 and 69 *per cent* during the period from 1995-96 to 1999-2000 (January 2000) despite the fact that vaccines were provided free of cost by the Central Government. As seen in audit, the shortfall was mainly due to the failure of the Health Workers/ANMs to visit the families and local communities in their areas and to educate them.

(ii) Emergency services viz. vehicles for providing transport to patients, referral services for high-risk women and home visits by ANMs were not available at any of these centres.

≠ JLNM Hospital Srinagar, Gandhi Nagar Hospital Jammu and District Hospital Kathua

∞ Sub-district Hospital Billawar

f Post-Partum Centre

Required health care facilities not provided to pregnant women and children

(iii) Stock of iron tablets for mothers, Folic Acid and Vitamin A for children were not available in 4 PP centres for the periods ranging from 4 to 15 and 20 to 39 quarters (against 76 quarters) during the period 1995-96 to 1999-2000 (December 1999). This deprived the pregnant women and children of the required health care during these quarters.

Data base of various tests conducted and follow up action taken not maintained/ monitored

(iv) Records indicating the number of tests required and actually conducted for early detection of complications, number of maternal and neo-natal deaths and causes therefor and direct acceptors out of total obstetrics/abortion cases at the PP centres had not been maintained. Designing and printing of cards in three different colours to ensure proper follow-up system was not undertaken in four test-checked PP centres. The percentage distribution of acceptors of family planning methods by parity (number of children) in four test-checked post-partum centres (district and sub district level) during 1995-96 to 1999-2000 (September 1999) was as under:

	Total	**2 or less children**	**3 or more children**	**Not available**
		(Percentage)		
Tubectomy	11144	19	80	1
Vasectomy	798	30	70	-
IUD	2009	54	25	21

Lower percentage of couples opting for 2 or lesser number of children showed lack of motivation among the couples for adopting small family norms.

(v) Under the target free/Community Needs Assessment Approach adopted by the Department, ANMs/Health Workers were required to consult families and local communities in their areas in the beginning of the year to assess their needs and preferences and work out an Action Plan for implementation of the Programme and requirements for the coming year at the Sub-centre, PHC and District level. However, no such surveys were conducted to set up goals and to prepare Action Plans for the ensuing year. The programme also envisaged natal and post-natal visits by the family welfare personnel which too had not been conducted. The programme as a result was implemented without setting out targets/goals at the sub-centres and district levels and the objective of improving quality of services by adopting target free approach was not achieved.

Achievements of demographic goals like Crude Birth Rate, Crude Death Rate, etc. not monitored

(vi) The demographic goals laid down in National Health Policy 1983, to be achieved by the year 2000, included Crude Birth Rate (CBR) of 21 per thousand, Crude Death Rate (CDR) of 9 per thousand and Annual Natural Growth Rate of 1.2 *per cent*. It also envisaged achievement of Infant Mortality Rate (IMR) of below 60 per thousand live births and effective Couple Protection Rate (CPR) of 60 *per cent.* It was, however, seen in audit that no census/survey was conducted during the period under review to determine and evaluate the achievements in the State vis-a-vis stated objectives relating to

CBR, CDR, IMR, etc. and fix revised targets, etc. for the State on the basis of actual achievements. The Couple Protection Rate as assessed by the Department showed a decline from 17.6 *per cent* in 1994-95 to 16.5 *per cent* in 1996-97 which was much lower than the National average of 45.4 *per cent* (1996-97). No exercise to determine the CPR was undertaken thereafter. As such, the progress made in achievement of demographic goals in the State could not be evaluated in audit.

3.2.6 Population Research Centre Scheme (PRCS)

The Population Research Centre (PRC) functioning in Kashmir University was selected as one of the centres under Population Research Centre Scheme (PRCS). The PRC, which is autonomous in its day to day working, was to get cent *per cent* grant from Government of India. Studies and findings of the Centre are to be utilised for improvement of Family Planning and Reproductive Health Programme.

During 1995-96 to 1998-99 an amount of Rs 23.50 lakh was released for the purpose against which the actual expenditure was Rs 21.16 lakh up to March 1999.

The Centre undertook research studies for 18 topics out of which studies on 14 topics (13 selected by Government of India and one by Population Research Centre) were completed during 1995-96 to the end of January 2000. No report on these studies had, however, been prepared/published in any journal at National/International level after 1996-97. Before that the studies were published by Ministry of Health and Family Welfare, Government of India in population research bulletin.

