CHAPTER – III : CIVIL DEPARTMENTS
SECTION – A – REVIEWS

HEALTH AND FAMILY WELFARE DEPARTMENT

3.1 National Family Welfare Programme

Highlights

The National Family Welfare Programme is a demographic as well as a Welfare Programme meant for stabilising population level and at the same time improving maternal and child health care. The programme is a cent percent Centrally Sponsored Scheme. A review of the programme through test check of records revealed that programme implementing department could not achieve the demographic goal in respect of birth rate, crude death rate, etc., during March ending 1995, 1996 and 1997 though expenditure on this account continued to be increased year after year. The couple protection rate during 1995-96 to 1999-2000 fell short of the target to a considerable extent. There was huge shortage of manpower in operation of the programme. The State Government did neither evolve any monitoring system nor any evaluation was ever conducted, thereby, the effectiveness of the programme remained unassessed.

Against the grants of Rs.809.66 lakh released by the Government of India for implementation of the scheme during the period from 1995-96 to 1999-2000, Rs.958.59 lakh was spent by the State Government resulting in excess expenditure of Rs.148.93 lakh over the grant.

(Paragraph 3.1.4)

There was short establishment of 23 SCs and 0.69 lakh population was deprived of the desired benefit of health services.

(Paragraph 3.1.5.1.(i))

Couple protection during 1995-96 to 1999-2000 ranged between 3 and 14 per cent against target of 60 per cent set under National Health Policy.

(Paragraph 3.1.5.2(ii))

Under MCH Services shortfall in coverage under DPT ranged between 36 and 67 per cent, OPV between 28 and 49 per cent, BCG between 32

and 47 per cent, measles between 49 and 64 per cent, T.T. for pregnant women between 52 and 76 per cent during the years from 1995-96 to 1999-2000 (upto October 1999) as against 100 per cent immunization targetted.

(Paragraph 3.1.6(i))

Rupees 41 lakh incurred by the SCOVA for the execution of the items of work which were not covered by their approved guideline was irregular.

(Paragraph 3.1.6(iii))

No target for imparting training to Family Welfare Staff was fixed by the department. Out of 155 ANMs, only 78 ANMs were trained in IUD insertion during the period from 1995-96 to 1999-2000. Out of Rs.47.08 lakh released by the GOI for training, Rs.23.43 lakh was irregularly spent by the department for payment of salary of the ANMs of sub-centres and Urban Family Welfare Centres during 1995-2000.

(Paragraph 3.1.7)

As per GOI norm for carrying out IEC activities in a smaller State, maximum financial assistance was fixed as Rs.10.00 lakh per year. But due to inflated demand in the Annual Action Plan of the department, the GOI had released Rs.24.20 lakh in excess of the stipulated norm to the State Government during 1995-2000.

(Paragraph 3.1.8)

3.1.1 Introduction

The Family Welfare Programme was introduced in the First Five Year Plan in 1952. It was made target oriented and time bound with effect from 1966-67. Maternal and Child Health Services (MCH services) designed to improve the health of mothers and children were also integrated with it during the Fourth Plan period. The National Health Policy (NHP) approved by the Parliament in 1983 envisaged attainment of twin goals of 'Health for All' and a 'Net Reproductive Rate' (NRR) of unity by the year 2000A.D. Keeping in view the level of achievements made in the Seventh Plan period it was stated in the Eighth Five Year Plan document that NRR-I would be achievable during the period 2011-16 AD. However, the Report of the Technical group on Population Projection (constituted by the Planning Commission) indicated that the replacement level of NRR-I is achievable only by 2026 AD.

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

(i) to bring down the birth and death rates through various family planning measures and temporary methods of birth control.

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

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

These objectives of NFWP were to be achieved through implementation of following schemes.

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

(b) Sterilisation Bed Scheme

(c) Post Partum PAP Smear Test Facility Programme

(d) All India Hospital Post Partum Programme

(e) Population Research Centre Scheme

(f) Child Survival and Safe Motherhood (CSSM) Programme redesigned as Reproductive and Child Health (RCH) programme.

3.1.2 Organisational Set up

At the State Level the Director of Health and Family Welfare Department is nodal authority to oversee the implementation of the programme. The programme is implemented by the Director of Health Services Arunachal Pradesh through 11 Rural and 17 Urban Family Welfare Centres, 58 Primary Health Centres, 19 Community Health Centres, 323 Sub centres and 1 Post Partum Centre. Besides, there is a Family Welfare Training Centre.

3.1.3 Audit Coverage

The review covered the period from 1995-96 to 1999-2000 by test check of records of the Director of Health Services, Additional Director of Health Services (Family Welfare), 1 (West Siang District) out of 4 District Family Welfare Bureau, 3 (Papumpare, Lower Subansiri and West Siang) out of 13 district Medical Officers, 5 (Ragha, Doimukh, Ziro, Kimin and Balijan) out of 58 PHCs and 3 (Naharlagun, Ziro and Along) out of 13 District Hospitals during the period from February to March 2000.

