HEALTH, MEDICAL EDUCATION AND FAMILY WELFARE DEPARTMENT

1.2 National Rural Health Mission

Highlights

The National Rural Health Mission was launched by the Government of India in April 2005. It aimed at strengthening rural health care institutions by provision of infrastructure facilities and funds. A review of the implementation of the National Rural Health Mission in the State revealed improvements in flow of funds to rural health institutions and better health awareness among the rural population. However, deficiencies like absence of a Perspective Plan, lack of surveys, insufficient infrastructure, lack of community participation, inadequate budgetary provisions, insufficient medicines, equipment and human resources were noticed.

The State Health Mission was not constituted. The Jharkhand Rural Health Mission Society, though constituted, failed to integrate the five societies set up for implementation of various disease control programmes.

[Paragraph 1.2.6.1]

Baseline surveys, essential for identifying the health care needs of the people, were not conducted. The Perspective Plan and village, district and block level Annual Plans were not prepared, which defeated the aim of decentralised planning.

[Paragraphs 1.2.6.3, 1.2.6.4 and 1.2.6.5]

Twenty nine to 64 *per cent* of available funds remained unutilised during 2005-09.

[Paragraph 1.2.8.1]

Vaccine Deep Freezers and Portable Vaccine Carriers (PVCs) worth Rs 10.43 crore were purchased without ensuring the basic facilities required for operations.

[Paragraph 1.2.9.1]

Medicines worth Rs 2.66 crore were purchased without floating tenders while medicines costing Rs 6.20 crore were purchased from debarred firms.

[Paragraphs 1.2.9.3 and 1.2.9.7]

Inadequate infrastructure facilities at health centres ranged between three to 99 *per cent.*

[Paragraph 1.2.10.2]

In Primary Health Centres, the shortage of doctors, pharmacists and staff nurses was 49, 87 and 94 *per cent* respectively. Further, no training was imparted to medical and para-medical staff during 2005-07.

[Paragraphs 1.2.12 and 1.2.12.1]

Inflated data was furnished by the department, by reporting that 29.58 lakh and 26.40 lakh children were given BCG and measles injections respectively while the number of total live births was only 12.82 lakh children during 2005-09.

[Paragraph 1.2.16.1]

Internal audit and vigilance mechanism were not established by the department to examine and evaluate the performance of the programme.

[Paragraphs 1.2.18.4 and 1.2.18.5]

1.2.1 Introduction

The National Rural Health Mission (NRHM) was launched by Government of India (GOI) in April 2005 throughout the country with a special focus on 18 States. The Mission aimed at providing accessible, affordable, accountable, effective and reliable health care facilities in rural areas by reducing the infant and maternal mortality rates, stabilising the fertility rate of the population and preventing and controlling communicable and non-communicable diseases including locally endemic diseases by involving the community in planning and monitoring. The key strategy of the Mission was to bridge gaps in health care facilities, facilitate decentralised planning in the health sector, provide an overarching umbrella to the existing programmes of Health and Family Welfare including Reproductive and Child Health II and various disease control programmes. It sought to provide health to all in an equitable manner through increased outlays, horizontal integration of existing schemes, capacity building and human resource management. It addressed the issue of health in the context of a sector-wise approach encompassing sanitation and hygiene, nutrition etc. as basic determinants of good health and advocated convergence with related social sector departments such as Women and Child Development, AYUSH[52], Panchayati Raj *etc*.

1.2.2 Organisational set up

At the State level, NRHM was to function under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister. The activities under NRHM were to be carried out through the State Health and Family Welfare Society (SHFS), to be formed by integrating all the five societies[53] set up for the implementation of various disease control programmes. The Secretary, Health, Medical Education and Family Welfare Department (HMFWD), Government of Jharkhand, was the Executive Head of the Jharkhand Rural Health Mission Society (JRHMS), constituted on 25 October 2007, which was assisted by five State level societies.

At the district level, Civil Surgeon-cum-Chief Medical Officers (CS-cum-CMOs) were the nodal officers, who were assisted by Additional Chief Medical Officers (ACMOs) and District Societies related to Reproductive and Child Health (RCH), Malaria, Leprosy, Tuberculosis (TB) and Blindness Control. Medical Officers in-charge of Primary Health Centres (PHCs) and Auxiliary Nursing Midwives (ANMs) were responsible for implementation of NRHM at the PHC and Health Sub Centre (HSC) levels respectively.

[52] Ayurvedic, Yoga, Unani, Siddha and Homoeopathy.

[53] State Reproductive and Child Health (RCH) Society, State Leprosy Control Society, State Blindness Control Society, State Malaria Control Society and State TB Control Society.

1.2.3 Audit objectives

The objectives of performance audit were to assess whether:

- the planning at the village, block, district and State levels were adequate;
- the assessment, release and utilisation of funds were efficient and effective;
- capacity building and strengthening of physical and human infrastructure were as per the Indian Public Health Standards (IPHS);
- the systems and procedures of procurement and distribution of medicines and services were cost-effective and efficient and ensured improved availability of drugs and services;
- the performance indicators and targets fixed especially in respect of reproductive and child health care, immunisation and disease control programmes were achieved; and
- proper monitoring and evaluation procedures existed to ensure effective and reliable health care.

1.2.4 Scope and methodology of audit

The performance audit of the scheme for the period 2005-09, was conducted during May to September 2008 and June 2009. The coverage included test check of records of the Secretary, HMFWD, five State level societies, six districts[54] including five district level societies[55] in each district, three referral hospitals (RHs)[56], 18 PHCs[57], 27 Additional Primary Health Centres (APHCs)[58] and 72 HSCs[59] in selected districts ***(Appendix-1.8).***

An entry conference was held with the Secretary, HMFWD on 25 March 2008, during which the audit objectives, audit criteria and methodology were discussed. An exit conference was held with the Secretary, HMFWD on 13 November 2009, during which the audit findings along with recommendations were discussed.

1.2.5 Audit criteria

The audit criteria adopted for arriving at the audit conclusions were the following:

- the GOI framework on implementation of NRHM,

[54] Dhanbad, Dumka, Gumla, Hazaribag, Ranchi and Sahebganj selected by using Probability Proportional to Size with Replacement (PPSWR) method with grants released to the District Reproductive and Child Health (RCH) Societies taken as a size.

[55] District RCH Society, District Malaria Control Society, District Leprosy Control Society, District TB Control Society and District Blindness Control Society.

[56] Barhait in Sahebganj, Jarmundi in Dumka and Sisai in Gumla.

[57] In each sampled district, two PHCs under rural blocks and one PHC under an urban block were selected using the Simple Random Selection without Replacement (SRSWOR) method. In Gumla, three rural PHCs were selected.

[58] In each sampled block, two APHCs, if existing, were selected.

[59] In each sampled PHC, four HSCs were selected using the SRSWOR method.

- Guidelines and instructions issued by GOI for various components, disease control programmes, financial aspects, etc.,
- Circulars issued by GOI, containing directions for NRHM activities,
- Orders and instructions issued by the State Government,
- IPHS norms for physical and human resource infrastructure development.

1.2.6 Planning

NRHM aimed at decentralised planning and implementing arrangements to ensure need-based and community-owned health Action Plans which would form the basis for intervention in the health sector. NRHM focused on the village as an important unit for planning. Deficiencies noticed in planning for implementation of NRHM are discussed in the succeeding paragraphs.

1.2.6.1 State Health Mission and State Health Society

The Jharkhand Rural Health Mission Society failed to integrate the five societies set up for implementation of various disease control programmes

As stated earlier, at the State level, NRHM was to function under the overall guidance of the State Health Mission (SHM), headed by the Chief Minister. The activities under the Mission were to be carried out through the State Health and Family Welfare Society (SHFS), to be formed by integrating all the five societies set up earlier for the implementation of various disease control programmes. The committee for the SHM was not constituted in the State. The Jharkhand Rural Health Mission Society (JRHMS), though constituted and registered (October 2007) to function as the SHFS, failed to integrate these five societies.

1.2.6.2 District Health Societies and District Health Missions

District Health Societies (DHS) were to be constituted in each district by merging all the existing district level societies. A District Health Action Plan (DHAP) was to be prepared annually by 30 October by the DHS and approved by the District Health Mission (DHM). Audit observed that DHSs had been set up in all the test-checked districts without merging the district level societies but DHMs had not been constituted in any of the test-checked districts as of March 2009.

1.2.6.3 Baseline surveys

Baseline surveys were not conducted to assess the health care needs of the rural people

According to NRHM guidelines, 50 *per cent* of baseline surveys (household and facility surveys) were to be completed by 2007 and 100 *per cent* by 2008, to identify the health care needs of the rural people. Village Health Committees (VHCs) were required to validate the survey reports. However, it was found that

- household surveys essential to assess the health care requirements and identify underserved/unserved areas were not conducted in the State.
- in order to set up a benchmark for quality services, identification and utilisation of input needs, facility[60] surveys were to be conducted with the assistance of PHC/APHC/HSC, Anganwadi Worker (AWW) and Non Government Organisations (NGOs) selected for the purpose. The State Reproductive and Child Health Society collected (2006-08) information in

[60] Specialist services, manpower, investigating facilities, equipment, other infrastructure *etc*.

respect of the facilities directly from the concerned PHCs without involving AWWs and NGOs. Information was also not got validated by VHCs. Thus, the information collected was not reliable.

1.2.6.4 Perspective Plan

Perspective Plan for the State was not prepared

According to NRHM guidelines, DHS and SHS were responsible for preparation of Perspective Plans for the entire Mission period (2005-12) to identify the financial and physical targets for each year. Audit scrutiny revealed that though District Perspective Plans were prepared by all the test-checked districts (except Ranchi), the Perspective Plan for the State had not been prepared.

1.2.6.5 Annual Plans

Programme Implementation Plans for 2005-07 were not prepared, though Rs 1.10 crore was provided by GOI for the purpose. Further, submission of PIP for 2008-09 was delayed by 95 days

The NRHM framework stipulated that a Programme Implementation Plan (PIP) for the State should be prepared annually by 30 November by SHS, by consolidating the DHAPs, for submission to the National Programme Coordination Committee[61] (NPCC) for its approval.

Audit noticed that DHAPs were not prepared by the districts. The PIPs for 2005-07 were also not prepared although Rs 1.10 crore was made available (2006-07) by GOI for this purpose. SRCHS prepared a PIP for 2007-08 without DHAPs, following which, the NPCC pointed out serious deficiencies[62] in it. Submission of the PIP for 2008-09, scheduled for 15 December 2007, was delayed by 95 days.

Besides, Health Action Plans were also not prepared in any of the villages and blocks in the test-checked districts.

1.2.7 Community participations and involvement of NGOs

1.2.7.1 Planning and Monitoring Committees

NRHM envisaged constitution of planning and monitoring committees at the PHC, block, district and State levels. However, these were not constituted at any level, leading to ad hoc interventions instead of planned ones under the Mission**.**

1.2.7.2 Village Health Committees

The village being an important unit for planning, Village Health Committees (VHCs) were required to be formed for analysing health problems, maintaining village health records, preparing village health plans, promoting intersectoral integration etc. Thirty *per cent* were to be set up by December 2007 and 100 *per cent* by December 2008, involving representatives from PRIs/Legislature, NGOs, CBOs.[63]

Against the requirement of 32,615[64] VHCs, 29,822 VHCs were formed in the

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61 A committee at national level to monitor the implementation of NRHM.

62 (1) Outcome targets not provided for SC/ST, (2) Targets for post-partum care and children under five years receiving all doses of Vitamin A not fixed, (3) Quarter-wise targets for different maternal health trainings not set up, (4) Strategies not provided for scale up, resources and level of interventions for improvement in coverage of three ANCs, safe deliveries, TT immunisation, reproductive health morbidity *etc*.

63 Community Based Organisations.

64 Total number of villages in the State.

State during 2007-09. In six test-checked districts, 8,973 VHCs had been constituted in 11,629 villages as of December 2008. Further, representatives from PRIs/Legislature and NGOs/CBOs were not included in the VHCs. A total of 580 VHCs in five districts[65], were found to be non-functional. As a result, Rs 58 lakh provided during 2007-08 to these VHCs (Rs 10,000 per VHC), as revolving funds, remained blocked.

Village Health Committees could not utilise Rs 58 lakh

1.2.7.3 ASHA/SAHIYA

Government introduced (April 2005) the *SAHIYAs* (female friends) in Jharkhand in line with "Accredited Social Health Activists" (ASHAs) who were to act as the interface between the community and the public health system, advise village population especially women and children about available health services and to escort patients to medical centres.