Research Co-ordination Committee constituted in the year 1996 with Commissioner/Secretary, Medical Education Department as its Chairman was to provide a forum for exchange of ideas and study findings between programme administrators and researchers for better utilisation of the findings and identification of the areas in which further research was required. The Committee was to conduct 10 meetings during 1995-96 to 1999-2000 against which only one meeting was held (October 1998). Decisions/ conclusions arrived at the meeting and follow up thereof were not available. The utilisation of the grants of Rs 23.50 lakh could not, therefore, be vouchsafed in audit.

3.2.7 Child Survival and Safe Motherhood (CSSM)/ Reproductive Child Health (RCH) Programme

In the Eighth Plan (1992-97), various programmes, viz. Universal Immunisation, Oral Rehydration Therapy (ORT) and other related programmes of Maternal and Child Health (MCH) were integrated under CSSM Programme. In Ninth Plan (1997-2002) CSSM programme was

renamed as RCH and included providing of facilities for treatment of Sexually Transmitted Diseases and Reproductive Tract Infections (RTI).

The objective of the programme was to ensure availability of services for assuring reproductive child health care to all citizens for achieving stable level of population for the country in the medium and long term.

Funds released by Government of India and expenditure incurred under CSSM and RCH were as under:

(Rs in lakh)

Year	Funds released by Government of India	Expenditure	Saving
CSSM			
1995-96	64.01	18.96	45.05
1996-97	48.59	25.91	22.68
1997-98	38.10	31.93	6.17
Total	**150.70**	**76.80**	**73.90**
RCH			
1998-99	9.53		
1999-2000	206.17	77.39	138.31
Total	**215.70**	**77.39**	**138.31**

Database of target group not maintained

The services were primarily aimed at pregnant women, infants and children up to the age of 5 years. For effective implementation of the programme, identification of the beneficiaries in the service area at sub-centres, PHCs, CHCs and district level centres was necessary. It was, however, seen in audit that none of the 15 Rural Family Welfare Centres, 1 Urban Family Welfare Centre and 6 PP Centres test-checked in audit had maintained a database of vulnerable women in the reproductive age group, infants and children with status of their immunisation nor had any action plans been prepared. The basis for the implementation of the programme and its effectiveness in absence of requisite data was not susceptible to verification in audit. Mother and Child Health Care Services were to be provided under the programme through two preventive treatment schemes. Daily dose of iron and folic acid for a period of 100 days to all pregnant women/mothers and vitamin A to infants up to 5 years age, was to be given (in 8 monthly doses) as a prophylactic measure against nutritional anaemia and blindness. Targets fixed and achievements thereof under the scheme for the period 1995-96 to 1999-2000 were as under:

(Numbers in lakh)

Prophylaxis against nutritional anaemia							Prophylaxis against blindness in children	
	Mothers			Children				
Year	Pregnant women•	Targets	Achievements (percentage)	Children up to 5 years of age	Targets	Achievements (percentage)	Targets	Achievements
1995-96	2.81	2.73	1.53 (56)	11.07	1.81	1.10 (61)	1.78	3.34
1996-97	2.89	2.73	1.13 (41)	11.38	1.81	0.93 (51)	1.78	2.93
1997-98	2.96	*	1.58	11.68	*	1.06	*	3.65
1998-99	3.04	*	1.06	12.00	*	1.40	*	3.98
1999-2000	3.13	*	1.40	12.32	*	1.70	*	12.93

Achievements in administering preventive medicines against nutritional anaemia/blindness to mothers/children declined

The estimated number of pregnant women and children up to 5 years of age during the years 1995-99 was not *prima facie* correct as increase in the number of children was much more than the increase in number of pregnant women during the corresponding period. Percentage achievement against targets in respect of prophylaxis against nutritional anaemia for mothers declined from 56 in 1995-96 to 41 in 1996-97 despite the fact that targets fixed did not cover the entire estimated population of the pregnant women. There was also sharp decline in respect of prophylaxis against nutritional anaemia for mothers in 1998-99. Similarly, the achievements against targets in respect of prophylaxis against nutritional anaemia for children declined from 61 *per cent* in 1995-96 to 51 *per cent* in 1996-97. The shortfall/declining trend was due to shortage of medicines, family welfare devices as discussed at para 3.2.10 and poor contact with the beneficiaries/follow up by the departmental functionaries. The achievements under prophylaxis against blindness in children during 1995-96 to June 1999 were overstated as these represented aggregate of eight doses administered to children.