The services of the ORG centre for social research, a division of ORG-Marg Research Limited was commissioned by the Comptroller and Auditor General of India with a view to obtaining the beneficiary perception of the programme and related matters. The ORG-Marg carried out survey over a sample of 1000 households between 21.10.2000 and 07.11.2000 and 21 health facilities in respect of 3 districts (West Kameng, Lower Subansiri and East Siang) and 30 villages, determined on the basis of socio cultural characteristics and

development status. Significant findings of the survey on matters discussed in the Report have been included in this review at appropriate places.

The results of test check are given in the succeeding paragraphs.

3.1.4 Finance and Expenditure

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

The budget provision, funds released by the Government of India expenditure incurred, less or excess utilisation of central assistance etc., for the period from 1995-96 to 1999-2000 are detailed below.

(Rupees in lakh)

Year	Budget Provision		Total	Central assistance received		Expenditure		Total	Less (-)/ excess (+) utilisation of Central assistance
	Salary Comp-onent	Non Salary Comp-onent		Cash	Kind	Salary Compo-nent	Non Salary Compo-nent		
1995-1996	46.51	92.25	138.76	139.85	110.69	24.56	93.92	118.48	(-) 21.37
1996-1997	50.00	96.76	146.76	146.82	33.86	26.59	105.02	131.61	(-) 15.21
1997-1998	50.00	105.13	155.13	147.73	89.65	35.80	207.92	243.72	(+) 95.99
1998-1999	77.60	62.84	140.44	144.06	NA	46.42	193.83	240.25	(+) 96.19
1999-2000	53.15	147.04	200.19	231.20	103.35	79.64	144.89	224.53	(-) 6.67
Total	**277.26**	**504.02**	**781.28**	**809.66**		**213.01**	**745.58**	**958.59**	**(+) 148.93**

The reason for savings as furnished by the Additional Director of Health Services – Family Welfare, Naharlagun during 1995-96 and 1996-97 was due to non-filling of certain posts (which was not specified) while the reason for excess expenditure during 1997-99 was stated to be due to revision of Pay scales of the employees of Family Welfare Department as per recommendation of 5th Pay Commission.

3.1.5 Implementation

In Arunachal Pradesh, the following three (out of six) schemes/programmes were implemented, *viz*.,

(i) Minimum Needs Programme

(ii) All India Hospital Post Partum Programme

(iii) Child Survival and Safe Motherhood (CSSM) Programme redesigned as Reproductive and Child Health (RCH) Programme

3.1.5.1 Minimum Needs Programme

(i) Family Welfare Services are to be provided to the community through a net work of Sub Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in the rural areas and hospitals and dispensaries in the urban areas in a phased manner by 2000 AD. The population norms for setting up the Centres and their staffing norms and activities/services to be delivered are as detailed in **Appendix - XIV**.

Test check of records and information collected from Rural Health Statistics and from DHS and Additional DHS (FW) revealed the following target and achievement in respect of establishment of these Centres.

Centres	No. of Centres required as per 1991 census	No. of centres required as per projec-ted popu-lation at the end of ninth plan as per GOI's norm	Position as on 31 March 2000	No. of centres established in excess (+)/less (-) of norm	Funds released during 1995-2000		Actual Expendi-ture
					By GOI	By State	
					(Rupeess. in lakh)		
SCs	288	346	323	(-) 23	245.45	2498.00	2593.45 (Upto Dec. '99)
PHCs	43	52	58	(+) 6			
CHCs	11	13	19	(+) 6			

It would be seen from the table that as per the projected population of 10.38 lakh at the end of 9th plan period, as against the requirement of 346 SCs, 52 PHCs and 13 CHCs the positions of centres established as on 31 March 2000 was 323, 58, 19 respectively. Thus, there was a short establishment of 23 SCs and excess establishment of 6 PHCs and 6 CHCs. Thus, due to short establishment of 23 SCs, 0.69 lakh rural population were deprived of the desired benefits of health services.

Excess number of centres established in violation of Government norm

The additional Director of Health Services, Family Welfare in his reply, justified establishment of excess number of PHCs and CHCs because of the peculiar geographical position of Arunachal Pradesh like very small density of population (i.e 10 persons per Sq.Km), coverage of large area by each centre etc. The departmental stand was not tenable as they had not obtained prior approval of Government of India for relaxation of population norm in respect of establishment of PHCs and CHCs.

It was further noticed that out of 323 established SCs, only 277 SCs were made functional as of May 2000. According to the department, the remaining 46 SCs (323-277) could not be made functional due to financial constraint and non-availability of required manpower, institutional and residential quarters. The contention of the Department is not tenable as the Government had released Rs. 2743.45 lakh during the period from 1995-96 to 1999-2000 for maintenance of SCs, PHCs and CHCs. Out of this Rs.245.45 lakh was specifically provided by the Government of India for implementation of family welfare programme during the aforesaid period. The department also stated that the entire amount of Rs. 245.45 lakh was spent towards payment of pay and allowances of staff engaged for carrying out family welfare activities. Thus, department's failure to make 46 SCs fully functional resulted in deprival of health care to 1.38 lakh population of that area.

Again, in Regha PHC, no Medical Officer was posted during the period from December 1996 to September 1999 for reasons not on record. The people of the locality was therefore, deprived of the health care and treatment facilities during the said period.

