HEALTH AND FAMILY WELFARE DEPARTMENT

1.3 National Rural Health Mission (NRHM)

Highlights

The National Rural Health Mission was launched in April, 2005 in the country to bridge gaps in healthcare facilities, facilitate decentralized planning in the health sector, provide an overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive & Child Health, Vector Borne Disease Control Programme, Tuberculosis, Leprosy, Blindness Control Programmes and Integrated Disease Surveillance Project and also to address the sector wise health issues like sanitation and hygiene, nutrition etc., and advocate convergence with related social sector departments.

Facility survey was not carried out for any Sub Centre in the State till March 2009.

(Paragraph 1.3.7.1)

District Health Action Plans were prepared without preparation of Block and Village level plans

(Paragraph 1.3.7.2)

As of 31 March 2009, funds of Rs.103.77 crore remained unutilised. Untied Fund and Maintenance Grant were not released to any Rogi Kalyan Samities at Community Health Centres during 2005-07 and 2005-09 respectively.

(Paragraph 1.3.8.1 and 1.3.8.2)

Infrastructure provided at health centres was inadequate and critical equipments were found wanting in the Community Health Centres test checked.

(Paragraphs 1.3.9.2 and 1.3.9.2.1)

Vacancies of medical and para-medical staff in Community Health Centres, Primary Health Centres and Sub Centres in the State ranged between 12 and 100 per cent with reference to sanctioned strength and between 16 and 100 per cent with reference to Indian Public Health Standards.

(Paragraph 1.3.10.3)

Printing work of Rs.1.08 crore was got executed without inviting open tenders.

(Paragraph 1.3.11.1)

Medicines worth Rs.1.45 crore were purchased from two de-registered companies.

(Paragraph 1.3.11.2)

Printing work of Rs.1.44 crore was got done by three black listed parties.

(Paragraph 1.3.11.3)

Number of pregnant women registered at any health centre in the State as a whole indicated a decline as of 31 March 2009. Iron Folic Acid was administered during 2008-09 to only 44 *per cent* of pregnant women registered. The achievement of Institutional Deliveries vis-a-vis the target ranged between 63 and 82 *per cent* during 2005-09.

(Paragraph 1.3.12.3)

Annual targets for Pulse Polio Immunisation was achieved during the period 2005-09.

(Paragraph 1.3.12.4)

Percentage of vasectomy to the total sterilisations was a meagre 2.92.

(Paragraph 1.3.12.5)

1.3.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Government of India (GOI) on 12 April, 2005 throughout the country with special focus on 18 States. In Gujarat State it was operationalised in August 2005.The key strategy of NRHM was to bridge gaps in healthcare facilities, facilitate decentralized planning in the health sector, provide an overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive & Child Health (RCH)-II, Vector Borne Disease Control Programme, Tuberculosis, Leprosy, Blindness Control Programmes and Integrated Disease Surveillance Project. The Mission envisages increasing expenditure on health, with a focus on primary healthcare, from the current level of 0.9 *per cent* of GDP to 2-3 per cent of GDP over the mission period (2005-2012).

1.3.2 Organisational Set up

At the State level, NRHM functions under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister. The State Health Society (SHS) a governing body headed by the Chief Secretary of the State, approved the Annual State Action Plan for NRHM and reviewed its implementation. The Principal Secretary, Health and Family Welfare Department (Department) was the head of the Executive Committee of SHS which reviewed the detailed expenditure and implementation, approved proposals from districts and other implementing agencies and executed the

approved State Action Plan including release of funds for programmes at State level. At district level, the Mission was headed by the President of the District Panchayat. The District Health Society (DHS), which is responsible for preparation of Annual District Health Action Plan and its implementation, was headed by the District Collector who was assisted by the Chief District Health Officer, an executive committee headed by District Development Officer and District Programme Committees headed by District Programme Officers for various disease control programmes and Reproductive and Child Health and Family Welfare. The organisational chart is given in **Appendix XXII.**

The implementation of the various disease control programmes was supervised by their respective heads. The various components/ activities of NRHM were implemented through 274 Community Health Centres (CHCs), 1080 Primary Health Centres (PHCs) and 7274 Sub Centres (SCs) in the State.

1.3.3 Mission Objectives

The main objectives were:

- to provide accessible, affordable, accountable, effective and reliable health-care facilities in the rural areas especially to the poor and vulnerable sections of the population,
- to involve the community in planning and monitoring,
- to reduce infant mortality rate, maternal mortality rate and total fertility rate for population stabilization and
- prevention and control of communicable and non-communicable diseases, including locally endemic diseases.

1.3.4 Audit Objectives

The objectives of the performance audit were to verify whether:

- planning, monitoring and evaluation procedures at the level of Village, Block, District, State achieved its principal objective of ensuring accessible, effective and reliable healthcare to the rural population,
- release of funds, utilization of funds released and accounting thereof was adequate,
- the Mission achieved capacity building and strengthening of physical and human infrastructure at different levels as planned and targeted,
- the procedures and system of procurement of drugs and services, supplies and logistics management were cost effective, efficient and ensured improved availability of drugs, medicines and services and

- ✍ the performance indicators and targets fixed specially in respect of reproductive and child healthcare, immunization and disease control programmes were achieved.

1.3.5 Audit Criteria

The audit criteria adopted were:

- ✍ GOI guidelines on the scheme and instructions issued from time to time,
- ✍ State Programme Implementation Plan (PIP) approved by Government of India (GOI),
- ✍ Memorandum of Understanding (MOU) between GOI and the State Government and
- ✍ Indian Public Health Standards (IPHS) for up gradation of CHCs, PHCs and SCs.

1.3.6 Audit Methodology and Scope of audit

The performance audit was conducted between April and October 2008 and between February and May 2009 covering the period 2005-06 to 2008-09 by test check of records in SHS, six DHSs (out of 25) along with 18 CHCs (out of 274), 36 PHCs (out of 1080) and 72 SCs (out of 7274) including selected records of Rogi Kalyan Samities at selected CHCs, PHCs and district hospitals in the districts as detailed in **Appendix XXIII.**

Districts were selected using Probability Proportional to Size With Replacement (PPSWR) independently for various regions with size measure as the total amount of grants-in-aid released to the respective District Health Society during the years 2005-08 by the State Health Society.

In each sample district, three CHCs, six PHCs and twelve Sub Centres were selected using Sample Random Selection Without Replacement (SRSWOR).

An entry meeting was held on 10 April 2008 with the Joint Secretary of the Department wherein the audit objectives and criteria were discussed. Exit meeting was held on 09 September 2009 with the Joint Secretary of the Department wherein the audit findings were discussed.

Audit Findings

1.3.7 Defects and shortcomings in system of planning

1.3.7.1 Deficiency in surveying of facilities

Facility survey was not carried out at SC level to identify the deficiencies

NRHM strives for decentralized planning and implementation arrangements to ensure that need-based and community-owned District Health Action Plans become the basis for interventions in the health sector. The districts were

required to prepare Perspective Plan and Annual Action Plans for the Mission period. Household survey and facility survey at the levels of Village, Block and District were to be conducted for comprehensive district planning and assessing the progress of the Mission.

It was observed that Annual Action Plans for 2005-06 and 2006-07 were prepared based on annual household survey conducted at Sub-Centre level without conducting facility survey. Annual Action Plans for 2007-08 and 2008-09 were prepared based on facility survey conducted at PHC and CHC levels only, without conducting facility survey at SC level. In the absence of facility survey at the SC level, the extent of deficiencies in availing facilities and services were not identified. Some of the important deficiencies noticed in the selected SCs are detailed in para 1.3.9.2.

1.3.7.2 Non preparation of Block and Village level Action Plans

DHAPs were prepared without preparation of Block and Village level plans

As per the NRHM framework, village and block level plans were to be prepared, and consolidated into the District Health Action Plan (DHAP) forming the basis for all interventions under the Mission.

It was however, observed that District Health Action Plan was not prepared by consolidating the Block level action plans in any of the four years 2005-06 to 2008-09, in any district in the State as the Block level plans were not prepared in any of the four years.

In the six sampled districts, village level action plan required to be prepared during the years 2007-08 and 2008-09 were not prepared by 2969 (out of 3786) and 2680 (out of 3791) villages respectively **(Appendix XXIV).**

SHS stated that the districts prepared their plans as per demands generated at every level and the requirements raised by the lower levels were consolidated at block level which were taken into consideration while preparing District Health Action Plans. However, these demands were not documented in the form of Block and Village level Action Plans. The reply is not acceptable in the absence of documented evidence.

Non preparation of Village and Block level plans and its merger into the district health action plan led to preparation of a plan which lacked ground level inputs which was one of the essential requirements as per the framework of NRHM.

1.3.7.3 Delay in preparation and approval of annual Programme Implementation Plans (PIP)

Delay in submission of State PIPs for 2007-08 and 2008-09 to GOI was to the extent of 91 and 95 days respectively

As per the framework of NRHM, milestones in the process of preparation of PIP and approval thereof were prescribed. Adherence to these milestones was essential to ensure release of funds and early implementation of programme interventions as envisaged in the PIP. It was, however, observed that milestones prescribed were not adhered to resulting in delays which

consequently had adverse implications on implementation of PIP. The delay in submission and approval of plan is given in Table 1.

Table - 1

Sr. No.	Activity	2007-08			2008-09		
		Due Date	Actual Date	Delay in days	Due Date	Actual Date	Delay in days
1	Approval of plan by Governing body and submission of State PIP to the GOI.	15-12-2006	16-03-2007	91	15-11-2007	18-02-2008	95
2	Appraisal of State PIP by National Programme Co-ordination Committee of GOI.	31-01-2007	19-06-2007	139	15-12-2007	14-03-2008	90
3	Communication of GOI approval of the State PIP	15-02-2007	23-08-2007	189	15-02-2008	01-05-2008	76
4	Communication of the State approval of District Action Plans to the districts.	28-02-2007	11-09-2007	195	28-02-2008	09-06-2008	102

The delays in respect of PIPs for the years 2005-06 and 2006-07 could not be computed for want of information from the department.

1.3.8 Funds Management

1.3.8.1 Non-utilisation of funds

Funds were released by the Central Government to the State through three different channels, i.e. State Finance Department[80], directly to SHS[81] and directly to the State level disease control societies.[82]

Funds were provided to SHS on the basis of approved State Programme Implementation Plans (PIPs) by the GOI. The State was required to reflect its requirements in a consolidated PIP containing individual programmes[83]. During 2005-06 and 2006-07, hundred *per cent* grants were provided to State. From the Eleventh Plan Period (2007-12) State was to contribute 15 *per cent* of the funds required annually. The State contributed Rs.87.88 crore (24 *per cent*) and Rs.75.68 crore (12 *per cent*) of annual action plan during the years 2007-08 and 2008-09 against the requirement of Rs.55 crore and Rs.91.26 crore respectively.

[80] Under the heads: Direction & Administration, Rural Family Welfare Service, Urban Family Welfare Services, Grants to State Training Institution, Sterilisation Beds, Other funds through state budget

[81] Under the heads: Information, Education, Communication; Reproductive Child Health Flexible Pool; NRHM Additionalities; Routine Immunisation ; Pulse Polio Immunisation ; National TB Control Programme(from financial year 2007-08);Integrated Disease Surveillance Programme(from financial year 2008-09)

[82] Under the heads: National Vector Borne Disease Control Programme, National TB Control Programme(up to 2006-07); Integrated Disease Surveillance Programme (up to 2007-08); National Leprosy Eradication Programme, National Programme for Control of Blindness, Iodine Deficiency Disorder Disease Control Programme

[83] (a) Reproductive Child Health Care (RCH), (b) Additionalities under NRHM, (c) Immunisation, (d) Revised National TB Control Programme (RNTCP), (e) National Vector Borne Disease Control Programme (NVBDCP), (f) Other National Disease Control Programmes (NDCPs) and (g) Inter-sectoral issues

Details of grants received and expenditure incurred by SHS during 2005-09 were as given in Table 2.

Table - 2

(Rs. in crore)

As of 31 March 2009, Rs.103.77 crore remained unutilised

Year	Opening Balance	Grant received from GOI	Grant Received from GOG	Interest and other income	Funds available	Expenditure	Closing Balance
1	2	3	4	5	6	7	8
2005-06	-11.40[84]	260.30	0.00	0.36	249.26	127.79	121.47
2006-07	121.47	246.48	0.00	1.42	369.37	215.06	154.31
2007-08	154.31	375.85	87.88	0.58	618.62	370.72	247.90
2008-09	247.90	327.66	75.68	0.67	651.91	548.14	103.77
Total		**1210.29**	**163.56**	**3.03**		**1261.71**	

The Programme-wise details of grant received and expenditure incurred during 2005-09 are given in **Appendix XXV.**

Scrutiny of the details revealed that there were huge unspent balances as on 31 March 2009 under some heads. Expenditure under the head Direction and Administration was only 69 *per cent* (Rs.29.45 crore against Rs.42.50 crore), under Urban Family Welfare Services expenditure was 65 *per cent* (Rs.26.05 crore against Rs.40.26 crore), under the head Pulse Polio Immunisation 80 *per cent* (Rs.37.40 crore against Rs.46.56 crore) and Other Funds through State budget was NIL against the available funds of Rs.31.25 crore. Under the head NRHM Additionalities as against grant of Rs.383.78 crore received during 2005-09, expenditure incurred was Rs.303.89 crore (79 *per cent* of available funds).The extent of yearly utilisation varied between one *per cent* and 70 *per cent.* Non-utilisation of funds consequently had an adverse effect on achievement of targets at ground level.

