3.3 National Family Welfare Programme (Health Department)

Highlights

The infrastructural facilities in Primary Health Centres and Community Health Centres were very poor and the rural people had to depend on district hospitals for their health care. The motivation of the community to adopt small family norms was not effective and there was a decline in the number of acceptors. The implementation of the Programme was not as envisaged by Government of India. There were deficiencies in the health care services provided to expectant mothers and children. Consequently, the national goal of below 2 per 1000 for Maternal Mortality Rate was not achieved in 4 out of 5 years in Post Partum centres and the Union Territory Government goal of achieving Infant Mortality Rate of less than 25 per 1000 by year 2000 was not achieved.

Some major points noticed were as follows:

- Though Government of India released funds in instalments provisionally every year, the Union Territory Government had not worked out the eligible assistance as per the prescribed pattern of assistance for intimation to Government of India to enable adjustment of the excess or shortfall in future releases. There was an excess expenditure of Rs 47.82 lakh over the norms in the Post Partum centres at Pondicherry and Karaikal.

(Paragraph 3.3.4 (i))

- Medical Officers in charge of Post Partum centres had spent less amount on payment of compensation to acceptors than the prescribed norms would warrant, even though enough funds were released by Government of India.

(Paragraph 3.3.4 (ii))

- Though there were more number of Rural Family Welfare centres established than the norms prescribed, the rural population had to depend only on District Hospitals for their emergency obstetric needs as specialist posts were not created in Community Health Centres.

(Paragraph 3.3.5.1)

- There was deficiency in the health care services provided to expectant mothers; consequently the Maternal Mortality Rate exceeded the national goal of 'below 2 per 1000' during 1995-99. The declining trend noticed in the number of acceptors of small family norms

Abbreviations used in this review are listed in the Glossary at Appendix 49 (Page 224)

indicated that motivation under Post Partum Programme was not effective.

(Paragraph 3.3.5.3 (i) & (iii))

- Of infants to whom BCG vaccine was provided during 1995-2000, only 52 to 60 *per cent* were provided with other vaccines, though adequate quantity of vaccines was available.

(Paragraph 3.3.5.4(a)(i))

3.3.1 Introduction

With a view to stabilising population at a level consistent with the needs of national development, Government of India (GOI) introduced Family Welfare Programme as a cent *per cent* Centrally Sponsored Scheme. The programme aimed at bringing down the birth and death rates through various family planning measures and temporary methods of birth control, persuading people to adopt small family norms by popularising the use of conventional contraceptive devices or oral pills etc., and providing medical services, medicines, incentives free of cost at the doorsteps of the acceptor.

The goals set by the National Health Policy (NHP) and Union Territory (UT) Government for achievement by 2000 AD and achievement by the UT Government by 1999 as reported by the Registrar General, India adopting Sample Registration System are as under:

Items	Targets		Achievements 1999
	National Goal	Union Territory Goal	
Crude Birth Rate (CBR)(per 1000)	21	Less than 20	17.7
Crude Death Rate (per 1000)	9	8	6.9
Infant Mortality Rate (IMR) (per 1000)	Less than 60	Less than 25	22.0
Couple Protection Rate (*per cent*)	More than 60	More than 60	59.2 **
Maternal Mortality Rate (MMR) (per 1000)	Below 2	NA	NA
Net reproductive rate	1	NA	NA
Annual Growth Rate of population	1.2	1.05	1.08
Life Expectancy	64 years	NA	NA

****** **Relates to 1995**
NA **Not available**

To achieve these goals, UT Government implements the following programmes/schemes:

(i) Minimum Needs Programme (MNP)
(ii) Post Partum PAP Smear Test Facility (PAP) Programme
(iii) All India Hospital Post Partum (PP) Programme
(iv) Child Survival and Safe Motherhood Programme (CSSM) redesigned as Reproductive and Child Health Programme (RCH)

3.3.2 Organisational set up

The Secretary to Government (Health) is the administrative head. The Director of Health and Family Welfare Services, Pondicherry (Director) with the assistance of eight Deputy Directors (DDs) implements the Family Welfare (FW) Programme through four District level hospitals – three with Post Partum Centres, 4 Community Health Centres (CHC), 39 Primary Health Centres (PHC) and 75 sub-centres. The programme is also implemented in Jawaharlal Nehru Institute for Post Graduate Medical Education and Research (JIPMER), a teaching hospital with Post Partum Centre directly funded by GOI.

