CHAPTER-III
PERFORMANCE AUDIT

This Chapter presents performance audit of the National Rural Health Mission, Accelerated Irrigation Benefits Programme, Integrated Child Development Services and Information Technology Audit of Citizen Centric Service Delivery Project (*e-Mitra*).

MEDICAL AND HEALTH DEPARTMENT

3.1 National Rural Health Mission (NRHM)

Highlights

Government of India launched the National Rural Health Mission in April 2005 throughout the country for providing accessible, affordable, accountable, effective and reliable health care facilities in rural areas. In Rajasthan, household survey and facility survey were not done adequately. Large number of building construction works was incomplete/ not started. Mobile Medical Units were not in operation. Blood storage units were not started. There were cases of denial and delayed payment of cash assistance to the beneficiaries under Janani Suraksha Yojana. The important findings are indicated below:

During 2005-08, only 65 *per cent* of the total available funds were utilised. Three District Health Societies had taken three to thirty months in transferring funds of Rs 16.87 crore to the implementing agencies.

(Paragraph 3.1.7)

Household survey and facility survey required to identify the health care needs of the rural areas were not conducted adequately. The test checked District Health Societies did not prepare Perspective Plan for the Mission period. Health Action Plan was not prepared in most of the villages, blocks and districts. Village Health and Sanitation Committees were formed in 16 *per cent* villages against the targets of 30 *per cent* upto 2007.

(Paragraphs 3.1.8 and 3.1.9)

While 493 residential buildings completed at a cost of Rs 24.81 crore were not taken over even after two to ten months of their completion, 565 buildings were incomplete after incurring an expenditure of Rs 19.34 crore. Construction of 364 new sub-centre buildings was not started.

(Paragraphs 3.1.10.1 and 3.1.10.2)

Against 46,624 Accredited Social Health Activists required to be selected by December 2007, 39,325 were selected by March 2008. Eighty *per cent* medical staff and 60 *per cent* para-medical staff were not imparted necessary training. There were gross deficiencies in upgradation of Community Health Centers in respect of manpower, infrastructure and equipment, as compared to Indian Public Health Standards norms.

(Paragraphs 3.1.10.3, 3.1.10.4 and 3.1.10.6)

Fifty-two Mobile Medical Units could not be made operational for want of vehicles for carrying equipment and diagnostic facilities.

(Paragraph 3.1.11.1)

Out of 137 blood storage units, 126 could not be set up as the generator sets and other equipment (Rs 2.56 crore) were not installed/utilised for want of copper cable, earthing pits and construction of platforms.

(Paragraph 3.1.11.2)

There was significant shortfall (48 to 64 *per cent*) in DT and TT immunisation. Male participation in family planning was poor (24 *per cent* of targets).

(Paragraphs 3.1.12.2 and 3.1.12.3)

Though there was an increasing trend in institutional delivery, shortfall was 45 *per cent* of the targets in 2007-08. Under *Janani Suraksha Yojana,* 2.78 lakh women were not provided cash assistance during 2006-08. In 614 cases, payment of cash assistance delayed by one to 18 months.

(Paragraphs 3.1.12.4 and 3.1.12.5)

3.1.1 Introduction

The National Rural Health Mission (NRHM) was launched by the Government of India (GOI) on 12 April 2005 throughout the country with special focus on 18 States including Rajasthan. The mission aimed at providing accessible, affordable, accountable, effective and reliable health care facilities in the rural areas. The Mission also aimed at an architectural correction in the health care delivery system by converging various stand alone existing National Disease Control Programmes (NDCP) of the Ministry of Health and Family Welfare, viz. Reproductive and Child Health-II, Vector Borne Disease Control Programme, Tuberculosis, Leprosy and Blindness Control Programmes and Integrated Disease Surveillance Project with the exception of the National AIDS Control and Cancer Control Programmes. The new components of the NRHM include bridging gaps in health care facilities, facilitating decentralised planning in health sector and addressing the issue of health in context of a sector-wise approach encompassing sanitation, hygiene, nutrition, etc. as basic determinants of good health and advocate convergence

with related social sector Departments like Women and Child Development, *Panchayati Raj* etc.

In Rajasthan, the mission was operationalised with effect from September 2005 and the formation and registration of State Health Society (SHS) was done in April 2006.

3.1.2 Organisational set up

At the State level, the NRHM functions under the overall guidance of the State Health Mission (SHM) headed by the Chief Minister for providing health system oversight, consideration of policy matters in health sector, review of progress in implementation of NRHM and inter-sectoral co-ordination etc. The State Programme Management Support Unit (SPMSU) headed by Mission Director (MD) acts as the Secretariat to the SHM as well as the State Health Society. The Governing Body of the Mission headed by the Chief Secretary exercises power to approve the Annual State Action Plan for the NRHM, review of implementation of the Annual Action Plan and the status of follow up action on decisions of the SHM etc. The Principal Secretary, Medical and Health Department is the Head of the Executive Committee constituted for review of detailed expenditure and implementation, approval of proposals from districts and other implementing agencies, execution of the approved State Action Plan including release of funds for programmes at State level. In each of the 32 districts, there is a District Health Society (DHS) headed by District Collector. Its Executive Committee headed by Chief Medical & Health Officer (CM&HO) is responsible for planning, monitoring, evaluation, accounting, database management and release of funds to health centers at sub-district level, *Panchayat* bodies, Medicare Relief Society etc.

The implementation of various disease control programmes was being supervised by the respective heads of the Disease Control Programme. Various components/ activities of NRHM are implemented through 349 Community Health Centers (CHCs), 1,503 Primary Health Centers (PHCs) and 10,742 Sub-Centers (SCs) headed by Medical Officer-in-charge.

3.1.3 Mission objectives

The objectives of the Mission for 2005-12 were as under:

- Reduction in infant and maternal mortality rate;
- universal access to public services for food and nutrition, sanitation, hygiene and public health care services with emphasis on services addressing women and child health and universal immunisation;
- prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
- access to integrated comprehensive primary health care;

- population stabilization and control on gender and demographic imbalances and

- revitalize local health traditions and mainstream AYUSH.

3.1.4 Audit objectives

The objectives of performance audit were to assess whether:

- planning, monitoring and evaluation procedures at the levels of Village, Block, District and State achieved its principal objective of ensuring accessible, effective and reliable health care to rural population;

- public spending on health sector over the years 2005-08 increased to the desired level and assessment, release of funds in the decentralised set up and utilisation of funds released and accounting thereof was adequate;

- the Mission achieved capacity building and strengthening of physical and human infrastructure at different levels as planned and targeted;

- the systems and procedures of procurement management and equipment were cost effective and efficient; and

- the performance indicators and targets fixed specially in respect of reproductive and child health care, immunisation and disease control programmes were achieved.

3.1.5 Scope and methodology of audit

The performance audit was conducted (March-May 2008) covering the period from 2005-06 to 2007-08 by test check of records in the Mission Directorate, six DHS (out of 32) alongwith 18 (out of 349) CHCs, 36 (out of 1,503) PHCs and 72 (out of 10,742) SCs ***(Appendix-3.1)***. An entry conference with the Principal Secretary was held on 27 February 2008 wherein the audit objectives and criteria were discussed. Audit findings were discussed at an exit conference on 18 September 2008 with the Principal Secretary.