Department failed to achieve the demographic goals, reasons for failure also unidentified

(ii) Performance against demographic goal

The National Health Policy 1983 envisaged achievement of the Net Reproductive rate of unity by the year 2000 AD and the achievement made by the Family Welfare Department at the end of March 1995, March 1996 and March 1997 were as under:

		Achievement at the end of		
Name of goal	**Targets**	**March 1995**	**March 1996**	**March 1997**
(i) Crude birth rate (per thousand)	21	27.6	27.4	34.6
(ii) Crude death rate (per thousand)	9	13.5	13.5	13.5
(iii) Annual growth rate (**per cent**)	1.2	1.4	1.4	2.1
(iv) Infant mortality rate (per thousand)	below 60	64	64	64

Despite incurring an expenditure of Rs.25.93 crore during 1995-96 to 1999-2000 (upto December 1999) under the Minimum Needs Programme, the infant mortality rate and the crude death rate remained static during 1994-95 to 1996-97 while the crude birth rate and annual growth rate recorded an increasing trend by 26 and 50 **per cent** respectively as on 31 March 1997 as compared to the corresponding figures as on 31 March 1996. The Crude Birth Rate (CBR) and Crude Death Rate (CDR) were also higher than the national average (27.2 and 8.9 per 1000 population). Only the Infant Mortality Rate (IMR) is lower (64 per 1000) than that of national scenario(71 per 1000 live births). Thus, the

department failed to achieve the demographic goal as laid down in the National Health Policy.

3.1.5.2 All India Hospitals for Post-Partum Programme

The district/sub-district level Post Partum Centres (PPC) were to motivate women within the reproductive age group (15-44) years and their husbands for adopting small family norms through education and motivation during prenatal, Post Natal period and after Medical Termination of Pregnancy. The basic objective of the programme was to provide integral package of maternal child health and Family Welfare Services in service training to medical/para medical staff, out reach services to allotted population and MMR rate. Under this programme cent percent Central assistance was provided for recurring and non recurring items. In the State, there is only one sub-District level PPC at Naharlagun.

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

Year	Funds provided by GOI	Funds released by State Government	Expenditure incurred
	(Rupees in lakh)		
1995-96	3.50	NA	5.38
1996-97	5.00	NA	7.31
1997-98	7.00	6.67	9.43
1998-99	6.50	6.50	10.48
1999-00	10.00	10.00	11.14

The reason for incurring excess expenditure was neither on record nor stated.

The performance of PPC in respect of family welfare methods and immunisation during the period from 1995-96 to1999-2000 are as under :

Activity	Overall achievement under NFWP in the State		Target of PPC	Achievement of PPCs	Percentage of achievement of PPC to total achievement
	Target	Achievement			
*Family Welfare Method					
(i) Sterilization	6305	8511**	No target was fixed	1601	19
(ii) Oral Pills	7230	22,049**		2600	12
Immunisation					
T.T.(for pregnant women)	123689	44728		4874	11
BCG	124505	69441		8293	12
Polio***	25600	8395		2555	30
DPT	124425	65305		2420	4
Measles	122545	49470		2096	4
DT (for infants)	70780	53110		833	2

* *Number of eligible couples during 1995-96 to 1999-2000 (upto October 1999) : 6.42 lakh.*

** *Target free approach during 1997-98 and 1998-99.*

*** *For 1999-2000 only.*

It would be seen from the above table that the percentage of achievement of PPC to overall achievement under different indicators of NFWP ranged between 2 and 30. Although the coverage of immunisation programme for the State as a whole was to be made centpercent there were shortfall ranging between 25 and 67 **per cent** in achieving the target fixed for different indicators of the programme during 1995-96 to 1999-2000.

Failure on the part of PP centre to increase the number of tubectomy cases through education

(i) In the absence of any target specially for the PPC, the shortfall, if any, in respect of different indicators could not be verified in audit. It was, however, noticed that out of 5891 number of registered pregnant women during the period from 1995-96 to 1999-2000 (upto December 1999), only 1597 numbers, i.e. 27 **per cent** were acceptors of tubectomy of which 888 women were already having 3 or more children.

The ORG-Marg survey observed that post partum care was almost negligible in the state with only 5 **per cent** women having got examined within 42 days of their deliveries. The report also observed that about one-fourth of women received FP counselling during each of the antenatal / Post natal periods and about 25 **per cent** mentioned having accepted contraceptives before resuming menstruation which was moderately high.

Shortfall in couple protection rate ranges from 46 to 57 per cent due to poor infrastructure and manpower shortage

(ii) As per national norm fixed under National Health Policy 1983, the effective couple protection rate was 60 **per cent** of the eligible couples.