Audit observed that:

- a*g*ainst the requirement of 27,532 *SAHIYAs* in the State, 50,000 were sanctioned during 2007-08 and 40,758 were selected during 2005-08, resulting in excess selection of 13,226 *SAHIYAs*.
- neither District Nodal Officers (DNOs) nor Block Nodal Officers (BNOs) were appointed in any district who were to facilititate the selection of *SAHIYAs* with interaction with village community from women with formal education up to 8th class. In four test-checked districts[66], verification of the *SAHIYA* profile disclosed that 1,757 *SAHIYAs* were selected during 2006-08 by relaxing the norms of formal education without interaction with the community.
- against the stipulated six modules of training to be imparted between December 2007 and April 2008 to *SAHIYAs*, only three modules of training[67] were imparted as of March 2009.
- Drug kits, though required to be distributed, were not procured and distributed as of March 2008. However, 27,134 drug kits were distributed in 2008-09.

Selection of ineligible persons, inadequate training and absence of drug kits would resulted in ineffective participation of *SAHIYAs* in health care for rural people.

1.2.7.4 Involvement of Non-Government Organisations

Non-Government Organisations[68] (NGOs) were identified as vital participants in NRHM. Their services were to be utilised under various programmes[69]. Audit observed that though Rs 1.16 crore was provided (between September 2003 and March 2006) by GOI, selection of sufficient numbers of Mother NGOs, Service NGOs and Field NGOs for the various activities was not made. Details of the role of NGOs are given in ***Appendix-1.9***.

Sufficient participation of Non-Government Organisations was not ensured

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65 Bokaro, Chatra, Dumka, Lohardaga and Ranchi.
66 Dumka, Hazaribag, Ranchi and Sahebganj.
67 1st module: 36,314, 2nd module: 36,526 and 3rd module: 5,238.
68 Mother NGO (MNGO), Service NGO (SNGO) and Field NGO (FNGO).
69 Reproductive and Child health, Information, Education and Communication, Revised National TB Control Programme, National Programme for Control of Blindness, National Vector-borne Disease Control Programme etc.

Thus, the contribution of NGOs in NRHM was limited and their potential remained unused.

1.2.8 Financial management

The funds for National Disease Control Programmes (NDCP) were to be routed through JRHMS. Scrutiny revealed that in violation of the above, funds were being released by GOI directly to the concerned five disease-control societies. Thus, the guidelines of NRHM were not being adhered to.

1.2.8.1 Budget and expenditure

Government of India grants to the State were provided in two ways, *i.e.* through the State Finance Department and directly to the Societies.

Audit observed that:

- Out of Rs 708.74[70] crore available for the scheme during 2005-09, Rs 576.39 crore (81 *per cent*) was spent. The unspent balances ranged between 29 and 64 *per cent* ***(Appendix-1.10).*** Further, from 2007-08 onwards, Central and State Governments were to fund the Mission in the ratio of 85:15. However, only Rs 11.25 crore of Rs 17.27 crore (15 *per cent*) pertaining to 2007-08 was contributed in 2008-09 by the State Government.

There was a total discrepancy of Rs 386.42 crore between budgetary allotments and expenditure incurred

- Scrutiny of detailed accounts revealed a total discrepancy of Rs 386.42 crore[71] between budgetary allotments and expenditure under the grants received from GOI and the Statement of Expenditure (SOE) of the department during 2005-08 **(*Appendix-1.11*)**. This indicated deficient monitoring and budgetary control in the department.

1.2.8.2 Other financial irregularities noticed during test check

- According to the terms and conditions of the work order for installation of a hoarding, the State Leprosy Eradication Officer (SLEO) was required to make final payment after obtaining completion certificates from the concerned District Leprosy Eradication Officers (DLEOs). It was seen in audit that the SLEO irregularly made final payments of Rs 83.90 lakh (between June and July 2005), to an agency, for installation of a hoarding without obtaining a completion certificate from the concerned DLEOs.

- The Medical Officer in charge (MOIC), PHC Sadar, Dumka received (January 2008) an advance of Rs 1.95 lakh from the District Reproductive and Child Health (DRCH) Society for implementation of the pulse polio drive and the expenditure was booked without any supporting vouchers.

- Rupees 19.32 lakh provided to six private agencies for different purposes (***Appendix-1.12***) and temporary advances of Rs 8.82 lakh provided to officials of JRHMS (***Appendix-1.13***) remained unadjusted/unrecovered as of December 2008. In the District Blind Control Society (DBCS), Sahebganj, advance of Rs 19,400 provided (January 2006) to the Ex-District Programme Manager and Rs 42.97 lakh advanced (between

[70] Rs 8.47 crore+Rs 504.64 crore+Rs 195.63 crore = Rs 708.74 crore.

[71] Allotment: Rs 48726.10 lakh and Expenditure: Rs. 11019.88 lakh (as per GOI grant)
Allotment : Rs 11548.43 lakh and Expenditure: Rs 9556.22 lakh (as per SOE)

2005 and 2009) under the Family Welfare Programme by ACMO, Dhanbad to different PHCs (43 occasions) remained outstanding as of June 2009.

- In ACMO, Sahebganj, while handing over charge, the then cashier did not hand over (January 2003) unadjusted vouchers for Rs 1.49 lakh and a temporary advance of Rs 0.88 lakh. The amount (Rs 2.37 lakh) remained outstanding/unadjusted as of June 2009.

- Under Information, Education and Communication (IEC) activities of NRHM, funds are provided for public awareness through advertisements. In violation of the provisions, SRCHS purchased 5,318 cycles for ANMs at Rs 1.28 crore[72] and the State Blindness Control Society (SBCS) purchased furniture worth Rs 6.11 lakh out of fund provided for IEC activities. Similarly, SLEO, Ranchi spent Rs 10.67 lakh towards payment for security provided for purchase of machinery and equipment.

1.2.8.3 Loss of interest

State Blindness Control Society kept Rs 5.87 crore in a current account

Grants-in-aid received were required to be kept in interest-bearing accounts of nationalised banks. The State Blindness Control Society, however, kept Rs 5.87 crore, received during 2005-08, in a current account, which resulted in loss of interest of Rs 15.79 lakh[73].

Further, according to banking norms, the minimum balance remaining in savings bank accounts between 10th and 30th/31st of each month could only become eligible for earning interest. JRHMS transferred Rs 6.18 crore on different occasions from one bank to another between 19th and 27th of the months, resulting in loss of interest of Rs 18.04 lakh.

1.2.9 Purchase and store management

1.2.9.1 Purchase of technically deficient Portable Vaccine Carriers and Vaccine Deep Freezers

Portable Vaccine Carriers and Vaccine Deep Freezers worth Rs 10.43 crore were purchased without ensuring basic facilities required for the operation of these units

Government placed a proposal before GOI for purchase of Portable Vaccine Carriers (PVCs) with the justification that the equipment would strengthen the existing cold chain system in the State as the equipment was capable of functioning on multi-power sources including solar power and would not be dependent on electricity. Accordingly, GOI sanctioned and released Rs 10 crore (March 2005) for purchase of PVCs and Vaccine Deep Freezers (VDFs) to maintain the cold chain for carriage of potent vaccines as well as construction of rooms at the installation sites of the Vaccine Deep Freezers.

It was seen in audit that a laboratory test on the equipment conducted by the consultant, the Metallurgical and Engineering Consultants Ltd. (MECON), Ranchi, could not assess the life of the batteries and the length of time for which the temperature inside the unit could be maintained without power supply as the solar power pack was not made available to them for evaluation. Despite this, the Government purchased (May 2005) 130 VDFs and 268 PVCs from a private company, M/s Burke Products India, at a total cost of Rs 10.92 crore, including the cost of construction of 203 rooms for installation of VDFs

[72] Between November 2007 and June 2008.
[73] Interest calculated at the rate of 3.5 *per cent* per annum.

in 143 PHCs at the rate of Rs 98,500 each. Out of Rs 10.92 crore, the Agency was paid Rs 10.43 crore (between October and December 2005) and Rs 49.35 lakh was to be paid as of November 2009. It was seen that the VDFs did not work on solar power back up and the required temperature (-20^{o} C) was also not achieved, resulting in formation of 40 ice packs against the capacity of 200 ice packs in 24 hours. Due to non-installation of VDFs, 72 sites developed at a cost of Rs 71 lakh, could not be utilised. It was also seen that 195 solar plates had been stolen from 53 PHCs during 2006-09 (up to May 2008). Besides, the Government did not enter into any Annual Maintenance Contract (AMC) for maintenance of these equipment in violation of GOI instructions.

Thus, the purchase of PVCs and VDFs without ensuring that they would work without electricity, the failure to enter into an AMC for maintenance and the failure to ensure security and safety of equipment at sites led to unfruitful expenditure of Rs 10.43 crore.

1.2.9.2 Injudicious purchases

Without assessment of the requirements, on departmental instructions, State Leprosy Eradication Officer (SLEO) purchased 20 Tata Spacio vehicles, valuing Rs 69.25 lakh during 2005-06 from M/s Tata Motors. Similarly, SRCHS purchased 15 diesel generator (DG) sets costing Rs 26.70 lakh[74] during 2007-08, without any budgetary allocation[75]. Of these, nine DG sets were installed at PHCs where there was no requirement, resulting in unfruitful expenditure of Rs 16.02 lakh.

1.2.9.3 Purchase of medicines without tenders

Medicines/syringes worth Rs 2.66 crore were purchased without inviting tenders

According to the procurement policy of the JRHMS, purchases should be made at Director General Supply and Disposal (DGS&D) rates or by floating tenders. It was noticed that in violation of the prescribed norms, SRCHS irregularly purchased medicines/syringes worth Rs 2.66 crore from six private firms between May and July 2005.

1.2.9.4 Unassessed, unauthorised, wasteful and infructuous purchases of medicines and stores

In two (Dumka and Gumla) out of six test-checked districts, several instances of unassessed, unauthorised, wasteful and infructuous purchases of medicines and stores amounting to Rs 1.04 crore were noticed ***(Appendix-1.14).***

1.2.9.5 Misappropriation of stores

Instances of misappropriation of stores noticed during audit are discussed below:

- In four test-checked PHCs/APHCs[76], several discrepancies in stores records were noticed like consumption of stores before issue/receipt, excess consumption and shortages worth Rs 0.54 lakh **(*Appendix-1.15)***.
- In Dumka, one Godrej almirah costing Rs 14,000 was supplied (September 2007) to APHC, Karamdih by Sadar PHC, Dumka. However, during joint

[74] At the rate of Rs 1.78 lakh per set.
[75] Funds were diverted from 'Sectoral Investment Plan Fund' meant for construction of warehouse and Untied Pool.
[76] PHC Sadar, Jama, Saraiyahat and APHC, Karmadih of Dumka district.

physical verification (August 2008) by Audit and the MO, PHC, Dumka, it was found that the centre had no building and was functioning under a tree. No almirah was found at the site.

- A computer supplied (April 2007) to Sadar PHC, Dumka by CS, Dumka, was stated (August 2008) to be missing. However, the MO, Sadar PHC neither lodged an FIR nor reported the matter to the higher authorities as of August 2008. However, at the instance of Audit, the matter was reported to higher authorities.
- Records of Referral Hospital, Sisai (Gumla) and Leprosy Training Hospital, Tetulmari (Dhanbad) revealed that medicine, stationery, furniture and furnishings worth Rs 14.83 lakh were purchased between March 2007 and March 2008 by the MO in-charge but were not taken into stock. This pointed towards doubtful purchase of the items.

1.2.9.6 Non-imposition of penalty

During 2006-07, supply of medicines to SRCHS was delayed by five to 80 days. However, penalty at the rate of one *per cent*, amounting to Rs 89.54 lakh, as per the purchase orders were not realised from the supplier.

1.2.9.7 Purchase of medicines from a blacklisted firm

Medicines valued at Rs 6.20 crore were irregularly purchased from a blacklisted firm

Medicines[77] valued at Rs 6.20 crore were purchased without quality testing by SRCHS during 2007-08, from M/s Endolabs Limited, Indore which had been blacklisted and debarred (between March 2006 and July 2007) by three States[78].

1.2.9.8 Supply of exposed drugs

In the State Malaria/Filaria Control Society, 1.10 crore exposed DEC[79] tablets (100 mg) valuing Rs 54.75 lakh were supplied (March 2007) by M/s Carewell Pharma for Mass Drug Administration (MDA) and were not replaced, resulting in a loss to the Government. Further, in Sahebganj, 4.59 lakh exposed DEC tablets valued at Rs 2.29 lakh were supplied by an agency and accounts of 36,000 DEC tablets, valuing Rs 0.18 lakh, were not on record.

1.2.10 Capacity Building

1.2.10.1 Health care units

There were shortfall in the number of CHCs/PHCs/HSCs in the State

Considering the rural population of Jharkhand (2.75 crore[80]), there were shortfalls in the number of CHCs/PHCs/HSCs, ranging between 45 and 100 *per cent* in comparison to NRHM norms[81] ***(Appendix-1.16)***.

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77 IFA and Mebendazole tablets.

78 Gujarat, Rajasthan and Maharashtra.

79 Diethyl carbamazine (DEC) tablets are given to the filaria patients under Mass Drug Administration

80 According to the HMFWD Souvenir (*Swasthya ki Badalti Tasveer*, November 2007).

81 One HSC for every 5,000 population (3,000 for tribal areas), one PHC/APHC for every 30,000 population (20,000 for tribal/desert areas) and one Community Health Centre (CHC) for every 1, 20,000 population (80,000 for tribal/desert population).

