HEALTH AND FAMILY WELFARE DEPARTMENT

3.4 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 per cent Centrally Sponsored Scheme. A review of the programme through test check of records revealed :

Expenditure of Rs.12.23 crore was incurred under the programme during 1995-96 to 1999-2000 against Rs.12.57 crore released by GOI during the same period, which resulted in an overall saving of Rs.0.34 crore.

(Paragraph 3.4.4 (A)(i))

As against Rs.98.43 lakh admissible as per norms, for maintenance of 30 Family Welfare sub-centres during 1995-2000 the department obtained from GOI fund for Rs.1.74 crore and spent Rs.1.80 crore during the same period. The excess expenditure of Rs.81.78 lakh over the norms was due to purchase of unauthorised medicines and equipment.

(Paragraph 3.4.4 (A) (ii))

Fund amounting to Rs.1.25 crore released (June 1998) by the GOI to SCOVA for implementation of RCH scheme irregularly retained in Government accounts for 3 months under the orders of the State Government resulted in delay in implementation of scheme besides loss of interest to the tune of Rs.1.56 lakh by the SCOVA.

(Paragraph 3.4.4 (B) (ii))

Only 14 Primary Health Centres out of 56 established upto March 2000 under minimum needs programme were upgraded thereby hampering delivery of Family Welfare services in rural area.

(Paragraph 3.4.5.1 (i))

The scheme envisaged establishment of Family Welfare Bureau (FWB) at each district to look after the Family Welfare Programme but the department could establish only 1 FWB out of 4 districts which affected the effective implementation of the programme in the State.

(Paragraph 3.4.5.1(ii))

The performance of 2 district level PPCs in respect of maternal and health care was very minimal as only 10 *per cent* of the expectant mother registered was protected against Tetanus and 4 to 7 *per cent* of the new born babies in the PPCs immunised against BCG, Polio, DPT, Measles during 1995-2000.

(Paragraph 3.4.5.2 (i) (iii))

Out of 48 works of new construction, entrusted to State PWD, 20 works remained incomplete after 14 months since the due date for completion delaying the benefit of the scheme to the community.

(Paragraph 3.4.6 (ii))

3.4.1 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 2000 AD. 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 the following schemes.

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

(ii) Sterilisation Bed Scheme.

(iii) Post Partum PAP Smear Test facility Programme.

(iv) All India Hospital Post Partum Programme.

(v) Population Research Centre Scheme.

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

3.4.2 Organisational Set up

The Director of Health Services, (DHS) as a nodal officer is responsible for overall implementation of the Family Welfare Programme, in the State through the State Family Welfare Bureau, attached to the Directorate. The DHS is assisted by one each in the rank of Joint Director of Health Services (FW), Deputy Director of Health Services (FW), Deputy Director of Health Services (Central Medical Stores), Assistant Director of Health Services (EPI) and State Mass Education and Media Officer in the Head quarter.

At District level, 4 Chief Medical Officers (CMO) Aizawl (East and West), Lunglei and Chhimtuipui are responsible for overall implementation of the Family Welfare Programme through 7 Senior Medical Officers (SMO) at sub-divisional level. Actual implementation of the Family Welfare Programmes are carried out through the network of 56 Primary Health Centres (PHCs), 346 Sub-Centres (SCs), 6 Community Health Centres (CHCs), 2 District level Post Partum Centres (PPCs), 3 sub-divisional level PPCs and one Urban Family Welfare Centre at Saiha. Besides, there is also a Training Centre at Aizawl for training of male and female Health Workers. A State Committee on Voluntary Action (SCOVA), a registered society was constituted in February 1997 under the chairmanship of State Chief Secretary and the DHS as Project Director for implementation of externally aided Reproductive and Child Health Programme (RCH).

3.4.3 Audit Coverage

The implementation of the Family Welfare Programme, covering the period from 1995-96 to 1999-2000 was reviewed in audit during March – May 2000 through test check of records of the DHS Project Director (SCOVA), CMOs Aizawl East and Aizawl West, Medical officers, of PPCs at Aizawl, Kolasib. The results of the review are summarised in succeeding paragraphs.