SHS stated (September 2009) that reasons for unspent funds under NRHM Additionalities were due to delay in release of funds from SHS to the lower level. Further, due to procedural time taken in constitution of Rogi Kalyan Samities (RKSs) and Village Health and Sanitation Committees (VHSCs), the funds could not be fully utilised. The reply is not acceptable as the annual grants required for RKSs at PHCs and untied fund for SCs and VHSCs worked out to Rs.22.59 crore per annum[85] (up to 2007-08), which was insignificant as compared to the yearly under utilisation of funds.

SHS further stated that unspent balance of funds under the head Pulse Polio Immunisation was due to cancellation of two rounds of National Immunisation Day and Special National Immunisation Day in 2008-09 by

[84] Minus balance for the year 2005-06 represents balances lying in erstwhile schemes at the end of 2004-05

[85] Untied Fund for RKSs at PHCs Rs.2.68 crore (1073xRs.25000)
Maintenance Grant for RKSs at PHCs Rs.5.37 crore (1073xRs,50000)
Untied Fund for VHSCs Rs.7.27 crore (7274xRs.10000)
Untied Fund for Sub-centres Rs.7.27 crore (7274xRs.10000)
Total Rs.22.59 crore

GOI. Further, due to non-adjustment of advances given to districts on account of non-receipt of utilisation certificates (UCs) and statements of expenditure, the expenditure was shown less. The SHS however, did not furnish the details of the un-adjusted advances and any action taken to obtain UCs.

Reasons for unspent balances in respect of the other heads were not furnished though called for (August 2009).

1.3.8.2 Fund management by Rogi Kalyan Samities

Short/non-release of funds to RKSs and non-utilisation of released funds by RKSs resulted in denial of facilities to the beneficiaries

NRHM strategises to upgrade the CHCs to Indian Public Health Standard (IPHS) to provide sustainable quality health care with accountability and people's participation along with total transparency. To ensure a degree of permanency and sustainability, a management structure called Rogi Kalyan Samities (RKS) has been evolved to be established at PHCs, CHCs and district hospitals. Main functions of the RKS at CHCs and PHCs is to identify and redress the problems faced by the patients, acquiring equipments, furniture, ambulance etc. and its maintenance, improving boarding /lodging arrangements for patients and their attendants, encouraging community participation in maintenance of hospitals etc.

As per scheme guidelines, specified funds[86] are to be released by SHS to RKSs at CHCs and PHCs in a timely manner to carry out functions devolving on them.

Details of amount of Untied fund and Maintenance grant released to and utilised by the RKSs at CHCs and PHCs in the State during 2005-09 are mentioned in **Appendix XXVI.** Scrutiny of the details revealed that untied fund and maintenance grant were not released to any RKS at CHCs during 2005-07 and 2005-09 respectively. As against the requirement of annual untied fund of Rs. 136.50 lakh to be released to 273 CHCs, Rs.57.50 lakh and Rs.682.50 lakh were released during 2007-08 and 2008-09 respectively. Further, at PHC level though no RKS was formed up to 2006-07, Untied fund and Maintenance grant of Rs.267.05 lakh and Rs.535 lakh were released during 2006-07. The extent of utilisation of Untied fund and Maintenance grant by PHCs during the period 2006-09 was 56 *per cent* and 45 *per cent* respectively. As per scheme guidelines, untied funds were meant to meet expenditure for local health activity, while maintenance grant was meant for upkeep of facilities and to ensure quality services at CHCs and PHCs. Due to short release/non-release of funds by the SHS to the implementing units and non-utilisation of allotted funds by RKSs the objectives to be achieved through these funds could not be met, ultimately resulting in denial of facilities to beneficiaries.

[86] RKS at CHC and PHC -, annual untied grant of Rs.50,000 and Rs.25,000 respectively and annual maintenance grant of Rs. 1 lakh and Rs. 50,000 respectively

1.3.9 Lack of adequate physical infrastructure and facilities

1.3.9.1 Under utilisation of funds for CHC up gradation

Rupees 40.76 crore (75 *per cent)* provided by GOI for up gradation of CHCs to IPHS remained unutilised

Government of India released Rs.54.40 crore[87] for up gradation of CHCs to Indian Public Health Standards (IPHS) under NRHM.

Commissioner of Health instructed (February 2007) Director, Central Medical Stores Organization (CMSO) to purchase equipments[88] for CHCs as per requisition of CHCs out of the above fund. However records of CMSO revealed that though the rate contracts with firms were finalised by CMSO (March 2007), no equipments were purchased from the said funds. Expenditure of Rs.13.64 crore was incurred on up gradation of 86 CHCs[89] buildings leaving unspent grant of Rs.40.76 crore (Project Implementation Unit (PIU) at Gandhinagar-Rs.1.36 crore and SHS-Rs.39.40 crore) as on 31 March 2009. Thus, though funds were available for purchase of identified equipments for various CHCs, this was not done. The reasons for under-utilisation of the grant were not furnished by SHS though called for in audit.

1.3.9.2 Inadequate infrastructure at health centres

The framework for implementation of the Mission has set the target of providing certain guaranteed services to public at SC, PHC and CHC levels. To achieve this, the Ministry had come forward with IPHS for different levels of health centres for ensuring availability of facilities. Audit review of availability of facilities at 72 SCs, 36 PHCs and 18 CHCs revealed many deficiencies as indicated in **Appendix XXVII.** A few important deficiencies are highlighted below:

Operation Theatres (OTs)/ minor OTs were not provided in four CHCs and in 27 PHCs, which included nine PHCs where labour room was not available. Also in 57 SCs labour room was not available. However, in two PHCs and six SCs labour rooms were not functional. Separate wards for male and female patients were not provided in five CHCs and 26 PHCs. Separate utilities for men and women were not present in three CHCs and 16 PHCs. In 34 SCs there was no facility for medical waste disposal. Two PHCs and 61 SCs had no telephone connection. Five CHCs and 14 PHCs had no stand by for power supply.

SHS stated that OT was not functional in CHCs at Salaya, Sadra and Vapi as there was no specialist available. OT was not available at Sutrapada CHC as it was functioning in rented building. Reasons for the other deficiencies called for in audit were awaited (August 2009).

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[87] Rs 10 crore in October 2005, Rs 5 crore in April 2006 and Rs 39.40 crore in July 2006

[88] Operation theatre equipments, labour/ delivery equipments, linen for labour/ delivery, equipments for Wards, basic equipments for all levels, delivery pack, equipments for vacuum extraction or forceps delivery, obstetric laparotomy/caesarean section pack, basic equipments for uterine evacuation, Anaesthesia equipments etc.

[89] Ahmedabad-4, Amreli-4, Banaskantha-1, Bhavnagar-7, Bharuch-2, Dahod-1, Dangs-1, Gandhinagar-4,Godhra-2, Jamnagar-4, Junagadh-1, Kachchha-1, Kheda-1, Narmada-2, Nadiad-4, Navsari-1, Mehsana-1, Panchmahal-7, Patan-1, Rajkot-2, Sabarkantha-4, Surat-12, Surendranagr-6, Tapi-1, Vadodara-8, Valsad-4

Thus, the guaranteed services to public at SC; PHC and CHC levels as per the frame work of implementation of NRHM were not available.

1.3.9.2.1 Absence of critical equipment in Operation Theatres

Absence of critical equipments in operation theatres deprived the beneficiaries of quality surgical services

The details of non-availability of critical equipments[90] in the operation theatres in 14 CHCs(out 18 test checked)were as shown in Table 3.

Table - 3

Name of Equipment	Number of CHCs where equipment was available	Number of CHCs where equipment was available but not functional	Number of CHCs where equipment was not available
Boyles apparatus (Anaesthesia machine)	8	1 (Vanthali)	6[91]
Cardiac Monitor for OT	4	0	10[92]
Ventilator for OT	3	0	11[93]
Vertical High Pressure Sterilizer 2/3 drum capacity	8	1(Bhachau)	6[94]
Shadow less lamp pedestal for minor OT	13	0	1[95]
Gloves and dusting machines	9	0	5[96]
Nitrous oxide cylinder 1780 ltrs. 8 for one Boyles Apparatus	7	2 (Kodinar and Vanthali)	7[97]
EMO Machine	0	Not Applicable	All 14 CHCs
Defribillator for OT	2	0	12[98]
Horizontal High Pressure Sterilizer	4	2 (Bhachau and Hansot)	10[99]
Shadow less lamp ceiling track mounted	8	0	6[100]
OT care/fumigation apparatus	8	0	6[101]
Oxygen cylinder 660 ltrs. 10 cylinder for one Boyles apparatus	10	2 (Kodinar and Vanthali)	4[102]
Hydraulic operation table	12	0	2[103]

[90] critical equipment means life saving equipment

[91] Dungari, Hansot, Jamkalyanpur, Kodinar, Nardipur, Umalla,

[92] Dhro1, Dungari, Hansot, Jamkalyanpur, Kodinar, Mundra, Nanapondha, Nardipur, Umalla, Vanthali

[93] Dhro1, Dungari, Hansot, Jambusar, Jamkalyanpur, Kodinar, Mundra, Nanapondha, Nardipur, Umalla, Vanthali

[94] Dungari, Jamkalyanpur, Kodinar, Nanapondha, Nardipur, Vanthali

[95] Jamkalyanpur

[96] Bhachau, Jamkalyanpur, Kodinar, Nanapondha, S.H Mandavi

[97] Bhachau, Dhro1, Dungari, Hansot, Jamkalyanpur, Nardipur, Umalla

[98] Dhro1, Dungari, Hansot, Jambusar, Jamkalyanpur, Kodinar, Mundra, Nanapondha, Nardipur, S.H Mandavi, Umalla, Vanthali

[99] Chandkheda, Dhro1, Dungari, Jambusar, Jamkalyanpur, Kodinar, Mundra, Nanapondha, Nardipur,Vanthali

[100] Dhrol, Jamkalyanpur, Kodinar, Nanapondha, Umalla, Vanthali

[101] Dhrol, Hansot, Jamkalyanpur, Kodinar, Nardipur, Vanthali

[102] Bhachau, Dhro1, Jamkalyanpur, Umalla

[103] Jamkalyanpur, Nardipur

SHS stated that details regarding period for which the equipments were not functional, its impact on services and reasons thereof were not available.

Details furnished by four CHCs (Mandavi, Bhachau, Nanapondha and Jambusar) revealed that in the absence of certain critical equipments, the OTs were being partially utilised.

As such, even after four years of implementation of NRHM, OTs were lacking in critical equipments thus depriving the beneficiaries of quality surgical services.

1.3.9.2.2 Lack of Radiological/X-ray services, Blood storage facilities and Emergency services

X-ray facilities were not available at five[104] out of 18 CHCs test checked. In none of the 18 CHCs test checked, blood storage facilities were available. Further, NRHM provided for availability of 24 hours emergency services in each PHC for management of injuries and accidents, first aid, stabilization of patients before referral, dog/snake/scorpion bite cases etc. by posting three staff nurses at PHCs. Out of 36 PHCs audited, 17[105] did not have 24 hour emergency services for treatment.

1.3.9.2.3 Shortcoming in extending of AYUSH services

One of the objectives of the scheme was to mainstream Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) services through revitalizing of local traditions. The Mission aimed to provide AYUSH services in accordance with the local tradition by providing an AYUSH doctor over and above the medical officers posted at PHCs. In the six sampled districts there was shortage of 71 Medical Officers AYUSH (34 *per cent*) against the sanctioned strength of 210.

SHS stated that the posts were kept vacant in some PHCs as work load of in-door/out-door patients and for other national health programmes was less and that the posts would be filled in on increase in work load. The reply is not acceptable as in the absence of AYUSH Medical Officers the objective to mainstream AYUSH services through re-vitalising of local traditions would not be achieved.

1.3.10 Absence of adequate and skilled human resources

1.3.10.1 Shortfall in engagement and training of ASHAs with respect to norms of NRHM

- **Engagement of ASHAs**

Under NRHM a trained female community health worker called Accredited Social Health Activist (ASHA) was to be provided in each village in the

[104] Bhachau, Dungari, Nanapondha, Sutrapada and Vapi

[105] Aadhoi, Balada, Bhatia, Chhidra, Dabkhal, Jaliadevani, Jaspor, Junakataria, Kajanranchod, Latipur, Mota pondha, Movan, Nani tambadi, Panetha, Ran, Thareli and Vankal

ratio of one per 1000 population (or less for large isolated habitations). The ASHA was expected to act as an interface between the community and the public health system.

As against 31171 ASHAs, required to be engaged in the State as per norms till 31 March 2009, 24782 (80 *per cent*) ASHAs were engaged, leaving a shortfall of 6389 (20 *per cent*) ASHAs. Though the overall shortfall was 20 *per cent*, the vacancies of ASHAs as on 31 August 2009 in Junagadh district was to the extent of 54 *per cent*.[106]

SHS stated that earlier the ASHA scheme was implemented in only 11 tribal districts and Junagadh district was not included in tribal area and that the directives to cover the uncovered areas in the State as per norms was given by GOI in August 2008.