Eligible couples identified with reference to estimated population and couples protected by various methods of family planning during the period from 1995-96 to 1999-2000 were as under :-

Year	Total estimated population	Eligible couples	Percentage of couples to total population	Couples protected			Total couples protected	Percentage of couples protected to total eligible couples
				Tubectomy	IUD	Oral pills		
	(Number in lakh)			(In number)				
1995-96	9.68	1.50	15	1654	2513	930	5097	3
1996-97	9.92	1.53	15	1890	2794	1949	6633	4
1997-98	8.22	1.01	12	2353	2585	2761	7699	8
1998-99	8.92	1.17	13	1983	2601	1804	6388	5
1999-2000 (October 1999)	10.12	1.21	12	631	1394	14605	16630	14
Total				**8511**	**11887**	**22049**	**42447**	

Against the population of 10.12 lakh at the end of October 1999, only 42,447 couples were protected by different methods of family welfare programme, of which, 8511 females were protected through permanent methods viz., tubectomy while 33936 couples were covered by temporary methods (11887 couples by IUD and 22049 couples by oral pills). Besides, 7.65 lakh condoms (Nirodh) were distributed to 36,782 male users during the aforesaid period,

i.e., 4 condoms per head per year on an average. Thus, with reference to National target of couple protection (i.e 60 **per cent** of eligible couples), there was heavy shortfall ranging from 46 to 57 **per cent** in achievement of target. This indicated that the department totally failed to motivate the women in their post delivery period to avail the benefit of family welfare programme. The Additional DHS, FW stated (May 2000) that poor physical infrastructure and shortage of man-power at field level were the main reasons for poor performance of couple protection rate. The department, however, had not evolved any effective measure to solve the problem.

The ORG-Marg survey report also indicated that the Couple Protection Rate in Arunachal Pradesh was only 13 **per cent** in 1998, compared to 45.4 **per cent** for India (Family Welfare Year Book, 1997-98).

3.1.6 Child Survival and Safe Mother Hood (CSSM) and renamed as Reproductive Child Health (RCH) Programme

In the Eighth Plan (1992-97), programmes, like Universal Immunisation, Oral Rehydration Therapy (ORT) and various other related programmes of Maternal and Child Health (MCH) were integrated under (CSSM) programme. In Ninth Plan (1997-2002) CSSM was renamed as RCH and included Sexually Transmitted Diseases and Reproductive Tract Infection (RTI).

With the introduction of RCH programme under Family Welfare activities in 1998-99, necessary fund for implementation of the programme in the State was routed through the State Level Registered Society named State Committee on Voluntary Action (SCOVA) in the State.

The objective of the programme was to ensure relevant services for assuring reproductive and Child Health to all citizens, for obtaining stable population in the medium and long term for the country.

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

(Rupees in lakh)

Year	Funds released by GOI	Expenditure	Excess (+) / savings (-)
CSSM			
1995-96	36.30	17.71	(-) 18.59
1996-97	37.50	19.88	(-) 17.62
1997-98	22.50	21.58	(-) 0.92
Total	**96.30**	**59.17**	**(-) 37.13**
RCH			
1998-99	109.41	74.44	(-) 34.97
1999-2000	290.50	31.64	(-) 258.86
Total	**399.91**	**106.08**	**(-) 293.83**

The department stated (March 2000) that the major component of expenditure under CSSM/RCH was salary for posts created under CSSM programme.

Activities carried out under CSSM and RCH Programmes under different indicators by the FW Department and SCOVA as emerged on verification (March 2000) of records are mentioned below:

(i) Under MCH Services, health care services were provided through two main prophylaxis schemes as detailed below :-

Considerable shortfall in achieving target of DPT, OPV, BCG, TT(PW)

Prophylaxis against nutritional anemia among women and children ; pregnant and nursing mothers, acceptors of family planning and children of 1 to 5 years are to be given daily doses of iron and folic acid for a period of 100 days as a prophylactic measure. Prophylaxis against blindness due to Vitamin-A deficiency among children : 2 lakh international unit of Vitamin-A is given to children of age group 1-5 years once in every 6 months.

MCH Services are provided through PHCs, District Hospitals, Urban Family Welfare Centres attached to the District PPCs and ICDs centres.

Target and achievement under MCH scheme in respect of services provided to children and women (other than family planning activities) during 1995-96 to 1999-2000 are as follows:

	Years														
	1995-96			1996-97			1997-98			1998-99			1999-2000		
Name of Services	Target	Achiev-ment	Short-fall	Target	Achiev-ment	Short fall	Target	Achieve-ment	Short-fall	Target	Achieve-ment	Short fall	Target	Achieve ment	Short fall
DPT	25500	14437	11063 (43)	26000	13137	12863 (49)	23100	13803	9297 (40)	24225	15550	8675 (36)	25600	8378	17222 (67)
OPV	25500	14437	11063 (43)	26000	13355	12645 (49)	23100	15077	8023 (35)	24225	17487	6738 (28)	NA	NA	NA
BCG	25580	16677	8903 (35)	26000	13879	12121 (47)	23100	15757	7343 (32)	24225	15710	8515 (35)	25600	7418	-
Measles	25500	10654	14846 (58)	26000	9445	16555 (64)	23100	11774	11326 (49)	24225	11607	1218 (52)	23720	5990	-
TT (Pregnant Women)	28100	10194	17906 (64)	28500	8975	19525 (69)	19896	9640	10256 (52)	25313	5968	19345 (76)	21880	6011	-
TT (10 years)	22100	6834	15266 (69)	22600	11498	11102 (49)	NA	16170	-	NA	9574	-	17453	6157	-
TT (16 years)	21800	5237	16563 (76)	22000	10237	11763 (53)	TFA	-	-	TFA	6963	-	13610	2832	-
TT (5 years)	24700	6567	18133 (73)	25300	13265	12035 (48)	TFA	-	-	TFA	10402	-	20780	6590	-

TFA - Target Free Approach

Figures in brackets indicate percentage of shortfall

The table above will show that the department could not achieve the target in any of the Services during the year from 1995-96 to 1999-2000 (upto October 1999). The shortfall in achieving target in respect of DPT ranged between 36 to 67 **per cent**, OPV between 28 to 49 **per cent**, BCG between 32 to 47 **per cent**, measles between 49 to 64 **per cent**, TT (P.W.) between 52 to 76 **per cent** respectively during the year from 1995-96 to 1998-99. The reason for non-achievement of target has not been stated (March 2000).