The services of the ORG-MARG were commissioned by the Comptroller and Auditor General of India with a view to gauge, *interalia* beneficiaries perception of the programme and related matters. The ORG-MARG carried out (October 2000) survey in the State of Mizoram over a sample of 1000 households (464 urban and 536 rural) and 8 health facilities in respect of two districts (Aizawl and Lunglei). Significant findings of the survey on matters discussed in the Report have also been included in this review at appropriate places.

3.4.4 Finance and Expenditure

The programme is cent *per cent* centrally assisted scheme. However, 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. This 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 area and hospitals and dispensaries in urban areas are met under Minimum Needs Programme.

(A) Family Welfare Programme

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

(Rupees in lakh)

Year	Budget Provision			Central Assistance received	Expenditure			Less (-) or excess (+) utilisation of Central assistance
	Salary Comp-onent	Non-Salary Comp-onent	Total		Salary Comp-onent	Non-Salary Comp-onent	Total	
1995-1996	121.79	66.84	188.63	188.63	126.25	64.54	190.79	(+) 2.16
1996-1997	123.63	57.14	180.77	180.77	148.04	56.10	204.14	(+) 23.37
1997-1998	148.87	130.42	279.29	279.29	150.16	96.87	247.03	(-) 32.26
1998-1999	157.23	105.44	262.67	262.67	175.44	71.08	246.52	(-) 16.15
1999-2000	244.77	100.97	345.54	345.54	238.61	95.97	334.58	(-) 10.96
Total	**796.29**	**460.61**	**1256.90**	**1256.90**	**838.50**	**384.56**	**1223.06**	**(-) 33.84**

(i) The overall saving of Rs.33.84 lakh against the grants released by the GOI during 1995-96 to 1999-2000, was mainly due to non-implementation of scheme like Maternity and Child Health (MCH), Selected Area Project, and District Nutrition Programme.

Excess expenditure of Rs.81.78 lakh over the norms towards maintenance of family welfare sub-centres.

(ii) For maintenance of 30 Family Welfare Sub-Centres during 1995-96 to 1999-2000, the requirement of fund as per approved pattern of expenditure was Rs.98.43[*] lakh. But the Department delinking the approved norms made budgetary provision for Rs.1.74 crore, which the GOI released during 1996-2000. However, the Department had incurred an expenditure of Rs.1.80 crore for maintenance of 30 FW sub-centres during 1995-96 to 1999-2000 against the requirement of Rs.98.43 lakh resulting in extra expenditure of Rs.81.78 lakh (Rs. 180.21 – Rs. 98.43). The extra expenditure of Rs.81.78

[*] *(i) Salary of staff (Female Health Workers) Rs.94.53 lakh*
(ii) Medicines/contingent expenditure @ Rs.2600/- each sub-centre p.a. Rs. 3.90 lakh
Rs.98.43 lakh

lakh was incurred mainly on procurement of medicines and equipment for distribution to PHCs/sub-centres during those years which was unauthorised as requirement of medicines in kits consisting of Vitamin 'A' solution and Iron and Folic Acid tablets only for family welfare are given by GOI in kind whereas the bills for Rs. 81.78 lakh showed purchases of equipment (Laryngoscopes)/and kinds of medicines not to be issued from Sub-Centres for FW purposes. Thus by inflating the Budgetary Provisions above the actual requirement, the State Government got excess release of fund from GOI under maintenance of Sub-Centres and the amount was utilised for the unauthorised expenditure.

(B) RCH – Programme

Out of total grants of Rs.10.06 crore released during 1998-99 to 1999-2000 under RCH programme the SCOVA could spend an amount of Rs.8.09 crore only resulting in saving of Rs.1.97 core at the end of 1999-2000. Reasons for savings were not on records nor could be stated to audit.

Scrutiny of records revealed the following: -

(i) The Project Director of the RCH-Project, operated the fund by opening a savings account at Vijaya Bank of Aizawl Branch, but time to time receipt earned through accrual of interest on its deposits of huge funds, during the period from 1998-99 to 1999-2000 had not been reconciled with the records of the Bank. As such actual balance of fund at the end of March 2000 could not be ascertained in audit.