3.1.6 Audit criteria

The audit was conducted with reference to the records maintained for implementation of NRHM in the Mission Directorate. The audit criteria adopted were:

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

Audit Findings

3.1.7 Financial management

The GOI provided 100 *per cent* grant-in-aid to the State Government for the years 2005-06 and 2006-07 (ending Tenth Five-year Plan period). During 2007-08, the Central and State Governments funded the Mission in the ratio of 85:15. Against the approved PIP for Rs 1,440.50 crore for the period 2005-08, GOI released Rs 1,376.26 crore. With inclusion of opening balance of Rs 26.03 crore and State's share of Rs 45 crore, total funds available were Rs 1,447.29 crore. Of these, total expenditure incurred was Rs 945.43 crore (65 *per cent*). Year-wise details are given in ***Appendix 3.2***. The following observations were made:

3.1.7.1 The total available funds (Rs 1,447.29 crore) were released to the Director, Family Welfare (Rs 473.60 crore) through State budget and to the Mission Director (Rs 905.78 crore) and the heads of the NDCP (Rs 67.91 crore) directly from GOI. Under-utilisation of funds by them was Rs 67.99 crore (14 *per cent*), Rs 418.52 crore (46 *per cent*) and Rs 15.35 crore (23 *per cent*) respectively. Component-wise details of funds received and expenditure incurred during 2005-08 are given in ***Appendix 3.3*.**

3.1.7.2 Scrutiny of records of MD revealed that Mission Director, SPMSU allocated Rs 185.71 crore under 28 activities in 2006-07 and Rs 90.68 crore under 41 activities in 2007-08. The amounts were under-utilised to the extent of 75 to 100 *per cent* as shown in ***Appendix 3.3***. Reasons for under-utilisation were awaited from MD (August 2008).

3.1.7.3 After approval of the PIP, the funds are routed through State to districts and ultimately to the hospitals/CHCs/PHCs/SCs/ other implementing agencies. Scrutiny of records in District Programme Management Units (DPMU) at Jaipur, Ajmer and Udaipur, however, revealed that the DPMUs took three to thirty months in transferring scheme funds of Rs 16.87 crore[1] during 2005-08 to the field units. Reasons for the delay in transferring NRHM funds to the subsidiary units were not stated (August 2008) by the CMHOs.

The delays defeated the purpose to switch over to fund transfer arrangement through banking operations to hasten flow of funds.

3.1.8 Planning

The NRHM strives for decentralised planning and implementation arrangements to ensure that need based and community owned District Health Action Plans become the basis for interventions in the health sector. The districts are, thus, required to prepare perspective plans for the entire Mission period. Household survey and facility survey at the levels of Village, Block and district were to be conducted for comprehensive district planning and assessing the progress of the Mission.

1. Jaipur: Rs 5.01 crore for 3 to 19 months, Ajmer: Rs 5.69 crore for 3 to 30 months and Udaipur: Rs 6.17 crore for 3 to 24 months.

3.1.8.1 Scrutiny of records in Mission Directorate revealed that the PIP for 2005-06 was prepared indicating only the major components of NRHM. Activity-wise detailed plan was not prepared. Funds for 2005-06 were released by the GOI accordingly and utilised by the State Government without activity-wise detailed plan. The PIPs for 2006-07 and 2007-08 were submitted by the State Government to the GOI with delays ranging from 137 to 141 days as detailed below:

Year	Scheduled date of PIP submission by the State Government	Actual date of submission	Delay (in days)
2006-07	15 December 2005	2 May 2006	137
2007-08	15 December 2006	5 May 2007	141

3.1.8.2 The NRHM aimed at an architectural correction in the health care delivery system by converging various existing stand-alone National Disease Control Programmes (NDCP) of the Ministry of Health and Family Welfare. The funds for the NDCP were to be followed-up through the SHS of NRHM from April 2007. Scrutiny of records revealed that the funds were being released to the respective programme officer direct from GOI and not through the SHS of NRHM. It was also noticed that the MD was not involved in planning and monitoring of the NDCP. Thus, the guidelines of the NRHM were not adhered to. The MD confirmed (August 2008) that funds for these NDCP were received directly by respective programme officers.

3.1.8.3 Household survey

Inadequate household survey.

The household survey, to be carried out in each and every district of the State (50 *per cent* by December 2007 and 100 *per cent* by December 2008), was aimed at understanding the health care needs of the rural population, resource mapping and also assessing as to how other determinants of health influenced health of households such as drinking water, sanitary latrine, employment and access to other requirements. Out of six districts test checked, household survey was conducted (2005-06 to 2007-08) in Jaipur District covering all the 2,131 villages. Survey was not conducted at all in Pali (936 villages), Ajmer (1,024 villages) and Udaipur (2,339 villages) as of March 2008. Survey was conducted in 15 out of 2,890 villages in Sriganganagar and only 16 out of 939 villages in Bundi.

3.1.8.4 Facility survey

In order to set up benchmark for quality of service and utilisation and identify input needs facility[2] survey was to be conducted in each facility i.e. CHC, PHC and SC. These surveys were to provide critical information in terms of infrastructure and gaps in human resources which needed to be addressed through planning process.

2. Specialist services, manpower, investigating facilities, equipment, other infrastructure etc.

It was noticed that facility survey was conducted in Jaipur, Sriganganagar, Udaipur and Bundi. Survey was not conducted at all in Pali (SCs: 425, PHCs: 68 and CHCs: 15) and Ajmer (SCs: 285, PHCs: 43 and CHCs: 11) Districts.

Due to non-conducting of facility survey deficiencies in the facilities in the health institutions were not identified.

3.1.8.5 Perspective Plan for the Mission period not prepared by the DHS

The NRHM has a seven year time frame (2005-12). The Perspective Plan was required to be prepared by each DHS for the entire Mission period outlining the year-wise resource and activity needs of the District. The annual plan was to be based on resource availability and a prioritisation exercise.

No perspective plan was, however, prepared by the DHSs, Pali and Udaipur. The Plans prepared by DHSs, Sriganganagar and Bundi were only District Health Action Plans (DHAP). Further, the Perspective Plans stated (April-May 2008) to have been prepared by the DHSs, Jaipur and Ajmer could not be produced to Audit for verification and scrutiny.

3.1.8.6 Village, Block and District Health Action Plans not prepared at all levels

Health Action Plans were not prepared in most of the villages, blocks and districts.

In order to make NRHM fully accountable, the DHAP is made the principal instrument for planning, implementation and monitoring formulation through a participatory and bottom up planning process. The DHAP was to aggregate and consolidate the village and the block health plan.

Scrutiny of records revealed that Village Level Health Action Plans (VLHAP) were not prepared in all the villages in five[3] of the six districts test checked. In Sriganganagar, only one village out of 2,890 prepared VLHAP.

While action plan at block level was prepared in all the blocks in three test checked districts, it was not prepared in 29 blocks of the three other districts[4] test checked.

As per information collected from MD, the work orders were issued (June 2006) by the MD to six Non-Government Organisations (NGOs) to prepare DHAPs of 32 districts at a cost of Rs 2.04 crore. It was noticed that DHAPs of 26 districts were prepared. Of these, DHAPs of 13[5] districts were approved (February 2008) by SHM. The DHAPs of 13 districts were found unsatisfactory and DHAPs of six[6] districts were not prepared by NGOs. As such, advance payment of Rs 0.32 crore made to five NGOs for the 19 DHAPs (13 unsatisfactory and six not started) was recoverable. The MD admitted the facts and stated (September 2008) that NGOs concerned have been asked to

3. Ajmer (1,024 villages), Bundi (939 villages), Jaipur (2,131 villages), Pali (936 villages) and Udaipur (2,339 villages).
4. Ajmer (8), Pali (10) and Udaipur (11).
5. Baran, Barmer, Bharatpur, Bikaner, Dausa, Dholpur, Dungarpur, Hanumangarh, Jaisalmer, Jhalawar, Nagaur, Sikar and Sriganganagar.
6. Bhilwara, Churu, Jaipur, Jalore, Pali and Sirohi.

remove the deficiencies in DHAPs of 13 districts and that the work of preparation of DHAPs of five districts not done by the NGO was being allotted to another NGO. The MD was silent about Jaipur District.