3.3.3 Audit coverage

The implementation of the FW programme for the period from 1995-96 to 1999-2000 was reviewed in the office of the Director, eight DDs and 37 out of 123 implementing units where Rs 7.22 crore out of Rs 9.20 crore were spent. The results are discussed in the succeeding paragraphs. The services of the ORG Centre for Social Research, a division of ORG-Marg Research Limited, was commissioned by the Comptroller and Auditor General of India with a view to obtaining the beneficiary perception of the programme and related matters. The ORG-Marg carried out survey over a sample of 920 households and 747 eligible women determined on the basis of socio-cultural characteristics and development status. Findings of the survey on matters discussed in the report have been included in this review at appropriate places.

3.3.4 Resource allocation

GOI provides funds in the budget for drawal by JIPMER to implement the PAP and PP Programmes. For implementing the PP Programme in three District Hospitals and CSSM/RCH in the UT, GOI released grants for various components of these programmes to the UT Government. Funds released were provided in the UT budget and expenditure incurred thereagainst. From 1998-99, GOI released funds also to State Committee on Voluntary Action (SCOVA), a registered Society, for implementing certain components of RCH through the Government implementing units. Funds received from GOI through the above three sources and expenditure incurred thereagainst are as under:

(Rupees in lakh)

Year	Amount released by Government of India to				Expenditure			
	UT Govern-ment	JIPMER	SCOVA	Total	UT Govern-ment	JIPMER	SCOVA	Total
1995-96	134.01	12.19	--	146.20	96.33	12.19	--	108.52
1996-97	111.04	13.68	--	124.72	129.15	13.68	--	142.83
1997-98	193.92	19.67	--	213.59	145.01	19.67	--	164.68
1998-99	168.71	21.52	94.77	285.00	168.22	21.52	30.22	219.96
1999-2000	170.51	24.10	55.52	250.13	201.67	24.10	58.09	283.86
Total	**778.19**	**91.16**	**150.29**	**1019.64**	**740.38**	**91.16**	**88.31**	**919.85**

The amount received by the UT Government from GOI and expenditure incurred thereagainst included Rs 182.26 lakh being the value of supplies in kind. The UT Government had not maintained the details of funds received for implementing various components, funds actually utilised and the balance, if any, available for utilisation during the succeeding year. The component-wise receipts during 1995-2000 as compiled by Audit based on GOI sanctions and expenditure as per accounts are furnished in Appendix 17.

In this connection, the following observations were made:

Eligible assistance not worked out

(i) The entire expenditure incurred by the UT Government under the FW programme was reimbursable by GOI in strict conformity with the approved pattern of assistance. It was seen that though GOI released funds in instalments provisionally every year, the UT Government had not worked out the eligible assistance as per the prescribed pattern of assistance for intimation to GOI to enable them to adjust the excess or shortfall in future releases. In the following components, the expenditure did not conform to the prescribed pattern of assistance.

Excess expenditure incurred over eligible assistance

For the PP programme, the UT Government was eligible for reimbursement of expenditure on salary as per prescribed sanctioned strength of staff and at prescribed rates for other components. It was, however, seen that the UT Government incurred expenditure of Rs 47.82 lakh in respect of PP centres at Pondicherry and Karaikal in excess of eligible assistance, as per Appendix 18. In respect of PP centre at Mahe, there was an excess expenditure of Rs 0.50 lakh during 1998-99.

Government contended (September 2000) that the bed strength in the PP centres was not enough for the volume of operations conducted and expenditure was incurred on supplies and materials by accommodating patients in other wards. Government's contention was not tenable as FW programme provides for reimbursement of expenditure as per prescribed pattern of assistance only.

(ii) GOI provided Rs 1.02 crore towards compensation to the acceptors of small family norms during 1995-2000 and released Rs 99.22 lakh. However, the Medical Officers in charge of PP centres spent only Rs 75.36 lakh as against Rs 103.38 lakh to be spent as per the prescribed norm. This was due to non-payment of compensation to all the acceptors and less expenditure under drugs and dressings and non-creation of Miscellaneous Purpose Fund.

Compensation was not paid to all the acceptors of Tubectomy

It was observed that in the two PP centres at Pondicherry, out of 36,639 acceptors of Tubectomy only 29,703 were paid compensation during 1995-2000. Government attributed the lapse to non-receipt of compensation by acceptors of adjoining states for want of necessary certificates from their PHCs and purchase of dressing materials from UT funds. The reply was not tenable since the administrative problem should have been sorted out.

Beneficiary survey indicated that delayed receipt of incentives and lack of information about the incentives were some of the problems faced by the acceptors.