(ii) In order to ensure smooth implementation of RCH programme, fund is released to the SCOVA directly. However, the first installment of grants of Rs.1.25 crore released by the GOI in June 1998 was kept in Government accounts for about 3 months. This was done to improve the ways and means position of the State Government, as per instructions of the State Finance Commissioner, and thereby deprived the society from earning interest to the tune of Rs.1.56 lakh (minimum rate of 5 *per cent* simple interest) during 3 months from its Bank's saving accounts besides causing delay in implementation of the scheme.

3.4.5. Implementation

3.4.5.1 Minimum Needs Programme

Family Welfare Services are provided to the community through a net work of Sub-Centres (SCs), Primary Health Centres (PHCs) and Community Health Centres (CHCs) in rural areas and hospitals and dispensaries in urban areas under Minimum Needs Programme (MNP). Under MNP one Sub-Centre, one PHC and one CHC is to be set up for every 3,000 population, 20,000 population and 1,00,000 population respectively in tribal/hilly areas by 2000 AD in a phased manner.

The rural and urban population of Mizoram are as under :

(Figures in lakh)

Base year	Urban	Rural	Total population
1991 Census	3.18	3.72	6.90
2000 AD (projected population)	4.91	4.41	9.32

Test check of records and information collected from the DHS revealed the establishment of following SCs, PHCs and CHCs upto March 2000 against the requirement as per projected population :-

(Rupees in lakh)

Centres	No. of Centres required as per GOI norms		Establishment (position as on 31 March 2000)	Excess with reference to projected popula-tion	Funds released during 1995-2000		Actual expen-diture
	As per 1991 Census	As per projected population (2000 AD)			By GOI	By State	
	Nos.	Nos.	Nos.	Nos.			
SCs	124	147	346	199	Nil	165.38	165.38
PHCs	19	23	56	33	Nil	Nil	Nil
CHCs	4	6	6	-	Nil	Nil	Nil

Basis of establishment of excess numbers of SCs and PHCs against all India norms fixed by GOI was not on records.

(i) The main centres for delivery of family welfare services in rural areas are PHCs. The Centrally Sponsored Family Welfare Programme envisages strengthening of these centres with resource mobilisation to State for up-gradation of these centres with additional infrastructure and staff to push up family welfare activities. Under the minimum needs programme 56 PHCs were established at the end of March 2000, but 14 PHCs had only been upgraded with staff and infrastructure to render possible full scale family welfare services. Reasons for the Department not being able to upgrade the remaining 42 PHCs had not been stated but the fact remains that delivery of family welfare services was in low key due to non up-gradation of all the PHCs established.

As against 4 Family Welfare Bureau to be established in each district to oversee proper delivery of family welfare services to the community in the district, only one bureau could be established.

(ii) Staffing pattern prescribed by the GOI under Family Welfare Programme, envisaged establishment of one District Family Welfare Bureau (DFWB) to oversee the proper delivery of Family welfare services and to monitor the activities of Family Welfare activities by different peripherial medical centres in the district. For the purposes of medical activities the State had 4 districts Aizawl (East and West), Lunglei and Chhimtuipui. But State Government had so far established only 1 DFWB attached to the CMO, Aizawl West. Although the establishment cost of DFWB are to be borne by the Government of India, reasons for the State Government not being able to establish the requisite DFWB had not been stated. Monitoring of effective

implementation of the Programme in the State suffered due to non establishment of DFWB in the districts.

3.4.5.2 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 Pre natal, Post natal period and after Medical Termination of Pregnancy. The basic objective of the Programme was to provide integral package of Maternal Child Health and Family Welfare Services, in service training to medical/para medical staff, out reach services to allotted population. Under this programme cent *per cent* Central assistance was provided for recurring and non-recurring items. In the State there are 5 PPCs (2 District level and 3 Sub District level).