3.1.9 Village Health and Sanitation Committees in each village not formed

In six districts test checked Village Health and Sanitation Committees were formed in 16 *per cent* villages against the targets of 30 *per cent.*

Village Health and Sanitation Committee (VHSC) was required to be formed (30 *per cent* by December 2007 and 100 *per cent* by December 2008) in each village. Apart from work related to sanitation and water, the VHSCs were to carry out various health care activities like generating public awareness, motivation to avail medical facilities available at village level etc. As village is an important unit for planning, the VHSC is responsible for conducting household survey for preparation of village health registers and the village health plans.

Examination of records, however, revealed that VHSCs were constituted only in 1,623[7] (16 *per cent*) out of 10,259 villages in six districts test checked though VHSCs were targeted to be formed in 30 *per cent* villages by December 2007. Thus, due to shortfall in formation of VHSCs, the objectives of generating public awareness and motivation were not fulfilled.

3.1.10 Upgradation of health care infrastructure and capacity building

The NRHM envisaged support for upgradation of all health institutions in the State to the IPHS norms including construction of residences for Medical Officers (MOs) and para-medical staff and strengthening programme management structure to make health institutions functional from human resource point of view.

3.1.10.1 Delay in construction of buildings

During examination of records in the Mission Directorate it was observed that out of 1,625 residential building works sanctioned (2006-07 and 2007-08), 724 works costing Rs 47.99 crore were allotted to Public Works Department (PWD), 894 works for Rs 59.29 crore to Rajasthan Health System Development Project (RHSDP) and seven works for Rs 0.55 crore to *Avas Vikas* Limited (AVL). The status as of March 2008 is given in ***Appendix 3.4***.

565 buildings remained incomplete after spending Rs 19.34 crore.

It was noticed that out of 791 buildings completed (cost: Rs 41.86 crore) as of June 2008, 493 buildings (cost: Rs 24.81 crore) were not taken over by the Department even after two to ten months of completion. Further, construction of 565 buildings remained incomplete after spending Rs 19.34 crore and construction of 269 buildings was not started as of June 2008 due to land disputes. MD, however, did not furnish reasons for not taking over the completed buildings.

Delays in construction/taking over of the buildings affected the smooth functioning of the health institutions.

7. Sriganganagar VHSCs formed in 320 villages/out of 2,890 villages, Pali 422/936, Jaipur 1/2,131, Ajmer 207/1,024, Udaipur 492/2,339 and Bundi 181/939.

3.1.10.2 Construction of new Sub-Centers not yet started

Construction work of 364 new Sub-Center buildings was not started.

Sub-Centers are the first point of contact for most of rural population, especially for preventive and promotive services. The Mission Directorate conveyed (November 2007) administrative approval for construction of 364 new SCs in the State for Rs 18.20 crore. Financial sanction of first instalment of Rs 7.28 crore at the rate of Rs 2 lakh per SCs was issued in November 2007. Accordingly, funds were transferred in December 2007 to the CMHOs with directions to get the works executed through concerned *Gram Panchayats* and completed within four months i.e. by February 2008. Scrutiny of records in the Mission Directorate revealed that the construction of the SCs had not been started as of July 2008. This resulted in non-implementation of the mission activities of creating new infrastructure at SCs level. Besides, funds of Rs 7.28 crore remained blocked. The MD attributed (July 2008) this to internal policy of the Rural Development Department. In the absence of the required buildings, the facilities viz. clinical facilitation, labour room facilities, residential facilities, etc. would not be adequate.

3.1.10.3 Selection and training of Accredited Social Health Activist (ASHAs) not done as per the norms

The PIP for the year 2005-12 envisages provision of a trained female ASHA chosen by and accountable to the *Panchayat* to act as an interface between the community and the public health system. ASHA was also to act as a bridge between the Auxiliary Nurse-cum-Midwife and the village. As per NRHM norms, 51,804 ASHAs were required in the State. Of these, 46,624 (90 *per cent* of the requirement) were to be selected during 2007. Sixty *per cent* of the selected ASHAs were to be imparted 23 days induction training in four rounds (10+4+4+5 days) by 2007-08.

Scrutiny of records in the Mission Directorate revealed that during 2007-08, only 39,325 ASHAs were selected upto March 2008 resulting in shortfall of 7,299 ASHAs.

As per NRHM norms, 27,974 ASHAs were to be imparted training during 2007. However, training was imparted to 29,689 ASHAs. It was noticed that only two rounds of training of 14 days was imparted to 29,689 ASHAs, as of March 2008.

Thus, there was a shortfall in the achievement of selection and training to ASHAs which affected the programme implementation.

The MD stated (July 2008) that the training to selected ASHAs was in progress.

3.1.10.4 Training not imparted to medical and para-medical staff as per PIP

Training was not imparted to 80 *per cent* medical staff and 60 *per cent* para-medical staff.

Capacity building through regular training and exposure of MOs, various specialists, Lady Health Visitors (LHVs), ANMs, Multi Purpose Workers (MPWs) and *Dais* was to be done according to the needs as well as upgradation of their skills. Analysis of data obtained from Mission

Directorate, however, revealed that out of 1,566 medical and 28,669 para-medical staff to be trained during 2005-08, 318 (20 *per cent*) medical and 11,427 (40 *per cent*) para-medical staff were imparted training in medical termination of pregnancy (MTP), laparoscopic sterilisation, basic/ comprehensive emergency obstetric care and Intra Uterine Device (IUD), leading to shortfall of 80 *per cent* and 60 *per cent* medical and para-medical staff respectively, as of March 2008.

The MD stated (July 2008) that shortfall in training to *Dais* was due to non-availability of untrained *Dais*. Shortfall in training to ANMs was attributed to lack of essential training material in theoretical training for examination of advanced child birth simulator mannequin. It indicated that provision for training of 16,000 *Dais* during 2006-08 as reflected in PIPs was not worked out after proper survey.

3.1.10.5 Sanctioned strength and men in position in field units

The sanctioned strength of medical and para-medical staff and men in position at SCs, PHCs, CHCs, BHEIO and Districts health institutions in six district test checked during 2005-06 and 2007-08 were as follows:

District	2005-06				2007-08			
	Manpower Sanctioned	Men in Position	Vacancies	Percentage of vacancies	Manpower Sanctioned	Men in Position	Vacancies	Percentage of vacancies
Sriganganagar	706	593	113	16	839	676	163	19
Pali	1,076	888	188	17	1,039	943	96	9
Jaipur	1,382	1,284	98	7	1,601	1,447	154	10
Ajmer	825	619	206	25	888	748	140	16
Udaipur	1,612	1,376	236	15	1,706	1,434	272	16
Bundi	294	272	22	7	301	278	23	8
Total	**5,895**	**5,032**	**863**	**15**	**6,374**	**5,526**	**848**	**13**

It would be seen that there was increase in shortage of manpower from 16 to 19 *per cent* in Sriganganagar, seven to 10 *per cent* in Jaipur, 15 to 16 *per cent* in Udaipur and seven to eight *per cent* in Bundi. Different cadre-wise position is in ***Appendix 3.5*.**

There were gross deficiencies in upgradation of CHCs in respect of manpower, infrastructure and equipment, compared to IPHS norms.

3.1.10.6 Deficiencies in upgradation of CHCs compared to IPHS norms

The NRHM envisages to bring the health institutions at par with the IPHS to provide round the clock services. Deficiencies in upgradation of CHCs in terms of manpower, infrastructure and equipment etc. were, however, noticed as detailed below:

- ***Manpower***

As per IPHS norms, 13 posts of medical officers/specialists[8] were required in each CHC. It was, however, noticed that against the requirement of 234

8. One post each of General Surgeon, Physician, Obstetrician Gynecologist, Paediatric, Anesthetist, Eye surgeon, Public Health Programme Manager and six posts of medical officers (General duty officer).

doctors in 18 CHCs in six districts test checked, there were only 71 doctors as of March 2008. Thus, there was shortfall of 164 doctors[9].

Similarly, 18 para-medical[10] staff were required per CHC. Against the total need of 324 para-medical staff in 18 CHCs test checked, there were 237 staff and the shortfall was 154[11] as of March 2008. On the other hand, 14 and 15 nurses were in position in CHC, Bali (District Pali) and Amber (Jaipur) respectively as against the requirement of seven in each CHC.