The facts remains that the short fall in ASHAs would affect the expected interface between the community and the public health system.

✍ **Training of ASHAs**

Scheme guidelines provide for training of ASHAs for helping to equip them with necessary knowledge and skills. The guidelines provide for Induction training of five Modules[107], as well as periodic trainings for skill enhancement. Out of 24782 ASHAs engaged up to 31 March 2009, only 20229, 14611, 12533 and 11331 ASHAs were provided first, second, third and fourth module training respectively. No ASHA was provided fifth module training.

SHS stated that the fifth module was received from GOI in 2008 and the process of translating it into Gujarati language was in progress. The same would be made available to the districts in 2009-10.

The fact remains that there was shortfall in providing training even in respect of modules one to four.

1.3.10.2 Non-supply of drugs kits to ASHAs

No drug kits were provided to ASHAs

The ASHAs were required to be provided with drug kits containing medicines for minor ailments, oral rehydration solution, contraceptives etc. SHS reported that kit was not provided to any ASHA during the period 2005-09 as it was not purchased due to technical objections by CMSO. In the absence of drug kits no First-Aid could be provided by the ASHAs.

1.3.10.3 Vacancies of Medical and para-medical staff

There was huge shortage of medical and para-medical staff

Details of sanctioned strength and personnel in position as on 31 March 2009 of medical and para-medical staff in the State are shown in **Appendix XXVIII.**

[106] Requirement 1737 and in position-800

[107] Module I- 7 days training programme, Module II, III, IV and V-4 days each training programme

Scrutiny revealed that vacancies of medical and para-medical staff in CHCs, PHCs and SCs in the State ranged between 12 and 100 *per cent* with reference to sanctioned strength and between 16 and 100 *per cent* with reference to Indian Public Health Standards.

SHS stated that the shortage of staff in the State was mainly due to non-availability of qualified persons and in respect of certain cadres such as Nurse and Multi-Purpose Health Worker the posts were to be filled in by the District Panchayats.

Details of vacancies of medical and para-medical staff as on 31 March 2009 in SCs and PHCs in the six sampled districts are given in **Appendix XXIX.** Scrutiny of details revealed that at PHC level, no post of Staff Nurse (Regular) and Nurse Mid Wife were sanctioned or filled in. Further, there was vacancy of 73 *per cent* in respect of contractual appointments of Staff Nurse. The posts of Laboratory Assistant and Pharmacist were vacant to the extent of 56 and 58 *per cent* respectively.

Shortage of man power in critical areas for delivery of health services had adverse consequences particularly in the absence of 174 pharmacists in PHCs in the test checked districts.

1.3.10.4 Increased vacancies in cadre of specialists in CHCs

Non-availability of specialists at CHCs resulted in the populace being deprived of specialised medical attention

As per IPHS, there should be seven specialists[108] in each CHC. Availability of specialists in 266 out of 274 CHCs as furnished by the SHS revealed that the seven specialists were not available in any CHC. While four specialists were available in 22 CHCs, only one specialist was available in 180 CHCs. No specialist was available in 64 CHCs as on 31 March 2009. Number of CHCs without any specialists increased from 49 (March 2008) to 64 (March 2009).The position of availability of specialists in the remaining eight CHCs was not furnished.

SHS stated that open interviews were being held every week for ad-hoc/ contractual appointment of specialists but due to shortage of qualified personnel, posts could not be filled in and wherever the post of gynaecologist Class-I was not sanctioned , medical officer was trained for handling delivery services. Further, it was stated that no other plans had been formulated for increasing the capacities.

The fact remains that shortage of specialists resulted in the populace being deprived of specialised medical attention.

[108] 1 General Surgeon, 2 Physician, 3 Obstetrician/Gynaecologist, 4 Paediatrician, 5 Anaesthetist, 6 Public Health Programme Manager and 7 Eye Surgeon

1.3.10.5 Shortfall in training of medical and paramedical staff

There was huge short fall in training of medical and para-medical staff

One of the aims of NRHM was capacity building of human resources through skill up gradation of the medical and support personnel by imparting periodic training to them. Test check revealed non-achievement of targets set for training as mentioned in Table 4.

Table - 4

Cadre of Medical/ Paramedical staff	Target for training during 2005-09	Actual training during 2005-09	Percentage of achievement to target	Short fall	Percentage of shortfall to target
ASHA	20241	9341	46	10900	54
ANM	43800	19697	45	24103	55
Staff Nurse	1000	762	76	238	24
Medical Officer	4606	2667	58	1939	42
Programme Manager	100	95	95	5	05

1.3.11 Inefficiencies and delay in system of procurement

1.3.11.1 Violation of provision of Procurement Guidelines

Violation of provisions of procurement guidelines resulted in irregular award of printing work of Rs. 1.08 crore

SHS adopted the procurement policy laid down in Procurement Guidelines for Reproductive and Child Health (RCH) - II Project prepared by the GOI for procurement of goods and services for NRHM.

As per provisions in the Procurement Guidelines, the monetary ceiling for each contract prevailing in the State was required to be adopted for purchases under NRHM. State Government procurement policy (September 1997) envisaged that purchases above Rs.2 lakh per annum require inviting of open tenders. Scrutiny of records in SHS, however, revealed that purchases up to Rs.25 lakh were made by inviting quotations and purchases exceeding Rs.25 lakh were made through open tenders. As such, all purchases made and services obtained by SHS for amounts exceeding Rupees Two lakh and up to Rs.25 lakh, by way of quotations were irregular.

Member Secretary, SHS stated that NRHM envisages flexibility and hence broader view of ceiling of Rs.25 lakh for National Shopping (i.e. by inviting three quotations) was adopted. The reply is not acceptable as the provisions of Procurement Guidelines of RCH II clearly prescribe that State Government Rules/Policy be followed for procurement of goods and services under NRHM.

Further, more cases came to light where even contracts and purchases exceeding Rs.25 lakh were awarded without following procedure of open tenders which are discussed below:

Printing works amounting to Rs.1.08 crore for 70,500 Flip Books for ASHAs (Rs.66.27 lakh) and 50,000 Swarnim Gujarat Calendars (Rs.41.50 lakh) were awarded to M/s. Smart Graph Art Advertisement Pvt Ltd Company,

Ahmedabad and M/s. Gujarat Offset Pvt Ltd, Ahmedabad respectively (between December 2008 and March 2009) on quotations instead of inviting open tenders. This resulted in irregular awarding of printing work to the extent of Rs.1.08 crore.

Member Secretary SHS replied (May 2009) that the sanctions for the said works were accorded as per delegation of powers. Further, it was stated that the printer for printing calendar, pamphlets and stickers work relating to Swarnim Gujarat Celebration was fixed by the Department of Sports, Youth and Cultural Activities of Government of Gujarat. The reply is not acceptable since irregular procurement procedure was adopted by SHS. Furthermore, arrangement made by another department for tieing up of printing work cannot be a plea for assigning work to the same party since the approved rates were not obtained from that department and only quotations were invited.

1.3.11.2 Purchase of drugs/medicines from de-registered companies

Drugs/medicines amounting to Rs.1.45 crore were procured from two de-registered companies

Scrutiny of records of the CMSO revealed that purchase orders were placed during the years 2006-07 and 2007-08 on two companies which were de-registered by the Director General of Medical Stores (Medical Stores Organisation), GOI. A certificate was given on each bill/invoice that the goods were received as per terms and specifications of contract in acceptable condition. Placement of purchase orders on the de-registered companies resulted in irregular purchase of medicines of Rs.1.45 crore as detailed in Table 5.

Table - 5

(Rs. in crore)

Sr. No.	Name of Company	Date from which permanently deregistered	Cost of medicines/drugs purchased by CMSO during 2006-07 and 2007-08
1	M/s.Micron Pharma, Vapi	24-04-2005	1.22
2	M/s. Jacson Labs (P) Ltd., Amritsar	11-03-2003	0.23
Total			**1.45**

CMSO stated that the matter of de-registration of the companies was not known to them. The reply is not acceptable as proper care should have been exercised before placement of orders to these de-registered firms.

1.3.11.3 Award of contracts for printing work to black listed parties

Printing work amounting to Rs.1.44 crore was awarded to three blacklisted parties

The Commissioner of Health had black listed (April 2008) 11 parties based on the post procurement review done by SGS Netherland appointed by the World Bank for TB II Project under the Revised National Tuberculosis Control Programme in the State. The instructions were issued to all T.B. officers in the State. However, no instructions were issued to all the branches of SHS.

Scrutiny of records in SHS revealed that printing works (Booklets, Modules, Stickers, Cards etc.) for amounts aggregating Rs.1.44 crore were got executed from three[109] of these 11 black listed parties during 2008-09.

Member Secretary (SHS) stated (May 2009) that the printing works were carried out as per rate contracts and as per RCH II procurement guidelines. Further the black listing of parties was only for RNTCP (TB) programme and on the grounds of small lapses. The reply is not acceptable as proper scrutiny should have been carried out before placement of orders to these black listed parties. Further, barring of black listed parties should have been applied for all branches of SHS.

1.3.12 Performance Indicators

1.3.12.1 Achievement of Infant Mortality Rate, Maternal Mortality Rate and Total Fertility Rate

NRHM has prescribed national targets for reducing Infant Mortality Rate (IMR), Maternal Mortality Rate (MMR), Total Fertility Rate (TFR), Reducing Morbidity and Mortality Rate and Increasing Cure Rate of different endemic diseases covered under various national programmes.

The target of IMR, MMR and TFR and achievement there against in the State are given in Table 6.

Table - 6

Sr. No.	Particular of indicators	Target as per NRHM	Target fixed by State [110]	Achievement
1	IMR	30 per 1000 live births by the year 2012	30 per 1000 live births by the year 2010	50 as of 2006[111]
2	MMR	100 per 100000 live births by the year 2012	100 per 100000 live births by the year 2010	160 as of 2006[112]
3	TFR	2.1 by the year 2012	2.1 by the year 2010	2.4 as of 2006[113]

The data indicates that the State was moving towards achievement of the targets prescribed under NRHM.

1.3.12.2 Status of in-patient and out-patient cases

The effect on number of in-patient and out-patient cases is an important indicator to assess the effectiveness of various interventions under the NRHM. As per the information provided by the SHS the overall status of increase/decrease in number of patients coming to health centres for

[109] Dharam Printers, Honey Printers and Pathik Printers

[110] No annual targets were prescribed by the State in annual plans

[111] Source National Family Health Survey-III (2005-06)

[112] Source Special Sample Registration Survey (2006)

[113] Source National Family Health Survey-III (2005-06)

out-patient and in-patient services during the years 2005-09 was as shown in Table 7.

Table 7

Name of the Health centre	Year	Total number of units in the State	Out Patient			In Patient		
			Out-door patients	Increase (+)/ Decrease (-) over previous year		In-door patients	Increase (+)/ Decrease (-) over previous year	
				Number	Percentage		Number	Percentage
PHCs	**2005-06**	1072	11724176			150345		
	2006-07	1072	14245685	2521509	21.51	291616	141271	93.96
	2007-08	1073	12683952	(-)1561733	(-)10.96	207994	(-)83622	(-)28.68
	2008-09	1080	11402500	(-)1281452	(-)10.10	193581	(-)14413	(-)6.93
CHCs	**2005-06**	272	9620793			957444		
	2006-07	273	10472163	851370	8.85	1115482	158038	16.51
	2007-08	273	9187542	(-)1284621	(-)12.27	1095849	(-)19633	(-)1.76
	2008-09	274	9516646	329104	3.58	1214605	118756	10.84

Details of increase/decrease in out-patients and in-patients during 2005-09 in the six sampled districts are shown in **Appendix XXX,** which revealed that in PHCs out-patients increased during 2005-06 by 33 *per cent* and decreased by 20, 13 and 10 *per cent* during the years 2006-07, 2007-08 and 2008-09 respectively as compared to the earlier year. Number of in-patients in PHCs increased by 16, one and 14 *per cent* during 2006-07, 2007-08 and 2008-09 respectively.

In the CHCs of the six sampled districts, out-patients decreased by five and 18 *per cent* during 2005-06 and 2007-08 and increased by 19 and six *per cent* during 2006-07 and 2008-09 and in-patients increased by 22 and eight *per cent* during 2005-06 and 2008-09 and decreased by one and 10 *per cent* during 2006-07 and 2007-08.

Thus, it appears that the number of out-patients and in-patients did not show any improvement to indicate the effectiveness of the interventions under NRHM.

1.3.12.3 Maternal health

RCH II project aims to reduce maternal and infant mortality rates to 100 per one lakh and 30 per thousand respectively by 2010. The important services for ensuring maternal health and care inter-alia include antenatal care, institutional delivery, post natal care, referral services etc.

(a) Antenatal care

One of the major aims of the safe motherhood is to register all the pregnant women before they attain 12 weeks of pregnancy and provide them with services, such as, four[114] antenatal check-ups, 90 or more Iron Folic Acid tablets, two doses of tetanus toxoid (TT) and advice on the correct diet and vitamin supplements and in case of complications referring them to more specialised gynaecological care.