Audit further observed that:

- New PHCs/APHCs were not established during 2005-09. Further, as per the Jharkhand State Health Policy (June 2004), construction of 500 new HSCs each year and provision of Government buildings to all HSCs by the next seven years was prescribed. However, Government did not set up the required number of HSCs as of March 2009.
- On non-payment of house rent since 1999, the house owner seized the property and locked the APHC, Barapalasi, Dumka (June 2008). On being pointed out (August 2008) by Audit, an FIR was lodged against the owner (February 2009), but the seized materials were yet to be recovered (June 2009).
- In the absence of facilities like beds, medicines, equipment and personnel, the Referral Hospital, Tundi, Dhanbad remained non-functional since its construction.

1.2.10.2 Buildings

According to the timeline prescribed for NRHM, 30 *per cent* HSCs, PHCs and CHCs were to be strengthened/established up to IPHS standards by 2007. The Government did not frame any schedule for upgradation of the existing 3,947 HSCs, 515 PHCs/APHCs and 26 RHs. The Government proposed (February 2008**)** the construction of 7,910 new CHCs/PHCs/HSCs[82] during the Mission period (up to 2012). Of the above, 30 CHCs, 102 PHCs and 370 HSCs were to be constructed under NRHM. No new HSCs and PHCs were, however, constructed in the test-checked districts (March 2009), although Rs. 71 lakh was released to the districts during 2006-07, which remained unutilised as of March 2008.

Test check of three RHs, 45 PHCs/APHCs and 72 HSCs disclosed inadequate infrastructure facilities at health centres which ranged between two and 99 *per cent* ***(Appendix -1.17)***.

- In a joint physical verification, APHC and HSC, Karamdih in Dumka were found functioning on a cot and under a tree respectively with no doctor being present. No facility for storage of medicines and records was available (photographs below):


(APHC and HSC, Karamdih, Dumka were functioning with a cot and under a tree – L to R)

Deficient basic infrastructure posed serious challenges to the success of NRHM.

[82] CHC: 186, PHC: 1,005 and HSC: 6,719.

1.2.10.3 Medicines and Equipment

SRCHS and SLS failed to procure required medicines/equipment and hence, Rs 12.86 crore remained unutilised

As per IPHS norms, 55, 67 and 113 pieces of equipment were required for each HSC, PHC and CHC respectively (***Appendix-1.18***). GOI released (between April 2005 and March 2008) Rs 20.16 crore to SRCHS and the State Leprosy Control Society (SLCS) for procurement of drugs and equipment. Out of the amount released, Rs 12.86 crore (64 *per cent*) remained unutilised, reasons for which were not on record. Test check of RH/PHC/APHC/HSCs of selected districts revealed acute shortage of required equipment and non-availability of buffer stock of medicines. Failure to procure equipment and drugs defeated the objectives of NRHM.

1.2.11 Services and Facilities

1.2.11.1 24 x 7 services

None of the PHCs/APHCs were providing 24 x 7 health services

As per NRHM guidelines, 24 x 7 services were to be provided in each PHC/APHC. It was observed that out of 515 PHCs/APHCs in the State, no PHC/APHC provided 24 x 7 health services except delivery services.

1.2.11.2 In-Patient Services

During 2005-08, the bed occupancy rate was only 8 to 10 *per cent* and wards were in dilapidated condition

According to NRHM norms, PHCs/APHCs and Referral Hospitals were to have strength of six beds and 30 beds respectively. In six test-checked districts, indoor patient facilities were not available in the test-checked APHCs, whereas, in 18 PHCs, bed occupancy was 8 to 10 *per cent* between 2005-06 and 2007-08. In three[83] referral hospitals, bed occupancy was four to seven *per cent* during 2005-08. Further, there were no separate wards for men and women in any of the three test-checked RHs, 45 PHCs/APHCs.

(Inside view of dilapidated wards of PHC, Barharwa (Sahebganj), PHC, Bharno (Gumla) and APHC, Kenduadih (Dhanbad) L to R)

1.2.11.3 Operation Theatres/Labour rooms

Health units lacked basic essential infrastructural facilities

- Out of 45 test-checked PHCs/APHCs, 67 *per cent* had no operation theatre (OT) facility and all the test-checked PHCs/APHCs lacked the equipment required for OTs.
- Out of 45 PHCs/APHCs and three RHs, labour rooms were available only in 38 *per cent* PHCs/APHCs. Labour rooms and minor OTs were not available in any of the test-checked HSCs.
- Joint physical verification (August 2008) of APHC, Kenduadih, Dhanbad revealed that the labour room constructed under the *Rashtriya Sam Vikas Yojana* was non-functional for want of a MO and facilities like water

[83] Barhait (Sahebganj), Jarmundi (Dumka) and Sisai (Gumla).

connection and electricity, despite expenditure of Rs 16.06 lakh having been incurred on the building, equipment and training of *Dai*[84].

1.2.11.4 Pathological/Blood storage facilities

According to IPHS norms, pathological test facilities[85] were to be provided to rural people in each PHC and RH.

In 45 test-checked PHCs/APHCs, shortage of pathological test facilities[86] ranged between 56 and 98 *per cent* (***Appendix-1.19***). No blood storage facility was available in any of the test-checked RHs.

1.2.11.5 Water Supply, Toilet and Waste Disposal

Out of test-checked PHCs/APHCs and HSCs, 56 and 86 *per cent* respectively had no facility of water supply. In all the test-checked HSCs and 64 *per cent* of the test-checked PHCs/APHCs, there was no proper sewerage or waste disposal facility, thereby affecting the cleanliness of surroundings.

1.2.11.6 Mobile Medical Units

Excess expenditure of Rs 9.94 crore incurred on purchase of Mobile Medical Units at higher rates

Under NRHM, one Mobile Medical Unit (MMU) was to be provided in each district to serve outreach areas to make health care services available at the doorstep of rural people. The guidelines regarding MMUs had fixed the ceiling of capital cost as Rs 25.25 lakh[87] for each MMU.

Government purchased 24 MMUs with telemedicine facilities (vehicle model LP 1512, TC/59 of Tata Motors Ltd.) at a cost of Rs 16 crore (unit cost Rs 66.67 lakh) against the permissible cost of Rs 6.06 crore (Rs 25.25 lakh x 24 vehicles), resulting in excess expenditure of Rs 9.94 crore. Further, according to guidelines, MMUs were to contain two vehicles (one for staff and one for essential accessories). Instead, SRCHS purchased large single vehicle[88] which would not be able to ply in hilly, narrow and difficult areas.

Each vehicle was equipped with telemedicine facilities. In a meeting held (December 2007) for the telemedicine project[89], the Government decided that telemedicine activities of the mobile vans would be finalised with the approval of Indian Space Research Organisation (ISRO). However, treatment through telemedicine facilities was yet to commence as approval of ISRO had not been obtained as of November 2009 for which no reasons were provided by the department.

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84 Female attendant helps in deliveries.

85 1) Routine urine, stool and blood tests, 2) Bleeding time, clotting time, 3) Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc., 4) Sputum testing for tuberculosis (if designated as a microscopy centre under RNTCP), 5) Blood smear examination for malaria parasite, 6) Rapid tests for pregnancy / malaria, 7) RPR test for Syphilis/YAW surveillance,8) Rapid diagnostic tests for Typhoid (Typhi Dot), 9) Rapid test kit for fecal contamination of water, 10) Estimation of chlorine level of water using ortho-toludine reagent.

86 Rapid test for pregnant women, diagnosis of reproductive tract infection (RTI)/sexually transmitted disease (STD), blood, urine, stool test *etc*.

87 Vans for (1) staff (Rs 7.00 lakh), (2) Essential accessories (Rs 18.25 lakh).

88 LP 1512 TC/59 of Tata Motors Limited.

89 To introduce the facility of telemedicine by the medical experts irrespective of geographical location of the person in need.

1.2.12 Manpower Management

Efficiency and quality of health care services largely depend on the availability of an adequate number of qualified doctors, nurses and other categories of staff in health care institutions and their efficient management. The details of sanctioned strength, men-in-position and vacancies in the State, PHCs/APHCs and details of doctors who remained absent for long periods and were dismissed (June 2008) are given in ***Appendices-1.20***, ***1.21*** *and* ***1.22*** respectively.

1.2.12.1 Training

During 2007-08, training was imparted to only five and 39 *per cent* para-medical and medical staff respectively

According to the guidelines of NRHM, regular training to doctors, medical and para-medical staff was essential for upgradation of their skills.

- No training was imparted to medical and para-medical staff during 2005-07. However, in 2007-08, training was imparted to only five *per cent* of para-medical staff and 39 *per cent* of MOs. During 2008-09, training to 31 *per cent* of the MOs was imparted.
- Government signed a Memorandum of Understanding (MOU) in March 2005, with the Xavier Institute of Tribal Education (XITE), Jamshedpur, for providing training to medical/para-medical staff from April 2005 to March 2008 and paid Rs 1.25 crore (between March and April 2005) for creating training facilities like residential facilities, training halls, computer rooms, conference halls, training schedules etc. for trainees. XITE also engaged the Tata Main Hospital (TMH), Jamshedpur to create training infrastructure. Accordingly, XITE and TMH, Jamshedpur created essential training infrastructure for providing trainings. However, despite requests (October 2006) from XITE and TMH, the SHS failed to send a single trainee up to June 2008. Meanwhile, the validity period of the MOU lapsed in March 2008, rendering the expenditure of Rs 1.25 crore wasteful.

1.2.13 Reproductive and Child Health

1.2.13.1 Antenatal care

Under antenatal care (ANC), pregnant women were required to be provided three check-ups, TT doses and 100 IFA tablets besides regular monitoring of blood pressure, checking of weight (at least thrice during pregnancy), identification of high risk pregnancies, clinical assessment of anaemia and examination of urine. Shortcomings in providing ANC to registered pregnant women during 2006-09 were as given in **Table 7**:

Table 7: Registered Pregnant women not provided ANC

Year	Number of pregnant women registered for ANC	Registered pregnant women who received three check-ups	Pregnant women given TT2/booster doses	Pregnant women given 100 IFA tablets
2005-06	NA	NA	NA	NA
2006-07	98416	29971 (30)	38642 (39)	45793 (47)
2007-08	75485	47833 (63)	51601 (68)	80066 (106)
2008-09	508736	337191 (66)	493506 (97)	621791 (122)

Source: Information from SRCHS*. (Figures in bracket indicates percentage)*

There was a decreasing trend in women registered for antenatal care during

2006-08 but it increased during 2008-09.

1.2.13.2 Institutional deliveries

Institutional deliveries of registered pregnant women decreased from 56 to 19 *per cent* during 2006-09

NRHM provided for strengthening of maternal health services to ensure safe deliveries by promoting institutional deliveries. Institutional deliveries and skilled attendance at home deliveries, through services of HSCs, was to be encouraged in rural areas.

In the State, no targets were fixed for institutional deliveries during 2005-09. During 2006-09, institutional deliveries[90] decreased from 56 to 19 *per cent* in respect of registered pregnant women. This was in contrast to the increasing trend in institutional deliveries, before the launch of NRHM which ranged from 17.5 to 28.7 *per cent* from 1999 (NFHS[91]-II) to 2003 (NFHS-III). Further, during 2006-08, against 6.60 lakh child birth number of registered pregnant women was only 3.76 lakh, which indicated that objective of ensuring safe deliveries in rural areas was still to be encouraged.

In the test-checked districts, even three years after launch of NRHM, during 2005-09, the percentage of institutional deliveries against total deliveries was only 30 and of deliveries by untrained *Dais* about 13. Stillbirths also increased from 868 in 2005-06 to 1,811 in 2008-09.

The percentage of institutional deliveries in two districts,[92] Dumka and Sahebganj declined from 53 and 58 *per cent* (2005-06) to 39 and 37 *per cent* respectively as of March 2009.

The decreasing number of deliveries in HSCs and the increasing number of home deliveries without trained attendants was linked to the rate of maternal mortality. This was also confirmed in a report relating to the Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) prepared (January 2009) by UNICEF, which stated that two-thirds of maternal deaths occurring in the State were due to inadequate neonatal/postnatal care and dependence of pregnant women on home deliveries.

1.2.13.3 Obstetric care

In 36 PHCs/APHCs emergency obstetric care facilities were not available

In the test-checked districts out of 39 PHCs/APHCs, emergency obstetric care facilities were not available in 36 due to absence of specialist doctors, non-functional operation theatres, lack of adequate infrastructure, supporting staff and blood storage facilities.