- ***Availability of services***

Scrutiny of records further revealed that X-ray facility was not available in eight[12] of the 18 CHCs test checked. X-ray machines were lying without use in four[13] CHCs in the absence of posting of Radiographer, while two Radiographers were sitting idle at CHCs, Chunawad and Paota where no X-ray machine was available.

Ultra Sound machine was not available, in any of the 18 CHCs during 2005-08, while ECG facilities were not available in seven[14] of the 18 CHCs, during 2005-08.

- ***Infrastructure***

Separate utilities for men and women were not available in six[15] out of 18 CHCs, sewerage connection was available in utilities of 15 CHCs and three[16] CHCs were not having any connectivity with the sewerage system.

Despite irregular electricity supply to the CHCs, generator sets were not provided in 10[17] out of 18 CHCs and there were no Operation Theatres (OT) in CHCs, Manoharpur, Paota and Masuda.

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9. **General surgeon**:8 (one each in CHC, Chunawad, Kharchee, Rohat, Hindoli, Talera, Jawaza, Kherwara and Mavli); **Physician**:8 (one each in CHC, Chunawad, Sadulshahar, Kharchee, Rohat, Talera, Paota, Jawaza and Masuda); **Obstetrician/Gynecologists**:10 (one each in CHC, Chunawad, Gharsana, Kharchee, Rohat, Nainwa, Hindoli, Talera, Manoharpur, Paota and Mavli); **Paediatric**:15 (one each in CHC, Chunawad, Gharsana, Kharchee, Rohat, Nainwa, Hindoli, Talera, Manoharpur, Paota, Jawaza, Masuda, Pushkar, Badgaon, Kherwara and Mavli; **Anaesthetist**:18 (one each in all the 18 CHCs test checked), **Eye Surgeon:**16 (one each in 18 CHCs except CHC, Bali and Amber); **Public Health Programme Manager:** 18 (one each in all the 18 CHCs test checked) and **Medical Officer:** 71 (CHC, Chunawad:4, Gharsana:5, Sadulshahar:5, Kharchee:2, Rohat:4, Nainwa:3, Hindoli:4, Talera:4, Amber:3, Manoharpur:4, Paota:5, Jawaza:6, Masuda:6, Pushkar:5, Badgaon:4, Kherwara:4 and Mavli:3)
10. Staff nurse**:** 7, ANM:1, Public Health Nurse:1, Dresser:1, Pharmacist/Compounder: 1, Laboratory Technician: 1, Radiographer:1, Ophthalmic Assistant:1, Ward boys:2, Outpatient department Attendent:1 and OT attendant :1.
11. Staff nurse:39, Public Health Nurse:14, Dresser:18, Pharmacists:14, Laboratory Technician:2, Radiographer:10, Ophthalmic Assistant:17, Ward boy:5, OPD attendent:18 and OT attendant:17,.
12. CHC, Chunawad, Rohat, Manoharpur, Paota, Jawaza, Masuda, Badgaon and Kherwara.
13. CHC, Gharsana, Nainwa, Hindoli and Mavli.
14. CHC, Gharsana, Kharchee, Hindoli, Manoharpur, Paota, Jawaza and Kherwara.
15. CHC, Rohat, Amber, Manoharpur, Jawaza, Masuda and Pushkar.
16. CHC, Rohat, Paota and Masuda.
17. CHC, Chunawad, Sadulshahar, Kharchee, Rohat, Amber, Manoharpur, Paota, Jawaza, Pushkar and Mavli.

- ***Equipment***

According to IPHS norms, 10 major equipments[18] are necessary to make an OT operational. Scrutiny of records revealed that in 15 CHCs[19] (out of 18) had only one to seven major equipments in the OTs. The OTs in the 15 CHCs were, thus, not fully equipped. Although OT did not exist in CHC, Masuda yet five equipments[20] were found in stock.

- ***Availability of drugs***

Two months advance stock of drugs as per essential drugs list (400) was to be maintained as per IPHS norms. Audit scrutiny revealed that necessary stock was available only in five CHCs. The required stock was not available in 12 CHCs[21]. Information was not supplied by Sr. Medical Officer-in-charge, CHC, Paota (Jaipur).

3.1.11 Procurement of Mobile Medical Units and equipment

3.1.11.1 Inordinate delay in procurement of vehicles for Mobile Medical Units

Fifty two vehicles (cost : Rs 2.02 crore) for Mobile Medical Units were lying idle.

With the objective to make health care available at the doorstep of the public in the rural areas, the GOI sanctioned (September 2006) Rs 22.33 crore for procurement of 52 Mobile Medical Units[22] (MMUs) each comprising of one vehicle for mobility of staff, one for equipment and one vehicle for diagnostic facilities. The MD purchased (July 2007) four TATA SUMO vehicles at a cost Rs 0.18 crore and 48 vehicles (10 seater) at a cost of Rs 1.84 crore for only mobility of MMU staff.

Though the funds had been released by the GOI in the year 2006-07, the State Government procured 52 vehicles as of March 2007 only for transportation of staff and not for carrying equipment and diagnostic facilities. Thus, the defective planning and imprudent use of funds deprived the public of the intended medical facilities. Besides, funds of Rs 2.02 crore spent on procurement of vehicles only for mobility of staff remained blocked due to non-procurement of the other vehicles of MMU.

Scrutiny of records in six selected districts revealed that MDs despatched two vehicles each to Sriganganagar, Pali and Jaipur and one each to Ajmer, Udaipur and Bundi. The vehicles were lying idle and the MMUs were non-functional for want of procurement of other two vehicles for equipment and diagnostic facilities.

18. Boiler apparatus, Cardiac Monitor, Ventilator, Vertical High Pressure sterilizer, Shadow less lamp, Gloves and dusting machine, Nitrus oxide cylinder, EMO machine, Defibrillator and Horizontal high pressure stabilizer.
19. CHC, Chunawad (2), Gharsana (3), Sadulshahar (5), Bali (7), Kharchee (2), Rohat (5), Amber (3), Jawaja (1), Pushkar (4), Badgaon (3), Mavli (3), Kherwara (2), Nainwa (4), Hindoli (3) and Talera (4).
20. Boiler apparatus, Vertical high pressure stabilizer, Shadow less lamp, Gloves and dusting machine and Nitrus oxide cylinder.
21. CHC, Bali, Kharchee, Rohat, Nainwa, Hindoli, Talera, Amber, Jawaza, Masuda, Pushkar, Badgaon and Kherwara.
22. For 32 districts (two each to 20 tribal and dang district and one each for 12 districts).

3.1.11.2 Lack of establishment/utilisation of machineries and equipment

Generator sets and other equipment purchased at a cost of Rs 2.56 crore for setting up blood storage units remained unutilised.

For setting up blood storage units at 137 CHCs (First Referral Unit) in all the 32 districts, Director (RCH) purchased (October-November 2006) 137 generator sets (5 KVA) at a cost of Rs 2.41 crore plus Rs 6,000 as installation charges per set. Purchase of 137 binocular microscopes for Rs 0.23 crore and 137 Centrifuge machines for Rs 0.14 crore was also made during May to July 2006). Scrutiny of records in Mission Directorate revealed that the generator sets were not installed/utilised for want of construction of platforms, availability of earthing pits, copper cable, etc. The MD stated (August 2008) that 11 blood storage units have been started by using one unit each of generator set, binocular and centrifuge machine.

Due to non-establishment of 126 blood storage units, funds of Rs 2.56 crore[23] spent on purchase of 126 generator sets, binocular microscope and centrifuge machines were blocked. Besides, the patients were deprived of the benefit of blood storage at First Referral Units.