Unnecessary release of funds

(iii) Though Yanam region had no PHC, the UT Government sought for and obtained Rs 10 lakh from GOI for improvement of PHCs in Yanam. Government stated that the repair work of sub-centres was taken up at a cost of Rs 2.70 lakh. The fact, however, remains that the budget proposal made by UT Government was far in excess of actual requirement.

No training was provided to health workers

(iv) Though the UT Government sought Rs 38.98 lakh for training Auxiliary Nurse Midwives (ANM) and Lady Health Visitors (LHV) in Intra Uterine Device insertion during 1995-2000 and obtained Rs 37.70 lakh from GOI, it provided only Rs 1.68 lakh in the budget for this component during 1998-2000 and only Rs 0.89 lakh was spent. Government stated that the training programme was restricted to 50 ANMs as per the guidelines. Government, thus, accepted that they sought for more funds than required.

Funds for Mass Education not fully utilised

(v) Under Mass Education, the UT Government spent only Rs 10.22 lakh as against Rs 22.59 lakh released by GOI during 1995-2000. Government stated that vital national programme like Polio immunisation, Leprosy elimination, AIDS control were given priority over Mass Education and, therefore, this programme could not be implemented fully. The fact remains that Mass Education, which is the main tool for proper implementation of FW programmes, was neglected.

Delay in release of funds

(vi) The UT Government provides only token provision for all components of the programme in the budget and allows the drawing officers to incur expenditure on FW programme to the extent of funds received from GOI from time to time in instalments for various components. The expenditure incurred is finally regularised by providing funds under supplementary grants in March every year. Thus, the availability of funds in time for implementing the programme was uncertain. Government stated that the Department had not experienced any difficulty in following this procedure. This was not correct as the Medical Officer of PP centre at Pondicherry paid compensation for the persons who underwent Tubectomy operation during November 1998 to February 1999 only in April 1999 and JIPMER expressed difficulties in getting funds from the Director.

Thus, by not utilising the grants provided by GOI for Training, Mass Education and Compensation, the objectives of providing facilities at the doorsteps of the rural population, educating and motivating the public to adopt small family norms have suffered.

3.3.5 Programme output

3.3.5.1 Minimum Needs Programme

Health centres not established as per norms

Family Welfare Services are provided to the community through a network of Rural Family Welfare Centres (RFWCs) – *viz.,* Sub-centres, PHCs and CHCs in the rural areas and hospitals and dispensaries supported by PP centres in the urban areas. Under the MNP, one Sub-centre for every 5000 population, one PHC for every 30,000 population and one CHC for every one lakh population was to be set up in a phased manner.

Test-check revealed that the population covered by Sub-centres in rural areas ranged between 2585 and 4454. It was also seen that 26 out of 39 PHCs covered a population of less than 15,000 each. As to the CHC, the population coverage was between 7502 and 19,053. Thus, the norm was not followed for establishing RFWCs. Government stated that centres were established based on rural population at that time and excess over norm was due to declaration of rural areas as urban areas. However, while the CHCs covered less population, their functioning was far from satisfactory as brought out below due to vacancy in critical positions.

(i) Government of India prescribed the staff strength and facilities to be provided in RFWCs. The Director had not furnished to audit the details of staff sanctioned and the staff in position in the RFWCs. Consequently, the shortfall in staff and its impact on the FW programme could not be assessed. Test-check revealed that 18 out of 20 Sub-centres were managed by only one female health worker as against two health workers and one voluntary worker to be employed on honorarium basis.

(ii) Similarly, the posts of specialists *viz.,* Gynaecologist, Surgeon, Pediatrician, Anaesthetist, etc., were not created in all the 4 CHCs in the UT, which were meant to be First Referral Units (FRU). Consequently, the District Hospital functioned as the First Referral Centre and the CHCs were only on par with PHCs, with 13 Sub-centres functioning under each.

Thus, though more number of Sub-centres and PHCs were set up in the UT than warranted by the norms, rural population had to depend only on District Hospitals for their emergency obstetric care. Government stated that the posts of male health workers would be created and GOI approval was awaited for creation of specialist posts.

The Beneficiary survey also confirmed that PHCs and SCs covered less population than the norms. The survey revealed that 19 *per cent* of households did not avail the services of Government institutions due to poor service and non-availability of doctors and medicines.

3.3.5.2 PAP Programme

This programme was introduced by GOI for early detection of Cervical Cancer among women. In JIPMER where this programme was implemented in the UT, the post of Cyto-technician was not filled up during 1995-2000. It was noticed that out of 32,840 smears examined with the help of Pathology Department of JIPMER, 434 were found positive for cancer. Government stated that the post would be filled up.