[114] Three antenatal check-ups were being provided in the State

✍ ***Registration and checkups***

Status of registration and antenatal check-ups during 2005-09 provided by the State Health Society was as shown in Table 8.

Table 8

Year	Total number of pregnancies	No. of pregnant women registered	No. of registered pregnant women who received three antenatal check-ups (percentage)
2005-06	1480000	1390861	1008594 (73)
2006-07	1471500	1365461	961302 (70)
2007-08	1500800	1370588	952414 (69)
2008-09	1490300	1310964	963285 (73)

Percentage of registered pregnant women who received three antenatal check-ups ranged between 69 and 73. The number of pregnant women registered at any health center indicated a decreasing trend from 13.91 lakh in 2005-06 to 13.11 lakh in 2008-09.

In six test checked districts the average percentage of pregnant women who received three antenatal check-ups varied between 18 and 25 during 2005-09 **(Appendix XXXI).**

✍ ***Iron Folic Acid Administration***

There was short fall in Iron Folic Acid administration to pregnant women during 2008-09

Anaemia, haemorrhage, sepsis, toxaemia, tetanus and obstructed labour were the main cause of maternal deaths. Anaemia is considered as leading cause of maternal mortality and is an aggravating factor to haemorrhage, sepsis and toxaemia. The RCH II programme, therefore, emphasised Iron Folic Acid (IFA) administration for pregnant women. Prophylaxis against nutritional anaemia in a pregnant woman requires a daily dose of large Iron Folic Acid tablets for a period of 100 days. As per information provided by the State Health Society, the details of pregnant women provided with 100 days of IFA tablets were as shown in the Table 9.

Table - 9

Year	No. of pregnant women registered	No. of registered pregnant women who received 100 days of IFA tablets (percentage)
2005-06	1390861	982548 (71)
2006-07	1365461	1351706 (99)
2007-08	1370588	1228915 (90)
2008-09	1310964	577083 (44)

Details of Iron Folic Acid Administration to pregnant women during 2005-09 in the six sampled districts are shown in **Appendix XXXII.** Scrutiny revealed that in Junagadh and Kachchh districts, the percentage of pregnant women who were administered IFA tablets (with reference to the pregnant women

registered) decreased during 2005-09 from 141 to 87 and 93 to 74 respectively. In Gandhinagar district it decreased from 98 to 82 *per cent* during 2006-09. Percentage of IFA administration to pregnant women was 68 in Valsad district during 2006-07 and 2007-08 and in Bharuch district 67 and 48 in 2006-07 and 2007-08 respectively. The IFA administration in the State and in the sampled districts indicated a decline.

✍ ***Tetanus Toxoid Immunisation (TTI)***

Two dosages of tetanus toxoid have been prescribed for all pregnant women to immunise the mothers and neonates from tetanus.

As per SHS, 13.24 lakh, 13.06 lakh, 12.64 lakh and 12.02 lakh women were fully immunised from tetanus during the years 2005-06, 2006-07, 2007-08 and 2008-09 against the target of 14.80 lakh, 14.72 lakh, 15.01 lakh and 14.90 lakh respectively. The shortfall in achievement ranged between 11 *per cent* (2005-06 and 2006-07) and 19 *per cent* (2008-09) in the State.

Scrutiny of six sampled districts **(Appendix XXXIII)** revealed that the percentage of pregnant women who were administered TT doses during the years 2005-09 in Jamnagar, Junagadh, Kachchh, Valsad and Bharuch districts ranged between 83 and 93, 91 and 97, 79 and 108, 83 and 102 and 89 and 103 respectively. In respect of Gandhinagar the TTI during 2006-09 ranged between 77 and 91 *per cent.*

(b) Institutional delivery care

The achievement of annual targets for Institutional Delivery ranged between 63 and 82 *per cent*

An important component of the RCH II programme was to encourage mothers to undergo institutional deliveries.

The target of institutional delivery in the State was 11.92 lakh, 12.01 lakh, 11.82 lakh and 10.28 lakh during 2005-06, 2006-07, 2007-08 and 2008-09 respectively. Against the targets set, the total institutional deliveries were 7.54 lakh *(63 per cent)*, 8.12 lakh *(68 per cent)*, 9.20 lakh *(78 per cent)* and 8.43 lakh (82 *per cent*) during the four years.

The targets and achievements of institutional deliveries during the period 2005-09 in the six sampled districts are detailed in **Appendix XXXIV.** The data revealed that the overall percentage of institutional deliveries increased from 50 *per cent* (2005-06) to 73 *per cent* (2008-09) though the annual targets set were not achieved (except in Bharuch district for 2008-09).

1.3.12.4 Immunisation and child health

Strengthening of services to improve child survival is one of the major components of the RCH II programme. This mainly focuses on preventive aspects such as control of vaccine preventable diseases, diarrhoea, and acute respiratory infection among infants and children under five years of age.

✍ Routine Immunisation

The immunisation of children against six preventable diseases, namely tuberculosis, diphtheria, tetanus, polio and measles has been the cornerstone of routine immunisation under universal immunisation programme.

Scrutiny of targets and achievements of Routine Immunisation during 2005-09 in the State **(Appendix XXXV)** revealed that percentage achievement of full immunisation against the target fell from 88 in 2005-06 to 79 in 2008-09. Similarly, percentage of achievement as against the targets for Diphtheria and Tetanus (DT) , Tetanus Toxoid (TT) (16 Years) and TT (10 Years) decreased from 79 to 53, 94 to 54 and 74 to 59 respectively during the period 2005-09, thus increasing the chances of children being vulnerable to these diseases.

The targets and achievements of routine immunisation during the period 2005-09 in the six sampled districts **(Appendix XXXVI)** revealed that the achievement against targets for DT and TT (10 years) during the period 2005-09 decreased from 84 to 63 *per cent* and from 82 to 64 *per cent* respectively.

✍ Pulse Polio Immunisation

The annual targets for Pulse Polio Immunisation was achieved during the period 2005-09

The Pulse Polio Immunisation was launched under RCH II project to eradicate polio and ensure zero transmission by the end of 2008. The year wise details of polio cases in the State were as given in Table 10.

Table - 10

Year	No. of new polio cases	No. of children given polio drops(figures in lakh)		
		Target	Achievement	Percentage of Achievement
2005-06	1	190.73	190.81	100
2006-07	5	482.52	486.17	101
2007-08	0	246.66	248.46	101
2008-09	0	167.38	168.92	101

There was no new case of polio reported during the years 2007-08 and 2008-09 and the achievement of pulse polio immunisation in the State exceeded the target during the years 2005-09. Reasons for higher achievements were stated by SHS to be due to coverage of migrant population from other States and possible inclusion of children above five years of age.

1.3.12.5 Family planning

The RCH II has launched a number of initiatives under the family planning and continued prevailing methods to achieve the goal of population stability through reduction of total fertility rate to replacement level of 2.1 by 2012. Family planning includes terminal method to control total fertility rate and spacing method to improve couple protection ratio.

(a) Terminal method

Vasectomy constituted a meagre 2.92 *per cent* of the total sterilisations during the period 2005-09

The terminal method of family planning includes vasectomy for male and tubectomy for female. The status of target and achievement in various terminal methods in the State during 2005-09 was as shown in Table 11.

Table - 11

Year	Target	Achievement						
		Vasectomy		Tubectomy		Laparoscopic		Total
		No.	Percent-age	No.	Percent-age	No.	Percent-age	No.
2005-06	327000	1446	0.52	135129	48.20	143759	51.28	280334
2006-07	341000	1032	0.39	129093	48.25	137424	51.36	267549
2007-08	354794	20646	6.66	137678	44.40	151740	48.94	310064
2008-09	350000	11530	3.55	153973	47.36	159604	49.09	325107
Total	**1372794**	**34654**	**2.92**	**555873**	**46.99**	**592527**	**50.09**	**1183054**

The proportion of vasectomy to the total sterilisations was only 2.92 *per cent* during the period 2005-09. About 47 *per cent* of sterilisations were tubectomy and this is a manifestation of the gender imbalance that plagues the programme.

The proportion of vasectomy and tubectomy to the total sterilisations in the six sampled districts was only 3 and 26 *per cent* respectively during the period 2005-09 **(Appendix XXXVII).**

(b) Spacing methods

Oral pills, condoms and inter uterine device insertion are the three prevailing spacing methods of family planning to regulate fertility and promote couple protection ratio. The year wise details on target and achievement of use of spacing contraceptives in the State were as shown in Table 12.

Table - 12

Year	Oral pills cycle		IUD insertion		Distribution of condom	
	T	A	T	A	T	A
2005-06	253000	244559	494000	466230	1173000	1004331
2006-07	274300	237472	566000	464484	1159600	1082994
2007-08	288000	296014	592696	494529	1217600	1224263
2008-09	288000	275258	611950	591564	1295951	1197145
Total	**1103300**	**1053303**	**2264646**	**2016807**	**4846151**	**4508733**

Among the total spacing method users (7578843), around 59 *per cent* accounted for condom users and 14 and 27 *per cent* accounted for oral pills and IUD users respectively.

1.3.12.6 National Programme for Control of Blindness (NPCB)

The NPCB aimed to reduce prevalence of blindness cases to 0.8 *per cent* by 2007 through increased cataract surgery (46 lakh by 2012), school eye screening and free distribution of spectacles, collection of donated eyes and creation of donation centres and eye-banks.

(a) Cataract operation performance

Cataract operations performed by Government sector averaged only 9 *per cent* during 2005-09

Cataract operations (catOps) are performed by Government doctors in Government hospitals, by NGOs and private practitioners in clinics and eye camps. Details of cataract surgery performed in the State are as given in Table 13.

Table -13

Year	Performance of catOps in Government sector		Performance of catOps by NGOs		Performance of catOps by private practitioners and others		Total catOps
	Number	Percentage to total	Number	Percentage to total	Number	Percentage to total	
2005-06	55135	10	195757	36	297340	54	548232
2006-07	59010	10	210228	34	341720	56	610958
2007-08	61081	9	233729	36	349579	55	644389
2008-09	55399	7	278811	38	409949	55	744159
Total	**230625**		**918525**		**1398588**		**2547738**

The government sector achieved only seven to ten *per cent* of the total catOps between 2005-06 and 2008-09.

(b) Refractive error and free distribution of spectacles

The programme envisaged training of teachers in government and government aided schools, for screening refractive errors among students and free distribution of spectacles to the students having refractive errors.

During 2005-06, 2006-07, 2007-08 and 2008-09, 43980, 38297, 75862 and 150832 spectacles were issued against the total detection of 40585, 39574, 82989 and 187412 cases of refractive errors respectively.

The number of free spectacles issued did not correspond to the students having refractive error.

(c) Eye banks

The performance of eye banks in Government and voluntary sectors was as shown in Table 14.

Table -14

Year	No. of eyes			
	Donated	Utilized	Transferred to other bank	Used for research
Government sector				
2005-06	1418	488		930
2006-07	1550	508		1042
2007-08	1484	435		1049
2008-09	1418	448		970
Total	**5870**	**1879 (32 *per cent*)**		**3991**
Voluntary sector				
2005-06	4431	1562	2630	239
2006-07	4601	1668	2604	329
2007-08	5888	1680	3861	347
2008-09	5050	1597	3135	318
Total	**19970**	**6507**	**12230**	**1233**
Grand Total	**25840**	**8386**	**12230**	**5224**

It is evident from the table that the percentage of eyes actually utilised under government sector was 32, which was less than those by voluntary sector.

1.3.12.7 Revised National Tuberculosis Control Programme (RNTCP)

The main objective of the RNTCP was to diagnose as large a number of cases as possible by detecting at least 70 *per cent* cases and to ensure cure rate of at least 85 *per cent* of smear positive cases through Direct Observed Treatment Short Course (DOTS).

✍ Targets and achievements under RNTCP

The achievement under RNTCP exceeded the annual targets fixed for detection as well the cure rate of 85 *per cent*

The year wise details of targets and achievement under the RNTCP regarding sputum examination and case detection are as shown in Table 15.

Table - 15

Year	Sputum examination			Detection of new Sputum Positive Cases		
	Target	Achievement		Target	Achievement	
		No.	Percentage		No.	Percentage
2005-06	328860	348473	106	30688	33601	109
2006-07	333600	347676	104	31136	34856	112
2007-08	338400	385332	114	31584	35375	112
2008-09	342600	388774	113	31976	35405	111

The achievements were higher than the annual targets prescribed during 2005-09.

The cure rate of TB patients ranged between 86 and 87 *per cent* in the State during 2005-09.

1.3.12.8 National Vector Borne Disease Control Programme (NVBDCP)

The NVBDCP aims to control vector borne diseases by reducing mortality and morbidity due to malaria, filaria, kala azar, dengue, chikungunia and japanese encephalitis in endemic areas through close surveillance, controlling breeding of mosquitoes, sand fly etc. through indoor residual spray of larvicides and insecticides and improved diagnostic and treatment facilities at health centres.