During 1995-96 to 1999-2000, expenditure of Rs.1.69 crore was incurred on PPCs against the grant of Rs.1.61 crore released by GOI. The performance of PPCs in respect of family welfare methods and immunisation during the period from 1995-96 to 1999-2000 were as under:

(Figures in thousand)

Activity	**Overall achievement under NFWP in the State including that of PPCs**		**Target of PPCs**	**Achieve-ment of PPCs**	**Percentage ach-ievement of PPCs to total achieve-ment of the State**
	Eligible couples	**Achieve-ments**			
Family Welfare Method					
(i) Sterilisation (Including IUD)	67	21	Not fixed	5	24
(ii) Oral Pills		35		4	11
Immunisation T.T. (for pregnant women)		67		10	15
BCG		85		6	7
Polio	Target not fixed	79	Not fixed	6	8
DPT		74		6	8
Measles		71		5	7
DT (for infants)		80		6	8

No target was fixed for immunisation and family welfare methods. In the absence of specific target for PPCs the physical achievement could not be co-related with financial achievement.

The year-wise achievement of the District and Sub-District level PPCs (5 PPCs) in family welfare activities are given in **Appendix - XX**.

Scrutiny revealed the following :-

Only 10 *per cent* of expectant mothers registered in 2 district level PPCs could be protected against Tetanus.

(i) Out of 27,409 expectant mothers registered during 5 years in 2 district level PPCs 2731 only could be protected against Tetanus Toxoid (TT), the percentage of physical achievement varied between 7 to 12 *per cent* during 1995-96 to 1999-2000. Reasons for low physical achievement was not on

record. It was, however, observed strangely in case of 3 sub-district level PPCs where the physical achievement of administration of TT doses was reportedly 7754 against the 4795 expectant mothers registered during 5 years. Reporting higher number of mothers administered with TT than registered was mainly due to irregular maintenance of Hospital Registers and non-registration of expectant mothers which was due to lack of proper monitoring of the physical achievement reports of the PPCs by the nodal officer ***viz.,*** DHS.

ORG-MARG survey report showed that 89 *per cent* of women in the State had received ante natal services.

Expectant mothers and new born babies were not supplied with Iron folic acid tablets and Vitamin A solution to protect them against the diseases of anaemia, night blindness.

(ii) Under Post-natal Services to expectant mother and prophylaxis Services to Children (below 5 years) Iron and Folic Acid tablets and Vitamin`A' solution are required to be supplied to 32204 registered expectant mothers and 29768 new born children in 5 PPCs during 1995-96 to 1999-2000 to protect them against anemia and night blindness. Although sufficient quantity of IFA (25.53 lakh tablets) was supplied to the PPCs by the DHS during 1995-2000 out of the Stock received from GOI free of cost, the physical achievement towards distribution of these medicines by the PPCs was totally nil during 5 years covered under review, causing setback in achieving desired goal of the FW Programme. Reasons for nil performances had not been analysed by the DHS as a nodal officer for implementation of FW Programme in the State.

ORG-MARG in its report observed that the utilisation of post-natal services in Mizoram was found to be very poor. Only 20 *per cent* of the women visited health providers for post-delivery check-up. This fact also agreed with the data incorporated in the report of the National Family Health Survey-II.

(iii) Under Immunisation Programme, all children below the age of 5 years are required to be immunised with the vaccines like BCG, Polio, DPT, Measles and DT to protect them against the diseases like, Tuberculosis, Polio, Diptheria and Measles, *etc*.

During the period 1995-96 to 1999-2000 the total delivery in 5 PPCs was 29,768 children (District level PPCs : 24,383; sub-district level PPCs : 5385) against which the actual performances of Immunisation of the new born during the period of 5 years by PPCs were as under :

Item of vaccination	Number of children vaccinated in		Percentage of achievement to total new born cases in the PPCs (Number of new born babies)	
	District level PPCs	Sub-district level PPCs	District (24383)	Sub-district (5385)
BCG	1519	4667	6	87
Polio (Booster)	1474	4253	6	79
DPT (Booster)	1803	4299	7	80
Measles	1133	4118	5	77
DT	993	5226	4	97

4 to 7 *per cent* of the children born in 2 district level PPCs were immunised against polio, BCG, DPT, Measles.

Against the expected 100 *per cent* immunisation, the achievement varied between 4 to 7 *per cent* in districts and 77 to 97 *per cent* in sub-districts. The achievement was well below the desired goal of the Family Welfare Programme especially in district level PPCs. Reasons for low coverage were not on record nor stated by the department.