3.1.12 Disease control programme, immunisation and reproductive and child health care

Targets of Health Indicators fixed by the GOI under NRHM for the country and achievement there against in the State for the years 2006-2010/2012 were as in ***Appendix 3.6.***

Scrutiny of records in Mission Directorate revealed the following:

3.1.12.1 As per NRHM guidelines, targets for all health indicators were to be fixed for 2005-2010/2012 based on the status of 2005. State Government, however, targeted 50 *per cent* reduction of mortality due to malaria and dengue based on the number of deaths in 2006 (instead of for the year 2005). Thus, targets were wrongly fixed as number of deaths during the years 2006 to 2010.

Further, in order to prevent transmission of malaria, DDT and anti larvae solution (ALS) spray was required to be done. The position of DDT and ALS spray in 10,259 villages in six districts test checked was as follows:

S.No.	Name of district	Number of Villages	Number of villages where DDT and ALS sprayed					
			2005-06		2006-07		2007-08	
			DDT	ALS	DDT	ALS	DDT	ALS
1	Ajmer	1,024	-	-	-	-	105	1,024
2	Udaipur	2,339	990	1,268	142	1,556	-	-
3	Sriganganagar	2,890	-	595	6	618	-	711
4	Pali	936	43	984*	30	1,012*	48	998*
5	Bundi	939	98	849	139	849	70	849
6	Jaipur	2,131	NA	NA	NA	NA	NA	NA
	Total	**10,259**	**1,131**	**3,696**	**317**	**4,035**	**223**	**3,582**

* Includes helmets also.

23. Rs 2.22 crore of Generator sets, Rs 0.21 crore of Binoculars microscopes and Rs 0.13 crore of centrifuge machines.

In Pali, there were two deaths each during 2006-07 and 2007-08 and in Ajmer seven and three deaths during 2006-07 and 2007-08 respectively, due to malaria.

3.1.12.2 Immunisation

Vaccines like BCG, OPV, TT, DPT, DT and Measles under Universal immunisation programme were provided under RCH Programme. Pulse Polio immunisation campaigns were taken up for eradicating polio. Immunisation Strengthening Project is aimed at achieving complete vaccination of 80 *per cent* infants by strengthening routine immunisation to realise desired reduction in infant morbidity and mortality rate. Following deficiencies were noticed in audit:

- The targets and achievements of DT and TT immunisation carried out in the State during 2005-08 were as follows:

(Number in lakh)

Year	DT			TT(16)			TT(10)		
	Target	Achieve-ment	Shortfall and Percentage	Target	Achieve-ment	Shortfall and Percentage	Target	Achieve-ment	Shortfall and Percentage
2005-06	16.74	8.74	8.00 (48)	13.64	5.15	8.49 (62)	16.74	6.53	10.21 (61)
2006-07	16.86	8.27	8.59(51)	13.51	5.20	8.31 (62)	16.23	6.57	9.66 (60)
2007-08	17.61	8.72	8.89 (50)	14.35	5.20	9.15 (64)	16.76	6.80	9.96 (59)

The reasons for the shortfall in the DT and TT immunisation programme were not on record.

- Scrutiny of records in six districts test checked revealed that in Jaipur, against the target of 1.64 lakh in 2005-06 and 1.70 lakh in 2006-07, 1.21 lakh (74 *per cent*) and 1.25 lakh (73 *per cent*) children were immunised for DT and TT in 2005-06 and 2006-07 respectively. The reasons for the shortfall were not on record.

- ***Vitamin 'A' dose not administered to children as per Plan***

As envisaged in the PIP of the State for the years 2005-07, all children of the age of nine months to five years were planned to be covered with Vitamin 'A' dose. The targets of administering vitamin 'A' dose to children vis-à-vis achievement in the State during 2005-08 were as follows:

(Number in lakh)

Year	Targets fixed	Achievement	Shortfall	Percentage of shortfall
2005-06	17.49	15.00	2.49	14
2006-07	17.70	13.56	4.14	23
2007-08	17.38	13.59	3.79	22
Total	**52.57**	**42.15**	**10.42**	

Thus, intended benefits of administering vitamin 'A' dose were not extended to all children of targeted age group.

3.1.12.3 Family welfare activities not carried out effectively

The NRHM provides a thrust for reduction of child and maternal mortality and fertility rate as well as involvement of male participation in family welfare programme.

- Targets vis-à-vis achievement during 2005-08 of family planning operations and use of contraceptives in six districts test checked were as per details in ***Appendix 3.7.***

Male participation in family planning was poor.

- Against the target of 28,510 Vasectomy (male family planning) operations, the achievement was only 6,814 leading to a shortfall of 21,696 (76 *per cent*) while, in Tubectomy and Laparoscopy operations there was a shortfall of 83,753 (25 *per cent*) only. This showed that male participation in family planning did not come up to the targets of NRHM.

- Targets of Vasectomy operations in Pali and Bundi Districts suffered heavy shortfall to the extent of 93 and 91 *per cent* respectively.

- Against the targets of 1,91,704 set for IUD, only 1,57,559 devices were inserted resulting in shortfall of 34,145 (18 *per cent*) devices in five test checked districts. Information was not provided by DPMU, Pali.

Thus, use of contraceptives for family planning and male participation in the family planning was not encouraged.

3.1.12.4 Institutional deliveries

Shortfall in achieving targets of institutional deliveries was 71, 60 and 45 *per cent* in 2005-06, 2006-07 and 2007-08 respectively.

The NRHM provides for strengthening of maternal health services to ensure safe delivery by promoting institutional delivery.

Analysis of data obtained from Mission Directorate revealed that as against the target of 55.35 lakh[24] institutional deliveries in 2005-08 in the State, the achievement was only 22.78 lakh[25] leading to shortfall during 2005-06 (71 *per cent*), 2006-07 (60 *per cent*) and 2007-08 (45 *per cent*) in achieving targets of institutional deliveries.

There was large variation in number of pregnant women receiving check up at around 36th week and number of institutional deliveries during 2005-08 in six districts test checked as given in ***Appendix-3.8***.

It was noticed that the number of institutional deliveries was much less compared to the number of pregnant women who received check up at around 36th weeks in 2005-06, 2006-07 and 2007-08 in six districts test checked. The shortfall during the years was 27 to 68 *per cent*, 17 and 77 *per cent* and 16 to 74 *per cent* respectively. In Pali District the shortfall (68 *per cent*) in 2005-06 in institutional deliveries increased to 74 *per cent* in 2007-08.

24. 2005-06: 18.78 lakh; 2006-07: 18.13 lakh and 2007-08: 18.44 lakh.
25. 2005-06: 5.36 lakh (29 *per cent*); 2006-07: 7.23 lakh (40 *per cent*) and 2007-08: 10.19 lakh (55 *per cent*).

More efforts need to be made to maintain the increasing trend in institutional deliveries so as to reduce infant mortality rate of 65 per thousand live births and maternal mortality rate of 445 mothers per one lakh in 2005-06.

3.1.12.5 Janani Suraksha Yojana

In Rajasthan, the *Janani Suraksha Yojana* (JSY) was introduced from September 2005 with cash assistance of Rs 700 for rural and Rs 600 for urban areas to the BPL and the certified poor women. From 1 April 2006, GOI extended the cash assistance to the BPL/ certified poor women and above poverty line (APL) women. Cash assistance was further increased (October 2006) to Rs 1400 for rural areas and Rs 1,000 for urban areas to all women coming for delivery to any Government/accredited private health institutions. The cash assistance was to be paid to the women within seven days of the date of delivery.

Scrutiny of records in Mission Directorate and six districts test checked revealed the following:

- ***Denial of cash assistance for Institutional deliveries***

Cash assistance was not provided to 2.78 lakh women availing institutional delivery.

During test check of records in Mission Directorate, it was observed that out of 13.70 lakh institutional deliveries in the State during 2006-07 (5.20 lakh) and 2007-08 (8.50 lakh), cash assistance was provided to 10.92 lakh women during 2006-07 (3.33 lakh) and 2007-08 (7.59 lakh). Thus, cash assistance was not provided to 2.78 lakh women availing institutional delivery during 2006-07 (1.87 lakh) and 2007-08 (0.91 lakh) in the State.