3.3.5.3 Post Partum Programme

This programme was introduced by GOI to motivate women in the reproductive age group (15 to 44) and their husbands for adopting small family norms through education and motivation during pre-natal, natal and post-natal period and after Medical Termination of Pregnancy (MTP). The programme aims to provide health service training to staff, outreach services, promotion of spacing methods to reduce IMR and MMR rate and to create awareness.

In this connection, the following points were noticed:

Deficiency in providing health care to expectant mothers

(i) One of the objectives of the PP centre is to provide health services to expectant mothers including outreach services. The health package includes Tetanus Toxoid (TT) immunisation, prevention and treatment of Anaemia, ante-natal care and early identification of maternal complications, promotion of institutional deliveries, etc. The table below gives the picture:

Year	Expectant mothers registered	TT adminis-tered in UT of Pondicherry	TT adminis-tered in PP Centres	Number of deliveries in hospital	Number of deaths	Causes of death		MMR (per thousand)
						Anae-mia	P. Sepsis	
1995-96	27,328	17,624	4765	24,729	65	13	4	2.63
1996-97	29,947	18,265	4882	25,414	67	10	7	2.64
1997-98	29,597	16,625	5948	26,322	75	16	9	2.85
1998-99	30,120	19,308	5642	26,477	58	15	6	2.19
1999-2000	35,495	19,519	8417	33,155	51	8	1	1.54

Tetanus was administered only to the extent of 16 to 24 *per cent* of expectant mothers in the PP Centres. Although some of the expectant mothers were immunised in PHCs and sub-centres, the percentage of immunisation against TT in the UT was only 55 to 64 during 1995-2000 confirming that there was still a shortfall of over 36 *per cent*.

Death due to Anaemia and P.Sepsis, which were preventable, ranged from 18 to 36 *per cent* of total deaths. Further, Iron Folic Acid (IFA) which was to be given to expectant mothers to prevent anaemia was not available in 13 out of 20 quarters during 1995-96 to 1999-2000 in 3 centres test-checked. The card system required to be followed to keep track of the health care provided to the expectant mothers was not followed in any of the

4 PP centres. There was shortfall of 3 to 8 *per cent* in tests conducted on expectant mothers for early detection of complications in 2 PP centres. Thus, there was deficiency in the health services to be provided to expectant mothers. Consequently, the MMR was more than the national goal of 2 per 1000 during 1995-1999.

Government stated that there was no shortfall in administering TT as 30 *per cent* of deliveries in PP centres of the UT related to neighbouring states. Government accepted that higher incidence of Anaemia was due to shortage of IFA but stated that majority of P. Sepsis cases were from neighbouring states. Government claimed MMR of UT as below 2 per 1000 only. The reply was not tenable as the PP centres had to ensure ante-natal care to all pregnant women registered with them and this was not done.

Neo-natal death more than the goal

(ii) The deficiency in the ante-natal care of the expectant mothers would result in neo-natal deaths. The details of neo-natal deaths in the 4 PP Centres during the five years are as under:

Year	Total delivery/ live births	Death during 0-7 days of birth	Death during 8-28 days of birth	Total	Number of deaths per 1000 live births
1995-96	24,729	642	61	703	28.4
1996-97	25,414	522	78	600	23.6
1997-98	26,322	547	91	638	24.2
1998-99	26,477	549	94	643	24.2
1999-2000	33,155	661	181	842	25.4

The large number of neo-natal deaths indicates the deficiency in the health care of expectant mothers. In fact, after an initial decline in 1996-97, there was consistent increase of neo-natal deaths upto 1999-2000. As the neo-natal death rate itself was over 23 per 1000, the IMR which is the number of deaths of infants within a year per thousand live births would be more and the claim of achievement of IMR of 22 by the Director was not correct. Government, however, maintained that the neo-natal mortality was relatively high in patients coming from adjoining states.

Motivation not effective

(iii) The main objective of PP programme is to motivate people to adopt small family norms. The details of acceptors of small family norms in 4 PP centres are furnished below:

Year	Total cases admitted for deliveries/abortion	Number of acceptors of Tubectomy	Percentage of acceptors
1995-96	26,266	8972	34
1996-97	26,976	9217	34
1997-98	27,804	9252	33
1998-99	27,967	8940	32
1999-2000	34,927	10,604	30

The declining trend noticed in Tubectomy indicated that motivation was not effective. The PD of PP centre, Pondicherry observed (September 1999) that the sterilisation could not be done as the patients were anaemic. In JIPMER,

the percentage of acceptors ranged between 27 and 33 and the PD, JIPMER attributed the shortfall to non-availability of qualified anaesthetist on a regular basis. It was also observed that the staff in position ranged between 29 and 31 against 48 required as per norms, during 1995-2000 in the four PP centres.