(a) Annual Blood Examination Rate (ABER) and Annual Parasitic Incidence (API) for malaria

The programme stipulated to achieve ABER of 10 *per cent* and API of less than 0.5 per thousand for the country. The ABER was 19.9, 19.6 ,16.4 and 15.35 per cent and API was 3.2, 1.6, 1.2 and 0.87 per 1000 in the State during the years 2005, 2006, 2007 and 2008 respectively.

(b) Incidence of vector borne diseases

Details of mortality due to various vector borne diseases in the State during 2005-08 are given in **Appendix XXXVIII.**

Deaths due to Malaria had decreased substantially during 2005-08. Though the incidences of Dengue had increased substantially during 2008, the number of deaths decreased from 11(2005) to two (2008).

1.3.12.9 National Leprosy Elimination Programme (NLEP)

The NLEP aimed to eliminate leprosy by the end of 11th plan. It also aims to ensure leprosy prevalence rate to less than one per thousand.

Details of total number of new leprosy cases and prevalence rate in the State during 2005-09 were as shown in Table 16.

Table - 16

Year	New cases detected	Prevalence rate
2005-06	6399	0.73
2006-07	7652	0.76
2007-08	7228	0.82
2008-09	7581	0.74

1.3.12.10 National Iodine Deficiency Disorder Control Programme (NIDDCP)

The NIDDCP aims to control iodine deficiency disorder through production and distribution of iodised salt, analysis of salt samples and analysis of urinary iodine excretion etc. Details of salt samples tested and urinary excretions analysed in the State during 2005, 2006, 2007 and 2008 were as shown in Table 17.

Table - 17

Year	Number of salt samples tested	Number of urinary excretions analysed	
		Target	Achievement
2005	693810	480	929
2006	655725	480	262
2007	669253	480	359
2008	774161	480	958

Against the annual target of 480 samples for urine analysis, number of samples analysed were less than the requirement during the years 2006 and 2007.

1.3.13 Monitoring and Evaluation

The Mission Document provided for Health Management Information System (MIS) to be developed up to CHC level, and web-enabled for citizen's scrutiny. Though the State developed a web-based Information System up to PHC/CHC level, however, it was not enabled for citizen's scrutiny. Mission Document provided for external evaluation through Professional bodies/ NGOs. The Additional Director at the State Commissionerate stated that RCH programme had been reviewed (July-August 2008) by "Taleem", an external agency. The reply is not acceptable as it was not an evaluation of NRHM.

1.3.14 Conclusion

Village and block level health plans were not prepared as a result of which, these could not be consolidated into the District Health Action Plan as was mandated. Delay in submission and approval of the PIP hampered the implementation of the annual action plan. Facility survey was not carried out for any SC. Operation theatres were not having critical equipments despite passage of four years of NRHM. System of procurement was defective as purchase procedures for inviting open tenders were not followed and purchases made from de-registered and black listed firms. Untied fund and maintenance grant were not released to RKSs at 72 and 273 CHCs during 2005-06 and 2006-07 respectively. There were huge vacancies of para-medical staff. Specialists were not provided to CHCs as per IPHS. The State was moving towards achieving the mile-stone targets for IMR, MMR and TFR. There was decline in the pregnant women registered at any health centres in the State. Iron Folic Acid administration during 2008-09 to pregnant women registered had fallen sharply. The percentage of Vasectomy to total sterilization performed was a meagre 2.92.

1.3.15 Recommendations

- Facility survey should also be extended to SC level so as to assess gap in infrastructure facilities. Preparation of action plans should be made mandatory at village and block level so as to make District Health Action Plan comprehensive and accurate.

- Adherence to mile stones prescribed in NRHM in process of approval of programme implementation plan should be strictly ensured and monitored at appropriate level.

- To strengthen functioning of RKS, timely release of Untied Fund and Maintenance Grant should be ensured so that the ultimate objective of providing services to the beneficiaries is achieved.

- Gaps in availability of critical facilities and equipment in Operation Theatres and diagnostic services should be bridged at the earliest.

- Procedure for procurement prescribed under NRHM should be adhered and for this necessary instructions may be issued to all field formations besides regular updating of de-registered and black listed firms and their timely circulation.

- Women and child health care and family planning programmes require strengthening.

- Substantial posts of doctors and nurses for providing essential medical services are required to be filled in on priority.

Report was issued to the Secretary to Government of Gujarat, Health and Family Welfare Department (July 2009), reply thereto was awaited.

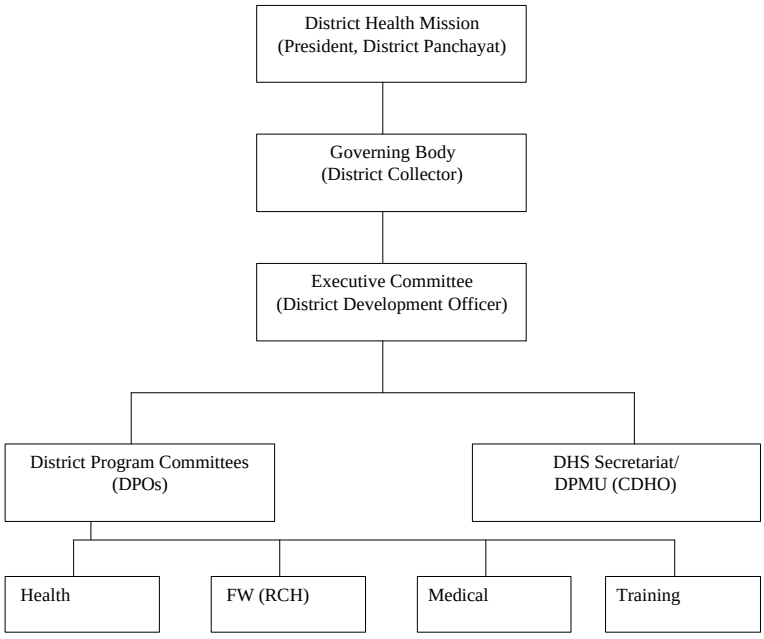
APPENDIX - XXII

Statement showing the Organisational Set-up at State and district level

(Reference : Paragraph 1.3.2; Page 62)

Organisational Set-up State Level

Organisational Set-up District Level



APPENDIX - XXIII

List of selected Districts, CHCs, PHCs and SCs

(Reference: Paragraph 1.3.6; Page 63)

Sr. No	District	CHC	PHC	SC
1	Jamnagar	Dhrol	Latipur	Dhrol IV
				Majod
			Jaliadevani	Sumra
				Khengarka
		Jamkalyanpur	Bhatia	Nandana
				Bankodi
			Ran	Bhopalka
				Dudhia
		Salaya	Vadatra	Salaya III
				Bharan
			Movan	Juvangadh
				Aambavadi
2	Junagadh	Kodinar	Harmadia	Pichhavi
				Ronaj
			Dolasa	Kodinar-II
				Petavada
		Vanthali	Kanza	Zapodad
				Vanthali I
			Thana pipli	Lushala
				Akha
		Sutrapada	Thareli	Gorakhmadhi
				Lati
			Dhamlej	Dhamlej
				Dhamlej Bandar
3	Kachchh	Bhachau	Junakataria	Lakadiya-I
				Jangi
			Aadhoi	Aadhoi-II
				Vodhda
		Mundra	Vanki	Mundra-I
				Kunddradi
			Bhujpur	Bhujpur-II
				Desalpur
		S.H Mandavi	Darsadi	Nana Asambia
				Sherdi
			Gadhshisha	Devpar
				Moti Unadoth

Sr. No	District	CHC	PHC	SC
4	Gandhinagar	Chandkheda	Adalaj	Jundal
				Chandkheda-II
			Vadodara	Ishanpur
				Raipur
		Sadra	Uvarsad	Vavol
				Por
			Aadraj	Tintoda
				Jalund
		Nardipur	Pansar	Dingucha
				Isad
			Rancharda	Nasmad
				Vanasjada
5	Bharuch	Jambusar	Kavi	Kangam
				Dahegam
			Chhidra	Chhidra
				Jantran
		Umalla	Panetha	Velugam
				Tavdi
			Jaspor	Vankhunta
				Kadvali
		Hansot	Kudadara	Kudadara
				Kantasayan
			Ilav	Ilav
				Panjroli
6	Valsad	Nanapondha	Motapondha	Kakadkopar
				Ambheti-I
			Dabkhal	Nandgam
				Mendha
		Vapi	Balada	Aamli
				Sonvada
			Nani tambadi	Moti tambadi
				Chanod-I
		Dungari	Vankal	Faldhara
				Dulsad
			Kajanranchod	Kajanhari
				Kamparia

APPENDIX - XXIV

Statement showing details of Village level health action plans in six sampled districts

(Reference : Paragraph 1.3.7.2; Page 64)

Name of district audited	Year	No. of villages that prepared plan (from 2007-08 onwards)		No. of villages did not prepare plan (from 2007-08 onwards)	Total no. of villages
		No. of villages where plans were prepared	No. of blocks where plan was validated by the PRI		
JAMNAGAR	2005-06	0			
	2006-07	0			
	2007-08	0	0	664	664
	2008-09	0	0	664	664
KACHCHH	2005-06	0			
	2006-07	0			
	2007-08	0	0	894	894
	2008-09	0	0	894	894
GANDHINAGAR	2005-06	0			
	2006-07	0			
	2007-08	0	0	294	294
	2008-09	294	294	0	294
VALSAD	2005-06	0			
	2006-07	0			
	2007-08	0	0	460	460
	2008-09	0	0	465	465
JUNAGADH	2005-06	0			
	2006-07	0			
	2007-08	817	0	0	817
	2008-09	817	0	0	817
BHARUCH	2005-06	0			
	2006-07	0			
	2007-08	0	0	657	657
	2008-09	0	0	657	657
Total	2005-06	0			
	2006-07	0			
	2007-08	817 (22 *per cent*)	0	2969	3786
	2008-09	1111 (29 *per cent*)	294	2680	3791

APPENDIX - XXV

Programme wise details of grant received and expenditure incurred for the years 2005-06, 2006-07, 2007-08 and 2008-09

(Reference: Paragraph 1.3.8.1; Page 66)

Sr No	Program Name	Year	Opening Balance	Grant Received From GOI	Grant Received From GOG	Interest /Other Income	Total	Expendi-ture for state including districts	Closing balance
1	2	3	4	5	6	7	8	9	10
1	Direction & Administration	2005-06	0.00	15.68	0.00	0.00	15.68	8.12	7.56
		2006-07	7.56	10.02	0.00	0.00	17.58	6.12	11.46
		2007-08	11.46	7.65	0.00	0.00	19.11	6.28	12.83
		2008- 09	12.83	9.15	0.00	0.00	21.98	8.93	13.05
		Total	**0.00**	**42.50**	**0.00**	**0.00**	**42.50**	**29.45**	**13.05**
2	Rural Family Welfare Service	2005-06	0.00	70.56	0.00	0.00	70.56	80.13	-9.57
		2006-07	-9.57	49.28	0.00	0.00	39.71	84.46	-44.75
		2007-08	-44.75	107.36	0.00	0.00	62.61	89.55	-26.94
		2008- 09	-26.94	93.36	0.00	0.00	66.42	99.58	-33.16
		Total	**0.00**	**320.56**	**0.00**	**0.00**	**320.56**	**353.72**	**-33.16**
3	Urban Family Welfare Services	2005-06	0.00	11.32	0.00	0.00	11.32	6.28	5.04
		2006-07	5.04	7.24	0.00	0.00	12.28	6.05	6.23
		2007-08	6.23	11.56	0.00	0.00	17.79	5.25	12.54
		2008- 09	12.54	10.14	0.00	0.00	22.68	8.47	14.21
		Total	**0.00**	**40.26**	**0.00**	**0.00**	**40.26**	**26.05**	**14.21**
4	Grants to State Training Institution	2005-06	0.00	2.44	0.00	0.00	2.44	3.24	-0.80
		2006-07	-0.80	1.43	0.00	0.00	0.63	5.14	-4.51
		2007-08	-4.51	2.44	0.00	0.00	-2.07	3.98	-6.05
		2008- 09	-6.05	2.01	0.00	0.00	-4.04	4.07	-8.11
		Total	**0.00**	**8.32**	**0.00**	**0.00**	**8.32**	**16.43**	**-8.11**
5	Sterilisation of beds	2005-06	0.00	0.23	0.00	0.00	0.23	0.06	0.17
		2006-07	0.17	0.16	0.00	0.00	0.33	0.00	0.33
		2007-08	0.33	0.00	0.00	0.00	0.33	0.00	0.33
		2008- 09	0.33	0.00	0.00	0.00	0.33	0.00	0.33
		Total	**0.00**	**0.39**	**0.00**	**0.00**	**0.39**	**0.06**	**0.33**
6	Other funds through state budget	2005-06	-21.04	46.15	0.00	0.00	25.11	0.00	25.11
		2006-07	25.11	0.18	0.00	0.00	25.29	0.00	25.29
		2007-08	25.29	0.00	0.00	0.00	25.29	0.00	25.29
		2008- 09	25.29	5.96	0.00	0.00	31.25	0.00	31.25
		Total	**-21.04**	**52.29**	**0.00**	**0.00**	**31.25**	**0.00**	**31.25**
7	Routine Immunisation	2005-06	0.00	2.73	0.00	0.00	2.73	0.22	2.51
		2006-07	2.51	0.00	0.00	0.00	2.51	2.53	-0.02
		2007-08	-0.02	5.95	0.00	0.00	5.93	2.35	3.58
		2008- 09	3.58	0.00	0.00	0.00	3.58	3.12	0.46
		Total	**0.00**	**8.68**	**0.00**	**0.00**	**8.68**	**8.22**	**0.46**
8	Pulse Polio Immunisation	2005-06	3.22	6.04	0.00	0.00	9.26	5.90	3.36
		2006-07	3.36	13.68	0.00	0.00	17.04	13.25	3.79
		2007-08	3.79	12.27	0.00	0.00	16.06	8.77	7.29
		2008- 09	7.29	11.35	0.00	0.00	18.64	9.48	9.16
		Total	**3.22**	**43.34**	**0.00**	**0.00**	**46.56**	**37.40**	**9.16**
9	Information, Education, Communication	2005-06	-0.02	1.20	0.00	0.00	1.18	1.25	-0.07
		2006-07	-0.07	0.75	0.00	0.00	0.68	0.65	0.03
		2007-08	0.03	0.00	0.00	0.00	0.03	0.03	0.00
		2008- 09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Total	**-0.02**	**1.95**	**0.00**	**0.00**	**1.93**	**1.93**	**0.00**