For prophylaxis against blindness, eight monthly doses of Vitamin A were to be administered to children up to 5 years of age. Review of records relating to administration of Vitamin A to children during the period from 1995-96 to 1999-2000 (June 1999) revealed the following:

Year	Doses administered			
	Initiated Ist Dose	Continuing 2nd to 7th dose[&]	Completed 8th dose	Percentage of completed 8th dose to 1st dose
1995-96	144959	186269	2901	2
1996-97	135110	148627	9184	7
1997-98	152092	195875	16754	11
1998-99	156993	220429	21124	13
1999-2000 (ending June 1999)	36580	49351	3222	9

• Estimated number
* Target free approach
& Aggregate of 2nd to 7th doses

Full doses of Vitamin A not administered to 87 to 98 *per cent* of children covered

It would be seen that only between 2 and 13 *per cent* of children receiving the Ist dose of Vitamin A were administered full doses during the period 1995-96 to 1999-2000 (June 1999) which was indicative of poor contacts with the beneficiaries and also deprived a large number of children, ranging from 87 to 98 *per cent,* of prophylaxis against blindness.

Rupees 1.38 crore not utilised and kept in bank

The programme merged with the Reproductive and Child Health Programme during the 9th plan, was taken up in the State from April 1998 and Rs 215.70 lakh were released by Government of India during the period from April 1998 to March 2000 for strengthening the infrastructure viz. execution of works and procurement of drugs, equipment and for imparting training, etc. Of this, Rs 20.68 lakh (office contingencies: Rs 6.00 lakh; medicines: Rs 0.32 lakh; other purposes: Rs 14.36 lakh) were utilised and Rs 56.71 lakh were advanced to various agencies for execution of civil works (Rs 43.50 lakh), payment of honorarium to laboratory technicians (Rs 8.40 lakh) and awareness generation training (Rs 4.81 lakh) up to March 2000. The balance of Rs 138.31 lakh was kept in a bank account as the same was to be utilised in a phased manner. The envisaged objective of the programme had not, thus, been achieved in the State.

3.2.8 Training

There are 11 training schools for imparting basic training to Health Workers and 1 Regional Health and Family Welfare Training Centre for providing in-service training to health personnel deployed under rural sector in the State. Funds released and expenditure incurred during 1995-96 to 1999-2000 were as under:

Category of Training		Funds released by GOI and expenditure incurred (Rs in lakh)	Period				
			1995-96	1996-97	1997-98	1998-99	1999-2000 (September 1999)
(i)	ANM/ LHV	Funds released Expenditure	15.98 31.35	16.00 36.65	30.00 44.04	51.00 50.08	NA 25.82
(ii)	In service training in Health and Family Welfare	Funds released Expenditure	9.61 21.18	11.00 18.36	13.00 21.04	14.63 16.99	NA 10.73
(iii)	Multipurpose worker	Funds released Expenditure	3.00 13.03	1.50 15.90	Nil 13.88	Nil 15.96	NA 8.55
(iv)	Village Health Guide (Orientation training of medical and para medical personnel)	Funds released Expenditure	1.00 Nil	0.25 Nil	Nil Nil	Nil Nil	NA Nil

Following points were noticed.

(a) ANM/LHVs and MPW training schools

Basic training to Health Workers not imparted and idle wages of Rs 2.55 crore paid to staff of training schools

All the eleven♣ training schools set up for imparting basic training to Health Workers were non-functional as no training was imparted during the period 1995-96 to 1999-2000. This resulted in payment of idle wages of Rs 2.55 crore up to September 1999 to the staff comprising medical officers, public health workers and clerical staff in these schools. Reasons for not utilising the staff gainfully were not intimated. Besides, the objective of providing training facilities to the Basic Health Workers for improving efficiency and providing proper health services under the programme was not achieved.

(b) Regional Health and Family Welfare (RHFW) Training Centre Srinagar

Test-check of the records of RHFW Training Centre (intake capacity of 50 candidates) meant for providing in-service training to health personnel deployed under rural sector revealed as under:

Year	No. of courses to be imparted as per annual roster	No. of training courses actually held	Duration of training (in days)	No. of candidates
1995-96	No Roster framed	8	6 to 30	215
1996-97	No Roster framed	3	10 to 15	39
1997-98	Trainings-26 Workshops-7	2 -	15 -	60 -
1998-99	Trainings-17	9	6 to 10	172
1999-2000 (September 1999)	No Roster framed	20	1 to 15	648

It would be seen that there was shortfall in holding 32 training courses (74 *per cent*) during 1997-98 and 1998-99 and as against the target of holding 7 workshops in 1997-98, not a single workshop was held. Further, neither had funds been provided for training purposes nor was any vehicle provided to these centres as required under the scheme. It was further noticed that the hostel attached to the training centre was non-functional for want of repairs/renovations and lack of basic amenities and the hostel staff (2 wardens and 3 bearers) had been paid idle wages of Rs 8.70 lakh during 1995-96 to 1998-99.