The ORG-Marg survey observed that as against the centpercent coverage required for child immunisation, ANC care for pregnant women, coverage under TT doses and safe delivery, the observed coverage was relatively low, with coverage of around 50 **per cent** for most of the services.

Progress of utilisation of fund was very poor

(ii) Out of funds amounting to Rs. 399.91 lakh provided to SCOVA for implementation of RCH programme during 1998-99 to 1999-2000, Rs. 106.08 lakh (23 to 46 **per cent**) only was utilised through the concerned DMOs of the 13 districts on purchase of RCH material and drug (Rs. 18.29 lakh), organisation of awareness generation training (Rs. 13.93 lakh) in 5 districts out of 13 districts, engagement of contractual staff (Rs.15.02 lakh) in the category of Lab Technician and staff nurse to PHCs in 13 districts, Rs.175.28 lakh is lying unutilised in the bank account of SCOVA which led to locking up of funds for over 2 years. Besides, out of Rs.118.55 lakh released to 13 districts during 1998-99 and 1999-2000 for undertaking minor works, only 2 districts (Papumpare and Upper Subansiri) utilised the full amount while another 6 districts partially utilised the amount. Total amount utilised by 8 districts upto March 2000 was Rs.43.49 lakh. The position given above indicates that the pace of progress of utilisation of fund by the SCOVA was very poor which resulted in insignificant impact on execution of minor works under the programme.

The ORG-Marg survey report also revealed that the facilities were also lagging behind in equipping laboratories for diagnosing RTI/STDs and maintaining RTI/STD records (negligible).

(iii) As per guidelines issued by Government of India funds provided for works under RCH Programme was to be utilised on construction of operation theatre, labour room, or for providing and upgrading water and electricity supply in the CHC,PHC and district hospitals.

Government of India sanctioned and released (February 1999) Rs. 135.91 lakh to SCOVA for undertaking works in 13 districts of Arunachal Pradesh on the basis of estimates submitted by the State Government. The SCOVA also accordingly released (April 2000) the entire amount to the DMOs in charge District Society on Voluntary Action of 13 districts for taking up the work.

Irregular expenditure of Rs.41.00 lakh

Scrutiny of sanctioned estimate, however, revealed that certain items of work valuing Rs.41 lakh (as mentioned in **Appendix - XV**) were included therein though these were not covered by the guidelines. Thus, execution of these items and eventual expenditure thereon to the extent of Rs.41 lakh was not only irregular but also deprived the programme of the facilities worth Rs.41 lakh.

3.1.7 Training

There is only one training centre for training of Auxiliary Nurse Midwifes (ANMs), medical and para medical staff in the State. Funds released by the Government of India and expenditure incurred during 1995-96 to 1999-2000 were as follows :

Category of Training	Funds released and expenditure incurred	Period					
		1995-96	1996-97	1997-98	1998-99	1999-2000	Total
		(Rupees in lakh)					
ANM/LHV	Funds released	6.08	5.00	10.00	11.00	15.00	47.08
	Expenditure	4.30	3.58	1.47	1.00	13.08	23.43
	Excess (+) / Savings (-)	(-) 1.78	(-) 1.42	(-) 8.53	(-) 10.00	(-) 1.92	(-) 23.65

Though for orientation training of medical and para-medical personnel the grant is admissible on 50:50 sharing basis between the GOI and the State Government, no State share was released. Reason for non-release of State share was neither stated nor found on record.

The intake capacity of the centre viz Health Training and Research Centre at Pasighat in East Siang District is 40. There was no target fixed by the department for imparting training to different categories of officers and staff. Altogether training to 78 out of 155 ANMs in IUD insertion and 13 Medical Officers in MTP was imparted in the training centre during the period from 1995-96 to 1999-2000. This indicated that the department has failed to avail the full benefit of training centre by sponsoring another 109 trainees (40x5=200-78+13) during the period.

For the purpose of training, Government of India provided Rs. 47.08 lakh to the State Government during the period from 1995-96 to 1999-2000. It was however, noticed that, of this, an amount of Rs.23.43 lakh was spent for payment of pay and allowances of ANMs of Sub-centre and Urban Family Welfare Centre and staff of P.P Centre. The reason for diversion of training fund for payment of pay and allowances was not stated. On a query, the department stated that training for ANM and LHV are occasionally conducted in other General/District Hospital as required under the FW programme. But details of such training imparted since 1995-96 have not been furnished.