1.2.13.4 Janani Suraksha Yojana

To encourage institutional deliveries, the Centrally sponsored *Janani Suraksha Yojana* (JSY) scheme provided cash assistance to all rural pregnant women for undergoing institutional deliveries, immediately after registration and within 24 hours after their deliveries. In Jharkhand, JSY was renamed (2006) as

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90 2006-07: Target:1,23,910 Institutional Deliveries: 68,900 (56 *per cent*)
2007-08: Target: 2,51,867 Institutional Deliveries: 82,417 (33 *per cent*)
2008-09: Target: 10,07,752 Institutional Deliveries: 1,92,926 (19 *per cent*)

91 National Family Health Survey.

92 For the period 2005-06 and 2007-08:
Dumka – Total deliveries: 16704 and 20146, Institutional deliveries: 8789 and 7937
Sahebganj - Total deliveries: 7238 and 18895, Institutional deliveries: 4174 and 7063.

Mukhya Mantri Janani Shishu Swasthya Abhiyan (MMJSSA). Audit observed the following:

- Despite Rs 2.50 crore provided by GOI, JSY was not implemented in the State during 2005-06. During 2006-08, there were 6.60 lakh potential beneficiaries of MMJSSA in the State, of which only 3.76 lakh women were registered and only 2.09 lakh women belonging to BPL families were paid cash assistance. Denial of cash assistance to non-BPL women was a setback to the scheme.
- In Hazaribag, 12,744 registered pregnant women were denied payment of Rs 67.27 lakh despite the existence of an unspent balance of Rs 58.77 lakh under the scheme as of March 2009.

  In four test-checked districts[93], there were delays ranging between one and 671 days, in payment of cash assistance to 566 out of 666 beneficiaries.

There were delays ranging between one and 671 days in payment of cash assistance

The deficiencies and inadequacies of antenatal, delivery and other obstetric care services and ineffective implementation of JSY/MMJSSA adversely affected the extent and quality of maternal health care.

1.2.14 Other aspects of Reproductive and child health care

1.2.14.1 Reproductive Tract Infection and Sexually Transmitted Infection services

Reproductive Tract Infection (RTI) and Sexually Transmitted Infection (STI) services clinics were to be established at each district hospital to prevent RTI and STI, especially among women. According to records, there were 35,020 cases of RTI/STI in the State during 2006-09. However, in the test-checked districts, RTI/STI cases numbered 65,609 during the same period.

1.2.14.2 Facilities for Medical Termination of Pregnancy

Medical termination of pregnancy (MTP) was permitted in certain conditions under the MTP Act, 1971. Enhancing the number and quality of facilities for MTP was an important component of the Reproductive and Child Health programme. Of the 39 test-checked PHCs/APHCs of selected districts, facilities for MTP were available in only two PHCs. According to SRCH, there were 10,936 cases of MTP in the State during 2006-09, but during the same period, in the six test-checked districts, 22,755 MTP cases were reported.

1.2.15 Family welfare

Family planning includes terminal methods and spacing methods to control the total fertility rate and improving the couple protection ratio.

1.2.15.1 Terminal methods

A number of initiatives were launched (April 2005) under NRHM to achieve the goal of population stabilisation through reduction of the total fertility rate from 3.2 in March 2008 to 2.1 by 2012. However, the percentage of

[93] Dhanbad, Dumka, Gumla and Sahebganj.

There were huge shortfalls in achievements of vasectomies and tubectomies

achievement under vasectomy, tubectomy and laparoscopic tubectomy during 2005-09 remained at 49, 69 and three respectively. No target was fixed for laparoscopy operations for the period 2006-09. The proportion of vasectomies, even after launch of scalpel vasectomies, to total sterilisation, during 2005-09 was only nine *per cent*, which was a manifestation of gender imbalance ***(Appendix-1.23).***

In the test-checked districts, the achievements of vasectomy and tubectomy during 2005-09 were 40 and 73 *per cent* respectively. In Dhanbad and Sahebganj, during 2005-09, there were huge shortfalls in the achievement of vasectomy targets ranging between 78 and 84 *per cent*.

1.2.15.2 Spacing methods

Shortfalls in achievement under terminal and spacing methods of family planning reflected insufficient efforts towards population stabilisation

Oral pills, condoms and inter-uterine device (IUD) insertions are the three prevailing spacing methods of family planning to regulate fertility and increase the couple protection ratio. However, the percentage of achievement under IUD insertion and distribution of condoms during 2005-09 was 29 and 5 *per cent* respectively. Similarly, only 18 *per cent* oral pills (36.30 lakh) were distributed against the target of 1.95 crore ***(Appendix-1.24).***

In the six test-checked districts, the achievements under IUD, oral pills and distribution of condoms during 2005-09 was 32, 26 and 5 *per cent* respectively. In Dumka and Sahebganj, distribution of condoms was only one and two *per cent* respectively against the target set for 2007-09.

The shortfalls in achievement under terminal and spacing methods reflected insufficiency of efforts towards population stabilisation.

1.2.16 Immunisation and Child Health

1.2.16.1 Routine Immunisation

Correctness of reported figures of immunisation was doubtful

NRHM targeted to raise the immunisation level of children from 47.6 to 75 *per cent*. The target for immunisation was set on ad hoc basis, since it decreased in 2007-08 as compared to the targets for 2005-07, even though there was an increase in the population. Children fully immunised in the State during 2005-09 ranged between 55 and 78 *per cent* of the targets fixed. However, the achievement dropped from 78 *per cent* in 2005-06 to 62 *per cent* in 2008-09, even after the launch of NRHM ***(Appendix-1.25 A).***

Bacillus Calmette-Guerin (BCG) immunisation was to be given to children once immediately after delivery. As per achievement reports of the State RCH Society, 29.58 lakh and 26.40 lakh children were given BCG and measles injections respectively, while the number of total live births during 2005-09 was only 12.82 lakh. Thus, immunisation under BCG and measles shown during 2005-09 ranged between 231 and 206 *per cent* of live births. This raises doubts over the correctness of reported figures of immunisation ***(Appendix-1.25 B)***.

1.2.16.2 Pulse polio immunisation

Pulse polio immunisation was launched under RCH-II to eradicate polio and ensure zero transmission by the end of 2008. Eradication of polio cases by 2005 was a priority of the Government. It was seen that the target for 2008-09

Target and achievement of pulse polio immunisation for 2008-09 increased conspicuously in comparison to 2005-07

increased conspicuously (988 *per cent*) in comparison with the targets set for 2005-07. Two cases of polio were detected during 2005-07 ***(Appendix-1.26)***. In five test-checked districts[94], the achievement under pulse polio immunisation was 98 *per cen*t while in Dumka district no target was fixed.

1.2.16.3 Cold chain management

Availability of cold chain facilities was a pre-requisite for preserving the potency of vaccines. The status of the cold chain system in the State as of September 2008 was as per **Table 8**:

Table 8: Status of cold chain system in the State

Sl. No.	Name of equipment	Available	Functional	Defective (Percentage)	Equpment beyond repair	Remarks
1	Ice Line Refrigerator (ILR) Large	128	09	119 (93)	11	Targets for replacement of 81 pieces of equipment (DF large-50, DF small-15 and ILR large-16 were fixed for the year 2007-09 but State RCH Society failed to replace these as of October 2008.
2	ILR Small	467	16	451 (97)	122	
3	Deep Freezer (DF) Large	70	07	63 (90)	55	
4	DF Small	188	12	176 (94)	108	

(Source: Information from SRCHS)

No effort was made to get the defective cold chain equipment repaired as of September 2008.

In a joint physical verification carried out in Hazaribag, vaccines were found covered with ice packs containing water as DF/ILR were not working. Ad hoc fixation of targets, inconsistency in reporting and ineffective cold chain maintenance pointed towards inefficient implementation of the immunisation programme in order to achieve the target.

1.2.16.4 Adolescent health schemes

Under the schemes, adolescent health was required to be improved through awareness about reproductive health and family planning services with emphasis on late marriage, child bearing and improvement in micronutrient services. In six test-checked districts, no work was undertaken during 2005-09 for improvement of adolescent health in HSCs though required under NRHM.

1.2.17 National Disease Control Programmes

1.2.17.1 Revised National TB Control Programme

The main objective of the Revised National TB Control Programme (RNTCP) was to ensure that the cure rate of TB was at least 85 *per cent* of the number of Sputum Smear Positive cases detected, through following of the Direct Observe Treatment Short course (DOTS). The State Health Policy also set the goal of reducing deaths due to TB by 50 *per cent* by 2010.

The number of TB patients registered, cases evaluated, deaths on account of TB, failure and default cases during 2005-09 were as per **Table 9:**

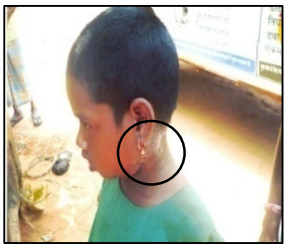
[94] Dhanbad, Gumla, Hazaribag, Ranchi and Sahebganj.

Table 9: Details of TB patients registered, cases evaluated, deaths on account of TB, failure and default cases

Year	TB patients registered	No. of cases evaluated	Cured/ treatment completed	Died	Failures	Defaulters
2005-06	26,127	26,127	22,679	989	331	2,056
2006-07	33,040	33,040	29,177	1,195	368	1,926
2007-08	36,218	NA	NA	NA	NA	NA
2008-09	36,627	NA	32,513	1,211	347	2,308

The number of deaths due to TB increased from 989 in 2005-06 to 1,211 in 2008-09

There was a shortfall in sputum examinations (23 *per cent)* and in detection of new sputum positive cases (28 *per cent)* during 2005-09. The number of deaths due to TB, increased from 989 in 2005-06 to 1,211 in 2008-09. Further, in the test-checked PHCs, full services for treatment of TB still had not been started as of March 2009. During a joint physical verification of APHC/HSC Karamdih with the MO, Sadar Dumka (August 2008), a patient[95] suffering from 'Cervical Gland Tuberculosis' was noticed. On enquiry, the ANMs stated that the patient was first diagnosed in March 2006 at the district TB centre but treatment was not initiated and the patient remained untreated for three years (August 2008).



The girl suffering from "Cervical Gland Tuberculosis"

The cure rate under RNTCP was below 85 *per cent* whereas the death rate and failure rate decreased marginally[96], indicating the limited success of the programme.

1.2.17.2 National Vector-Borne Disease Control Programme

During 2005-08, there was a shortfall in residual spray of DDT in test-checked districts

The National Health Policy was committed to reduce mortality due to malaria by *50 per cent* by 2010 and elimination of Lymphatic Filariasis by 2015. The State Health Policy also aimed at reduction of the mortality caused by malaria and other vector and water-borne diseases by 50 *per cent* by 2010.

In comparison with the programme's stipulated achievement[97], the Annual Blood Examination Rate (ABER)[98] of the State ranged from 6.65 to 10.08 *per cent* during 2005-07, whereas low ABER was noticed in the six test-checked districts[99]. Slide Positivity Rate (SPR)[100] in the State increased from 6.78 in 2005 to 9.24 in 2007, which was much above the permissible norm of five. Annual Parasite Incidence (API) of the State declined from 6.84 in 2005 to 6.15 in 2007, as against the norm of less than two malaria cases per 1,000 population in a year.

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95 Six year old girl of Karamdih village.

96 Death rate: 2005-06 (3.70 *per cent*) and 2006-07 (3.60 *per cent*). Failure rate**:** 2005-06 (1.20 *per cent*) and 2006-07 (1.10 *per cent*).

97 High Annual Blood Examination Rate (ABER) of 10 *per cent* and Annual Parasite Incidence (API) of less than 0.5 per thousand for the country.

98 ABER: (Blood slide collection X 100) / Total population.

99 Dhanbad (7.62), Dumka (7.12), Gumla (13.74), Hazaribag (6.86), Ranchi (4.71) and Sahebganj (9.57).

100 (Total malaria positive cases detected X 100)/Number of blood slides examined.

All the areas having API of two and above were required to be covered under compulsory indoor residual spray of DDT[101] and anti-larva solution. During 2005-08, in the villages of five test-checked districts[102], the shortfalls in residual spray of DDT ranged between five and 77 *per cent*. Audit observed that spraying of DDT solution in Dhanbad remained 100 *per cent* during 2005-08 and API was also below two *per cent*. The incidence of various vector-borne diseases increased during 2006-07 in comparison to 2005-06, though it decreased in 2007-08. Cases of deaths increased in 2007-08 in comparison to 2006-07 ***(Appendix-1.27)***.

The high incidence of vector-borne diseases, non-achievement of targets of ABER and API for malaria and insufficient coverage under insecticide protection indicated that the measures taken by the Government towards control of vector-borne diseases were insufficient.