Government attributed the declining percentage to increase in number of deliveries of first and second order births. It was, however, seen that 61 *per cent* of the total number of acceptors of permanent family planning methods had 2 or less children. Besides, only 5 *per cent* (7059 out of 1,43,940) of expectant mothers admitted in the PP Centres opted for temporary methods, indicating poor motivation.

Defective contraceptives distributed

(iv) 2.94 lakh Nirodh received from Medical Stores Depot, Guwahati in February 1997 were found defective during the sample testing done in July 1997. However, 1.89 lakh pieces of defective Nirodh were distributed during February 1997 to January 2000. Government stated that no testing was to be done at State level before issuing to centres.

Facilities provided more than the requirement in Mahe

(v) Though the entire UT constitutes only one district, the four regions were considered as separate districts and the 4 PP centres established in Pondicherry, Karaikal and Mahe were categorised as District level PP centres. The average urban population covered by these centres, their category, the average number of expectant mothers registered and the average number of deliveries during the 5 years are as under:

Region	Number of PP centres	Category	Average urban population (in lakh)	Average number of expectant mothers registered per annum	Average number of deliveries per annum
Pondicherry	2	A-Teaching A-Non-teaching	5.01	24,347	22,731
Karaikal	1	B	0.71	5295	3580
Mahe	1	C	0.38	855	813

The UT Government classified Mahe as 'C' category District level PP centre and provided with 10 bedded ward. As the number of confinements per annum was poor in Mahe, it should have been classified as sub-district level PP centre where an operation theatre with a six bedded ward was to be provided. It was also seen that the occupancy rate was poor (38 per bed per annum). Government stated that PP centres having less than 1500 obstetrics and abortion cases per annum were to be classified as 'C' category District level PP centre. However, Government had not furnished the norm for sub-district level centres and the fact was that there was poor occupancy of beds in Mahe.

Beneficiary survey revealed that 74 *per cent* of expectant mothers surveyed took their ante-natal care from Government health institutions and almost all

women received two doses of TT Vaccine. While 15 *per cent* faced obstetrics complications during their deliveries, only 55 *per cent* of the mothers who received ante-natal services were advised on family planning. 41 *per cent* of the women who had delivered in the last two years visited health providers for post-natal check-ups.

3.3.5.4 Child Survival and Safe Motherhood/Reproductive and Child Health Programme

Government of India implemented CSSM programme from August 1992 by integrating all earlier programmes related to maternal and child health. In October 1997, GOI launched the RCH programme which included all components of CSSM and two new services *viz.,* special facility for Sexually Transmitted Infection (STI) and Reproductive Tract Infection (RTI) in all PHCs. This programme aims at stabilising the population, by assuring the parents about the health and longevity of children so that they will readily adopt small family norms. The programme categorises the districts into A, B and C based on CBR and Female Literacy Rate, so that the basic facilities could be strengthened in weaker districts (B and C) and sophisticated facilities provided in advanced districts (A).

The implementation of the CSSM and RCH programmes in the UT of Pondicherry in respect of various components for which central assistance was provided are discussed below:

(a) Immunisation

Under this component, vaccines for TT for expectant mothers, Diphtheria, Pertusis and Tetanus Toxoid (DPT), Polio, Baccillus Calmette and Gurein (BCG) and Measles for infants, Diphtheria and Tetanus Toxoid (DT) for 5-6 year old children and TT for 10 and 16 year old children were provided by GOI for administration to the beneficiaries to achieve 100 *per cent* coverage for all vaccine preventable diseases. Under the target-free approach, the programme contemplates preparation of action plans by Sub-centres, PHCs, etc., to assess the requirements of vaccines.