The ORG-Marg survey report also observed that the government centres in Arunachal Pradesh still have a long way to go with respect to training the

medical and para medical staff in RCH and on specific activities such as screening cases for spacing methods, IUD insertion and diagnosing RTI/STD.

3.1.8 Information Education and Communication (IEC)

IEC and motivation activities play an important role in the Family Welfare Programme.

Excess release of fund by the GOI

Failure to utilise the excess fund released by GOI resulted in savings of Rs.20.93 lakh

As per GOI guidelines smaller States are to be funded Rs.10 lakh per year for undertaking IEC activities in the State. Scrutiny (March 2000) of DHS records, however, revealed that Rs.24.20 lakh was released to the FW department of the State in excess over norm as shown below :

Year	Fund released by GOI	Fund admissible	Excess Fund released	Amount spent	Excess (+) Savings (-)
			(Rupees in lakh)		
1995-96	15.64	10.00	5.64	13.61	(-) 2.03
1996-97	11.29	10.00	1.29	10.15	(-) 1.14
1997-98	19.76	10.00	9.76	8.37	(-) 11.39
1998-99	12.31	10.00	2.31	5.94	(-) 6.37
1999-2000	15.20	10.00	5.20	NA	NA .
Total	**74.20**	**50.00**	**24.20**	**38.07**	**(-) 20.93**

A sum of Rs.24.20 lakh during the period from 1995-96 to 1999-2000 was released in excess by GOI due to preparation/submission of excess demand by the department in the Annual Action Plan. The reason for excess demand/release was not on record. Moreover, the department could not spend the total release and there was a saving of Rs.20.93 lakh out of total release of Rs.59.00 lakh from 1995-96 to 1998-99 indicating 35 **per cent** savings/non-utilisation of GOI fund.

The IEC activities are looked after by 4 projectionists at Along, Bomdila, Ziro and Khonsa.

Though the department had spent a sum of Rs.38.07 lakh during 1995-99 in IEC activities, the impact of the IEC activities on the beneficiaries/people of the State had never been analysed.

The ORG-Marg survey report also indicated that the IEC component of the programme was weak with only 10 **per cent** respondents reporting awareness about any IEC activity undertaken in their areas and the availability of IEC material at the government centres was dissatisfactory.

3.1.9 Man Power

Shortage of manpower at field level contributes to the poor performance of the programme

There is no full fledged Family Welfare Directorate in the State. One Additional DHS(FW) with skeleton staff, however, manage with relating to Family Welfare. In the district also the minimum staff required for effective implementation of FW Programme is lacking. Each District should have one District Family Welfare Bureau and one District Training Centre and one IEC unit attached to the District FW Bureaus.

There were only 193 posts (including clerical posts) operated in the department at district and field levels. Against 13 districts, there were only 4 District Family Welfare Officers, 2 Mass Education and Information Officers and 4 Deputy Mass Education and Information Officers. At the field level too there were shortages as compared to GOI norms. Against 58 Lady health visitors which was required as per norm, there were only 16 sanctioned posts. Similarly against 58 Health educators to be sanctioned as per norms, there were only 2 in position. Shortage of personnel particularly at operational levels affected Family Welfare services.

3.1.10 Role of Voluntary Organisation

There is only one Voluntary Organisation viz., Ramakrishna Mission (RKM) hospital at Itanagar which is associated with the family planning programme.

Test check of records (March 2000) revealed that grants aggregating Rs.418.00 lakh had been provided by the State Government from its plan budget through the Director of Health Services (DHS) during the period from 1995-96 to 1999-2000 and was fully utilised by the RKM Hospital. A total of 712 sterilisation and 388 IUD cases were performed by the hospital during the period from April 1995 to December 1999. No oral pills and conventional contraceptives were supplied to this Hospital by the department. This indicates the lack of co-ordination between the Voluntary Organisation and the family welfare department of the State.

3.1.11 Vehicles

Shortage of vehicles effected the implementation of the programme

As against the total requirement of 51 vehicles as assessed by the Department, the GOI provided 39 vehicles till March 2000 for implementation of Family Welfare Programme. Out of 39 vehicles, 30 vehicles are in running condition. 5 vehicles have already been condemned and 4 vehicles are off-road due to mechanical defects. The department had not initiated any action to get the off-road vehicles repaired. The shortage of 21 vehicles affected the implementation of the programme as all the officers and workers of the Family Welfare Department could not perform their duties by paying visit to PHCs/ HSCs which are located in remote localities of the State.

3.1.12 Expired medicine

Scrutiny (March 2000) of stock registers of DMO-Ziro, Along and Ragha and Ziro PHC, it was found that a huge quantity of medicines lost their shelf-life as shown in the **Appendix – XVI.**

Supply of medicines in excess of requirement/non-functioning of refrigerator caused expiry

It was stated by the District Family Welfare Officer (DFWO), West Siang-Along that medicines were received in excess of requirement and short expiry medicines were supplied by the GOI. The DFWO-Ziro also stated that DPT injection expired due to excess supply which could not be used before expiry. The reason for expiry of medicines in PHC-Ragha under DMO-Lower Subansiri district-Ziro as stated by the Medical Officer in charge was due to non-functioning of the refrigerator during the period from April 1998 to August 1999.

The department had not taken any effective step to avoid loss due to expiry of medicines.