1.2.17.3 National Programme for Control of Blindness

The National Programme for Control of Blindness (NPCB) aimed to reduce cases of blindness to 0.8 *per cent* by 2007, through various methods[103]. Deficiencies noticed under the programme were as under:

- The distribution of workload between the private and public sectors[104] for cataract operations was expected to be in the ratio of 1:1. During 2005-08, against the target of 2.15 lakh cataract surgeries, 1.80 lakh[105] were performed, in which participation of the public sector was only five *per cent.*
- In the test-checked districts, against 0.85 lakh of the total targeted cataract operations, the achievement was 0.76 lakh (89 *per cent*) during 2005-08. Year-wise achievements ranged between 15 and 143 *per cent*. In Hazaribag, despite having three eye surgeons, NGOs were engaged for cataract operation in 1138 cases, involving an expenditure of Rs 8.54 lakh, which was avoidable.
- In two test-checked districts (Dhanbad and Sahebganj), several surgical items[106] provided for cataract operations had expired (between July 2006 and January 2008) due to non-performance of targeted surgeries.
- There were 18 sanctioned posts of Eye Surgeons in the State/district societies, against which only 10 were posted as of March 2008. In five test-checked districts[107], there was shortage of three Eye Surgeons. Besides, 44 Eye Surgeons were required to be trained during 2005-08, but only 26 were given training and in the case of ANMs/Health workers, neither was any target fixed nor training imparted during 2006-08.

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101 Dichloro Diphenyl Trichloroethane.
102 Dumka, Gumla, Hazaribag, Ranchi and Sahebganj.
103 Cataract surgery, strengthening mobile units, training of surgeons and nurses, cataract operations/eye camps, fixing Intra Ocular Lenses (IOL), detection of refractive errors through school eye screening programmes and supply of spectacles, free of cost.
104 Involvment of private hospitals and NGOs with the Government hospitals.
105 Government: 0.09 lakh, NGOs and private: 1.71 lakh.
106 Virgin silk sutunes: 40 packets, IOL: 781 packets, Ethilion: 90 packets and Ethicon: 93 packets provided between May 2005 and March 2006.
107 Dumka, Gumla, Hazaribag, Ranchi and Sahebganj.

- Development of eye banks was an important activity to address corneal blindness. As of October 2008, five (Government: 3 and Private: 2) eye banks were in operation in the State. Further, only three districts[108] had facilities for eye donation. According to the District Blindness Control Society, Gumla, 238 eyes were stated to have been donated during 2005-08, whereas the records of the State Blindness Control Society reflected only 10 eye donations during the same period, indicating unreliability of information and consequential incorrect assessment of the success of the programme.
- The programme envisaged training of teachers in Government and Government-aided schools for screening refractive errors among students and free distribution of spectacles to students having refractive errors. In 21,386 Government/Government aided schools in the State, only 2,664 teachers were trained (March 2008) for screening refractive errors. During 2005-08, only 15,280 (29 *per cent*) spectacles were provided against the detection of 53,508 refractive error cases. In Dhanbad and Hazaribag, 3.15 lakh school children were screened during 2005-09 (July 2008), of which 6,147 children were diagnosed with refractive errors requiring free spectacles. However, only 3,092 spectacles were provided in these districts.

The limited success of different activities for control of blindness indicated ineffective implementation of the programme which resulted in a higher prevalence rate of blindness of 1.4 *per cent* (March 2008) against the target of 0.8 *per cent* by 2007.

1.2.17.4 National Iodine Deficiency Disorder Control Programme

Non-utilisation of funds reflected apathy towards controlling iodine deficiency disorder

The aim of the National Iodine Deficiency Disorder (Goitre) Control Programme (NIDDCP) was to prevent the incidence of iodine deficiency disorders and to bring their incidence to below 10 *per cent* in the entire country. The State Health Policy also emphasised (June 2004) reduction in iodine deficiency disorders by 50 *per cent* by 2010. However, no funds were provided during 2005-07 for this purpose. During 2007-08, though Rs 11.50 lakh was allocated to the State RCH Society, no funds were released as of March 2008, for which reasons were not on record.

1.2.17.5 National Leprosy Eradication Programme

The National Leprosy Eradication Programme (NLEP), supported by World Bank, WHO and other international agencies, was under implementation in the State, with the objective of eliminating leprosy (bringing down the prevalence rate to below one per 10,000 population) by detecting all cases and bringing them under multi-drug therapy (MDT) by 2012.

As per information furnished (January 2009) by the State Leprosy Officer, new leprosy cases detected during 2005-08 were 21,828 and the prevalence rate reduced from 1.31 in 2005-06 to 1.11 in 2007-08. In two of the test-checked districts[109], the prevalence rate was more than one as of March 2008.

[108] Dhanbad, East Singhbhum and Ranchi.
[109] Gumla (1.13) and Ranchi (1.55).

1.2.18 Internal Control, Monitoring and Evaluation

1.2.18.1 Management Information System

Monthly reports were not generated in the absence of MIS connectivity

NRHM guidelines envisaged the development of a computer based Management Information System (MIS) for monitoring its activities. According to information furnished by SRCHS, computers were installed in 22 districts as of March 2007 but were not connected through MIS (March 2008). The lack of MIS resulted in non-generation and non-furnishing of monthly reports as envisaged.

1.2.18.2 Integrated Disease Surveillance Project

Surveillance of disease could not be ensured due to non-implementation of IDSP

The Integrated Disease Surveillance Project (IDSP) was launched (2006-07) to establish a State-based system of surveillance for communicable and non-communicable diseases. This included computerisation up to the block level. The project was still to be implemented in the State. Due to non-implementation of programme, surveillance of diseases for initiating timely and effective public health action could not be ensured.

1.2.18.3 Health Care Information Management System

The Health Care Information Management System (HIMS) project was initiated in the PHCs of Ranchi in 2004-05 to avail of the benefits of Information Technology (IT) in health care services. An MOU was signed (December 2004) between the Jharkhand Health Society (JHS), Ranchi and 3Di System India Pvt. Ltd., Mumbai to install HIMS. The work was awarded to the agency without inviting tenders and an advance of Rs 3.15 crore was given to it between April and December 2005.

Scrutiny revealed that internet connections were either not provided or were out of order since the installation of HIMS, resulting in data/information being compiled manually. Further, the agency was to provide maintenance (up to October 2008) of the system but the department terminated the MOU and cancelled the work order midway (March 2008) without adjusting the advances, due to non-submission of financial and progress reports by the agency.

Thus, the entire amount of Rs 3.15 crore, which was given to the private company as advance in violation of norms proved wasteful. Besides, the objective of the HIMS project i.e. leveraging information technology for health care was defeated. No action was taken against the officials responsible for awarding the work to the private company without tenders and for failure to recover the advance of Rs 3.15 crore (November 2009), while cancelling the work orders.

1.2.18.4 Internal Audit

Internal audit was not conducted regularly

Internal audit is an independent appraisal function established within an organisation to examine and evaluate its activities. The department did not have an internal audit wing of its own and its audit was being done by appointed Chartered Accountant firms.

1.2.18.5 Vigilance

A separate vigilance mechanism was required to be set up under NRHM in the State for transparent operations and transactions in public interest. However, no Vigilance wing was constituted. In the absence of a vigilance mechanism, the SRCHS/Government could not ensure prevention of cases of fraud and embezzlement.

1.2.18.6 Inadequate documentation

The maintenance and upkeep of the records by the PHCs/APHCs/HSCs was poor. Important documents[110] were not maintained properly. The reports sent to higher authorities were incomplete and also contained inaccurate data/ information.

1.2.18.7 Sensitivity to error signals

The degree of sensitivity to error signals is a measure of the Management's alacrity and sincerity to recognise major causes of underperformance and to take immediate remedial measures. Despite instances pointed out in inspection Reports and periodical audit reports[111] of the Comptroller and Auditor General of India, the deficiencies were still persisting.

1.2.19 Conclusion

The goal of National Rural Health Mission for providing quality and adequate health services remained unrealised due to non-assessment of available and required health care services and facilities through proper baseline surveys; non-integration of programmes at the State and district levels; lack of effective community participation; insufficient infrastructure; inadequate budgetary provision; shortage of medicines, equipment and violation of norms of procurement and inadequate human resources. Non-functioning/inadequate functioning of mobile medical units affected the outreach of the programme and the goal of improving accessibility to health care services. Reproductive health care services were at a nascent stage in the State. The targets under the different national disease control programmes were achieved only partially due to incomplete coverage. The Integrated Disease Surveillance Project was yet to be implemented. The department did not have an internal audit wing and a vigilance wing. There was no mechanism for redressal of grievances and evaluation of feedback.

1.2.20 Recommendations

- The Jharkhand Rural Health Mission Society should undertake baseline surveys as per prescribed norms and prepare the State's Perspective Plan based on correct district level Plans;

[110] Returns/Reports, Cash Book, Stock Register of medicines, OPD Register etc.

[111] Stores Management System in Health Department (2002-03), Implementation of Welfare Schemes in Dumka District (2003-04), Performance Audit of Primary Health Care Services (2003-04) and Performance audit of Sadar and Sub-divisional hospitals (2005-06).

- Community monitoring should be put in place to plan and monitor health delivery and services;
- The State Government should ensure timely release and effective utilisation of its matching share of funds for NRHM;
- Community Health Centres should be established and essential services (outdoor/indoor *etc.*) should be strengthened at health centres to provide accessible and effective services;
- Instructions contained in the procurement policy of Jharkhand Rural Health Mission Society should be adhered to in the purchase of medicines;
- The State Government should provide adequate manpower and infrastructure facilities including equipment for quality health services;
- Interventions under Reproductive and Child Health may be stepped up to achieve improvements in the maternal mortality rate and total fertility rate. Grant of cash assistance under the '*Janani Suraksha Yojana*' may be streamlined;
- The monitoring system should be strengthened by implementing the Health Management Information System and ensuring timely reporting under the Integrated Disease Surveillance Project.

The matter was reported to the Government (July 2009); their reply had not been received (December 2009).

Appendix-1.8
(Refer paragraph 1.2.4; page-23)
Details of samples selected for audit

Region	District	PHC/Block	Additional PHC	Sub Centre	Referral Hospital
I	Dumka	1.Sariahat (Rural)	1. Hansdiha 2. Digdhi	1. Kothia 2. Rakha 3. Dhorbani 4. Nawadih	Jarmundi
		2. Sadar Dumka (Urban)	1.Karamdih 2. Aaranrol	1. Karamdih 2. Purana Dumka 3. Dharampur 4. Bhurkunda	
		3. Jama (Rural)	1. Barapalashi 2. Bikniyan	1. Nischitpur 2. Harkha 3. Virajpur 4. Bedia	
	Sahebganj	1. Barhait (Rural)	1. Borbandh 2. Phulbhanga	1. Baghmara 2. Kitajhor 3. Kadma 4. Borbandh	Barhait
		2. Barharwa (Rural)	1. Gwalkhor 2. Kotalpokhar	1. Malin 2. Chandi Jhoparia 3. Faridpur 4. Risore	
		3. Sahebganj (Urban)	No APHC existed	1. Rampur 2. Dihari 3. Bari Kodarjana 4. Hajipur Bahita	
II	Dhanbad	1.Baghmara(Rural)	1.Rajganj 2.Katrash	1.Ghorathi 2.Sadriadih 3.Radhanagar 4.Kumardih	Not existed in these three Blocks
		2.Dhanbad(Urban)	No APHC existed	1.Karitand 2.Baseria 3.Bhelatand 4.Bishunpur	
		3.Baliyapur(Rural)	No APHC existed	1.Salpatra 2.Baradaha 3.Mukunda 4.Dhangi	
	Hazaribag	1.Barhi (Rural)	1. Champadih 2. Padma	1. Bundu 2. Saraiya 3. Champadih 4. Padaria	Not existed in these three Blocks
		2. Hazaribag (Urban)	1. Daru	1. Chandwar 2. Mandai 3. Maheshara 4. Harhad	
		3. Chouparan (Rural)	1. Basariya 2. Chandwara	1. Tithi 2. Bendi 3. Pandewara 4. Chandwara	
III	Gumla	1.Ghaghara(Rural)	1.Puto	1.Gamaharia 2.Navdiha 3.Tunjo 4. Puto	Sisai
		2.Bharno(Rural)	1.Karanj 2.Jura	1.Atakora 2.Domba 3.Raikera 4.Karanj	
		3.Palkot	1.Billingbira	1.Kharwadih 2.Marda 3.Baghima 4.Alangkera	
	Ranchi	1. Angara	1. Getalsud 2. Jonha	1. Chatra 2. Getalsud 3. Kontatoli 4. Nawagarh	Not existed in these three Blocks
		2. Bero	1. Narkopi 2. Tuko	1. Jahanabaz 2. Harhangi 3. Narkopi 4. Khirda	
		3. Ormanjhi	1. Siladiri 2. Kuchchu	1. Chadu 2. Chakla 3. Harechara 4. Dahu	

Appendix-1.9
(Refer paragraph 1.2.7.4; page-26)

Role of the Non Government Organisations

The role of NGOs was to conduct community needs assessment, develop proposals based on baseline data, provision of RCH services, interaction for convergence with Integrated Child Development Scheme, rural development and anganwadi initiatives, RCH orientation to PRI members, members of Mahila Samakhya, Swa-Shakti, Mahila Swasthya and others, share information on the type of services that can be availed from the government health infrastructure, create conducive working environment for ANMs, facilitate the monthly RCH camps conducted by the PHC through mobilisation of community, timely submission of quarterly progress reports, utilisation certificates etc. as per agreement to the MNGO and documentation and maintenance of records and registers.