Reasons for not providing cash assistance were awaited (July 2008).

- ***Abnormal delay in payment of cash assistance to the beneficiaries***

Payment of cash assistance delayed by one to 18 months.

Contrary to the time limit of seven days from the date of delivery fixed for payment of cash assistances through cheque, abnormal delay ranging between one and 18 months in payment of cash assistance of Rs 3.91 lakh to 614 beneficiaries in 11 CHCs[26] and 10 PHCs[27] was noticed during test check of record in six districts.

The CMHO, Sriganganagar attributed (May 2008) the delay to the beneficiaries to difficulties in completing required identification documents/ cards etc. The reply was not tenable as the CMHO should have got these formalities completed within seven days.

26. CHC, Badgaon (16 beneficiaries), Mavli (33), Masuda (16), Jawaza (69), Raisinghnagar (9), Gharsana(14), Chunawad (30), Gajsinghpur (6), Sumerpur (3), Talera (71), PMO, Pali (15).
27. PHC, Manpur Macheri (6), Losing (17), Kharwa (89), Rojdi (25), Sardargarh (18), Phakirwali (50), 365 RD (14) Kharda (12), Matunda (46) and Namana (55).

3.1.13 Internal audit mechanism

Although the NRHM was introduced in the State in September 2005, it had no internal audit mechanism upto July 2008. However, the State Government issued (February 2008) guidelines to the DHS to get the annual accounts audited by appointing internal auditors from a Chartered Accountant firm. Scrutiny of the records of the Mission Directorate revealed that out of 32 DHSs, the internal audit of only seven DHSs[28] was got conducted by the MD during January-February 2008. Internal audit of other 25 DHSs for the years 2005-08 was pending. Thus, internal audit was not adequate.

3.1.14 Monitoring and Evaluation

For reviewing the State Health Plan and NRHM implementation plan, instituting a health rights redressal mechanism and sharing of information received from GOI, a State Health Monitoring and Planning committee was to be constituted. However, scrutiny of records revealed that such committee was not constituted (July 2008). The activities of the NRHM were not properly monitored and periodical performance of health activities was not ensured and proper interaction with GOI as well as District Health Committees was not done. Thus, the provisions of the framework for implementation of NRHM were not complied with by the State Government.

Independent evaluation of the implementation of NRHM during the period 2005-08 was neither conducted by the planning commission nor it was got conducted (July 2008) through independent agency.

3.1.15 Conclusion

Under utilisation of Central funds resulted in huge savings. Household survey and facility survey for understanding and identifying the health care needs of the rural people were not done adequately. Perspective Plan for the mission period was not prepared by the District Health Societies. Large number of building works were either incomplete, not started or not taken over. Mobile Medical Units were not in operation in any of the 32 districts. Machineries and equipment purchased in the year 2006 were lying unutilised in all the 32 districts. Blood storage units were not started in most of the CHCs. There was shortfall in achieving targets of institutional deliveries. The implementation of the Mission activities was not monitored effectively.

3.1.16 Recommendations

- Perspective Plan for each district should be prepared for the period 2008-12. Health Action Plan should be prepared at all levels.
- Completed residential buildings should be taken over immediately and completion of the others should be expedited.

28. Ajmer, Bharatpur, Bikaner, Jaipur, Jodhpur, Kota and Udaipur.

- Procurement of required vehicles for Mobile Medical Units should be done immediately so as to make the MMUs operational.

- Installation, commissioning and utilisation of the equipment purchased should be expedited.

- Documentation formalities for identification of *Janani Suraksha Yojana* beneficiary should be minimised so as to avoid delay in payment of cash assistance.

- Monitoring and evaluation mechanism should be made more effective.

The matter was reported to Government in August 2008; reply had not been received so far (September 2008).

APPENDIX-3.1

(Refer paragraph 3.1.5; page 46)

Details of units selected for sample testing

S. No.	Selected			
	District	**3 CHCs in each district**	**2 PHCs in each CHC**	**2 SCs in each PHC**
1.	Sriganganagar	1. Chunawad	1. Mirzewala	1. 5 B Chhoti
				2. Sangatpura
			2. Shivpur	1. Kairi
				2. Khattlabana
		2. Gharsana	1. Rawala	1. Kundal (2 RKM)
				2. 9 PSDA
			2. 365 RD	1. 10 DOL
				2. 13 DOL
		3. Sadulshahar	1. Chak Maharaj ka	1. Doliyawali
				2. Kaluwala
			2. Panniwali	1. Jogiwala
				2. 14 SPM
2.	Pali	1. Bali	1. Bisalpur	1. Bedal
				2. Perwa
			2. Phalna	1. Phalnagaon
				2. Khimel
		2. Kharchee	1. Jojawar	1. Bhagora
				2. Bogala
			2. Ranawas	1. Manda
				2. Nimbali
		3. Rohat	1. Jaitpur	1. Dholeriya sasan
				2. Kulthana
			2. Kharda	1. Indarko ki dhani
				2. Zhitara
3.	Jaipur	1. Amber	1. Achrol	1. Chapardi
				2. Labana
			2. Manpur macheri	1. Beelpur
				2. Sirohi
		2. Manoharpur	1. Dhanota	1. Jagatpura
				2. Murlipura
			2. Dhawli	1. Maharkhurd
				2. Gonakasar
		3. Paota	1. Badnagar	1. Bhankri
				2. Tulsipura
			2. Pragpura	1. Kiradod
				2. Jodhpura
4.	Ajmer	1. Jawaza	1. Kishanpura	1. Sarmaliya
				2. Seliwari
			2. Rajiyawas	1. Balad
				2. Suradia

S. No.	Selected			
	District	**3 CHCs in each district**	**2 PHCs in each CHC**	**2 SCs in each PHC**
		2. Masuda	1. Kharwa	1. Kanakhera
				2. Rampura
			2. Kirap	1. Herajpura
				2. Mayla
		3. Pushkar	1. Kadel	1. Khori
				2. Tilora
			2. Saradhana	1. Hatundi
				2. Tabizi
5.	Udaipur	1. Badgaon	1. Bedla	1. Bhuwana
				2. Rama
			2. Losing	1. Kadmal
				2. Vati
		2. Mavli	1. Dabok	1. Dhanoli
				2. Tulsidas ki sarai
			2. Khemli	1. Rakhyawal
				2. Sangwa
		3. Kherwara	1. Kalyanpur	1.Pandyawada
				2. Rajol
			2. Pipli B	1. Pipli A
				2. Ugmana kotda
6.	Bundi	1. Nainwa	1. Bansi	1. Dodi
				2. Sadera
			2. Bamangaon	1. Samidhi
				2. Balapura
		2. Hindoli	1. Alod	1. Aakoda
				2. Thikarda
			2. Bada nayagaon	1. Badodiya
				2. Chatarganj
		3. Talera	1. Dabi	1. Khadipur
				2. Sutada
			2. Khatkhad	1. Bherupura ojha
				2. Jawara

APPENDIX-3.2

(Refer paragraph 3.1.7; page 47)

Statement showing approved PIP, fund released by GOI and State Government and expenditure incurred during 2005-08

(Rupees in crore)

Year	Approved PIP	Opening balance	Amount released by GOI	State share	Total amount available for the year	Expenditure incurred during the year	Balance amount	Percentage of balance amount to total amount available
2005-06	337.32	26.03	256.14	-	282.17	147.18	134.99	48
2006-07	370.81	134.99	466.08	-	601.07	253.02	348.05	58
2007-08	732.37	348.05	654.04	45.00	1,047.09	545.23	501.86	48
Total	**1,440.50**		**1,376.26**	**45.00**		**945.43**		**35**