The performance of the UT Government under this component was as below:

(Number of beneficiaries)

Year	Performance					
	DPT	Polio	BCG	Measles	DT for Children (Age 5 -6)	TT for Children (Age 10 and 16)
	(For infants)					
1995-96	18,875	18,895	23,665	15,876	16,806	34,866
1996-97	18,465	18,435	30,290	15,810	18,250	35,855
1997-98	17,011	17,011	36,412	15,213	15,885	30,623

Year	Performance					
	DPT	Polio	BCG	Measles	DT for Children (Age 5 -6)	TT for Children (Age 10 and 16)
	(For infants)					
1998-99	19,584	19,584	30,164	16,531	16,742	39,360
1999-2000	18,103	18,103	32,068	16,245	24,555	54,029
Total	**92,038**	**92,028**	**1,52,599**	**79,675**	**92,238**	**1,94,733**

The following observations are made:

Immunisation not provided to all infants

(i) The infants were to be provided with three doses of DPT and Polio vaccine and one dose of BCG vaccine between 6 weeks and 9 months, and one dose of Measles vaccine between 9 and 12 months. Though BCG vaccine was administered to all 1.53 lakh infants during 1995-2000, the administration of other three vaccines ranged from 0.80 lakh to 0.92 lakh infants (52 to 60 *per cent*) only during this period indicating that immunisation was not provided to all infants. There was no shortfall in the availability of any of the vaccines. Government stated that 40 *per cent* of children born in PP Centres belonged to adjoining states but did not explain the wide variation in administering different vaccines. Beneficiary survey also indicated that all the children in the sample had received BCG but the coverage of DPT, Polio and Measles vaccines were 78, 82 and 86 *per cent* only.

(ii) It was seen that 17,600 doses of DT vaccine and 23,580 doses of DPT vaccine were discarded during 1999-2000 as life expired, as GOI supplied huge quantity (DT : 54,000 doses and DPT : 46,000 doses) of vaccine with short life period. The UT Government had not taken any action to report to GOI the excess quantity not required, for distribution to other States.

(b) Emergency Obstetric Care

No facilities to handle complicated cases in CHCs

This component lays stress on management of complicated cases by the CHCs for preventing maternal mortality and morbidity. In the three test-checked CHCs, there were no specialist staff and obstetric care drugs, which were required in a FRU. Thus, the facility for handling complicated cases was not available in CHCs, due to which they could not function as FRU. Government stated that GOI sanction for creation of posts was awaited.

(c) Other components under RCH Programme

Facilities required to be provided under RCH not available in Health Centres

(i) The RCH programme provided for engaging two lab technicians for conducting blood, urine and RTI/STI tests at CHCs. As against the norms of 8 technicians, only 3 technicians were available in test-checked 3 CHCs*

* **Karikalampakkam, Thirunallar and Pallur**

and the RTI/STI tests were not conducted by them. Government accepted the shortfall.

(ii) Under RCH, laparoscopes and tubalrings for promoting tubectomy operations were to be provided. It was seen that in Karikalampakkam and Pallur CHCs these were not available. Government stated that laparoscopic sterilisation was not preferred in the UT.

(iii) The new-born care equipment like 'Infant resuscitation bag with mask-mounted leap' and 'Paddle-operated suction machine' were not supplied by GOI to any of the test-checked PHCs and CHCs.

(iv) Under the component 'Minor Civil Works', GOI released Rs 40 lakh to SCOVA for upgrading the facilities in PHCs in the four regions of the UT treating each region as one district. The classification of the four districts of UT under 'A' was based on CBR and Female Literacy Rate. As the entire UT constituted only one district, the classification of the four regions as individual districts, without any reference to population covered and number of centres available in these areas was not in order. The Mahe and Yanam regions of the UT are only urban areas with a population of less than 35,000 and 20,000 respectively and though RFWCs were not admissible in urban areas, there were one CHC and one PHC in Mahe and 4 sub-centres in Yanam. Hence, the classification of these regions into 'A' districts and provision of huge funds for these regions for upgrading PHCs is unjustified. Government contended that the classification was due to geographical location of the regions and the funds released for Mahe would be utilised for improving Government Hospital. The reply was not tenable as Mahe and Yanam could only be classified as sub-districts and RCH had separate component for improving hospitals.

(v) Out of 183 ANMs and 25 LHVs to be trained in IUD insertions, training was imparted only to 50 ANMs thereby defeating the objective of providing facilities at the doorsteps of beneficiaries. Government stated that the training was not conducted as per GOI instructions issued in July 1997. The reply is not correct since training in UT was actually started only after July 1997.

(vi) The facility for MTP is available only in district hospitals, although CHCs were to be provided with infrastructure for such facility. Government stated that the facility would be provided on receipt of GOI sanction for creation of specialist posts.

3.3.6 Monitoring and evaluation

Reporting not made as prescribed

The formats for the report to be submitted under RCH at various levels were to be prescribed by GOI so that the required information could be consolidated at district level and sent to State Headquarters and National level through National Informatics Centre (NIC) network by 20th of every month. It was seen that the GOI prescribed in October 1997 a format for

reporting every month through NIC network. The UT Government had sent the particulars required in this format only from 1999-2000 onwards. Government attributed the delay to problems in software in NIC network.