NGOs were to be involved in building capacity at all levels, monitoring and evaluation of the health sector, delivery of health services, developing innovative approaches to health care delivery for marginalised sections or in underserved areas and aspects, working with community organisations and PRIs and contributing to monitoring the right to health care and service guarantee from the public health institutions. Efforts were to be made to involve NGOs at all levels of the health delivery system.

(Source: GOI guidelines for Department of Family Welfare supported NGO schemes.)

Appendix-1.10

(Refer paragraph 1.2.8.1; page- 27)

Details showing allotments and expenditure under National Rural Health Mission

(Rupees in crore)

Year	Opening balance	Grants-in-aid received from GOI		Total	Expenditure	Closing Balance
		Directly to societies	Through State budget			
2005-06	8.47	69.54	32.35	110.36	78.46 (71)	31.90 (29)
2006-07	31.90	119.76	56.45	208.11	74.34 (36)	133.77 (64)
2007-08	133.77	97.87	26.69	258.33	133.28 (52)	125.05 (48)
2008-09	125.05	217.47	80.14	422.66	290.31 (69)	132.35 (31)
Total		**504.64**	**195.63**	**999.46**	**576.39 (81)**	

(Figures in bracket indicate percentage)

(Source: Health and Family Welfare Department, Government of Jharkhand)

Appendix-1.11
(Refer paragraph 1.2.8.1; page- 27)
Details showing discrepancy of allocation/allotment and expenditure

(Rupees in lakh)

Year	GOI's Grant	Direction & Adm.	HSC	Under FW service			Training ANM/ LHV	HFWTC	Training	Repairing of vehicle	Compensation	Total
				Rural F. W.C	UFWCs	Health posts						
2005-06	Allotment	1805.82	9577.96	392.76	3216.82	0.00	1178.79	450.85	4.18	80.00	1098.50	17805.68
	Expenditure	1483.00	1934.25	392.76	110.57	0.00	222.08	31.98	3.04	34.20	421.04	4632.92
2006-07	Allotment	1335.95	9503.05	0.00	367.00	0.00	759.16	367.85	4.38	80.00	1098.50	13515.89
	Expenditure	386.60	2503.73	0.00	106.84	0.00	196.71	24.06	2.98	0.00	0.00	3220.92
2007-08	Allotment	1581.27	12752.04	0.00	393.74	0.00	833.53	412.31	17.44	96.00	1318.20	17404.53
	Expenditure	352.36	2515.08	0.00	105.67	0.00	165.12	24.17	3.64	0.00	0.00	3166.04
Total	**Allot**	**4723.04**	**31833.05**	**392.76**	**3977.56**	**0.00**	**2771.48**	**1231.01**	**26.00**	**256.00**	**3515.20**	**48726.10**
	Exp.	**2221.96**	**6953.06**	**392.76**	**323.08**	**0.00**	**583.91**	**80.21**	**9.66**	**34.20**	**421.04**	**11019.88**

(Source: - Detailed Accounts /Appropriation Accounts)

As per Statement of expenditure (SOE) of the department

(Rupees in lakh)

Year	GOI's Grant	Direction & Adm.	HSC	Under FW service			Training ANM/ LHV	HFWTC	Training.	Replace-ment of old vehicle	Compen-sation/ sterilization beds	Total
				Rural F. W.C	UFWCs	Health posts						
2005-06	Allotment	881.00	1824.00	0.00	120.00	0.00	369.24	37.68	0.00	0.00	3.00	3234.92
	Expenditure	538.55	2430.79	0.00	120.59	0.00	173.74	38.83	3.35	354.03	39.50	3699.38
2006-07	Allotment	814.24	4372.72	0.00	112.00	0.00	313.08	29.88	0.00	0.00	3.00	5644.92
	Expenditure	400.00	2213.38	0.00	90.39	0.00	156.37	24.11	3.15	0.00	0.00	2887.40
2007-08	Allotment	330.33	2143.46	0.00	45.50	0.00	135.48	13.82	0.00	0.00	0.00	2668.59
	Expenditure	371.75	2346.21	0.00	91.66	0.00	132.22	24.32	3.28	0.00	0.00	2969.44
Total	**Allot**	**2025.57**	**8340.18**	**0.00**	**277.50**	**0.00**	**817.80**	**81.38**	**0.00**	**0.00**	**6.00**	**11548.43**
	Exp.	**1310.30**	**6990.38**	**0.00**	**302.64**	**0.00**	**462.33**	**87.26**	**9.78**	**354.03**	**39.50**	**9556.22**

(Source: Health, Medical Education and Family Welfare Department, Government of Jharkhand).

Appendix-1.12

(Refer paragraph 1.2.8.2; page-27)

Details showing outstanding advances

Sl. No.	Name of agency	Amount of outstanding advance (In lakh)	Date/period of advance
1	Atmaram Agency	0.35	Prior to 1.4.06
2	Director, Social Welfare	1.25	-do-
3	Economic informatics technology	7.35	-do-
4	Gram Prodhyogic Vikas Sansthan	3.40	-do-
5	Hindustan Motors	4.40	2006-07
6	Prerna International Ltd.	2.57	-do-
	Total	**19.32**	

Appendix-1.13

(Refer paragraph 1.2.8.2; page-27)

Statement showing outstanding temporary advances

Sl. No.	Name of officials	Amount (Rs)	Paid on/ during
1	Ajay Shankar, Under Secretary	22625.00	2006-07
2	Arun Ekka, Driver	4300.00	-do-
3	Ashraf Ansari, Driver	7000.00	-do-
4	Amit Ekka, Clerk	1000.00	2007-08
5	Anil Prakash, Driver	4300.00	During 2006-08
6	Arun Toppo, Peon	500.00	2007-08
7	Bajrang Ram, Labour	1100.00	-do-
8	Debashish Jana	2000.00	-do-
9	Deepankar Dutta, Consultant	3000.00	-do-
10	Dr. A.K. Singh, Director Health Services	40000.00	-do-
11	Dr. Alakh Niranjan Mishra	7963.00	Prior to 2006-07
12	Dr. Alok Ranjan	8441.00	2006-07
13	Dr. Anamika	380.00	Prior to 2006-07
14	Dr. Anupama Jaya Kerketta	16500.00	-do-
15	Dr. Anuradha Kachhap	1500.00	2007-08
16	Dr. Deepam Kumari	10000.00	2005-07
17	Dr. D.K.Saxena	40000.00	2006-07
18	Dr. Jyoti Toppo	11500.00	Prior to 2006-07
19	Dr. Kulkant Ekka	15200.00	-do-
20	Dr. Poonam Thakur	1260.00	Prior to 2006-07
21	Dr. Pradeep Singh	24400.00	-do-
22	Dr. Raghunath, OSD BPL	60000.00	-do-
23	Dr. Rajeev Ranjan	9477.00	2006-07
24	Dr. Rashmi Ranjan	500.00	Prior to 2006-707
25	Dr. R.K. Choudhary, Director IPH	16753.00	2006-07
26	Dr. Sanjay Pandey, Executive Director, JHS	1127.00	Prior to 2006-07
27	Dr. Santosh	3463.00	2007-08
28	Dr. Satyendra Prasad	4980.00	Prior to 2006-07
29	Dr. Silwant Ekka	10430.00	During 2006-08
30	Hiraman Lohra, Labour	800.00	2006-07
31	Jaydish Kujur, Labour	300.00	-do-
32	Jagarnath Mirdha, Labour	630.00	-do-
33	Xavier Toppo, Driver	2156.00	During 2006-08
34	Jayant Madal, District Accounts Manager	5000.00	2006-07
35	Jatwahan Mahto, Peon	500.00	2007-08
36	Kapil Prasad	16302.00	Prior to 2006-07
37	Kartik Chandra	500.00	-do-
38	Krishna Kant Sharma, DPM	5000.00	2006-07
39	Kumudri Suchita Horo, Secy. to Secy	6000.00	Prior to 2006-07
40	Majhiya Sanja, Driver	5075.00	-do-
41	Manoj Kumar, District Accounts Manager	5000.00	2006-07
42	Manrakhan, Peon	500.00	2007-08
43	Md. Samshad Alam, Consultant	82805.00	Prior to 2006-07
44	Najam Husan, Peon	400.00	2006-07
45	Mangal Singh, Peon	500.00	2007-08
46	Nijam Ansari, Peon	120.00	Prior to 2006-07
47	Niranjan Singh, Cold Chain Officer	42734.00	2006-07
48	Nitu Kujur, Demographer	7380.00	2005-08
49	Nuvas Guria, Labour	300.00	2006-07

50	Patras Toppo, Driver	4312.00	Prior to 2006-07
51	Pramod Das, Cashier Directorate	15000.00	2006-07
52	Pawan Ram, Driver	1500.00	2007-08
53	Ranjan Kumar,DPM	8124.00	-do-
54	Rajendra Kr. Sharma, DAM	5000.00	2006-07
55	Rajesh Kumar, Driver	24000.00	Prior to 2006-07
56	Rajiv Kumar, Data Assistance	2000.00	2007-08
57	Rakesh Kumar, DPM	5000.00	2006-07
58	Rakesh Pandey, DAM	5000.00	-do-
59	Rambahadur Ram, Clerk	51485.00	2006-08
60	Ramchandra Oraon, Peon	520.00	2006-07
61	Ramswarup Baitha, Peon	500.00	2007-08
62	Ramu Kumar, Driver	500.00	-do-
63	Randhir Kumar, Consultant	76814.00	Prior to 2006-07
64	Ranthu Mahto, Peon	500.00	2007-08
65	Ranvijay Singh, Driver	2389.00	-do-
66	Ravishankar Jaypuriyar (JHS)	25000.00	2006-07
67	Shahnawaj Ansari, Driver	4000.00	2007-08
68	Sanjay Kachhap	500.00	-do-
69	Satish Prasad, DAM	5000.00	2006-07
70	Serajudin, Clerk	10000.00	2007-08
71	Sanjeev Kumar, Driver	12580.00	2006-07
72	Subash Jha, Consultant	6200.00	2007-08
73	Subir Kumar, NGO Coordinator	9079.00	2006-07
74	Subrat Kumar Roy, Consultant	65139.00	Prior to 2006-07
75	Sujeet Bharti	7430.00	2007-08
76	Sujit, Driver	4000.00	-do-
77	Sunil Singh, Engineering Cell	19120.00	Prior to 2006-07
	Total	**882393.00**	

Appendix-1.14

(Refer paragraph 1.2.9.4; page-29)

Details showing unassessed, unauthorised, wasteful and infructuous purchase of medicines and stores

(Rupees in lakh)

Name of the District	Period of purchase	Amount	Remarks
Dumka	April 2005 to December 2008	77.03	Purchase of medicines (Rs.73.80 lakh) and equipment (Rs 3.23 lakh) were made arbitrarily without assessing requirement.
Dumka	March 2008	13.45	200 labour table (at the rate of Rs. 6725 each) were purchased/issued to HSCs on the orders (February 2008) of the department. Material was neither on the approved list of NRHM (for HSCs) nor did the centers have provision for labour room or enough space to keep these.
	March 2008	4.00	Without complete construction and electrification in postmortem room, cold storage system for mortuary was purchased, which was lying idle.
	March and June 2008	5.93	Several equipment were procured and lying idle in the district stock as of January 2009 which were not defined in the list of equipment (PHC) of NRHM. Further, 54 cots with mattresses purchased from the fund provided for PHCs were diverted and issued to Sadar Hospital, Dumka without reasons being specified.
Gumla	September 2008	-	DRCHS received 52 Nitrous Oxide cylinders remained idle (January 2009). Similarly, 2760 vial of Adrenaline injection, having expiry date of April 2009, were also lying idle, which was supplied by state between November and December 2008. Since these injections are used rarely, expiry of these injections could not be ruled out.
	June 2008	3.88	CS cum CMO purchased (June 2008) furniture for hospital building before its construction /completion as of January 2009.
Total		**104.29**	

Appendix-1.15

(Refer paragraph 1.2.9.5; page-29)