APPENDIX- 3.3

(Refer Paragraphs 3.1.7.1 and 3.1.7.2; page 47)

Statement showing component-wise receipt and expenditure under NRHM during 2005-06 to 2007-08

(Rupees in crore)

S. No.	Components	2005-06		2006-07		2007-08		Total	
		Receipt	Expenditure	Receipt	Expenditure	Receipt	Expenditure	Receipt	Expenditure
1.	**Family Welfare**	167.19	115.86	132.02	124.57	174.39	165.18	473.60	405.61
	Total	**167.19**	**115.86**	**132.02**	**124.57**	**174.39**	**165.18**	**473.60**	**405.61**
2.	***State Programme Management Unit (SPMU)***								
	(a) Routine Immunisation and Pulse Polio Immunisation	18.64	1.34	13.29	9.82	16.46	12.05	48.39	23.21
	(b) Information, Education and Communication (IEC)	0.10	-	6.24	-	16.22	6.19	22.56	6.19
	(c) RCH Flexible Pool	40.00	11.27	105.22	55.74	157.07	200.86	302.29	267.87
	(d) Mission Flexible Pool	33.55	2.20	187.63	42.35	266.36	145.44	487.54	189.99
	(e) State Share	-	-	-	-	45.00	-	45.00	-
	Total	**92.29**	**14.81**	**312.38**	**107.91**	**501.11**	**364.54**	**905.78**	**487.26**
3.	**Disease**								
	(a) National Vector Borne Disease Control	2.97	2.42	2.21	0.46	4.07	2.13	9.25	5.01
	(b) National TB Control Programme	6.57	5.95	6.00	4.90	10.41	4.59	22.98	15.44
	(c) National Leprosy Eradication Programme	1.24	0.88	1.07	0.83	0.52	1.07	2.83	2.78
	(d) National Programme for Control of Blindness	7.09	6.80	12.40	12.36	8.29	5.22	27.78	24.38
	(e) Integrated Disease Surveillance Programme	4.82	0.40	-	1.92	0.25	2.39	5.07	4.71
	(f) Iodine Deficiency Disorder Disease Control Programme	-	0.06	-	0.07	-	0.11	-	0.24
	Total	**22.69**	**16.51**	**21.68**	**20.54**	**23.54**	**15.51**	**67.91**	**52.56**
	Grand Total	**282.17**	**147.18**	**466.08**	**253.02**	**699.04**	**545.23**	**1447.29**[16]	**945.43**

16. Includes opening balance Rs 26.03 crore as of April 2005, receipts from GOI: Rs 1,376.26 crore and state share: Rs 45.00 crore.

APPENDIX-3.4

(Refer paragraph 3.1.10.1; page 50)

Statement showing details of residential building construction works sanctioned, completed, incomplete works, etc.

(Rupees in crore)

Name of Department	No. of works allotted	Sanctioned amount	Works completed and handed over			Works completed but not handed over				Works remaining incomplete				Not started		
			No. of works	Sanctioned amount	Expenditure	No. of works	Sanctioned amount	Expenditure	Period (as on June 2008)	No. of works	Sanctioned amount	Expenditure	Period (as on June 2008)	No. of works	Sanctioned amount	Period (as on June 2008)
1. PWD	724	47.99	269	18.34	15.47	-	-	-	-	272	17.61	10.60	-	183	12.05	-
2. RHSDP	894	59.29	22	1.33	1.16	493	32.77	24.81	2 to 10 Months	293	19.31	8.75	11 days to 10 months	86	5.87	7 to 19 months
3. AVL	7	0.55	7	0.55	0.42	-	-	-	-	-	-	-	-	-	-	-
Total	**1,625**	**107.83**	**298**	**20.22**	**17.05**	**493**	**32.77**	**24.81**	**-**	**565**	**36.92**	**19.35**	**-**	**269**	**17.92**	**-**

APPENDIX-3.5

(Refer paragraph 3.1.10.5; page 52)

Statement showing sanctioned strength and Men in position as of 2005-06 and 2007-08 in field units of six test checked districts

Name of the post	Sriganganagar				Pali				Jaipur			
	Sanctioned Strength		Men in position		Sanctioned Strength		Men in position		Sanctioned Strength		Men in position	
	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08
1. SC level												
ANM	350	350	300	331	524	533	472	500	631	740	628	720
ANM(Regular)	298	252	202	233	419	428	422	451	523	593	520	582
ANM(Contractual)	-	-	-	-	105	105	50	49	108	147	108	138
MPW-Male	122	97	67	32	143	50	60	46	210	210	147	136
MPW- Female (R)	-	46	46	46	-	-	-	-	-	-	-	-
MPW- Female(C)	52	52	52	52	-	-	-	-	-	-	-	-
2. PHC level												
Medical Officer-Allopathic	NA	41	NA	41	8	53	8	53	168	183	166	179
Medical Officer-AYUSH	-	-	-	-	-	33	-	33	-	44	-	34
Staff Nurse-Regular	41	45	19	15	270	238	210	190	8	10	8	10
Staff Nurse-Contractual	27	27	27	27	-	-	29	29	-	-	-	-
Nurse Mid wife	-	-	-	-	-	-	-	-	11	13	11	13
Lab Assistant	-	-	-	-	85	85	73	63	123	131	113	123
Lady Health Visitor	22	51	22	44	-	-	-	-	76	92	73	89
Pharmacist	-	-	-	-	1	1	1	1	1	2	1	2
3. BHEIO	-	-	-	-	-	-	-	-	26	26	26	8
Statistical Assistant	2	2	2	2	-	-	-	-	3	3	3	3
4. CHC level												
Surgeon	NA	11	NA	5	15	15	9	7	21	26	19	23
Anesthetists	NA	3	NA	2	-	-	2	0	3	3	1	1
Gynecologist	NA	5	NA	4	4	4	2	2	15	18	9	9
Pediatrician	NA	4	NA	2	4	4	-	-	5	7	5	7

Name of the post	Sriganganagar				Pali				Jaipur			
	Sanctioned Strength		Men in position		Sanctioned Strength		Men in position		Sanctioned Strength		Men in position	
	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08
Pathologist	-	-	-	-	1	2	-	-	-	-	-	-
General physician	NA	11	NA	7	15	15	15	15	15	21	15	19
Pharmacist	1	3	1	1	1	1	1	1	-	-	-	-
Radiologist	-	-	-	-	-	-	1	1	-	-	-	-
Staff Nurse-Regular	61	67	29	41	-	-	-	-	15	18	15	18
Staff Nurse contractual	15	15	15	15	-	-	-	-	9	9	9	9
Public Health Nurse	-	-	-	-	-	-		-	8	8	4	8
Lab Technician	7	7	7	7	-	-	-	-	24	27	21	27
Statistical Assistant	NA	NA	NA	NA	-	-	-	-	-	-	-	-
5. District level												
CMO	1	1	1	1	1	1	1	1	2	2	2	1
Deputy CMO	4	-	4	-	3	3	3	-	5	4	5	4
District Immunisation Officer	1	1	1	1	1	1	1	1	1	2	1	2
DHEIO	-	-	-	-	-	-	-	-	2	2	2	2
	706	**839**	**593**	**676**	**1,076**	**1,039**	**888**	**943**	**1,382**	**1,601**	**1,284**	**1,447**

Name of the post	Ajmer				Udaipur				Bundi			
	Sanctioned Strength		Men in position		Sanctioned Strength		Men in position		Sanctioned Strength		Men in position	
	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08
1. SC level												
ANM	276	286	273	261	660	660	594	594	171	174	168	172
(i) ANM(Regular)	276	286	273	261	605	605	539	539	-	-	-	-
(ii) ANM(Contractual)	-	-	-	-	55	55	55	55	-	-	-	-
MPW-Male	92	72	64	47	225	225	110	110	50	50	38	38
MPW- Female (R)	-	-	-	-	Included	In	ANM	Numbers				
MPW- Female(C)	-	-	-	-	-	-	-	-	-	-	-	-
2. PHC level												
Medical Officer-Allopathic	96	102	-	72	140	149	140	140	40	43	34	40