Sr No	Program Name	Year	Opening Balance	Grant Received From GOI	Grant Received From GOG	Interest /Other Income	Total	Expendi-ture for state including districts	Closing balance
1	2	3	4	5	6	7	8	9	10
10	RCH Flexible Pool	2005-06	2.83	38.50	0.00	0.00	41.33	7.59	33.74
		2006-07	33.74	49.35	0.00	0.00	83.09	51.64	31.45
		2007-08	31.45	61.10	0.00	0.00	92.55	46.21	46.34
		2008- 09	46.34	63.05	0.00	0.00	109.39	117.18	-7.79
		Total	**2.83**	**212.00**	**0.00**	**0.00**	**214.83**	**222.62**	**-7.79**
11	NRHM Additionalities	2005-06	0.00	46.38	0.00	0.00	46.38	0.35	46.03
		2006-07	46.03	93.63	0.00	0.00	139.66	25.37	114.29
		2007-08	114.29	142.19	0.00	0.00	256.48	93.70	162.78
		2008- 09	162.78	101.58	0.00	0.00	264.36	184.47	79.89
		Total	**0.00**	**383.78**	**0.00**	**0.00**	**383.78**	**303.89**	**79.89**
12	National Vector Borne Disease Control Programme	2005-06	0.19	5.37	0.00	0.19	5.75	3.49	2.26
		2006-07	2.26	6.27	0.00	0.11	8.64	3.77	4.87
		2007-08	4.87	7.73	0.00	0.19	12.79	7.16	5.63
		2008- 09	5.63	3.86	0.00	0.38	9.87	8.14	1.73
		Total	**0.19**	**23.23**	**0.00**	**0.87**	**24.29**	**22.56**	**1.73**
13	National TB Control Programme	2005-06	0.25	6.20	0.00	0.08	6.53	6.25	0.28
		2006-07	0.28	9.00	0.00	0.09	9.37	8.39	0.98
		2007-08	0.98	9.27	0.00	0.08	10.33	9.68	0.65
		2008- 09	0.65	11.27	0.00	0.11	12.03	11.87	0.16
		Total	**0.25**	**35.74**	**0.00**	**0.36**	**36.35**	**36.19**	**0.16**
14	National Leprosy Eradication Programme	2005-06	1.19	0.00	0.00	0.04	1.23	0.72	0.51
		2006-07	0.51	0.85	0.00	0.02	1.38	0.82	0.56
		2007-08	0.56	0.87	0.00	0.04	1.47	1.03	0.44
		2008- 09	0.44	0.94	0.00	0.01	1.39	1.30	0.09
		Total	**1.19**	**2.66**	**0.00**	**0.11**	**3.96**	**3.87**	**0.09**
15	National Programme for Control of Blindness	2005-06	1.98	3.31	0.00	0.05	5.34	4.14	1.20
		2006-07	1.20	4.62	0.00	1.12	6.94	5.51	1.43
		2007-08	1.43	7.34	0.00	0.09	8.86	7.32	1.54
		2008- 09	1.54	14.39	0.00	0.16	16.09	14.80	1.29
		Total	**1.98**	**29.66**	**0.00**	**1.42**	**33.06**	**31.77**	**1.29**
16	Integrated Disease Surveillance Programme	2005-06	0.00	4.15	0.00	0.00	4.15	0.00	4.15
		2006-07	4.15	0.00	0.00	0.08	4.23	1.33	2.90
		2007-08	2.90	0.00	0.00	0.18	3.08	1.41	1.67
		2008- 09	1.67	0.42	0.00	0.01	2.10	0.95	1.15
		Total	**0.00**	**4.57**	**0.00**	**0.27**	**4.84**	**3.69**	**1.15**
17	Iodine Deficiency Disorder Disease Control Programme	2005-06	0.00	0.04	0.00	0.00	0.04	0.05	-0.01
		2006-07	-0.01	0.02	0.00	0.00	0.01	0.03	-0.02
		2007-08	-0.02	0.12	0.00	0.00	0.10	0.12	-0.02
		2008- 09	-0.02	0.18	0.00	0.00	0.16	0.10	0.06
		Total	**0.06**	**0.36**	**0.00**	**0.00**	**0.42**	**0.30**	**0.12**
18	State's shares of Expenditure	2005-06	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		2006-07	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		2007-08	0.00	0.00	87.88	0.00	87.88	87.88	0.00
		2008- 09	0.00	0.00	75.68	0.00	75.68	75.68	0.00
		Total	**0.00**	**0.00**	**163.56**	**0.00**	**163.56**	**163.56**	**0.00**
	Grand Total	2005-06	-11.40	260.30	0.00	0.36	249.26	127.79	121.47
		2006-07	121.47	246.48	0.00	1.42	369.37	215.06	154.31
		2007-08	154.31	375.85	87.88	0.58	618.62	370.72	247.90
		2008- 09	247.90	327.66	75.68	0.67	651.91	548.14	103.77
		Total	**-11.40**	**1210.29**	**163.56**	**3.03**	**1365.54**	**1261.71**	**103.77**

APPENDIX - XXVI

Statement showing details of release and utilisation of Untied fund and Maintenance grant to RKSs at PHCs and CHCs

(Reference: Paragraph 1.3.8.2; Page 67)

(Rs. In lakh)

Year	No. of RKS	Untied funds				Maintenance Grant			
		Amount released	Amount utilized	Unspent		Amount released	Amount utilised	Unspent	
				Amount	Percen-tage			Amount	Percen-tage
PHC level									
2005-06	0	0	0	0	0	0	0	0	0
2006-07	0	267.05	14.58	252.47	95	535	29.16	505.84	95
2007-08	1073	267.05	162.03	105.02	39	536.5	193.60	342.90	64
2008-09	1073	268.25	271.65	-3.40	-1	536.5	501.31	35.19	7
Total		**802.35**	**448.26**	**354.09**	**44**	**1608**	**724.07**	**883.93**	**55**
CHC level									
2005-06	72	0	0	0	0	0	0	0	0
2006-07	273	0	0	0	0	0	0	0	0
2007-08	273	57.5	10.64	46.86	81	0	0	0	0
2008-09	273	682.5	765.93	-83.43	-12	0	0	0	0
Total		**740**	**776.57**	**-36.57**	**-5**	**0**	**0**	**0**	**0**
Grand Total		**1542.35**	**1224.83**	**317.52**	**21**	**1608**	**724.07**	**883.93**	**55**

APPENDIX - XXVII

Statement detailing deficiencies in availability of facilities as per IPHS norms in selected SCs, PHCs and CHCs

(Reference: Paragraph 1.3.9.2; Page 68)

Sr. No.	Particulars	Sub Centre	Primary Health Centre	Community Health Centre
1.	Total numbers audited	72	36	18
2.	Centres running without a building	1(Kamparia)	0	0
3.	Centres having no government building	16[1]	0	0
4.	No. of health centres in close vicinity of garbage dump/cattle shed/stagnant pool/pollution from industry	14[2]	3[3]	3[4]
5.	No. of health centres where cleanliness was poor	15[5]	0	1 (Mundra)
6.	No. of health centres where vehicles/ ambulance was not available	--	9[6]	1 (Kodinar)
7.	No. of health centres where Citizen's Charter was not displayed prominently with local language	49[7]	17[8]	2 (Vanthali and, Sutrapada)
8.	No. of health centres where suggestion/complaint box was not kept prominently	62[9]	9[10]	0
9.	No. of health centres where separate utilities for men and women not present	NA	16[11]	3[12]
10.	No. of health centres where OPD rooms/cubicles not present	NA	1 (Panetha)	0
11.	No. of health centres where operation theatre/minor operation theatre not present (where applicable)	NA	27[13]	4[14]
12.	No. of health centres where labour room not present (where applicable)	57[15]	9[16]	0
13.	No. of health centres where labour room was present but not functional (where applicable)	6[17]	2 (Mota pondha and Vankal)	0
14.	No. of health centres where medical store was not present	NA	2. (Dabkhal and Kajanranchod)	0

1 Aambavadi, Bhopalka, Dhamlej Bandar, Dhrol IV, Dingucha, Dudhia, Juvangadh, Kadvali, Kamparia, Khengarka, Kodinar-II, Lushala, Moti Unadoth, Raipur, Salaya III and Tavdi
2 Bharan, Chanod-I, Chhidra, Ilav, Isad, Jalund, Jantran, Kangam, Kantasayan, Kudadara, Panjroli, Petavada, Tavdi and Tintoda
3 Dabkhal, Pansar and Rancharda
4 Dhrol, Vapi , Sutrapada
5 Bharan, Bhopalka, Dhamlej, Dhamlej Bandar, Dhrol IV, Dudhia, Gorakhmadhi, Kamparia, Kantasayan, Lati, Panjroli, Salaya III, Vanasjada, Vanthali I and Vodhda,,
6 Balada, Dhamlej, Junakataria ,Mota pondha, Movan, Pansar, Rancharda, Thareli and Vadatra
7 All except Aadhoi-II, Aamli, Bharan, Bhujpur-II, Chhidra, Desalpur, Devpar, Ilav, Kantasayan, Khengarka, Kudadara, Kunddradi, Moti Unadoth, Mundra-I, Nana Asambia, Panjroli, Pichhavi, Ronaj, Salaya III, Sherdi, Sumra, Tavdi and Vodhda
8 Balada, Bhatia, Bhujpur, Chhidra, Dabkhal, Darsadi, Gadhshisha, Junakataria, Kajanranchod, Kavi, Latipur, Mota pondha, Nani tambadi, Ran, Thana pipli, Vankal and Vanki
9 All except Akha, Chandkheda-II, Chhidra, Ilav, Jantran, Jundal, Kantasayan, Kudadara, Majod and Panjroli
10 Balada, Bhatia, Bhujpur, Kajanranchod, Lalpur, Mota pondha, Nani tambadi, Ran and Thareli
11 Aadhoi, Dabkhal, Dhamlej, Gadhshisha, Ilav, Kajanranchod, Kavi, Kudadara, Mota Pondha, Panetha, Pansar, Rancharda, Thareli, Uvarsad, Vadatra and Vadodara
12 Nardipur, Vapi and Vanthali
13 All except Bhatia, Dolasa, Gadhshisha, Jaliadevani, Jaspor, Mota pondha, Uvarsad, Vadodara and Vanki
14 Salaya, Sadra, Vapi and Sutrapada
15 All except Aadhoi-II, Bankodi, Bhujpur-II, Chandkheda-II, Ilav, Ishanpur, Kudadara, Kunddradi, Nandana, Nasmad, Pichhavi, Ronaj, Sumra, Vanasjada, Zapodad
16 Balada, Dabkhal, Ilav, Kajanranchod, Movan, Nani tambadi, Ran, Thareli and Vadatra
17 Aadhoi-II, Bhujpur-II, Nasmad, Pichhavi, Ronaj and Vanasjada

Sr. No.	Particulars	Sub Centre	Primary Health Centre	Community Health Centre
15.	No. of health centres where separate ward for male and female not present (where applicable)	NA	26[18]	5[19]
16.	No. of health centres where waiting rooms for patients was not present/not in good condition	NA	10[20]	5[21]
17.	No. of health centres with no provision of water supply	10[22]	0	0
18.	No. of health centres with no provision of storage of water	51[23]	8[24]	0
19.	No. of health centres with no facility of sewerage	NA	2 (Mota pondha and Thareli)	0
20.	No. of health centres with no facility of medical waste disposal	34[25]	0	0
21.	No. of health centres with no electricity connection/power supply	NA	1 (Dabkhal)	0
22.	No. of health centres with no working facility of standby power supply/generator	NA	14[26]	5[27]
23.	No. of health centres with no telephone connection	61[28]	2 (Juna kataria and Dabkhal)	0
24.	No. of health centres with no computer	NA	0	1 (Vapi)
25.	No. of health centres where accommodation facilities for staff was not present/occupied	44[29]	5[30]	2(Chandkheda and Sutrapada)
26.	No. of health centres where accommodation facilities for staff was partially present/occupied	NA	20[31]	15[32]
27.	No. of health centres where adequate number of furniture was not present/not in working condition	35[33]	35[34]	18 (All sampled CHCs)