ORG-MARG in its report observed that in Mizoram, the immunisation coverage among children aged 12-23 months was found to be almost universal and 81 *per cent* of the children were fully immunised. However, the National Family Health Survey-II data showed that only 60 *per cent* of children in Mizoram were fully immunised.

(iv) During 5 years period (1995-2000) against 29768 cases of deliveries in the PPCs 4940 cases of tubectomy operation were done. The number of tubectomy beds were 30 and 6 in respect of 2 district level and 3 sub-district level PPCs during 5 years. It was noticed in audit that performance level of the district level PPC was below 45 cases of tubectomy in all 30 beds. Although 4 beds in the sub-district level PPC had achieved sterilisation in the range of more than 60, the performance level of 2 beds was below the range of 45. Reasons for low performances especially in the district level PPCs was never assessed.

(v) As per programme objectives, Midwifery services are to be provided by arranging regular field visits by the key staff like, Auxiliary-Nurse-cum-Midwife (ANM) and Lady Health Visitors (LHVs) of the post partum centres at township areas, PHC and SCs for education, follow-up services for fertility regulation, including obstetrical interventions with priority given to the care of high risk cases and referral of complicated cases to district level hospital. During the period covered under review no such field visit had ever been made by any of the ANM or LHV attached to 5 PPCs, which resulted in no follow-up services to 32204 expectant mothers registered in 5 PPCs in their prenatal and postnatal period.

(vi) The performances of individual PPC is assessed based on the activities actually performed. In the absence of targets under different components of family welfare activities, the extent of achievement/ shortfall in respect of different indicators could not be verified in audit. The percentage contribution of PPCs to Family Welfare Programme could not be assessed in audit due to irregular maintenance of hospital records.

3.4.6 Child Survival and Safe Motherhood (CSSM) and Reproductive Child Health (RCH) (renamed) Programme.

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

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 (+)/Saving (-)
CSSM			
1995-96	14.00	12.89	(-) 1.11
1996-97	14.70	14.68	(-) 0.02
1997-98	13.00	11.70	(-) 1.30
1998-99	7.81	7.74	(-) 0.07
Total :	**49.51**	**47.01**	**(-) 2.50**
RCH			
1998-99	392.53	333.77	(-) 57.82
1999-2000	613.31	474.88	(-) 139.37
Total :	**1005.84**	**808.65**	**(-) 197.19**

In Mizoram, SCOVA was constituted in February 1997 as a registered society (State H&FW Society) under the chairmanship of state Chief Secretary. The State Director of Health and Family Welfare Department has been functioning as State Project Director for the RCH programme. Scrutiny of records of the SCOVA which received fund directly from GOI revealed the following:

(i) Out of the Central assistance of Rs.10.06 crore received from the GOI during 1998-99 to 1999-2000, the SCOVA spent Rs.8.09 crore during the same period. The expenditure comprised of civil works (Rs.4.17 crore), furniture (Rs.1.20 crore), administrative support (Rs.0.14 crore), obstretic care (Rs.0.28 crore), equipment (Rs.0.53 crore), Medicines (Rs.0.57 crore), vehicles including maintenance (Rs.0.62 crore), Training (Rs.0.18 crore), Others (Rs.0.40 crore).

The RCH programme covered family welfare activities such as (i) immunisation of pregnant mother and children; (ii) Medical Termination of Pregnancy; (iii) provisions of twenty four hours delivery services at PHCs/CHCs; (iv) providing transport facilities to indigent families; (v) establishment of blood banks, collecting bloods from voluntary donors; (vi) establishment of clinics in CHCs/district hospital for detection and treatment of RTI/STD.

There was no action plan setting targets for these activities nor any system of reporting of the activities except immunisation. The impact of the expenditure incurred on the creation of infrastructure could not be assessed as beneficiaries of such expenditure were not available in the records of the DHS or PD SCOVA.

ORG-MARG report showed that 81 *per cent* of women in Mizoram faced RTI/STD problems.