Ineffective monitoring

There was wide variation between the statistics reported by the Director to GOI and that furnished by the PP centres to Audit (*vide* Appendix 19). The large disparity between the statistics given by PP Centres and that reported to GOI needs investigation. Government contended that the statistics furnished by the Director to GOI were correct. The contention of Government was not tenable as Audit had found that the statistics furnished by the Director differed widely from the basic records maintained at PP centres.

Ineffective Mass Education and lack of facilities in health centres

The survey conducted in Pondicherry and Karaikal in June 1998 by Gandhigram Institute, Dindigul revealed that the married women in the reproductive age were aware of effective contraceptive methods but the knowledge of STI was found to be poor. 40 *per cent* of males and 50 *per cent* of females were not aware of STI and 14 *per cent* of female respondents were not aware of mode of transmission of STI. The survey, however, did not assess the level of confidence amongst illiterate mothers from poor families, that their children would survive.

Another survey conducted in June 1999 by Administrative Staff College of India, Hyderabad to assess the availability and utilisation of the RCH facilities in Pondicherry District, covering 2 CHCs, one District Hospital and 26 PHCs revealed poor toilet facilities in PHCs/CHCs, non availability of Medical Officers trained for deliveries and laparotomy/caesarian, non-availability of facility for treatment of RTI/STI, sterilisation and MTP in PHCs, non-availability of basic infrastructure for conducting deliveries in PHCs and non-availability of Disposable Delivery Kits, Vitamin A solution and booster doses of TT in PHCs. Government stated that the follow up action was taken during monthly review meetings and the facilities were improved in PHCs.

Beneficiary survey reported that none of the four PHCs visited had vaccine storage, auto claving boiling equipment, operation theatre as well as adequate equipments required for conducting operations. Of the 8 SCs, 4 had inadequate supply of Disposable Delivery Kits while the remaining were not supplied with the kits at all.

3.3.7 Impact assessment

The infrastructural facilities in PHCs and CHCs to be provided under 'Minimum Needs Programme' were very poor and the rural people had to depend on district hospitals for their health care. The Maternal and Child Health Services provided in district hospitals were also not adequate and the motivation of the community to adopt small family norms was not effective. While the PAP programme could be implemented only in Pondicherry region where the Medical College is situated, the RCH programme is yet to

take off. The UT Government claimed that the targeted national goals had been achieved. It was, however, seen that the CBR based on number of live births in the PP Centres exceeded 25 per 1000 against the claim of 18 by the Director. Further, the MMR in the PP Centres was more than 2 per 1000 in four out of the five years. The claim of achievement of IMR of 22 per 1000 was also doubtful as the neo-natal death rate itself ranged between 23.6 and 28.4 during 1995-2000.

Appendix 17
(Reference : Paragraph 3.3.4; Page 55)

Component-wise receipts and expenditure details during 1995-2000

A - UT Government

(Rupees in lakh)

	Post Partum	Reproductive and Child Health Programme						Total
		RFWC	Training	Mass Education	Compen-sation	Direction and Adminis-tration	Conventional contraceptives, Immunisation and others	
1995-96								
Revised Estimates (GOI Allocation)	18.00	32.00	3.08	1.10	16.00	9.00	50.00	129.18
GOI Release	19.16	39.27	7.06	2.16	20.32	10.16	35.88	134.01
UT Allocation	16.83	31.76	5.00	1.50	16.00	9.60	19.48	100.17
Expenditure	13.29	33.76	4.86	0.50	15.83	9.46	18.63	96.33
1996-97								
Revised Estimates (GOI Allocation)	18.00	34.00	2.00	1.30	16.00	9.10	44.76	125.16
GOI Release	13.50	26.63	0.08	0.98	16.00	6.89	46.96	111.04
UT Allocation	17.90	41.45	1.10	4.50	17.55	12.10	46.78	141.38
Expenditure	17.81	39.78	0.25	1.08	16.10	11.27	42.86	129.15
1997-98								
Revised Estimates (GOI Allocation)	29.60	44.00	10.00	4.38	19.00	16.84	49.83	173.65
GOI Release	34.10	52.75	10.29	4.70	23.50	19.11	49.47	193.92
UT Allocation	28.30	57.86	--	2.84	18.00	13.96	35.26	156.22
Expenditure	25.77	56.01	--	0.82	13.71	13.59	35.11	145.01
1998-99								
Revised Estimates (GOI Allocation)	28.50	43.00	13.00	9.50	21.00	13.00	65.67	193.67
GOI Release	28.50	43.87	12.00	8.50	17.31	9.79	48.74	168.71
UT Allocation	30.60	69.50	1.00	9.00	15.00	15.57	38.17	178.84
Expenditure	29.37	68.96	0.35	2.10	14.91	15.27	37.26	168.22
1999-2000								
Revised Estimates (GOI Allocation)	40.00	65.00	15.00	8.00	30.00	50.00	5.00	213.00
GOI Release	16.50	36.25	12.25	6.25	22.09	19.94	57.23	170.51
UT Allocation	31.32	73.49	0.68	8.00	14.67	18.02	56.95	203.13
Expenditure	33.04	72.97	0.54	5.72	14.81	17.82	56.77	201.67
TOTAL								
Revised Estimates (GOI Allocation)	**134.10**	**218.00**	**43.08**	**24.28**	**102.00**	**97.94**	**215.26**	**834.66**
GOI Release	**111.76**	**198.77**	**41.68**	**22.59**	**99.22**	**65.89**	**238.28**	**778.19**
UT Allocation	**124.95**	**274.06**	**7.78**	**25.84**	**81.22**	**69.25**	**196.64**	**779.74**
Expenditure	**119.28**	**271.48**	**6.00**	**10.22**	**75.36**	**67.41**	**190.63**	**740.38**