18 All except Aadhoi, Bhatia, Bhujpur, Dolasa, Gadhshisha, Harmadia, Jaliadevani, Kanza, Latipur and Vanki
19 Dungari, Nanapondha, Sutrapada, Vanthali and Vapi
20 Adalaj, Balada, Bhatia, Dabkhal, Dolasa, Ilav, Jaliadevani, Kajanranchod, Latipur and Mota pondha
21 Nardipur, Nanapondha, Vapi, Dungari and Vanthali
22 Ambheti-I, Dhrol IV, Kakadkopar, Khengarka, Kodinar-II, Mendha, Nandgam, Petavada, Sonvada and Vanthali I
23 All except Aadhoi-II, Ambheti-I, Bankodi, Bhujpur-II, Desalpur, Ilav, Isad, Ishanpur, Jalund, Jantran, Kakadkopar, Kudadara, Kunddradi, Lakadiya-I, Moti Unadoth, Mundra-I, Nasmad, Raipur, Sherdi, Tintoda and Vanasjada
24 Aadhoi, Dabkhal, Kavi, Mota pondha, Movan, Panetha, Thareli and Vadatra
25 Bhujpur-II, Desalpur, Devpar, Dhamlej Bandar, Dhrol IV, Gorakhmadhi, Ishanpur, Jangi, Kadvali, Kajanhari, Kamparia, Khengarka, Kodinar-II, Kunddradi, Lakadiya-I, Majod, Mendha, Aamli, Mundra-I, Nana Asambia, Nandgam, Nasmad, Pichhavi, Por, Raipur, Ronaj, Sherdi, Sumra, Vanasjada, Vankhunta, Vanthali I, Vavol, Vodhda and Zapodad
26 Bhatia, Chhidra, Dabkhal, Dhamlej, Dolasa, Harmadia, Jaliadevani, Junakataria, Mota pondha, Movan, Panetha, Ran, Thareli and Vadatra
27 Chandkheda, Nardipur, Vapi, Kodinar and Hansot
28 All except Aadhoi-II, Bhujpur-II, Chandkheda-II, Desalpur, Dingucha, Isad, Kunddradi, Mundra-I, Nasmad, Vanasjada and Vodhda
29 All except Aamli, Bankodi, Bharan, Bhujpur-II, Devpar, Dulsad, Faldhara, Ilav, Jalund, Jantran, Kudadara, Majod, Moti Tambadi, Nana Asambia, Nandana, Nasmad, Pichhavi, Por, Raipur, Ronaj, Sherdi, Sumra, Tavdi, Tintoda, Vanasjada, Vavol, Velugam and Zapodad
30 Jaspor, Kanza, Panetha, Thareli and Vankal
31 Adalaj, Balada, Chhidra, Dabkhal, Dhamlej, Dolasa, Harmadia, Ilav, Kajanranchod, Kavi, Kudadara, Mota pondha, Movan, Nani tambadi, Pansar, Ran,Rancharda, Thana pipli, Uvarsad and Vadodara
32 All except Dhro1, Chandkheda and Sutrapada
33 Ambheti-I, Bankodi, Bharan, Bhujpur-II, Chhidra, Dahegam, Desalpur, Dulsad, Faldhara, Gorakhmadhi, Ilav, Ishanpur, Jalund, Jantran, Kadvali, Kangam, Kantasayan, Kudadara, Lati, Lushala, Majod, Mundra-I, Nana Asambia, Nandana, Nasmad, Por, Raipur, Sherdi, Tavdi, Titnada, Vanasjada, Vankhunta, Vavol, Velugam and Zapodad
34 Except Dabkhal

APPENDIX - XXVIII

Statement showing details of sanctioned strength and personnel in position of medical and para-medical staff in Health Centres in the State

(Reference : Paragraph 1.3.10.3; Page 71)

Sr. No	Name of cadre	Sanctioned strength	Requirement as per IPHS	Position as on 31-03-2009		
				Existing strength	Vacancy *with reference* to sanctioned strength (*percentage)*	Vacancy *with reference* to IPHS (*percentage)*
CHC level						
1	General Surgeon (Superintendent Class-I)	262	274	56	206 (79)	218 (79)
2	Obstetrician and Gynaecologist	34	274	7	27 (79)	267 (97)
3	Paediatrician	34	274	05	29 (85)	269 (98)
4	Orthopaedic Surgeon	03	---	0	3 (100)	---
5	Ophthalmic Surgeon	03	274	02	01 (33)	272 (99)
6	Resident Medical Officer	04	--	0	4 (100)	---
7	Medical Officer	658	Not available with Commissionerate	561	97 (15)	---
8	Ayush Medical Officer	252		137	115 (46)	---
9	Anaesthetist	0	274	0	---	274 (100)
10	Jr. Pharmacist	300	900	228	72 (24)	672 (75)
11	Laboratory Technician	285	855	249	36 (13)	606 (71)
12	X ray Technicians	265	530	127	138 (52)	403 (76)
13	Jr. Pharmacist (Ayush)	---	265	---	---	265 (100)
14	Head Nurse	34	Information not furnished	16	18(53)	---
15	Staff Nurse at CHCs	1961	1911	1607	354(18)	304 (16)
PHC Level						
1	Medical Officer	1084	1073	678	406 (37)	395(37)
2	Ayush Medical Officer	1073	1073	729	344 (32)	344(32)
3	Staff Nurse for 24x7 PHCs	---	981	230	---	751(77)
4	Jr. Pharmacist	1084	2168	586	498 (46)	1582 (73)
5	Laboratory Technician	1084	2168	664	420 (39)	1504 (69)
SC Level						
1	Female Health Worker	7274	14548	6413	861 (12)	8135 (56)
2	Female Health Supervisor	1193	1193	875	318(27)	318 (27)
3	Multi Purpose Health Worker	7239	7239	4690	2549(35)	2549(35)

APPENDIX-XXIX

Statement showing the position of medical and para-medical staff in the six sampled districts as on 31-03-09

(Reference : Paragraph 1.3.10.3; Page 72)

Name of the District	Jamnagar				Junagadh				Kachchh				Gandhinagar				Valsad				Bharuch				Total			
Name of the post	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %	Sanctioned strength	Men-in-position	Vacancy in No.	Vacancy in %
SC level																												
ANM(Regular)	265	209	56	21	390	270	120	31	279	228	51	18	171	141	30	18	330	317	13	4	200	160	40	20	**1842**	**1610**	**232**	**13**
ANM(Contractual)	0	47			0	52			205	177	28	14	0	0	0		2	0	2	100	0	9						
MPW-Male	209	160	49	23	0	0	0		0	0	0		137	113	24	18	334	267	67	20	214	148	66	31	**894**	**688**	**206**	**23**
MPW- Female (R)	0	0	0		291	286	5	2	0	0	0		0	0	0		0	0	0		0	0	0		**291**	**286**	**5**	**2**
MPW- Female(C)	0	0	0		0	163			0	0	0		0	0	0		0	0	0		0	0	0		**0**	**163**	**-**	**-**
PHC level																												
Medical Officer-Allopathic	58	42	16	28	19	19	0	0	36	32	4	11	34	32	2	6	39	23	16	41	45	26	19	42	**231**	**174**	**57**	**25**
Medical Officer-AYUSH	37	32	5	14	36	45	-9	-25	36	1	35	97	24	23	1	4	39	19	20	51	38	19	19	50	**210**	**139**	**71**	**34**
Staff Nurse-Regular	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		**0**	**0**	**0**	**0**
Staff Nurse-Contractual	30	5	25	83	0	0	0		20	20	0	0	56	9	47	84	12	0	12	100	33	7	26	79	**151**	**41**	**110**	**73**
Nurse Mid wife	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		**0**	**0**	**0**	**0**
Lab Assistant	0	0	0		58	21	37	64	37	17	20	54	26	26	0	0	39	23	16	41	37	0	37	100	**197**	**87**	**110**	**56**
Lady Health Visitor	0	0	0		55	37	18	33	39	22	17	44	31	24	7	23	45	32	13	29	37	0	37	100	**207**	**115**	**92**	**44**
Pharmacist	51	22	29	57	58	26	32	55	91	36	55	60	25	22	3	12	39	8	31	79	37	13	24	65	**301**	**127**	**174**	**58**
Block Health Education Information Officer	0	0	0		10	8	2	20	9	5	4	44	0	0	0		5	5	0	0	10	4	6	60	**34**	**22**	**12**	**35**

APPENDIX - XXX

Statement showing details of increase /decrease in Out-patients and in-patients in six sampled districts

(Reference : Paragraph 1.3.12.2; Page 76)

Health centres	Year	Total number of health centre in the six districts	Out-Patient			In-Patient		
			No. of Out door patients	Increase(+)/ Decrease(-)		No. of In-door patients	Increase(+)/ Decrease(-)	
				In No.	Percen-tage		In No.	Percen-tage
PHCs	2004-05	228	2220416			22410		
	2005-06	228	2943366	722950	**33**	22455	45	**0**
	2006-07	228	2368839	-574527	**-20**	26089	3634	**16**
	2007-08	228	2067743	-301096	**-13**	26359	270	**1**
	2008-09	229	1851217	-216526	**-10**	30104	3745	**14**
CHCs	2004-05	62	2490020			276489		
	2005-06	62	2365427	-124593	**-5**	336872	60383	**22**
	2006-07	62	2821137	455710	**19**	333391	-3481	**-1**
	2007-08	62	2326409	-494728	**-18**	300909	-32482	**-10**
	2008-09	62	2463599	137190	**6**	324213	23304	**8**

APPENDIX - XXXI

Statement showing details of Pregnant women received three ante natal check-ups in six sampled districts

(Reference : Paragraph 1.3.12.3(a); Page 77)

Name of District	Year	No. of pregnant women registered	Pregnant women who received three ante natal check-ups	
			In number	In percentage
JAMNAGAR	**2005-06**	35225	4947	**14**
	2006-07	35134	6710	**19**
	2007-08	34976	5662	**16**
	2008-09	38611	4234	**11**
JUNAGADH	**2005-06**	57845	6805	**12**
	2006-07	59562	5895	**10**
	2007-08	54163	4517	**8**
	2008-09	56734	6813	**12**
KACHCHH	**2005-06**	40349	9045	**22**
	2006-07	37819	9032	**24**
	2007-08	43764	6987	**16**
	2008-09	41729	9178	**22**
GANDHINAGAR	**2005-06**	N.A	N.A	N.A
	2006-07	41696	13322	**32**
	2007-08	37895	10454	**28**
	2008-09	38401	11024	**29**
VALSAD	**2005-06**	38553	14583	**38**
	2006-07	44546	8049	**18**
	2007-08	43280	8014	**19**
	2008-09	39004	5533	**14**
BHARUCH	**2005-06**	40198	11800	**29**
	2006-07	37827	9751	**26**
	2007-08	33028	8781	**27**
	2008-09	35761	25341	**71**
TOTAL	**2005-06**	**212170**	**47180**	***22***
	2006-07	**256584**	**52759**	***21***
	2007-08	**247106**	**44415**	***18***
	2008-09	**250240**	**62123**	***25***
GRAND TOTAL		***966100***	***206477***	***21***

APPENDIX - XXXII

Statement showing details of IFA administration to pregnant women in six sampled districts

(Reference : Paragraph 1.3.12.3(a); Page 77)

Name of District	Year	No. of pregnant women registered	No. of women given IFA tablets		Total	Percentage
			Prophylactic	Therapeutic		
JAMNAGAR	**2005-06**	35225	22031	14562	**36593?**	104
	2006-07	35134	27317	12055	**39372?**	112
	2007-08	34976	28753	10417	**39170?**	112
	2008-09	38611	24191	18686	**42877?**	111
JUNAGADH	**2005-06**	57845	57248	24432	**81680?**	141
	2006-07	59562	56848	33585	**90433?**	152
	2007-08	54163	58773	35584	**94357?**	174
	2008-09	56734	24468	24750	**49218**	87
KACHCHH	**2005-06**	40349	37705	0	**37705**	93
	2006-07	37819	14500	14508	**29008**	77
	2007-08	43764	16000	16084	**32084**	73
	2008-09	41729	15438	15439	**30877**	74
GANDHINAGAR	**2005-06**	N.A	N.A	N.A	**N.A**	N.A
	2006-07	41696	27191	13692	**40883**	98
	2007-08	37895	23791	10412	**34203**	90
	2008-09	38401	18172	13367	**31539**	82
VALSAD	**2005-06**	38553	29592	0	**29592**	77
	2006-07	44546	23786	6580	**30366**	68
	2007-08	43280	23639	5777	**29416**	68
	2008-09	39004	26281	10417	**36698**	94
BHARUCH	**2005-06**	40198	40832	15017	**55849?**	139
	2006-07	37827	18794	6440	**25234**	67
	2007-08	33028	12133	3763	**15896**	48
	2008-09	35761	25744	9655	**35399**	99
TOTAL (Six Districts)	**2005-06**	**212170**	**187408**	**54011**	**241419?**	**114**
	2006-07	**256584**	**168436**	**86860**	**255296**	**99**
	2007-08	**247106**	**163089**	**82037**	**245126**	**99**
	2008-09	**250240**	**134294**	**92314**	**226608**	**91**
GRAND TOTAL		***966100***	***653227***	***315222***	**968449**	**100**

N.A: Information for the year 2005-06 was not made available by DHS Gandhinagar.
? Patients other than registered were also administered IFA.