(ii) Civil Works

For new construction of health centres building including upgradation of old sub-centres with RCC specification, GOI had released Rs.5.57 crore against the estimate of Rs.10.72 crore under civil works. Of Rs.5.57 crore, State Public Works Department (PWD) was provided with Rs.2.86 crore for execution of civil works and Rs.42.15 lakh was spent by the department itself for procurement of materials for electrification/water supply/gas connection and emergency light to the PHCs/CHCs/SCs. Although the total expenditure upto March 2000 under civil works including fund released to the PWD was not more than Rs.3.28 crore, the department reported (April 2000) to GOI of the utilisation of Rs.4.17 crore upto March 2000, retaining difference of Rs.0.89 crore in the form of bankers' cheque, with a view to get further release of instalment of funds from GOI. Thus the reported expenditure on civil works to GOI was faulty as it did not reflect the real expenditure.

Scrutiny of the records revealed that out of Rs. 2.86 crore released to PWD for executing civil works, 48 works valued at Rs. 2.13 crore had not been completed by the targeted date of completion (March 1999). Out of 48 works, 1 work had not started while percentage of progress in respect of 20 works, ranged between 20 and 88 per cent even after lapse of 14 months since the scheduled date for completion as detailed below :

(Rupees in lakh)

Name of works	No. of work	Cost as per sanctioned estimate (unit cost)	Amount released	No. of works completed as of May 2000	No. of incomplete works(Percentage of progress)	Delay (in months)	Locked up amount on in-complete work
Construction of new sub-centre	8	54.40 (6.80)	54.40	7	1 (86)	14	6.80
Up-gradation of sub-centre	23	31.28 (1.36)	31.28	14	9 (61)	14	12.24
Up-gradation of PHCs	5	45.30 (9.06)	45.38	1	4 (20)	14	36.24
Up-gradation of	1	64.00 (64.00)	64.00	Nil	1 (Nil)	14	64.00
Construction of water reservoirs at PHCs/CHCs	11	18.26 (1.66)	18.31	6	5 (55)	14	8.30
Total	**48**	**213.24**	**213.37**	**28**	**20**		**127.58**

Locking up of fund for Rs.1.28 crore due to non-completion of works even after 14 months since the scheduled date of completion.

No reason was furnished for unusual delay in completion of works. The Department also did not take any appropriate action to get the work done. Delay in completion of work, had not only resulted in locking up of fund of Rs.1.28 crore but was also fraught with the risk of price escalation due to time overrun.

3.4.7 Training

There is one training centre for training of ANMs, medical and para medical staff in the State. Funds released and expenditure incurred during 1995-96 to 1999-2000 were as follows :

(Rupees in lakh)

Category of Training	Funds released and expenditure incurred	Period					
		1995-96	1996-97	1997-98	1998-99	1999-2000	Total
(i) ANM/LHV	Funds released	9.00	9.00	12.00	13.55	15.40	58.95
	Expenditure	10.43	12.04	11.66	14.29	15.55	63.97
(ii) In service training in Health and Family Welfare	Funds released						
	Expenditure						
(iii) Multipurpose worker	Funds released	6.00	10.00	6.20	6.27	9.08	37.55
	Expenditure	4.77	5.99	6.29	5.92	9.23	32.20
(iv) Village Health Guide (VHG)	Funds released	1.60	1.60	8.42	3.06	2.93	17.61
	Expenditure	1.54	1.53	7.92	3.06	2.93	16.98
(v) Dhais	Funds released	1.60	1.60	-	-	-	3.20
	Expenditure	1.88	1.54	-	-	-	3.42
(vi) Setting up of Lab for training	Funds released						
	Expenditure						

Against an expenditure outlay of Rs.116.57 lakh the imparting of training was limited to 70 Basic Health Workers per year during 1995-2000 and 10 inservice personnel during 1996-97. The amount expended was on account of monthly stipends and annual book grants to trainees at the prescribed rates. The expenditure (Rs.20.40 lakh) also related to payment of monthly honorarium to VHGs and remuneration to Dhais already trained earlier to 1995-96.

Reasons for not being able to impart training to fresh VHG/Dhai and inservice personnel had not been stated.