Status of Medicines misappropriated/shortage

Name of Unit	Name of Medicine	Qty. of Medicine	Rate (per tablet/injection) (in rupees)	Value	Reasons
PHC, Sadar	Ceprofloxacin (250mg)	5000 Tab.	73	3650.00	Medicines were shown issued to APHCs between 20.07.2006 and 07.09.2006 before its actual receipt on 28.12.2006.
PHC, Jama	Numol	400 Tab.	125.35	501.40	Medicines were found missing from stock
	Dexamethason (4mg)	210 Inj.	8.80	1848.00	
	Amoxycillin (500mg)	900 Inj.	7.00	6300.00	
	Ampicilin (250mg)	2000 Inj.	6.00	12000.00	
	Metronidazole	400 Tab.	25.00	100.00	
	Norfloxacin	250 Tab.	92.00	230.00	
	Ceprofloxacin	1000 Tab.	324	3240.00	
	Amoxycillin (250mg)	1200 Cap.	128	1536.00	
	Norfloxacin + Tindazole	100 Tab.	140	140.00	
	Dixyclomine	10 Inj.	3.95	39.50	
	Emidon DT	10800 Tab.	180	19440.00	
	Metroclopramide Inj. 2mg	55			
	Cetriam Inj. (250mg)	130			
	Resule 100mg Defal	1000 500			
	Paracetamol 500mg	1400			
	Co-trimaxazole DS	2250			
	Cyunal-P-Tab	900			
	Cetrizen	1500			
	Omparazole 20mg	600			
	Ofloxcin	1600			
	Disposable Syringe 2ml	50			
	Disposable Syringe	25			
	Metroclopramide Inj. 5mg	20			
	RL Sline	1360			
APHC, Karamdih, Sadar	Nimusulide 100mg	7200			Medicines were shown consumed in excess of actual consumption
	Metroclopramide	900			
	Tetracycline Cap.	100			
PHC, Sarayahat	Amoxycillin (250mg)	4154 Cap.	128 per 100	5317.12	Medicines found short or not carried forward to the subsequent year from the last year register
	Dizipam Inj.	67			
	Dilodohyclroxy quimolin	1898 Tab.			
	Diclofenac	35			
	Ampicilin Inj.	20			
	Tetracycline Cap.(250mg)	100			
	Metroclopramide (200mg)	200			
	Norfloxacin (400mg)	50			
	Mebendazol	300			
	Ibuprofen + Paracetamol	1000			
Total				**54342.02**	

Appendix-1.16

(Refer paragraph 1.2.10.1; page-30)

Statement showing availability of healthcare units

Health care units	Number required as per norm	Actual	Shortfall (Percentage)
	(In number)		
CHCs	282	Nil	282 (100)
PHCs/APHCs	1127	515	612 (54)
HSC	7178	3947	3231 (45)

Appendix-1.17

(Refer paragraph: 1.2.10.2; page-31)

Status of facilities at test-checked health centres

- Of 72 HSCs, two (three *per cent*) were non-functional, two (three *per cent*) had no building, 28 (40 *per cent*) had no Government building, 28 (40 *per cent*) had buildings in dilapidated condition; 70 (99 *per cent*) had no OPD rooms, medical stores, waiting rooms for patients, telephone connection; and 65 (93 *per cent*) had no staff quarters.

- Of 45 PHCs/APHCs, one (two *per cent*) had no building, nine (20 *per cent*) had no Government building, nine (20 *per cent*) had building in dilapidated condition, 16 (36 *per cent*) had no OPD rooms, 24 (53 *per cent*) had no medical stores, 39 (87 *per cent*) had no waiting rooms for patients, 29 (64 *per cent*) had no telephone connection and 30 (67 *per cent*) had no staff accommodation facilities.

Appendix-1.18

(Refer paragraph 1.2.10.3; page- 32)

Suggested list of equipment at Health Sub-centre as per Indian Public Health Standards

1	Basin Kidney 825 ml (28 OZ) Stainless steel, Ref: IS: 3992 2	2	Tray instrument/Dressing with cover 310x 195x63mm SS, Ref IS: 3993 1
3	Flashlight Box-type pre-focussed 4 cell 1	4	Jar dressing with cover 0.945 litre stainless steel 1
5	Hemoglobinometer –set Sahl 1 type complete 1	6	Scale bath room metric/Avoirdupois 125kg/280 lb 1
7	Sheeting plastic clear PVC CM x 180 cm 2	8	Forceps Tissue – 160 mm 1
9	Forceps sterilizer (Utility) 200 vaughm ss 1	10	Scissors surgical straight 140mm S/B, ss 1
11	Reagent strips for urine test 1	12	SIMS Uterine Depressor/Retractor 1
13	Measure 1 litre Jug –ss 1	14	Basin solution deep Approx.6litre ss Ref: IS: 5764 1
15	Brush Surgeon's white Nylon Bristles 2	16	Sphygmomanometer Aneroid 300 mm with cuff IS: 7652 1
17	Battery Dry cell 1.5, D type for 10C 4	18	Scale, Infant metric 1
19	Lancet ss(Magedorn needle) 75 mm pkt of 6 1	20	Forceps hemostat straight Kelly 140mm ss 1
21	Forceps uterine vulsellum curved 25.5 cm 1	22	Speculum vaginal bi-valve cusco's/Graves medium 1
23	Speculum vaginal double ended Sims ISS Medium 140	24	Measure ½ litre jug-SS 1
25	Sound, Uterine Graduated 1	26	Sterilization kit - 2
27	Vaccine Carrier - 2	28	Ice pack box - 4
29	Sponge holder - 10	30	Forceps - 20
31	Suture needle straight - 12	32	Suture needle curved - 12
33	Kidney tray - 4(big) & 4 (small)	34	Syringe - 12(10cc)
35	Disposable gloves - 20	36	Mucus extractor - 4
37	Clinical Thermometer oral & rectal - 1 each	38	Torch - 2
39	Urethral catheter, 12fr, rubber 1	40	Foetoscope 1
41	Rack-Blood sedimentation Westergren 6-unit 1	42	Scale, weighing (baby) hanging type, colour coded 5 kg 1
43	Forceps, spring type, dressing 160mm, stainless steel 1	44	Forceps artery, straight, pean 160mm, stainless steel 2
45	Scissors, cord cutting, busch, curved on flat, 160mmSS 1	46	Can enema with tubing and clip 1
47	Talquist Hb scale 1	48	Haemoglobin Colour Scale (WHO approved) 1
49	Uristix (urine test for the presence of protein) 1 full container	50	Diastix (urine test for the presence of sugar) 1 full container
51	Stethoscope 1	52	Micro-glass slides 1 Pkt for 100 slides per annum
53	Disposable lancet (Pricking needles)	54	Disposable Sterile Swabs
55	Slide boxes of 25 slides		

Details showing essential equipment and diagnostic kits in PHCs as per IPHS:

1	Normal Delivery Kit	2	Equipment for assisted vacuum delivery
3	Equipment for assisted forceps delivery	4	Standard Surgical Set (for minor procedures like episiotomies stitching)
5	Equipment for Manual Vacuum Aspiration	6	Equipment for New Born Care and Neonatal Resuscitation
7	IUD insertion kit	8	Equipment / reagents for essential laboratory investigations
9	Refrigerator (165 litres)	10	ILR and Deep Freezer
11	Ice box	12	Computer with accessories including internet facility
13	Baby warmer/incubator.	14	Binocular microscope
15	Equipments for Eye care and vision testing (Tonometers (Schiotz),direct opthalmoscope, illuminated vision testing drum, trial lens sets with trial frames, snellen and near vision charts and Battery operated torch –6 equipments)		

Equipment under various National Programmes:			
1	Radiant warmer for new borne baby	2	Baby scale
3	Table lamp with 200 watt bulb for new borne baby	4	Phototherapy unit
5	Self inflating bag and mask-neonatal size	6	Laryngoscope and Endotracheal intubation tubes (neonatal)
7	Mucus extractor with suction tube and a foot operated suction machine	8	Feeding tubes for baby
9	Sponge holding forceps - 2	10	Volsellum uterine forceps - 2
11	Tenaculum uterine forceps – 2	12	MVA syringe and cannulae of sizes 4-8 (2 sets; one for backup in case of technical problems)
13	Kidney tray for emptying contents of MVA syringe	14	Torch without batteries – 2
15	Battery dry cells 1.5 volt (large size) – 4	16	Bowl for antiseptic solution for soaking cotton swabs
17	Tray containing chlorine solution for keeping soiled instruments	18	Residual chlorine in drinking water testing kits
19	H2S Strip test bottles		
Requirements for a fully equipped and operational labour room			
1	A labour table	2	Suction machine
3	Facility for Oxygen administration	4	Sterilisation equipment
5	24-hour running water	6	Electricity supply with back-up facility (generator with POL)
7	Attached toilet facilities	8	An area earmarked for new-born care
Emergency drug tray: This must have the following drugs:			
1	Inj. Oxytocin	2	Inj. Diazepam
3	Tab. Nifedepine	4	Magnesium sulphate
5	Inj. Lignocaine hydrochloride	6	Inj. Methyl ergometrine maleate
7	Sterilised cotton and gauze	8	Delivery kits, including those for normal delivery and assisted deliveries. PRIVACY of a woman in labour should be ensured as a quality assurance issue.
List of equipment for Pap smear:			
1	Cusco's vaginal speculum (each of small, medium and large size)	2	Sim's vaginal speculum – single & double ended - (each of small, medium and large size)
3	Anterior Vaginal wall retractor	4	Sterile Gloves
5	Sterilised cotton swabs and swab sticks in a jar with lid	6	Kidney tray for keeping used instruments
7	Bowl for antiseptic solution	8	Antiseptic solution: Chlorhexidine 1% or Cetrimide 2% (if povidoneiodine solution is available, it is preferable to use that)
9	Chittle forceps	10	Proper light source / torch
11	For vaginal and Pap Smears:	12	Clean slides with cover slips
13	Cotton swab sticks	14	KOH solution in bottle with dropper
15	Saline in bottle with dropper	16	Ayre's spatula
17	Fixing solution / hair spray		
List of essential equipment and diagnostic kits in CHCs as per IPHS: Standard Surgical Set - I (Instruments) FRU			
1	Tray, instrument/dressing with cover, 310 x 200 x 600 mm-ss 1 1	2	Gloves surgeon, latex sterilizable, size 6 12 12
3	Gloves surgeon, latex sterilizable, 6-1/2 12 12	4	Gloves surgeon, latex sterilizable, size 7 12 12
5	Gloves surgeon, latex sterilizable, 7-1/2 12 12	6	Gloves surgeon, latex sterilizable, 8 12 12
7	Forceps, backhaus towel, 130 mm 4 4	8	Forceps, sponge holding, 228 mm 6 6
9	Forceps, artery, pean straight, 160 mm, stainless steel 4 4	10	Forceps hysterectomy, curved, 22.5 mm 4 4
11	Forceps, hemostatic, halsteads mosquito, straight, 125 mm-ss 6 6	12	Forceps, tissue, all/is 6x7 teeth, straight, 200 mm-ss 6 6
13	Forceps, uterine, tenaculum, 280 mm, stainless	14	Needle holder, mayo, straight, narrow jaw, 175 mm,

	steel 1 1		ss 1 1
15	Knife-handle surgical for minor surgery # 3 1 1	16	Knife-handle surgical for major surgery # 4 1 1
17	Knife-blade surgical, size 11, for minor surgery, pkt of 5 3 3	18	Knife-blade surgical, size 15 for minor surgery, pkt of 5 4 4
19	Knife blade surgical, size 22, for major surgery, pkt of 5 3 3	20	Needles, suture triangular point, 7.3 cm, pkt of 6 2 2
21	Needles, suture, round bodied, 3/8 circle No. 12 pkt of 6 2 2	22	Retractor, abdominal, Deavers, size 3, 2.5 cm x 22.5 cm 1 1
23	Retactor, double-ended abdominal, Beltouis, set of 2 2 2	24	Scissors, operating curved mayo-blunt pointed 170mm 1 1 Scissors, operating, straight, blunt point, 170 mm 1 1
25	Scissors, gauze, straight, 230 mm, stainless steel 1 1	26	Suction tube, 225 mm, size 23 F 1 1
27	Clamp intestinal, Doyen, curved, 225 mm, stainless steel 2 2	28	Clamp intestinal, Doyen straight, 225 mm, stainless steel 2 2
29	Forceps, tissue spring type, 160 mm, stainless steel 2 2	30	Forceps, tissue spring type, 250 mm, stainless steel. 1 1
Standard Surgical Set – II			
1	Forceps, tissue, 6 x 7 teeth, Thomas-Allis, 200 mm- ss 1 1	2	Forceps, backhaus towel, 130 mm, stainless steel 4 4
3	Syringe, anaesthetic (control), 10 ml, luer-glass 1 1	4	Syringe, hypodermic, 10 ml glass, spare for item 3 4 4
5	Needles, hypodermic 20G x 1-1/2" box of 12 1 1	6	Forceps, tissue, spring type, 145 mm, stainless steel 1 1
7	Forceps, tissue spring type 1 x 2 teeth, Semkins, 250 mm 1 1	8	Forceps, tissue spring type, 250 mm, stainless steel 1 1
9	Forceps, hemostat curved mosquito halsteads, 130 mm 6 6	10	Forceps, artery, straight pean, 160 mm, stainless steel 3 3
11	Forceps artery, curved pean, 200 mm, stainless steel 1 1	12	Forceps, tissue, Babcock, 195 mm, stainless steel 2 2
13	Knife handle for minor surgery No. 3 1 1	14	Knife blade for minor surgery No. 10, pkt of 5 8 8
15	Needle holder, straight narrow-jaw Mayo–Heger, 175 mm 1 1	16	Needle suture straight, 5.5 mm, triangular point, pkt of 6 2 2
17	Needle, Mayo, ½ circle, taper point, size 6, pkt of 6 2 2	18	Catheter urethral Nelaton solid-tip one-eye 14 Fr 1 1
19	Catheter urethral Nelaton solid-tip one-eye 16 Fr 1 1	20	Catheter urethral Nelaton solid-tip one-eye 18 Fr 1 1
21	Forceps uterine tenaculum duplay dbl-cvd, 280 mm 1 1	22	Uterine elevator (Ranathlbod), stainless steel 1 1
23	Hook, obstetric, Smellie, stainless steel 1 1	24	Proctoscope Mcevedy complete with case 1 1
25	Bowl, sponge, 600 ml, stainless steel 1 1	26	Retractor abdominal Richardson-Eastman, dbl-ended, set 2 1 1
27	Retractor abdominal Deaver, 25 mm x 3 cm, stainless steel 1 1	28	Speculum vaginal bi-valve graves, medium, stainless steel 1 1
29	Scissors ligature, spencer straight, 130 mm, stainless steel 1	30	Scissors operating straight, 140 mm, blunt/blunt ss 1 1
31	Scissors operating curved, 170 mm, blunt/blunt ss 2 2	32	Tray instrument curved, 225 x 125 x 50 mm, stainless steel 1 1
33	Battery cells for item 24 2 2		
IUD Insertion Kit			
1	Setal sterilization tray with cover size 300 x 220 x 70 mm, S/S, Ref	2	Gloves Surgeon, latex, size 6-1/2 Ref. 4148 6 6
3	Gloves surgeon latex, size 7-1/2 Ref. 4148 6 6	4	Bowl, metal sponge, 600 ml, Ref. IS: 5782 1 1
5	Speculum vaginal bi-valve cusco's graves small ss 1 1	6	Forceps sponge holding, straight 228 MMH Semken 200 mm 1 1
7	Sound uterine simpson, 300 mm graduated UB 20 mm 1 1	8	Forceps uterine tenaculum duplay DBL-CVD, 280 mm 1 1