APPENDIX - XXXIII

Details of TT Immunization to pregnant women

(Reference : Paragraph 1.3.12.3(a); Page 78)

Name of District	Year	No. of pregnant women registered	No. of women given Tetanus toxoid dosages	Percentage to pregnant women registered
JAMNAGAR	2005-06	35225	31998	91
	2006-07	35134	32614	93
	2007-08	34976	31724	91
	2008-09	38611	32123	83
JUNAGADH	2005-06	57845	56337	97
	2006-07	59562	53929	91
	2007-08	54163	51381	95
	2008-09	56734	55280	97
KACHCHH	2005-06	40349	31957	79
	2006-07	37819	40963	108
	2007-08	43764	40166	92
	2008-09	41729	38109	91
GANDHINAGAR	2005-06	N.A	N.A	N.A
	2006-07	41696	36070	87
	2007-08	37895	34409	91
	2008-09	38401	29639	77
VALSAD	2005-06	38553	33556	87
	2006-07	44546	36764	83
	2007-08	43280	41144	95
	2008-09	39004	39829	102
BHARUCH	2005-06	40198	37788	94
	2006-07	37827	34266	91
	2007-08	33028	33959	103
	2008-09	35761	31785	89
TOTAL	2005-06	**212170**	**191636**	**90**
	2006-07	**256584**	**234606**	**91**
	2007-08	**247106**	**232783**	**94**
	2008-09	**250240**	**226765**	**91**
GRAND TOTAL		***966100***	***885790***	**92**

N.A: Information for the year 2005-06 was not furnished by DHS,Gandhinagar

APPENDIX - XXXIV

Statement showing details of Institutional Deliveries in six selected districts

(Reference : Paragraph 1.3.12.3(b); Page 78)

Name of District audited	Year	No. of pregnant women registered	No. of institutional deliveries		Achievement in percentage
			Targets	Achievements	
JAMNAGAR	2005-06	35225	30641	16970	55
	2006-07	35134	31972	20935	65
	2007-08	34976	31922	22794	71
	2008-09	38611	30252	24175	80
	Total	143946	124787	84874	68
JUNAGADH	2005-06	27845	59800	22923	38
	2006-07	59562	55900	32622	58
	2007-08	53573	56700	37182	66
	2008-09	51215	64000	38243	60
	Total	192195	236400	130970	55
KACHCHH	2005-06	40349	32298	14862	46
	2006-07	37819	42382	17799	42
	2007-08	43764	42800	22968	54
	2008-09	41729	44800	25548	57
	Total	163661	162280	81177	50
GANDHINAGAR	2005-06	N.A	N.A	N.A	N.A
	2006-07	36526	34388	26650	77
	2007-08	37895	37500	30274	81
	2008-09	38401	38526	32416	84
	Total	112822	110414	89340	81
VALSAD	2005-06	38553	31369	23011	73
	2006-07	44565	34286	25163	73
	2007-08	43280	34462	27291	79
	2008-09	24376	36577	28416	78
	Total	150774	136694	103881	76
BHARUCH	2005-06	40188	16992	8321	49
	2006-07	37827	20419	20244	99
	2007-08	37027	26826	26184	98
	2008-09	35761	25971	27332	105
	Total	150803	90208	82081	91
TOTAL	2005-06	**182160**	**171100**	**86087**	**50**
	2006-07	**251433**	**219347**	**143413**	**65**
	2007-08	**250515**	**230210**	**166693**	**72**
	2008-09	**230093**	**240126**	**176130**	**73**
GRAND TOTAL		***914201***	***860783***	***572323***	**66**

N.A: Information for the year 2005-06 was not furnished by DHS,Gandhinagar.

APPENDIX - XXXV

Statement showing details of Routine immunization
(Reference : Paragraph 1.3.12.4; Page 79)

Year	Target	Achievement				FI*	DT		TT(16)		TT(10)	
		BCG	Measles	DPT	OPV		T	A	T	A	T	A
2005-06	1264300	1262294	1169733	1213337	1210065	1118030 (88 %)	1244071	981440 (79 %)	573245	537885 (94 %)	1201770	889338 (74%)
2006-07	1282000	1258339	1170354	1211932	1207836	1147664 (90 %)	1246600	955189 (77 %)	536700	539741 (101 %)	1204200	848439 (70 %)
2007-08	1290900	1208784	1153185	1174855	1162414	1115121 (86 %)	1270246	1000058 (79 %)	1170613	696809 (60 %)	1227057	922199 (75 %)
2008-09	1260794	1143332	1025887	1065238	1046974	997950 (79 %)	1240621	653611 (53 %)	1143312	620062 (54 %)	1198440	703143 (59 %)
Total	**5097994**	**4872749 (95.58%)**	**4519159 (88.64%)**	**4665362 (91.51%)**	**4627289 (90.77%)**							

Note: FI denotes Full Immunization.

APPENDIX-XXXVI

Statement showing details of routine immunisation in six sampled districts

(Reference : Paragraph 1.3.12.4; Page 79)

Name of District audited	Year	Target for complete Immunizations	Actual achievement							
			Up to one Year (Complete course)	(%)	Above one and half year (DPT &OPV booster)	(%)	Above five years (DT only)	(%)	Above 10 years (TT only)	(%)
JAMNAGAR	**2005-06**	36300	30675	**85**	30109	**83**	36803	**101**	35330	**97**
	2006-07	34400	30013	**87**	51350	**149**	30225	**88**	27850	**81**
	2007-08	34800	29999	**86**	53488	**154**	32392	**93**	29941	**86**
	2008-09	32994	28239	**86**	52526	**159**	25090	**76**	24926	**76**
	Total	138494	118926	**86**	187473	**135**	124510	**90**	118047	**85**
JUNAGADH	**2005-06**	56000	53384	**95**	47892	**86**	49270	**88**	50187	**90**
	2006-07	53000	46890	**88**	49476	**93**	42805	**81**	28857	**54**
	2007-08	54000	47136	**87**	42565	**79**	49014	**91**	43410	**80**
	2008-09	54144	44627	**82**	45155	**83**	35046	**65**	27556	**51**
	Total	217144	192037	**88**	185088	**85**	176135	**81**	150010	**69**
KACHCHH	**2005-06**	41637	32691	**79**	25300	**61**	27267	**65**	25042	**60**
	2006-07	40187	19134	**48**	27330	**68**	29963	**75**	26864	**67**
	2007-08	40200	39503	**98**	31770	**79**	29786	**74**	29768	**74**
	2008-09	42200	35121	**83**	58800	**139**	24174	**57**	21832	**52**
	Total	164224	126449	**77**	143200	**87**	111190	**68**	103506	**63**
GANDHINAGAR	**2005-06**	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
	2006-07	32701	30855	**94**	35223	**108**	24822	**76**	22818	**70**
	2007-08	35000	33851	**97**	32499	**93**	32499	**93**	28648	**82**
	2008-09	33097	30842	**93**	28588	**86**	23270	**70**	22673	**69**
	Total	100798	95548	**95**	96310	**96**	80591	**80**	74139	**74**
VALSAD	**2005-06**	33500	27856	**83**	25421	**76**	27614	**82**	25402	**76**
	2006-07	34400	28183	**82**	26720	**78**	23417	**68**	22017	**64**
	2007-08	35288	24201	**69**	26837	**76**	27386	**78**	26356	**75**
	2008-09	35288	26339	**75**	24607	**70**	21873	**62**	25572	**72**
	Total	138476	106579	**77**	103585	**75**	100290	**72**	99347	**72**
BHARUCH	**2005-06**	32968	33548	**102**	35546	**108**	27738	**84**	28563	**87**
	2006-07	36441	32845	**90**	33971	**93**	25055	**69**	26916	**74**
	2007-08	36416	33209	**91**	34010	**93**	27271	**75**	32590	**89**
	2008-09	36416	31183	**86**	28868	**79**	17725	**49**	28367	**78**
	Total	142241	130785	**92**	132395	**93**	97789	**69**	116436	**82**
TOTAL	**2005-06**	**200405**	**178154**	***89***	**164268**	***82***	**168692**	***84***	**164524**	***82***
	2006-07	**231129**	**187920**	***81***	**224070**	***97***	**176287**	***76***	**155322**	***67***
	2007-08	**235704**	**207899**	***88***	**221169**	***94***	**198348**	***84***	**190713**	***81***
	2008-09	**234139**	**196351**	***84***	**238544**	***102***	**147178**	***63***	**150926**	***64***
GRAND TOTAL		***901377***	***770324***	***85***	***848051***	***94***	***690505***	***77***	***661485***	***73***

N.A: Information for the year 2005-06 was not furnished by DHS, Gandhinagar

APPENDIX-XXXVII

Statement showing Targets and Achievements under Family Planning in six sampled districts

(Reference : Paragraph 1.3.12.5(a); Page 80)

Name of the district audited	Year	Vasectomy			Tubectomy			Laproscopy		
		T	A	Achievement (%)	T	A	Achievement (%)	T	A	Achievement (%)
JAMNAGAR	**2005-06**	9900	14	Negligible	9900	25	Negligible	9900	6314	Negligible
	2006-07	8000	1	Negligible	8000	30	Negligible	8000	5177	65
	2007-08	8500	30	Negligible	8500	40	Negligible	8500	6345	75
	2008-09	8500	9	Negligible	8500	N.A	N.A	8500	6644	78
	Total	34900	54	Negligible	34900	95	Negligible	34900	24480	70
JUNAGADH	**2005-06**	17700	7	Negligible	17700	3352	19	17700	7291	41
	2006-07	19700	3	Negligible	19700	3108	16	19700	6300	32
	2007-08	13600	481	4	13600	3380	25	13600	7084	52
	2008-09	13500	974	7	13500	3650	27	13500	6128	45
	Total	64500	1465	2	64500	13490	21	64500	26803	42
KACHCHH	**2005-06**	8900	2	Negligible	8900	N.A	N.A	8900	6409	72
	2006-07	10000	5	Negligible	10000	988	10	10000	5965	60
	2007-08	8500	13	Negligible	8500	633	7	8500	6529	77
	2008-09	8500	N.A	N.A	8500	510	6	8500	6167	73
	Total	35900	20	Negligible	35900	2131	6	35900	25070	70
GANDHINAGAR	**2005-06**	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A	N.A
	2006-07	10000	3821	38	10000	2602	26	10000	9920	99
	2007-08	11000	1016	9	11000	7043	64	11000	1224	11
	2008-09	11504	239	2	11504	10354	90	11504	1454	13
	Total	32504	5076	16	32504	19999	62	32504	12598	39
VALSAD	**2005-06**	13400	71	1	13400	8349	62	13400	1244	9
	2006-07	10500	28	Negligible	10500	5747	55	10500	2530	24
	2007-08	11500	358	3	11500	7656	67	11500	1741	15
	2008-09	10500	405	4	10500	7739	74	10500	1977	19
	Total	45900	862	2	45900	29491	64	45900	7492	16
BHARUCH	**2005-06**	10700	3	Negligible	10700	70	1	10700	7209	67
	2006-07	9000	8	Negligible	9000	590	7	9000	6263	70
	2007-08	9900	1287	13	9900	627	6	9900	6645	67
	2008-09	10500	14	Negligible	10500	754	7	10500	6923	66
	Total	40100	1312	3	40100	2041	5	40100	27040	67
TOTAL	**2005-06**	**60600**	**97**	Negligible	**60600**	**11796**	19	**60600**	**28467**	**47**
	2006-07	**67200**	**3866**	6	**67200**	**13065**	19	**67200**	**36155**	**54**
	2007-08	**63000**	**3185**	5	**63000**	**19379**	31	**63000**	**29568**	**47**
	2008-09	**63004**	**1641**	3	**63004**	**23007**	37	**63004**	**29293**	**46**
GRAND TOTAL		**253804**	**8789**	3	**253804**	**67247**	26	**253804**	**123483**	**49**

N.A: Information for the year 2005-06 was not furnished by DHS, Gandhinagar

APPENDIX -XXXVIII

Details of mortality due to various vector borne diseases in the State during 2005-08

(Reference : Paragraph 1.3.12.8(b); Page 82)

Year	Kala Azar		Malaria		Filaria		Japanese Encephalitis		Dengue	
	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths	No. of cases	Deaths
2005	Nil	Nil	177936	54	329	Nil	Nil	Nil	454	11
2006	Nil	Nil	93071	45	125	Nil	Nil	Nil	545	5
2007	Nil	Nil	71121	73	112	Nil	Nil	Nil	640	2
2008	Nil	Nil	51161	43	80	Nil	Nil	Nil	1065	2
2009 (Up to March 2009)	Nil	Nil	4210	1	10	Nil	Nil	Nil	171	Nil