3.4.8 Information Education and Communication

Amount received from Government of India for IEC activities and expenditure incurred during 1995-96 to 1999-2000 are detailed below:

(Rupees in lakh)

Year	Fund released	Expenditure
1995-96	17.10	14.16
1996-97	14.36	10.80
1997-98	19.58	19.42
1998-99	18.51	16.91
1999-2000	18.33	18.33
Total :	**87.88**	**79.62**

Reports/Returns submitted by the DHS to the GOI in respect of Mass Education Media and Publicity showed that during the period 1995-96 to 1999-2000, the department had involved Mahila Sastha Sangh (MSS) for Mass Education, training of MSS, meeting of MSS and organised media activities like film shows State and district level seminars organisation of Orientation Training Camps for Mass Education etc., besides printing of posters/pamphlets in local languages for distribution. During 1995-2000 altogether 4.26 lakh of IEC materials were printed at a cost of Rs. 8.33 lakh, out of which 4.11 lakh of IEC materials were distributed leaving an unutilised balance of 0.15 lakh of IEC materials at the end of 1999-2000.

However, there was no evaluation on the part of the department about the impact of IEC activities though substantial amount was spent for the purpose. Department stated (September 2000) that the impact of the IEC activities were not assessed and as such evaluation had not been conducted.

3.4.9 Demographic Goal

The demographic goal laid down in National Health Policy (NHP) are to achieve (i) Crude Birth Rate (CBR) of 21 per thousand (ii) Crude Death Rate (CDR) of 9 per thousand and Annual Natural Growth Rate 1.2 *per cent* (iii) Infant Mortality Rate (IMR) below 60 per thousand live birth (iv) Effective Couple Protection (ECP) of 60 *per cent* by 2000 AD. Although the State had not fixed any annual targets to achieve the aforesaid goals, the reported achievement as furnished by the department showed that excepting Annual Natural Growth Rate the State had achieved the goals by March 2000 as CBR, CDR, IMR, ECP were 21, 0.35, 18 and 76 respectively. It was also reported by the department that against eligible effective couple strength which varied between 0.8 thousand and 0.18 thousand during 1995-96 to 1999-2000, 8 to 13 thousand such couple were reported to have adopted family planning method during the same period. However, the Annual Growth rate of 15 *per cent* despite such high percentage of ECP, raises doubts about the credibility of achievement of CBR, ECP *etc*. The projected population of 9.32 lakh of the State at the end of March 2000 compared to 6.90 lakh as per 1991 Census registered an increase of 35 *per cent* over a period of 5 years. In spite of sufficient number of SCs and PHCs, establishment of PPC and utilisation of huge Central assistance both in cash and kinds, the department had not been able to meet and resolve the challenge of population explosion in the State.

3.4.10 Monitoring and Evaluation

The State Department of Health and Family Welfare/State Family Welfare Bureau, responsible for implementation of the Programme had prescribed quarterly/Annual reports/returns on various activities of FW Programme to be submitted by the Rural/Urban F.W.C., PHCs, CHCs Sub Centre Post Partum Centres, through their respective district level implementing officers (CMOs) to the DHS for onward transmission to the Government.

It was noticed that none of the 4 district level implementing authorities (CMOs) had submitted the quarterly/annual reports/returns of district wise physical achievement made through the PHCs/CHCs/SCs in respect of following activities during the period mentioned against each :

	Activity	Period
(a)	Distribution of pieces of condoms to male users	1995-96 and 1996-97
(b)	Iron and Folic Acid tablets (large and small) to expectant mothers	1997-98 and 1998-99
(c)	Vitamin 'A' solution to children	1997-98 and 1998-99

A comprehensive monitoring system is essential for effective control as well as successful implementation of the Programme. However, no separate monitoring cell had been created by the State Government for monitoring of the various activities of the Programme.

Evaluation of the Programme as a whole was not done by the Department.

The matter was reported to the Government in July 2000; reply has not been received (November 2000).

3.4.11 Recommendations

- The State Government needs to take steps for effective and meaningful monitoring of the implementation of the programme with improvement in planning and supervision.

- Periodical evaluation of the Programme is also essential to assess the impact of the Programme implemented.