Idle wages of Rs 8.70 lakh paid to staff of a non-functional hostel

3.2.9 Information, Education and Communication

Information, Education and Communication (IEC) play a significant role in the dissemination of information relating to family planning methods and in motivating eligible couples to adopt small family norms. The activities had to

♣ Multipurpose workers training school: 3; Auxiliary nursing midwives/lady health visitors: 8

be community-based and local-specific social objectives such as raising the age of marriage, neutralising the preference for male child, suitable spacing, etc. The activities had to be carried out at State/District and Peripheral level by organising camps, holding of exhibitions and installation of hoardings in prominent areas. An IEC cell with effective staff strength of 58 (State Bureax: 3; District Bureax: 55) was functioning in the State. Though the State cell had been submitting annual action plans for these activities, the same had not been implemented reportedly due to paucity of funds. It was, however, noticed in audit that out of Rs 97.18 lakh allocated by Government of India during 1995-96 to 1998-99 (1995-96: Rs 32.58 lakh; 1996-97: Rs 19.91 lakh; 1997-98: Rs 25.69 lakh; 1998-99: Rs 19.00 lakh) for the purpose, Rs 0.73 lakh only were spent on media activities during 1995-96 and the balance of Rs 96.45 lakh (99.25 *per cent*) was utilised for payment of salaries to the staff of Family Welfare Department. This evidently led to shortfall in achievement of objectives of the programme and consequent failure to motivate the beneficiaries to adopt small family norm. As per ORG-MARG study, the IEC component of the programme was quite weak and only 6 *per cent* of beneficiaries were aware about any IEC activities. The availability of IEC material at the family welfare institutions was also unsatisfactory.

99 *per cent* of the scheme funds utilised for payment of salaries

3.2.10 Family Welfare Centres

Family welfare services in the State are primarily rendered through family welfare centres. Conventional contraceptives (CCs), Oral Pills (OPs), intra-uterine devices (IUD), fallopian rings, etc. and medicines/vaccines supplied by the Central Government are distributed/supplied free of cost to eligible couples through these centres. Out of 5 urban and 82 rural family welfare centres, records of 1 Urban (SMHS Hospital Srinagar) and 15♣ Rural Family Welfare Centres including their sub-centres in 4 districts were test-checked which revealed as under:

(a) Staffing

The position of the sanctioned/available staff as on 31 March 1999 in respect of test-checked Urban and Rural Family Welfare Centres was as under:

	Rural Family Welfare Centres		Urban Family Welfare Centres	
	Sanctioned staff	**In position**	**Sanctioned staff**	**In position**
Medical	15	13	1	Nil
Paramedical	90	50	4	2
Others	15	17	1	1

♣ Tikri, R.S.Pora, Kot Bhalwal, Dansal, Hiranagar, Parole, Akhnoor, Samba, Ramgarh, Bishnah, Sohanjana, Purmandal, Pallanwala , Katra and Reasi

No Medical Officer had been posted in the urban family welfare centre at Srinagar (SMHS Hospital) and Rural Family Welfare Centres at Pallanwalla and Reasi. 45 *per cent* of paramedical posts were vacant. Seven Rural Family Welfare Centres out of 15 were not provided with the services of ANMs. None of the Rural Family Welfare Centres were provided with the services of a female attendant for ANMs except at Akhnoor. As regards sub-centres, 435 sub-centres out of 1495 in the State were without services of ANMs. Survey conducted by ORG-MARG also revealed that only a few sub-centres were having ANMs who had, however, received training in Acute Respiratory Infection/Community Needs Assessment. Shortage of medical and para medical staff was bound to affect adversely immunisation and family planning activities under the programme.

Database of eligible couples, mortality of pregnant ladies and occurance of diseases, etc. not maintained for preparing Action Plans

(b) Eligible couple registers, case card systems, records for neo-natal/natal deaths, morbidity, mortality of pregnant ladies, reproductive tract infections and sexually transmitted diseases were not maintained in any of the test-checked Rural Family Welfare Centres. No proper system for visits by ANMs/LHVs in field areas was followed as no tour visit registers/diaries were maintained. This resulted in non-assessment of needs/requirements of the eligible families for preparing Action Plans and providing requisite services in the service areas. ORG-MARG survey revealed that visits of health workers to the households in rural areas were only 13 *per cent* and in urban areas, no visit of health workers had taken place in the last 12 months. Details of follow-up, date of expulsion of IUDs and number of couples protected through this method had not been maintained.