(ii) As per stock register of DMO-Along balance of ORS as on 21-09-1999 was 18,400 packets, quantity of ORS issued during the period from 21-09-1999 to 22-11-1999 was 600 packets. The balance in the stock ledger as on 22-11-1999 was shown as nil instead of 17,800 packets (18,400 Pkts – 600 Pkts). The discrepancy of 17,800 numbers was not clarified to audit.

3.1.13 Idle stock of drugs and other materials

According to the programme, laparoscopic sterilisation was to be performed by trained teams consisting of a gynaecologist/surgeon, nurse and operation theatre technician and laparoscope was to be procured at the rate of 1.5 laparoscope per team. Laparoscope/tube rings were being supplied by the Ministry of Health and Family Welfare to the State for conducting laparoscopic sterilisation operations.

The details of number of laparoscopic teams trained and their location could not be made available to audit. However, from the records of the Addl. Director of Health Services, Family Welfare, Naharlagun it was seen that 15,000 pairs of tubal rings were received from the GOI Health and Family Welfare Department during the period from January 1996 to August 1998 while there was a stock balance of 600 pairs with the department. Out of total stock of 15,600 pairs of tubal rings, 5400 were distributed to the Chief Medical Officer, General Hospital, Naharlagun, 1400 to DMO, Lohit District, Tezu and 500 pairs to the Secretary RKM Hospital, Itanagar during the period from February 1996 to February 2000 and balance 8300 pairs of laparoscopic rings are lying undistributed to any hospital/districts. The reason for non-distribution of the same to different districts has not been stated. Cost of idle stock of laparoscopic rings at Rs.30.60 per pair (1995-96 rate) was computed to Rs.2.54 lakh (8300 x Rs.30.60).

Out of 9 sets of laparoscope received during February 1996, 3 sets were issued (CMO, GH Naharlagun - 2 sets and DMO Tezu - 1 set) during the period from March 1996 to March 1999 and balance 6 sets of laparoscope are lying undistributed with the Addl. Director of Health Services, FW, Naharlagun, thereby the needy patients were deprived of getting their desired benefits of 6 laparoscope sets. The reason for non-issue of laparoscope to Districts has not been stated. The details of laparoscopic sterilisation done with the help of laparoscope sets and tubal rings had not been reported to the Additional DHS, FW by the concerned Medical Officers. As a result, impact of utilistation of laparoscope sets could not be ascertained in audit.

3.1.14 Monitoring and evaluation

Monitoring cell required to be created at Directorate of Health Services to monitor the various activities under Family Welfare Programme, had not been created as of March 2000.

Evaluation of the impact of the programme on beneficiaries has also not been made by any agency at any stage during the period up to March 2000 for reasons not on record.

Performance of SCs remained unassessed due to absence of any monitoring system

Further, as per departmental procedure, family welfare activities carried out by SCs at grass root level was to be monitored by the concerned controlling PHCs/CHCs by way of obtaining monthly report in the prescribed format (Form No.6) from them. But the performance of SCs have never been monitored by the PHCs/CHCs due to non-receipt of required monthly report from them. At the State level also there was no system to exercise any control over the function of SCs by the Additional DHS, Family Welfare Department. As a result, the community based family welfare services including treatment of minor ailment rendered by the SCs remained unassessed.

As per scheme, a co-ordination committee was to be formed and regular meetings were to be held at Post Partum Centres for effective implementation of the programme and minutes of the meetings be sent to state family welfare department. But since inception of the post partum programme in the State in 1991-92, neither any co-ordination committee was formed nor any meeting was held till March 2000 to ascertain the effectiveness of the programme and recommend measures to overcome the inherent deficiencies. The reason for non-formation of Co-ordination Committee and non-holding of any meeting has not been stated.

The Programme has not been evaluated by the State Government to assess its impact.

3.1.15 Recommendations

Though staff is the most significant input for the success of the programme provisioning of staff at field levels was inadequate. The State Government should take effective steps to raise the manpower at the desired level for successful operation of the programme. The target under MCH services, i.e.,

DPT, OPV, BCG, TT should be adhered properly so that there is no shortfall under immunization. A system of monitoring should also be evolved and evaluation of the impact of the programme on the beneficiaries be conducted.

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

Sl. No.	Grant Number	Saving(+) Excess(-)	Amount Surrendered	Excess amount surrendered
1.	19 - Industries (Capital)	(-) 0.52	0.53	0.01
2	28 - Animal Husbandry and Veterinary (Capital)	(-) 0.84	0.94	0.10
3.	51 - Directorate of Library (Capital)	(-) 0.06	0.09	0.03
	Total	**(-) 1-42**	**1.56**	**0.14**
4.	52 - Sports and Youth Services (Revenue)	(+) 0.11	0.10	0.10
	Total	**(+) 0.11**	**0.10**	**0.10**

APPENDIX - XIV

(Reference: Paragraph 3.1.5.1(i) ; Page: 33)

Statement showing the population norms for setting up the centres and their staffing norms