9	Forceps tissue - 160 mm 1 1	10	Anterior vaginal wall retractor stainless 1 1
11	Torch without batteries 1 1	12	Gloves surgeon, latex, size 7, Ref: 4148 6 6
13	Gloves surgeon, latex size 6 Ref. IS: 4148 6 6	14	Battery dry cell 1.5 V 'D' Type for Item 7G 1 1
15	Speculum vaginal bi-valve cusco's/Grea Ves Medium ss 1 1	16	Forceps artery, straight, Pean, 160 mm 1 1
17	Scissors operating, straight, 145 mm, Blunt/Blunt 1 1	18	Forceps uterine vulsellum curved, Museux, 240 mm 1 1
19	Speculum vaginal double-ended sime size #3 1 1	20	S. No. Item Description Qty.
CHC Standard Surgical Set – III			
1	Tray, instrument/dressing with cover, 310 x 195 x 63 mm 1 1	2	Forceps, backhaus towel, 130 mm, stainless steel 4 4
3	Forceps, hemostat, straight, Kelly, 140 mm, stainless steel 4 4	4	Forceps, hemostat, curved, Kelly, 125mm, stainless steel 2 2
5	Forceps, tissue Allis, 150 mm, stainless steel, 4 x 5 teeth 2 2	6	Knife handle for minor surgery No. 3 1 1
7	Knife blade for minor surgery, size 11, pkt of 5 10 10	8	Needle hypodermic, Luer 22G x 11/4", box of 12 1 1
9	Needle hypodermic, Luer 250G x 3/4", box of 12 1 1	10	Needle, suture straight 5.5 cm, triangular point, pkt of 6 2 2
11	Needle, suture, Mayo ½ circle, taper point No. 6, pkt of 6 2 2	12	Scissors, ligature, angled on flat, 140 mm, stainless steel 1 1
13	Syringe anaesthetic control, Luer - 5 ml, glass 4 4	14	Syringe 5 ml, spare for item 13 4 4
15	Sterilizer, instrument 200 x 100 x 60 mm with burner ss 1 1	16	Syringe, hypodermic, Luer 5 ml, glass 4 4
17	Forceps, sterilizer, Cheatle, 265 mm, stainless steel 1 1		
Normal Delivery Kit			
1	Trolley, dressing carriage size 76C, long x 46 cm wide and 84 cm high. Ref	2	IS 4769/1968 1
3	Towel, trolley 84 cm x 54 cm 2 2	4	Gown, operation, cotton 1 1
5	Cap. operation, surgeon's 36 x 46 cm 2 2	6	Gauze absorbent non-sterile 200 mm x 6 m as per IS: 171/1985 2 2
7	Tray instrument with cover 450 mm (L) x 300 mm (W) x 80 mm (H) 1 1	8	Macintosh, operation, plastic 2 2
9	Mask, face, surgeon's cap of rear ties: B) Beret type with elastic hem 2 2	10	Towel, glove 3 3
11	Cotton wool absorbent non-sterilize 500G 2 2	12	Drum, sterilizing cylindrical - 275 mm Dia x 132 mm, ss as per IS: 3831/1979
13	Table instrument adjustable type with tray ss 1 1		

Source: GOI guidelines for HSCs/PHCs/CHCs.

Appendix – 1.19

(Refer paragraph 1.2.11.4; page-33)

Details of status of pathological tests in 45 test-checked Primary Health Centres/Additional Primary Health Centres

Sl. No.	Name of the pathological test	No. of PHCs/APHCs where facilities were not available	
		No.	*Per cent*
1	Rapid Test for pregnant women	25	56
2	Diagnosis of RTI/ STDs with wet mounting, Grams stain, etc.,	42	93
3	Blood smear examination for malarial parasite	29	64
4	RPR test for Syphilis/YAWS surveillance	44	98
5	Routine urine, stool and blood tests	44	98
6	Bleeding time, clotting time	42	93

Appendix – 1.20

(Refer paragraph 1.2.12; page-34)

Details of manpower as per IPHS norms *vis-à-vis* men-in-position in the State

Name of the post	Required manpower as per IPHS norms	Men-in-Position as on 31 March 2009	Shortage (Percentage)
PHC LEVEL			
Medical Officer-Allopathic - 3	3381	1710	1671 (49)
Medical Officer-AYUSH - 1	1127	315	812 (72)
Account Manager- 1	1127	211	916 (81)
Pharmacist-2	2254	293	1961 (87)
Staff Nurse-Regular - 5	5635	322	5313 (94)
Health Worker (F) - 1	1127	NA	1127 (100)
Health Educator - 1	1127	NA	--
Health Assistants (male & female)- 2	2254	NA	--
Laboratory technicians - 2	2254	261	1993 (88)
HSC LEVEL			
ANM(Regular) – 1	7178	3359	3819 (53)
ANM(Contractual) - 1	7178	3321	3857 (54)
Multipurpose Worker (MPW)-Male - 1	7178	NA	7178 (100)

Source: Health Medical Education and Family Welfare Department

Appendix – 1.21

(Refer paragraph 1.2.12; page- 34)

Details of shortage of manpower in Primary Health Centres/Additional Primary Health Centres and Health Sub-centres test-checked

Sl. No.	Name of post	Requirement	Men in position	Shortage (Percentage)
PHC LEVEL				
1	Medical Officer-Allopathic - 3	132	81	51 (39)
2	Medical Officer-AYUSH - 1	44	NIL	44 (100)
3	Pharmacist-2	88	08	80 (91)
4	Staff Nurse-Regular - 5	220	14	206 (94)
5	Health Educator - 1	44	13	31 (70)
6	Health Worker (F) - 1	44	14	30 (68)
7	Health Assistants (male & female)-2	88	03	85 (97)
8	Laboratory technicians - 1	88	09	79 (90)
HSC LEVEL				
9	ANM(Regular) – 1	68	48	20 (29)
10	ANM(Contractual) - 1	68	17	51 (75)
11	Multipurpose Worker (MPW)-Male - 1	68	23	45 (66)

Appendix – 1.22

(Refer paragraph 1.2.12; page- 34)

Details of doctors who were absent from long periods or were dismissed from duty

Sl. No.	Name of Doctor	Place of posting	Absenting from	Period of absence (in year)
1	Dr. N. K. Jha	APHC Chhota Nagra, West Singhbhum	1.6.2000	8.5
2	Dr. S.K. Prasad	PHC, Arki, Ranchi	1.8.2002	6.5
3	Dr. Abdul Kalam	PHC, Kathikund, Dumka	3.7.1997	11
4	Dr(Mrs) Shakuntala Tigga	PHC Kamdara, Gumla	8.7.2005	5
5	Dr. R.K. Ranjan	PHC, Pakuria, Pakur	25.3.2002	6.5
6	Dr. Parvej Alam	APHC, Naudiha, Giridih	29.1.2002	6.5
7	Dr. V.S. Prasad	PHC, Manjhari, West Singhbhum	1.4.2001	7
8	Dr. N.K. Azad	PHC, Kathikund, Dumka	20.6.1997	11
9	Dr. K. Alam	APHC, Saria, Giridih	1.1.2001	7
10	Dr T. Eqbal	Govt. Hospital, Netarhat, Gumla	9.7.2000	8
11	Dr. U. K. Bhadani	APHC, Jongahat	1.9.2000	8
12	Dr. R. Prasad	APHC, Udnabad	29.5.2000	8
13	Dr. Rupa	PHC, Devri, Giridih	9.12.2000	8

Appendix-1.23

(Refer paragraph: 1.2.15.1; page-37)

Statement showing targets (T) and achievements (A) under terminal methods in the State

Year	Vasectomy		Tubectomy		Laparoscopy	
	T	A	T	A	T	A
2005-06	8011	2663	134835	83861	NA	NA
2006-07	20475	6461	137378	94934	NA	2391
2007-08	15000	17380	150000	101636	NA	2104
2008-09	34900	12123	150000	113726	NA	8935
Total	**78386**	**38627**	**572213**	**394157**	NA	**13430**

Sources: SRCH Society

Appendix – 1.24

(Refer paragraph: 1.2.15.2; page-37)

Statement showing targets (T) and achievements (A) under spacing methods

Year	Oral pills cycle		IUD insertion		Distribution of condom	
	T	A	T	A	T	A
2005-06	4294680	650728	229247	74760	24927048	5500153
2006-07	4342793	904372	224169	73867	28381680	8380986
2007-08	5428491	1076478	269002	85376	354852100	12069194
2008-09	5428491	997858	269002	58106	354852100	10317667
Total	**19494455**	**3629436**	**991420**	**292109**	**763012928**	**36268000**

Sources: SRCH Society

Appendix – 1.25-A

(Refer paragraph: 1.2.16.1; page- 37)

Statement showing achievement in respect of immunisations

(In numbers)

Year	Target	Fully immunised	Percentage
2005-06	8,71,314	6,77,576	78
2006-07	8,85,042	5,50,144	62
2007-08	8,67,452	4,77,875	55
2008-09	8,87,921	5,47,301	62
Total	**35,11,729**	**22,52,896**	**64**

Source: HMFWD, GOJ

Appendix – 1.25-B

(Refer paragraph 1.2.16.1; page-37)

Details showing number of immunisations under BCG and measles, and number of deliveries during 2005-09

(In numbers)

Year	Total live births	Status of immunization	
		Measles (*per cent*)	BCG *(per cent)*
2005-06	2,50,282	7,34,159	8,12,534 (325)
2006-07	3,27,269	7,31,349	7,72,042 (236)
2007-08	3,32,817	5,65,132	6,45,099 (194)
2008-09	3,71,777	6,09,119	7,27,901 (196)
Total	**12,82,145**	**26,39,759(206)**	**29,57,576 (231)**

Source: HMFWD, GOJ

Appendix-1.26

(Refer paragraph 1.2.16.2; page-38)

Year-wise details of polio cases in the State

Year	Number of new Polio cases	Number of children given Polio drops	
		Target	Achievement
2005-06	01	52,40,183	52,40,183
2006-07	01	52,81,142	52,81,142
2007-08	00	5,21,63,199	5,21,63,199
2008-09	00	1,11,87,558	1,12,99,433
Total	**02**	**7,38,72,082**	**7,39,83,957**

Source: H&FWD, GOJ

Appendix-1.27

(Refer paragraph 1.2.17.2; page-40)

Statement showing morbidity and mortality due to various vector-borne diseases during 2005-09

Year	Kala Azar		Malaria		Filaria		Dengue	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
2005-06	5,990	11	1,93,144	55	56,590	0	0	0
2006-07	7,509	11	1,93,888	22	39,100	0	13	0
2007-08	4,803	20	1,84,878	47	12,407	0	0	0
2008-09	3,690	05	2,14,269	38	9,376	0	01	0
Total	**21,992**	**47**	**7,86,179**	**162**	**1,17,473**	**0**	**14**	**0**

Source: H&FWD, GOJ