APPENDIX - XX

Statement showing various level of performances achieved by PPCs during 1995-96 to 1999-2000

(Reference : Paragraph 3.4.5.2; Page 74)

Sl. No.	Items	Performance by											
		District Level PPCs during						Sub-District Level PPCs during					
		1995-96	1996-97	1997-98	1998-99	1999-2000	Total	1995-96	1996-97	1997-98	1998-99	1999-2000	Total
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1.	**Antenatal Cases**												
(a)	Expected Mothers registered	5867	5693	2125	6557	7167	27409	748	1087	795	1062	1103	4795
(b)	Mother protected against TT	717	512	141	744	617	2731	1277	1632	1926	1357	1562	7754
(c)	Percentage of mothers immunised to total registered	12	9	7	11	9	10	171	150	242	128	142	162
2.	**Post natal cases**												
(a)	Mother supplied with Iron& Folic Acid tablets	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
3.	**Immunisation Services to children**												
(a)	B.C.G	252	377	401	364	125	1519	1149	1323	466	785	944	4667
(b)	Polio (III dose)	236	435	330	349	76	1426	1099	1305	431	618	955	4408
(c)	Polio (Booster dose)	216	425	401	362	70	1474	1088	1205	420	600	940	4253
(d)	DPT (III dose)	234	549	353	346	421	1903	1119	1293	538	604	973	4527
(e)	DPT (Booster dose)	214	519	340	330	400	1803	1119	1292	430	518	940	4299
(f)	Measles	183	275	315	311	49	1133	930	1041	547	666	934	4118
(g)	D.T.	139	346	259	236	13	993	1175	1322	584	1156	989	5226
4.	**Prophylaxis Services to children**												
(a)	Iron and Folic Acid Tablets	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(b)	Vitamin ‘A’ solution (doses)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

1	2	3	4	5	6	7	8	9	10	11	12	13	14
5.	**Conduct of test in pregnant women for detection of complications**												
(a)	No. of pregnant women registered	5867	5693	2125	6557	7167	27409	748	1087	795	1062	1103	4795
(b)	No. of test required to conduct ands actually conducted	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(c)	Correlated cause of death of pregnant women	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
6.	**Neo-natal death out of Hospital delivery**												
(a)	Total delivery in Hospital	4351	4573	4830	5683	4946	24383	981	1112	1009	1042	1241	5385
	Neo natal death during												
(b)	0-7 days of birth	5	19	26	32	33	115	Nil	Nil	3	5	3	11
(c)	8-28 days of birth	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(d)	Total deaths	5	19	26	32	33	115	Nil	Nil	3	5	3	11
(e)	Percentage of deaths to total deliveries	0.11	0.41	0.54	0.56	0.67	0.47	Nil	Nil	0.29	0.47	0.24	0.20
7.	**Performances of Tubectomies in PP Beds**												
(a)	No. of Tubectomy Beds	30	30	30	30	30	150	6	6	6	6	6	30
(b)	No. of Beds performing more than 60 cases	Nil	Nil	Nil	Nil	Nil	Nil	4	4	4	4	4	20
(c)	No. of Beds performing more than 45 but less than 60 cases	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(d)	No. of beds performing less than 45 cases	30	30	30	30	30	150	2	2	2	2	2	10
8.	**Direct Acceptors of Family Welfare Programme. to total OB and AB cases**												
(a)	Tubectomy	429	473	620	1035	1342	3899	219	203	180	210	229	1041
(b)	Vasectomy	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
(c)	IUD-	120	94	89	44	53	400	Nil	Nil	Nil	Nil	Nil	Nil
(d)	Oral pills	315	471	320	426	312	1844	238	318	348	401	641	1946
(e)	Total Direct acceptors (a) to (d)	864	1038	1029	1505	1707	6143	457	521	528	611	870	2987
(f)	OB (obstretics) cases	1014	1105	927	1186	1107	5339	219	218	178	250	185	1050
(g)	AB (Abortion) cases	27	26	171	12	13	249	58	66	96	55	48	323
(h)	Total OB and AB cases	1041	1131	1098	1198	1120	5588	277	284	274	305	233	1373
(i)	Percentage of direct acceptor to total OB and AB cases	83	92	94	126	152	110	165	183	193	200	373	218