Facilities for high risk deliveries not available

(c) Facilities for high-risk deliveries, caesarian operations were not available at Ramgarh, R.S. Pura, Kotbalwal, Purmandal, Pallanwala, Dansal, Hiranagar, Katra and Parole centres.

Laparoscopes not available in all centres and 43 *per cent* of available laparoscopes out of order

(d) Against the requirement of 155 laparoscopes for 103 trained teams (1.50 laparoscope for each Rural, Urban and post-partum team), 121 laparoscopes (78 *per cent*) were available. Of these, 52 (43 *per cent*) were out of order since 1995-96. No steps had been taken by the Department for their replacement/repairs. Eight out of 15 rural centres were without laparoscopic equipment and trained teams. In 3 rural centres (Samba, Sohanjana and R.S.Pora), Karl Storz laparoscopes provided in November-December 1996 were lying idle for want of carbon dioxide cylinders and trained staff to operate these.

Contraceptives/ medicines not available at the centres most of the time

(e) Stocks of conventional contraceptives and IUDs were not available for periods ranging from one to 12 months. Fallopian rings for one to nine months, oral pills for one to 24 months and medicines (Iron tablets and vitamin A solution) for one to 17 months were also not available in stock. In the provincial stores at Srinagar/Jammu, however, 1.68 lakh packets of ORS, 5.83 lakh doses of T.Toxide, Oral Polio, measles vaccines and 4.31 lakh tablets of iron supplied by the Central Government during the period from

October 1994 to September 1999 had expired. In addition, 15765 IUDs in these stores had also expired which indicated poor inventory management of family welfare devices and medicines in the Department.

3.2.11 Monitoring and Evaluation

Programme not monitored/ evaluated

The Programme was neither monitored at State/District level nor was ever evaluated at any stage although a Secretariat cell headed by an Under Secretary (Family Welfare) existed in Administrative Department since 1995-96. Regional Director Government of India had also not conducted any sample verification of family welfare acceptors from 1991-92 onwards nor monitored the Family Welfare, MCH& Immunization activities in the State.

3.2.12 Recommendations

The programme needs to be implemented in the State in a planned manner in accordance with guidelines of the Central Government, providing adequate funds regularly in the Budget. Monitoring of the programme at all levels needs to be ensured for achieving the objectives of the programme.

The above points were reported to Government/Department in July 2000; reply had not been received (December 2000).

Appendix-11

(Reference: Paragraph: 3.2.5.1; Page: 54)

Statement showing population norms for setting up of centres and their staffing norms.

Centres	Population norms for establishment in		Agencies responsible for establishment and maintenance of centres	Staffing norm	Services to be provided
	Plain Area	Hill/ Tribal area			
SCs	5000	3000	All Sub Centres established after 1 April 1981 were funded by Government of India. Sub-centres functioning prior to 1 April 1981 were funded by State under Minimum Needs Programme	One Multipurpose worker (Male), MPW (Female) or ANM	Contact point between Primary health care and community
PHCs	30000	20000	State Government under MNP	A medical officer assisted by 14 para-medical and Non-medical staff	First contact point between village community and MO. It has 4-6 beds for treatment of patients and acts as referral unit for 6 sub-centres.
CHCs	120000	80000	State Government under MNP	4 Medical specialists supported by 21 medical and para medical staff.	It serves as referral centre for 4 PHCs and has 30 indoor beds with Operation Theatre, X ray and laboratory facilities.

Appendix-12

(Reference: Paragraph: 3.2.5.5; Page: 57)

Statement showing targets and achievements in respect of Post-Partum centres and immunisation.

	1995-96		1996-97	1997-98	1998-99	1999-2000
Activity	**Target**	**Achievement (*per cent*)**	**Achievement**	**Achievement**	**Achievement**	**Achievement**
Birth Control						
Sterilisation	22600	15714 (70)*	15388*	12510*	11471*	11040*
Intra Uterine Contraceptive Device (IUD)	30600	9518 (31)	9551	12926	9988	13537
Conventional Contraceptive Users (CCUs)	NA	10285	7469	13814	9369	12312
Oral Pill Users (OPUs)	11300	3138 (28)	3031	4215	4482	5270
Immunisation						
DPT	247600	196773 (79)	206409	242462	235449	248032
Polio	247600	198998 (80)	209792	240986	238023	250564
BCG	247600	248042 (100)	226592	277108	258536	279115
Measles	247600	177011 (71)	167710	204690	201928	211740
TT (PW)	273100	115810 (42)	125429	140403	164107	200910

* Includes male sterilisation 1995-96: 722; 1996-97: 692; 1997-98: 404; 1998-99: 215 and 1999-2000: 201.