Name of the post	Ajmer				Udaipur				Bundi			
	Sanctioned Strength		Men in position		Sanctioned Strength		Men in position		Sanctioned Strength		Men in position	
	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08	As on 31.3.06	As on 31.3.08
Medical Officer-AYUSH	-	22	-	8	-	37	-	36	-	-	-	-
Staff Nurse-Regular	157	171	128	187	201	201	201	201	2	2	2	2
Staff Nurse-Contractual	10	10	10	10	55	66	66	66	-	-	-	-
Nurse Mid wife	-	-	-	-	-	-	-	-	-	-	-	-
Lab Assistant	62	62	44	48	2	2	2	2	-	-	-	-
Lady Health Visitor	32	57	32	41	55	89	47	69	-	-	-	-
Pharmacist	-	-	-	-	-	2	-	-	1	-	1	-
3. BHEIO												
Statistical Assistant	-	-	-	-	2	2	-	-	-	-	-	-
4. CHC level												
Surgeon	12	12	8	8	18	18	10	10	5	6	5	5
Anesthetists	-	-	-	-	3	3	3	3	-	-	-	-
Gynecologist	6	6	6	6	10	10	6	6	3	3	2	1
Pediatrician	2	2	2	2	6	6	2	2	2	2	2	2
Pathologist	-	-	-	-	1	1	1	1	-	-	-	-
General physician	4	5	3	5	19	19	10	10	5	6	5	4
Pharmacist	-	-	-	-	-	-	-	-	-	1	-	-
Radiologist	-	-	-	-		-	-	-	-	-	-	-
Staff Nurse-Regular	56	56	31	31	82	82	82	82	9	9	9	9
Staff Nurse contractual	-	-	-	-	13	13	13	13	-	-	-	-
Public Health Nurse	4	4	4	4	4	4	1	1	-	-	-	-
Lab Technician	10	10	8	7	114	114	85	85	3	3	3	3
Statistical Assistant	-	-	-	-	-	-	-	-	-	-	-	-
5. District level												
CMO	1	1	1	1	1	1	1	1	1	1	1	1
Deputy CMO	4	9	4	9	-	1	1	1	1	-	1	-
District immunization Officer	1	1	1	1	1	1	1	1	1	1	1	1
DHEIO	-	-	-	-	-	-	-	-	-	-	-	-
	825	**888**	**619**	**748**	**1,612**	**1,706**	**1,376**	**1,434**	**294**	**301**	**272**	**278**

APPENDIX-3.6

(Refer paragraph 3.1.12; page 55)

Statement showing details of targets of health indicators fixed by GOI under NRHM for the State

S. No.	Particulars of indicators	Targets to be achieved as per NRHM	Targets fixed by/for the State		Achievement	Outcome
			Year	Target		
1.	Infant Mortality Rate (IMR)	30/1000 live births upto 2012	2005	Not fixed	65	-
			2006	Not fixed	Not compiled	
			2007	51	Not compiled	
2.	Maternal Mortality Rate (MMR)	100/100000 live births upto 2012	2005	Not fixed	445	-
			2006	Not fixed	Not compiled	
			2007	285	Not compiled	
3.	Total Fertility Rate (TFR)	2.1 upto 2012	2005	Not fixed	3.2	-
			2006	Not fixed	Not compiled	
			2007	2.6	Not compiled	
4.	Malaria Mortality Reduction Rate	50% upto 2010 and additional reduction 10% upto 2012	2005	Not fixed	22	Target achieved
			2006	58	58	
			2007	48	46	
5.	Dengue Mortality Reduction Rate	50% upto 2010 and additional reduce 10% upto 2012	2005	Not fixed	6	Target achieved
			2006	26	26	
			2007	22	10	
6.	Cataract Operation	Increase to 46 lakh upto 2012	2005	230000	271215	Target achieved
			2006	230000	265950	
			2007	325000	316676	Slight shortfall
7.	Leprosy Prevalence Rate	Less than one per ten thousand	2005	Not fixed	0.24	Target achieved
			2006	Not fixed	0.21	
			2007	Not fixed	0.20	
8.	Tuberculosis cure rate	85%	2005	85%	87%	Target achieved
			2006	85%	87%	
			2007	85%	89%	

APPENDIX-3.7

(Refer paragraph 3.1.12.3; page 57)

Statement showing details of targets vis-a-vis achievement of family planning operations and IUD insertion during 2005-08

Name of District	Vasectomy			Tubectomy and Laparoscopy			IUD insertion		
	Target	Achievement	Shortfall (percentage)	Target	Achievement	Shortfall (percentage)	Target	Achievement	Shortfall (percentage)
Sriganganagar	4,799	1,647	3,152 (66)	43,202	31,909	11,293 (26)	37,142	36,894	248 (1)
Pali	4,697	326	4,371 (93)	42,814	31,969	10,845 (25)	-	-	-
Jaipur	8,307	2,688	5,619 (68)	1,31,624	1,11,583	20,041 (15)	53,646	39,547	14,099 (26)
Ajmer	6,420	1,526	4,894 (76)	57,755	28,618	29,137 (50)	34,783	22,654	12,129 (35)
Udaipur	1,610	393	1,217 (76)	30,137	27,269	2,868 (10)	49,631	42,237	7,394 (15)
Bundi	2,677	234	2,443 (91)	24,104	14,535	9,569 (40)	16,502	16,227	275 (2)
Total	**28,510**	**6,814**	**21,696 (76)**	**3,29,636**	**2,45,883**	**83,753 (25)**	**1,91,704**	**1,57,559**	**34,145 (18)**

APPENDIX-3.8

(Refer paragraph 3.1.12.4; page 57)

Statement showing details of pregnant women receiving check up at around 36th weeks and institutional deliveries during 2005-06 to 2007-08

S No.	Name of District	2005-06			2006-07			2007-08			Total		
		Number of pregnant women receiving check up at around 36th week	Number of institutional deliveries	Shortfall (percentage)	Number of pregnant women receiving check up at around 36th week	Number of institutional deliveries	Shortfall (percentage)	Number of pregnant women receiving check up at around 36th week	Number of institutional deliveries	Shortfall (percentage)	Number of pregnant women receiving check up at around 36th week	Number of institutional deliveries	Shortfall (percentage)
1.	Sriganganagar	30,215	11,409	18,806 (62)	34,439	21,870	12,569 (36)	41,848	29,326	12,522 (30)	1,06,502	62,605	43,897 (41)
2.	Pali	38,205	12,000	26,205 (68)	37,551	8,794	28,757 (77)	49,763	12,832	36,931 (74)	1,25,519	33,626	91,893 (73)
3.	Jaipur	96,529	60,135	36,394 (38)	2,08,318	1,10,135	98,183 (47)	1,03,045	81,718	21,327 (21)	4,07,892	2,51,988	1,55,904 (38)
4.	Ajmer	45,236	23,670	21,566 (48)	39,631	25,205	14,426 (36)	50,604	39,391	11,213 (22)	1,35,471	88,266	47,205 (35)
5.	Udaipur	56,940	26,246	30,694 (54)	67,673	39,542	28,131 (42)	65,114	51,096	14,018 (22)	1,89,727	1,16,884	72,843 (38)
6.	Bundi	18,494*	13,459	5,035 (27)	17,878*	14,799	3,079 (17)	20,187*	17,000	3,187 (16)	56,559	45,258	11,301 (20)
	Total	**2,85,619**	**1,46,919**	**1,38,700 (49)**	**4,05,490**	**2,20,345**	**1,85,145 (46)**	**3,30,561**	**2,31,363**	**99,198 (30)**	**10,21,670**	**5,98,627**	**4,23,043 (41)**

*** Figures incorporated as targeted for institutional deliveries.**