Centres	Population for establishment of centres		Agencies responsible for establishment and maintenance of centres	Staffing norm	Services to be provided
	Plain Area	Hill/Tribal			
SCs.	5000	3000	All SCs established after 1 April 1981 were funded by GOI. Sub-centres functioning prior to 1 April 1981 were funded by State Minimum Needs Programme	One Multipurpose worker (Male), MPW (Female) or ANM	Contact Point between Primary health Care and community
PHCs	30,000	20,000	State Government under MNP	One medical officer assisted by 14 para medical and non- medical staff	First contact point between village community and MO. It has 4-6 beds for treatment of patients and act as referred unit for 6 Sub Centres
CHCs	1,20,000	80,0000	-do-	4 Medical specialist supported by 21 Medical and para medical staff	It serves as referral centres for 4 PHCs and has 30 indoor beds with Operation Theatre, X Ray and Lab facilities

APPENDIX - XV

(Reference paragraph 3.1.6(iii); Page 40)

Statement Showing the items of work included in the sanctioned estimate but not covered by the guideline

(Rupees in lakh)

Sl.No.	Name of District for which fund released in the name	Items for which fund released but not covered by guidelines	Amount released by GOI
i)	Tawang District (Tawang)	Renovation of District Hospital building	5.80
ii)	West Kameg (Bomdila)	Renovation of maternity ward of District Hospital (DH)	1.51
		Renovation of casualty ward of DH	1.20
		1 room RCC building with attached toilet in the DH	1.99
iii)	Lower Subansiri Dist. (Ziro)	Special repair and maintenance of DH building	2.67
iv)	West Siang (Along)	Construction of generator house and repair and maintenance of DH building	3.00
		Repair and maintenance of CHC building at Basar	1.50
		-do- at Mechuka	0.70
		-do- at Likabali	1.92
		-do- at Rungong	0.81
		-do- at Yomcha	2.00
v)	Changlang (Changlang)	Renovation of DH building	1.88
		Construction of SPT building and and cold chain room at DH	0.50
		Special repair and renovation of CHC building at Miao	1.43
vi)	East Kameng (Seppa)	Renovation and Special repair of Changlang Tajo CHC building	9.09

vii)	Dibang Valley (Roing)	Renovation of CHC building at Roing	5.00
Total			**41.00**

APPENDIX - XVI

(Reference paragraph 3.1.12(i); Page 43)

Statement showing details of medicines which lost their shelf life

Name of Medicines	By whom supplied	By whom received and with date	Quantity received	Date of expiry	Quantity expired
DPT Injection	Addl. DHS FW Naharlagun	DMO Ziro 11/96 to 1/97	5000 + 2000 = 7000 doses	5/97	6000 doses
-do-	-do-	DMO Along 14-7-99	2500 doses	1/2000	640 doses
-do-	-do-	-do- 18-2-92 & 30-6-92	3000 + 1000 = 4000 doses	9/92	1100 doses
Measles	-do-	-do- 2-7-93 & 9-9-93	2000 + 1000 = 3000 doses	3/94	2900 doses
BCG	-do-	-do- 22-4-92	600 doses	5/92	200 doses
Nirodh	-do-	-do- 6/96	9000 pieces	12/97	4200 pieces
Polio	-do-	-do- 22-5-96	600 doses	6/96	250 doses
IFA(small)	-do-	-do- 11-10-96	7,80,000 tablets	6/98	41,000 tablets
Polio	-do-	-do- 11-3-96	1000 doses	1/97	180 doses
TT	-do-	-do- 30-9-97	5000 doses	7/97	5000 doses
IFA Large	-do-	-do- -	-	6/98	4,71,500 tablets
Polio	-do-	-do- -	-	11/98	13,400 doses
Measles	-do-	-do- -	-	10/97& 2/98	865 doses 595 doses
DT	DMO Ziro	MO i/cRaghaPHC	-	-	140 doses
IFA	-do	-do 3/98	-	6/98	10,000 tablets

TT	-do	-do- -	-	-	110 doses
DPT	-do-	-do- -	-	-	110 doses
OPB	-do-	-do- -	-	-	40 doses
Measles	-do-	-do- -	-	-	35 doses
BCG	-do-	-do- -	-	-	80 doses

APPENDIX - XVII

(Reference: Paragraph 3.2.4.3 ; Page 49)

Statement showing outstanding AC Bills

Year	Bill No. & Date	Amount	Purpose for which drawn	Drawn by
1997-98	2770 dt. 30-03-98	24,47,356 Total =24,47,356	Procurement of 10 nos. ambulance	DHS
1998-99	638 dt.12-8-98	15,000	Purchase of POL	DDHS(NMEP)
	1922 dt. 23-3 99	96,944	Addl. For purchase of 11 number of Gypsy ambulance	DHS
	2239 dt. 31-3-99	16,66,185	Purchase of 5 number of Gypsy ambulance	DHS
	Total	17,78, 129		
1999-2000	861 dt. 21-9-99	10,000	Purchase of POL	Health Education Officer
	1164 dt. 26-10-99	5,000	-do-	Training Officer, IDD
	1173 dt. 29-10-99	10,000	-do-	Under Secy, Health
	1174dt. -do-	6,000	-do-	Food Inspector
	1543 dt. 4-1 -2000	10,000	-do-	Asstt. Food Controller
	1700 dt. 2-2-2000	10,000	-do-	Jt. D.H.S Ento.