B - JIPMER **(Rupees in lakh)**

	1995-96			1996-97			1997-98			1998-99			1999-2000		
	BE	**RE**	**Expenditure**	**BE**	**RE**	**Expenditure**	**BE**	**RE**	**Expenditure**	**BE**	**RE**	**Expenditure**	**BE**	**RE**	**Expenditure**
PAP	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.20	0.05	0.05	0.05	0.05	0.05	0.05
Post Partum	15.30	13.42	11.99	16.45	16.45	13.48	17.00	19.47	19.47	20.65	20.65	21.47	21.95	22.75	24.05
Total	**15.50**	**13.62**	**12.19**	**16.65**	**16.65**	**13.68**	**17.20**	**19.67**	**19.67**	**20.70**	**20.70**	**21.52**	**22.00**	**22.80**	**24.10**

BE : Budget Estimate **RE : Revised Estimate**

C – SCOVA **(Rupees in lakh)**

	1998-99		1999-2000	
	GOI release	**Expenditure**	**GOI release**	**Expenditure**
Reproductive and Child Health Programme- Pulse Polio Immunisation	19.46	19.44	50.42	41.68
Minor Civil Works	40.00	7.76	--	3.20
Awareness Generation Programme	24.36	0.24	--	5.21
Others	10.95	2.78	5.10	8.00
Total	**94.77**	**30.22**	**55.52**	**58.09**

Abstract

(Rupees in lakh)

	GOI release	**Expenditure**	**Savings**
UT Government	778.19	740.38	37.81
JIPMER	91.16	91.16	--
SCOVA	150.29	88.31	61.98
Total	**1019.64**	**919.85**	**99.79**

Appendix 18
(Reference : Paragraph 3.3.4(i); Page 55)

Expenditure in excess of the eligible assistance

(Rupees in lakh)

Year	PP centre at Pondicherry			PP centre at Karaikal		
	Actual expenditure	Eligible expenditure	Excess	Actual expenditure	Eligible expenditure	Excess
1995-96	10.40	9.08	1.32	2.83	2.03	0.80
1996-97	12.51	9.56	2.95	5.28	2.28	3.00
1997-98	23.91	12.80	11.11	1.81	2.15	(-)0.34
1998-99	28.40	14.24	14.16	0.78	1.12	(-)0.34
1999-2000	29.97	14.63	15.34	2.68	2.86	(-)0.18
Total	**105.19**	**60.31**	**44.88**	**13.38**	**10.44**	**2.94**

Appendix 19
(Reference : Paragraph 3.3.6; Page 64)

Variation between the statistics reported by the Director to Government of India and that furnished by PP centres to audit - 1995-2000

Serial number	Items	Figures relating to PP centres furnished by the Director	Figures furnished by PP centres to audit
1.	Expectant Mothers registered	2,44,960	1,52,487
2.	Cases admitted for delivery and abortion	1,41,346	1,43,940
3.	TT for expectant mothers	62,334	29,654
4.	Acceptors of Tubectomy	46,828	46,985
5.	Deliveries	1,34,695	1,36,097
6.	Maternal Death	324	316
7.	Neo-Natal Death	3293	3426